



Ayurvedic Management of Polycystic Ovarian Syndrome (PCOS) – A Case Report

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KEYWORDS

PCOS, Obesity, Infertility, Anovulation, Panchakarma, Shodhana

ABSTRACT:

Polycystic Ovarian Syndrome (PCOS) is a widespread reproductive disorder that encompasses many associated health conditions and has an impact on various metabolic processes. PCOS is depicted by hyperandrogenism, polycystic ovaries, and anovulation. It increases the risk of insulin resistance (IR), type 2 diabetes mellitus, obesity, and cardiovascular disease. The etiology of the disease remains unclear and the subjective phenotype makes a united diagnosis difficult among physicians. It seems to be a familial genetic syndrome caused by a combination of environmental and genetic factors. It can be linked with metabolic disorders in first-degree family members. PCOS is the cause of up to 30% of infertility in couples seeking treatment..

INTRODUCTION

Polycystic Ovarian Syndrome (PCOS) is a heterogeneous, multisystem, endocrinopathy in women of reproductive age with the ovarian expression of various metabolic disturbances and a wide spectrum of clinical features such as obesity, menstrual abnormalities and hyperandrogenism. The increase rate in the current incidence of PCOS is due to sedentary lifestyle, lack of physical exercise, change in diet especially high caloric diet and excessive mental stress. PCOS manifestation with varies signs and symptoms is not explicit by a single disease condition in Ayurveda. Diseases like *Vandhya*, *Arajaska*, *Nashtarhava*, *Arthavakshaya* and *Pushpaghni Jathaharini* shows resemblance in signs and symptoms. These can be related with PCOS to some extent. PCOS presents with an increased risk of menstrual irregularities, hirsutism, obesity, insulin resistance, cardiovascular problems, etc.

CASE REPORT

Presenting Complaints:

- A 23y/o female patient c/o Amenorrhea since 1 year and 4 months.
- She also c/o gradual weight gain since 2 years.

History of Present Illness:

As per the statement of the patient, she was apparently healthy before 2 years. After that she started c/o Amenorrhea since 1 year and 4 months and also, she started noticing gradual weight gain since 2 years. For above complaints she visited gynecologist in October, 2023. She was advised to undergo USG Scan of Abdomen and Pelvis which was suggestive of B/L Polycystic Ovaries. So, for all these complaints she visited our hospital for further management.



History of Past Illness:

N/K/C/O- Hypertension, Diabetes mellitus, Thyroid dysfunction

H/O- Gastritis 2 years back

Personal History:

Ahara : Mixed (Non-veg; thrice a week)

Vihara : Moderate

Vyasana : None

Nidra : 6-7 hours, disturbed sleep

Family History:

No relevant history

Menstrual history: (Table 1)

Age of menarche	12 years
Regularity	Irregular, LMP - 26/07/22
No. of days	3-4 days
Interval	30-45 days (Past) Amenorrhoea since 1 year & 4 months
Blood flow	Moderate D1 - 2 pads D2 - 3 pads D3-D4 - 1-2 pads/day
Discomfort	Mild lower abdominal pain

Table 1: Menstrual History

Ashtavidha/Dashavidha Pareeksha: (Table 2)

Ashtavidha Pareeksha	Dashavidha Pareeksha
Nadi - 80 beats/min	Prakruti - Kapha pitta
Mala - Regular, once a day	Vikruti - Kapha Vata
Mutra - 6-7 times/day	Sara - Madhyama
Jihva - Lipta	Samhanana - Madhyama
Shabda - Prakruta	Pramana - Madhyama
Sparsha - Anushna-sheeta	Satva - Madhyama

Treatment Timeline: (Table 3)

Drik - Prakruta	Satmya - Sarvarasa satmya
Aakruti - Overweight (BMI:29 kg/m ²)	Ahara shakti - Madhyama
	Vyayama shakti - Madhyama
	Vaya - Madhyama

Table 2: Ashtavidha/Dashavidha Pareeksha

Systemic Examination:

CVS: S1 S2 heard, no murmurs

CNS: Conscious and oriented to time, place and person

RS: NVBS heard, no added sounds

P/A: No bowel disturbances

1. Inspection - No striae
2. Palpation - soft, no tenderness, no palpable mass
3. Auscultation - normal peristaltic movements
4. Percussion – Hepatic and Splenic dullness were noted. Resonant in other quadrants.

Investigations:

USG – Abdomen and Pelvis (done on 01/10/2023) – (Figure 1)

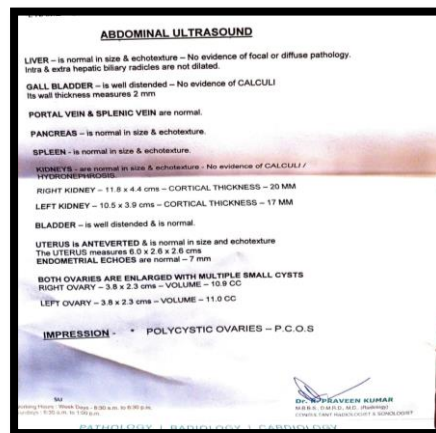


Figure 1: USG Abdomen and Pelvis-Before Treatment

Impression- Polycystic Ovaries (PCOS)

Diagnosis: Pushpaghni Jataharni (PCOS)



VISIT	DATE	COMPLAINTS	TREATMENT
1	30/11/2023	c/o Amenorrhea since 1 year 4 months associated with gradual weight gain since 2 years LMP – 26/07/22	1.Tab. <i>Lashunadi vati</i> 1 TID B/F 2.Tab. <i>Rajahpravarthini vati</i> 1 TID A/F 3. <i>Dashmoolarishta</i> 10ml TID A/F For 7 days Adv. – Follow-up after 7 days
2	07/12/2023	c/o spotting while passing urine since 2 days LMP – 02/12/23	Adv. – <i>Shodhana karma – Virechana</i> 1. <i>Deepana Pachana</i> for 3 days • Tab. <i>Agnitundi Vati</i> 1TID B/F • Tab. <i>Chitrakadi Vati</i> 1TID A/F 2. <i>Snehapana- Dadimadi Ghrita</i> for 4 days 3. <i>Sarvanga Abhyanga – Mahanarayana Taila</i> followed by <i>Bashpa Sweda</i> for 3 days 4. <i>Virechana – Trivritta Lehya</i> (50g) <i>Vega</i> – 17 vegas (<i>Madhyama Shuddhi</i>) Adv. – <i>Samsarjana Krama</i> for 5 days. Review after – 5 days
3	21/12/23	No fresh complaints Patient came for follow-up	1. <i>Mehaabhaya</i> 10ml BD B/F 2. <i>Varunadi kashaya</i> 10ml BD A/F 3.Tab. <i>Lashunadi vati</i> 1 BD B/F 4.Cap. Ovarin 1 TID A/F For 3 months
4	11/04/24	No fresh complaints Patient came for follow-up	Repeated same treatment for 30 days

Table 3: Treatment Timeline

Result:

- Patient got regular menstrual cycle after treatment.
- LMP of last 5 consecutive cycles is – 10/01/24; 10/02/24; 09/03/24; 09/04/24; 14/05/24

- Patient reduced weight.

Before treatment – 79 kg and BMI – 29 kg/m²

After treatment – 57 kg and BMI – 20 kg/m²



USG – Abdomen and Pelvis (done on 03/09/24) – (Figure 2)

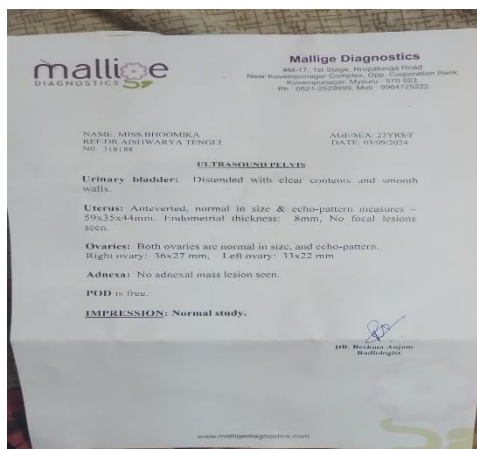


Figure 2: USG Abdomen and Pelvis-After Treatment

Impression- Normal Study

DISCUSSION

- Polycystic Ovary Syndrome (PCOS), known as "Pushpaghni" or related to "Vandhyatva" and "Nashartava" in classical Ayurvedic texts, is primarily considered a disorder of *Vata* and *Kapha Dosha* imbalance along with *Medodushti* (metabolic dysfunction). Ayurveda views PCOS, not just as a gynaecological issue but as a systemic disorder involving hormonal imbalance, impaired metabolism, and poor ovarian function.
- PCOS is understood as a manifestation of *Srotodushti* (channel obstruction), particularly in *Artavavaha Srotas* (reproductive channels), leading to disturbed menstrual cycles (Irregular menses or Amenorrhoea) and cyst formation. The dominance of *Kapha Dosha* causes heaviness, lethargy, and obesity, whereas, *Vata* imbalance disrupts normal ovulation.
- Multiple *Vyadhi Ghataka* are involved in pathogenesis of PCOS i.e. *Kapha* and *Vata Dosha*, *Rasa*, *Rakta*, *Meda Dhatu*, *Arthavavaha Srotas*. *Pushpaghni Jathaharini* in Kashyapa Samhita shows resemblance *Vrutha Pushpam* may be correlated to anovulatory cycle. Properties of *Deepana* and *Pachana* drugs, elevate the *Jatharagni*, *Dhatvagni* as well as *Arthavagni*. *Snehana* and *Swedana* are the most important

Purva Karma to be performed before *Shodhana Karma* because the whole outcome of *Shodhana Karma* depends upon the proper mobilization of *Dosha* from *Shakha* to *Koshtha*. Panchakarma procedures like *Virechana* (therapeutic purgation) and *Basti* (medicated enema) are used to eliminate *Ama* (toxins) and balance *Doshas*. *Basti* is beneficial in removing the obstruction of *Kapha* and regularize the normal function of *Vata*.

- Use of classical formulations like *Rajah Pravartini Vati*, *Chitrakadi Vati*, *Varunadi Kashaya*, and *Dashamoolarishta* helps in regulating menstrual cycles and enhancing ovulation. Emphasis on *Pathya* (proper diet), regular exercise, and stress management is crucial for long-term management.
- Ayurveda's strength lies in its personalized treatment approach addressing physical, mental, and emotional health. Integrating herbal medicines with *Shodhana Karma* and dietary modifications improves endocrine function and overall well-being.

CONCLUSION

PCOS is a common disorder in women that is associated with significant reproductive as well as, non-reproductive morbidity as outlined here. Perception of this and preventative therapies are important for the health care of women. As the PCOS is a multi-faceted problem with reproductive endocrine and metabolic dysfunction, lifestyle modification, counselling and various Ayurveda medications are considered to be the first line of treatment. It is effective in reducing the signs and symptoms of PCOS. In above explained case, her menstrual irregularity and other associated symptoms were effectively managed with Ayurvedic medications and Panchakarma Therapy.

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