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RISK FACTORS ASSOCIATED WITH THE DEVELOPMENT OF PUSHPAGHNI JATAHARINI

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ABSTRACT

Pushpaghni Jataharini is a gynecological disorder described in Ayurvedic literature, characterized by features such as irregular menstruation, anovulation, obesity, and infertility, which closely resemble the clinical manifestations of Polycystic Ovary Syndrome (PCOS). The increasing prevalence of PCOS has prompted renewed interest in understanding its Ayurvedic counterpart and the etiological factors responsible for its development. According to Ayurveda, the pathogenesis of Pushpaghni Jataharini is primarily associated with the vitiation of Kapha and Vata Doshas, impairment of Agni, formation of Ama, and dysfunction of Artava.

Various risk factors contribute to the development of this condition, including sedentary lifestyle, unhealthy dietary habits, and excessive intake of Guru, Snigdha, and Madhura Ahara, obesity, psychological stress, disturbed sleep patterns, and hereditary predisposition. These factors disrupt the normal physiological balance, leading to metabolic and reproductive dysfunctions. Modern research similarly identifies insulin resistance, obesity, genetic susceptibility, hormonal imbalance, and environmental influences as major contributors to the development of PCOS, highlighting significant parallels between the two conditions.

This review aims to explore the risk factors associated with the development of Pushpaghni Jataharini by integrating classical Ayurvedic concepts with contemporary scientific evidence. A better understanding of these factors may facilitate early identification, preventive strategies, and holistic management through lifestyle modification, dietary regulation, and appropriate Ayurvedic interventions, thereby improving reproductive health and overall quality of life in affected women.

Key words: Pushpaghni Jataharini, Nidana, Samprapti

INTRODUCTION

Ayurveda, the ancient system of medicine of India, is one of the world's oldest holistic healthcare sciences. Derived from the Sanskrit words "Ayu" (life) and "Veda" (knowledge), Ayurveda literally means the "science of life." It is not merely a system for treating diseases but a comprehensive philosophy that aims Swasthasya Swasthya Rakshanam (to preserve the health of healthy individuals) and Aturasya Vikara Prashamanam (to cure diseases in the affected).[1]

Ayurveda explains that disease originates from the disturbance of the natural equilibrium of the body. The root causes of disease are described as Asatmya Indriyartha Samyoga (improper use of the senses), Prajnaparadha (intellectual error), and Parinama or Kala (the effects of time and seasonal variations).[2] Mithya Ahara (improper dietary habits), Mithya Vihara (unhealthy lifestyle practices), Vegadharana (suppression of natural urges), psychological stress, disturbed sleep, and environmental factors lead to impairment of Agni, formation of Ama, vitiation of Doshas, and obstruction of Srotas, ultimately resulting in disease manifestation.

In the present era of rapid urbanization and industrialization, remarkable technological advancements have improved living standards but have also introduced several lifestyle-related health challenges. Sedentary behavior, excessive consumption of processed and calorie-dense foods, irregular eating patterns, sleep deprivation, occupational stress, environmental pollution, and reduced physical activity have become integral parts of modern life. These factors disturb normal metabolic functions and contribute to the increasing prevalence of non-communicable diseases such as obesity, diabetes mellitus, hypertension, cardiovascular disorders, infertility, thyroid dysfunction, and Polycystic Ovary Syndrome (PCOS).

PCOS is emerging as a burning disease affecting a growing number of urban Indian women. A recent rise in PCOS cases in urban India may be due to modernization, stress and lifestyle changes.

By analyzing the symptoms of both Pushpaghini Jataharini and PCOS, it is found that both are similar to some extent.

In the concept of Jataharini, Acharya Kashyapa has explained that Revati or Jataharini produces various abnormalities in females by affecting them at various stages of their reproductive life.

AYURVEDIC REVIEW OF JATAHARINI

Jataharini Nirukti

Jataharini means – Jata + Harini, The term Jataharini is derived from two Sanskrit words: Jata, meaning "newborn" or "just born," and Harini, meaning "one who destroys" or "one who takes away." Thus, the literal meaning of Jataharini is "the destroyer of the newborn."[3]

According to the classical Ayurvedic literature, Jataharini is described as an entity that destroys or adversely affects the Vapu (body), Garbha (embryo/fetus), Jata (newborn), and Jayamana (the child during birth). The texts further state that Jataharini particularly afflicts individuals associated with Adharma (unrighteous conduct), including Asuras and Adharmika people, as well as their offspring. In addition, she is described as causing the elimination or suppression of Pushpa (menstruation), thereby affecting the normal reproductive process.

According to Kashyapa Samhita, in the Revati Kalpa chapter of the Kalpa Sthana, Kashyapa describes the concept of Jataharini (Revati) as a factor responsible for adverse reproductive and

neonatal outcomes.[4] Revati is believed to afflict women at different stages of the reproductive cycle, including menstruation, pregnancy, and the puerperium. Depending on the timing of its influence, it is said to cause infertility, congenital abnormalities, or loss of the offspring by adversely affecting the ovum, embryo, fetus, or neonate. The classical text describes its effects across the antenatal, intrapartum, and postpartum periods, emphasizing its role in the destruction or impairment of reproductive elements and the developing child.

Types of Jataharini

1) On the basis of prognosis, Jataharini is classified as[5]

- Sadhya (curable)
- Yapya (difficult to cure)
- Asadhya (incurable)

2) On the basis of mode of transmission, it is divided into[6]

- Daivi (divine)
- Manushi (human)
- Tiraschina (animals)

Table 1: Types of Jataharini on the Basis of Prognosis

S. No.	Sadhya	Yapya	Asadhya
1	Shushka revati	Nakini	Vashya
2	Katmabhara	Pishachi	Kulkshayakari
3	Pushpaghni	Yakshi	Punyajani
4	Vikuta	Aasuri	Paurushadini
5	Parisruta	Kali	Samdanshi
6	Andaghni	Varuni	Karkotaki
7	Durdhara	Shashti	Indravadava
8	Kalaratri	Bhiruka	Badvamukhi
9	Mohini	Yamya	-
10	Stambhani	Matangi	-
11	Kroshana	Bhadrakali	-
12	-	Raudri	-

S. No.	Sadhya	Yapya	Asadhya
13	-	Vardhika	-
14	-	Chandika	-
15	-	Kapalamalini	-
16	-	Pilipichchika	-

Table 2: Types of Jataharini on the Basis of Mode of Transmission

S. No.	Daivi	Manushi	Tiraschina
1	Don't Have Any Sub-Classification	Varna	Shakuni (Birds)
2	-	Varnantara	Vanaspati (plants)
3	-	Lingini	Chatushpadi (four legged animals)
4	-	Karuki	Matsi (fishes)
5	-	-	Sarpa (Reptiles)

Pushpaghni Jataharini

Pushpaghni Jataharini is one of the Jataharinis described in the Revati Kalpa of the Kalpa Sthana of Kashyapa Samhita. The term Pushpaghni is derived from the Sanskrit words Pushpa (menstruation) and Ghni (destroyer), indicating a condition that impairs the reproductive function of women. Classical Ayurvedic texts describe Pushpaghni Jataharini as a disorder characterized by regular menstruation (Yathakalam Prapashyati), failure to conceive due to Vrutha Pushpam (fruitless menstruation or anovulation), obesity (Sthula), and hirsutism (Lomasha Ganda).[7] These clinical features suggest a disturbance in normal ovulatory function despite apparently regular menstrual cycles. Features of Pushpaghni are –

- **Vrutha Pushpam** – Literally meaning "fruitless menstruation," this term refers to menstruation that does not result in conception and may be correlated with anovulation or ovulatory dysfunction.
- **Yathakalam Prapashyati** – Refers to menstruation occurring at regular or appropriate intervals, indicating a regular menstrual cycle despite the inability to conceive.
- **Sthula** – Denotes obesity or excessive body weight, which is considered one of the characteristic clinical features.
- **Lomasha Ganda** – Literally meaning "hairy cheeks or chin," this term may be correlated with hirsutism, characterized by excessive terminal hair growth over the chin and other facial areas.

Collectively, these features describe a clinical presentation characterized by regular menstruation associated with anovulation, obesity, and hirsutism. In contemporary literature, these manifestations have been compared with the clinical profile of polycystic ovary syndrome (PCOS); however, such comparisons represent interpretative correlations and should not be regarded as direct equivalence between the classical Ayurvedic condition and the modern medical diagnosis.

Polycystic Ovarian Syndrome

The polycystic ovarian syndrome (PCOS) is one of the most common endocrine-reproductive metabolic disorders. It has a wide spectrum of phenotypic manifestation like menstrual irregularity in the form of oligomenorrhoea or amenorrhoea, hirsutism, acne, alopecia, obesity and polycystic morphology of ovary on sonography scan. PCOS women may have difficulty in conceiving naturally and therefore, may confront the problem of infertility.

Etiological Factors of Pushpaghni Jataharini

Acharya Kashyapa has quoted that it is only Adharma (unrighteousness) which provides an opportunity to Revati for affliction of woman.[8] Adharma is referred to as everything which is against nature and immoral, unethical, wrong or unlawful. In the current scenario, if we look at the people, it seems that they have forgotten their work ethically and are doing against nature. In Indian lifestyle, principles of Karma (action) and Dharma (the righteous way to perform the work) are given significant value.

Nowadays, westernization is a root cause of Adharma which is taking place in India continuously. This is not only changing the lifestyle of human beings but also leading to the emergence of many lifestyle diseases like diabetes, hypertension, polycystic disease etc. These lifestyle changes include physical inactivity, over stress, hurried life, excessive intake of junk food etc. Women's health is at a crisis point due to disturbed biological clock in the modern era. Women are taking steps on the ladder of success in the corporate world. They not only perform their household work responsibilities but also do excessive work at workplaces even in unfavorable working conditions. This puts an immense pressure on women due to double responsibility of home and workplace. This in turn leads to stress and health issues because professional women do not exercise, skip meals and consume junk food. Ultimately women suffer from many lifestyle diseases like PCOS, which is a burning issue in recent times.

Etiological factors of Pushpaghni Jataharini are as follows –

Ahara Nidana (Dietary Factors)

Excessive Intake of Guru and Madhura Ahara: Frequent consumption of refined carbohydrates such as white bread, pastries, pizza, and polished white rice, which are predominantly Guru (heavy), Madhura (sweet), and highly processed, aggravates Kapha dosha and leads to Agnimandya (diminished digestive and metabolic fire). This results in the formation of Ama (metabolic toxins) and Medo Dushti, contributing to Srotorodha (obstruction of bodily channels) and disturbances in Artava Dhatu, ultimately affecting normal ovulation.

Ati Sevana of Abhishyandi and Apathya Ahara: Regular intake of ultra-processed foods, fast foods, packaged snacks, sugar-sweetened beverages, and energy drinks acts as Abhishyandi Ahara (channel-clogging foods), causing aggravation of Kapha and Meda Dhatu Vriddhi

(excessive accumulation of adipose tissue). This promotes Srotorodha, impairs metabolic homeostasis, and predisposes individuals to Sthaulya (obesity), a key factor in the pathogenesis of disorders resembling polycystic ovarian syndrome (PCOS).

Excessive Consumption of Ati Snigdha and Viruddha Ahara: Diets rich in trans fats, repeatedly heated oils, highly processed vegetable oils, and excessive intake of poor-quality processed meats vitiate Pitta and Kapha doshas while generating Ama. This leads to chronic inflammatory changes, Rakta Dushti, and impairment of Artavavaha Srotas, thereby disturbing ovarian physiology and reproductive function.

Deficiency of Ruksha and Laghu Ahara (Low-Fiber Diet): Inadequate intake of fiber-rich foods such as whole grains, fruits, vegetables, and legumes weakens Agni, promotes Ama formation, and impairs the normal functioning of the gastrointestinal tract (Annavaha Srotas). This contributes to deranged metabolism, aggravation of Kapha, and progressive Medo Dushti, thereby playing a significant role in the development and progression of metabolic and reproductive disorders.

Vihara Nidana (Lifestyle Factors)

An unhealthy lifestyle characterized by Avyayama (lack of physical activity), prolonged sedentary habits, Divaswapna (excessive daytime sleeping), and Ratrijagarana (irregular sleep patterns or disturbance of the natural sleep-wake cycle) plays a significant role in the pathogenesis of metabolic and reproductive disorders. According to Ayurveda, improper lifestyle practices disturb the equilibrium of Tridoshas, particularly leading to aggravation of Kapha Dosha and vitiation of Vata Dosha.

Avyayama (absence of adequate exercise): decreases the utilization of energy and impairs the normal functioning of Jatharagni and Dhatvagni (digestive and tissue-level metabolic activities). Reduced metabolic activity results in improper transformation of nutrients, leading to the accumulation of excessive Meda Dhatu (adipose tissue) and development of Medo Dushti. The increased accumulation of Meda obstructs the normal flow of bodily channels (Srotorodha), particularly affecting Medovaha Srotas and contributing to conditions resembling Sthaulya (obesity).

Excessive sedentary behavior: It also promotes Kapha Vriddhi due to increased Guru (heaviness), Snigdha (unctuousness), and Manda (sluggishness) qualities. This Kapha dominance results in Agnimandya, causing incomplete digestion and formation of Ama (metabolic waste/toxic metabolites). The presence of Ama further obstructs the micro channels and disturbs normal tissue metabolism, leading to impaired Dhatu Parinama (sequential tissue nourishment).

Disturbance in sleep patterns: including Ratrijagarana (inadequate night sleep) and Divaswapna (excessive daytime sleep), causes imbalance in Vata and Kapha Doshas. Improper sleep affects the natural regulation of Manas (mind), Agni, and hormonal functions. Vata aggravation due to Vishama Vihara (irregular routines) disturbs physiological rhythms, while Kapha aggravation promotes heaviness, lethargy, and further metabolic dysfunction.

The combined effect of improper lifestyle habits results in Agnidushti, Ama formation, Medo Dhatu Vriddhi, and obstruction of Srotas, leading to impairment of Artavavaha Srotas (channels responsible for menstrual and reproductive functions). This disturbs Artava Dhatu formation

and function, contributing to menstrual irregularities, impaired ovulation, and manifestations comparable to Yonivyapada and Artava Dushti described in Ayurveda.

Thus, sedentary lifestyle and disturbed sleep patterns act as important Vihara Nidana that promote Kapha-Vata imbalance, metabolic derangement, and reproductive dysfunction through the pathways of Agnimandya, Ama accumulation, Medo Dushti, and Srotorodha.

Manasika Nidana (Psychological Factors)

Psychological stress, anxiety, emotional disturbances, and prolonged mental strain act as important Manasika Nidana (psychological causative factors) that influence the physiological balance of the body. According to Ayurveda, the state of the Manas is closely interconnected with the functioning of the body through the interaction of Doshas, Agni, Dhatus, and Srotas. Persistent mental stress leads to the vitiation of Raja and Tama Guna, resulting in imbalance of Manovaha Srotas and disturbance in the normal functioning of the neuroendocrine system.

Chronic stress aggravates Vata Dosha, particularly through increased Chala (mobility) and Ruksha (dryness) qualities, causing instability in physiological processes and impairment of normal hormonal regulation. Simultaneously, prolonged stress may disturb Pitta Dosha, affecting metabolic and hormonal functions, while associated emotional eating and reduced activity may further aggravate Kapha Dosha and contribute to Agnimandya and Medo Dushti.

In Ayurveda, the reproductive system is governed by Artavavaha Srotas, which is responsible for the formation, transportation, and regulation of Artava Dhatu (female reproductive tissue). Psychological stress and emotional imbalance can cause Srotodushti (functional impairment of channels), leading to disturbance in the nourishment and functioning of Artava Dhatu. This may manifest as Artava Kshaya (reduced menstrual flow), irregular menstruation, or impaired ovulatory function.

Excessive mental stress also affects Ojas, the essence responsible for maintaining strength, vitality, immunity, and hormonal balance. Depletion or impairment of Ojas due to continuous psychological strain weakens the body's adaptive capacity and disturbs the coordination between Manas, Sharira, and reproductive functions.

Thus, chronic stress and anxiety can be understood as significant Manasika Nidana contributing to Dosha imbalance, Agni Dushti, Ama formation, and Artavavaha Srotas dysfunction. Through these mechanisms, psychological disturbances play an important role in the manifestation and progression of disorders associated with menstrual irregularities and conditions comparable to PCOS (Artava Dushti/Yonivyapada spectrum).

Samprapti

According to Ayurveda, the pathogenesis of reproductive disorders involves the vitiation of Doshas, impairment of Agni, formation of Ama, and obstruction of physiological channels (Srotodushti). In conditions resembling polycystic ovarian syndrome (PCOS), the aggravated Kapha and Vata Doshas play a significant role in disturbing the normal functioning of the reproductive system.

Excessive aggravation of Kapha Dosha, due to factors such as improper dietary habits, sedentary lifestyle, and excessive intake of Guru (heavy), Madhura (sweet), and Snigdha (unctuous) foods, leads to Meda Dhatu Vriddhi (excess accumulation of adipose tissue), Agnimandya (weakened

metabolic fire), and Ama formation. The accumulated Kapha and Ama obstruct the normal flow of Artavavaha Srotas, resulting in impaired nourishment and maturation of Artava.

Simultaneously, aggravated Vata Dosha, particularly Apana Vata, which governs menstruation, ovulation, and reproductive functions, becomes vitiated and loses its normal direction and function (Apana Vata Vaigunya). This disturbance affects the proper release and movement of the ovum, leading to impaired follicular maturation and irregular ovulatory cycles.

The combined effect of Kapha-induced obstruction and Vata dysfunction causes Srotorodha in the Artavavaha pathways and disrupts the normal sequence of Rasa Dhatu → Rakta Dhatu → Artava formation. As a result, there is improper development and release of the ovum, which may manifest as anovulation (absence of ovum release despite menstrual bleeding) and reduced fertility potential.

Therefore, the Ayurvedic understanding of this pathological process can be described as Kapha-Meda accumulation with Ama formation causing obstruction of Artavavaha Srotas, along with Apana Vata dysfunction, resulting in disturbed Artava formation, irregular menstruation, anovulatory cycles, and difficulty in conception.

CONCLUSION

Modern lifestyle changes have become a major contributing factor to the increasing prevalence of lifestyle-related diseases, among which Polycystic Ovary Syndrome (PCOS) is one of the most common disorders affecting women. In ancient Ayurvedic literature, such unhealthy lifestyle practices were considered a form of Adharma, which was believed to contribute to the development of various diseases. Pushpaghni Jataharini is one such condition described in Ayurveda that specifically affects women. A comparative analysis of the clinical features of Pushpaghni Jataharini and PCOS reveals considerable similarity in their symptoms, suggesting a possible correlation between the two conditions. Today, PCOS has emerged as a major public health concern due to its heterogeneous and multifactorial nature. Beyond its physical manifestations, PCOS significantly impairs a woman's quality of life. Women with PCOS frequently experience reduced self-esteem, which is often associated with increased levels of anxiety and depression. Therefore, early diagnosis, appropriate lifestyle modification, and an integrated management approach are essential to improve both physical and psychological well-being in women affected by PCOS.

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