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Role of Ayurvedic Management in Polycystic Ovarian Syndrome- A Case Study

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ABSTRACT

Background: Polycystic ovarian syndrome (PCOS) is prevalent endocrine disorder in women of reproductive age characterized by hormonal imbalance, metabolic disruptions, and reproductive challenges. According to Ayurveda, PCOS is primarily associated with an imbalance of Kapha and Vata doshas, requiring comprehensive management.

Objective: To assess the effectiveness of an Ayurvedic approach in managing symptoms and improving health outcomes in a case of PCOS.

Methods: A single-case observational study conducted on a 21-year-old woman diagnosed with PCOS exhibiting symptoms such as irregular menstruation, acne, and insulin resistance. Interventions included Ayurvedic herbal formulations (Kanchanar Guggulu, Shatpushpa, Maharasnadi kadha) and dietary adjustments, lifestyle modifications, and yog with pranayam over a period of three months.

Results: Significant improvements were observed following management, including regularization of menstrual cycles, substantial reduction in acne and associated discomfort, weight management, and notable improvements in insulin sensitivity and hormonal balance.

Conclusion: The integrative Ayurvedic and modern medical approach demonstrates significant effectiveness in managing PCOS symptoms and improving overall reproductive and metabolic health in women, emphasizing the potential of holistic strategies in clinical practice.

Keywords: Polycystic Ovarian Syndrome, Ayurveda, Hormonal Imbalance, Metabolic Health, Women's Health.

I. INTRODUCTION

Polycystic Ovarian Syndrome (PCOS) is one of the most common endocrine and metabolic disorders affecting women of reproductive age worldwide. It is characterized by hyperandrogenism, ovulatory dysfunction, insulin resistance, obesity, and multiple cysts in the ovaries. Women with PCOS commonly face symptoms like irregular menstrual cycles, infertility, acne, and metabolic complications such as insulin resistance and obesity, significantly impacting their quality of life.[1]

From the Ayurvedic perspective, PCOS is primarily understood as a manifestation of imbalance involving Kapha and Vata Doshas, aggravated by improper diet, sedentary lifestyle, and stress. Classical Ayurvedic texts, including Charaka Samhita and Sushruta Samhita, describe similar conditions under the category of Artava Dushti (menstrual disorders).[2] Ayurveda emphasizes a holistic approach involving diet modification, lifestyle adjustments, herbal medications such as Kanchanar Guggulu, Shatpushpa churn, and streevyadhiharini vati , along with procedures like Panchakarma to restore the balance of Doshas and improve overall reproductive health.[3]

Studies indicate varying prevalence rates across populations, reflecting genetic, lifestyle, and environmental influences.[4] According to recent surveys, PCOS prevalence in India ranges from 8% to 22%, notably higher in urban populations compared to rural communities, suggesting strong links to lifestyle factors such as diet, physical inactivity, stress, and obesity.[5]

The Ayurvedic treatment offers a comprehensive framework for addressing the complexity of PCOS. Ayurvedic interventions focus on correcting underlying imbalances and promoting sustainable life style changes. [6]

II. AIM AND OBJECTIVES

Aim:

To evaluate the effectiveness of an Ayurvedic approach in managing Polycystic Ovarian Syndrome (PCOS).

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Objectives:
To assess clinical symptoms and metabolic profiles associated with PCOS from Ayurvedic and modern aspect**.**
To implement Ayurvedic therapies alongside modern treatments for holistic management of PCOS.
To evaluate the effectiveness of integrative treatments on menstrual regularity, hormonal balance, and metabolic outcomes.
To highlight the importance of lifestyle modifications in improving long-term health outcomes for women with PCOS

III. MATERIAL AND METHOD

Study Design:

A descriptive observational single-case study was designed to assess the Ayurvedic and managerment approach for Polycystic Ovarian Syndrome (PCOS).

Case Selection:
A 21-year-old woman diagnosed clinically and ultrasonographically with PCOS, presenting symptoms of irregular menstruation, acne and infertility, was selected. Informed consent was obtained prior to participation.

Materials Used:
Structured clinical interview questionnaire
Hormonal profile tests (FSH, LH, Testosterone, Insulin)
Pelvic Ultrasound imaging
Ayurvedic herbal formulations (Kanchanar Guggulu, Shatpushpa Charna, Maharasnadi kadha,streevyadhiharini vati)
Educational materials on dietary and lifestyle modifications

Methods:
The patient underwent comprehensive baseline assessments, including clinical interviews, hormonal analysis, ultrasonographic evaluation, and Ayurvedic examinations (Prakriti, Nadi Pariksha, Dosha assessment). Ayurvedic treatment plan was initiated comprising Ayurvedic herbal medications, dietary guidelines to balance Kapha-Vata doshas, physical exercise, stress reduction technique.
Intervention Period:
Three months, with monthly clinical follow-ups to monitor progress and adjust treatment accordingly.
Parameters Evaluated:
Menstrual regularity (cycle length, duration, and frequency)
Metabolic parameters (BMI, weight management)
Ayurvedic assessment of Dosha balance
Clinical symptom improvement (acne, hirsutism, emotional well-being)

Data Analysis:

Data collected were analyzed descriptively, comparing baseline and post-intervention findings to evaluate improvements in clinical, hormonal, metabolic, and overall health outcomes following the treatment protocol.

IV. CASE HISTORY

A 21-year-old female presented with complaints of irregular menstrual cycles, acne, and difficulty in conceiving for the past 1.5 years. She reported menstrual cycles occurring every 7-8 months with dysmenorrhea. Additionally, she experienced excessive hair growth (hirsutism) on the face and body, along with persistent acne that worsened over time. The patient also reported increased fatigue, mood swings, and mild anxiety.
Her dietary habits included frequent consumption of processed and high-sugar foods, with a sedentary lifestyle and minimal physical activity. There was no history of major medical illnesses, previous surgeries, or medication use except for occasional self-medication with painkillers for menstrual cramps.
A clinical examination showed, acne on the face and back, and mild hirsutism.. Ultrasound findings confirmed multiple small ovarian cysts, consistent with a diagnosis of Polycystic Ovarian Syndrome. Ayurvedic evaluation identified a predominant Kapha-Vata dosha imbalance. correlating with her symptoms of weight gain, irregular cycles, and hormonal disturbances.
Based on her clinical presentation, a comprehensive ayurvedic treatment plan was initiated, combining Ayurvedic therapies, dietary modifications, lifestyle changes.

Table 1: Personal Information

Parameters	Details
Age	21 yrs
Gender	female
occupation	housewife
diet	Mixed diet
Appetite	normal
sleep	distrubed
Physical activity	Sedentary lifestyle
Bowel habit	regular
Micturation	Normal frequency

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Table 2.vital Examination

parameters	observations
Pulse rate	86/MIN
Blood pressure	120/70 mmhg
Respiratory rate	18/min
temprature	afebrile
BMI	21.6kg/m^2

Table 3.Systemic Examination

system	observation
cardiovascular	Normal heart sounds
respiratory	Normal breath sound
gastrointestinal	Soft NT
endocrine	Mild insulin resistance
skin	Acne on face ,hirsutism

Table 4.Gynecological and Obstetric History

Parameters	observations
Age of Menarche	13 yrs
Marital status	Married 3 yrs ago
Pregnancy history	G1P0L0A1D0
History of miscarriage	Missed abortion
Infertilty complaints	yes

Table 5.Menstural history

Parameters	observations
Cycle length	7-8 months
Flow duration	1-2 days
Menstural flow	1 pad/day
Associated symptoms	Dysmenorrhea

Table 7.Previous hormonal history

Hormonal therapy	Mechanism of action	Indications of pcos	Common side effect
Tab ovaral l 1 od for 21 days in june 2025	Suppresses androgen regulates cycles Indications in PCOS	irregular periods, acne, hirsutism	Nausea, weight gain, mood swing thromboembolism
Tab letrozole 2.5 mg 1 bid for 5 days	Inhibits synthesis, enhances FSH secretion	Ovulation infertility	Fatigue, dizziness, nausea

Table 8.Astha vidh parikshan

Parameters	obsrvations
Nadi	Kaphpradhan vat
mutra	Samyak pravartan
mala	Samyak pravartan
jivha	sam
shabda	spashth
sparsh	anushna
druk	prakrut
akruti	Madhym

TREATMENT SHEDULE:

Table 9.Ayurvedic treatment plan

Drug name	Dose	frequency	anupan	duration
Shatpushpa churn	5 g	Twice daily before meals	Koshn jal	1 months
Streevyadhiharini vati	125 mg 2 tablet	Twice daily before meals	Koshn jal	3 month
Raspachak kashya	15 ml	Twice daily before meals	------	1 month
Lashunadi vati	125mg 2 tablet	Twice daily after meals	Koshn jal	15 days
Kanchnar guggul	125 mg 2 tablet	Twice daily after meals	Koshn jal	3 month
Phalghrit	10 ml	Twice daily before meals	Koshn jal	3 months

Table 10.Lifestyle modification

category	recommendations
Diet	Low-carb, high-protein diet with fresh vegetables, whole grains, and healthy fats. Avoid sugar, processed foods, and dairy.
Exercise	30-45 minutes of moderate exercise (yoga, brisk walking, strength training)least 5 days a week.[Dhanurasan,titliasan,pacchimotanasan]
Hydration	Minimum of 2.5-3 liters of water daily. Herbal teas (Jeera, Ajwain, Methi

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	water) for digestion and metabolism.
Sleep	Maintain a regular sleep schedule, at least 7-8 hours per night Stress Management Daily Pranayama, meditation, and relaxation techniques to balance Vata Dosha.

Table 11.Panchakarm Therapies:

Therapy	purpose	procedure	Key benefit in pcos
Yogbasti for 3 cycle	Gut health regulation, menstrual balance, fertility support	1. Purva Karma (Preparation): Abhyanga & Swedana (oil massage & steam therapy-nadiswed) 2. Main Therapy: Two types of Basti based on need: -Anavasana Basti (Oil Enema)-Nourishing (sahacharadi tail) Niruha Basti (Decoction Enema) Detoxifying (Erandmuladi kashay basti) 3. Paschat Karma (Post-care): Warm diet, hydration, yoga	Enhances gut health & hormone regulation Reduces bloating, improves digestion Regulates ovulatory cycles

Table 12.cycle of yogbasti

Yogbasti	**Duration**
1. *Anuvasana basti* with *Sahacharadi taila* (60ml) *Niruh basti* with *Erandmuladi kashay* (650ml)	14/05/25 to 20/07/25
2. Same cycle of *yogbasti* repeated	31/07/25 to 07/08/25
3. Same cycle of *yogbasti* repeated	18/09/25to 25/09/25

Follow up and outcomes-
After 3 to 4 months of regular *ayurvedic* treatment for three consecutive cycles the patient was adviced USG.

V. RESULTS AND FINDINGS

After three months of an Ayurvedic therapies, lifestyle modifications, and dietary changes, the patient demonstrated significant improvements across multiple clinical, hormonal, and metabolic parameters.[7]

Menstrual cycle regularization was one of the most notable improvements. Initially, the patient experienced irregular cycles occurring every 7-8 months, often accompanied by heavy bleeding and dysmenorrhea. By the end of the treatment, her menstrual cycles had become more regular, averaging 30-35 days, with improved flow and reduced discomfort. Additionally. ovulation was detected during follow-ups, indicating improved reproductive health.[8]

Psychological and emotional health also showed remarkable enhancement. The patient, who had previously experienced frequent mood swings, anxiety, and stress, reported a calmer state of mind, improved emotional stability, and better sleep quality. Regular Pranayama, meditation, and yoga contributed significantly to this progress."[9]

Additionally, digestive health improved, as the patient initially reported sluggish digestion, bloating, and occasional constipation, which were effectively managed through dietary regulation, and Panchakarma therapies like Basti. By the end of the treatment period, she had regular bowel movements, reduced bloating, and improved metabolic efficiency.[10]

VI. DISCUSSION

Polycystic Ovarian Syndrome (PCOS) is a complex endocrine disorder that requires a multidimensional approach for effective management. This case study highlights the significance ofAyurvedic therapies to address the root causes of PCOS, including hormonal imbalances, metabolic dysfunction, and lifestyle factors. The positive clinical outcomes observed in

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this case reinforce the effectiveness of a holistic treatment approach.[11]

From an Ayurvedic perspective, PCOS is associated with an imbalance of Kapha and Vata Doshas, leading to the formation of ovarian cysts, menstrual irregularities, weight gain, insulin resistance, and infertility. The use of herbal formulations such as Kanchanar Guggula and Shatpushpa churn played a key role in reducing ovarian cysts, regulating menstrual cycles, and detoxifying the reproductive system. Additionally, therapies like yogbasti helped in removing excess Kapha accumulation, improving metabolic function, and supporting weight management. The integration of Basti therapy played a role in improving gut health, hormonal metabolism, and reproductive balance, further contributing to symptomatic relief."[12]

One of the major findings in this study was the regulation of the menstrual cycle. Initially, the patient had irregular cycles occurring every 7-8 months, often with heavy bleeding and dysmenorrhea. By the end of the three-month treatment, her cycles became more regular (30-35 days), with improved menstrual flow and reduced discomfort. This improvement is crucial, as menstrual irregularities are one of the primary concerns for women with PCOS.[13]

Furthermore, the impact of stress management techniques such as yoga, meditation, and Pranayama played a key role in improving emotional stability, reducing anxiety, and enhancing overall well-being. Given the strong link between chronic stress, cortisol dysregulation, and worsening PCOS symptoms, these interventions helped improve the patient's mental and emotional health, contributing to the overall success of the treatment."[14]

VII. CONCLUSION

This case study highlights the effectiveness of an Ayurvedic therapies interventions for the management of Polycystic Ovarian Syndrome (PCOS). The patient demonstrated significant improvements in menstrual cycle regulation, hormonal balance, metabolic health, weight management, and overall well-being after three months of treatment. Ayurvedic interventions, including herbal formulations (Kanchanar Guggulu, streevyadhiharini vati Shatpushpa churn). Panchakarma therapies (YogBasti), and lifestyle modifications played a key role in detoxifying the body, improving insulin sensitivity, balancing Doshas, and enhancing reproductive health. The integration of holistic therapies, stress management techniques (Yoga, Pranayama, Meditation), and dietary adjustments further supported long-term symptom relief and sustainable health outcomes. This study reinforces that PCOS management should not be limited to symptom suppression but should focus on addressing the root causes through a multidisciplinary approach. Future studies should explore long-term benefits and larger patient groups to validate the efficacy of this ayurvedic approach.

CONFLICT OF INTEREST-NIL

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