

AYURVEDIC MANAGEMENT OF IRREGULAR MENSTRUATION ASSOCIATED WITH PCOS: A CASE REPORT

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ABSTRACT

Background: Polycystic Ovary Syndrome (PCOS) is a prevalent endocrine disorder that significantly impacts the reproductive, metabolic, physiological and psychosocial well-being of women. The Ayurvedic texts do not explicitly delineate PCOS; several conditions described in Ayurveda exhibit similarities to PCOS, such as Anartava/Nashtarva (amenorrhea), Arjaska Yonivyapada, Lohitakshaya Yonivyapada, Aartava kshaya, and Pushpaghani Jataharini. **Case presentation:** Here is a case report of a 19-year-old female presented with irregular menstruation, rapid weight gain, hair loss and back acne. Ultrasound imaging revealed bilateral polycystic ovary pattern. **Aims and objectives:** To evaluate the role of samshodhan karma (Virechana and lekhana basti) and Shamana treatments in regulating the menstrual cycle and improving reproductive health. **Method:** The treatment plan incorporated

Shodhana (Virechana and Lekhana Basti) and Shamana treatment focused on addressing menstrual irregularities and facilitating proper ovulation to enhance reproductive health.

Result: Significant improvements were observed in the duration, frequency, and volume of menstrual flow, eased cramps with a notable reduction in weight. **Conclusion:** The study concluded that the samshodhan karma (Virechana and lekhana basti) and Shamana treatment administered were highly effective in addressing irregular menstruation leading to improvements in the patient's menstrual cycle and overall reproductive health.

KEYWORDS: Artava kshaya, PCOS, Virechana, Samshodhan, lekha basti.

INTRODUCTION

In Ayurvedic literature, stress (Chinta, Manasika vighata, Shoka) and unhealthy diet (Ahitkar ahar) are recognized as a significant factor in the vitiation (Dushti) of Rasa dhatu^[1], Ama formation and development of diseases. Since Rasa dhatu is the first to form after digestion and Artava is the Updhatu of Rasa dhatu^[2], any disruption to their function has widespread effects on Artava formation or overall reproductive health. Lifestyle disorders arise from a confluence of detrimental behaviours and environmental factors. These include poor dietary practices, insufficient physical activity and psychological stress. Such factors contribute to metabolic imbalances like insulin resistance and obesity, which are known to disrupt metabolic reproductive and endocrine functions. Consequently, this interplay exacerbates reproductive health issues in adolescent females, particularly resulting in menstrual irregularities, acne, and obesity. A significant underlying disorder associated with these symptoms is Polycystic Ovary Syndrome (PCOS), characterised by multiple ovarian cysts and hormonal imbalances, particularly elevated androgen levels and insulin resistance lead to obesity, anovulation, and irregular menstrual cycles, and significantly raise the risk of infertility and comorbid conditions like type II diabetes, cardiovascular disease, and dyslipidemia. Ayurvedic texts provide detailed descriptions of the physiological norms for the onset of menarche and the expected frequency, duration, and characteristics of menstruation. Deviations from these normal parameters are categorised under various terms such as Artavadushti (disorders of menstrual blood), Yoni vyapada (female reproductive disorders), Artava kshaya (decreased menstrual flow), and Nashta Artava (absence of menstruation). Acharya sushruta has explicitly detailed the clinical manifestations of Artava kshaya as “Yathochitkala adarshanam”, i.e. irregularities of cycles "Alpta" i.e. scanty menstruation (oligomenorrhea and hypomenorrhea) and "Yonivedana" i.e. pelvic pain.^[3] While PCOS is not directly referenced in Ayurveda, its manifestations resonate with disorders like Santarponnath Disease, Granthi (cysts), and Kshinaartava, primarily implicating Vata and Kapha doshas. PCOS can be diagnosed using the Rotterdam criteria if at least two of the following are present.^[4]

- (1) Oligomenorrhoea and /or anovulation
- (2) clinical or biochemical hyperandrogenism,
- (3) polycystic ovaries, with the exclusion of other aetiologies

CASE SUMMARY

A 19-year-old unmarried woman approached the OPD of Rajiv Gandhi Government Post Graduate Ayurvedic College and Hospital in Paprola, H.P with chief complaints of amenorrhea for the past five months, before that increased interval of 2 to 3 months between menstruation for the past 1 to 2 years.

- Moderate back acne and mild facial acne
- Scalp hair loss
- Increased body hair growth (facial hair, back, thighs, abdomen)
- Gradual weight gain over the past 2 years

Patient Profile

- **Age/Gender:** 19-year-old unmarried female
- **Occupation:** Student
- **Residence:** Gurugram for the past 18 years

Previous Treatment History

The patient has a history of similar complaints, including irregular menstruation, acne, scalp hair loss, and excessive body hair growth. She received treatment at an Ayurvedic clinic in Gurugram for these issues, as well as for vaginal discharge with foul smell. However, she discontinued the treatment against medical advice, leading to the persistence of her symptoms. There is no documented history of diabetes mellitus (DM), hypertension (HTN), or any significant medical or surgical conditions.

Family History

- There is no significant family history of similar conditions or other notable illnesses.

Menstrual History

Table 1.

L.M.P	10/03/2024
Age of Menarche	12 years
Interval	2-3 months and amenorrhea for the past 5 months.
Duration	2-3 days
Pads per Day	1
Pain	Moderate
Clots	Present
Discharge	History of discharge with a foul odor

Personal History**Table 2.**

Diet	Non-vegetarian, includes fast food and cold drinks
Appetite	Normal
Bowel Habits	Intermittent constipation
Bladder Function	Normal micturition
Sleep	Excessive
Allergies	None

Clinical Examination**Table 3.**

Height	5.1 ft
Weight	74 kg
Pulse	82 beats per minute
Blood Pressure	110/76 mm Hg

Systemic Examination**Table 4.**

RS	Clear
CVS	S1 and S2 normal heard
CNS	Conscious well oriented
P/A	Soft, Non-tender, No organomegaly

Ashthavidha Pareeksha**Table 5.**

Nadi	82/min
Mala	Sama/ vibhandha on and off
Mutra	3-4times/day and 1times/night
Jivha	Alipta
Sparsha	Anushana sheetala
Druka	Nirmla
Akruti	Madhyama

Dashavidha Pareeksha**Table 6.**

Prakruti	Vata-pittaja
Vikruti	Vishmasamveta
Sara	Rasa-meda
Samhanan	Pravara
Pramana	Madhyam
Satmya	Sarva rasa
Satva	Madhayama
Ahara Shakti	Abhyavahrana Shakti: Madhyama Jarana shakti : Madhyama

Vyayama Shakti	Madhyama
Vaya	Yuvaavstha

Clinical Findings

- **Amenorrhea:** Absence of menses for 5 months.
- **Before Amenorrhea:** Increased menstrual interval of 2-3 months.
- Duration of menstruation is 2-3 days with one pad /day with moderate pain.
- Moderate hirsutism on the chin, cheeks, back, upper back, abdomen, bilateral thighs, and forearms with a total score : of 12 (Ferriman-Gallwey Score).
- Moderate back acne and mild facial shoulder acne with a score 25(Global Acne grading system)
- Reduced hair density and thinning of hair, particularly at the vertex and central parting areas (Ludwig Scale Grade:Stage I (Mild Hair Loss)).
- Weight -74kg.

BMI: Approximately **30.8**

Investigation

Table 7.

Hemoglobin	12g/dL
Fasting Blood Sugar (FBS)	102mg/dL
T3	1.17 ng/ml
T4	9.00ug/dL
TSH	1.71 I mIU/L
ESR	15 mm fall in first hour
FSH	5.34 mIU/ml
LH	14.62 mIU/ml

TREATMENT GIVEN

SAMSHODHAN CHIKITSA

PURAV KARMA

Table 8.

DATE	PROCEDURE	MEDICINE and Anupana	DOSE	DURATION
05/08/2024	Deepana pachana	Chitrakadi vati with Luke warm water	1 BD	3 Days
08/08/2024	Snehpaan	Panchtikta ghrita	1 st day- 40ml 2 nd day-70ml 3 rd day-100 ml 4 th day-130ml 5 th day-160ml	6 Days

			6 th day -200ml	
14/08/2024	Sarvanga abhyanga	Balashwagandha Tail		3 Days
	Sarvanga swedana	Vashpa swedana		

PRADHAN KARMA

Table 9.

17/08/2024	Virechana karma	Trivrit churan -20g Haritaki churan 15 g Trifla kwath -150 ml	1 Day
17/08/2024 from evening time	Sansarjan karma	Peya, Vilepi, Akrit yush, Krit yush, yvagu, Samanya aahar	5 Days

PASCHATA KARMA

Maximum 21 vegas occurred.

Madhyma, Shudhi was achieved.

Sansarajana krama was given for five days.

After Virechan karma, on the 9th day Anuvasan basti was given and lekhan basti was administered in the Kaala basti schedule.

Table 10

1 st day	Anuvasan basti with Saindhavaadi Tail
2 nd day	Anuvasan basti with Saindhavaadi Tail
3 rd day	1 st Lekhan Asthapan basti
4 th day	Anuvasan Basti with Saindhavaadi Tail
5 th day	2 nd Lekhan Asthapan basti
6 th day	Anuvasan basti with Saindhavaadi Tail
7 th day	3 rd Lekhan Asthapan basti
8 th day	Anuvasan basti with Saindhavaadi Tail
9 th day	4 th Lekhan Asthapan basti
10 th day	Anuvasan basti with Saindhavaadi Tail
11 th day	5 th Lekhan Asthapan basti
12 th day	Anuvasan basti with Saindhavaadi Tail
13 th day	After 5 th lekhana basti patient had her periods after 5 month of interval. Her basti was stopped due to menses. patient was given following shaman chikitsa

Shaman chikitsa for two months

Table 11.

S.NO.	DRUG	INGREDIENT	DOSES	ANUPANA
1	ALOES COMPOUND	Aloe barbadensis Aloe ferox Commiphora molmol Cinnamomum zeylanicum Ferula asafoetida, Zingiber officinale	2BD	Luke warm water
2	RAJAH PRAVARTINI VATI (250 mg)	Ferula asafoetida Aloe barbadensis Borax Mesua ferrea Asparagus racemosus Dashmool Zingiber officinale, Piper longum	2BD 7 days before the menses upto 3 days of menses	Luke warm water
3	SYRUP MENSULIX	Saraca asoca Symplocos racemosa Asparagus racemosus Aloe barbadensis Tinospora cordifolia Terminalia chebula Mesua ferrea Withania somnifera	10 ml BD	Luke warm water
4	SYRUP AMYCORDIAL	Terminalia arjuna Crataegus oxyacantha Withania somnifera Allium sativum Zingiber officinale	10 ml BD	Luke warm water

Follow-Up: Advised to continue Shaman chikitsa for two months and follow-up after the clearance of the first three menstrual cycles.

First Follow-Up Report

- **First Menstrual Cycle Post-Amenorrhea:** on 7 September 2024, Successfully resumed menstruation after 5 months of amenorrhea. Duration was 4-5 days with heavy flow.
- **First Follow-up:** menstrual cycle on 6 October 2024. Follow up after clearance of menstruation cycle.
- **Second follow-up:** menstrual cycle on 10 November 2024. Follow up after clearance of menstruation cycle.
- **Third follow-up:** on 12 December 2024, after clearance of the menstruation cycle

OBSERVATION AND RESULTS

Table 12.

Clinical findings	Before treatment	After treatment
Amenorrhea: for 5 months	Absent menses for 5 months	Resolved and Regularity established
Menstruation cycle Interval	2-3 months	28 -35 days
Duration of menstruation	2-3 days	4-5 days
Amount of bleeding	1 pad/ day	2 pad/ day (> 50% soakage)
Ferriman-Gallwey Score for hirsutism on the chin, cheeks, back, upper back, abdomen, and bilateral thighs, and forearms	12	9 With reduction of hirsutism on the chin, cheeks, abdomen, thighs,
Global acne grading system	25 (Moderate acne)	Reduced to 15 (indicating mild acne)
Ludwig Score (Hair Loss Severity)	Stage I (Mild Hair Loss)	Mild improvement in reduced hair density
BMI:	≈30.8	≈28.8

Table 13.

Investigation	Before treatment	After treatment
Ultrasound (USG)	both ovaries are bulky and shows multiple small subcentemetric peripherally arranged follicles with central echogenic stroma	Both ovaries are normal in size shape and echotexture
	Right ovarian vol.- 13.5 cc Left Ovarian Vol.- 14.3cc	Right ovarian vol. - 4.4 cc Left ovarian vol. - 3.6cc
Hemoglobin	11g/dL	13.2g/dl
On second day of menstruation		
	Before treatment	After treatment
FSH	5.34 mIU/ml	4.72 mIU/ml
LH	14.62 mIU/ml	6.62 mIU/ml

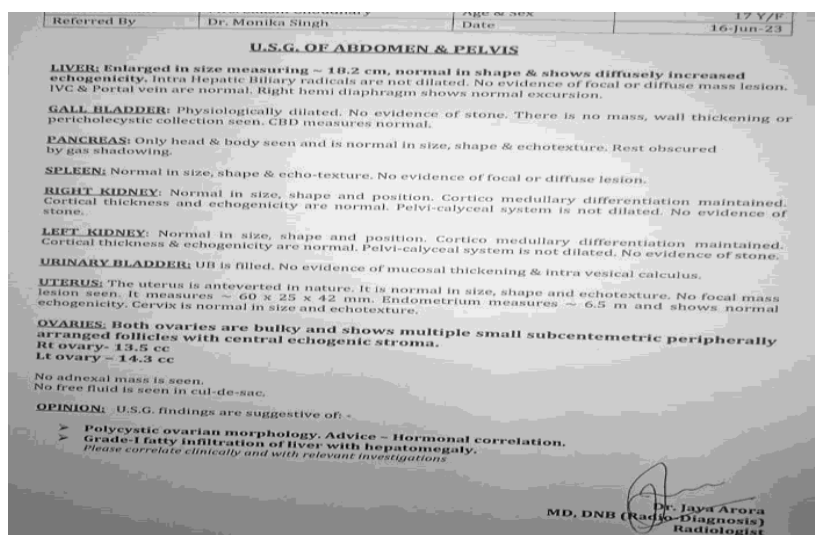


Figure 1.

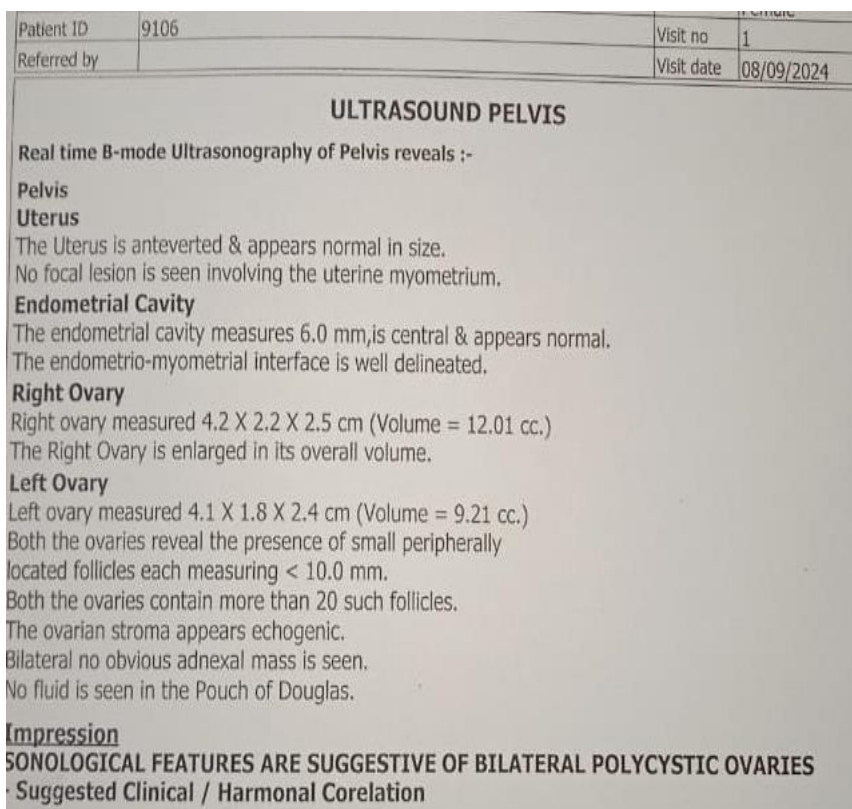


Figure 2.

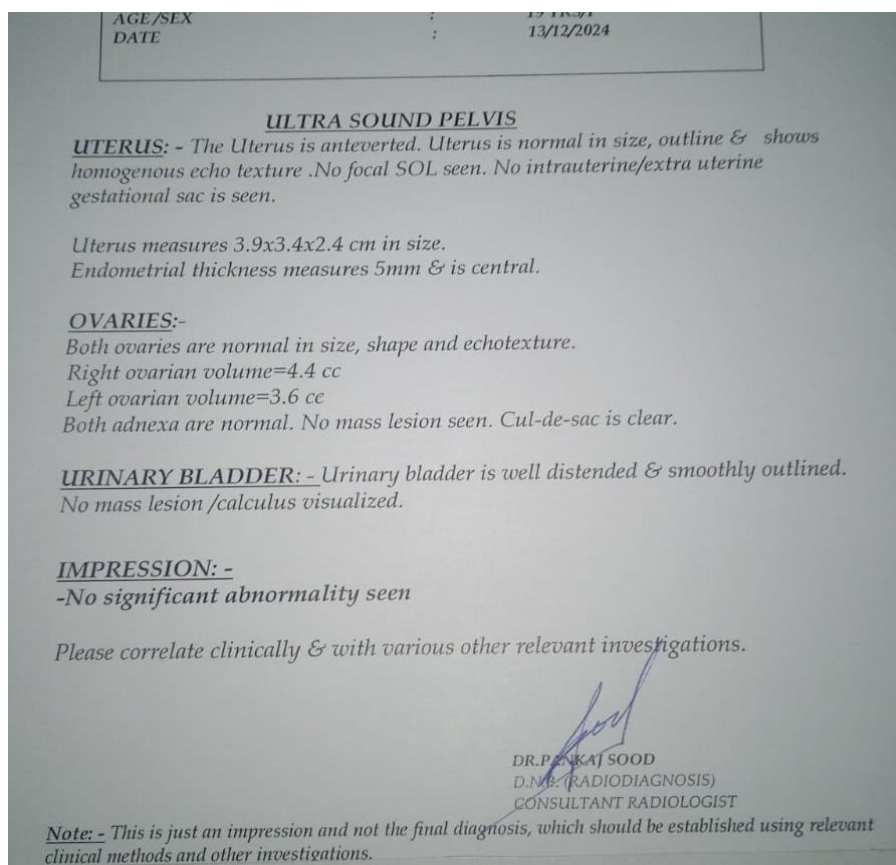
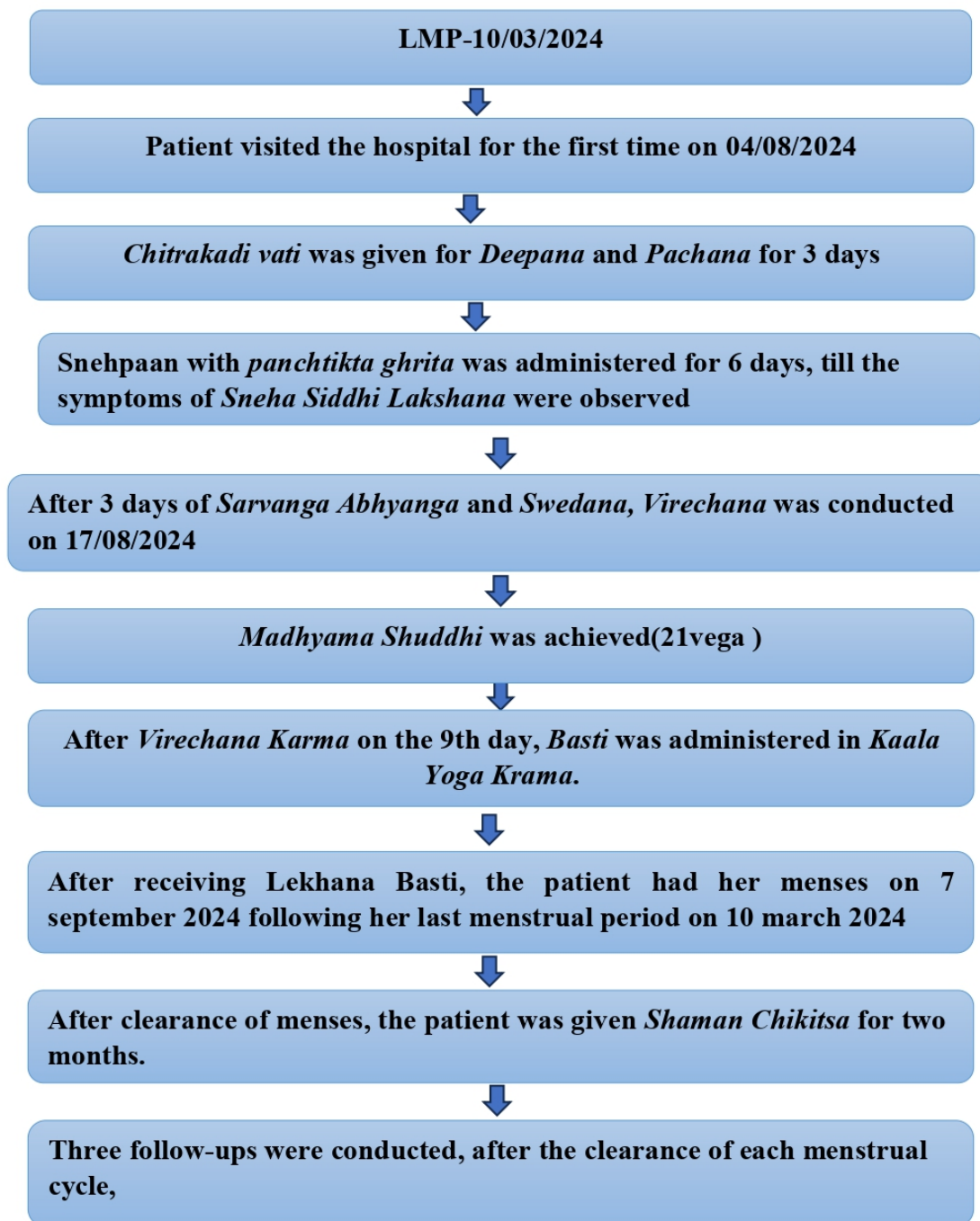


Figure 3.

Timeline

Table 14.



DISCUSSION

Artavakshaya is identified as a Vata-kapha dosha^[5] imbalance condition that disrupts the normal menstrual cycle; the pathogenesis of this condition involves Aavarana, The therapeutic interventions implemented include Agni deepana (enhancement of digestive fire), Ama pachana (elimination of metabolic toxins), and Vata anulomana with samshodhana via

virechana and lekhana basti in conjunction with nutritional supplementation via oral medications such as Rajapravartini vati, Aloes Compound, syrup mensulix, syrup amycordial demonstrated promising efficacy in managing Artavakshaya. in the Chikitsa Sutra of Artava Kshaya, Sodhana is highlighted as a crucial therapeutic approach.^[6] Acharya Kashyapa emphasises the importance of Virechana with the phrase "Beejam bhavati karmukam,"^[7] that the Virechana karma enhances overall health and reproductive function by regulating the menstrual cycle.

Probable Mode of Action of Given Regimen in Artava kshaya

The Basti treatment exerts its effects on the entire body after entering the Pakvashaya (rectum) or Guda (anus) by having both local and systemic effects.^[8] Lekhana basti works by normalising Apana vaayu gati, responsible for downward movements and elimination of faeces. The Ushna, Tikshna, Lekhana, and Pachana properties of the Lekhana basti enhance the Agneya guna of Pitta and regulate Jatharagni, and This ultimately Alleviate the Avarana (obstruction) of Vaata dosha caused by kapha dosha which helps to regularise the Anulom gati of Apana vayu. The Anulomana of Apana vata leads to regular menstrual cycles (Rajah pravritti). Samayag pachan through Jathragni leads to the optimal formation of Rasa Dhatu, which ultimately facilitates the formation of its Upadhatu, i.e Artava Dhatu. Lekhana basti's Sneha-media-lead upashoshana, Deepana, Pachana, Tikshna, Lekhana, Ruksha, and Kapha-vatahara properties have a reducing effect on S. cholesterol, S. LDL, Which is found to have a significant impact on reducing the symptoms of Medodushti and in reduction of objective parameters like weight, BMI, body fat percentage, body circumferences such as chest, abdomen, hip and mid-thigh circumferences, and skin fold thickness as biceps, triceps, mid-arm and abdominal skin fold thickness.^[9] Rajah pravartini vati is effective in treating menstrual disorders due to its key ingredients like Hingu, which has Shoolahara (colic pain reliever) and Vatanulomana (facilitator of downward movement of Vata) properties, Kumari acts as a laxative, reduces cramps, and has anti-inflammatory effects. Tankana strengthens uterine muscles and aids contraction. Kasis improves blood circulation in the uterus, reducing dysmenorrhea. These ingredients work together by normalising the function of Apanvata, relieving pain, supporting digestion, and improving uterine function for easier menstruation.^[10] Syrup Mensulix works by synergistically combining uterine-strengthening herbs and menstrual regulators. Herbs like Ashoka and Lodhra tone the uterus and manage to bleed. Shatavari helps to balance hormones for regular cycles. Dashmool and Kumari reduce inflammation and relieve cramps. It increases blood flow to the uterus, easing menstrual pain.

Aloes Compound helps to regulate menstrual cycles by stimulating uterine contractions and promoting natural menstrual flow. It may also assist in reducing hormonal imbalances by encouraging regular periods, which are often irregular in PCOS. Additionally, its mild laxative effect can aid in detoxification, potentially supporting overall metabolic function in women with PCOS.^[11] Syrup Amycordial Regulates the physiological function of HPO-Axis and Encourages a balanced production of estrogen & progesterone. Normalises emotional disturbances & reduces stress-induced hormonal imbalance.^[12]

The overall effect of Samshodhan with Virechana and Iekhana basti, when utilized alongside herbal formulations, can be established as an effective therapeutic strategy for addressing the diverse clinical manifestations associated with Artavakshaya.

CONCLUSION

In this case, the patient exhibited a history of prolonged irregular menstruation with increased interval, which was effectively addressed through the outlined treatment protocol. The intervention resulted in the resolution of a five-month-long case of amenorrhea, which had been refractory to oral pharmacotherapy, and also restored her regular menstruation, resulting in weight loss, decreased hair fall, and reduced the emergence of new back and face acne. This outcome confirms the effectiveness of the treatment, indicating that the results are reliable. The combination of Virechana, Iekhana basti and oral medications effectively manages Artavakshaya, while dietary changes and ongoing medicines are crucial to prevent recurrence.

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