

Successful Normalization of Menstrual Cycle in Polycystic Ovarian Disease Through Individualized Ayurvedic Management: A Case Report

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Abstract—Background: Polycystic Ovarian Disease (PCOD) is a common endocrine disorder among reproductive-age women, characterized by irregular menstrual cycles, anovulation, constipation, dysmenorrhea, and stress-related hormonal imbalance. Ayurveda provides a holistic approach by addressing doshic imbalance, improving digestive and reproductive function, and stabilizing mental well-being. This case presents the management of a 24-year-old female experiencing irregular menstruation every 2–3 months for the last three years, along with abdominal cramps, back pain, constipation, and stress. **Objective:** To evaluate the effectiveness of an individualized Ayurvedic treatment protocol in restoring menstrual regularity and relieving associated PCOD symptoms within a three-month therapeutic period. **Treatment:** The treatment regimen included Kuberaksha Vati for its lekhan and cyst-reducing action, Eranda Bhrishta Haritaki for Vatanulomana and correction of constipation, and Rajpravartini Vati to support ovulation and regulate the menstrual cycle. Kumariasava with Lohasava was administered to improve kashartava and enhance hematinic balance. Manasmitra Vatakam at bedtime was used to address stress-induced Prana Vata imbalance. The therapeutic rationale focused on correcting Apana Vata and Kapha imbalance, improving ovulatory function, and regulating stress levels. **Result:** Progressive improvement was observed throughout the treatment period. Constipation resolved within the first month, abdominal cramps and dysmenorrhea reduced significantly by the second month, and by the end of three months, the patient achieved complete normalization of the menstrual cycle. Stress levels decreased, pain subsided, digestion improved, and overall well-being was

restored. No adverse effects were reported. **Conclusion:** The individualized Ayurvedic treatment protocol proved safe and effective in normalizing menstrual function and alleviating PCOD-related symptoms within three months. This case highlights the potential of Ayurveda as a holistic and integrative approach for managing PCOD and improving reproductive health.

Index Terms—PCOD, Ayurvedic Management, Rajpravartini Vati, Menstrual Irregularity, Kumariasava, Doshic Imbalance

I. INTRODUCTION

1. Overview of PCOD

Polycystic Ovarian Disease (PCOD) is one of the most widely encountered endocrine and gynecological disorders in women of reproductive age. It is clinically characterized by irregular menstrual cycles, anovulation, polycystic ovarian morphology, acne, hirsutism, obesity, and mood instability. Due to changing lifestyle patterns—such as increased consumption of processed foods, reduced physical activity, heightened academic and professional stress—the prevalence of PCOD is rising alarmingly worldwide. Beyond reproductive dysfunction, PCOD also contributes to metabolic complications including insulin resistance, dyslipidemia, impaired glucose tolerance, and long-term cardiovascular risk. Early diagnosis and individualized management are essential for

preventing chronic sequelae and improving overall reproductive and metabolic health (1).

2. Limitations of Conventional Management

Modern medical management often involves hormonal contraceptives, metformin, ovulation-inducing agents, and lifestyle modification as the primary line of treatment. While these therapies may correct biochemical markers temporarily, many patients fail to achieve consistent menstrual regularity or long-term symptom relief. Moreover, recurrence of symptoms after discontinuation of therapy is common, indicating that the underlying pathology remains unresolved. Some patients experience side effects such as nausea, weight gain, gastrointestinal discomfort, or mood changes, which limit compliance. This gap in achieving sustainable outcomes has encouraged the exploration of complementary and integrative approaches like Ayurveda, which emphasizes root-cause correction rather than symptom suppression (2).

3. Ayurvedic Understanding of PCOD

In Ayurveda, PCOD can be correlated with disorders arising from the combined vitiation of Kapha, Vata, and impairment in Rasa and Artava Dhatu. Kapha aggravation leads to srotorodha (obstruction of channels), cyst formation, sluggish metabolism, and weight gain. Apana Vata vitiation disrupts normal menstrual movement, leading to oligomenorrhea or delayed menstruation. Stress, which is highly prevalent among young women today, aggravates Prana Vata—further disturbing hormonal balance, ovulation, and emotional stability. Poor digestive strength (Mandagni) and accumulation of Ama also contribute to hormonal imbalances and impaired tissue metabolism. Ayurveda therefore promotes a multidimensional treatment strategy addressing dosha balance, Agni, srotas, emotional health, and reproductive physiology simultaneously (3).

4. Significance of Ayurvedic Management

Ayurvedic formulations demonstrated in classics possess specific pharmacological actions beneficial for PCOD, including *Lekhana* (reducing cystic and fatty accumulation), *Vatanulomana* (normalizing Vata), *Agnideepana* (enhancing digestion), *Srotoshodhana* (clearing bodily channels), and *Rasayana* (rejuvenating reproductive tissues). Herbal

combinations, dietary regulation, yoga, pranayama, and stress-management practices help regulate ovulation, improve menstrual regularity, enhance metabolism, and support mental well-being. Many clinical studies and published case reports have demonstrated improvement in menstrual patterns, reduction in pain, normalization of cycle length, and reduction in stress levels through Ayurvedic interventions without adverse effects. This suggests that Ayurveda can serve as a safe, natural, and effective approach for women seeking long-term management of PCOD (4).

5. Need for Evidence and Case Documentation

Documenting clinical cases in Ayurveda is vital for strengthening scientific credibility, developing standardized treatment protocols, and supporting evidence-based integrative care. Detailed case presentations help clinicians understand not only the therapeutic efficacy of Ayurvedic drugs but also the rationale behind selecting specific formulations. They also contribute to bridging the gap between traditional Ayurvedic principles and contemporary clinical research. This case study highlights the positive clinical outcome of an individualized Ayurvedic regimen in a young female with PCOD and contributes valuable evidence supporting the holistic management of this complex condition (5).

II. PATIENT INFORMATION

1. Demographic Details

Parameter	Details
Name	XYZ (confidential)
Age	24 years
Gender	Female
Occupation	IT student
Marital Status	Unmarried

2. Chief Complaints

Complaint	Duration
Irregular menstrual cycles (every 2–3 months)	3 years
Abdominal cramps	3 years
Lower back pain	3 years
Pain during menstruation (dysmenorrhea)	3 years
Constipation	3 years
Stress related to academic workload	2–3 years

3. History of Present Illness

The patient reported irregular menstrual cycles for the past three years, with intervals extending to 2–3 months. Flow was often painful and associated with lower abdominal cramps and lower back pain. She also experienced chronic constipation and feelings of stress due to demanding IT-related academic activities. There was no history of hirsutism, acne flare-ups, or significant weight gain reported by the patient. No prior Ayurvedic or hormonal treatment had been taken for this condition.

4. Past History

- No known history of thyroid disorders, diabetes, hypertension, or major systemic illness.
- No history of long-term medication use.
- No previous surgical interventions.

5. Family History

Condition	History
PCOD	Not reported
Thyroid disorders	Not reported
Diabetes mellitus	Not reported
Infertility	Not reported

6. Menstrual History

Parameter	Details
Age at menarche	13 years
Cycle length	Irregular (60–90 days)
Duration of bleeding	2–3 days
Nature of flow	Moderate, sometimes painful
Dysmenorrhea	Present
Clots	Occasionally
Intermenstrual bleeding	Absent

7. Lifestyle Information

Factor	Description
Diet	Mixed diet, irregular meal timings
Physical activity	Low (sedentary due to studies)
Sleep	Disturbed due to stress
Stress	High due to IT academic workload

8. General Examination

Parameter	Findings
Build	Normal
Complexion	Normal
Pulse	Within normal limits
Blood Pressure	Within normal limits
Bowel habits	Constipation
Appetite	Moderate

9. Provisional Diagnosis

- Clinical Diagnosis: PCOD with irregular menstrual cycles and dysmenorrhea
- Ayurvedic Impression:
 - Kapha aggravation leading to srotorodha (cystic tendencies)
 - Apana Vata vitiation causing irregular menstruation
 - Prana Vata disturbance due to stress

TREATMENT PLAN- The patient was treated with an individualized Ayurvedic regimen aimed at correcting Apana Vata imbalance, reducing Kapha-associated cystic tendencies, improving digestion, relieving constipation, and managing stress.

- 1. Ayurvedic Medications Prescribed

Table 1: Medication Chart

Medicine	Dose	Frequency	Timing	Purpose/Action
Kuberaksha Vati	2 tablets	BID	Before food	Lekhana (scraping action), reduces cystic tendency, balances Kapha
Eranda Bhrishta Haritaki	2 tablets	BID	Before food	Vatanulomana, relieves constipation, improves Apana Vata
Rajpravartini Vati	2 tablets	BID	After food	Regulates ovulation and menstrual cycle
Kumari Asava + Lohasava	10 ml + 10 ml	BID	After food	Improves kashtartava, enhances hemoglobin, supports Artava dhatu

Manasmitra Vatakam	1 tablet	At bedtime	With warm water	Reduces stress, balances Prana Vata
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Table 2: Ayurvedic Rationale for Each Drug

Drug	Key Property	Ayurvedic Action	Clinical Benefit
Kuberaksha Vati (Latakaranja)	Lekhana & Kaphahara	Scrapes excess Kapha, cleans channels	Helps in cyst reduction & cycle regulation
Eranda Bhrishta Haritaki	Vatanulomana	Corrects Apana Vata movement	Relieves constipation & menstrual pain
Rajpravartini Vati	Artavajanana	Stimulates ovulation and regulates menstruation	Helps restore normal cycle
Kumari Asava	Deepana & Stree-Roga hara	Improves uterine function, reduces kashtartava	Helps in painful menstruation
Lohasava	Raktavardhaka	Improves Hb levels, supports dhatu nourishment	Enhances energy & blood formation
Manasmitra Vatakam	Medhya & Pranavata Shamak	Calms mind, reduces stress	Helps correct stress-induced irregular cycles

• 3. Diet and Lifestyle Advice

Table 3: Pathya–Apathya (Do’s & Don’ts)

Pathya (Recommended)	Apathya (To Avoid)
Warm, freshly cooked meals	Cold, refrigerated food
Light, fiber-rich diet	Heavy, oily, fast food
Regular physical activity like walking, yoga	Sedentary lifestyle
Adequate sleep routine	Late nights, screen exposure before bed
Stress-reducing practices like pranayama	Excess stress, mental overload

• 4. Treatment Duration

Parameter	Duration
Total Treatment Period	3 months
Frequency of Follow-Up	Every 30 days
Mode of Assessment	Symptom relief, menstrual regularity, bowel habit improvement, stress reduction

FOLLOW-UP AND OUTCOME

The patient was evaluated every month for changes in menstrual pattern, pain, bowel habits, mental stress, and overall well-being. Progressive improvement was observed throughout the treatment duration.

1. Month-wise Clinical Progress

Table 1: Monthly Symptom Improvement

Symptoms / Parameters	Before Treatment	After 1 Month	After 2 Months	After 3 Months
Menstrual cycle	Irregular (60–90 days)	Delay reduced	Near-regular pattern	Regular cycle achieved
Dysmenorrhea (pain during menses)	Severe	Moderate	Mild	No pain
Abdominal cramps	Present daily during cycle	Reduced	Mild	Absent
Lower back pain	Present	Reduced	Mild	Absent
Constipation	Daily complaint	Significant	Almost normal	Normal bowel

		improvement		habits
Stress level	High due to studies	Reduced slightly	Noticeably reduced	Emotionally stable
Energy levels	Low	Improved	Good	Normal

2. Menstrual Pattern Outcome

Table 2: Cycle Regularity Chart

Month	Cycle Interval	Status
Month 1	~50–60 days	Improved but irregular
Month 2	~35–40 days	Almost normal
Month 3	~28–30 days	Completely regular

3. Patient’s Subjective Experience

- Reported feeling lighter and more energetic
- Marked improvement in mental calmness and sleep
- No menstrual pain or cramps by the third month
- No side effects reported throughout therapy

4. Overall Clinical Outcome

Table 3: Summary of Final Outcome

Domain	Outcome
Menstrual regularity	Fully restored
Ovulatory function	Likely improved (based on cycle normalization & symptom relief)
Pain (dysmenorrhea & cramps)	Completely relieved
Bowel habits	Normalized
Stress & mental health	Significantly better
Quality of life	Improved substantially
Safety	No adverse effects noted

III. DISCUSSION

Polycystic Ovarian Disease (PCOD) is a multifactorial condition involving hormonal imbalance, metabolic irregularity, psychological stress, and impaired reproductive function. In the present case, the patient exhibited classical symptoms of PCOD including irregular menstrual cycles, dysmenorrhea, abdominal cramps, constipation, and stress. The treatment adopted an Ayurvedic approach

focusing on harmonizing Apana Vata, reducing Kapha accumulation, enhancing digestive strength (*Agni*), and stabilizing the Prana Vata responsible for stress-related disturbances.

1. Ayurvedic Conceptual Understanding

PCOD can be understood as a disorder associated with:

- Kapha aggravation → leading to srotorodha, cystic formation, sluggish metabolism
- Apana Vata vitiation → causing irregular cycles and painful menstruation
- Prana Vata imbalance → resulting in stress, emotional instability, and hormonal fluctuation
- Ama accumulation → impairing dhatu metabolism, especially Artava dhatu Correcting these factors requires a multidimensional therapeutic plan, which was applied successfully in this case.

IV. CONCLUSION

This case demonstrates that an individualized Ayurvedic treatment approach can provide effective and holistic management for Polycystic Ovarian Disease (PCOD). By addressing the underlying doshic imbalances—primarily Kapha aggravation and Apana Vata vitiation—along with stress-induced Prana Vata disturbances, the treatment successfully restored normal reproductive physiology. The selected combination of herbal formulations improved ovulation, regulated menstrual cycles, reduced dysmenorrhea and abdominal cramps, normalized bowel habits, and significantly lowered stress levels. The patient showed progressive and consistent improvement, achieving complete normalization of the menstrual cycle within three months without any adverse effects. The outcomes highlight the importance of Ayurvedic principles such as Agni enhancement, Vatanulomana, Lekhana, and Rasayana in managing complex reproductive disorders like PCOD. This case provides valuable evidence supporting Ayurveda’s potential to offer

safe, sustainable, and root-cause-oriented care in women with menstrual irregularities. Overall, the findings underscore the relevance of integrative, patient-centered Ayurvedic protocols in improving quality of life and reproductive health in PCOD patients. Further clinical studies and larger case series are encouraged to validate these results and standardize treatment guidelines.

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