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# Polycystic Ovarian Disease (PCOD): Epidemiological Perspectives and Preventive Strategies through Healthy Lifestyle and Alternative Approaches

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Abstract: Polycystic Ovarian Disease (PCOD) is one of the most common endocrine disorders among women of reproductive age, with rising prevalence worldwide. It significantly affects physical, psychological, and social well-being. The disorder has multifactorial etiology involving genetic, hormonal, lifestyle, and environmental influences. In India and Kerala, changing dietary patterns, reduced physical activity, and increased stress have contributed to its growing incidence, particularly among adolescent girls and young women. This article explores the global, national, and regional epidemiological trends of PCOD, its contributing factors, clinical manifestations, impact on women's health, and preventive measures through lifestyle modification, yoga, stress management, and alternative therapies. Promoting awareness, early diagnosis, and holistic interventions are crucial for improving quality of life and reproductive health among women.

Keywords: Polycystic Ovarian Disease, Lifestyle modification, Epidemiology, Adolescent health, Women's wellness, Alternative therapy

#### 1. Introduction

Polycystic Ovarian Disease (PCOD) or Polycystic Ovary Syndrome (PCOS) is a complex metabolic and hormonal disorder affecting approximately 8–13% of women globally. It manifests through irregular menstrual cycles, obesity, hirsutism, acne, infertility, and metabolic disturbances. The underlying causes include insulin resistance, hormonal imbalance, sedentary lifestyle, and genetic predisposition. PCOD has become a major public-health concern requiring integrated preventive and management strategies.

#### 2. Contributing Factors of PCOD

PCOD develops due to a combination of genetic, environmental, and lifestyle-related factors that disturb normal hormonal balance. Major contributing factors include:

- Genetic predisposition: Family history of PCOD or type 2 diabetes increases risk.
- Insulin resistance: Leads to elevated insulin and androgen levels, impairing ovulation.
- Hormonal imbalance: High luteinizing hormone (LH) and androgens with low follicle-stimulating hormone (FSH) disrupt follicular maturation.
- Obesity & sedentary lifestyle: Excess body fat worsens insulin resistance and hormonal imbalance.
- Unhealthy diet: High-calorie, sugary, processed foods contribute to metabolic stress.
- Stress & emotional strain: Chronic stress alters cortisol and reproductive hormones.
- Sleep disturbances: Irregular sleep cycles disturb endocrine rhythm.
- Environmental endocrine disruptors: Chemicals such as BPA and phthalates may mimic estrogenic activity, affecting ovarian function.

#### 3. Signs and Symptoms of PCOD

Common signs and symptoms include:

Menstrual irregularities – infrequent, absent, or heavy periods.

Hirsutism – excessive facial or body hair due to high androgens.

Acne and oily skin – persistent acne unresponsive to standard therapy.

Scalp hair thinning / hair loss (androgenic alopecia).

Weight gain or difficulty losing weight.

Infertility or subfertility from anovulation.

Dark pigmentation (acanthosis nigricans) on neck or underarms, indicating insulin resistance.

Fatigue, mood swings, anxiety, and depression.

Polycystic ovaries on ultrasound showing multiple immature follicles.

#### 4. Epidemiological Perspectives

#### 4.1 Global Scenario

Worldwide, PCOD affects about one in ten women of reproductive age. Reported prevalence varies from 4% to 20% depending on diagnostic criteria and ethnicity. Urbanization, obesity, and altered diet are leading drivers.

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#### 4.2 Indian Perspective

In India, prevalence ranges between 12% and 36%. Urban women are disproportionately affected due to sedentary lifestyles, poor diet, and psychosocial stress. The onset is now increasingly observed in adolescence.

#### 4.3 Kerala Perspective

Despite Kerala's high literacy and health awareness, local studies reveal nearly one in five adolescent girls showing symptoms of PCOD. Key factors include consumption of high-calorie foods, academic stress, reduced physical activity, and excessive screen time.

#### 5. Impact of PCOD

#### 5.1 On Adolescent Girls

Adolescents with PCOD experience irregular menstruation, acne, obesity, and emotional disturbances, leading to low self-esteem and poor social participation.

#### 5.2 On Adult Women

In adulthood, PCOD contributes to infertility, type 2 diabetes, cardiovascular disease, and endometrial carcinoma. Beyond physical illness, it impacts psychological well-being and interpersonal relationships.

### 6. Prevention and Control through Healthy Lifestyle and Alternatives

#### 6.1 Lifestyle Modification

Lifestyle change remains the cornerstone of PCOD management.

- Diet: Emphasize high-fiber, low-glycemic foods and adequate hydration.
- Exercise: Engage in at least 150 minutes of moderate physical activity weekly.
- Weight control: Losing 5–10% body weight can restore ovulation.
- Sleep & rest: Maintain regular sleep cycles for hormonal balance

#### 6.2 Stress Management and Yoga

Yoga, pranayama, and meditation help reduce cortisol and insulin resistance, improving ovulatory cycles and emotional health.

#### 6.3 Alternative and Complementary Therapies

Herbal medicine: Triphala, Ashwagandha, Shatavari, and Aloe vera support hormonal regulation.

- Naturopathy and acupuncture: Aid ovulation and reduce symptoms.
- Ayurvedic Panchakarma: Promotes detoxification and balances endocrine function.

#### 7. Discussion

The growing prevalence of PCOD in India, especially among adolescents, demands immediate public-health attention. School and college awareness campaigns, lifestyle counseling, and inclusion of reproductive-health education are essential. Collaborative efforts among gynecologists, nurses, nutritionists, and psychologists can promote early diagnosis and holistic management.

#### 8. Conclusion

PCOD is not merely a gynecological disorder but a lifelong metabolic and emotional condition. Early identification, education, and sustainable lifestyle practices can significantly reduce its burden. In Kerala and across India, empowering women through awareness, balanced nutrition, exercise, and stress-management practices ensures better reproductive and overall health outcomes.

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