



ISSN NO. 2320-5407

Journal Homepage: - www.journalijar.com

INTERNATIONAL JOURNAL OF ADVANCED RESEARCH (IJAR)

Article DOI: 10.21474/IJAR01/21972
DOI URL: <http://dx.doi.org/10.21474/IJAR01/21972>



RESEARCH ARTICLE

AYURVEDIC MANAGEMENT OF ARTAVADUSHTI RESEMBLING PCOS: A CASE REPORT

Acharya Manish¹, Gitika Chaudhary², Richa³, Biprita Paul⁴, Tanu Rani⁵ and Prabha Chandrasekharan⁶

1. Director, Meditation Guru, Jeena Sikho Lifecare Limited, India.
2. Senior Consultant, General Surgeon, Bams, Pgdp, Pgds, Ms (Ayurveda), Jeena Sikho Lifecare Limited, India.
3. Senior Research officer, Bams, Pgdp, Cicr, Caim, Cmw, Jeena Sikho Lifecare Limited, India.
4. Consultant, BAMS, Jeena Sikho Lifecare Limited Clinic, Bardhawan, West Bengal, India.
5. Research Associate, BAMS, Jeena Sikho Lifecare Limited, India.
6. Research Associate, M.Phil, Jeena Sikho Lifecare Limited, India.

Manuscript Info

Manuscript History

Received: 13 August 2025

Final Accepted: 15 September 2025

Published: October 2025

Key words:-

Ama, Artava Dushti, Kapha-Vata
Pradhan Tridoshaja Vyadhi, PCOS,
Polycystic Ovary Syndrome, Pushpaghni
Jatharini, Rasa-Rakta Dushti and
Strotorodha

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 Tridoshaja Vyadhi involving Artava Dushti and Pushpaghni Jatharini. A detailed Ayurvedic evaluation was conducted using Ashtasthana Pareeksha, 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 dhatu dushti. Early diagnosis, personalized management, and holistic care demonstrate promising outcomes in chronic PCOS cases.

"© 2025 by the Author(s). Published by IJAR under CC BY 4.0. Unrestricted use allowed with credit to the author."

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 environmental components.^[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

Corresponding Author:- Gitika Chaudhary

Address:- Senior Consultant, General Surgeon, Bams, Pgdp, Pgds, Ms (Ayurveda), Jeena Sikho Lifecare Limited, India.

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 Artava Dushti, Yoni Vyapad, and Granthi formation, especially Pushpaghni Jatharini—a condition where menstruation is obstructed or absent due to vitiated doshas.^[5] PCOS is primarily considered a Kapha-Vata predominant Tridoshaja disorder. The Kapha dosha, due to its properties of heaviness (guru), coldness (sheeta), and unctuousness (snigdha), leads to strotorodha (obstruction of bodily channels), particularly in the Artavavah Srotas (channels responsible for menstrual flow). This obstruction, combined with Vata dushti (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 Rakta dhatu (plasma and blood tissues) affects the formation of Artava dhatu (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 Medo dhatu dushti (fat tissue pathology) and Ama accumulation (metabolic toxins) in Ayurveda.^[7] The Samprapti (pathogenesis) of PCOS is illustrated in Figure 1, while the specific Samprapti Ghatakas (components of disease pathogenesis) are detailed in Figure 2.

Figure 1: Samprapti of PCOS

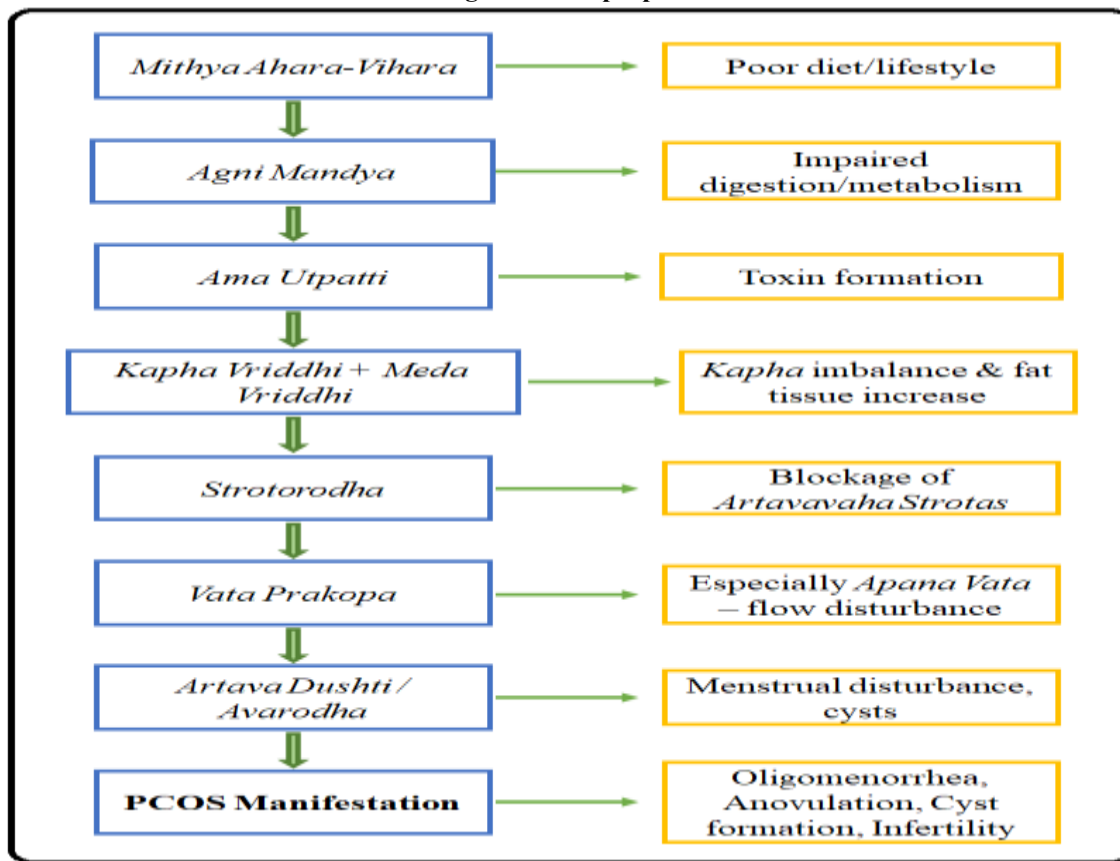


Figure 2: Samprapti Ghataka of PCOS

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

Objective:-

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

Case Report:-

A 32-year-old female, previously diagnosed with Polycystic Ovarian Syndrome (PCOS), presented to Jeena Sikho Lifecare 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 in Table 1 for sequential findings. A comprehensive Ashtasthana Pareeksha (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

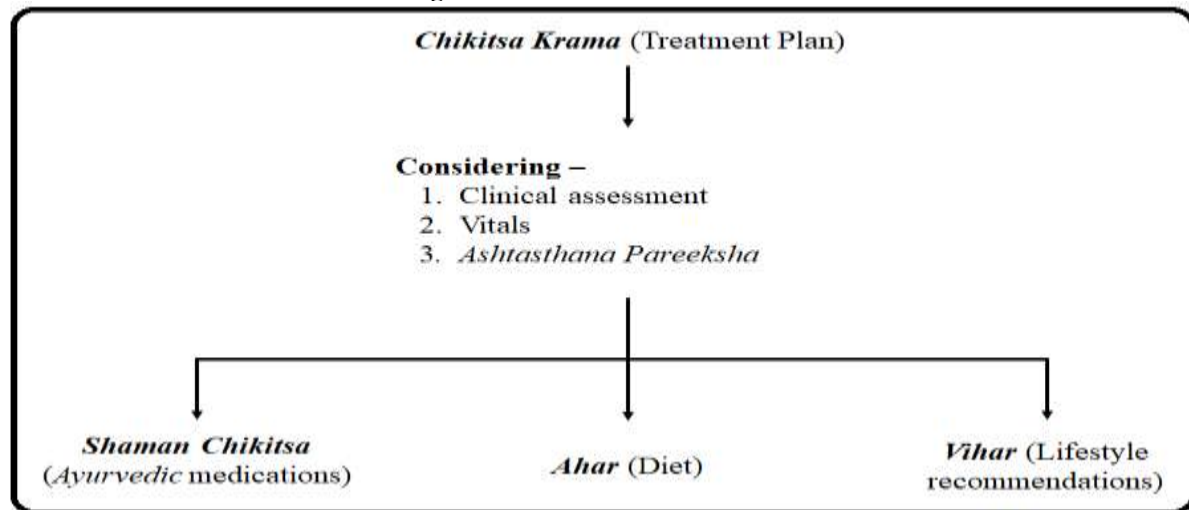
Table 2: Ashtasthana Pareeksha findings

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

Treatment Plan:-

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

Figure 3: Chikitsa Krama of this case

**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	<i>Granthi Har Vati</i>	2 Tab BD (<i>Adhobhakta</i> with <i>Koshna Jala</i>)*
	She Capsule	1 Cap BD (<i>Adhobhakta</i> with <i>Koshna Jala</i>)
	<i>Chander Vati</i>	1 Tab BD (<i>Adhobhakta</i> with <i>Koshna Jala</i>)
	Ladies tonic	15 ml BD (<i>Adhobhakta</i> with <i>Sama Matra Koshna Jala</i>)**
* <i>Adhobhakta</i> with <i>Koshna Jala</i> - After Meal with Lukewarm Water		
** <i>Adhobhakta</i> with <i>Sama Matra Koshna Jala</i> - After Meal with Equal Amount of Lukewarm Water		

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]

Apathya (Avoid):

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

Hydration:-

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

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

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 + <i>Mudga yusha</i> • 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** (*Anomum subulatum*), **Laung** (*Syzygium aromaticum*), **Badiyan 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*)

Vihar ^[10]

- Meditation:** The patient was advised to practise Meditation daily for 30 minutes atleast.
- Yoga:** Perform Sukshm Pranayam and Sukhasan for 40 minutes daily
- Sleep:** Ensure 6-8 hours of uninterrupted and deep sleep.
- Walking:** Brisk walk for 30 minutes in barefoot.
- Daily Routine:** The patient was also advised to follow a structured routine.

Observation and 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 as Severe 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) / Artava Dushti was presented to Jeena Sikho Lifecare 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 Ashtasthana Pareeksha, and imaging reports—guided the formulation of a personalized treatment plan. This integrative protocol included Nidan Parivarjan (elimination of causative factors), dietary and lifestyle modifications, and Shaman Chikitsa (palliative therapeutic interventions).

Nidan Parivarjan: 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 Mithya Ahara-Vihara (improper diet and lifestyle), which leads to Agni Mandya (impaired digestion) and subsequent Ama Utpatti (toxin accumulation). These toxins contribute to Kapha Vriddhi and Meda Vriddhi (increased Kapha and fat tissue), resulting in Strotorodha—blockage of the Artavavaha Srotas (reproductive channels). This obstruction disturbs Apana Vata, impairing its flow and culminating in Artava Dushti or Avarodha (menstrual irregularities and cyst formation). Clinically, this manifests as oligomenorrhea, anovulation, cystic ovaries, and infertility, reflecting the systemic derangement of doshas and srotas 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 Meda dhatu, 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 Ras Panchak – 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 (<i>Bauhinia variegata</i>), Gugulu (<i>Commiphora wightii</i>), Amalaki (<i>Phyllanthus emblica</i>), Vibhitaki (<i>Terminalia bellirica</i>), Haritaki (<i>Terminalia chebula</i>), Shunthi (<i>Zingiber officinale</i>), Krishna Marich (<i>Piper nigrum</i>), Pippali (<i>Piper longum</i>), Varuna (<i>Crateva religiosa</i>), Sukshamala , Dalchini (<i>Cinnamomum verum</i>) and Tamal Patar (<i>Cinnamomum tamala</i>)	Galaganda (Supports thyroid dysfunction), Granthi (enlarged lymphnodes), Stana Granthi (breast lump), Artava Dushti (PCOD), Medoroga (weight loss fibroids) Garbhashayarbuda (endometriosis and obesity)
She Capsule	Ashwagandha (<i>Withania somnifera</i>), Ulatkambal (<i>Cissampelos pareira</i>), Ashok (<i>Saraca asoca</i>), Supari (<i>Areca catechu</i>), Bhumi Amlaki (<i>Phyllanthus niruri</i>), Harmal (<i>Peganum harmala</i>), Lodhra (<i>Symplocos racemosa</i>), Shatpushpa (<i>Anethum sowa</i>), Vansh (<i>Bambusa vulgaris</i>), Ashwath (<i>Ficus religiosa</i>), Jiyapota (<i>Leucas aspera</i>), Shivlingi (<i>Bryonia laciniosa</i>), Bala (<i>Sida cordifolia</i>), Aluva (<i>Alocasia indica</i>), Naag Kesar (<i>Mesua ferrea</i>), Jiwanti (<i>Leptadenia reticulata</i>).	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 (<i>Hedychium spicatum</i>), Vacha (<i>Acorus calamus</i>), Motha (<i>Cyperus rotundus</i>), Kalmegh (<i>Andrographis paniculata</i>), Guduchi (<i>Tinospora cordifolia</i>), Devdaru (<i>Cedrus deodara</i>), Desi Haridra (<i>Curcuma longa</i>), Atees (<i>Aconitum heterophyllum</i>), Daru Haridra (<i>Berberis aristata</i>), Pippali-Mool (<i>Piper longum</i> root), Chitrak (<i>Plumbago zeylanica</i>), Dhanyaka (<i>Coriandrum sativum</i>), Haritaki (<i>Terminalia chebula</i>), Vibhitaki (<i>Terminalia bellirica</i>), Amlaki (<i>Phyllanthus emblica</i>), Chavya (<i>Piper chaba</i>), Vaya vidang (<i>Embelia ribes</i>), Pippali (<i>Piper longum</i>), Krishna Marich (<i>Piper nigrum</i>), Shunthi (<i>Zingiber officinale</i> dried ginger), Gaj Pippali (<i>Scindapsus officinalis</i>), 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 (<i>Elettaria cardamomum</i> - small cardamom), Dalchini (<i>Cinnamomum verum</i>), Tejpatra (<i>Cinnamomum tamala</i>), Danti (<i>Baliospermum montanum</i>), Nishoth (<i>Operculina turpethum</i>), Vanslochan (<i>Bambo silica</i>), Loh Bhasam (Iron ash - Ayurvedic preparation), Shilajeet (<i>Asphaltum punjabinum</i>), Guggulu (<i>Commiphora wightii</i>).	Mutralla (diuretic), Ojovardhaka (enhances vitality), Deepan (increases appetite), Pachan (aids digestion) and Agnivardhaka (improves digestive fire)
Ladies tonic	Aloe Vera (<i>Aloe barbadensis miller</i>), Shunthi (<i>Zingiber officinale</i>), Krishna Marich (<i>Piper nigrum</i>), Lavang (<i>Syzygium aromaticum</i>), Dalchini (<i>Cinnamomum verum</i>), Tej Patra (<i>Cinnamomum tamala</i>), Brihat Ela (<i>Amomum subulatum</i>), Naag Kesar (<i>Crocus sativus</i>), Chitrak (<i>Plumbago zeylanica</i>), Pippli-mool (<i>Piper longum</i>), Balbrihn (<i>Convolvulus pluricaulis</i>), Gaj Pippali (<i>Ficus lacor</i>), Chavya (<i>Piper chaba</i>), Hriber , Dhania (<i>Coriandrum sativum</i>), Kutaki (<i>Cissus quadrangularis</i>), Supari (<i>Areca catechu</i>), Nagarmotha (<i>Cyperus rotundus</i>), Haritaki (<i>Terminalia chebula</i>), Vibhitaki (<i>Terminalia bellirica</i>), Amalaki (<i>Phyllanthus emblica</i>), Rasna (<i>Pluchea lanceolata</i>), Devdaru (<i>Cedrus deodara</i>), Haridra (<i>Curcuma longa</i>), Daru Haridra (<i>Berberis aristata</i>), Munakka (<i>Vitis vinifera</i>), Danti Mool (<i>Baliospermum montanum</i>), Bala (<i>Sida cordifolia</i>), Atibala (<i>Abutilon indicum</i>), Konchbeej (<i>Mucuna pruriens</i>), Gokshur (<i>Tribulus terrestris</i>), Shunthi (<i>Zingiber officinale</i>), Hina Patra (<i>Lawsonia inermis</i>), Akarkara (<i>Anacyclus pyrethrum</i>), Uttannan (<i>Anethum graveolens</i>), Punarnava (<i>Boerhavia diffusa</i>), Shalparni (<i>Desmodium gangeticum</i>), Gambhari (<i>Gmelina arborea</i>), Ashok Chaal (<i>Saraca asoca</i>), Visar (<i>Alstonia scholaris</i>), Ronuka (<i>Pongamia pinnata</i>), Kakad Sinhi (<i>Eclipta alba</i>), Meda , Mahameda , Patha (<i>Acorus calamus</i>), Patla (<i>Eruca sativa</i>), Chitrak (<i>Plumbago zeylanica</i>), Sariva (<i>Hemidesmus indicus</i>), Kalajeera (<i>Carum carvi</i>), Nishoth (<i>Cissampelos pareira</i>), Ridhi , Sidhi , Jeevak (<i>Glycyrrhiza glabra</i>), Kakoli (<i>Gloriosa superba</i>), Ksheer Kakol (<i>Gloriosa superba</i>), Priyanuv , Khair Chaal (<i>Acacia catechu</i>), Soi (<i>Tragopogon porrifolius</i>), Yashtimadhu (<i>Glycyrrhiza glabra</i>), Madhu , Ikshu (<i>Saccharum officinarum</i>) Mahua Flower (<i>Madhuca longifolia</i>).	Yoni Vyapadahar (alleviates gynecological disorders), Raktashodhan (purifies the blood), Artava Shuddhi (regulates and purifies menstruation), Vata-Pitta Shaman (Balances <i>Vata</i> and <i>Pitta</i> 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 Artava Dushti, Kapha-Meda Dushti, 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]

LAB REPORTS

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

AVISHKAR DAIGNOSTIC	
A Unit of Avishkar Diagnostics (Pvt.) Ltd. CIN - U86905WB2024PTC267844 ☎ 0341-2250089	
RADIOLOGY REPORT	
Name	_____
Registration Date & Time	05-Jul-2024 11:56
Report Date & Time	05-Jul-2024 14:28
Sex/Age	Female/32 Years
Ref By	Dr. Sonika Paul BAMS
Ref. Loc.	Ajanta Hospital
Case ID	40733603463
PI ID	4190055
PI Lab	_____
U.S.G OF LOWER ABDOMEN	
Kidneys:	Both kidneys are normal in size, shape, margin and area. Cortico-medullary differentiation is normal. No calculi, cysts or any hydromyxomatous changes noted.
Liver:	Both lobes are not visualized. Hence it is not detailed.
Bladder:	U. Bladder is normal in size, having a normal wall thickness. No intraluminal lesions nor any calculi or cysts 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 lesions. Uterine measures: 9.07 cm x 4.44 cm.
Ovaries:	Both ovaries are normal in size & shape. Right ovary shows a well defined multilocular anechoic cyst of size 1.89 x 1.70 cm - likely to be functional cyst. Left ovary shows a well defined multilocular 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: 3.38 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 -	
Abhishek Grewal Verified BY	Dr. AKASH KUMAR, DNB, DCA Consultant Radiologist & Imaging Reg. No. A0894C 43776

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

AVISHKAR DIAGNOSTIC
A unit of Avishkar Diagnostics (W.B.) Pvt. Ltd.
CIN - U86905WB2024PTC267844
☎ 0341-2250089

RADIOLOGY REPORT

Name		Sex/Age	Female/32 Years	Case ID	41033600296
Registration Date & Time	23-Oct-2024 09:56	Ref By	Dr. Biprita Paul BAMS	PI ID	4596851
Report Date & Time	23-Oct-2024 12:55	Ref. Loc.	Asansol Direct	PI 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, 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 to be benign.

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

Subhojit Goswami
Verified BY

DR. RAKESH
MBBS, DMRD, DA
Consultant (Radiology & Imaging)
Reg. No. WBMC 61776

Related Laboratory investigation never confirm the final diagnosis of the disease. They only help in arriving at a diagnosis in conjunction with clinical presentation & other relevant information. In spite of utmost care taken in every stage of test there may be human or mechanical error in some cases. Partial reproduction of the report is prohibited.

Page 1 of 1

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

AVISHKAR DIAGNOSTIC
A unit of Avishkar Diagnostics (W.B.) Pvt. Ltd.
CIN - UB6905WB2024PTC267844
☎ 0341-2250085

RADIOLOGY REPORT

Name	[REDACTED]	Sex/Age	Female/32 Years	Case ID	50233001837
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	Bil. 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 calculi 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 calculi 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.

Ovaries: Uterus measures : 8.88 cm x 3.82 cm
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 Douglas.

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

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

Nirmalya Mukherjee
Verified BY
(B)

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

Conclusion:-

The present case illustrates the efficacy of a comprehensive Ayurvedic approach in the successful management of Polycystic Ovary Syndrome (PCOS) / Artava Dushti 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.

Reference:-

1. Teede HJ, Misso ML, Costello MF, Dokras A, Laven J, Moran L, Piltonen T, Norman RJ; International PCOS Network. Recommendations from the international evidence-based guideline for the assessment and management of polycystic ovary syndrome. *Fertil Steril*. 2018 Aug;110(3):364-379. doi: 10.1016/j.fertnstert.2018.05.004. Epub 2018 Jul 19. PMID: 30033227; PMCID: PMC6939856.
2. Rotterdam ESHRE/ASRM-Sponsored PCOS consensus workshop group. Revised 2003 consensus on diagnostic criteria and long-term health risks related to polycystic ovary syndrome (PCOS). *Hum Reprod*. 2004 Jan;19(1):41-7. doi: 10.1093/humrep/deh098. PMID: 14688154.
3. Lizneva, D., Suturina, L., Walker, W., Brakta, S., Gavrilova-Jordan, L., & Azziz, R. (2016). Criteria, prevalence, and phenotypes of polycystic ovary syndrome. *Fertility and Sterility*, 106(1), 6–15.
4. Legro, R. S., Arslanian, S. A., Ehrmann, D. A., Hoeger, K. M., Murad, M. H., Pasquali, R., & Welt, C. K. (2013). Diagnosis and treatment of polycystic ovary syndrome: An Endocrine Society clinical practice guideline. *The Journal of Clinical Endocrinology & Metabolism*, 98(12), 4565–4592. <https://doi.org/10.1210/jc.2013-2350>
5. Jadhav, A. N., & Bhutani, K. K. (2005). Ayurveda and gynecological disorders. *Journal of Ethnopharmacology*, 97(1), 151–159. <https://doi.org/10.1016/j.jep.2004.10.020>
6. Shukla, A. V., & Tripathi, R. D. (Eds.). (2010). *Charaka Samhita of Agnivesha* (Vol. 2, Chikitsa Sthana, Chapter 30, Verse 3 – 8, p. 754). Chaukhambha Sanskrit Pratishthan. (Foreword by A. P. V. Sharma)
7. Shukla, A. V., & Tripathi, R. D. (Eds.). (2010). *Charaka Samhita of Agnivesha* (Vol. 2, Chikitsa Sthana, Chapter 30, Verse 9 – 36, p. 754). Chaukhambha Sanskrit Pratishthan. (Foreword by A. P. V. Sharma)
8. Chowdhury, B. R. (2024). World's best: The D.I.P. diet – Fastest evidence-based.
9. Jeena Sikho Lifecare Limited Hospital. (n.d.). Ayurvedic solutions for PCOS and hormonal imbalance. <https://jeenasikho.com/Ayurvedic-treatment-for-pcos/>
10. Acharya, M., Chaudhary, G., Richa, & Singh, S. (2025). Therapeutic management of uterine fibroid/Garbhashayagata Granthi with Ayurveda. *AYUSHDHARA*, 12(2), 245–251. <https://doi.org/10.47070/ayushdhara.v12i2.2074>
11. Elman, S., Hynan, L. S., Gabriel, V., & Mayo, M. J. (2010). The 5-D itch scale: a new measure of pruritus. *British Journal of Dermatology*, 162(3), 587-593.
12. Huskisson, E. C. (1974). Measurement of pain. *The lancet*, 304(7889), 1127-1131.
13. Babore, G. (2021). Diagnosis of PCOD and the Diet to be taken. *International Journal of Collaborative Research on Internal Medicine & Public Health*, 13(6), 1-2.
14. Bhola, S., & Rao, M. P. (2016). Are Rasapanchaka physical effects or pharmacological effects? A detailed review. *World Journal of Pharmaceutical Research*, 404 – 15.
15. Rajpurohit, D., & Neelima, A. (2023). Ayurvedic perspective of Polycystic Ovarian Syndrome. *Journal of Ayurveda and Integrated Medical Sciences*, 7, 128–133. <https://doi.org/10.21760/jaims.8.7.24>
16. Tiwari, S., Gupta, S., & Srivastava, K. A. (2018). Role of Panchakarma in preventing lifestyle disorders. *Journal of Ayurveda and Integrated Medical Sciences*, 3(3), 142–148. <https://jaims.in/jaims/article/view/414>
17. Sethi, T. P., Prasher, B., & Mukerji, M. (2011). Ayurgenomics: A new way of threading molecular variability for stratified medicine. *ACS Chemical Biology*, 6(9), 875–880. <https://doi.org/10.1021/cb2003016>
18. Muhammed Saeed, A. A., Noreen, S., Awlqadr, F. H., Farooq, M. I., Qadeer, M., Rai, N., Farag, H. A., & Saeed, M. N. (2025). Nutritional and herbal interventions for polycystic ovary syndrome (PCOS): A comprehensive review of dietary approaches, macronutrient impact, and herbal medicine in management. *Journal of Health, Population and Nutrition*, 44(1), 143. <https://doi.org/10.1186/s41043-025-00899-y>