

PCOD and PCOS: Are they same or Different ???

Dear Readers,

When we hear the terms "PCOD" and "PCOS," the first thing we probably think of is "irregular periods," isn't it? Regarding these diseases, there is still a lot of ignorance. The two abbreviations are frequently used interchangeably, despite the fact that they refer to two quite different conditions, and there is a lot of misinformation and myths surrounding these surprisingly common health problems.

In PCOD (Polycystic Ovarian Disease), the ovaries generate numerous immature eggs, which over time develop into cysts on the ovaries. The female reproductive system is regulated by the ovaries, which also produce hormones including oestrogen, progesterone, inhibin, relaxin, and others and regulate the menstrual period. Infertility is brought on by the accumulation of eggs, which enables the ovary to enlarge and release high amounts of male hormone. Male pattern hair loss, abdominal weight gain, irregular periods, and in extremely severe cases, even infertility, is some of the main symptoms. PCOD is a hormonal condition that affects around 9% to 22% of Indian women. The best approaches to manage PCOD include exercise and eating a balanced diet that is high in protein and fibre and low in sugars and carbohydrates. This also reduces some weight gain, which is beneficial because even a 5% weight loss makes therapy much easier.

Despite having a similar name, PCOS (Polycystic Ovarian Syndrome) differs from PCOD in a few ways. In PCOD, the ovaries begin to release immature eggs, which cause hormonal imbalances and other symptoms including swollen ovaries, whereas in PCOS, endocrine problems cause the ovaries to produce too much androgen, which increases

the risk of cystic ovulation. But unlike PCOD, these cysts won't be expelled; instead, they'll accumulate inside the ovaries. There are many symptoms of PCOS and PCOD that are similar, including weight gain, infertility, acne, irregular periods, etc. Additionally, PCOS causes metabolic syndrome, which raises the risk of diabetes, heart disease, and strokes. Because there is no ovulation, the uterine lining (the lining of the uterus) thickens each month, which can also raise the risk of endometrial cancer.

In order to normalise the menstrual cycle and treat a few other symptoms, oral contraceptives (birth control tablets) with oestrogen (a female hormone) and progestin, are typically used for PCOS. Additional medications may be given to treat acne and skin issues as well as to lower the risk of diabetes and endometrial cancer. In this scenario, losing weight and adopting a better lifestyle will also help with treatment.

Now we will see the differences between PCOD and PCOS.

PCOS is typically viewed as a more serious condition. PCOD is frequently treatable with simple lifestyle adjustments, and in some cases, no additional medical care is necessary. PCOS, on the other hand, is an endocrine system illness with more serious ramifications that almost always necessitates the ingestion of exogenous hormones.

A study done in Southern India and Maharashtra found that PCOS affects 9.13% of menstrual women there, while PCOD affects 22.5%. Pregnancy is nearly always achievable even if one has PCOD with a few extra measures and little medical help. It is much more difficult to get pregnant with

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PCOS because of the excessive number of hormonal anomalies.

It is indisputable that both PCOS and PCOD are stigmatised in society and are the subject of false

information, particularly in Indian culture. Even though these problems are so widespread, they are stigmatised and kept hidden, much like everything else associated to menstruation. Pharmacy professionals can, however, work to educate both the general public and themselves.