AYURVEDIC MANAGEMENT OF ARTAVA DUSHTI RESEMBLING PCOS: A CASE REPORT

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AYURVEDIC MANAGEMENT OF *ARTAVADUSHTI* RESEMBLING PCOS: A CASE REPORT

ABSTRACT

Polycystic Ovarian Syndrome (PCOS) is a multifactorial endocrine disorder linked to metabolic, reproductive, and psychological disturbances. This case study presents a 32-year-old female with chronic symptoms including severe dysmenorrhea, urethral itching, leucorrhea, and urinary discomfort. In *Ayurveda*, PCOS can be correlated with *Kapha-Vata* dominant *TridoshajaVyadhi* involving *ArtavaDushti* and *PushpaghniJatharini*. A detailed *Ayurvedic* evaluation was conducted using *AshtasthanaPareeksha*, and a customized treatment protocol comprising *Ayurvedic*-mineral formulations, *Ahar*, and *Vihar*was administered. Over a 6-month period, the patient showed progressive symptomatic relief and improvement in overall quality of life. The case highlights the effectiveness of individualized *Ayurvedic* interventions in managing PCOS by targeting the underlying *doshas* imbalances, *strotorodha*, and *dhatudushti*. Early diagnosis, personalized management, and holistic care demonstrate promising outcomes in chronic PCOS cases.

KEYWORDS

Ama, ArtavaDushti, Kapha-Vata Pradhan TridoshajaVyadhi, PCOS, PolycysticOvarySyndrome, *PushpaghniJatharini, Rasa-RaktaDushti*and*Strotorodha*

INTRODUCTION

Polycystic Ovary Syndrome (PCOS) is a complex endocrine disorder that affects women of reproductive age and is recognized as one of the most common causes of menstrual irregularities and infertility. It is characterized by a combination of clinical and biochemical features including hyperandrogenism, chronic anovulation, and polycystic ovarian morphology. The exact etiology remains multifactorial and poorly understood, involving genetic, hormonal, metabolic and environmentalcomponents.[1]The global prevalence of PCOS is estimated to range between 8% and 13%, depending on the diagnostic criteria used, such as the Rotterdam criteria, which is most widely accepted in clinical practice.[2] Women with PCOS often present with a spectrum of symptoms, including irregular menstrual cycles, acne, hirsutism, weight gain, and subfertility. Beyond reproductive concerns, PCOS is also associated with significant long-term health risks such as insulin resistance, type 2 diabetes mellitus, dyslipidemia, metabolic syndrome, and cardiovascular disease.[3]

The pathophysiology of PCOS involves insulin resistance and hyperinsulinemia, which increase ovarian androgen production and disrupt follicular development, leading to anovulation and polycystic ovaries. Lifestyle changes are key in management, with medications like oral contraceptives, insulin sensitizers, and anti-androgens used to control symptoms and metabolic risks.[4]Due to its heterogeneous nature and the lifelong implications of its complications, PCOS requires a comprehensive, individualized, and multidisciplinary approach to management. Early diagnosis and appropriate intervention are crucial not only to alleviate reproductive and dermatological symptoms but also to prevent long-term metabolic and cardiovascular consequences.[1]

In *Ayurveda*, although PCOS is not described as a single disease entity, its symptomatology and pathogenesis can be correlated with various conditions such as *ArtavaDushti*,

YoniVyapad, and *Granthi* formation, especially *PushpaghniJatharini*—a condition where menstruation is obstructed or absent due to vitiated *doshas*.[5]PCOS is primarily considered a *Kapha-Vata* predominant *Tridoshaja* disorder. The *Kaphadosha*, due to its properties of heaviness (*guru*), coldness (*sheeta*), and unctuousness (*snigdha*), leads to *strotorodha* (obstruction of bodily channels), particularly in the *ArtavavahSrotas* (channels responsible for menstrual flow). This obstruction, combined with *Vatadushti* (irregular movement and dryness), disturbs normal ovulation and leads to the formation of ovarian cysts or *granthi* (nodular swellings). Involvement of *Pitta dosha* may be seen in associated symptoms such as acne, inflammation, and metabolic disturbances.[6]From a *Dhatvagni* (tissue metabolism) perspective, impaired function of *Rasa* and *Raktadhatu* (plasma and blood tissues) affects the formation of *Artavadhatu* (menstrual tissue), causing irregular cycles and infertility. Modern studies align with this *Ayurvedic* understanding, showing that insulin resistance and metabolic imbalance—frequent findings in PCOS—have parallels in *Medodhatudushti* (fat tissue pathology) and *Ama* accumulation (metabolic toxins) in *Ayurveda*.[7]

The *Samprapti*(pathogenesis) of PCOS is illustrated in Figure 1, while the specific *SampraptiGhatakas*(components of disease pathogenesis) are detailed in Figure 2.

Figure 1: *Samprapti* of PCOS

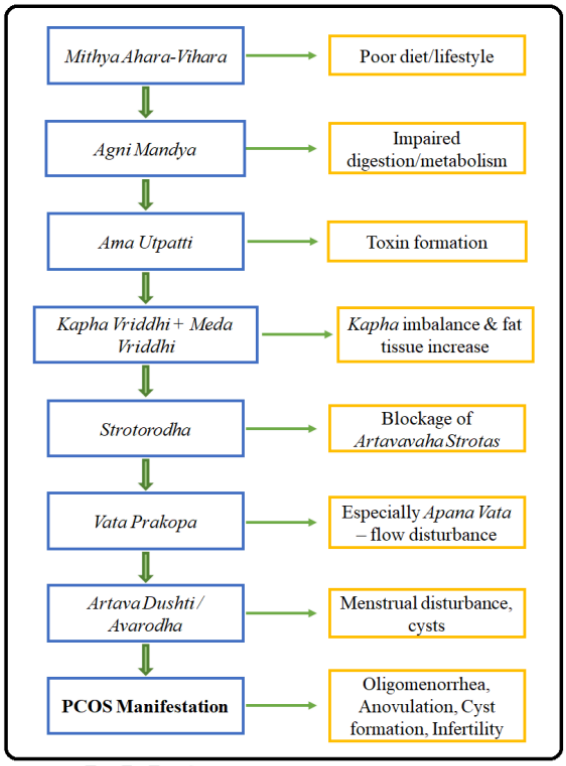


Figure 2: *SamraptiGhataka* of PCOS

Ghataka	Involvement
Dosha	*Kapha* ↑, *Vata* ↑, *Pitta* (sometimes)
Dushya (body tissue)	*Ras* (plasma), *Rakta* (blood), *Meda* (adipose tissue), *Artava* (menstrual system)
Strotas (channels)	*Artavavah* (reproductive pathway), *Rasvah* (Circulatory system), *Manovah* (Psychological)
Agni (digestive fire impairment)	*Jatharagni and Dhatvagni Mandya* (impaired digestive fire)
Ama (toxins involved)	Present in chronic cases
Udbhava Sthana (site of origin)	*Amashay* (Stomach)
Sanchara Sthana (disease pathway)	*Rasvah* (circulatory system) *and Artavavah Strotas* (respiratory channel)
Adhisthana (site of disease manifest)	*Garbhashay* (uterus) *and Artava-vah Strotas* (reproductive pathway)

OBJECTIVE

To evaluate the efficacy of personalized *Ayurvedic* interventions in managing PCOS symptoms by addressing *dosha*imbalances, improving *ArtavavahaSrotas* function, and enhancing overall quality of life.

CASE REPORT

A 32-year-old female, previously diagnosed with Polycystic Ovarian Syndrome (PCOS), presented to JeenaSikhoLifecare Limited Clinic, Bardhawan, West Bengal, on July 5, 2024, with multiple chronic complaints. She reported:

- Itching around urethral area, rated 5+ on the itching scale, for the past 4 months
- Lower abdominal pain, rated 5+ on pain scale, persisting for 2 months
- Burning sensation during micturition for 3 months
- Severe dysmenorrhea, rated 5+ on the pain scale
- Associated symptoms during menstruation included increased body temperature and a sensation of heaviness in the lower abdomen
- Additionally, she experienced leucorrhoea (white vaginal discharge) and increased urinary frequency

Ultrasound report dated July 05, 2024, indicates that her kidneys, bladder, and uterus are all normal in size, shape, and structure. Both ovaries are also normal in size and show well-defined unilocular anechoic cysts—one in the right ovary (1.89 x 1.70 cm) and one in the left ovary (1.81 x 1.54 cm)—both likely to be functional cysts, which are common and usually harmless. No fluid is seen in the pouch of Douglas. Overall, all scanned abdominal organs appear sonologically normal.

An initial clinical assessment was performed, with symptom progression and response to treatment documented during each follow-up which is referred inTable 1 for sequential findings. A comprehensive *AshtasthanaPareeksha*(eight-fold *Ayurvedic* examination) was conducted and is summarized in Table 2. Based on the cumulative clinical findings, a personalized *Ayurvedic* treatment plan was instituted. This included *Ayurvedic* – mineral formulations, *Ahar*(dietary regulations), and *Vihar*(lifestyle interventions) tailored to address the patient's *prakriti* (constitution), *doshas* imbalance, and presenting complaints.The patient demonstrated consistent and significant clinical improvement across all follow-up consultations, both in subjective symptom relief and overall well-being.

Table 1: Initial Assessment at each consultations

Date	Blood Pressure	Weight
05-07-2024	90/50 mm Hg	54 Kg
13-08-2024	100/60 mm Hg	54 Kg
20-09-2024	90/80 mm Hg	50 Kg
23-10-2024	100/60 mm Hg	49 Kg
27-11-2024	100/60 mm Hg	50 Kg
06-01-2024	100/60 mm Hg	53 Kg

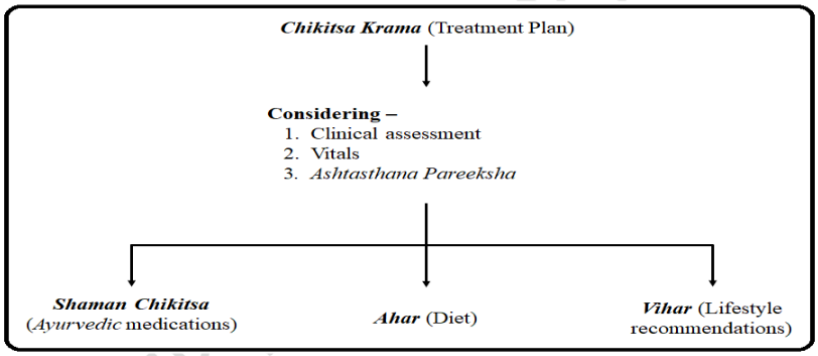
Table 2: *AshtasthanaPareeksha* findings

Parameter	Findings
Nadi (Pulse)	*Pittaj Vataj*
Mala (Stool)	*Avikrit* (Normal)
Mutra (Urine)	*Mutrapravritti Atiyoga* (Increased urine frequency)
Jiwha (Tongue)	*Niram* (Normal)
Shabda (Voice)	*Spasht* (Clear)
Sparsha (Touch)	*Anusheetoshna* (Normal)
Akriti (Face)	*Madhyam* (Normal)
Drikk (Eyes)	*Prakrit* (Normal)

TREATMENT PLAN

The treatment approach has been systematically outlined in Figure 3, depicting the structured framework of the *ChikitsaKrama*.

Figure 3: *ChikitsaKrama* of this case



I. *Shaman Chikitsa*

Based on the clinical evaluation, a detailed and patient-specific medication protocol was devised, as outlined in Table 3.

Table 3: *Ayurvedic* medicines prescribed

Date of Consults	Medicine	Dosage with *Anupana* (Medium)
05-07-2024, 13-08-2024, 20-09-2024, 23-10-2024, 27-11-2024 and 06-01-2025	*Granthi Har Vati*	2 Tab BD (*Adhobhakta* with *Koshna Jala*)*
	She Capsule	1 Cap BD (*Adhobhakta* with *Koshna Jala*)
	Chander Vati	1 Tab BD (*Adhobhakta* with *Koshna Jala*)
	Ladies tonic	15 ml BD (*Adhobhakta* with *Sama Matra Koshna Jala*)**
* ***Adhobhakta* with *Koshna Jala*** - After Meal with Lukewarm Water		
** ***Adhobhakta* with *Sama Matra Koshna Jala*** - After Meal with Equal Amount of Lukewarm Water		

II. *Ahar*

The patient was advised to follow an *Ayurvedic*and Zero Grain Diet, which involves the elimination of all grains to support targeted therapeutic goals and address specific health concerns.[8,9]

a) *Apathya* (Avoid):

- Wheat, rice, oats, barley, and all other grain – based foods
- Packed food
- Refined food
- Diary food/ Animal food
- Coffee and Tea
- Never eat after 8 PM

b) Hydration

- Alkaline water - 3-4 times a day (1 litre)
- Herbal Tea (32 herbs tea)
- Living water
- Coconut water, Coconut milk and Almond milk

c) Special Instructions

- Brisk walking 30 min with barefoot
- Sit in sunlight for 1 hour
- One day fasting is recommended
- Cook food in a steel cookware using only mustard oil.
- Sit in *Vajrasana* after every meal

d) Meal Structure

Early Morning
(5:45 AM)
- 4 Crushed tulsi leaves + 1 gm ginger + 2 spoons of honey + hot water = on empty stomach / Herbal Tea

Breakfast
(09:00 - 10:00 AM)
- **Plate 1:** Seasonal fruits (4-5 types) + turmeric water + *Mudga yusha*
- Plate 1 = 10 X Patient's Weight

Morning Snacks
(11:00 AM)
- Red Juice (Beetroot, Carrot, Tomato & Pomegranate) – 150 ml
- Soaked Almonds (4-5)

Lunch
(12:30 -02:00 PM)
- **Plate 1:** Steamed Vegetable Salad
- **Plate 2:** Zero Grain Meal or Zero Grain Chappati
- Plate 1 = 5 X Patient's Weight

Evening Snacks
(04:00 - 04:20 PM)
- Green Juice (Spinach, Fenugreek, Bathua, Amaranth, Mint, Coriander, Curry leaves & betel leaves) – 100 – 150 ml
- Soaked Almonds (4-5)

Dinner
(06:15 - 07:30 PM)
- **Plate 1:** Steamed Vegetable Salad
- **Plate 2:** Green Vegetable Soup / Zero Grain Chappati
- Plate 1 = 5 X Patient's Weight

Zero Grain Chappati (With Pulses and Seeds)

Ingredients
- 20 gm Dhuli Masoor (Washed and Dried)
- 10 gm Chia Seeds (Washed and Dried)
- 20 gm dry Coconut Powder (Unwashed and Dried)

Procedure

Combine all ingredients as directed and blend into a fine flour. Add lukewarm water to form a dough and let it rest for 1–2 hours. Prepare two chappatis and serve hot.

Note: The dough may feel slightly oily due to seeds and coconut powder.

Green Vegetable Soup:
- Spinach, Peas, Carrots, Cabbage, Capsicum, Ghee, Zucchini, Cucumber, Green Gram, etc. (10 grams each)
- Add Ginger, Garlic and Black Salt
- Grind & boil for a minute
- Add lemon as per taste & serve

Herbal Tea:
Gauzaban *(Borago officinalis),* ***Kulanjan*** *(Alpinia galanga),* ***Badi Elaichi*** *(Amomum subulatum),* ***Laung*** *(Syzygium aromaticum),* ***Badiiyan Khtayi*** *(Illicium verum),* ***Banafsha*** *(Viola odorata),* ***Jufa*** *(Hyssopus officinalis),* ***Ashwagandha*** *(Withania somnifera),* ***Mulethi*** *(Glycyrrhiza glabra),* ***Punarnava*** *(Boerhavia diffusa),* ***Brahmi*** *(Bacopa monnieri),* ***Chitrak*** *(Plumbago zeylanica),* ***Marich*** *(Piper nigrum),* ***Adoosa*** *(Justicia adhatoda / Adhatoda vasica),* ***Saunf*** *(Foeniculum vulgare),* ***Shankh Pushpi*** *(Convolvulus pluricaulis),* ***Arjun*** *(Terminalia arjuna),* ***Tulsi*** *(Ocimum sanctum),* ***Motha*** *(Cyperus rotundus),* ***Senaye*** *(Cassia angustifolia),* ***Sounth*** *(Zingiber officinale, dried ginger),* ***Majeeth*** *(Rubia cordifolia),* ***Sarfoka*** *(Tephrosia purpurea),* ***Dalchini*** *(Cinnamomum zeylanicum),* ***Gulab*** *(Rosa damascena),* ***Green Tea*** *(Camellia sinensis),* ***Giloy*** *(Tinospora cordifolia),* ***Tej Patta*** *(Cinnamomum tamala),* ***Lal Chandan*** *(Pterocarpus santalinus),* ***White Chandan*** *(Santalum album) and* ***Pudina*** *(Mentha piperita)*

IV. *Vihar*[10]

a) **Meditation**: The patient was advised to practise Meditation daily for 30 minutes atleast.

b) **Yoga**: Perform *SukshmPranayam* and *Sukhasan* for 40 minutes daily

c) **Sleep**: Ensure 6-8 hours of uninterrupted and deep sleep.

d) **Walking**: Brisk walk for 30 minutes in barefoot.

e) DailyRoutine: The patient was also advised to follow a structured routine.

OBSERVATION & RESULT

During the course of treatment, the patient demonstrated steady clinical improvement. Quality of life assessments reflected significant enhancement in both physical and psychological well-being. Symptomatic relief was evident within six months, with marked reduction in complaints such asSevere dysmenorrhea and itching. A comparison between pre- and post – treatment symptoms is presented in Table 4. Ultrasound findings demonstrate a gradual and significant improvement over the course of treatment. A comparative analysis of ultrasound reports at various stages of the treatment is presented in Table 5.

Table 4: Comparative analysis of symptoms pre- and post-treatment

Symptoms before treatment	Symptoms after treatment
Itching in the urethral area - Score: 5 [11]	Relieved - Score: 0 [11]
Lower abdominal pain - Score: 5+ [12]	Relieved - Score: 0 [12]
Severe dysmenorrhea - Score: 5 +	Relieved - Score: 0
Leucorrhea	Relieved
Increased urinary frequency	Relieved

Table 5: Comparative analysis of ultrasound reports

	05-07-2024	23-10-2024	07-02-2025
Uterus	Normal in size, shape, and structure	Normal in size, shape, and structure	Normal in size, shape, and structure
Ovaries	Normal in size	Normal in size	Normal in size, shape, and appearance
	Right Ovary - well-defined unilocular anechoic cysts - 1.89 x 1.70 cm	Right Ovary - Mildly enlarged and shows a well-defined unilocular anechoic cyst - 2.35 cm	Right Ovary - Normal in size, shape and struture
	Left Ovary - well-defined unilocular anechoic cysts - 1.81 x 1.54 cm	Left Ovary - Normal in size, shape and struture	Left Ovary - Normal in size, shape and struture

DISCUSSION

In this case study, a 32-year-old female patient with a history of Polycystic Ovary Syndrome (PCOS) / *ArtavaDushti* was presented to JeenaSikhoLifecare Limited Clinic for a complete *Ayurvedic* treatment. The patient presented with severe symptoms, including itching in the urethral area, lower abdominal pain, burning sensation during micturition, severe dysmenorrhea, associated symptoms during menstruation included increased body temperature and a sensation of heaviness in the lower abdomen, additionally, she experienced leucorrhoea (white vaginal discharge) and increased urinary frequency.

A comprehensive assessment—encompassing vital parameters, findings from *AshtasthanaPareeksha*, and imaging reports—guided the formulation of a personalized treatment plan. This integrative protocol included *NidanParivarjan* (elimination of causative

factors), dietary and lifestyle modifications, and *Shaman Chikitsa* (palliative therapeutic interventions).

NidanParivarjan:As part of the *Ayurvedic*and Zero Grain Diet protocol, the patient was advised to avoid all grains and grain-based products, along with packaged, refined, dairy, and animal-derived foods. Caffeinated beverages such as coffee and tea were also restricted. Additionally, late-night eating—specifically food intake after 8 PM—was discouraged. These dietary and lifestyle modifications aim to eliminate contributing factors and support the therapeutic objectives of treatment.

Samprapti*(Pathogenesis):Samprapti* of this case is shown in figure 1. This flowchart outlines the *Ayurvedic* pathogenesis of Polycystic Ovarian Syndrome (PCOS). The condition originates from *MithyaAhara-Vihara* (improper diet and lifestyle), which leads to *Agni Mandya* (impaired digestion) and subsequent *AmaUtpatti* (toxin accumulation). These toxins contribute to *KaphaVriddhi* and *MedaVriddhi* (increased *Kapha* and fat tissue), resulting in *Strotorodha*—blockage of the *ArtavavahaSrotas* (reproductive channels). This obstruction disturbs *ApanaVata*, impairing its flow and culminating in *ArtavaDushti* or *Avarodha* (menstrual irregularities and cyst formation). Clinically, this manifests as oligomenorrhea, anovulation, cystic ovaries, and infertility, reflecting the systemic derangement of *doshas* and *strotas* involved in PCOS.

***Ahar*:**The diet presents a structured, therapeutic meal plan designed for metabolic and hormonal balance, particularly suitable for conditions like PCOS. Grains, especially refined and gluten-containing ones (e.g., wheat, rice, oats, barley), can aggravate *Kapha* and *Medadhatu*, leading to *Ama* (toxins) formation and hormonal imbalance.Eliminating grains helps regulate insulin resistance, weight gain, and improves *Artava* (menstrual) function.[13]

***Vihar*(lifestyle recommendations):**The patient was advised to adopt targeted lifestyle modifications aimed at supporting holistic well-being. This included the daily practice of meditation to alleviate stress and enhance mental clarity. A structured yoga regimen was prescribed to improve physical flexibility, promote relaxation, and support emotional balance. Furthermore, the importance of obtaining 6–8 hours of uninterrupted, restorative sleep and maintaining a consistent daily routine was emphasized to reinforce overall health and lifestyle discipline.

***Chikitsa*(treatment):**A carefully structured *Shaman Chikitsa*(palliative treatment) protocol was recommended by the physician.A comprehensive overview of the *Ayurvedic* formulations used in this case is provided in Table 6.*Dalchini* and *Pippali*are among the principal herbs commonly incorporated in *Ayurvedic* formulations. Their therapeutic efficacy is determined by their *RasPanchak* – a comprehensive analysis of taste (*Rasa*), qualities (*Guna*), potency (*Virya*), post-digestive effect (*Vipaka*), and specific action (*Prabhava*) – as follows.[14]

Table 6: Detailed description of medicines prescribed

Medicines	Ingredients	Therapeutic Effects
Granthi Har Vati	***Kanchnar*** *(Bauhinia variegata)*, ***Gugulu*** *(Commiphora wightii)*, ***Amalaki*** *(Phyllanthus emblica)*, ***Vibhitaki*** *(Terminalia bellirica)*, ***Haritaki*** *(Terminalia chebula)*, ***Shunthi*** *(Zingiber officinale)*, ***Krishna Marich*** *(Piper nigrum)*, ***Pippali*** *(Piper longum)*, ***Varuna*** *(Crateva religiosa)*, ***Sukshamala*** , ***Dalchini*** *(Cinnamomum verum)* and ***Tamal Patar*** *(Cinnamomum tamala)*	*Galaganda* (Supports thyroid disfunction), *Granthi* (enlarged lymphnodes), *Stana Granthi* (breast lump), *Artava Dushti* (PCOD), *Medoroga* (weight loss fibroids) *Garbhashayarbuda* (endometriosis and obesity)
She Capsule	***Ashwagandha*** *(Withania somnifera)*, ***Ulatkambal*** *(Cissampelos pareira)*, ***Ashok*** *(Saraca asoca)*, ***Supari*** *(Areca catechu)*, ***Bhumi Amlaki*** *(Phyllanthus niruri)*, ***Harmal*** *(Peganum harmala)*, ***Lodhra*** *(Symplocos racemosa)*, ***Shatpushpa*** *(Anethum sowa)*, ***Vansh*** *(Bambusa vulgaris)*, ***Ashwath*** *(Ficus religiosa)*, *Jiyapota (Leucas aspera)*, ***Shivlingi*** *(Bryonia laciniosa)*, ***Bala*** *(Sida cordifolia)*, ***Aluva*** *(Alocasia indica)*, ***Naag Kesar*** *(Mesua ferrea)*, *Jiwanti (Leptadenia reticulata).*	*Stri Swasthya Vardhak* (Supports women's health), *Rasadhatu* -Hormone *Samyak Niyamak* (balances hormones), *Sukha-Swasthya Pradayak* (promotes wellness), *Manonmaya Shaman* (reduces stress), and *Vishranti Vardhak* (enhances relaxation).
Chander Vati Tablet	***Kapoor Kachri*** *(Hedychium spicatum)*, ***Vacha*** *(Acorus calamus)*, ***Motha*** *(Cyperus rotundus)*, ***Kalmegh*** *(Andrographis paniculata)*, ***Guduchi*** *(Tinospora cordifolia)*, ***Devdaru*** *(Cedrus deodara)*, ***Desi Haridra*** *(Curcuma longa)*, ***Atees*** *(Aconitum heterophyllum)*, ***Daru Haridra*** *(Berberis aristata)*, ***Pippali-Mool*** *(Piper longum root)*, ***Chitrak*** *(Plumbago zeylanica)*, ***Dhanyaka*** *(Coriandrum sativum)*, ***Haritaki*** *(Terminalia chebula)*, ***Vibhitaki*** *(Terminalia bellirica)*, ***Amlaki*** *(Phyllanthus emblica)*, ***Chavya*** *(Piper chaba)*, ***Vaya vidang*** *(Embelia ribes)*, ***Pippali*** *(Piper longum)*, ***Krishna Marich*** *(Piper nigrum)*, ***Shunthi*** *(Zingiber officinale dried ginger)*, ***Gaj Pippali*** *(Scindapsus officinalis)*, ***Swarn Makshik Bhasam*** *(Gold iron pyrite ash - Ayurvedic preparation)*, ***Sajji Kshar*** *(Potassium carbonate - traditional alkali preparation)*, ***Saindhava Lavan*** *(Rock salt)*, ***Krishna Lavan*** *(Black salt)*, ***Kshudra Ela*** *(Elettaria cardamomum - small cardamom)*, ***Dalchini*** *(Cinnamomum verum)*, ***Tejpatra*** *(Cinnamomum tamala)*, ***Danti*** *(Baliospermum montanum)*, ***Nishoth*** *(Operculina turpethum)*, ***Vanslochan*** *(Bamboo silica)*, ***Loh Bhasam*** *(Iron ash - Ayurvedic preparation)*, ***Shilajeet*** *(Asphaltum punjabinum)*, ***Guggulu*** *(Commiphora wightii)*.	*Mutrala* (diuretic), *Ojovardhaka* (enhances vitality), *Deepan* (increases appetite), *Pachan* (aids digestion) and *Agnivardhaka* (improves digestive fire)
Ladies tonic	***Aloe Vera*** *(Aloe barbadensis miller)*, ***Shunthi*** *(Zingiber officinale)*, ***Krishna Marich*** *(Piper nigrum)*, ***Lavang*** *(Syzygium aromaticum)*, ***Dalchini*** *(Cinnamomum verum)*, ***Tej Patra*** *(Cinnamomum tamala)*, ***Brihat Ela*** *(Amomum subulatum)*, ***Naag Kesar*** *(Crocus sativus)*, ***Chitrak*** *(Plumbago zeylanica)*, ***Pippli-mool*** *(Piper longum)*, *Balbrihn (Convolvulus pluricaulis)*, ***Gaj Pippali*** *(Ficus lacor)*, ***Chavya*** *(Piper chaba)*, ***Hriber, Dhania*** *(Coriandrum sativum)*, ***Kutaki*** *(Cissus quadrangularis)*, ***Supari*** *(Areca catechu)*, ***Nagarmotha*** *(Cyperus rotundus)*, ***Haritaki*** *(Terminalia chebula)*, ***Vibhitaki*** *(Terminalia bellirica)*, ***Amalaki*** *(Phyllanthus emblica)*, ***Rasna*** *(Pluchea lanceolata)*, ***Devdaru*** *(Cedrus deodara)*, ***Haridra*** *(Curcuma longa)*, ***Daru Haridra*** *(Berberis aristata)*, ***Munakka*** *(Vitis vinifera)*, ***Danti Mool*** *(Baliospermum montanum)*, ***Bala*** *(Sida cordifolia)*, ***Atibala*** *(Abutilon indicum)*, ***Konchbeej*** *(Mucuna pruriens)*, ***Gokshur*** *(Tribulus terrestris)*, ***Shunthi*** *(Zingiber officinale)*, ***Hina Patra*** *(Lawsonia inermis)*, ***Akarkara*** *(Anacyclus pyrethrum)*, ***Uttannan*** *(Anethum graveolens)*, ***Punarnava*** *(Boerhavia diffusa)*, ***Shalparni*** *(Desmodium gangeticum)*, ***Gambhari*** *(Gmelina arborea)*, ***Ashok Chaal*** *(Saraca asoca)*, ***Visar*** *(Alstonia scholaris)*, ***Ronuka*** *(Pongamia pinnata)*, ***Kakad Sinhi*** *(Eclipta alba)*, ***Meda, Mahameda, Patha*** *(Acorus calamus)*, ***Patla*** *(Eruca sativa)*, ***Chitrak*** *(Plumbago zeylanica)*, ***Sariva*** *(Hemidesmus indicus)*, ***Kalajeera*** *(Carum carvi)*, ***Nishoth*** *(Cissampelos pareira)*, ***Ridhi, Sidhi, Jeevak*** *(Glycyrrhiza glabra)*, ***Kakoli*** *(Gloriosa superba)*, ***Ksheer Kakol*** *(Gloriosa superba)*, ***Priyanuv, Khair Chaal*** *(Acacia catechu)*, ***Soi*** *(Tragopogon porrifolius)*, ***Yashtimadhu*** *(Glycyrrhiza glabra)*, ***Madhu, Ikshu*** *(Saccharum officianarum)* ***Mahua Flower*** *(Madhuca longifolia)*.	*Yoni Vyapadahar* (alleviates gynecological disorders), *Raktashodhan* (purifies the blood), *Artava Shuddhi* (regulates and purifies menstruation), *Vata-Pitta Shaman* (Balances *Vata* and *Pitta* doshas), *Balya* (strengthening or tonic) and *Prakriti Samya* (restores natural balance)

FUTURE RESEARCH ASPECTS

PCOS is a complex hormonal and metabolic disorder. *Ayurveda* offers holistic management through *dosha* balancing, *Panchakarma*, and *Rasayana* therapies. However, scientific validation and integration with modern medicine are also essential. Key future research areas include:

- **Standardization of *Ayurvedic* Diagnostic Criteria**

Future research in *Ayurveda* should focus on developing validated diagnostic markers for PCOS based on concepts like *ArtavaDushti*, *Kapha-MedaDushti*, *Avarana*, and *Agnimandya*. This will help align *Ayurvedic* symptomatology with modern clinical features such as hyperandrogenism, anovulation, and polycystic ovaries, enabling more integrative and precise treatment approaches.[15]

- **Role of *Panchakarma* in PCOS Management**

Research should explore the effects of *Virechana*, *Basti*, and *Nasya* therapies in regulating hormones, managing weight, and improving menstrual health. Emphasis should be placed on understanding their potential epigenetic and endocrine benefits in chronic reproductive and metabolic conditions.[16]

- **Ayurgenomics& Personalized Medicine**

Should aim to link *Prakriti* (*Ayurvedic* body constitution) with genetic and metabolic patterns in PCOS, helping to create personalized treatment approaches by integrating *Ayurvedic* principles with modern genomic insights.[17]

- **Integrative Nutraceuticals & Diet Research**

Future research should focus on validating *Ayurvedic* diets such as the Zero Grain Diet and *Pathya-Apathya*, along with functional herbs like *Shatapushpa*, *Jeeraka*, and *Methika*. These studies should assess their impact on gut health, insulin sensitivity, and hormonal balance in PCOS.[18]

CONCLUSION

The present case illustrates the efficacy of a comprehensive *Ayurvedic* approach in the successful management ofPolycystic Ovary Syndrome (PCOS) / *ArtavaDushti*through *Shaman Chikitsa*. Through the integration of classical *Ayurvedic* formulations, dietary regulations, and lifestyle modifications tailored to the patient's constitution and *doshas* imbalance, marked improvement was observed.

- The patient's recovery—evidenced by the resolution of dysmenorrhea, genitourinary discomfort, and enhanced quality of life—demonstrates the potential of holistic *Ayurvedic* interventions in the long-term management of PCOS.
- Improvements were noted in symptoms like **urethral itching (from score:5 to score 0), pain in lower abdominal region (from score: 5 to score: 0)** and **dysmenorrhea (from score: 5 to score:0)**
- Ultrasound findings also demonstrate a gradual and significant improvement over the course of treatment. Well defined **unilocular anechoic cysts in the right ovary (1.89 x**

1.70 cm) reduced to 2.35 cm and eventually recovered, whereas the cyst in the left ovary (1.81 x 1.54 cm) also showed significant reduction and eventually vanished.

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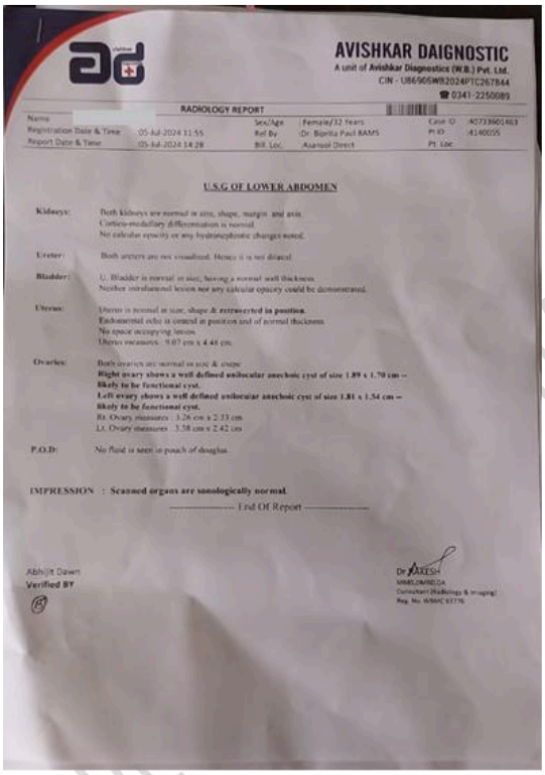
LAB REPORTS

1. **USG report dated 05-07-2024 (before ayurvedic intervention)**



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RADIOLOGY REPORT

Name		Sex/Age	Female/32 Years	Case ID	40733601463
Registration Date & Time	05-Jul-2024 11:55	Ref By	Dr. Biplita Paul BAMS	Pt ID	4140055
Report Date & Time	05-Jul-2024 14:28	Bill. Loc.	Asansol Direct	Pt. Loc.	

U.S.G OF LOWER ABDOMEN

Kidneys: Both kidneys are normal in size, shape, margin and axis.
Cortico-medullary differentiation is normal.
No calcular opacity or any hydronephrotic changes noted.

Ureter: Both ureters are not visualized. Hence it is not dilated.

Bladder: U. Bladder is normal in size, having a normal wall thickness.
Neither intraluminal lesion nor any calcular opacity could be demonstrated.

Uterus: Uterus is normal in size, shape & **retroverted in position.**
Endometrial echo is central in position and of normal thickness.
No space occupying lesion.
Uterus measures - 9.07 cm x 4.46 cm.

Ovaries: Both ovaries are normal in size & shape.
Right ovary shows a well defined unilocular anechoic cyst of size 1.89 x 1.70 cm – likely to be functional cyst.
Left ovary shows a well defined unilocular anechoic cyst of size 1.81 x 1.54 cm – likely to be functional cyst.
Rt. Ovary measures - 3.26 cm x 2.33 cm
Lt. Ovary measures - 3.58 cm x 2.42 cm

P.O.D: No fluid is seen in pouch of douglas.

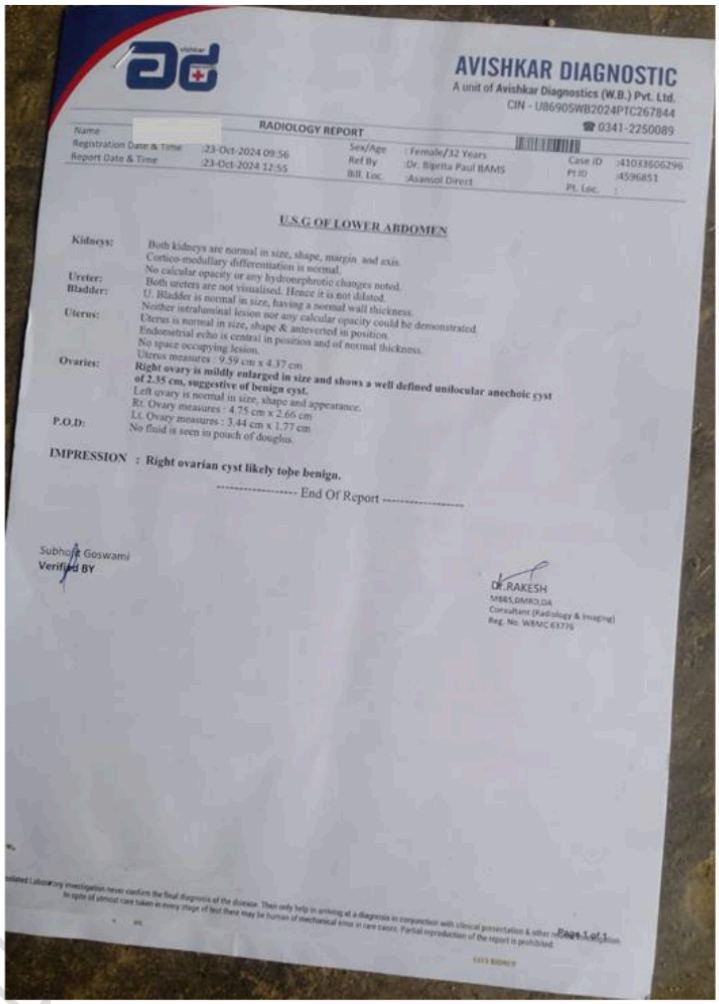
IMPRESSION : Scanned organs are sonologically normal.

---------- End Of Report ----------

Abhijit Dawn
Verified BY

Dr AKASH
MBBS,DMRD,DA
Consultant (Radiology & Imaging)
Reg. No. WBMC 63776

2. USG report dated 23-10-2024 (after ayurvedic intervention)



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RADIOLOGY REPORT

Name
Registration Date & Time :23-Oct-2024 09:56
Report Date & Time :23-Oct-2024 12:55
Sex/Age : Female/32 Years
Ref By :Dr. Bipnta Paul BAMS
Bill. Loc. :Asansol Direct
Case ID :410336062961
Pt ID :4596851
Pt. Loc.

U.S.G OF LOWER ABDOMEN

Kidneys: Both kidneys are normal in size, shape, margin and axis.
Cortico-medullary differentiation is normal.
No calcular opacity or any hydronephrotic changes noted.

Ureter: Both ureters are not visualised. Hence it is not dilated.

Bladder: U. Bladder is normal in size, having a normal wall thickness.
Neither intrahumical lesion nor any calcular opacity could be demonstrated.

Uterus: Uterus is normal in size, shape & anteverted in position.
Endometrial echo is central in position and of normal thickness.
No space occupying lesion.
Uterus measures : 9.59 cm x 4.37 cm

Ovaries: **Right ovary is mildly enlarged in size and shows a well defined unilocular anechoic cyst of 2.35 cm, suggestive of benign cyst.**
Left ovary is normal in size, shape and appearance.
Rt. Ovary measures : 4.75 cm x 2.66 cm
Lt. Ovary measures : 3.44 cm x 1.77 cm

P.O.D: No fluid is seen in pouch of douglas.

IMPRESSION : Right ovarian cyst likely tobe benign.

---------- End Of Report ----------

Subhojit Goswami
Verified BY

DR.RAKESH
MBBS,DMRD,DA
Consultant (Radiology & Imaging)
Reg. No. WBMC 63776

Page 1 of 1

3. **USG report dated 07-02-2025 (after ayurvedic intervention)**

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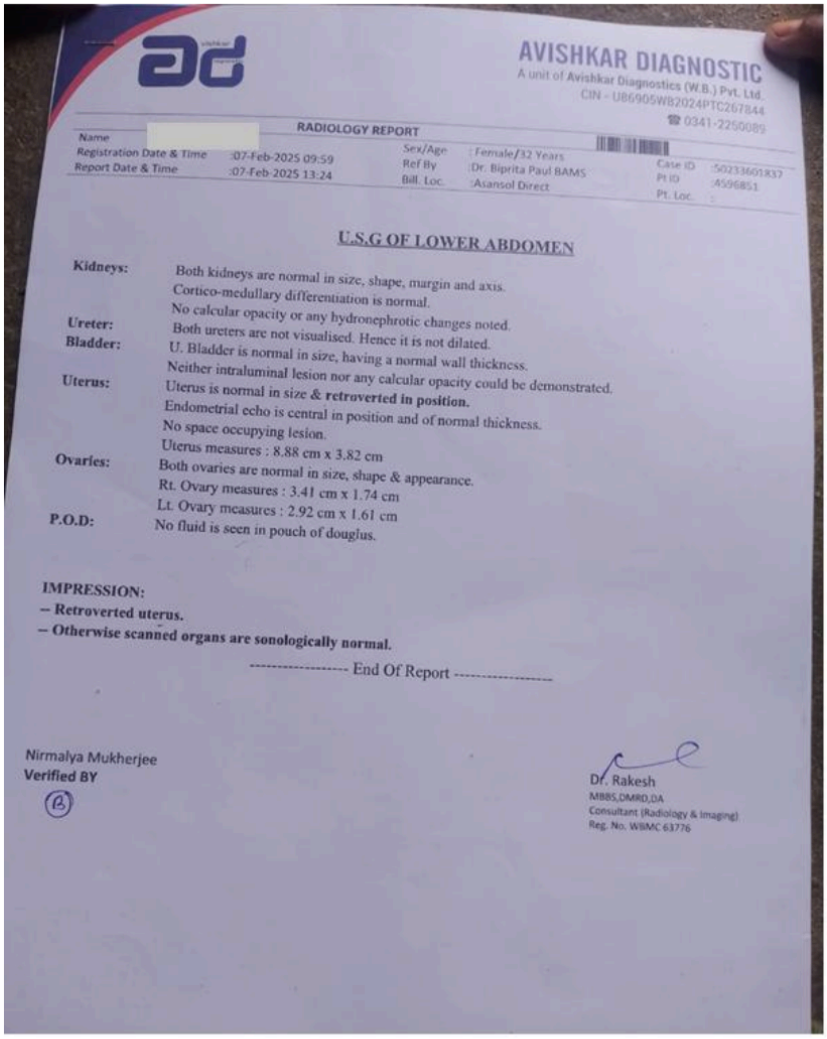

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RADIOLOGY REPORT

Name		Sex/Age	: Female/32 Years	Case ID	:5023360183?
Registration Date & Time	:07-Feb-2025 09:59	Ref By	:Dr. Biprita Paul BAMS	Pt ID	:4596851
Report Date & Time	:07-Feb-2025 13:24	Bill. Loc.	:Asansol Direct	Pt. Loc.	:

U.S.G OF LOWER ABDOMEN

Kidneys: Both kidneys are normal in size, shape, margin and axis.
Cortico-medullary differentiation is normal.
No calcular opacity or any hydronephrotic changes noted.

Ureter: Both ureters are not visualised. Hence it is not dilated.

Bladder: U. Bladder is normal in size, having a normal wall thickness.
Neither intraluminal lesion nor any calcular opacity could be demonstrated.

Uterus: Uterus is normal in size **& retroverted in position.**
Endometrial echo is central in position and of normal thickness.
No space occupying lesion.
Uterus measures : 8.88 cm x 3.82 cm

Ovaries: Both ovaries are normal in size, shape & appearance.
Rt. Ovary measures : 3.41 cm x 1.74 cm
Lt. Ovary measures : 2.92 cm x 1.61 cm

P.O.D: No fluid is seen in pouch of douglus.

IMPRESSION:
– Retroverted uterus.
– Otherwise scanned organs are sonologically normal.

---------- End Of Report ----------

Nirmalya Mukherjee
Verified BY

Dr. Rakesh
MBBS,DMRD,DA
Consultant (Radiology & Imaging)
Reg. No. WBMC 63776

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AYURVEDIC MANAGEMENT OF ARTAVA DUSHTI RESEMBLING PCOS: A CASE REPORT

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