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Polycystic Ovary Syndrome (PCOS): An Integrative Ayurvedic and Modern Medical Perspective

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Abstract: ***Background: Polycystic Ovary Syndrome (PCOS) is a multifactorial endocrinological and metabolic disorder commonly affecting women of reproductive age.***
It is characterized by chronic anovulation, hyperandrogenism, and polycystic ovarian morphology, often associated with obesity, insulin resistance, and infertility.
Objective: To provide a comprehensive overview of PCOS through an integrative lens combining modern diagnostic and clinical understanding with Ayurvedic principles, pathogenesis, and therapeutic interventions.
Methodology: This review synthesizes classical Ayurvedic texts, modern diagnostic criteria (Rotterdam), and evidence from published clinical trials on Ayurvedic formulations and purification therapies (Shodhana). Key Ayurvedic concepts such as Kapha-Vata vitiation, Rasavaha and Medovaha Srotodusti, and Agnimandya were explored in relation to PCOS pathophysiology.
Results: Ayurvedic management, including lifestyle correction (Nidana Parivarjana), Shodhana (Vamana, Virechana, Basti, Nasya, Uttar Basti), and Shamana therapies (Deepana, Pachana, Lekhana, Artavajanana), has demonstrated promising results in restoring menstrual regularity, reducing cyst size, and improving metabolic markers. Evidence-based interventions using Shatapushpa, Kanchanara Guggulu, and yoga practices further support integrative management.
Conclusion: Ayurveda offers a holistic and individualized approach to PCOS management by targeting root causes and balancing doshas. Further clinical research is warranted to validate traditional practices using modern tools and outcome measures.
Keywords: Polycystic Ovary Syndrome (PCOS), Ayurveda, Anovulation, Kapha-Vata Dushti, Rasavaha Srotas, Shatapushpa, Insulin Resistance, Menstrual Irregularities, Obesity, Hyperandrogenism, Metabolic Syndrome.

I. INTRODUCTION

Polycystic Ovary Syndrome (PCOS) is one of the most common endocrine and metabolic disorders affecting women of reproductive age, characterized by chronic anovulation, hyperandrogenism, and polycystic ovarian morphology. Global prevalence ranges between 2% and 21%, varying with the diagnostic criteria used. PCOS contributes to 85 90% of cases of oligomenorrhea and 30 40% of amenorrhea cases. Associated features include insulin resistance, obesity, dyslipidemia, and an increased risk for type 2 diabetes mellitus (T2DM), endometrial hyperplasia, and cardiovascular disease.

II. CLINICAL FEATURES

Obesity (especially abdominal) seen in ~50% of patients
Menstrual irregularities oligomenorrhea, amenorrhea, or heavy bleeding (~70%)
Infertility due to anovulation
Hyperandrogenic features hirsutism, acne; virilism is rare
Acanthosis nigricans indicative of insulin resistance
HAIR AN syndrome HyperAndrogenism, Insulin Resistance, and Acanthosis Nigricans
Ferriman Gallwey score >8 indicates clinical hirsutism

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DIAGNOSIS (Rotterdam Criteria, 2003)

A diagnosis of PCOS is made when at least two of the following three are present:

1) Oligo/anovulation
2) Clinical and/or biochemical signs of hyperandrogenism
3) Polycystic ovaries on ultrasound (≥12 follicles measuring 2 9 mm and/or ovarian volume >10 cm^3)

III. AYURVEDIC VIEW ON FOLLICULOGENESIS AND OVULATION

According to Ayurveda:

Kapha governs follicular development due to its Upachaya (growth promoting) function.

Vata, particularly Apana Vayu, controls follicular rupture and ovulation.

In PCOS, vitiated Kapha hampers follicle maturation, while disturbed Vata leads to improper expulsion, resulting in anovulation.

Pitta, responsible for transformation (e.g., aromatization of androgens), is subdued, contributing to hormonal imbalance and androgen excess.

IV. AYURVEDIC ETIOPATHOGENESIS (HETU AND SAMPRAPTI)

Causative factors (Hetu) include improper dietary and lifestyle habits (Mithya Ahara and Mithya Vihara), genetic predispositions (Beejadosha), and hormonal imbalances (Pradushtartava).

Affected Doshas: Kapha (excess), Vata (deranged)

Affected Dhatus: Rasa, Rakta, Mamsa, Meda

Involved Srotas: Rasavaha, Raktavaha, Mamsavaha, Medovaha, Artavavaha

Agni disturbances (Jatharagni and Dhatvagni) lead to Ama formation and disease progression.

V. CLINICAL CORRELATION OF AYURVEDIC TERMS WITH PCOS

Anartava / Pushpaghni / Vandhya Amenorrhea / Anovulation / Infertility

Sthoulya Obesity

Mukhadooshika / Khalitya Acne / Baldness

Prameha Hyperinsulinemia and Diabetes Mellitus

Atiloma Hirsutism

VI. AYURVEDIC MANAGEMENT OF PCOS

A. Nidana Parivarjana

(Elimination of Causative Factors): Emphasizes proper diet (Ahara) and lifestyle (Vihara), including Dinacharya, Ritucharya, regular physical activity, stress management, and adequate sleep.

B. Shodhana Chikitsa

(Purificatory Therapies):

Vamana (Emesis): Removes excess Kapha and Ama

Virechana (Purgation): Clears Pitta Kapha and enhances bioavailability

Basti (Enema Therapy): Corrects Vata and reproductive dysfunctions

Nasya: Stimulates hormonal axis

Uttar Basti: Directly acts on reproductive organs to improve ovulation

C. Shamana Chikitsa

(Pacification Therapy):

Deepana Pachana: Trikatu, Hingwashtaka

Medohara: Takrarishta, Yava, Kulattha

Artavajanana: Shatpushpa, Shatavari

Other medicines: Kumaryasava, Kanchanara Guggulu, Dashmoola Haritaki

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D. Yoga and Pranayama

Useful practices include Uttanapadasana, Sarvangasana, Paschimottanasana, Halasana, Surya Namaskara, and Pranayama techniques like Bhastrika and Ujjayi.

VII. SCIENTIFIC AND CLINICAL EVIDENCE

Various Ayurvedic formulations such as Shatapushpadi Ghanavati, Krishna Tila Kalka, Rajahpravartini Vati, and Kanchanar Guggulu have shown significant efficacy in treating PCOS symptoms. Shodhana therapies demonstrated significant improvements in menstrual regularity, hormonal balance, and reduction of cyst size and BMI ($p<0.0001$). Virechana using Trivrit and Aragwadha also improved lipid and glucose profiles.

VIII. DISCUSSION

PCOS is a multifaceted condition involving reproductive, metabolic, and psychological components. Ayurveda offers a comprehensive framework focusing on individualized care through lifestyle correction, detoxification, and doshic balance. Addressing root causes through diet, behavior, and purification therapy can restore Agni and normalize reproductive functioning.

IX. CONCLUSION

Despite advancements in understanding PCOS, ambiguities remain regarding its exact pathophysiology and treatment. Integrating Ayurveda into PCOS management provides a holistic approach aimed at restoring doshic balance and reproductive health. Further clinical research grounded in Ayurvedic principles is essential to validate and refine these therapeutic approaches.

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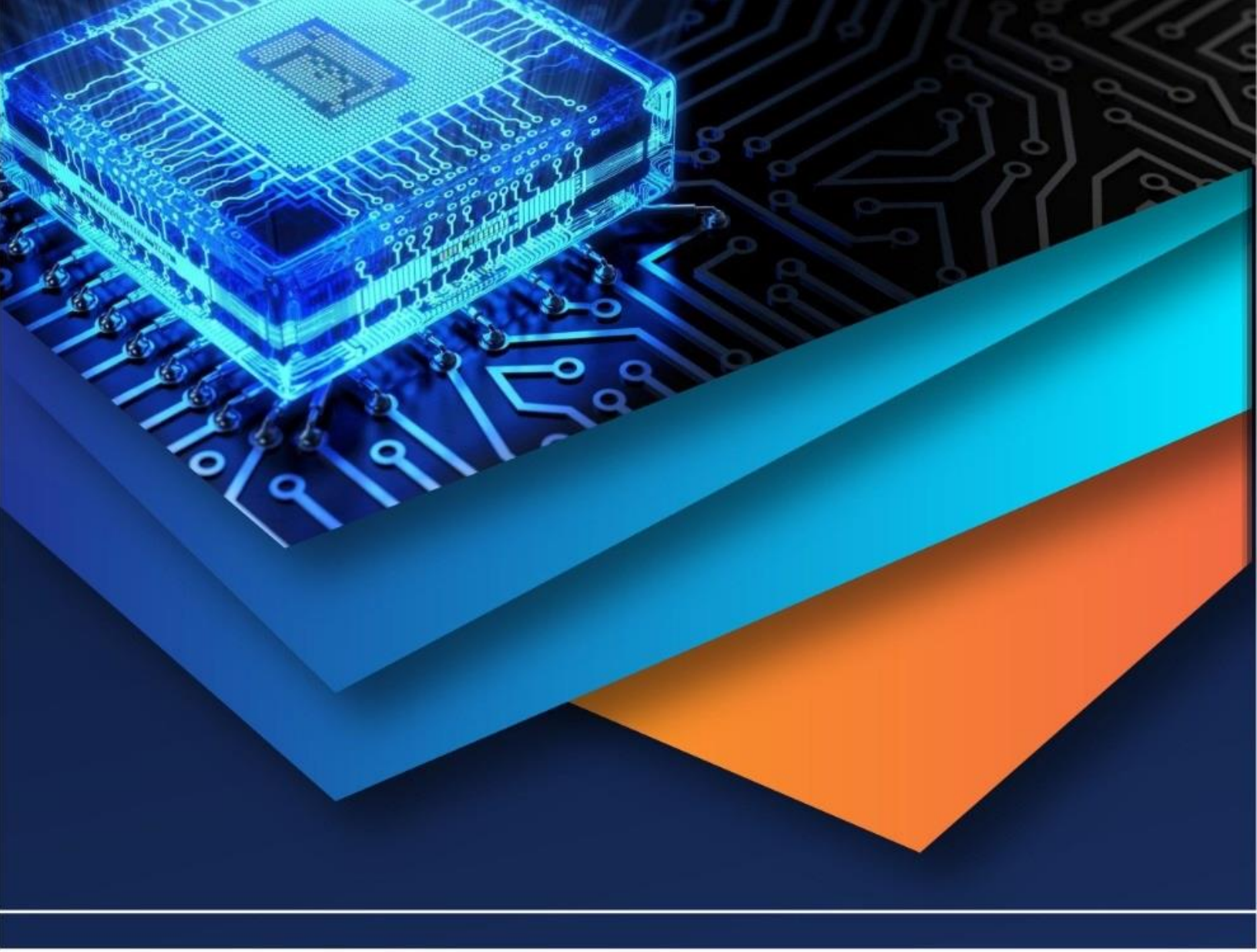

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