WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
SJIF Impact Factor 8.453
Volume 14, Issue 17, 1200-1217. Case Study ISSN 2277–7105

AN AYURVEDIC MANAGEMENT OF POLYCYSTIC OVARIAN DISEASE WITH REFERENCE TO ANOVULATORY CYCLE- A CASE STUDY

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Article Received on
10 July 2025,

Revised on 01 August 2025,
Accepted on 20 August 2025

DOI: 10.20959/wjpr202517-38179

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ABSTRACT

Polycystic Ovarian Disease (PCOD) is a common endocrine disorder affecting women of reproductive age and is a leading cause of anovulatory infertility. In Ayurveda, PCOD can be correlated with Artavakshaya, Arajaska, or Yonivyapad conditions based on clinical presentation. The current case study evaluates the efficacy of Ayurvedic management in treating PCOD with anovulatory cycles using Shodhana (purificatory therapies) and Shamana (palliative therapies).

INTRODUCTION

Polycystic ovarian syndrome can be considered as one of the leading cause for female infertility and one of the leading reproductive endocrine disorders in the world.

The name polycystic ovary syndrome describes the numerous small cyst (fluid filled sac) that forms in the ovary.

It is a hormonal disorder, causing enlarged ovaries with fluid filled sacs on the outer edges because of abnormal hormonal level.

Polycystic ovarian disease is a heterogeneous disorder, characterized by elevated androgen levels, menstrual Irregularities, and small cyst on one or both ovaries.

Current incidence of PCOD is 5 to 15% and is increasing due to current lifestyle changes.
It's so common nowadays from adolescent period itself, developing soon after puberty.

15 to 20% of infertile, women are diagnosed with PCOD
About 50 to 70% of PCOD patients are obese

Polycystic ovarian syndrome can be diagnosed as per Rotterdam criteria, 2003 is based on features such as clinical or biochemical, hyperandrogenism, oligo or anovulation and polycystic ovary.

Among this, if two of the three criteria are present in a patient, it's diagnosed as PCOD
In Ayurveda, all the gynecological disorders are classified under Yoniyapad and artava dushti
Here PCOD can be correlated with Artavkshaya.

Ayurveda been a holistic approach towards the line of treatment gives a complete satisfactory result without any complications in parallel to modern sciences where hormonal therapy and laparoscopic ovarian drilling are the only remedy.

A direct correlation of PCOD in classic is not available features of Nashtarthava and Artavkshaya seen in PCOD.

In Nastarthava Vata and Kapha Dosha is vitiated here, so treatment should be Vata kapha hara, and Agni deepana, Vata anulomana, rasa pradoshaja chikitsa were adopted.

Hence, to find a long-lasting solution for PCOD with no much adverse effects with the help of Ayurveda is the need of the case study.

MATERIAL AND METHODS

Place of study – OPD no 5.- Prasuti Tantra and Streeroga department of Siddhakala Ayurved Hospital, Sangamner, 422605, Maharashtra.

CASE REPORT

A 28-year-old Married woman approached to prasutitantra and Stree roga OPD of Siddhakala Ayurved Hospital with complaints of irregular menstrual cycle, and scanty bleeding with pain during menstruation and USG suggestive of PCOD.

Patient is anxious to conceive.

Prior to seek Ayurvedic treatment at our hospital, she he already pursued medical advice from an allopathic hospital for 1-2 years

However, she was dissatisfied with the result of the treatment

Consequently, she turned to our hospital IN SEARCH OF Ayurvedic treatment for following conditions.

HISTORY OF PRESENT ILLNESS

Patient was apparently normal after menarche for 4 years

Then she gradually developed with irregularity of cycle and scanty menses with dysmenorrhea.

PAST HISTORY

No history of DM/HTN OR ANY other major illness

Known case of PCOD since 2019

Two times Follicular study done (1 year ago).

Anovulatry cycle seen. No rupture of dominant follicles with many tiny follicles seen.

PREVIOUS INVESTIGATION DONE

HSG DONE- Both tubes patent

USG interpretation- S/O bilateral PCOD

FAMILY HISTORY

No history of DM / HTN or any other major illness.

SURGICAL HISTORY- None.

TREATMENT HISTORY

She was under allopathic treatment for PCOD with primary infertility in the past 1-2 years, but no satisfactory results observed.

MENSTRUAL HISTORY

Age of menarche- 13 years

LMP- 20/01/2025

Duration of flow- 1 - 2 days

Length of cycle- 45 - 60 days

Regularity of cycle- Irregular

Amount of flow- 1 pad per day

D1- 1 pad 60 % soaked

D2- 1 pad 20 %soaked

Pain- severe pain present on D1 of the menstruation

Clots- Nil

Color- Blackish red

ASHTAVIDHA PARIKSHAN

NADI -78/min.

MALA- constipation

MUTRA- 2-4 vega / day

JIVHA- Samata

SHABDA- Prakrut

SPARSHA- Anushna

DRIK- Prakrut

AKRITI- Obese

GENERAL EXAMINATION

TEMPERATURE- 98.6 ^{o}F. Vyayamshakti- Avyayama

BP-110/70 mmHg Aaharshakti- Madhyam

PR- 78/min. Occupation- Sitting work

Respiration rate-20/min

HEIGHT - 152cm

Weight - 59 kg

BMI- 25.54kg/m2

Agni- Manda Agni

Trushna- Alpa

Nidra- Diwaswap daily 2 hours

Diet- Mix diet

SYSTEMIC EXAMINATION

Respiratory system- Lungs clear AEBE Clear

CVS- S1 S2 heard, No added sounds

CNS- Conscious and Oriented to time, place and person

LOCAL EXAMINATION

NECK- No lymph node enlargement, Acanthosis nigricans absent

Breast - B/L soft and no discharge from nipple

Pallor- Mild pallor

No bilateral pedal edema

No Acne seen

No Hirsutism seen

Per Abdomen Examination (P/A)- Soft and non-tender

P/S- Cervix is normal in size with no cervical erosion seen.

Cervix is pinpoint

No any discharge seen

No foul smell

P/V- cervix is posterior with normal in size

Uterus AVAF with normal size

No any discharge present

No cervical motion tenderness present

No fornix tenderness present

INVESTIGATION

HB- 9.8 gm/dl

BSL(Random)- 98.2 gm/dL

HbA1c- 4.9

Thyroid function test and serum prolactin - Normal

USG of pelvis - Bilateral PCOS morphology present

Right ovary - 4.4 x 2.4 x 2.5cm, Volume- 14.6 cc

Left ovary- 4.1 x 1.9 x 2.5cm., Volume- 10.6 cc

Test Report Status **Final**	Results	Biological Reference Interval	Units

SPECIALISED CHEMISTRY - HORMONE

TSH 3RD GENERATION ULTRASENSITIVE, SERUM

TSH (ULTRASENSITIVE)	3.160	Euthyroid : 0.35 - 4.94 Hypothyroid : > 4.94 Hyperthyroid : < 0.35 Pregnant Women (As per American Thyroid Association) 1st Trimester 0.100 - 2.500 2nd Trimester 0.200 - 3.000 3rd Trimester 0.300 - 3.000 Please note change in reference range.	µIU/mL

METHOD : CMIA

PROLACTIN, SERUM

PROLACTIN	26.34	5.18 - 26.53 PREGNANT WOMEN : 9.0 - 200.0	ng/mL

METHOD : CMIA

Interpretation(s)

Prolactin is a protein hormone secreted by anterior pituitary gland & placenta (in pregnancy). The secretion is regulated physiologically by inhibitory & releasing factors of hypothalamus. The major physiologic action of prolactin is the initiation & maintenance of lactation in women.Hyperprolactinemia inhibits gonadotrophin secretion & can produce hypogonadism in men & women.

The clinical use of prolactin levels is in the diagnosis & management of male & female hypogonadism. Increased levels seen in : 1.Pituitary tumour. 2.Hypothalamic lesions. 3.Hypothyroidism. 4.Antidepressants. 5.Stress.

NOTE : Various drugs & physiological factors can give rise to falsely elevated levels. Due to its episodic secretion, high prolactin values should be reconfirmed by performing the test on a pooled serum sample from specimens drawn at 6 to 20 minutes interval.
MALE: Hyperprolactinaemia in males may be associated with decreased libido, impotence, infertility, gynaecomastia.
FEMALE: Prolactin secretion from pituitary shows significant diurnal, episodic & cyclical variations. Following is a suggested approach to hyperprolactinaemia in females:

Prolactin Level	Interpretation	Remarks, Often associated with
25 - 50 ng/ml	Mild Prolactin excess	physiological conditions like stress, exercise , pregnancy, lactation etc. This may not be associated with clinical hyperprolactinaemia and needs review after a month.
51 - 75 ng/ml	Moderate Prolactin Excess	clinical hyperprolactinaemia - short luteal phase, oligomennorrhea
Above 100 ng/ml	Marked prolactin excess	clinical hyperpolactinaemia -hypogonadism, amenorrhea, galactorrhea
Above 200 ng/ml	Marked prolactin excess	pituitary adenoma requiring further workup.

References : 1. Diagnosis & Treatment of hyperprolactinaemia.The endocrine society clinical practice guideline, 2011 2. Diagnosis & Management of hyperprolactinemia.Canadian Medical Association CMAJ. Sept.16,2003;169(6)

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Consultant Pathologist

View Details View Report

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Mumbai, 400016
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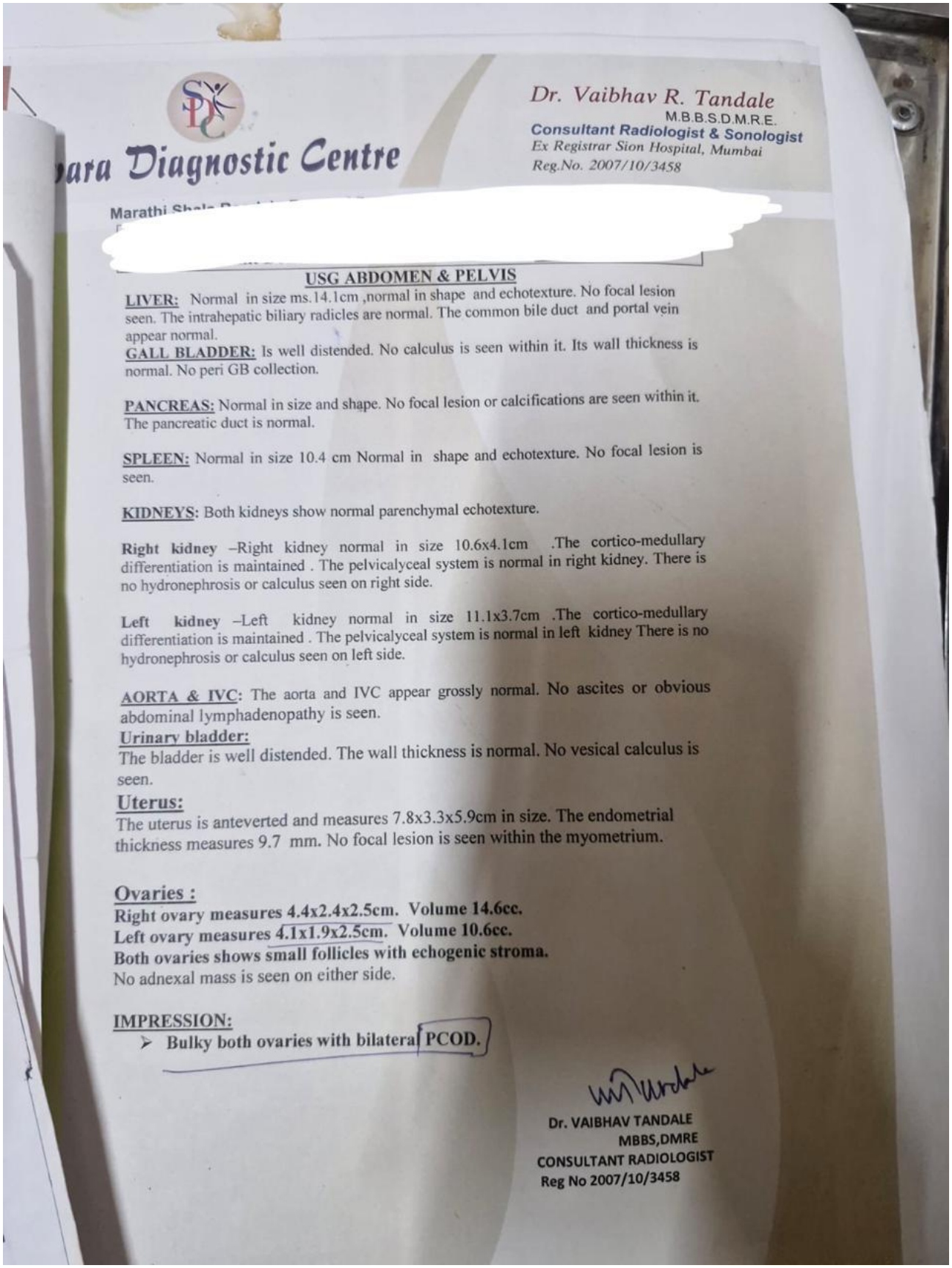
Tel : 022 48247247/022 68247247, Fax : CIN - U8519DLI999TC217659



ara Diagnostic Centre

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Marathi Shala [redacted]

USG ABDOMEN & PELVIS

LIVER: Normal in size ms.14.1cm ,normal in shape and echotexture. No focal lesion seen. The intrahepatic biliary radicles are normal. The common bile duct and portal vein appear normal.

GALL BLADDER: Is well distended. No calculus is seen within it. Its wall thickness is normal. No peri GB collection.

PANCREAS: Normal in size and shape. No focal lesion or calcifications are seen within it. The pancreatic duct is normal.

SPLEEN: Normal in size 10.4 cm Normal in shape and echotexture. No focal lesion is seen.

KIDNEYS: Both kidneys show normal parenchymal echotexture.

Right kidney –Right kidney normal in size 10.6x4.1cm .The cortico-medullary differentiation is maintained . The pelvicalyceal system is normal in right kidney. There is no hydronephrosis or calculus seen on right side.

Left kidney –Left kidney normal in size 11.1x3.7cm .The cortico-medullary differentiation is maintained . The pelvicalyceal system is normal in left kidney There is no hydronephrosis or calculus seen on left side.

AORTA & IVC: The aorta and IVC appear grossly normal. No ascites or obvious abdominal lymphadenopathy is seen.

Urinary bladder:
The bladder is well distended. The wall thickness is normal. No vesical calculus is seen.

Uterus:
The uterus is anteverted and measures 7.8x3.3x5.9cm in size. The endometrial thickness measures 9.7 mm. No focal lesion is seen within the myometrium.

Ovaries :
Right ovary measures 4.4x2.4x2.5cm. Volume 14.6cc.
Left ovary measures 4.1x1.9x2.5cm. Volume 10.6cc.
Both ovaries shows small follicles with echogenic stroma.
No adnexal mass is seen on either side.

IMPRESSION:
- **Bulky both ovaries with bilateral PCOD.**

Dr. VAIBHAV TANDALE
MBBS,DMRE
CONSULTANT RADIOLOGIST
Reg No 2007/10/3458

ASSESSMENT CRITERIA FOR PCOD

SUBJECTIVE CRITERIA

SYMPTOMS	GRADE 0	GRADE 1	GRADE 2	GRADE 3
Intermenstrual period	24-35 days	36-45 days	46-60 days	>60 days
Duration of menstrual bleeding	3-5 days	<3 days	<2 days	<1day
Amount of blood bleeding	2 Pads/day	1 Pads/day	Spotting	No bleeding
Pain during menstruation	None	Mild	Moderate	Severe

OBJECTIVE CRITERIA

	GRADE 0	GRADE 1	GRADE 2
Assessment of size of cyst on ovary	No cyst	1-5 mm cyst	5-10 mm cyst
Assessment of ovarian volume	<10cc	10-20cc	>20cc

TREATMENT SCHEDULE

INTERNAL MEDICATION

1. Agnitundi vati-1 tablet BD before food
2. Kanchanar guggulu- 1BD with koshna jala before food
3. Triphala churna- 5 gm at bedtime with koshna jala
4. Kumaryasavam- 30 mL twice daily after food
5. Rajapravartini vati - 1 BD with Koshna jala from day 21 of cycle to 25th day of cycle or until menses occur

Nasya - 2-2 drops of adarak swaras in each nostril from day 5th of cycle to day 11th of cycle

Follicular study will be conducted from Day 8 of menses

All the above medication is given for 3 consecutive cycles.

Day of Cycle	Formulation	Dose and Timing
Day 1-4	-	No major medication during bleeding (except symptomatic relief if needed)
Day 5-11	Adark swaras Nasya	2-3 drops in each nostril early morning (empty stomach) for 7 days
	Kanchanar Gugglu	2 Tabs (250 mg) twice daily after meals
	Triphala Churna	3-5 gm at bed time with Lukewater
	Agnitundi Vati	1 tab twice daily ,before food
	Kumaryasavam	30ml twice daily with lukewarm water after food
Day 12-16	Continue: Kanchanar guggulu, Triphala churna, Agnitundi vati and Kumaryasavum	Follicle maturation and ovulation support phase
Day 17-21	Continue same medicines	Luteal phase
Day 21-25	Rajpravartini vati	1 tab twice daily for 3-5 days or until menses occurs
After day 28	If menstruation occurs restart cycle from Day1	-

All medicines are given for 3 consecutive cycles and follow-up to be taken for 3 consecutive cycles.

PATHYA

1. Green leafy vegetables like spinach, broccoli advised to be taken
2. High fiber rich food
3. Regular exercise and Yoga- Surya namaskar
4. MEDITATION

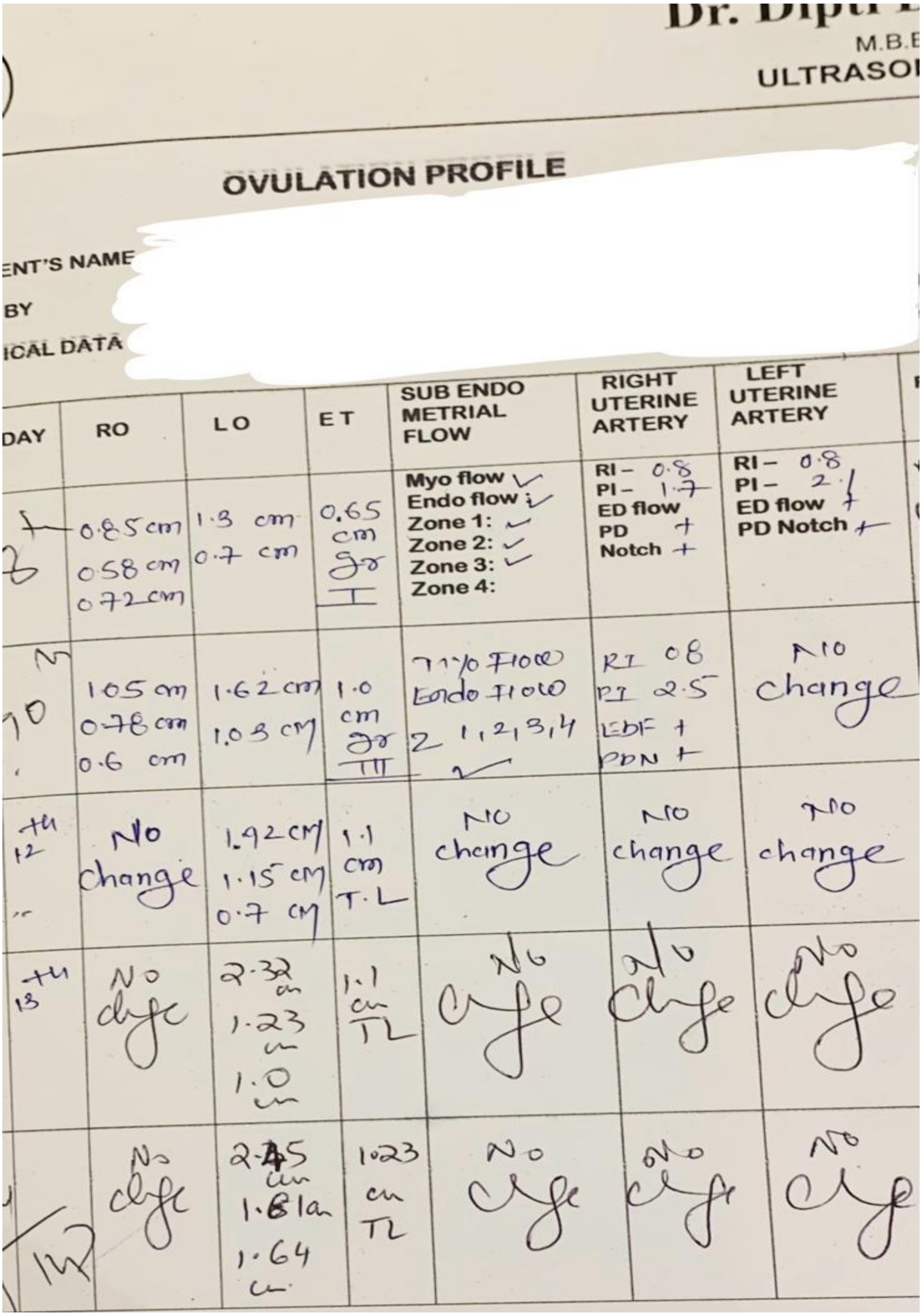
APATHYA

1. Oily fried food
2. Spicy food
3. Potato and brinjal
4. Junk food
5. Processed food and high calorie food
6. Avoid day sleep

RESULT

Serial no	Parameter	Before treatment	After treatment (1st cycle)	After treatment (2nd cycle)	After treatment (3rd cycle)
1	Intermenstrual period	3	1	1	0
2	Duration of menstrual bleeding	3	2	2	1
3	Amount of menstrual bleeding	2	1	0	0
4	Pain during menstruation	3	2	1	1
5	Assessment of size of cyst of ovary	2	USG not done	USG not done	0
6	Assessment of ovarian volume	1	USG not done	USG not done	0

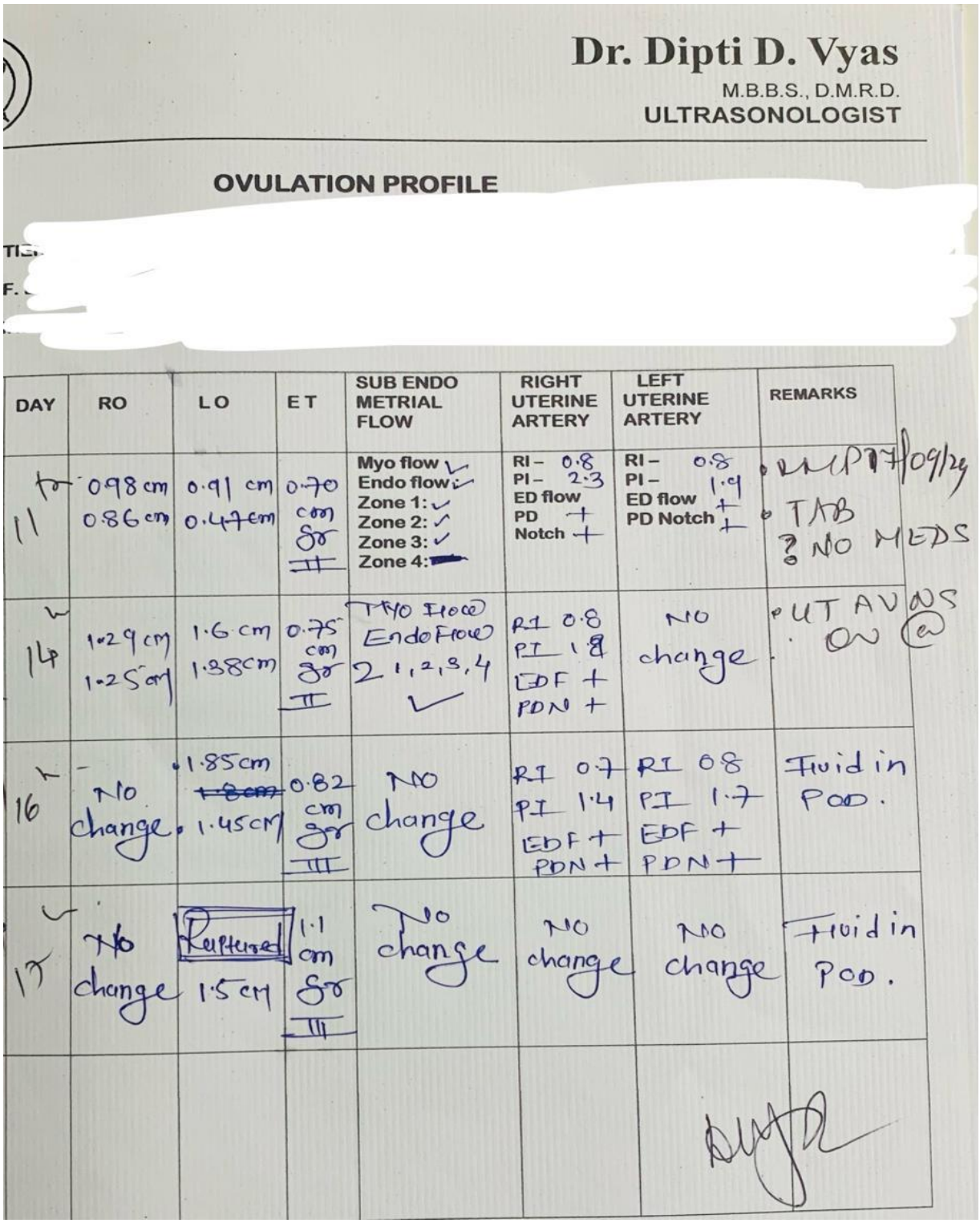
Ovulation study done during 2nd cycle of treatment



OVULATION PROFILE

DAY	RO	LO	ET	SUB ENDO METRIAL FLOW	RIGHT UTERINE ARTERY	LEFT UTERINE ARTERY
8th	0.85 cm 0.58 cm 0.72 cm	1.3 cm 0.7 cm	0.65 cm gr I	Myo flow ✓ Endo flow ✓ Zone 1: ✓ Zone 2: ✓ Zone 3: ✓ Zone 4:	RI – 0.8 PI – 1.7 ED flow + PD Notch +	RI – 0.8 PI – 2.1 ED flow + PD Notch +
10th	1.05 cm 0.78 cm 0.6 cm	1.62 cm 1.03 cm	1.0 cm gr III	71% flow Endo flow Z 1,2,3,4 ✓	RI 0.8 PI 2.5 EDF + PDN +	No change
12th	No change	1.92 cm 1.15 cm 0.7 cm	1.1 cm T.L	No change	No change	No change
13th	No chge	2.32 cm 1.23 cm 1.0 cm	1.1 cm TL	No chge	No chge	No chge
[illegible]	No chge	2.45 cm 1.81 cm 1.64 cm	1.23 cm TL	No chge	No chge	No chge

Ovulation study done during 3rd cycle of treatment



Dr. Dipti D. Vyas
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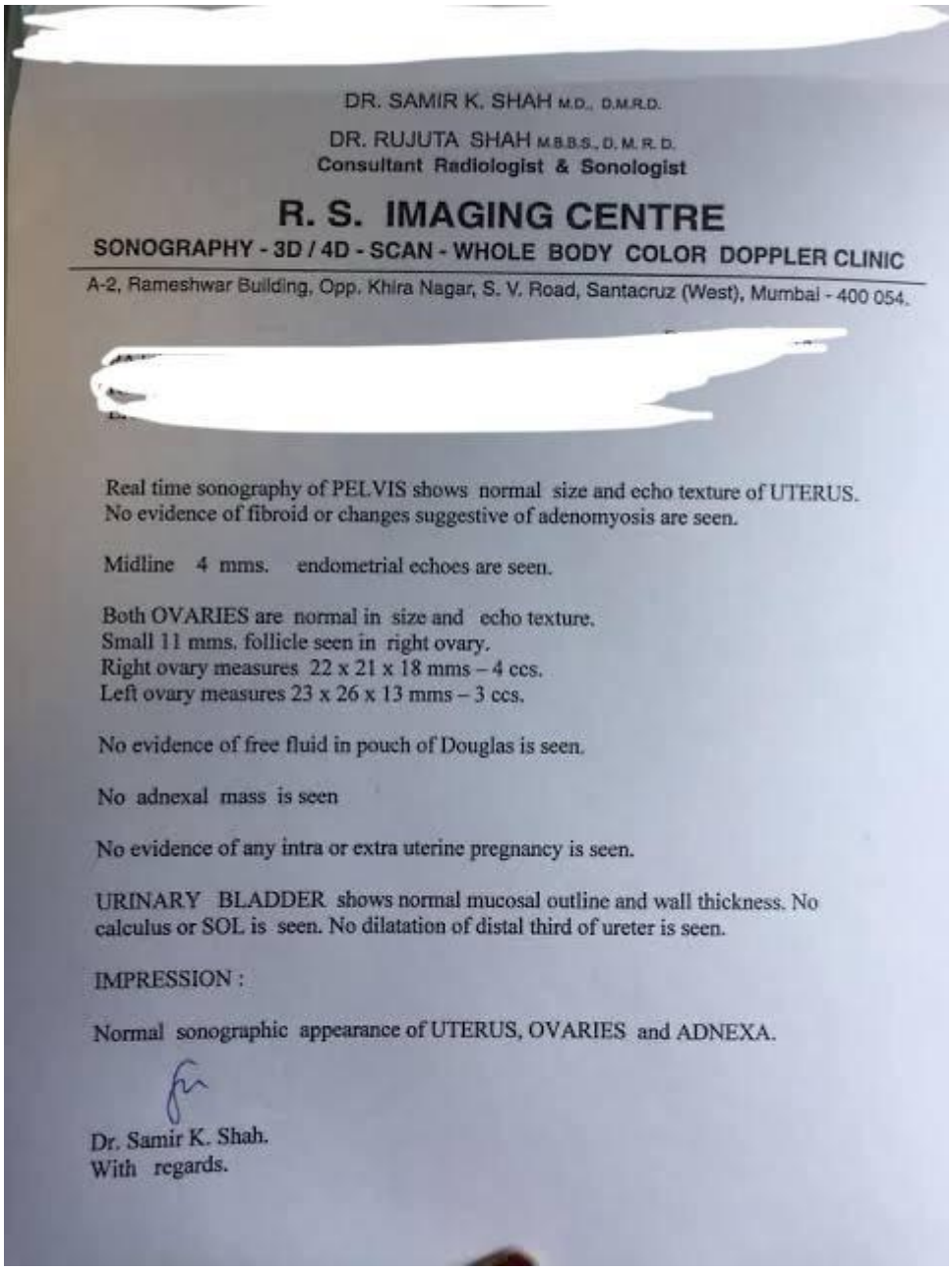
ULTRASONOLOGIST

OVULATION PROFILE

[redacted]

DAY	RO	LO	ET	SUB ENDO METRIAL FLOW	RIGHT UTERINE ARTERY	LEFT UTERINE ARTERY	REMARKS
11	0.98 cm 0.86 cm	0.91 cm 0.47 cm	0.70 cm Gr II	Myo flow ✓ Endo flow ✓ Zone 1: ✓ Zone 2: ✓ Zone 3: ✓ Zone 4: [redacted]	RI – 0.8 PI – 2.3 ED flow PD + Notch +	RI – 0.8 PI – 1.9 ED flow + PD Notch +	• LMP 17/09/24 • TAB ? NO MEDS
14	1.29 cm 1.25 cm	1.6 cm 1.38 cm	0.75 cm Gr II	TWO FLOW Endo Flow 2, 1, 2, 3, 4 ✓	RI 0.8 PI 1.8 EDF + PDN +	NO change	• UT AV NS ON @
16	NO change	• 1.85 cm ~~1.8 cm~~ • 1.45 cm	0.82 cm Gr III	NO change	RI 0.7 PI 1.4 EDF + PDN +	RI 0.8 PI 1.7 EDF + PDN +	Fluid in POD.
17	NO change	Ruptured 1.5 cm	1.1 cm Gr III	No change	NO change	NO change	Fluid in POD.

USG done after giving treatment for 3 consecutive cycles



DR. SAMIR K. SHAH M.D., D.M.R.D.

DR. RUJUTA SHAH M.B.B.S., D. M. R. D.

Consultant Radiologist & Sonologist

R. S. IMAGING CENTRE

SONOGRAPHY - 3D / 4D - SCAN - WHOLE BODY COLOR DOPPLER CLINIC

A-2, Rameshwar Building, Opp. Khira Nagar, S. V. Road, Santacruz (West), Mumbai - 400 054.

[redacted]

Real time sonography of PELVIS shows normal size and echo texture of UTERUS.
No evidence of fibroid or changes suggestive of adenomyosis are seen.

Midline 4 mms. endometrial echoes are seen.

Both OVARIES are normal in size and echo texture.
Small 11 mms. follicle seen in right ovary.
Right ovary measures 22 x 21 x 18 mms – 4 ccs.
Left ovary measures 23 x 26 x 13 mms – 3 ccs.

No evidence of free fluid in pouch of Douglas is seen.

No adnexal mass is seen

No evidence of any intra or extra uterine pregnancy is seen.

URINARY BLADDER shows normal mucosal outline and wall thickness. No calculus or SOL is seen. No dilatation of distal third of ureter is seen.

IMPRESSION :

Normal sonographic appearance of UTERUS, OVARIES and ADNEXA.

Dr. Samir K. Shah.
With regards.

Patient conceived after treatment.

UPT - Positive (done at home)

DISCUSSION

In PCOD patients there is always high level of inflammatory changes

Inflammation is also linked with excessive weight gain which can be correlated with Samavastha (metabolic toxins) in ayurveda

APATHYA Aahara vihara causes the formation of Aama in Rasadhatu which in turn causes Artava Upadhatu dusti

This vitiated condition leads to improper selection and maturation of ovum

Here the movement of Vata especially Apana Vata got obstructed by the increasing Kapha which in turn obstructed the natural functioning of Artava

Kapha and medo dusti happens due to excessive intake of Mamsahara along with Avyayama and Diwaswapna

This vitiated dosha and Dhatus reaches the ovary which hampers the morphology

SAMPRAPTI GHATAK

Dosha- Vata and Kapha

Dushya- Rasa, rakta and Artava

Srothas- Rasa, rakta and Artava

Nidan sevan leads to Jatharagni mandhya

Sanga type of srothodusti occur

To normalize this condition drugs having the action such as Amapachana, Agni Deepana, Pachana, Vatanulomana, Lekhana and Artava janana properties should be used.

- **AGNITUNDI VATI**

Patients are advised to take the medicine according to the treatment protocol

Agnitundi vati with it's contents- Triphala, Ajamoda churna, chitrakamula churna, Shuddha parada, Shuddha gandhaka, Shuddha Tankana, Shweta jeeraka possessing the Deepana, Pachan and Amadoshahara properties regulates Jatharagni and thereby corrects metabolism at cellular level.

AYURVEDIC CONCEPT	ACTION OF AGNITUNDI VATI
Agnideepana	Improves Jatharagni and Dhatuagni – Helps proper Rasa,Rakta, Artava Dhatu formation
Ama Pachana	Clear Ama, which contributes to hormonal imbalance and Srotorodha in PCOD
Strotoshodhana	Unblocks Artavaha Srotas, essential for proper ovulation and menstruation
Vata Anulomana	Restores Apana Vata gati- vital for timely Artava Pravritti (menstrual flow) and ovum release
Kapha-Meda hara	Reduces cyst formation and obesity, major causative factors in PCOD
Tridosha Shamana	Mainly Vata-Kapha balance , supporting hormonal and reproductive homeostasis

- **KANCHANARA GUGGULU**

Kanchanara guggulu has Vata-Kapha samak, Lekhana (scrapping) and Shodhohara (anti-inflammatory) properties. Kanchanara also has anti- inflammatory and anti-diabetic properties which is often associated with PCOD.

AYURVEDIC ACTION	EFFECT IN PCOD/ANOVULATORY CYCLE
Lekhana	Reduces Meda Dhatu and shrinks cystic growth in ovaries
Srotoshodhana	Clears blockage in Artavavaha Srotas, restores ovulatory function
Deepana Pachana	Improves Agni, reduces Ama , corrects metabolic and hormonal dysfunction
Vatanuloman	Restores proper function of Apana Vata, supports ovulation and menstruation
Kapha- meda shamana	Addresses core Kapha-Meda pathology of PCOD – reduces ovarian volume , insulin resistance
Granthi nashan	Resolves ovarian cyst , fibroids or nodular swelling.
Rasayana Karma	Rejuvenates reproduction tissues, supports Artava Dhatu formation

- **TRIPHALA CHOORNAM**

Triphala choornam is gentle and yet effective natural laxative

It also acts as natural anti-oxidant.

Triphala choornam protects the body from free radicals, inflammatory and mutagenic changes.

It also has hypoglycemic action which reduces insulin resistance.

AYURVEDIC CONCEPT	ACTION OF TRIPHALA CHURNA
Agnivardhana and Amapachana	Enhances digestive / metabolic fire-reduces Ama-corrects hormonal imbalance
Srotoshodhana	Clears obstruction in Artavavaha Srotas caused by Kapha and Meda, facilitating ovulation
Lekhana	Reduces excess Meda around ovaries(important in PCOD pathogenesis)
Raktprasadana	Improves quality of Rasa and Rakta Dhatu, which form the basis of Artava Dhatu
Tridosha Shamaka	Balance Vata(for ovulation), Kapha (cyst formation), Pitta (inflammation)
Mild Virechana Effect	Helps regulate Apana Vata- restores proper Artava Nirmana and Pravritti(ovulation and menstruation)
Rasayana	Rejuvenates reproductive tissues, supports long-term hormonal health

- **KUMARYASAVAM**

Main Ingredient

Kumari(Aloevera) – Artavajanana, **Raktaprasadaka**, **Agnideepana**, **Srotoshodhaka**, **Garbhashaya Shodhini**

Other ingredients include

• Haritaki, Bibhitaki, Amalaki (Triphala)

• Guduchi, Trikatu, Dhataki, Jaggery, etc.

These all aid in **Agnivardhana**, **Ama pachana**, **Rakta-Utseka (blood nourishment)**, and **Artava-janana (menstrual regulation)**.

It as the properties of Vata Kapha samanam, Deepana and pachanam

It also has Artava pravartakam (inducing ovulation) and garbhashaya shodhana which is beneficial in PCOD. Because of its Vata shamanam properties it is used in dysmenorrhea also and helps to relax the muscles and gives relief from cramps.

Kurmaryasavam has ushana properties so it is also helpful in artava pravartakam.

RAJAPRAVARTINI VATI

Rajapravartini Vati is a classical Ayurvedic formulation primarily indicated for **Artava Kshaya** (scanty or absent menstruation) and **Nashtartava** (amenorrhea), which are common manifestations in women with **PCOS-related anovulatory cycles**.

The main ingredients such as **Kasis (Purified Iron Sulfate)** act as an **Artavajanana dravya**, stimulating blood flow and ovulation by enhancing **Rakta dhatu** and removing local srotas obstruction. **Hing (Ferula asafoetida)** plays a key role as a **Vata-Kapha-hara** and **Deepana** agent, improving digestive fire and eliminating **Ama** that impairs hormonal balance. **Tankan (Borax)** enhances the scraping action on excessive **Kapha-Meda** buildup in the ovaries, which is closely linked with cyst formation. Together, these ingredients promote **Apana Vata anulomana** (downward flow), facilitate **Artava pravritti**, and restore the rhythm of ovulation and menstruation.

By stimulating the **hypothalamic-pituitary-ovarian axis** through nasal and systemic pathways and correcting metabolic disturbances, Rajapravartini Vati indirectly supports the release of matured follicles. Clinically, it is best used in the **luteal phase (Day 21–25)** or

when menstruation is delayed. It can help induce timely and healthy bleeding, regulate menstrual cycles, and initiate ovulation indirectly by correcting the underlying dosha and dhatu imbalance.

NASYA ROLE IN PCOD

Administration of medicine or medicated oil through nose is know as Nasya.

NASA is considered to be that indriya whose functions are not only limited to respiration but also considered as pathway for drug administration

Acharya says - "NASA HI SHIRSO DWARA"

i.e nasa is said to be the door to shiras because nasa is indirectly connected with the brain centres in the head.

Drug administered through nostrils

⬇

Reaches Shringataka marma

⬇

Shringataka is shirogat siramarma formed by the union of siras

⬇

Located in the inner side of middle part of the head

⬇

It's the point where pituitary gland is located.

i.e "SHIRASO ANTARMADHYAM"

Action of Nasya karma can also be described in the following ways

1. Absorption into general blood circulation
2. Direct infiltration into the brain venous sinuses
3. Direct absorption into cerebrospinal fluid.

Adarak swaras Nasya

Nasya is a powerful method for addressing conditions above the clavicle

Nasya of adarak sawaras 2-2 drops in each nostril

⬇

Reaching Shringataka marma

⬇

Shringataka marma a critical point where various nerve fibre converge

⬇

It will help to eliminated vitiated (imbalance) dosha (Vata and Kapha) from the upper body promoting equilibrium and restoring health

Ginger has anti - inflammatory and digestive properties which helps in the overall detoxification process and balancing of the dosha.

Main medicinal value of ginger is due to the gingerol and shogaol which have potent anti-oxidant activity.

Inflammation can negativiely impact the female blood circulation which is necessary for ovulation, menstruation and fertilization
Ginger can calm inflammation and stimulate blood circulation.

Due to the above properties, vitiated doshas and Jatharagni gets corrected, srothoshodana occurs resulting in expulsion of doshas out of the body.
Lekhana property reduces Kapha and medas.

Artavajanak property restore the normalcy in the female reproductive system.

CONCLUSION

PCOD is a common gynaecological disorder.

In the present study PCOD is well treated with Agnitundi vati, Kanchanar Guggulu, Triphala Chooram, Kumaryasavam and Nasya with Adarak swaras which presents satisfactory results.

In addition treatment regulated the menstrual cycle, rectified the endocrinal function and thereby the hormonal imbalance.

It also showed effective result in PCOD by increasing the duration of bleeding and amount of bleeding during menstruation and reducing the interval between two cycles, pain during menstruation and even the BMI.

Hence Ayurvedic management is found to be very fruitful in management of PCOD and associated conditions as compared to Morden science where only hormonal therapy and invasive techniques are adopted.

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