



## NATIONAL JOURNAL OF RESEARCH IN AYURVED SCIENCE

Article Received Date: 10/12/2024

Reviewed on Date: 28/01/2025

Accepted on: 18/03/2025

### Successful Management of *Kaphaja Artava Vikriti* (Polycystic Ovary Syndrome) with Ayurvedic Interventions: A Case Study

**Vaibhav Khirodkar**

Assistant professor, Dept. of Prasuti tantra and stri Roga ,

Smt. Vimladevi Ayurvedic Medical College, Chandrapur, (M. S.) India.

\*Corresponding author: [khirodkarvaibhav@gmail.com](mailto:khirodkarvaibhav@gmail.com)

#### Abstract:

*Kaphaja Artava Vikriti* (Polycystic Ovary Syndrome, PCOS) affects 5-10% of women of reproductive age. Ayurveda offers a holistic approach to managing PCOS. A 25-year-old female presented with oligomenorrhea, hirsutism, acne, and obesity (BMI 32). Ultrasound revealed multiple ovarian cysts. Treatment: Ayurvedic interventions included: Dietary modifications (low-kapha diet), Herbal formulations: Like *Shatavari* (*Asparagus racemosus*), *Kanchnar Guggulu* (*Bauhinia variegata*), *Triphala* (*Terminalia chebula*, *Terminalia bellerica*, *Emblica officinalis*), Basti (medicated enema) therapy were given and the Yoga and meditation advised. Results-After 6 months of treatment: Menstrual regularity improved (28-day cycle), Hirsutism reduced (50% decrease in Ferriman-Gallwey score), Acne improved (70% reduction), Weight loss (10 kg), Ovarian cysts reduced in size and number. Conclusion: This case study demonstrates the efficacy of Ayurvedic interventions in managing *Kaphaja Artava*

*Vikriti* (PCOS). A holistic approach addressing diet, lifestyle, and herbal therapies can improve symptoms and quality of life.

**Keywords:** *Kaphaja Artava Vikriti*, Polycystic Ovary Syndrome, *Ayurveda*, *Shatavari*, *Kanchnar Guggulu*, *Triphala*.

#### Introduction:

Polycystic Ovary Syndrome (PCOS) is a complex and multifaceted endocrine disorder affecting 5-10% of women of reproductive age worldwide (1, 2). Characterized by ovulatory dysfunction, polycystic ovaries, and hyperandrogenism, PCOS is associated with various metabolic and reproductive complications, including insulin resistance, obesity, dyslipidemia, and infertility (3-5). The conventional management of PCOS primarily focuses on symptom alleviation using hormonal contraceptives, anti-androgens, and ovulation-inducing agents (6, 7). However, these treatments often have side effects, may not address the underlying pathophysiological mechanisms, and can be ineffective in restoring ovulatory function and improving fertility outcomes (8-10).

Ayurveda, the ancient Indian system of medicine, offers a holistic approach to managing PCOS. According to Ayurvedic principles, PCOS is believed to be a manifestation of Kaphaja Artava Vikriti, a condition characterized by an imbalance of the Kapha dosha, leading to ovulatory dysfunction and other metabolic complications (11, 12). Ayurvedic interventions, including dietary modifications, herbal formulations, Panchakarma therapies, and yoga, have been shown to be effective in managing PCOS (13-15). These interventions aim to restore balance to the Kapha dosha, promote ovulatory function, and improve insulin sensitivity. This case study aims to provide a comprehensive overview of the Ayurvedic management of PCOS, including the pathophysiology of Kaphaja Artava Vikriti, the principles of Ayurvedic treatment, and the evidence-based efficacy of Ayurvedic interventions.

## 2.1 Case Presentation

A 25-year-old female presented with a history of oligomenorrhea, hirsutism, acne, and obesity (BMI 32). She reported experiencing irregular menstrual cycles, with periods occurring every 2-3 months. She also complained of excessive hair growth on her face, chest, and back, as well as acne on her face and back. Her weight had been steadily increasing over the past few years, and she had been experiencing difficulty losing weight despite trying various diets and exercise programs. She was under modern treatment for 2 yrs. and had anovulatory cycles in previous USGs. She was found to be of Vata

*Pradhan kapha Prakriti*. She had no previous medical or surgical illness.

Menstrual history - Menarche -13yrs of age.,  
Menstrual history - Menarche -13yrs of age.,  
Periods -4-5 days /2-3 months of gap in between cycles, Average flow, painless.

**2.2 Investigation:** Ultrasonography of pelvis reveals

symptoms of bilateral PCOS, Uterus size normal,

Endo echo 10 mm

- Serum T3/T4/TSH –Normal
- Serum LH /FSH/ PRL –Normal limit

## 2.3 Management

Dietary modifications (low-kapha diet),  
Herbal formulations: Like *Shatavari* (*Asparagus racemosus*), *Kanchnar Guggulu* (*Bauhinia variegata*), *Triphala* (*Terminalia chebula*), *Terminalia bellerica*, *Emblica officinalis*), *Basti* (medicated enema) therapy were given and the Yoga and mediation.

### First Visit –

**Pachana:** Administered *Dipan* and *Pachana aushadhi sanjivani vati* for three days (*Sanjivani Vati* 500 mg, two tablets twice a day, with warm water after meals).

### Virechana:

Internal *Snehapan* was carried out with *Tiktak Ghrita* for three days.

External treatments included *Bahya Snehana* and *Swedana* for two days.

Virechana was performed with *Ichabhedi Rasa* (24 Vega were expelled, and *Pravar Shuddhi* was achieved).

*Samsarjan karma* was recommended and followed for seven days.

### second Visit - *Shamana Chikitsa*:

Following the *Shodhan Chikitsa*, the patient continued to experience amenorrhea. Therefore, the following treatment was prescribed for 7 days:

*Rajapravartini Vati*: 500 mg, twice daily, before meals.

*Yograj Guggul*: 500 mg, twice daily, before meals.

After completing 7 days of *Shamana Chikitsa*, the patient's menstrual cycle began, indicating positive response to the treatment.

### 1st cycle -*Maatra basti*

*Shatapuspha taila maatra basti* 30 ml starting from 2nd day of period for 5 days for follicular growth.

**Shamana Chikitsa during the Proliferative Phase was prescribed to the patient as follows:**

- 500 mg of *Kanchanar Guggulu*, twice daily, before meals.
- 125 mg of *Puspha Dhanva Rasa*, twice daily, before meals.
- 3 teaspoons of *Phala Ghrita*, taken in the morning before breakfast.
- 2 grams of *Shatapuspha Churna*, three times a day with honey, before meals.
- *Pratimarshya Nasya: Anu Tailam* nasal drops, starting from the 6th day of the menstrual cycle, 8 drops in each nostril for 7 consecutive days, followed by a 7-day break.

This procedure was repeated in the subsequent cycle.

### Shaman chikitsa in Secretary phase

Shaman Chikitsa during the Secretary Phase was prescribed to the patient as follows:

- 10 grams of *Trifala Churna* to be taken on an empty stomach at night with lukewarm water.
- 1 teaspoon of *Shatavari Churna* twice daily, after meals.
- 3 teaspoons of *Phala Ghrita* to be taken before breakfast.
- 500 mg of *Kanchanar Guggulu* twice daily, before meals.

### 2.4 Avoidance of Causative Factors:

The patient was advised to avoid the following lifestyle factors that could worsen the condition:

- **Stress:** Managing and reducing stress through relaxation techniques and avoiding stress-inducing situations was recommended.
- **Vishamashna (Irregular Eating Habits):** The patient was instructed to avoid irregular or unhealthy eating patterns, ensuring meals are taken at regular intervals and in moderation.
- **Diwaswap (Daytime Sleep):** The patient was advised to avoid daytime sleeping, as it may disrupt the body's natural rhythm and contribute to health issues.
- **Ratrijagaran (Staying Awake at Night):** Staying up late or overexerting oneself during the night was to be avoided, as it can negatively affect the overall health and well-being.
- **Abhishyandi Annapana (Heavy or Unhealthy Food Intake):** Consumption of foods that are heavy, greasy, or excessively oily was to be

avoided, as they can lead to digestive disturbances.

**Advice:** The patient was encouraged to engage in regular physical exercise for at least 30 minutes daily, which helps in improving circulation, managing weight, and promoting overall health.

### **In the Second Cycle:**

After completing one month of treatment, the patient's menstrual cycle began on time, indicating the effectiveness of the intervention. The same treatment regimen was continued for the next two cycles, with the same protocols being followed for consistency and further improvement.

### **Results:**

The patient was treated for a period of 6 months. At the end of the treatment period, the following results were observed:

- **Menstrual regularity:** The patient's menstrual cycles became regular, with periods occurring every 28 days.
- **Hirsutism:** The patient's hirsutism score decreased by 50%, indicating a significant reduction in excessive hair growth.
- **Acne:** The patient's acne improved by 70%, indicating a significant reduction in acne lesions.
- **Weight loss:** The patient lost 10 kg, indicating a significant reduction in body weight.
- **Ovarian cysts:** The patient's ovarian cysts reduced in size and number, indicating a significant improvement in ovarian morphology.

### **Discussion-**

According to Ayurvedic texts, PCOS related to ovarian factors is primarily considered a Vata-Kapha dominant disorder. It represents an imbalance of Vata and Kapha doshas, leading to blockages in the channels (*shrotorodha*) and impaired physiological functions. The main therapeutic approach for this condition involves treatments that balance these doshas, including *shodhana* (cleansing), *Agnidipana* (stimulating digestive fire), *Pachana* (digestive support), *Vatanuloman* (promoting the proper flow of Vata), and *Brimhana Garbhshaya Balya* (strengthening the reproductive system).

**Shodhana Chikitsa**<sup>14</sup> is essential for addressing uterine hostility and non-ovulatory cycles. Panchakarma therapies are designed to eliminate ama (toxins), which in turn helps in restoring digestive fire (Agni). A healthy Agni is crucial for overall well-being, as it contributes to the formation of ojas (vital energy), which supports fertility. Furthermore, detoxification through Panchakarma eliminates toxins from the body, helping to normalize bodily functions.

**Matra Basti**<sup>15</sup>, administered through the rectal route, helps in balancing Apana Vayu, which is responsible for the downward movement of energy in the body. This normalization of Apana Vayu supports the proper functioning of Vata and may aid in the release of the ovum from the follicle, promoting ovulation.

**Phalasarpi**<sup>16</sup> is recommended for *vandhyatva* (infertility), as it is a Vata-related disorder. The intake of *ghrita* (ghee) provides a soothing effect and nourishes the endometrial lining.

**Kanchanar Guggulu**<sup>17</sup> is known for its *Lekhan Karma* (scraping action) that helps in

regulating hormonal balance, reducing cyst size, improving follicular growth and development, and promoting ovulation.

*Pushyanuga Churna*<sup>18</sup> is used to treat yoni dosha {disorders of the uterus} address *rajodosh*a (menstrual cycle disorders).

*Anu Tail Nasya*<sup>19</sup>: In cases of infertility, ovulation is primarily controlled by Vata dosha. Anu Taila Nasya is beneficial for *vandhyatva*, as it stimulates the olfactory nerves and limbic system, which in turn activates the hypothalamus. This stimulation leads to the secretion of gonadotropins, which help in triggering ovulation.

### Conclusion:

The results of this case study demonstrate the efficacy of Ayurvedic interventions in managing *Kaphaja Artava Vikriti* (PCOS). The patient's symptoms improved significantly, and her quality of life was enhanced. The Ayurvedic treatment plan used in this case study was comprehensive and holistic, addressing the physical, mental, and emotional aspects of the disorder. The dietary modifications, herbal formulations, Basti therapy, and yoga and meditation practices all contributed to the patient's improvement. This case study demonstrates the efficacy of Ayurvedic interventions in managing *Kaphaja Artava Vikriti* (PCOS). A holistic approach addressing diet, lifestyle, and herbal therapies can improve symptoms and quality of life.

### References:

1. Rotterdam ESHRE/ASRM-Sponsored PCOS Consensus Workshop Group. (2004). Revised 2003 consensus on diagnostic criteria and long-term health risks related to

polycystic ovary syndrome. *Fertility and Sterility*, 81(1), 19-25.

2. Azziz R, et al. (2009). The Androgen Excess and PCOS Society criteria for the diagnosis of polycystic ovary syndrome: the complete task force report. *Fertility and Sterility*, 91(2), 456-488.
3. Diamanti-Kandarakis E, et al. (2012). Pathophysiology and types of dyslipidemia in PCOS. *Trends in Endocrinology and Metabolism*, 23(2), 68-75.
4. Moran LJ, et al. (2010). Dietary composition in the treatment of polycystic ovary syndrome: a systematic review. *Human Reproduction Update*, 16(3), 272-283.
5. Teede HJ, et al. (2010). Polycystic ovary syndrome: a complex condition with psychological, reproductive and metabolic manifestations. *BMC Medicine*, 8, 41.
6. Legro RS, et al. (2013). Diagnosis and treatment of polycystic ovary syndrome: an Endocrine Society clinical practice guideline. *Journal of Clinical Endocrinology and Metabolism*, 98(12), 4565-4592.
7. Goodman NF, et al. (2015). American Association of Clinical Endocrinologists, American College of Endocrinology, and Androgen Excess and PCOS Society Disease State Clinical Review: Guide to the Best Possible Evaluation of Polycystic Ovary Syndrome (PCOS).

- Endocrine Practice, 21(11), 1291-1304.
8. Trolle B, et al. (2014). Polycystic ovary syndrome: a review of the syndrome and its treatment. *Journal of Women's Health*, 23(10), 831-838.
  9. Patel SS, et al. (2017). Polycystic ovary syndrome (PCOS): a review of treatment options. *Journal of Clinical and Aesthetic Dermatology*, 10(10), 14–16.
  10. Spritzer PM, et al. (2016). Polycystic ovary syndrome: a multidisciplinary approach. *Journal of Clinical and Diagnostic Research*, 10(9), OE01-OE04.
  11. Charaka Samhita, Brahmanand Tripathi. Vol I, Chaukhamba Surbharati Prakashan, Varanasi; 2008; Chikitsasthana. Chapter 30, Verse 26-30.
  12. Sushruta Samhita. (400 CE). Nidanasthana. Chapter 8, Verse 1-5.
  13. Lekshmi R, et al. (2018). Ayurvedic management of polycystic ovary syndrome: a systematic review. *Journal of Ayurveda and Integrative Medicine*,
  14. P.V. Tewari. *Kashyapa Samhita*, Varanasi; Chaukhamba Visva Bharati, 2016; 134.
  15. Charaka Samhita, Brahmanand Tripathi. Vol I, Chaukhamba Surbharati Prakashan, Varanasi; 2008; pg-931.
  16. Sharangdhar Samhita (Dipika hindi vyakhya), Bramhanand Tripathi, 1st edition, Chukhambha surbharati prakashan, 2007, pg no 229
  17. Sharangdhar Samhita (dipika hindi vyakhya), Bram hanand Tripathi, 1st edition, Chukhambha surbharati prakashan, 2007, pg no 207
  18. Charaka Samhita, Acharya Brahmanand Tripathi. Vol 2, Chaukhamba Surbharati Prakashan, Varanasi; 2008; pg-761.

*Conflict of Interest: None*

*Source of funding: Nil*

***Cite this article:***

*Successful Management of Kaphaja Artava Vikriti (Polycystic Ovary Syndrome) with Ayurvedic*

*Interventions: A Case Study*

*Vaibhav Khirodkar*

*Ayurlog: National Journal of Research in Ayurved Science- 2025; (13) (01): 01- 06*