



INTERNATIONAL JOURNAL OF MULTIDISCIPLINARY RESEARCH

IN SCIENCE, ENGINEERING, TECHNOLOGY AND MANAGEMENT

Volume 10, Issue 8, August 2023



INTERNATIONAL
STANDARD
SERIAL
NUMBER
INDIA

Impact Factor: 7.580



+91 99405 72462



+9163819 07438



ijmrsetm@gmail.com



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Systematic Review on Polycystic Ovarian Syndrome and Its Management

Aysha Raza, Tabassum.K

Associate Professor, Dept. of Obstetrics and Gynecology, A & U Tibbiya College & Hospital, Karol bagh,
New Delhi, India

Associate Professor, Dept. of OBG, Govt Unani Medical College Hospital, Bangalore, KA, India

ABSTRACT: PCOD is one of the most common causes of irregular periods and infertility. It starts to appear at 15-25 years of age and it may take years for its clinical presentation to appear. The incidence of PCOD is 4-22%. The symptoms of PCOD include irregular periods, hirsutism, acne, obesity etc. Women with PCOD are at increased risk of reproductive problems including infertility, recurrent miscarriage, endometrial cancer, late menopause and metabolic aberrations including insulin resistance, type 2 diabetes mellitus, dyslipidemia and cardiovascular diseases. PCOD is associated with increased risk of morbidity. The exact etiology of PCOD remains unclear, but it is believed to result from complex interactions between genetic, behavioral, and environmental factors. Anxiety, depression, and reduced quality of life are also common in PCOD. In PCOD, multiple small cysts, which are actually tiny follicles, develop inside the ovary. The cysts and the connective tissue surrounding them (the stroma) produce male hormones called androgens. These androgens block follicular development and cause the follicle degeneration. It may lead to male pattern of hair distribution. In Unani system of medicine various single and compound drugs mentioned for amenorrhea such as *abhal*, *badiyan*, *aspand*, *hab balsan*, *hab khurtum*, *habbul qilt*, *rewand chini*, *akleelul mulk*, *tukhm kasus*, *kharkhask*, *parsiya-o-shan*, *jadwar*, *akarkarha* etc. which are widely used in the management of *ehtebase tams* and *uqr*. Compound formulations such as *sharbat ersa*, *sharbat shikanjabeen asli*, etc. are also used. These drugs also contain phyto estrogens that mimic the estrogenic action and normalize the menstrual cycle. This review paper reveals unani concept of PCOD and its management with unani herbs in detail

KEYWORDS: PCOD, Menstrual disorders, obesity, unani medicine and management

I. INTRODUCTION

Poly Cystic Ovarian Disease (PCOD) is the most common endocrine disorder, which starts appearing at 15-25 years of age and it may take years for its clinical presentation to appear. Overall incidence of PCOD is 4-22% in women and 50% of infertile women.¹ Anovulation is the hallmark of PCOD, which is the leading cause of infertility.² PCOD is a heterogeneous disorder. It was originally described by Stein and Leventhal in 1935 and its diagnosis is based on presence of any two of the following three criteria i.e. oligomenorrhea and or anovulation, hyperandrogenism (clinical and or biochemical) and polycystic ovaries on USG.^{3, 4, 5} PCOD treatment is directed to the ovary for normalizing its functions. Medications are used to regulate the menstrual cycles and to stimulate ovulation. As different drugs used in the treatment of PCOD cater to different symptoms, effective treatment to manage PCOD is a challenge. In conventional medicine, the best-known treatment of PCOD is clomiphene citrate, metformin, tamoxifen and troglitazone.^{4, 6} All these drugs have their own side effects.

Unani concept of PCOD:

In unani system of medicine the description of PCOD has been described vividly by various unani physicians under the headings of *ehtebase tams* and *uqr*. It has been mentioned that *sue mizaj barid* (abnormal cold temperament) of the liver may lead to abnormal production of phlegm. Dominance of *khilte balgham* (phlegm) may lead to formation of cysts in the ovaries.^{7,8,9}

The cause of infertility in females due to obesity and PCOD as described by modern medicine are very much similar to the causes and features of *uqr* in unani medicine. Unani physicians recorded combination of signs conjoined with menstrual irregularities i.e. amenorrhoea, oligomenorrhoea and DUB, including hirsutism obesity, acne, hoarseness of voice and infertility, which are suggestive of PCOD.⁹⁻¹¹ It is also described that women become amenorrhoeic if their *mizaj* is transformed towards masculinity and develops male pattern hair growth, hoarseness of voice etc.^{9,10}

Symptoms of PCOD:

1. Menstrual issues: PCOD mainly causes oligomenorrhea (lower than nine menstrual periods in one year) or even amenorrhea (no menstrual periods for 3 or more successive months). However other kinds of menstrual problems can also occur.
2. Infertility: This usually results directly from persistent anovulation.
3. Metabolic disorder: This shows up like a propensity towards fundamental weight problems along with other indicators connected with insulin resistance. Serum insulin, insulin resistance, and also homocysteine amounts are increased in females with PCOD. Asians influenced by PCOD are not as likely to cultivate hirsutism as the ones from some other ethnic backgrounds. Ladies with PCOS are inclined to have fundamental weight problems, yet scientific studies are contradictory with regards to whether visceral as well as subcutaneous stomach fat is augmented, unaffected, or diminished in females with PCOD of reproductively normal woman with similar weight index. In any event, androgens, like testosterone, androstanolone.

Management of PCOD in conventional medicine: ²

Women with PCOD are currently treated according to their presenting features like irregular periods, infertility and hirsutism.

1. Oral contraceptives in menstrual disturbance.
2. Clomiphene citrate, ovarian drilling/ laser treatment and assisted reproductive techniques in anovulatory infertility.
3. Cyproterone acetate, ethinylestradiol and spironolactone in hirsutism and acne.
4. Weight loss in menstrual disturbance and anovulatory infertility helps in improvement of metabolic perturbances and reduces the risk of coronary heart disease.
5. Insulin sensitizing agents (such as metformin) in obesity, androgen excess, menstrual disturbance, anovulatory infertility and metabolic perturbances.

Unani management of PCOD:**The main aim of Unani treatment in women with PCOD is:**

- Detoxification of body
- Strengthening and revitalizing the female reproductive system and regularizing menstrual cycles.
- Rectifying hormonal imbalance by using unani medicine

Unani system of medicine is the oldest system that prevails till date with its effective remedies. In unani medicine, the medicinal plant preparations have found widespread use particularly in the case of disease not amenable to treatment by modern methods. The drugs which correct *ehtebase tams*, *uqr* and *sue mizaj barid* are generally found to be useful in PCOD, but their efficacy has not been validated scientifically. Various single and compound drugs for amenorrhea such as *Abhal*, *Badiyan*, *Aspand*, *Hab Balsan*, *Hab Khurtum*, *Habbul Qilt*, *Rewand Chini*, *Akleelul Mulk*, *Tukhm Kasus*, *Kharkhask*, *Parsiya-O-Shan*, *Jadwar*, *Akarkarha* etc.^{8,11} which are widely used in the management of *ehtebase tams* and *uqr*. Compound formulations such as *sharbat ersa*, *sharbat shikanjabeen asli*, etc.,^{12,13} are also used. Moreover, unani literature mentioned to be used for hepatoprotection, which in turn refers for the correction of hormonal imbalance due to PCOD. These drugs are also containing phyto estrogens that mimic the estrogenic action and normalize the menstrual cycle. In PCOD these drugs having the properties of *Mohallil Auram* (Anti-Inflammatory) *Muffateh* (Vasodilators), *Mudire Boul-o-Haiz* (Diuretic and Emmenagogue), *Mulatif*, *Musakkin Dard* (Analgesic), *Muqawi Meda wa Jigar* (Tonic To Stomach and Liver), *Muqawi Dimagh* (Tonic To Brain), *Muqawi Bah* (Aphrodisiac) etc.¹⁴ All these drugs are in the first degree of hot and dry temperament¹⁴ suggesting that the drugs possess moderate degree of *hararat* and *yabusat*, which suits for *ehtebase tams* and *uqr*, caused by *sue mizaj barid*.¹⁵⁻¹⁸ Moreover, these drugs contain flavonoids which have various biological activities such as hepato-protective, anti-inflammatory, uterine stimulant, antioxidant, digestive, anti-rheumatic, immunomodulatory, antihypertensive properties. This drug contains phyto estrogens also.¹⁹

List of unani drugs useful in PCOD: ^{19,20}

Sl No.	Unani name	Botanical name	Medicinal properties	Image
1.	Abhal	Juniperus communis	Emmenagogue, anti-inflammatory, astringent, antiseptic	
2.	Badyan (Sounf)	Foenicul vulgare Linn	antioxidant, cytotoxic, anti-inflammatory, antimicrobial	
3.	Habbe Balsan		Antioxidant, anti-inflammatory	
4.	Aspand	Peganum harmala Linn	Anti depressant,	
5.	Rewand chini	Indian rhubarb	Hepatoprotective, antioxidant	
6.	Kharkhask	Tribulus terresteris Linn	Hypotensie, Aphrodisiac, Diuretic,	
7.	Jadwar	Delphidium denudatum linn	Antioxidant, Hepatoprotective, Tonic	
8.	Akarkarha	Anacyclus pyrethrum linn	Aphrodisiac, restore premature ejaculation, Anti diabetic, Antioxidant, Immunomodulator,	

Diet in PCOD: ^{21,22}

When PCOD is linked to obesity or overweight, effective weight-loss is regarded as the efficient method of rebuilding natural ovulation/menstruation. Lower GI diet plan, wherein a substantial part of overall carbs are acquired from fresh fruit, veggies, as well as whole-grain resources, has resulted into more significant menstrual consistency as compared to a macronutrient-matched healthier diet.

- ✓ Diet should be light, nutritious and easily digestible.

- ✓ Use of fibrous food including green leafy vegetables and fresh fruits.
- ✓ Avoid cold and dry food, late digestible food, heavy and spicy food.
- ✓ Drink plenty of fluids.

II. CONCLUSION

Although PCOD treatment has no cure, still a patient can live a normal life through proper unani medical interventions and lifestyle changes can reduce the sign, symptoms and restore fertility

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