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PANCHAKARMA-BASED AYURVEDIC MANAGEMENT OF POLYCYSTICOVARY SYNDROME: A CLINICAL CASE REPORT

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ABSTRACT:

Polycystic Ovary Syndrome (PCOS) represents a systemic endocrine and metabolic disorder characterized by hyperinsulinemia and hyperandrogenemia, leading to oligo/amenorrhea, hirsutism, obesity, and enlarged ovaries with multiple small cysts and thickened tunica albuginea, resulting in anovulation. Originally termed Stein-Leventhal Syndrome, PCOS affects up to 20% of women in their reproductive years, contributing to primary or secondary infertility. **Ayurvedic Correlation:** Ayurveda views PCOS not as a single Yoni Vyapad but as a multisystem imbalance, often involving Kapha-Vata predominance with Artavakshaya (hypomenorrhea), Granthi (cystic formations), and Srotorodha (channel obstruction) due to Ama accumulation. This aligns with its heterogeneous presentation, where Panchakarma addresses root causes through Shodhana (detoxification) like Virechana and Basti to restore hormonal equilibrium and ovulatory function.

KEYWORDS: PCOS, Ayurveda, Panchakarma, Granthi, Yoni Vyapad.

INTRODUCTION:

Ayurveda promotes disease prevention through adherence to Dinacharya (daily regimen) and Ritucharya (seasonal regimen), incorporating Pathya Aahara-Vihara-Aushadhi (wholesome diet, lifestyle, and medicines), while avoiding Apathya factors such as Pragynaparadha (intellectual errors), Mandagni (impaired digestion), excessive Kapha-vardhaka Aahara (sweet/fatty foods), emotional distress, and sedentary habits.

Ayurvedic Prevention Principles:

Kapha-shamaka (Kapha-reducing), insulin-rebalancing, and Strotoshodhana (channel-clearing) interventions via Aushadhi, Aahara, and Vihara effectively mitigate PCOS progression by countering its etiological factors.

Pathogenesis and Treatment Focus:

PCOS implicates Pitta-Kapha-Medodhatu Dushti affecting Ambuvaha Strotas (water channels) and Artava Dhatu (reproductive tissue), necessitating targeted Shodhana for Avarana (obstruction) relief and Dosha equilibrium. In this case study of a Bahudosha Vyadhi like PCOS, Panchakarma emerges as pivotal, facilitating Ama pachana, Medolekhana, and ovulatory restoration per classical principles (Charaka Samhita, Chikitsa 30).

Etiopathogenesis:^(1,2)

The etiology of PCOS remains multifactorial and incompletely understood, with insulin resistance and hyperandrogenism as central drivers. No primary defect exists in the hypothalamo-pituitary-ovarian axis; rather, normal function is disrupted by inhibited follicular development and aberrant pituitary feedback.

Modern Pathophysiology: Elevated oestrogen arises primarily from peripheral and ovarian androgen-to-oestrogen conversion, elevating luteinizing hormone (LH) while suppressing follicle-stimulating hormone (FSH), establishing a vicious cycle: LH excess induces thecal hyperplasia and ovarian androgen overproduction. Reduced sex hormone-binding globulin (SHBG) elevates free androgens, exacerbating hirsutism and further oestrogen conversion; hyperthecosis ensues, impairing granulosa cell maturation, promoting stromal fibrosis, and causing anovulation-infertility.

Ayurvedic Etiology: Ayurvedically, PCOS stems from Prajgnapradha (intellectual errors), Mandagni (weak digestion), and excessive intake of Madhura-Kaphakara Aahara (sweet, Kapha-aggravating foods), vitiating Kapha-Pitta-Medas and obstructing Artavavaha Strotas.

CASE REPORT:

A 24-year-old nulliparous unmarried female attended the Prasuti Tantra and Stree Roga OPD complaining of irregular menses (cycles ranging 35–90 days), progressive weight gain, and diffuse hair loss over the past 8 months. Transvaginal ultrasonography revealed bilateral polycystic ovaries, fulfilling Rotterdam criteria (≥ 12 follicles 2–9 mm and/or ovarian volume

>10 mL per ovary). Ayurvedically diagnosed as Kapha-Vataja Artavakshaya with Strotorodha, correlating to PCOS symptomatology per classical texts.

Diagnostic parameter:

1. Oligomenorrhea
2. Acne
3. Hirsudism

Past History: No relevant history.

Menstrual History:

Age of Menarche	At the age of 15
Cycle	Irregular
Interval	2-3 months
No. of days of bleeding	5-6 days
No. of pads	2-4
Pain	++
Clots	+
Discharge	Present

Personal History:

Diet	Mixed
Appetite	Reduced
Bowel Habits	Constipated
Bladder	Normal
Sleep	No adequate sleep
Allergy	None

Marital Status: Unmarried

The patient was moderately built with 82 kg. On the basis of clinical history, physical examination and USG reports the patient was diagnosed with PCOS.

USG Findings: (16/06/2023)

The uterus was anteverted and normal in size, with a normal endometrial thickness. Both ovaries were enlarged and demonstrated multiple small follicles with increased stromal echogenicity. The right ovary measured 40 × 23 × 19 mm with a volume of 9 cc and contained approximately 18–20 follicles. The left ovary measured 38 × 29 × 19 mm with a volume of 10 cc and showed around 20–25 follicles.

Blood Investigations: Done on 16 June 2023 before treatment.

Test	Value
Haemoglobin	10.8
WBC	10600
Pl. Count	407000
BSL	100
FSH	4.88
LH	11.71
Insulin	20.60
Prolactin	10.08
AMH	12.00
T3	1.00
T4	8.80
TSH	3.301

Ayurvedic Management:

Shaman Chikitsa (First Visit):

During the first visit, the patient was prescribed a 1) Combination of *Ashoka, Guduchi, Shatavari, Ashwagandha, Khadira, Punarnava, Manjishta, Lodhra, Vijaysar, Jambu Beeja, Kutaki, Karela, Triphala, and Meshashringi* in *choorna* form, administered at a dose of 3 g twice daily after meals. 2) *Ashwagandharishta* was advised at a dose of 15 ml twice daily before meals. 3) *Suvarna Bhasma* was prescribed once daily after meals. Additionally, 4) *Kulatha Kwatha* was administered at a dose of 10 ml twice daily after meals.

Shodhan Chikitsa:

Poorva Karma included **Deepana** and **Pachana** with *Chitrakadi Vati* administered along with *koshna jala*, followed by *Snehanapa* using *Sahacharadi Taila*. This was supplemented with *Sarvanga Bahya Snehana* using *Tila Taila* and *Sarvanga Bashpa Swedana*.

Pradhana Karma was performed with *Trivrut Leha* in a dose of 40 g.

Paschat Karma consisted of *Sansarjana Krama* for a duration of five days.

The *Virechana Karma* resulted in a total of 14 *vegas*, and no complications were observed. *Samyak Shuddhi* was achieved successfully.

Virechana therapy is found to be highly effective in the management of obesity, irregular or heavy menstrual cycles, hormonal imbalances, skin pigmentation, and various other manifestations associated with PCOS. It also possesses *Rakta Prasadana* properties.

Shodhana therapy helps in normalizing *Agni*, pacifying vitiated *Vata* and *Kapha Doshas*, and removing *Strotorodha*.

PCOS is considered a *Santarpanottha* condition, for which *Doshavasechana* is indicated. *Samshodhana Chikitsa* is the most effective approach for the elimination of aggravated *Doshas* and correction of *Agni*. By removing *Kapha Avarana* and regulating the normal functions of *Vata*, both *Urdhva* and *Adhobhaga Dosha Harana* through *Virechana Karma* proves to be beneficial.

Follow-up and Outcome after Virechana:

Following *Virechana Karma*, along with adherence to a strict dietary regimen, the patient attained regular menstrual cycles. A reduction of 2 kg in body weight was observed, and a noticeable decrease in hirsutism and acne was also reported.

Basti Chikitsa:

After achieving *Virechana Shuddhi*, *Basti Chikitsa* was planned, as it is considered essential in the management of *Yoni Vyapad*, where *Vata Dosha* plays a pivotal role. In PCOD, the primary involvement of *Vata* is attributed to *Apana Vayu*.

Drugs Used for Basti Chikitsa:

- Anuvasana Basti: *Sahacharadi Taila* – 60 ml
- Niruha Basti (Lekhana Basti):

o *Triphala* and *Dashamoola Kwatha* o *Gomutra* o *Sahacharadi Taila* o *Madhu* o *Saindhava*
The primary objective of treatment was to regulate the menstrual cycle and ensure proper *Artava* flow during each cycle. The *Mulasthana* of the *Artavavaha Srotas* is *Garbhashaya* and *Artavavahini Dhamani*, which constitute the principal seat of *Apana Vayu*. In this condition, *Apana Vayu Dushti* is predominantly involved, and *Basti Chikitsa* is considered the most effective therapeutic modality.

Therefore, *Basti* was selected as a *Vatahara Chikitsa* for the present patient. Exclusive use of *Lekhana* and *Bhedana* therapies may aggravate *Vata Dosha*; hence, *Sneha Yukta* therapy was preferred to prevent *Vata Vriddhi*. Accordingly, *Anuvasana Basti* with *Sahacharadi Taila* along with *Lekhana Basti* was administered to the patient.

Follow-up and Outcome after Basti:

After *Basti Chikitsa*, the patient experienced an additional weight reduction of approximately 2 kg. She reported comparatively heavy menstrual bleeding, which was managed with *Tab. Styplon* (2 tablets thrice daily) and *Tab. Endotone* (1 tablet thrice daily). Within three days of treatment, the menstrual bleeding and associated pain subsided completely.

Vaman

Poorva karma – Snehan – Varunadi ghrita **Pradhan karma** - Vaman Dravya- Madanfal churna

Paschat Karma - Sansarjan kram – for 5 days.

Importance of Vamana in PCOS:

According to Ayurveda, PCOS can be understood as an *Agni Vaishamyajanya Vikara*, primarily involving *Mandya* of *Rasagni* and *Medodhatvagni*. From a *Dosha* perspective, it is considered a *Kapha–Vataja* disorder. As PCOS is fundamentally a metabolic condition, *Vamana Karma* plays a significant role by enhancing systemic metabolism, facilitating weight reduction, and exerting a beneficial effect on hepatic metabolism, which is a key site for hormonal synthesis and regulation.

Outcome after Panchakarma Treatment:

Following *Panchakarma Chikitsa*, the patient's body weight reduced to 78 kg, accompanied by a noticeable reduction in body inches. Menstrual cycles became regular, with normal flow occurring at intervals of 28–29 days. Additionally, a significant reduction in acne and hirsutism was observed.

USG Report (16/06/24) - Uterus anteverted normal in size. Endometrium -5mm. Both ovaries appear normal.

General Observations:

Regular follow-up was conducted to assess the patient's general condition, menstrual cycle, and associated physical and psychological changes. Post-treatment evaluation revealed regular menstruation, reduction in body weight, and improved mental alertness.

A follow-up ultrasonography of the abdomen and pelvis performed on 26/09/2023 demonstrated an anteverted uterus of normal size with an endometrial thickness of 5 mm. Both ovaries appeared normal on imaging.

DISCUSSION:

PCOS is considered to arise due to the vitiation of *Vata* and *Kapha Doshas*, which cause *Margavarodha* of the *Artavavaha Srotas*, ultimately resulting in impaired or absent flow of *Artava*. From an Ayurvedic perspective, it can be understood as a *Sannipataja* condition with a complex *Samprapti* involving *Rasa Dushti*, *Medo Dushti*, *Avarana* of *Vata*, *Artava Dushti*, and *Beejopaghata* as a contributing factor.

Following *Shamana Chikitsa*, there is a possibility of re-aggravation of *Doshas*, whereas *Shodhana Chikitsa* aims to eliminate the vitiated *Doshas* from their root, thereby reducing the chances of recurrence.⁽³⁾ *Shodhana* therapies facilitate the elimination of accumulated toxins and help in normalizing endocrine function through their bio-cleansing action. For the elimination of *Pitta Dosha*, *Virechana Karma* is regarded as the most effective therapy.⁽⁴⁾ It also possesses *Rakta Prasadana* properties. Overall, *Shodhana Chikitsa* helps in normalizing *Agni*, pacifying vitiated *Vata* and *Kapha Doshas*, and clearing *Srotorodha*. Addressing the pathology at its root through *Srotoshodhana*, *Agni Deepana*, and *Vatanulomana* constitutes the fundamental principle of management.

PCOS is classified under *Santarpanottha* disorders, for which *Doshavasechana* is indicated. *Samshodhana Chikitsa* is considered the most effective approach for *Prakupita Dosha Nirharana* and correction of *Agni*. Removal of *Kapha Avarana* and regulation of normal *Vata* function through both *Urdhva* and *Adhobhaga Dosha Harana* by *Vamana* and *Virechana* have been found to be beneficial. *Basti Chikitsa* is regarded as the prime therapy for regulating *Vata Dosha*,⁽⁵⁾ which governs all physiological and pathological activities of the body and mind.

Correlation of PCOS with Ayurvedic Entities:

i. **Shandi Yoni Vyapad⁽⁶⁾ (Charaka Samhita)** (C.S. Ch. 30/34–35):

- Congenital disorder (*Beija Dosha*)
- Poor or absent breast development
- Aversion to coitus
- Described as incurable ii. **Shandi Yoni Vyapad⁽⁷⁾ (Sushruta Samhita)** (S.S. Uttara Tantra 38/18–20):
 - Primary amenorrhoea (*Anartava*)
 - Absence of breast development (*Astana*)

- Capability for coitus with rough vaginal canal iii. **Bandhya⁽⁸⁾ (Charaka Samhita)** (C.S. Sharira 4/30):

- *Beejamsa Dushti* (chromosomal or genetic abnormalities)
- Defect in the *Beeja* responsible for uterine development leading to infertility iv. **Bandhya Yoni Vyapad⁽⁹⁾ (Sushruta Samhita)** (S.S. Uttara Tantra 38/10–11):

- Presence of breast development (distinguishing feature from *Shandi*)
- Amenorrhoea (*Nastrartava*, considered destruction of *Artava* in the female foetus)

- v. **Vikuta Jatiharini (Kashyapa Samhita)⁽¹⁰⁾** (Ka. S. K. 6/34–35):

- Oligomenorrhoea with scanty or excessive menstrual flow
- Generalized weakness, suggesting metabolic involvement vi. **Pushpaghni Jatiharini (Kashyapa Samhita)⁽¹¹⁾** (Ka. S. K. 6/32–33):

- Considered a curable condition
- Timely menstruation with ineffective *Artava* (*Vyarthi Pushpa*), suggestive of anovulatory cycles
- Corpulent body and excessive hair growth (*Hirsutism*), possibly due to hyperandrogenism

Among these, *Pushpaghni Jatiharini* appears to closely correlate with polycystic ovary syndrome. Additionally, *Sthula Purusha* described under *Ashtanindita Purusha* by Acharya Charaka exhibits features such as polyuria, polydipsia, and reduced lifespan, which may be comparable to hyperinsulinemic states. Similarly, *Atiloma Purusha*, characterized by excessive hair growth, is also categorized as censurable. These descriptions collectively suggest a resemblance to the clinical presentation observed in females affected with PCOS.

SUMMARY:

PCOS is a complex endocrine disorder and a leading cause of infertility and menstrual irregularities. It is commonly associated with obesity, hirsutism, and chronic anovulation. In Ayurveda, PCOS cannot be directly correlated with a single disease entity; however, it shows close resemblance to *Pushpaghni Jatiharini*. Other Ayurvedic conditions that share overlapping features include *Shandi Yoni Vyapad*, *Bandhya* as described by Acharya Charaka, *Bandhya Yoni Vyapad* of Acharya Sushruta, and *Vikuta Jatiharini* described by Acharya Kashyapa.

Obesity is both a major causative and associated factor in PCOS. It can be prevented through the adoption of proper *Dinacharya* and *Ritucharya* and effectively managed by following

Pathya Ahara and *Vihara*, appropriate *Aushadha*, and strict avoidance of *Apathyah Ahara* and *Vihara*.

CONCLUSION:

Based on the fundamental Ayurvedic principles of *Dosha*, *Dushya*, *Dhatu*, *Srotas*, and *Sthana Dushti*, various disease conditions can be accurately diagnosed and effectively managed. In the present case of PCOD, *Panchakarma Chikitsa* played a significant role in restoring normal ovarian function, achieving hormonal balance, and establishing regular, physiological menstrual cycles.

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