

## CASE STUDY

# Polycystic Ovarian Syndrome (PCOS) Management through Ayurveda – A Case Study

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### ABSTRACT

*Poly Cystic Ovarian Syndrome (PCOS) is a common endocrine disorder which affects 12-18% of women. Prevalence of PCOS in India ranges from 3.7 to 22.5 percent. Clinical manifestations include hyperandrogenism, anovulation, infertility and increased risk of metabolic diseases. The signs and symptoms seen in PCOS are similar to those seen in Nastaartava, Vata-kaphaj Granthibhuta Artava dushti, Pushpaghni jataharini. Agnimandhya & Strotorodha are the main components in the pathogenesis of PCOS. It can be effectively treated by Srotoshodhana followed by Vata-kapha shamana, Pitta-agnivardhak chikitsa along with Yoga and Pathya aahara. An 18-year-old unmarried girl came to Gynecology OPD at PAH with symptoms of irregular, delayed menstruation, scanty menses, and hair fall and USG findings suggestive of Polycystic pattern of ovaries with right ovarian volume 11.6cc and left ovary volume 11cc, both ovaries are bulky in size with increased stromal echogenicity and multiple (10-12) small follicles(2-5mm) arranged in peripheral distribution. She had taken the medication so many times but she had not been completely cured. As a result, she came to our hospital for ayurvedic treatment. She was treated with internal Ayurvedic medicines along with Panchakarma procedures. Result was made on the basis of clinical symptoms relief and USG. report. The encouraging results seen in this study underline the efficacy of Ayurvedic management in PCOS.*

**Keywords:** PCOS, Granthibhut Artavadushti

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## INTRODUCTION

Polycystic Ovary Syndrome (PCOS) is one of the most common hormonal disorders affecting individuals of reproductive age, with an estimated 1 in 10 women experiencing its symptoms worldwide. Characterized by irregular menstrual cycles, excessive androgen levels, and polycystic ovaries, PCOS can have a profound impact on fertility, metabolism, and overall health. While its exact cause remains unclear, a combination of genetic and environmental factors is believed to play a role. Beyond physical symptoms, PCOS can also contribute to emotional challenges, such as anxiety and depression. As awareness and understanding of PCOS grow, early diagnosis and lifestyle interventions are becoming key in managing this complex condition and improving quality of life for those affected [1-3].

Polycystic ovarian syndrome (PCOS) was originally described in 1935 by Stein and Leventhal as a syndrome manifested by amenorrhea, hirsutism and obesity associated with enlarged polycystic ovaries. PCOS is a multifactorial and polygenic condition. PCOD is a hereditary condition that appears to have its origin in adolescence, primarily as a result of increased weight gain during puberty. Most women value it only when it affects their fertility or to a lesser extent, their physical appearance. The polycystic ovary is not a disease entity, it should be considered as sign [4-6].

The World Health Organization accounts that it impacts 116 million female folk worldwide as of 2010 (3.4% of women) [1]. One community-based prevalence study using the Rotterdam criteria found that about 18% of women had PCOS and that 70% of them were previously undiagnosed [2]. Ultrasonographic findings of polycystic ovaries are found in 8-25% of normal women. 14% of women on oral

contraceptives are found to have polycystic ovaries [3]. In Ayurvedic classics there is no direct mentioning of this disease rather, symptoms are found under various diseased conditions at various references i.e., *Aartavavahastrotas dushti*, *Nastaartava*, *Granthi*, *Santarponnthe vyadhi*, *Yonivyapad*. PCOD is a *Kapha* predominant disorder; *Kapha* gets aggravated by consuming more *Kaphavardhak* and *Sneha* containing *Ahara* and by sedentary lifestyle [7, 8]. 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 REPORT

A female patient of 18 years age attended Prasuti tantra and Stree Roga department OPD of Parul Ayurved Hospital, Parul University, Vadodara. Patient reported irregular menses since her menarche i.e. for 6 years along with scanty menses, delayed menses, excessive facial hair growth, acne on the face and weight gain.

**History of Past 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 2 years of allopathic treatment (OCP pills) but she did not get any relief. That's 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:** 14 years, the period was irregular, scanty and painful with clots occurring at a gap of 40-90 days with flow of 1-2 days.

**Marital Status-** Unmarried

**Personal history-** She has reduced appetite, disturbed sleep and proper micturition but her bowel habit was constipated.

**General Examination**

Built- obese, Weight- 79kg, Height- 155 cm, Pulse rate- 100/min, B.P.- 110/70mm of Hg, Respiration rate- 18/min, Temp- 98.6 F.

**Physical Examination**

**Ashtavidhpariksha**

*Nadi- Vatakapha*

*Mutra- Samyak*

*Mal- Asmyak*

*Jihva- Malavritt*

*Shabd- Samyak*

*Sparsha- Ushna*

*Drika- Samanya*

*Akriti - Stoolam*

**Dashvidhpariksha**

*Prakriti- Vatakaphaja*

*Sara- Madhyama*

*Samhanana- Avara*

*Pramana- Madhyam*

*Satmya- Madhyam*

*Satva- Heena*

*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-** Garbhashay, Twak, Mamsa, Meda, Aartava**Investigations:**

**Blood** (On 30-07-2022):- Hb- 11.3 gm%, TLC -7800 /mm<sup>3</sup>, Neutrophil- 49%, Lymphocytes-44%, Eosinophil -4%, Monocytes- 3%, Basophils -0%. TSH- 2.333 mIU/ml, FSH- 2.98mIU/ml, LH- 12.37mIU/m (LH: FSH is >2:1).

**Urine Test for Routine and Microscopy-** Within normal limits.

**Table 1: Internal medicines of first course of treatment**

Sl.No	Medicine	Dose	Time	Anupana
1	Varunadi kwatha	100ml	6 am & 6pm	Luke warm water
2	Tab Kanchanara Guggulu	2	8 am & 8pm	Luke warm water
3	Hingwashtak Churna	5gm	12pm, before lunch	Butter milk
4	Dhanyaka Siddha Jala	150 ml	SOS	
5	Tila Kwata	60	11am, 9pm	Luke warm water

**Table 2: Treatment procedures of first course of treatment****Procedures**

Udwartanam with Kolakulathadi Choornam for 7 days from 30/6/2022 to 4/7/2022
<b>Snehapana</b> with Moorchita Tila Taila from 5/7/2022
30 ml on 5/7/2022 60ml on 6/7/2022
90 ml on 7/7/2022 120ml on 8/7/2022
150ml on 9/7/2022 180ml on 10/7/2022
210 ml on 11/7/2022
<b>Abhyanga steam</b> with Dhanwantaram taila from 12/07/2022 for 3 days.
<b>Vamana</b> on 14/7/2022
<b>Periods:</b> 4 days
<b>Yoga vasthi -</b>
Abhyanga steam with Dhanwantaram taila from 19/07/2022 for 8 days
Sneha vasthi - Satahwadi vasthi taila on 19/07, 21/07, 23/12, 25/12, 27/12
Kashaya vasthi (Lekhana vasti with Triphala kwatha - on 20/12, 22/12, 24/12
Lekhana Vasti contents-Triphala kwatha-250 ml, Sarshap tail 100ml, Gomutra-100 ml
Honey-60 ml, Saindhav-10 gm, Hingu-2 gm, Kasisa-2 gm, Yashad-2 gm, Yavakshara -2 gm

Patient was discharged and was advised to get admission for next course treatment.

Discharge medicines were;(25.7.2022)

- 1.Hingvastakachurna 1 tsp with buttermilk BD B/F
2. Raja Pravartini Vati 2 BD A/F
3. Guduchyadi Kwath 75 ml BD B/F
- 4.Abhayarishtha + Draksharishta 25 ml BD B/F
5. Pratimarsha nasya with Ksheerabala (101)A Taila.

She took admission for second course treatment on 25.08.2022

**Menstrual history**

- LMP - 11/08/2022
- Bleeding - 3-5 days
- Amount - 2 pads/day
- Interval - 20-60 days

**Table 3: Internal medicines of second course of treatment**

Sl No	Medicine	Dose	Time	Anupana
1	Gudoochyadi Kashayam	75 ml	6am -6pm	Luke warm water
2	Chandraprabha Vati	2 in No	8am-8pm	Luke warm water
3	Kumaryasavam	25ml	8am-8pm	Luke warm water

**Table 4: Treatment procedures of second course of treatment**

Procedures
<b>Abhyanga steam</b> with <i>Dhanwantaram taila</i> from 25/08/2022 for 2 days <b>Kashaya vasthi (lekhana Vasti)</b> from 25/08/2022 for 2 days

Patient was discharged and was advised to get admission for next course treatment

Discharge medicines were;

- *Guluchyadi Kashayam* -15ml *Kashaya* + 45ml lukewarm water, before food, 6am 6pm
- *Chandraprabha gulika* -1 *Gulika* with *Kashaya*, before food, 6am 6pm

She took admission for third course treatment on 25/9/2022

**Menstrual history**

- LMP - 10/8/2022
- PMP - 11/7/2022
- Bleeding - 3-5 days
- Amount - 2 -3 pads/day
- Interval -30-35 days

**Table 5: Internal medicines of third course of treatment**

**Internal Medicines**

Sl	Medicine	Dose	Time	Anupana
1.	Gudoochyadi Kashayam	75ml	6am-6pm	Luke warm water
2.	Chandraprabha Gudika	2 in No	8 am-8pm	Luke warm water

**Table 6: Treatment procedures of third course of treatment**

<b>Abhyanga steam</b> with <i>Dhanwantaram taila</i> from 27/09/2022 for 2 days <b>Kashaya vasthi (lekhana Vasti)</b> from 27/09/2022 for 2 days
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Patient was discharged on 28/9/2022 with discharge medicines as mentioned:

- *Saptasaram kashaya* - 15ml *Kashaya* with 60ml lukewarm water, before food, 6am 6pm.
- *Hinguvachadi gulika* - 1 *Gulika* with *Kashaya*, before food 6am 6pm.
- *Kumaryasava + Abhayarishtam* - 30ml, twice daily, after food.
- *Annabedi sindoora* - 1 *Gulika* with *Arishta*, twice daily after food.

**RESULT**

After three courses of Ayurvedic IP management she started to get regular menses. (duration- 3 to 5 days, interval- 28 to 30 days with regular normal flow. USG reveals, that there was no significant abnormality detected along with reducing the size of ovarian volume (right ovary volume- 7.6 cc and left ovary volume- 7.6 cc), ET- normal

**Table 7: ULTRASONOGRAPHIC REPORT BEFORE AND AFTER TREATMENT**

Before treatment	After treatment
Right ovary measures 44 x 30 x 16 mm (Volume 11.6 cc)	Right ovary measures 29 x 26 x 19 mm (Volume 7.6 cc)
left ovary measures 33 x 24 x 25 mm (Volume 11 cc)	left ovary measures 27 x 26 x 21 mm (Volume 7.6 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**

**PCOS Ayurveda Samprapti (Pathogenesis according to Ayurveda)**

In Ayurveda, PCOS (polycystic ovarian syndrome) is not described as a single disease, but its symptoms resemble conditions like Artava Dushti, Yoni Vyapad, or Granthi in the ovaries. The pathogenesis (Samprapti) is understood based on Dosha, Dushya, Srotas, and Strotorodha (obstruction of body channels) [9].

### 1. Doshha Involvement:

Kapha Doshha: Main dosha involved due to its role in granthi utpatti (cyst or lump formation), heaviness, and sluggishness. Ata Doshha: Especially Apana Vata, is disturbed, causing irregular menstruation or amenorrhoea. Pitta Doshha: Contributes through hormonal imbalance and inflammation.

### 2. Dushya (Vitiated Dhatus):

Rasa, Rakta, and Artava Dhatu are the primary dushyas. Meda Dhatu is often increased, leading to obesity and insulin resistance.

### 3. Srotas (Affected Channels):

Artavavaha Srotas (channels carrying menstrual fluid) – get obstructed. Meda Vaha Srotas – fat metabolism channels are also involved. Rasa Vaha and Raktavaha Srotas – affected due to improper metabolism and toxin accumulation.

### 4. Samprapti Ghatakas:

Nidana (Causes): Apathyahara (improper diet), sedentary lifestyle, stress. Doshha: Kapha, Vata, sometimes Pitta. Dushya: Rasa, Rakta, Meda, Artava. Srotas: Artavavaha, Medovaha. Ama: Formation of toxins due to Mandagni (low digestive fire). Strotorodha: Blockage in channels carrying Artava and hormones. Udbhavasthana: Amashaya. Vyaktasthana: Garbhashaya (uterus and ovaries) [10].

## Ayurvedic Polyherbal and Herbo-mineral Interventions in the Management of Polycystic Ovary Syndrome (PCOS): A Mechanistic Overview

Polycystic Ovary Syndrome (PCOS) is a multifactorial endocrine-metabolic disorder characterized by hyperandrogenism, anovulation, insulin resistance, and polycystic ovarian morphology. From an Ayurvedic perspective, PCOS is primarily understood as a manifestation of *Kapha-Vata dosha imbalance*, associated with *Medo dhatu vridhhi* (adipose tissue excess), *Srotorodha* (channel obstruction), and *Artava dushti* (menstrual dysfunction). Classical Ayurvedic formulations target these root pathological mechanisms through a combination of metabolic correction, channel cleansing, and hormonal regulation.

**Varunadi Kashayam** (as described in *Sahasrayogam*) is a classical decoction comprising *Varuna* (*Crataeva nurvala*), *Shunthi* (*Zingiber officinale*), *Guggulu* (*Commiphora mukul*), and *Triphala* (*Haritaki*, *Vibhitaki*, *Amalaki*). This formulation exhibits significant *Medohara* (anti-obesity) and *Lekhana* (scraping) properties, which help reduce adiposity and improve insulin sensitivity—key pathological components in PCOS. The presence of *Shunthi* enhances *Agni* (digestive fire) via *Deepana-Pachana* action, thereby preventing *Ama* accumulation and improving metabolic efficiency. Additionally, *Guggulu* contributes to *Kapha-Vata shamana* and demonstrates potential endocrine-modulatory and anti-inflammatory effects, facilitating normalization of ovarian function [11].

**Kanchanara Guggulu** is widely utilized in disorders involving glandular enlargement, cyst formation, and hormonal dysregulation. Its *Lekhana* and *Medohara* properties aid in reducing cystic growths and adipose tissue accumulation, thereby supporting restoration of *Artava dhatu* function and menstrual cyclicity [12].

**Hingvāshtaka Choorna** plays a supportive role by enhancing *Agni* and promoting *Vata anulomana*, particularly *Apana Vata*, which governs reproductive physiology. Although not a direct anti-PCOS formulation, it is crucial in correcting underlying digestive impairment and preventing *Ama*-mediated pathology [7].

**Dhānyaka Siddha Jala** (coriander-infused water) is a simple yet effective intervention for mitigating *Pitta-Kapha imbalance*, enhancing digestion, and reducing systemic inflammation, thereby indirectly supporting hormonal balance and menstrual regularity [13].

**Tila Kwatha (decoction of *Sesamum indicum*)** is particularly beneficial in *Vata-dominant* reproductive disorders. Due to its *Ushna veerya* (hot potency) and *Snigdha guna* (unctuous quality), it stimulates *Apana Vata*, promotes menstruation (*Artava janana*), and aids in the clearance of obstructed *Artavavaha srotas*. The presence of lignans and phytoestrogenic compounds may contribute to mild hormonal modulation [14].

**Guduchyadi Kashayam** is indicated in conditions involving *Ama*, inflammation, and metabolic dysfunction. Its *Amapachana* and immunomodulatory properties help reduce systemic inflammation and improve metabolic homeostasis in PCOS [15].

**Chandraprabha Vati** exerts a multi-systemic effect by addressing *Kapha-Meda accumulation*, reducing inflammation, and improving genitourinary and endocrine function. It is particularly beneficial in reducing ovarian cysts and enhancing ovarian physiology [3].

Rājapravartini Vati is specifically indicated in *amenorrhoea* and *oligomenorrhoea*. By stimulating *Apana Vata*, it promotes timely and adequate menstrual flow, addressing one of the cardinal symptoms of PCOS.

**Ksheerabala Taila (101 Avarti)** is a potent *Vata-shamaka* and *Rasayana* formulation that nourishes the neuroendocrine axis and supports reproductive tissue health, especially in cases associated with *Vata vitiation* and *Artava kshaya*. [12]

**Abhayaarishta and Draksharishta** contribute to improving bowel regularity, digestion, and mild anemia, which are commonly associated with PCOS. Their role in alleviating *constipation* and enhancing *Rasa-Rakta dhatu* formation indirectly supports hormonal balance [18].

**Kumaryasava**, containing *Aloe vera (Kumari)*, acts as a uterine stimulant and endocrine modulator. It enhances ovulatory function and supports menstrual regularity through its *Deepana, Pachana, and Rasayana* properties.

**Moorchita Tila Taila**, used in *Snehapana* (internal oleation), plays a crucial role in detoxification and hormonal regulation. Its *Vata-pacifying* and *Srotoshodhana* effects help restore normal function of reproductive channels and improve ovarian morphology [19].

**Saptasaram Kashayam** is particularly effective in correcting *Apana Vata dushti*, thereby facilitating proper menstrual flow and reducing pelvic congestion [17].

**Annabhedhi Sindooram**, a herbo-mineral preparation, exhibits *Deepana-Pachana, Rasayana, and Rakta-vardhaka* properties. It is especially beneficial in PCOS patients with associated anemia (*Pandu*) and metabolic sluggishness [17].

### Role of External Therapies and Panchakarma in the Ayurvedic Management of PCOS

Subsequent to internal medication, external therapeutic interventions were systematically administered, beginning with *Udwarthanam*, followed by *Shodana karma* after appropriate *Poorvakarma*, and culminating with *Lekhana Vasti*.

*Udwarthanam* (therapeutic dry powder massage) was employed as a preparatory procedure due to its potent *Kapha-hara* and *Medo-pravilayana* (lipolytic) effects. It facilitates the breakdown of subcutaneous adipose tissue and enhances peripheral circulation, thereby aiding in the reduction of *Kapha dosha* and metabolic sluggishness. Additionally, it supports *Ama pachana* (metabolic detoxification), which is critical in the pathogenesis of PCOS. Given its *ruksha* (dry) and *Kapha-reducing* nature, there exists a potential risk of aggravating *Vata dosha*. This was effectively mitigated by the use of *Kolakulathadi Churna*, a formulation specifically indicated for balancing *Vata* while maintaining the therapeutic benefits of *Udwarthanam*. [10]

Following the preparatory phase, *Snehapana* (internal oleation) was initiated using *Moorchita Tila Taila* (purified sesame oil). It was administered as *Accha Snehapana* starting at a dose of 30 mL, with gradual escalation over a period of seven days until the appearance of classical *samyak snigdha lakshanas* (optimal oleation signs). *Moorchita Tila Taila* is particularly beneficial due to its *Vata-shamaka, Deepana-Pachana, and Rasayana* properties, which contribute to improved metabolic function and reproductive tissue nourishment. [20]

Post *Snehapana, Abhyanga* (oleation massage) followed by *Swedana* (steam sudation) was performed as part of *Poorvakarma* to induce *Utklesha* (mobilization) and *Vilayana* (liquefaction) of vitiated doshas, preparing the body for elimination therapies.

The principal *Shodana* procedure adopted was *Vamana* (therapeutic emesis), aimed at eliminating aggravated *Kapha dosha*, which plays a central role in the etiopathogenesis of PCOS. After adequate post-procedural rest and recovery, *Yoga Vasti* was administered in view of significant *Vata dosha* involvement, particularly *Apana Vata*, which governs reproductive functions.

The application of *Vasti* is especially indicated in gynecological conditions such as *Rajonasha* (amenorrhea), and in states described as *Nastapushpa, Alpapushpa, Nastabija, and Akarmanya Bija*, which correlate with ovulatory dysfunction and infertility. The *Yoga Vasti* regimen was structured over eight days, beginning with two initial *Sneha Vasti* (oleaginous enemas), followed by alternating administration of *Lekhana Vasti* and *Sneha Vasti*.

*Snehavasti* was administered using *Satahwaadi Anuvasana Taila*, a formulation containing *Satahwa, Chiruvilwa, Tila Taila, and Kanjika*, which is highly effective in pacifying *Vata dosha* and improving pelvic organ function. *Kashaya Vasti* was utilized as *Lekhana Vasti*, employing herbal decoctions designed to eliminate *Ama, Kapha, and excess Medo dhatu*. This approach facilitates systemic detoxification, enhances metabolic regulation, and restores normal physiological function of the reproductive system.

### CONCLUSION

The syndrome PCOS cannot be correlated to any one particular disease in Ayurveda. Detailed analysis PCOS showed dominance of *Kapha* and *Vata*. Through understanding the *Lakshanas, Doshic* involvement and *Samprapti*, an effective treatment can be planned which helps in pacification of *Doshas* and *Samprapti*

*Vighatana*. From this case study Polycystic Ovary syndrome (PCOS) Patients can be managed by Ayurveda treatment. It also focuses on keeping the uterus healthy and correcting the *Doshic* imbalance of the individual constitution. More over Ayurvedic treatment modalities are cost effective, nourishing, safe and a natural alternative.

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