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Integrated Management of Polycystic Ovarian Disease Through Ayurveda and Yoga

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ABSTRACT: The most prevalent endocrinopathy in women of reproductive age is polycystic ovarian syndrome (PCOS), resulting from insulin resistance and the subsequent hyperinsulinemia. It can have a negative impact on several organ systems and can lead to infertility, anovulation, and irregular uterine bleeding. From an Ayurvedic perspective, PCOS and *Aarthava Kshaya* are corelated. The female patient in this case report, who was recently diagnosed with PCOS and reported over irregular menstruation, anovulation, and obesity class 2 with a BMI of 35, has been treated with yoga and Ayurveda panchakarma. The treatment was administered in three phases over the course of five months in accordance with the Ayurvedic ideas of Shodhana, Shamana, Yoga, and Lifestyle Management. Symptomatic alleviation has been employed to assess the therapeutic effects and evaluate the response to the treatment. Symptomatic alleviation, an Ultrasonography scan, were used to measure the therapeutic effects and evaluate the response to the treatment. The findings showed that this Ayurvedic protocol can effectively cure and manage PCOS.

KEYWORDS: *Aarthava Kshaya,* Subfertility, Poly Cystic Ovarian Syndrome Therapeutic Yoga, *Vamana, Virechana.*

I. INTRODUCTION

4% to 20% of women of reproductive age worldwide suffer from polycystic ovarian disease (PCOS), an endocrine disorder.[1] Amenorrhea, hypomenorrhea with chronic ovulation, menstrual disorders, hirsutism, obesity with polycystic ovaries, and infertility are all symptoms of this state of excess androgen produced by the ovaries and adrenal glands, which inhibits the growth of graffian follicles. Due to aberrant hormone levels, this hormonal condition causes enlarged ovaries with fluid-filled sacs on the outside. wherein the ovaries create an excessive quantity of androgens, which are male sex hormones that are typically seen in trace levels in women. [2] According to reports, between 30 and 75 percent of women with PCOS are obese, and between 70 and 80 percent are infertile. [3]
According to *Asthanga Hridaya, Shareera Sthana 3/12 as "Naabhi Dimba Antra Bastayaha"* and *Arunadatta* as *"Dimbamsyat Drakta Mamsasya Prasaadaadaantra Sambhava,"* there is no longer any literature regarding ovaries and PCOS in the Ayurvedic era. Conditions such as *Dimba Roga, Jatiharini, Vataja Artava Dusthi, Artava Kshaya, Ksheenartava,* and others can be associated with symptoms of PCOS.[4] In order to effectively control PCOS using Ayurvedic methods, it is necessary to comprehend the *Samprapti* and *Dosha Dushya Sammorcchana.*[2] *Apatarpan chikitsa* (stimulation of menstrual blood flow) was scheduled since this disease resembles *Santarpanjanya Vikar* (nourishing disorders) and *Artavakshaya* (depleting treatment and *Artavajanana).* [1]
According to the Rotterdam criteria, a woman is diagnosed with PCOS if she satisfies two of the three requirements listed below: 1. oligo and anovulation 2. Hyperandrogenism and clinical conditions (alopecia, hirsutism, or acne) 3. Ultrasonography morphology of polycystic ovaries. [3]

PCOS pathophysiology: PCOS is characterized by hormonal and metabolic dysfunction. The sleep-wake cycle is mostly controlled by the endocrine system, and PCOS is more prone to disrupt it. Normal ovarian function is disrupted in PCOS primarily by hyperandrogenism and high levels of luteinizing hormones (LH). LH production is preferred over follicle stimulating hormone (FSH) in PCOS due to an increase in the frequency of gonadotropin-releasing hormone (GnRH) pulses. While the relative FSH deficiency hinders granulosa cells' capacity to convert testosterone into estrogen

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and hinders follicle maturation and ovulation, the increased LH concentration causes the theca cells to produce androgens, which in turn causes numerous ovarian cysts. [3]

CASE STUDY:

A 32-year-old married woman from Bengaluru, Karnataka, came to Samyama Arogyadhama Outpatient Department (OPD) complaining of irregular menstruation, with scanty flow during periods for two to three years. Her menstrual cycle occurs every two to three months, sometimes with medication and other times without. Later, she began experiencing irregular menstruation, hirsutism, increased weight gain, and other symptoms, along with skin lesions, dark patches of skin, mood swings, mental depression, anxiety, hair loss, unwanted body hair, heaviness in the abdomen, and constipation for more than a year. In a span of over two years, the patient initially visited to a contemporary hospital and took treatment. During the first nine to ten months of hormonal drug therapy, the patient experienced regular periods. Her problem returned after stopping hormone therapy, but alternative medication remained ineffective, so she received treatment from our Ayurvedic hospital. Using ultrasound of the abdomen and pelvis, which showed impressions of bilateral polycystic ovaries, the patient was evaluated for PCOS. Following so, *Samshodhana Karma* such as *Vamana, Virechana*, incorporating *Udwartana, yoga*, mud packs on the abdomen, and *Samsarjana Krama*. Following four to five months of ayurvedic oral medication, the patient got regular cycles for three to four months and then assessed for USG abdomen and Pelvis having impression of normal ovaries, resolved PCOS.

Diagnostic Criteria: The investigations like Thyroid function test (T3, T4, & TSH) and Prolactin level, HBa1C of the patient were normal. USG abdomen was normal but pelvis revealed Right ovary measures 2.8 X3.0 X 2.1 cms, mild bulky size with tiny follicles. and left ovary measures 2.3X2.1X3.0 cms. Right ovary enlarged in size with peripheral multiple tiny follicleswith central echogenic stroma, no adnexal lesions, uterus normal in size and echotexture. Endometrial thickness is normal. It was diagnosed as Right polycystic ovarian morphology.

CLINICAL FINDINGS

Table 1. *Astavidha Pareeksha*

Nadi	*Hamsagati,kaphav ata*	*Shabd a*	*Prakriti*
Mala	*Prakriti*	*Sparsha*	*Koshnaushna*
Mutra	*Prakriti*	*Drik*	*Prakriti*
Jihwa	*Lipta*	*Akruti*	*Sthula kaya*

Table 2. *Dashavidha Pareeksha*

Prakruti	*Kapha-vata*	*Satmya*	*Madyama*
Vikruti	*Kapha pitta*	*Ahara shakti*	*Avara*
Sara	*Madyama*	*Vyayama shakti*	*Avara*
Samhana	*Pravara*	*Pramana*	*Sthula kaya*
satva	*Avara*	*Vaya*	*Madyama*

Table 3. Vitals

BP	120/70mmHg	Height	156cms
Pulse rate	78bpm	Weight	97kg
Respiratory rate	22rpm	BMI	39.9

TREATMENT GIVEN

Udvartana - It is carried out with *Triphala Udvartana Sookshma Churna* for 7 days.

Vamana Karma - Classical method was followed - *Deepana-pachana* given with *Agnitundi Vati* 1TIDbefore food, *Arogyavardini vati* 2BD for 3 days with luke warm watergiven. *Snehapana* with *Varunadi ghrita* 30ml, 50ml, 70ml, 90ml, 120ml respectively given till getting *Samyak Snigdha Lakshana*. Then 1day *Vishrama Kala*,*Dadhi pathya*given during thisperiod with *Sarvanga abhyanga* with*Eladi Taila* followed by *baspa sweda*. *Vamana Karma* is carried out with*Madanphalapippali Yoga*, there was*Madhyama Shuddi* in the patient, next 5 days *Sansarjana Krama* was advised. *Samshamana* treatment were given- *Varunadi Kashaya* 15ml TID after food, *Shivagutika* 1 BD after food, *Rajopravartini vati* 2BD after food, *Arogyavardini rasa* 2BD after food for 1 month
Next Patient got menses after 28 days of previous cycle and then *Virechana* was advised.

Virechana Karma: Classical method was followed - *Deepana* given with *Agnitundi Vati* 1TID before food, *Arogyavardini vati* 2BD for 3 days with luke warm watergiven. *Snehapana* with *Phala ghrita* 30ml, 60ml, 90ml, 110ml, 130ml respectively given till getting *Samyak Snigdha Lakshana*. Then 3day *Vishrama Kala* and advised *Pittavardaka Ahara* and

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Sarvanga abhyanga with *Eladi Taila* followed by *baspa sweda* was carried out. *Virechana Karma*was carried out with *Trivrut leha Yoga*, there was *Pravara Shuddi* in the patient, next 7 days *Sansarjana Krama* was advised. *Samshamana* treatment were given- *Varunadi Kashaya* 15ml TID after food, *Shivagutika* 1 BD after food, *Rajopravartini vati* 2BD after food, *Arogyavardini rasa* 2BD after food for 1 month. Next Patient got menses after 28 days of previous cycle and then *Virechana* was advised.

Yoga therapy: Therapeutic yoga sessions were given. *Tadasana* 2 minutes, *Surya namaskara* 10 counts 10 repetitions, breathing practices-*Anuloma Viloma,* deep breathing techniques for 5 minutes, *Tadasana, Trikonasana, Parshvottasana, Parshvakonasana* each 30 seconds. *Vajrasana*, *Paschimottasana, Vakrasana* 60 seconds each in 3 repetitions. [5,6] *Malasana, Baddhakonasana, Upavistakonasana, [7] Bhujangasana, Dhanurasana, Shalabhasana* 30 seconds in 3 repetitions. *Shavasana,* abdominal breathing, *Pranayama* such as *Bhastrika, Kapalabhati, Nadishodhana, Brahmari* for 20 counts into 3 repetitions. *Chakra* meditation with VAM-RAM 10 counts.[5,6]

Others: Abdominal and full body Mud pack and castor oil pack to head for 7 days alternatively for relaxation, cooling of the body and stress management.

II. RESULTS

Follow Up and Outcomes: Significant inch loss of 3-4 inches, weight loss around 7-8 kgs (from 97 kg to 88kg), with BMI reduced from 39.9 to 36.3. Patient got her normal regular menstruation of 4-5 days with 28-35 days duration.FSH & LH hormones levels come tonormal limits. USG Abdomen and Pelvis with Both the ovaries were normal and Endometrial Thickness 11mm.

Table 4. USG finding

Before treatment		After treatment	
Right ovary	2.8 X3.0 X 2.1 cms, mild bulky size with tiny follicles PCOS morphology	Right ovary	3.3 X2. 1c ms, Nor mal ova ry
Left ovary	2.3X2.1X3.0 cms	Left ovary	2.9 X1. 7c ms Nor mal ova ry
Endometrial thickness	5mm	Endometrial thickness	11 mm

III. DISCUSSION:

One of the primary reasons of female infertility is polycystic ovarian syndrome. It is linked to obesity, subfertility, androgen excess, and anovulation. Increased levels of free testosterone, ovarian androgen production, free oestradiol, and estrone are the outcomes of PCOS. It influences follicular maturation by promoting LH secretion and stable levels of follicle-stimulating hormone. Because there is no progesterone available to stop the endometrium's continuous estrogen stimulation, this hyperandrogenic, norm oestrogenic environment causes anovulatory states. Oral contraceptives, progestins, anti-androgens, and ovulation inducing drugs are still common treatments in allopathic medicine. [8,9]

Aartava-kshaya, which is associated with PCOS, is defined as a lack of *artava* that lasts less than three days. Vaginal pain is also visible. The *Pitta* and *Kapha doshas, Medas, Ambu/Rasa, Shukra/Artava Dhatu, and Rasa, Rakta, Artava Vaha Srotas* are all involved in *Aartava-kshaya*, according to Ayurveda. Thus, the same involvement of *Dosha, Dhatu, and Upadhatu* can also be used to explain Poly Cystic Ovarian Syndrome. Increased weight, subfertility, hirsutium, diabetic tendencies, and coldness are all signs of *kapha* predominance. Hair loss, acne, uncomfortable menstruation, clots, and heart issues are all signs of pitta predominance. Painful periods, little or no menstrual blood, and extreme irregularities in menstruation are all signs of *vata* predominance. [10,11,12]The pathology is a pelvic cavity blockage (*Apana Kshetra)* that disrupts the *Vata* flow. Consequently, an accumulation of *Pitta* and *Kapha* results. The goal of treatment is to normalize metabolism, remove pelvic obstructions, and control the menstrual cycle. Polycystic Ovarian Syndrome symptoms can be alleviated with medications that reduce *kapha*, increase insulin, and balance hormones.Properties of *Deepana* and

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Pachana of above drugs they elevate the *Jatharagni, Dhatvagni* as well as *Aartavagni.*[13] *Udwartana, Vamna, Virechana*were effective in correcting the *Kapha avarana* and *pitta kshaya*, thus correcting aeitiopathogenesis of *Arthava Kashaya*. *Varunadi kashaya, Shivagutika, Arogyvardini Rasa* help to clear obstruction and normalize the *srotas* and reducing excess weight. *Rajopravartini vati* helps to increase *Arthava dhatu* thus correction of menstrual flow is obtained.This Ayurvedic treatment protocol is effective in *SamprapatiVighatana Kriya* helps alleviate the symptoms of polycystic ovarian syndrome. Treatment has a very noticeable impact on all of the stated polycystic ovarian syndrome symptoms.

Yoga therapy addresses stress management, it works on sympathetic and parasympathetic nervous system and it calms the body and mind. Yoga also improves the quality of life that's why yoga is very beneficial and effective for management of polycystic ovarian syndrome. yogic treatment effect on several parameters (such as blood lipid level, glucose metabolism, endocrine parameters, quality of life, resting cardiovascular parameters, level of anxiety, depression) on the woman with polycystic ovarian syndrome.[14]Mud therapy, is a type of treatment that uses mud and soil to improve health. Benefits of mud therapy, including improved circulation, reduced stress levels. mud therapy can help boost the immune system and promote easier breathing.[15] It was found that the patient had more regularity in menstruation when compared to the state before intervention; normalizing ovaries and reduction in body mass index were noted.

IV. CONCLUSION:

The largest obstacle for women with PCOS is weight loss. Since PCOS is a metabolic lifestyle illness, the key to managing it is changing one's lifestyle to include regular exercise and healthy eating habits. However, many women nowadays have busy job schedules.Genetic, environmental, social, psychological, fashion, and nutritional variables are the main causes of PCOS, which is becoming a major problem in the modern period. Treatment for PCOS in modern medicine focuses on regulating hormones and repairing reproductive organ dysfunction. In addition, complications from hormonal therapy and modern management are common, but treatment outcomes are poor and costs are high.

On the contrary, Ayurveda evaluates the individual's constitution in depth and aims to promote the proper and healthy functioning of the physiological systems that accompany the process of conception. It is evident from this case study alone that PCOS can be effectively managed employing a methodical approach of the principles of Ayurvedic medicine along with Yoga Therapy as a natural, safe, invasive and more affordable treatment.

Conflict of interest: nil

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REFERENCES:

[1]. Anshul et al. Ayurvedic management of polycystic ovarian disease. AYUHOM; Volume 10; Issue 2; July-December 2023.
[2]. Jaya H. Malagoudar et al. Ayurveda management of PCOS: A Case Report. Journal of Ayurveda and Integrated Medical Sciences | March 2023 | Vol. 8 | Issue
[3]. Pooja Sahu et al. Ayurveda management of polycystic ovarian syndrome. Journal of Ayurveda and Integrated Medical Sciences | December 2023 | Vol. 8 | Issue 12
[4]. Acharya Kashyapa. Kashyapa Samhita Evum Vriddhajeevakiya Tantra. Chaukhamba Publications, Varanasi. 2013, Page No.186.
[5]. Swami Satyanand Saraswati.Asana Pranayama Mudra Bandha.Bihar School of Yoga,Munger,Bihar;1966.
[6]. R Nagaratna, HR Nagendra.Integrated approach of Yoga therapy for Positive Health. Swami Vivekananda Yoga Prakashanaa;2008.
[7]. B K. S. Iyengar. Light on Yoga, Yoga Dipika. Harper Collins Publishers, London;50th impression 2016.
[8]. Dutta D.C. Text book of Gynaecology, New central book Agency LTD, Culcutta, 4th edition, pgs. 421, 431, 523, 549, 558.
[9]. Tewari P.V, Ayurveda Prasuti Tantra Evam Stri Roga, Stri Roga, Chaukambha Orientale; Varanasi, 1996, Part-II, pg. 169, 192.
[10]. 10.Sharma P.V., Charaka Samhita (English Translation) Chaukambha Orientalia, Varanasi, 1981.
[11]. Srikantha Mruthi K.R., Sushruta Samhita (English Translation) Chaukambha Orientale, Varanasi, 2001, pg. 170-173.
[12]. http://en.wikipedia.org/wiki/Polycystic_ovary_syndrome,14th December 2007.
[13]. Ayurveda Pharmacopoeia Vol I part I, Department of Ayurveda, 1985, pg. 173.

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[14]. Thakur D *etal*. Effect of yoga on polycystic ovarian syndrome: A systematic review. Journal of bodywork and movement therapies.2021 Jul: 27:281-286. doi: 10.1016/j.jbmt.2021.02.018.
[15]. Availablefrom:https://www.nirvananaturopathy.com/blog/top-5-benefits-of-mud-therapy/