

CASE STUDY

Resolution of Polycystic Ovarian Disease through Evidence-Based Ayurvedic Intervention: A Case Report

Aditi Golam and Anitha H

Department of Rasashastra evum Bhaishjya Kalpana, Parul Institute of Ayurveda, Parul University,
Vadodara, Gujarat, India

Correspondence Author: Anitha H.

Email id: anitha.h86169@paruluniversity.ac.in

ABSTRACT

Polycystic Ovarian Disease (PCOD) is a multifactorial endocrine disease. Include chronic anovulation, hirsutism, irregular menses, and infertility. In Ayurveda, PCOD can be described under the caption of Yonivyapada, caused by vitiated Vata dosha dominance. This case study presents a female patient exhibiting PCOD with a confirmed diagnosis by USG with various clinical symptoms. To resolve the disease condition, integrative Ayurvedic principles are employed based on Vata-kapha dushti, Agnimandya, Rasadhatudushti, Artavavaha strotodushti. According to Ayurveda, to eliminate the root cause, the treatment regimen includes Nidanaparivarjana, Shodhana, followed by Shamana chikitsa along with Yoga-Asana. Specific intervention included for a particular time period involving primarily formulations having Vata-Kaphaghna, Laghu, Ruksha, Tikshna, Ushna, Shothaghna, Anolomaka, etc. properties. After intervention, clinical improvement was observed in the form of a normalized menstrual cycle in 4 months, weight decreased by 9 kgs, USG findings showed normal ovarian size with absence of polycystic features, along with other correlated symptoms. This study highlights the potential of Ayurvedic Intervention in managing cases of PCOD through Yukti (strategic approach) focusing on root cause, not only symptomatic relief. The encouraging outcomes provide strength for further clinical research to validate and integrate Ayurvedic protocols into mainstream PCOD management.

Keywords - PCOD, Yonivyapada, Virechana, Gudardraka yoga, Dashmularishta, Artava dushti, Anartava.

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INTRODUCTION

The pressure of the whole contributes to a surge in lifestyle disorders, one of which is PCOD (Polycystic Ovarian Disease). In 2021, the prevalence of PCOD worldwide was 65.77 million, the incidence was 1,175.07 thousand, and the DALYs were 576.05 thousand. The estimated annual percentage change (EAPCs) indicates upward trends in prevalence and disability-adjusted life years (DALYs) rates, with a less pronounced increase in incidence rates [1]. PCOD, a disorder primarily characterized by signs and symptoms of androgen excess and ovulatory dysfunction, disrupts HPO axis function. Typical clinical features include hirsutism, irregular menses, chronic anovulation, infertility, and other symptoms. Hyperandrogenism is associated with disturbed hypothalamic-pituitary feedback, excessive secretion of LH, premature granulosa cell luteinization, irregular oocyte maturation, and premature arrest of activated primary follicles [2]. Although in Ayurvedic texts there is no direct mention of PCOD, but symptoms have a close correlation with various *Roga lakshana* of *Yonivyapada* that are *Aartavavaha strotodushti*, *Nastartavaa*, *Anartava*, *Artavkshaya*, *Strotorodha*, and also with *Granthi*, *Gulma*, as most of these are Vitiations of *Vata dosha* dominant diseases mentioned in *Charaka Samhita* [3]. This case study of PCOD bridges the existing knowledge gap by documenting and effectively managing PCOD through an Ayurvedic treatment regimen based on the *doshas* dominance, and the stages of the condition.

MATERIAL AND METHODS

Case presentation - A diagnosed case is of a 37-year-old married female presenting complaints of irregular menstruation, with other correlated symptoms. She is Nulligravida. Working as a Corporate Officer for the last 11 years with no addictions. Comes from an upper-middle-class background.

Chief complaints - The patient, presents with amenorrhea since 1-1.5 months along with hirsutism and hair fall for last 1-1.5 years. She has a history of weight gain, irregular sleep, fatigue from last 2 years, irregular menstrual cycle and mood swings with dysmenorrhea from 3 years, digestive impairment with constipation from 4 years.

Past History - No significant medical, surgical, gynecological, or psychiatric disease.

Treatment history -The patient was undergoing conventional pharmacological treatment and experienced symptomatic relief during the course. However, following the discontinuation of medication, she reported a recurrence of symptoms.

Menstrual history - The patient attained menarche at age of 14 initially with regular cycle, which later became irregular. Currently, menstruation last only 2 days with scanty, brownish-red bleeding, sometimes with clots, and associated with dysmenorrhea.

Diagnosis - Causes (Hetu): Junk food (*Abhishynadi, Guru aahara*), Sedentary lifestyle (*Avyayama*), Irregular sleep schedule (*Asamyaka nidra*), Stress, Divaswapa (daytime sleep)

Investigation - Ultrasound (Abdomen & Pelvis) showed that both ovaries reveal multiple small follicles of the same average size, arranged randomly. S/o Polycystic ovarian disease.

Treatment protocol -

Nidanparivarjana - Avoid factors that are responsible for PCOD occurrence. (mentioned in Hetu)

First 7 days -*Shamana chikitsa* (medicines) - (Table no. 1)

Table 1: Shamana chikitsa (medicines) given to the patient for 1st 7 days

Sr. no.	Ayurvedic Medicine	Dose	Time	Anupana (Taken with)
1.	<i>Shankhavati</i>	250 gm	Twice a day - between meals	Lukewarm water
2.	<i>Kuberaksha vati</i>	250 mg	Twice a day - before a meal	Lukewarm water
3.	<i>Dashmularishta</i>	20 ml (4 tsf)	Twice a day - after a meal	An equal quantity of water

After 7 days - *Shodhana* procedure - (Table no. 2)

Table 2: Shodhana (elimination of vitiated Dosha) given to patient

Protocol	Details
Procedure	20 ml of Eranda Taila (castor oil) with Luke warm water
Objectives	To eliminate vitiated <i>doshas</i> , to balance <i>doshas</i> (detoxify body and remove toxins), and improve appetite (<i>Jatharagni pardipaka</i>).
Duration	Total treatment duration: 30 days

After 7 days - *Shamana chikitsa* (medicines) - (Table no.3)

Table 3: Shamana chikitsa (medicines) given to the patient for the next 7 days

Sr. no.	Ayurvedic medicine	Dose	Time	Anupana (Taken with)
1.	<i>Kanchnara guggulu</i>	250 mg (2 Tab) by chewing	Twice a day -After a meal	Lukewarm water
2.	<i>Dashmularishta</i>	20 ml (4 tsf)	Twice a day -After a meal	An equal amount of water
3.	<i>Tankana bhasma</i>	60 mg	Twice a day -After a meal	<i>Ghrita</i>
4.	<i>Gudardraka yoga</i>	-	Morning time	-

(Note - Gudardraka yoga -

- Fresh ginger + jiggery - equal, the total should - 5 grams - 1st day.
- Increasing the dose by 2 grams per day to a maximum of 25 grams up to the 10th day.
- This 25grams of dose should be continued from 11th day to 30th day. (planned keeping in view the patient's condition)

RESULT

Following treatment, the patient demonstrated a regular menstrual cycle characterized by normal intervals and duration. Additionally, any accompanying symptoms were resolved. Ultrasonography results also showed no significant abnormalities.

Ultrasound reports: (Image no. 1 – Before & 2-After)

DISCUSSION

The present case of PCOD underscores the potential of specific management considering the multifactorial pathophysiology of PCOD.

Nidana Parivarjan: Since PCOD is a lifestyle disorder, *Nidana Parivarjana* (elimination of causative factors) plays a key role in the *Samprapti Vighatana* (disruption of pathogenesis) and overall management.

Shodhan Chikitsa – Eranda Taila (Castor oil) –According to its properties, it subdues the bodily *Vayu* and *Kapha* and cleanses the system from all injurious principles by inducing purging by showing *Deepana* at the level of *Amashaya*, *Amapachana* at *Dhatu*, and showing *Strotashodhana* at the channel of the body [4].

Shamana Chikitsa- Shaankha vati - *Agni Savrakshana* is important for *Prakrurta Rasadhātu* being *Artava* is *updhātu* of *Rasadhātu*. *Shankha vati* is herbo-mineral formulation containing *Kajjali*, which acts as *Yogvahi* (potentiating effect). Planned in between meals acts on *Saman vayu* and shows effective result to regulate *Agni* (digestive fire). Considering the actions of drugs, according to *Rasapanchaka*, this formulation possesses *Amla*, *Katu*, *Tikta* as predominant *Rasa*. *Laghu*, *Tikshana*, and *Sukshama* as predominant *Guna* and have *Ushna Virya* with *Katu Vipaka*. It have proven *Dipana*, *Pachana*, *Shodhana*, *Agniverdhak* and *Amanashana Karma* which is helpful in *Strotashodhana*, so it reduces inflammation as well as infection due to its purgative property [5].

Tankana Bhasma – Disease having features like *snigdhatā*, *guru*, and glandular overgrowth are commonly seen. According properties of *Tankana Bhasma*, having *karma* of *kaphaghna*, *vata shamaka*, *kapha vishleshaka* (mucolytic), *stri pushpa janana*, *hridaya*, *vata vikara naashaka*, *agni deepaka*, *pitta krita*, *aadhamaan naashaka*, *balya*, *sthavara visha hara* and *mudha garbha pravartaka*. It is a *kshara* having the property of *ksharan*, it may help for *samprapti vighatana* in specific way by pacifying *vata* and *kapha*. In Hormonal action, boron produces effects similar to oestrogen supplementation in women. Also shows Anti-inflammatory effects by reducing levels of inflammatory biomarkers. Borax stimulates hormone production by stabilizing calcium and magnesium in the blood [6].

Kuberaksha Vati - All the drugs of *Kuberaksha Vati* have a pacifying effect on *Vata* and *Kapha Doshā*, *Deepana*, *Shothahara*, *Shulaprashamana*, *kashtartava* (dysmenorrhoea), and *Tridosha Shamaka*, *Bhedana*, *Anulomana*, *Hridaya*, *Gulmashoolavibandhaghna*, and *Garbhashayasankochaka*.

Some drugs have *Pitta vardhaka* effect, which works at the *Jatharagni* and *Dhatwagni* level and ensures that the *Dhatu Poshan Krama* is optimum. This, in turn, may increase the flow of menses and can regularize the cycles [7], by disrupting all three pathways of pathogenesis (*Samprapti Vighatana*).

Dashmularishta –It shows antioxidant, antifatigue, and immunostimulatory action. *Dashmularishta* is also able to stimulate NK (Natural killer) cells mediated lysis/killing of co-cultured target tumor cells. According to *Doshadushya*, there is no disorder not caused by vitiated *Vata dosha*, and the prime ingredients of *Dashmularishta* are *Dashmula* act specifically on *Vata shamana*, so it may show effective results in PCOD [8].

Kanchanara Guggulu – It have *Vata Kapha dosha Shamana*, *Shothahara* (anti-inflammatory), *Lekhana*, and *Medohara* properties. As PCOD can correlate with *Gulma roga*, which is grossly covered under *Shotha adhyaya* in *Charaka Samhita*, so its anti-inflammatory and *Lekhana* properties may help bring the better changes in PCOD. *Kanchanara* (*Bauinia variegata*) proves that it contains B- B-sitosterol, lupeol, and kaempferol-3 glucoside, has an excellent effect on nodular fibrotic growths. Guggulosterones from *Guggulu* inhibit tumour cell proliferation, induce S-phase arrest, and promote apoptosis through activation of c-JunN-terminal kinase, suppression of the at pathway, and downregulation of antiapoptotic gene products. So, the pharmacological action of these formulates on PCOD may be due to anti-inflammatory, anti-mutagenic, anti-oxidant, and anti-fibroblastic properties [9].

DATE :- 11 Oct 2024
NAME :- [REDACTED]
REF BY :- DR. SELF

AGE/SEX :- 37 YEARS/F

USG – ABDOMEN & PELVIS

LIVER - Liver is normal in size and normal in echotexture. No evidence of any focal or diffuse lesion. Intrahepatic portal vein & biliary radicals are normal. Intrahepatic portal veins & IVC are normal.

PORTAL VEIN - 0.5 cms normal in course. **CBD** - 0.3 cm normal.

GALL BLADDER:- Partly distended. No e/o calculus. No e/o pericholecystic collection.

PANCREAS - Head, body & tail of the pancreas are normal. No e/o any focal lesion or e/o pancreatitis.

SPLEEN - Axial length of spleen is 9.5cm. normal in size & echotexture. No evidence of focal or diffuse lesion. Splenic vein at hilum 0.5cm. No evidence of any calcification or infarct.

KIDNEYS - Right kidney 10.4X3.8cm. Left kidney 10.6X4.0cm. Both kidneys are normal in size. The cortical echogenicity of both kidneys is normal. The Cortico-medullary differentiation is well maintained. No evidence of calculus in either of kidney. No evidence of hydronephrosis/ hydroureter.

No evidence of any perinephric pathology.

URINARY BLADDER - Well distended. No e/o calculus /cystitis.

No evidence of any calculus or cystitis.

UTERUS - Uterus measures 8.2 X 2.4 X 3.9cm. anteverted. Normal in size. The outline of endometrium is regular & measures 5 mm. No evidence of endometrial collection.

OVARIES -
Right ovary - Volume 10cc. Left ovary - Volume 18cc.
Both ovaries are enlarged in size. Both ovaries show multiple small follicles arranged at periphery with echogenic stroma s/o Polycystic ovarian disease. No obvious mass in adnexa. No evidence of free fluid in cul-de-sac.

IMPRESSION -

❖ Polycystic Ovarian Disease

Image no. 1: (USG- before treatment)

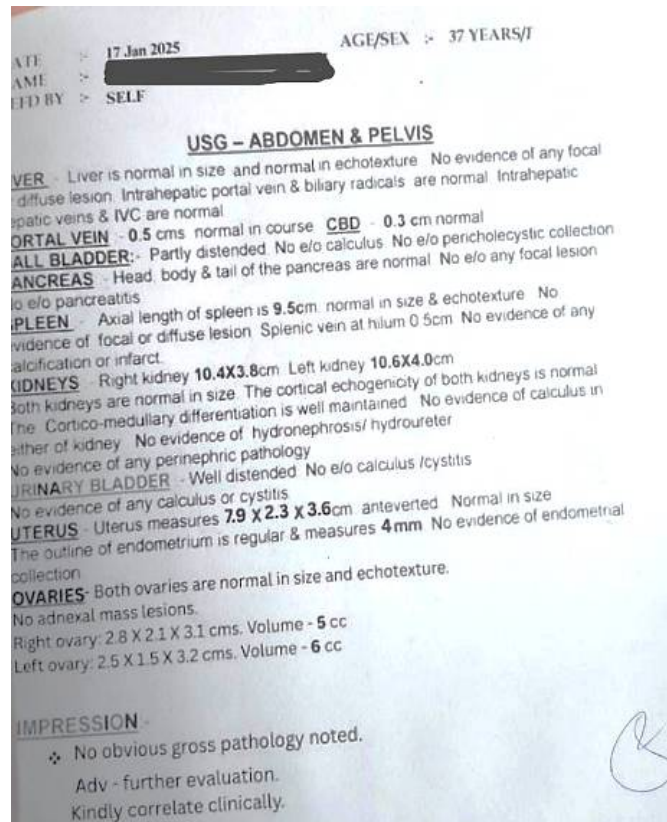


Image no. 2: (USG- after treatment)

Gudadraka yoga – *Prakrut Rasdhatu* is important as *Artava* being its *updhātu*. Hence, a drug that is beneficial both for treating *Agni, Ama,* and *Kapha Dosha*. The *Gudadraka* mentioned in the morning time

acts as a *Srotoshodaka*, *Kaphahara*, *Deepana*, *Pachana*, and also supplements certain vital nutrients that are required with enhancing the *Ojobala* and *Manobala*. Also, it shows remarkable results in inflammatory conditions [10].

Yog and Asana - Practicing *Suryanamskara* and *Chakki chalasa* can enhance pelvic organ health, including the uterus and ovaries, as well as endocrine gland function by improving hormonal balance. The science of yoga addresses the core cause of PCOD, which is stress and obesity, which affect hormonal balance. Also improves digestive organ function [11].

CONCLUSION

The case study highlights the strength and successful management of PCOD by Ayurvedic treatment. The individualized therapeutic approach, according to *Yukti*. Ayurvedic management broadly integrates for women's health in the modern era.

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