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Awareness of Ayurvedic Lifestyle Practices for Managing Polycystic Ovary Syndrome Among Women

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Abstract — Knowledge about appropriate lifestyle practices is an important part of holistic care of women with polycystic ovary syndrome (PCOS). The present paper offers an assessment framework in the form of a cross-sectional study that examines knowledge of Ayurvedic lifestyle practices and its association with education, professional counselling and behaviour. The preliminary simulated dataset including 240 women aged 18–40 years old was evaluated using descriptive statistics, Pearson's chi-square tests and unadjusted odds ratios. Adequate level of knowledge was observed in 96 women (40.0%), moderate level in 108 women (45.0%) and low level in 36 women (15.0%). High level of recognition of the benefits of exercise was observed (82.5%), whereas lower levels were seen in terms of herbs safety and interactions (37.5%). The adequate level of knowledge was associated with graduate education (OR 6.00; 95% CI 3.37–10.69) and professional counselling (OR 4.33; 95% CI 2.50–7.52). Regular practice of the lifestyle was reported by 62.5% of the women with adequate knowledge compared to 33.3% of women who had a lower level of knowledge (OR 3.33; 95% CI 1.94–5.72). These preliminary results suggest the importance of differentiation between the knowledge of traditional practices and the knowledge of their benefits, restrictions and safety. The actual dataset is needed for the verification of these associations and development of culture-specific education for complementary lifestyle management together with conventional care.

Keywords — Polycystic ovary syndrome, Ayurveda, lifestyle knowledge, women's health, health literacy, yoga.

Introduction

PCOS is a complex disorder affecting reproductive, metabolic and mental health of a person. It requires taking into account the symptoms, priorities, risks and emotional well-being. The 2023 International Evidence-based Guideline recommends the lifestyle intervention and emphasizes on

access to the information and shared decision making.

In India, the discussion about the lifestyle includes Ayurveda concepts related to nutrition, daily habits, sleep and individual constitution of a person. A woman may be also offered yoga and breathing exercises as a part of holistic program. While yoga and Ayurveda have been historically connected, they are two separate systems, and the evidence related to yoga intervention cannot be transferred to the Ayurveda program.

It is important when conducting the awareness assessment since a woman may know the concept of dinacharya but still not understand how to implement a daily routine that will work. Likewise, a woman may perceive "natural" treatment as safe while having no idea about the quality, interaction and the necessity of monitoring the use of Ayurvedic products. Therefore, the awareness instrument should investigate the practical knowledge and ability to acknowledge uncertainties, not just knowledge of the existence of Ayurveda.

The present paper offers an assessment centered around this approach. The focus is put on the knowledge and behavior instead of the effectiveness of treatment. It aims at evaluating the understanding of potentially helpful lifestyle practices, unsupported claims and differentiation of complementary support and replacement of the necessary medical care.

Literature Review

Lifestyle Management and Individualized Care

According to the international guideline of Teede et al., the lifestyle management should be a part of comprehensive PCOS care [1]. There is no single diet composition recommended due to lack of superiority in terms of various outcomes. Thus, an awareness assessment instrument may take into account understanding of sustainable options instead of strict adherence to a specific "PCOS diet". Similarly, exercise recommendations should take into account the preferences and abilities of a woman. Oxford Academic

Lim et al.'s Cochrane review analyzed randomized trials of lifestyle interventions in women with PCOS [2]. It offers the valuable starting point for discussion of diet, exercise and

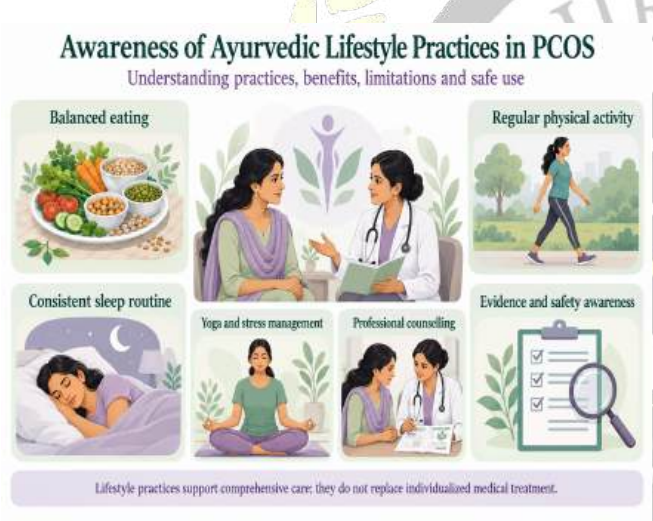
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behavioral support and its limitations. In terms of the awareness studies, it helps in distinguishing between the established lifestyle management and unsupported claims about the equivalence of the effects of any traditional recommendations.

Information Needs and Patient Experience

Gibson-Helm et al. described the issues of delayed diagnosis and information among women with PCOS [3]. It is obvious that getting the diagnosis does not mean that women have enough information about management. Therefore, awareness studies should evaluate the exposure to the meaningful counseling instead of assuming that it is provided by the healthcare services.

Ismayilova and Yaya discussed the issues of patient satisfaction and experience in Canada using different research methods [4]. While the contexts of healthcare services are different, it may be useful for the assessment of the ability of women to receive understandable advice and discuss treatment preferences with professionals.



Use of Ayurveda and Complementary Medicine

Rao et al. surveyed ethnic Indian women with PCOS internationally [5]. In 3,130 respondents, use of traditional, complementary and integrative medicine was frequent, including yoga and Ayurveda. Influence of family recommendation, beliefs about naturalness and safety was identified. This illustrates the reason why awareness assessment and use should be separated: popularity does not prove either effectiveness or adequate awareness.

Evidence Related to Yoga

Nidhi et al. studied a holistic yoga program in adolescents with PCOS and evaluated endocrine results [6]. Another paper evaluated anxiety outcomes [7]. These articles confirm further research into structured yoga programs, but the study populations and settings limit generalization. They also should not be regarded as independent evidence without checking overlap of participants.

Patel et al. performed a randomized controlled study of mindful yoga in women with PCOS [8]. This paper contributes with direct experimental evidence on a specific intervention. However, the results of a relatively small trial cannot justify generalized statements about cure of PCOS with yoga and equivalent effects of all types, schedules and modes of delivery of yoga.

Herbal Evidence and Safety Literacy

Arentz et al. reviewed laboratory and clinical evidence regarding herbal medicines [9]. This review highlighted potentially relevant effects, but emphasized the variability of clinical evidence. A systematic review and meta-analysis later concluded there was insufficient high quality evidence regarding efficacy of nutritional supplements and herbal medicines in PCOS and safety evidence [10]. Neither review proves the effectiveness of Ayurveda as a full system.

Research Gap

These publications confirm a specific measurement gap: awareness assessment should be able to differentiate between recognition of traditional practices, practical lifestyle knowledge and evidence and safety awareness. Proposed contribution is a combined questionnaire measuring all of these, while separating lifestyle behaviors and medical products and clinical outcomes.

Research Objectives

Primary objective is to measure the level of informed awareness about Ayurvedic lifestyle practices in women with clinically confirmed PCOS.

Secondary objectives are identification of topic-specific knowledge gaps, examining relations between awareness and level of education and professional counseling, and whether awareness is related to engagement in selected lifestyle practices.

The null hypotheses are that awareness is not related to education, professional counseling and regular practice.

Materials and Methods

Study Design and Participants

Proposed design is a cross-sectional survey carried out in outpatient and community setting. The eligible participants would be women aged 18-40 years with clinically confirmed PCOS diagnosis who are able to complete the questionnaire in Hindi and/or English and give informed consent.

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Recruitment should use consecutive eligible participants at participating sites, recording the recruitment period and characteristics of each site. The target population is women with diagnosed PCOS; the results would therefore not reflect awareness in all women of reproductive age.

Sample Size

Using sample size calculator, an estimated proportion of awareness of 50%, 95% confidence interval and 6.5 percentage points absolute precision result in the following formula:

$$n = \frac{1.96^2(0.50)(0.50)}{0.065^2} \approx 228$$

A sample of 240 provides a little buffer above this estimation. Taking 10% non-response into account, approaching approximately 267 eligible women is required. This calculation supports sample planning, but it does not provide sample representative sampling or sufficient power for any adjusted subgroup analysis.

Questionnaire Format

The proposed questionnaire includes demographics, PCOS history, information exposure, awareness questions and reported practice.

The 20 questions of the awareness section include four domains: dietary awareness, activity and daily routine awareness, stress-management awareness, and safety or limitations of treatment awareness. Every right answer is given one point; wrong answer and "do not know" are given zero points.

Scores are conditionally divided into low awareness (0-7), moderate awareness (8-13) and adequate awareness (14-20). This is an investigator-made cut-off requiring validation. The binary comparison is between low and moderate categories as "below adequate."

Questions should distinguish between recognition of Ayurvedic terminology and clinical knowledge. Traditional explanations should not be considered established biomedical facts.

Instrument Development

Prior to administration of the questionnaire, it should be reviewed by specialists in gynecology, Ayurveda, public health and measurement. Translation process should include forward and back translation and cognitive interviews.

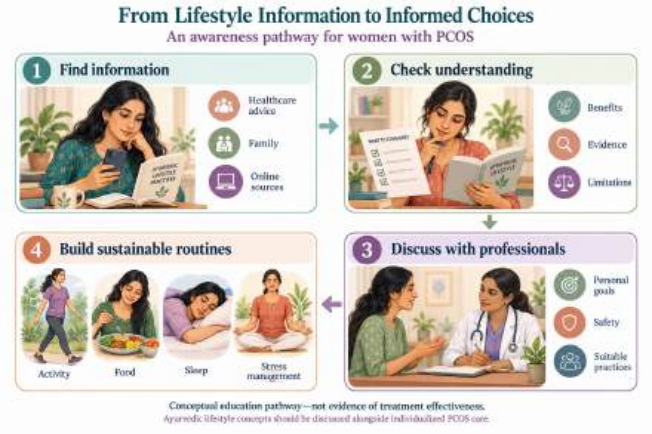
Additional pilot testing should be done to measure comprehensibility, duration of completion, question difficulty and internal consistency. Reliability coefficient or validation statistic is not claimed here because these procedures have not been done.

Operational Definitions

Professional counseling is a participant-reported structured discussion about lifestyle management with a qualified healthcare professional.

Regular practice is reporting at least two of the following in the previous four weeks: physical activity planned on at least three days per week, regular sleep schedule on at least five days per week, yoga, breathing or meditation on at least three days per week.

This is a composite measure of behavioral engagement. It does not measure guideline-defined exercise adherence or specific Ayurvedic treatment exposure.



Statistical Analysis

Descriptive statistics involve frequencies and percentages. Pearson's Chi-Square tests determine the three pre-specified relationships. The unadjusted odds ratios with 95% confidence intervals explain their effect size.

All the statistical outcomes presented below have been obtained from the simulated contingency tables presented above. There is no regression analysis, questionnaire reliability analysis, or clinical effectiveness analysis. The level of significance is $p < .05$.

Results

Participant Information

The tentative analysis sample includes 240 women. The 120 women have graduate education, while 100 women are engaged in professional counseling.

Table 1. Provisional participant characteristics

Characteristic	Category	Frequency	Percentage

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Age	18–24 years	84	35.0
	25–31 years	102	42.5
	32–40 years	54	22.5
Education	Below graduate level	120	50.0
	Graduate or above	120	50.0
Residence	Urban	156	65.0
	Rural	84	35.0
Time since diagnosis	Less than two years	132	55.0
	Two years or longer	108	45.0
Professional counselling	Yes	100	41.7
	No	140	58.3

Each characteristic totals 240. Percentages may differ slightly from exact totals because of rounding.



Awareness Levels and Knowledge Gaps

Sufficient awareness is attributed to 96 individuals (40.0%), moderate awareness to 108 (45.0%), and insufficient awareness to 36 (15.0%). Therefore, 144 individuals (60.0%) fail to meet the threshold of adequate awareness.

Responses selected at the item level suggest higher awareness levels for familiar actions than for safety and evidential constraints.

Table 2. Provisional correct responses to selected awareness items

Awareness item	Correct, n	Correct, %
Regular physical activity can support PCOS management	198	82.5
Sustainable dietary choices are preferable to unsupported cure diets	180	75.0
Sleep routines are relevant to general lifestyle care	168	70.0
Yoga may complement care but does not guarantee a cure	156	65.0
Stress-management practices can support emotional well-being	150	62.5
Recognizes *dinacharya* as an Ayurvedic daily-routine concept	126	52.5
No single dietary pattern is established as best for everyone with PCOS	108	45.0
Lifestyle practices do not automatically replace prescribed treatment	102	42.5
Herbal products require attention to safety and interactions	90	37.5
Awareness surveys cannot demonstrate treatment effectiveness	84	35.0

The selected marginal numbers do not qualify for a full data set and do not make any claim to the reliability of the questionnaire.

Factors Associated with Adequate Awareness

Those counselled show 60.0% adequacy of awareness against 25.7% of those who were not counselled. The crude odds ratio is 4.33.

Educational attainment is also linked, as 60.0% of graduates display adequate awareness against 20.0% of non-graduates.

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Table 3. Provisional associations with adequate awareness

Factor	Adequate awareness, n	Below adequate, n	Adequate within category, %	Unadjusted OR (95% CI)	χ^2
Professional counselling: Yes	60	40	60.0	4.33 (2.50–7.52)	28.57
Professional counselling: No	36	104	25.7	Reference	—
Graduate or above	72	48	60.0	6.00 (3.37–10.69)	40.00
Below graduate level	24	96	20.0	Reference	—

Each has 1 degree of freedom, with $p < .001$ for both comparisons. Both comparisons replicate the total numbers for 96 adequate and 144 below-adequate respondents.

Awareness and Practice

Practice is performed regularly by 108 (45.0%) respondents. Of the adequately aware females, 60 out of 96 practice regularly, whereas of the below awareness threshold 48 do.

Table 4. Provisional relationship between awareness and regular practice

Awareness category	Regular practice, n	Not regular, n	Total	Regular practice, %
Adequate	60	36	96	62.5
Below adequate	48	96	144	33.3
Total	108	132	240	45.0

The association yields $\chi^2(1) = 19.80$, $p < .001$, with OR 3.33 (95% CI 1.94–5.72). These odds reflect association, not causation of the behaviour by knowledge.

Discussion

This tentative finding emphasizes the contrast between identification of well-known health practices and recognition of treatment constraints. Physical activity is common knowledge, while a smaller number of women understand the constraints regarding herbs' safety, substitute prescription medication, and claims of universal superiority of diet.

A survey demonstrating such distribution would call for an educational effort that would go beyond naming recommended health practices. The women would need guidance on choosing a sustainable form of physical activity, evaluating uncertain evidence, and consulting their treating physicians about traditional practices. Cultural knowledge should be valued in its right, although analytically distinct from clinical knowledge.

The counselling association fits into the information needs suggested by Gibson-Helm et al. [3] and Ismayilova and Yaya [4]. Its direction, however, remains unconfirmed. The counselling may raise the awareness levels, while already aware women may actively seek counseling services. Factors such as access, income, symptom load, and general healthcare engagement may affect both variables.

Similarly, the education association is to be interpreted carefully. Higher education levels may reflect the ability to read and use internet resources or question health claims. Therefore, any educational intervention should make use of accessible language and demonstrations, rather than relying on written information alone.

Finally, the association between awareness and practice creates a considerable behavioral gap. Based on the current distribution of numbers, 36 women are aware enough of the subject matter, yet they still do not practice the recommended behavior regularly. Knowledge alone may prove inadequate when the factors limiting the practice are lack of time, household chores, tiredness, expenses, or lack of instruction.

The research design does not measure whether Ayurveda treatment improves the menstrual regularity, androgen concentration, fertility, or metabolic condition. It does not view walking, healthy nutrition, and sufficient sleep as exclusive indicators of Ayurvedic treatment. They were included due to overlapping interests, while the traditional concepts were measured separately.

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Practical Implications

Awareness about culturally relevant education could be developed through provision of simple information about PCOS alongside discussion of lifestyle elements such as routine, pleasure activity, sleep, and stress reduction. The counselling process should entail non-judgmental information on herbs and supplements and the varying nature of their evidence base.

Evaluation would involve knowledge retention and realistic behavioural change assessment. Any claims on symptom improvement would need a separate prospective study design with specific interventions, appropriate controls and clinical outcomes.

Limitations

All numbers are simulations and therefore cannot be used for any estimation or any clinical recommendation purposes. The actual cross-sectional study will continue to be subject to selection bias, recall bias, social desirability reporting, and reverse causality.

The suggested awareness cut-off points and the practice composite would need validation. Any crude associations may indicate confounding effect, and the three comparisons cannot define independent predictors. An actual study needs to have item-level data collection and analysis, documentation of missingness, proper scoring and sample-size adequate prespecified analysis plan.

Conclusion

Ayurvedic lifestyle awareness should be measured in terms of cultural awareness, practical knowledge and evidence understanding aspects. Such an approach is possible within the framework developed and yet maintains distinction between awareness and effectiveness. Real-life participant data are needed to ascertain awareness level and related factors.

References

- *Teede, H. J., et al. (2023). Recommendations from the 2023 International Evidence-based Guideline for the Assessment and Management of Polycystic Ovary Syndrome. The Journal of Clinical Endocrinology & Metabolism, 108(10), 2447–2469. https://doi.org/10.1210/clinem/dgad463*
- *Lim, S. S., Hutchison, S. K., Van Ryswyk, E., Norman, R. J., Teede, H. J., & Moran, L. J. (2019). Lifestyle changes in women with polycystic ovary syndrome. Cochrane Database of Systematic Reviews, 3, CD007506. https://doi.org/10.1002/14651858.CD007506.pub4*
- *Gibson-Helm, M., Teede, H., Dunaif, A., & Dokras, A. (2017). Delayed diagnosis and a lack of information associated with dissatisfaction in women with polycystic ovary syndrome. The Journal of Clinical Endocrinology & Metabolism, 102(2), 604–612. PubMed*
- *Ismayilova, M., & Yaya, S. (2022). "I felt like she didn't take me seriously": A multi-methods study examining patient satisfaction and experiences with polycystic ovary syndrome (PCOS) in Canada. BMC Women's Health, 22, 47. https://doi.org/10.1186/s12905-022-01630-3*
- *Rao, V. S., et al. (2023). Use of traditional and complementary medicine by ethnic Indian women living with polycystic ovary syndrome: A global survey. BMC Complementary Medicine and Therapies, 23, 392. https://doi.org/10.1186/s12906-023-04229-9*
- *Nidhi, R., Padmalatha, V., Nagarathna, R., & Amritanshu, R. (2013). Effects of a holistic yoga program on endocrine parameters in adolescents with polycystic ovarian syndrome: A randomized controlled trial. The Journal of Alternative and Complementary Medicine, 19(2), 153–160. https://doi.org/10.1089/acm.2011.0868*
- *Nidhi, R., Padmalatha, V., Nagarathna, R., & Amritanshu, R. (2012). Effect of holistic yoga program on anxiety symptoms in adolescent girls with polycystic ovarian syndrome: A randomized control trial. International Journal of Yoga, 5(2), 112–117. PubMed*
- *Patel, V., Menezes, H., Menezes, C., Bouwer, S., Bostick-Smith, C. A., & Speelman, D. L. (2020). Regular mindful yoga practice as a method to improve androgen levels in women with polycystic ovary syndrome: A randomized, controlled trial. The Journal of the American Osteopathic Association, 120(5), 323–335. https://doi.org/10.7556/jaoa.2020.050*
- *Arentz, S., Abbott, J. A., Smith, C. A., & Bensoussan, A. (2014). Herbal medicine for the management of polycystic ovary syndrome (PCOS) and associated oligo/amenorrhoea and hyperandrogenism; a review of the laboratory evidence for effects with corroborative clinical findings. BMC Complementary and Alternative Medicine, 14, 511. https://doi.org/10.1186/1472-6882-14-511*
- *Arentz, S., Smith, C. A., Abbott, J., & Bensoussan, A. (2017). Nutritional supplements and herbal medicines for women with polycystic ovary syndrome; a systematic review and meta-analysis. BMC Complementary and Alternative Medicine, 17, 500. https://doi.org/10.1186/s12906-017-2011-x*

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