E-ISSN:2456-3110

Case Report

Polysystic Ovarian Syndrome

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Journal of Ayurveda and Integrated Medical Sciences

2025 Volume 10 Number 7 JULY

Publisher

Maharshi Charaka Ayurveda

www.maharshicharaka.in

Case Report on Ayurveda management of Polysystic Ovarian Syndrome (PCOS)

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DOI:10.21760/jaims.10.7.59

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Polycystic Ovarian Syndrome (PCOS) is common problem among the reproductive age (18-40 years) of women. It is endocrine and gynecology problem. PCOD become lifestyle disorder now a day's because of sedentary habits, eating fast food, follow faulty life style. The exact cause of PCOS is unknown but high level of insulin, hyper androgen (male hormone), LH (luteinizing hormone) are the main causes. The symptoms of PCOS are delayed menstruation, oligomenorrhea, acne, hirsutism, thinning of hair, obesity, and constipation. In Ayurveda PCOS is not direct term coined but clinically it is resembled with Aartavavaha Sroto Dushti, Aartava Kshaya and Beejashaya Granthi. A case of 17 year old female patient with complains of no menstruation since 4 months and acne on face was attended OPD of Prasuitantra evam Streeroga department of J.S Ayurveda Mahavidyalaya. She had her first menstruation at age of 16 year. Patient was successfully treated by various Ayurveda medicines and Nasya therapy at OPD of Prasuitantra Evam Streeroga Department of JS Ayurveda Mahavidyalaya. Patient got significant relief in delay menstruation and had mild relief in acne on face after the 3 months of Ayurveda treatment. Her USG report suggested volume reduction in bilateral ovaries also.

Keywords: Ayurveda, PCOS, Nasyakarma, Shatapushapa Taila, Kanchanar Guggulu, Artavakshaya

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How to Cite this Article

Patel R, Shaikh N, Case Report on Ayurveda management of Polysystic Ovarian Syndrome (PCOS). J Ayu Int Med Sci. 2025;10(7):376-381. Available From https://jaims.in/jaims/article/view/4072/

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2025-05-17	2025-05-27	2025-06-07	2025-06-17	2025-06-26

Conflict of Interest	Funding	Ethical Approval	Plagiarism X-checker	Note
None	Nil	Not required	12.96	

Introduction

Polycystic ovary syndrome (PCOS) was originally delineated in 1935 by Leventhal and Stein.**[1]** PCOS is one of the most common endocrine disorder of women in their reproductive period manifested by irregular menstrual cycle and polycystic ovaries; excess unwanted hair and baldness, although not all patient have all these features. The term 'polycystic' means 'many cysts' and PCOS gets its name because of the clusters of small, pearl size cysts in ovaries. These cysts are fluid filled bubble (called follicle) that contains eggs that have not yet been released because of the hormonal imbalance. Many women with PCOS demonstrate challenges of feminine identity and body image due to obesity, acne and excess of unwanted hair; also infertility and long-term health related concerns that compromise the quality of life and adversely affect mood and psychological well-being.

PCOS is a heterogeneous endocrine disorder that affects about 5% of women worldwide.**[2]** The prevalence is 9% and average age of onset of depression is 31.9 year in Nepal.**[3]** Up to 40% of women with PCOS develop either impaired glucose tolerance of type 2 diabetes by age of 40.**[4]** Large amount of testosterone is secreted in PCOS which possibly prevent ovaries from releasing an egg each month, thus causing infertility, which may be the result of high levels of insulin that stimulate ovaries to produce excess testosterone. High testosterone levels can also cause excessive hair growth, stimulating male pattern baldness and acne. In patient with PCOS, insulin resistance causes fat deposition and excessive production of testosterone. **[5]**

The cause of PCOS is unknown, but studies suggest a strong genetic component that is affected by gestational environment, lifestyle factor or both. Women who have PCOS are at an increased risk of cardiovascular disease, diabetes and pre-diabetes, endocrinal cancer, heart attack, hypertension, high level of low density lipoprotein and low levels of high density lipoprotein.**[6]**

In *Ayurvedic* classics there is no direct mentioning of this disease rather, symptoms are found under various diseased conditions at various references i.e., menstrual irregularities are described under broad heading of *Ashtoartavadushti,* while description of infertility due to anovulation is scattered.

Irregular menstruation can be correlated with *Rajahkshaya, Pushpaghni Jataharini* mentioned in *Kashyapa Samhita*, *Revati Kalpadhyaya* bears similitude to symptoms of hyperandrogenism.**[7]** But features of metabolic dysfunction and polycystic ovarian morphology are not evident from any description.

Clinical Manifestation

- Hyperandrogenism-characterized by elevated levels of serum androgen.
- Anovulation
- Metabolic disturbances
- 15% of female having irregular menstrual cycles
- Chronic anovulation
- Hyperinsulinemia and decreased of SHBG.
- Infertility: Due to chronic anovulation
- Menstrual disorders: PCOS mostly produces oligomenorrhea or amenorrhea
- Weight gain and obesity
- Male pattern baldness

Pathophysiology

Several theories have been proposed to explain the pathogenesis of PCOS:

- Endometrial progesterone resistance
- A unique defect in insulin action and secretion
- A primary neuroendocrine defect leading to an exaggerated ovarian androgen production.
- An alteration in cortisol metabolism resulting in enhanced adrenal androgen production.

Case Report

A diagnosed case 17 year old Hindu female present with no menstruation since 4 month came in OPD of *Streeroga and Prasutitantra* of P.D. Patel *Ayurveda* hospital and J.S. *Ayurveda* Mahavidyalaya Nadiad, Gujarat, India. She had complained of acne on face and constipation since 5 months.

History of past illness

No any significant medical, surgical, gynecological and psychiatric disease.

Family history

No any significant medical, surgical, gynecological and psychiatric disease in her family members.

Personal history

Her appetite was good. She drinks 3-4 glass of water daily. Tongue was mildly coated and dry (*Alpa Sama).*

She passes hard stool and there is constipation. Her bladder habit is normal and she is vegetarian. There is no significant addiction.

Treatment History

For the present illness, patient went to allopathic hospital for treatment, but she didn't find the relief in symptom. So, she visited OPD of *Streeroga* and *Prasutitantra* of P.D Patel Ayurved Hospital, Nadiad.

Menstrual History

Her menarche was late at 16 year, it was irregular menstruation.

Mental state examination

She was normal and cooperative.

Clinical Examination

Built - height - 145cm, weight - 45Kg

Pulse - 76/min; BP - 120/80mm/hg

Systemic examination

No any abnormality was detected in gastro-intestinal, cardio-vascular, nervous and respiratory system examination.

Diagnosis

Diagnosis was done clinically by following symptoms as per Rotterdam criteria.**[8]**

- Irregular menstrual cycle
- Abnormal menstrual cycle
- Oligomenorrhea
- Poly cystic ovary on USG

According to *Ayurveda Samprapti Ghatak:*

- ***Hetu:*** *Divaswapna, Avyayama, Ruksha Ahara Vihara, Abhishyandi Ahara Vihara.*
- ***Dosha:*** *Kapha, Vata*
- ***Dushya:*** *Rasa, Meda, Mamsa*
- ***Strotas:*** *Rasavaha, Medavaha, Artavavaha Strotas.*
- ***Pratyatma Lakshana:*** *Artavkshaya, Staulya.*

Treatment

1. Nidana Parivarjana

2. First Phase: 15 days

Medicine	Dose
1. Dhatrilauha	3 tab/3 time with water
2. Rajapravartanvati	2 tab/3 time with water
3. Syp M2 tone	2 tsp/2 time with water

2nd Phase : 15 days

Medicine	Dose	Duration
1. Tab. Dhatri Lauha	3 tab/3 time with water A/F	
2. Tab. Rajapravartani Vati	2 tab /3 time with water A/F	
3. Dashamula Kwatha	10 gm /2 time with water B/F	
4. Tab. Katuki	2 tab /3 time with water A/F	
5. Shatapushpa Churna 2gm + Jatamansi Churna 1gm	1 dose/3 time with water A/F	3 months
6. Tab. Kanchanar Guggulu	3 tab/3time with water A/F	
7. Pathadi Kwatha	10 gm/ 2 time B/F	
Nasya Karma		
Shatapushpa Oil	6 drops each nostril for 7 days	3 sitting of Nasya Karma 21 days gap between each sitting.

Pathya-Apathya

- Avoid junk food, cold drinks and packed food/excessive fats/sugar and carbohydrates.
- Avoid plastic packing and used tin container.
- Eat freshly prepared food.
- Walk for 30 min daily at least 5 days per week.
- Includes *Yoga* and *Pranayama* in daily routine.
- Bed time and wake up time should be fixed accordingly and sleep of 6-8 hours is required.

Results and Discussion

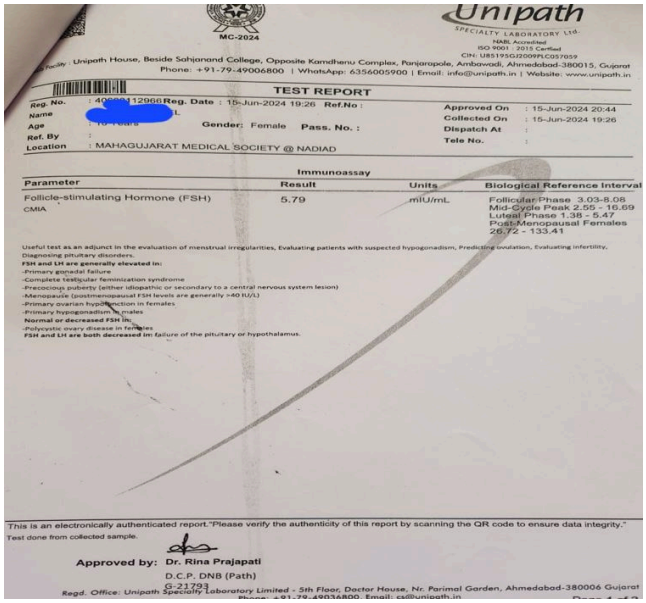
After 30 days of treatment her menses comes on regular interval, with normal blood flow. Assessment was done on the basic of following points.

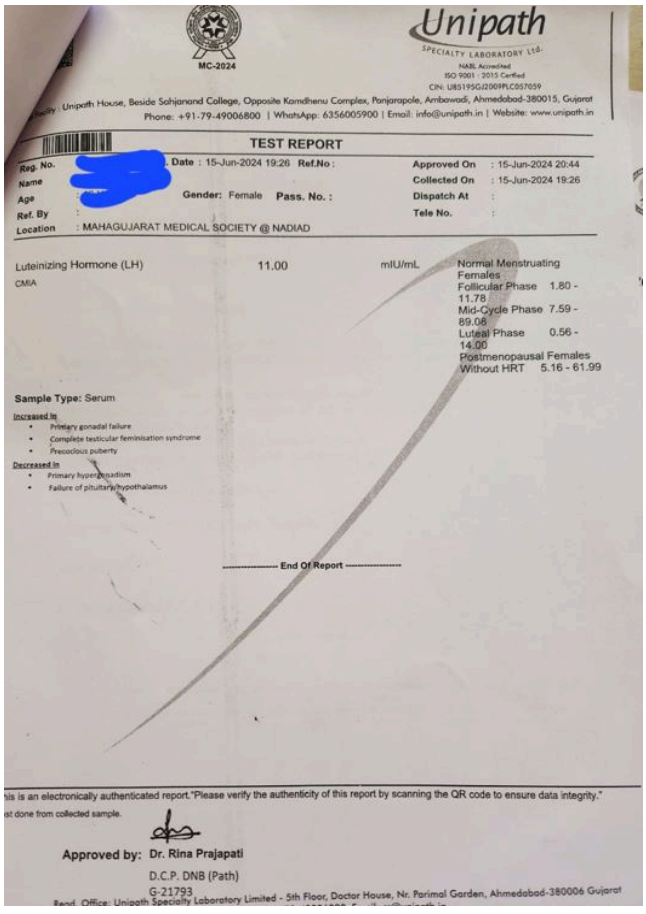
SN	Sign & Symptoms	Day 1	Day 30	Day 60	Day 90
1.	Amount of bleeding	1-2 pad per day	1-3 pad per day	1-3 pad per day	1-3 pad per day
2.	Duration of menses	No menses after 1 time	Menses come	1-2 day	1-3day
3.	Weight	45 kg	42 kg	44kg	44kg
4.	White discharge	++	+	+	-
5.	Facial hair	++	+	+	+
6.	Mood swing	+++	+	+	+

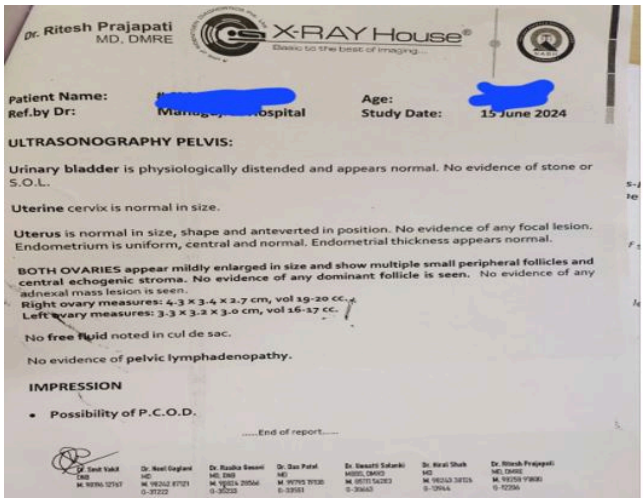
Patient was advised for follow up for 3 months.

Changes in Blood investigation and USG

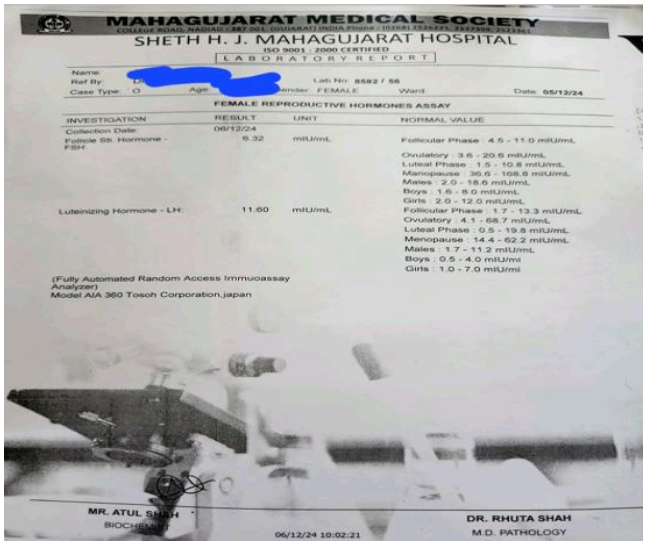
Before Treatment (15/7/2024)	After Treatment (5/12/2024)
FSH - 5.79 mlu/ml	FSH - 6.32 mlu/ml
LH - 11 mlu/ml	LH - 11.60 mlu/ml
USG Report (15/7/2024)	USG Report (10/9/2024)
Rt. Ovary: 4.3x3.4x2.7cm, vol 19-20 cc	Rt. Ovary: 3.0x1.8x2.3cm, vol 6.6cc
Lt. Ovary: 3.3x3.2x3.0cm, vol 16-17 cc	Lf. Ovary: 3.3x1.8x2.6cm, vol 8.3cc

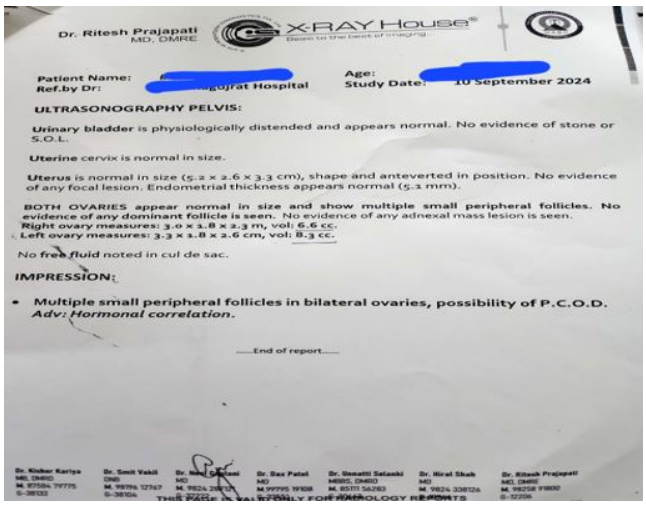

Unipath
SPECIALTY LABORATORY Ltd.
TEST REPORT
Reg. Date : 15-Jun-2024 19:26 Ref.No :
Approved On : 15-Jun-2024 20:44
Collected On : 15-Jun-2024 19:26
Dispatch At :
Tele No. :
Gender: Female Pass. No. :
Location : MAHAGUJARAT MEDICAL SOCIETY @ NADIAD
Immunoassay
Parameter | Result | Units | Biological Reference Interval
Follicle-stimulating Hormone (FSH) CMIA | 5.79 | mIU/mL | Follicular Phase 3.03-8.08 Mid-Cycle Peak 2.55 - 16.69 Luteal Phase 1.38 - 5.47 Post-Menopausal Females 26.72 - 133.41
Approved by: Dr. Rina Prajapati
D.C.P. DNB (Path)
G-21793


Unipath
SPECIALTY LABORATORY Ltd.
TEST REPORT
Reg. Date : 15-Jun-2024 19:26 Ref.No :
Approved On : 15-Jun-2024 20:44
Collected On : 15-Jun-2024 19:26
Dispatch At :
Tele No. :
Gender: Female Pass. No. :
Location : MAHAGUJARAT MEDICAL SOCIETY @ NADIAD
Luteinizing Hormone (LH) CMIA | 11.00 | mIU/mL | Normal Menstruating Females Follicular Phase 1.80 - 11.78 Mid-Cycle Phase 7.59 - 89.08 Luteal Phase 0.56 - 14.00 Postmenopausal Females Without HRT 5.16 - 61.99
Sample Type: Serum
Increased In
- Primary gonadal failure
- Complete testicular feminisation syndrome
- Precocious puberty
Decreased In
- Primary hypogonadism
- Failure of pituitary/hypothalamus
End Of Report
Approved by: Dr. Rina Prajapati
D.C.P. DNB (Path)
G-21793


Dr. Ritesh Prajapati
MD, DMRE
X-RAY House
Patient Name:
Ref.by Dr:
Age:
Study Date: 15 June 2024
ULTRASONOGRAPHY PELVIS:
Urinary bladder is physiologically distended and appears normal. No evidence of stone or S.O.L.
Uterine cervix is normal in size.
Uterus is normal in size, shape and anteverted in position. No evidence of any focal lesion. Endometrium is uniform, central and normal. Endometrial thickness appears normal.
BOTH OVARIES appear mildly enlarged in size and show multiple small peripheral follicles and central echogenic stroma. No evidence of any dominant follicle is seen. No evidence of any adnexal mass lesion is seen.
Right ovary measures: 4.3 x 3.4 x 2.7 cm, vol 19-20 cc.
Left ovary measures: 3.3 x 3.2 x 3.0 cm, vol 16-17 cc.
No free fluid noted in cul de sac.
No evidence of pelvic lymphadenopathy.
IMPRESSION
- Possibility of P.C.O.D.
End of report

Before Treatment Reports


MAHAGUJARAT MEDICAL SOCIETY
SHETH H. J. MAHAGUJARAT HOSPITAL
ISO 9001 : 2000 CERTIFIED
LABORATORY REPORT
FEMALE REPRODUCTIVE HORMONES ASSAY
INVESTIGATION | RESULT | UNIT | NORMAL VALUE
Collection Date: 06/12/24
Follicle Stimulating Hormone - FSH: 6.32 mIU/mL
Follicular Phase : 4.5 - 11.0 mIU/mL
Ovulatory : 3.6 - 20.6 mIU/mL
Luteal Phase : 1.5 - 10.8 mIU/mL
Menopause : 30.6 - 168.8 mIU/mL
Males : 2.0 - 18.6 mIU/mL
Boys : 1.6 - 8.0 mIU/mL
Girls : 2.0 - 12.0 mIU/mL
Luteinizing Hormone - LH: 11.60 mIU/mL
Follicular Phase : 1.7 - 13.3 mIU/mL
Ovulatory : 4.1 - 68.7 mIU/mL
Luteal Phase : 0.5 - 19.8 mIU/mL
Menopause : 14.4 - 52.2 mIU/mL
Males : 1.7 - 11.2 mIU/mL
Boys : 0.5 - 4.0 mIU/mL
Girls : 1.0 - 7.0 mIU/mL
(Fully Automated Random Access Immuoassay Analyzer)
Model AIA 360 Tosoh Corporation,japan
MR. ATUL SHAH
DR. RHUTA SHAH
M.D. PATHOLOGY
06/12/24 10:02:21


Dr. Ritesh Prajapati
MD, DMRE
X-RAY House
Patient Name:
Ref.by Dr:
Age:
Study Date: 10 September 2024
ULTRASONOGRAPHY PELVIS:
Urinary bladder is physiologically distended and appears normal. No evidence of stone or S.O.L.
Uterine cervix is normal in size.
Uterus is normal in size (5.2 x 2.6 x 3.3 cm), shape and anteverted in position. No evidence of any focal lesion. Endometrial thickness appears normal (5.3 mm).
BOTH OVARIES appear normal in size and show multiple small peripheral follicles. No evidence of any dominant follicle is seen. No evidence of any adnexal mass lesion is seen.
Right ovary measures: 3.0 x 1.8 x 2.3 m, vol: 6.6 cc.
Left ovary measures: 3.3 x 1.8 x 2.6 cm, vol: 8.3 cc.
No free fluid noted in cul de sac.
IMPRESSION:
- Multiple small peripheral follicles in bilateral ovaries, possibility of P.C.O.D.
Adv: Hormonal correlation.
End of report

After Treatment Reports

Discussion

PCOS is lifestyle disorder. Patient suffering from polycystic ovarian disease have multiple small cysts in their ovaries.

These cysts occur when regular changes of a normal menstrual cycle are disrupted. The ovary is enlarged and produces excessive amounts of androgen and estrogenic hormones. Various drugs that are used in this case are discussed below:

Rajapravartani Vati

Rajapravartanvati has *Katu, Tikta, Laghu, Snighdha* and *Tikshna Guna, Katu Vipaka* and *Ushna Virya*. *Tikta Taste* and *Tikshana* properties. This drug will remove the *Srotoavarodha* and facilitates flow of *Vata; Katu Vipaka* and *Ushna Virya* pacifies the aggravated *Vata* and thus allow the painless flow of *Artava.*

Dhashamula Kwatha

Most of the drugs are having *Tikta, Kashaya Rasa, Ushna Virya Laghu*, *Ruksha Guna* and *Vata hara* properties which helps in alleviating the diseases of *Vata.* Also, it acts as *Amapachana* and removes the *Avarana* of *Kaphadi Dosha*. Drugs like *Gambhari, Gokshura*, *Brihati,* and possess properties such as *Garbhashaya Shodhaka* which helps during pregnancy and restores energy in women after delivery. Drugs having *Shothahara* properties help to alleviate *Shotha* associated with *Vata* disorder.

Katuki

Katuki has been widely known and used as hepatoprotective agent. In liver injury mainly kuffer cells cause problems in regeneration process and it here when extract of this plant plays its role by supporting cells. This plant has been currently used in treating liver disease, viral hepatitis, ischemic injury, cirrhosis, radiation toxicity.

Sathapushpa Churna

Shatapushpa have *Katu, Tikta* and *Madhura Rasa*. *Katu Rasa* has *Agneya* properties and *Tikta Rasa* has *Deepan* properties, which improve *Jathragni Daurbalya* and from *Nirama Rasa Dhatu* and helps in *Artavkshaya*. *Tikta Rasa* also has *Lekhana* properties due to this it work on *Avarana* and improve *Picchila* and *Kleda* properties of *Kapha Dosha*. *Ushna Virya* of *Shatpushpa* removes *Srotoavarodha* and increase the blood circulation in the *Yoni* and *Garbhashaya,* due to this *Garbhashaya* gets proper nutrition which helps formation of healthy endometrium and thus menstrual cycle become normal in amount, duration and interval. **[10]**

Kanchanar Guggulu

Kanchanar Guggulu is an effective *Ayurvedic* classical preparation that helps to promote a fully mature ovum and reduce the chance of PCOS. According to *Ayurveda* the aggravation of *Kapha* and *Mandagn*i is considered responsible for PCOS. Its effective *Ayurvedic* remedy for treating hormonal imbalance, hypothyroidism, PCOS, and joint pain.

Pathadi Kwatha

Amapachaka, *Srotoshodhana*, and *Vatakapha Nashaka* properties responsible for efficacy. *Usna, Tikshna Lekhana* and *Pachana* etc. properties of contents of *Pathadi Kwatha* are similar to *Pitta* increase *Anegya Guna* of *Pitta* which is responsible for decreasing interval.

Conclusion

As the PCOS is multi-faceted problem with reproductive, endocrine and metabolic dysfunction. The lifestyle modification, counseling and various *Ayurveda* medications is considered to be the first line of treatment which is effective in reducing the sign and symptoms of PCOS. In above explained case, her menstrual irregularity and other associated symptoms became normal with *Ayurveda* medication and *Nasya* in 3 month which is very positive. However, a well-planned study with large sample size is required to establish the efficacy of *Ayurveda* in PCOS.

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