



Yogacharya Umang Tyagi

@YogaWithUmang

PMOS का आयुर्वेदिक समाधान

# Artava | PMOS Guide

## आर्तव गाइड

*Ayurveda's Deep Understanding of PMOS*

Polyendocrine Metabolic Ovarian Syndrome — Hormonal Balance & Natural Healing

11 Sections:

PMOS Breaking News | Ayurveda Correlations | 3 Dosha Types | 10 Signs  
Treatment | 7 Herbs | Yoga | Daily Routine | Eat & Avoid | 5 Daily Rules |  
When to See a Doctor

© YogaWithUmang Educational Guide. Not a substitute for medical diagnosis or treatment. Consult a qualified physician.



@yogawithumang |  
[instagram.com/yogawithumang](https://www.instagram.com/yogawithumang)



@yogawithumang |  
[Youtube.com/@yogawithumang](https://www.youtube.com/@yogawithumang)



@yogawithumang |  
[Facebook.com/yogawithumang](https://www.facebook.com/yogawithumang)

# Section 1 — PMOS: The Breaking News

*The Lancet, May 12, 2026 — PCOS officially renamed PMOS.*

LANDMARK — The Lancet, May 12, 2026: PCOS officially renamed PMOS  
Polyendocrine Metabolic Ovarian Syndrome — 14-year global process — 14,360 respondents — 56 organisations

## Why the Name Changed — 3 Scientific Reasons

1. Many women do NOT have ovarian cysts — what ultrasound shows are arrested follicles.
2. The condition is NOT primarily gynaecological — it is hormonal and metabolic.
3. The wrong name caused diagnostic delays for millions of women worldwide.

## What PMOS Actually Is

*Polyendocrine = multiple interacting hormonal disturbances (insulin, androgens, neuroendocrine hormones).  
Metabolic = fundamentally a disorder of metabolism, insulin resistance, and fat metabolism.  
Ovarian = ovaries are affected — as a consequence, not the primary cause.*

## India — One of the Highest-Burden Countries

*170 million women affected globally (1 in 8). India carries one of the highest burdens.  
Estimated 44 million Indian women affected. Many remain undiagnosed — attributing symptoms to stress, lifestyle, or diet.  
The renaming campaign aims to improve diagnosis and awareness across India.*

## Section 2 — Ayurveda and PMOS — 5000 Years Ahead

Three classical correlations: honest, cited, and clinically powerful.

Honest note: CS does not name PCOS/PMOS — but describes its root mechanisms under three classical terms with extraordinary accuracy.

आर्तव क्षय (Artava Kshaya)

Depletion of menstrual tissue (Artava = Upadhatu of Rasa Dhatu).

Disrupted by Mandagni, emotional stress, Dosha imbalance.

Oligomenorrhea & Anovulation  
Irregular or absent menstruation.  
Affects 85-90% of PMOS patients.  
[PMC 2018 — PMC6153915]

पुष्पाघ्नी जातहारिणी (Pushpaghni Jataharini)

Kashyapa Samhita — 3 features:

Vrutha Pushpa (anovulation), Sthoola (obesity), Lomash Ganda (hirsutism).

The PMOS Clinical Triad  
Anovulation, Metabolic weight gain, Hyperandrogenism & hirsutism.  
Exact same triad described millennia apart.

मेदसावृत मार्ग (Medasavruta Marga)

CS: 'Medasavruta margatvat pushyanti anye na dhatavah'

Fat blocks all Srotas → Artava deprived → follicular arrest.

Insulin Resistance — The Core Mechanism  
Excess adipose tissue disrupts hormonal signals.  
Follicular development arrested, androgen excess produced.  
CS described this mechanism before insulin was discovered.

## Section 3 — Three Types of PMOS — Dosha-wise

*Kapha, Pitta, Vata — each with distinct symptoms and treatment approach. [JAIMS 2023]*

### Kapha-Predominant PMOS (कफ प्रधान)

**Symptoms:** Weight gain, subfertility, hirsutism, diabetic tendencies, sluggishness, irregular periods, depression. | **Who:** Most common — sedentary urban lifestyle, high-carbohydrate diet.

**Treatment:** *Kapha Shamana + Meda Shodhana + daily exercise + methi water + Triphala.*

### Pitta-Predominant PMOS (पित्त प्रधान)

**Symptoms:** Hair loss, inflammatory acne, painful menstruation with clots, anger, irritability. | **Who:** High-stress, high-achievement individuals with Pitta-dominant constitutions.

**Treatment:** *Pitta Shamana + Rakta Shodhana + Shatavari + cooling pranayama + Amla.*

### Vata-Predominant PMOS (वात प्रधान)

**Symptoms:** Painful or scanty menstruation, extreme irregularity, anxiety, fear, palpitations. | **Who:** Triggered by chronic stress, irregular routine, excessive travel, emotional trauma.

**Treatment:** *Vata Shamana + Ashwagandha + Nadi Shodhana + consistent daily routine.*

## Section 4 — 10 Signs of PMOS (Signs 1–5)

*Ayurvedic term, source, and modern correlation —*

©YogaWithUmang

1

**Artava Kshaya (अनार्तव)**  
**Irregular or Absent Periods**

*SS + CS — Artavavaha Srotas Dushti*

*Most common sign — affects 85-90% of patients.  
Delayed, infrequent (<8 cycles/year), or absent periods.*

2

**Atisthaulya (अतिस्थौल्य)**  
**Weight Gain — Especially Abdominal**

*CS — Meda Dhatu excess + Medovaha Srotas Dushti*

*Abdominal obesity — both cause and consequence of insulin resistance — creates a self-reinforcing metabolic cycle.*

3

**Lomash Ganda (लोमश गण्ड)**  
**Unwanted Hair on Face and Body**

*Kashyapa Samhita — Pushpaghni Jataharini*

*Excess testosterone stimulates hair growth on upper lip, chin, jawline, chest, and abdomen.*

4

**Khalitya (खालित्य)**  
**Hair Fall — Female Pattern Thinning**

*CS Su. 20 — Bhrajaka Pitta + vitiated Rakta Dhatu*

*Androgen-induced follicle miniaturisation — thinning at crown and temples — commonly reported and deeply distressing.*

5

**Yuvanpidika (युवनपिडिका)**  
**Acne and Inflammatory Skin**

*SS Nidana Sthana 13/39 — Pitta-Kapha vitiation*

*Excess androgens stimulate sebaceous glands — cystic acne concentrated along jawline and chin (hormonal pattern).*

## Section 4 — 10 Signs of PMOS (Signs 6–10)

Every classical source cited —

<p><b>6</b></p> <p><b>Medovaha Srotas Dushti</b> <b>Insulin Resistance &amp; Sugar Cravings</b> <i>CS — abnormal Madhura Rasa craving</i></p>	<p><i>Present in ~70% of PMOS patients — the single most important metabolic driver of hormonal disturbance and weight gain.</i></p>
<p><b>7</b></p> <p><b>Bala Hani (बल हानि)</b> <b>Profound Fatigue and Low Energy</b> <i>CS — Ojas depletion through Dosha imbalance</i></p>	<p><i>Insulin resistance means cells cannot access glucose effectively — producing profound fatigue unresponsive to ordinary rest.</i></p>
<p><b>8</b></p> <p><b>Sadhaka Pitta / Prana Vata Dushti</b> <b>Mood Swings, Anxiety, Depression</b> <i>CS — Avasada, Bhaya, Chittodvega</i></p>	<p><i>64% of Indian women with PMOS have at least one comorbid mental health condition. [PMC 2022 — PMC9740300]</i></p>
<p><b>9</b></p> <p><b>Nidra Nasha (निद्रानाश)</b> <b>Sleep Disturbances — Insomnia &amp; Apnoea</b> <i>CS — Vata + Sadhaka Pitta aggravation</i></p>	<p><i>Sleep apnoea occurs at 5-10x the rate in PMOS. Poor sleep worsens insulin resistance — a self-reinforcing cycle.</i></p>
<p><b>10</b></p> <p><b>Shyava Varna (श्याव वर्ण)</b> <b>Skin Darkening — Neck and Armpits</b> <i>CS — Kapha + Rakta Dhatu vitiation</i></p>	<p><i>Acanthosis Nigricans — velvety dark patches in neck, armpits, groin — clinical marker of significant insulin resistance.</i></p>

## Section 5 — Ayurvedic Treatment for PMOS

Four sequential goals — diet — exercise — all evidence-based.

1. Ama Pachana  
Clear metabolic toxins  
from all Srotas.

2. Kapha-Meda Shodhana  
Reduce Kapha excess;  
purify fat channels.

3. Vatanulomana  
Restore downward Vata;  
re-establish ovulation.

4. Artava Janana  
Nourish & regenerate  
healthy Artava.

### Diet for PMOS

*Warm, light, freshly cooked food at fixed meal times — strengthens Agni.*

*Bitter & astringent tastes: karela, methi, moong dal, green leafy vegetables.*

*Whole grains: millets, jowar, bajra, brown rice — lower glycaemic index.*

*Largest meal at LUNCH (12-1 PM). Light early dinner before 7 PM.*

*Eliminate refined sugar and maida COMPLETELY — most important dietary change.*

### Exercise (Vyayama)

*30-45 minutes daily — strongest evidence for insulin sensitivity improvement.*

*Exercise BEFORE breakfast (fasted state) — maximises metabolic benefit for PMOS.*

*Strength training + moderate cardio — builds insulin-responsive muscle mass.*

*10-minute post-lunch walk — CS Dinacharya for Meda Dhatu excess.*

## Section 6 — 7 Ayurvedic Herbs for PMOS (Herbs 1–4)

Classical reference, science, and usage —

©YogaWithUmang

### Shatapushpa — Fennel (शतपुष्पा)

**Ayurveda:** *Artava Pravartaka* — stimulates menstruation. *Ushna Veerya, Deepana, Vata-Kapha shamaka.*

**Science:** 2014: anti-androgenic activity confirmed. Phytoestrogen content supports oestrogen balance.

**Usage:** Soak 1 tsp overnight, drink strained water on empty stomach every morning.

### Shatavari (शतावरी)

**Ayurveda:** *Streenam Uttama Rasayana* — foremost Rasayana for women. Deeply nourishes *Rasa Dhatu* and *Artava*.

**Science:** Research confirms: phytoestrogenic activity, cortisol adaptogen, anti-inflammatory. Improves menstrual regularity.

**Usage:** Half tsp powder in warm milk before sleep. Safe for long-term daily use.

### Ashwagandha (अश्वगंधा)

**Ayurveda:** *CS* — *Balya + Rasayana*. Pacifies *Vata & Kapha*, reduces *Ama*, strengthens *Ojas*, supports adrenals.

**Science:** Multiple RCTs: reduces cortisol 14-32%, improves thyroid, reduces insulin resistance and testosterone.

**Usage:** Half tsp in warm milk before sleep. Minimum 8-12 weeks for hormonal benefit. Avoid in pregnancy.

### Triphala (त्रिफला)

**Ayurveda:** *CS* — *Universal Rasayana*. For PMOS: *Ama Pachana* (toxin clearance) + *Meda Shodhana* (fat channel purification).

**Science:** Research: improves insulin sensitivity, gut microbiome diversity, reduces inflammation. 2017: reduces BMI over 12 weeks.

**Usage:** Half tsp in warm water before sleep nightly. Safe for long-term daily use indefinitely.

## Section 6 — 7 Ayurvedic Herbs for PMOS (Herbs 5–7)

Every sentence ends with a full stop — every claim is cited.

### Methi — Fenugreek (मेथी)

**Ayurveda:** *Katu + Tikta Rasa, Ushna Veerya, Kapha-Vata shamaka. Deepana, Lekhana, Artava Pravartaka. Avoid pregnancy.*

**Science:** *2020 meta-analysis: reduces fasting blood glucose by 0.96 mmol/L. Clinical study in PCOS: reduced cyst size over 90 days.*

**Correct Usage:** *Soak 1 tsp overnight, consume soaked seeds on empty stomach. Add powder to food daily. Avoid in pregnancy.*

### Daruharidra (दारुहल्दी)

**Ayurveda:** *Tikta + Kashaya, Ushna Veerya. Indicated for Artava Dushti and Kapha-Pitta skin and metabolic conditions.*

**Science:** *Berberine: landmark 2008 Metabolism trial found it as effective as metformin for insulin resistance, menstrual regularity, and androgen reduction in PCOS.*

**Correct Usage:** *Best as classical Ayurvedic formulation under physician guidance. Avoid self-use and avoid in pregnancy.*

### Amla — Indian Gooseberry (आंवला)

**Ayurveda:** *CS Chi. 6/1 — Pittahara Shreshtha (foremost Pitta pacifier). Rasayana for daily long-term use. Multidimensional PMOS action.*

**Science:** *Research: blood glucose regulation, liver enzyme normalisation, inflammation reduction, lipid profile improvement — all directly relevant to PMOS.*

**Correct Usage:** *Daily in any form — powder, juice, fresh fruit, or murabba. Half tsp in warm water on empty stomach every morning.*

## Section 7 — Yoga for PMOS

Seven practices with mechanism of action —

©YogaWithUmang

### Baddha Konasana (बद्ध कोणासन)

Most important for PMOS

*Opens pelvis, stimulates blood flow to reproductive organs, regulates Apana Vata. Hold 2-5 min daily.*

### Dhanurasana (धनुरासन)

Metabolic activation — Kapha type

*Stimulates ovaries/uterus, improves adrenal function, activates Manipura Chakra. 3 × 20-30 sec.*

### Setu Bandhasana (सेतु बंधासन)

Thyroid + adrenal activation

*Strengthens pelvic floor, stimulates thyroid, activates adrenals. 3-5 × 30-60 sec. Improves LH/FSH.*

### Nadi Shodhana (नाड़ी शोधन)

Alternate nostril — nervous system balance

### Supta Baddha Konasana

Supine — restorative version

*Pelvic floor and hip flexors release completely. Hold 5-10 min with bolster. Best for Vata-type PMOS.*

### Viparita Karani (विपरीत करणी)

Legs up the wall — hormonal regulation

*Regulates Apana Vata, reduces cortisol, calms nervous system. 5-15 min daily. Safe for all types.*

### Kapalabhati Pranayama (कपालभाति)

Metabolic fire — most important pranayama

*Stimulates abdominal heat, reduces Kapha, improves insulin sensitivity. 3 rounds of 60-120 reps, AM.*

*Balances Ida-Pingala, reduces cortisol, creates hormonal environment for ovulation. 10 min daily, AM.*

## Section 8 — Daily Routine for PMOS

*Morning to night Dinacharya —*

©YogaWithUmang

### Morning

*Wake before 6 AM — prevents Kapha accumulation.*  
*Drink overnight fennel/methi water — Artava Pravartaka action.*  
*Amla on empty stomach — Pitta pacification + Rakta Dhatu nourishment.*  
*30-45 min yoga BEFORE breakfast — maximises insulin sensitivity benefit.*

### Midday

*Largest meal at LUNCH (12-1 PM) when Agni is at its natural peak.*  
*Include bitter/astringent foods, whole grains, dal, ghee.*  
*Absolutely avoid refined carbs, sugar, cold drinks at any meal.*  
*10-minute walk after lunch — CS Dinacharya for Meda Dhatu excess.*

### Evening

*Nadi Shodhana pranayama 10 minutes — reduces cortisol and regulates nervous system.*  
*Light early dinner BEFORE 7 PM — late eating worsens insulin resistance.*  
*No sweet, processed, or heavy food at dinner.*

### Night

*Triphala in warm water — overnight Ama clearance and Meda Dhatu purification.*  
*Shatavari or Ashwagandha in warm milk — nourishes Artava during sleep repair phase.*  
*Sleep BEFORE 10 PM — research confirms <7 hrs worsens insulin resistance significantly.*

### EAT — Supports PMOS Management

*Methi & Karela — improve insulin sensitivity daily.*

*Moong Dal — lightest pulse; strengthens Agni.*

*Barley (Jau) — CS best grain for Meda disorders.*

*Flax Seeds — lignans support oestrogen balance.*

*Cinnamon — multiple RCTs confirm insulin improvement.*

*Turmeric — reduces ovarian inflammation.*

*Fennel Water — Artava Pravartaka action every morning.*

*Pomegranate — CS exception among sour fruits.*

*Ghee (moderate) — nourishes all 7 Dhatus.*

### AVOID — Worsens PMOS

*Sugar & Sweets — primary insulin resistance driver.*

*Maida (refined flour) — directly spikes insulin.*

*Cold drinks & packaged juice — high fructose → liver fat.*

*Fried food — blocks Artavavaha Srotas.*

*Curd at night — Abhishyandi — blocks Srotas overnight.*

*Processed food — creates Ama rapidly.*

*Excess high-fat dairy — raises IGF-1 and androgens.*

*Cold & raw food in excess — suppresses Agni.*

*Late-night heavy eating — disrupts hormonal circadian cycle.*

## 1

## Fennel or Methi Water Every Morning.

### रोज़ सुबह सौंफ या मेथी का पानी पियो।

*Soak 1 tsp of fennel or methi seeds overnight. Drink the strained water on empty stomach every morning. This single habit directly opens Artavavaha Srotas (Artava Pravartaka action), stimulates Agni, and improves insulin sensitivity simultaneously. 90 days of consistent practice produces measurable improvement in menstrual regularity.*

**Ayurveda: CS + SS — Artava Pravartaka action on Artavavaha Srotas.**

*Science: 2014: anti-androgenic. 2020 meta-analysis: significant insulin sensitivity improvement.*

*Educational guide only. Consult a qualified physician for personal diagnosis and treatment.*

## 2

## Eliminate Sugar and Maida Completely.

### चीनी और मैदा पूरी तरह बंद करो।

*Refined sugar and refined flour are the two primary dietary drivers of insulin resistance in PMOS. Within 4-8 weeks of consistent elimination, insulin sensitivity begins to improve, androgen production decreases, and hormonal balance begins to recover. No supplement compensates for continuing to consume sugar and maida daily.*

**Ayurveda: CS — Madhura Rasa excess → Meda Dhatu excess → Kapha Avarana of Artavavaha Srotas.**

*Science: Dietary sugar drives insulin resistance — the core metabolic mechanism of PMOS. Multiple RCTs confirm.*

*Educational guide only. Consult a qualified physician for personal diagnosis and treatment.*

## 3

**Exercise 30-45 Min Daily — Before Breakfast.****रोज़ 30-45 मिनट exercise करो — खाली पेट।**

*Morning exercise before breakfast in the fasted state produces the greatest insulin sensitivity benefit for PMOS. Muscles are forced to draw on stored glucose and fat — directly improving cellular response to insulin. Consistent daily practice — not occasional effort — produces sustained hormonal improvement.*

**Ayurveda: CS — Vyayama essential for Meda Dhatu disorders. Described in Dinacharya chapter.**

*Science: Exercise improves insulin sensitivity within a single session. Daily practice produces cumulative hormonal benefit.*

*Educational guide only. Consult a qualified physician for personal diagnosis and treatment.*

## 4

## Sleep Before 10 PM — Every Single Night.

रात 10 बजे से पहले सोओ।

*Hormonal cycling, ovarian function, and cortisol regulation all depend on circadian rhythm and adequate sleep. Research confirms women with PMOS sleeping fewer than 7 hours have significantly worse insulin resistance. The hormonal repair between 10 PM and 2 AM is irreplaceable — no supplement compensates for chronic sleep deprivation.*

**Ayurveda: AH Dinacharya — sleep before 10 PM protects the nocturnal Pitta repair cycle in liver and blood.**

*Science: Sleep deprivation worsens insulin resistance and elevates cortisol — both directly worsen all PMOS parameters.*

*Educational guide only. Consult a qualified physician for personal diagnosis and treatment.*

## 5

## Take Triphala and Shatavari Daily.

### रोज़ Triphala और Shatavari लो।

*Triphala clears Ama from all Srotas and purifies Meda Dhatu channels — removing the physical obstruction preventing Artava from forming and flowing normally. Shatavari is the foremost Rasayana for women — directly nourishing Rasa Dhatu and Artava during sleep. Together they address both the obstruction and the depletion underlying PMOS.*

**Ayurveda: CS — Triphala: Ama Pachana + Meda Shodhana. CS — Shatavari: Streenam Uttama Rasayana.**

*Science: Triphala improves insulin sensitivity and gut microbiome. Shatavari supports follicular development.*

*Educational guide only. Consult a qualified physician for personal diagnosis and treatment.*

## Section 11 — When to Seek Medical Help

*Responsible guidance — these practices support but do not replace medical care.*

*The practices in this guide are supportive for mild to moderate PMOS. Always seek qualified professional guidance for the following:*

*⚠ Trying to conceive for more than 12 months without success — consult a gynaecologist or reproductive endocrinologist.*

*⚠ Significant insulin resistance, prediabetes, or type 2 diabetes alongside PMOS — coordinate with physician before herbal supplementation.*

*⚠ Severe hirsutism, significant androgen excess, or rapidly progressing hair loss — get androgen levels measured clinically.*

*⚠ Considering Panchakarma (Vamana, Virechana) — these must be performed under qualified Ayurvedic physician supervision only.*

*⚠ Your doctor still says PCOS — the 3-year global transition is ongoing. Clinical management is identical regardless of name.*

*⚠ Symptoms worsen despite 3 months of consistent lifestyle changes — consult both a physician and qualified Ayurvedic practitioner.*



## Yogacharya Umang Tyagi

*Phd Research Scholar | M.A. Yoga Science | Therapeutic Yoga & Ayurveda Educator*

@YogaWithUmang



@yogawithumang |  
[instagram.com/yogawithumang](https://www.instagram.com/yogawithumang)



YouTube

@yogawithumang |  
[Youtube.com/@yogawithumang](https://www.youtube.com/@yogawithumang)



@yogawithumang |  
[Facebook.com/yogawithumang](https://www.facebook.com/yogawithumang)

Click on the link below to directly message or connect with us:

[Online Yoga Classes: +91 90275 26812 | wa.me/919027526812](https://wa.me/919027526812)