

CLINICAL EVALUATION OF PANCHAKARMA AND AYURVEDIC ORAL THERAPY IN THE MANAGEMENT OF POLYCYSTIC OVARIAN SYNDROME (PCOS): A CASE STUDY

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Article Received on 16 Dec. 2025,
Article Revised on 05 Jan. 2026,
Article Published on 15 Jan. 2026,
<https://doi.org/10.5281/zenodo.18265186>

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How to cite this Article: Dr. Chitrangi Dattatray Wagh^{*1}, Dr. Jeny Bhatt² (2026). CLINICAL EVALUATION OF PANCHAKARMA AND AYURVEDIC ORAL THERAPY IN THE MANAGEMENT OF POLYCYSTIC OVARIAN SYNDROME (PCOS): A CASE STUDY. World Journal of Pharmaceutical Research, 15(2), 694–703.

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ABSTRACT

Polycystic ovarian syndrome (PCOS) is a prevalent endocrine disorder that arises from a combination of ovarian dysfunction and androgen excess. It commonly presents with menstrual irregularities, anovulation, weight gain, acne, and clinical or biochemical hyperandrogenism, accompanied by polycystic ovarian morphology on ultrasound. Lifestyle changes, reduced physical activity, dietary imbalances, and environmental factors have contributed to the growing burden of PCOS across various populations. Prevalence rate of PCOS globally is 5% to 26%.^{[1,7] [2,7]} Although PCOS is not described as a single disease entity in Ayurvedic literature, several conditions—including *Vandhya Yonivyapad*, *Artavavaha Srotodushti*, *Nashtartava*, *Artava Kshaya*, *Pushpaghni Jataharini*, and *Vikuta Jataharini*—demonstrate clinical similarities to the contemporary understanding of PCOS, particularly in relation to menstrual disturbances and impaired ovulation.^[11,12,13] This case report describes a 23-year-old woman who presented to

the Prasuti Tantra and Stri Roga outpatient department with irregular menstrual cycles, progressive weight gain, acne, and hair fall. Ultrasonographic evaluation confirmed polycystic ovarian morphology. She underwent an Ayurvedic treatment protocol comprising *Kanchanar Guggulu*, *Kuberaksha Vati*, *Shankha Vati*, and *Shatpushpa Churna*, along with a

Yoga Basti regimen. The Basti protocol included *Anuvasana Basti* with *Shatpushpa Taila* and *Niruha Basti* prepared with *Dashmoola Kwatha*. The therapeutic approach resulted in notable improvement in menstrual regularity and associated symptoms, indicating the potential of integrative Ayurvedic management in PCOS.^{[3,5] [10,11]}

KEYWORDS: Polycystic Ovarian Syndrome (PCOS), Ayurveda, *Artava Kshaya*, *Pushpaghni jataharini*, *Yoga Basti*, *Kanchanar Guggulu*, *Shatpushpa Taila*, *Dashmool Kwath*, *shatpushpa churna*.^{[11,12,13] [3,5] [10,11]}

INTRODUCTION

Polycystic Ovarian Syndrome (PCOS) is a common endocrine disorder seen in women of reproductive age and is one of the major causes of anovulatory infertility. It presents with various clinical features such as irregular or absent menstruation, infertility, obesity, acne, hirsutism, and polycystic appearance of ovaries on ultrasonography. These manifestations occur due to hormonal imbalance, insulin resistance, and disturbance in the normal functioning of the hypothalamic–pituitary–ovarian axis. PCOS was earlier known as Stein–Leventhal syndrome and has shown a rising trend in recent years.^[2,7]

The prevalence of PCOS is increasing globally due to changes in lifestyle such as lack of physical activity, unhealthy dietary habits, mental stress, obesity, and exposure to environmental pollutants. This variation may be due to differences in lifestyle, genetic factors, and diagnostic criteria used in different regions.^{[1,7] [2,7]}

The exact cause of PCOS is still not clearly understood. Modern medical management mainly aims at controlling symptoms using hormonal therapy, ovulation-inducing drugs, and insulin-sensitizing agents. Although these treatments provide temporary relief, they do not correct the root cause of the disease. Long-term use of such medicines may also lead to side effects, and symptoms often recur after stopping treatment. Hence, there is a need for a holistic and long-term management approach.

PCOS is not described as a separate disease in classical Ayurvedic texts; however, its signs and symptoms closely resemble conditions mentioned under *Yonivyapad*. Disorders such as *Artava Kshaya* (scanty or delayed menstruation), *Nashtartava* (amenorrhea), *Vandhya Yoni Vyapad* (infertility), and *Pushpaghni Jataharini* can be correlated with PCOS. According to Ayurveda, these conditions are mainly caused by vitiation of *Vata* and *Kapha Dosha*, leading

to obstruction (*Avarana*) of *Artavavaha Srotas*. This obstruction results in *Agnimandya*, formation of *Ama*, and disturbance in normal hormonal function.^[11,12,13]

Apana Vayu plays an important role in the normal functioning of the female reproductive system, including menstruation and ovulation. When *Vata* and *Kapha* are vitiated, they obstruct the normal action of *Pitta*, which is responsible for follicular maturation and rupture. As a result, follicles fail to mature and rupture properly, leading to anovulation and formation of multiple cysts in the ovaries, causing ovarian enlargement (*Sophavastha*). In PCOS, there is involvement of *Tridosha*, *Rasa*, *Rakta*, *Meda*, and *Artava Dhātu*, along with their respective *Srotas*.

Ayurveda emphasizes a comprehensive approach in the management of such disorders, which includes *Ahara* (diet), *Vihara* (lifestyle modification), *Aushadhi* (medications), and Panchakarma therapies. Among the Panchakarma procedures, *Basti Chikitsa* is considered the best treatment for *Vata Dosha* and disorders of the pelvic region. *Yoga Basti* is especially useful in *Artava Dushti* as it helps in regulating *Apana Vayu*, improving ovarian function, strengthening reproductive organs, and balancing metabolic and endocrine functions.^{[2,7] [10,11]}

Classical Ayurvedic formulations such as *Kanchanara Guggulu*, *Shatapushpa Churna*, *Shankha Vati*, and *Kuberaksha Vati* are commonly used in the management of gynecological and metabolic disorders. *Acharya Kashyapa* has described *Shatapushpa* as beneficial in disorders of *Artava* and recommended its use through various therapeutic procedures including *Pana*, *Nasya*, *Abhyanga*, and *Basti*. In PCOS, *Yoga Basti* using *Shatapushpa Taila* for *Anuvasana Basti* and *Dashamoola Kwatha* for *Niruha Basti* may help in proper follicular development and restoration of ovulation.^{[2,8] [10,11]}

Thus, PCOS can be understood in Ayurveda as a condition of *Artava Dushti* caused by *Vata-Kapha Avarana* and metabolic imbalance. Ayurvedic management aims at correcting the root cause of the disease, improving reproductive health, and restoring overall balance, making it a promising approach in the effective management of PCOS.

MATERIALS AND METHODS

A diagnosed case of 23 years old unmarried female came in OPD of Stree Roga Evam Prasuti Tantra Department of YMT Ayurvedic medical hospital with following complaints as

- Chief Complaints: Present with irregular menstruation for 2 years.

- She also complained of Pimples, Weight gain, Hairloss and Constipation.
- History of past illness: No any medical history
- Family History: Nil
- Menstrual History

Age of menarche	13 years
Cycle	Irregular
Interval	35-45 days
Duration of bleeding	2 days
No. of pads/day	2 pads fully soaked
Pain	Mild pain
Clots	+

- Personal History

Diet	Mixed
Appetite	Good
Bowel habits	Constipated
Bladder	Normal
Sleep	Good
Allergy	No any

Clinical Examination

- Height - 160 cms
- Weight – 56.9kg
- BMI-22.1
- Pulse - 78/minute
- B.P. - 110/80 mm of Hg
- Systemic Examination
- Gastro-Intestinal System - No abnormality detected
- Cardiovascular System – S1S2 normal.
- Nervous System – conscious and oriented
- Respiratory System – AEBE clear

Diagnosis

Diagnosis was done clinically by following symptoms as per Rotterdam criteria.

- Abnormal menstrual cycles.
- Oligo menorrhea.
- Weight gain.
- Poly cystic ovary morphology on USG.

According to Ayurveda *Samprapti Ghatakas* are as follows

- *Hetu: Diwaswapna, Avyayam, Ruksha Ahar Vihar, Abhishyandi Ahar Vihar.*
- *Dosha: Kapha, Vata.*
- *Dushya: Rasa, Meda*
- *Strotasa: Rasavaha, Medovaha, Artavaha Strotasa*
- *Strotodushti: Strotosanga, Vimarg-Gamana.*
- *Pratyatma Lakshana: Artavdushti, Sthaulya*
- *ASHTA STHANA PAREEKSHA Nadi -78 bpm*
- *Mootra- 3-4 times/day, 1-2 times/Night.*
- *Mala - Once a day.*
- *Jihwa- Saama*
- *Shabda - Prakrut*
- *Sparsha - Anushna sheeta*
- *Druk - Avisheha*
- *Aakruti – Madhyama*

Investigation

- USG (pelvis) – B/L PCOS.

Management of patient

Treatment given was *kanchanar guggul, kuberaksha vati, shankha vati, shatpushpa churna*. (Orally) and *Yoga basti Anuvasan Basti* with *shatpushpa taila* and *niruha basti* with *dashmool kwath* after menses for 3 menstrual cycle.^[10,11]

- Duration – 3 months
- *Pathya-Apathya* – The patient was instructed to change their eating habits, stay away from junk food, and have a diet high in fiber and less amount of diet than required. It was advised that she perform *Pranayam, Surya Namaskar, Pavanmuktasana, Pachhimottasana, and Bhujangasana* to the best of her ability.

Result

Sr no.	Assessment criteria	Before treatment	After Treatment
1.	Interval between 2 cycles	35-45 days	21-35 days
2.	Duration of bleeding	2 days	3-5 days
3.	Amount of menstrual blood	2 pads/day	3- 4pads/day
4.	Pain	Mild Pain	No Pain

5.	Weight	56.9kg	52kg
6.	hairloss	++	Reduced hairloss

Result of Investigation

Investigation	Before Treatment(12/11/2024)	After Treatment(12/04/2025)
	Endometrial Thickness-11.4mm	Endometrial Thickness-4.2mm
	Right Ovary volume-11.5cc	Right Ovary volume-6.2cc
USG	Left Ovary Volume-11.2cc	Left Ovary Volume-8.2cc
	Impression: Both ovaries are bulky with multiple sub-centimeter sized peripherally arranged follicles and central echogenic stroma suggestive of Polycystic ovarian disease.	Impression: No significant abnormality detected in pelvis.

Before Treatment

Shop No. 11, Ekta Avenue,
Plot No. C 94, Sector 12,
Besides Reliance Smart,
Opp. Sanjeevan Hospital, Kharghar - 410 210
Mob.: 7506946301 / 9930770213
Time: Monday To Saturday 8 am to 10 pm,
Sunday Morn. 8 am to 2 pm & Evening Closed
Email: healthcareimagingclinic@gmail.com

Healthcare Imaging
Excellence in Imaging

Age/Sex: 23 yrs/F
Date: 12/11/2024

ULTRASOUND ABDOMEN & PELVIS

Liver: is of normal size (12.9cm) & shows normal echo texture. No focal lesions are seen. The portal vein is normal in course & caliber.

Gall Bladder: well distended, appears normal. No obvious e/o any gall stones. Common bile duct is non-dilated. No central or peripheral IHBRD is noted.

Pancreas: Normal size, normal echo texture. No focal lesion.

Retroperitoneum: Aorta and IVC appear normal. No significant lymphadenopathy.

Spleen: is of normal size (8.0 cm) echo pattern appears normal. No focal lesions.

Both kidneys are normal in size, shape and echo pattern. Cortico-medullary differentiation is maintained. No calculus/ HN/HU in either kidney.

Right kidney: 9.9 x 4.1 cm. **Left kidney:** 10.2 x 5.4 cm.

Urinary Bladder: Well distended. No calculi / internal echoes or wall thickening noted.

Uterus: anteverted, normal size 6.9x3.6x4.3cm and echotexture. No focal lesion. **ET: 11.4mm.**

Ovaries: Both ovaries are bulky with multiple sub-centimeter sized peripherally arranged follicles and central echogenic stroma.

Right Ovary: 3.6x1.5x3.8cm (Volume: 11.5cc)
Left Ovary: 3.3x1.9x3.3cm (Volume: 11.2cc)

Minimal free fluid is seen in the pouch of Douglas.
Visualized bowel loops appear normal in caliber and shows normal peristalsis. Bowel gases+

IMPRESSION:

- Polycystic ovarian disease.
- Thickened endometrium.

ADVICE: Clinical and hormonal correlation for further evaluation.

Dr. Nikhil Jadhav
Dr. Nikhil Jadhav (M.D Radiology)
Consultant Radiologist
Please correlate the findings with clinical examination, history & blood investigations

ABDOMEN & PELVIS SONOGRAPHY, OBSTETRICS SONOGRAPHY, 2D ANOMALY SCAN, COLOUR DOPPLER, FETAL ECHOCARDIOGRAPHY, 2-D ECHOCARDIOGRAPHY, MUSCULOSKELETAL SONOGRAPHY, USG GUIDED INTERVENTIONAL PROCEDURES, DIGITAL X-RAY, HSG, IVP, BARIUM PROCEDURES, ECG (CARDIOGRAM), COMPREHENSIVE HEALTH CHECK-UP, ASU and MCU, COMPUTERISED PATHOLOGY

After Treatment

Shop No. 17, Ekta Avenue, Plot No. C 94,
Sector 12, Opp. Sanjeevan Hospital,
Kharghar - 410 210.
Mob. : 7506946301 / 9930770213
Time : Mon. To Sat. 9 am to 10 pm
Sunday 9 am to 2 pm
Email : healthcareimagingclinic@gmail.com

Healthcare Imaging
Excellence in Imaging

Age/Sex: 23yrs/F
Date: 12/04/2025

ULTRASONOGRAPHY OF PELVIS (TAS)

CLINICAL PROFILE: for pelvic evaluation

FINDINGS:

Urinary bladder:
Distended and appears normal. No vesical calculus/ wall thickening noted.

Uterus:
Anteverted, normal in size and measures 6.2 x 3.9 x 2.8 cm, shows normal echotexture.
No focal lesion. Endometrial thickness measures 4.2mm.

Ovaries:
Both ovaries well seen, appears normal.
Right ovary measures: 3.5 x 2.6 x 1.2cm. Volume: 6.2cc
Left ovary measures: 3.3 x 2.5 x 1.8cm. Volume: 8.2cc
Multiple small follicles are seen in both the ovaries.

No adnexal solid / cystic lesion is noted.
Minimal free fluid is noted in pouch of Douglas (likely physiological)

IMPRESSION:

- Normal USG study of pelvis.
- Needs clinical and hormonal correlation.


Dr. Pratik Patil (M.D Radiology)
Consultant Radiologist
Please correlate the findings with clinical examination, history & blood investigations.

ABDOMEN & PELVIS SONOGRAPHY, OBSTETRICS SONOGRAPHY, 2D ANOMALY SCAN, COLOUR DOPPLER, FETAL ECHOCARDIOGRAPHY, 2-D ECHOCARDIOGRAPHY, MUSCULOSKELETAL SONOGRAPHY,
USG GUIDED INTERVENTIONAL PROCEDURES, DIGITAL X-RAY, HSG, IVP, BARIUM PROCEDURES, ECG (CARDIOGRAM), COMPREHENSIVE HEALTH CHECK-UP, ASU and MCU, COMPUTERISED PATHOLOGY

DISCUSSION

Menstrual irregularities are commonly seen in conditions like Polycystic Ovarian Syndrome (PCOS) and occur due to combined disturbances in hormonal balance and *Dosha* equilibrium. According to Ayurveda, such conditions mainly involve vitiation of *Vata*, *Pitta*, and *Kapha Dosha*, along with impairment of *Rasa Dhatu*, *Meda Dhatu*, and *Artava Upadhatu*. In the present case, a marked improvement in menstrual regularity was observed following a combined treatment approach using internal Ayurvedic medicines along with Panchakarma therapy.

The internal medications used in this case included *Kanchanar Guggulu*, *Kuberaksha Vati*, *Shankha Vati*, and *Shatapushpa Churna*. These formulations were selected to correct *Dosha* imbalance, improve metabolic function, and support proper formation and flow of *Artava*. *Kanchanar Guggulu* is known for its *Deepana*, *Pachana*, *Lekhana*, and *Medohara* properties and is commonly indicated in disorders associated with *Kapha* and *Meda* accumulation, such as ovarian cysts. Its action helps in clearing obstructed channels and improving metabolic activity, which supports a healthier ovarian environment.^{[3,5] [2,8]}

Kuberaksha Vati is traditionally used for regulating hormonal function and supporting ovulation, while *Shankha Vati* helps in improving digestive fire (*Agni*) and correcting gastrointestinal disturbances. Proper digestion and absorption are essential for the nourishment of *Artava Dhatu*. *Shatapushpa Churna* is well known for its *Artavajanana* action and mild phytoestrogenic effect, which helps in regulating menstrual cycles and supporting ovulation.^[2,8]

As part of Panchakarma therapy, *Yogabasti* with *Shatapushpa Taila* was administered. *Basti Chikitsa* is considered the most effective treatment for disorders of *Vata Dosha*, especially those related to the pelvic region. It acts mainly on *Apana Vata*, which controls menstruation, ovulation, and reproductive functions. Administration of medicine through the rectal route allows better absorption and produces systemic effects, influencing the neuroendocrine system and helping in regulation of the hypothalamic–pituitary–ovarian axis.^{[2,8] [10,11]}

Shatapushpa Taila contains phytoestrogenic components that help in balancing estrogen levels in the body. Depending on the hormonal status, it may show estrogen-like or estrogen-modulating effects, thereby supporting normal endometrial function and regular ovulation. This helps in restoring menstrual rhythm and improving fertility potential.^[2,8]

Clinically, the combined use of internal medicines and *Yogabasti* resulted in improvement in menstrual regularity, reduction in ovarian cystic changes, and better hormonal balance. The overall therapeutic effect can be attributed to correction of *Dosha* and *Dhatu* imbalance, improvement in metabolism, and regulation of hormonal pathways. When combined with proper *Pathya-Apathya* (diet and lifestyle measures), this integrated Ayurvedic approach appears to be effective in the management of menstrual irregularities associated with PCOS.^[2,7]

CONCLUSION

The present case study highlights the therapeutic potential of an integrative Ayurvedic protocol in the management of Polycystic Ovarian Syndrome (PCOS). The combined use of *Yoga Basti* with *Shatapushpa Taila* and *Dashmool Kwath*, along with oral administration of *Kanchanar Guggul*, *Kuberaksha Vati*, *Shankha Vati*, and *Shatapushpa Churna*, resulted in marked improvement in menstrual regularity, normalization of ovarian morphology, and reduction in associated clinical symptoms such as acne, hair fall, and weight gain. These outcomes suggest that an Ayurvedic regimen can effectively address the heterogeneous manifestations of PCOS.

Overall, this case underscores the value of integrating Panchakarma procedures, targeted herbal formulations, and lifestyle regulation in providing a non-hormonal, holistic, and sustainable approach to PCOS management. While the results are promising, larger controlled studies are required to validate these findings and further elucidate the mechanistic pathways underlying the observed therapeutic benefits.^[2,7]

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