



“Holistic Ayurvedic Management of Polycystic Ovarian Syndrome (Pcos) Through Ayurveda- Case Study”

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KEYWORDS

PCOS, Ayurveda, Vamana Karma, Arthavavaha Srotas, Kanchanara Guggulu, Varunadi Kashaya.

ABSTRACT:

Background: Polycystic Ovarian Syndrome (PCOS) is a common endocrine-metabolic disorder in reproductive-age women, presenting with menstrual irregularities, obesity, acne, and infertility. Ayurveda conceptualizes PCOS as a Kapha-Vata Pradhana Tridoshaja Vyadhi involving Rasa, Rakta, and Meda Dhatus, and Srotodushti of Arthavavaha Srotas.

Objective: To evaluate the effectiveness of Vamana Karma followed by Shamana Chikitsa in the management of PCOS.

Methodology: A 27-year-old unmarried woman with irregular, scanty menstruation for six months, vomiting, and diarrhea during menstruation, was diagnosed with bilateral PCOD on ultrasonography. She underwent Deepana-Pachana, Snehapana with Varunadi Ghrita for 5 days, Sarvanga Abhyanga and Bashpa Sweda with Yashtimadhu Taila, followed by Vamana using Madana Phala. Samsarjana Krama was continued for 5 days. Subsequently, Kanchanara Guggulu, Varunadi Kashaya, and Triphala Churna were administered for 3 months.

Results: After 3 months, the patient's menstrual cycle regularized with normal flow, and weight was reduced by 3 kg. Digestive health and overall well-being improved with no adverse effects.

Conclusion: Ayurvedic Vamana followed by Shamana therapy offers a holistic, non-hormonal, and sustainable management for PCOS by correcting Kapha-Meda Vriddhi, enhancing Agni, and restoring Artava Pravritti.

INTRODUCTION :

Polycystic ovarian syndrome (PCOS) is a systemic endocrine and metabolic disorder. The name PCOS refers to the presence of small cystic ovaries, either unilateral or bilateral, and it represents a state of androgen excess produced by the ovaries and adrenal glands, which interferes with the maturation of Graafian follicles^{1,2}. This impaired follicular development leads to chronic anovulation and manifests as menstrual irregularities such as amenorrhea or hypomenorrhea, hirsutism, obesity, and infertility³⁻⁴. It is a hormonal disorder causing enlarged ovaries with multiple fluid-filled sacs on their outer surface due to abnormal hormonal levels, where the ovaries produce an excessive amount of androgens⁵.

The exact etiology of PCOS is multifactorial and may involve a combination of genetic and environmental factors, including sedentary lifestyle, dietary habits, and lack of exercise¹⁻⁵. According to Ayurveda, PCOS can be understood as a disorder involving vitiation of all three Doṣas, primarily Kapha and Vāta, along with the derangement of Rasa, Rakta, and Meda Dhātus. The Srotas involved are Rasa, Rakta, and Artavavaha Srotas, leading to manifestations such as Anartava (amenorrhea), Vandhyatva, Puṣpagni, and Abeeja Ṛtuchakra (anovulatory cycles)⁶⁻⁸.

Ayurvedic management of PCOS emphasizes correction of Doṣic imbalance through Pañcakarma, along with appropriate Āhāra (diet) and Vihāra (lifestyle) modifications.⁶⁻⁸



Incidence and Epidemiology:

Globally, the prevalence of PCOS ranges between **4% and 20%**, depending on the diagnostic criteria applied (Rotterdam, NIH, or AES)¹. In **India**, epidemiological studies estimate the prevalence between **9.13% and 36%** among women of reproductive age, with a higher incidence noted in **urban populations** due to sedentary lifestyle patterns, dietary changes, and stress^{9,10}. The condition commonly manifests during **late adolescence or early adulthood**, presenting with **obesity, menstrual irregularities, and infertility**².

Clinical Features

The patient with PCOS commonly complains of increasing abdominal obesity, menstrual abnormalities such as oligomenorrhea, amenorrhea, or dysfunctional uterine bleeding (DUB), and infertility^{1,5}. Hirsutism and acne are the most prominent signs of hyperandrogenism, while virilism is relatively rare¹¹. Acanthosis nigricans is another characteristic feature, marked by thickened, hyperpigmented skin (grey-brown) due to insulin resistance. Commonly affected areas include the nape of the neck, axilla, groin, and inner thighs¹².

HAIR-AN syndrome (Hyperandrogenism, Insulin Resistance, and Acanthosis Nigricans) is a severe phenotype seen in certain PCOS patients, reflecting pronounced metabolic dysfunction¹³.

CASE REPORT

27 years old Unmarried women reported the Prasuti tantra and Stree Roga Outpatient Department (OPD) with the complaint of irregular menstruations with scanty flow during periods past 6 months and also associated with sever vomiting diarrhoea and requiring hospitalization during her periods.

Medical History:

Menstrual History: Menarche at 13yrs irregular menstrual cycle with a duration of 2-3days/2- 3months and scanty flow.

General Examination:

Built -Moderately , height - 155 , Weight -57kg.

PR: 82/min, BP:110/70mmhg. Temp- febrile 99°F.
Pallor -Absent

P/A: Soft, NAD

Samprapti :

Nidana (Causitive Factors)

↓

Sedentary lifestyle, intake of more oily foods ,
Divaswapna, Lack of Vyayama

↓

Kapha-Meda Vriddhi

↓

Agnimandya (Impaired metabolism)

↓

Vata Avarana by Kapha and Meda

↓

Apana Vata Vaigunya

↓

Rasa Dushti → Rakta Dushti → Meda Dushti

↓

Srotorodha (Blockage of Artavavaha Srotas)

↓

Artava Kshaya / Anartava (Irregular, scanty
menstruation)

↓

Polycystic Ovarian Syndrome (Kapha-Vata Pradhana
Tridoshaja Vyadhi)

Samprapti Ghataka:

Component	Description
Dosha	Kapha ↑, Vata Avarana
Dushya	Rasa, Rakta, Meda Dhatu
Srotas	Rasa Vaha, Rakta Vaha, Artava Vaha Srotas
Agni	Jatharagni & Dhatvagni Mandya
Ama	Present



Udbhava Sthana	Āmaśaya
Vyakti Sthana	Artavavaha Srotas (Ovaries)
Adhishthana	Garbhashaya
Roga Marga	Madhyama
Roga Swabhava	Kapha-Vata Pradhana, Santarpanajanya

Ashtavidha Parīkṣā:

Parameter	Observation
Nadi	Kapha-Vata Pradhana
Mutra	Normal(4-5 times)
Mala	Regular (once I a day), not constipated
Jihva	Slightly Saama(coated)
Shabda	Normal
Sparsha	Snigdha
Drik	Prakruta
Akruti	Madhyama

Dashavidha Parīkṣā:

Parameter	Observation
Prakriti	Kapha-Vata
Vikriti	Kapha-Meda Vriddhi
Sara	Madhyama
Samhanana	Madhyama
Pramana	Slightly above average
Satmya	Madhyama
Satva	Pravara
Ahara Shakti	Madhyama
Vyayama Shakti	Avara
Vaya	Madhyama (27 years)

Investigation:

Investigation	Findings
USG Pelvis (Before Treatment)	Right ovary – 12.1 cc, 8–10 peripheral follicles; Left ovary – 11.8 cc, 10–12 follicles; Uterus – Normal size; Impression: Bilateral PCOD
Blood Sugar	FBS – 92 mg/dl, PPBS – 128 mg/dl

TREATMENT**1. Shodhana Chikitsa – Vamana Karma**

Karma	Procedure & Date	Method	Drug	Dose	Duration / Observation
Pūrva Karma	18/05/25	Deepana–Pachana	<i>Agnitundi Vati & Chitrakadi Vati</i>	1 tablet BD	4 days
Snehapāna	19/05/25 – 23/05/25	Snehapāna	<i>Varunādi Ghṛita</i>	As per <i>Arohana Krama</i>	5 days



Sarvāṅga Abhyanga & Bāṣpa Sveda	24/05/25 – 25/05/25	Abhyanga & Swedana	<i>Yaṣṭimadhu Taila</i>	—	2 days
Pradhāna Karma	26/05/25	Vamana Karma	<i>Madana Phala</i>	As per <i>Śuddhi Lakṣaṇa</i>	5 Vāntī Vegas observed – Madhyama Śuddhi achieved
Pashchāt Karma	27/05/25 – 31/05/25	<i>Saṃsarjana Krama</i>	<i>Peya to Kṛamaśa Āhāra</i>	Light to regular diet	5 days

ORAL MEDICATION:

1. Tab Kanchanara guggulu (1-0-1) was given for 3 months
2. Varunadi Kashaya (15ml-15ml-15ml) was given for 3 months Triphala churna 2tsp at bed time given for 15 days
3. Kumaryasava 15ml-0-15ml
4. Anutaila nasya 2 drops in each nostril for 1 month

ADVICE:

1. Regular exercise and yoga
2. Avoid processed and high calories food.

RESULTS

Clinical Progress

Parameter	Before Treatment	After 3 Months
Menstrual Cycle	Irregular (2–3 months)	Regular (28–30 days)
Flow	Scanty	Normal
Weight	57 kg	54 kg
Digestion	Poor	Normal
Energy	Low	Improved

Vomiting during menstruation	Severe, recurrent, required hospitalization	Absent
Diarrhea during menstruation	Frequent episodes	Completely reduced

USG Scan Reports

Parameter	Before Treatment	After Treatment (3 Months)
Right Ovary	12.1 cc, 8–10 peripheral follicles	8.9 cc, normal follicular pattern
Left Ovary	11.8 cc, 10–12 peripheral follicles	9.1 cc, normal morphology
Uterus	Normal	Normal
Impression	Bilateral PCOD	Normal Pelvic Scan – No cysts

DISCUSSION

PCOS arises due to Kapha-Meda Vriddhi leading to Srotorodha and Avarana of Vata, ultimately causing Artava Kshaya. This mirrors insulin resistance and hormonal feedback failure in modern science. Vamana



Karma, the primary Shodhana for Kapha-Medojanya Vyadhi, removes vitiated Kapha and clears Srotorodha, restoring physiological balance.

Pharmacological rationale:

- **Kanchanara Guggulu:** Lekhana, Kapha-Meda Shamana, and thyroid-regulating properties.
- **Varunadi Kashaya:** Srotoshodhaka and Medohara; supports liver function and detoxification.
- **Triphala:** Regulates Apana Vata, improves bowel function, and supports hormonal balance.

Clinical outcomes showed regularized menstruation, weight reduction, and improved digestion, indicating normalization of Agni and Vata Anulomana.

1. Kanchanara Guggulu

Ingredients: Kanchanara, Triphala, Trikatu, Varuna, Guggulu.

Actions: *Lekhana, Kapha-Meda Shamana, Srotoshodhaka, Thyroid modulating*¹³. It aids in reducing cystic growth and balancing hormones.

2. Varunadi Kashaya

Ingredients: Varuna, Katuki, Daruharidra, Musta, Triphala.

Actions: *Srotoshodhaka, Medohara, Yakritottejaka* (liver stimulant), improves fat metabolism and detoxification¹⁴.

3. Triphala Churna

Ingredients: Haritaki, Bibhitaki, Amalaki.

Actions: *Deepana, Pachana, Anulomana* — improves bowel function and hormonal balance, supports *Vata Anulomana*¹⁵.

Mechanism in Samprapti Vighatana:

- *Vamana* removes accumulated Kapha and Meda, clearing *Srotorodha*.
- *Kanchanara Guggulu* normalizes lipid metabolism and supports thyroid activity.
- *Varunadi Kashaya* detoxifies the liver and regulates *Pitta-Kapha* balance.
- *Triphala* aids *Agni Deepana* and restores

normal *Apana Vata* function.

4. Kumaryasava

Ingredients (Major):

Kumari (Aloe vera), Jatamansi, Trikatu, Dhataki, Amalaki, Draksha, Lauha Bhasma.

Indication in PCOS:

- Artava Aniyamita
- Apana Vata Dushti
- Agnimandya
- Menstrual irregularity associated with vomiting and diarrhea

Mode of Action:

- Kumari acts as **Artava-janana** and **Garbhāśaya-uttejaka**, promoting regular menstruation
- Deepana–Pachana properties correct **Agnimandya and Ama**, thereby reducing vomiting and diarrhea
- Regulates Apana Vata and improves ovarian function
- Lauha Bhasma supports metabolic and hematinic activity

Correlation with Modern Pathophysiology

In modern science, PCOS originates from insulin resistance, hyperinsulinemia, and hyperandrogenism.

- *Vamana* reduces central obesity and insulin resistance by improving glucose metabolism.
- *Kanchanara Guggulu* and *Varunadi Kashaya* show potential in regulating hepatic lipid and androgen metabolism.
- *Triphala* modulates gut–liver–ovarian axis, which influences estrogen metabolism and inflammation.

Hence, Ayurvedic therapy achieves both **metabolic correction** (insulin sensitivity, lipid balance) and **hormonal normalization** (LH/FSH ratio, ovulation).

5. Anu Taila Nasya

Ingredients :

Anu Taila contains Jivanti, Devadaru, Shatavari, Bala, Yashtimadhu processed in sesame oil.

**Indication in PCOS:**

- Vata-Kapha Shamana
- Hormonal imbalance
- Recurrent vomiting during menstruation
- Stress-induced autonomic dysfunction

Mode of Action:

- Nasya is the prime therapy for **Urdhva Jatrugata Vikara** and regulates the **Hypothalamic–Pituitary–Ovarian axis**
- Balances Prana and Apana Vata coordination
- Reduces stress, nausea, and vomiting through neuro-endocrine regulation
- Enhances systemic hormonal balance indirectly

CONCLUSION:

The Presented Case Study leads to the conclusion that the condition of PCOS Can be effectively managed through Ayurveda. As it is often associated with excessive weight gain, a healthy diet and appropriate physical activities are also found to be effective. Ayurvedic therapies and Oral medicines can easily reduce the weight and also the symptoms of PCOS.

This case demonstrates that Ayurvedic management using Vamana Karma followed by Shamana Chikitsa can successfully treat PCOS by targeting its root pathogenesis rather than symptoms alone. The therapy effectively corrects Kapha-Meda Vriddhi, restores Agni, and normalizes Artava Pravritti. Integration of Panchakarma, rational medication, and lifestyle correction provides a non-hormonal, patient-friendly, and holistic alternative for PCOS management.

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