

CASE STUDY

Polycystic Ovarian Syndrome (PCOS) Management Through Ayurveda- A Case Study

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ABSTRACT

Polycystic Ovarian Syndrome (PCOS) is a common endocrine-metabolic disorder affecting approximately 12-18% of women globally, with prevalence in India ranging from 3.7% to 22.5%. It is characterized by hyperandrogenism, chronic anovulation, infertility, and an increased risk of metabolic disturbances such as insulin resistance and dyslipidemia. In Ayurveda, PCOS correlates with conditions such as *Naṣṭārtava* (amenorrhea), *Vāta-Kaphaja Granthibhūta Artava Duṣṭi* (cystic ovarian pathology with neuroendocrine-metabolic imbalance), and *Puṣpaghni Jatharini* (anovulatory infertility). The pathogenesis is primarily attributed to *Agnimāndya* (metabolic impairment) and *Srotorodha* (microchannel obstruction), corresponding to metabolic and endocrine dysfunction. An 18-year-old unmarried female presented with irregular and delayed menstruation, scanty menstrual flow (hypomenorrhea), and hair fall. Ultrasonography revealed bilateral bulky ovaries with increased stromal echogenicity and multiple (10-12) peripherally arranged follicles (2-5 mm), with ovarian volumes of 11.6 cc (right) and 11 cc (left), consistent with polycystic ovarian morphology. The patient had previously undergone multiple conventional treatments with incomplete relief. The patient was managed with an integrative Ayurvedic approach including internal medications and *Pañcakarma* (bio-purificatory therapies). The treatment protocol emphasized *Srotoshodhana* (detoxification and channel cleansing), followed by *Vāta-Kapha Śamana* (neuroendocrine and metabolic correction), and *Pitta-Agni Vardhana* (metabolic enhancement), along with *Yoga* (lifestyle and stress modulation) and *Pathya Āhāra* (dietary regulation). Post-treatment evaluation showed significant improvement in clinical symptoms, including regularization of menstrual cycles, increased menstrual flow, and reduction in hair fall. Follow-up ultrasonography demonstrated improvement in ovarian morphology, indicating a positive therapeutic response. This case highlights the potential efficacy of Ayurvedic management in PCOS by addressing underlying metabolic and neuroendocrine dysfunctions. An integrative approach combining *Pañcakarma*, internal medications, and lifestyle modifications may offer a safe and effective alternative in the management of PCOS.

Keywords: Polycystic Ovarian Syndrome (PCOS), *Granthibhūta Artava Duṣṭi*, *Naṣṭārtava*, *Agnimāndya*, *Srotorodha*, *Panchakarma*, *Insulin Resistance*, *Anovulation*

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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. 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. The World Health Organization accounts that it impacts 116 million female folks worldwide as of 2010 (3.4% of women) [1-3]. One community-based prevalence study using the Rotterdam criteria found that about 18% of women had PCOS and that 70% of them were previously undiagnosed². 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. The line of treatment in modern medicine is Hormonal therapy [4-6]. In Ayurveda the line of treatment is according to *Dosha* predominance, here it is *Kaphahara*, *Strotoshodhaka* and *Anulomana*.

Case Summary: 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. in the last 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 year, 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-** Garbhashaya, Twak, Mamsa, Meda, Aartava**Investigations:****Blood** (On 30-07-2022):- Hb- 11.3 gm%, TLC -7800 /mm³, Neutrophil- 49%, Lymphocytes-44%, Eosinophil -4%, Monocytes- 3%, Basophils -0%. TSH- 2.333 mcIU/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**

S. 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

Phase	Procedure	Medication / Material Used	Dosage / Details	Duration	Dates (DD/MM/YYYY)
1	Udwartana	Kolakulathadi Chooram	External dry powder massage	7 days	30/06/2022 – 06/07/2022
2	Snehapana (Arohana Krama)	Moorchita Tila Taila	Day 1 – 30 ml	7 days	05/07/2022
			Day 2 – 60 ml		06/07/2022
			Day 3 – 90 ml		07/07/2022
			Day 4 – 120 ml		08/07/2022
			Day 5 – 150 ml		09/07/2022
			Day 6 – 180 ml		10/07/2022
			Day 7 – 210 ml		11/07/2022
3	Abhyanga + Bashpa Sweda	Dhanwantaram Taila	External oleation followed by steam sudation	3 days	12/07/2022 – 14/07/2022
4	Vamana Karma	Classical therapeutic emesis procedure	As per standard protocol	1 day	14/07/2022
-	Menstrual Phase	-	Duration of menstruation – 4 days	-	-
5	Yoga Vasti Regimen	See below	Combined Sneha & Kashaya Vasti schedule	8 days	19/07/2022 onward

Table 3 -Yoga Vasti Schedule

Date	Type of Vasti	Formulation Used
19/07/2022	Sneha Vasti	Satahwaadi Vasti Taila
20/07/2022	Kashaya Vasti (Lekhana Vasti)	Triphala Kwatha based formulation
21/07/2022	Sneha Vasti	Satahwaadi Vasti Taila
22/07/2022	Kashaya Vasti (Lekhana Vasti)	Triphala Kwatha based formulation
23/07/2022	Sneha Vasti	Satahwaadi Vasti Taila
24/07/2022	Kashaya Vasti (Lekhana Vasti)	Triphala Kwatha based formulation
25/07/2022	Sneha Vasti	Satahwaadi Vasti Taila
26/07/2022	Sneha Vasti	Satahwaadi Vasti Taila

Table 4 -Composition of Lekhana Vasti (Kashaya Vasti)

Ingredient	Quantity
Triphala Kwatha	250ml
Sarshapa Taila	100ml
Gomutra	100ml
Honey	60ml
Saindhava	10g
Hingu	2g
Kasisa	2g
Yashad	2g
Yavakshara	2g

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.Abhayarishta + 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 5 : 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 6. Treatment Procedures During the Second Course of Therapy

Phase	Procedure	Formulation Used	Treatment Details	Duration	Dates (DD/MM/YYYY)
1	Abhyanga followed by Bashpa Sweda	Dhanwantaram Taila	External oleation therapy followed by steam sudation	2 days	25/08/2022 - 26/08/2022
2	Kashaya Vasti (Lekhana Vasti)	Triphala Kwatha-based Lekhana Vasti formulation	Medicated decoction enema administered as per classical Vasti protocol	2 days	25/08/2022 - 26/08/2022

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 7: Internal medicines of third course of treatment Internal Medicines

Sl no	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 8: Treatment Procedures During the Third Course of Therapy

Phase	Procedure	Formulation Used	Treatment Details	Duration	Dates (DD/MM/YYYY)
1	Abhyanga followed by Bashpa Sweda	Dhanwantaram Taila	External oleation therapy followed by steam sudation	2 days	27/09/2022 - 28/09/2022
2	Kashaya Vasti (Lekhana Vasti)	Triphala Kwatha-based Lekhana Vasti formulation	Medicated decoction enema administered as per classical Vasti protocol	2 days	27/09/2022 - 28/09/2022

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 + Abhayarisham* - 30ml, twice daily, after food.
- *Annabedi sindoora* - 1 *Gulika* with *Arishta*, twice daily after food.

RESULT AND DISCUSSION

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 9: 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.

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) [6].

1. Dosha Involvement:

Kapha Dosha: Main dosha involved due to its role in granthi utpatti (cyst or lump formation), heaviness, and sluggishness. Vata Dosha: Especially Apana Vata, is disturbed, causing irregular menstruation or amenorrhea. Pitta Dosha: 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. Dosha: Kapha, Vata, sometimes Pitta. Dushya: Rasa, Rakta, Meda, Artava. Srotas: Artavavaha, Medovaha. Ama: Formation of toxins due to Mandagni (low digestive fire). Srotorodha: Blockage in channels carrying Artava and hormones. Udbhavasthana: Amashaya. Vyaktasthana: Garbhashaya (uterus and ovaries).

Summary of Samprapti (Pathogenesis):

Due to Ahara-Vihara and Mithya Acharana, Agni Mandya (weak digestion) occurs.

This leads to the formation of Ama (toxins). Ama vitiates Kapha and Vata, leading to Srotorodha (obstruction) in Artavavaha Srotas. Artava Dushti happens, leading to Anartava (amenorrhea), Alpartava (scanty periods), and formation of granthi (cysts) in ovaries.

By analyzing the patient through history taking and necessary investigations it was diagnosed as PCOS due to life style factors.

DRUG REVIEW -MODE OF ACTION

Varunadi Kashayam is a classical Ayurvedic decoction primarily indicated for Kapha-Meda-Vata disorders. In the context of PCOS, it acts on the root causes such as Srotorodha, Medo Dushti, and Artava Dushti. Ingredients of Varunadi Kashayam: (As per Sahasrayogam) 1. Varuna (*Crataeva nurvala*) [2]. Shunthi (*Zingiber officinale*) [3]. Guggulu (Commiphora mukul) 4. Triphala – Haritaki, Vibhitaki, Amalaki. Medohara Action- (Reduces Excess Fat/Weight)-Varuna, Guggulu, and Triphala act as Lekhana (scraping agents). They reduce Meda Dhatu vriddhi (excess fat tissue), which is a key factor in insulin resistance and obesity-linked PCOS. Kapha-Vata Shamaka-PCOS is primarily Kapha-Vataja in nature. Guggulu and Shunthi help reduce Kapha and normalize Vata, especially Apana Vata, which regulates menstruation. 3. Deepana-Pachana (Corrects Digestion & Metabolism)-Shunthi enhances Agni (digestive fire) and prevents Ama (toxin) formation. This helps clear Srotas (body channels), reducing ovarian cyst formation (Granthi). 4. Srotoshodhana (Cleanses Channels)-Clears Artavavaha Srotas and Medovaha Srotas, removing blockages that hinder hormonal flow and ovulation. 5. Anti-inflammatory & Hormonal Modulation Varuna has anti-inflammatory properties and supports proper function of urinary and reproductive systems. Guggulu is known to regulate endocrine (hormonal) functions and may support insulin sensitivity. Varunadi Kashayam addresses the Ayurvedic root causes of PCOS—Kapha-Vata imbalance, Medo dhatu vriddhi, and Srotorodha—by improving metabolism, clearing blockages, and restoring menstrual function [7].

Kanchanara Guggulu is a classical Ayurvedic formulation widely used in conditions involving glandular swellings, cysts, hormonal imbalance, and metabolic dysfunction, all of which are relevant to Polycystic Ovary Syndrome (PCOS). Effect of Kanchanara Guggulu in PCOS: Lekhana (Scraping) and Medohara (Fat-reducing) Action: Helps reduce excess Kapha and Meda dhatu, which contribute to cyst formation and obesity in PCOS and promotes regular menstruation by supporting proper function of Artava dhatu [8].

Hingvāshtaka Choorṇam is a classical Ayurvedic formulation primarily used to enhance digestive fire (Agni), reduce Aama (toxins), and balance Vata-Kapha doshas. Though it is not a direct treatment for PCOS, it plays a supportive and essential role in PCOS management through Agni deepana (digestive stimulation) and Vata anulomana (normalizing Apana Vata) [9].

Dhānyaka Siddha Jala is medicated water prepared using Dhānyaka (*Coriandrum sativum*) commonly known as coriander seeds. It is a simple yet effective samskrita jala (processed water) used for a variety of health conditions, especially those involving Pitta-Kapha imbalance, Aama, digestive disorders, and menstrual irregularities [10].

Tila Kwatha (decoction of *Sesamum indicum*- sesame seeds) is a potent Ayurvedic preparation that is especially useful in Vata disorders, reproductive health, and menstrual regulation. In the context of PCOS (polycystic ovarian syndrome), Tila Kwatha is traditionally used to support Artava janana (menstruation), Vata anulomana, and Srotoshodhana (channel cleansing). Tila has **ushna veerya** (hot potency) and Snigdha (unctuous) properties. Stimulates Apana Vata, supporting proper menstrual flow and regular ovulation. Useful in oligomenorrhea, amenorrhea, or scanty menstruation associated with PCOS. It Supports cleansing of Artavavaha srotas (reproductive pathways), especially when there is obstruction due to Kapha or Aama. Tila Contains natural lignans and phytoestrogens, which may mimic estrogen to some extent So that helping in balancing hormonal irregularities gently and naturally [11].

Gudūchyādi Kashayam is a classical Ayurvedic decoction primarily indicated for fever, inflammation, and metabolic disorders, and can be used supportively in the management of PCOS, especially when Aama (toxins) and Pitta-Kapha vitiation are involved. It helps to clear Aama, which is a core factor in the pathogenesis of PCOS, especially when it causes srotorodha (blockage of reproductive and metabolic channels) [12].

Chandraprabha Vati (Gudika) plays a key supportive role in the management of PCOS due to its multi-systemic action on metabolism, hormones, and reproductive health. It reduces inflammation and kaphameda accumulation (cystic growths, obesity). Chandraprabha vati is useful in reducing ovarian cysts and improving ovarian function [13].

Rājapravartinī Vaṭi is a classical Ayurvedic formulation specifically used to stimulate and regulate menstruation (Artavajanana). It is particularly effective in PCOS cases with amenorrhea (absence of menstruation) or oligomenorrhea (scanty/delayed periods) due to Vata-Kapha dosha dominance. It directly acts on Apāna Vāta, promoting normal menstrual flow [11].

Ksheerabala 101 Avarti Taila- is a powerful classical Ayurvedic medicated oil, specially prepared by repeatedly processing Bala (*Sida cordifolia*) in Ksheera (cow's milk) and Taila (usually sesame oil) 101 times. It is primarily a Vata-pacifying, neuro-nourishing, and rasayana (rejuvenating) formulation. It plays an important supportive role especially where Vata vitiation, nervous weakness, or menstrual irregularities are caused by *Artava dhatu kshaya* [2, 3].

Abhayaṛishta and **Draksharishtha** plays a supportive but significant role in the management of PCOS especially to reduce the symptoms of constipation, sluggish digestion, fatigue, and mild anemia [1, 20].

Kumaryasava is a classical Ayurvedic fermented herbal preparation, primarily made from Kumari (Aloe vera) along with other herbs like Haritaki, Jaggery, Dhataki, and Trikatu. It is known for its deepana (appetizer), pachana (digestive), and rasayana. Kumari (Aloe vera) helps stimulate the uterus and supports proper functioning of the endocrine system, which can regulate ovulation and menstrual flow [6, 19].

Moorchita Tila Taila-In the management of Polycystic Ovary Syndrome (PCOS) through Ayurveda, Snehapana (internal oleation) plays a crucial role in cleansing, balancing hormones, and restoring normal function of arthava vaha srotas (reproductive channels). Tila tailam as accha snehapana effectively regularizes the menstrual interval and reduces ovarian volume. Moorchita Tila Taila (purified sesame oil) is particularly beneficial due to its Vata-pacifying, deepana-pachana, and reproductive rejuvenating properties [15].

Saptasaram Kashayam -is a classical Ayurvedic formulation commonly used in the treatment of gynecological disorders, especially those involving Apana Vata dushti. In the context of polycystic ovarian syndrome (PCOS), Saptasaram Kashayam can be effectively used to address underlying factors of Apana vayu dushti [17].

Annabhedhi Sindooram is a classical Ayurvedic herbo-mineral formulation primarily used in the treatment of anemia (Pandu) and general debility, but it has important applications in managing PCOS (polycystic ovarian syndrome) due to its deepanapachana, rasayana, and rakta-vardhaka properties [18].

PANCHAKARMA

Subsequently external therapies like *Udwarthanam*, followed by *Shodanakarma* after its *Poorvakarma* and finally *Lekhana vasti* is done. *Udwarthanam* [10] was done as a preparatory *karma* which will benefit in the reduction of *Kaphadosha*, and *Medopravilayana*. It is also helpful in the *Pachana* of *Amadosha* present in the body. As the procedure is *Kaphahara*, the possibility of *Vatavardhana* was circumvented by using *Kolakulathadi churna* [11] which is specifically indicated to pacify the increased *Vatadosha*. After the preparatory phase, *Snehapana* was started with *Moorchita Tila Taila* was done as *Acchapaana* with a starting dose of 30ml and it took 7 days to get ideal signs and symptoms which were expected to occur after *Accha Snehapana*. Moorchita Tila Taila (purified sesame oil) is particularly beneficial due to its Vata-pacifying, deepana-pachana, and reproductive rejuvenating properties. After *Snehapana*, *Abyanga* steam was opted for *Utklesha* and *Vilayana* of *Doshas* as a *Poorvakarma* of the *Shodana* therapy. The major *Shodana* adopted was *Vamana* in order to contract the effects caused by the increased *Kapha dosha*. After a period of rest, *Yoga vasthi* was advocated as there was an involvement of *Vatadosha*. Also, the necessity of *Vasthi* is appreciable in conditions like *Rajonasha*. *Vasthi* is advocated to an infertile woman having *Nastapushpa*, *Alpa Pushpa*, *Nasta Bija* and *Akarmanya Bija* [13]. *Yoga vasthi* was planned in such a way that two *Sneha vasthi* was done initially later, *lekhana vasti* and *Sneha vasthi* in an alternative manner for eight days. *Sneha vasthi* was administered with *Satahwadi anuvasana taila*. *Satahwadi anuvasana taila* which contain *Satahwa*, *Chiruvilwa*, *Tilataila*, *Kanjika* is efficacious in alleviating *Vatadosha*. *Kashaya vasti*

was done as *Lekhana vasti*. Lekhana Basti uses kashayas (herbal decoctions) and medicated oils/ghee that remove Ama, Kapha, and Medo dhatu from the body.

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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