



**Case Study**

**MANAGEMENT OF PCOS THROUGH AYURVEDIC APPROACHES: THE ROLE OF PANCHAKARMA**

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**ABSTRACT**

Among women of reproductive age, PCOS is a widespread metabolic and reproductive disorder that can disrupt menstrual cycles, fertility, hormonal equilibrium, and physical appearance. Manifestations may include acne, facial hair growth, fatigue, susceptibility to UTIs, and hair loss. In Ayurvedic texts, Acharya Charak classified it as *Vinshati Yonivyapada*, Acharya Sushruta referred to it as *Nashtartava*, and Acharya Kashyapa described it as *Pushpaghni Jataharini*, all with symptoms resembling those of PCOS. In contemporary medicine, hormonal therapy and other medications are often prescribed for PCOS, despite potential long-term adverse effects. Hence, *Panchakarma* could offer a preferable treatment approach, utilizing *Shodhan Chikitsa* (purification therapy) alongside lifestyle adjustments for managing PCOS more effectively. At Sanjeevani Chikitsalya in Jodhpur, a 21-year-old female diagnosed with PCOS, presenting symptoms of irregular menstrual cycles, rashes and itching in the hip region, generalized weakness, and UTI infections for the past two years, underwent successful treatment. The approach involved *Shodhan Chikitsa*, specifically *Virechana Karma*.

**INTRODUCTION**

Polycystic Ovary Syndrome (PCOS) is a complex condition affecting women, characterized by disturbances in endocrine, metabolic, reproductive and dermatological functions. It stands as a leading cause of infertility. PCOS manifests in adolescence through symptoms like acne, hirsutism, menstrual irregularities and secondary amenorrhea. In reproductive-aged women, it leads to anovulatory infertility, recurrent pregnancy loss, menstrual irregularities, and glucose intolerance. Even perimenopausal and post-menopausal women are not spared, facing long-term health risks such as cardiovascular diseases, diabetes mellitus, metabolic syndrome, and endometrial carcinoma.

It is diagnosed on the basis of presence of any two out of the following three criteria, viz., Oligo and or anovulation, hyperandrogenism (Clinical and /or biochemical), polycystic ovaries [ASRM/ESHRE, 2003].<sup>[1]</sup>

There is variation in menstrual disorders seen in PCOS.

There may be -

- Complete absence of menstruation which is known as amenorrhoea.
- Delayed menstruation which could be up to 35 days or more called oligomenorrhea.
- Heavy bleeding known as menorrhagia.

Stein and Leventhal coined the term "Polycystic Ovary Syndrome" (PCOS) in 1935, associating enlarged ovaries with symptoms like amenorrhea, infertility, hirsutism, and obesity.<sup>[2]</sup> It's also known as "Stein-Leventhal syndrome." The name PCOS is derived from the presence of multiple ovarian cysts observed via ultrasound, which are actually immature follicles arrested in early development due to ovarian dysfunction. These follicles may appear as a "String of pearls" on imaging. PCOS is characterized by enlarged ovaries with multiple small cysts (2-9 mm), along with a hyper vascularized, androgen-secreting stroma, leading to symptoms like androgen excess, obesity, and menstrual disturbances. Delayed diagnosis can result in other endocrine and systemic disorders, as well as dermatological manifestations like acne, acanthosis nigricans, and hirsutism, causing psychological stress and social withdrawal. Genetic factors may contribute to congenital disorders and reproductive problems.

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While not explicitly described in Ayurveda, PCOS aligns with the concept of *Artava Dushti*, particularly *Vata-Kaphaja Artava Dushti* (VKAD) characterized as *Granthibhuta Artava Dushti* with *Rasa Dhatu Dushti*.<sup>[3]</sup>

When examining the pathogenesis of PCOS through Ayurvedic principles, it becomes evident that its root cause lies in the malfunctioning of Agni. Specifically, the underperformance of *Jatharagni* disrupts *Dhatwagni*, setting off a pathological cascade that ultimately leads to the manifestation of the disease.

**Case Analysis**

A 21-year-old female, diagnosed with irregular menstrual cycles persisting for two years, visited the outpatient clinic of the Panchakarma department at Sanjeevani Chikitsalya in Jodhpur. She also described experiencing itching or rashes in the hip and pelvic area as well as general weakness and urinary tract infections. With no prior personal or family medical history, she initially consulted an allopathic doctor who advised undergoing an ultrasound (USG) and hormone tests. The USG results revealed indications of Bilateral Polycystic Ovarian Syndrome (PCOS). Despite starting hormonal treatment, she did not experience satisfactory results. As a result, she sought Ayurvedic treatment at Sanjeevani Chikitsalya.

**Monitoring**

The individual has a lean physique, weighing 45 kg, showing little body fat and exhibiting a dull and lethargic appearance.

**Strategy**

**Table1: Shodhan Chikitsa (Virechana Karma)**

Poorva karma	Pradhana karma	Paschata karma
Deepan/Paachana Snehapan Sarvaanga Abhyanga & Swedana	Virechana Karma	Sansarjana Karma Ashta Mahadoshkar Varjya Bhava

**Deepan/Paachana:** Patient is instructed to take *Avipatikara Churna* (3gm)<sup>[4]</sup>, *Giloy Satva* (500mg), and *Praval Pishti* (120mg) after meals and *Panchkola Churna* (5gm)<sup>[5]</sup> before meals should be taken twice daily. This prescription spans a 5-day duration.

**Table 2: Snehapana**

Drug	Dose & Duration						
	Day	I	II	III	IV	V	VI
Name of Sneh: <i>Panchatikta Ghrita</i> Anupama: <i>Ushnodaka</i>	Quantity	25ml	50ml	70ml			

On the third day of *Snehapana*, the patient exhibited signs of *Samyak Snigdha*. Subsequently, on the fourth, fifth, and sixth days, *Sarvaanga Abhyanga* and *Swedana* were administered for three consecutive days during the *Vishrama Kala* period. *Virechana Karma* is scheduled for the seventh day, to be performed in the morning following *Mridu Abhyanga* and *Swedana*.

In reverence to Lord Dhanwantri, the patient underwent *Virechana* therapy. *Trivrat Avleha*<sup>[6]</sup> was administered at a dose of 25ml at 11:00 am. The first *Vega* occurred after approximately 50 minutes, followed by a total of 26 *Vegas*.

*Prakriti* (Constitution): *Vata Pitta*  
*Bala* (Strength): *Madhyam*  
*Agni* (Digestive Fire): *Mandagni*  
*Koshta* (GIT): *Mridu*

**General and Systemic Examination**

General: Pulse: 72 per minute  
Blood Pressure: 114/68 mmHg  
Respiratory Rate: 20 per minute  
Bowel: Clear  
Micturition: Burning Urination  
Sleep: Sound  
Appetite: Irregular

**Systemic:** No abnormalities were detected in the respiratory, cardiovascular, nervous, or gastrointestinal systems. The patient exhibited full orientation to time, date, and place.

**Astha Vidh Pariksha**

*Nadis* condition indicated a *Vata* imbalance, with *Mala* experiencing mild constipation, while *Akriti* exhibited signs of being underweight. Other examinations, including *Mutra* (urine), *Jiva* (tongue), *Shabda* (hearing), *Sparsh* (touch), and *Drika* (vision), revealed normal findings.

**Investigation**

According to the ultrasound, there is a peripheral arrangement of follicles resembling a cartwheel appearance, and both ovaries are enlarged, suggestive of bilateral polycystic ovarian syndrome (PCOS).

**Table 3: The assessment of her Virechana Karma<sup>[7]</sup>**

<i>Aantiki</i>	<i>Vegiki</i>	<i>Maniki</i>	<i>Laingiki</i>
<i>Kaphanta</i> (whitish faecal matter with mucous)	26 episodes	4 <i>Prastha</i>	<i>Laghutva, Sroto Vishudhi, Agni vridhi, Indriya Samprasado</i>

**Table 4: Observing the characteristics of *Pravara Shudhi*, a seven-day *Sansarjana Karma*<sup>[8]</sup> was meticulously planned**

Day	Morning	Evening
First day	-----	<i>Peya</i>
Second day	<i>Peya</i>	<i>Peya</i>
Third day	<i>Vilepi</i>	<i>Vilepi</i>
Fourth day	<i>Vilepi</i>	<i>Akrithayusha</i>
Fifth day	<i>Akrithayusha</i>	<i>Akrithayusha</i>
Sixth day	<i>Krithayusha</i>	<i>Krithayusha</i>
Seventh day	<i>Krithayusha</i>	Normal Diet

*Peya*: 1 part of rice: 14 parts of water

*Vilepi*: 1 part of rice: 6 parts of water

*Akrithayusha*: 1 part of *Dhanya*: 18/16 parts of water.

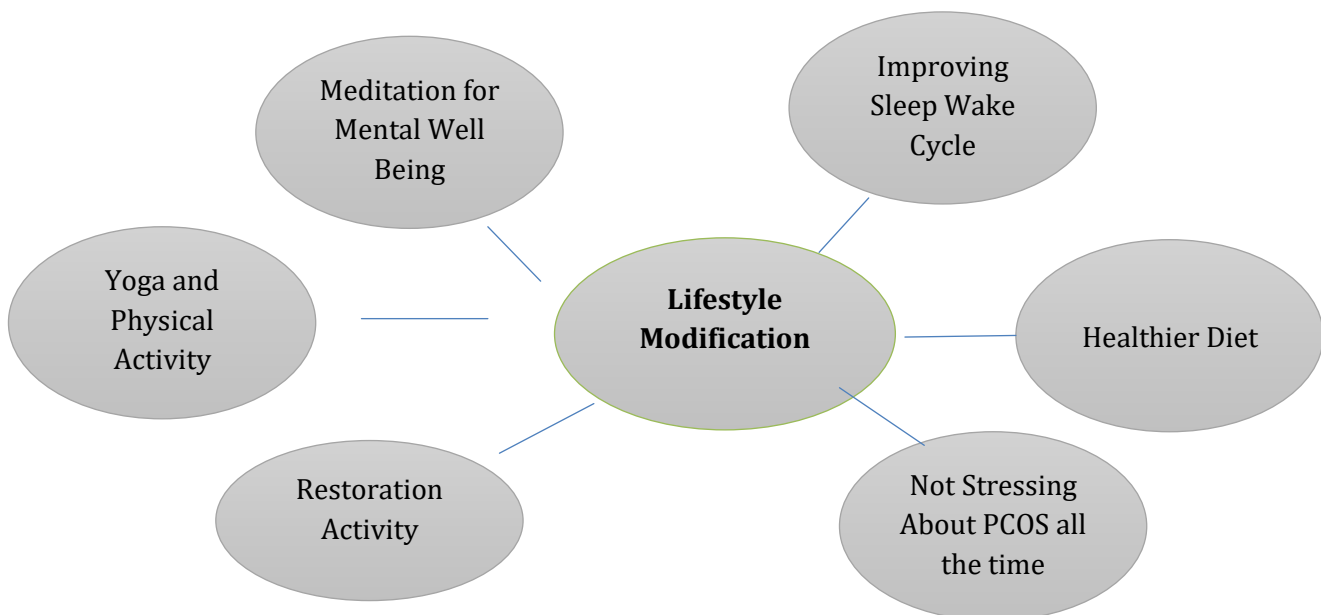
*Krithayusha*: 1 part of *Dhanya*: 18/16 part of water with adding *Lavana, Sneha* and *Katu*.

***Ashta Maha Doshkar Varija Vishaya*<sup>[9]</sup>**

To maximize effectiveness, patients are instructed to avoid adhering to *Ashta Mahadoshkar Bhava* (dietary and behavioral restrictions) during and after undergoing *Panchakarma* therapies. These are:

- *Ucchebhsyam* (Loudly speaking e.g., signing, anchoring, giving lectures etc.)
- *Ratha-Kshobha* (Jolting/inconvenience during journey like horse riding)

- *Ati-Chakramana* (Excessive walking e.g. participating in sports activities like running)
  - *Ati-Asana* (Excessive sitting e.g., in 8 to 12 hours duty continue sitting for office work)
  - *Ajirna* (Indigestion e.g., Intake of food yet previously taken diet is not digested properly)
  - *Ahita-Bhojana* (Intake of unwholesome diet e.g., spicy, very oily, heavy, unhygienic and junk food)
  - *Diva-Swapna* (Sleeping during day time)
  - *Maithuna*- (Sexual intercourse)
- During the treatment, the patient was instructed to adopt ‘Lifestyle changes’.



**Finding of the Study**

After treatment her first menses comes on regular interval, with normal blood flow and no itching in pelvic region.

The primary alteration noted is in the ovarian texture, with the size and position remaining normal both before and after treatment.

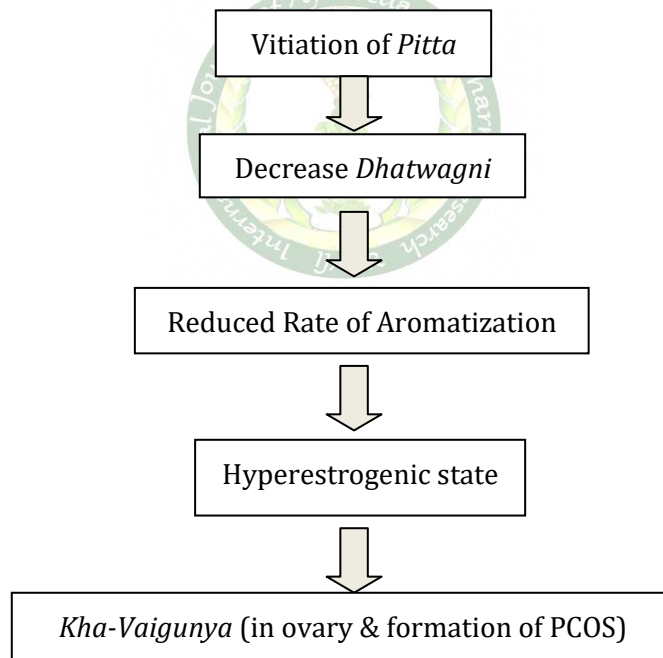
**DISCUSSION**

Sedentary lifestyle and stress filled modern era has lead to alterations in the activities of neuro-endocrine system causing newer health challenges like PCOS. In Ayurveda, emphasis is placed on the principles of *Tridosha*, *Saptadhatu*, *Agni*, and *Mala* theories in the context of treatment. Analyzing the pathogenesis of PCOS through Ayurvedic principles reveals its core association with *Agni* dysfunction. Reduced *Jatharagni* function impacts *Dhatwagni*, setting off a series of pathological events, ultimately leading to the onset of the condition.

As classical textbooks did not directly correlate any clinical condition with PCOS, the only option was to hypothesize its etiopathogenesis by examining symptoms, *Doshas*, *Dushyas*, *Agni*, *Srotas*, etc., It's plausible that PCOS arises from *Kapha* imbalance,

resulting in *Artavavaha Srotorodha* and eventually leading to *Vatavaigunya*.

*Pitta* represents the molecular functions involved in bodily transformations, including enzymatic activities, protein synthesis, and hormonal regulation crucial for digestion, assimilation, tissue formation, and overall metabolism. Its role encompasses all aspects of metabolic processes in the body. In this context, *Pitta* function is somewhat hindered by *Vata* and *Kapha*, resulting in a decreased rate of aromatization. This insufficiency of *Pitta* fails to convert increased androgens into estrogens, leading to androgen excess. *Vata*, being the primary *Dosha*, governs the functioning of other *Doshas*. When imbalanced, it disrupts the normal physiology of the reproductive tract, particularly affecting the lower abdomen where *Vata* predominates. Conversely, vitiated *Kapha* leads to indigestion (*Apakti*), triggering the formation of *Ama* and causing blockages in the channels (*Srotorodha*). Additionally, *Kapha* aggravation contributes to the aggravation of *Vata* by obstructing its normal flow through the channels (*Margavarodha*).



**Why Virechan?**

The only way is to address the problem at its root by *Srotoshodhana*, *Agnideepana* and *Vatanulomana* are the main principles to be achieved. *Pitta Sthana* disturbance leads to indigestion and production of *Ama* which in turn produces *Vikruta Kapha Dosha*. *Virechana* purifies the *Pitta Sthana*, also eliminates the *Kapha* situated in *Pitta Sthana* and normalizes the movement of *Vata*, thus correcting all the factors involved in the *Samprapti*. *Srotoshodhana*, *Agnideepana* can be achieved by *Virechana Karma*. Also *Virechana* helps to improve neuro-psycho-

endocrinological axis as narrated by *Charaka*, benefits of purgation therapy intellect, sense organ, mind become fresh and function of *Vata* become normal, power of digestion and metabolism has enhanced.

In PCOS there is mainly hormonal disturbance which may be considered as malfunctioning of *Agni (Pitta)*. *Virechana* is the best treatment for the regulation of *Pitta Dosha*. To improve metabolism *Virechana* is the best treatment. Prior to *Shodhana*; *Deepana* and *Pachana* followed by *Snehana* (internally and locally) and *Swedana* required, then

administration of suitable *Shodhana Kalpa* in accordance to the *Dosha* and site of the disease.

### CONCLUSION

PCOS is a complex disorder affecting women, characterized by disruptions in endocrine, metabolic, reproductive, and dermatological functions. The primary approach to treatment involves lifestyle modifications, counseling, and various Ayurvedic medications, which have proven effective in reducing the signs and symptoms of PCOS. In the scenario described, the individual's menstrual irregularities and associated symptoms showed significant improvement within a month of undergoing *Panchakarma*, reflecting a highly favorable outcome.

### Consent

Patient included in this study have provided informed consent for the use of their medical information and data for research purposes.

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