

AYURVED MANAGEMENT OF PCOS: A CASE REPORT

*Dr. Vidharani Joshi, MD(Ayu) Kriya Sharir

Associate Professor, Department in Kriya Sharir, Uttaranchal Medical College of Ayurveda and Research, Uttaranchal University, Premnagar, Dehradun (UK).



*Corresponding Author: Dr. Vidharani Joshi

Associate Professor, Department in Kriya Sharir, Uttaranchal Medical College of Ayurveda and Research, Uttaranchal University, Premnagar, Dehradun (UK).

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ABSTRACT

One of the most prevalent issues, polycystic ovarian syndrome (PCOS), affects about 12% of women PCOS can affect a person's menstrual cycle, hormone levels, fertility, and appearance, including balding, acne, balding of the face, obesity, irregular menstruation, amenorrhea, dysmenorrhea, and more. Some women could experience depression. Additionally, it is a metabolic issue that impacts multiple bodily systems. The most prevalent endocrinopathy, PCOS, mostly affects women who are of reproductive age and causes insulin resistance and compensatory hyperinsulinemia. From an ayurvedic perspective, PCOS and Aarthava Kshaya are connected. Gynecological disorders are primarily described in Ayurvedic texts under the Yonivyapada. It is challenging to pinpoint a precise relationship between PCOS and any particular ailment mentioned in Ayurvedic literature. PCOS symptoms closely match the signs and symptoms of Ayurvedic conditions such as Anartava / Nashtarva, Arjaska Yonivyapada, Lohitakshaya Yonivyapada, Vandhya Yonivyapada, Shandi Yonivyapada, Aartava Kshaya, and Pushpaghani Jataharini.

KEYWORDS: Polycystic ovarian syndrome, PCOS, Aarthava Kshaya, Yonivyapada.

INTRODUCTION

Polycystic ovary syndrome (PCOS) is a complex endocrine and metabolic disorder, typically characterized by anovulation, infertility, obesity, insulin resistance, and polycystic ovaries. Lifestyle or diet, environmental pollutants, genetics, gut dysbiosis, neuroendocrine alterations, and obesity are among the risk factors that predispose females to PCOS. These factors might contribute to upsurging metabolic syndrome by causing hyperinsulinemia, oxidative stress, hyperandrogenism, impaired folliculogenesis, and irregular menstrual cycles. Across the globe, PCOS affects between 8% and 20% of women of reproductive age annually, according to the diagnostic criteria. The pathophysiology of this condition is influenced by alterations in steroidogenesis, ovarian folliculogenesis, neuroendocrine function, metabolism, insulin production, insulin sensitivity, adipose cell activity, inflammatory factors, and sympathetic nerve function. According to Barre et al., the high consumption of carbohydrates, hyperinsulinemia, hyperandrogenemia, and persistent low-grade inflammation are the four key contributors to pathophysiological alterations in PCOS.

In Ayurvedic classics there is no direct mentioning of this disease rather, symptoms are found under various diseased conditions at various references i.e., Aartavavaha strotas dushti, Nastaartava, Granthi, Santarponnthy vyadhi, Yonivyapad. PCOD is a Kapha

predominant disorder; Kapha gets aggravated by consuming more Kaphavardhak and Sneha containing Ahara and by sedentary lifestyle. The line of treatment in modern medicine is Hormonal therapy. In Ayurveda the line of treatment is according to Dosha predominance, here it is Kaphahara, Strotoshodhaka and Anulomana.

CASE SUMMARY

A female patient of 26 years age attended the OPD of Department of Kayachikitsa, Dehradun. Patient reported irregular menses since her menarche i.e., for 4 years along with scanty menses, delayed menses, acne on face and hair fall.

HISTORY OF PRESENT ILLNESS

According to the patient, she was suffering from irregular menses since her menarche. She was also having complaints of scanty menses, delayed menses, acne on face and hair fall. Also, she is complaining of constipation. So first she took allopathic treatment (withdrawal pills) and homeopathic treatment also but no result was found. USG revealed polycystic pattern of both ovaries. She had gone through 1 year of allopathic treatment (OCP pills) but she did not get any relief. That is why she decided to take Ayurvedic treatment.

• History of Past Illness- Patient does not have history of major illness.

- Past Medical History- No relevant history was present.
- Past Surgical History- No surgical illness.
- Drug History- Allopathic and Homeopathy treatment were taken for PCOD.
- Family History- Nil
- Menstrual History:
 - Age of Menarche: 13 year the period was irregular, scanty, and painful with clots occurring at a gap of 40-60 days with flow of 1-2 days.
- Marital Status- Unmarried
- Personal history- She has normal appetite, sound sleep and proper micturition but her bowel habit was disturbed.

GENERAL EXAMINATION

Built- Normal, Weight- 50kg, Height- 152 cm, Pulse rate- 78/min, B.P.- 110/68mm of Hg, Respiration rate- 18/min, Temp- 98.6 F.

PHYSICAL EXAMINATION

Ashtavidhpariksha

Nadi- Vatapitta
 Mutra- Samyak
 Mal- Asamyak
 Jihva- Malavritt
 Shabd- Samyak
 Sparsha- Ushna
 Drika- Samanya
 Akriti – Madhyam

Dashvidhpariksha

Prakriti- Vatakhaja
 Sara- Madhyama
 Samhanana- Avara
 Pramana- Madhyam
 Satmya- Madhyam
 Satva- Madhyam
 Vaya- Yuvati
 Vyayamshakti- Avara
 Aharashakti- Madhyam
 Systemic Examination
 CVS: Heart sounds (S1S2): Normal
 Respiratory system: normal bilateral air entry, no added sounds.
 No abnormality found on other system

Samprapti Ghatak

Dosha- Vata, Kapha
 Dushya- Rasa, Rakta, Meda, Artava
 Srotas - Rasa, Rakta, Meda, Artava
 Strotodushti- Sanga
 Agni- Agnimandya
 Rogmarga- Aabhyantara
 Udbhava sthan- Garbhashaya
 Vyakta sthana- Garbhashaya, Twak, Mamsa, Meda, Artava

Treatment Protocol

S.No.	Medicine	Dose	Time	Anupana
1.	Chaturbeeja Churna	3gm	Twice a day – empty stomach	Lukewarm water
2.	Shatavari Churna	3gm	Twice a day	Milk
3.	Kumaryasava	20ml	Twice a day	Equal quantity with water
4.	Dashmoolarishta	20ml	Twice a day	Equal quantity with water

RESULT

Before Treatment	After Treatment
Right ovary measures 45 x 24 x 23 mm (Volume 12.92 cc)	Right ovary measures 27 x 24 x 18 mm (Volume 7.4 cc)
left ovary measures 31 x 22 x 23 mm (Volume 11.9 cc)	left ovary measures 25 x 24 x 20 mm (Volume 7.4 cc)

Pathya- Apathya

During this period the patient was advised to avoid oily food, junk food and reduce sugar Intake.

- Advised exercise at least 30 minutes brisk walking, jogging, Suryanamaskar.
- To avoid mental stress.
- To take green leafy vegetables and to maintain adequate amount of fluid intake.

DISCUSSION

Probable Mode of Action

Chaturbeeja Churna: It is mentioned in *Bhava Prakasha* that *Chaturbeeja Churna*, which contains *Methika*, *Chandrashura*, *Kalajaji* and *Yavanika*, when taken daily cures *Vata* disorders, *Ajirna*, *Shoola*, *Adhmana*, *Parshvashoola* and *Kativyatha*. These drugs have *Vata* -

Shamaka, *Deepana*, *Shoolahara*, *Jwarahara*, *Garbhashaya*- *Shodhaka* properties. *Chaturbeeja Churna* has *Snigdha Guna* and *Ushna Virya* with *Vata-Kaphahara Dosha- karma* which pacified the vitiated *Vata Dosha* mainly due to *Ushna Virya*. Further, *Laghu Guna*, *Ruksha Guna*, *Tikta Rasa* pacified the *Kapha* vitiation.

Shatavari Churna: *Shatavari* has *Tikta*, *Madhura Ras*, *Guru*, *Snigdha Guna*, *Sheeta Veerya*, *Madhura Vipaka*, *Rasayana Prabhava*, *Kaphavatahara* properties. It is anti-inflammatory, spasmogenic, hepatoprotective, purgative, immunizing, estrogenic effect on the female mammary glands and reproductive system. It improves folliculogenesis and ovulation, prepare the uterus for conceiving, forestalls miscarriages.

Kumaryasava helps reduce the symptoms of PCOS due to its *Vata-Kapha* balancing properties.

Dashmoolarishta consists of *Laghupanchmoola* and *Brihat Panchmoola*, which have *Vata-Pitta Shamaka* and *Deepan-Pachana* properties. It also contains *Gokshura*, which improves ovarian function, and *Bilva*, known for its antioxidative properties that may help reduce oxidative stress often present in women with PCOS.

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