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Review Article

AYURVEDIC PERSPECTIVE OF POLYCYSTIC OVARY SYNDROME (PCOS)

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ABSTRACT

Polycystic Ovarian Syndrome (PCOS) is one of the most common reproductive endocrine disorders and a leading cause of infertility among women of reproductive age. It is characterized by menstrual irregularities, anovulation, hyperandrogenism, and metabolic disturbances. Although PCOS is not directly described in Ayurvedic classics, its clinical features and pathogenesis can be correlated with several Ayurvedic disease entities such as *Gulma, Prameha, Sthoulya, Nashtarthava, Artavakshaya*, and *Vandhya Yonivyapad*. From an Ayurvedic perspective, PCOS is considered a *Bahudoshaja* condition involving impaired *Agni* and dysfunction of the *Artavavaha Srotas*. The disease is primarily associated with *Vata-Kapha* imbalance, resulting in obstruction of normal reproductive and metabolic functions. Ayurvedic management emphasizes *Samshodhana* therapies, *Agneya Dravyas, Swayoni Vardhana Dravyas,* and the elimination of causative factors to restore physiological balance. This review explores the Ayurvedic understanding of PCOS by analysing classical references and correlating them with contemporary clinical manifestations. Such an approach provides a comprehensive framework for understanding and managing PCOS through Ayurvedic principles.

INTRODUCTION

Polycystic Ovary Syndrome (PCOS) is a complex endocrine disorder characterized by a wide range of clinical manifestations, including menstrual irregularities, anovulation, infertility, obesity, hirsutism, and insulin resistance. As a multisystem condition, PCOS requires a comprehensive healthcare approach for effective management. The syndrome is associated with several metabolic abnormalities and complications, such as insulin resistance, type 2 diabetes mellitus, hypertension, non-alcoholic fatty liver disease, and obstructive sleep apnea. Reproductive complications commonly include oligomenorrhea or amenorrhea, subfertility, endometrial hyperplasia, and an increased risk of endometrial carcinoma.

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In addition, cosmetic and dermatological concerns such as hirsutism, androgenic alopecia, acanthosis nigricans, and acne significantly affect the quality of life of affected individuals. The diagnosis of PCOS is primarily based on the Rotterdam criteria, which require the presence of at least two of the following features after excluding other causes of hyperandrogenism oligo-ovulation or anovulation, clinical and/or biochemical evidence of hyperandrogenism, polycystic ovarian morphology on ultrasonography. Polycystic ovaries are characterized by the presence of 12 or more follicles measuring 2–9 mm in diameter arranged peripherally and/or an ovarian volume exceeding 10ml. Conventional management of PCOS includes pharmacological interventions aimed at restoring ovulation and improving metabolic abnormalities. Commonly used medications include clomiphene citrate, metformin, troglitazone, aromatase inhibitors, glucocorticoids, and gonadotropins. In cases where medical management is unsuccessful, surgical interventions such as laparoscopic ovarian drilling or cyst puncture using laser or unipolar electrocautery may be considered.

Ayurveda provides detailed descriptions of various gynecological disorders under categories such as *Yonivyapad, Artava Vyapad, Beeja Dosha, Granthi, Arbuda,* and *Sthanaroga*. However, none of these conditions explicitly correspond to the modern clinical presentation of PCOS, particularly the combination of chronic anovulation and hyperandrogenic features such as hirsutism. Although Polycystic Ovary Syndrome (PCOS) is recognized as a distinct clinical syndrome in modern medicine, it cannot be directly correlated with any single disease entity described in Ayurveda. However, certain Ayurvedic conditions such as *Vandya, Arajaska, Nashtartava, Artavakshaya,* and *Pushpaghni Jathaharini* exhibit clinical features that resemble various aspects of PCOS.

MATERIALS AND METHODS

Classical Ayurvedic texts, contemporary medical textbooks, as well as relevant online articles and journal publications were reviewed to gather comprehensive information on the subject. The collected data were then critically analysed to derive the following observations.

OBSERVATIONS

Since Polycystic Ovary Syndrome (PCOS) is a syndrome with multifactorial aetiology, its exact one-to-one correlation with a single Ayurvedic disease entity is not feasible. However, its clinical manifestations can be broadly categorized and correlated with various conditions described in Ayurvedic literature. Metabolic features such as obesity and insulin resistance may be associated with *Sthoulya* and *Prameha*. Hyperandrogenic manifestations, including acne and hair loss, can be correlated with *Mukhadooshika* and *Khalitya*, respectively. Anovulation leading to amenorrhea or irregular menstrual cycles may be related to conditions such as *Vandhya* and *Pushpaghni* Jathaharini as described by Acharya Kashyapa. Additionally, symptoms like menstrual irregularities and abdominal distension can be observed in *Raktagulma*.

Understanding PCOS from an Ayurvedic Perspective

A disease entity directly corresponding to Polycystic Ovary Syndrome (PCOS) is not described in the classical Ayurvedic texts. Therefore, PCOS may be considered an *Anukta Vyadhi* (an undescribed disease). In the case of such disorders, Ayurvedic management is based on the assessment of the patient's clinical manifestations rather than on a predefined disease classification. The underlying *Samprapti* (pathogenesis) is analysed based on the presenting signs and symptoms. Once the disease process is understood, appropriate therapeutic principles can be formulated to achieve *Samprapti Vighatana* (disruption of the pathological process), thereby restoring physiological balance and health.

The clinical features of disease PCOS can be correlated as below:

Table 1: Correlation of PCOS Clinical Features with Ayurvedic Conditions

PCOS Clinical Feature	Ayurvedic Correlation
Anovulation	*Anovulation Shukra dushti*[1], *Shukra kshaya*[2]
Oligomenorrhoea /Amenorrhoea	*Arajaska Yonivyapad* [3]; *Lohitakshaya, Yonivyapad*[4]; *Vandhya Yonivyapad*[5]; *Artava Kshaya* [6]; *Ksheenartava* [7]; *Anartava* [8]/ *Nashtartava* [9]
Hirsutism	*Pushpaghni Jataharini* [10]
Acne	*Mukha Dooshika*[11]
Acanthosis Nigricans	Insulin resistance with *Prameha lakshanas* [12]
Obesity	*Sthoulya / Medo roga lakshanas* [13]
Baldness	*Khalitya* [14]
Polycystic Ovaries	*Granthi*[15] *Gulma* [16]

Dosha Involvement in PCOS

In Ayurveda, disease is understood as a result of the imbalance and interaction of the three *Doshas*-*Vata*, *Pitta*, and *Kapha*. PCOS is considered a *Bahudoshaja Vyadhi*, involving the vitiation of all three *Doshas*. The condition is believed to originate with the aggravation of *Vata*, which subsequently disturbs *Pitta* and *Kapha* in the *Artavavaha Srotas* (reproductive channels). Vitiated *Vata* affects the normal functioning of the reproductive system, leading to menstrual irregularities and anovulation. Aggravated *Pitta* contributes to manifestations such as acne, hirsutism, acanthosis nigricans, and hormonal disturbances, including elevated androgen levels. Increased *Kapha* is associated with weight gain, cyst formation, and other metabolic abnormalities. Since the proper functioning of the *Rituchakra* (menstrual cycle) depends on the balanced action of all three *Doshas*, disturbances in their equilibrium can adversely affect ovulation and reproductive health. Therefore, PCOS is viewed as a complex *Tridoshic* disorder requiring a holistic therapeutic approach.

Table 2: *Dosha* Involvement in PCOS

Symptoms	*Dosha*	Sub-*Dosha*
Irregular menstruation	*Vata*	*Apana Vata*
Hirsutism	*Vatha Pitta*	
Acne	*Pitta*	*Ranjaka Pitta*
Acanthosis nigricans	*Pitta*	*Bhrajaka Pitta*
Insulin resistance	*Kaphavrutha Vatha (Kapha Vrudhi, Agni Vikruthi* and *Kleda Nirmithi* cause *Avarana)*	*Vyana, Samana* and *Apana Vatha Kledaka Kapha*
Obesity	*Kapha*	*Avalambaka*
Anovulation	*Kapha*	*Arthava*

***Samprapti* (Pathogenesis)**

According to Ashtanga Hridaya, disorders of the female reproductive system *(Yoni Vyapad)* cannot occur without the aggravation of *Vata dosha*[17]. Therefore, the management of such conditions should primarily focus on correcting *Vata*, followed by the treatment of the other *Doshas*. *Vata* governs all movements within the body, while *Kapha* and *Pitta* depend on *Vata* for their transport and functional activities. Among the subtypes of *Vata, Apana Vayu* regulates the expulsion of *Shukra* (semen), *Artava* (menstrual blood), *Mutra* (urine), *Purisha* (feces), and *Garbha* (fetus). Excessive aggravation of *Kapha* leads to obstruction of the channels responsible for the movement of these substances. This obstruction impairs the normal functioning of *Vata* and subsequently affects *Pitta*. As a result, the physiological processes related to hormonal regulation, transformation, and transport become disturbed, leading to reproductive dysfunction. Several etiological factors, including excessive intake of oily, sweet, and *Abhishyandi* foods, consumption of high-calorie and processed foods, daytime sleeping *(Diwaswapna),* and lack of physical activity *(Alpa Vyayama),* contribute to the vitiation of *Kapha dosha*. These factors impair the functioning of *Agni* at various levels, namely *Jatharagni, Dhatvagni*, and *Bhutagni*, resulting in *Agnimandya* (diminished digestive and metabolic activity). Consequently, improperly processed *Ahara Rasa (Ama)* is formed. The accumulation of *Ama* along with vitiated *Kapha* increases the *Snigdha* (unctuous) quality of the body, causing *Srotorodha* (obstruction of channels). This eventually leads to *Vata Vaigunya* (derangement of *Vata*). The combined vitiation of *Vata* and *Kapha* causes *Avarana* (obstruction) of the *Artava Vaha Srotas*, resulting in *Artava Nasha* (absence or impairment of menstruation). *Pitta*, owing to its *Agneya* (fire-like) nature, is responsible for the proper functioning of *Artava*. The normal functions of *Artava* include *Rakta Lakshana* (resembling blood in character) and *Garbhakrit Karma* (facilitating ovulation and conception). An increase in the *Snigdha* quality of the body adversely affects the functional attributes of *Pitta* and, consequently, the normal functioning of *Artava*. This disturbance may manifest as irregular menstruation and impaired ovulation. As *Sama Rasa Dhatu* circulates throughout the body, its predominant *Guru* (heavy) and *Snigdha* (unctuous) qualities exert an adverse effect on the cellular Agni, leading to a reduction in metabolic efficiency at the tissue level. This diminished *Agni* impairs the normal responsiveness of cells to insulin and other hormones. Consequently, insulin is unable to effectively interact with its target receptors, resulting in elevated circulating insulin levels. The excess insulin in the bloodstream subsequently reaches the *Artava Dhatu*, where it interacts with available receptors and influences ovarian physiology. This altered hormonal milieu may contribute to disturbances in follicular development, ovulation, and menstrual regularity. A similar pathological process is believed to occur in *Medo Dhatu*. Excessive *Kapha Dosha* and the resulting formation of *Ama* impair *Medo Dhatvagni*, leading to abnormal accumulation of *Medo Dhatu* (adipose tissue). The increased *Medas*, along with *Ama*, contributes to *Srotorodha* (obstruction of bodily channels), thereby disrupting the normal circulation and metabolism of tissues. As the *Ama*-associated *Medo Dhatu* nourishes deeper tissues, including *Artava Dhatu*, it may alter the normal functioning of the female reproductive system. From an Ayurvedic perspective, the excessive *Guru* and *Snigdha* qualities of *Kapha* and *Medas* diminish the *Agni* at the tissue level, resulting in impaired cellular function and abnormal tissue proliferation. This pathological process is thought to contribute to cyst formation within the ovaries and disturbances in follicular development. Furthermore, the altered metabolic environment may influence hormonal activity, including increased androgen production by the ovaries. The accumulation of vitiated *Kapha* within the *Artavavaha Srotas* ultimately leads to obstruction and dysfunction of the reproductive channels. Clinically, this may manifest as ovarian hyperthecosis,

anovulation, and menstrual irregularities, including amenorrhea.

Prognosis

According to Ayurvedic principles, diseases originating in the *Abhyantara Rogamarga* are generally considered *Sukhasadhya* (easily curable), those involving the *Madhyama Rogamarga* are regarded as *Asadhya* (difficult to cure), and disorders affecting the *Bahya Rogamarga* are considered *Krichrasadhya* (challenging to manage). Based on the analysis of the pathogenesis and its clinical manifestations, Polycystic Ovary Syndrome (PCOS) may be categorized as a *Krichrasadhya* condition, as it is a multifactorial syndrome involving disturbances across all three *Rogamargas*. PCOS is characterized by a complex interplay of metabolic, endocrine, and reproductive abnormalities, making complete cure difficult to achieve. However, with appropriate therapeutic interventions, including Ayurvedic medications, dietary regulation, lifestyle modifications, and regular physical activity, the symptoms and complications associated with the condition can be effectively managed. Therefore, from an Ayurvedic perspective, PCOS may also be considered a *Yapya Roga*- a disease that can be controlled and maintained through continuous treatment and adherence to suitable lifestyle measures, even if complete eradication is not always possible.

Management

The primary objective of *Chikitsa* (treatment) in Ayurveda is *Samprapti Vighatana*, i.e., the interruption and reversal of the disease process. This therapeutic goal can be achieved through two principal approaches: *Shodhana* (purificatory therapy) and *Shamana* (palliative therapy). *Shodhana* therapy is indicated in conditions of *Bahu Dosha Avastha*, where there is significant accumulation of morbid *Doshas*. It involves eliminative procedures aimed at expelling excessively aggravated *Doshas* from the body and restoring physiological balance. *Shamana* therapy, on the other hand, involves the administration of medicinal formulations and interventions that pacify the vitiated *Doshas* without necessarily eliminating them. This approach is generally recommended in *Madhyama Dosha Avastha*, where the severity of vitiation is moderate.

In cases of *Alpa Dosha Avastha, Langhana Chikitsa* (lightening therapy) is considered appropriate to reduce the burden on *Agni* and restore metabolic balance. Thus, the selection of treatment modality is determined by the stage and severity of *Dosha* and *Dhatu* vitiation, emphasizing a graded and individualized therapeutic approach in Ayurvedic practice.

Treatment principles

1. "*Vathakaphavritha maarganam apravrithamana pithalair upachareth tat Pravrithamanam"* [17]
2. *"Samksepatha: kriyayogo nidana parivarjanam"* [18]
3. *"Tatra samsodhanam aagneyaanam cha dravyaanam vidhivat upayoga*[19]
4. *"Tatrapi swayonivardhana dravyopayoga:"* [20]

Treatment Principles

The management of the condition is primarily based on the principle of *Samprapti Vighatana* (interruption of the disease process). This is achieved through a combination of *Shodhana*, *Shamana*, the use of *Agneya Dravyas*, *Swayoni Vardhana Dravyas*, and *Nidana Parivarjana* (avoidance of causative factors).

***Shodhana* (Purificatory Therapy)**

Shodhana refers to therapeutic measures aimed at eliminating vitiated or harmful *Doshas* from the body through either the *Urdhwa Marga* (upper pathways) or *Adho Marga* (lower pathways). In conditions characterized by excessive *Dosha* aggravation, the *Doshas* are expelled through the nearest external route using *Panchakarma* procedures. This process helps in clearing the *Srotas*, purifying the Dhatus, and promoting *Vatanulomana* (proper physiological movement of *Vata*). According to Dalhana, *Vamana* may be considered appropriate for *Shodhana* purposes. He opines that *Virechana* should be used cautiously, as it may reduce *Pitta*, which is essential for normal *Artava* function. *Vamana*, by eliminating *Soumya* components from the body, is believed to relatively enhance *Agneya* qualities, thereby supporting the normal formation of *Artava*. Chakrapani further states that *Shodhana* procedures purify the *Srotas*. While *Vamana* and *Virechana* are respectively useful for clearing *Urdhwa* and *Adho Srotas*, both procedures may be employed judiciously, depending on drug dosage and the patient's fitness.

Agneya Dravyas

Agneya Dravyas possess *Vata-Kapha* alleviating and *Pitta*-enhancing properties. In conditions such as *Arthavakshaya*, their *Tikshna* (sharp) and *Ushna* (hot) qualities are beneficial. These drugs help in removing *Ama* and relieving *Srotorodha*, while also enhancing *Agni* at the *Dhatu* level.

Swayoni Vardhana Dravyas

Swayoni Vardhana refers to interventions that promote tissue nourishment and support factors responsible for menstruation. These include Rakta *Vardhaka* and *Artava Janaka* drugs. Bhavaprakasha has described the use of substances with *Katu*, *Amla*, *Lavana, Ushna, Vidahi*, and *Guru* properties, including certain fruits, vegetables, and beverages, in the management of *Arthavakshaya*.

Nidana Parivarjana

Avoidance of causative factors is essential for both the treatment and prevention of recurrence of the disease. *Nidana Parivarjana* forms a foundational aspect of management strategy.

Pathya Aahara

Recommended dietary measures include fish, *Kulatha, Amla* substances, *Til, Masha, Sura, Gomutra*, *Udasvita* (buttermilk diluted with water), *Dadhi*, and *Sukta*. According to Sushruta, foods such as *Shali Anna*, *Yava, Madyam,* and *Mamsa*, which are considered *Pitta*-enhancing, are beneficial in *Arthava Dushti*.

Pathya Vihara

Regular moderate physical activity, including exercises and aerobics, is advised as an adjunct to medical treatment in conditions such as PCOS, to support metabolic balance and overall physiological function.

DISCUSSION

In Ayurvedic classics, there is no single, precise correlation for this disease, as it presents as a syndrome with varied clinical features. However, its manifestations can be understood through different Ayurvedic disease entities. Metabolic features such as obesity and insulin resistance may be correlated with *Sthoulya* and *Prameha*. Hyperandrogenic manifestations like acne and alopecia can be associated with *Mukhadushika* and *Khalitya* respectively. Anovulatory symptoms leading to amenorrhea or irregular menstrual cycles may be interpreted under *Vandhya* and *Pushpaghni Jataharini* described by Acharya Kashyapa. Further, menstrual irregularities and abdominal distension may resemble *Raktagulma*. Based on this understanding, the treatment principles of *Gulma* can be adopted for managing these clinical presentations effectively. *Prameha* is caused mainly by vitiation of *Kapha doṣa* and imbalance of *Jala Mahabhūta*. Increased *Kapha* affects fat metabolism and leads to excess formation of *Kleda*. According to Acharya Charaka, *Santarpanaja Madhumeha* occurs due to aggravated *Kapha, Pitta, Medas,* and *Mamsa*, especially in individuals with unhealthy diet, sedentary lifestyle, and lack of physical activity. This condition leads to *Agnimandya* and formation of Ama, resulting in increased *Kleda* and tissue looseness *(Shaithilya).* This process can be compared to insulin resistance in modern medicine, which is also considered an important factor in PCOS. *Pushpaghni Jathaharini* described by Acharya Kashyapa mentions women having regular but ineffective menstrual cycles along with obesity of the face and excessive hair growth. These features can be compared with a hyperandrogenic state seen in conditions like PCOS, which causes irregular ovulation and reduced fertility. Ayurvedic texts explain this condition as a disturbance of *Doṣas*, mainly *Kapha* and *Vata*, along with obstruction in the reproductive channels *(Artavavaha Srotas).* This leads to failure in normal ovulation and menstruation *(Artavanasha* and *Vandhyatva).* Factors like improper diet, lifestyle, stress, and impaired digestion *(Agni)* are considered important causes. These lead to improper tissue metabolism and accumulation of metabolic byproducts, further disturbing normal reproductive function. In this way, the condition can be understood as a disorder involving disturbed *Doṣa* balance, impaired metabolism, and blockage in reproductive channels, resulting in irregular cycles and infertility.

CONCLUSION

Polycystic Ovary Syndrome (PCOS) is not a completely curable disorder; however, its symptoms can be effectively managed through appropriate medications and lifestyle modifications. Although a direct description of PCOS is not found in the classical Ayurvedic texts, several conditions such as *Gulma*, *Prameha*, and *Sthoulya* exhibit similarities with its clinical manifestations. The concept of *Pushpagni Jataharini* described in *Kasyapa Samhita* also bears resemblance to the presentation of PCOS. Furthermore, conditions such as *Nashtartava*, *Artavakshaya*, and *Vandhya Yonivyapad* mentioned in *Sushruta Samhita* may be considered relevant in understanding the disease. From an Ayurvedic perspective, the fundamental pathology of PCOS can be interpreted as the *Avarana* of *Artavavaha Srotas* caused by vitiated *Vata* and *Kapha* doshas, leading to *Artavanasha* (menstrual disturbances) and *Vandhyatva* (infertility). Thus, Ayurvedic principles provide a valuable framework for understanding and managing PCOS through a holistic approach.

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