

**ROLE OF YAVAKṢĪRAPĀKA IN THE MANAGEMENT OF OBESITY ASSOCIATED
WITH PCOD: A CASE STUDY****Priyanka*¹, Suniti Tanwar²**¹Post Graduate Scholar, ²Professor,

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ABSTRACT

Polycystic Ovarian Disease (PCOD) is one of the most common endocrine and metabolic disorders affecting women of reproductive age. Obesity and insulin resistance are major contributing factors in the pathogenesis and progression of PCOD, leading to menstrual irregularities, anovulation, infertility, and metabolic disturbances. In Ayurveda, PCOD can be correlated with conditions involving Kapha predominance, Medodushti, Agnimandya, and Artavavaha Srotodushti. Management in Ayurveda mainly focuses on correcting metabolic imbalance, reducing Kapha and Meda, and restoring normal ovarian function. Yavakṣīrapāka, a classical Ayurvedic preparation containing Yava (barley) processed with Kṣīra (milk), possesses Medohara, Lekhana, Laghu, and Kapha-Vātahara properties. Yava is rich in dietary fiber and has a low glycemic index, which helps in reducing body weight, improving insulin sensitivity, and regulating lipid metabolism. The formulation also aids in Agni Deepana, Srotoshodhana, and reduction of excessive Medodhatu. The present study/article aims to evaluate the effect of Yavakṣīrapāka in obese women with PCOD. Its therapeutic potential may help in reducing body mass index (BMI), improving menstrual regularity, decreasing insulin resistance, and enhancing overall metabolic health. Thus, Yavakṣīrapāka may serve as a safe, economical, and holistic Ayurvedic approach for the management of obesity associated with PCOD.

KEYWORDS: Yavakshirapaka, PCOD, Obesity, Yava, Insulin Resistance, Artavadushti.**INTRODUCTION**

Polycystic Ovarian Disease (PCOD) is one of the most common endocrine and metabolic disorders affecting women of reproductive age worldwide. It is characterized by menstrual irregularities, chronic anovulation, hyperandrogenism, obesity, insulin resistance, and infertility.^[1] The prevalence of PCOD has increased significantly due to sedentary lifestyle, unhealthy dietary habits, stress, and obesity.^[2] Among various contributing factors, obesity plays a major role in worsening hormonal imbalance and metabolic dysfunction in PCOD patients. Increased adiposity aggravates insulin resistance, leading to hyperinsulinemia and excessive androgen production, which further disturbs ovarian function.^[3] Modern management of PCOD mainly includes lifestyle modifications, hormonal therapy, insulin sensitizers, and

ovulation induction. However, these treatments often provide symptomatic relief and may be associated with recurrence and adverse effects.^[4] Hence, there is a growing need for safe, economical, and holistic treatment approaches.

Ayurveda explains conditions resembling PCOD under disorders involving Kapha and Vata vitiation, Medodushti, Agnimandya, and Artavavaha Srotodushti.^[5] Clinical features such as obesity, anovulation, irregular menstruation, and infertility can be correlated with conditions like Artavakshaya, Pushpaghni Jataharini, and Sthoulya.^[6] Excessive accumulation of Meda along with Kapha aggravation leads to Srotorodha, which hampers normal functioning of Artavavaha Srotas and results in disturbed reproductive physiology.^[7]

Yava (*Hordeum vulgare*), commonly known as barley, is described in Ayurvedic classics as having Laghu, Ruksha, Lekhana, and Medohara properties.^[8] It is particularly indicated in conditions associated with obesity and Kapha disorders. Yava also possesses high dietary fiber content and a low glycemic index, which help in improving insulin sensitivity and reducing body weight.^[9] Yavakṣīrapāka, prepared using Yava and Kṣīra (milk), provides a balanced formulation that reduces excessive Meda and Kapha while maintaining nourishment and strength. The Lekhana and Medohara properties of Yavakṣīrapāka may help in reducing obesity and correcting metabolic disturbances associated with PCOD. By improving Agni, reducing Srotorodha, and normalizing metabolism, it may contribute to restoration of menstrual regularity and improvement in reproductive health. Therefore, the present case study aims to evaluate the effect of Yavakṣīrapāka in the management of obesity associated with PCOD from an Ayurvedic perspective.

CASE HISTORY

A 24 year old married female with complaints scanty menses since 2 years and weight gain of 6 Kg since 1 year came to PTSR OPD, IASR, Kurukshetra on 15/8/24. The patient's last menstrual period was on 11/8/2024 with irregular menstrual cycles. The duration of her periods is typically 1 day, with an interval of 40-45 days between cycles. She experiences mild pain during her periods but does not have any clots. The amount of bleeding is scanty, requiring only 1 pad per day (spotting +). In terms of general examination, the patient has a height of 150 cm and a weight of 67kg, resulting in a BMI of 29.8 kg/m². Her blood pressure is 120/90 mmHg.

In Systemic examinations, Central nervous system: patient was conscious & well oriented to time, place & person. Cardiovascular system: S1 & S2 heard, no abnormal sounds on auscultation. Respiratory system: Chest B/L symmetrical, clear, no added sounds on auscultation. Per abdomen: soft, non-tender. She was

diagnosed as PCOS by revised Rotterdam criteria (2003) with obesity (BMI- 29.8).

Diagnostic focus and assessment

Investigations: The biochemical investigations are shown in table-1. The USG findings are shown in table-2.

TREATMENT GIVEN

The patient was advised Yavakṣīrapāka prepared according to classical Ayurvedic principles. The formulation was administered with the objective of reducing Kapha-Medovṛddhi, correcting Agnimāndya, and improving menstrual irregularities associated with PCOD. Composition of Yavakṣīrapāka (1:8:32)- Yava (Barley) – coarse powder, Godugdha (Cow's milk), Jala (Water).

Method of Preparation

One part of coarsely powdered Yava was mixed with 8 times quantity of milk and 32 times quantity of water proportion and heated on mild fire until the half reduction was obtained, forming Yavakṣīrapāka.

Dose and Duration- Dose: 50–100 ml twice daily with anupāna: Lukewarm state with duration: 90 - 120days.

Pathya-Apathya Advised: The patient was advised:- Light and low-calorie diet, Regular physical activity and yoga, avoidance of oily, fried, sweet, and junk foods, proper sleep and stress management.

Outcome

After 6 months of treatment Serum cholesterol was reduced to 140 mg/dl and RBS to 70 mg/dl. The biochemical investigations before and after treatment are shown in table-3. After 6 months of treatment her menstrual cycle became regular with 14kg weight reduction. The menstrual history before and after treatment are shown in table-4. The BMI before and after treatment are shown in table-5. Her USG revealed reduction in volume of both ovaries.

Table 1: Biochemical Investigation (10/08/24).

RBS	100mg/dl
S. Cholesterol	200mg/dl
S. Prolactin	4.08
Thyroid Profile	Normal study

Table 2: USG Findings (10/08/24).

USG	Findings
Right Ovary	Volume – 13.8ml
Left Ovary	Volume – 12.7ml

Table 3: Biochemical Investigation (BT and AT).

RBS	100mg/dl	70mg/dl
S. Cholesterol	200mg/dl	140mg/dl
S. Prolactin	4.08	4.08
Thyroid Profile	Normal study	Normal study

Table 4: Menstrual History BT and AT.

	BT	AT
Regular/Irregular	Irregular	Regular
Duration	1 day	2 – 3 days
Interval	40 – 45 days	28 – 30 days
Pain	Mild pain present	Mild pain present
Clots	Absent	Absent
Amount	1pad/day (Spotting+)	2 pad/ day

Table 5: BMI BT and AT.

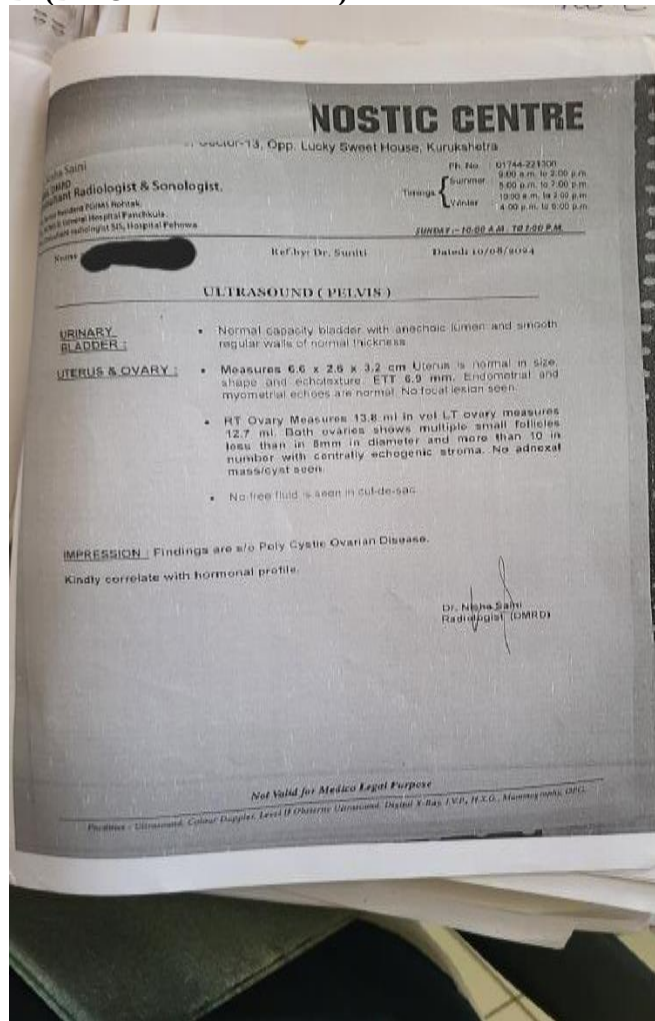
Parameter	BT	AT
Height	152cm	152cm
Weight	65kg	51kg
BMI	28.1	22.1

Table 6: USG BT and AT(8/03/2025).

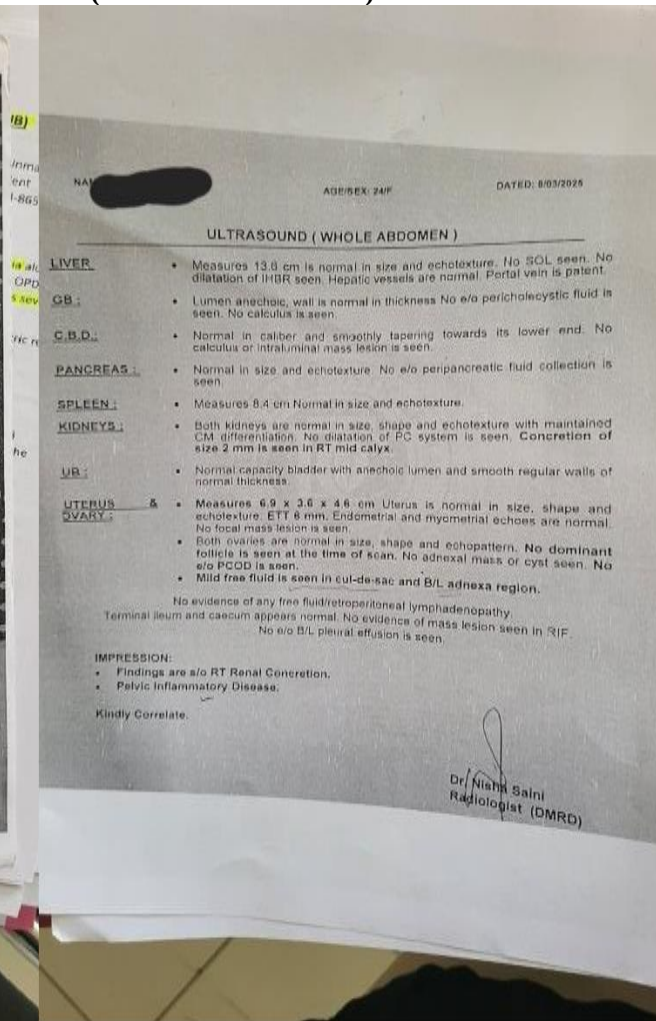
USG	BT	AT
Right Ovary	Vol. 13.8ml	3-10ml (normal)
Left Ovary	Vol. 12.7ml	3-10ml (normal)

USG findings report

BT(BEFORE TREATMENT)



AT(AFTER TREATMENT)



DISCUSSION

Polycystic ovarian disease (PCOD) is a multifactorial endocrine disorder commonly associated with obesity

and insulin resistance. Weight reduction of even 5–10% has been shown to improve the metabolic and reproductive abnormalities of PCOD.^[10] According to

Ayurveda, obesity can be correlated with Sthoulya, which develops due to excessive accumulation of Meda Dhatu and vitiation of Kapha Dosha. Acharya Charaka has described Sthoulya among the Ashta Nindita Purusha and explained that obstruction caused by Meda leads to derangement of Vata and further progression of the disease.^[11]

The manifestations of obesity-associated PCOD can be understood on the basis of Kapha-Medodushti, Agnimandya, and Avarana of Apana Vata, resulting in disturbance of Artava formation and ovulatory dysfunction. Therefore, therapeutic interventions possessing Kaphahara, Medohara, and Lekhana properties are beneficial in such conditions.^[12] Acharya Charaka has specifically advocated the use of Yava (Hordeum vulgare) in the management of Sthoulya. Yava possesses Laghu, Ruksha, Lekhana, and Kaphamedohara properties, which help in reducing excessive Meda and correcting the underlying metabolic disturbances.^[13]

The preparation of Yavaksirapaka combines the Medohara effect of Yava with the nourishing properties of Kshirapaka, thereby facilitating gradual and sustainable weight reduction without causing debility.

Modern studies have demonstrated that barley contains a high amount of soluble fibre, particularly β -glucan, which increases satiety, delays gastric emptying, and improves insulin sensitivity.^[14] Improvement in insulin resistance subsequently decreases hyperinsulinemia and ovarian androgen production, thereby positively influencing the pathophysiology of PCOD.^[15]

In the present case, administration of Yavaksirapaka resulted in a remarkable reduction of 14 kg body weight, indicating significant improvement in Meda metabolism and overall metabolic status. The findings suggest that Yavaksirapaka may be an effective, economical, and safe dietary intervention in obesity associated with PCOD. However, larger clinical studies are needed to establish its efficacy and validate these observations.

CONCLUSION

The present case study highlights the potential role of Yavaksirapaka in the management of obesity associated with PCOD. Administration of Yavaksirapaka resulted in a significant weight reduction of 14 kg, indicating its effectiveness in correcting Kapha-Medodushti and improving metabolic status. The Laghu, Ruksha, Lekhana, and Medohara properties of Yava may help in reducing excess Meda Dhatu, removing Srotorodha, and restoring normal physiological functions. Since obesity plays a crucial role in the pathogenesis and progression of PCOD, effective weight reduction can contribute to improvement in the endocrine and reproductive abnormalities associated with the disorder. This case suggests that Yavaksirapaka is a simple, safe, cost-effective, and sustainable dietary intervention for the management of obesity in women with PCOD.

However, the findings are based on a single case and cannot be generalized. Further observational studies and randomized controlled trials with larger sample sizes are required to establish the efficacy, safety, and probable mechanism of action of Yavaksirapaka in the management of obesity associated with PCOD.

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