

AYURVEDIC PERSPECTIVES IN THE MANAGEMENT OF POLYCYSTIC OVARY
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ABSTRACT

Background: Polycystic Ovary Syndrome (PCOS) is one of the most common endocrine and metabolic disorders affecting women of reproductive age, characterized by menstrual irregularities, hyperandrogenism, insulin resistance, and subfertility. Conventional management primarily focuses on symptomatic relief, often with long-term dependence on pharmacological interventions. Ayurveda offers a holistic and individualized approach to women's reproductive health, emphasizing correction of underlying metabolic and lifestyle imbalances.**Objective:** To explore the Ayurvedic understanding of PCOS in relation to women's reproductive health and to highlight its therapeutic and preventive potential. **Material and Methods:** Classical Ayurvedic concepts related to *Artava Dushti*, *Agnimandya*, *Kapha-Vata* imbalance, and *Medo Dhatu* dysfunction were reviewed and correlated with the pathophysiology of PCOS described in contemporary medical science. Preventive and therapeutic principles, including dietary regulation (*Ahara*), lifestyle modification (*Vihara*), Panchakarma therapies, and herbal formulations, were analyzed. **Results:** Ayurveda addresses PCOS through normalization of metabolic function, hormonal balance, and reproductive physiology. Interventions such as *Deepana-Pachana*, *Shodhana* therapies, *Ritucharya*, stress management, and individualized treatment based on *Prakriti* demonstrate potential benefits in regulating menstrual cycles, improving ovulatory function, reducing insulin resistance, and enhancing overall reproductive health. **Conclusion:** Ayurveda provides a comprehensive, safe, and sustainable approach to the management of PCOS by targeting its root causes rather than isolated symptoms. Integrating Ayurvedic principles with contemporary medical care may offer improved long-term outcomes and quality of life for women with PCOS.**KEYWORDS:** Ayurveda, Polycystic Ovary Syndrome, Women's Reproductive Health, *Artava Dushti*, Holistic Medicine.

1. INTRODUCTION

Polycystic Ovary Syndrome (PCOS) is a prevalent endocrine-metabolic disorder affecting approximately 6–20% of women of reproductive age worldwide, with variation depending on the diagnostic criteria used.^[1,2] It is characterized by menstrual irregularities, chronic anovulation, hyperandrogenism, insulin resistance, obesity, and subfertility.^[3] Beyond reproductive dysfunction, PCOS is associated with long-term

metabolic and psychological complications, including type 2 diabetes mellitus, dyslipidemia, increased cardiovascular risk, anxiety, depression, and impaired quality of life.^[4–6]

Conventional management of PCOS primarily focuses on symptomatic relief through hormonal contraceptives, insulin sensitizers such as metformin, and ovulation-inducing agents.^[7] While these interventions are effective

in controlling clinical manifestations in the short term, they often necessitate prolonged use and may be associated with adverse effects. Moreover, conventional therapy may not sufficiently address the underlying metabolic disturbances and lifestyle-related etiopathogenesis that contribute to the chronic and recurrent nature of the disorder.^[8,9]

Ayurveda, the ancient Indian system of medicine, offers a holistic, individualized, and root-cause-oriented approach to women's reproductive health. Although PCOS is not described as a single disease entity in classical Ayurvedic texts, its clinical features closely resemble conditions such as *Artava Dushti*, *Arajaska*, *Nashtartava*, *Pushpaghni Jathaharini*, and disorders arising from *Agnimandya*, *Kapha-Vata* vitiation, and *Medo Dhatu* dysfunction.^[10-12] According to Ayurvedic principles, impairment of Agni leads to Ama formation and Srotorodha, particularly affecting *Artavavaha* and *Medovaha Srotas*, resulting in menstrual irregularities, anovulation, and metabolic imbalance.^[13]

The Ayurvedic framework emphasizes correction of underlying metabolic derangements, restoration of normal *Artava Pravritti*, and maintenance of reproductive health through a comprehensive regimen involving Ahara (dietary regulation), *Vihara* (lifestyle modification), *Panchakarma* therapies, and *Rasayana* measures.^[14,15] This integrative approach not only targets the reproductive manifestations of PCOS but also aims to improve overall metabolic health and psychological well-being, thereby offering a sustainable model for long-term management.

AIM AND OBJECTIVES

Aim

To explore the Ayurvedic understanding of Polycystic Ovary Syndrome in relation to women's reproductive health and to highlight its therapeutic and preventive potential.

Objectives

- To review classical Ayurvedic concepts relevant to the pathogenesis of PCOS
- To correlate Ayurvedic principles with the contemporary understanding of PCOS
- To analyse preventive and therapeutic approaches of Ayurveda in the management of PCOS
- To emphasize the role of individualized and holistic care in improving reproductive outcomes

2. MATERIALS AND METHODS

This conceptual review was conducted through a detailed analysis of classical Ayurvedic texts including *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, and their commentaries. Relevant references related to *Artava*, *Yonivyapad*, *Agni*, *Dosha*, *Dhatu*, and *Srotas* were reviewed.

Additionally, contemporary medical literature on PCOS was consulted to understand its etiopathogenesis, clinical features, and management. Ayurvedic principles were correlated with modern scientific concepts to establish a comprehensive integrative understanding. Preventive and therapeutic strategies including *Ahara*, *Vihara*, *Panchakarma*, and herbal formulations were analysed.

Ayurvedic Conceptualization of PCOS

Dosha Involvement

PCOS is predominantly associated with *Kapha-Vata Dosha* vitiation. *Kapha* leads to *Srotorodha*, *Meda Vriddhi*, and *Agnimandya*, while *Vata* vitiation results in *Artava Pravritti Vikriti* and anovulation.

Agnimandya and Ama Formation

Impaired *Jatharagni* and *Dhatvagni*, particularly *Medodhatvagni*, results in accumulation of Ama, which obstructs *Artavavaha Srotas*, leading to menstrual irregularities and cyst formation.

Dhatu and Srotas Involvement

- *Medo Dhatu Dushti* → obesity, insulin resistance
- *Rasa and Rakta Dhatu Dushti* → hormonal imbalance
- *Artavavaha Srotas Dusti* → anovulation, irregular menstruation

Artava Dushti

Disturbance in the quantity, quality, and periodicity of *Artava* manifests as oligomenorrhea, amenorrhea, or anovulatory cycles, which are hallmark features of PCOS.

Correlation with Modern Pathophysiology

Table 2.1: Table Showing the Co-relation with Modern Physiology.

Modern Concept	Ayurvedic Correlation
Insulin resistance	<i>Agnimandya, Medo Dhatu Dushti</i>
Hyperandrogenism	<i>Kapha-Vata Prakopa</i>
Anovulation	<i>Artavavaha Srotas Avarodha</i>
Obesity	<i>Meda Vriddhi</i>
Chronic inflammation	<i>Ama accumulation</i>

Ayurvedic Management of Poly Cystic Ovarian Syndrome

Principles of Treatment

- *Nidana Parivarjana* (avoidance of causative factors)
- *Agnideepana* and *Amapachana*
- *Shodhana* for *Srotoshuddhi*
- *Shamana* therapy for Dosha balance
- *Rasayana* for reproductive rejuvenation

Ahara (Dietary Regulation)

- *Laghu, Ruksha, and Agnideepaka* diet
- Avoidance of *Guru, Snigdha, and Madhura* Ahara
- Emphasis on whole grains, vegetables, and warm food

Vihara (Lifestyle Modification)

- Regular physical activity and *Yoga*
- Stress management through *Pranayama* and meditation
- Following *Dinacharya* and *Ritucharya*

Panchakarma Therapies

- *Vamana* for *Kapha* predominance
- *Virechana* for *Pitta* and metabolic correction
- *Basti* for *Vata* regulation and reproductive balance

Herbal and Classical Formulations

- *Kanchanara Guggulu*
- *Triphala*
- *Ashwagandha*
- *Shatavari*
- *Guduchi*

These formulations help in metabolic correction, hormonal regulation, and improvement of ovulatory function.

3. OBSERVATIONS AND RESULTS

The analysis of classical Ayurvedic literature and available contemporary evidence indicates that Ayurvedic interventions offer multidimensional benefits in the management of Polycystic Ovary Syndrome by addressing its metabolic, endocrine, and psychosomatic components.

Regulation of Menstrual Cycles

Ayurvedic management focuses on restoring the normal functioning of *Artavavaha Srotas* through correction of *Agnimandya* and alleviation of *Kapha-Vata Dosha vitiation*. Interventions such as *Deepana-Pachana*, *Shodhana* therapies, and *Artava-janana* drugs contribute to improved cyclicity of menstruation. Classical formulations like *Kanchanara Guggulu* and *Triphala* are reported to support normalization of menstrual rhythm by reducing *Srotorodha* and *Meda Dushti*. Clinical and observational studies have demonstrated improved menstrual regularity following Ayurvedic treatment protocols in women with PCOS.^[16-18]

Improvement in Ovulatory Function

Anovulation, a hallmark feature of PCOS, is understood in Ayurveda as a consequence of *Artava Kshaya* and *Avarana* of *Vata* by *Kapha* and *Meda*. Panchakarma therapies, particularly *Virechana* and *Basti*, play a significant role in restoring *Vata* balance and promoting ovulation. Herbs such as *Shatavari* and *Ashwagandha* support follicular development and ovarian function through their *Rasayana* and *Balya* properties. Evidence suggests that Ayurvedic interventions may enhance ovulatory cycles and fertility outcomes in PCOS patients.^[19,20]

Reduction in Insulin Resistance

Insulin resistance in PCOS closely correlates with *Medodhatvagni Mandya* and *Ama* accumulation.

Ayurvedic therapies aim to enhance metabolic efficiency through *Agni Deepana* and *Medohara* actions. Drugs like *Guduchi* and *Triphala* have shown potential insulin-sensitizing and antioxidant effects. Lifestyle modifications and dietary regulation further assist in improving glucose metabolism and reducing metabolic syndrome components associated with PCOS.^[21-23]

Weight Management

Obesity and central adiposity are common in PCOS and are primarily linked to *Kapha-Meda Vriddhi*. Ayurveda emphasizes a combination of *Ahara*, *Vihara*, and *Shodhana* for sustainable weight management. *Ruksha*, *Laghu*, and *Ushna* dietary measures, along with physical activity and *Yoga*, help in reducing excess *Meda*. Studies have reported significant improvements in body mass index (BMI) and waist-hip ratio following Ayurvedic lifestyle and therapeutic interventions.^[24,25]

Enhancement of Psychological Well-being

PCOS is frequently associated with stress, anxiety, depression, and reduced quality of life. Ayurveda recognizes the influence of *Manasika Bhavas* and *Pragya-aparadha* in disease manifestation. Mind-body interventions such as *Yoga*, *Pranayama*, meditation, and *Rasayana* drugs like *Ashwagandha* contribute to stress reduction and emotional balance. Improved psychological well-being further supports hormonal regulation and treatment adherence.^[26,27]

Overall, individualized treatment based on *Prakriti*, *Dosha* predominance, and disease stage demonstrates better long-term sustainability, improved reproductive outcomes, and enhanced quality of life compared to uniform therapeutic approaches.

4. DISCUSSION

Polycystic Ovary Syndrome is a complex, multifactorial disorder involving endocrine dysregulation, metabolic impairment, and lifestyle-related factors. Contemporary management primarily addresses symptomatic relief; however, it often fails to prevent recurrence or long-term complications. Ayurveda offers a fundamentally different paradigm by addressing the root cause of disease rather than isolated symptoms.

From an Ayurvedic standpoint, PCOS arises due to *Agnimandya*, leading to *Ama* formation and subsequent *Dosha-Dhatu-Strotas Dushti*, particularly affecting *Meda Dhatu* and *Artavavaha Srotas*. The interplay of *Kapha-Vata* imbalance explains the simultaneous presence of metabolic dysfunction and reproductive irregularities observed in PCOS. Correction of *Agni*, removal of *Ama*, and restoration of physiological balance remain central to Ayurvedic management.

Unlike conventional therapy, Ayurveda emphasizes *Nidana Parivarjana*, preventive care, and long-term safety. The inclusion of *Dinacharya*, *Ritucharya*, *Ahara*, and *Vihara* ensures sustainable lifestyle modification,

which is crucial in a chronic condition such as PCOS. Panchakarma therapies not only provide symptomatic relief but also promote systemic detoxification and hormonal balance.

Furthermore, Ayurveda recognizes the psychological and emotional dimensions of disease, integrating mind–body practices to enhance overall well-being. This holistic approach aligns with contemporary concepts of integrative and patient-centered care.

Integrating Ayurvedic principles with modern medical management may offer a comprehensive and individualized model for PCOS, potentially improving long-term reproductive outcomes, metabolic health, and quality of life. However, further well-designed clinical trials and integrative studies are required to substantiate these observations and facilitate wider acceptance.

CONCLUSION

Ayurveda provides a comprehensive, safe, and sustainable approach to the management of Polycystic Ovary Syndrome by targeting its underlying metabolic and lifestyle-related causes. Through dietary regulation, lifestyle modification, Panchakarma therapies, and individualized herbal interventions, Ayurveda supports hormonal balance and reproductive health. An integrative approach combining Ayurveda and modern medicine may enhance long-term outcomes and overall well-being in women with PCOS.

Conflict of Interest

The authors declare that there is no conflict of interest regarding the publication of this article.

Limitations

This review is primarily conceptual in nature and is based on classical Ayurvedic literature and available contemporary scientific evidence. The absence of original clinical data limits the ability to draw definitive conclusions regarding the efficacy of specific Ayurvedic interventions in the management of Polycystic Ovary Syndrome. Variations in diagnostic criteria, treatment protocols, and outcome measures across existing studies further restrict direct comparison and generalization of findings.

Additionally, many Ayurvedic interventions lack large-scale, well-designed randomized controlled trials to substantiate their clinical effectiveness. Future research involving standardized treatment protocols, robust clinical trials, and integrative methodologies is essential to validate and strengthen the evidence base for Ayurvedic management of PCOS.

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