

**A COMPARITIVE CLINICAL STUDY TO EVALUATE THE EFFICACY
OF VARUNADI GANA SIDDHA AND VACHADI GANA SIDDHA
NIRUHA BASTI FOLLWED BY SHAMANA SNEHA WITH
SHATAPUSHPA TAILA IN THE MENAGEMENT OF POLYCYSTIC
OVARIAN SYNDROME**

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ABSTRACT

Background: Polycystic Ovarian Syndrome (PCOS) is a common endocrine–metabolic disorder affecting women of reproductive age and is a leading cause of anovulation and infertility. In Ayurveda, PCOS can be correlated with conditions such as *Puspagni Jatahariṇi* and *Granthi*, involving *Vata–Kapha* and *Meda duṣṭi* with *Artavavaha Srotodushti*. *Basti Karma*, regarded as *Ardha Chikitsa*, is the prime therapy for disorders arising from Vata Sthana. **Objective:** To evaluate and compare the efficacy of *Varuṇadi Gaṇa Siddha Niruha Basti* and *Vacadi Gaṇa Siddha Niruha Basti* followed by *Samana Sneha* with *Satapushpa Taila* in the management of PCOS. **Methods:** A comparative clinical study was conducted on diagnosed PCOS patients based on clinical and ultrasonographic criteria. Patients were divided into two groups

and administered respective *Niruha Basti* protocols followed by *Samana Sneha*. Clinical parameters related to menstrual pattern, pain, and associated symptoms were assessed.

Results: Both treatment groups showed significant improvement in menstrual regularity and associated symptoms, indicating effective *Vata–Kapha Samana*, *Srotoshodhana*, and *Artava pravṛtti*. **Conclusion:** *Basti* therapy followed by *Samana Sneha* is an effective, safe, and holistic Ayurvedic approach for PCOS management, addressing its metabolic and reproductive components.

KEYWORDS: Pcos, *Pushpagni Jataharani*, *Artava*, *Basti*, *Shaman Sneha*, *Shatapushpa Taila*, *Varunadi Kashaya*, *Vachadi Kashaya* etc.

INTRODUCTION

Basti karma is one of the prime modalities in *Ayurveda*, known as *Ardha chikitsa*^[1], *Basti karma* is useful in the treatment of *vataja*, *pittaja*, *kaphaja*, *raktaja*, *dwandwaja* and *sannipataja vyadhis*.^[2]

The Polycystic ovarian syndrome^[3] is one of the common endocrine disorders affecting most of the women in their reproductive age group. PCOS is the commonest cause of anovulation and a leading cause of Infertility. It is a syndrome manifested by menstrual -abnormality, Hirsutism associated with enlarged polycystic ovaries. This heterogenous disorder is characterized by excessive androgen production by ovaries mainly.

The pooled PCOS prevalence estimates according to Rotterdam criteria is 11.34% in India.^[4] PCOS patients are at higher risk of developing Infertility, Diabetes mellitus Endometrial Hyperplasia, cardiovascular disorders and Hypertension. It is not only the dysfunction of ovaries, but also systemic, endocrinal, and metabolic disorder. Now-a-days an altered food habits and sedentary lifestyle are also the contributing factor for the progression of PCOS among the susceptible ones

In Ayurvedic science, the signs and symptoms of Pcos can be understood by *Jataharini* and *granthi*. *Acharya* Kashyapa, mentioned *Pushpagni Jataharini*^[5] where she has anovulatory menstrual cycle and *Sthula Lomasha Ganda* (thick hairy cheeks). The cystic swelling in the ovaries resembles that of *granthi* which is explained as a *Kaphapradhana Dosha* with gets lodged in the *Mamsa*, *Meda*, *Rakta* forms a round, elevated, hardened swelling called *Granthi*.^[6]

The treatment of PCOS as per modern science employs hormonal supplements in managing the condition and most of them are prone for adverse effects, In *Ayurveda* the comprehensive management of pcos can be planned as *Kapha-Medahara*, *Artavajanaka*, *Yonidoshahara*.

The pathology of pcos lies in *Vata Sthana* and *Basti* is the choice of treatment for *Vata Dosha* hence the present study of *Varunadi gana*^[7], *Vachadi gana*^[8] *Niruha Basti* followed by *Shamana sneha* with *shatapushpa*^[9] which are *Kapha-Medahara* *Artavajanaka* and *Yonidoshahara* are selected.

Understanding the gravity of the problem existing in the society, for proper remedial measure a study had been undertaken to look for comparative clinical study of *Varunadi Gana Basti* and *Vachadi Gana siddha basti* followed by *Shamana Sneha* in the management of pcos”.

OBJECTIVES OF THE STUDY

- To evaluate the efficacy of *Varunadi gana*^[7] *basti* followed by *shamana sneha* in the management of PCOS.
- To evaluate the efficacy of *Vachadi gana basti*^[8] followed by *shamana sneha* in the management of PCOS.
- To compare the efficacy of *Varunadi Gana*^[7] with *vachadi gana*^[8] *basti* followed by *shamana sneha* in the management of PCOS.

MATERIALS AND METHODS

SOURCE OF DATA

- Subjects were be selected from the OPD and IPD of Government Ayurveda Medical College and Hospital, Mysuru and Government Hi-Tech Panchakarma Hospital, Mysuru.
- Subjects were also be selected from other referral sources and special camps proposed to be conducted for the purpose of the study.

SOURCE OF DRUGS

- Required formulations for the study was specially prepared for the purpose and procured from a GMP certified Ayurveda Pharmacy.

METHODS OF COLLECTION OF DATA

A. SCREENING

- A screening proforma was prepared with all aspects of History, Signs and symptoms of pcos.

B. DIAGNOSTIC CRITERIA

- 1) Menstrual irregularity.
- 2) Hirsutism.
- 3) Weight gain
- 4) Polycystic ovaries detected in USG abdomen and pelvis scan.

C. INCLUSION CRITERIA

- 1) Subjects belonged to Age group between 18 and 40 yrs.
- 2) Subjects fulfilling the diagnostic criteria.
- 3) Subjects fit for Basti karma.

D. EXCLUSION CRITERIA

- 1) Subjects within 2 years of menarche.
- 2) Subjects of congenital anomalies related to reproductive organs,
- 3) Subjects with history of systemic illness which interfere with the intervention.
- 4) Pregnant and lactating women.
- 5) Subjects requiring any surgical intervention were excluded.

E. LABORATORY INVESTIGATIONS

- 1) CBC
- 2) Urine routine
- 3) UPT (if necessary)
- 4) USG abdomen and pelvis
- 5) In case of requirement necessary investigations will be done.

STUDY DESIGN

- It was a comparative clinical trial with pre and post-test design.

PLAN OF STUDY

- **GROUPING:** Purposive sampling
- **SAMPLE SIZE:** Study was conducted on 40 subjects 20 in each group.

PLAN OF INTERVENTION: BASTI KARMA

In both the groups *yoga basti* pattern given as follows.

Group A- *Varunadi Gana Siddha Basti* followed by *Shamana Sneha* with *Shatapushpa Taila*.

Group B – *Vachadi Gana Siddha Basti* followed by *Shamana Sneha* with *Shatapushpa Taila*.

Deepana- Pachana with *Chitrakadi Vati* 250mg BD is given to all the subjects till attainment of *nirama avastha*.

A	N	A	N	A	N	A	A
1	2	3	4	5	6	7	8

A - Anuvasana

<i>Poorva karma</i>	<i>Sarvanga abhyana</i> with <i>Ksheera Bala Taila</i> followed by <i>Sweda</i>
<i>Pradhana karma</i>	<i>Anuvasana Basti</i> with <i>sukhoshna shatapushpa taila</i> 70 ml.
<i>Paschat karma</i>	<i>Hasta pada mardana</i> and <i>sphik tadana</i> .

N - Niruha basti

<i>Poorvakarma</i>	<i>Sarvanga abhyana</i> with <i>ksheera bala taila</i> followed by <i>sweda</i>	
<i>Pradhanakarma</i>	Group -A	Group B
	<i>Varunadi gana basti</i>	<i>Vachadi gana basti</i>
<i>Paschat karma</i>	<i>Utthana shayana</i> for <i>shatamatra kala</i> , Patient was asked to sit in squatting when one gets the urge for defecation.	

Contents of Basti

Contents		Dose
<i>Makshika</i>		1 ½ <i>pala</i> (70ml)
<i>Lavana</i>		1/8 <i>pala</i> (6 grams)
<i>Sneha</i> (<i>shatapushpatailam</i>)		3 <i>pala</i> (140ml)
<i>Kalka</i> (<i>shatapushpa kalka</i>)		1 <i>pala</i> (48grams)
<i>Kwatha</i>	Group A- <i>varunadigana kwatha</i>	6 ½ <i>pala</i> (310ml)
	Group B- <i>vachadigana Kwatha</i>	

Shamana sneha with *Shatapushpa taila* 30ml (15 ml BD dose) after attaining the proper appetite.

Any complication during the procedure was treated accordingly.

ASSESSMENT CRITERIA

- Subjective criteria.

1) Menstrual irregularity

Menstrual history	Grade-0	Grade-1	Grade-2
Regularity	28-35 days	35-45days	>45days
Quantity	3-4pads	2pads/day	1 pad full/day
Duration in days	3-5 day	2 days	1day
Pain	No pain	tolerable pain	Requirement of oral analgesics

2) Central obesity - Hip waist ratio

Ratio	Grade
≤ 0.80	Grade -0
0.81-0.85	Grade -1
≥ 0.86	Grade -2

3) Number of Antral follicle count

No of AFC	Grade
3-8	0
9-11	1
≥ 12	2

ASSESSMENT SCHEDULE

Pre-test assessment- before starting the intervention (0th day).

Post-test assessment- after completion of intervention (30th day).

Follow up – after 60th day.

OBSERVATION

Regarding chief complaints, menstrual irregularity was the predominant presenting symptom, observed in 80% of patients, while infertility was noted in 20%. In Group A, menstrual irregularity was observed in 65% and infertility in 35%, whereas in Group B menstrual irregularity was observed in 95% and infertility in 5%. This difference was statistically significant indicating a higher prevalence of menstrual irregularity in Group B.

Associated symptoms included weight gain, acne, hair fall, hirsutism, and acanthosis nigricans, with weight gain being the most common. Statistical analysis showed no significant difference between the groups.

Family history (*Kula Vṛttanta*) of PCOS was present in only 10% of patients, while 90% had no family history. Both groups showed equal distribution, with no statistically significant difference.

Assessment of *Agni* revealed that *Mandagni* was the most common type, observed in 50% of patients, followed by *Tikṣṇagni* in 32.5% and *Viṣamagni* in 17.5%. No statistically significant difference was observed between the groups.

Koṣṭha analysis showed that *Mṛdu Koṣṭha* was present in 47.5% of patients, followed by *Krura Koṣṭha* in 42.5% and *Madhyama Koṣṭha* in 10%. A statistically significant difference was observed between the groups, with a higher prevalence of *Krura Koṣṭha* in Group B.

Prakṛti assessment revealed predominance of Pitta–Kapha Prakṛti, followed by Vata–Kapha (27.5%) and Vata–Pitta (25%). No statistically significant difference was found between the groups.

Dietary habits (*Ahara*) and lifestyle factors (*Vihara*) such as *Divasvapna*, *Ratri Jagaraṇa*, *Avyayama*, and psychological factors (*Manasika Bhava*) like *Atichinta*, *Krodha*, *Soka*, and *Bhaya* were assessed. *Atichinta* was the most common psychological factor. Statistical analysis revealed no significant difference between the groups in these parameters.

RESULTS

On assessing treatment outcomes, both groups showed statistically significant improvement in menstrual regularity after treatment ($p = 0.001$), with Group A showing comparatively better improvement.

Improvement in quantity of bleeding was observed in both groups but was not statistically significant. Group B showed statistically significant improvement in the duration of bleeding ($p = 0.0277$), whereas Group A showed improvement that was not statistically significant.

Reduction in pain was statistically significant in both groups, with better results observed in Group A. Overall, both groups were comparable at baseline with respect to demographic and clinical parameters. *Varuṇadigaṇa Siddha Basti* followed by *Satapuṣpa Taila* demonstrated better improvement in menstrual regularity and pain, while *Vacadigaṇa Siddha Basti* showed superior results in improving the duration of menstrual bleeding.

DISCUSSION ON THE PROCEDURE

Purva karma

Deepana–Pachana with Chitrakadi Vaṭi

Deepana–Pachana was administered using *Chitrakadi Vaṭi* in a dose of 250–500 mg twice daily before meals with lukewarm water for 5–7 days or until *Agnidipana* signs appeared. Patients were advised a light, easily digestible diet avoiding *Guru* and *Snigdha Ahara*. This intervention aimed to correct *Agnimandya*, digest *Ama*, and remove *Srotorodha*, thereby preparing the body for *Sodhana Karma*.

Chitrakadi Vati, owing to its Tikṣṇa, Uṣṇa, and Laghu Gunas, reduces Kapha–Meda accumulation and enhances Jatharagni and Dhatvagni. In PCOS, this facilitates clearance of obstruction in Artavavaha Srotas, improves metabolic efficiency, and helps restore normal Vata function, thereby supporting ovulation and menstrual regularity. Improved metabolism may also contribute to better insulin sensitivity and hormonal balance.

Sarvanga Abhyanga with Kṣirabala Taila

Sarvanga Abhyanga was performed using warm *Kṣirabala Taila* with moderate pressure for 30–45 minutes, followed by mild *Swedana*, for a duration of eight days. The primary objective was *Vata Samana*, particularly of *Apana Vata*, along with improvement in systemic circulation and stress reduction.

Kṣirabala Taila, due to its *Snigdha* and *Guru* properties, pacifies aggravated *Vata* and nourishes *Rasa*, *Rakta*, and *Artava Dhatus*. In PCOS, *Abhyanga* improves microcirculation, enhances tissue nourishment, and exerts a calming effect on the neuroendocrine system. This contributes to normalization of the hypothalamic–pituitary–ovarian axis and supports ovarian function.

Baṣpa Swedana

Baṣpa Swedana was administered after *Abhyanga* using medicated steam prepared from drugs such as *Dasamula*, *Nirgundi*, *Eraṇḍa*, *Devadaru*, and *Vaca*. The procedure was performed at 40–45°C for 10–20 minutes until *Samyak Swinna Laksanas* were achieved.

Swedana facilitates liquefaction and mobilization of *Kapha* and *Meda Doṣas* responsible for *Srotorodha*. The *Uṣṇa* and *Snigdha* qualities help dilate *Srotas* and promote the movement of *Doṣas* towards the *Koṣṭha*, thereby enhancing the efficacy of subsequent *Basti Karma*. In PCOS, *Swedana* improves *Meda* metabolism, reduces *Ama*, clears obstruction in *Rasavaha*, *Medovaha*, and *Artavavaha Srotas*, and aids hormonal and metabolic regulation. The relaxation effect further reduces stress and supports HPO axis balance.

Pradhāna Karma

Varunadi Gana Niruha Basti: administered using a decoction prepared from *Varuṇa*, *Saireyaka*, *Yugma Satavari*, and other *Varuṇadi Gaṇa* drugs. The *Basti* was given in a dose of approximately 574 ml, adjusted according to the patient's constitution. Administration was performed in the left lateral position with careful insertion of the *Basti Netra*, and the

decoction was introduced slowly. The majority of patients retained the *Basti* for 5–10 minutes. Appropriate *Pathya* was advised to prevent complications.

The primary objective of *Varuṇadi Gaṇa Niruha Basti* was to correct *Apana Vata* dysfunction, which is central to menstrual irregularities in PCOS. The formulation, having *Lekhana* and *Kapha–Meda-hara* properties, helps in eliminating accumulated *Kapha*, *Meda*, and *Ama*, thereby relieving *Srotorodha* in *Artavavaha* and *Medovaha Srotas*. By clearing obstructions and normalizing *Apana Vata*, this *Basti* supports regular menstruation and ovulation. Additionally, improvement in *Meda* metabolism contributes to reduction in obesity, insulin resistance, and metabolic disturbances, ultimately aiding regulation of the hypothalamic–pituitary–ovarian (HPO) axis and hormonal balance.

Vacadi Gaṇa Niruha Basti: was administered using a decoction prepared from *Vaca*, *Bala*, *Yaṣṭimadhu*, *Guḍuci*, and *Satavari*. The dose of approximately 574 ml was tailored to the patient's constitution and administered in the left lateral position. The *Basti* was introduced slowly, and retention time in most patients ranged between 5–10 minutes. *Pathya* was advised throughout the treatment period.

The purpose of *Vacadi Gaṇa Niruha Basti* was to correct *Apana Vata* dysfunction and eliminate *Kapha–Meda* accumulation contributing to PCOS pathology. The drugs possess *Vata–Kapha-samaka*, *Medohara*, and *Srotoshodhaka* properties, which help in clearing obstructions in *Artavavaha* and *Medovaha Srotas*. This facilitates restoration of normal menstrual cyclicity and ovulatory function. By reducing metabolic derangements and improving tissue responsiveness, *Vacadi Gaṇa Niruha Basti* supports hormonal regulation through correction of the HPO axis.

Anuvasana Basti with Satapuṣpa Taila: *Anuvasana Basti* was administered using 70 ml of slightly warmed *Satapuṣpa Taila* in the left lateral position. The oil was introduced gently through the *Basti netra*. Minimum retention time observed was eight hours, while in some patients the *Basti* was retained for up to 24 hours. *Pathya* was advised to avoid complications.

The objective of *Anuvasana Basti* was to provide *Bṛṃhaṇa*, *Rasayana*, and *Vata-samaka* effects, with special emphasis on nourishment of *Rasa*, *Mamṣa*, and *Artava Dhatus*. *Satapuṣpa Taila* strengthens reproductive tissues, enhances ovarian function, and supports

hormonal balance. By improving pelvic circulation and reducing dryness, stress, and *Vata* aggravation, *Anuvasana Basti* helps maintain menstrual regularity and improves fertility potential in patients with PCOS.

Paschat Karma

Paschat Karma plays a vital role in sustaining the therapeutic benefits of *Basti Karma* in PCOS. *Samsarjana Karma* helps restore *Jatharāgni* and *Dhatvāgni* following *Śodhana*, thereby preventing re-formation of *Āma* and *Kapha–Meda duṣṭi*. *Pathya-pālana* maintains *Srotas* patency, especially of *Rasavaha*, *Medovaha*, and *Artavavaha Srotas*, and prevents recurrence of metabolic and menstrual abnormalities. Regulation of diet, lifestyle, and mental stress during this period supports *Apāna Vāta* function and stabilizes the hypothalamic–pituitary–ovarian axis. Thus, *Paścāt Karma* ensures long-term metabolic balance, hormonal regulation, and menstrual regularity in PCOS.

DISCUSSION on *Samana Sneha* in PCOS

Sneha Kalpana is broadly classified into *Sodhana Sneha*, *Bṛṃhaṇa Sneha*, and *Samana Sneha* based on its therapeutic objective. While *Sodhana Sneha* is primarily indicated for *Doṣa utkleṣhana* and elimination during purification therapies, *Samana Sneha* is administered to pacify aggravated *Doṣas* without inducing intense *Sodhana*. Hence, *Samana Sneha* is especially indicated in chronic metabolic and endocrine disorders where *Doṣa* imbalance persists without gross *Doṣa utkleṣha*.

Classical texts emphasize that *Sneha* should be administered in a state of mild hunger (*kṣudvat, jata bubhukṣa*), as stated in the dictum “*Sa kṣudvato jatabubhukṣasya sasyate*”. Administration during this state ensures that *Agni* is active and capable of digesting and assimilating *Sneha*, allowing uniform systemic distribution (*sarva-sarira-vyapti*). If *Sneha* is administered in an *abubhukṣita* state, it becomes mixed with undigested material, gets coated with *Kapha*, and fails to penetrate the *Srotas*, thereby losing its *Samana* efficacy. *Acarya Aruṇadatta* clearly states that *Samana Sneha* should not be administered in the absence of appetite, as improper digestion compromises its *Doṣa*-pacifying action.

Further, “*Sa ca madhyama-matraya... kevala eva acchaḥ*” indicates that *Samana Sneha* should be administered in moderate quantity, as pure *Sneha* without food, ensuring complete digestion and absorption. In the present study, *Satapushpa Taila* was administered as *Samana Sneha* in a dose of 20 ml per day, divided into two doses, for 90 days (three consecutive

menstrual cycles). This dosing ensured adequate *Doṣa samana* without provoking *Kapha* or impairing *Agni*.

In PCOS, where *Vata–Kapha duṣṭi*, *Meda avaraṇa*, and *Srotorodha* form the core pathology, properly administered *Samana Sneha* plays a crucial role in restoring physiological balance. *Satapushpa Taila*, possessing *uṣṇa*, *tikṣṇa*, *sukṣma*, and *snigdha guṇas*, facilitates *Srotoshodhana*, pacifies *Vata–Kapha*, and promotes *Artavotpadana*. The *sukṣma guṇa* enables deep tissue penetration, while the *uṣṇa-tikṣṇa* properties help relieve *Meda-avarāṇa* over *Vata*, restoring normal *Apana Vata* function.

From a contemporary perspective, *Satapushpa* exhibits insulin-sensitizing, anti-inflammatory, antioxidant, and phytoestrogenic activities, which contribute to improvement in metabolic parameters, hormonal regulation, and ovarian function. Thus, *Samana Sneha* with *Satapushpa Taila* acts both systemically and at the reproductive tissue level, ensuring sustained correction of meta.

Probable Mode of Action of *Samana Sneha (Satapushpa Taila)* in PCOS

Samana Sneha using *Satapushpa Taila* acts in polycystic ovarian syndrome by bringing about integrated correction at the levels of *Doṣa*, *Avaraṇa*, *Srotas*, *Dhatu*, and *Agni*. At the *Doṣa* level, the *uṣṇa*, *snigdha*, *tikṣṇa*, and *sūkṣma* properties of *Satapushpa Taila* effectively alleviate aggravated *Vata* and *Kapha*, which play a central role in the pathogenesis of menstrual irregularities and anovulatory cycles in PCOS. Through this *Doṣa*-pacifying action, regulation of the hypothalamic–pituitary–ovarian axis is supported, facilitating balanced gonadotropin secretion and normalization of the LH–FSH ratio, ultimately aiding in the restoration of ovulation and menstrual regularity.

At the level of *avarāṇa*, *Satapushpa Taila* assists in resolving *Meda–Kapha* obstruction over *Vata* by virtue of its *srotoshodhana* effect. Clearance of these metabolic blocks enhances tissue perfusion and insulin sensitivity, both of which are commonly impaired in PCOS, thereby reducing cystic changes and promoting normal ovulatory function.

At the *Srotas* level, the penetrating and subtle qualities of *Samana Sneha* promote cleansing of the *Artavavaha Srotas*, ensuring free flow and proper manifestation of *Artava*. This facilitates improved ovarian circulation and follicular development, contributing to regular menstrual cycles and healthier ovarian and uterine physiology.

At the *Dhatu* level, *Satapushpa Taila* supports nourishment of *Rasa*, *Rakta*, and *Artava Dhatus*, preventing *dhatu* depletion and *Artava* dysfunction. This nourishment enhances follicular health and oocyte competence, thereby improving fertility outcomes and conception potential.

At the level of *Agni* and metabolism, *Samana Sneha* strengthens *Jatharagni* and *Dhatvagni*, reducing *Ama* formation and correcting underlying metabolic derangements. From a contemporary perspective, this translates into better regulation of glucose and lipid metabolism, resulting in improved insulin sensitivity and correction of metabolic imbalance associated with PCOS.

CONCLUSION

Polycystic Ovarian Syndrome is a multifactorial endocrine–metabolic disorder involving derangement of *Vata*, *Kapha*, and *Meda* with impairment of *Artavavaha Srotas*. The present comparative clinical study evaluated the efficacy of *Varuṇadi Gaṇa Basti* and *Vacadi Gaṇa Basti* followed by *Samana Sneha* with *Satapushpa Taila* in the management of PCOS.

Both treatment protocols produced significant improvement in menstrual regularity, duration, and flow, indicating effective regulation of the *Artava Chakra* and restoration of ovulatory rhythm. The therapeutic benefits may be attributed to the combined actions of *Srotoshodhana*, *Agnidipana*, and *Vata–Kapha Samana* achieved through *Basti* therapy, along with stabilization of metabolic and reproductive functions by *Samana Sneha*.

Varuṇadi Gaṇa Basti demonstrated comparatively superior outcomes, particularly in pain relief and overall symptomatic improvement. This enhanced efficacy can be correlated with its anti-inflammatory, analgesic, diuretic, and metabolic-corrective properties, which are beneficial in addressing pelvic congestion, insulin resistance, and hormonal imbalance commonly observed in PCOS. *Vacadi Gaṇa Basti* showed effective *Kapha Samana* and *Agnidipana*, though its impact on reproductive hormonal parameters was comparatively moderate.

Satapushpa Taila administered as *Samana Sneha* played a supportive role by pacifying residual *Doṣic* imbalance, promoting *Artava pravṛtti*, and improving ovarian function. Although ultrasonographic parameters showed minimal change during the study period,

marked improvement in clinical and functional outcomes suggests that physiological correction precedes structural normalization.

In conclusion, *Varuṇadi Gaṇa Basti* followed by *Satapushpa Taila Samana Sneha* is a safe and effective Ayurvedic intervention for PCOS, offering significant improvement in menstrual, metabolic, and symptomatic parameters. This integrative approach provides a non-hormonal, holistic, and sustainable management strategy for PCOS.

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