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"A Critical Review Article on Kashyapoktha Pushpaghni Jaatharini with Special Reference to Polycystic Ovarian Syndrome"

Rani M.[1], Karhade R.[2]

1. Assistant Professor, Department of Rachana Sharir, Lt. Sunil Ramsinhji Chunawale Ayurved College & Hedgewar Hospital Chikhli, Buldhana, Maharashtra, India, 443201.
2. Assistant Professor, Department of Shalya Tantra, Lt. Sunil Ramsinhji Chunawale Ayurved College & Hedgewar Hospital Chikhli, Buldhana, Maharashtra, India, 443201.

ABSTRACT:

Thousands of years ago, Ayurveda described diseases based on their symptoms and indicators. Pushpaghani Jatharini is a condition that Aacharya Kashyap has mentioned in Revati Kalpadhyay. Jaatharini is the name given to a class of deadly diseases that cause both female infertility and perinatal deaths. Because of hyperandrogenism, Pushpaghani Jaatharini suffers from anovulatory hemorrhage, obesity, and facial hair development. The symptoms of "Stein-Leventhal syndrome" or Polycystic Ovarian Syndrome (PCOS) are now quite similar to those of this illness. The primary cause of jaatharini, according o Acharya Kashyapa, is adharma. Modern lifestyles that are stressful and sedentary, along with poor dietary habits, are all causing disruptions to the body's natural circadian rhythm. This disturbed biological clock causes hormonal imbalance which causes disease like Polycystic Ovarian Syndrome. Polycystic Ovarian Syndrome is the most common endocrinopathy in females of reproductive age group. The prevalence rate of polycystic ovarian syndrome is very high that is 1 million per year in India. It is called "INFERTILITY QUEEN" as it leads to primary infertility in most of the cases.

KEYWORDS: adharma, infertility, jaatharini, lifestyle disorder, pushpaghani, PCOS, jaatharini

CORRESPONDING AUTHOR:

Dr. Madhu Rani

Assistant Professor, Department of Rachana Sharir,
Lt. Sunil Ramsinhji Chunawale Ayurved
College & Hedgewar Hospital Chikhli, Buldhana
Email :- sainimadhu71@gmail.com

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INTRODUCTION:

In the Revati Kalpa Adhyaya *of* Kalpa Sthana*, Acharya Kashyapa describes* Pushpaghni Jataharini*.* Also referred to as *Revati*, this condition is said to affect women across different stages of life and reproductive phases—menstruation, pregnancy, and the postpartum period. It may manifest at various times of the day, and can impact women of all age groups, from childhood through old age.[1] The disorder is believed to cause harm to the ovum, embryo, or fetus, leading to prenatal and postnatal mortality. Women suffering from *Jataharini* are described as unfit for conception, particularly if they neglect spiritual practices or fail to maintain social, emotional, and physical discipline. When examined in modern terms, this condition shows a resemblance to Polycystic Ovarian Syndrome (PCOS), which is associated with features such as acanthosis nigricans, excessive hair growth, acne, irregular menstrual cycles, obesity, and other related symptoms. PCOS is a complex disorder involving polycystic ovaries, chronic anovulation, and hyperandrogenism. Globally, its prevalence is estimated to range from 6% to 13%, while studies in India suggest that nearly 10% of women between the ages of 18 and 45 are affected [2,3]. Given the parallels between the two conditions, this study aims to draw comparisons for a more comprehensive understanding.

Review of literature:

Ayurvedic Disease review

Acharya Kashyapa describes *Pushpaghni Jataharini* in the *Revati Kalpa Adhyaya* of *Kalpa Sthana*.

Etymology:[4]

The term *Jataharini* is derived from two words—*Jata* meaning "newborn" and *Harini* meaning "destroyer." Thus, the condition is interpreted as one that destroys or harms the fetus, ovum, or embryo, leading to loss of progeny, particularly in those who are considered *adharmika* (neglectful of moral and social duties).

Contributing Factors:[5]

Several causes are mentioned as predisposing women to *Jataharini*:

1. **Behavioral aspects:** neglect of religious observances, jealousy toward virtuous individuals, selfishness, poor family relationships, or causing harm to others.
2. **Dietary habits:** frequent meat consumption, indulgence in unhealthy food, and over-eating.
3. **Neglect in childcare.**
4. **Lifestyle concerns:** sedentary behavior, over-exertion, or poor hygiene.
5. **Infections:** transmission from already affected women.
6. **Improper sexual practices:** intercourse during pregnancy or in public water bodies.
7. **Environmental causes:** contamination through soil, e.g., men traveling barefoot for long distances transmitting illness to their spouses.
8. **External exposure:** unhygienic surroundings, contact with infected animals, and excessive greed.

Classification of *jataharini*:

According to Ayurvedic texts, *Jataharini* can be classified in two main ways:[6]

1. Based on prognosis (treatment outcome):

- *Sadhya* – curable.
- *Asadhya* – incurable.
- *Yapya* – manageable but difficult to cure.

2. Based on mode of transmission:[7]

- *Daivi* – of divine or supernatural origin.
- *Manushi* – arising in human beings.
- *Tiryak* – transmitted through animals.

***Pushpaghni jataharini*:**

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In the *Revati Kalpa Adhyaya* of *Kalpa Sthana*, Acharya Kashyapa describes *Pushpaghni Jataharini* as follows:

Interpretation:

Here, *Pushpa* refers to the ovum and *Harini* to its destruction. Thus, the condition is characterized by the inability of the ovum to develop normally or participate in fertilization.

Key clinical features include:

- **Vrittha Pushpa (Anovulatory bleeding):** Menstruation occurs at the expected time, but the ovum produced is not viable for fertilization. Kashyapa explains this as obstruction of the ovum (*pushpa*) by *Kapha*, preventing ovulation.
- **Sthaulya (Obesity):** Affected women are typically overweight. This arises from *Srotoavrodha* (blockage of body channels), where aggravated *Kapha* and *Vata* obstruct the *Medovaha Srotas*. Weak digestive fire (*Agnimandya*) leads to incomplete digestion of food, producing *Ama* (toxic byproducts) that further block the channels and promote obesity.
- **Lomasha Ganda (Hirsutism):** Excessive facial hair, especially on the cheeks or chin, is a common feature. This corresponds to *Atiloma*, considered an undesirable characteristic in men as described by Acharya Charaka, and in women it reflects hyperandrogenism.

1. Infertility / Anovulation

Anovulation refers to the absence of ovulation or the inability of the ovary to release a viable egg. In reproductive physiology, the female gamete (*stree beej*) holds equal importance to the male gamete (*purusha beej*). While ancient Ayurvedic texts do not explicitly describe anovulation as a distinct condition, they do mention *Vandhya*, which denotes infertility resulting from either anovulation or other causes. Scattered references also describe related concepts using terms such as *Beejopaghata*, *Pushpopaghata*, and *Abeejatwa*, all pointing to impairment in ovum function.

Among these, *Vandhya Yoni Vyapada* is an important description found in *Sushruta Samhita*, *Madhava Nidana*, and *Yogaratnakara*, which states:

This implies that in *Vandhya Yoni*, the *Artava* (reproductive element) becomes ineffective. Here, *Artava* can be correlated with the ovum, allowing *Vandhya* to be understood as a state resembling anovulatory cycles. Sushruta attributes *Vandhya Yoni Vyapada* primarily to vitiation of *Vata Dosha*. This manifests as *Nashta Artava* (amenorrhea), in which ovulation fails to occur. In Ayurvedic understanding, *Artava* encompasses not only menstruation but also the ovum and ovarian hormones. Disturbances in this system, described as *Ashta-Artava Dushti*, signify menstrual irregularities, many of which are associated with infertility. Women experiencing such dysfunction may develop *Abeejatwa* (absence of a fertile ovum), leading directly to infertility. In modern medicine, patients with PCOS often present with similar issues—irregular menstruation, oligomenorrhea, or amenorrhea, along with cycles that may be either anovulatory or ovulatory. This allows PCOS to be considered under the broader Ayurvedic category of *Artava Vyapada*. Acharya Kashyapa, in his description of *Jataharini*, particularly highlights *Pushpaghni*, where women menstruate regularly yet remain infertile. Such women are also described as corpulent, with excessive facial hair—features that overlap with the hyperandrogenic profile of PCOS. In this context, the term *Pushpa* represents menstruation, which occurs at normal intervals but without effective ovulation, thereby preventing conception.

2. Sthaulya (Obesity)

Sthaulya (obesity) is described in Ayurveda both as an independent disorder (*Medoroga*) and as a complication of other conditions. It falls under the category of *Santarpanajanya Vyadhi* (diseases caused by over-nourishment), where *Vandhyatva* (infertility) is also discussed. Excessive *Meda Dhatu* (fat tissue) plays a central role in the disease process. The main causative factors are those that aggravate *Kapha* and obstruct the body channels (*Srotorodha*). Such factors include excessive intake of heavy, oily, sweet, and cold foods, lack of exercise, and habits like daytime sleeping. These lead to the accumulation of *Ama* (undigested metabolic toxins) mixed with *Ahara Rasa*, which promotes abnormal increase of *Meda Dhatu*. This excess fat obstructs the channels of other *Dhatus*, resulting in *Vatavaigunya* (derangement of Vata).

(*Charaka Samhita, Sutrasthana 21/4*)

Acharya Charaka explains that in obese individuals, all tissues (*Dhatus*) except *Meda* fail to develop properly. He notes several consequences of obesity: reduced lifespan, lack of physical agility, difficulty in sexual activity, weakness, and foul body odor. Acharya Madhava also supports this etiopathogenesis. From this, it can be inferred that the formation of *Rasa Dhatu* and its secondary tissue (*Upadhatu Artava*) is impaired in obese women, resulting in menstrual disturbances and infertility caused by anovulation. Other clinical features associated with *Sthaulya* include *Javoparodha* (fatigue), *Krischhra Vyavayata* (painful or difficult intercourse), and *Daurgandhya* (offensive body odor).[8] Some scholars even interpret *Krischhra Vyavayata* as a form of infertility. Charaka further observes that fat tends to accumulate centripetally in regions such as the breasts (*Stana*), abdomen (*Udara*), and buttocks (*Sphik*). This distribution closely resembles the fat deposition pattern seen in women with PCOS. In fact, modern studies confirm that 40% to 85% of women with PCOS are overweight or obese.[9]

3. Signs of Hyperandrogenism

Classical Ayurvedic texts do not describe hyperandrogenism as a distinct disorder. However, its clinical features—such as hirsutism, acne, and male-pattern baldness—are recognized within the context of other conditions. For instance, *Atilomata* is considered one of the *Nindita Purusha[10]* traits, which corresponds to the presentation of hirsutism. From an Ayurvedic perspective, such conditions fall under *Santarpanottha Vyadhi* (diseases caused by over-nourishment). PCOS aligns with this category, as patients often present with obesity, *Aamadosha* (accumulation of metabolic toxins), insulin resistance, and *Klibata* (reduced reproductive capacity). The underlying cause is primarily linked to the consumption of foods that aggravate *Kapha*, including those that are heavy (*guru*), unctuous (*snigdha*), sweet (*madhura*), slimy (*picchila*), and cold (*sheeta*). Specific dietary items such as freshly harvested grains (*nava anna*), freshly prepared alcoholic beverages (*nava madya*), aquatic animals (*jalaja mamsa*), and dairy products like jaggery (*guda*), curd (*dadhi*), and rich starchy foods (*paishtika padartha*) are highlighted. Lifestyle practices like physical inactivity, excessive sleep, indulgence in comfort, and the intake of refined or processed foods (white bread, pastries, pizzas, burgers, and sweetened beverages) also contribute to this pathology—paralleling the dietary and lifestyle patterns observed in many modern women with PCOS.

Rasavaha Sroto Dushti:

Since *Artava* (the reproductive element) is derived from *Rasa Dhatu*, any disturbance in the *Rasavaha Srotas* directly affects *Artava*. Contributing causes include overconsumption of heavy, cold, and oily

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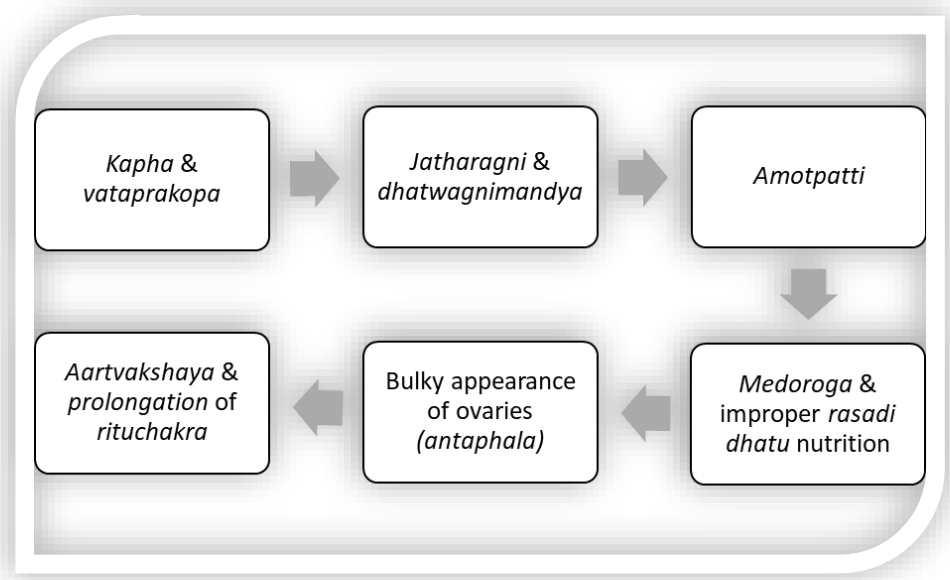
foods, overeating, incompatible food combinations, and psychological stress. These factors weaken *Rasa*, leading to *Artava Dushti* (dysfunction of reproductive tissues).[12] *Rasakshaya* (depletion of *Rasa*) is regarded as the root cause of *Artava Kshaya*, since *Raja* (menstrual blood) is considered a byproduct of *Rasa Dhatu*

Medovaha Sroto Dushti:

Improper habits such as lack of physical exercise, oversleeping, excessive consumption of fatty meats (*Medura Mamsa*), and misuse of alcoholic drinks (*Varuni*) disturb the *Medovaha Srotas*. This results in *Sthaulya* (obesity), a key feature of PCOS. Acharya Charaka further explains that *Medovaha Sroto Dushti* contributes to early signs of *Prameha* (a condition resembling insulin resistance) and *Ashtoninditaya* (undesirable physical features), including obesity and hirsutism. These clinical markers strongly parallel the symptoms observed in *Pushpaghni Jataharini*.

Samprapti :

Santarpanottha Samprapti-



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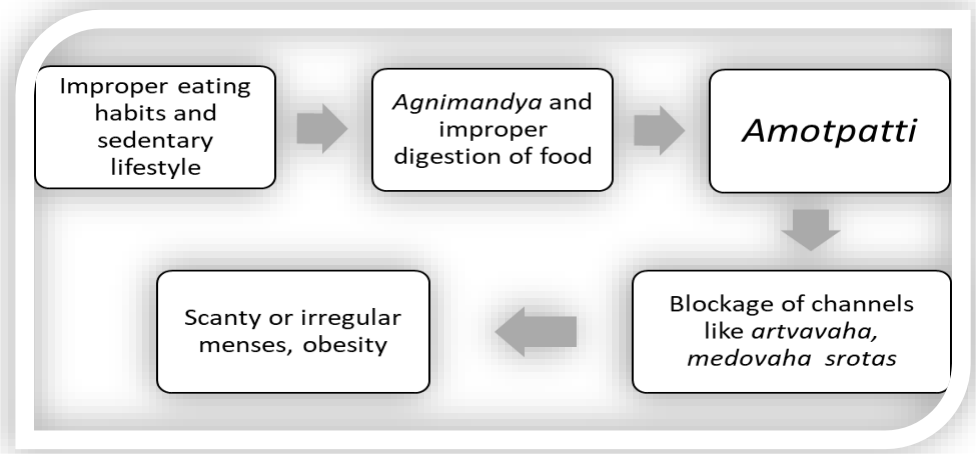

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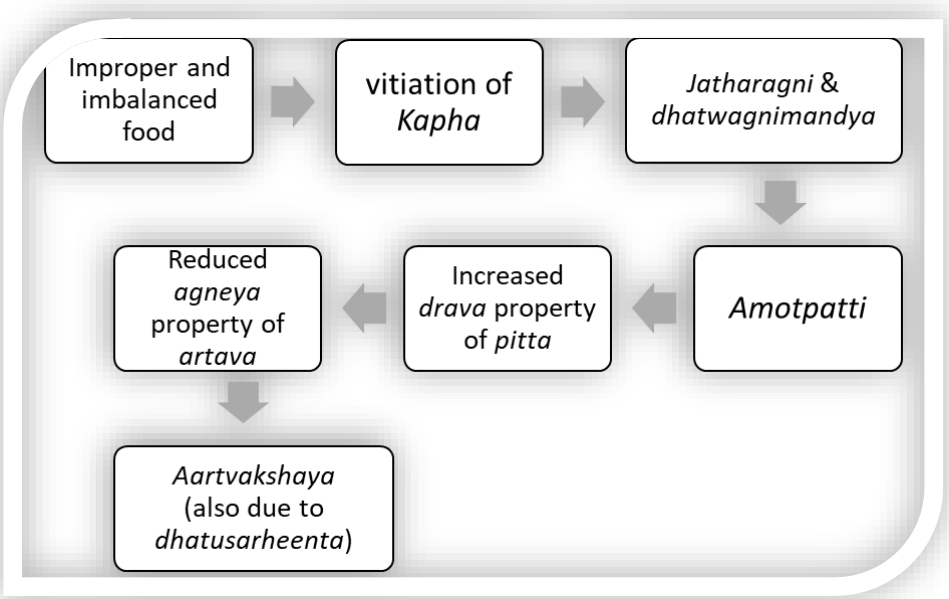
Apatarponatha Samprapti-



Samprapti Ghataka (Pathogenesis Components)

The pathogenesis of *Pushpaghni Jataharini* can be understood through the following key elements:

- **Dosha:** All three *Doshas* are involved, though *Kapha* and *Vata* play the predominant role.
- **Dushya (affected tissues):** Mainly *Rasa* and *Meda*.
- **Upadhatu (secondary tissue):** *Artava* (reproductive element).
- **Srotas (channels):** *Rasavaha*, *Medovaha*, and *Artavaha Srotas*.
- **Agni (digestive/metabolic fire):** Impaired or diminished (*Mandagni*).
- **Srotodushti (channel defects):** Obstruction (*Sanga*) and abnormal flow (*Vimarg Gamana*).
- **Pratyatma Lakshanas (specific clinical features):** absence or insufficiency of *Artava*, menstrual irregularities (*Anartava*), obesity, and infertility.

Modern review:

Polycystic Ovarian Syndrome (PCOS)

PCOS is a complex endocrine disorder characterized by a cluster of symptoms, including irregular menstrual cycles, acne, hirsutism, acanthosis nigricans, and obesity. It represents the clinical triad of hyperandrogenism, chronic anovulation, and the presence of polycystic ovaries. Fundamentally, the condition arises due to elevated levels of androgens (male hormones) in women.

Globally, the reported prevalence of PCOS varies considerably, with estimates ranging from 2.2% to 26%, depending on the diagnostic criteria applied [12]. In India, it is estimated that around 9–10% of women in the reproductive age group (18–45 years) are affected [3].

Pathophysiology:[13]

The underlying mechanisms of PCOS involve hyperandrogenism and anovulation, which may result from dysfunction across four endocrinologically active sites:

- The hypothalamic–pituitary axis
- The ovaries
- The peripheral tissues
- The adrenal glands [13]

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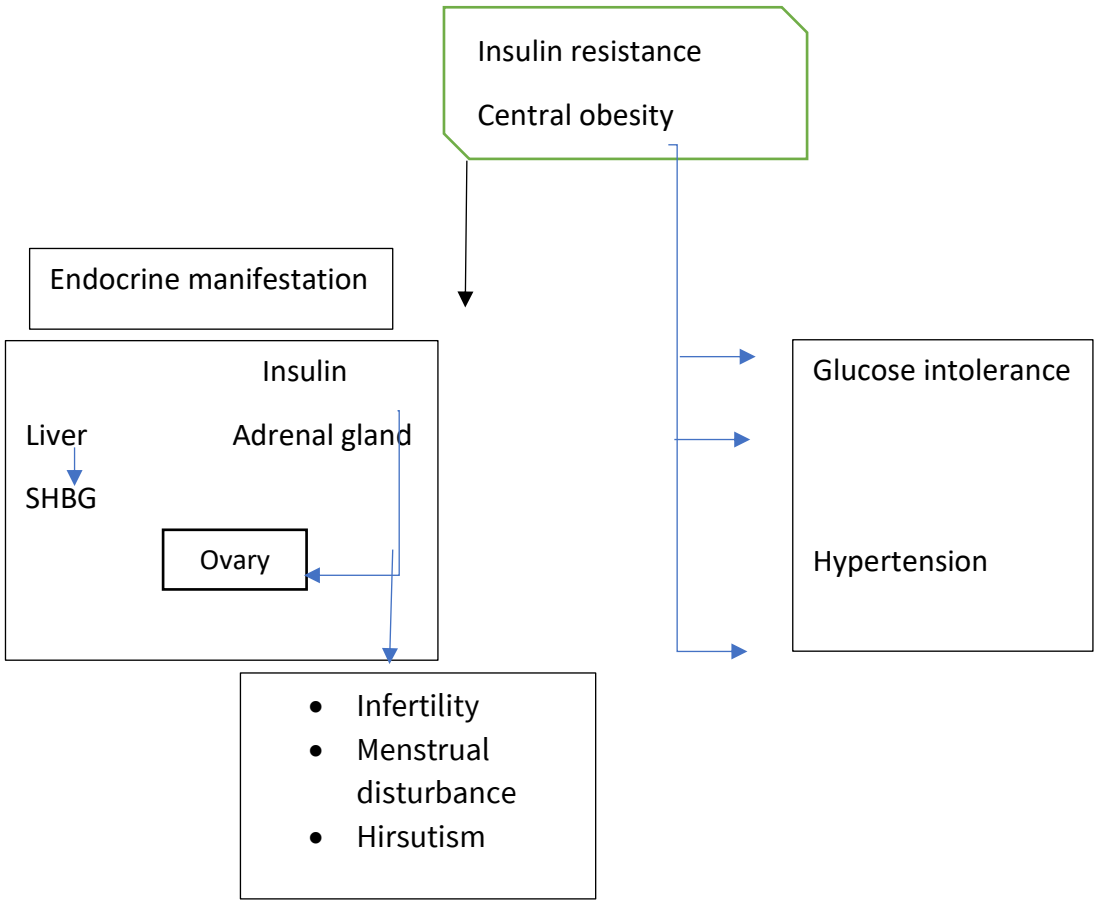

DISCUSSION:

Polycystic Ovarian Syndrome (PCOS) is a common endocrine disorder observed in women of reproductive age. Despite its frequent occurrence in clinical practice, estimates of its prevalence vary widely due to differences in diagnostic criteria and the diverse ways in which the condition presents. The syndrome is associated with a broad range of clinical features, including menstrual disturbances, obesity, acne, excessive hair growth, infertility, anovulation, and in some cases, insulin resistance. Interestingly, these manifestations show strong similarity to the description of *Pushpaghni Jaatarini* in the Kashyapa Samhita. In this study, the disorder has been analyzed using Ayurvedic principles, particularly through four diagnostic dimensions: *adhisthana* (site or location of the disease), *prakriti* (constitution of the patient), *linga* (symptoms), and *ayatana* (causative factors). Ayurveda provides a wide framework for disease classification, under which many modern clinical conditions can be interpreted. Based on classical references, PCOS appears to be a complex disorder with multiple causes and overlapping symptoms. It can be considered a *Sanga-pradhana Vyadhi*, primarily resulting from *Avarana* (obstruction) in the *Artavavaha Srotas*. Whenever a *srotas* (channel) is affected, the roles of *Agni* (digestive/metabolic fire) and *Ama* (toxic by-products of impaired digestion) must be carefully considered. The pathogenesis of PCOS is therefore understood as multifactorial. Since no single classical disease entity can be directly equated with PCOS, its explanation within Ayurveda requires analysis of the clinical features in terms of *doshas*, *dushyas*, *srotasas*, and *Agni*. Based on this approach,

PCOS may be interpreted as a condition arising from *Kapha* aggravation, which obstructs the *Artavavaha Srotas*, followed by disturbances in *Vata* and *Pitta*.

CONCLUSION:

Several types of *Jaatarini* have been described in Ayurvedic literature, many of which are associated with amenorrhea or irregular menstruation. Among them, *Pushpaghni Jaatarini* is characterized by regular menstrual cycles that do not result in conception, rendering them ineffective. Women affected are described as corpulent and showing excessive facial hair growth. Acharya Kashyapa classified this condition under *Sadhya Revati*. The clinical picture corresponds closely with hyperandrogenic states, where features such as anovulation and hirsutism are predominant. Although the classical texts do not specifically mention polycystic ovarian morphology, which is a hallmark of PCOS, the symptom pattern strongly suggests a hyperandrogenic disorder. PCOS may therefore be considered one of the possible modern equivalents of *Pushpaghni Jaatarini*.

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