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An Ayurvedic Approach to Polycystic Ovarian Syndrome (PCOS)

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Abstract

Polycystic ovarian syndrome (PCOS) is one of the most common endocrine disorders affecting women of reproductive age. Also known as Stein-Leventhal syndrome, it is characterized by symptoms such as irregular or absent menstrual periods, excessive hair growth, obesity, enlarged ovaries with multiple cysts, acne, and elevated levels of male hormones like testosterone and androstenedione. While the exact cause of PCOS is not fully understood, it is often associated with high insulin levels, obesity, excess of androgens, and increased luteinizing hormone.

PCOS may be understood in Ayurveda through the concept of Anukta Vyadhi, as it is not described as a distinct disease entity in the classical texts. The framework of Trividhabodhya Sangraha provides a useful approach for understanding its etiopathogenesis and clinical manifestations. Based on a review of Ayurvedic and contemporary literature, PCOS can be interpreted as a Kapha-dominant Tridosha disorder involving multiple bodily systems. The pathology primarily affects the Rasavaha Srotas, with probable involvement of the Artavavaha, Medovaha, and Manovaha Srotas. This Ayurvedic understanding highlights the complex and multifactorial nature of PCOS and may facilitate a comprehensive approach to its assessment and management.

Keywords: *Anukta Vyadhi, Trividha Bodhya Sangraha, Polycystic Ovary Syndrome, PCOS.*

Introduction :

Polycystic ovarian syndrome (PCOS) is a common disorder that affects women of reproductive age, typically between 18 and 40 years old. It is now often classified as a lifestyle disorder due to its strong association with sedentary habits, unhealthy eating patterns, and poor lifestyle choices. Although the exact cause of PCOS is not fully understood, it is commonly linked to high insulin levels, an excess of male hormones (androgens), elevated luteinizing hormone (LH), and infertility^[1]. Symptom of PCOS may include delayed or irregular menstruation, acne, excessive hair growth (hirsutism), hair thinning, obesity, and constipation. Classical Ayurvedic texts do not provide a direct or complete description of Polycystic Ovary Syndrome. However, the classics reflect various features of the syndrome across multiple contexts. Ayurveda maintains that no disease manifests without the vitiation of *Tridosha*, as stated in *Charaka Samhita*^[2]. Furthermore, the same *doshas*, considered the body's fundamental regulatory functional factors, can give rise to innumerable disease conditions depending on variations in etiological factors (*samutthanavishesha*) and sites of manifestation (*sthanantaragata*)^[3]. This, inherent variability makes it impossible for classical texts to enumerate and describe every possible disease entity. While the *samhitas* comprehensively document the commonly prevalent disorders of their time, they also implicitly acknowledge the emergence of new and previously undescribed conditions as lifestyles and time change. Such conditions are categorized under the

concept of *Anukta Vyadhi*. According to the *Charaka Samhita*, when a physician encounters an *anuktavyadhi*, management should be initiated after a thorough understanding of three essential aspects of the disease: *vikara prakriti*, *adhishtana*, and *samutthanavishesha*^[4,5]. The Sutra Sthana of *Charaka Samhita* elaborates the fundamental principles of Ayurveda. In this context, Acharya Charaka describes the important concept of *Trividha Bodhya Sangraha* in the 18th chapter (*Trishothiya Adhyaya*) of the Sutra Sthana. *Trividha Bodhya Sangraha* comprises three essential components: *Vikara Prakriti* (nature of the disease), *Adhisthana* (site of manifestation), and *Samutthana* (causative factors). Together, these three factors help explain the origin, localisation, and pathogenesis of disease, providing a strong foundation for diagnosis and treatment planning. This concept is further supported by Acharya Vagbhata in his classical texts, emphasising its clinical relevance.

Here, *vikara prakriti* denotes the involvement and predominance of vitiated *doshas* (*Vata*, *Pitta*, *Kapha*)^[6,7]. *Adhishtana* refers to the affected structural and functional components of the body, including *dhatus* such as *rasa* and others, as well as specific organs or systems^[8]. *Samutthanavishesha* encompasses the etiological and precipitating factors responsible for vitiating particular *doshas* and *dhatus*^[9,10].

This review interprets Polycystic Ovary Syndrome through this Ayurvedic framework. Using *Charaka's* diagnostic protocol of *Trividha Bodhya Sangraha*, this review examines PCOS as a prototype of *anuktavyadhi*. This

approach not only facilitates a deeper understanding of PCOS in Ayurvedic terms but also provides a systematic model for analysing other modern disease conditions that remain unnamed or undescribed in classical texts.

Aim :

To understand and conceptualize Polycystic ovarian syndrome (PCOS) through Ayurvedic principles using the frameworks of *Anukta Vyadhi* and *TrividhabodhyaSangraha*.

Objectives:

To review PCOS from modern and Ayurvedic perspectives. To analyse the role of *Dosha*, *Dushya*, and *Srotas* in PCOS. To identify the probable involvement of *Rasavaha*, *Artavavaha*, *Medovaha*, and *Manovaha Srotas* in its pathogenesis. To formulate an Ayurvedic understanding of PCOS based on classical principles.

Material and methods :

We compiled data on the pathophysiological and clinical presentation of Polycystic Ovary Syndrome from standard endocrinology textbooks, established clinical guidelines, and peer-reviewed scientific literature. These features were subsequently analyzed in the context of principles described in classical Ayurvedic texts, particularly the *CharakaSamhita*, to derive the components of *Trividha Bodhya Sangraha* for this condition

Review Of Literature :

Polycystic ovary syndrome (PCOS) was originally described in 1935 by Stein and Leventhal as a syndrome manifested by amenorrhoea, hirsutism and obesity associated with enlarged polycystic ovaries. According to the 2003 ESHRE/ASRM

(Rotterdam) criteria, PCOS is diagnosed as Oligomenorrhea/anovulation, Hyperandrogenism(clinical/biochemical). Polycystic ovaries on USG^[11].

Etiology of polycystic Ovarian syndrome

The etiology of Polycystic Ovary Syndrome remains incompletely understood; however, current evidence indicates that the disorder develops through a complex interaction of genetic, hormonal, metabolic, environmental, and lifestyle-related factors^[12]. Among these, insulin resistance and hyperandrogenism are regarded as the principal pathogenic mechanisms responsible for the development and progression of the syndrome^[14].

Genetic Factors:

A strong familial predisposition has been documented in women with PCOS, suggesting a substantial genetic contribution to the disorder^[13]. Several candidate genes associated with steroidogenesis, insulin signaling pathways, gonadotropin activity, and ovarian follicular function have been implicated in the pathogenesis of PCOS^[14]. Studies have demonstrated that first-degree relatives of affected women possess an increased risk of developing PCOS as well as associated metabolic abnormalities^[15]. Researchers have extensively investigated genes such as CYP11A, CYP17, insulin receptor genes, and follicle-stimulating hormone receptor genes for possible pathogenic roles.

Insulin Resistance and Hyperinsulinemia

Insulin resistance is considered one of the most important etiological factors in PCOS and may occur in both obese and lean individuals affected by the disorder^[12]. Reduced tissue sensitivity to insulin results in compensatory hyperinsulinemia. Elevated insulin levels stimulate ovarian theca cells to produce excessive androgens while simultaneously suppressing hepatic synthesis of sex hormone-binding globulin (SHBG), increasing circulating free androgen concentrations^[14]. This endocrine imbalance contributes to chronic anovulation, menstrual irregularities, infertility, and metabolic complications including Type 2 Diabetes Mellitus and metabolic syndrome.

Hypothalamic–Pituitary–Ovarian Axis

Dysfunction : Dysregulation of the hypothalamic–pituitary–ovarian axis plays a significant role in the development of PCOS^[13]. Increased pulsatile secretion of gonadotropin-releasing hormone (GnRH) leads to excessive luteinizing hormone (LH) secretion relative to follicle-stimulating hormone (FSH). Elevated LH stimulates ovarian androgen synthesis, whereas relatively low FSH impairs normal follicular maturation. Consequently, ovulation fails to occur, and multiple immature follicles accumulate in the ovaries, resulting in the characteristic polycystic ovarian morphology^[16].

Hyperandrogenism : Hyperandrogenism is regarded as a hallmark feature of PCOS. Excess androgen production primarily originates from ovarian theca cells and, in certain cases, from the adrenal glands. Increased androgen levels are responsible for clinical manifestations such as hirsutism, acne, androgenic alopecia, and menstrual

disturbances. Persistent hyperandrogenism further contributes to follicular arrest and chronic anovulation, thereby perpetuating the pathological process^[16].

Obesity and Lifestyle Factors : Obesity, particularly central or visceral obesity, significantly aggravates the clinical and metabolic manifestations of PCOS^[15]. Increased adipose tissue promotes insulin resistance and chronic low-grade inflammation, thereby worsening endocrine and metabolic disturbances. Sedentary lifestyle, calorie-rich diet, psychological stress, and physical inactivity are recognised contributors to the progression of the syndrome. Even modest weight gain may adversely affect reproductive and metabolic function in susceptible individuals.

Environmental and Developmental Factors : Recent evidence suggests that intrauterine exposure to excess androgens and environmental endocrine-disrupting chemicals may predispose individuals to the later development of PCOS^[16]. Chronic stress, altered gut microbiota, and developmental programming have also been proposed as contributory factors in the pathogenesis of the disorder.

Symptoms of PCOS : Irregular Menstruation, Irritation, excessive hunger, infertility, lethargy, constipation, Constipation, Obesity, Obesity, acne, and Pimples^[17].

Diagnosis According to Modern Medicine^[18]

1. Diagnostic criteria for PCOS were first established during a meeting hosted by the National Institutes of Health (NIH) in 1990. Experts developed these criteria based on consensus rather than clinical trial data. According to this approach,

a diagnosis of PCOS requires the exclusion of other known disorders, along with clinical or laboratory evidence of hyperandrogenism and chronic anovulation.

2. The Androgen Excess Society (AES) supports the use of the NIH criteria and emphasizes that PCOS should be viewed primarily as a disorder of androgen excess.

3. In 2003, a new set of diagnostic criteria was introduced by an international consensus workshop sponsored by leading reproductive health organizations. These Rotterdam criteria expanded the diagnostic framework to include: Oligo-ovulation or amenorrhoea (irregular or absent menstruation), Hyperandrogenism, either clinically evident or confirmed through biochemical testing, polycystic ovarian morphology on ultrasound. According to ultrasound criteria, 12 or more follicles in either ovary (each measuring 2–9 mm in diameter) and/or an ovarian volume greater than 10 cc indicates polycystic ovaries.^[19]

Correlation of PCOS with Trividha Bodhya Sangraha

1. Vikaraprakriti (Nature of Dosha Involvement)

- PCOS is interpreted as *Kapha* predominant disorder, with secondary involvement of *Vata* and *Pitta*.
- *Kapha* aggravation manifests as *medodushti* (vitiation of fat tissue), cyst formation, obesity, and sluggish metabolism^[3,5,6].
- *Vata* imbalance contributes to irregular menstruation, anovulation, constipation, and alopecia^[14,15].
- *Pitta* aggravation is evident in acne, irritability, and inflammatory changes^[16,17].

2. Adhithana (Site of Manifestation)

- **Rasa Dhatu:** feeble *rasadhatvagni* leads to improper transformation into *rakta* and *artava*, resulting in menstrual irregularities^[16,17].
- **Artava Dhatu / ArtavavahaSrotas:** ovulatory dysfunction and infertility are rooted here^[26].
- **Medo Dhatu / MedovahaSrotas:** obesity, insulin resistance, and acanthosis nigricans reflect *Kapha-Meda* pathology^[21].
- **Shukra Dhatu:** hirsutism and altered secondary sexual traits arise from *KaphaMeda* obstruction at the level of *shukradhatu*^[28,30].
- **Romakupa (Hair Follicles):** alopecia and hirsutism manifest here under *KaphaPittaVata* imbalance^[31,32].

3. Samutthana Vishesha (Etiological Factors)

- **Atisantarpana (Over-nourishment):** excessive intake of heavy, oily, processed foods aggravates *Kapha* and *Meda*^[19,21].
- **Sedentary Lifestyle:** lack of physical activity promotes *Kapha* accumulation and *margavarana* (channel obstruction)^[21].
- **Stress and Sleep Disturbance:** vitiates *Vata* and *Pitta*, contributing to menstrual irregularities and psychological symptoms^[12,13].
- **Environmental Factors:** endocrine disruptors and modern lifestyle habits act as *nidanas* for *Kapha-Meda dushti*^[37].

Symptomwise Ayurvedic Correlation

- **Irregular menstruation** → *Kapha* predominance with *rasadhatvagnimandya* and *Vata* dysfunction in *ArtavavahaSrotas*^[14,18].
- **Infertility** → *Kapha* obstruction with *Vata* imbalance, *artavaapravritti* due to *margavarana*^[26].

- **Hirsutism** → *Kapha, Meda* vitiation obstructing *shukra dhatu*, manifesting as male pattern hair growth^[27,30]
- **Alopecia** → *VataPitta prakopa* in *romakupa*, *KaphaRakta* obstruction preventing regrowth^[31,32].
- **Acne** → *KaphaMeda dushti* in sebaceous glands, with *VataRakta* contributing to pain and inflammation^[34,36].
- **Acanthosis nigricans** → *KaphaMeda* pathology comparable to *kacchapika* (a type of *pramehapidaka*)^[38].
- **Obesity** → *Kapha* aggravation leading to *sthoulya*, *medovridhi*, and *margavarana*.

Discussion:

Polycystic Ovarian Syndrome (PCOS) is a modern endocrine and lifestyle disorder that can be rationally understood within Ayurveda as an example of *Anukta Vyadhi*. Ayurvedic sages anticipated that new diseases would emerge over time due to changes in diet, lifestyle, and environment, and therefore emphasised diagnostic reasoning beyond the conditions explicitly mentioned in the *Samhitas*. *Charaka*, in particular, instructed that when a physician encounters an *Anukta Vyadhi*,

management should be initiated only after a thorough understanding of three essential aspects: *vikara prakriti* (the nature and characteristics of the disease), *adhishtana* (the site of manifestation), and *samutthanavishesha* (the causative factors and origin). This triad, collectively referred to as *TrividhaBodhyaSangraha*, provides a structured approach to diagnosis and treatment, ensuring that even newly emerging conditions can be addressed

through classical principles^[20].

Applying this framework to PCOS, the *vikara prakriti* reveals a *Kaphapredominant tridoshaja* condition. *Kapha* aggravation manifests as cyst formation, obesity, and sluggish metabolism, while *Vata* imbalance contributes to irregular cycles, pain, and psychological disturbances. *Pitta* aggravation is evident in acne, hair fall, irritability, and hormonal imbalance. Thus, PCOS is not a single dosha disorder but a complex interplay of all three doshas with *Kaphapredominance*⁽²¹⁾. The *adhishtana* of PCOS lies primarily in the *Artavavaha Srotas*, the reproductive channels, particularly the ovaries^[22]. Secondary involvement of *MedovahaSrotas* explains metabolic disturbances such as obesity and insulin resistance, while *ManovahaSrotas* involvement accounts for psychological symptoms like mood swings and anxiety^[23]. The *samutthanavishesha* of PCOS is rooted in modern lifestyle factors: irregular diet rich in processed and oily foods, sedentary habits, chronic stress, disturbed sleep, and exposure to environmental endocrine disruptors. These causative factors vitiate the *doshas*, impair the *dhatu*s, and obstruct the *srotas*, leading to the clinical manifestations of PCOS^[24].

From a symptom-wise perspective, irregular menstruation is explained by *Vata* vitiation in *Artavavaha Srotas*, ovarian cysts by *Kapha*-induced *srotorodha*, and infertility by *Artava Dhatudushti*. Obesity and insulin resistance reflect *Kapha* dominance and *Rasdhātu* and *Meda Dhatu* *vridhi*, while acne and oily skin reflect *Pitta* aggravation affecting *Rakta Dhatu*. Hair fall and hirsutism arise from *Vata-Pitta* imbalance, and fatigue or lethargy

is due to *Kapha vriddhi*. Psychological features such as mood swings and anxiety are linked to *ManovahaSrotas* with *Vata* predominance [25]. This mapping confirms that PCOS, though not *Granthokta Vyadhi*, fits seamlessly into the Ayurvedic framework of *Anukta Vyadhi* [26].

Conclusion:

Although classical Ayurvedic texts do not explicitly describe PCOS, it may be understood within the framework of *Anukta Vyadhi*. The concept of *Trividha Bodhya Sangraha* (*Vikara Prakriti*, *Adhisthana*, and *Samutthana Vishesh*) provides a rational basis for its interpretation. PCOS may be considered a *Kapha*-predominant *Tridosha* condition involving primarily the *RasavahaSrotas*, with probable involvement of the *Artavavaha*, *Medovaha*, and *ManovahaSrotas*. The correlation of its reproductive, metabolic, and psychological manifestations with Ayurvedic principles suggests that classical concepts can help explain this contemporary disorder. However, these interpretations useful in treatment and prevention of disease.

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