



A Review on Yonivyapad w.s.r. to Polycystic Ovarian Syndrome (PCOS)

Dr. Niranjani Y. Patil^{1*}, Dr. Sagar A. Gopal²

1*. Assistant Professor, Department of Striroga and Prasuti Tantra, Anjaneya Ayurved College and Hospital, Makhamalabad, Nashik, Maharashtra.

2. Assistant Professor, Department of Kayachikitsa, Anjaneya Ayurved College and Hospital, Makhamalabad, Nashik, Maharashtra.

Abstract

Polycystic Ovarian Syndrome (PCOS) is a multifaceted endocrine and metabolic disorder affecting women of reproductive age, presenting with oligomenorrhea, anovulation, hyperandrogenism, obesity, and infertility. In Ayurveda, such manifestations are described under *Yonivyapad*, *Artava Dushti*, and *Beeja Dushti*, where *Kapha* and *Vata* vitiation leads to obstruction in *Artavavaha Srotas* and impaired ovulation. Pathogenesis aligns with *Avarana of Vata* by *Kapha* and *Medo Dhatu Dushti*. The Ayurvedic management emphasizes *Shodhana* (bio-purification), *Shamana* (pacification), dietary regulation, Yoga, and lifestyle modification. This review integrates contemporary understanding of PCOS with classical Ayurvedic principles to formulate a comprehensive management approach.

Keywords: PCOS, Yonivyapad, Kapha-Vata Avarana, Artava Dushti, Ayurveda, Stree Roga.

Introduction

Polycystic Ovarian Syndrome (PCOS) is one of the most common gynecological and metabolic disorders, affecting approximately 6–20% of women of reproductive age depending on diagnostic criteria used [1]. The condition is characterized by oligo/anovulation, clinical or biochemical hyperandrogenism, and polycystic morphology of ovaries. The Rotterdam Consensus (2003) proposes that the diagnosis requires at least two of these three features [2].

PCOS is not only a gynecological concern but also a systemic disorder associated with insulin resistance, dyslipidemia, metabolic syndrome, cardiovascular risk, and psychological complications including anxiety and depression [1,7]. Hence, the disease demands a holistic and multidimensional therapeutic strategy. Ayurveda, in *Stree Roga* classics, presents menstrual, hormonal, and fertility-related disorders under *Yonivyapad*, *Artava Dushti*, *Avarana*, *Beeja Dushti*, and *Jataharini* disorders [3]. Although PCOS is not explicitly mentioned in classical texts, the cluster of symptoms shows strong correlation with *Kaphaja Yonivyapad*, *Artava Dushti*, and *Pushpaghni Jataharini* [4-5].

Understanding PCOS through this Ayurvedic lens allows a disease model rooted in *Dosha*, *Dhatu*, *Srotas*, *Agni*, and *Avarana* pathology, which aligns well with the metabolic and endocrine disturbances recognized in modern biomedicine [6-7].

Ayurvedic Perspectives and Conceptual Correlation

1. Concept of Artava and Menstrual Physiology

Artava is considered a *Upadhatu* of *Rasa Dhatu* and is governed mainly by *Pitta* and *Apana Vayu* (3). Balanced *Agni*, unblocked *Srotas*, and proper *Vata* function are essential for ovulation and menstrual flow.

2. Pathogenesis (Samprapti) of PCOS in Ayurvedic Terms

Excessive intake of heavy, sweet, oily foods (*Guru-Snigdha-Madhura Ahara*), sedentary lifestyle, stress, and emotional fluctuations lead to *Kapha* and *Medo Dhatu Vridhhi* [8].

This accumulated *Kapha* obstructs the normal functioning of *Apana Vata*, producing *Vata Avarana*.

- *Kapha Vridhhi* → *Medo Dhatu Dushti*
- *Avarana of Apana Vata* → Arrested follicle rupture
- *Srotorodha in Artavavaha Srotas* → Irregular menstruation
- Immature follicles accumulate → Multiple cyst formation (analogous to PCOS morphology)

Thus, the dominant doshic involvement is **Kapha > Vata**, with secondary involvement of *Pitta* affecting hormonal metabolism.

Clinical Features

Patients with PCOS may present with:

- **Menstrual irregularities:** oligomenorrhea, amenorrhea, or irregular cycles [1,2]
- **Anovulatory infertility**
- **Hyperandrogenic manifestations:** acne, oily skin, hirsutism, alopecia due to excess androgens
- **Obesity and central adiposity**, particularly due to insulin resistance [9]
- **Psychological disturbances:** body image issues, mood swings, anxiety

Ayurveda correlates these features with:

- *Kaphaja Yonivyapad*: heaviness, obesity, lethargy [3,4]
- *Artava Dushti*: delayed or scanty menstruation [10]
- *Pushpaghni Jataharini*: failure of ovulation leading to infertility [5]

Management Principles

Ayurveda emphasizes breaking the metabolic-hormonal-infertility cycle by correcting *Agni*, removing *Ama*, opening *Srotas*, balancing *Vata* and *Kapha*, and strengthening reproductive tissues.

1. Shodhana Chikitsa (Purification Therapy)

Vamana is indicated in *Kapha-Medo* predominant cases to eliminate accumulated metabolic waste [11].

Virechana supports hormonal balance through *Pitta* and *Rakta* purification.

Basti Karma, especially *Niruha* followed by *Anuvasana Basti*, regulates *Vata* and improves ovarian function [11,12].

Udvartana (dry powder massage) reduces subcutaneous fat and improves insulin sensitivity [12].

2. Shamana Chikitsa (Pacification Therapy)

Formulations commonly employed include:

- **Kanchnar Guggulu** – reduces cystic proliferation and *Kapha-Medo* accumulation [13]
- **Triphala + Trikatu** – improves digestion and corrects *Ama* [13]
- **Shatavari, Ashoka, Lodhra** – nourish endometrium and regulate menstrual rhythm [14]
- **Kumari Asava, Rajah Pravartini Vati** – stimulate ovulation and act as *Artava Janaka* [14]
- **Punarnava & Gokshura** – reduce oedema and improve metabolism [15]

3. Diet and Lifestyle (Pathya-Apathya)

- Avoid curd, milk products, sweets, bakery foods, and fried foods [16]
- Prefer warm, freshly cooked, easily digestible meals
- Engage in **45–60 minutes of daily physical activity**
- Regular practice of **Surya Namaskar, Baddha Konasana, Setubandhasana, Anulom-Vilom** helps reproductive and emotional balance

Conclusion:

PCOS embodies a complex interplay of hormonal, metabolic, and psychological factors. Ayurveda offers a holistic understanding of PCOS through *Yonivyapad* and *Artava Dushti* frameworks involving *Kapha-Vata Avarana* and *Medo Dhatu Dushti*. The therapeutic approach emphasizes systemic cleansing, metabolic correction, ovarian function restoration, and lifestyle reorientation. Integrating Ayurvedic protocols with modern diagnostic evaluation can provide effective, non-invasive, individualized, and sustainable management in PCOS patients.

References:

1. Azziz R, Carmina E, Chen Z, Dunaif A, Laven J, Legro RS, et al. Polycystic ovary syndrome. *Endocr Rev.* 2016;37(5):467–520.
2. Rotterdam ESHRE/ASRM-Sponsored PCOS Consensus Workshop Group. Revised 2003 Consensus on diagnostic criteria and long-term health risks related to polycystic ovary syndrome. *Hum Reprod.* 2004;19(1):41–47.
3. Agnivesha. *Charaka Samhita. Chikitsa Sthana, Chapter 30.* Reprint edition. Varanasi: Chaukhambha Publications.
4. Sushruta. *Sushruta Samhita. Nidana Sthana, Chapter 13.* Varanasi: Chaukhambha Sanskrit Sansthan.
5. Kashyapa. *Kashyapa Samhita (Vidyotini Hindi Commentary).* Sharma H, editor. 9th ed. Varanasi: Chaukhambha Sanskrit Sansthan; 2008. *Kalpa Sthana, Revati Kalpaadhyaya, Verse 4.*
6. Vagbhata. *Ashtanga Hridaya. Nidana Sthana, Chapter 1, Verses 44–46.* Varanasi: Chaukhambha Sanskrit Sansthan.
7. Vagbhata. *Ashtanga Hridaya. Nidana Sthana, Chapter 3, Verses 1–20 (Avarana Vyadhi).* Varanasi: Chaukhambha Sanskrit Sansthan.
8. Agnivesha. *Charaka Samhita. Sutra Sthana, Chapter 17, Verse 31.* Varanasi: Chaukhambha Publications.
9. Norman RJ, Dewailly D, Legro RS, Hickey TE. Polycystic ovary syndrome. *Hum Reprod Update.* 2004;10:95–107.
10. Agnivesha. *Charaka Samhita. Sutra Sthana, Chapter 8, Verse 22.* Varanasi: Chaukhambha Publications.
11. Mishra GS. *Panchakarma Chikitsa.* Varanasi: Chaukhambha Publishers.
12. Kasture HS. *Ayurvedic Panchakarma Therapy.* Pune: Shri Baidyanath Ayurved Bhavan.
13. Nadkarni KM. *Indian Materia Medica.* Mumbai: Popular Prakashan.
14. Srivastava S. *Ayurvedic Pharmaceutics and Formulary.* New Delhi: Concept Publishing.
15. Sharma PV. *Dravya Guna Vigyan.* Varanasi: Chaukhambha Bharati Academy.
16. World Health Organization. *Global Recommendations on Physical Activity for Health.* Geneva: WHO; 2010.