

DIETARY FACTORS IN THE ETIOPATHOGENESIS OF ARTAVA-VYAPAD (PCOS)

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ABSTRACT

This retrospective study analyzes 40 diagnosed cases of *Artav-vyapad* (PCOS) aged 18–24 years to evaluate the role of *Aaharaja Nidana* with special reference to *Viruddha Ahara*. Dietary practices were assessed through a structured questionnaire. Findings revealed predominance of *Madhura Rasa*, high sugar intake, frequent processed food consumption, and irregular eating habits. The study highlights diet as a significant factor in the pathogenesis of PCOS, emphasizing preventive and corrective measures.

KEYWORDS: *Artav- vyapad*, PCOS, *Virudhahar*, *Anartav*.

INTRODUCTION

Atreyabhadarakapiya-adhyay in *Charak Samhita Sutrastahn* highlighted the concept of food incompatibility and diseases thus caused. Impotence has been given the first place while describing the diseases caused by food incompatibility.^[1] *Ayurvedic* science proposed that *rasa* is the pioneer *dhatu* which is formed by the ingested food^[2] and is responsible for the formation of subsequent *dhatu*s^[3] and hence assimilate physical and biochemical composition of *sharir*, which is subject of study and treatment.^[4] *Raja* or *artav* being formed from *rakta*^[5] is eventually formed from *rasa dhatu* which is ultimately formed by ingested food. Hence fractional, rational, and scientific analysis of ingested food, food regimes or routine would establish the cause of pathogenesis in *artavvyapad*. *Artav-vyapad* is a menstrual disorder.^[6] Modern sciences established the term PCOS which is globally accepted. Polycystic ovary syndrome (PCOS) is affecting women of reproductive age^[7] and 6 to 22% of women population is suffering from PCOS worldwide.^[8] Correlating *artav-vyapad* with PCOS considering similarity in sign and symptoms like *anartav* (amenorrhoea or anovulation), *alpartav* (oligomenorrhea), *atipravrti* of *artava* (menorrhagia or metrorrhagia),

punsatvanasha (infertility).^[9] This retrospective study of *artav-vyapad* with respect to PCOS is an attempt to extract out root cause or *aaharaja nidan* of *artav-vyapad* by thoroughly analysing, introspecting and fractionalising *aahar* practice by well known cases of *artav-vyapad*. Ayurveda advocates that the best possible treatment is avoiding the root cause of pathogenesis.^[10] This study would act as an important pilot project to check the growing cases of *artav-vyapad*. Not only this study bridge the gap as it would enlighten the preventive aspect of the disease which is less researched but also help to generate mass awareness especially in young adolescent females about *artav-vyapad* that lead to infertility, depression and other serious health issues.

METHODOLOGY

Type of Study: Retrospective

Sample Size: 40

Selection Criteria: Diagnosed cases of PCOS

This retrospective study will include 40 known or diagnosed cases of PCOS of age group 18-24. All cases will be unmarried females without any previous history of associated medical or surgical complaints. All the cases will be taken from Mai Bhago Ayurvedic Medical College and hospital campus and residence. This study aims at identifying rational *Aaharaja nidan* which are thought to be the primary factor to cause pathogenesis. A comprehensive questionnaire will be prepared for assessment of every case and thus data retracted will be presented. Every case will be thoroughly and meticulously observed, studied and documented to extract out relevant, reliable and reproducible information.

Criteria for inclusion

- Known Cases of *Artav-vyapad* (PCOS)
- Age 18 to 24
- No other associated diseases

Criteria for exclusion

- Age below 18 and above 24 years
- Any systemic disorders likely to influence menstrual cycle
- Cases underlying treatment for any other serious illness

Patient's Performa

1. Name-

2. Age-
3. Gender-
4. Occupation-
5. Socio- economic status-

OBJECTIVE

- To evaluate the involvement of *Virudhha Aahar* in *Artva-vyapad* (PCOS)
- To analyse fractional and rational impact of *Aahar* & relevant factors of *Aahar* on pathogenesis of *Artav-vyapad* (PCOS)
- To extract out *Aaharaja nidan* of *Artav-vyapad* (PCOS)

Questionnaire for Dietary Assessment in PCOS Patients

1. Wheat Consumption

- (a) Daily
- (b) Weekly
- (c) Occasionally
- (d) Never

2. Rice Consumption

- (a) Daily
- (b) Weekly
- (c) Occasionally
- (d) Never

3. Pulses Consumption (*Chana* / *Moong* / *Rajma* / *Urad* / *Mix*)

- (a) Daily
- (b) Weekly
- (c) Occasionally
- (d) Never

4. Milk & Milk Products Consumption (Milk, Butter, Cheese, Cream, Curd)

- (a) Daily
- (b) Weekly
- (c) Occasionally
- (d) Never

5. Caffeinated Beverages Consumption (Tea / Coffee)

- (a) Daily
- (b) Weekly
- (c) Occasionally
- (d) Never

6. Carbonated Drinks Consumption (Coca-Cola, Pepsi, etc.)

- (a) Daily
- (b) Weekly
- (c) Occasionally
- (d) Never

7. Baked Goods Consumption (Cakes, Biscuits, Desserts, Bread, Muffins)

- (a) Daily
- (b) Weekly
- (c) Occasionally
- (d) Never

8. Junk Food / Fast Food Consumption (Fried, Deep-Fried, Maida, Besan, Processed Food)

- (a) Daily
- (b) Weekly
- (c) Occasionally
- (d) Never

9. Fasting Duration (Night to Morning)

- (a) Less than 6 hours
- (b) 6–8 hours
- (c) 8–12 hours
- (d) More than 12 hours

10. Consumption of Milk / Sweets / Sugars with Citrus Fruits or Spicy Curry

- (a) Yes
- (b) No

11. Intake of Food without Clearing Bowel

- (a) Yes
- (b) No

12. Intake of Food without Feeling Hunger

- (a) Yes
- (b) No

13. Predominant Rasa Consumed

- (a) *Madhura* (Sweet)
- (b) *Amla* (Sour)
- (c) *Lavana* (Salty)
- (d) *Katu* (Pungent)
- (e) *Tikta* (Bitter)
- (f) *Kashaya* (Astringent)

14. Place of Food Consumption

- (a) Homemade
- (b) Outside-cooked

15. Sugar Consumption

- (a) Low
- (b) Adequate
- (c) More than adequate

OBSERVATIONS AND RESULTS

A retrospective analysis of 40 diagnosed cases of *Artav-vyapad* (PCOS) in the age group of 18–24 years was conducted. Dietary assessment revealed the following patterns:

Staple Foods: Wheat was consumed daily by most participants, while rice intake varied from daily to occasional. Pulses were primarily consumed weekly.

Milk and Milk Products: A considerable proportion consumed milk, curd, butter, cheese, and cream daily, while some reported occasional intake.

Beverages: Daily consumption of caffeinated drinks (tea, coffee) was common. Carbonated drinks were mostly taken occasionally.

Processed and Junk Foods: Intake of baked goods (cakes, biscuits, desserts, bread) and junk/fast food (fried, deep-fried, refined flour, processed foods) was frequent, mostly on weekly or occasional basis.

Fasting Hours: 62.5% reported a fasting duration of 6–8 hours, 12.5% reported 8–12 hours, 10% reported less than 6 hours, and only one participant (2.5%) reported more than 12 hours.

Predominant Rasa Consumption: *Madhura Rasa* (sweet taste) was predominant in 70% of cases. Other *Rasas* (*Amla*, *Lavana*, *Katu*, *Tikta*, and *Kashaya*) were reported in smaller proportions (5–10% each).

Food Consumption Location: 70% reported reliance on outside-cooked food, while 30% consumed predominantly homemade food.

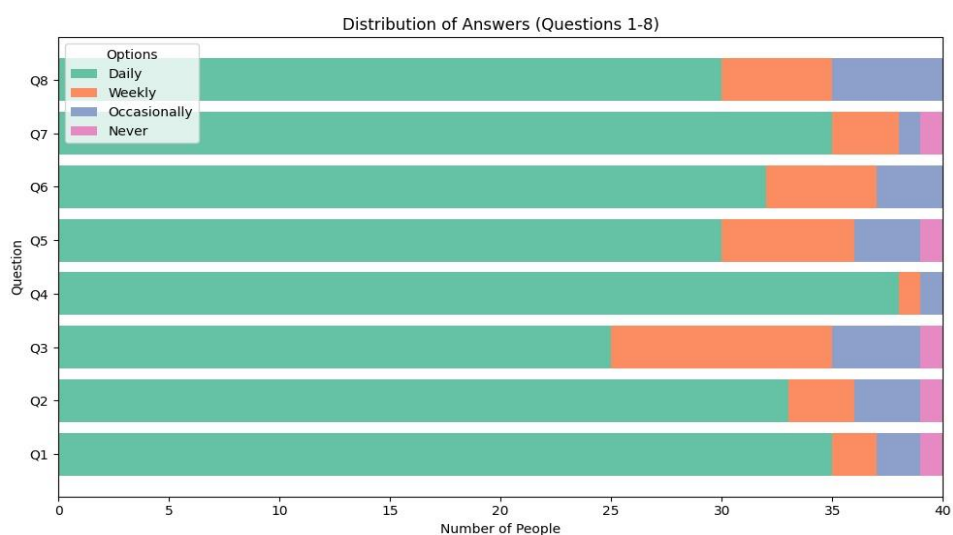
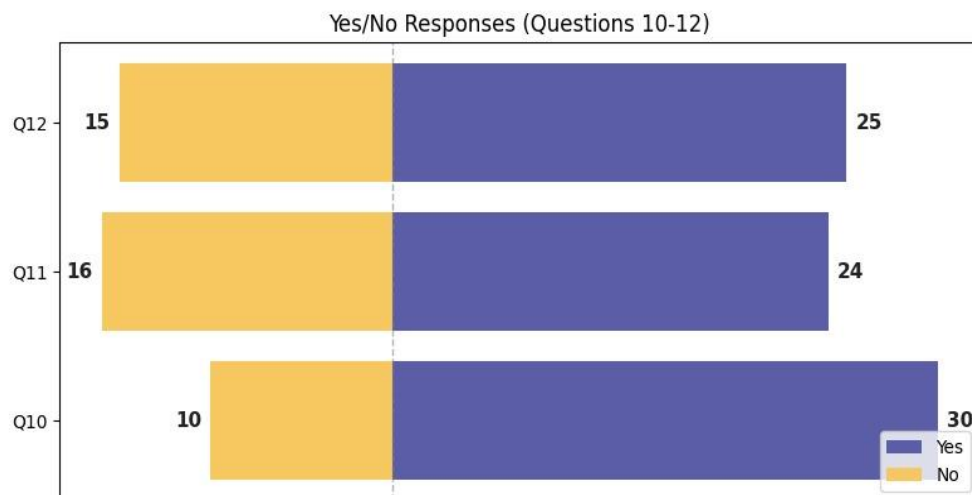
Sugar Consumption: More than adequate sugar intake was reported by 62.5%, adequate by 25%, and low intake by 12.5%.

Eating Practices

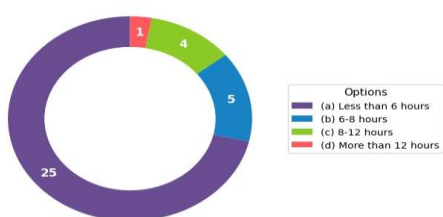
Mindful eating was practiced by 62.5%.

Eating only in the presence of hunger was reported by 60%, while 40% ate without hunger. Fixed meal timings were followed by 75%, whereas 25% did not follow regular timings.

Overall, the findings indicate a predominance of *Madhura Rasa*, high sugar consumption, frequent intake of *Ahita Ahara* (processed and outside-cooked food), inadequate fasting duration, and irregular dietary practices. These patterns suggest a contributory role of *Aaharaja Nidana* in the pathogenesis of *Artav-vyapad* (PCOS).



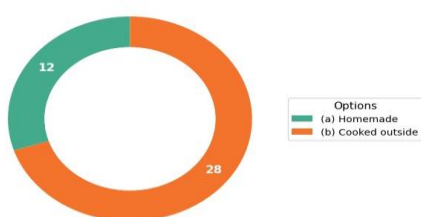
Q9: Fasting Hours (Night to Morning)



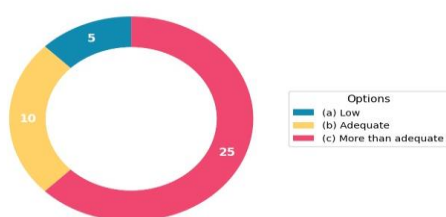
Q13: Predominant Rasa Consumed



Q14: Food Consumption



Q15: Sugar Consumption



CONCLUSION

This retrospective study highlights the significant role of *Aaharaja Nidana* in the lifestyle and dietary patterns of young unmarried females with PCOS. The predominance of *Madhura Rasa*, increased sugar consumption, reliance on outside-cooked and processed foods, and irregular dietary habits collectively reflect an etiological pattern consistent with Ayurvedic principles of disease causation.

The findings align with the Ayurvedic understanding that excessive *Madhura Rasa* and improper *Ahara Vidhi* (rules of eating) contribute to *Kapha* aggravation, *Medo Dushti*, and ultimately the manifestation of *Yonivyapad* such as PCOS.

It may therefore be inferred that corrective interventions—such as reduction of refined sugar and processed food, balanced *Rasa* intake, emphasis on wholesome homemade food, maintenance of adequate fasting duration, and adherence to proper *Ahara Vidhi*—may aid in both prevention and management of PCOS.

Further large-scale, prospective studies are recommended to validate these findings and strengthen the correlation between *Aaharaja Nidana* and the pathogenesis of PCOS.

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