



KAPHAJA ARTAVDUSHTI W.S.R. POLYCYSTIC OVARIAN SYNDROME (PCOS): AN AYURVEDIC CONCEPTUAL AND CLINICAL REVIEW

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ABSTRACT

Polycystic Ovarian Syndrome (PCOS) is a prevalent endocrine-metabolic disorder seen in women of reproductive age, presenting with chronic anovulation, excess androgen activity, irregular menstruation, weight gain, and insulin resistance. Contemporary management mainly addresses symptoms, yet recurrence and long-term metabolic risks remain significant concerns. In Ayurvedic literature, the clinical picture of PCOS can be conceptually correlated with Kaphaja Artavdushti, described under Artava Vyapad in classical compendia such as Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya. Kaphaja Artavdushti is characterized by delayed or scanty menstruation, thick or slimy discharge, obesity, heaviness, and lethargy—features that closely parallel the clinical manifestations observed in PCOS. From an Ayurvedic standpoint, the pathogenesis primarily involves Kapha aggravation along with Medo Dhatu vridhhi, impaired digestive and tissue metabolism (Agnimandya), and obstruction of bodily channels (Srotorodha). When Artavavaha Srotas become affected, normal follicular development and ovulation are disturbed. The hormonal and metabolic abnormalities described in modern medicine—such as hyperinsulinemia and ovarian dysfunction—may thus be interpreted as Kapha-Meda Dushti associated with Avarana of Apana Vata. This review critically examines the Ayurvedic understanding of Kaphaja Artavdushti in relation to PCOS by analyzing classical descriptions, exploring the probable Samprapti, and outlining therapeutic principles. Interventions centered on Agni correction, Kapha-Meda reduction, regulation of Apana Vata, and appropriate Shodhana measures such as Vamana and Virechana may provide a comprehensive and root-oriented management strategy. Furthermore, emphasis on Ahara and Vihara modifications remains fundamental for both prevention and sustainable management.

KEYWORDS : Kaphaja Artavdushti, Polycystic Ovarian Syndrome, Artava Vyapad, Kapha Dosha, Medo Dhatu, Agnimandya, Artavavaha Srotas, Avarana, Ayurveda

INTRODUCTION

Polycystic Ovarian Syndrome (PCOS) is widely recognized as a common endocrine and metabolic disorder affecting women during their reproductive years. It is typically marked by persistent anovulation, excess androgen activity, irregular or absent menstruation, polycystic changes in the ovaries, and metabolic abnormalities such as obesity and insulin resistance¹. The disorder arises from a complex interplay of genetic predisposition, hormonal imbalance, lifestyle influences, and environmental factors². Over time, untreated PCOS may predispose women to infertility, type 2 diabetes mellitus, cardiovascular complications, and endometrial abnormalities³. Although various therapeutic options are available in modern medicine, most interventions focus on symptom control, and recurrence is frequently observed.

In Ayurveda, disturbances of menstruation are collectively described under *Artava Vyapad*. Foundational texts including *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya* delineate different forms of *Artava Dushti* according to *Dosha* predominance. Among these, *Kaphaja Artavdushti* is characterized by delayed cycles, scanty or thick menstrual discharge, excessive unctuousness, heaviness of the body, lethargy, and weight gain. These clinical features bear close resemblance to the symptom pattern seen in PCOS.

From an Ayurvedic perspective, the fundamental pathology involves aggravation of *Kapha Dosha* along with *Medo Dhatu* accumulation, impaired metabolic fire (*Agnimandya*), and obstruction of bodily channels (*Srotorodha*). The increased *Kapha* interferes with the normal functioning of *Apana Vata* through *Avarana*, leading to disruption in the formation and expulsion of *Artava*. When *Artavavaha Srotas* are affected, ovulatory irregularities and menstrual disturbances occur, which can be conceptually aligned with ovarian dysfunction in PCOS.

Modern lifestyle trends—such as sedentary behavior, consumption of calorie-dense and processed foods,

psychological stress, and irregular daily routines—contribute significantly to *Kapha* and *Meda* aggravation. Therefore, understanding PCOS through the lens of *Kaphaja Artavdushti* provides a broader and systemic interpretation of its pathogenesis. It also opens avenues for a comprehensive management approach centered on *Dosha* balancing, enhancement of *Agni*, purification of *Srotas*, and sustainable lifestyle correction.

Aims

1. To critically review the Ayurvedic concept of *Kaphaja Artavdushti* as described in classical texts.
2. To establish a conceptual correlation between *Kaphaja Artavdushti* and Polycystic Ovarian Syndrome (PCOS).
3. To analyze the probable *Samprapti* (pathogenesis) of PCOS through Ayurvedic principles.
4. To explore Ayurvedic management approaches based on *Dosha*, *Dhatu*, and *Srotas* involvement.

METHODOLOGY

- A literary review study was conducted.
- Classical Ayurvedic texts such as *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya* were reviewed for references related to *Artavdushti*, *Kapha Dosha*, *Medo Dhatu*, and *Artavavaha Srotas*.
- Contemporary medical literature on PCOS was collected from standard gynecology textbooks and indexed journals.
- The collected data were critically analyzed to establish a conceptual and clinical correlation between *Kaphaja Artavdushti* and PCOS.

1. Concept of Artava in Ayurveda

In Ayurveda, *Artava* denotes the menstrual blood as well as the ovulatory factor essential for reproduction. It is considered an *Upadhatu* of *Rasa* and is closely associated with proper functioning of *Agni* and *Dosha* equilibrium. Classical references in *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya* describe the normal features of *Artava* as:

- Regular cyclic occurrence (approximately monthly)
- Neither too scanty nor excessive
- Non-foul smelling
- Free from pain
- Bright red in color

Disturbance in these features is termed *Artava Dushti*.

2.Kaphaja Artavdushti – Classical Description

Kaphaja Artavdushti is characterized by *Kapha* predominance affecting *Artava*. The classical features include:

- Delayed menstruation (*Chirakala Pravritti*)
- Scanty flow (*Alpa Artava*)
- Thick, slimy, pale or whitish discharge
- Heaviness in body (*Gaurava*)
- Obesity (*Sthoulya*)
- Lethargy (*Alasya*)
- Excess sleep (*Ati Nidra*)

These features closely resemble the symptom complex of PCOS such as oligomenorrhea, amenorrhea, obesity, and metabolic disturbances.

3.Nidana (Etiological Factors)

The causative factors of *Kaphaja Artavdushti* are primarily *Kapha*-aggravating factors:

Aharaja Nidana

- *Guru* (heavy), *Snigdha* (unctuous), *Madhura* (sweet) diet
- Excess dairy, fried foods, refined carbohydrates
- *Adhyashana* (overeating)
- *Avyayama* (lack of exercise)

Viharaja Nidana

- Sedentary lifestyle
- Excess day sleep (*Diwaswapna*)
- Psychological stress

These factors lead to *Kapha vriddhi*, *Meda dhatu* accumulation, and *Agnimandya*—core mechanisms similar to insulin resistance and obesity in PCOS.

4.Samprapti (Pathogenesis)

The Ayurvedic pathogenesis can be understood stepwise:

1. *Kapha Prakopa* due to *Nidana Sevana*
2. *Agnimandya* → Improper metabolism
3. *Ama* formation
4. *Meda Dhatu Vriddhi* (lipid accumulation)
5. *Srotorodha* (obstruction of channels)
6. *Artavavaha Srotas Dushti*
7. *Avarana* of *Vata* (obstruction of *Apana Vata*)
8. Irregular *Artava* formation and anovulation

Thus, PCOS can be interpreted as:

Kapha-Meda Dushti + Avarana of Vata → Artava Kshaya/Anartava

5.Involvement of Dosha, Dhatu and Srotas

Dosha

- *Kapha* – Primary *Dosha*
- *Vata* (*Apana Vata*) – Secondary involvement due to *Avarana*
- *Pitta* – Occasionally involved in inflammatory or hyperandrogenic features

Dhatu

- *Rasa*
- *Rakta*
- *Meda* (major involvement)
- *Artava*

Srotas

- *Rasavaha Srotas*

- *Medovaha Srotas*
- *Artavavaha Srotas*

Samprapti Ghataka Table

Kaphaja Artavdushti w.s.r. PCOS

Samprapti Ghataka	Involvement in Kaphaja Artavdushti	Clinical Correlation in PCOS
Dosha	<i>Kapha</i> (<i>Pradhana</i>), <i>Vata</i> (<i>Avarita Apana Vata</i>), <i>Pitta</i> (<i>Anubandha</i>)	Obesity, anovulation, hormonal imbalance
Dushya	<i>Rasa</i> , <i>Rakta</i> , <i>Meda</i> , <i>Artava</i>	Insulin resistance, dyslipidemia, menstrual irregularity
Agni	<i>Jatharagni</i> & <i>Dhatwagni</i> <i>Mandya</i>	Impaired metabolism, metabolic syndrome
Ama	Present due to <i>Agnimandya</i>	Chronic inflammation, endocrine dysfunction
Srotas	<i>Rasavaha</i> , <i>Medovaha</i> , <i>Artavavaha Srotodushti</i>	Follicular arrest, cyst formation
Srotodushti Prakara	<i>Sanga</i> (obstruction)	Anovulation
Udbhava Sthana	<i>Amashaya</i> (<i>Kapha sthana</i>)	Metabolic origin
Adhistan a	<i>Garbhashaya</i> & <i>Artavavaha Srotas</i>	Ovarian dysfunction
Vyakti Sthana	<i>Yoni</i> / <i>Artava</i>	Oligomenorrhea / Amenorrhea
Roga Marga	<i>Abhyantara</i>	Systemic metabolic disorder
Swabhava	<i>Chirakari</i> (chronic)	Long-standing PCOS

Nidana Panchaka

Kaphaja Artavdushti w.s.r. PCOS

1.Nidana (Etiological Factors)

Aharaja Nidana

- *Guru*, *Snigdha*, *Madhura* *Ahara*
- Excess dairy, junk food
- *Adhyashana* (overeating)
- Excess *Kapha*-*vardhaka* diet

Viharaja Nidana

- *Avyayama* (lack of exercise)
- *Diwaswapna* (day sleep)
- Sedentary lifestyle
- Stress

Manasika Nidana

- *Chinta* (stress)
- *Manasika Avsaada*

2.Purvarupa (Prodromal Symptoms)

- Mild weight gain
- Irregular cycles
- Laziness
- Acne
- Hair fall

3.Rupa (Clinical Features)

- *Alpa Artava* (scanty menstruation)
- *Chirakala Pravritti* (delayed cycle)
- *Sthoulya* (obesity)
- *Alasya* (lethargy)
- *Snigdha*, *Picchila* *Artava*
- Infertility (*Vandhyatva*)

4.Upashaya–Anupashaya

Upashaya (Relieving factors)

- *Laghu*, *Ruksha* *Ahara*
- Exercise
- *Kapha-hara* therapy
- *Shodhana*

Anupashaya (Aggravating factors)

- Heavy meals
- Day sleep
- Sedentary habits
- Excess sweets

6. Correlation with PCOS

Ayurvedic Concept	Clinical Correlation in PCOS
<i>Kapha Vriddhi</i>	Obesity, lethargy
<i>Meda Dushti</i>	Dyslipidemia, insulin resistance
<i>Agnimandya</i>	Metabolic dysfunction
<i>Srotorodha</i>	Follicular arrest
<i>Avarana of Vata</i>	Anovulation
<i>Artava Kshaya</i>	Oligomenorrhea/Amenorrhea

Thus, PCOS can be considered a *Santarpanottha Vyadhi* (disease due to over-nourishment).

7. Ayurvedic Management Principles**1. Nidana Parivarjana**

- Avoid *Kapha*-aggravating diet
- Regular exercise
- Weight management

2. Shamana Chikitsa

- *Deepana-Pachana* drugs
- *Kapha-Medohara* formulations
- *Lekhana* therapy
- *Vatanulomana*

3. Shodhana Therapy

- *Vamana* (in *Kapha* dominance)
- *Virechana*
- *Basti* (especially for *Apana Vata* correction)

4. Rasayana

- Reproductive tissue rejuvenation
- Metabolic correction

8. Role of Lifestyle (Ahara-Vihara)

- *Laghu, Ruksha, Ushna Ahara*
- *Yava* (barley), *Kulattha* (horse gram), *Mudga* (green gram)
- Regular *Vyayama*
- *Yoga* and *Pranayama*
- Avoid *Diwaswapna*

Lifestyle modification is central in both Ayurvedic and modern management of PCOS.

9. Critical Analysis

Kaphaja Artavdushti provides a comprehensive Ayurvedic framework to understand PCOS. The metabolic, endocrine, and reproductive abnormalities seen in PCOS can be explained through:

- *Kapha-Meda Dushti*
- *Agnimandya*
- *Srotorodha*
- *Vata Avarana*

Unlike symptomatic modern treatment, Ayurveda addresses root pathology through metabolic correction and Dosha balance.

1. Chikitsa Siddhanta (Principles of Treatment)

1. *Nidana Parivarjana* – Avoid *Kapha* aggravating factors
2. *Agnideepana* & *Amapachana* – Correct metabolic impairment
3. *Kapha-Medohara Chikitsa* – Reduce excess adiposity
4. *Srotoshodhana* – Remove channel obstruction
5. *Vatanulomana* – Normalize *Apana Vata*
6. *Artava Janana* & *Garbhashaya Shodhana*
7. *Rasayana* – Reproductive rejuvenation

2. Shamana Chikitsa (Conservative Management)**A. Deepana-Pachana**

To correct *Agnimandya* and *Ama*:

- *Trikatu Churna*
- *Chitrakadi Vati*
- *Panchakola Churna*
- *Jeeraka* preparations

Action: Improves metabolism, reduces insulin resistance analogy, clears *Ama*.

B. Kapha-Medohara Yoga

- *Triphala Churna*
- *Guggulu* preparations (e.g., *Medohara Guggulu*)
- *Musta, Daruharidra*
- *Punarnava*

Action: *Lekhana* (scraping), lipid regulation, weight reduction.

C. Artava Janana & Vata-Kapha Shamaka Drugs

- *Shatapushpa* (*Anethum sowa*)
- *Kumari* (*Aloe vera*)
- *Ashokarishta*
- *Rajapravartini Vati*
- *Dashamoola* preparations

Action: Regulates menstrual cycle, stimulates ovulation, improves uterine tone.

3. Shodhana Chikitsa (Purificatory Therapy)

PCOS being *Kapha*-dominant *Santarpanottha Vyadhi*, *Shodhana* plays a key role.

A. Vamana (Therapeutic Emesis)

Indication: *Kapha* dominance, obesity, thick *Artava*

Benefits:

- Reduces *Kapha* and *Meda*
- Corrects metabolic imbalance
- Clears *Srotorodha*

B. Virechana

Indication: *Pitta-Anubandha*, hormonal imbalance

Benefits:

- Detoxification
- Improves *Agni*
- Regulates *Artava*

C. Basti (Most Important)

Since *Apana Vata* is obstructed:

1. Lekhana Basti

- Indicated in obesity

2. Yoga Basti / Kala Basti

- *Dashamoola, Eranda Taila*

Benefits:

- Normalizes *Apana Vata*
- Restores ovulatory function
- Corrects hormonal rhythm analogy

4. Ahara Chikitsa (Dietary Management)**Pathya**

- *Yava* (barley)
- *Kulattha* (horse gram)
- *Mudga* (green gram)
- *Takra* (buttermilk)
- Warm water
- Spices like ginger, black pepper

Apathya

- Dairy excess
- Fried food
- Sweets
- Day sleep
- Junk food

Diet should be:

- *Laghu* (light)
- *Ruksha* (dry)
- *Ushna* (warm)

- *Kapha-shamaka*

5. Vihara Chikitsa (Lifestyle Modification)

- Regular Vyayama (30–45 min daily)
- Surya Namaskar
- Pranayama (Kapalbhati, Bhastrika)
- Avoid Diwaswapna
- Stress management

Weight reduction is a cornerstone therapy.

6. Rasayana Chikitsa

After Dosha Shamana:

- Shatavari
- Ashwagandha
- Guduchi
- Phala Ghrita

Purpose:

- Improves ovarian reserve analogy
- Enhances reproductive tissue strength
- Prevents recurrence

7. Chikitsa According to Stage

Stage	Line of Treatment
Obese PCOS	<i>Lekhana, Kapha-Medohara, Vamana</i>
Lean PCOS	<i>Vatanulomana, Basti, Artava Janana</i>
Infertility Associated	<i>Shodhana + Rasayana + Garbhashaya Shodhana</i>

DISCUSSION

Polycystic Ovarian Syndrome (PCOS) is a complex endocrine-metabolic disorder characterized by anovulation, hyperandrogenism, and metabolic disturbances. From an Ayurvedic perspective, the symptom complex of PCOS closely resembles *Kaphaja Artavdushti*, described under *Artava Vyapad* in classical texts such as *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya*. The discussion below critically analyzes the correlation and therapeutic implications.

1. Conceptual Correlation Between PCOS and Kaphaja Artavdushti

The hallmark features of PCOS—oligomenorrhea, amenorrhea, obesity, acne, infertility, and polycystic ovarian morphology—can be understood through *Kapha* dominance with secondary *Vata* obstruction.

In Kaphaja Artavdushti:

- *Artava* becomes *Picchila* (thick), *Snigdha* (unctuous), and *Alpa* (scanty).
- There is *Chirakala Pravritti* (delayed menstruation).
- *Sthoulya* (obesity) and *Alasya* (lethargy) are prominent.

These descriptions strongly parallel:

- Follicular arrest
- Anovulation
- Obesity-related metabolic dysfunction
- Hormonal imbalance

Thus, PCOS can be interpreted as a *Santarpanottha Vyadhi* (over-nutrition induced disorder), where *Kapha* and *Meda* predominate.

2. Role of Agnimandya and Ama in Pathogenesis

Modern medicine identifies insulin resistance as a central mechanism in PCOS. Ayurveda explains this through:

- *Jatharagni Mandya* → Improper digestion
- *Dhatwagni Mandya* → Faulty tissue metabolism
- *Ama formation* → Toxic metabolic byproducts

Ama leads to *Srotorodha* (channel obstruction), particularly in *Medovaha* and *Artavavaha Srotas*. This obstruction interferes with proper follicular development and ovulation, resembling

the follicular cyst formation observed in PCOS.

Therefore, metabolic correction (*Deepana–Pachana*) is not merely symptomatic but etiological management.

3. Kapha–Meda Dushti and Obesity

Kapha Dosha possesses *Guru* (heavy), *Snigdha* (unctuous), and *Manda* (slow) qualities. When aggravated due to sedentary lifestyle and *Kapha*-promoting diet, it leads to:

- *Meda Dhatu Vriddhi*
- Hormonal imbalance analogy
- Weight gain

Modern research confirms that adipose tissue contributes to androgen excess and insulin resistance, which aligns with the Ayurvedic understanding of *Meda* as a metabolically active *Dhatu* influencing systemic balance.

Thus, *Kapha-Medohara* therapy directly addresses the metabolic root

4. Avarana of Apana Vata

Ovulation and menstruation depend on the normal functioning of *Apana Vata*. In PCOS:

- Ovulatory dysfunction
- Delayed or absent menstruation

In Ayurveda, this is explained as:

Kapha obstructing Apana Vata (Avarana)

When *Vata* is obstructed, its normal downward movement is disturbed, resulting in *Artava Kshaya* or *Anartava*. *Basti* therapy is therefore emphasized as it directly regulates *Apana Vata*.

5. Srotodushti and Follicular Arrest

Sanga (obstruction) is the primary type of *Srotodushti* involved. Obstruction in:

- *Medovaha Srotas* → Dyslipidemia
- *Artavavaha Srotas* → Anovulation

Ultrasonographic findings of multiple small follicles in PCOS can be conceptually correlated with improper follicular rupture due to *Srotorodha* and *Vata Avarana*.

6. Hormonal Imbalance – Ayurvedic Interpretation

Hyperandrogenism in PCOS manifests as acne and hirsutism. This may be interpreted as:

- *Pitta-Anubandha Kapha*
- *Rakta Dushti*
- *Meda–Rakta* interplay

Thus, treatment may require mild *Pitta-shamana* along with *Kapha-hara* therapy.

7. Importance of Shodhana Therapy

PCOS is chronic and recurrent. *Shodhana* provides:

- *Dosha* elimination
- Long-term metabolic reset
- Reduction of recurrence

Vamana reduces *Kapha*, while *Basti* corrects *Vata* imbalance. This dual approach addresses both metabolic and reproductive dysfunction.

8. Lifestyle as Core Therapy

Both Ayurveda and modern medicine emphasize:

- Weight reduction
- Exercise
- Dietary control

Ayurveda integrates *Ahara*, *Vihara*, and *Manasika* factors, recognizing stress and sedentary behavior as contributory. Thus, management is multidimensional.

9. Critical Appraisal

While the correlation between *Kaphaja Artavdushti* and PCOS is conceptually strong, certain limitations exist:

- Classical texts do not describe cystic ovarian morphology explicitly.
- Hyperandrogenism is not directly mentioned but can be interpreted through *Dosha-Dhatu* imbalance.
- Standardization of Ayurvedic treatment protocols is required for scientific validation.

However, the Ayurvedic model offers:

- A systemic metabolic framework
- Preventive orientation
- Holistic correction rather than hormonal suppression

10. Integrative Perspective

PCOS should not be viewed solely as a gynecological disorder but as a metabolic syndrome affecting reproductive health. Ayurveda recognizes this interconnectedness centuries ago through:

- *Agni* theory
- *Dhatu* metabolism
- *Srotas* concept
- *Dosha* interaction

Hence, *Kaphaja Artavdushti* provides a comprehensive explanatory model for PCOS, and Ayurvedic management offers sustainable, root-level correction.

CONCLUSION

Kaphaja Artavdushti provides a strong Ayurvedic conceptual framework for understanding Polycystic Ovarian Syndrome (PCOS). The condition can be interpreted as a *Kapha-Meda* predominant disorder characterized by *Agnimandya*, *Ama* formation, *Srotorodha*, and *Avarana* of *Apana Vata*, ultimately leading to *Artava Dushti* and anovulation. The clinical similarities between PCOS and the features described in classical texts such as *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya* support this correlation. Ayurvedic management focusing on *Nidana Parivarjana*, *Agni* correction, *Kapha-Medohara* therapy, *Vatanulomana*, and appropriate *Shodhana* procedures offers a holistic and root-level approach. Thus, integrating Ayurvedic principles may provide a sustainable strategy for long-term management and prevention of recurrence in PCOS.

REFERENCE

1. Teede HJ, Misso ML, Costello MF, Dokras A, Laven J, Moran L, et al. Recommendations from the international evidence-based guideline for the assessment and management of polycystic ovary syndrome. *Hum Reprod.* 2018;33(9):1602-18.
2. Azziz R, Carmina E, Chen Z, Dunaif A, Laven JSE, Legro RS, et al. Polycystic ovary syndrome. *Nat Rev Dis Primers.* 2016;2:16057.
3. Fauser BCJM, Tarlatzis BC, Rebar RW, Legro RS, Balen AH, Lobo R, et al. Consensus on women's health aspects of polycystic ovary syndrome. *Hum Reprod.* 2012;27(1):14-24.
4. Charaka Samhita. Agnivesha, revised by Charaka and Dridhabala. *Artava Vyapad Chikitsa*. In: Shastri R, editor. Varanasi: Chaukhambha Bharati Academy; 2019.
5. Ashtanga Hridaya. Vagbhata. Sharira Sthana; *Artava Vijnaniya Adhyaya*. In: Paradkar HS, editor. Varanasi: Chaukhambha Surbharati Prakashan; 2018.
6. Sushruta Samhita. Sushruta. Sharira Sthana. In: Shastri AD, editor. Varanasi: Chaukhambha Sanskrit Sansthan; 2017.