

CLINICAL ASSESSMENT OF AN INTEGRATIVE THERAPEUTIC APPROACH USING SHREECARE IN PATIENTS WITH POLYCYSTIC OVARIAN DISEASE (PCOD): AN OPEN-LABEL CLINICAL STUDY

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ABSTRACT

Background: Polycystic Ovarian Disease (PCOD) is one of the most common endocrine and metabolic disorders affecting women of reproductive age, characterised by menstrual irregularity, dysmenorrhea, and multiple ovarian follicular cysts arising from hormonal and ovulatory dysfunction. There is growing interest in integrative approaches combining herbal formulations, dietary correction, and yoga for the management of PCOD. **Aim:** To evaluate the clinical efficacy of Shreecare Syrup, combined with a personalized diet and structured yoga protocol, in improving menstrual regularity, dysmenorrhea and ovarian/follicular status in patients with PCOD. **Materials and Methods:** An open-label clinical study was conducted over a duration of three months involving ten patients (n=10, age range 14–47 years) diagnosed with PCOD on pelvic ultrasonography. Patients received Shreecare Syrup (15 ml–0–15 ml) along with an individualized diet plan and a structured

yoga protocol. Clinical assessment was based on menstrual cycle regularity, dysmenorrhea grading, and pre-Versus post-treatment pelvic ultrasonography findings. **Results:** Menstrual cycle regularity was restored in 10 of 10 patients (100%), with mean cycle length improving from 47.1 ± 13.2 days to 31.6 ± 5.9 days (33.0% reduction) among patients with quantifiable

baseline irregularity. Dysmenorrhea resolved completely in 7 of 10 symptomatic patients (70%) and showed partial relief in the remaining 3(30%). On ultrasonographic follow-up, complete resolution of ovarian cysts/follicular changes was observed in 6 of 10 evaluable patients (60%), while the remaining 4 (40%) showed marked reduction in cyst size without full resolution. Overall clinical response was classified as Complete in 40% and Marked in 60% of patients, with no Moderate or Poor responses. No adverse events were reported.

Conclusion: The integrative protocol of Shreecare Syrup with personalized diet and yoga demonstrated significant clinical benefit in restoring menstrual regularity, reducing dysmenorrhea, and resolving or reducing ovarian cystic changes in patients with PCOD, supporting its potential role as a safe adjunctive therapeutic option.

KEYWORDS: Polycystic Ovarian Disease, PCOD, Shreecare Syrup, Artava Kshaya, Menstrual Irregularity, Dysmenorrhea, Integrative Medicine.

INTRODUCTION

Polycystic Ovarian Disease (PCOD) is a prevalent endocrine-metabolic disorder among women of reproductive age, characterized by chronic anovulation, menstrual irregularity, and the presence of multiple small follicular cysts within the ovaries. Clinically it presents with oligomenorrhea, amenorrhea, dysmenorrhea, infertility, and, in a subset of patients, hirsutism and weight gain. Insulin resistance and relative hyperandrogenism are considered central to its pathophysiology, contributing to disrupted folliculogenesis and anovulation. Conventional management typically relies on hormonal regulation, insulin-sensitizing agents, and lifestyle modification. However, many patients — particularly adolescents and those wishing to avoid long-term hormonal therapy — seek complementary approaches that address the underlying metabolic and ovulatory dysfunction with a more favorable safety profile.

Shreecare Syrup is a proprietary polyherbal formulation containing herbs traditionally recognized for their Artavajanan (menstruation-promoting), Medohara (lipid-regulating), and Granthihara (cyst-reducing) properties. This study was undertaken to evaluate the clinical efficacy of Shreecare Syrup, combined with personalized dietary correction and a structured yoga protocol, in patients with PCOD.

AYURVEDA VIEW

PCOD does not have a single direct correlate in classical Ayurvedic literature, but its clinical features closely resemble the conditions described as Artava Kshaya (diminished/delayed

menstruation), Artava Dushti (vitiated menstrual factor), and Pushpaghni Jataharini as described by Acharya Kashyapa. Acharya Sushruta describes Artava Kshaya in Sutra Sthana as being characterized by Yathochita Kala Adarshanam (delayed appearance of menses), Alpartava (scanty flow), and Yoni Vedana (pelvic pain) — features that parallel the oligomenorrhea and dysmenorrhea seen in PCOD.

PCOD is understood as a Tridoshaja Vyadhi with predominant vitiation of Kapha and Vata Dosha, along with derangement of Rasa and Meda Dhatu, affecting the Artavavaha Srotas (channels governing menstruation) and Medovaha Srotas (channels governing fat metabolism). Kapha-Medo Dushti leads to Avarana (obstruction) of Vata, impairing normal ovulatory and menstrual function and contributing to Granthi (cystic) formation within the ovaries. Ayurvedic management therefore focuses on Kapha-Medohara (fat and Kapha-reducing), Artavajanan (menstruation-promoting), and Granthihara (cyst-resolving) therapy, supported by Ahara (diet) and Vihara (lifestyle, including yoga) correction — the same principles underlying the intervention protocol used in this study.

MATERIALS AND METHODS

Study Design

An open-label, single-arm clinical study conducted over a period of **3 months** at Dr. SHREEVARMA's Wellness, involving patients diagnosed with Polycystic Ovarian Disease. Clinical and ultrasonographic assessment was performed before and after the 3-month treatment period.

Inclusion & Exclusion Criteria Inclusion: Female patients diagnosed with PCOD on pelvicoltrasonography, presenting with menstrual irregularity and/or dysmenorrhea and/or ovarian cystic changes, age 14–47 years, willingness to participate and provide informed consent (with parental/guardian consent for minors).

Exclusion: Other confirmed endocrine disorders (e.g., thyroid dysfunction, hyperprolactinemia) as the sole cause of menstrual irregularity, pregnancy and lactation, malignancy, and serious systemic illness.

Intervention Protocol

Shreecare Syrup: 15 ml twice daily (15 ml–0–15 ml) Dietary Standardization: Individualized diet plan emphasizing high-protein, high-fibre, low-glycaemic-index foods, healthy fats,

adequate hydration, and restriction of refined sugars and processed foods, tailored to each patient's clinical presentation Yoga Protocol: Suryanamaskara, Pawanamuktasana, Baddha konasana, Shalabasana, Trikonasana, Chakki chalasana.

SHREECARE SYRUP

Ingredient Composition

S. No.	Ingredient (Botanical Name)	Quantity
1	Saraca indica	300 mg
2	Asparagus racemosus	100 mg
3	Withania somnifera	100 mg
4	Symplocos racemosa	50 mg
5	Aloe vera	50 mg
6	Mangifera indica	25 mg
7	Eclipta alba	25 mg
8	Emblica officinalis	20 mg
9	Nigella sativa	20 mg
10	Cuminum cyminum	10 mg
11	Cinnamomum cassia	10 mg
12	Acorus calamus	10 mg
13	Tinospora cordifolia	10 mg
14	Syzygium aromaticum	10 mg
15	Zingiber officinale	5 mg
16	Embelia ribes	5 mg
17	Santalum album	5 mg
18	Saccharum officinarum	Q.S. (Quantity Sufficient)

Diet Advised (Individualized, common elements)

- High-protein diet.
- High-fibre diet.
- Low glycaemic index (GI) foods.
- Whole grains and millets.
- Green leafy vegetables.
- Antioxidant-rich fruits and vegetables.
- Healthy fats (Omega-3 fatty acids) in moderation.
- Adequate hydration (2.5–3 L/day).
- Restrict refined sugars.
- Avoid processed foods.
- Avoid fried foods.

Yoga Protocol (Individualized, common elements)

- Surya Namaskar (standard or chair-modified)
- Trikonasana
- Baddha Konasana
- Chakki Chalasana
- Pavanamuktasana
- Shalabhasana
- Nadi Shodhana Pranayama
- Anulom Vilom Pranayama
- Bhramari Pranayama
- Shavasana
- Yoga Nidra
- Meditation

Assessment Parameters

Clinical response was assessed on the basis of:

- (1) Restoration of menstrual cycle regularity,
- (2) Relief of dysmenorrhea, and
- (3) Resolution or reduction of ovarian cystic/follicular changes on pelvic ultrasonography, compared between pre-treatment and post-treatment reports.

RESULTS AND STATISTICAL CLASSIFICATION**1. Demographic Profile**

The study cohort (n=10) had an age range of 14–47 years, with a mean age of 28.1 years. Presenting complaints included irregular menstrual cycles, dysmenorrhea, PCOD/ovarian cysts on ultrasonography, and, in one case, associated infertility.

Table 1: Baseline Clinical Characteristics (n=10).

Clinical parameter	Total no of patients	Patients with complaints
Irregular menstrual cycle	10	10
Dysmenorrhea		10
Ovarian cyst/PCOD on USG		10
Infertility		1

Explanation: This table shows the starting condition of all 10 patients before treatment began. Every patient had an irregular cycle and cysts on ultrasound; all 10 patients also had

painful periods. This is the baseline against which all later improvement is measured, so no improvement percentage applies here.

2. Menstrual Cycle Regularity

All ten patients (100%) presented with irregular menstrual cycles at baseline. Following treatment, all ten patients (100%) achieved regular menstrual cycles.

Table 2: Menstrual Cycle Regularity Before and After Treatment (n=10) — 100% Improvement.

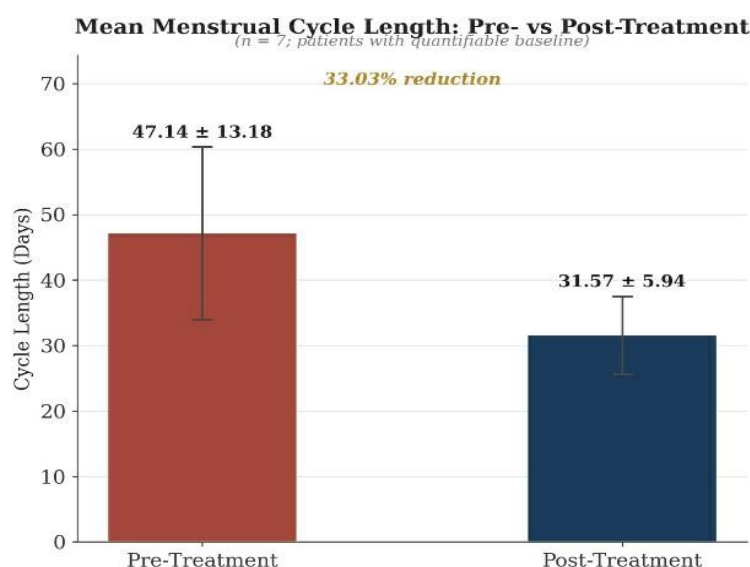
Menstrual status	Total no of patients	patients Before treatment	patients After treatment	Result %
Regular cycle	10	0	10	100%
Irregular cycle		10	0	100%

Explanation: All 10 patients had irregular cycles at the start. After treatment, all 10 achieved regular cycles — a full 100% improvement, with no patient left with an irregular cycle.

Table 3: Mean Menstrual Cycle Length (n=10) — 33.03% Improvement.

Parameter	Before Treatment	After treatment	Mean reduction	Improvement (%)
Cycle length (days)	47.14 ± 13.18	31.57 ± 5.94	15.57 days	33.03%

Explanation: Among the Total patients (n=10) The exact cycle length of 7 patients could be measured, the average time between periods dropped from about 47 days to about 32 days — a 33.03% reduction, bringing cycles into the normal 21–35 day range.



Interpretation

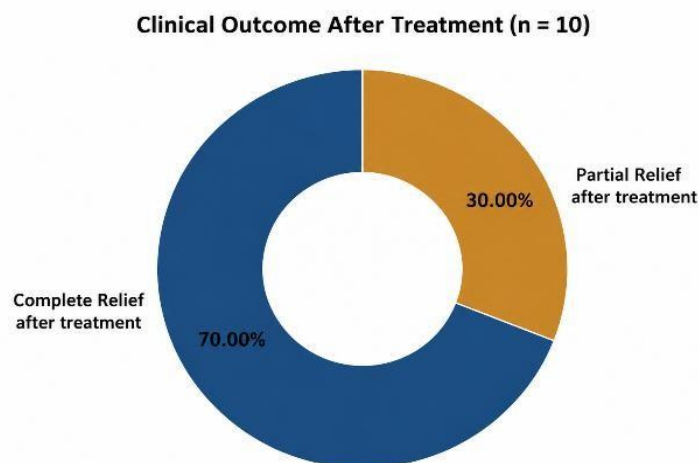
The mean menstrual cycle length decreased from 47.14 ± 13.18 days before treatment to 31.57 ± 5.94 days after treatment, representing a **33.03% reduction**. This reduction was clinically significant, with the post-treatment cycle length falling within the normal physiological range of **21–35 days** across the study cohort.

3. Dysmenorrhea Assessment

Table 4: Dysmenorrhea Outcome (n=10) — 100% of Symptomatic Patients Improved.

Dysmenorrhea Assessment	Total no of patients	Clinical response	Percentage (%)
Patients with dysmenorrhea before treatment	10	10	100
Complete relief after treatment		7	70%
Partial relief after treatment		3	30%
No changes	0		0

Explanation: Among the total patients (n=10) for 10 patients who had painful periods at the start, all 10 improved — 7 had complete relief and 3 had partial relief. That's 100% improvement among symptomatic patients, and no one's pain got worse.



Key Observation: Of the ten patients presenting with dysmenorrhea at baseline, complete resolution was observed in seven patients (70%) and partial relief in three patients (30%), with no patient reporting worsening or unchanged pain.

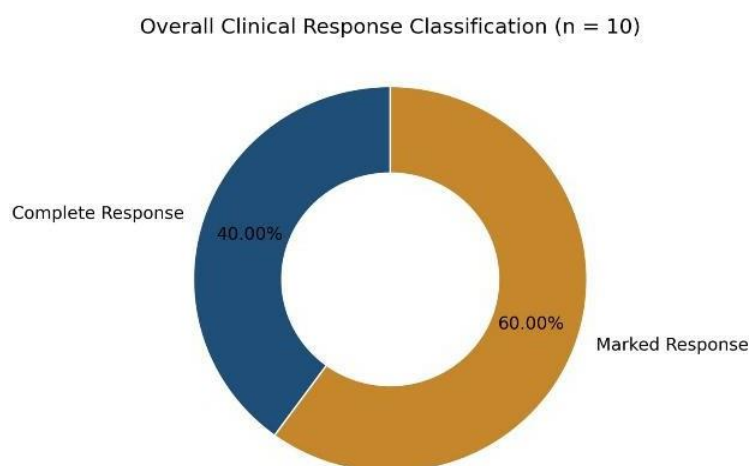
4. Ovarian/Follicular Ultrasonographic Findings

Table 5: Ultrasonography Findings (n=10 evaluated) — 100% of Evaluated Patients Improved.

USG Outcome	Total no of patients	Number of patients	Percentage (%)
Complete resolution	10	6	60%
Marked reduction in cyst size		4	40%
No improvement		0	0

Explanation: Among the total 10 patients (n=10) In the 10 patients with comparable before-and-after scans, every single one showed improvement — 6 had their cysts disappear completely, and 4 had a marked reduction in size. Not one patient showed no change.

Note: One patient was assessed clinically without comparable baseline ultrasonographic measurements.



Interpretation

Among the ten participants with comparable ultrasonographic assessments, 6 (60%) achieved complete resolution with normal ovarian morphology, while 4 (40%) demonstrated a marked reduction in cyst size. No participant showed no change following treatment. Notably, a 3×6 cm para-ovarian cyst reduced to 2.1×1.1 cm, and a 2×6 cm para-ovarian cyst reduced to 1.2×2.3 cm, indicating substantial regression of cyst size after the intervention.

5. Overall Clinical Response Classification

Criteria for Overall Clinical Response

Complete Response: Regular menstrual cycle, complete resolution of dysmenorrhea, and

normal ovaries on ultrasonography (USG).

Marked Response: Regular menstrual cycle with partial or complete symptom relief and marked (but incomplete) cyst reduction on USG, **or** normal ovaries with residual mild dysmenorrhea.

Moderate Response: Regular menstrual cycle with partial symptom relief and minor improvement on USG.

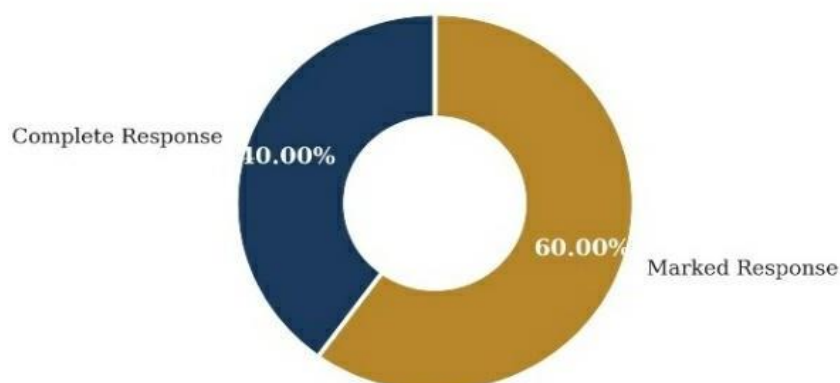
Poor Response: No perceptible clinical or ultrasonographic improvement.

Table 6: Overall Clinical Response (n=10) — 100% Overall Improvement.

Response category	Number of patients	Percentage (%)
Complete Response	4	40%
Marked Response	6	60%
Moderate Response	0	0
Poor Response	0	0
Total	10	100%

Explanation: Combining menstrual regularity, pain relief, and ultrasound findings, every single patient (100%) showed either a complete or marked improvement. No patient fell into the moderate or poor response categories.

Overall Clinical Response Classification (n = 10)



Interpretation

Of the 10 participants, 4 (40.00%) achieved a complete response, characterized by normalization of the menstrual cycle, complete resolution of dysmenorrhea, and normal

ovaries on ultrasonography. The remaining **6 (60.00%)** demonstrated a marked response, with regular menstrual cycles accompanied by significant clinical and ultrasonographic improvement. No participants fell into the moderate or poor response categories, indicating that all subjects experienced a favorable therapeutic outcome following the intervention.

Table 7: Overall Treatment Outcome Summary (n=10) — 100% Overall Treatment Success.

Outcome measure	Total no of patients	patients with complaints before treatment	patients Improved after treatment	Improvement (%)
Menstrual cycle regularity	10	10	10	100%
Dysmenorrhea		10	10	100 % of symptomatic patients
Ovarian cyst/follicular changes		10	10	100% of evaluated patients

Explanation: This summary confirms that across every measure tracked in the study — cycle regularity, pain, and cyst resolution — all patients who could be evaluated for that measure showed improvement, with an overall 100% clinical improvement rate across the full group of 10.

DISCUSSION

The therapeutic action of Shreecare Syrup in PCOD appears to involve multiple complementary mechanisms, including regulation of the hypothalamic-ovarian axis, Artavajanan (menstruation-promoting) activity, and reduction of Kapha-Medo Dushti, which Ayurveda correlates with follicular cyst formation and anovulation.

Saraca indica, the predominant ingredient by quantity, is traditionally used for its uterine tonic and menstrual-regulating properties. Asparagus racemosus and Withania somnifera are recognized for their adaptogenic and hormonal-balancing effects, which may support regularization of the menstrual cycle. Symplocos racemosa is classically used for its Artava Sangrahaka (menstrual-regulating) action in gynecological disorders.

Embllica officinalis and Tinospora cordifolia contribute antioxidant and metabolic support, while Zingiber officinale, Cuminum cyminum, and Cinnamomum cassia support digestive fire (Agni) and metabolic regulation, consistent with the Ayurvedic understanding that Mandagni

and Ama contribute to Kapha-Medo accumulation in PCOD.

The marked improvement in menstrual cycle regularity (100% of patients achieving nearly regular cycles) and the resolution or significant reduction of ovarian cysts in the majority of patients suggest that the combined protocol addressed both the ovulatory and structural components of PCOD. The dietary correction, emphasizing low-glycaemic-load and high-fibre intake, likely contributed to improved insulin sensitivity, a key driver of PCOD pathophysiology, while the structured yoga protocol may have supported hypothalamic-pituitary-ovarian axis regulation and stress reduction.

Combined with individualized dietary and yoga guidance, the formulation demonstrated meaningful improvement in both symptomatic and ultrasonographic parameters across a heterogeneous cohort spanning adolescent to perimenopausal age groups.

CONCLUSION

The present open-label clinical study with the duration of 3 months suggests that Shreecare Syrup, combined with a personalized diet and structured yoga protocol, may be beneficial in the management of Polycystic Ovarian Disease. The intervention was associated with restoration of menstrual cycle regularity in all patients, complete or partial relief of dysmenorrhea in all symptomatic patients, and complete resolution or marked reduction of ovarian cystic changes in the majority of patients.

The treatment protocol was well tolerated throughout the study period, and no adverse effects were reported. The findings support the potential role of Shreecare Syrup as a safe and effective adjunctive therapeutic option in the integrative management of PCOD. However, as this was an open-label study with a limited sample size and a short follow-up duration, further randomized controlled clinical trials involving larger populations, longer follow-up periods, and hormonal/biochemical assessments (e.g., LH:FSH ratio, insulin resistance markers) are recommended to establish efficacy and safety more conclusively.

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