



Case Study

AYURVEDIC APPROACH IN MANAGEMENT OF VATA-KAPHAJA ARTAVDUSHTI (PCOS)

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ABSTRACT

In this present case study, a 40-year-old woman patient consulted the Ayurvedic OPD of M.M.M. Govt. Ayurveda College & Hospital, Udaipur, with the complaint of irregular and scanty menses from 2 to 3 years, facial hair growth from 6 to 7 years, weight gain, hair fall and painful menses from last 6 months. She presented with her ultrasonography (USG) reports, and the findings suggested bilaterally bulky ovaries with 20–22 peripherally arranged small follicles, consistent with polycystic ovarian morphology. This case study highlights the clinical outcomes of an integrated Ayurvedic approach- comprising *Basti Chikitsa* and oral administration of *Tilmooladi Churna* for 3 months. The therapeutic protocol resulted in the restoration of regular menstrual cycles, improved hormonal profile, and reduction of cystic ovarian changes on ultrasonography, suggesting the efficacy of Ayurvedic intervention in managing PCOS.

INTRODUCTION

The most prevalent endocrine issue affecting women of reproductive age is polycystic ovarian syndrome, or PCOS, a medical ailment that is getting more and more prevalent these days. It was initially identified by Stein and Leventhal in 1935 as a condition characterized by obesity, hirsutism, and amenorrhea linked to enlarged polycystic ovaries.^[1] Excessive androgen production by the ovaries is the primary characteristic of this multifactorial and polygenic disease. The cyp11a gene dysregulation, the insulin receptor gene on chromosome 19p, and the overexpression of enzymes in androgen biosynthesis pathologies are the causes of this condition. It is crucial to diagnose polycystic ovaries clinically or through laboratory testing when we suspect the condition.

Most commonly used diagnostic criteria ESHRE/ASRM (2018) outlines Rotterdam's criteria, which include irregular menstruation, hyperandrogenism symptoms or results, and polycystic ovaries on ultrasonography.^[2]

The existence of any two of the three aforementioned criteria serves as the basis for the diagnosis. The main characteristic of the syndrome is thought to be hyperandrogenism. The incidence is higher in infertile women and ranges from 0.5 to 4%. It may be observed in roughly 20% of typical women and is more common in the young reproductive age range (20–30%).

In Ayurveda, there is no direct mention of Polycystic Ovarian Disease (PCOD) as a single entity. However, the symptoms of PCOD are reflected under various conditions described in classical texts, most prominently under *Aṣṭartavaduṣṭi* (the eight types of menstrual disorders). From the Ayurvedic perspective, *Artava Dhatu*, under the regulation of *Vata Doshā*, governs the development of reproductive organs, secondary sexual characters, and is responsible for desire, pleasure, and fertility in the female body. After puberty, *Artava Dhatu* initiates *Rutu Chakra* (the menstrual cycle), which ensures the perpetuation of the seed (*Beejartha*) and prepares the uterine bed (*Garbhasayya*) for implantation. In the absence of conception (*Garbhasthapanā*), the endometrial lining becomes redundant (*Puraṇa Raja*) and is expelled as menstrual blood (*Rajasrava*). This cycle continues rhythmically from menarche to menopause.^[3]

In PCOD, there is a disturbance in one or more stages of this highly organized cycle. The root problem lies at some point of the *Rutu Chakra*, which is

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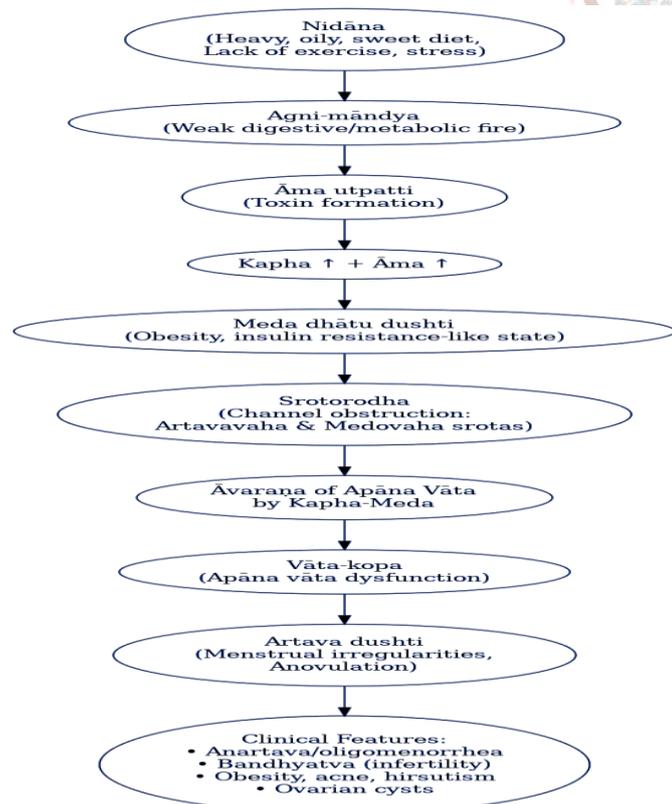
executed by *Artava Dhatu* (comparable to *Sukra Dhatu* in males) and primarily governed by *Vata*.

Pathogenesis

The development of polycystic ovarian syndrome (PCOS) in Ayurveda starts with poor diet and lifestyle choices. Eating heavy, oily, and sweet foods, not getting enough exercise, and experiencing stress contribute to *Agni-mandya*, or weak digestive fire. This weakness leads to the creation of *Ama*, which are toxic metabolites. When *Ama* builds up along with vitiated *Kapha*, it causes an increase in *Kapha* and *Meda*, or fat tissue. This results in *Meda dhatu dushti* and conditions similar to obesity.^[4] The combination of these factors causes *Srotorodha*, which is an obstruction of channels, especially in the *Artavavaha* and *Medovaha srotas*.^[5]

As a result, the proper function of *Apana Vata* is blocked, leading to its disturbance. With *Apana Vata* unable to perform its role, normal menstrual flow and ovulation are affected, causing *Artava dushti*, which includes menstrual irregularities and anovulation. The involvement of *Pitta* and *Rakta dhatu* adds to the hormonal imbalance, leading to issues like acne, hirsutism, and hair loss.

In the end, this series of events creates the clinical picture of PCOS. It is marked by *Anartava* or oligomenorrhea, *Bandhyatva*, or infertility, *Medoroga*, which includes obesity and features of metabolic syndrome, as well as hirsutism, acne, and multiple ovarian cysts.



Case Study

Polycystic ovarian syndrome (PCOS) displays a variety of symptoms and is significantly influenced by body weight and metabolic health. Hormonal characteristics include abnormal gonadotropin levels, specifically elevated LH and reduced FSH, with a ratio of 2:1–3:1 or more. Extended periods of low or absent FSH can lead to immature follicles due to increased activity and expression in theca cells of the ovary, resulting in the failure to release eggs. Patients may also exhibit additional symptoms such as acne, acanthosis, insomnia or sleep disturbances, and seborrhea. The formation of immature follicles results in the development of small cysts in the ovaries. In this context, we present a case of polycystic ovarian syndrome that achieved successful treatment through Ayurvedic management.

Case Presentation

A female patient, 40 years old, previously healthy, attended the OPD of Prasuti Tantra and Striroga M.M.M. Govt. Ayurveda College, Udaipur, on 31st January 2025, with chief complaint of irregular menses from 2-3 years, scanty menses from 1-year, facial hair growth since 6 to 7 years, increasing body weight and hair loss since last 6 months and painful menses from last 6 months.

She had also brought her lab reports like USG and other blood investigations along with her. She was diagnosed with bilateral polycystic ovaries. She took advice from allopathic hospital for taking hormonal therapy, but she was not ready for it. She is a diagnosed case of hypertension and is currently on treatment. Notably, she has no concerns regarding infertility. So, for above causes she came to our hospital for further advice and Ayurvedic management.

Menstrual History

- Age of menarche - 13 years
- Flow- Lasting 2-3 days
- Interval- 2 to 6 months,
- Pain- Lower abdominal pain and radiate to lower back.
- Clots- Present
- Color- Blackish red

Obstetric History- G4P1L1A3, LD- 15 years ago (FTLSCS)

Family history - No relevant family history.

Past Medical History- No relevant history was present.

Past surgical history- There was no significant history found.

Drug History- Allopathy treatment was taken for lower abdominal pain and hair fall.

Marital Status – Married

Personal history – Sleep was disturbed occasionally, appetite, bowel and bladder habits were all normal.

Clinical Findings

General examinations

Built - Obese,

Weight - 85kg,

Height - 163cm,

BMI – 32kg/m² (Obese)

Pulse rate - 74 min,

B.P - 116/76 mm of Hg,

Respiration rate - 18/min,

Temp.- 98.6°F.

Physical Examination

Ashtavidhpariksha

- Nadi - Vatapitta
- Mutra -Samyak
- Mal - Asmyak
- Jihva - Malavritt

Laboratory Investigations

	Investigations	Result
1.	USG Pelvis	Both ovaries appear bulky in size with peripherally arranged 20 to 22 small follicles around echogenic stroma. Right ovary volume -12.9 cc Left ovary volume -8.7 cc - Multiple non dominant follicles are seen in both ovaries. - Polycystic Ovarian Morphology
2.	Sr. LH	29.80mIU/ml (Raised)
3.	Sr. FSH	6.55mIU/ml
4.	LH:FSH	4.55:1
5.	Thyroid Profile	4.25 µIU/ml
6.	Sr. Prolactin	30.3ng/ml

Local Examination

Neck- Acanthosis nigricans present and hirsutism score is 16.

Samprapti Ghataka of PCOS

Dosha: Kapha-Vata dominant (Pitta anubandha)

Dushya: Rasa, Rakta, Meda, Artava

Agni: Jatharagni and Medo-dhatvagni mandya

Srotas: Artavavaha, Medovaha, Rasavaha

Srotodushti: Sanga

Udbhavasthana: Amashaya and Pakvashaya

Vyaktasthana: Beejagranthi (ovaries), Artavavaha srotas

Adhithana: Artava (reproductive system)

Treatment Schedule

Treatment was carried out with the following medicines for 3 months.

No contributing allopathic medicine was administered throughout the duration of the treatment.

• *Shabd - Samyak*

• *Sparsha - Ushna*

• *Drika - Samanya*

• *Akriti – Madhyam*

Dashvidhpariksha

• *Prakriti (Nature) - Vatakaphaja*

• *Sara (Purest body tissue) – Madhyama (medium)*

• *Samhanana (Body compact) – Avara (minimum)*

• *Pramana (Body proportion) – Madhyam (medium)*

• *Satmya (Homologation) – Madhyam (medium)*

• *Satva (Mental strength) – Madhyam (medium)*

• *Vaya (Age) - Yuva*

• *Vyayamshakti (To carry on physical activities) – Avara (least capability).*

• *Aharashakti (Food intake and digestive power) – Madhyam.*

• *Abhyavaranashakti & Jaranashakti – Madhyam*

S.No.	Medicine	Dose
1.	<i>Lekhaniya Taila Matra Basti</i>	30ml per rectum
2.	<i>Tilmooladi Churna</i>	3gm bid with warm water

Treatment goal: Regulate menstrual cycles, improve ovarian dysfunction

Follow up schedule

Date	Medication	Dose	Duration
January 2025	<i>Tilmooladi churna</i> and <i>Lekhaniya Taila matra basti</i> (for 7 days)	As prescribed dose	1 st cycle
February 2025	<i>Lekhaniya Taila matra basti</i> repeated after 15 days as patient got menses after 12 days of <i>Basti</i> and <i>Tilmooladi churna</i> is continued.	Per prescribed dose	2 nd cycle
March 2025	Continue <i>Tilmooladi churna</i> and <i>Basti</i> is given after menses and monitor progress.	Per prescribed dose	3 rd cycle
April 2025	Follow up consultation	As prescribed dose	15 days

Pathya

- *Godhuma, Shali, Mudga, Tila, Masha, Yavanna*
- Advised exercise at least 30 minutes brisk walking, jogging, *Suryanamaskar*.
- To maintain adequate amount of fluid intake.
- To consume more green leafy vegetables (capsicum, broccoli, spinach, cabbage, bathua, methi, beans) sesame seeds, flax seeds, fruits (orange, apple, papaya, grapes), and jaggery in diet.
- Include herbs such as cinnamon, garlic, and fenugreek in diet.

Apathya

Spicy, oily, overeating, fried food, bakery items, fermented items, carbonated drinks, *Virudhashana*, use of refrigerated water, ice creams, cold drinks, mental stress, worries, over anxiousness, avoid smoking, alcohol, and narcotics

Follow up

The patient was regularly followed up every 15 days over 3 months. The outcomes were monitored using subjective and objective parameters. The patient showed significant improvement in menstrual regularity, general well-being, and hormonal balance.

Clinical Outcomes (After 3 months of Ayurvedic treatment)

Symptoms	Before treatment	After treatment
Periodicity of menses	28-40 days (Irregular)	28-30 days (regular)
Flow of menses	Scanty (1-2 days)	Moderate flow (2-3 days)
Facial hair growth	Hair growth on face and chin	Hair growth reduced a little and no fresh hair growth
Body weight	85 kg (Obese)	78kg (overweight)
BMI	32 kg/m ²	29.4 kg/m ²
Hair loss	Significant	Slightly decreased
Pain during menses	Intense pain (++++)	Moderate pain (+)

Laboratory Investigations

S.no.	Investigations	Result
1.	USG Pelvis	Normal study Right ovary volume -7.4 cc Left ovary volume - 4.7 cc
2.	Sr. LH	6.68 mIU/ml
3.	Sr. FSH	6.66 mIU/ml
4.	LH:FSH	1:1
5.	Thyroid Profile	3.00 µIU/ml
6.	Sr. Prolactin	21.95 ng/ml

RESULT

In the end of the treatment patient got satisfied with the outcome. Her periodicity of menses became regular i.e. 28-30 days. Her flow of menses became moderate (2-3 days) which were scanty (1-2 days). Her facial Hair growth reduced a little and no fresh hair growth was noted. Her body weight also reduced from 85 kg to 78 kg. Patient also noticed significant reduction in hair loss. Her pain during menses also reduced.

Probable Mode of Action of drugs

Tilmooladi Churna: This drug mainly described due to its *Deepana-Pachana, Vata-Kaphahar* and *shothahara* properties.^[6] *Trikatu* stimulates *Agni*, improves bioavailability of nutrients, and reduces *Ama* (toxins). *Shigru* and *Bharangi* reduce local and systemic inflammation by balancing *Vata-Kapha*. The combined effect of *Trikatu, Mulethi, Bharangi* works as an expectorant and liquefies mucus. *Shigru* and *Bharangi* help in reducing pain by pacifying aggravated *Vata*. *Trikatu* and *Shigru* prevent infections and support gut health.

Lekhaniya Taila: *Lekhaniya Taila* drugs mentioned by *Acharya Sharandhara* are *Triphala kwath, Gaumutra, Yavakshar, Madhu* and *Prativaap dravyas* such as *Ushaka, Shilajeet, Kasis, Pushpa Kasis, Hingu, Tuttha, Saindhava* having *Lekhana* (scraping) effect so reduces *Kapha* and *Meda*,^[8] *Srotoshodhana* (channel purification) so it removes obstruction in *Artavavaha, Rasavaha, Raktavaha*, and *Medovaha srotas*, improving follicular development and ovulation. *Vatanulomana* properties so restores normal functioning of *Apana Vata*, facilitating timely ovulation and regular menstruation *Agni Deepana* and *Pachana* so enhances metabolic activity, reduces *Ama*, and supports hormonal regulation.

CONCLUSION

In today's healthcare system, hormonal and surgical treatments are the only options available for managing PCOS. There are multiple treatment alternatives, but the choice ultimately hinges on the individual's symptoms.

Though limited, Ayurvedic remedies can assist patients in managing PCOS; however, very few Ayurvedic medicines can completely cure PCOS without the risk of recurrence. This case study suggests that Ayurvedic treatments are beneficial for PCOS management and that additional research is necessary over extended periods and with larger sample sizes.

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