



# AYURVEDIC MANAGEMENT OF PCOS; A CASE REPORT

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## Abstract

Maternal health remains a staggering challenge, particularly in the developing world. Polycystic Ovarian Syndrome is the most common disease in the female population among adolescence and reproductive age group mainly due to the adoption of westernized culture and due to change in the lifestyle and increasing Stress. Infertility associated with Poly Cystic Ovarian Syndrome (PCOS) is a major cause of concern in the present generation among the reproductive age groups due to undesirable lifestyle changes.

This is a case report of an infertile couple who had not been able to conceive since 4 yrs. The wife was diagnosed with PCOS. They underwent conventional treatments of primary infertility including IVF (In Vitro Fertilization) and hormonal therapy both the treatments were unsuccessful. The objective of the present treatment included Ayurvedic management of PCOS, ensuring regular ovulation and thereby helping to develop healthy pregnancy and successful childbirth. Based on the parameters of Ayurvedic science this case was diagnosed as *Vandhyatva* (Infertility) due to *Artavakshaya* (hypomenorrhea). Treatment plan was *Virechana* followed by *Varunadighan Vati*. During the treatment period she regained regular menstruation thereafter. The outcome of the Ayurvedic intervention was the conception of the patient within 4 months of treatment. It is evident from this study that these treatments can be a valuable and cost-effective alternative for addressing menstrual irregularities and metabolic issues in PCOS while ensuring safety.

**Keywords** – PCOS, Infertility, *Virechana*, Case report, IVF, *Prakriti*

## Introduction

PCOS, defined by the Rotterdam criteria of 2003, is diagnosed when two out of three criteria are met: clinical/biochemical hyperandrogenism, oligo-/anovulation, and polycystic ovaries. Global PCOS

prevalence varies (2-21%)<sup>1</sup> based on factors like region, occupation, age, diagnostic criteria, and surveyed populations. PCOS can cause mental distress, affecting physical appearance, menstrual regularity, and fertility. Symptoms include oligo/amenorrhea, anovulation, obesity, hirsutism, acne, androgenic alopecia, and acanthosis nigricans. The exact cause is unknown, but insulin resistance and hyperandrogenism are key factors. This case report highlights Ayurvedic treatments (*Virechana* and *Varunadi Ghan Vati*) as an effective alternative for PCOS and infertility, offering hope when conventional treatments like hormonal therapy and IVF fail. All the Previous ayurveda treatment have been done with the symptomatic approach, but the metabolic side has been less explored, so this treatment was planned.

## Case Report

### Presenting concerns

In this case report, a 22-year-old married woman, who worked as a school teacher and had no history of smoking or alcohol consumption, presented with a complaint of infertility. She and her husband had been trying to conceive for four years, despite having unprotected intercourse and undergoing multiple interventions, including IVF. Her menstrual history revealed short and irregular periods, lasting 1-2 days and occurring at 45-50-day intervals. The menstrual flow had been scanty for the past 2.5 years. Prior specialized evaluations included ultrasonography (USG) and hormonal assays, such as serum prolactin and thyroid function tests. She had previously undergone one course of In Vitro Fertilization (IVF), which had been unsuccessful.

### Clinical findings

The patient got married in the year 2019 at the age of 18 years. Investigations carried out on both partners after 3 years of married life. Husband having normal semen analysis with normal sperm count and motility. She attained menarche at the age of 13 years. Her obstetric history was nil.

Her past medical history includes the use of ovulation induction drugs such as Clomiphene Citrate and aromatase inhibitors like Letrozole. She underwent IVF due to anovulatory cycle which was unsuccessful. Family history was negative for Diabetes, PCOS and irregular cycle. Her personal history revealed a regular bowel habit and sound sleep. Previous surgical history not found. Her appetite was apparently normal and the tongue was coated.

On examination, she was calm and pain free. Her blood pressure was 120/80 mmHg, pulse rate 70/min, height 160cm, weight 59 kg, body mass index 23 kg/m<sup>2</sup>. She is of *Pitta Vata Prakriti* (Body Constitution) with *Madhyama Satva* (Moderate mental strength) and *Madhyama Koshtha* (Moderate bowel habit). Her physical examination and examination of external genitalia did not reveal any abnormal findings. Per speculum examination showed a healthy nulliparous cervix without any significant abnormality. Bimanual examination revealed an anteverted mobile uterus with a negative cervical motion tenderness.

**Ashtavidha Pariksha:** Nadi (Pulse)– Pittaj – Vataja ; Mutra (Urine) – Samyaka Mutra Pravriti ; Mala (Stool)– Sama ; Jihwa (Tongue)- Sama ; Shabda – Spashta ; Sparsha (Touch) – Ushna ; Drika (Eye) – Samanya ; Aakriti (Physical appearance) – Samanya

**Dashvidha Pariksha:** Prakriti (Body Constitution) - Pitta – Vata ; Sara (Purest body tissue) – Madhyama (Medium) ; Samhanana (Body compact) – Madhyam (Medium); Pramana (Body proportion)- Madhyam (Medium) ; Satmya (homologation) -Madhyam (Medium) ; Satva (Mental strength) – Pravara (High) ; Aaharashakti (Ability to eat) – Madhyam ; Vyayaama Shakti (Ability to exercise) – Madhyam ; Vaya (Age) – Madhyam Avasthaa

Serum TSH and Serum Prolactin was within normal limit. Her USG shows bilateral PCOS ovaries with multiple follicles in periphery. Investigations carried out before, during and after treatment shown in Table 3.

## Timeline

**Table 1 History of past and present treatment**

History of past treatment		
Date	Observation	Treatment
07.06.2020	Irregular menses	Modern medicine (clomiphene citrate & Letrozole) from past 2 years
23.07.2022	Irregular menses	IVF (fails)
History of present treatment		
21.10.23	Irregular menses, USG – Polycystic ovaries	Ayurveda treatment initiated
06.11.22 – 22.11.22	Menstruation on 01.11.23	<i>Deepana-Pachana, Snehapana, Virechana</i>
23.11.22 – 25.02.23	Wt. reduced from 59 to 56 kg; Menses regularize	<i>Varunadi Ghan Vati</i>
16.03.2023	UPT - positive	
04.04.2023	USG– Single, live, intrauterine, early pregnancy of about 7.2 wks. of gestation age.	

## Diagnostic assessment –

In the context of symptoms like scanty menstruation (hypomenorrhea) and the presence of cysts in the ovaries, this particular case was diagnosed as infertility due to PCOS. In this particular case study, *Virechana* was employed, after critical understanding of the pathophysiology of disease with its central

cause from *Ama Utpatti* to various *Dhatu Dushti* like *Rasa Dushti* (insulin resistance), *Meda Dushti* (obesity).

**Therapeutic Intervention** – The therapeutic plan was to administer *Shodhana Chikitsa* (purification therapy) followed by *Shamana Chikitsa* (oral medication). she was subjected to *Shodhana Chikitsa*. Initially, her *Agni* was corrected by *Dipana-Pachana* (improving digestion) with *Panchakola Churna* as a *Purvakarma* (preparation) of *Shodhana*. She attained *Nirama Lakshana* (signs of digestion of *Ama*) by 3 days after which *Accha Snehapana* (intake of oil) was started with *Go-ghrita*. *Samyak Snigdha Lakshana* (signs of proper oleation) was observed after 5 days of *Snehapāna*. *Virechana* (purgation) was performed by the administration of *Trivrit Modaka*. After completion of *Shodhana* therapy, she was discharged from the hospital. After *Virechana Shamana Chikitsa* was done for 3 months with *Varunadi Ghan Vati*. Treatment protocol in Table 3. The assessment was done by USG with repeated evaluation after 4 months of *Shamana* (oral medication) and *Shodhana* treatment (purification therapy).

**Table 2; Treatment protocol**

<b>Karma</b>	<b>Procedure &amp; Date</b>	<b>Drug</b>	<b>Method</b>	<b>Dose</b>	<b>Time &amp; duration</b>
<i>Purva Karma</i>	<i>Deepana &amp; Pachana</i> 06.11.22	<i>Panchakola Churna</i>	Oral	3 gm start from 5 <sup>th</sup> day of menses	BD A/F Till appearance of <i>Niraama Lakshanas</i> attained in 3 Days
	<i>Snehapana</i> 10.11.22 – 14.11.22	<i>Go-Ghrita</i>	Oral	<i>Aarohana Krama</i> start with 30ml, 60ml, 90ml, 120ml, 150ml – 5 days, <b>Madhyam Koshtha</b>	Early Morning in empty stomach before onset of appetite till appearance of <i>Samyak Snigdha Lakshanas</i> <i>Sneha Siddhi Lakshana</i> attained in 5 days
	<b>Vishram Kala</b> <i>Sarwang Abhyanga &amp; Vashpa Sweda</i> 15.11.22- 17.11.22	<i>Tila Taila</i>	External	45 min	Performance time till appearance of <i>Samyak Sweda Lakshana</i> – for 3 Days
<i>Pradhan Karma</i>	<i>Sarvanga Abhyanga &amp; Sweda Before Virechana</i>	<i>Trivrita Modak (Virechana Drug)</i>	Oral	24gm (Madhyam a Koshtha)	7am Empty stomach <b>(16 Vega)</b>

	drug administration 18.11.22			Modaka dose)	
Pashchyat Karma	Samsarjan 18.11.22 to 22.11.22	Peyavilepadi	Oral	Madhyama 2 <sup>1/2</sup> ,	Till the Agni Samanya
Shamana Aushadha		-		Varunadi Ghan Vati 1gm (QID)	3 months with Pathya Apathya advised

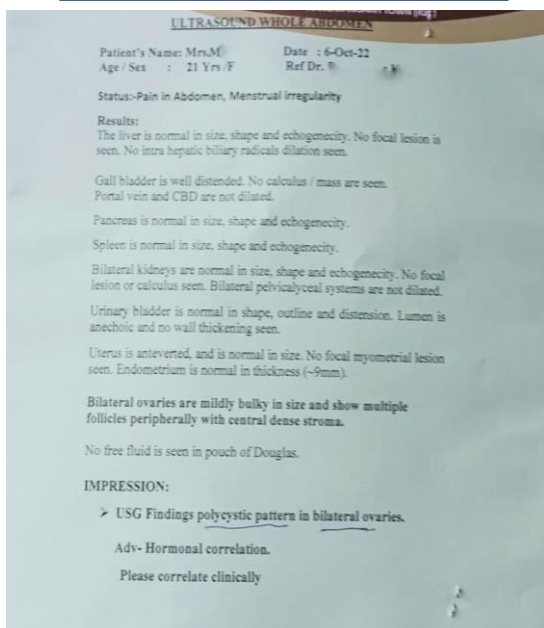
\*Niraama lakshana: Srishtamarutavidmutram (proper excretion of faeces, flatus and urine): Kshutpipasasaham (intolerable arise of Hunger and thrust): Laghum (lightness in body): Prasannatmendriyam (feeling happiness of all senses and soul): Kshaamam (thinness in body)<sup>2</sup>; \*Samyak snighdha lakshana : Vatalunomana (passage of flatus), Agnidipti (stimulation of appetite), Twak snighdata (oleaginous nature of skin), Purisha snighdhata (oleaginous stools), Klama (feeling of tiredness)<sup>3</sup>

### Investigations

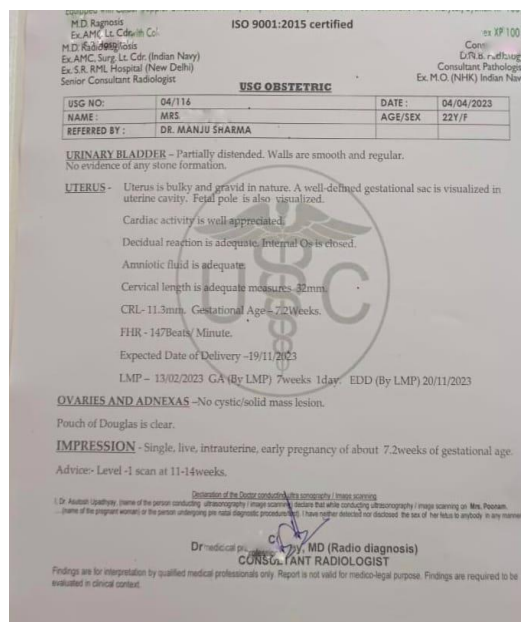
Table 3; Investigation before, after & during treatment

Date	Test name
6.10.2022	USG - Bilateral ovaries are bulky with tiny follicles likely PCOS.
23.10.2022	Hb – 11.4 g/dl, WBC – 11100 uL TSH – 1.32 uIU/ml Prolactin – 17.50ng/ml
16.03.2023	UPT – positive
04.04.2023	USG– Single, live, intrauterine, early pregnancy of about 7.2 wks. of gestation age.

#### Before Treatment



#### After Treatment



## Follow up and outcome

The patient's treatment was started on 6 November 2022. Her treatment was continued with oral drugs for three months. Her cycle become regular with normal flow and weight reduced to 59 to 56 kg. On 4th April 2023 USG finding suggested single, live, intrauterine, early pregnancy of about 7.2 weeks of gestation age.

## Discussion

PCOS is a complex disease rather than correlating to any one particular condition it is analyzed as complex pathology of *Avarana* (obstruction) involving *Tridoshas* and *Rasa* (insulin resistance), *Rakta*, *Artava* (menstruation) and *Meda Dhatu* (Obesity) as its *Dushyas*. *Virechana*, though being *Pitta Pradhana Chikitsa* also mentioned as good as in *Kapha* and *Vata Dushti*. It has been credited as *Beejam Bhavati Karmukatam* for its action on cellular and genetic level which has been proved earlier by various studies. This *Virechana* has also been proven efficacious in complex disorders like *Prameha* (insulin resistance), *Sthoulya* (obesity), and *Meda-Pradoshaja Vikaras* (metabolic syndrome & dyslipidemia / hyperlipidemia)<sup>4</sup>. *Virechana* relieves obstruction of *Srotas* (*Avarana*) reaching deeper tissues and able to act at the target cells. Proper *Anulomana* of *Vata* is achieved. Later it acts at impaired function of leptin reducing the hyper sensitivity of hunger receptors to ghrelin-exerting profound effect and proper *rasa dhatu* formation. The *Vata* attained normal *Gati* further rectifies the hypothalamo-neuro-endocrine axis for its normal LH & FSH surge. Simultaneously *Virechana* increases hepatic extractions and acts on impaired suppression of hepatic gluconeogenesis correcting the abnormalities at insulin receptor signaling causing proper insulin metabolism. This also improves the production of sex hormone binding globulin and favor for normal neuro endocrinal axis resulting in proper FSH: LH ratio.

*Varunadi Ghan Vati* helps to remove blockage in the channels and also works on polycystic ovary due to its properties. It may work like LOD (laparoscopic ovarian drilling). The most plausible mechanisms of action are the destruction of ovarian follicles and a part of the ovarian stroma, inducing a reduction of serum androgens and inhibin levels, which results in an increase of FSH and restores the ovulation function. It may also increase ovarian blood flow, allowing a high delivery of gonadotrophins.<sup>5</sup>

**Conclusion** - In this case report, Ayurvedic treatment with a combination of *Shodhana* and *Shamana* therapies was successfully employed to address polycystic ovarian syndrome (PCOS) leading to infertility. The treatment helped regulate menstrual cycles, reduce weight, and ultimately resulted in a positive pregnancy outcome. The holistic approach of Ayurveda, including *Virechana* and *Varunadi Ghan Vati*, appeared effective in addressing the multifactorial nature of PCOS, involving factors such as insulin resistance, hormonal imbalance, and ovarian dysfunction. These findings suggest the potential of Ayurveda as a complementary therapy for managing PCOS-related infertility.

**Informed consent**

Written consent was obtained from patient prior to treatment.

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