


Ayurvedic Synergy: Combining Principles for Optimal PCOD  
Management - A Case StudyPinki<sup>1\*</sup>, Panda JK<sup>2</sup>, Tanwar S<sup>3</sup>

DOI:10.21760/jaims.10.5.51

<sup>1\*</sup> Pinki, Post Graduate Scholar, Dept of Prasuti Tantra Evam Stree Roga, Institute for Ayurved Studies and Research, Kurukshetra, Haryana, India.<sup>2</sup> Jitesh Kumar Panda, Professor and Chairperson, Dept of Prasuti Tantra Evam Stree Roga, Institute for Ayurved Studies and Research, Kurukshetra, Haryana, India.<sup>3</sup> Suniti Tanwar, Professor, Dept of Prasuti Tantra Evam Stree Roga, Institute for Ayurved Studies and Research, Kurukshetra, Haryana, India.

PCOD is like an opera where the ovaries take center stage, but the script gets rewritten, leading to an unpredictable performance. The exact cause is still unknown, but several identified factors that contribute to its development are Hormonal imbalance, Genetic factor, Environmental toxins, Stress, Disturbed lifestyle, Disruption in body's natural rhythms. PCOD is not directly stated in the Samhita, but clinically it is similar to Aartavavaha Strotas Dushti, Nastaartava, Granthi, and Pushpaghni Jataharini. In the present case study, A 24year old married woman came to OPD of PTSR department of IAS&R, Kurukshetra with clinical features such as irregular menses with scanty flow, mood swings, disturbed sleep, Mild acne on face, bloating etc. Patient was a diagnosed case of PCOD as she had already visited allopathic hospitals. Her USG report shows multiple small follicles in Necklace pattern in bilateral ovaries. Hormone test shows LH-FSH ratio value >2.50. Blood reports suggestive of Hb-9.0g%, Vit D3-16.76ng/ml, Vit B12 - 245. She had undergone hormonal therapy for 3 months and later discontinued the treatment. This case was managed by Tab. Sukumaram Kashayam, Tablet Gynocyst, Tila Granules, Dashmoolarishta and Kaumaryasava, Diet & Lifestyle intervention along with Matra Basti of Sahacharadi Taila mixed with Murchhit Tila Taila. This treatment gave very significant result related to overall health of the patient.

**Keywords:** PCOD, Pushpaghni Jataharini, Aartava Kshaya, Dashmoolarishta, Sahacharadi Taila

Corresponding Author	How to Cite this Article	To Browse
Pinki, Post Graduate Scholar, Dept of Prasuti Tantra Evam Stree Roga, Institute for Ayurved Studies and Research, Kurukshetra, Haryana, India. Email: <a href="mailto:pinkisheoran1998@gmail.com">pinkisheoran1998@gmail.com</a>	Pinki, Panda JK, Tanwar S, <a href="#">Ayurvedic Synergy: Combining Principles for Optimal PCOD Management - A Case Study</a> . J Ayu Int Med Sci. 2025;10(5):324-330. Available From <a href="https://jaims.in/jaims/article/view/4349/">https://jaims.in/jaims/article/view/4349/</a>	

Manuscript Received  
2025-04-09Review Round 1  
2025-04-26Review Round 2  
2025-05-06Review Round 3  
2025-05-16Accepted  
2025-05-26Conflict of Interest  
NoneFunding  
NilEthical Approval  
Not requiredPlagiarism X-checker  
11.36

Note

© 2025 by Pinki, Panda JK, Tanwar S and Published by Maharshi Charaka Ayurveda Organization. This is an Open Access article licensed under a Creative Commons Attribution 4.0 International License <https://creativecommons.org/licenses/by/4.0/> unported [CC BY 4.0].

## Introduction

Polycystic Ovary Disorder, or PCOD in short is the condition that hijacks the body's delicate hormonal balance, leaving a trail of irregular periods, unwelcome hair growth, and fertility frustrations in its wake. It's like a hormonal rollercoaster that refuses to stop, affecting millions of women worldwide. PCOD is commonest endocrinopathy that cause metabolic changes in women of reproductive age. PCOD is mainly typified by presence of [1] Irregular cycle, Acne, Hormonal imbalance, Difficulty in conceiving, mood swings, Depression, Digestive issues and Multiple small cysts in ovary. WHO data suggests that estimated 6-13% [2] of reproductive aged women are affected by PCOD/PCOS globally. Up to 70% of affected women remain undiagnosed worldwide.

As per Ayurveda perspective symptoms of PCOD simulates *Pushpaghani jataharini* [3], *Artavkshaya and Bandhayatva* because there is involvement of *Tridosha* (*Vata-Kapha* predominance) along with *Rasa, Rakta, Meda & Aartava Dhatu* so *Rasavaha, Raktavaha* and *Artava-vaahi Srotas* are affected due to which above *Lakshana* are found. PCOD is a *Kapha* predominant disorder; *Kapha* gets aggravated by consuming more *Kaphavardhak* and *Sneha* containing *Ahara* and by sedentary lifestyle. The line of treatment in modern medicine is Hormonal therapy. In Ayurveda the line of treatment is according to *Dosha* predominance, here it is *Kaphahara, Strotoshodhaka, Shothahara, Deepan-Pachana* and *Anulomana*.

### Pathophysiology

Alteration in GnRH release leads to relative increase in LH AND FSH biosynthesis and secretion. LH stimulates the production of ovarian androgen while FSH prevents adequate stimulation of aromatase activity in granulosa cells. So decreases androgen conversion into Estrogen and Estradiol. [4] Follicular atresia occurs as a result of increased intrafollicular androgen levels circulating androgens also causes abnormality in patient lipid profiles and manifest as hirsutism and facial acne. Increased adipose tissue and genetic abnormalities cause insulin resistance, which in turn causes follicular atresia in the ovaries. The absence of follicular development ultimately leads to anovulation, which in turn causes oligomenorrhea or amenorrhea.

## Case Report

A diagnosed case of 24 years old married (ML-2yrs) female came in OPD of Stree Roga evam Prasuti Tantra, Department of IAS&R with following complaints as Irregular menstruation since 1 year along with scanty menses, mild acne on face & Hair-fall. She also complained of Mood swings, Disturbed Sleep and Constipation.

### History of present illness

According to the patient, she was suffering from irregular menses in the last 1 year. She was also having complaints of scanty menses, acne on face and hair fall.

Also, she is complaining of constipation & bloating after meal intake with mood swing & generalized weakness.

So initially she opted allopathic treatment. She had gone through 1 year of allopathic treatment (OCP pills) but no satisfactory result was found. That's why she decided to shift on Ayurvedic treatment.

### History of past illness

No significant medical, surgical and psychiatric diseases found.

**Past Medical History:** No relevant history was present.

**Past Surgical History:** No surgical illness.

**Family History:** NIL

**Personal History:** She has Disturbed sleep, poor appetite with c/o Bloating after meal intake. She experiences constipation quite frequently. Her bladder habit is normal and she is vegetarian. There is no any significant addiction.

### Treatment History

For the present illness, patient went to private allopathic Hospital for treatment and got Hormonal therapy but her symptoms didn't subside satisfactory. So, she visited OPD of Stree Roga evam Prasuti Tantra, Department of IAS&R, Kurukshetra.

**Menstrual History:** 12-year menarche age, initially periods were regular, 30 days cycle with adequate flow for 4 days & without any complaint of pain during cycle.

But since 1 - year periods were irregular with disturb cycle length of 45-60 days, duration for 2 days, quantity - 1 pad/day (Not fully soaked) with mood swings 10 days before menses till 1 week after periods. Patient also c/o pain during menses++, clots - Present (Red-Blackish), foul smell - Absent, Colour of Menses - Blackish Red.

**Obstetric History:** PoLo Ao

#### General Examination:

Built - Normal  
Height - 160 cm  
Weight - 60 kg  
BMI - 23.4kg/m<sup>2</sup>  
Pulse - 70/minute  
BP - 110/80 mm of Hg  
Temp - 98.4°F

#### Physical Examination:

##### Ashtavidha Pariksha

*Nadi* - Vatakapahaj  
*Mala* - Kathina  
*Mutra* - Samyak  
*Jihva* - Malavritt  
*Shabd* - Samanya  
*Sparsha* - Shitoushna  
*Drika* - Samanya  
*Akriti* - Madhyam

##### Dashvidhpariksha

*Prakriti* - Pittakaphaja  
*Sara* - Madhyama  
*Samhanana* - Madhyam  
*Pramana* - Madhyam  
*Satmya* - Madhyam  
*Satva* - Madhyam  
*Vaya* - Yuvati  
*Vyayamshakti* - Avara  
*Aharashakti* - Avara

#### Systemic Examination:

CNS: Patient is conscious & well-oriented to time, person, place.  
CVS: Heart sounds (S1S2) Normal, no added sound heard.  
RS: B/L chest clear, No added sounds.  
GIS: No abnormality in terms of colour, contour, shape  
No scar marks seen, Tenderness + in epigastric region.

#### Samprapti Ghatak:

**Dosha** - Vata (Apana, vyana, Samana), Kapha (Kledak), Pitta (Pachak, Ranjak)

**Dushya** - Rasa, Rakta, Meda, Artava

**Srotas** - Rasavaha, Raktavaha, Medhovaha, Aartavavaha

**Artava Strotodushti** - Sanga, Vimarggamana

**Agni** - Jatharagnimandya, Dhatwagnimandya

**Rogmarga** - Aabhyantara

**Udbhava Sthan** - Amashaya, Garbhashaya

**Vyakta Sthana** - Garbhashaya, Beejashaya,

**Pratyatma Lakshana** - Artavkshaya, Sthaulya etc.

#### Diagnosis

Diagnosis was done clinically by following symptoms as per Rotterdam criteria.

USG Pelvis scan

Hormonal Profile

#### Investigations

Hb% - 9.0gm  
TSH - 2.860 m IU /mL  
Vit D3 - 16.76ng/ml  
Vit B12 - 245pg/ml  
LH: FSH - >2.50  
PRL - 20 ng/ml  
RBS - 96mg/dl  
USG (Pelvis): s/o Uterus - AV/N size (67.5\*41.3\*40.9mm), ET - 10mm  
Cervix - Normal in size  
Rt. Ovary - (36.2\*26.4\*25.0mm), vol- 12.5cc  
Lt. Ovary - (33.4\*37.3\*21.1mm), vol - 10.1cc  
B/L ovaries enlarged in size & shows multiple small follicles in ovaries.  
No fluids seen in POD.

#### Treatment

##### 1. Nidan Parivarjana

**Pathya**[5] - Purana Ghrita, Purana Shaali, Yava, Godhuma, Mudga, Masoor, Patola, Soaked Dry fruits, Asparagus sticks, garlic, black sesame, Multigrain, fish, Jaggery/Shakkar/Khand, walk for 30-45 minutes everyday, Follow Rajaswala Paricharya.

**Yogasana**[6] - Bhujangasana, Sarvangasan, Suryanamaskar, Butterfly pose, Meditation daily for 30 mins.

**Apathya** - Dairy products, Sausages, Preservatives, Junk food, Caned/Packed food, Cold drinks, Maida,

Refined carbs, Sugar, Processed Meat, Caffeine, Alcohol, Smoking, Soy Products, Fries.

## 2. Drug Regimen

**Table 1: Ayurveda Medication for first 15 days**

SN	Ayurveda Medication	Mode of administration
1.	Tab. Gynocyst	1 tablet TDS orally
2.	Tab. Sukumar Kashayam	1 tablet BD orally (6AM/6PM)
3.	Dashmoolarishta	2 tsf BD with equal water orally
4.	Kaumaryasava	2tsf BD with equal amount of water after food
5.	Brahamrasayan	1tsf HS with warm milk

## 3. After 15 days

**Table 2: Ayurveda Medication & Panchakarma after 15 days.**

SN	Medication & Panchakarma	Mode of administration
1.	Tab. Sukumar Kashayam	1 tablet BD orally
2.	Tab. Gynocyst	1tablet TDS orally
3.	Dashmoolarishta	2 tsf with equal water orally
4.	Kaumaryasava	2 tsf with equal water orally
5.	Dhanwantari Tail	Sthanika Snehana before Basti
6.	Dashmool Kwatha	Sthanika Swedana before Basti
7.	Sahacharadi Tail + Til Tail Palashadi Niruha Basti (On 3rd day)	Matra Basti for 5 days

## 4. After 30 days

**Table 3: Ayurveda Medication after 30 days**

SN	Ayurveda Medication & Panchakarma	Mode of administration
1.	Tab Sukumar Kashayam	1 tablet BD orally
2.	Tab Gynocyst	1 tablet TDS orally
3.	Dashmoolarishta	2 tsf with equal water orally
4.	Kaumaryasava	2 tsf with equal water orally
5.	Ajmodadi Churna	3gm HS
6.	Tila Granules	1tsf with Go Ghrita + Guda BD after meals

## 5. After 45 days

**Table 4: Ayurveda Medication after 45 days**

SN	Ayurvedic medication and procedure	Mode of administration
1.	Tab. Gynocyst	1tablet TDS orally
2.	Tab. Sukumar Kashayam	1 tablet BD orally
3.	Dashmoolarishta	2 tsf with equal water orally
4.	Kaumaryasava	2 tsf with equal water orally
5.	Dhanwantari Tail	Sthanika Snehana before Basti
6.	Dashmool Kwatha	Sthanika Swedana before Basti
7.	Sahacharaadi + Til Taila Palasadi Niruha Basti (On 3rd Day)	Matra Basti for 5 days

## 6. After 60 days

**Table 5: Ayurveda Medication after 60 days**

SN	Ayurvedic medication and procedure	Mode of administration
1.	Tab. Sukumar Kashayam	1 tablet BD orally
2.	Tab. Gynocyst	1 tablet TDS orally
3.	Dashmoolarishta	2 tsf with equal water orally
4.	Kaumaryasava	2 tsf with equal water orally
5.	Tila Granules	1tsf with Go ghrita +Guda BD after meals

## 7. After 75 days

**Table 6: Ayurveda Medication after 75 days**

SN	Ayurvedic medication and procedure	Mode of administration
1.	Tab. Gynocyst	1tablet TDS orally
2.	Tab. Neurobion forte	1 tablet OD orally
3.	Dashmoolarishta	2 tsf with equal water orally
4.	Kaumaryasava	2 tsf with equal water orally
5.	Dhanwantari Tail	Sthanika Snehana before Basti
6.	Dashmool Kwatha	Sthanika Swedana before Basti
7.	Sahacharaadi + Til Taila Palasadi Niruha Basti (On 3rd day)	Matra Basti for 5 days

## 8. After 90 days

**Table 7: Ayurveda Medication after 90 days**

SN	Ayurvedic medication and procedure	Mode of administration
1.	Tab. Sukumar Kashayam	1 tablet BD orally
2.	Kaumaryasava	2 tsf with equal water orally
3.	Tab. Neurobion Forte	1 tablet OD daily

# Results

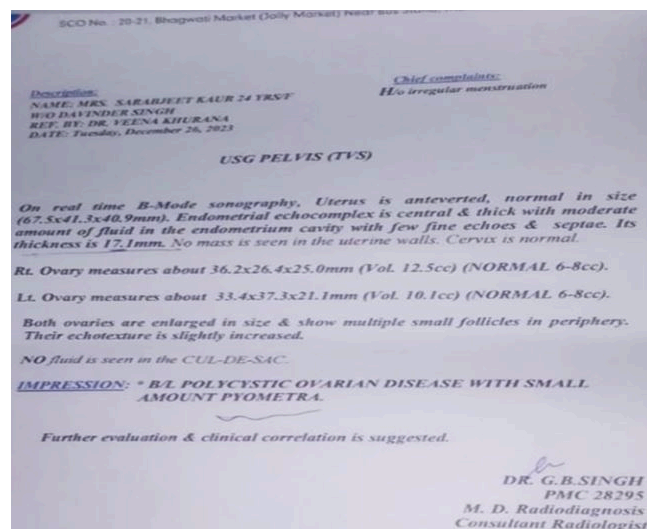
After 60 days of treatment, patient found improvement in flow of menses with relief in pain. Assessment was done on the basis of following points:

**Table 8: Improvement before and after the treatment**

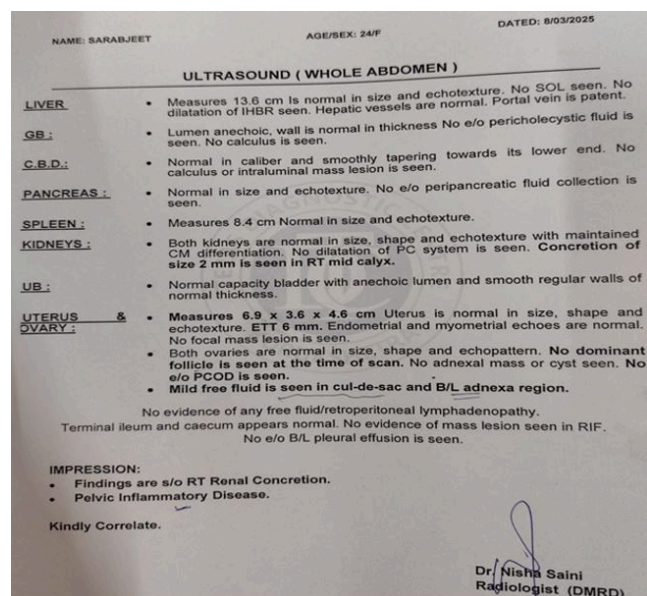
SN	Sign and Symptom	Day 1	Day 30	Day 60	Day 90
1.	Amount of bleeding	1pad/day (Not fully soaked)	1pad/day	1-2pad/day	2pad/day (almost soaked)
2.	Interval between two cycles	45-60days	35-40 days	30-32 days	28-30 days
3.	Duration of menses	2days	2days	3days	3-4days
4.	Pain during menstruation	++	+	+	Absent
5.	Weight	Normal	Normal	Normal	Normal
6.	Facial hair	+	+	-	-
7.	Mood swings	+++	++	+	-
8.	Dark patches on neck	Nil	Nil	Nil	Nil

## USG (Pelvis) After Treatment -

S/o Uterus - Normal size (6.9\*3.6\*4.6), ET-6mm  
B/L Ovaries are normal in size, shape. No e/o PCOD is seen.



## Before Treatment



## After Treatment

## Discussion

PCOD is mainly *Vatakapha Pradhana Vyadhi* so *Chikitsa* mainly focuses on *Vatakapha Dosha Prashamana* including both *Shamana* and *Shodhana Chikitsa*. *Shamana* treatment involves *Aahara* i.e., intake of *Pathya Aahara* and avoiding *Apathaya aahara*, *Vihara* i.e. *Alpa Vyayama* and *Aushadh* i.e., prescribed medication. *Shodhana Chikitsa* involves *Basti* which is best treatment modality of *Vata dosha* and *Kapha-Anubandhi Vata*, *Pitta-Anubandhi Vata*.

*Basti* is easy to perform and *Acharya Vagbhata* considered it as *Ardha chikitsa*. The main objective of treatment is to regulate the menstrual cycle and proper flow of *Aartava* during each menstrual cycle.

Tab. Gynocyst (Myo-inositol, Methylfolate calcium, Vit.D3, Fenugreek seed extract) Myo-inositol-Increases insulin sensitivity, decreases Hyperandrogenism & improves menstrual cycle. L-Methylfolate is the active form of folate, high rate of absorption in body improves insulin sensitivity, restoring normal homocysteine levels (which is usually high in PCOD patients), Vit.D3- Reduce androgen levels, Improves SHBG level, helps in fertility. Fenugreek seed extract mainly (Furocyst) shows significant improvement in reducing ovarian volume, no. Of ovarian cyst, potentially helpful in conceiving.

*Dashmularishta*[7] is a classical polyherbal Ayurvedic formulation prepared by natural fermentation process of the decoction and powdered various herbs. It contains more than 50 herbs along with the group of ten herb roots known as *Dashamula*. Therapeutic uses of which is noted in *Vatasaman*. According to *Ayurveda*, *Vata* plays important role in vitiation of any female related disorders. So, for the suppression of *Vata*, *Dashmularishta* plays a major role. In *Sharangadhar Samhita*, it has been indicated in infertility.

*Kumaryasavam*[7] helps balance *Vata* and *Kapha* in the body improves digestion and increases appetite. Primarily used for liver problems, menstrual disorders, abdominal issues. It also has the property of promoting ovulation, which is beneficial in treating PCOD.

*Ajmodadi Churna* is a polyherbal medicine used as a carminative, antispasmodic, anti-inflammatory. it contains six ingredients, *Trachyspermum ammi*, *Cedrus deodara*, *Piper longum*, *Terminalia chebula*, *Argyreia nervosa*, and *Zingiber officinale*.

*Sukumara Kashayam* is made of 27 medicinal plants. it contains antioxidant potential. It was observed that the 3 antioxidants namely, DPPH, FRAP and Hydrogen peroxide scavenging activity, have shown very good activities. This could be one of the mechanisms of action of this medicine.[8] *Sukumaram Kashayam* is useful in treating severe pain during and severe back pain during menstruation.



Used for sensitive *Kostha*, weak *Agni*, normalizes *Apana Vata* function with affinity towards renal system & Reproductive system. *Tila Granules* [9] is *Vata Kapaharam*, *Lekhana*, *Anulomna*, *Deepana* as well as *Balya*. *Tila Kwath* mentioned in *Rakta Gulma Chikitsa in Ashtanga Hridaya*, modified into Granule form. The medicines work efficiently in multiple levels in the *Samprapthi Vighatana* of PCOD. *Lekhana Karma* brings *Medoharatwa* and *Kapha Haratwa* in *Artavavaha Srotas*. *Vata Anulomana* is important in *Yoni Roga Chikitsa*. It is achieved through this medicine very efficiently. The *Agneya Ansa* of *Tila* and specific action in *Artavavaha Srotas* focuses the medicine to the target and improves quality of *Artava*, taken along with *Ghrita*. *Ghrita* is *Vatapitta Hara* and *Deepana*. It is *Sukravardhaka* and *Vayasthapanka*.

*Garbhashya* is *Moola* of *Aartavaha Srotas* and *Aartava Vahini Dhamani* which is the main seat of *Apanvayu*. In PCOD mainly *Apanvayudushti* is there and *Basti* is the most effective treatment for *Apanavayudushti*. So, for this patient we choose *Basti* treatment as *Vatahar Chikitsa*. If we do only *Lekhan* and *Bhedan* (reducing and disintegrating) treatment it may lead to *Vatavruddhi* so for that purpose treatment using *Sneha* is more effective. So, *Sahacharadi Tail* [10] + *Tila Taila Matra Basti* is advised to patient.

*Sahachara*, *Devadaru*, *Nagara*, and *Tila Taila* are all present in *Sahacharadi Taila*. *Cedrus deodara*, also known as *Devadaru*, is a *Kapha-Vatashamaka* with properties similar to those of *Vedana Sthapana*, *Shothahara*, *Kusthaghna*, *Kaphanisaraka*, and *Vranashodhana*. *Vranaropana*. Additionally helpful in *Shothahara* and *Shulahara* circumstances is *Nagara* (*Zingiber officinalis*), which is a *Kapha-vatashamaka* and Digestive in nature. Along with being *Kapha-Vatashamaka*, *Sahachara* (*Barleria prionitis*) possesses attributes similar to *Vedana Sthapana* and *Shothahara*. *Kaphanisaraka* *Kushtaghna* *Vranashodhana*, *Vranaropana*. [9]

## Conclusion

Therefore, in this instance, we can draw the conclusion that the pathogenesis of polycystic ovarian disease is greatly disintegrated by *Chikitsa* in combination with *Sukumara Kashayam*, *Gynocyst*, *Dashmoolarishta*, and *Kaumaryasava*, as well as *Matra Basti* with the *Sahacharadi Taila* + *Murchhit Til tail*, *Palasadi Niruha Basti*.

Throughout the line of treatment, no side effects or complications were observed. Result of study's findings are satisfactory. It suggests that ayurvedic treatment can regulate the disturb menstrual cycle, and relieve PCOD symptoms.

## References

1. Dutta DC, Konar H. DC Dutta's textbook of gynecology. 7th ed. New Delhi: Jaypee Brothers Medical Publishers; 2016. Chapter 29 [Crossref] [PubMed] [Google Scholar]
2. World Health Organization. Polycystic ovary syndrome [Internet]. Geneva: WHO; [cited 2025 Jun 28]. Available from: <https://www.who.int/news-room/fact-sheets/detail/polycystic-ovary-syndrome> [Crossref] [PubMed] [Google Scholar]
3. Sharma H. Kashyap Samhita. Kalpa Sthana, Revati Kalpa, Shloka 33. Varanasi: Chaukhamba Sanskrit Pratishthan; [year unknown]. [Crossref] [PubMed] [Google Scholar]
4. Shastri K, Chaturvedi G, editors. Charaka Samhita. Part I. Sutra Sthana, Chapter 5, Verses 13–14. Varanasi: Chaukhamba Prakashan; 2018 [Crossref] [PubMed] [Google Scholar]
5. Tiwari P. Ayurvediya Prasuti Tantra Evam Stree Roga. Part II (Stri Roga). Chapter 2. Varanasi: Chaukhamba Orientalia; 2018. p. 163 [Crossref] [PubMed] [Google Scholar]
6. Metangale AR, Mishra BR. Therapeutic yoga for the management of polycystic ovarian syndrome – a review. J Ayu Int Med Sci. 2024;9(11):276–82. [Crossref] [PubMed] [Google Scholar]
7. Lalita, Tanwar S, Kumar Panda J, Rani T. Ayurvedic approach to manage polycystic ovarian syndrome with Yoga Basti – a case study. J Ayu Int Med Sci. 2024;9(1):298–303. [Crossref] [PubMed] [Google Scholar]
8. Mudiganti N, Rao RK, Prabhu K, Kaliaselvi VS. Antioxidant study of one Ayurvedic medicine "Sukumara Kashayam" [Internet]. Bharath University and Mepco Schlenk Engineering College; 2017 [cited 2025 Jun 28]. [Source link incomplete]. [Crossref] [PubMed] [Google Scholar]

9. Vaidyaratnam Oushadhasala. Tila Kwatha granules – regulates irregular menstruation in PCOS [Internet]. [cited 2025 Jun 28]. Available from: <https://vaidyaratnammooss.com/tila-kwatha-granules-new> [Crossref][PubMed][Google Scholar]

10. Sakhare S, Raut R, Dole V, Dongare K. Clinical efficacy of Sahacharadi Tail Basti in management of PCOS – a single case study. AYUSHDHARA. 2022;9(2):128–32. [Crossref][PubMed][Google Scholar]

Disclaimer / Publisher's Note: The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of Journals and/or the editor(s). Journals and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.