

Literature Review: PMOS & Ayurveda

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I. INTRODUCTION

Polycystic ovarian syndrome (PCOS), recently proposed to be renamed as Polyendocrine Metabolic Ovarian Syndrome (PMOS), is one of the most prevalent endocrine disorders among reproductive-age women. The terminology reflects the broader metabolic, endocrine, and reproductive manifestations associated with the disorder. Recent international evidence-based guidelines emphasize that the syndrome is not merely ovarian pathology but a multisystem disorder involving metabolic dysfunction, insulin resistance, reproductive abnormalities, and psychological disturbances.¹

Ayurveda does not describe PMOS as a single disease entity; however, its symptomatology resembles conditions such as Pushpaghni Jataharini, Artavakshaya, Nashtartava, Vandhyatva, Medoroga, and Granthi. Ayurvedic management focuses on correction of Dosha imbalance, Agni, metabolism, and reproductive function.

Historical Perspective

The syndrome was first described by Stein and Leventhal in 1935. The Rotterdam Criteria (2003) established diagnosis based on oligo/anovulation, hyperandrogenism, and polycystic ovarian morphology. Recent 2023 guidelines introduced Anti-Müllerian Hormone (AMH) as an alternative diagnostic marker in adults.²

Ayurvedic classics describe menstrual irregularities and infertility caused by Kapha and Vata vitiation. Kashyapa described Pushpaghni Jataharini with obesity, irregular menstruation, and infertility resembling PMOS.

Etiopathogenesis – Modern View

PMOS is multifactorial with genetic, endocrine, metabolic, and environmental contributions. Major mechanisms include insulin resistance, hyperinsulinemia, obesity, hypothalamic-pituitary-

ovarian axis dysfunction, androgen excess, and chronic inflammation.³

Insulin resistance stimulates ovarian androgen production, impairing follicular maturation and causing anovulation. Obesity worsens metabolic dysfunction and chronic inflammation.

Etiopathogenesis – Ayurvedic View

Ayurveda attributes the pathology to Kapha dushti, Meda vriddhi, Agnimandya, Ama formation, and Artavavaha srotodushti. Excessive intake of Guru, Snigdha, Madhura ahara and sedentary lifestyle produce Kapha-Meda accumulation causing obstruction to Artava formation.

The sequence involves:

1. Agnimandya
2. Ama formation
3. Kapha-Meda vriddhi
4. Srotorodha
5. Artava dushti
6. Anovulation and infertility

This closely correlates with insulin resistance and metabolic dysfunction described in modern medicine.

Clinical Features

Clinical manifestations include oligomenorrhea, amenorrhea, hirsutism, acne, obesity, infertility, insulin resistance, mood disorders, and acanthosis nigricans. Long-term complications include diabetes mellitus, cardiovascular disease, dyslipidemia, hypertension, and endometrial carcinoma.⁴

Ayurvedic correlations include Artavakshaya, Pushpaghni Jataharini, Sthoulya, and Vandhyatva.

Diagnosis

The revised 2023 international guidelines recommend Rotterdam criteria, AMH estimation, metabolic assessment, and psychological evaluation. Investigations include serum testosterone, LH/FSH

ratio, fasting insulin, glucose tolerance test, lipid profile, and ultrasonography.⁵

Ayurvedic diagnosis includes assessment of Dosha, Dushya, Agni, Srotodushti, menstrual history, and infertility evaluation.

Modern Management

Modern management emphasizes lifestyle modification, weight reduction, exercise, and balanced nutrition. Pharmacological interventions include metformin, oral contraceptive pills, letrozole, anti-androgens, and GLP-1 receptor agonists.⁶

The 2023 guidelines emphasize patient-centered care, mental health screening, cardiovascular risk assessment, and fertility management.

Ayurvedic Management

Ayurvedic management includes Nidana Parivarjana, Shodhana, and Shamana therapy.

Shodhana therapies:

- Vamana
- Virechana
- Basti
- Uttarabasti

Shamana therapies:

- Kanchanar Guggulu
- Ashokarishta
- Kumaryasava
- Shatapushpa
- Triphala
- Varunadi Kashaya
- Trikatu

These therapies help correct Kapha-Meda dushti, improve Agni, regulate menstruation, and restore ovulation.

Diet and Lifestyle

Ayurveda recommends low glycemic diet, warm and light food, avoidance of curd and junk food, and increased intake of barley, millet, and green gram. Yoga practices such as Surya Namaskar, Baddha Konasana, Bhujangasana, Pranayama, and meditation improve insulin sensitivity and reproductive health.⁷

Integrative Approach

An integrative approach combining Ayurveda and modern medicine appears promising. Modern

medicine offers effective symptomatic control while Ayurveda addresses root pathology through metabolic correction, detoxification, and holistic lifestyle management. Combined approaches may improve ovulation, fertility, menstrual regularity, and quality of life.

II. CONCLUSION

PMOS is a complex endocrine-metabolic disorder with reproductive, metabolic, and psychological implications. Recent guidelines recognize its multisystem nature and advocate comprehensive management. Ayurveda conceptualizes PMOS through Kapha-Vata imbalance, Meda dushti, and Artavavaha srotodushti. Panchakarma, herbal medicines, dietary correction, and lifestyle modification provide holistic management. Integrative approaches may provide better long-term outcomes in reproductive and metabolic health.

REFERENCES

- [1] Teede HJ, et al. Recommendations from the 2023 International Evidence-based Guideline for the Assessment and Management of Polycystic Ovary Syndrome. *Human Reproduction*. 2023.
- [2] International Evidence-Based Guideline for PCOS 2023.
- [3] Forslund M, et al. International evidence-based guideline on assessment and management of PCOS. *Acta Obstet Gynecol Scand*. 2024.
- [4] ASRM Practice Committee. Recommendations from the 2023 International Evidence-Based Guideline for PCOS.
- [5] RCOG International Evidence-Based Guideline on Polycystic Ovary Syndrome.
- [6] Charaka Samhita, Chikitsa Sthana.
- [7] Kashyapa Samhita, Revatikalpa.