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AN AYURVEDIC APPROACH TO MANAGE PCOD: A REVIEW ARTICLE

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ABSTRACT

Background: *Polycystic ovarian disease*, more appropriately termed *polycystic ovary syndrome*, is a heterogeneous *endocrine-metabolic* disorder characterized by variable combinations of *ovulatory dysfunction*, *hyperandrogenism* and *polycystic ovarian morphology*. In Ayurveda, no single classical disease can be equated directly with *PCOD*; however, its clinical features may be interpreted through *Artava Kshaya*, *Anartava*, *Avarana*, *Kapha-Meda Dushti*, *Agnimandya* and disturbance of *Apana Vata*.

Aim and Objectives: To review the Ayurvedic conceptual basis of *PCOD* with special reference to *Artava Kshaya*, *Avarana*, *Agnimandya*, *Kapha-Meda Dushti* and disturbed *Apana Vata*. To describe a practical *Samprapti* and *Samprapti Ghataka* for different *PCOD* phenotypes. To outline Ayurvedic management principles including *Nidana Parivarjana*, *Deepana-Pachana*, *Shodhana*, *Shamana*, *Pathya* and lifestyle measures. To summarize current findings and identify limitations in the available evidence. **Materials and Methods:** A structured narrative review was undertaken using major Ayurvedic classical texts, standard textbooks and peer-reviewed literature on *PCOS*. Contemporary clinical guidelines, reviews, systematic reviews and selected Ayurvedic clinical studies were considered. The concepts were synthesized by correlating clinical phenotype with relevant Ayurvedic *Samprapti Ghataka*.

Results & Discussion: Ayurvedic management is best framed as phenotype-based and *Samprapti*-based care rather than a fixed one-formula approach. It may complement evidence-based

gynecological and *metabolic* evaluation when therapies are selected safely and monitored appropriately. **Conclusion:** An Ayurvedic approach to *PCOD* emphasizes correction of causative factors, metabolism, channel obstruction, menstrual function and lifestyle. Stronger, standardized clinical trials are required before specific Ayurvedic interventions can be considered established *PCOS* treatments.

Keywords: *PCOD; PCOS; Artava Kshaya; Kapha-Meda Dushti; Avarana; Ayurveda*

INTRODUCTION

Polycystic ovary syndrome (PCOS), often called *polycystic ovarian disease (PCOD)* in routine practice, is among the most common *endocrine* disorders affecting women of *reproductive* age. Its presentation may include irregular menstrual cycles, *oligo-ovulation* or *anovulation*, clinical or biochemical *hyperandrogenism*, *obesity*, *insulin resistance* and *polycystic ovarian morphology*. The 2023 international guideline emphasizes that *PCOS* has *reproductive*, *metabolic* and *psychological* consequences across the life course and recommends individualized assessment rather than management based only on *ovarian ultrasound* appearance.¹

Diagnosis is generally based on accepted criteria after excluding other causes of *androgen* excess and ovulatory disturbance. The Rotterdam framework recognizes *PCOS* when at least two of three features are present: *ovulatory dysfunction*, clinical or biochemical *hyperandrogenism*, and *polycystic ovarian morphology*. This phenotype-based definition explains why patients with the same diagnosis may differ considerably in menstrual pattern, body weight, *androgenic* symptoms, *metabolic* risk and *fertility* concerns.²

The pathophysiology of *PCOS* is complex and involves interaction among genetic susceptibility, altered gonadotropin dynamics, *ovarian androgen* excess, *insulin resistance*, adipose dysfunction and environmental or lifestyle factors. *Hyperinsulinemia* can amplify *ovarian androgen* production and reduce *sex hormone-binding globulin*, while *hyperandrogenism* may further worsen *metabolic* dysfunction. Because the syndrome is heterogeneous, management should address the dominant clinical problem as well as long-term risks such as impaired *glucose* regulation, *dyslipidemia* and endometrial consequences of persistent *anovulation*.³

AIM AND OBJECTIVES

- To review the Ayurvedic conceptual basis of *PCOD* with special reference to *Artava Kshaya*, *Avarana*, *Agnimandya*, *Kapha-Meda Dushti* and disturbed *Apana Vata*.
- To describe a practical *Samprapti* and *Samprapti Ghataka* for different *PCOD* phenotypes.
- To outline Ayurvedic management principles including *Nidana Parivarjana*, *Deepana-Pachana*, *Shodhana*, *Shamana*, *Pathya* and lifestyle measures.
- To summarize current findings and identify limitations in the available evidence.

MATERIALS AND METHODS

This structured narrative review considered literature available up to August 2026. Classical Ayurvedic concepts were drawn from Charaka *Samhita*, Sushruta *Samhita*, Ashtanga Hridaya and standard *Prasuti Tantra-Stri Roga* texts. Contemporary literature was identified through PubMed,

Google Scholar and relevant peer-reviewed Ayurvedic journals using combinations of the terms *PCOS*, *PCOD*, *Ayurveda*, *Artava Kshaya*, *Anartava*, *Avarana*, *Kapha*, *Meda*, *Agni*, *Basti*, herbal medicine, lifestyle and *yoga*. Priority was given to international guidelines, indexed reviews, systematic reviews and clinical studies with clearly described interventions. As the purpose was conceptual synthesis rather than meta-analysis, findings were organized narratively according to modern phenotype, Ayurvedic *Samprapti* and therapeutic principle.

CONCEPTUAL STUDY - AYURVEDIC REVIEW

1. Need for a Phenotype-Based Ayurvedic Interpretation

PCOS comprises several phenotypes rather than a single uniform disease pattern. A woman may predominantly present with *oligomenorrhea* and *obesity*, whereas another may be lean with *hyperandrogenism*, *infertility* or *polycystic ovarian morphology*. This variability is important in Ayurveda because treatment is based on the observed *Dosha*, *Dushya*, *Agni*, *Srotas*, *Prakriti*, *Bala* and stage of disease rather than on nomenclature alone. Therefore, the Ayurvedic understanding should begin with the patient's dominant features and *Samprapti* instead of attempting to force every case into one classical diagnosis.⁴

2. Metabolic-Reproductive Link and Ayurvedic Correlation

Insulin resistance and compensatory *hyperinsulinemia* are common in *PCOS* and may involve *liver*, *skeletal muscle*, *adipose tissue* and *ovarian* signaling. From an Ayurvedic interpretive perspective, the cluster of impaired metabolism, increased adiposity, sluggish tissue processing and obstruction can be correlated with *Agnimandya*, *Ama*, *Kapha-Meda* increase and *Srotorodha*. This is a conceptual correlation rather than a biochemical equivalence: *insulin resistance* should still be evaluated by accepted clinical methods, while the Ayurvedic assessment identifies the functional pattern used to select diet, lifestyle and treatment.⁵

3. PCOD as Anukta Vyadhi

A distinct classical entity identical to modern *PCOD* is not described in the major Ayurvedic texts. It is therefore more appropriate to consider it under the principle of *Anukta Vyadhi* and analyze the condition through its causative factors, *Dosha-Dushya* involvement, site, manifestations and *Samprapti*. *Artava Kshaya* or *Anartava* may explain delayed or absent menstruation in some patients, while *Kapha-Meda Dushti*, *Avarana*, *Granthi*-like changes, *Vandhyatva* and other feature-based concepts may become relevant in different presentations. Recent Ayurvedic conceptual literature similarly supports a multi-*Samprapti* interpretation rather than a one-to-one disease equivalence.⁶

4. Nidana and Agni

Probable *Nidana* in a *Kapha-Meda* dominant *PCOD* pattern includes excessive intake of heavy, unctuous, sweet and energy-dense food; repeated snacking; day sleep; physical inactivity; irregular sleep; stress-related eating; and routines that reduce digestive and *metabolic* efficiency. Persistent *Mithya Ahara-Vihara* can disturb *Jatharagni* and *Dhatvagni*, promoting *Ama* and abnormal nourishment of *Dhatu*. In a practical clinical assessment, this history should be combined with

appetite, bowel pattern, sleep, activity, weight trajectory and menstrual history so that *Nidana Parivarjana* becomes specific to the patient rather than a generic dietary instruction.⁷

5. Dosha Involvement

Kapha can be considered important where heaviness, weight gain, excessive adiposity, sluggishness and obstructive features predominate. *Vata*, particularly *Apana Vata*, becomes clinically relevant because normal downward movement and *reproductive* functions are associated with timely menstruation and ovulatory processes in Ayurvedic physiology. When *Kapha*, *Meda* or *Ama* creates *Avarana*, the normal gati of *Vata* may be disturbed, producing delayed or irregular *Artava*. *Pitta* involvement may be considered when inflammatory skin manifestations, irritability, heat or excessive bleeding patterns coexist. Thus, *Vata-Kapha* predominance is common conceptually, but *Tridosha* assessment remains individualized.⁸

6. Dhatu, Srotas and the Role of Ama

Rasa Dhatu is closely related to early tissue nourishment, while *Artava* is described within the broader *reproductive* tissue framework. Disturbance at the level of *Rasa*, *Rakta* and *Meda* may therefore provide a useful Ayurvedic model for patients who show *menstrual irregularity* together with *acne*, adiposity or *metabolic* features. *Agnimandya* can lead to improperly processed *metabolic* products described as *Ama*; together with increased *Kapha* and *Meda*, this may contribute to *Srotorodha*. The therapeutic implication is that a heavy, obstructive phenotype may require *Langhana*, *Deepana*, *Pachana*, *Rukshana*, *Lekhana* and *Srotoshodhana* before nourishing or *fertility-promoting* measures are emphasized.⁹

7. Artava, Beeja and Artavavaha Srotas

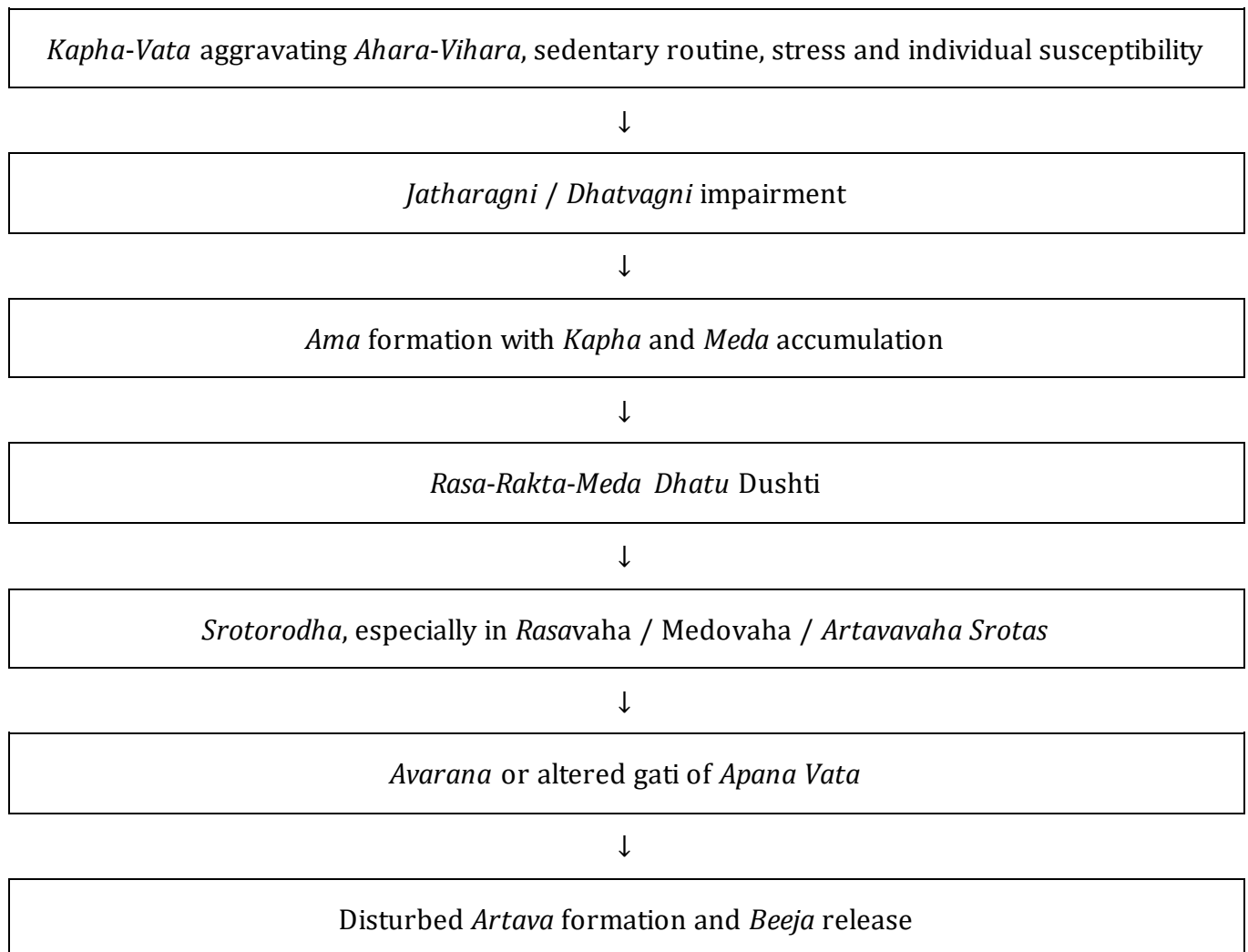
Artava Kshaya is characterized by reduced or delayed menstrual expression and is clinically useful as a feature-based concept in women with infrequent cycles or scanty bleeding. However, menstrual bleeding, ovulation and *ovarian* morphology are not identical phenomena, so *Artava Kshaya* should not be treated as a complete synonym for *PCOS*. The *reproductive* assessment should consider *Artava*, *Beeja* function, cycle interval, bleeding pattern, signs of ovulation and *infertility* where relevant. *Artavavaha Srotas* involvement may be inferred when *reproductive* function is persistently disturbed, while the precise modern cause should be evaluated with appropriate *endocrine* and gynecological investigations.¹⁰

8. Samprapti Ghataka

Component	Probable involvement in a common Kapha-Meda dominant phenotype
Dosha	<i>Kapha</i> with <i>Vata</i> , especially altered <i>Apana Vata</i> ; <i>Pitta</i> may participate according to phenotype.
Dushya	<i>Rasa</i> , <i>Rakta</i> , <i>Meda</i> and <i>reproductive</i> tissue components including <i>Artava</i> /related <i>Upadhatu</i> concepts.

Agni	<i>Jatharagni</i> and <i>Dhatvagni</i> impairment; <i>metabolic</i> processing may be clinically sluggish or irregular.
Ama	May be considered when there are features of impaired digestion, heaviness and obstructive metabolism.
Srotas	<i>Rasavaha</i> , <i>Medovaha</i> and <i>Artavavaha Srotas</i> .
Srotodushti	<i>Sanga/Srotorodha</i> is a useful dominant model in obese or <i>Kapha-Meda</i> phenotypes.
Udbhava/Progression	Diet-lifestyle causes -> <i>Agnimandya</i> -> <i>Ama/Kapha-Meda</i> increase -> <i>Srotorodha</i> -> altered <i>Vata gati</i> -> disturbed <i>Artava/Beeja</i> .
Vyaktisthana	<i>Reproductive</i> system with systemic <i>metabolic</i> expression; <i>ovarian</i> findings are interpreted clinically, not as a direct classical anatomical description.

9. Samprapti - Flow Chart





Artava Kshaya / Anartava / irregular ovulation with metabolic and androgenic features



PCOD/PCOS phenotype according to the dominant clinical presentation

10. Ayurvedic Principles of Management

The first therapeutic principle is *Nidana Parivarjana*. Correction of meal timing, excess refined carbohydrates and energy-dense food, day sleep, prolonged inactivity and irregular sleep can support both Ayurvedic and contemporary *metabolic* goals. In *Kapha-Meda* dominant cases, *Deepana-Pachana*, *Langhana*, *Rukshana* and *Lekhana* principles may be considered according to *Bala* and *Koshtha*, followed by *Vatanulomana* and measures directed toward restoring *Artava*. A small randomized Ayurvedic clinical study using *Pathadi Kwatha* with *Shatapushpa Taila Matra Basti* reported improvement in *menstrual irregularity*, *follicular* growth and weight-related outcomes, but its modest sample size limits broad conclusions.¹¹

11. Shodhana and Shamana

Shodhana should not be prescribed merely because the diagnosis is *PCOD*. The choice of *Vamana*, *Virechana* or *Basti* depends on *Dosha* predominance, strength, digestive status, age, season, comorbidity and physician assessment. *Basti* may be considered when *Vata* regulation and *reproductive* function are important, whereas *Kapha-Meda* dominant patients may require prior *Deepana-Pachana* or other reducing measures. *Shamana* formulations are selected according to the pattern rather than by a fixed *PCOD* list. A clinical study of *Pathadi Kwatha* or *Kanchanaradi Kwatha* with *Arogyavardhini Vati* reported improvement in selected dermatological manifestations, but it should be interpreted as supportive preliminary evidence rather than proof of a standard therapy for all *PCOS* phenotypes.¹²

12. Herbal and Formulation-Based Support

Herbal approaches used in practice may include formulations or ingredients selected for *metabolic*, digestive, menstrual or *androgen*-related manifestations. Examples encountered in Ayurvedic practice include *Triphala*, *Trikatu*, *Guduchi*, *Kanchanara Guggulu* and other individualized combinations, but their suitability depends on constitution, symptoms, concurrent medication and *reproductive* goals. Broader systematic reviews of herbal interventions in *PCOS* suggest possible benefits for hormonal or *metabolic* outcomes with several plant-based therapies, while also showing heterogeneity in products, doses, methods and study quality. Accordingly, herbal treatment should be evidence-aware, quality-controlled and monitored for adverse effects or herb-drug interactions.¹³

13. Diet, Lifestyle and Yoga

- Prefer regular meal timing and a predominantly minimally processed diet with adequate protein, vegetables, fiber and appropriate total energy intake.

- Reduce frequent intake of sweets, refined flour products, sugar-sweetened drinks, deep-fried foods and habitual overeating when *Kapha-Meda* excess and weight gain are present.
- Encourage progressive physical activity combining aerobic activity, resistance exercise and reduction of prolonged sitting, adjusted to baseline fitness and medical status.
- Maintain consistent sleep and wake timing; evaluate significant snoring, daytime sleepiness or suspected sleep apnea through appropriate medical care.
- *Yoga, Asana, Pranayama* and *Dhyana* may be used as supportive mind-body measures for activity, stress reduction and adherence, not as substitutes for indicated medical treatment.
- In lean *PCOS* or *Vata*-predominant presentations, avoid excessive fasting or aggressive reducing therapy; management should focus on regular nourishment, stress, sleep and restoration of *reproductive* function according to the individual pattern.

14. Phenotype-Oriented Ayurvedic Treatment Logic

Clinical pattern	Likely Ayurvedic emphasis	Management direction
Obesity / insulin-resistance dominant	<i>Kapha-Meda</i> , <i>Agnimandya</i> , <i>Ama</i> , <i>Srotorodha</i>	<i>Nidana Parivarjana</i> , structured activity, calorie-appropriate <i>Pathya</i> , <i>Deepana-Pachana</i> and reducing measures according to <i>Bala</i> ; monitor <i>metabolic</i> risk.
Lean with irregular cycles	<i>Vata</i> involvement with variable <i>Kapha</i> or <i>Pitta</i>	Avoid excessive <i>Langhana</i> ; prioritize regular meals, sleep, stress regulation, <i>Vatanulomana</i> and individualized <i>reproductive</i> support.
Hyperandrogenic skin-feature dominant	<i>Kapha-Pitta/Rakta</i> involvement with <i>Meda</i> or <i>metabolic</i> association	Address diet and metabolism while selecting <i>Shamana</i> according to <i>acne</i> , <i>hirsutism</i> , heat/inflammatory features and menstrual pattern; do not rely only on cosmetic improvement.
Fertility-dominant presentation	<i>Artava/Beeja</i> dysfunction with <i>Apana Vata</i> disturbance	Confirm ovulation and partner/ <i>fertility</i> factors; correct <i>Samprapti</i> , avoid potentially unsafe herbs around conception, and integrate timely <i>fertility</i> referral when indicated.

15. Practical Integrative Clinical Approach

1. Confirm the modern diagnosis and exclude major mimics of *ovulatory dysfunction* or *hyperandrogenism* as clinically indicated.
2. Identify the main treatment goal: cycle regulation, *androgenic* symptoms, *metabolic* risk, *fertility*, weight management or a combination of these.
3. Assess Ayurvedic variables including *Prakriti*, *Vikriti*, *Agni*, *Ama*, *Koshtha*, *Dosha-Dushya*, *Srotas*, *Bala*, sleep, diet, stress and activity.
4. Begin with *Nidana Parivarjana* and a sustainable diet-activity-sleep plan; avoid one-size-fits-all restriction.

5. Use *Deepana-Pachana*, *Shamana* or *Shodhana* only when indicated by *Samprapti* and patient fitness, with attention to pregnancy possibility and concurrent medicines.
6. Monitor menstrual pattern, body weight or *waist circumference* when relevant, clinical *hyperandrogenism*, *metabolic* parameters and *fertility* outcomes rather than relying only on *ultrasound* changes.
7. Refer or co-manage when there is severe abnormal bleeding, marked virilization, suspected *endocrine* disease, *infertility* requiring specialized care, significant *metabolic* disease or mental-health concern.

RESULTS AND FINDINGS

- *PCOD/PCOS* is best interpreted in Ayurveda as an *Anukta Vyadhi* with multiple possible *Samprapti* patterns rather than as a direct synonym of one classical disorder.
- *Artava Kshaya* and *Anartava* are useful feature-based concepts for delayed or absent menstruation, but they do not independently represent the entire *PCOS* spectrum.
- *Kapha-Meda* increase, *Agnimandya*, *Ama* and *Srotorodha* offer a coherent model for *obesity*, *metabolic* sluggishness and obstructive features in a common *PCOD* phenotype.
- Altered *Apana Vata* and *Avarana* provide a conceptual explanation for disturbed timing of *Artava* and *Beeja*-related function in patients with irregular cycles or *ovulatory dysfunction*.
- Lean, *hyperandrogenic*, inflammatory and *obesity*-dominant phenotypes may require different Ayurvedic emphasis; therefore, uniform prescription is inappropriate.
- *Nidana Parivarjana*, diet, physical activity, sleep correction and weight-sensitive care form the most broadly applicable foundation of management.
- Preliminary Ayurvedic clinical studies suggest possible benefit from selected *Basti* and herbal protocols for menstrual, *follicular* or dermatological outcomes, but the evidence is not yet sufficiently standardized for universal recommendations.
- A safe integrative approach requires modern diagnostic assessment, screening for *metabolic* and *reproductive* complications, individualized Ayurvedic treatment and objective follow-up.

DISCUSSION

The conceptual synthesis indicates that the strongest point of convergence between contemporary *PCOS* care and Ayurvedic management is the importance of lifestyle and *metabolic* correction. Modern evidence supports lifestyle intervention as a core component of *PCOS* management, although the *magnitude* of benefit varies and *fertility* outcomes are not consistently reported in older trials. Ayurvedic *Nidana Parivarjana*, regulation of *Ahara-Vihara* and correction of *Kapha-Meda* dominant behavior can therefore be aligned with evidence-based goals such as sustainable weight management, improved activity and prevention of excess weight gain, while avoiding rigid or punitive dietary advice.¹⁴

Yoga and other mind-body practices may provide additional support for physical activity, stress management and quality of life. Recent systematic review evidence suggests potential improvement in anthropometric, *metabolic*, *endocrine*, menstrual and *psychological* outcomes, but the available trials remain heterogeneous, often small and based on different protocols. Consequently, *Yoga*,

Asana, *Pranayama* and *Dhyana* can be recommended as complementary measures when appropriate, but they should not replace evaluation or treatment for *infertility*, severe *hyperandrogenism*, diabetes risk or other clinically important manifestations.¹⁵

The current literature on herbal, traditional and complementary interventions is promising but not yet sufficiently uniform to justify a single Ayurvedic protocol for all *PCOS* patients. Product standardization, dose, duration, phenotype selection, safety reporting and long-term *reproductive* and *metabolic* outcomes require better study designs. The most defensible Ayurvedic approach is therefore individualized *Samprapti Vighatana* integrated with evidence-based screening and follow-up: identify the dominant *Dosha-Dushya* and *metabolic-reproductive* problem, use the least burdensome appropriate intervention, monitor objective outcomes and modify treatment according to response. This framework preserves the individualized logic of Ayurveda while recognizing the present limitations of clinical evidence.¹⁶

CONCLUSION

PCOD/PCOS is a complex *reproductive-metabolic syndrome* that can be interpreted in Ayurveda through a combination of *Artava Kshaya* or *Anartava*, *Agnimandya*, *Ama*, *Kapha-Meda Dushti*, *Srotorodha*, *Avarana* and altered *Apana Vata* according to the individual phenotype. Management should begin with *Nidana Parivarjana* and sustainable correction of diet, activity, sleep and weight-related risk, followed by carefully selected *Deepana-Pachana*, *Shamana* or *Shodhana* measures when clinically appropriate. Ayurvedic therapy should be individualized, integrated with proper *endocrine* and *gynecological* assessment, and monitored using meaningful *menstrual*, *metabolic*, *androgenic* and *fertility* outcomes. Existing clinical evidence is encouraging in selected areas but remains limited; larger standardized trials are needed to define efficacy and safety more clearly.

CONFLICT OF INTEREST -Nil.

SOURCE OF SUPPORT- None.

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