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ROLE OF PANCHAKARMA IN PCOS - A CASE STUDY

Dr. Archana[1]*, Dr. Vijayamahantesh Hugar[2]

[1]PG Scholar, Dept. of Panchakarma, Govt. Ayurveda Medical College Mysore.

[2]Associate Professor, Dept. of Panchakarma, Govt. Ayurveda Medical College Mysore.

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***Corresponding Author**

Dr. Archana

PG Scholar, Dept. of Panchakarma, Govt. Ayurveda Medical College Mysore.

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ABSTRACT

Polycystic Ovarian Syndrome (PCOS) is a common endocrine disorder affecting women of reproductive age and is associated with menstrual irregularities, hyperandrogenism, metabolic disturbances, and infertility. Conventional management focuses mainly on hormonal regulation and symptomatic relief, often with limited long-term benefits. *Ayurveda* offers a holistic approach by addressing the underlying doshic imbalance and metabolic dysfunction. This case report presents a 20-year-old female diagnosed with PCOS who was treated with an individualized *Ayurvedic* treatment protocol. After three months of therapy, significant improvement was observed in menstrual regularity, weight parameters, and laboratory investigations. The outcome highlights the potential role of *Ayurveda* in the effective management of PCOS.

KEYWORDS: Polycystic Ovarian Syndrome, PCOS, *Ayurveda*, *Pushpagni jaataharini*, *Artava Kshaya*, *vamana* and etc.

INTRODUCTION

Polycystic Ovarian Syndrome (PCOS) is a heterogeneous endocrine disorder characterized by chronic anovulation, hyperandrogenism, and polycystic ovarian morphology. It is one of the leading causes of menstrual irregularities and infertility in women of reproductive age. The prevalence of PCOS is increasing worldwide due to lifestyle changes, obesity, and stress. Despite extensive research, the exact aetiology of PCOS remains unclear, and current treatment strategies in concomitant medicine primarily offer symptomatic relief.

According to the Rotterdam criteria from 2003, polycystic ovarian syndrome is defined by certain characteristics, including elevated levels of male hormones (Hyperandroginism), irregular menstrtaion (Annovulation) and presence of multiple small cysts on the ovaries. If a patient exhibits two out of these three symptoms, they are diagnosed with PCOS.[1] The pooled prevalence of PCOS was close to 10% using Rotterdam's criteria and AES criteria, while it was 5.8% using NIH criteria and is on the rise due to changes in lifestyle.[2] It is becoming increasingly common in young women, developing soon after puberty.

In *Ayurveda*, PCOS is not described as a single disease entity but can be understood through conditions such as *Pushpaghni Jataharini*[3], *Granthi*[4], *Artava Kshaya*[5], *Anartava*. The pathology involves vitiation of *Kapha* and *Vata dosha*, impairment of *Agni*, *Meda dhatu dushti*, and obstruction of *Artavavaha srotas*.[6] Ayurvedic management focuses on correcting these underlying imbalances through *Shodhana*, *Shamana*, dietary regulation, and lifestyle modification.

CASE REPORT

A 20-year-old unmarried female presented to the OPD with complaints of irregular menstrual cycles for the past 2 years, progressive weight gain, excess sleep, hairfall, lethargy over the last 2 years. An ultrasound revealed that she had bilateral PCOS.

Menstrual History

Menarche	13 years
Cycle	Irregular (45–60 days)
Duration	2–3 days (1-2pads/day)
low	Moderate
Dysmenorrhea	Mild

Medical History- Known case of hypothyroidism (Hashimoto`s thyroiditis) was on medication for Tab. Thyronorm 75mcg. But patient stopped taking tablet for one month.
There was no history of diabetes mellitus, hypertension.

Personal history

Diet	Non-vegetarian, junk foods, maida, fruit juice, milk shakes
Appetite	Decreased
Bowel	Constipated
Micturition	Normal
Sleep	Excessive

Marital history – unmarried

Family history - Non-contributory.

Clinical Findings

Pulse	70 beats /min
BP	110/80 mmhg
Temperature	98°F
RR	18 cycles/min
Height	158 cms
Weight	55kgs
BMI	22.03

Pallor	Absent
Icterus	Absent
Lymphadenopathy	Absent
Cyanosis	Absent
Clubbing	Absent
Oedema	Absent
Built	Normal

Astha sthana pariksha

- ❑ Nadi: Vata-Kapha
- ❑ Mala: vikruta (2 days once)
- ❑ Mutra: Prakruta (3-4 times/day)
- ❑ Jihva:Liptata
- ❑ Drik:Prakruta
- ❑ Shabda:Prakruta
- ❑ Sparsha:Ruksha
- ❑ Akruti: Madhyama

Dashavidha pariksha

Dosha- kapha, vata	Vaya-madhyama
Dushya- Rasa, meda	Vikruti-kapha-vata
Satva- Madyama	Vyama Shakti-Avara
Satmya-Madyama	Ahara Shakti-uttama
Prakruti- vata-pitta	Sara-Madhyama

Higher Mental Function

- Appearance & behaviour: Intact

- Speech language: Intact
- Comprehension: Intact
- Mood and Affect: Intact
- Thoughts and Perceptions: Intact
- Cognitive functions: Intact
- Higher cognitive functions: Intact

Central nervous system

- Consciousness: Conscious
- Orientation: Well oriented to time, place, date
- Cranial nerves: Intact.

Respiratory System

- No surgical scars, rashes, redness seen.
- Bilateral symmetric chest movements on breathing.

No abnormal bronchovesicular sounds heard on auscultation

Gastrointestinal Tract

- Tongue – coated.
- No palpable mass and tenderness felt on palpation.

Normal bowel sounds heard on auscultation

Cardiovascular System

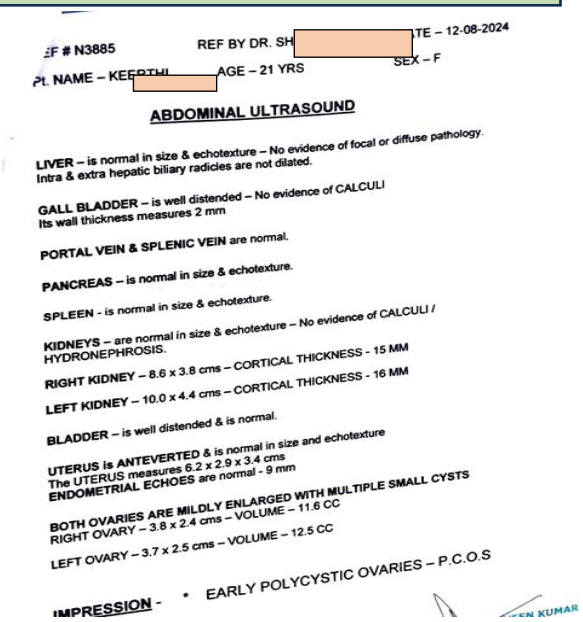
- S1 S2 heard no added sounds or murmurs heard on auscultation

Investigations

USG Findings: Anteverted uterus of size 6.2x2.9x 3.4 cms Endometrial thickness of 9mm, right ovary with 11.6cc volume and left ovary with 12.9cc volume. Both ovaries are mildly enlarged with multiple small cysts showing early polycystic ovaries.

Diagnosis: The diagnosis was made based on clinical history, Physical examination, and USG report.

USG ABDOMEN PELVIS



REF # N3885 REF BY DR. SH [redacted] TE – 12-08-2024
Pt. NAME – KEERTHI [redacted] AGE – 21 YRS SEX – F

ABDOMINAL ULTRASOUND

LIVER – is normal in size & echotexture – No evidence of focal or diffuse pathology. Intra & extra hepatic biliary radicles are not dilated.

GALL BLADDER – is well distended – No evidence of CALCULI Its wall thickness measures 2 mm

PORTAL VEIN & SPLENIC VEIN are normal.

PANCREAS – is normal in size & echotexture.

SPLEEN - is normal in size & echotexture.

KIDNEYS – are normal in size & echotexture – No evidence of CALCULI / HYDRONEPHROSIS.

RIGHT KIDNEY – 8.6 x 3.8 cms – CORTICAL THICKNESS - 15 MM

LEFT KIDNEY – 10.0 x 4.4 cms – CORTICAL THICKNESS - 16 MM

BLADDER – is well distended & is normal.

UTERUS is ANTEVERTED & is normal in size and echotexture
The UTERUS measures 6.2 x 2.9 x 3.4 cms
ENDOMETRIAL ECHOES are normal - 9 mm

BOTH OVARIES ARE MILDLY ENLARGED WITH MULTIPLE SMALL CYSTS
RIGHT OVARY – 3.8 x 2.4 cms – VOLUME – 11.6 CC

LEFT OVARY – 3.7 x 2.5 cms – VOLUME – 12.5 CC

IMPRESSION - * EARLY POLYCYSTIC OVARIES – P.C.O.S

[redacted] KUMAR

THYROID PROFILE

DIAGNOSTIC CENTRE
Personal Care

Reg No. : V164065
Name : MS. KEERTHI.P
Ref. by : DR.SHAILAJA

Date : 12/08/2024 11:29
Age : 21 Year(s)
Sex : Female

HORMONES

Test Parameter	Result(s)	Biological Reference Interval
THYROID FUNCTION TESTS:(METHOD : C.L.I.A.)		
T - 3 (C.L.I.A.)	0.99 ng/ml	0.60 - 1.81 ng/ml
T - 4 (C.L.I.A.)	4.96 microgm/dl	4.7 - 11.1 microgms/dl
T.S.H. (C.L.I.A)	65.08 microIU/ml	0.2 - 5.0 microIU/ml NEW BORNS : UPTO 25 micro IU/ml

IMPRESSION : FOR EVALUATION

****** End Of HORMONES Report ******

Verified By :

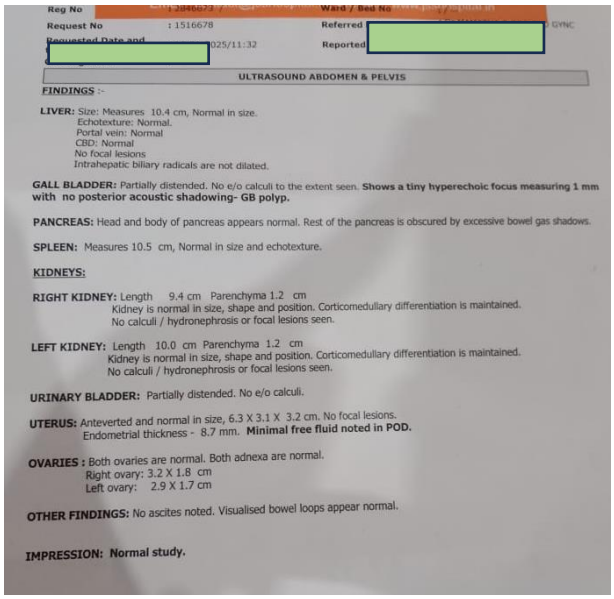
Chikits*a*	**Drug**	**Dose**	**Duration**
Deepana Pachana	*vaishwanara choorna* till attainmentof nirama avasta	1tsp with warm water b/f till *nirama avastha*	21/8/2024 to24/8/2024
Snehapana	*Varunadi ghritam.*	In *arohana krama* (30,50,80,110 ml)	25/8/2024to 28/8/2024
Vishrama kala	*Ksheerabala taila & bashpa swedana.*	*Samyak swinna lakshana*	29/8/2024
Vamana karma	(*Madanaphala, yastimadhu vacha, saindhava, madhu*)	*Antarnaka musti(madana phala*) 4:3:2:1 ratio	30/8/2024
Kosta sodhana	*Nimbaamruta Eranda taila*	50*ml*	10/9/2024
Basti karma	*Niruha -Varunadi kashaym Anuvasana-Shatapushpa tailam*	*Niruha* -574 ml *Anuvasana* -72 ml	11/9/2024to 18/9/2024

Drug	**Dosage**	**Duration**
Kakala rakshaka yoga	1 Tab twice per day a/f	3 months
Kanchanara guggulu	500mg thrice per day a/f	3 months
Hingwastaka choorna	1tsp with warm water b/f	3 months

Advice-

- Green leafy vegetables like spinach and broccoli to be taken.
- High fiber-rich foods like carrots, and oranges.
- Regular exercise and Yoga.
- Avoid processed and high-calorie food

USG ABDOMEN & PELVIS (16/01/2025)



Request No : 1516678

ULTRASOUND ABDOMEN & PELVIS

FINDINGS :-

LIVER: Size: Measures 10.4 cm, Normal in size.
Echotexture: Normal.
Portal vein: Normal
CBD: Normal
No focal lesions
Intrahepatic biliary radicals are not dilated.

GALL BLADDER: Partially distended. No e/o calculi to the extent seen. **Shows a tiny hyperechoic focus measuring 1 mm with no posterior acoustic shadowing- GB polyp.**

PANCREAS: Head and body of pancreas appears normal. Rest of the pancreas is obscured by excessive bowel gas shadows.

SPLEEN: Measures 10.5 cm, Normal in size and echotexture.

KIDNEYS:

RIGHT KIDNEY: Length 9.4 cm Parenchyma 1.2 cm
Kidney is normal in size, shape and position. Corticomedullary differentiation is maintained.
No calculi / hydronephrosis or focal lesions seen.

LEFT KIDNEY: Length 10.0 cm Parenchyma 1.2 cm
Kidney is normal in size, shape and position. Corticomedullary differentiation is maintained.
No calculi / hydronephrosis or focal lesions seen.

URINARY BLADDER: Partially distended. No e/o calculi.

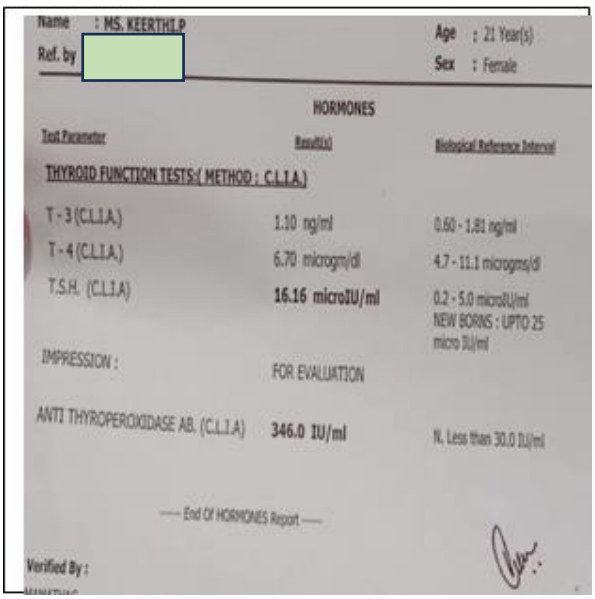
UTERUS: Anteverted and normal in size, 6.3 X 3.1 X 3.2 cm. No focal lesions.
Endometrial thickness - 8.7 mm. **Minimal free fluid noted in POD.**

OVARIES : Both ovaries are normal. Both adnexa are normal.
Right ovary: 3.2 X 1.8 cm
Left ovary: 2.9 X 1.7 cm

OTHER FINDINGS: No ascites noted. Visualised bowel loops appear normal.

IMPRESSION: Normal study.

THYROID PROFILE (16/01/2025)



Name : MS. KEERTHI.P
Age : 21 Year(s)
Sex : Female

HORMONES

Test Parameter	Result(s)	Biological Reference Interval
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T-3 (C.L.I.A.)	1.10 ng/ml	0.60 - 1.81 ng/ml
T-4 (C.L.I.A.)	6.70 microgm/dl	4.7 - 11.1 microgms/dl
T.S.H. (C.L.I.A)	**16.16 microIU/ml**	0.2 - 5.0 microIU/ml NEW BORNS : UPTO 25 micro IU/ml
IMPRESSION :	FOR EVALUATION	
ANTI THYROPEROXIDASE AB. (C.L.I.A)	**346.0 IU/ml**	N. Less than 30.0 IU/ml

End Of HORMONES Report

Verified By :

	BEFORE TREATMENT	AFTER TREATMENT
Menstrual Cycle	Irregular	Regular
Interval	45-60 days	35-45 days
No of days of bleeding	2-3 days	4-5 days
No of pads	1-2 pads /day	1-3 pads/day
Dysmenorrhea	Mild	No
Hairfall	Present	Reduced
Weight gain	55 kgs	52 kgs
Excessive sleep	Present	Absent
USG findings	B/L Early PCOS changes	Normal study
TSH value	65.08 microIU/ml	16.16microIU/ml

DISCUSSION

Polycystic Ovarian Syndrome (PCOS) is a complex endocrine and metabolic disorder affecting women of reproductive age, characterized by menstrual irregularities, hyperandrogenism, and polycystic ovarian morphology. From an Ayurvedic perspective, PCOS clinical features can be correlated with conditions such as *Pushpaghni Jataharini*, *Granti*, *Artava Kshaya*, *Anartava*, *Vandhyatva*. The underlying pathology primarily involves *Kapha* and *Vata dosha dushti*, impairment of *Agni*, *Meda dhatu vriddhi*, and obstruction of *Artavavaha srotas*.

Unwholesome dietary habits (*Apathya ahara*) and sedentary lifestyle practices (*Apathya vihara*) lead to *Jatharagni mandya*, resulting in the formation of *Aama* at the level of *Rasa dhatu*. This metabolic derangement hampers proper tissue nourishment and causes *Artava upadhatu dushti*, which manifests clinically as irregular menstruation, delayed ovulation, and

impaired follicular maturation. The accumulation of *Aama* along with aggravated *Kapha* and *Meda dhatu* contributes to *Srotorodha*, particularly involving *Artavavaha* and *Medovaha srotas*, thereby producing classical features of PCOS such as obesity, anovulation, and polycystic ovarian changes.

In the present case, symptoms such as weight gain, excessive sleep, lethargy, constipation, and irregular menstrual cycles indicate predominant *Kapha–Vata prakopa* with *Meda dhatu dushti*. Hair-related complaints can be explained by *Asthi dhatu dushti*, as *Kesha* is considered a *Mala* of *Asthi dhatu*. Psychological stress (*Manasika nidana*), observed in this patient, further aggravates *Vata dosha* and disrupts the neuroendocrine regulation of the hypothalamo–pituitary–ovarian axis, leading to hormonal imbalance and anovulatory cycles.

Deepana–Pachana by initial administration of *Vaishwanara Choorna* facilitated correction of *Jatharagni mandya* and digestion of *Ama*. Restoration of *Agni* is essential in PCOS, as impaired digestion leads to defective *Rasa dhatu*. By achieving *Nirama avastha*, the body becomes suitable for effective *Shodhana karma*, ensuring better therapeutic outcomes.

Snehapana with Varunadi Ghrita was administered in *Arohana krama* to mobilize deeply seated *Kapha* and *Meda dosha* from *Sakha* towards the *Koshtha*. The *Lekhana* and *Medohara* properties of *Varunadi Ghrita* help in reducing *meda* accumulation, improving *Medodhatvagni*, and preparing the system for expulsion of morbid doshas through *Vamana*. Proper *Snehana* helps in *doshavilayana* action and also removes the *srotoavarodha*.

Vamana karma was selected as the principal *Shodhana* procedure due to the predominance of *Kapha dosha* in PCOS. Therapeutic emesis eliminates vitiated *Kapha* along with associated *Ama* from the body, thereby relieving *Srotorodha* in *Artavavaha* and *Medovaha srotas*. Removal of obstructive *Kapha* enhances *Vata anulomana*, which is essential for normal *Artava pravritti* and ovulatory function. Clinically, this is reflected by improvement in menstrual regularity, reduction in body weight, and normalization of ovarian morphology.

Additionally, *Vamana* exerts systemic metabolic correction by improving insulin sensitivity and hormonal balance, as *Kapha–Meda shodhana* plays a vital role in endocrine regulation. The observed improvement in thyroid parameters further supports the role of *Shodhana* in correcting functional endocrine disorder.

Varunadi Kashaya Niruha basti contains drugs such as *Varuna (Crataeva nurvala***)**, *Gokshura (*Tribulus terrestris**)**, and other *Kapha–Meda hara* herbs. The *Lekhana* and *Srotoshodhana* actions of *Varunadi Kashaya* aid in clearing obstruction in *Artavavaha* and *Medovaha srotas*. The combined *Vata anulomana*, *Kapha–Meda shamana*, and metabolic regulatory effects of Varunadi Kashaya *Niruha Basti* contribute to normalization of menstrual cyclicity, reduction in ovarian cystic changes, and improvement in thyroid function from a modern physiological perspective, *Niruha Basti* enhances gut–brain–endocrine axis regulation, improves insulin sensitivity, and supports peripheral utilization of thyroid hormones by correcting metabolic inefficiency. Bioactive phytoconstituents including flavonoids, saponins, alkaloids, and triterpenoids. These constituents exhibit anti-inflammatory, hypolipidemic, insulin-sensitizing, and diuretic properties, which help in reducing *Meda dhatu dushti* and improving metabolic function.

Shatapushpa Taila, prepared using *Shatapushpa* (*Anethum sowa*) is helpful in regulating *Apana Vata* and correcting *Artava dushti*. It is described as *Deepana*, *Pachana*, *Vata–Kapha shamaka*, and *Artava janana*, making it especially beneficial in conditions characterized by anovulation and menstrual irregularities. When administered in the form of *Anuvasana Basti*, the *Snigdha* and *Sukshma* properties of the oil facilitate deeper tissue penetration, nourish the reproductive system, and restore normal functioning of *Artavavaha srotas*. Shatapushpa contains bioactive compounds such as carvone, limonene, anethole, flavonoids, and phenolic compounds, which exhibit estrogen-modulating, antioxidant, anti-inflammatory, and smooth muscle–relaxant properties. These constituents help in correcting hormonal imbalance, reducing oxidative stress, and improving ovarian responsiveness. From a modern scientific standpoint, the phytoestrogenic activity of Shatapushpa aids in balancing LH–FSH secretion, while its spasmolytic and insulin-sensitizing actions contribute to improved follicular maturation and menstrual regularity.

Following *Shodhana*, *Shamana aushadhis* were administered to stabilize the achieved *Dosha samya* and prevent recurrence.

Kanchanara Guggulu, rich in guggulsterones and flavonoids, exerts *Kapha–Meda shamana* and *Granthihara and lekhana* actions, aiding in the resolution of cystic ovarian changes and improving lipid metabolism. Its thyroid-modulating and insulin-sensitizing properties contribute to normalization of hormonal imbalance observed in PCOS with hypothyroidism.

Kakala Rakshaka Yoga the *Rasayana* and *Brmhana* properties of *Kakala Rakṣaka Yoga* promote optimal nourishment of Rasa and Artava dhatu. Its bioactive phytochemicals with gonadotropic and phytoestrogenic activity, supports regulation of the hypothalamo–pituitary–ovarian axis, corrects LH–FSH imbalance, and promotes normal follicular maturation and menstrual cyclicity.

Hingwastaka Choorna, enriched with digestive stimulants and bioavailability-enhancing compounds such as piperine and volatile oils, maintains *Agni*, prevents re-accumulation of *Aama*, and enhances the therapeutic efficacy of concomitant medications. The synergistic action of *Panchakarma* procedures and *Shamana aushadhis* resulted in correction of metabolic dysfunction, reduction of *Kapha–Meda dushti*, improvement in insulin sensitivity, and restoration of endocrine harmony, as evidenced by normalization of menstrual cycle, ovarian morphology, body weight, and thyroid parameters.

Management in this case was planned based on *Samprapti vighatana*. Initial *Deepana–Pachana* therapy corrected *Aama* and improved *Agni*. *Snehapana* followed by *Vamana karma* was administered as the primary *Shodhana chikitsa*, considering the predominance of *Kapha* and *Meda*. *Vamana* helps in eliminating vitiated *Kapha*, clearing *Srotorodha*, and restoring normal metabolic and endocrine functions. The improvement observed in menstrual regularity, body weight, ovarian morpholog and thyroid profile reflects the systemic impact of *Kapha Shodhana* Thus, the integrative Ayurvedic approach effectively addresses both PCOS and hypothyroidism by targeting the root pathology rather than providing symptomatic relief alone.

Dietary regulation and lifestyle modification play a supportive role by preventing *Kapha prakopa* and *Meda vriddhi*. Emphasis on light, fiber-rich foods, regular physical activity, and stress management helps in maintaining hormonal and metabolic equilibrium.

CONCLUSION

Polycystic Ovarian Syndrome with coexisting hypothyroidism is a multifaceted condition involving reproductive, metabolic, and endocrine disturbances, often precipitated by improper diet, sedentary habits, and psychological stress. The Ayurvedic understanding of this condition is based on derangement of *Kapha* and *Vata dosha*, diminished *Agni*, accumulation of *Aama*, and obstruction of *Artavavaha srotas*. In this case, an integrative treatment strategy incorporating *Deepana–Pachana*, *Panchakarma* procedures such as

Vamana and *Basti*, followed by targeted *Shamana aushadhis*, produced notable clinical improvement. Regularization of the menstrual cycle, reduction in metabolic symptoms, normalization of ovarian structure, and improvement in thyroid function were observed. Panchakarma therapies contributed to systemic detoxification and metabolic regulation, while Shamana medications supported sustained hormonal balance and tissue nourishment. This case demonstrates that a comprehensive Ayurvedic approach addressing the underlying pathophysiology can be effective in managing PCOS with hypothyroidism. Larger controlled studies are recommended to further validate these observations**.**

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