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A retrospective analysis of the *Svayampurna Upacara* Therapy in addressing PCOD symptoms

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A B S T R A C T

Introduction: This study assesses the efficacy of *Svayampurna Upacara* therapy, a holistic energy-based treatment, in managing Polycystic Ovarian Syndrome (PCOS). Conducted retrospectively on 150 women treated from 1995 to 2024 at Niraamay Wellness Center in Maharashtra, the study included energy healing, yoga, and meditation counselling over 12 weeks. The therapy aims to balance *Panch Tattva* (five elements) and align Chakras to address the root causes of PCOS symptoms. **Materials and Methods:** The study was conducted on 150 women with PCOS, using *Svayampurna Upacara* therapy. Over 12 weeks, participants underwent energy healing, Yoga, and meditation counselling, focusing on balancing *Panch Tattva* and *Chakra* alignment. Outcomes were assessed using McNemar's Chi-square test. **Results:** The results showed significant improvements in menstrual cycle regularity and reduced dysmenorrhea severity. Body Mass Index (BMI) management was more effective in underweight and normal BMI participants, with modest changes observed in higher BMI individuals, likely due to *Pruthvi* and *Jal Tattva* imbalances. Additionally, there were notable improvements in hirsutism, hair shedding, acne severity, and emotional parameters, as measured by the Depression, Anxiety, and Stress Scale-10. **Discussion:** The study highlights the potential of *Svayampurna Upacara* therapy in stabilizing mood swings and enhancing emotional well-being by addressing *Tattva* imbalances. However, the findings underscore the need for further research with larger, controlled studies to validate these results and establish the treatment's clinical efficacy. Overall, *Svayampurna Upacara* therapy offers a comprehensive approach to managing PCOS, addressing both physical and emotional health through energy balancing techniques.

Key words: Energy-based treatment, Menstrual regularity, Panch Tattva balancing, PCOS management, Svayampurna Upacara therapy

INTRODUCTION

According to World Health Organisation (WHO), Polycystic Ovary Syndrome (PCOS) is a prevalent hormonal disorder that impacts women of reproductive age, often beginning in adolescence with symptoms that can vary over time. The condition is estimated to impact 8–13% of women in their reproductive age, with up to 70% of cases going undiagnosed.[1]

The condition of PCOS is defined in research paper by Roya Rozati et.al as "hyperandrogenism, ovulatory dysfunction, and polycystic ovarian morphology (PCOM), with a pivotal characteristic being the excessive production of androgens by the ovaries in the context of PCOS".[2] Polycystic Ovary Syndrome (PCOS) commonly presents with menstrual irregularities and reproductive challenges, thereby serving as a prominent etiological factor in the perspective of female infertility.[3] As per World Health Organization (WHO), "Polycystic ovary syndrome symptoms may vary among individuals, changing over time and often occurring without a clearly identifiable trigger.[1] Possible symptoms include heavy, long, intermittent, and unpredictable or absent periods, infertility, acne or oily skin, excessive hair on the face or body male-pattern baldness or hair thinning, weight gain, especially around the belly, obesity.[1,4]

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Erandi Hewawasam *et.al* mentioned in their published paper about women diagnosed with PCOS have higher Depression, Anxiety, and Stress Scale (DASS) scores, indicating a greater risk of psychological distress compared to women without PCOS.[5]

Managing reproductive dysfunction and insulin resistance (IR) often involves using oral contraceptive pills (OCP) to regulate menstrual cycles and reduce hirsutism and acne. However, prolonged OCP use is controversial due to potential adverse metabolic and cardiovascular effects.[6]

M Ezhil *et al.* mentions "Naturopathy is characterized as a drug-free, noninvasive, logical, and evidence-based medical system that employs treatments using natural elements. These treatments are grounded in the theories of vitality, toxemia, the self-healing capacity of the body, and the principles of healthy living".[7]

Svayampurna Upacara is a holistic therapy that balances the body's five elements (*Panchtatvas*) by correcting the energy flow through the energy centers, *Chakras*. This therapy is based on the principle that diseases including PCOD/PCOS arise due to imbalance in the body's energy. By correcting this imbalance the therapy aims to bring back harmony and wellbeing without medication or physical intervention.

The *Trivrutkarana* (Three fold *Chikitsa*) Principle

All of nature including the human body is made up of five elements: Earth, Water, Fire, Air and Space. In any natural object or body three elements are primary and two are secondary. Diseases arise when there is an imbalance in these elements especially when the three primary elements - Earth, Water and Fire get out of harmony. The *Trivrutkarana* (Three fold chikitsa) Principle identifies these imbalances and uses the causal elements to balance and heal by harmonizing the affected elements.

Initial Assessment

The therapy begins with an assessment of the five elements - Earth, Water, Fire, Air, Space - to see how balanced they are in the body. Then an assessment of the seven chakras to see where the energy is blocked

that affects the organs involved in PCOD/PCOS like ovaries, adrenal glands, pancreas, hypothalamus and pituitary gland.

Impact of Elemental Imbalances

Elemental imbalances can cause many health issues especially in PCOD/PCOS. An imbalance in Earth *(Prithvi)* causes ovarian instability, cysts and irregular periods due to sedentary lifestyle, bad diet or chronic stress. Water (*Apa*) imbalance causes fluid retention, worsening of cysts and PCOD symptoms due to dehydration, bad diet or emotional blockages. Fire (*Agni*) imbalance causes metabolic dysfunction, insulin resistance and weight gain due to stress, bad diet or hormonal disturbances. Air *(Vayu)* imbalance causes circulation problem, irregular periods and low energy due to stress, inactivity or bad respiratory health. And finally, Space (*Akasa*) imbalance affects communication, mental clarity and emotional well-being and causes hormonal imbalance and stress.

Organ Specific Analysis

- Ovaries: Earth, Water and Fire imbalance leads to cysts and irregular periods.

- Adrenal Glands: Fire, Air and Space imbalance leads to stress and fatigue.

- Pancreas: Fire, Earth and Water imbalance leads to insulin resistance and weight gain.

- Hypothalamus: Air, Fire and Space imbalance leads to hormonal irregularities.

- Pituitary Gland: Space, Water and Air imbalance affects endocrine balance.

AIM AND OBJECTIVES

The primary objective of this study was to evaluate the efficacy of *Svayampurna Upacara* therapy in regularizing menstrual cycles in women diagnosed with Polycystic Ovarian Syndrome (PCOS). Additionally, the secondary objectives focused on assessing the success of *Svayampurna Upacara* therapy in reducing the severity of dysmenorrhea (painful menses) in these women. The study also aims to compare pre-treatment and post-treatment changes across various health

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parameters, including Body Mass Index (BMI), hirsutism, hair loss, acne severity, dry skin, and emotional well-being, in women undergoing this holistic therapy. These objectives collectively aim to determine the potential of *Svayampurna Upacara* as a comprehensive treatment for managing both the physical and emotional symptoms associated with PCOS.

MATERIALS AND METHODS

Patients and Study Design

This retrospective, observational study that utilized existing data from the *Svayampurna Upacara* treatment administered to women diagnosed with PCOD/PCOS in Maharashtra. Over the past 12 years, Niramaya Wellness Center applied the *Svayampurna Upacara* method to address diverse health issues, promoting well-being for over one lakh patients. This study retrospectively analyzed data for women treated with *Svayampurna Upacara* for PCOD/PCOS. Data from 150 subjects who had participated in the treatment between 1995 and 2024 was considered. The data of *Svayampurna Upacara* treatment for around 12 weeks per subject was considered for this purpose. In addition to the treatment, the program provided counseling and advice on meditation and yoga. Data had been collected from subjects during their visits. Coded, anonymized data collected throughout the treatment were transferred in Excel sheets to a contract research organization (CRO) for analysis. The study was approved by the Institutional Ethics Committee of Jehangir Clinical Development Centre and registered with the Clinical Trial Registry of India under registration number CTRI/2024/08/071930. The study adhered to the ethical guidelines outlined in the "Ethical Principles for Medical Research Involving Human Subjects" as specified in the Helsinki Declaration.

Statistical Analysis

Statistical analysis was conducted using Excel, where the McNemar chi-square test was applied to determine critical values, followed by shift analysis. Additionally, percentage response calculations were performed to further interpret the data.

OBSERVATIONS AND RESULTS

The Table no. 1 presents descriptive statistics for a sample of 150 subjects focusing on age, weight, and height. The average age of the participants was 31.10 years, with a mean weight of 59.71 kg and a mean height of 1.5667 meters. These statistics provide a comprehensive overview of the demographic and physical characteristics of the sample population, highlighting the variability within the group.

Table 1: Summary of subject Baseline demography

Parameters	Statistics	Values (N = 150)
Age (Years)	n	150
	Mean (SD)	31.10 (7.786)
	median	31
	max	50
	min	12
Weight (Kg)	n	150
	Mean (SD)	59.71 (11.132)
	median	60
	max	95
	min	30
Height (m)	n	150
	Mean (SD)	1.5667 (0.10066)
	median	1.5849
	max	1.7983
	min	1.2192

Note:

N = Total number of subjects in treatment arm.

n = Total number of non-missing subjects in specified category.

SD = Standard Deviation.

The primary objective of this study was to evaluate the change in menstrual cycle length post-treatment

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compared to baseline. For this purpose, data of 140 subjects was available for analysis, after excluding 10 subjects who reported to have conceived during their follow up visits. Results exhibit significant findings regarding menstrual cycle regularity. As per Table no. 2, of the initial 80 subjects with regular cycles at baseline, 34 maintained regularity at the last follow-up, indicating stability. Notably, 46 subjects initially reporting irregular cycles transitioned to regularity by the final visit, suggesting substantial improvement. Conversely, all 60 subjects with irregular cycles at baseline continued to experience irregularity, showing persistence despite the study period. Mc Nemar's Chi-square test[8] underscored these changes, yielding a χ^2 value of 43.02222, significantly surpassing the critical value of 3.841459. This denotes a clear statistical significance, highlighting a notable increase in regular menstrual cycles over the follow-up period.

Table 2: Summary of menstrual cycle length post-treatment compared to baseline

Last follow up visit (N = 140)	Baseline (N=140)		
	Regular Menstrual cycle (n) (%)	Irregular Menstrual cycle (n) (%)	Total Subjects (n) (%)
Regular Menstrual cycle (n)	34	46	80 (57.14%)
Irregular Menstrual cycle (n)	0	60	60 (42.85 %)
Total Subjects (n)	34 (24.28 %)	106 (75.71%)	140
Chi-square (χ^2)			43.02222
Chi-square Critical (χ^2critical)			3.841459

Note:

N = Total number of subjects in treatment arm.

n = Total number of non-missing subjects in specified category

χ^2 = Chi-square

χ^2critical= Chi-square Critical

This study also aimed to assess the proportion of participants who self-reported a reduction in painful menses or dysmenorrhea. Table no. 3, shows changes in dysmenorrhea severity among 140 participants over time. Initially, 114 subjects reported experiencing dysmenorrhea, but by the final follow-up visit, this number had decreased to 88 subjects, while the number of subjects without symptoms increased from 26 subjects to 52 subjects. Statistical analysis revealed a significant association (χ^2 = 22.32143) between dysmenorrhea status at baseline and follow-up, indicating notable improvements in symptom severity.

Table 3: Summary of change in Dysmenorrhea Symptoms Severity compared to baseline

Last follow up visit (N = 140)	Baseline (N=140)		
Outcome	No dysmenorrhea (n)	Dysmenorrhea (n)	Total Subjects (n)
No dysmenorrhea (n)	25	27	52
Dysmenorrhea (n)	1	87	88
Total Subjects (n)	26	114	140
Chi-square (χ^2)			22.32143
Chi-square Critical (χ^2critical)			3.841459

Note:

N = Total number of subjects in treatment arm.

n = Total number of non-missing subjects in specified category

χ^2= Chi-square

χ^2critical= Chi-square Critical

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This study examined changes in Body Mass Index (BMI) grades[9] post-treatment compared to baseline. The shift analysis of the BMI data reveals that the *Svayampurna Upacara* treatment had varying impacts on participants based on their initial BMI categories. As per Table no. 4 participants with a baseline BMI of less than 17.0 showed that 2 subjects improved their BMI towards healthy BMI. Those starting with a BMI of less than 18.5 also saw positive changes, though a small group (2.66%) remained in the same category. The majority of participants in the normal BMI range (18.5-24.9) maintained their BMI, indicating that the treatment effectively helped sustain a healthy weight. In contrast, participants with higher BMI values (≥25.0 and ≥30.0) showed less dramatic shifts. Some in the ≥25.0 category moved to the normal range, but most stayed in their initial categories. Notably, those with a BMI of 30.0 or higher saw minimal change, suggesting that while the treatment facilitated some weight loss, it was less effective in significantly reducing BMI for individuals with obesity. Overall, the treatment proved particularly beneficial for underweight participants, promoting weight gain and BMI improvement, while maintaining healthy BMI levels for those initially in the normal range.

Table 4: Summary of Change in Body Mass Index

BMI	*Svayampurna Upacara* treatment				
	(N=150)				
Last follow up visit	Baseline				
Outcome	<17.0 BMI	<18.5 BMI	18.5-24.9 BMI	≥25.0 BMI	≥30.0
	n (%)	n (%)	n (%)	n (%)	n (%)
<17.0 BMI	7 (4.66)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)
<18.5 BMI	1 (0.66)	4 (2.66)	0 (0.0)	0 (0.0)	0 (0.0)
18.5-24.9 BMI	1 (0.66)	2 (1.33)	70 (46.66)	0 (0.0)	0 (0.0)
≥25.0 BMI	0 (0.0)	0 (0.0)	10 (6.66)	32 (21.33)	1 (0.66)
≥30.0	0 (0.0)	0 (0.0)	0 (0.0)	4 (2.66)	18 (12.0)

Note:

N = Total number of subjects in treatment arm.

n = Total number of non-missing subjects in specified category

Table no. 5 presents a detailed overview of participants' weight status changes during the study, categorized into four outcomes based on their Body Mass Index (BMI). Approximately 27.33% of participants maintained a healthy weight throughout, while 22% showed improvement by moving towards a healthier BMI category, demonstrating positive treatment effects. However, 24% experienced weight fluctuations: 22.66% saw an increase without reaching a healthy weight, and 1.33% decreased but remained outside the healthy range. Another 26.66% showed no change in weight status and did not maintain a healthy weight, suggesting potential areas for additional intervention or support.

Table 5: Summary of change in Weight from baseline to last follow-up visit

No change but maintained healthy weight n (%)	Improvement in weight n (%)	Fluctuations in weight n (%)		No change but outside of healthy weight n (%)
		Increased	Decreased	
N= 150				
41 (27.33)	33 (22)	34 (22.66)	2 (1.33)	40 (26.66)

Note:

N = Total number of subjects in treatment arm.

n = Total number of non-missing subjects in specified category.

The Table no. 6, illustrates changes in hair growth status among 150 participants from baseline to the last follow-up visit, categorized by hirsutism scores. Change

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in hirsutism Clinical Score Post-Treatment as Assessed by the Ferriman-Gallwey Scale.[10] Initially, 144 individuals were classified as having no hirsutism, which increased slightly to 146 by the end of the study. Conversely, the number of individuals classified with hirsutism decreased from 6 to 4 over the same period. This shift indicates a modest improvement in hair growth scores, with a small number of participants transitioning from the hirsutism category to the no hirsutism category by the study's conclusion.

Table 6: Change in hirsutism from baseline to last follow-up visit

Category of hair growth	Baseline (n)	Last follow-up visit (n)
	N = 150	
No hirsutism	144	146
Hirsutism	6	4
Note:		
N = Total number of subjects in treatment arm.		
n = Total number of non-missing subjects in specified category		

The study on participants with PCOD provides insights into changes in hair loss over time. According to Table no. 7, Change in hair loss score post-treatment as measured by the Hair Shedding Score.[11] Initially, a majority of participants (102 out of 150) continued to experience consistent hair loss from baseline to follow-up. However, significant shifts were observed in hair fall categories: the number of participants in the normal hair fall category increased from 7 (6.86%) to 10 (9.80%), indicating improvement for some. The borderline category also saw an increase from 40 (39.21%) to 53 (51.96%), suggesting more individuals moved from excessive to borderline hair fall. Conversely, cases of excessive hair fall decreased from 55 (53.92%) to 39 (38.23%), showing a positive reduction in severe hair loss. Overall, these findings reflect an overall improvement in hair fall conditions among the participants throughout the study period.

Table 7: Summary of subjects Response for hair loss

Are you suffering from hair loss after diagnosed with PCOD?	Baseline (n)	Follow-up (n)
	N= 150	
Yes	102	102
No	48	48
Category (Hair fall)	**Baseline n (%)**	**Follow-up n (%)**
	N = 102	
Normal	7 (6.86)	10 (9.80)
Borderline	40 (39.21)	53 (51.96)
Excessive	55 (53.92)	39 (38.23)
Note:		
N = Total number of subjects in treatment arm.		
n = Total number of non-missing subjects in specified category		

The study also focused on post-treatment changes in acne scores, measured using the Global Acne Grading System (GAGS).[12] The Table no. 8, presents data comparing acne severity levels between baseline and the last follow-up visit. Across the severity categories, the majority of participants remained stable or saw minor changes in their acne status. Specifically, the "No acne (0)" category showed an increase from 94 to 102 participants, indicating an improvement or maintenance of clear skin. Mild acne cases also increased slightly from 32 to 35. However, there was a notable decrease in severe acne cases, dropping from 8 to 1 participant, suggesting effective treatment or natural resolution over time. Moderate acne cases showed a decrease from 16 to 12, indicating some improvement but not as pronounced as in the severe category. Overall, the data suggest positive trends in acne management or natural progression over the study period, with fewer participants experiencing severe acne by the last follow-up visit.

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Table 8: Summary of change in acne severity level from baseline to last follow-up visit

Severity Level	Baseline (n)	Last Follow-Up Visit (n)
	N=150	
No acne (0)	94	102
Mild (1-18 acne)	32	35
Moderate (19-23 acne)	16	12
Severe (31-38 acne)	8	1
Note:		
N = Total number of subjects in treatment arm.		
n = Total number of non-missing subjects in specified category		

The study examined post-treatment changes in dry skin response, measured using the Dry Skin Classification Scale (DSCS)[13] compared to baseline. Table no. 9 illustrates changes in skin dryness conditions among participants between baseline and follow-up. The percentage of women with mildly dry skin increased from 27.33% to 31.33%, suggesting that 4% of women with moderate and severe dry skin converted to having mild dry skin. The combined category of moderately dry and severely dry skin decreased from 12% to 8%, indicating an improvement in skin condition for some participants. The proportion of women with no dry skin remained constant at 60.67%. Overall, these data suggest a slight improvement in skin dryness conditions over the study period.

Table 9: Change in Dry skin response from baseline to last follow up visit

Grading in Skin	Baseline n (%)	Last Follow up visit n (%)
	N= 150	
No Dry	91 (60.67)	91 (60.67)
Mildly Dry	41 (27.33)	47 (31.33)
Moderately Dry and Severely Dry	18 (12)	12 (8)
Note:		
N = Total number of subjects in treatment arm.		
n = Total number of non-missing subjects in specified category		

The study assessed post-treatment emotional parameters using the Depression Anxiety Stress Scale (DASS-10). [14] Table no 10. Changes from baseline to the final follow-up, showing overall stability or improvement in most symptoms. Reductions were noted in nervousness (27.33%), irritation (46.00%), anxiety (40.00%), tension (37.33%), phobia (7.33%), less concentration (12.66%), and mood swings (44.00%). Slight escalations occurred in nervousness (2.00%), irritation (2.67%), hyperactivity (2.00%), anxiety (1.33%), tension (3.33%), and mood swings (2.00%). The results indicate a general trend toward reduced symptom frequency or stability over the follow-up period.

Table 10: Change in the response of emotional parameters from baseline to Last follow-up visit

Category	Grading from baseline to Last follow-up visit	n (%)
Nervousness	Not changed	106 (70.67)
	Escalation	3 (2.00)
	Reduction in the frequency	41 (27.33)
Irritation	Not changed	77 (51.33)
	Escalation	4 (2.67)
	Reduction in the frequency	69 (46.00)
Hyper activeness	Not changed	132 (88)
	Escalation	3 (2)
	Reduction in the frequency	15 (10)
Anxiety	Not changed	88 (58.66)
	Escalation	2 (1.33)
	Reduction in the frequency	60 (40)
Tension	Not changed	89 (59.33)
	Escalation	5 (3.33)
	Reduction in the frequency	56 (37.33)

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Phobia	Not changed	138 (92)
	Escalation	0 (0.0)
	Reduction in the frequency	11 (7.33)
Less concentration	Not changed	131 (87.33)
	Escalation	0 (0.0)
	Reduction in the frequency	19 (12.66)
Mood swings	Not changed	81 (54)
	Escalation	3 (2)
	Reduction in the frequency	66 (44)

Note:

N = Total number of subjects in treatment arm.

n = Total number of non-missing subjects in specified category

DISCUSSION

The *Svayampurna Upacara* therapy protocol described focuses on holistic cleansing and balancing of vital energies, energy centers, and specific organs associated with PCOD. Significant improvements were observed in menstrual cycle regularity, with a notable increase in participants transitioning from irregular to regular cycles. This underscores the treatment's potential in managing menstrual health conditions effectively. Additionally, reductions in dysmenorrhea severity highlight its symptomatic relief benefits. The study's findings suggesting improvements in menstrual cycle regularity and reduction in dysmenorrhea due to balancing *Panch Tattva. Vayu Tattva* predominance typically correlates with irregularities and pain, making individuals more susceptible to painful menstruation.[15] By addressing menstrual irregularities through *Panch Tattva* through *Svayampurna Upacara* therapy, the study indicates effective management of these symptoms.

BMI management showed greater improvements in underweight and normal BMI categories, with modest changes in higher BMI participants. This variability may be linked to *Pruthvi* and *Jal Tattva* imbalance,

associated with fluid retention and weight gain. By addressing *Pruthvi with Jal Tattva* through treatment, there may be a potential mechanism for helping participants maintain a healthier BMI range.[16] This underscores the holistic approach of balancing Doshas in therapies like *Svayaṃpūrṇa Upacāra*, which could play a role in supporting weight management strategies tailored to individual *Tattva* profiles. Furthermore, improvements in hirsutism and hair shedding scores suggest positive outcomes in managing related symptoms.

In *Svayampurna Upacara* therapy, where treatment targets *Panch Tattva* and related energy centers imbalance[17] a notable outcome was observed with most participants maintaining a status of no hirsutism, and some individuals transitioning from hirsutism to no hirsutism. This suggests that addressing *Panch Tattva* imbalance may contribute to reducing hirsutism symptoms effectively. Acne severity and dry skin conditions also showed favorable trends, indicating comprehensive therapeutic effects. It appears that *Svayampurna Upacara* therapy may have balanced *Agni Tattva* and reducing excessive heat, resulting in a reduction in acne scores and observable improvement. This indicates that addressing *Agni Tattva* imbalance could play a significant role in managing acne symptoms effectively through treatment.[16,17] Emotional parameters, as assessed by DASS-10, demonstrated stability or improvement in symptoms, emphasizing the treatment's potential psychological benefits.

The therapy's focus on balancing *Panch Tattva* in individuals highlights its potential to stabilize mood swings and enhance emotional well-being. Given that PCOS is characterized by hormonal imbalances and varied symptoms, including mood fluctuations, addressing *Dosha* balance holistically could provide comprehensive benefits in managing these aspects of the condition. This approach not only targets specific symptoms but also aims to promote overall emotional stability and quality of life in individuals with PCOS.[15] By addressing underlying *Tattva* imbalances, such therapies may complement conventional approaches in managing PCOS symptoms and improving overall

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well-being. However, further research is needed to establish the specific mechanisms and long-term efficacy of such treatments in PCOS management.

The findings support *Svayampurna Upacara* as a holistic approach addressing diverse health aspects, warranting further exploration and application in clinical settings. Also *Svayampurna Upacara* includes yoga and meditation counselling, which supports the management of conditions like polycystic ovarian syndrome (PCOS) and infertility.

The results underscore the therapy's potential benefits in addressing multiple facets of health through energy cleansing and *Chakra* balancing techniques. *Svayampurna Upacara* faces challenges such as the complexity of diagnosing individual elemental imbalances and integrating with modern medicine, alongside issues with patient compliance and limited practitioner training. However, further prospective research with larger, controlled studies is needed to validate these findings and establish the treatment's efficacy more conclusively in clinical practice.

CONCLUSION

In conclusion, *Svayampurna Upacara* therapy demonstrates promising outcomes across various health parameters, particularly in managing menstrual irregularities, reducing symptoms like dysmenorrhea, and improving emotional stability through energy balancing techniques. The therapy's holistic approach, addressing imbalances in *Panch Tattva* shows potential in enhancing overall well-being and managing conditions such as PCOS. Positive changes in BMI, hirsutism, acne severity, and emotional parameters further underscore its comprehensive therapeutic effects. While these findings are encouraging, larger controlled studies are necessary to validate its efficacy and broaden its application in clinical settings.

Acknowledgement

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