

Review Article

A comprehensive conceptual analysis of PCOS in Ayurvedic perspective

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Abstract

Polycystic Ovarian Syndrome (PCOS) is a complex, heterogeneous disorder with reproductive, metabolic, endocrine, and cosmetic manifestations, contributing significantly to infertility and long-term lifestyle disorders. Due to its varied clinical and biochemical presentation, PCOS lacks a single precise definition and is commonly diagnosed using the Rotterdam criteria. As no distinct disease entity corresponding to PCOS is described in Ayurveda, it is considered an *Anukta Vyadhi*, requiring interpretation based on clinical features and underlying *samprapti*. The present study aims to elucidate the *samprapti* (pathophysiology) of PCOS from an Ayurvedic perspective, conceptualize *samprapti vighatana*, and propose rational management strategies based on individualised pathogenesis. Data were collected from classical Ayurvedic texts, modern medical literature, journals, online databases, and previous research studies, which were critically reviewed and analysed. The analysis reveals that PCOS manifests through multiple and interacting *sampraptis*, predominantly *kaphavruta vata*, *pitta-kapha samsrushta vata*, and *kevala vata*, with involvement of *rasa*, *rakta*, *mamsa*, *medo*, *asthi*, and *shukra dhatus*, along with *agni dushti*, *ama*, and *srotorodha*. These mechanisms closely parallel contemporary concepts of insulin resistance, hyperandrogenism, chronic inflammation, and hypothalamic–pituitary–ovarian axis dysregulation. Ayurvedic management based on *nidana parivarjana*, *shodhana*, *shamana*, *satvavajaya*, and lifestyle modification addresses the root pathology rather than offering only symptomatic relief. Evidence from contemporary experimental and clinical studies supports the effectiveness of Ayurvedic interventions in improving clinical, biochemical, and sonological parameters of PCOS.

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Introduction

Polycystic Ovarian Syndrome (PCOS), due to its complexity, is affecting no. of women and will become a futuristic main cause for infertility, Hashimoto's disorder, diabetes, cardiac disorders, carcinoma and so many cosmetic issues.

Since there are so many clinical and biochemical features in PCOS, though, the exact definition of PCOS is difficult, an agreed definition of PCOS is the presence of two out of the following three criteria:

1. Oligomenorrhoea and/or anovulation
2. Hyperandrogenism (clinical and/or biochemical)
3. Polycystic ovaries, with the exclusion of other aetiologies(2)

Since PCOS is not described as a distinct entity in Ayurveda, understanding its underlying pathology becomes essential. The varied clinical manifestations of a single disorder reflect multiple *sampraptis* (pathogenetic pathways), each requiring a

corresponding *samprapti vighatana* (specific management approach). Ayurveda, being a system of precise and individualised medicine, bases its interventions on the exact nature of the pathogenesis involved. Therefore, interpreting PCOS at the level of its fundamental *samprapti* is crucial for designing effective and targeted therapeutic strategies. Despite several attempts to correlate PCOS with Ayurvedic principles, existing literature shows notable gaps. Most studies focus only on symptomatic similarities without offering a clear, systematic mapping of *nidana*, *dosha* involvement, or *samprapti* to contemporary diagnostic criteria. Conceptual analyses often remain superficial, lacking detailed explanation of *amsa-amsa kalpana*, *srotus* involvement, and individualised pathogenesis.

Aims & Objectives

- To analyse and understand the *samprapti* (pathophysiology) of PCOS as per Ayurveda
- To comprehend and compose the *samprapti vighatana* of PCOS as per Ayurveda
- To realise the management principle of PCOS as per Ayurveda, basing on *samprapti* and *samprapti vighatana*.
- To stratify procedures and some classical medicine based on the derived *chikitsa-sutra* (Management principles)

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Materials & Methods

Materials: Data collected from different databases i.e. PubMed, Web of science, Cochran Library from relevant publications from previous studies were reviewed. Ayurvedic literature including *Samhitas*, *Nigantus*, Journals and modern science reference books and journals.

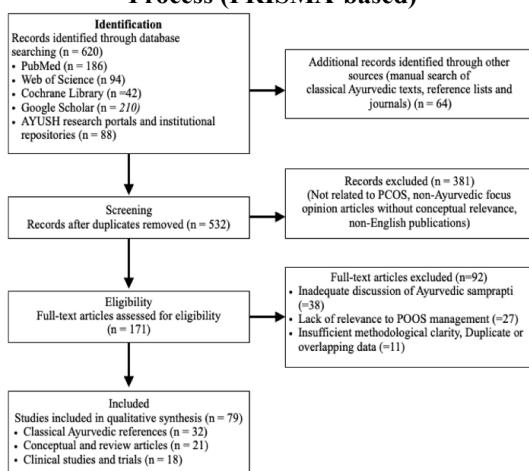
Search method: Keyword search- PCOS, artava kshaya, anartava, clinical studies in PCOS, Pharmaceutical studies related to PCOS

Methods: Analysis of collected data through Ayurvedic concepts of *samprapti* *Ghataka*, *Dosha-Dooshya*, *Agni-Ama*, *Srotas*, *Avarana*.

Clinical, Biochemical, and Metabolic Features of PCOS:

- Menstrual dysfunction ranging from oligomenorrhoea to amenorrhea
- Obesity
- Insulin resistance and hyperinsulinemia
- Abnormal lipoproteins- elevated total cholesterol, triglycerides, and low density lipoproteins (LDL)
- Increased incidence of hypertension, atherosclerosis cardiovascular disease, myocardial infarction and diabetes mellitus
- Frank elevations in circulating androgens,
- The luteinising hormone/follicle stimulating hormone (LH/FSH) ratio is greater than 2 or 3 to 1
- “Polycystic appearance” at sonography (3)

Figure 1: Electronic data base search and Study Selection Process (PRISMA-based)



Understanding PCOS as per Ayurveda

In Ayurvedic literature, unique disease similar to PCOS is not available. Hence direct correlation with PCOS cannot be made. It should be considered an *Anukta vyadhi*. In *anukta vyadhis*, the management is to be done basing on the clinical features. Relying on the clinical features, *samprapti* is to be understood. Once, *samprapti* is recognised, principles for *samprapti vighatana* can be established.

The clinical features of disease PCOS can be correlated as below:

Table 1: Correlation of PCOS Clinical Features with Ayurvedic Conditions

PCOS Clinical Feature	Ayurvedic Correlation
Anovulation	<i>Shukra dushti</i> (4), <i>Shukra kshaya</i> (5)
Oligomenorrhoea / Amenorrhoea	<i>Arajaska Yonivyapad</i> (6); <i>Lohitakshaya Yonivyapad</i> (7); <i>Vandhya Yonivyapad</i> (8); <i>Artava Kshaya</i> (9); <i>Ksheenartava</i> (10); <i>Anartava</i> (11) / <i>Nashartava</i> (12)
Hirsutism	<i>Pushpaghni Jataharini</i> (13)
Acne	<i>Ajagallika</i> , <i>Antralaji</i> , <i>Mukha Dooshika</i> , <i>Yuvanapidika</i> (14)
Acanthosis Nigricans	<i>Charmaakhyha Kushtha</i> (15); <i>Insulin resistance with Prameha lakshan</i> as (16)
Obesity	<i>Sthoulya</i> / <i>Medo roga lakshanas</i> (17)
Baldness	<i>Khalitya</i> (18)
Polycystic Ovaries	<i>Granthi</i> (19); <i>Gulma</i> (20)

Samprapti of PCOS

PCOS is a disorder that affects multiple systems. However, not all cases diagnosed using the Rotterdam criteria necessarily involve multiple systems. The severity of hormonal disturbances can range from mild to severe. Patients present with varied clinical features, indicating the involvement of different organs in individual cases. Therefore, the *samprapti* (pathogenesis) of PCOS, which defers based on clinical presentation, can be understood in the following way:

The broader classification of *samprapti* can be divided into three broad types.

- Kapha samsrushta vata*
- Pitta Kapha samsrushta vata*
- Kevala vata*

Table 2: Samprapti ghatakas involved in PCOS

Samprapti ghataka	Kapha samsrushta vata	Pitta Kapha samsrushta vata	Kevala vata
<i>Dosha</i>	<i>Vata, kapha</i>	<i>Vata, pitta, kapha</i>	<i>Vata</i>
<i>Dushya</i>	<i>Rasa, Mamsa, Medo, Shukra</i>	<i>Rasa, Rakta, Mamsa, Medo, Shukra</i>	<i>Rasa, Mamsa, Medo, Asthi, Shukra</i>
<i>Agni</i>	<i>Jatharagni, dhatvagni</i>	<i>Jatharagni, dhatvagni</i>	<i>Jatharagni, dhatvagni</i>
<i>Aama</i>	<i>Dhatugata(rasa, medo, shukra)</i>	<i>Dhatugata(rasa, rakta, medo, shukra)</i>	<i>Dhatugata (rasa, medo, asthi, shukra)</i>
<i>Srotas</i>	<i>Aartava vaha, rasa vaha, mamsavaha, medovaha, shukravaha</i>	<i>Aartava vaha, rasa vaha, rakta vaha, mamsavaha, medovaha, shukravaha</i>	<i>Aartava vaha, rasa vaha, mamsavaha, medovaha, asthivaha, shukravaha</i>
<i>Sroto dushti prakara</i>	<i>Sanga, granthi, vimarga gamana</i>	<i>Sanga, ati pravruttி, granthi, vimarga gamana</i>	<i>Sanga, granthi, vimarga gamana</i>
<i>Dosha adhishthana</i>	<i>Pakwasaya</i>	<i>Pakwasaya</i>	<i>Pakwasaya</i>
<i>Vyadhi adhishthana</i>	<i>Garbhasaya (ovaries & uterus)</i>	<i>Garbhasaya (ovaries & uterus)</i>	<i>Garbhasaya (ovaries & uterus)</i>
<i>Vyakti sthana</i>	<i>Yoni, twak, sarva shareera</i>	<i>Yoni, twak, sarva shareera</i>	<i>Yoni, twak, sarva shareera</i>
<i>Roga marga</i>	<i>Bahya, abhyantara</i>	<i>Bahya, abhyantara</i>	<i>Bahya, abhyantara</i>
<i>Swabhava</i>	<i>Chirakaleena</i>	<i>Chirakaleena</i>	<i>Chirakaleena</i>

Sadhyasadyha	Krichra Sadhya/ yanya	Krichra Sadhya/ yanya	Krichra Sadhya/ yanya
Lakshanas	Polycystic ovaries, acne, acanthosis, amenorrhoea/ oligomenorrhoea, features of <i>sthoulya</i>	Polycystic ovaries, acne, amenorrhoea/ oligomenorrhoea followed by menorrhoea or metrorrhagia	Polycystic ovaries, acanthosis, amenorrhoea/ oligomenorrhoea, features of hirsutism, lean stature

This is only a broad classification. Basing on the amsa-amsa Kalpana (independent variables), involvement of dhatus and intensity of features may vary.

Samprapti (Pathogenesis)

Due to the repeated exposure to *vata nidana* (*jagarana*, absence of *rajaswala niyama paalana*, irregular diet habits etc.), *vata dosha* gets aggravated which leads to disturbance in *kaala niyamas* (timely production of hormones, ovum formation/ follicular growth, menstruation etc.). *Kapha* also aggravates (*guru guna* enhances, *laghu guna* decreases) due to its own *nidana* factors (delayed wake up, *diva swapna*, *atyasana*, *adhyasana*). Because of *Ashraya- ashrayi bhava* relation, increased *kapha* enhances *medas* and excess and abnormally formed *medas* produces *sthoulya lakshanas*. Aggravated *vata* distributes the deranged *kapha* abnormally, in which one is obstruction of *shukra vaha/ artavavaha srotas* producing *granthi lakshanas* (polycystic character of ovum). Here *Jatharagni mandya* and *aama* plays an important role both in *saama kapha* formation, development of *sthoulya* and formation of *granthi* in ovary. *Avarana* of *vata* by *kapha* (19) in *aartava vaha srotas* causes either *nashtartava* (amenorrhea) or *atikaala pravrutta aartava* (oligomenorrhea). When *rasa* and *mamsa* gets vitiated by *vata* and *kapha*, then lesions on skin appear in the form of *ajagallika/ yavaprakhy/ yuvana pidika/ antralaji*.

When the same is associated with *pitta* vitiating factors like excess intake of spicy, hot substances, exposure to more *ushna viharas*, that will lead to prolonged bleeding either excess or scanty/ spotting, basing on the quantity of vitiation of *pitta* and *vata* (20) (responsible for proper quantity and timely expulsion and cessation of menstrual blood).

When anyonya *vata avarana* (21) particularly of *apana* and *vyana* takes places, vitiated *vata* causes *gulma* and added *asthi dhatu dushti* to these leads to *atiloma/ sthana vipareeta/ anya sthanagata roma pravritti* (declinement of *matruja bhavas* and enhancement of *pitruja bhavas*) i.e., hirsutism. Other features may be based on the involvement of particular aggravated *gunas* of *doshas*.

Devising Samprapti vighatana

The substances which are against to the *nidana/ samprapti* of PCOS, help in alleviation of the aggravated *doshas* and correction of the disease condition.

The *dravyas* which are having *Rasaas* like *katu- lavana*, *Gunas* like *Laghu- ushna- teekshna* – *sara- ruksha- vishada* – *khara- Sukhma*, *Ushna veerya*, *katu vipaka*, *karma* like *Deepana* – *paachana- anulomana* – *rechana* - *shamana- chedana* – *lekhana*, are useful in the *Samprapti vighatana* of *kaphavruta vata dosha*. Followed by *Samprapti vighatana* of *kaphavruta vata*, *vata hara dravyas* are to be provided for complete correction of PCOS.

In *Pitta samsruta* condition, slight variation is required like *dravyas* with *tikta rasa* is more preferred for *aama paachana* and *pitta shamana*. *Sramsana karma* is more preferred to *rechana karma*. *Lekhana – chedana – ushna veerya dravyas* are to be used carefully in this *pitta samsruta kaphavruta vaata*.

In anyonya *vata* condition, *satvavajaya* is more required. Drugs having *snigdha*, *ushna gunas* along with *deepana-anulomana/ rechana- Shamana karmas* are useful in *Samprapti vighatana*.

Conceptualisation of Management

Basing on the *Samprapti*, the management principles and drug regimen can be considered as below:

Nidana parivarjana

- Avoiding excess intake of *guru*, *manda*, *snigdha aharas*, *chinta*, *shoka*, *bhaya*, *krodha*, *asatmendriyarthi samyoga* (excess exposure to light of mobiles, sound of DJ etc.), *prajnaparadha* (like repeated exposure to horror movies etc.), *parinama* (*diva swapna*, *ratri jaagarana*, *improper rutu charya* etc.). Following of disciplined life habits in the form of regular diet and exercise also help in correction of disease PCOS.

Samshodhana (22)

- Vamana* is indicated in case where excess *kapha dosha* is present. When *Kapha* is associated with moderately (comparative to *kapha*) increased *vata dosha*, then *ghruta pana* and when *kapha* and *vaata* are equally enhanced, then *taila pana* may be the better drugs of choice for *purvakarma*. Again, processing of *Sneha* depends on the *dasavidha parikshas* of individuals.
- When *avarana* is mainly involved in *Samprapti* and *vata* is in more aggravated state, then *niruha vasti/ virechana* could be a better therapeutic procedure.
- If *pitta*'s association is there along with excess *kapha*, then *vamana (adhogata rakta pitta chikitsa)* and its involvement with moderate *kapha* and *avarana*, then *virechana/ yaapana vasti* may be the right choice.
- The *doshas*, which are situated in *shiras* (head), can be alleviated by *nasya* procedure.
- Vasti* in the form of *yogavasti* or *kala vasti*, *yapana vasti*, *lekhana vasti*, *maadhu tailika vasti*, *vaitarana vasti* etc. can be preferred. *Uttara vasti* also can be considered, when there are fertility issues or when improvement with remaining procedures is not to the expected level. *Matra vasti* may be preferred only after the *nirharana* of *avarana*.
- Nabhi purana* procedure has optimistic results when the patient is not fit for *shodhana* therapy and palliative care is desired.

Bahih parimaarjana

- Ruksha svedana - Udvartana* can be advised in *kaphadhikya/ snigdha* conditions like obesity, oily skin.

Satvavajaya

- Managing the mind particularly to prevent the cravings/ consumption of *guru- sthira* – *manda kara ahaaras*, maintenance of discipline for timely food intake and sleep pattern etc. can be advised to prevent as well as maintain the corrected PCOS. As stress/ *ari shadvargas* (excess *kama- krodha- lobha- moha- mada- matsarya*) are important factors for *vata vriddhi* or anyonyavarana of *vata*, *satvavajaya* is highly essential.

Daiva vyapashraya

- The deeds performed in previous incarnations is considered an important cause for a disease to develop. Hence, *daiva vyapashraya chikitsa* also plays its own role in the suppression of disease PCOS.

Essentially used drugs

The following medicaments have been compiled from textbooks, articles, and information provided by clinicians.

Single drugs

- *Shatapushpa* (*Anethum sowa*), *Kataka* (*Strychnos potatorum*), *Trivrut* (*Operculina turpethum*), *Krishna Tila* (*Sesamum indicum*), *Jyotismati* (*Celastrus paniculata*) Leaves, *Twak* (*Cinnamomum zeylanicum*), *Haridra* (*Curcuma Longa*), *Daruharira* (*Berberis aristata*), *Gokshura* (*Tribulus Terrestris*), *Jatamamsi* (*Nardostachys Jatamansi*)

Compound drugs

- *Churnas*: *Trikuṭu churna*, *Nishamalaki churna*, *Avipattikara churna*, *Hinguashtaka churna*, *Chaturbeeja churna*, *Shadharanam churna*
- *Kashayas*: *Dhanwantaram kashaya*, *Varanadi kashaya*, *Chirubilwadi kashaya*, *Saptasara kashaya*, *Rasnairandadi kashaya*, *Rasna Saptaka kashaya*, *Dashamoola kashaya*, *Maha Manjishtadi kashaya*, *Sukumara kashaya*, *Chitraka Granthyadi kashaya*, *Patoladi Kashaya*, *Amrutotharam Kashaya*, *Musalikhadiradi Kasaya*, *Panchathiktakam Kashaya*, *Nishakatakadi Kashaya*, *Gandharvahastadi Kashaya*, *Tila Shelvadi kashaya*
- *Aasava- arishtas*: *Bhrigarajasava*, *Kumaryasava*, *Jeerakadyarishta*, *Rohitakarishta*, *Ashokaarishta*
- *Tailas*: *Dhanwantaram taila*, *Sahacharadi taila*, *Bala Guloochyadi taila*, *ksheerabala taila*
- *Ghrutas*: *Shatpala ghruta*, *Ksheera Shatpala ghruta*, *Sukumara ghruta*, *Guggulu Tiktaka ghruta*, *Maha Tiktaka ghruta*, *Kumara Kalyanaka ghruta*
- *Lehyas*: *Manibhadra Guda*, *Trivrut Lehya*, *shatavaryadi gulam*
- *Ksharas* (for limited period of time): *Yava Kshara*, *Kalyana Kshara*
- *Vati- gutika etc*- *Rajah Pravartini Vati*, *Kanchara Guggulu*, *Navaka Guggulu*, *Chitrakadi Vati*, *Vyoshadi Vati*, *Chandraprabha Vati*, *Arogya Vardhini Vati*, *Mahashankha Vati*, *Dhanwantari Vati*
- *Rasa aushadhis*: *Tarakeshwara Ras*, *Kanta Vallabha Rasa*, *Panchamruta Parpati*, *Ekanga veera ras*
- *Exercises/yoga*: *Suryanamaskara*, *Pranayama*, *Asana (Paschimottan-Asana, Bhujang-Asana, Shalabh-Asana, Shav-Asana and Makara-Asana, Bharadvaja- Asana, Bhadra-Asana, Nauka-Asana, Padma-Asana, Dhanur-Asana, Shalabha-Asana), Surya namaskaras, Kapalabhati, Bhramari Pranayama, Meditation, Yoga Nidra*
- *Pathya ahara*: Usage of *Tila* and *Tila taila* in regular diet, *Kulatha*, *Hingu*, *Lasuna* in non-bleeding phase and following of *rajaswala paricharya* which includes the diet like *Yava*, *Yavanaala* (*Jowar*), *Tikta rasatmak vyjanana* (vegetables with bitter taste), *Godugdha*, *Goghrita*, *Raktashali* (rice) made with

Godugdha mixed with *Goghrita* during the bleeding phase of cycle are helpful in prevention of disease and further prognosis.

- *Pathya vihaara*: Following of *Vyayama*, *Pranayamas and Yogas*, *Surya Namaskaras* according to the strength of body are to be considered.
- *Apathyahara*: Avoidance of food consisting spicier, fried, oily, fast food, packed food etc., *Alpahara* (less quantity of food intake,) *anasana* (fasting), *vishamasana* (irregular diet habits) are required.
- *Apathyahara*: Avoidance of habits like *raatri jaagarana*, *diva swapna*, lack of *vyaayama*, *vega dhaarana* etc. must be followed.

Discussion

Polycystic Ovarian Syndrome is a multifactorial and systemic disorder predominantly involving endocrine glands, which closely corresponds with the Ayurvedic understanding of disease arising from deranged *vata*, particularly *avruta vata* caused by *kapha*, *kapha-pitta*, or *anyonyavarana*, along with multi-*dhatu* involvement. This conceptual framework explains the heterogeneity and multisystem involvement characteristic of PCOS.

Studies by Azziz et al. have demonstrated that PCOS involves abnormalities in four major functional compartments—ovarian, adrenal, peripheral (adipose tissue), and central (hypothalamic–pituitary–ovarian axis)—resulting in a wide spectrum of clinical presentations (23). This observation strongly aligns with the Ayurvedic view that PCOS arises from multiple interacting *sampraptis*, such as *kaphavruta vata*, *pitta-kapha samsrushta vata*, or *kevala vata*, manifesting variably based on dosha and *dhatu* predominance.

Vata, described as *dhatuvyuhakarah* (regulating division, differentiation, and nourishment of tissues) and *sandhanakarah shareerasya* (maintaining structural and functional integrity), governs hormonal and neural coordination in the body. Hence, vitiation of *vata* occupies a central position in the pathogenesis of PCOS, making *vata shamana* the foremost therapeutic priority.

Kapha dhatu plays a crucial role in the *samprapti* of PCOS, particularly when aggravated by high-caloric diet and sedentary habits. Due to its *guru* and *manda gunas*, it induces *mandagni* at the *dhatu* level and disrupts *dhatu parinama*, leading to an increase in *kaphashraya dhatus* and depletion of *uttara dhatus*. This imbalance establishes a vicious metabolic cycle, resulting in disproportionate *dhatu* distribution.

Pitta, adversely influenced by aggravated *vata* and *kapha*, exhibits fluctuating behaviour, giving rise to diverse menstrual abnormalities such as amenorrhoea, oligomenorrhoea, menorrhagia, or epimenorrhoea. Therefore, *pitta* requires cautious, stage-specific therapeutic handling rather than uniform suppression.

At the molecular level, dysregulation of the enzyme CYP17 is a major contributor to excess androgen production, altered LH secretion, and hormonal imbalance. Recent research has also highlighted gut dysbiosis and increased intestinal permeability (“leaky gut”) in PCOS patients (24). These findings correlate with Ayurvedic concepts of *agni dushti*, *ama* formation, and pathological gut–reproductive axis interaction mediated through *rasa dhatu*, *asthivaha srotas*, and *artavavaha srotas*. Correction of such enzymatic and metabolic disturbances necessitates *deepana*

and *ama pachana chikitsa* targeting both *jatharagni* and *dhavagni*.

Established dosha dushti can be effectively eliminated through shodhana procedures such as *vamana*, *virechana*, *vasti*, *nasya*, and *nabhi purana*. A study reported that *vamana* followed by *virechana* resulted in improvement in ovarian morphology and insulin sensitivity (25), which precisely supports the proposed *kaphavruta vata samprapti vighatana* model.

Modern research identifies insulin resistance as a central pathogenic driver of PCOS (26). Hyperinsulinemia enhances ovarian theca cell androgen production and suppresses hepatic sex hormone-binding globulin (SHBG), thereby aggravating hyperandrogenism. These mechanisms closely parallel Ayurvedic descriptions of *medo dushti*, *avarana of vata by kapha*, and *dhavagni mandya* leading to *ama*. Ayurvedic drugs such as *Nisha Amalaki*, *Varanadi Kashaya*, *Haridra*, and *Gokshura* have demonstrated anti-diabetic, anti-inflammatory, and insulin-sensitising effects in experimental studies (27–30), validating their therapeutic relevance in PCOS.

Formulations like *Shatapushpa*, *Trikatu Churna*, *Shaddharana Churna*, *Hinguashtaka Churna*, *Chitraka Granthyadi Kashayam*, and *Jeerakadyarishta*, through their *katu rasa*, *laghu guna*, *ushna veerya*, and *deepana-pachana* actions, enhance *jatharagni* and *dhavagni*, thereby improving cellular receptivity and metabolic efficiency. Drugs such as *Avipattikara Churna*, *Gandharvahastadi Kashayam*, *Sukumara Ghrutam*, and *Trivrut Lehyam*, by virtue of their *anulomana* action, facilitate elimination of metabolic waste, maintain *srotoshuddhi*, and ensure unobstructed *vata gati*.

Contemporary evidence shows that PCOS is associated with elevated inflammatory markers such as CRP, TNF- α , and IL-6 (31). This corresponds to the Ayurvedic concept of *ama* and *srotorodha*, wherein metabolic byproducts obstruct channels and lead to systemic inflammation. The use of *deepana-pachana* herbs such as *Trikatu*, *Jeeraka*, and *Chitraka* aligns with modern anti-inflammatory evidence and supports reduction of systemic metabolic inflammation (32–34).

Studies have also demonstrated elevated cortisol levels and hypothalamic–pituitary–adrenal axis dysregulation in PCOS patients (35), which parallels *vata vridhhi* and disturbance of *manovaha srotas*. Ayurvedic interventions including *satvavajaya chikitsa*, *pranayama*, and *yoga nidra* have been shown to reduce sympathetic overactivity and improve menstrual regularity (36).

Formulations such as *Bhringarajasava*, *Dhanvantaram Tailam*, *Sahacharadi Tailam*, *Shatpala Ghrutam*, and *Kumara Kalyanakam Ghrutam* help maintain *dosha samya* through their anabolic effects along with *deepana* and *pachana* actions. A case study on *Sahacharadi Taila Vasti* reported complete cure in a patient with PCOS (37), further strengthening the proposed therapeutic rationale.

Rasaushadhis, owing to their *rasayana karma* and distinct pharmacodynamic properties, are capable of alleviating PCOS when judiciously administered in appropriate combinations. A study on *Pushpadhanwa Rasa* administered for 60 days in PCOS patients reported a significant reduction in the number of ovarian cysts, with complete disappearance in 75% of cases (38). Similarly, a study on *Kantavallabha Rasa* demonstrated significant improvement in clinical, biochemical, and sonological parameters of PCOS (39), reaffirming the role of *rasayana* therapy.

In precise, the therapeutic measures discussed contribute to effective *samprapti vighatana* and restoration of *dosha* equilibrium, thereby aiding in symptom control, prevention of disease progression, and reduction in recurrence of PCOS.

Conclusion

The present conceptual study achieves its stated aims by systematically elucidating the samprapti of Polycystic ovarian syndrome through Ayurvedic principles and establishing a rational framework for *samprapti vighatana*-based management. PCOS, being an *Anukta Vyadhi*, represents a spectrum of disorders arising from variable interactions of *vata*, *kapha*, and *pitta* with multi-dhatu involvement, rather than a single nosological entity. The identification of *kaphavruta vata*, *pitta-kapha samsrushtha vata*, and *kevala vata* as major pathogenetic patterns explains the wide clinical heterogeneity observed in PCOS.

Understanding PCOS at the level of individualised samprapti enables precise therapeutic planning, emphasising correction of *agni dushti*, elimination of *ama*, relief of *avarana*, restoration of normal *vata gati*, and regulation of *artavavaha srotas*. The integrative Ayurvedic approach—incorporating *nidana parivarjana*, *shodhana*, *shamana*, *satvavajaya*, and appropriate lifestyle modification—addresses the root pathology and aligns closely with modern insights into insulin resistance, hormonal imbalance, chronic inflammation, and stress-related neuroendocrine dysregulation.

When applied on the basis of *amsa-amsa kalpana*, Ayurvedic management offers a comprehensive and sustainable strategy for PCOS, with benefits extending beyond symptomatic control to prevention of recurrence and long-term metabolic complications. Future research should focus on well-designed clinical trials to validate samprapti-based treatment protocols, standardisation of integrative diagnostic criteria, and exploration of molecular correlates of *agni*, *ama*, and *srotodushti*, thereby strengthening the evidence base for personalised Ayurvedic management of PCOS.

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