

A COMPREHENSIVE METHOD FOR MANAGEMENT PCOD AND PCOS: A COMPARISON OF CONVENTIONAL AND CONTEMPORARY HEALTHCARE SYSTEMS

K. Raga Sri Latha | Ravi Chandra Sharabu

Chebrolu Hanumaiah Institute of Pharmaceutical Sciences, Andhra Pradesh, India.

Corresponding Author Email: ragasrilathakantheti@gmail.com

Received: 16 July 2025 | **Revised & Accepted:** 7 October 2025

Keywords: Polycystic, syndrome, ovarian, treatment, homeopathy, naturopathy, yoga, siddha, Ayurveda, Unani, Allopathy, yoga, prevalence, **Acanthosis Nigricans**, to contribute, infertility, holistic management, Hormonal Imbalance, Diagnosis Insulin Resistance, Genetics, Lifestyle, Environmental Factors, **Laboratory Tests, ultrasound**, Weight Management, **Tonics**, Pharmacological Therapies, Herbal Medicines, irregular menstrual cycles, diet modifications.

ABSTRACT

PCOS (Polycystic Ovary Syndrome) and PCOD (Polycystic Ovary Disorder) are often used interchangeably, but some distinctions exist. PCOS can lead to infertility, irregular menstrual cycles, hyperandrogenism, and metabolic complications like insulin resistance and type 2 diabetes. PCOD may cause hormonal imbalance, irregular menstrual cycles, and polycystic ovaries, but its symptoms and severity can vary. Between 4% and 21% of people worldwide have PCOS, while between 2% and 35% of people in India have PCOD. It is estimated that about 22% of metropolitan Indian women suffer from PCOD; however precise prevalence estimates are not well-documented when separated from PCOS. Use our indepth guide to learn about holistic methods to PCOD and PCOS management, including treatment choices from a variety of medical systems, such as homeopathy, naturopathy, yoga, siddha, Ayurveda, Unani and allopathy to find out how these various treatments can improve general health and alleviate symptoms.

INTRODUCTION

Polycystic ovary syndrome (PCOS) and Polycystic Ovarian Disease (PCOD) is a common endocrine pathology in females of reproductive age worldwide. It has an impact on a woman's physical and mental well-being. It was first described in 1935 by Stein and Leventhal. Additionally, it is among the most common endocrine system disorders that affect women who are of reproductive age (14). The prevalence

varies from 5% to 15% based on the diagnostic standards used. About 6–13% of women in their reproductive years are thought to have PCOS. Globally, up to 70% of afflicted women go undetected. According to a new WHO report released in recent times, many people will experience infertility at some point in their lives. The WHO works with governmental and non-governmental partners to enhance public awareness related to PCOS, and promotes

research related to the most effective ways of preventing, diagnosing and treating infertility due to PCOS. About 17.5% of adult women struggle with infertility and its aftereffects, highlighting the critical need to provide access to high-quality, reasonably priced fertility care for those who need it. The incidence of PCOS varies between 4% and 21% worldwide and between 2% and 35% in India. It is estimated that about 22% of metropolitan Indian women suffer from PCOD, however precise prevalence estimates are not well-documented when separated from PCOS (57).

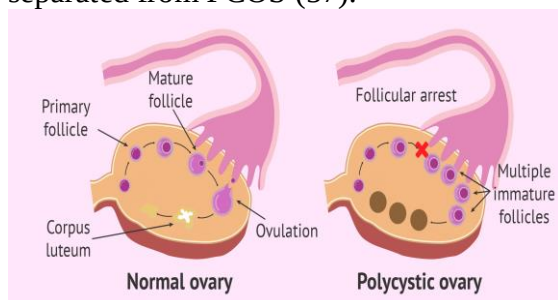


Fig. (1): Normal & polycystic ovary

GLOBAL STATISTICS

Due to the fact that the term PCOS is used by both international health organisations and scientific literature to refer to this range of ovarian dysfunction, there are no separate global statistics for PCOD and PCOS. The global burden of PCOS, which is typically similar to PCOD, is shown by the following statistics:

- **Prevalence:**

Among women of reproductive age, the estimated worldwide prevalence of PCOS is 9.2% (95% CI: 6.8–12.5%).

- **Total instances:**

In 2021, there were 65.77 million prevalent cases of PCOS worldwide, with 1.18 million new cases incidence that year.

- **Patterns:**

With an 89% increase in prevalence and an 87% increase in disability-adjusted life years (DALYs) between 1990 and 2021, PCOS has become a major global burden over the last three decades.

- **Regional Variation:**

Depending on diagnostic criteria, ethnicity, and access to healthcare, prevalence varies significantly by nation and region, ranging from 2% to 26%.

- **Under Diagnosis:**

Significant gaps in awareness and access to healthcare are highlighted by the fact that up to 70% of women with PCOS worldwide go undiagnosed (811).

- **Age Group Most Affected:**

The incidence and burden of PCOS are highest among women aged 20 to 29.

Around one in ten women of reproductive age worldwide suffer with PCOD/PCOS, and the prevalence and impact of the disease are rapidly increasing, particularly in low- and middle-income areas. The two terms are used interchangeably in epidemiological statistics, and PCOS is the term used in the majority of global health data and research.

Table 1: Differences of PCOD and PCOS.

PCOD	PCOS
Stands for Polycystic Ovarian Disease	Stands for Polycystic Ovarian Disease
It is distinguished by the release of partially mature or immature eggs from the ovaries, which may result in the development of cysts. It is typically seen as a hormonal	Significant hormonal abnormalities, especially high levels of androgens (male hormones), are a feature of this endocrine illness. This disorder has wider metabolic

imbalance rather than a serious illness, and it is frequently treatable with dietary and activity modifications.	repercussions and can result in numerous ovarian cysts.
It is more prevalent, impacting roughly 10% of women globally. Young women or teens are frequently diagnosed with it.	It affects between 0.2% and 2.5% of women worldwide, making it less common. Women in their 20s or 30s may experience more severe symptoms (1213).

CAUSES

Hormonal imbalances, insulin resistance, heredity, and lifestyle variables like diet and exercise are some of the causes of

PCOD (Polycystic Ovarian Disease) and PCOS (Polycystic Ovary Syndrome) (1417).

Table 2: Causes of PCOD and PCOS

PCOS, or polycystic ovarian syndrome, is a complicated hormonal condition that has several underlying causes. Although the precise aetiology is yet unknown, research shows that environmental, metabolic, hormonal, and genetic factors interact.	A hormonal condition known as polycystic ovarian disease (PCOD) affects women who are of reproductive age and is typified by the development of cysts from many immature or partially developed eggs in the ovaries. A number of interconnected elements are known to contribute to its development, while the precise cause is still unclear.
Key Causes of PCOS 1. Hormonal Imbalance PCOS patients often have high amounts of androgens, or male hormones like testosterone, which lead to the growth of undesired facial hair. Additionally, high levels of androgens interfere with ovulation, resulting in irregular periods, infertility, and symptoms like acne and excessive hair growth (18). The following are possible additional hormonal imbalances: • Increased luteinizing hormone (LH), which might promote excessive androgen production. • SHBG, or low sex hormone-binding globulin, amplifies the effects of androgens. elevated amounts of prolactin on occasion. 2. Insulin Resistance	Key Causes of PCOD 1. Hormonal Imbalance • Abnormally high levels of androgens (male hormones) are produced by the ovaries in PCOD, which interfere with the production and release of eggs, resulting in irregular menstrual cycles, infertility, acne, and excessive hair growth. • The buildup of immature eggs, which develop into ovarian cysts, is another effect of this hormonal imbalance. 2. Insulin Resistance • Insulin resistance, a condition in which the body's cells do not react appropriately to insulin, affects about 70% of women with PCOD. The ovaries are stimulated to release more androgens as a result of the pancreas producing more insulin. • Although obesity and a sedentary lifestyle are known to exacerbate insulin resistance, normal-weight women can also develop it.

- Insulin resistance, a condition in which the body's cells do not react to insulin as intended, is common in women with PCOS. Higher insulin levels result from this, and the ovaries are then stimulated to make more androgens (1920).

- This occurs when their bodies produce insulin, a hormone that is essential for controlling blood sugar, but they are unable to utilise it efficiently. Type-2 diabetes risk is increased by insulin resistance (22).

- Although it can affect women of any weight, insulin resistance is closely associated with obesity. Additionally, too much insulin causes weight gain, which exacerbates PCOS symptoms.

- Skin abnormalities such as acanthosis nigricans, or dark, velvety skin patches, are linked to high insulin.

3. Genetic Factors

- PCOS is frequently inherited. Up to 19 gene variations have been found in studies that potentially raise the risk of PCOS.

- Up to one-third of women with PCOS have a female family member with the disorder, and having a mother, sister, or aunt with PCOS raises risk (23).

- The variety of symptoms can be explained by the identification of genetic subgroups, such as metabolic and reproductive clusters.

- Due to a significant hereditary component, many disorders frequently run in families.

- Familial Clustering:

PCOS frequently runs in families, which may indicate a genetic component (24).

- Several Genes work together to cause PCOS making it a polygenic disorder (2627).

4. Inflammation

Women with PCOS frequently has high level of inflammation, which may be a contributing factor to insulin resistance and elevated androgen production (28).

5. Environmental and Lifestyle variables:

3. Genetics and Family History

PCOD is more likely to run in families. According to some sources, a woman's risk of acquiring PCOD is increased by up to 50% if she has close female relatives who have the disorder (21).

- It is thought to be caused by a combination of genetic variables rather than a single gene.

4. Chronic Low-Grade Inflammation

The ovaries may create more androgens in response to chronic low-grade inflammation, which is frequently elevated in women with PCOD.

- In women with PCOD, inflammation is also associated with a higher risk of cardiovascular disease.

5. Environmental and Lifestyle Factors

- Poor eating patterns, the intake of processed and junk food, and inactivity raise the risk and severity of PCOD by causing weight gain and insulin resistance.

- PCOD's hormonal and metabolic abnormalities are further worse by obesity (25).

In people who are genetically predisposed, lifestyle variables such as obesity, poor diet, and inactivity can cause or worsen PCOS.

LIFESTYLE FACTORS

Obesity and Overweight: Obesity and excess weight can exacerbate insulin resistance and raise the risk of PCOD or PCOS. The precise proportion of women with PCOS who are also obese varies, but research shows that most of them (38–88%) are either overweight or obese.

Unhealthy Diet: Insulin resistance and inflammation may result from a diet heavy in processed foods, sweets, and bad fats.

Insufficient Exercise: Sedentary living exacerbates insulin resistance and increases body weight.

Stress: Prolonged stress can throw off hormone balance, which might lead to PCOD or PCOS.

Inflammation: Women with PCOD and PCOS frequently have higher body inflammatory levels, which can make hormonal abnormalities worse.

OTHER FACTORS

Thyroid Issues: In addition to causing hormonal imbalances, thyroid issues may raise the risk of PCOD or PCOS.

Vitamin D Deficiency: According to certain research, a lack of vitamin D may raise the risk of PCOS (29). In women, this may also result in a hormonal imbalance that causes PCOD and PCOS.

SYMPTOMS

Table 3: Symptoms of PCOD & PCOS

Symptoms of PCOD Polycystic Ovarian Disease (PCOD) shares many characteristics with PCOS, although individual symptoms may differ and are frequently milder. The majority of symptoms are linked to hormonal imbalance and ovarian dysfunction, when the ovaries produce immature or partially mature eggs, which causes small cysts to emerge. The symptoms may overlap with those of PCOS and vary in severity, albeit being generally milder.	Symptoms of PCOS PCOS, or polycystic ovarian syndrome, can manifest as a range of symptoms, each with a potential variation in intensity and combination. Symptoms can appear at any age following puberty, although many women experience them around that time. The most common symptoms include:
Common symptoms include: • Irregular Menstrual Cycles or Delayed Periods: Because of disturbed ovulation, women with PCOD commonly experience irregular, delayed, or missing menstrual cycles.	Common symptoms include: • Period irregularities or absence: Menstrual cycles can be irregular, erratic, or non-existent (amenorrhoea). While some women may have very light or no periods at all,

• Gaining weight or having trouble losing it: Weight gain, particularly around the belly, is common in PCOD-afflicted women, and they may struggle to shed weight, which can exacerbate other symptoms.

• Acne and Oily Skin: Hormonal imbalances can cause persistent acne and oily skin, sometimes continuing beyond adolescence.

• Scalp hair loss or hair thinning: PCOD can result in hair loss or thinning on the scalp, which can occasionally resemble male-pattern baldness.

• Intense Hair Development: Excessive androgen production that results in unwanted hair growth on the face, chest, back, or abdomen.

• Infertility or Conceiving Difficulties: Hormonal imbalances can hinder the maturation and release of eggs, making pregnancy more difficult.

• Fatigue or Low Energy: A lot of PCOD-afflicted women report experiencing particularly high levels of fatigue or low energy throughout the day.

Mood Changes (Depression, Anxiety): Because of hormonal imbalances and the emotional toll that symptoms take, PCOD might raise the risk of mood swings, depression, and anxiety.

Polycystic Ovaries: Numerous tiny, fluid-filled sacs called follicles that do not develop or consistently release eggs may be found in the ovaries; these can frequently be seen on ultrasonography.

Darkened Skin Patches:

Insulin resistance causes some women to acquire thick, black, velvety skin patches, frequently on the groin, underarms, or neck.

Sleep Issues:

Insomnia and, in certain situations, sleep apnoea are among the sleep disorders linked to PCOD.

others may have heavy or protracted periods.

• Unwanted hair growth: Increased levels of androgen (male hormone) can cause unwanted hair growth on the face, chin, chest, back, abdomen, or thighs.

• Severe or persistent acne:

That is frequently unresponsive to conventional therapies, as well as greasy skin, particularly on the face, chest, and upper back.

• Hair loss or thinning of the scalp:

Male-pattern baldness or thinning of the scalp.

• Gaining weight or having trouble losing it: Many women with PCOS may have trouble losing weight and acquire weight readily, especially around the abdomen.

• Infertility:

Because of irregular or non-existent ovulation, PCOS is a major contributor to female infertility. While some women can conceive naturally, others may need fertility treatments.

• Darkened skin patches: Thick, velvety, dark patches of skin that are typically found under the breasts, on the groin, underarms, or on the neck.

Skin tags:

little skin flaps that are too big, usually in the neck or armpits.

Fatigue and low energy:

A lot of PCOS patients describe feeling exhausted or lacking energy, which might occasionally be linked to sleep apnoea or poor sleep.

Mood swings:

Hormonal changes and the emotional toll of symptoms contribute to an increased risk of mood swings, sadness, and anxiety.

Pelvic discomfort:

During or outside of their periods, some women have pelvic pain.

Sleep issues include trouble falling:

Staying asleep and a higher incidence of sleep apnoea, particularly in overweight

The severity of these symptoms might vary over time, and not all women with PCOD will experience them all. For assessment and treatment, speak with a healthcare professional if you think you may have PCOD.

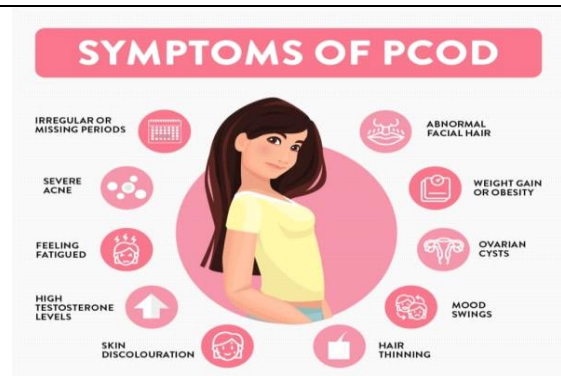


Fig (2): PCOD

people.

The severity of these symptoms might vary over time, and not all women with PCOS will experience them all. For assessment and treatment, speak with a healthcare professional if you think you may have PCOS(3035).

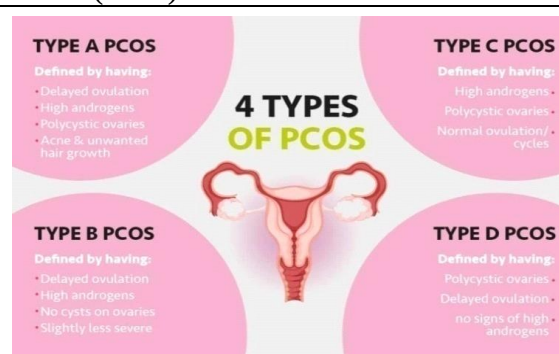


Fig (3): PCOS

DIAGNOSIS

Table 4: General diagnosis of PCOD & PCOS

Diagnosis of PCOD (Polycystic Ovarian Disease) The primary method of diagnosing polycystic ovarian disease (PCOD) is clinical evaluation, which may comprise the following actions: Symptoms and Medical History: A thorough medical history is obtained, with particular attention paid to weight fluctuations, irregular menstruation, and symptoms such as acne or excessive hair growth. Physical Examination: A physical exam assesses for signs of hyperandrogenism, which may include hirsutism (excessive hair growth), acne, and scalp hair thinning. Laboratory Tests: - Blood tests may be conducted to measure hormone levels, including testosterone and other androgen levels, to evaluate for hyperandrogenism.	Diagnosis of PCOS (Polycystic Ovary Syndrome) Polycystic Ovary Syndrome (PCOS) is diagnosed based on certain criteria, mainly the Rotterdam criteria, which call for any two of the three characteristics listed below: Clinical or biochemical hyperandrogenism: This is identified by blood tests or bodily manifestations of increased testosterone and other male hormone levels. Oligo-an ovulation: This characteristic may be indicated by irregular menstrual periods or by the lack of ovulation. Hormonal tests or patient histories are frequently used to evaluate this. Polycystic Ovarian Morphology: Polycystic ovaries are identified by transvaginal ultrasonography and are characterised as either: - Each ovary has a minimum of 12 antral follicles, which are 2–9 mm in diameter;
---	--

• Additional tests might include glucose tolerance tests to check for insulin resistance. 4. Ultrasound: • PCOD is frequently diagnosed based on the presence of irregular menstrual cycles and signs of hyperandrogenism, with the exclusion of other conditions that may present similarly. A trans-vaginal ultrasound may be performed to visualise the ovaries and check for the presence of cysts, although the presence of cysts alone is not sufficient for a diagnosis of PCOD (36-38).	also, at least one ovary has an ovarian volume larger than 10 cm³. Procedure for PCOS Diagnosis: • Physical examination and medical history: As with PCOD, a thorough medical history is obtained, with particular attention paid to hyperandrogenism symptoms and irregular menstruation. • A physical examination looks for symptoms including acne and excessive hair growth. • Laboratory Tests: To verify hyperandrogenism, blood tests are performed to assess hormone levels, namely total and free testosterone. • To evaluate metabolic health, additional testing could involve lipid profiles and fasting glucose. Imaging Studies: To view the ovaries for polycystic morphology, a transvaginal ultrasound is used (3942). • Other Conditions Are Not Included: It's critical to rule out other conditions including thyroid issues or adrenal abnormalities that could resemble PCOS symptoms.
Both PCOD and PCOS require a thorough evaluation by a healthcare provider to ensure accurate diagnosis and appropriate management strategies tailored to the individual's needs.	

TREATMENT

Polycystic Ovarian Disease and Polycystic Ovarian Syndrome are treated by different medical systems. These are hormonal conditions that impact the metabolic and reproductive health of women. Allopathy uses hormonal and metabolic medications to treat problems like insulin resistance, acne, and irregular periods. By balancing the doshas (Pitta and Kapha) and eliminating toxins with detox and herbal therapies, Ayurveda cures PCOD/PCOS. Unani medicine utilises herbs and rigorous therapy to regulate cycles and restore bodily temperament (mizaj). Siddha uses traditional formulations to restore balance

and relates the ailment to disturbed humours, particularly Kabam and Vatham. Homoeopathy provides customised treatments for mental health, stress, and hormonal imbalance. Naturopathy places a strong emphasis on detoxification, lifestyle modification, and natural healing through food, exercise, and herbs. By promoting general wellbeing, lowering stress, and balancing hormones, yoga benefits all systems. Based on its guiding principles, each system has special advantages in treating underlying issues or symptoms. The most efficient and comprehensive treatment for PCOD/PCOS may be provided by a combined or integrated strategy.



Fig. (4): Various systems of medications

Table 5: Diagnosis and treatment duration of various systems of medications in treatment of PCOD and PCOS

	Diagnosis	Treatment Duration
Ayurveda	Ayurvedic Diagnosis for PCOD/PCOS 1. Dosha Involvement: Primarily Kapha (causing cyst formation) and Vata (causing hormonal imbalance); sometimes Pitta (inflammation, acne). 2. Dushya Affected: Rasa, Rakta, Meda, and ArtavaDhatus (body tissues). 3. Agni (Digestive Fire): Mandagni (weak metabolism) leads to Ama (toxins). 4. SrotasDushti: Blockage of ArtavavahaSrotas (female reproductive channels). 5. Assessment Tools: NadiPariksha (pulse reading), menstrual history, Prakriti (body constitution), and Vikriti (imbalance).	Level of Severity - Stage Estimated Duration: Mild symptoms-two to three-monthly cycles. Cycle irregularities and minor cysts - 3-4 months. Moderate cysts and problems with hormones- four to six months. Extreme symptoms (obesity, insulin resistance, infertility)- six to nine months or more.

Yoga	-----	1. <i>Mild to Moderate PCOD/PCOS</i> • Duration: 3 to 6 months 2. <i>Chronic or Severe Cases</i> • Duration: 6 to 12 months or more 3. <i>With Obesity or Infertility</i> • Duration: 6 to 12 months
Naturopathic	□ Diagnosis in Naturopathy No invasive tests — emphasis on: ○ Clinical symptoms (irregular periods, acne, weight gain) ○ Patient history ○ Physical and lifestyle evaluation <i>Modern diagnostic tools (e.g., ultrasound, blood tests) may be referred when necessary</i>	Generally 3 to 6 months, depending on: ○ Severity of the condition ○ Patient's commitment to lifestyle changes ○ Obesity, insulin resistance, and fertility goals.
Unani	Unani Diagnosis Nabz (Pulse) Examination – Slow, soft pulse in Balghami temperament. Mizaj Assessment – Cold & moist temperament (BaridwaRatb). Baul (Urine) and Baraz (Stool) Analysis – Signs of sluggish digestion and metabolism. Clinical History – Irregular menstruation, weight gain, infertility, acne, hirsutism. Firasat (Observation) – Analysis of tongue, skin, and eyes for phlegmatic symptoms.	Generally, 3–6 months depending on symptom severity and patient constitution.

Siddha	Diagnosis in Siddha Nadi (Pulse) Diagnosis Used to detect vitiation of Vata, Pitta, and Kapha humors. EnvagaiThervu (Eight Diagnostic Tools) Nadi (pulse), Sparisam (touch), Naa (tongue), Niram (color), Mozhi (voice), Vizhi (eyes), Malam (stool), Moothiram (urine). UdalThathukkal Examination (fluid). Assessment of the Seven Body Constituents (Rasa, Kurudhi, Oon, etc.), especially Sukkilam/Suronitham (reproductive	Typically, 3 to 6 months, depending on: ○ Size of cysts ○ Hormonal levels ○ Lifestyle adherence
Homeopathy	Diagnosis in Homeopathy Detailed Case Taking: Physical symptoms: Irregular periods, acne, weight gain, hirsutism Emotional/mental symptoms: Mood swings, anxiety, stress Family history, food cravings, sleep patterns Supporting Investigations: ○ Ultrasound for ovarian cysts Hormone tests (LH, FSH, testosterone, insulin, etc.)	Condition-Estimated Duration Mild PCOD/PCOS-3–4 months Moderate to severe PCOS-6–12 months With obesity or infertility-May take 1 year or more
Allopathy	Diagnosis is based on the Rotterdam Criteria, which require at least two of the following: • Irregular or absent ovulation. • Elevated androgens (testosterone). Polycystic ovaries on ultrasound.	Purpose-Approximate Duration Symptom control-3–6 months. Fertility support-Varies per case. Long-term metabolic control-Ongoing/lifelong.

YOGA TREATMENT FOR PCOD AND PCOS

Benefits Of Yoga for Pcod/Pcos:

- Hormonal Regulation: Yoga is essential for managing PCOD/PCOS because it balances hormones by lowering stress and controlling the neurohormonal profile.

ARTICLE ID: BTS0326023

- **Better Menstrual Health:** Consistent practice can enhance ovarian morphology and assist restore regular ovulation and menstrual cycles.
- **Weight management:** Yoga helps people lose weight, and even a 5–10% drop in body weight can have a big impact on menstruation regularity and symptoms.
- **Stress Reduction:** Yoga and related

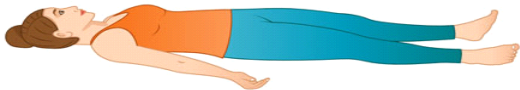
breathing exercises (pranayama) enhance mental health by reducing anxiety and depression, which are prevalent in PCOS.

- **Improved Circulation:** Numerous yoga positions improve blood flow to the pelvis, which promotes the health of the reproductive organs and lessens discomfort (43-46).

Table 6: Recommended Yoga Poses for PCOD/PCOS

Pose Name	Benefits
BaddhaKonasana (Butterfly Pose) 	Stimulates ovaries, improves pelvic circulation, relieves menstrual pain.
SuptaBaddhaKonasana (Reclining Butterfly)  shutterstock.com · 2115993077	Deep relaxation, pelvic opening, stress relief.
Malasana (Garland Pose)  istock Credit: About time	Opens hips, strengthens pelvic floor, increases blood flow to pelvic region.

Bharadvajasana (Seated Twist) 	Aids digestion, massages abdominal organs, supports hormone balance (47).
ChakkiChalanasana (Grinding Wheel) 	Massages reproductive organs, improves organ function.
Bhujangasana (Cobra Pose)  COBRA POSE . BHUJANGASANA shutterstock.com · 1765360280	Stimulates ovarian function, strengthens back, relieves fatigue.
Dhanurasana (Bow Pose) 	Stimulates abdominal organs, improves digestion and ovarian health.
SetuBandhasana (Bridge Pose)	Strengthens back and pelvic muscles, supports hormonal balance.

	
Balasana (Child's Pose) 	Relieves stress and anxiety, improves blood flow to reproductive organs.
Shavasana (Corpse Pose) 	Deep relaxation, stress reduction.

PRANAYAMA AND MEDITATION:

- Alternate nostril breathing, or NadiShodhanPranayama: Lowers stress and balances the body and mind.
- Bhramari Pranayama (Bee Breathing): Reduces anxiety and calms the nervous system.
- Mindfulness and Meditation: Consistent meditation lessens mood fluctuations and promotes emotional equilibrium.

PRACTICE GUIDELINES AND TIPS:

For optimal effects, do yoga three times a week for at least an hour. To get the most out of restorative poses, concentrate on holding them for five to ten breaths.

If you are a beginner or have other health issues, stay away from postures that put too much pressure on the abdomen for extended periods of time.

If you are new to yoga or have severe symptoms, always practise under the supervision of a trained yoga instructor.

SCIENTIFIC EVIDENCE:

- Studies show that yoga can assist women with PCOS regularise their menstrual cycles, restore ovulation, and enhance ovarian morphology.
- Yoga improves quality of life for PCOS patients, reduces testosterone levels, and promotes insulin sensitivity.
- Weight, BMI, and clinical characteristics of PCOs have been significantly improved with integrated yoga and naturopathy therapies.

UNANI TREATMENT FOR PCOD AND PCOS

UNANI HERBAL FORMULATIONS:

- **Polyherbal Formulations:**
In women with PCOS, unani-coded polyherbal formulations like Picolin, which contains Glycyrrhiza glabra, Linum usitatissimum, Cinnamomum verum, and Vitex agnus castus, have demonstrated a notable increase in monthly regularity and hormonal parameters like insulin and prolactin. Picolin capsules improved menstrual flow and reduced hormonal imbalances better than metformin in a clinical investigation (48).

ItrifalGududi and MaajoonDabeedul- ward:

According to case studies, these traditional Unani medicines helped normalise ovarian ultrasonography results, enhance appetite, and restore regular menstrual cycles when combined with lifestyle changes (4950).

- Additional Unani Single Drugs:
Due to their emmenagogue (menstrual-promoting), anti-inflammatory, and hormone-balancing qualities, herbs like zafran (*Crocus sativus*), zanjbeel (*Zingiber officinalis*), oodsaleb (*Paeonia officinalis*), musalisiyah (*Curculigo orchioides*), aslusoos (*Glycyrrhiza glabra*), and elwa

(*Aloe barbadensis*) have long been used (51).

KEY PRINCIPLES OF UNANI TREATMENT FOR PCOD/PCOS:

- ### 1. IlajbilZid (Treatment by Opposites)

- The course of treatment is designed to combat the nature of the illness. Warming, drying, and phlegm-expelling medicines are used in Unani therapy to restore balance because PCOS is associated with a cool and moist (baridbalghami) disposition.

- ## 2. Use of Emmenagogues (Mudir-e-Haiz)

A key component of treatment for amenorrhoea or oligomenorrhoea is the use of herbs and formulations that promote and control menstrual flow.

- ### 3. Uterine Tonics (Muqawwi-e-Rahem)

- To promote conception and general reproductive health, medications that fortify the uterus and reproductive system are administered.

- #### 4. Phlegm Expulsives (MunzijwaMukhrije-Balgham)

- Since a buildup of balgham is thought to result in cyst formation and hormonal imbalances in PCOS, treatments that eliminate excess phlegm are recommended.

- ## 5. General Tonics (Mugawwiat)

- The inclusion of general tonics supports the body's resistance by enhancing metabolic function, general health, and vitality.

- ## 6. Lifestyle and Diet (IlajbilTadbeer&IlajbilGhiza)

- Regimental therapy such as cupping (hijamah), regular exercise (riyasat), and diet control (favouring warm, dry foods and limiting cold, moist foods) are stressed as ways to boost metabolism, reduce obesity, and restore humoral balance.

- ## 7. IlajbilDawa (Pharmacotherapy)

use of herbal remedies that have phlegm-expelling, emmenagogue, uterine tonic, and general tonic qualities. Among the often-utilised herbs are elwa (*Aloe barbadensis*), musalisiyah (*Curculigoorchioides*), oodsaleb(*Paeoniaofficinalis*), zanjabeel (*Zingiberofficinalis*), zafran (*Crocus sativus*), and aslusoos (*Glycyrrhizaglabra*) (5256)

EVIDENCE AND OUTCOMES OF UNANI TREATMENT FOR PCOD/PCOS:

a. Clinical Improvements:

- Case studies and short clinical trials have shown that unani therapies increase menstrual regularity, reduce ovarian cysts, and normalise hormonal profiles.
- A case study demonstrated that MajoonDabeedul Ward and ItrifalGududi's treatment resulted in regular menstrual periods, better ultrasound results (cyst resolution), and normalised thyroid function—all without any negative side effects.
- Compared to metformin, a randomised controlled trial on Unani formulations (like

Picolin) showed enhanced menstrual flow and notable drops in serum insulin and prolactin levels.

- After three months of Unani treatment with MajoonDabidul Ward, ArqMako, and ArqKasni, another case study documented total remission of polycystic ovaries.

- MajoonIdraareHaiz showed no negative side effects in a pilot study, and there was a notable improvement in ovarian morphology, menstrual regulation, and androgen excess characteristics.

- Menstrual irregularity, BMI, ovarian volume, and quality of life scores were significantly improved with research on additional Unani medications (such as Saleekha and Majeeth), with no negative side effects observed.

b. Safety:

- Unani herbal medicines are generally well-tolerated and associated with minimal side effects, as supported by the absence of adverse effects in multiple clinical studies and case reports (5758).
- These medicines, being of natural origin, are considered less toxic and easily available, but large-scale randomized clinical trials are needed for further validation of their efficacy and safety.

Table 7: Key Unani Approaches for PCOD/PCOS

Unani Approach	Example Medicines/Herbs	Reported Benefits
Polyherbal formulations	Picolin,ItrifalGududi, MaajoonDabeedul-Ward	Improved menstrual cycles, hormonal balance, ovarian health, , resolve cysts
Single herbs	Zafran, zanjbeel, oodsaleb, musalisiyah, aslusoos.	Emmenagogue, anti-inflammatory hormone regulation, uterine tonic
Lifestyle & regimental therapy	Diet, exercise(riyasat), regimental therapies, stress management	Weight control, improved metabolic, circulation and reproductive health
Clinical Evidence	Case reports, RCTs comparing with metformin	Improved menstrual cyclicity, hormonal parameters

AYURVEDIC TREATMENT FOR PCOD AND PCOS

PANCHAKARMA THERAPIES (DETOXIFICATION):

- **Udvaartana (Herbal Powder Massage):** This type of dry massage helps to eliminate fat and excess Kapha toxins from the lymphatic system.
- **Internal Oleation, or Snehapana:** use of medicinal ghee to bind fat-soluble poisons. Induced vomiting to get rid of Kapha and clear obstructions, particularly in the uterus, is known as vamana (therapeutic emesis).
- **Virechana (Therapeutic Purgation):** Less frequently used for PCOD, but used specifically to eliminate excess Pitta.
- **Additional Panchakarma Techniques:** medicinal enemas (Basti), steam therapy (Swedana), and oil massage (Abhyanga) aid in dosha balancing and detoxification (5962).

HERBAL MEDICINES AND FORMULATIONS:

- **KanchanarGuggulu:** aids in weight loss, decreases cysts, balances hormones, and supports ovarian health.
- Asokarishta:** promotes uterine health and controls menstrual cycles.
- **Shatavari (Asparagus racemosus):** Promotes hormone balance and improves reproductive health.
- **Guduchi (Tinosporacordifolia):** Promotes weight loss, reduces inflammation, and controls cycles.
- **Varuna (Crataevanurvala):** Normalises menstrual cycles and decreases cyst size.
- **Pippali (Piper longum):** Promotes hormone balance and ameliorates insulin resistance.

- **Punarnava (Boerhaviadiffusa):** Promotes renal function and lessens water retention.
- **ChandraprabhaVati, Dashmoolarishta, and Triphala:** Support metabolism, hormone balance, and detoxification.
- **Additional Herbs:** For their anti-inflammatory, hormone-balancing, and metabolic properties, turmeric, cinnamon, bilva, agnimantha, chitraka, haritaki, shunthi, and other herbs are also utilised.

DIETARY AND LIFESTYLE MODIFICATIONS:

- **Diet:** Place a focus on lean proteins, healthy grains, fresh fruits, and vegetables. Steer clear of foods that raise Kapha (cold, heavy, greasy foods), processed foods, too much sugar, and saturated fats.
- **Way of life:** Hormonal balance and metabolic health depend on regular exercise, yoga, and stress reduction techniques like pranayama and meditation.
- **Daily Routine:** Prioritise getting enough sleep, stick to a regular schedule, and refrain from eating late.

YOGA AND MIND-BODY PRACTICES:

CLINICAL EVIDENCE AND OUTCOMES:

- **Case Reports and Studies:** Ayurvedic treatment has been shown to restore regular menstruation, resolve ovarian cysts (confirmed by ultrasound), and improve symptoms without the need for allopathic medicines.
- **Safety:** Ayurvedic medicines are generally well-tolerated, but should be used under the guidance of a qualified practitioner (6364).

Table 8: Ayurvedic Treatment for PCOD/PCOS

Treatment Aspect	Examples/Details	Benefits
Panchakarma	Udvaartana, Snehapana, Vamana, Abhyanga, Basti	Detoxification, dosha balancing
Herbal Medicines	KanchnarGuggulu, Ashokarishta, Shatavari, Guduchi	Hormonal regulation, cyst resolution
Diet & Lifestyle	Fresh foods, exercise, routine, avoid processed food	Improved metabolism, symptom control
Yoga & Mind-Body Practices	Asanas, pranayama, meditation	Stress reduction, hormonal balance
Clinical Outcomes	Case studies, USG findings	Restored cycles, reduced cysts, symptom relief

SIDDHA TREATMENT FOR PCOD/PCOS

PRINCIPLES OF SIDDHA TREATMENT FOR PCOD/PCOS:

- Siddha treatment takes a comprehensive approach to PCOD/PCOS, seeking to treat the underlying hormonal imbalance rather than merely treating its symptoms. Usually, the course of treatment includes:

- Internal medications: Tablets, arishtams, waxy medicines (mezhugu), semi-solid mixtures (legiyam), herbal powders (choornam), and decoctions (kashayam). These are made from herbo-mineral and polyherbal ingredients and are designed to dissolve ovarian cysts, normalise menstrual cycles, and address hormonal imbalances (6576).

Table 9: Key siddha Approaches for PCOD/PCOS

Siddha Medicine	Purpose
MathulaiManapagu	Regulates menstruation and acts as a uterine tonic
VangaParpam	Balances hormones and reduces cysts
SivanarVembuKudineer	Detoxification and Kapha balancing
AmukkaraChooranam	Tones uterus, relieves stress and improves fertility
KarisaalaiChooranam	Liver stimulant, balances hormones

Dosage and selection should be based on Nadi reading and practitioner advice.

- External Therapies: These include massage oils, fumigation treatments, and occasionally medicinal baths, which are

intended to increase local circulation and decrease inflammation.

- Virechanam, or purgation, is used to get rid of extra humours.
- Steam therapy and oil massage: these can help lower weight and increase circulation.
- Yoga & breathing techniques – to enhance endocrine function.
- Rejuvenation Medicines: Higher-order preparations like chendooram, karpam, and parpam are used for long-term benefits and to strengthen the reproductive system.

COMMON SIDDHA MEDICINES AND THERAPIES:

- Herbal Formulations: Asoka pattaikudineer, Mavilingapattaichooram, Kumattimezhugu, Silasathuparpam, and Gendhaga preparations are a few commonly used Siddha medications for PCOD/PCOS.
- Lifestyle and Diet: Siddha promotes dietary adjustments that include consuming

more fruits, green vegetables, and horse gramme while avoiding processed, fatty, and oily foods, as well as dairy and sweets.

- Physical Activity: To aid in weight management and hormonal balance, regular exercise, yoga, brisk walking, and particular asanas are advised.

HOW SIDDHA MEDICINE WORKS FOR PCOD/PCOS:

- Hormonal Regulation: To address the underlying hormonal imbalance, siddha medications are intended to boost the release of healthy eggs, encourage follicular maturation, and adjust the LH/FSH ratio.
- Cyst Resolution: Ovarian cysts can be dissolved and ovarian function enhanced by non-hormonal herbal formulations.
- Menstrual Regularity: Siddha therapy seeks to promote fertility and restore normal menstrual cycles by reviving the reproductive system.

Table 10: Comparison with Other Treatments

Aspect	Siddha Treatment	Conventional/Allopathic Treatment
Approach	Root-cause, holistic	Symptom management, hormonal drugs
Medicines	Herbal/mineral, non-hormonal	Hormonal pills, surgery
Side Effects	Minimal to none	Possible side effects
Focus	Long-term cure, lifestyle	Short-term symptom relief
Additional Therapies	Yoga, diet, detox	Surgery (e.g., laparoscopy)

Siddha practitioners claim that their approach provides a more permanent solution by addressing the underlying causes rather than offering only temporary relief.

DIET & LIFESTYLE IN SIDDHA:

Recommended:

- Warm, freshly made vegetarian dishes that are high in fibre.
- fenugreek, cumin, dried ginger, pepper, and herbal teas; regular yoga and exercise.

Avoid:

- Cold, greasy, and high in dairy products.
- Stress-inducing behaviours, processed foods, and sugar.

HOMEOPATHY TREATMENT FOR PCOD/PCOS

KEY PRINCIPLES OF HOMEOPATHIC TREATMENT:

- **Individualisation:** The course of treatment is customised to address the particular mental, emotional, and physical symptoms of each patient. Instead of using a one-size-fits-all approach, remedies are chosen following thorough case-taking and analysis.
- **Root Cause Focus:** In order to restore normal ovarian function and hormonal balance, homeopathy attempts to treat the fundamental causes of PCOD/PCOS rather than merely its symptom.

- **Gentle and Secure:** Homoeopathic treatments are typically regarded as safe, have a low chance of adverse effects, and can be used for an extended period of time.

COMMONLY USED HOMEOPATHIC REMEDIES:

Depending on the patient's unique symptom profile, a number of treatments are commonly recommended for PCOD/PCOS:

- **Pulsatilla:** For mood swings, minor acne, and irregular periods.
- **CalcareaCarbonica:** For weariness, weight gain, and delayed periods.
- **ThujaOccidentalis:** For hormonal abnormalities and cystic tendencies.
- **Lycopodium, Lachesis, Natrum Muriaticum, and Sepia:** Used for a variety of presentations, including emotional disorders, irregular menstruation, and metabolic symptoms.

Table 11: Table for homeopathy medicines and Key Indications

Medicine	Key Indications
Pulsatilla	Irregular, scanty or delayed menses; emotional, mild-natured women
Sepia	Hormonal imbalance, ovarian cysts, irritability, pelvic pain
ApisMellifica	Swollen ovaries with stinging pain; sensitivity; relief from cold applications
Lachesis	Left-sided ovarian cysts; suppressed menses; loquacious, intense nature
Calcarea Carb	Obesity, profuse sweating, craving for eggs; sluggish metabolism
Natrum Mur	Irregular periods, suppressed grief, acne, weight gain
ThujaOccidentalis	PCOS with history of vaccinations or suppressed conditions

Note: Homeopathy is highly individualized. Self-medication is discouraged.

EVIDENCE AND CLINICAL OUTCOMES

- **Symptom Improvement:** Research and case studies show notable improvements in

- ovarian cyst reduction, monthly regularity, hormonal profile normalisation (FSH/LH ratio), and the treatment of symptoms such as weight gain, acne, and hirsutism.
- **Comparative Studies:** According to some research, homoeopathic treatment may

induce ovulation just as well as traditional medications like clomiphene citrate, but with fewer adverse effects.

- Long-Term reduction: Following customised homeopathic treatment, case

follow-ups reveal that some patients experience ongoing symptom reduction and no recurrence.

TREATMENT PROCESS

Table 12: Homeopathy vs. Conventional Treatment for PCOD/PCOS

Aspect	Homeopathy	Conventional Medicine
Approach	Individualized, holistic, root-cause focused	Symptom management, hormonal drugs
Common Remedies	Pulsatilla, Calcarea Carb., Thuja, Sepia, etc.	Oral contraceptives, metformin, etc.
Side Effects	Minimal	Possible (weight gain, mood changes)
Evidence	Positive case reports, some clinical studies	Large-scale clinical trials
Duration	Long-term, gradual improvement	Variable, often ongoing

DIET& LIFESTYLE RECOMMENDATIONS (WITH HOMEOPATHY):

Maintain a low-glycemic, well-balanced diet; engage in regular exercise, such as yoga or brisk walking; and get enough sleep and water.

- Use writing, counselling, or mindfulness to manage emotional stress.

ALLOPATHY TREATMENT FOR PCOD/PCOS

KEY COMPONENTS OF ALLOPATHIC TREATMENT:

- Lifestyle Modifications
- Because it can help restore ovulation, increase insulin sensitivity, and lower androgen levels, weight loss through diet

and exercise is frequently the initial prescription.

- It is recommended to have a diet high in complex carbs (found in fruits, vegetables, and whole grains) and low in simple carbohydrates.

- Exercise: aerobic and resistance training for at least 30 minutes each day.
- Behavioural treatment for mental health and weight reduction

Pharmacological Therapies

Oral contraceptive pills (OCPs): For women who do not wish to become pregnant, combined OCPs are the first-line treatment. They lower testosterone levels, control menstrual cycles, and aid in the

management of hirsutism and acne.

- **Insulin Sensitisers:** Metformin is frequently recommended to reduce blood sugar and improve insulin sensitivity. Additionally, it might promote weight loss and help menstruation return to normal.

- **Ovulation Induction Agents:** Drugs such as letrozole or clomiphene citrate are used to induce ovulation in women who wish to become pregnant. In several investigations, letrozole has demonstrated greater success rates than clomiphene (77).

Table 13: Medicine and its Action

Medicine	Action
Clomiphene Citrate	Stimulates ovulation
Letrozole	Aromatase inhibitor, often preferred for PCOS
Gonadotropins	Injectable hormones for controlled ovulation

Table 14: Hormonal Therapy

Medicine/Class	Purpose
Combined Oral Contraceptives	Regulate menstrual cycles and reduce androgens
Progesterone only Pills	Induce withdrawal bleeding and prevent endometrial thickening
Anti-Androgens (e.g., Spironolactone)	Reduce hirsutism and acne

- **Anti-androgens:** To lessen excessive hair growth and other androgenic symptoms, medications such as eflornithine and spironolactone can be administered.

- **Additional Drugs:** In certain situations, low-dose dexamethasone and pioglitazone, another insulin sensitiser, may be used.

Handling Particular Symptoms

- **Hirsutism and Acne:** Topical therapies (such eflornithine cream), laser hair removal, and electrolysis may be suggested in addition to OCPs and anti-androgens. When necessary, topical or oral medicines are used to treat acne.
- **Obesity and Metabolic Syndrome:** Liraglutide, one of the most recent diabetic drugs, may help some patients lose weight and control their metabolism.

- **Anti-androgens:** To lessen excessive hair growth and other androgenic symptoms, medications such as eflornithine and spironolactone can be administered.

- **Additional Drugs:** In certain situations, low-dose dexamethasone and pioglitazone, another insulin sensitiser, may be used (7883).

Surgical Options

Laparoscopic Ovarian Drilling (LOD): A minimally invasive procedure for women whose infertility is not improving with treatment is laparoscopic ovarian drilling (LOD). By killing ovarian tissue that produces androgen, LOD can decrease androgen levels and induce ovulation again.

Table15: Allopathy for PCOD/PCOS

Treatment Category	Examples/Details	Main Purpose
Lifestyle Modification	Diet, exercise	Weight loss, improve insulinsensitivity

Hormonal Therapy	Combined OCPs	Regulate cycles, reduce androgens
Ovulation Induction	Clomiphene, Letrozole	Stimulate ovulation for fertility
Insulin Sensitizers	Metformin, Pioglitazone	Lower insulin resistance, restore cycles
Anti-androgens	Spironolactone, Eflornithine	Treat hirsutism, acne
Surgical	Laparoscopic Ovarian Drilling	Restore ovulation in resistant cases
Symptom-specific	Acne medications, hair removal techniques	Manage cosmetic symptoms

RISKS & MONITORING:

- Frequent evaluation of liver function, lipids, and blood sugar.
- The possibility of adverse effects from long-term insulin or hormone treatment.
- Modifications in lifestyle are necessary to stop recurrence.

LIMITATIONS AND CONSIDERATIONS:

- Rather than treating PCOD/PCOS, allopathic treatment focusses on managing and controlling symptoms.
- Long-term or repeated use of medications may carry side effects, and symptoms can recur if treatment is stopped.
- A multidisciplinary approach often involving gynaecologists, endocrinologists, and nutritionists—yields the best outcomes.

NATUROPATHY TREATMENT FOR PCOD AND PCOS

Core Elements of Naturopathic Treatment

DIETARY MODIFICATIONS:

- A focus on a "live food" diet mostly uncooked foods that are high in antioxidants, vitamins, and minerals, such as cucumbers, carrots, beets, ash gourds, green gramme sprouts, guavas, melons, oranges, and Indian gooseberries.
- Because of their low glycaemic index, these meals can help lower insulin resistance, which is a major contributing

factor to the pathophysiology of PCOS1.

- To reduce inflammation and hormone disruption, stay away from processed meals, refined carbohydrates, and high-fat dairy.
- To control hormones, use herbs like spearmint tea (which lowers testosterone) and cinnamon (which increases insulin sensitivity).
- To aid in detoxification, drink herbal teas and stay hydrated.

HERBAL AND NATURAL REMEDIES:

- Herbs with evidence for PCOS management include:
- AloeVera: promotes folliculogenesis and ovarian tissue.
- Chamomile: Promotes hormone balance, increases follicle count, and lessens ovarian symptoms.
- Vitexagnus-castus, or the caste tree: Lowers testosterone and promotes regular menstruation. Vitex, a berry from the chaste tree, aids in regulating progesterone and oestrogen levels.
- Cinnamon: Reduces blood glucose and improves insulin sensitivity.
- Ginseng: Enhances ovulation and controls immunological response.

- **Liquorice root:** This anti-inflammatory aids in hormone balance and sugar metabolism.

It has been demonstrated that spearmint tea can help reduce testosterone levels. Additional herbs for stress and metabolic support include fennel, flaxseed, *Stachys lavandulifolia*, and adaptogens such as holy basil and ashwagandha. Supplements containing magnesium, vitamin D, inositol, and other nutrients promote hormonal balance and ovarian health. *Rhodiola*, maca, ginseng, and liquorice root are examples of adaptogenic herbs that may help control stress and hormone changes.

LIFESTYLE AND MIND-BODY INTERVENTIONS:

- **Yoga and Exercise:** Consistent use of yoga poses, breathing exercises, and relaxation methods can help lower stress, enhance insulin sensitivity, and aid in weight control.

Breathing techniques and yoga poses assist control the hypothalamic-pituitary-ovarian axis, lower stress, and enhance circulation to the reproductive organs. Improvements in body weight, ovarian morphology, and menstrual regularity have been demonstrated with consistent practice (e.g., 6 months).

- **Physical Activity:** Strength training, brisk walking, and well-rounded exercise regimens are recommended.
- **Stress Management:** Since stress can exacerbate hormonal imbalances, mindfulness, meditation, and getting enough sleep are essential (84).
- **Getting enough sleep and sticking to a daily schedule**

NATUROPATHIC THERAPIES:

- **Massage, aromatherapy, mud therapy, and hydrotherapy:** These treatments promote relaxation, detoxification, and general well-being.

- **Hydrotherapy (hip baths, steam baths) and the local use of mud packs** stimulate the thyroid and ovaries, assisting in the regulation of hormones.

- **Hip bath:** enhances circulation in the pelvis.

A steam bath helps the body detox. Lower abdominal irritation is decreased by cold fermentation.

Enema: Sometimes used for detoxification and improving gut health which is vital for hormonal metabolism.

Hormonal balance is aided by herbal teas and dietary changes that promote liver function and toxin removal.

By affecting reproductive hormones, acupuncture has been demonstrated to improve ovarian function, control menstrual cycles, and lessen PCOS symptoms.

Although the duration of treatment is frequently longer than with medicines, herbal therapies have shown benefits in lowering androgen levels, enhancing insulin sensitivity, promoting ovulation, and easing symptoms including hirsutism and acne.

- **Research indicates that a 6-month course of integrated yoga and naturopathy therapies** can dramatically enhance ovarian morphology, body weight, BMI, and regular menstrual cycles.

- **Cinnamon** enhances menstruation control and insulin sensitivity.

- **By lowering testosterone, spearmint tea** lessens hirsutism.

Hormone levels and ovulation are positively impacted by acupuncture; dietary and lifestyle modifications improve

hormonal profiles and lower insulin resistance.

Table 16: Naturopathic Treatments for PCOD/PCOS

Treatment Type	Examples/Details	Benefits
Diet	Raw fruits/vegetables, Low GI foods, magnesium-rich foods, cinnamon, spearmint tea	Reduces insulin resistance, hormone regulation, inflammation
Lifestyle	Exercise, stress management, sleep hygiene Asanas, breathing exercises	Regulates menstrual cycles, reduces stress
Herbal Supplements	Aloe Vera, chamomile Chaste tree (Vitex), ginseng, licorice, maca	Balances hormones, supports ovulation
Hydrotherapy & Mud Packs	Steam baths, mud application	Stimulates ovaries, supports detox
Detoxification	Herbal teas, water cleanse	Enhances liver function, hormone metabolism
Acupuncture	Traditional Chinese Medicine technique	Regulates hormones, improves ovulation

DISCUSSION: The Overall Effectiveness of Multiple Treatment Modalities (8589)

System	Mild response	Moderate response	Severe response	Remarks
Allopathy	80%	70%	60%	Fast symptom relief, temporary effect
Ayurveda	90%	80%	70%	Holistic, sustained cure
Siddha	85%	75%	65%	Strong herbal-mineral therapy
Homeopathy	80%	70%	55%	Gentle long-term balance
Unani	80%	70%	60%	Detox-centric, steady improvement
Naturopathy	75%	65%	50%	Weight and stress control via natural healing
Yoga	85%	75%	65%	Best complementary approach

PCOD represents a milder ovarian disorder, whereas PCOS is a more severe, systemic endocrine syndrome, and the choice of

treatment should be guided by the severity of the condition. Clinical observations indicate that mild PCOD/PCOS responds

well to alternative and lifestyle-based therapies, particularly Ayurveda, Yoga and Homeopathy, which help restore hormonal balance with minimal side effects. In moderate cases, combining Ayurveda with Siddha or Unani systems provides better detoxification, reproductive support and improved fertility outcomes. While Allopathy is effective for rapid symptom control, it often offers limited long-term resolution when used alone.

Severe PCOS cases require an integrative treatment approach for optimal results. Evidence suggests that combining Ayurveda with Allopathy and Yoga achieves the highest levels of hormonal regulation, improved fertility and relapse prevention. Ayurveda demonstrates high success rates across all levels of severity by addressing root causes, while Siddha and Unani systems contribute effective detoxification and reproductive support.

Homeopathy and Naturopathy offer gentle, long-term balance, and Yoga remains the most effective complementary therapy for stress reduction and hormonal regulation. Overall, integrating traditional medicine, modern pharmacotherapy and Yoga provides the most effective, sustainable and personalised outcomes in the management of PCOD/PCOS.

SUMMARY

PCOD and PCOS are often used interchangeably, yet they differ significantly in clinical presentation, severity, and long-term implications. PCOD is primarily an ovarian disorder characterized by mild hormonal imbalance and relatively normal or slightly irregular ovulation. In contrast, PCOS is a systemic endocrine syndrome marked by severe hormonal imbalance, frequent anovulation, significant metabolic disturbances, and higher long-term health risks.

Feature	PCOD	PCOS
Type	Ovarian disorder	Systemic endocrine syndrome
Hormonal imbalance	Mild	Severe
Ovulation	Often normal or slightly irregular	Frequently absent (an ovulation)
Fertility impact	Usually manageable	Frequently causes infertility
Metabolic effects	Minimal	Significant (insulin resistance, diabetes, obesity)
Long-term risk	Low	High – diabetes, heart disease, endometrial cancer
Severity	Mild	More severe

Various systems of medicine demonstrate different levels of success in managing PCOD/PCOS depending on disease severity. Allopathy offers rapid symptom relief, particularly useful in moderate to severe cases, but its effects are often temporary and focused on symptom control rather than long-term cure. Traditional systems such as Ayurveda, Siddha, and Unani emphasize detoxification, hormonal balance, and restoration of reproductive health using herbs, dietary regulation, and lifestyle modification. Homeopathy provides a gentle, individualized approach targeting root causes and emotional well-being. Naturopathy promotes natural healing through diet, stress management, and weight control, while Yoga serves as a powerful complementary therapy by improving hormonal regulation and reducing stress.

CONCLUSION

Managing PCOD/PCOS requires a comprehensive and individualised approach, as multiple systems of medicine offer valuable perspectives in its management. Allopathy provides evidence-based, symptom-specific treatment and is particularly effective for rapid symptom control; however, it often focuses on management rather than a permanent cure. Traditional systems such as Ayurveda, Siddha and Unani emphasise detoxification, hormonal balance and restoration of reproductive function through the use of herbal medicines, dietary regulation and lifestyle modification. Naturopathy supports natural healing by focusing on dietary corrections, herbal supplementation and mind–body therapies, while Homeopathy offers a gentle, personalised approach that targets the root causes of the condition and supports

emotional well-being, often with fewer side effects.

Yoga acts as a supportive therapy that complements all treatment approaches by reducing stress, improving hormonal regulation and enhancing overall physical and mental health. As no single treatment is suitable for all women, an integrative approach is often the most beneficial. While each system shows promise, clinical supervision is essential and further research is required to validate long-term effectiveness. For most women, a combined treatment strategy using Allopathy for immediate symptom relief, traditional systems such as Ayurveda or Naturopathy for long-term healing, and Yoga for supportive care—offers the most effective, safe and sustainable outcomes in the management of PCOD/PCOS.

REFERENCES

1. <https://www.maxhealthcare.in/blogs/are-you-suffering-from-pcod> (visited at 6/6/2025).
2. Norman RJ, Dewailly D, Legro RS, Hickey TE. Polycystic ovary syndrome. *The Lancet*. 2007 Aug 25; 370(9588):685-97.
3. Rashid R, Mir SA, Kareem O, Ali T, Ara R, Malik A, Amin F, Bader GN. Polycystic ovarian syndrome-current pharmacotherapy and clinical implications. *Taiwanese Journal of Obstetrics and Gynecology*. 2022 Jan 1; 61(1):40-50.
4. Singh S, Pal N, Shubham S, Sarma DK, Verma V, Marotta F, Kumar M. Polycystic ovary syndrome: etiology, current management, and future therapeutics. *Journal of clinical medicine*. 2023 Feb 11;12(4):1454.

5. <https://www.who.int/news-room/fact-sheets/detail/polycystic-ovary-syndrome>(visited at 20/5/25).
6. <https://www.who.int/news/item/04-04-2023-1-in-6-people-globally-affected-by-infertility>(visited at 20/5/25).
7. Ganie MA, Chowdhury S, Malhotra N, Sahay R, Bhattacharya PK, Agrawal S, Jabbar PK, Suri V, Rozati R, Sreenivas V, Baba MS. Prevalence, phenotypes, and comorbidities of polycystic ovary syndrome among Indian women. *JMA Network Open*. 2024 Oct 1;7(10): e2440583.
8. <https://www.asrm.org/practice-guidance/practice-committee-documents/evidence-based-guideline-premature-ovarian-insufficiency--2024/>(visited at 12/6/2025).
9. Salari N, Nankali A, Ghanbari A, Jafarpour S, Ghasemi H, Dokaneheifard S, Mohammadi M. Global prevalence of polycystic ovary syndrome in women worldwide: a comprehensive systematic review and meta-analysis. *Archives of gynecology and obstetrics*. 2024 Sep;310(3):1303-14.
10. Meng Y, Zhao T, Zhang R, Zhu X, Ma C, Shi Q. Global burden of polycystic ovary syndrome among women of childbearing age, 1990–2021: a systematic analysis using the global burden of disease study 2021. *Frontiers in Public Health*. 2025 Mar 26; 13:1514250.
11. Deswal R, Narwal V, Dang A, Pundir CS. The prevalence of polycystic ovary syndrome: a brief systematic review. *Journal of human reproductive sciences*. 2020 Oct 1;13(4):261-71.
12. <https://www.pinkishe.org/blog-post/the-ultimate-guide-to-pcos-and-pcod-everything-you-need-to-know-about-polycystic-ovary-syndrome-and-polycystic-ovaria> (visited at 14/6/2025).
13. <https://www.apollohospitals.com/health-library/pcod-vs-pcos> (visited at 22/6/2025).
14. <https://asianheartinstitute.org/blog/pcod-vs-pcos-key-differences-and-their-impact-on-the-body/> (visited at 24/6/2025).
15. <https://www.unicef.org/india/stories/do-pcod-and-pcos-mean-same-thing-or-are-they-different> (visited at 27/6/2025).
16. <https://www.apollohospitals.com/diseases-and-conditions/pcod-polycystic-ovarian-disease> (visited at 5/7/2025) .
17. Bai H, Ding H, Wang M. Polycystic ovary syndrome (PCOS): symptoms, causes, and treatment. *Clinical and Experimental Obstetrics & Gynecology*. 2024 May 21;51(5):126.
18. <https://www.felixhospital.com/blogs/pcod-and-pcos-symptoms-causes-differences-treatment> (visited at 12/7/2025).
19. <https://www.mayoclinic.org/diseases-conditions/pcos/symptoms-causes/syc-20353439> (visited at 13/7/2025)
20. <https://www.nichd.nih.gov/health/topics/pcos/conditioninfo/causes> (visited at 11/7/2025)
21. <https://www.nhs.uk/conditions/polycystic-ovary-syndrome-pcos/causes/>(visited at 8/7/2025)

22. [https://www.lalpathlabs.com/blog/what-is-pcod/\(visited at 3/7/2025\).](https://www.lalpathlabs.com/blog/what-is-pcod/(visited at 3/7/2025).)
23. [https://dpuhospital.com/blog/pcod-and-pcos-symptoms-causes-differences-and-treatment/\(visited at 2/7/2025\).](https://dpuhospital.com/blog/pcod-and-pcos-symptoms-causes-differences-and-treatment/(visited at 2/7/2025).)
24. [https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/polycystic-ovarian-syndrome-pcos\(visited at 6/7/25\)](https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/polycystic-ovarian-syndrome-pcos(visited at 6/7/25))
25. Amato P, Simpson JL. The genetics of polycystic ovary syndrome. *Best Practice & Research Clinical Obstetrics & Gynaecology*. 2004 Oct 1;18(5):707-18.
26. [https://medlineplus.gov/genetics/condition/polycystic-ovary-syndrome/\(visited at 3/7/2025\)](https://medlineplus.gov/genetics/condition/polycystic-ovary-syndrome/(visited at 3/7/2025))
27. Bogari NM. Genetic construction between polycystic ovarian syndrome and type 2 diabetes. *Saudi Journal of Biological Sciences*. 2020 Oct 1;27(10):2539-43.
28. Bhimwal T, Puneet, Priyadarshani A. Understanding polycystic ovary syndrome in light of associated key genes. *Egyptian Journal of Medical Human Genetics*. 2023 Jun 12;24(1):38.
29. [https://www.medanta.org/patient-education-blog/pcod-vs.-pcos---which-is-worse\(visited at 12/5/2025\)](https://www.medanta.org/patient-education-blog/pcod-vs.-pcos---which-is-worse(visited at 12/5/2025))
30. Gokosmanoglu F, Onmez A, Ergenç H. The relationship between Vitamin D deficiency and polycystic ovary syndrome. *African health sciences*. 2020 Dec 16; 20(4):1880-6.
31. [https://www.apollocradle.com/blog/gynaecology/what-is-difference-between-pcod-vs-pcos/\(visited at 12/6/2025\)](https://www.apollocradle.com/blog/gynaecology/what-is-difference-between-pcod-vs-pcos/(visited at 12/6/2025))
32. [https://my.clevelandclinic.org/health/diseases/8316-polycystic-ovary-syndrome-pcos\(visited at 12/7/2025\)](https://my.clevelandclinic.org/health/diseases/8316-polycystic-ovary-syndrome-pcos(visited at 12/7/2025))
33. [https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/polycystic-ovarian-syndrome-pcos\(visited at 12/5/2025\)](https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/polycystic-ovarian-syndrome-pcos(visited at 12/5/2025))
34. [https://www.hopkinsmedicine.org/health/conditions-and-diseases/polycystic-ovary-syndrome-pcos\(visited at 2/7/2025\)](https://www.hopkinsmedicine.org/health/conditions-and-diseases/polycystic-ovary-syndrome-pcos(visited at 2/7/2025))
35. [https://www.nhs.uk/conditions/polycystic-ovary-syndrome-pcos/symptoms/\(visited at 12/5/2025\)](https://www.nhs.uk/conditions/polycystic-ovary-syndrome-pcos/symptoms/(visited at 12/5/2025))
36. [https://www.ayurvedicvillage.com/blog/ayurvedic-treatment-plans-for-pcod-management-and-hormonal-balance\(visited at 12/5/2025\)](https://www.ayurvedicvillage.com/blog/ayurvedic-treatment-plans-for-pcod-management-and-hormonal-balance(visited at 12/5/2025))
37. Christ JP, Cedars MI. Current guidelines for diagnosing PCOS. *Diagnostics*. 2023 Mar 15;13(6):1113.
38. [https://www.advancedfertility.com/infertility-testing/pcos-fertility-testing\(visited at 12/6/2025\)](https://www.advancedfertility.com/infertility-testing/pcos-fertility-testing(visited at 12/6/2025))
39. Lobo RA, Carmina E. The importance of diagnosing the polycystic ovary syndrome. *Annals of internal medicine*. 2000 Jun 20;132(12):989-93.
40. Dason ES, Koshkina O, Chan C, Sobel M. Diagnosis and management of polycystic ovarian syndrome. *Cmaj*. 2024 Jan 29;196(3): E85-94.
41. [https://www.aafp.org/pubs/afp/issues/2016/0715/p106.html\(visited at 24/6/2025\)](https://www.aafp.org/pubs/afp/issues/2016/0715/p106.html(visited at 24/6/2025))
42. [https://www.hopkinsmedicine.org/health/conditions-and-diseases/polycystic-ovary-syndrome-pcos\(visited at 11/7/2025\)](https://www.hopkinsmedicine.org/health/conditions-and-diseases/polycystic-ovary-syndrome-pcos(visited at 11/7/2025))

43. Mishra S, Patel G, Tiwari M. Polycystic Ovarian Syndrome and their Management through Yoga Therapy: A Narrative Review. *AYUHOME*. 2023 Jul 1;10(2):83-9.
44. Shrivastava R, Mishra S, Singh R, Shrivastava P. Effect of integrated approach of yoga and naturopathy on polycystic ovarian syndrome: A case study. *Journal of family medicine and primary care*. 2022 Apr 1;11(4):1525-7.
45. <https://www.artofliving.org/in-en/yoga/yoga-sequences-for/yoga-for-pcod>(visited at 1/6/2025)
46. <https://www.pollie.co/blog/yoga-for-pcos>(visited at 12/5/2025)
47. <https://www.healthkart.com/connect/nadi-shodhan-pranayama-benefits/?srsltid=AfmBOootbzIjZ0wEbody9QX0j6NJXxoBUPOGCwmUx9gS3cUwqNtjMo3w>(visited at 26/6/25)
48. <https://www.healthline.com/health/yoga-for-pcos>(visited at 12/7/2025)
49. Hameed L, Farooq AD, Qureshi T. Analysis of Unani coded formulation on the hormonal parameters of patients with polycystic ovarian syndrome. *Pakistan Journal of Pharmaceutical Sciences*. 2021 May 1;34(3):899-907.
50. Asiya R, Zikra T, Gulrena T. Role of Unani Drugs in PCOS- A Case Report. *J Gynecol Women's Health* 2022; 23(2): 556109.
51. Farook F, Rumaiza J. A REVIEW ON EFFECTIVE SINGLE DRUGS (MUFRAD DAWA) USED IN THE UNANI SYSTEM FOR THE MANAGEMENT OF POLYCYSTIC OVARIAN SYNDROME (MARZ E AGHZIYA E KHUSSIYATUR REHAM) SYNDROME: A REVIEW.
52. Bano S, Begum W, Sumaiya S. Effect of SaleekhaandMajeethin Polycystic Ovarian Disease: An Open Observational Study. *age*. 2023; 1:4.
53. Mirza S, Naaz SA, Alim SM. Management of polycystic ovarian syndrome (Keesa-e-. Khusyatur Rehm): Unani perspective. *Am J Pharm Health Res*. 2016;4(1):24-45.
54. Asiya R, Zikra T, Gulrena T. Role of Unani Drugs in PCOS- A Case Report. *J Gynecol Women's Health* 2022; 23(2): 556109. DOI: 10.19080/JGWH.2022.23.556109
55. Ansari S, Rafique F, Rahman Z. Polycystic ovary syndrome (PCOS) in the light of Unani perspective., *International Journal of Herbal Medicine* 2025; 13(2): 38-42.
56. Ahmed RK, Shameem I, Naz F. Effect of a Unani Formulation on Menstrual Cyclicity in Women with Polycystic Ovarian Syndrome—An Open Labelled Clinical Study. *Journal of Herbal Medicine*. 2024 Mar 1; 44:100860.
57. Naaz A. Effect of unani formulation in PCOS: A case report. *CellMed*. 2024 Feb 29; 14(2):5-1.
58. Begum W. Effect of MajoonIdraareHaiz in Polycystic Ovarian Syndrome-A pilot study. *Cell Med*. 2022; 12(1):3-1.
59. <https://himveda.com/ayurvedic-treatment-pcod/>(visited at 12/6/2025)

60. [https://adyantayurveda.com/best-ayurveda-treatment-for-pcod/\(visited at 12/5/2025\)](https://adyantayurveda.com/best-ayurveda-treatment-for-pcod/(visited at 12/5/2025))
61. [https://www.ayurvedicvillage.com/blog/ayurvedic-treatment-plans-for-pcod-management-and-hormonal-balance/\(visited at 22/6/2025\)](https://www.ayurvedicvillage.com/blog/ayurvedic-treatment-plans-for-pcod-management-and-hormonal-balance/(visited at 22/6/2025)).
62. [https://www.netmeds.com/health-library/post/womens-health-7-incredible-herbs-for-managing-pcos-naturally\(visited at 12/7/2025\)](https://www.netmeds.com/health-library/post/womens-health-7-incredible-herbs-for-managing-pcos-naturally(visited at 12/7/2025)).
63. Nema S, Kapil S. An Ayurvedic management of Polycystic Ovarian Disease: A Case Report. *Journal of Ayurveda and Integrated Medical Sciences*. 2024 Sep 29; 9(7):360-5.
64. [https://www.healthline.com/health/womens-health/ayurvedic-treatment-for-pcos \(visited at 25/6/2025\)](https://www.healthline.com/health/womens-health/ayurvedic-treatment-for-pcos (visited at 25/6/2025)).
65. [https://www.siddhayurhealthcare.com/post/permanent-cure-for-pcos-pcod-in-siddha \(visited at 1/7/2025\)](https://www.siddhayurhealthcare.com/post/permanent-cure-for-pcos-pcod-in-siddha (visited at 1/7/2025)).
66. [https://chennaisiddhahospital.com/pcod-pcos-ayurvedic-treatment/ \(visited at 12/5/2025\)](https://chennaisiddhahospital.com/pcod-pcos-ayurvedic-treatment/ (visited at 12/5/2025)).
67. [https://www.longdom.org/open-access/siddha-elixir-and-aetiology-of-polycystic-ovarian-syndrome-42589.html \(visited at 2/7/2025\)](https://www.longdom.org/open-access/siddha-elixir-and-aetiology-of-polycystic-ovarian-syndrome-42589.html (visited at 2/7/2025)).
68. Thomas R. Theft of Womanhood—Polycystic Ovarian Syndrome: Role of Homeopathy. *The Homoeopathic Heritage*. 2014:41-5.
69. Jayasree V, et al. An Initial Exploration of Homoeopathic Medicines Effectiveness in Treating PCOS: A Pilot Study. *Psychol Psychology Res Int J* 2024, 9(2): 000416.
70. [https://homeodoctor.co.in/essential-homeopathic-medicines-for-managing-pcod-a-clinical-perspective/\(visited at 22/5/2025\)](https://homeodoctor.co.in/essential-homeopathic-medicines-for-managing-pcod-a-clinical-perspective/(visited at 22/5/2025)).
71. [https://www.lybrate.com/topic/does-homeopathy-offer-a-permanent-solution-for-pcos/84e1d71bab2031c2623e45188f3c7734\(visited at 24/6/2025\)](https://www.lybrate.com/topic/does-homeopathy-offer-a-permanent-solution-for-pcos/84e1d71bab2031c2623e45188f3c7734(visited at 24/6/2025)).
72. [https://drdeepikashomeopathy.in/homeopathy-treatment-for-pcos/\(visited at 12/6/2025\)](https://drdeepikashomeopathy.in/homeopathy-treatment-for-pcos/(visited at 12/6/2025)).
73. Nahar L, Shil RC. Polycystic Ovarian Syndrome Treated by Homoeopathy: An Evidence-Based Case Report. *Homoeopathic Links*. 2024 Mar;37(01):045-9.
74. Gupta G, Gupta N, Singh S, Roja V, Deepti D. Homoeopathic treatment of women with polycystic ovarian syndrome: A prospective observational study. *Indian J Res Homoeopathy* 2021; 15:12-23.
75. Cochran L, Nadolny R, Garcia K, Kluglein KA, Yagoda A, Gandhi P, Dressel J, Prol B, Peralta R, Shipp A, Costin JM. Available Treatments and Adjunctive Therapies for Polycystic Ovarian Syndrome (PCOS) Patients of Reproductive Age: A Scoping Review. *Cureus*. 2024 Sep 30; 16(9).
76. Akre S, Sharma K, Chakole S, Wanjari MB, Wanjari M. Recent advances in the management of polycystic ovary syndrome: a review article. *Cureus*. 2022 Aug 4;14(8).
77. Patel A, Jacob A, Thomas R. A comprehensive review on treatments for polycystic ovarian syndrome (PCOS). *Nur Primary Care*. 2024;8(1):1-7.

ARTICLE ID: BTS0326023

78. Malik S, Saeed S, Saleem A, Khan MI, Khan A, Akhtar MF. Alternative treatment of polycystic ovary syndrome: pre-clinical and clinical
79. <https://emedicine.medscape.com/article/256806-medication> (visited at 12/6/2025).
80. <https://ijpbs.com/view.php?iid=2033> (visited at 12/6/2025).
81. Venugopal V, Deenadayalan B, Ashok kumar S, Mahesh kumar K. Naturopathic live food model in polycystic ovarian syndrome (PCOS). *Journal of Family Medicine and Primary Care*. 2022 Nov 1; 11(11):7502-3.
82. <https://fazlaninaturesnest.com/naturopathic-solutions-for-pcos-your-complete-guide/> (visited at 12/6/2025).
83. Manouchehri A, Abbaszadeh S, Ahmadi M, Nejad FK, Bahmani M, Dastyar N. Polycystic ovaries and herbal remedies: A systematic review. *JBRA assisted reproduction*. 2023 Jan; 27(1):85.
84. <https://www.healthline.com/health/womens-health/natural-treatment-pcos> (visited at 12/6/2025)
85. Ponnaiah M, Elumalai R, Muthappan S, Jaisankar S, Bagepally BS, Sivaprakasam S, Parasuraman G. Adverse events in India's Ayush interventions for cervical and lumbar spondylosis: a systematic review. *European Journal of Medical Research*. 2024 Jul 31;29(1):396.
86. Hiroshi Takahashi; Exploring the Impact of PCOS and Treatment Approaches of Ayurveda, Allopathy and Homeopathy; Reproductive System basis for using plant-based drugs. *Frontiers in Endocrinology*. 2024 Jan 11; 14:1294406.
- and Sexual Disorders: Current Research; 2024; 13(6):1-2.
87. Treatment For PCOD Or PCOS: Can It Really Provide A Lasting Solution? - UWAY Health (visited at 12/6/2025).
88. Aasiya B, Lahanya G, Ishfaq Ahmad B. Comprehension, Management, and Treatment of Polycystic Ovarian Syndrome via Allopathic, Unani and Ayurvedic Perspectives. *J Gynecol Women's Health*. 2021; 21(1): 556055.DOI: 10.19080/JGWH.2021.21.556055
89. Ye J, Guo H, Zeng Q, Gan Z, Jin Q, Su H, Lin H. Comparative efficacy and safety of different traditional Chinese medicine external therapies for polycystic ovary syndrome in women: A network meta-analysis. *Medicine*. 2025 Oct 24;104(43):e44441.