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ĀYURVEDIC MANAGEMENT OF PCOD WITH HYPERMENORRHEA USING ŚAMANA AUSHĀDHIS AND NASYA KARMA – A CASE STUDY

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ABSTRACT

Polycystic Ovarian Disease (PCOD) is one of the most common endocrine disorders affecting women of reproductive age and is frequently associated with menstrual disturbances such as hypermenorrhea, dysmenorrhea, and irregular cycles. The World Health Organization (WHO) estimates that PCOD affects approximately 6–13% of women globally, while studies in India indicate a higher prevalence ranging from 10–25% among women of childbearing age. Hypermenorrhea, characterized by excessive menstrual bleeding, can be correlated in Āyurveda with *Asṛgdāra*, a condition involving abnormal and profuse discharge of *Rakta* during menstruation. In Āyurveda, PCOD can be understood under the spectrum of *Artavavyāpād*, where the pathogenesis involves *Vāta-Kapha doṣa duṣṭi*, *Rasa-Rakta dhātu vikṛti*, and *Artavavāha srotoduṣṭi*. The occurrence of *Asṛgdāra* (hypermenorrhea) in PCOD is primarily due to vitiation of *Vāta* and *Kapha* along with *Rakta duṣṭi*, leading to deranged *Artava* and excessive uterine bleeding. Management through *Śamana Auṣadhis* possessing *Madhura-Tikta-Kaṭu Rasa*, *Laghu–Snigdha Guṇa*, *Uṣṇa Vīrya*, and *Yogavāhī* properties helps in pacifying vitiated *Doṣas*, correcting *Agni*, and stabilizing *Rakta* and *Artava*. *Nasya Karma* plays a pivotal role in regulating neuro-endocrine function by acting through the nasal route and influencing the

hypothalamo-pituitary-ovarian axis, thereby aiding in hormonal balance and normalization of menstrual flow.

INTRODUCTION

Polycystic Ovarian Disease (PCOD) is a common endocrine disorder affecting women of reproductive age, characterized by the presence of multiple small follicles in the ovaries and associated hormonal imbalance. It manifests clinically with irregular menstruation, anovulation, infertility, and features of hyperandrogenism such as hirsutism and acne. Although the ovarian follicles are usually benign, their persistence disrupts normal ovarian function, leading to significant reproductive and metabolic disturbances. The World Health Organization (WHO) estimates that PCOD affects approximately 6–13% of women globally, while studies in India indicate a higher prevalence ranging from 10–25% among women of childbearing age. In Āyurveda, PCOD does not have a direct correlation but can be understood under the spectrum of *Artavavyāpād*. The symptom of excessive menstrual bleeding (hypermenorrhea) observed in some PCOD patients can be correlated with *Pradara* and *Asṛgdara*. Ācārya Caraka describes *Pradara* as a condition characterized by *pradīraṇa* (excessive flow) of *Raja* (menstrual blood). According to Cakrapāṇi Ṭīkā, the term *Asṛgdara* denotes excessive discharge of blood (*asṛk dhīraṇa*). Ācārya Suśruta further explains that all types of *Asṛgdara* are associated with systemic symptoms such as body ache and pain along with profuse uterine bleeding. Ācārya Caraka has advocated that the management of such conditions should be on the lines of *Raktayoni*, emphasizing the use of *Rakta-sthāpana Auṣadhis* after assessing the involvement of *Doṣas*. This highlights the importance of a doṣa-specific and individualized treatment approach in managing PCOD with hypermenorrhea.

CASE REPORT

A 21-year-old unmarried female presented with a 2-year history of irregular menstrual cycles, which gradually progressed to prolonged and heavy menstrual bleeding over the past 6–8 months, lasting 20 days per cycle with passage of clots. Menstrual cycles occur every 45–55 days associated with abdominal pain, vomiting, and diarrhea. No history of DM, HTN, or thyroid disorders. She had previously consulted an allopathic hospital, where she underwent clinical evaluation and USG pelvis, which revealed a bulky left ovary with polycystic ovarian morphology. Serum Anti-Müllerian Hormone (AMH) levels were found to be elevated. She received allopathic treatment however, menstrual regularity was not achieved and symptoms persisted. Due to the persistence of symptoms, she approached S.V. Ayurvedic College

Hospital for Ayurvedic management for the first sitting. she was identified to have Vāta prakṛti.

General Examination

1. Aṣṭa Sthāna Pariksha

1. *Nādi*	78 beats/min
2. *Mūtra*	3 to 4 times a day
3. *Mala*	once a day
4. Jīhva	*Alipitha*
5. Śabda	*Prakrutha*
6. Sparśa	*Prakrutha*
7. Drk	*Prakrutha*
8. Ākrti	*Madhyama*

2. Daśavidha Parīkṣā

1. Prakṛti	Vata-pitta
2. *Vikṛiti*	Rakta duṣṭi and Apāna Vāta duṣṭi
3. Sāra	*Madhyama*
4. Saṃhanana	*Madhyama*
5. Pramāṇa	*Madhyama*
6. Sātmya	*Madhyama*
7. Sattva	*Madhyama*
8. Āhāraśakti	*Madhyama*
9. Vyāyāmaśakti	*Avara*
10. Vayaḥ	*Madhyama*

Blood pressure: 130/90 mm of Hg

Respiratory rate: 14 breaths /min

Height: 152cm

Weight: 45kg

Oedema: Absent

Anaemia: Absent

Clubbing: Absent

Cyanosis: Absent

Family history: Absent

Personal History

- Diet: Mixed
- Appetite: Moderate
- Sleep: Adequate

- Bowel habits: Regular

Ayurvedic Assessment

Prakṛti: Vāta-Pitta

Vikṛti: Rakta Duṣṭi

Doṣa: Kapha–Pitta pradhāna with Vāta anubandha

Duṣya: Rasa, Rakta, Artava

Srotas involved: Rasavaha, Raktavaha, Artavavaha Srotas

Srotoduṣṭi: Saṅga, Ati-pravṛtti

Rogamārga: Bāhya Roga Mārga

Rogabala: Yāpya

Rogibala: Madhyama Bala

INVESTIGATIONS

Blood investigations

Hb%: 13.7gm%

TLC: 7800 cells/cu.mm, DC: N – 56%, L – 39%, M – 0.1%, E – 0.4%, B- 0.8%

ESR: 25mm/1hour

RBS: 120mg/dl.

Urine Investigations:

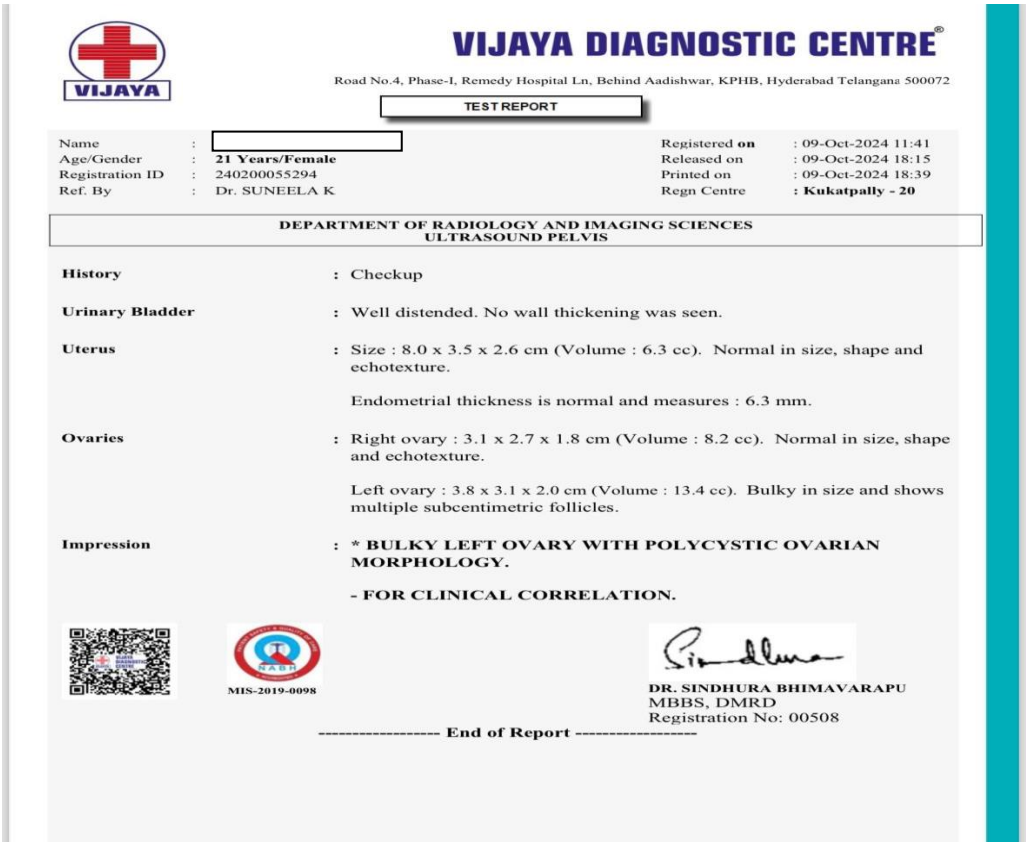
Albumin- nil

sugar – nil

M/E – 4-6 pus cells/HPF,

2-4 epithelial cells/ HPF.

USG PELVIS: IMPRESSION: Bulky left ovary with Polycystic ovarian Morphology.



VIJAYA DIAGNOSTIC CENTRE®

Road No.4, Phase-I, Remedy Hospital Ln, Behind Aadishwar, KPHB, Hyderabad Telangana 500072

TEST REPORT

Name	:		Registered on		: 09-Oct-2024 11:41
Age/Gender	:	**21 Years/Female**	Released on		: 09-Oct-2024 18:15
Registration ID	:	240200055294	Printed on		: 09-Oct-2024 18:39
Ref. By	:	Dr. SUNEELA K	Regn Centre		: **Kukatpally - 20**

DEPARTMENT OF RADIOLOGY AND IMAGING SCIENCES
ULTRASOUND PELVIS

History : Checkup

Urinary Bladder : Well distended. No wall thickening was seen.

Uterus : Size : 8.0 x 3.5 x 2.6 cm (Volume : 6.3 cc). Normal in size, shape and echotexture.

Endometrial thickness is normal and measures : 6.3 mm.

Ovaries : Right ovary : 3.1 x 2.7 x 1.8 cm (Volume : 8.2 cc). Normal in size, shape and echotexture.

Left ovary : 3.8 x 3.1 x 2.0 cm (Volume : 13.4 cc). Bulky in size and shows multiple subcentimetric follicles.

Impression : * **BULKY LEFT OVARY WITH POLYCYSTIC OVARIAN MORPHOLOGY.**

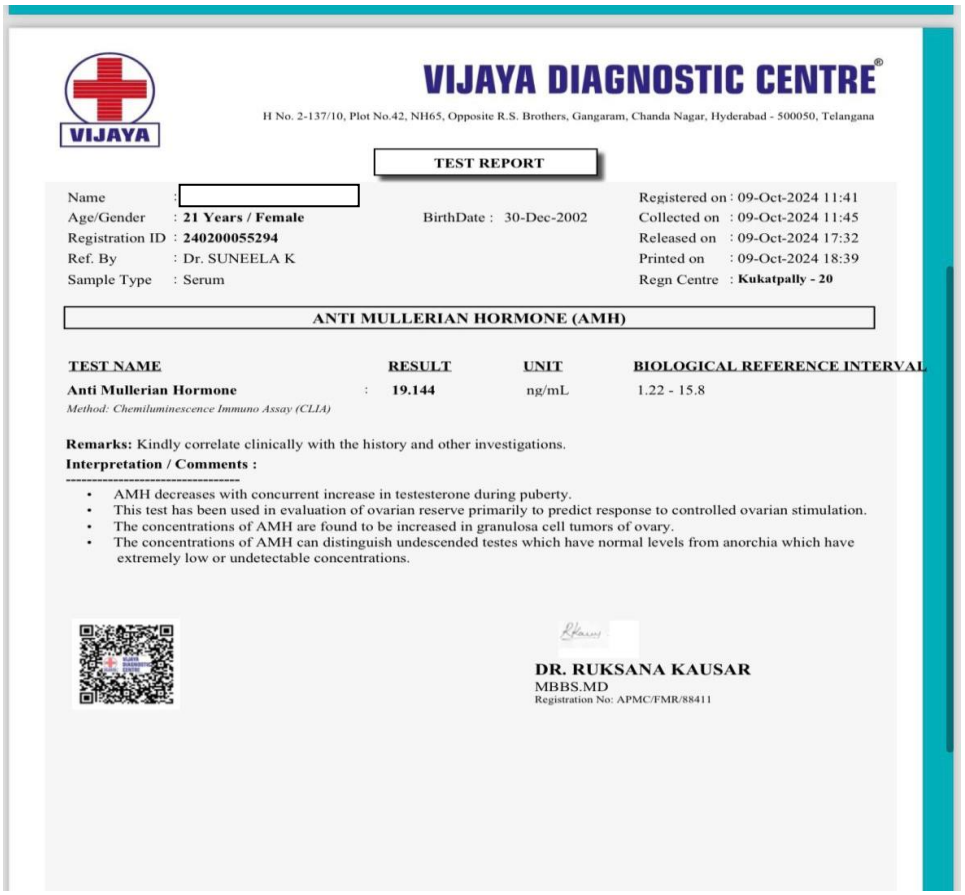
- FOR CLINICAL CORRELATION.

MIS-2019-0098

DR. SINDHURA BHIMAVARAPU
MBBS, DMRD
Registration No: 00508

---------- **End of Report** ----------

SERUM AMH: 19.44ng/mL.



VIJAYA DIAGNOSTIC CENTRE®

H No. 2-137/10, Plot No.42, NH65, Opposite R.S. Brothers, Gangaram, Chanda Nagar, Hyderabad - 500050, Telangana

TEST REPORT

Name	:			Registered on	: 09-Oct-2024 11:41
Age/Gender	:	**21 Years / Female**	BirthDate : 30-Dec-2002	Collected on	: 09-Oct-2024 11:45
Registration ID	:	**240200055294**		Released on	: 09-Oct-2024 17:32
Ref. By	:	Dr. SUNEELA K		Printed on	: 09-Oct-2024 18:39
Sample Type	:	Serum		Regn Centre	: **Kukatpally - 20**

ANTI MULLERIAN HORMONE (AMH)

TEST NAME		RESULT	UNIT	BIOLOGICAL REFERENCE INTERVAL
Anti Mullerian Hormone	:	**19.144**	ng/mL	1.22 - 15.8

Method: Chemiluminescence Immuno Assay (CLIA)

Remarks: Kindly correlate clinically with the history and other investigations.

Interpretation / Comments :

- AMH decreases with concurrent increase in testesterone during puberty.
- This test has been used in evaluation of ovarian reserve primarily to predict response to controlled ovarian stimulation.
- The concentrations of AMH are found to be increased in granulosa cell tumors of ovary.
- The concentrations of AMH can distinguish undescended testes which have normal levels from anorchia which have extremely low or undetectable concentrations.

DR. RUKSANA KAUSAR
MBBS.MD
Registration No: APMC/FMR/88411

METHODS AND MATERIALS

Treatment protocol

Śamana Aushādhis: Phase 1 initial management of asrigdhara

AUSHADI	DOSE	ANUPANA
1.Puṣyāṅga Cūrṇa (50 g) + Akīkā Piṣṭi (5 g) + Muktāśukti Piṣṭi (5 g) + Godantī Bhasma (10 g)	½ tsp (BD)	Sukhosna jala
2. Tab Rakta stambhak	1 (TD)	Sukhosna jala
3. Tab Pāṭolādi Kaṣāyam	1 (TD)	Sukhosna jala
4. Cap Dhanwantaram (101) 600mg	1 (TD)	Sukhosna jala

Along with Śamana Aushādhis Nasya Karma with *Phala Ghṛta* was administered in the form of Pratimārśa Nasya, with a dose of 2–2 drops instilled into each nostril. The procedure was performed during Prātaḥkāla (morning) on an empty stomach, and continued for a duration of 14 days.

Phase 2 – Post regularity Therapy

These Śamana auṣadhis were administered for a period of 3 months for Cycle Stabilization and Ovarian Support and Pathya āhāra and vihāra were advised and followed.

AUSHADI	DOSE	ANUPANA
1. Ārogyavardhinī Vaṭi	1 (BD)	Sukhosna jala
2. Bola Baddha Ras	1 (BD)	Sukhosna jala
3. M2-Tone	1 (BD)	Sukhosna jala

RESULTS

PARAMETER	BEFORE TREATMENT	AFTER TREATMENT
1. Menstrual cycle interval	55 days	30 days
2. Duration of menstrual bleeding	Up to 20 days/month	7 days
3. Ovarian dimensions	3.8 × 3.1 × 2.0 cm	2.6 × 2.4 × 2.5 cm
4. Ovarian volume	13.4 cc	8.4 cc
5. Ovary involved	Left bulky ovary	Both ovaries are normal
6. Serum AMH levels	19.144 ng/mL (markedly elevated)	7.56 ng/mL (significantly reduced)

Nishka
Skin Clinic & Scan Centre

Name	[redacted]	Age	23 Years /Female
Referred by: Dr.	Self	Date	13-05-2025

ULTRASOUND REPORT OF PELVIS

FINDINGS:

URINARY BLADDER: Is well distended.
No mucosal irregularity / wall thickening/ calculi seen.

UTERUS: Anteverted and normal in size, shape with uniform echotexture.
No focal lesions seen.
Uterine measurements: 6.3 x 3.4 x 3.8 cm.
Endometrial thickness is 4 mm.

OVARIES:
Both ovaries are normal in shape, size and position.
Right ovary measures 2.8 x 2.3 x 2.4 cm; volume is 8.6 cc.
Left ovary measures 2.6 x 2.4 x 2.5 cm, volume is 8.4 cc.

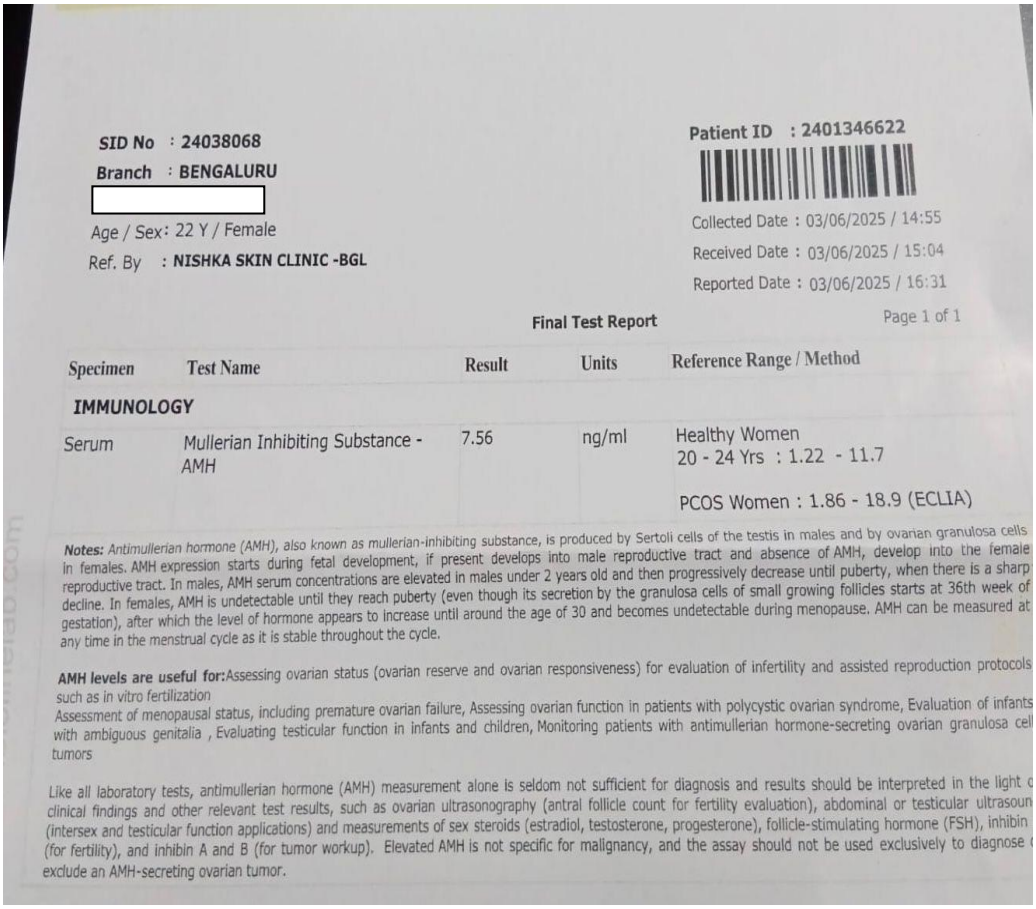
No adnexal lesion noted.

No fluid in POD.

IMPRESSION:

1. **No sonological abnormality detected.**

Dr. Vinaykumar .C. Udasi, MDRD
Consultant Radiologist



SID No : 24038068
Branch : BENGALURU
[redacted]
Age / Sex: 22 Y / Female
Ref. By : NISHKA SKIN CLINIC -BGL

Patient ID : 2401346622
Collected Date : 03/06/2025 / 14:55
Received Date : 03/06/2025 / 15:04
Reported Date : 03/06/2025 / 16:31

Final Test Report

Specimen	Test Name	Result	Units	Reference Range / Method
IMMUNOLOGY				
Serum	Mullerian Inhibiting Substance - AMH	7.56	ng/ml	Healthy Women 20 - 24 Yrs : 1.22 - 11.7 PCOS Women : 1.86 - 18.9 (ECLIA)

Notes: *Antimullerian hormone (AMH), also known as mullerian-inhibiting substance, is produced by Sertoli cells of the testis in males and by ovarian granulosa cells in females. AMH expression starts during fetal development, if present develops into male reproductive tract and absence of AMH, develop into the female reproductive tract. In males, AMH serum concentrations are elevated in males under 2 years old and then progressively decrease until puberty, when there is a sharp decline. In females, AMH is undetectable until they reach puberty (even though its secretion by the granulosa cells of small growing follicles starts at 36th week of gestation), after which the level of hormone appears to increase until around the age of 30 and becomes undetectable during menopause. AMH can be measured at any time in the menstrual cycle as it is stable throughout the cycle.*

AMH levels are useful for: *Assessing ovarian status (ovarian reserve and ovarian responsiveness) for evaluation of infertility and assisted reproduction protocols such as in vitro fertilization*
Assessment of menopausal status, including premature ovarian failure, Assessing ovarian function in patients with polycystic ovarian syndrome, Evaluation of infants with ambiguous genitalia , Evaluating testicular function in infants and children, Monitoring patients with antimullerian hormone-secreting ovarian granulosa cell tumors

Like all laboratory tests, antimullerian hormone (AMH) measurement alone is seldom not sufficient for diagnosis and results should be interpreted in the light of clinical findings and other relevant test results, such as ovarian ultrasonography (antral follicle count for fertility evaluation), abdominal or testicular ultrasound (intersex and testicular function applications) and measurements of sex steroids (estradiol, testosterone, progesterone), follicle-stimulating hormone (FSH), inhibin B (for fertility), and inhibin A and B (for tumor workup). Elevated AMH is not specific for malignancy, and the assay should not be used exclusively to diagnose or exclude an AMH-secreting ovarian tumor.

DISCUSSION

PCOD associated with hypermenorrhea can be correlated to Asṛgdāra with Artava duṣṭi, predominantly involving Vāta–Kapha doṣas along with Rakta duṣṭi. In the acute phase, Rakta-stambhaka and Pitta–Kapha śāmaka drugs such as Pāṭolādi Kaṣāyam, Puṣyāṅga Cūrṇa, and Śīta vīrya Piṣṭis effectively controlled excessive menstrual bleeding and stabilized Artava. Nasya with Phala Ghṛta influences the hypothalamic–pituitary–ovarian axis, thereby improving ovarian function and normalizing Artava pravṛtti. In the maintenance phase, drugs like Ārogyavardhinī Vaṭi, Bola Baddha Rasa, and M2-Tone helped in Artava-niyamana, metabolic correction, and prevention of recurrence. Overall, the combined therapy achieved samprāpti-bhaṅga, reflected by normalization of menstrual parameters, reversal of polycystic ovarian morphology, and reduction in serum AMH levels.

CONCLUSION

In the present case, the patient is of Vāta-dominant prakṛti with relative Kapha-kṣaya. Due to Anyōnya Vāta prakopa, aggravated Vāta further depleted Kapha and Rakta dhātu, leading to Rakta-kṣaya–janya Vāta prakopa, which manifested as menstrual irregularity and prolonged bleeding. In Ayurveda, Rakta-kṣaya invariably results in Vāta vr̥ddhi, and hence the primary pathology in this case is Vāta dominance rather than Kapha–Medo vr̥ddhi. Therefore, management was planned to nourish Rakta and Artava dhātu and pacify Vāta, rather than employing excessive Kapha–Medo śoṣaṇa or lekhana therapies. Correction of Yakṛt and Rakta-vaha srotas was considered essential, as the liver plays a vital role in Rakta formation and hormonal metabolism. Hence, Rasāyana and Bṛṃhaṇa drugs were selected to restore dhātu equilibrium. Although the condition is labeled as PCOD in modern medicine, it should not be uniformly approached as a Kapha–Medo pradhāna disorder in Ayurveda. In this patient, Kapha vr̥ddhi was therapeutically required to counterbalance Vāta aggravation and support Artava stability. Rasāyana drugs helped in dhātu puṣṭi, Vāta śamana, and normalization of ovarian function, leading to clinical and radiological improvement.

REFERENCES

1. Sharma R.K., Bhagawan Dash, *Caraka Saṃhitā* (Text with English translation and Criticial Exposition based on Cakrapani Datta's Ayurveda Dipika) Volume V, *Cikitsāsthana* 30/209, 2015 Edition, Chaukhamba Sanskrit Series Office, Varanasi.

2. Sharma R.K., Bhagawan Dash, *Caraka Saṃhitā* (Text with English translation and Criticial Exposition based on Cakrapani Datta's Ayurveda Dipika) Volume V, *Cikitsāsthana* 30/227-228, 2015 Edition, Chaukhamba Sanskrit Series Office, Varanasi.
3. Professor Kṛṣṇa Rāmacandra Śrīkaṇṭha Mūrthy. *Sūśruta Saṃhitā*.. Volume III, Vārāṇasī: Chaukhambhā Orientalia; 2017. *Śarīra Sthāna*, Chapter 2, Śloka 20. 288 614 644.
4. Śarmā Sadananda, *Rasa Taraṅgiṇī*, Motilāla Banārasīdāsa, Vārāṇasī, 1686, Taraṅga 11, 284.
5. Śarmā Sadananda, *Rasa Taraṅgiṇī*, Motilāla Banārasīdāsa, Vārāṇasī, 1686, Taraṅga 12, p. 288.
6. Śarmā Sadananda, *Rasa Taraṅgiṇī*, Motilāla Banārasīdāsa, Vārāṇasī, 1686, Taraṅga 22, 615.