Review Article
PCOD and Weight Management

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Abstract: Polycystic ovarian disease is one of the commonest cause of infertility in women it can cause menstrual problem overweight excess hair growth and acne management of PCOD include weight loss and lifestyle changes taking care of all the individual symptoms.

Keywords: Polycystic ovarian disease, PCOD.

INTRODUCTION
PCOD polycystic ovarian disease is the presence of multiple small cyst in ovaries which occurs when regular changes of normal menstrual cycle are disturb .PCOD is a complex metabolic endocrine reproductive and psychological disorder which may affect quality of life of of womens. menstrual abnormality, infertility, obesity, hirsutism, hair loss and acne vulgaris. in PCOD the ovaries enlarge and produce excessive amount of androgen and oestrogen hormones which along with the absence of ovulation cause infertility . PCOD is a health problem that can affect women's menstrual cycle fertility hormones and insulin production.

CAUSES
There are multiple pathophysiological mechanism due to heterogeneous action of this disorder the exact cause of PCOD is unknown. women with PCOD frequently have strong positive family history but genetic link to this disorder is still not proven. many women with PCOD have weight problem it's possible that the origin react by making too many male hormones called androgens this can lead to acne, excessive hair growth weight gain and ovulation problem . alteration in gonadotrophin releasing hormones secretion result in increased luteinizing hormone secretion and alteration in insulin secretion and insulin action result in hyperinsulinemia and insulin resistance . obesity can aggravate PCOD because fatty tissues are formally active and they produce oestrogen which disturb ovulation . overactive adrenal glands can also produce excess androgens and this may also contribute to PCOD . some women have high level of insulin in their blood because their cell do not respond normally to insulin.

Symptoms of PCOD
The major symptoms of PCOD include menstrual dysfunction and anovulation and sign of hyperandrogenism , infrequent or no menses or irregular bleeding, infertility due to anovulation early development of breast, increase growth of body hair with acne and oily skin, obesity ,infertility ,obesity ,metabolic syndrome ,type 2 diabetes ,majority of women's have oligomenorrhea that is infrequent menses having only 6 to 8 Menses  in year. skin hyper pigmented patches of thick and dark brown or black skin on the neck, arms, breast or thighs, high blood pressure and cholesterol level, sleep apnea, male fat storage pattern, abdominal storage rather than standard female pattern on thighs hips and waist. weight gain especially around the waist . obesity commonly seen with PCOD is characterized by an increase in the waist circumference as compared to overall obesity. women with PCOD are at increased risks of developing type 2 diabetes, cardiovascular disease.
Diagnosis

Diagnosis of PCOD can be done on the basis of medical history of irregular menstrual cycle for example oligomenorrhea, amenorrhea, polycystic ovary with the help of ultrasound. All other endocrine disorders responsible for the symptoms must be ruled out.

Physical Examination

Physical examination should include body mass index and blood pressure. Increased blood pressure may suggest androgen excess. Excess hair should be noted hirsutism. Acne noticed. Skin changes are to be noted such as acne striae Mark pigmentation etc.

Blood test should be done LH, FSH, TSH, lipid profile, fasting insulin, glucose tolerance test total and free testosterone.

Weight Management

Lifestyle modification is the first line of treatment weight loss, exercise and reducing body weight are important part of treatment of PCOD. Weight loss has clinical benefits improving psychological and reproductive metabolic features. Losing weight can be difficult in patients with PCOD, but combination of less eating and more exercise is best to control the obesity. Losing weight helps to reduce the high insulin level that occurs in PCOS this has great effect on reducing testosterone. Many research studies have shown that weight loss from lifestyle modification alone has cause regular menstruation decrease LH level induction of ovulation improve fertility decrease androgen improvement of insulin resistance and decrease the risk for diabetes control high blood pressure and cardiovascular disease. Weight reduction may minimise the risk of uterine cancer. All patient should be screen at every 6 months for hypertension, glucose intolerance and fasting lipid profile.

Diet

Consumption of food of low glycemic index, low carbohydrate and with high fibers vegetables like broccoli sprouts, sweet potatoes which slow down digestion, high protein diet like tofu, chicken, soya. anti-inflammatory food like tomatoes and turmeric is advice. Omega 3 fatty acids and almonds

Food to be avoided

All three white things white sugar, salt, white flour. Food high in refined carbohydrates such as white bread, corn flour, muffins, this things are high in carbohydrate and low in fiber should be removed from diet. All sugary and salty product should be avoided exercise like aerobics, yoga, walking, swimming, jogging for at least 30 minutes a day is advised. Treatment of PCOD is based on symptoms of individual patient for example birth control pills which regulate the menstrual cycle and reduce male hormone level. Diabetic medication for example metformin, glucophage which is used to treat type 2 diabetes. Fertility medication.

Follow-up

Depends on individual sign and symptoms and result of treatment breast examination pap smear mammogram are recommended for all women with PCOD

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