



Review Article

POLYCYSTIC OVARIAN DISEASE (PCOD) THROUGH THE LENS OF AYURVEDA: A COMPREHENSIVE REVIEW OF AETIOLOGY, PATHOGENESIS, AND INTEGRATIVE MANAGEMENT

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ABSTRACT

Polycystic Ovarian Disease (PCOD) is one of the most prevalent endocrinological disorders afflicting women of reproductive age, with global prevalence ranging between 2–21%, yet approximately 70% of cases remain undiagnosed. Its rising incidence is strongly linked to sedentary lifestyles, disrupted circadian rhythms, and nutritionally deficient diets. Contemporary Ayurveda offers a robust framework - rooted in *Dosha*, *Dushya*, *Srotas*, and *Samprapti* - for understanding and managing this complex disorder. The present review systematically examines the aetiology, pathogenesis, and integrative management of PCOD through classical and contemporary Ayurvedic perspectives. Multiple classical nosological entities - including *Pushpaghni Jataharini*, *Artavakshaya*, *Granthibhuta Artava*, *Sthoulya*, and *Vandhya* - correspond to the diverse phenotypic expressions of PCOD. The dominant pathogenetic mechanism involves *Kapha Vriddhi*, *Agni Mandhya*, *Medovaha* and *Artavavaha Srotodushti*, and *Apana Vata Vaigunya*, paralleling the biomedical triad of insulin resistance, anovulation, and hyperandrogenism. *Shodhana Chikitsa* comprising *Vamana*, *Virechana*, *Basti*, *Nasya*, and *Uttara Basti* - supplemented by *Shamana* formulations such as *Kanchanara Guggulu*, *Shatapushpa*, and *Shatavari* - has demonstrated significant clinical outcomes in menstrual regularisation, ovarian morphology, and hormonal normalisation. *Nidana Parivarjana* and *Rasayana* therapy further contribute to sustained disease modification. Ayurvedic management, validated by prior clinical investigations, offers a safe, holistic, and disease-modifying approach to PCOD.

INTRODUCTION

Polycystic Ovarian Syndrome (PCOS) is one of the most prevalent and clinically multifaceted endocrinological disorders afflicting women in the reproductive age group^[1]. It is characterised by a heterogeneous constellation of clinical features encompassing ovulatory dysfunction, polycystic ovarian morphology on ultrasonography, and biochemical or clinical hyperandrogenism. The global prevalence of PCOS, when assessed against varying diagnostic criteria, ranges between 2 and 21 percent.^[2]

Epidemiological data indicate that 85–90% of women with oligomenorrhoea and approximately 30–40% of women with amenorrhoea fulfil the diagnostic criteria for PCOS.^[3]

Beyond its reproductive manifestations, PCOS is now widely recognised as a systemic metabolic disorder closely associated with insulin resistance, compensatory hyperinsulinaemia, dyslipidaemia, hypertension, and central obesity.^[4] This metabolic phenotype predisposes affected women to long-term morbidities including endometrial hyperplasia, type 2 diabetes mellitus, and cardiovascular disease.^[4] The increasing prevalence of PCOS in the modern era is attributable to the complex interplay of genetic predisposition and modifiable lifestyle determinants such as sedentary behaviour and consumption of processed, high-calorie diets.^[3]

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Ayurveda, the ancient Indian system of personalised medicine, provides a rich conceptual framework for understanding and managing complex multisystem disorders such as PCOS.^[5] Classical Ayurvedic texts describe conditions closely corresponding to the clinical spectrum of PCOS under diverse nosological categories including *Pushpaghni jataharini*, *Artavakshaya*, *Granthibhuta Artava*, *Vandhya*, and *Sthoulya*.^[6-9] The integration of Ayurvedic pathophysiological understanding with contemporary biomedical knowledge offers a holistic therapeutic approach extending beyond symptom suppression to address the fundamental pathological substrate of the disease.^[5,10]

Clinical Features of PCOS

The clinical presentation of PCOS is highly variable and spans multiple organ systems.^[4] The cardinal features, supported by extensive epidemiological documentation, are described below.^[11]

Menstrual Disturbances (70%): Oligomenorrhoea, amenorrhoea, dysfunctional uterine bleeding, and anovulatory infertility represent the dominant reproductive manifestations.^[4] The classical symptom complex of anovulation presents as infrequent, often heavy menstrual episodes.

Hyperandrogenism (70%): Clinically manifested as hirsutism (Ferriman-Gallwey score >8), acne vulgaris, and, rarely, virilism.^[11] Biochemically evidenced by elevated serum testosterone and androstenedione levels.

Obesity (50%): Predominantly central or abdominal adiposity, contributing to insulin resistance and worsening hyperandrogenism through increased peripheral androgen production.^[4]

Acanthosis Nigrans: A cutaneous marker of insulin resistance characterised by hyperpigmented, velvety thickening of the skin at flexural sites including the nape, axillae, inner thighs, and groin.^[4]

HAIR-AN Syndrome: A severe phenotypic variant characterised by the triad of hyperandrogenism, insulin resistance, and acanthosis nigricans, occasionally encountered in patients with PCOS.^[11]

Diagnostic Criteria

The Rotterdam Criteria (2003), established through the joint consensus of the American Society of Reproductive Medicine (ASRM) and the European Society of Human Reproduction and Embryology (ESHRE), remain the most widely adopted diagnostic framework for PCOS.^[11] A diagnosis is confirmed upon the presence of any two of the following three criteria.^[11]

	Feature	Clinical Indicator
Criterion 1	Oligo-ovulation and/or anovulation	Cycles >35 days or <8 per year
Criterion 2	Clinical and/or biochemical hyperandrogenism	Hirsutism, acne, elevated androgens
Criterion 3	Polycystic ovaries on USG	AFC ≥20 (2–9 mm) and/or ovarian volume >10 cm ³

Ayurvedic Understanding of Folliculogenesis and Ovulation

Classical Ayurvedic physiology describes the process of follicular development and ovulatory rupture through the functional attributes of the three *Doshas*.^[5] The progressive growth and enlargement of ovarian follicles is governed by the *Upachaya* (proliferative/anabolic) property of *Kapha Dosha*, which sustains cellular nourishment and structural development.^[5] The subsequent processes of follicular differentiation, separation, and ultimate rupture at ovulation are ascribed to the mobilising and expulsive functions of *Vata Dosha*, particularly *Apana Vata*, which governs all downward physiological movements in the pelvis.^[6] The transformation and conversion of androgens into oestrogens - corresponding to the biochemical process of aromatisation - is facilitated by the bio-transformative property (*Paka Karma*) of *Pitta Dosha*.^[5]

In PCOS, this orderly *Dosha*-mediated follicular cycle becomes perturbed.^[5] Aggravated *Kapha* disrupts proper follicular maturation, resulting in follicular stasis and the characteristic accumulation of immature follicles at the ovarian periphery.^[9] Concurrently, vitiated *Vata* causes premature luteinisation without ovulation, designated in the classical literature as *Vata Vaigunya*.^[5] The resulting suppression of *Pitta* function by the dominant *Vata-Kapha* milieu impairs aromatisation, allowing androgens to accumulate unopposed and thereby producing hyperandrogenism.^[5] This cascade of *Dosha* imbalance is reflected clinically as anovulation, hyperandrogenism, and menstrual irregularity- the defining triad of PCOS.^[2, 4]

Hetu (Aetiology) of PCOS in Ayurveda**Mithyachara - Erroneous Dietary and Lifestyle Practices**

Ayurvedic aetiological analysis of PCOS identifies *Mithyachara*- encompassing both unwholesome dietary practices (*Mithya Ahara*) and erroneous lifestyle patterns (*Mithya Vihara*) - as the primary causative substrate.^[5]

Mithya Ahara: Habitual consumption of foods predominantly *Madhura* (sweet), *Amla* (sour), and *Lavana* (salty) in taste, along with the qualities of *Snigdha* (unctuous), *Guru* (heavy), *Abhishyandi* (channel-obstructing), and *Sheeta* (cold)-corresponding to processed foods, dairy-rich preparations, fast foods, bakery items, and cold beverages - constitutes the primary dietary aetiological factor.^[5] Aberrant eating behaviours including *Adhyasana* (eating before the prior meal is digested), *Vishmasana* (eating at irregular intervals and in irregular quantities), *Atyashanam* (habitual overeating), and *Samasana* (consuming incompatible

dietary combinations) collectively produce Dosha vitiation.^[5]

Mithya Vihara: Disrupted behavioural patterns including absence of structured daily and seasonal regimens (*Dincharya/Ritucharya*), excessive daytime sleep (*Divaswapna*), nocturnal wakefulness (*Ratrijagarana*), suppression of natural urges (*Vegadharana*), physical inactivity (*Avyayama*), and chronic psycho-emotional stressors such as *Shoka* (grief), *Chinta* (anxiety), and *Bhaya* (fear) constitute the lifestyle aetiological complex underlying PCOS.^[5]

Rasavaha Srotas Dushti Hetu: Excessive intake of heavy, cold, and unctuous food substances along with chronic mental worry (*Chinta*) produces impairment of the *Rasavaha Srotas* - the channels governing nutritive plasma circulation - as described in classical texts.^[10]

Medovaha Srotas Dushti Hetu: Physical inactivity, daytime sleeping, habitually fatty diet, and excess alcohol consumption impair the *Medovaha Srotas* - the channels governing adipose tissue metabolism- thereby promoting obesity and insulin resistance.^[10]

Additional Aetiological Factors

Aetiological Category	Biomedical / Ayurvedic Correlation
<i>Pradushtartava</i>	Hormonal imbalance and ovarian/endometrial pathology
<i>Beejadosha</i>	Genetic predisposition - X-linked, autosomal gene mutations, familial tendency.
<i>Deva</i> (Idiopathic)	Causes without identifiable external or genetic precipitants

Purvarupa, Rupa, and Classical Correlations

Multiple Ayurvedic clinical entities distributed across the classical texts correspond, either partially or wholly, to the syndromic complex of PCOS.^[6,12] These classical correspondences provide the nosological framework within which therapeutic decisions are systematically anchored in Ayurvedic clinical practice.^[7,8,9,13,14]

Classical Entity	Modern Correlation
<i>Pushpaghni jataharini</i>	Anovulatory menstrual cycle with hirsutism and obesity - closest classical correlate of PCOD.
<i>Artavakshaya / Nashtartava</i>	Diminished or absent menstrual flow; correlates with oligomenorrhoea and amenorrhoea.
<i>Granthibhuta Artava</i>	Cystic accumulation at ovarian periphery due to <i>Vata-Kapha</i> ; polycystic ovarian morphology.
<i>Anartava</i>	Complete cessation of menstrual flow; Ayurvedic equivalent of amenorrhoea.
<i>Arjaska-Anartava</i>	Amenorrhoea due to vitiation of <i>Pitta</i> and <i>Rakta Dosha</i>
<i>Lohitakshaya</i>	Menstrual suppression due to <i>Vata-Pitta Dosha</i> vitiation
<i>Vandhya</i>	Anovulatory infertility - <i>Viphalumbheja / Abeejata / Akarmya Artava</i>
<i>Sthoulya</i>	Central obesity; a <i>Santarpanajanya Vikara</i> (disorder of nutritional excess)
<i>Mukhadooshika / Khalitya</i>	Acne and alopecia - independent classical entities corresponding to hyperandrogen-related features
<i>Prameha</i>	Hyperinsulinaemia and type 2 DM - complication of <i>Sthoulya</i> and <i>Medovaha Srotas</i> impairment
<i>Atiloma</i>	Excessive body hair (hirsutism) - listed under <i>Ashtanindniya</i> (eight condemned conditions)

Samprapti (Pathogenesis) of PCOS in Ayurveda**Samprapti Ghataka (Components of Pathogenesis)**

The pathogenetic components of PCOS, classified according to the classical *Samprapti Ghataka* framework, are outlined below.^[5,6]

Samprapti Component	Details
<i>Dosha</i>	<i>Kapha Vriddhi</i> (predominant), <i>Vata Vaigunya</i> (secondary), <i>Pitta</i> suppression by <i>Vata-Kapha Avarana</i>
<i>Dushya</i> (Tissues Affected)	Primary: <i>Rasa, Rakta, Mamsa, Meda</i> ; Secondary: <i>Asthi, Majja, Shukra/Artava</i>
<i>Lakshana of Dushya Dushti</i>	<i>Rasa</i> - <i>Aruchi, Gaurava, Srotorodha, Angamarda</i> ; <i>Rakta</i> - <i>Kushta, Pidaka</i> ; <i>Mamsa</i> - <i>Granthi</i> ; <i>Meda</i> - <i>Prameha</i> ; <i>Asthi</i> - <i>Kesha-Loma changes</i> ; <i>Majja</i> - <i>Gaurava</i> ; <i>Shukra</i> - <i>Klaibya, Garbhasrava</i>
<i>Agni</i>	<i>Jatharagni Mandhya</i> (impaired gastric fire), <i>Dhatvagni Mandhya</i>
<i>Srotas</i> (Channels)	<i>Rasavaha, Raktavaha, Mamsavaha, Medovaha, Swedavaha, Artavavaha</i>
<i>Srotodushti</i> Types	<i>Sanga</i> (obstruction - amenorrhoea/oligomenorrhoea), <i>Atipravarti</i> (excess - AUB), <i>Granthi</i> (cystic - PCOD)
<i>Upadhatu</i>	<i>Artava</i> (<i>Upadhatu</i> of <i>Rasa</i> - hence menstrual physiology is compromised at source)

Sequential Pathogenetic Events (Samprapti)

The Ayurvedic pathogenetic sequence of PCOS unfolds in a series of progressive and interconnected events.^[5,10]

Step 1- *Nidana Sevana*: Habitual consumption of *Kapha*-aggravating foods and adoption of a sedentary lifestyle initiate the primary *Dosha* imbalance characterised by *Kapha Vriddhi*.^[5]

Step 2- *Jatharagni Mandhya*: The resultant impairment of digestive fire (*Agni*) leads to accumulation of unprocessed metabolic waste (*Ama*) and diminution of the bio-transformative capacity of *Pitta*.^[5] Diminished *Pitta Karma* results in impaired aromatisation, allowing androgens to accumulate-clinically manifesting as acne, hirsutism, and acanthosis nigricans.^[5] Keratinous waste products (*Asthi Mala*) overproduce as excess hair growth; *Majja Mala* manifests as increased sebum production and *Mukhadooshika* (acne).^[13]

Step 3- *Meda Dushti* and *Sthoulya*: *Medovaha Srotas* becomes impaired at its root (*Moola*) - the *Kati Pradesh* (waist-pelvic region).^[10] This produces *Apana Vaigunya* (impaired function of the downward-moving *Vata* governing pelvic organs), directly compromising *Artava Nirgamana* (menstrual outflow) and producing the *Sthoulya* (obesity) component of PCOS that, in the biomedical model, corresponds to insulin resistance.^[8]

Step 4- *Kapha Avarana* (Obstruction): Vitiating *Kapha* creates *Avarana* (covering/obstruction) over *Vata* and *Pitta*, disrupting the hypothalamic-pituitary-ovarian (HPO) axis.^[5] This corresponds to the negative feedback dysregulation that perpetuates anovulation,

LH:FSH ratio imbalance, and sustained hyperandrogenism in PCOS.^[2]

Step 5 - *Artava Dushti*: The culmination of the above cascade is *Artavadushti*- pathological alteration of menstrual physiology- manifesting as *Sanga* (oligomenorrhoea or amenorrhoea due to *Kaphaavarana* of *Vata* and *Pitta*), *Atipravarti* (abnormal uterine bleeding when *Pitta* predominance prevails), or *Granthi* (cystic ovarian accumulation corresponding to polycystic morphology in PCOS).^[6,9]

Rasa and *Meda* involvement corresponds biomedically to insulin resistance and obesity. *Avarana* of *Vata* corresponds to faulty negative feedback of the HPO axis and hyperandrogenism. *Artavadushti* manifests as irregular and anovulatory cycles, while *Beeja Upaghata* represents the hereditary and genetic dimension of PCOS.^[5,6]

***Srotodushti Parichaya* (Detailed Channel Pathology in PCOD)**

A comprehensive understanding of *Srotodushti* (channel affliction) in PCOD requires analysis of the specific *Mula* (root/origin) of each affected channel, the predominant *Dushti* type operative in each, its classical signs, and the corresponding biomedical manifestations.^[5,6,10]

Srotas	Mula (Root)	Dushti Type	Lakshana (Classical Signs)	Biomedical Correlation
<i>Rasavaha Srotas</i>	<i>Hridaya, Dasha Dhamani</i>	<i>Sanga, Vimargagamana</i>	<i>Aruchi, Praseka, Arochaka, Tandra, Gaurava, Pandutva</i>	Anaemia, nutritional deficiency, impaired absorption
<i>Raktavaha Srotas</i>	<i>Yakrit, Pleeha</i>	<i>Atipravarti, Sanga</i>	<i>Pidaka (acne), Kushtha, Raktapitta, Visarpa, Twak Vikara</i>	Acne vulgaris, seborrhoea, hormonal skin changes
<i>Mamsavaha Srotas</i>	<i>Snayavaha Srotas Mula, Twacha</i>	<i>Granthi</i>	<i>Arbuda, Granthi, Mamsavidhi, Alasaka</i>	Ovarian cyst formation, fibrocystic changes, PCOD morphology
<i>Medovaha Srotas</i>	<i>Kati-Vrikka (Kidney-Waist region)</i>	<i>Sanga, Atipravartana</i>	<i>Sthoulya, Atisvedana, Durgandhya, Atisnigdha Mala</i>	Obesity, insulin resistance, hyperlipidaemia, dyslipidaemia
<i>Artavavaha Srotas</i>	<i>Garbhashaya, Artavavahi Dhamani</i>	<i>Sanga, Atipravarti, Granthi</i>	<i>Nashtartava, Alpapushpa, Kasht Artava, Yoni Vedana, Beejotsarga Abhava</i>	Oligomenorrhoea, amenorrhoea, anovulation, AUB, infertility
<i>Swedavaha Srotas</i>	<i>Meda Dhatu, Lomakupa</i>	<i>Atipravarti, Sanga</i>	<i>Atisweda, Durgandha, Romakupadushti</i>	Excessive perspiration, skin follicular changes, acanthosis

The sequential progression of *Srotodushti* - commencing with *Rasavaha Srotas* impairment, propagating through *Medovaha* and *Artavavaha Srotas* - explains the characteristic clinical triad of metabolic dysfunction, hormonal imbalance, and reproductive morbidity observed in PCOD.^[5]

Shat Kriya Kala (Six Stages of Disease Evolution) in PCOD

The Ayurvedic concept of *Shat Kriya Kala* (six sequential stages of disease progression) provides a refined framework for understanding the chronological evolution of PCOD and determining the optimal stage-specific therapeutic intervention.^[10]

Kriya Kala	Dosha-Dushya Event	Clinical Features	Therapeutic Approach
Stage 1: <i>Sanchaya</i> (Accumulation)	Mild <i>Kapha</i> accumulation in <i>Amashaya</i> ; initial <i>Jatharagni Mandhya</i> begins	Vague digestive complaints, mild weight gain tendency	Dietary correction, <i>Deepana-Pachana</i>
Stage 2: <i>Prakopa</i> (Provocation)	Aggravated <i>Kapha-Meda-Ama</i> complex; <i>Tridosha</i> disturbance initiated	Irregular cycles begin, mild hirsutism, weight gain accelerates.	<i>Langhana, Lekhana</i> diet; exercise
Stage 3: <i>Prasara</i> (Spread)	Vitiated <i>Doshas</i> overflow and begin spreading via <i>Rasa</i> and <i>Rakta Vaha Srotas</i>	Hormonal imbalance, oligomenorrhoea, acne, seborrhoea.	<i>Shodhana</i> initiated (<i>Vamana/Virechana</i>)
Stage 4: <i>Sthana Samshraya</i> (Localisation)	<i>Doshas</i> lodge in <i>Artavavaha</i> and <i>Medovaha Srotas</i> ; <i>Granthi</i> initiation in ovary	USG shows early cystic changes; LH:FSH abnormal; anovulation confirmed.	Primary <i>Shodhana</i> ; <i>Basti</i> ; <i>Uttara Basti</i>
Stage 5: <i>Vyakti</i> (Manifestation)	Full <i>Samprapti</i> established; <i>Artavadushti</i> overt; <i>Beeja Upaghata</i>	Classic PCOD - polycystic ovaries on USG, amenorrhoea, infertility, hyperandrogenism	Complete <i>Panchakarma</i> + <i>Shamana</i>
Stage 6: <i>Bheda</i> (Complication)	Irreversible structural change; <i>Prameha</i> , <i>Vandhyatwa</i> , endometrial pathology	Type 2 DM, anovulatory infertility, endometrial hyperplasia, cardiovascular risk	<i>Rasayana</i> + long-term palliative management

The *Shat Kriya Kala* framework underscores the critical importance of early intervention: optimal *Samprapti Vighatana* (disruption of disease pathogenesis) is achievable only at Stages 1-3. By Stages 4-5, *Shodhana Chikitsa* is indispensable. At Stage 6, therapeutic goals shift toward complication management and *Rasayana*-mediated tissue restoration.^[5, 10]

Chikitsa Siddhanta (Therapeutic Principles) of PCOS

Nidana Parivarjana (Elimination of Causative Factors)

The foremost therapeutic principle in PCOS management is the scrupulous avoidance of all identified causative factors.^[5] Lifestyle modification structured around the classical Ayurvedic frameworks of *Dincharya* (daily regimen) and *Ritucharya* (seasonal regimen) constitutes the cornerstone of disease prevention.^[5] Adoption of a low-glycaemic, *Laghu* (light), *Ushna* (warm), and *Deepana-Pachana*-promoting diet favourably impacts insulin resistance, adiposity, and menstrual regularity.^[1] Low-glycaemic dietary interventions have demonstrated decreased insulin resistance, normalisation of fibrinogen, improvement in lipoprotein profiles, and restoration of menstrual regularity.^[1] Regular physical activity and structured yogic practice contribute to progressive weight reduction and improved hormonal homeostasis.^[5]

Shodhana Chikitsa (Bio-Purification Therapy)

Bio-purification procedures constitute the most potent therapeutic modality in PCOS management by addressing root *Dosha* accumulation at the tissue and channel levels.^[15-17] The following *Panchakarma* procedures are indicated in PCOS management.

Vamana Karma (Therapeutic Emesis)

Vamana is the primary procedure for the elimination of vitiated *Kapha*.^[16] It purifies the internal metabolic environment, restores hormonal balance by normalising hepatic steroid metabolism- the liver being the primary site of hormone biosynthesis and catabolism- and stimulates normal pancreatic insulin secretion.^[16] Formulations employed include *Madhanphala*, *Ikshwaku Beeja*, and *Jimutak*.^[15] Clinical investigations have demonstrated highly significant ($p < 0.0001$) results in menstrual regularisation, body weight and BMI reduction, and fasting blood glucose normalisation following *Vamana* therapy.^[15,16]

Virechana Karma (Therapeutic Purgation)

Virechana eliminates the *Avarana* imposed by *Kapha* and *Pitta*, restores *Vata Anulomana* (normal *Vata* directional flow), and enhances drug bioavailability by opening obstructed channels.^[17] It

has demonstrated significant reductions in systolic and diastolic blood pressure, fasting and post-prandial blood glucose, total cholesterol, and triglycerides, with concurrent elevation of HDL levels.^[18] Purgation with *Trivrit*, *Aragwadha Phalamajja*, and *Eranda* has shown additional efficacy in managing insulin resistance - the root metabolic driver of PCOS.^[19] Formulations such as *Danti Avaleha* (10gm) and *Abhyadi Modaka* are the classical choices for *Virechana* in PCOS.^[17]

Basti Chikitsa (Medicated Enema)

Basti constitutes the most important therapeutic modality for *Vata Dosha* disorders and is therefore of paramount relevance in PCOS, wherein *Apana Vata Vaigunya* is a central pathological event.^[5] Classical authority specifically prescribes *Anuvasana Basti* for oligomenorrhoea and amenorrhoea.^[6] The absorption of medicated substances via the enteric nervous system- the enteric nervous system functioning as the second brain of the body - produces systemic hormonal and metabolic effects.^[5] *Matra Basti* with *Shatpushpa Taila* and *Sahachara Taila*, and *Niruha Basti* with *Dashmoola Kwatha* and *Sahachara Kwatha*, are the preparations of choice.^[20] Clinical investigation of *Shatpushpa Taila Matra Basti* with *Pathadikwath* demonstrated significant improvements in menstrual regularity, ovarian morphology, and hormonal parameters.^[20, 21]

Nasya (Nasal Administration): *Nasya* stimulates the olfactory pathways and the limbic system, thereby directly influencing the hypothalamus and normalising GnRH pulsatile secretion.^[5] Restoration of normal GnRH rhythm produces cascading beneficial effects on LH/FSH pulsatility and facilitates ovulation induction.^[2] *Narayana Taila*, *Shatapushpa Taila*, and *Shatavari Taila* are the preferred formulations for *Nasya* in PCOS.

Uttara Basti (Intrauterine/Intravaginal Administration): *Uttara Basti* directly purifies the *Artava Vaha Srotas*, pacifies vitiated *Apana Vayu*, and promotes follicular maturation and endometrial receptivity.^[22] It represents the most direct route for targeting ovarian and uterine pathology in PCOS.^[22] *Dhanvantara Taila*, *Bala Taila*, and *Phala Ghrita* are employed, and *Panchagavya Ghrita Uttara Basti* has demonstrated promising results in enhancing follicular maturity and endometrial receptivity.^[22]

Shamana Chikitsa (Palliative/ Oral Pharmacotherapy)

Shamana therapy employs oral medicinal preparations with specific pharmacodynamic actions targeting the pathological *Dosha-Dushya* combinations operative in PCOS.^[15,23,24,25,26,27] Pharmacological analysis reveals that the majority of effective drugs employed share the properties of *Ushna Virya*, *Vata-*

Kaphahara, Medonashaka, Gulmahara, Bhedana, Granthihara, and Pittavardhaka - collectively addressing the dominant *Dosha* complex in PCOS.^[24]

Therapeutic Category	Formulations
<i>Agnimandya & Amapachana</i>	<i>Trikatu Churna, Shadushana Churna, Haritaki Churna, Hingwashtaka Churna, Chitrakadi Gutika</i>
<i>Medonashaka</i> (lipid-reducing)	<i>Takrarishta, Lekhana Dravyas (Madhu); dietary adjuncts: Yava, Yavaka, Kulattha</i>
<i>Artavajanana</i> (emmenagogue)	<i>Shatpushpa Churna, Shatavari Churna - for Nashtartava/Alpapushpa</i>
<i>Granthi Nashaka</i> (anti-cystic)	<i>Kanchanara Guggulu, Varunadi Kashaya, Kuberaaksha Vati</i>
Compound Yogas	<i>Lasona Kalpa, Pushpadhanva Rasa, Kumaryasava, Kulatthadi Kashaya, Saptasara Kashaya, Tila Kwatha, Dashmoola Haritaki, Sukumara Kashaya, Nasta-Pushpantaka Rasa, Shadadharan Churna</i>

Yoga and Pranayama

Yoga therapy constitutes a valuable non-pharmacological adjunct in PCOS management.^[5] Specific asanas with documented benefits in reproductive and metabolic health include *Uttanapadasana, Sarvangasana, Paschimottanasana, Halasana, Surya Namaskara, and Shirshasana*. *Pranayama* techniques including *Bhastrika* and *Ujjayi* have been reported to reduce autonomic dysfunction, lower androgen levels, and improve insulin sensitivity. The combined practice of asana and pranayama addresses both the physical-metabolic and psychosomatic dimensions of PCOS.^[1]

Dravyaguna Parichaya (Pharmacological Properties of Principal Drugs)

The following section presents the Ayurvedic pharmacological properties- *Rasa* (taste), *Guna* (quality), *Virya* (potency), *Vipaka* (post-digestive transformation), *Prabhava* (specific action), and *Karma* (therapeutic action)- of the principal drugs and formulations employed in the management of PCOD, along with their specific mode of action in the disease context.

Drug (Sanskrit)	Botanical Name	Rasa	Guna	Virya	Vipaka	Karma	Mode of Action in PCOD
<i>Shatapushpa</i>	<i>Anethum sowa / Anethum graveolens</i>	<i>Katu, Tikta</i>	<i>Laghu, Ruksha, Tikshna</i>	<i>Ushna</i>	<i>Katu</i>	<i>Artavajanana, Vata-Kaphahara, Deepana, Pachana, Shoolahara, Garbhashaya shodhana</i>	Stimulates HPO axis via olfactory-limbic pathway (<i>Nasya</i>); promotes follicular maturation; directly promotes <i>Artava Pravritti</i> ; alleviates <i>Apana Vata Vaigunya</i> ; <i>Ushna Virya</i> counters <i>Kapha</i> obstruction in <i>Artavavaha Srotas</i>
<i>Shatavari</i>	<i>Asparagus racemosus</i>	<i>Madhura, Tikta</i>	<i>Guru, Snigdha, Mridu</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Vrishya, Rasayana, Stanyajanana, Vajikara, Shukrala, Vata-Pittahara</i>	Phytoestrogenic activity supports endometrial development and follicular maturation; <i>Rasayana</i> action restores <i>Rasa Dhatu</i> quality, thereby improving <i>Artava (Upadhatu)</i> ; corrects <i>Pitta</i> suppression and supports aromatisation
<i>Kanchanara</i>	<i>Bauhinia variegata</i>	<i>Kashaya</i>	<i>Laghu, Ruksha</i>	<i>Sheeta</i>	<i>Katu</i>	<i>Granthihara, Kaphahara, Medohara,</i>	Primary anti-cystic (<i>Granthihara</i>) action directly addresses

						<i>Lekhana, Shotahara, Galagandahara</i>	polycystic ovarian morphology; <i>Lekhana</i> property reduces <i>Meda Dhatu</i> excess (obesity, insulin resistance); <i>Kaphahara</i> action removes <i>Avarana</i> on <i>Vata-Pitta</i>
<i>Varuna</i>	<i>Crataeva nurvala</i>	<i>Tikta, Kashaya</i>	<i>Laghu, Ruksha</i>	<i>Ushna</i>	<i>Katu</i>	<i>Kaphahara, Granthihara, Asmarihara, Bhedana, Dipana, Ama-pachana</i>	<i>Ushna Virya</i> and <i>Bhedana</i> property remove <i>Kapha Sanga</i> in <i>Artavavaha</i> and <i>Medovaha Srotas</i> ; <i>Granthihara</i> action complements <i>Kanchanara</i> in reducing ovarian cystic deposits; <i>Dipana-Pachana</i> corrects <i>Agni Mandhya</i> at the base of pathogenesis.
<i>Guggulu</i>	<i>Commiphora mukul</i>	<i>Tikta, Katu, Kashaya, Madhura</i>	<i>Laghu, Ruksha, Vishada, Sukshma</i>	<i>Ushna</i>	<i>Katu</i>	<i>Lekhana, Medohara, Vata-Kaphahara, Kusthaghna, Rasayana, Vedanasthapana</i>	Powerful <i>Lekhana</i> and <i>Medohara</i> action addresses insulin resistance and dyslipidaemia (<i>Medovaha Srotas Dushti</i>); <i>Sukshma Guna</i> enables penetration into micro-channels; anti-inflammatory action counters <i>Sanga</i> in <i>Srotas</i> ; biomedically supports thyroid function
<i>Trikatu (Shunti + Marica + Pippali)</i>	<i>Zingiber officinale + Piper nigrum + Piper longum</i>	<i>Katu</i>	<i>Laghu, Ruksha, Tikshna</i>	<i>Ushna</i>	<i>Katu</i>	<i>Deepana, Pachana, Kaphahara, Ama-nashana, Shoolahara, Srotoshodhana</i>	Restores <i>Jatharagni</i> and corrects <i>Ama</i> formation - the foundational pathological event in PCOD; <i>Srotoshodhana</i> clears obstruction in <i>Rasavaha</i> and <i>Medovaha Srotas</i> ; <i>Tikshna-Ushna</i> properties counteract <i>Kapha</i> dominance; improves bioavailability of co-administered drugs
<i>Haritaki</i>	<i>Terminalia chebula</i>	<i>Panchac hatura (all except Lavana)</i>	<i>Laghu, Ruksha</i>	<i>Ushna</i>	<i>Madhura</i>	<i>Tridoshahara, Rasayana, Deepana, Bhedana, Medhya, Vayasthapana, Anulomana</i>	<i>Tridoshahara</i> property provides broad-spectrum Dosha correction in the complex <i>Dosha</i> milieu of PCOD; <i>Anulomana</i> property restores <i>Apana Vata</i> directional movement (<i>Anuloma</i>), promoting regular menstrual expulsion; <i>Rasayana</i> action supports long-term tissue restoration

Eranda (Castor)	<i>Ricinus communis</i>	<i>Madhura, Kashaya, Tikta</i>	<i>Snigdha, Guru, Sukshma, Teekshna</i>	<i>Ushna</i>	<i>Madhura</i>	<i>Vatahara (primary), Rechana, Shulahara, Gulmahara, Arthritis-nashana</i>	<i>Eranda Taila</i> is the principal <i>Vata-anulomana</i> drug used in <i>Virechana</i> and <i>Basti</i> in PCOD; <i>Sukshma Guna</i> enables deep tissue penetration; <i>Ushna Virya</i> corrects <i>Apana Vata</i> <i>Vaigunya</i> ; <i>Matra Basti</i> with <i>Eranda Taila</i> directly pacifies <i>Apana Vata</i> governing pelvic organs
Dashmoola (Compound)	Ten roots - <i>Bilwa, Agnimantha, Shyonaka, Patala, Gambhari, Shalaparni, Prishniparni, Brhati, Kantakari, Gokshura</i>	<i>Tikta, Kashaya, Madhura</i>	<i>Laghu</i>	<i>Ushna</i>	<i>Katu</i>	<i>Tridosahara, Vatahara (primary), Deepana, Balya, Shothahara, Shothaghna</i>	Used in <i>Niruha Basti</i> in PCOD; broad <i>Tridosahara</i> action corrects the complex <i>Dosha</i> involvement; <i>Vatahara</i> property addresses <i>Apana Vata</i> <i>Vaigunya</i> ; anti-inflammatory action reduces <i>Srotodushti</i> ; <i>Balya</i> action restores tissue strength (<i>Dhatu Bala</i>) depleted by chronic <i>Srotodushti</i>
Bala	<i>Sida cordifolia</i>	<i>Madhura</i>	<i>Laghu, Snigdha, Mridu</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Balya, Vrishya, Rasayana, Vajikara, Brihana, Vata-Pittahara</i>	Used as <i>Bala Taila</i> in <i>Uttara Basti</i> ; <i>Brihana</i> property nourishes and strengthens <i>Garbhashaya</i> (uterine tissue); improves endometrial receptivity; <i>Vajikara</i> and <i>Vrishya</i> properties promote follicular health and ovarian function
Narayana Taila (key components)	<i>Ashwagandha, Bala, Shatavari, Dashamula</i> - in sesame base	<i>Madhura, Tikta, Katu, Kashaya (mixed)</i>	<i>Snigdha, Guru (Taila)</i>	<i>Ushna (Taila base)</i>	<i>Madhura</i>	<i>Vatahara, Balya, Rasayana, Brihana, Vajikara, Vrishya</i>	<i>Nasya</i> with <i>Narayana Taila</i> stimulates olfactory-hypothalamic pathways, normalising GnRH pulsatile secretion; <i>Vatahara</i> and <i>Brihana</i> properties restore HPO axis function; <i>Ashwagandha</i> component reduces cortisol-mediated HPO suppression (adaptogenic); <i>Shatavari</i> component provides phytoestrogenic support

The pharmacological profiling of the above drugs reveals that the majority possess *Ushna Virya*, *Kaphahara-Vatahara Karma*, and *Lekhana-Deepana-Pachana* properties - precisely the properties required to counter the *Kapha-Vata* dominant *Dosha* milieu and the *Agni Mandhya-Ama* complex that constitute the fundamental pathology of PCOD.^[5,6,10]

Drugs with *Granthihara Karma* (*Kanchanara, Varuna*) specifically address the cystic ovarian morphology (*Granthibhuta Artava*). Drugs with *Artavajanana* property (*Shatapushpa, Shatavari*) directly promote menstrual regularity and follicular maturation. *Rasayana* drugs (*Haritaki, Shatavari, Bala*) contribute to long-term *Dhatu* restoration and disease

prevention - underscoring the multi-tiered therapeutic rationale of Ayurvedic PCOD management.^[24,26]

Evidence from Prior Clinical Investigations

A substantial body of clinical research has investigated the efficacy of diverse Ayurvedic interventions in PCOS management. *Shatapushpadi Ghana Vati* (250mg twice daily) administered following *Vamana* with *Ikshwaku Beeja Yoga* demonstrated significant improvements in menstrual cyclicity and ovarian morphology.^[15] *Krishna Tila Kalka* (5gm twice daily) showed comparative efficacy to *Anjani* (a folklore herb) in the management of oligomenorrhoea associated with PCOS.^[23] A prospective, open-label multicentric study evaluating *Rajahpravartini Vati*, *Varunadi Kashaya*, and *Kanchanara Guggulu* collectively demonstrated meaningful clinical outcomes across reproductive and metabolic parameters.^[24]

Palashkshara with *Palashkashaya* demonstrated efficacy in PCOD management in a clinical trial.^[25] *Shatpushpa Churna* administered alongside *Asanabilwadi Kwatha* showed favourable outcomes in a clinical study focusing on the Ayurvedic perspective of PCOS.^[26] *Sowbhagya Shunti Dwiteeya* demonstrated clinical benefit in *Pradushtartava* associated with PCOD.^[27] *Chandraprabha Vati*, used alongside *Shatpushpa Taila Matra Basti* and *Pathadikwath*, produced significant improvements in menstrual regularity, ovarian morphology, and hormonal parameters.^[21]

Purificatory interventions have demonstrated particularly robust outcomes. *Shodhana Chikitsa* comprising *Vamana*, *Virechana*, and *Basti* showed highly significant ($p < 0.0001$) improvements in menstrual regularisation, reduction in body weight and BMI, and lowering of fasting blood sugar.^[2, 6] Ultrasonographic assessments additionally confirmed highly significant ($p < 0.0001$) reductions in ovarian cyst number and dimensions, along with significant normalisation of LH level and LH:FSH ratio.^[6] *Virechana* using *Kashaya* comprising *Trivrit*, *Aragwadha Phalamajja*, and *Eranda* demonstrated significant improvement in blood pressure, fasting and post-prandial blood glucose, cholesterol, and triglycerides.^[18] *Virechana Karma* additionally provided better relief in *Madhumeha*, affirming its action on the fundamental mechanism of insulin resistance underlying PCOS.^[19]

Uttara Basti with *Panchagavya Ghrita* demonstrated promising results in enhancing follicular maturity and improving endometrial receptivity.^[22] All documented clinical studies uniformly report an absence of adverse effects, affirming the safety profile of Ayurvedic interventions in PCOS.^[15,21,23,24,25,26,27]

DISCUSSION

PCOS represents a clinically heterogeneous disorder at the intersection of reproductive endocrinology and systemic metabolic medicine.^[4] The contemporary biomedical understanding - centred on insulin resistance, androgen excess, and HPO axis dysregulation- aligns remarkably well with the Ayurvedic pathogenetic framework of *Kapha-Vata Dushti*, *Medovridhhi*, *Agni Mandhya*, and *Artava Dushti*.^[5,10] The multilevel correspondences between these two systems reinforce the validity of Ayurvedic pathophysiological models and their utility in guiding therapeutic strategy.^[5]

The Ayurvedic conceptualisation of *Artava* as the *Upadhatu* (secondary tissue derivative) of *Rasa Dhatu* carries profound implications for PCOS management.^[6] Since *Rasa Dhatu* is the first tissue formed from digested food, any compromise in digestive function (*Jatharagni*) will invariably reflect in the quality and quantity of *Artava*.^[5] The primary therapeutic goal of restoring *Agni* at the gastric and tissue levels- thereby optimising *Rasa Dhatu* formation and, by extension, *Artava* - represents a physiologically coherent and clinically feasible treatment principle.^[5]

Equilibrium of *Doshas* is attained by consistently adhering to wholesome *Ahara* (diet) and *Vihara* (lifestyle).^[5] This, in turn, results in the proper functioning of *Agni*, which is essential for the adequate formation of *Rasa Dhatu*.^[10] *Artava*- being the *Upadhatu* of *Rasa* - will then be formed in its unvitiated form, thereby accomplishing *Samprapti Vighatana* (disruption of the disease process) of PCOS.^[5] Lifestyle modification, particularly low-glycaemic dietary interventions, has been independently validated by contemporary research to improve insulin resistance, lipid profiles, and menstrual regularity.^[1]

CONCLUSION

Polycystic Ovarian Disease represents a complex, multidimensional health challenge whose rising incidence demands treatment strategies that are comprehensive, effective, and devoid of long-term adverse effects. Ayurveda, with its integrated understanding of the body as an interconnected physiology of *Doshas*, *Dhatus*, and *Srotas*, offers a uniquely holistic framework for understanding and managing PCOS that extends well beyond symptom suppression to address the fundamental pathological substrate of the disease.

The classical correspondences - particularly *Pushpaghni jataharini*, *Artavakshaya*, *Granthibhuta Artava*, and *Sthoulya* - provide a robust nosological framework within which therapeutic decisions can be systematically anchored. The Ayurvedic *Chikitsa Siddhanta* - integrating *Nidana Parivarjana*, *Shodhana*,

Shamana, and *Rasayana* - addresses the disease at the causative, pathogenetic, and symptomatic levels simultaneously, offering genuine disease modification rather than mere palliative control.

Prior clinical investigations have validated the safety and efficacy of diverse Ayurvedic interventions, with particular strength of evidence for *Shodhana Chikitsa* modalities. Various researches and reviews conducted on PCOS confirm that some controversies still exist related to diagnosis, pathophysiology, and treatment, necessitating further investigation. There is a great need to analyse the previously researched drugs on the basis of Ayurvedic pharmacological principles to find the most promising and evidence-graded remedies for PCOS. Continued rigorous clinical research employing standardised diagnostic criteria, validated outcome measures, and adequate sample sizes is imperative to further strengthen the evidence base and facilitate the broader adoption of Ayurvedic therapeutics in mainstream PCOS management.

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