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CRITICAL REVIEW OF POLYENDOCRINE METABOLIC OVARIAN SYNDROME WITH SPECIAL EMPHASIS TO *SROTODUSHTI*

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ABSTRACT

Polyendocrine Metabolic Ovarian Syndrome (PMOS) is an intricate disorder that is characterized by a multitude of symptoms relating to reproduction, metabolism, endocrinology and appearance which may severely impact fertility and metabolic health in the long run. Ayurveda does not have a specific title for this disorder it can be defined in terms of *Anukta Vyadhi* in accordance with its clinical characteristics and *Samprapti*. According to *Kriya Sharir*, *Tridosha*, *Dhatu* and *Agni* must all work in unison for optimal female reproductive physiology. The reproductive tissues may not be adequately or abnormally nourished if *Rasadhatvagni* and other tissue metabolism levels are compromised. *Artava* formation impairment and metabolic disruptions may be exacerbated by the production of *Ama* subsequent to *Agnimandya*. According to Ayurveda, the disorder can be treated using *Nidana parivarjana*, *Shodhana*, *Shamana*, *Satvavajaya* and proper lifestyle choices, which provide treatment algorithm as opposed to mere symptom reduction.

KEYWORDS: *Ayurveda, PMOS, Artava, Kriya Sharir, Srotodushti.*

INTRODUCTION

The Ayurvedic concept of *Sharir Kriya* can be used to understand PMOS, a complex metabolic and endocrine illness. From an Ayurvedic standpoint, its manifestations are mostly related to *Artavavaha Srotodushti*, which has an impact on *Artava's* development. Obesity, irregular menstruation, hirsutism and Anovulation, etc. are clinical manifestations of PMOS. In general, *Vata-Kapha* imbalance is the primary cause of PMOS. While disturbance of *Vata*, especially *Apana Vayu*, disrupts the normal timing and progression of menstruation and ovulatory activities, increases *Kapha* contributes to *Sthoulya* and excessive accumulation of *Meda*. Therefore, a disruption in the physiological synchronization of *Kapha*, *Vata*, *Meda* and *Artava* may contribute towards the pathogenesis of PMOS.[1-4]

Physiological Aspects of *Nidana*

Both *Ahara* and *Vihara* might be taken into consideration while examining the causes of PMOS. Overindulgence in *Guru* and *Snigdha* meals, as well as *Santarpanajanya Ahara*, can weaken *Agni* and encourage the accumulation of *Kapha* and *Meda*. Similarly excessive food intake, delayed awakening, irregular eating patterns, *Avyayama*, *Divasvapna* and insufficient physical activity can exacerbate *Kapha* and disrupt metabolic balance. *Vata* aggravation may be exacerbated by psychological elements like *Chinta* and *Shoka*, which also disrupt normal reproductive physiology.[3-5]

Srotodushti in PMOS

Artavavaha Srotas deal with the creation, movement and release of *Artava*. Anovulation and irregular menstruation may be caused by their dysfunction, which can also lead to *Srotorodha* and reduced follicular maturation. Similarly *Medovaha Srotas* physiologically control metabolism of *Meda*, while disruption of this *Srotas* can lead to excessive adipose tissue deposition. These may further affect hormonal and reproductive processes which contribute towards PMOS. Disruption

of these *Srotas* also causes symptoms of *Sthoulya* and metabolic disorders.[4-6]

***Samprapti* (Patho-Physiological Aspects).**
Modern science presented many physiological aspects related to the pathogenesis of PMOS as depicted in **Figure 1**. Modern science emphasizes role of the hormonal functions in the development of PMOS symptoms.

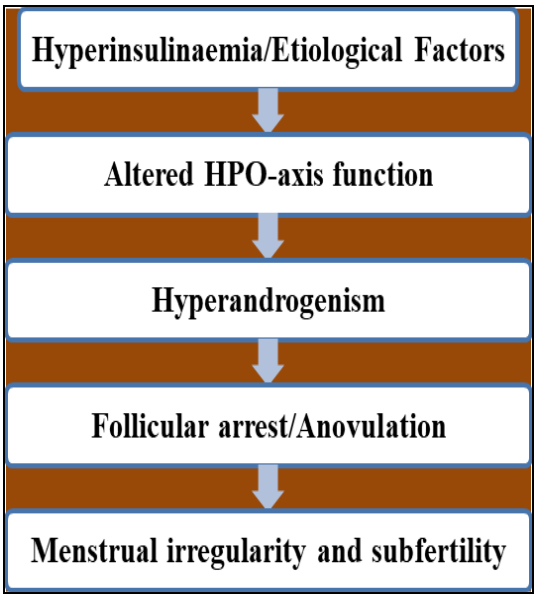

Figure 1: Patho-physiology of PMOS as per modern aspect.

According to Ayurveda *Samprapti* of PMOS is associated with vitiated *Dosha*, *Dhatu* and *Srotas*. *Vata* may be exacerbated by repeated exposure to *Vata*-provoking elements, such as insufficient sleep, erratic eating patterns, disrupted daily schedules and poor adherence to menstrual cleanliness. Normal *Kala Niyama*, including the physiological timing of hormone secretion, follicular development, ovulation and menstruation, may be disrupted by this disturbance. *Sthoulya* is the outcome of excessive accumulation and aberrant development of *Meda* due to the aggravation of *Kapha* and the *Ashraya-Ashrayi Bhava* between *Kapha* and *Meda*. The *Artavavaha* and *Shukravaha Srotas* may become obstructed as a result of aggravated *Vata* facilitating the aberrant distribution of *Kapha* and *Meda*.[4-8]

Vata's Kapha Avarana, especially in the *Artavavaha Srotas*, may interfere with *Apana Vayu's* regular movement and function, causing symptoms like *Nashtartava* or irregular and delayed menstruation. *Rasa* and *Mamsa Dhatu* are impacted by the combined influence of *Vata* and *Kapha*. Additionally *Anyonya Vata Avarana* causes other systemic symptoms, especially when *Apana* and *Vyana Vayu* are involved.[7-9]

Kriyakala* of PMOS *Samprapti
The hypothalamic-pituitary-ovarian axis may not operate normally in PMOS due to psychological stress and other etiological factors that affect the neuroendocrine system. According to Ayurveda, repeated and incorrect exposure to different *Nidanas* can impede *Agni* and cause *Tridosha Dushti*.

***Sanchaya* in PMOS**
The initial accumulation of the corresponding *Doshas* results in their distinctive characteristics during the *Sanchaya* stage. While a buildup of *Vata* may result in *Stabdha Koshtata, Kapha Sanchaya* which may manifest as *Gaurava* and *Alasya*.

***Prakopa* in PMOS**
Improper digestion may lead to the creation of *Ama Rasa* with prolonged exposure to causal causes and impairment of *Agni*, which can exacerbate *Kapha*. Various manifestations can occur based on the prevalent *Dosha*. *Pitta Prakopa* may show up as *Amlika* and *Pipasa*, whereas *Vata Prakopa* may cause *Koshta Toda* and irregular *Vata* movement.

***Prasara* in PMOS**
Srotodushti is a result of *Rasagni Mandya* and *Rasa Dhatu* vitiation during the stage of *Prasara*. Progressive *Dhatu Dushti* and *Dhatvagni* impairment may develop as the disease process advances. *Ama's* buildup and circulation may also cause *Srotorodha*, *Vata* related symptoms like *Vimargagamana* and *Atopa*, as well as *Kapha* related manifestations like *Arochaka* and *Avipaka* may also be seen during this stage.

***Sthanasamshraya* in PMOS**
The vitiated *Doshas*, especially *Vata* and *Kapha*, interact with vulnerable tissues during the stage of *Sthanasamshraya* to produce *Dosha-Dushya Sammurchana*. *Angamarda*, *Agnimandya* and irregularities in the amount, time or regularity of *Raja* can all be signs of *Vata* involvement. *Sthoulya* and delayed menstruation may result from *Kapha* involvement.

***Vyakta* in PMOS**
The established pathogenic process manifests clinically during the *Vyakta* stage with distinctive signs and symptoms. PMOS related symptoms, such as *Yathochitakala Adarshana, Yoni Vedana, Atipravritti, Anapatyata, Beeja Granthi*, *Sthoulya*, *Atilomata*, *Karshnya* and *Youvana Pidaka*, may become apparent if the *Dosha Dushya Sammurchana* is not corrected.

***Bheda* in PMOS**
When proper management is not implemented, the disease progresses into a chronic or complex state, which is represented by the *Bheda* stage. Infertility, *Vata Vikara* and *Artava Nasha* are examples of long term symptoms. *Hridroga*, *Gulma* and other *Vata* dominant

illnesses may be predisposed to by persistent *Avarana* and *Srotodushti*.[8-10]

Management of *Samprapti* of PMOS

Ayurveda suggested various options for managing PMOS and related symptoms as depicted in **Table 1**.

Table 1: Ayurvedic approaches for managing PMOS.

Ayurvedic approaches	Role in PMOS
Nidana Parivarjana	Minimizes *Shoka, Krodha* and *Prajnaparadha*. This helps to reduce stress induced manifestations of PMOS
Samshodhana	*Virechana* and *Basti* may be considered in *Avarana, Vamana* may be considered useful for *Kapha* predominance. *Kala Basti, Yapana Basti* and *Lekhana Basti* may be considered useful for persistent reproductive dysfunction.
Bahih Parimarjana	*Udvartana* and *Ruksha Swedana* may be considered beneficial in *Kapha* predominance.
Satvavajaya	Control of excessive *Kama, Lobha, Mada* and *Matsarya* may help to prevent *Avarana* and further *Dosha* aggravation.
Ayurvedic Drugs	Commonly mentioned drugs include *Kataka, Trivrit, Jyotishmati, Haridra, Gokshura* and *Jatamamsi*, etc. These drugs correct *Dosha* vitiation and helps to restore physiology of hormonal system.

CONCLUSION

PMOS can be viewed as a pathological condition that arises from different disrupted combinations of *Vata, Kapha*, and *Pitta* along with *Dhatus* and *Srotas*. PMOS is a complicated endocrine metabolic condition that includes ovarian hyperandrogenism, hyperinsulinemia and dysregulation of hypothalamic-pituitary-ovarian axis. These anomalies cause irregular menstruation and infertility by interfering with follicular maturation and ovulation. Low-grade inflammation, metabolic dysfunction and obesity may make the illness worse. *Medovaha* and *Artavavaha Srotodushti* induced *Avarana* of *Apana Vata* which may result from *Agnimandya's* accumulation of *Meda* and *Kleda*. As a result, irregular menstruation, poor ovulation, and infertility may arise from disturbed *Apana Vata* and *Artava* function. Ayurvedic therapy that includes *Nidana Parivarjana, Shodhana, Shamana, Satvavajaya* and suitable lifestyle changes may tackle the underlying disease causes.

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