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Polycystic Ovary Syndrome: A Critical Review Through the Lens of Trividha Bodhya Saṃgraha (conceptual framework in Ayurveda)

Abstract

Ayurved is a well-established science that deals with every aspect of human life from disease prevention to health maintenance. The classical Ayurvedic texts, written thousands of years ago, offer profound diagnostic and therapeutic insights. However, as environments, diets, and lifestyles evolve, new diseases like Polycystic Ovary Syndrome (PCOS) a condition not described in classical texts have emerged. Affecting 8–13% of reproductive-aged women, PCOS is a multifactorial metabolic and endocrine disorder.

Ayurved provides a scientific methodology rooted in understanding **Nidana (causative factors)**, **Dosha**, **Dushya**, and **Samprapti (pathogenesis)** rather than merely labelling diseases. Acharya Charaka's ***TrividhaBodhya Samgraha***[1] comprising *VikaraSamutthana (etiology)*, *VikaraAdhisthana (site of manifestation)*, and *VikaraPrakrutiVishesha (nature and progression)* addresses the principles of etiology and the various stages of disease pathology which offers a foundational approach to diagnosing and managing *AnuktaVyadhi* (unlisted/new-age diseases).

This article applies the *TrividhaBodhyaSamgraha* to comprehend PCOS, establish a working Ayurvedic diagnosis, and formulate a rational treatment plan.

Keywords:*TrividhaBodhyaSamgraha*, AnuktaVyadhi, PCOS, Ayurvedic diagnosis, Samhita Siddhanta

Research Article

Saniya S. Gosavi[1*], Brijesh R. Mishra[2]

[1]PG, PG department of Basic Principles and Ayurved Compendium, Shri AyurvedMahavidyalaya, Nagpur, Maharashtra, India.

[2]Principal, HOD and Guide, PG department of Basic Principles and Ayurved Compendium, Shri AyurvedMahavidyalaya, Nagpur, Maharashtra, India.

***Correspondence:** Saniya S. Gosavi, PG department of Basic Principles and Ayurved Compendium, Shri AyurvedMahavidyalaya, Nagpur, Maharashtra,India . E-mail: dr.saniya.ayurved@gmail.com

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Introduction

Polycystic Ovary Syndrome (PCOS) is one of the most prevalent endocrine and metabolic disorders in women of reproductive age [1]. A comprehensive meta-analysis of 35 studies involving over 12 million women worldwide found that Global prevalence is around 9.2% (95% CI: 6.8–12.5%) overall and by diagnostic criteria: NIH – 5.5%, Rotterdam – 11.5%, AES – 7.1% [2]. A 2022 meta-analysis of Indian studies (2010–2021) reported a pooled prevalence of 11.33% (95% CI: 7.69–15.59%), with 10% prevalence per Rotterdam/AES criteria and 5.8% via NIH criteria[3].The Rotterdam criteria (2003) remain the gold standard for PCOS diagnosis in contemporary medicine, requiring the presence of two of the following: oligo/anovulation, hyperandrogenism, and polycystic ovaries on ultrasound.

While allopathic treatments focus on lifestyle modification, ovulation-inducing drugs, hormonal therapy, and assisted reproductive techniques, Ayurved emphasizes a more holistic and individualized approach. PCOS, though an *AnuktaVyadhi*, can be comprehended through Ayurvedic principles, particularly using the ***TrividhaBodhyaSamgraha*** model elaborated by Acharya Charaka.

Clinical Features of PCOS according to Ayurved

PCOS manifests with multiple signs and symptoms, many of which find parallels in Samhita texts:

- ***Sthaulya*** (obesity) – especially central obesity
- ***Artava Dusti*** – includes *Anartava*, *Alpartava*, or

Atyartava (irregular menstruation)

- ***Mukhadushika*** – acne
- ***Prabha Hani / Varna Hani*** – pigmentation changes like *acanthosis nigricans*
- ***Yonivyapad*** – *Arajaska*, *Shushka*, *Shandi*, *Vandhya*[4] (resembling ovulatory disturbances and infertility)

These features suggest involvement of multiple systems, hinting at *Tridosha*, *Rasa*, *Meda*, *Artava*, *Manovaha* systems, and *Agnimandya*.

Application of *TrividhaBodhyaSamgraha* in PCOS

- ***VikaraSamutthana* (Etiology& Pathogenesis)**
- ***Dosha*Involvement**: *Vata*, *Pitta*, *Kapha* vitiation in different stages
- ***Dushya***: *Rasa*, *Meda*, *Artava* dhatus primarily involved
- ***Mala*:** *Purisha, mutra Avadharana*(suppression of natural physical urges)
- ***Agni***: *Mandagni* and *Aamotpatti* are central to PCOS pathogenesis
- ***ManasDosha***: *Chinta*, *Bhaya*, *Shoka* are contributing factors
- **Lifestyle Factors**: Excessive sedentary habits, improper dietary regimens, and psychological stress

***VikaraAdhishtana* (Site of Manifestation)**

- ***Sharir Dhatu Adhisthit***
- **Srotas** involved:
  - *Rasavaha, Medovaha, Artavavaha, and Manovahasrotas*
  - *Srotodushti types: Sanga, Granthi*
- ***Dosha-Sthana*:**
  - *g Vata: Pakwashaya*
  - *Pitta*: Rasa, Rakta, Amashaya
  - *Kapha*: Amashaya, Meda
- ***Pranayatana***: Rakta, Shukra

VikaraPrakrutiVishesha (Nature & Prognosis)

- **Chronic, relapsing nature**
- **Difficult to cure (YapyaVyadhi)** but manageable with lifestyle changes and regular treatment
- Complex interplay of *Sharir*, *Manas*, and *Agni*

Treatment Plan Based on *Ayurveda* Principles

NidanaParivarjana

- Pathya-Apathya based dietary regulations
- Dinacharya, Ritucharya, and Vihara Shuddhi
- Mental and lifestyle hygiene

***Dipan-Pachana-Anulomana*(metabolism maintaining therapy)**

- *Haritaki*, *Trikatu*, *Chitraka* to enhance digestion and reduce Aama
- ***ShodhanaChikitsa* (purification and detoxification therapy)**
- Focusing on the *vikarasamutthana*
- *Vamana* (medicated emesis): A controlled clinical trial on 15 PCOS patients demonstrated that **therapeutic emesis with *Ikshvakubeeja*** significantly improved menstrual regularity, BMI, ovary morphology (follicle count), fasting blood sugar, and hirsutism ($p < 0.05$)[5]
- *Virechana (medicated purgation)*: *Dantiavaleha.* A case study showed that ***Virechana Karma***, following *Snehapana*(internal oleation) and *Swedana*(), regulated *Kapha* and *Pitta*, removed *Ama*, enhanced *Agni,* improved insulin sensitivity, balanced hormones, and normalized menstrual cycles [6].
- *Basti* (medicated enema): ***Basti Karma*** is the most frequently used *Panchakarma* treatment in PCOS, improving ovulation, follicular health, menstrual regulation, and ovarian reserve [7]. *Madhutailika*, *Shatapushpataila*, *Yogabasti*can be advised.
- *Uttar Basti*: The review compiles multiple clinical trials where ***Uttara Basti with PanchagavyaGhrita*** improved outcomes such as low antral follicles, anovulation, and enhanced endometrial receptivity in PCOS and infertility cases [8].

ShamanaChikitsa

- Herbal combinations: A recent scoping review (57 studies) highlighted that ***Shatapushpa*** (dill) and ***Krishna Tila***[9] (black sesame) are among the most frequently used single herbs in PCOS clinical research. It also confirmed widespread use of ***KanchanarGuggulu*** and ***RajahpravartiniVati***[10] in formula-based treatments
- Most drugs used are *UshnaVirya*, *Vatakaphahara*, *Medonashana*, and *Pittavardhaka*

Yoga and Lifestyle Counseling

- *Apunarbhava*chikitsa: long-term lifestyle adherence and regular follow-up
- Regular mindful yoga practice including Asana & Pranayama for balancing Sharir and Manas as a method to improve androgen levels in women with polycystic ovary syndrome. Women who completed three 1hour mindful yoga classes per week for 3 months saw significant reductions in free testosterone ($5.96 \rightarrow 4.24$ pg/mL; $P < .05$), along with improved anxiety and depression scores [11].
- A structured 90minute yoga program, conducted thrice weekly for 12 weeks, significantly improved metabolic, hormonal, ovarian morphology, and infertility-related quality of life measures among infertile PCOS patients [12].
- Systematic reviews show that yoga (asana, pranayama, relaxation techniques) consistently improves hormonal balance, ovarian morphology, weight, stress, and quality of life in PCOS [13].
- A 12-week holistic yoga program (asana + pranayama + relaxation) significantly reduced anxiety symptoms compared to standard exercise, highlighting the importance of sustained practice [14].
- Ten days of integrated naturopathy and yoga interventions yielded significant reductions in testosterone, BMI, oxidative stress markers, and anxiety/depression scores [15].

Results

The integrative application of ***TrividhaBodhyaSamgraha*** to the pathogenesis and management of **Polycystic Ovary Syndrome (PCOS)** demonstrated promising conceptual and clinical clarity within the Ayurvedic framework. The analysis of PCOS using the three components i.e. *VikaraSamutthana*, *VikaraAdhisthana*, and *VikaraPrakrutiVishesha* facilitated a personalized, dosha-based diagnosis and targeted chikitsa protocol.

- **Clinical correlation** with *Sthaulya*, *Artava Dusti*, *Yonivyapad* types (Arajaska, Shushka, Shandi, Vandhya), *Agnimandya*, and *Srotodushti* patterns confirmed the tridosha involvement and the chronic relapsing nature of PCOS (*YapyaVyadhi*).
- **ShodhanaChikitsa**, including *Vamana* with *Ikshvakubeeja*, *Virechana* with *Dantiavaleha*, *Basti* (Madhutailika, Shatapushpataila, Yogabasti),

and *Uttar Basti* with *PanchagavyaGhrita*, showed statistically significant outcomes in clinical trials and case studies. Improvements included menstrual regularity, BMI reduction, follicular development, hormonal normalization, and insulin sensitivity.

- **ShamanaChikitsa** using formulations like *ShatapushpaGhanVati*, *Krishna Tila Kalka*, *KanchanarGuggulu*, *PathadiKwatha*, and *RajahpravartiniVati* provided effective management of metabolic and reproductive symptoms, confirming their **UshnaVirya**, **Vatakaphahara**, **Medonashana**, and **Pittavardhaka (in some cases)** properties.
- **Yoga and lifestyle counseling**, particularly the incorporation of *Asana*, *Pranayama*, and ApunarbhavaChikitsa, led to improved psychological and metabolic parameters. Randomized controlled trials reported reduced serum testosterone, improved menstrual patterns, and enhanced quality of life among women with PCOS following structured yoga regimens.

These results collectively validate the relevance of Ayurvedic principles in modern clinical contexts and support the utility of *TrividhaBodhyaSamgraha* in diagnosing and managing *AnuktaVyadhi* like PCOS.

Conclusion

TrividhaBodhyaSamgraha offers a precise and comprehensive Ayurvedic framework to understand and manage emerging conditions like **Polycystic Ovary Syndrome (PCOS)**, which are not explicitly described in classical texts (*AnuktaVyadhi*). By examining the etiology (*VikaraSamutthana*), site of manifestation (*VikaraAdhisthana*), and disease nature and prognosis (*VikaraPrakrutiVishesha*), this approach supports an individualized and dosha-specific diagnosis.

When applied in conjunction with **Shodhana**, **Shamana**, **Yoga**, and **lifestyle counseling**, this model enables an integrative therapeutic strategy that addresses both somatic and psychological aspects of the disease. The success of interventions rooted in *Samhita Siddhanta* evidenced by both classical rationale and emerging clinical studies, demonstrates the enduring relevance of Ayurvedic wisdom in addressing contemporary health challenges.

Recognizing PCOS through this lens not only aligns with Ayurvedic diagnostic principles but also enables tailored, sustainable, and management rooted in the foundations of Samhita Siddhanta. Thus understanding PCOS through the lens of *TrividhaBodhyaSamgraha* bridges timeless Ayurvedic insights with modern therapeutic needs, providing a sustainable, personalized, and holistic model for integrative women's health.

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