

NIDANARTHAKARA VYADHI – CONCEPTUAL UNDERSTANDING WITH SPECIAL REFERENCE TO PMOS

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Article Received on 05 May 2026,
Article Revised on 25 May 2026,
Article Published on 03 June 2026

<https://doi.org/10.5281/zenodo.20535559>

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How to cite this Article: *Dr. Ashwini Nayaka, Vishwajyothi Digge, Gagan M. (2026). Nidanarthakara Vyadhi - Conceptual Understanding With Special Reference To Pmos. World Journal of Pharmaceutical Research, 15(11), 1981-1990.

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ABSTRACT

Nidānārthakara Vyādhi is a distinctive pathological principle described in the classical texts of Ayurveda, wherein an existing disease itself acts as the causative factor (*Nidana*) for the development of another disease. This concept illustrates the dynamic, progressive and interrelated nature of disease manifestation explained in Ayurvedic science. It emphasizes the significance of early diagnosis, timely therapeutic intervention and prevention of disease progression through appropriate management of *Doṣa*, *Duṣya*, *Agni* and *Srotas*. In the contemporary era, lifestyle disorders and endocrine disturbances have shown increasing prevalence among reproductive-aged women. However, polycystic ovaries are detected in 20% to 30% of all women, so this finding is not specific. It affects 6% to 10% of reproductive age women worldwide. It is also associated with obesity, type 2 diabetes,

all of which may be indicative of an underlying metabolic disorder. Among these, Polycystic Ovarian Syndrome (PCOS), presently being redefined in broader metabolic perspectives as Polyendocrine Metabolic Ovarian Syndrome (PMOS). If left untreated, PCOS may further progress and predispose individuals to represents a multidimensional disorder involving reproductive, metabolic and psychological. This review aims to explore the concept of *Nidānārthakara Vyādhi* in classical Ayurvedic literature and assess the role of PMOS as a *Nidānārthakara Vyādhi* in the development of Secondary disease conditions.

For example *Pratisyaya*(Coryza) after producing *Kasa* (Cough) persists itself and produces its own clinical features. Here *Pratisyaya*(Coryza) acts in two ways i.e *Kasa* (Cough) and a disease itself.^[6]

Polycystic ovarian syndrome (PCOS)

Polycystic ovarian syndrome (PCOS) is a complex endocrine disorder characterized by hyperandrogenism, menstrual abnormalities, polycystic ovaries, chronic anovulation, and decreased fertility. It affects 6% to 10% of reproductive age women worldwide. It is also associated with obesity, type 2 diabetes, all of which may be indicative of an underlying metabolic disorder. The etiology of PCOS remains incompletely understood. It is marked by a dysregulation of enzymes involved in androgen biosynthesis and excessive androgen production, which is considered to be a central feature of this disorder. In addition, women with PCOS show insulin resistance and altered adipose tissue metabolism, which contribute to the development of both diabetes and obesity.

In addition, due to an increase in free serum estrone levels, women with PCOS are at risk for endometrial hyperplasia and carcinoma. The clinical presentation and effects on the endometrium are similar to those of PCOS, although virilization may be even more striking.^[7]

In polycystic ovarian disease (PCOD) the central pathologic abnormality is numerous cystic follicles or follicle cysts. When associated with oligomenorrhea, the clinical term Stein-Leventhal syndrome has been applied. These patients have persistent anovulation obesity (40%).^[8]

PMOS as *Nidanarthakara Vyadhi*

Ayurvedic Understanding of PCOS (PMOS)

PCOS can be correlated with conditions such as

Artava Kṣhaya

Nashtartava

Vandhyatva

Pushpaghni Jataharini

Granthibhuta Artava Duṣṭi

The major pathological factors include^[9]

Kapha predominance

Vata avarodha

Medo Dhatu Dushti

Agnimandya

Ama accumulation

Artavavaha Srotas Dushti

Secondary Disorders Caused by PCOS(PMOS)

1. Infertility
2. Obesity
3. Anxiety and depression

DISCUSSION

PCOS (PMOS) is a *Nidanarthkara vyadhi* for Infertility

Gonadotropins are highly effective for ovulation induction in women with hypogonadotropic hypogonadism and PCOS and are used to induce multiple follicular recruitment in unexplained infertility and in older reproductive-aged women. Disadvantages include a significant risk of multiple gestation and the risk of ovarian hyperstimulation, but careful monitoring and a conservative approach to ovarian stimulation reduce these risks. Currently available gonadotropins include urinary preparations of LH and FSH, highly purified FSH, and recombinant FSH. Though FSH is the key component, there is growing data that the addition of some LH (or hCG) may improve results, particularly in hypogonadotropic patients.^[10]

Infertility, and sometimes obesity may appear in young women (usually in girls after menarche) secondary to excessive production of estrogens and androgens (mostly the latter) by multiple cystic follicles in the ovaries. This condition is called polycystic ovaries.^[11]

PCOS (PMOS)

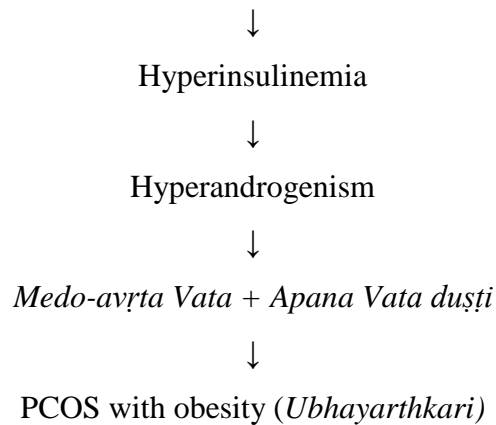
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Kapha–Meda Vriddhi

↓

Agnimandya

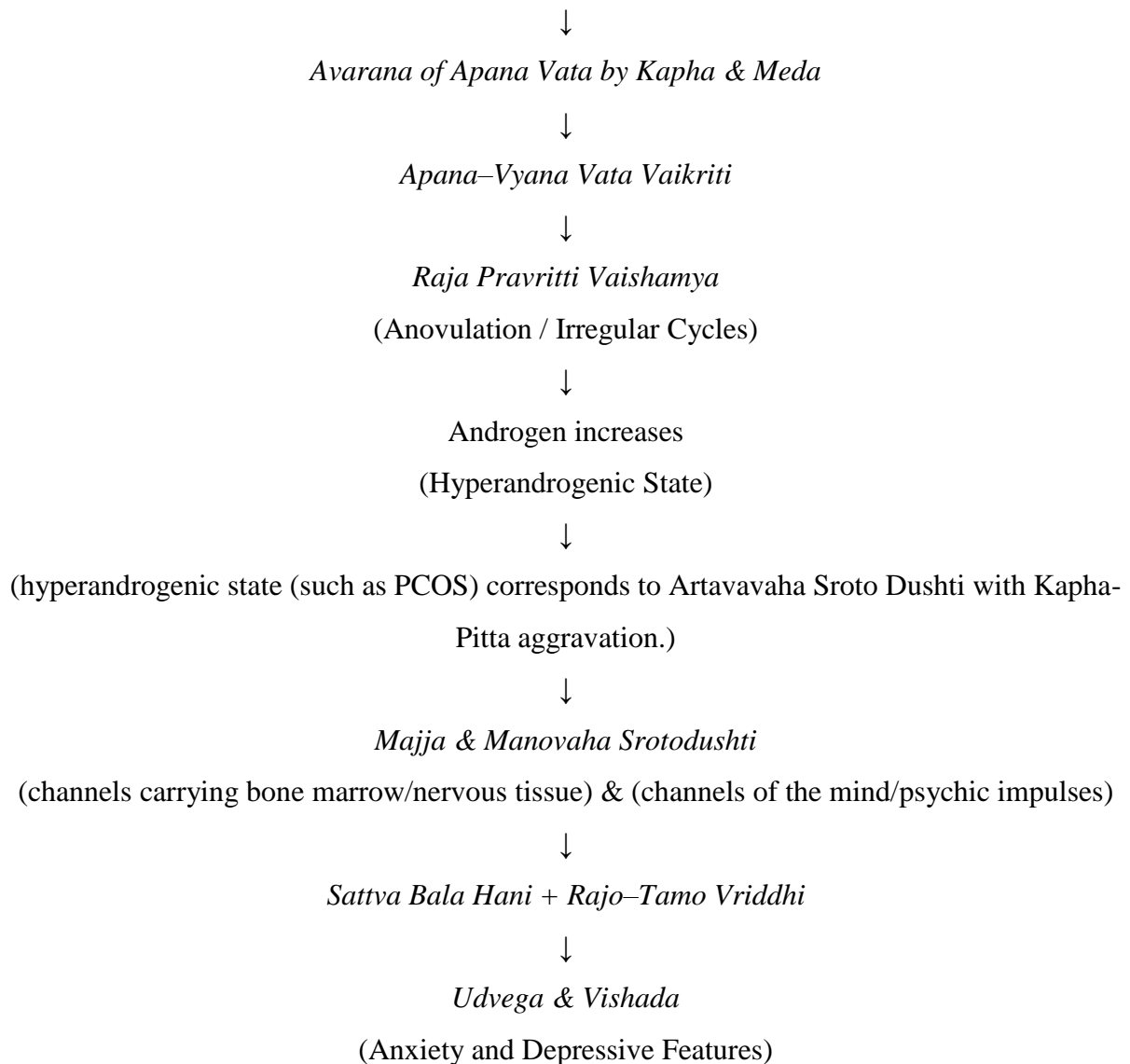
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PCOS is a *Nidanarthkara Vyadhi* for anxiety and depression

Neurotransmitter and neuropeptide relationships with the HPO axis in PCOS. (A) Patients with PCOS sometimes have higher levels of GABA found in cerebrospinal fluid. These high levels cause dysfunctional GABAergic neurons, which can regulate anxiety and fear. (B) The high levels of GABA being secreted cause the dysfunction of KNDy neurons, which are commonly found centrally in the brain. The altered signaling of these neurons causes the hypothalamus to start producing more GnRH. (C) The increase of GnRH increases the secretion of LH. (D) Increased LH upregulates the production of progesterone, estradiol, and testosterone. (E) The abnormal increase in testosterone decreases dopamine and serotonin levels in the bloodstream and the brain.^[14,15,16]





CONCLUSION

Nidanarthakara Vyadhi is a crucial Ayurvedic concept explaining disease progression and secondary pathology. PCOS (PMOS) can be effectively interpreted under this framework due to its chronic, multifactorial, and progressive nature. Polycystic Ovary Syndrome can be understood through the Ayurvedic concept of *Nidānārthakara Vyādhi*, wherein the disease itself acts as a causative factor for the development of further pathological conditions.

The progressive interplay of *doṣa*, *agnimāndya*, *āma*, *srotorodha* and *dhātu vaigunya* in PCOS leads to metabolic, endocrine and reproductive disturbances that further aggravate obesity, infertility, menstrual irregularities and psychological stress. Thus, PCOS not only manifests as an independent disease entity but also becomes a *nidāna* for secondary complications. Understanding PCOS under the framework of *Nidānārthakara*

Vyādhi highlights the importance of early diagnosis, *samprāpti vighātana* and comprehensive Ayurvedic management to prevent disease progression and improve reproductive and metabolic health.

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