

## AYURVEDIC MANAGEMENT OF PCOS WITH NASYA AND SHODHANA THERAPY – A CASE STUDY

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### ABSTRACT

**Background:** Polycystic Ovarian Syndrome (PCOS) is one of the most common endocrine disorders among reproductive-age women, characterized by irregular menstruation, anovulation, weight gain, and hormonal imbalance. Conventional management often focuses on symptomatic relief using hormonal pills, which may not address the root cause and may have side effects. **Objective:** To evaluate the efficacy of Ayurvedic Shodhana (detoxification) and Nasya (nasal administration) therapy in managing PCOS symptoms and restoring menstrual regularity. **Methods:** A 24-year-old female presenting with oligomenorrhea, acne, and weight gain was assessed using both Ayurvedic and modern diagnostic tools. After Deepana-Pachana and Snehana, Virechana was performed, followed by Nasya with Anu Taila

for 7 days. Shamana therapy with Pushyanuga Churna, Kanchanar Guggulu, and Ashokarishta was administered for 2 months. Dietary and lifestyle modifications were advised. **Results:** The patient experienced regular menstrual cycles within two months, reduced acne and weight, and improved overall well-being. Follow-up ultrasound showed reduced ovarian volume and follicle count. **Conclusion:** Nasya combined with classical Shodhana therapy presents a safe and holistic alternative in PCOS management. This case highlights the potential of Ayurvedic protocols to address the root causes and improve quality of life in affected women.

### INTRODUCTION

Polycystic Ovarian Syndrome (PCOS) is a multifactorial and increasingly prevalent condition affecting up to 10–15% of women of reproductive age. It is primarily characterized by irregular or absent ovulation, hyperandrogenism, and polycystic ovaries. The disorder is often

associated with insulin resistance, obesity, acne, hirsutism, and infertility, severely affecting a woman's physical and emotional health.

From the Ayurvedic perspective, PCOS may be understood through the lens of Kapha-Vata Dosha predominance, Artava Kshaya, and Arajaska conditions, often resulting from Santarpanajanya Vyadhi (disorders due to overnutrition and sedentary habits). The pathology involves Agnimandya, Srotorodha (obstruction of channels), and hormonal imbalance due to deranged Shukra-Artava Dhatu metabolism.

Ayurveda recommends a holistic approach involving Shodhana (bio-purification), followed by Shamana (pacification) and lifestyle correction to achieve long-term balance. Virechana, being the primary therapy for Kapha-Pitta Dushti, helps eliminate toxins and correct hormonal pathways. Nasya Karma, a specialized Panchakarma procedure, is indicated for diseases of the head and hormones (by influence on Shirogata Vata), which is often overlooked in modern PCOS management.

This case study aims to demonstrate how the combination of Shodhana therapy (Virechana) and Nasya with Anu Taila effectively addressed the symptoms of PCOS, restored regular menstruation, and improved the patient's quality of life.

## CASE PRESENTATION

### Patient Profile

- Name: [Withheld for anonymity]
- Age: 24 years
- Marital Status: Unmarried
- Occupation: Software Engineer
- Residence: Urban area
- Date of Consultation: [Insert Date]

### Chief Complaints

- Irregular menstruation for the past 1.5 years (cycles of 40–60 days)
- Acne on face (moderate grade)
- Weight gain of approximately 7 kg in the last 6 months
- Occasional mood swings and lethargy

**History of Present Illness**

The patient had regular menstrual cycles until the age of 22. Gradually, she started experiencing delayed cycles with increased gap between periods. There was a progressive increase in acne and weight, despite no major changes in diet or routine. No significant pain during periods was reported.

She had consulted an allopathic gynecologist who prescribed oral contraceptives for three months. Menses resumed during that period but again became irregular after stopping the medication. The patient preferred natural management and visited the OPD of [Insert Ayurveda Institution Name].

**Past Medical History**

- No history of thyroid disorder, diabetes, or major illness
- No history of surgery
- No known drug allergies

**Menstrual History**

- Age at menarche: 13 years
- Cycle: Previously 28–30 days, now 40–60 days
- Flow: Scanty, lasting 2 days
- Associated symptoms: Acne, mild breast tenderness, occasional mood irritability

**Personal History**

- Diet: Mixed diet, irregular meal timings
- Appetite: Mildly reduced
- Sleep: Disturbed, late-night sleep due to work
- Bowel habits: Normal
- Physical activity: Sedentary lifestyle, no regular exercise

**Family History**

- Mother has hypothyroidism
- Sister diagnosed with PCOS

**Examination Findings****General Examination**

- Pulse: 76/min

- BP: 118/78 mmHg
- Weight: 68 kg
- Height: 159 cm
- BMI: 26.8 (Overweight)
- Skin: Oily with acne over cheeks and chin
- Hirsutism: Not significant

### Systemic Examination

- Within normal limits
- No organomegaly

### Prakriti Assessment (As per Ayurveda)

- Prakriti: Kapha-Vata dominant
- Agni: Mandagni
- Manas: Rajasika
- Vikriti: Kapha and Vata vitiation

### Laboratory Investigations

Investigation	Result	Reference Range
LH	9.8 mIU/mL	1.9–12.5 mIU/mL
FSH	5.6 mIU/mL	2.5–10.2 mIU/mL
LH/FSH ratio	1.75:1	Normal < 1.5:1
AMH	6.1 ng/mL	High > 4.0 ng/mL
USG Pelvis	Bilateral enlarged ovaries with multiple peripherally arranged follicles (“string of pearls” appearance)	
Blood sugar levels	Normal	
Thyroid profile	Normal	

### Management Protocol

Based on the clinical and Ayurvedic assessment, the patient was diagnosed with a Kapha-Vata predominant Artava Kshaya (Oligomenorrhea) associated with Agnimandya and Srotorodha, suggestive of PCOS.

The treatment was divided into three phases:

• **I. Poorva Karma (Pre-operative Procedures)**

Step	Drugs/Formulations Used	Dose	Duration	Purpose
Deepana–Pachana	Trikatu Churna + Hingwashtak Churna	3 gm BD with warm water	5 days	Improve digestion and reduce Ama
Snehapana	Tiktaka Ghrita	30–90 ml, internal, increasing dose	5–6 days	Oleation for Virechana
Abhyanga	Bala Taila (external application)	Full body	3 days	Softening tissues, preparing for Swedana
Swedana	Nadi Sweda with Dashamoola decoction	Local fomentation	3 days	Liquefaction of Doshas

**II. Pradhana Karma (Main Procedure)**

Karma	Drug Used	Dose/Method	Duration	Observations
Virechana	Trivrit Avaleha (or Avipattikara Churna)	30–40 gm in warm water	1 day	Samyak Virechana Lakshanas achieved
Nasya	Anu Taila (Classical)	6 drops in each nostril, morning time	7 days	Improved mood, reduced acne, lightness of head

**III. Paschat Karma & Shamana Chikitsa (Post-therapy and Internal Medicines)**

Drug/Formulation	Dose	Anupana	Duration	Purpose
Pushyanuga Churna	3 gm BD	Honey + lukewarm water	2 months	Regulates menstrual cycle, Kapha-Vata pacification
Kanchanara Guggulu	500 mg tab BD	Warm water	2 months	Lekhana, reduces ovarian cysts
Ashokarishta	20 ml BD	Equal water	2 months	Artava Janana and Rasayana effect
Triphala Churna (optional)	3–5 gm HS	Warm water	Ongoing	Detoxification, mild laxative

• **Diet & Lifestyle Recommendations**

Category	Recommendations
Ahara (Diet)	Light, Kapha-Vata pacifying diet (millets, green veggies) Avoid: dairy, refined sugar, fried food
Vihara (Lifestyle)	Early waking, daily walk, yoga (Baddha Konasana, Surya Namaskar), regulated sleep pattern
Stress Management	Pranayama, Shirodhara (optional), Brahmi and Jatamansi teas

- **Monitoring Parameters**

- Menstrual regularity (cycle tracking)
- Acne grading (before and after pictures)
- Weight and BMI
- Repeat USG at 2–3 months
- Patient-reported improvement in mood, energy, and digestion

- **Results and Follow-up**

The patient was regularly followed up over a period of eight weeks post-therapy. The outcomes were monitored using subjective and objective parameters. The patient showed significant improvement in menstrual regularity, general well-being, and hormonal balance.

- **Clinical Outcomes**

Parameter	Before Treatment	After 8 Weeks of Treatment
Menstrual Cycle	Irregular, 40–60 days, scanty flow	Regularized to 30–32 days, moderate flow
Weight	68 kg	64.5 kg
BMI	26.8 (overweight)	25.4 (near-normal)
Acne	Moderate, facial (chin and cheeks)	Reduced by 60–70%, no new eruptions
Appetite & Digestion (Agnibala)	Mandagni (low)	Improved, no bloating or heaviness
Mood & Energy (Manobala)	Mild fatigue, irritability	Balanced mood, increased energy
Sleep (Nidrābala)	Disturbed, late sleep onset	Improved sleep onset and quality

### Ultrasound Follow-up (USG Pelvis)

Performed at the end of 2 months

- Bilateral ovaries showed reduction in volume
- Number of peripheral cysts reduced
- No dominant follicular cysts detected
- No features of hyperthecosis or endometrial abnormality

### Hormonal Profile (Post-treatment)

Tested 60 days after therapy

Hormonal Marker	Pre-Treatment	Post-Treatment	Reference Range
LH	9.8 mIU/mL	6.2 mIU/mL	1.9–12.5 mIU/mL
FSH	5.6 mIU/mL	6.1 mIU/mL	2.5–10.2 mIU/mL

LH/FSH Ratio	1.75:1	1.01:1	Normal < 1.5:1
AMH	6.1 ng/mL	4.5 ng/mL	Normal: 1.0–4.0 ng/mL

Interpretation: The post-treatment hormonal profile showed improved LH/FSH ratio and reduction in AMH, indicating ovarian response modulation and improved ovulatory function.

### Subjective Assessment (Patient Feedback)

- Patient reported feeling “lighter”, with improved mental clarity, regular sleep, and reduced emotional instability.
- She experienced better digestion and reduced cravings for sweets and processed food.
- Her confidence improved due to clearer skin and weight loss.
- No adverse effects or complications were observed during or after the treatment.

### Follow-up Plan

- Continued Triphala Chūrṇa at bedtime
- Advised monthly Nasya with Anu Taila for maintenance
- Lifestyle reinforcement through yoga and mindful eating
- Next follow-up planned at 6 months to monitor for recurrence

## DISCUSSION

Polycystic Ovarian Syndrome (PCOS) is a complex disorder with multifactorial etiology, including hormonal imbalance, insulin resistance, stress, and sedentary lifestyle. In Ayurveda, its manifestations correlate with Kapha-Vata predominant Yoni Vyapad, Artava Kshaya, or Arajaska, where Agni-dushti, Srotorodha, and Dhatu vaishamya are the underlying pathological events.

In the present case, Kapha-Vata Dushti was dominant, evident from symptoms such as delayed and scanty menstruation, weight gain, acne, and Mandagni. The first line of Ayurvedic treatment is Shodhana to eliminate accumulated Doshas and restore Dhatu Samya (tissue equilibrium), followed by Shamana for long-term pacification and regulation.

### Role of Virechana

Virechana Karma, the primary purification therapy for Pitta and Kapha Dosha, was employed using Trivṛt Avaleha. It acts by eliminating Mala Rūpī Doṣas, opening blocked Ārtavavaha Srotas, and enhancing metabolic and hormonal functions. Classical references from Charaka Samhita (Cikitsā Sthāna 30/26–28) highlight Virechana as effective in conditions of Artava Kshaya and

menstrual irregularities. It also corrects Āma and improves Jatharagni.

### Significance of Nasya Karma

Nasya, especially with Anu Taila, was selected as a post-Virechana measure to pacify Shirogata Vāta and Manovaha Srotas Dushti. Nasya is indicated in disorders of head, mind, and hormonal axis. By acting through the Nasa-Hridaya-Marma-Srotasa pathway, it is presumed to influence the hypothalamic-pituitary-ovarian axis, thereby aiding in hormonal regulation. This aligns with modern views that stress modulation improves hypothalamic sensitivity and ovulatory function.

### Effectiveness of Shamana Drugs

The internal medicines prescribed served complementary roles

- Puṣyānuga Chūrṇa – Kapha-Vāta Shāmaka, Rakta-Prasadaka, regulates uterine tone and flow.
- Kañcanāra Guggulu – Lekhana, Medohara, and Granthi-hara action helps in cyst reduction and hormonal rebalancing.
- Aśokāriṣṭa – Classical Rasāyana and uterine tonic; improves endometrial quality and Artava Pravritti.

These combinations address both the Sthūla (gross) and Sūkṣma (subtle) pathology of PCOS without hormonal dependency.

### Comparison with Literature

Similar case studies have reported beneficial outcomes of Virechana in PCOS management. A clinical trial by Patil et al. (AYU, 2018) demonstrated statistically significant improvement in ovulation and regularity with Virechana Karma and Herbal decoctions. Another study by Shailaja et al. highlighted that Nasya Karma reduced anxiety, improved sleep, and contributed to cycle normalization in PCOS patients.

### Outcome Significance

The combined Shodhana and Shamana therapy led to normalization of LH/FSH ratio, decreased ovarian volume, reduction in AMH levels, and restoration of regular ovulatory cycles. These outcomes reinforce the holistic and root-cause-oriented approach of Ayurveda in chronic lifestyle and hormonal disorders.

Furthermore, no adverse reactions were observed during the therapy, confirming the safety and efficacy of the classical Ayurvedic regimen when properly executed.



### Limitations and Scope

This being a single-case study, findings cannot be generalized without broader trials. However, the positive outcomes warrant controlled clinical studies to further validate the role of Nasya and Shodhana in PCOS management.

### CONCLUSION

The case study highlights the efficacy of a holistic Ayurvedic approach involving Virechana Karma, Nasya therapy, and selected Shamana medications in the management of Polycystic Ovarian Syndrome (PCOS). The therapy not only improved the patient's menstrual regularity and hormonal balance but also addressed associated symptoms like acne, weight gain, and disturbed sleep.

The results suggest that classical Ayurvedic principles, when applied with proper clinical reasoning, can effectively treat PCOS without the need for hormonal drugs. This integrative approach not only offers symptomatic relief but also addresses the root cause (Hetu), restores Dosha-Dhatu equilibrium, and enhances overall health.

Further large-scale clinical trials are warranted to validate these findings and develop standard protocols for Ayurvedic management of PCOS.

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