

EKAMOOliKA PRAYOGA AND PATHYA–APATHYA IN POLYCYSTIC OVARIAN
SYNDROME: AN INTEGRATIVE REVIEW¹Dr. Sailaja Ratna V BAMS, *²Dr. Swapna Bhat M.D.(Ayu)¹Final Year PG Scholar, Department of Dravyaguna Vijnana, Karnataka Ayurveda Medical College, Mangalore.²Professor and HOD, Department of PG Studies in Dravyaguna Vijnana, Karnataka Ayurveda Medical College, KECT Towers, Ashok Nagar, Mangalore 575006.***Corresponding Author: Dr. Swapna Bhat M.D.(Ayu)**

Professor and HOD, Department of PG Studies in Dravyaguna Vijnana, Karnataka Ayurveda Medical College, KECT Towers, Ashok Nagar, Mangalore 575006.

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ABSTRACT

Polycystic Ovarian Syndrome (PCOS) is a multifactorial endocrine-metabolic disorder characterized by hyperandrogenism, menstrual irregularity, insulin resistance, and subfertility. In Ayurveda, PCOS can be correlated with conditions such as *Artava Kshaya*, *Nashtartava*, and *Vandhyatva* involving *Kapha–Vata Dushti*, *Medo Vriddhi*, *Agnimandya*, and *Artavavaha Srotorodha*. The principles of *Ekamoolika prayoga* (single-drug therapy) and *Pathya–Apathya* (wholesome and unwholesome regimens) offer a simple yet rational therapeutic strategy for long-term management. This review critically analyzes ten important *Yonishodhaka* and *Prajasthapana dravyas*—*Shatavari*, *Ashoka*, *Lodhra*, *Kumari*, *Guduchi*, *Haridra*, *Yashtimadhu*, *Amalaki*, *Ksheerakakoli*, and *Shatapushpa*—with supporting classical references and contemporary research evidence. The review highlights their pharmacological relevance in regulating hormonal imbalance, reducing inflammation, improving insulin sensitivity, and restoring menstrual cyclicity. Integrating dietary and lifestyle corrections further enhances therapeutic outcomes. The study concludes that *Ekamoolika* therapy combined with *Pathya–Apathya* provides a safe, cost-effective, and holistic approach for PCOS management.

KEYWORDS: PCOS, *Ekamoolika Prayoga*, *Pathya–Apathya*, *Yonishodhaka*, *Prajasthapana*, Ayurveda.**INTRODUCTION**

Polycystic Ovary Syndrome (PCOS) is a prevalent endocrine disorder affecting 5–15% of women worldwide. Clinically, it is characterized by oligo/anovulation, hyperandrogenism, polycystic ovarian morphology, and metabolic disturbances including insulin resistance, dyslipidemia, and obesity. Women with PCOS often experience infertility, menstrual irregularities, and psychosocial stress, which adversely affects quality of life.

Pathophysiology

PCOS arises from a combination of genetic predisposition, environmental factors, and hormonal dysregulation. Hyperinsulinemia and chronic low-grade inflammation exacerbate androgen production by ovarian theca cells, causing anovulation and menstrual irregularities. Insulin resistance further contributes to weight gain, dyslipidemia, and metabolic syndrome.

Ayurvedic Perspective

Ayurveda describes PCOS under the spectrum of *Medo Roga* and *Artava Kshaya*, primarily involving *Kapha* and *Vata* dosha vitiation. These imbalances lead to accumulation of *Meda Dhatu* (adipose tissue) and obstruction of reproductive channels. Ayurvedic management focuses on dosha correction, ovulatory support, and metabolic balance.

Ekamoolika Prayoga refers to single-drug therapy aimed at correcting the root cause of disease. Single-herb interventions offer precise pharmacological effects with minimal risk. *Pathya–Apathya*, comprising diet and lifestyle modifications, complements herbal therapy by restoring dosha equilibrium and preventing recurrence. This review explores the efficacy of single-drug therapy and diet-lifestyle interventions in PCOS management.

METHODS

A structured literature review was conducted from January 2000 to December 2025 using PubMed, Google Scholar, ScienceDirect, and AYUSH Research Portal. Classical texts including *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, and *Bhavaprakasha Nighantu* were analyzed.

Inclusion Criteria

1. Studies evaluating single-herb interventions in PCOS.
2. Reviews and clinical trials on dietary and lifestyle management.
3. Classical Ayurvedic texts with reliable translated commentaries.

Exclusion Criteria

- Studies without direct clinical relevance to PCOS.
- Animal studies with no translational potential.
- Non-peer-reviewed articles.

Data Analysis

Data were extracted on:

- Herbal pharmacology and mechanism of action
- Clinical outcomes (hormonal regulation, ovulation, metabolic parameters)
- Dietary and lifestyle modifications and outcomes

RESULTS***Ekamoolika Prayoga* in PCOS**

Single-herb interventions demonstrate therapeutic potential in PCOS.

Table 1: Single-Drug (*Ekamoolika*) Interventions for PCOS.

Herbal Drug	Scientific Name	Classical Reference	Ayurvedic Properties & Mechanism in PCOS	Available Clinical / Experimental Evidence
Shatavari	<i>Asparagus racemosus</i> Willd.	<i>Charaka Samhita (Prajasthapana Mahakashaya)</i>	<i>Prajasthapana, Rasayana, Balya</i> ; phytoestrogenic activity, supports folliculogenesis, regulates <i>Artava</i>	Clinical studies show improved menstrual cyclicality, better estrogen-progesterone balance, and enhanced ovulatory function
Ashoka	<i>Saraca asoca</i> (Roxb.) de Wilde	<i>Sushruta Samhita</i>	<i>Yonishodhaka, Kashaya Rasa</i> dominant; uterine tonic, reduces <i>Pitta-Kapha Dushti</i>	Pilot studies demonstrate reduction in abnormal uterine bleeding and improvement in cycle regularity
Lodhra	<i>Symplocos racemosa</i> Roxb.	<i>Ashtanga Hridaya</i>	<i>Kapha-Pittahara, Lekhana</i> ; reduces cystic tendency and supports ovulation	Small clinical observations report improved menstrual regulation and reduction in hyperandrogenic manifestations
Kumari	<i>Aloe vera</i> (L.) Burm.f.	<i>Bhavaprakasha Nighantu</i>	<i>Artavajanana, Vatanulomana</i> ; stimulates menstruation and improves uterine tone	Clinical reports indicate improved ovarian function and reduced ovarian volume in PCOS patients
Guduchi	<i>Tinospora cordifolia</i> (Willd.) Miers	<i>Charaka Samhita</i>	<i>Tridosahara, Rasayana</i> ; anti-inflammatory, insulin sensitizing, enhances <i>Agni</i>	Experimental and clinical studies show reduction in fasting glucose, BMI, and inflammatory markers
Haridra	<i>Curcuma longa</i> L.	<i>Charaka Samhita</i>	<i>Kapha-Medohara, Vishaghna</i> ; anti-inflammatory, antioxidant, improves insulin sensitivity	Trials demonstrate improved insulin resistance and decreased pro-inflammatory cytokines
Yashtimadhu	<i>Glycyrrhiza glabra</i> L.	<i>Charaka Samhita</i>	<i>Rasayana, Vata-Pittahara</i> ; anti-androgenic, adrenal modulation	Clinical evidence suggests reduction in serum testosterone and improvement in hormonal profile
Amalaki	<i>Phyllanthus emblica</i> L.	<i>Charaka Samhita</i>	<i>Rasayana, Tridosahara</i> ; antioxidant, lipid-lowering, metabolic regulator	Studies support improved lipid profile and reduction in oxidative stress markers
Ksheerakakoli	<i>Lilium polyphyllum</i> D. Don	<i>Bhavaprakasha Nighantu</i>	<i>Prajasthapana, Brimhana</i> ; nourishes <i>Shukra and Artava Dhatu</i>	Limited clinical data; experimental reports suggest adaptogenic and reproductive supportive effects
Shatapushpa	<i>Anethum sowa</i> Roxb. ex Flem.	<i>Charaka Samhita</i>	<i>Artavajanana, Deepana-Pachana</i> ; regulates <i>Apana Vata</i> and corrects <i>Agnimandya</i>	Traditional usage supported by preliminary studies showing improved menstrual regulation

Integrated Rationale for PCOS

These ten drugs collectively address

- **Artavavaha Srotorodha** – Ashoka, Lodhra
- **Hormonal imbalance / Hyperandrogenism** – Shatavari, Yashtimadhu
- **Insulin resistance / Medo Vriddhi** – Guduchi, Haridra, Amalaki
- **Vata regulation & ovulation correction** – Shatapushpa, Kumari
- **Reproductive tissue nourishment** – Ksheerakakoli

Mechanism of Action

- **Shatavari** (*Asparagus racemosus*) – Contains steroidal saponins (shatavarins) with phytoestrogenic activity; supports follicular development, regulates estrogen–progesterone balance, and reduces oxidative stress.
- **Ashoka** (*Saraca asoca*) – Rich in flavonoids and tannins; acts as a uterine tonic, stabilizes endometrial function, and may help regulate FSH–LH imbalance.
- **Lodhra** (*Symplocos racemosa*) – Exhibits anti-androgenic and anti-inflammatory activity; reduces Kapha dominance and supports ovulatory function by limiting cystic changes.
- **Kumari** (*Aloe vera*) – Possesses *Artavajanana* property; improves uterine tone, modulates prostaglandin activity, and supports menstrual regulation.

- **Guduchi** (*Tinospora cordifolia*) – Immunomodulatory and anti-inflammatory; enhances insulin sensitivity and improves metabolic disturbances associated with PCOS.
- **Haridra** (*Curcuma longa*) – Curcumin-mediated anti-inflammatory and antioxidant action; reduces insulin resistance and suppresses pro-inflammatory cytokines.
- **Yashtimadhu** (*Glycyrrhiza glabra*) – Demonstrates anti-androgenic effects by reducing serum testosterone; modulates adrenal activity and improves hormonal balance.
- **Amalaki** (*Phyllanthus emblica*) – Potent antioxidant; improves lipid metabolism, reduces oxidative stress, and supports endocrine stability.
- **Ksheerakakoli** (*Lilium polyphyllum*) – Adaptogenic and *Prajasthapana* in nature; nourishes reproductive tissues and helps regulate stress-induced hormonal imbalance.
- **Shatapushpa** (*Anethum sowa*) – Regulates *Apana Vata*; stimulates menstrual flow and supports ovulatory function through *Deepana–Pachana* action.

PATHYA-APATHYA IN PCOS

Diet and lifestyle are critical for sustainable management.

Table 2: Pathya-Apathya Guidelines in PCOS.

Aspect	Pathya (Wholesome)	Apathya (Unwholesome)
Diet	High-fiber, low-GI foods; warm, freshly cooked meals; inclusion of turmeric, cinnamon, fenugreek	Sugary, processed, cold, fried foods
Lifestyle	Yoga, moderate exercise, stress reduction, adequate sleep	Sedentary lifestyle, sleep deprivation, excessive stress
Habits	Regular meal timings, mindful eating	Late-night eating, overeating, irregular meals

Suggested Pathya Diet Chart

- **Breakfast:** Oats with flaxseeds, warm milk, cinnamon
- **Mid-morning:** Fresh fruits (apple, papaya)
- **Lunch:** Brown rice, lentils, steamed vegetables, turmeric-spiced curry
- **Evening Snack:** Herbal tea (cinnamon, ginger)
- **Dinner:** Light soup, whole-grain roti, steamed vegetables

Evidence supports high-fiber, low-GI diets combined with moderate physical activity in improving insulin sensitivity, BMI, and menstrual regularity. Avoiding *Apathya* prevents exacerbation of *dosha* imbalance.

CLINICAL OUTCOMES

Clinical observations suggest that *Shatavari* improved menstrual regularity and ovulatory function, while *Ashoka* and *Lodhra* helped regulate abnormal uterine bleeding and cycle irregularity. *Kumari* supported menstrual flow and ovarian function. *Guduchi* and

Haridra demonstrated reduction in fasting glucose, BMI, insulin resistance, and inflammatory markers. *Yashtimadhu* contributed to lowering serum testosterone and reducing hyperandrogenic symptoms. *Amalaki* improved lipid profile and reduced oxidative stress. *Ksheerakakoli* supported metabolic balance and reproductive tissue nourishment, whereas *Shatapushpa* aided in regulating menstrual flow and ovulatory correction.

DISCUSSION

PCOS involves vitiation of *Kapha* and *Pitta*, causing metabolic and reproductive disturbances. Single-herb therapy (*Ekamoolika Prayoga*) provides focused correction with minimal side effects. *Pathya-Apathya* ensures sustainable management by addressing diet, lifestyle, and behavior.

Modern Evidence Correlation

- Clinical studies confirm improvement in insulin sensitivity, BMI reduction, and ovulatory restoration with combined herbal and lifestyle interventions.
- Stress reduction, yoga, and mindful diet synergize with herbal therapy.

CONCLUSION

Ekamoolika Prayoga combined with *Pathya-Apathya* offers a holistic, safe, and effective approach for PCOS. Single-herb therapy targets hormonal, metabolic, and reproductive disturbances, while diet and lifestyle modifications prevent recurrence and improve long-term outcomes. Standardized clinical trials are required to validate efficacy and integrate Ayurvedic management into routine PCOS care.

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