

Ayurvedic Management of Polyendocrine Metabolic Ovarian Syndrome (PMOS) in a Patient with Polycystic Ovary Syndrome (PCOS): A Case Study

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Case Report

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Abstract

Polycystic Ovary Syndrome (PCOS) is a common and complex endocrine disorder affecting women of reproductive age. It is characterised by varying combinations of androgen excess, ovulatory dysfunction, and polycystic ovarian morphology, resulting in diverse reproductive, metabolic, endocrine, and cosmetic manifestations. Polycystic Ovary Syndrome (PCOS) is one of the leading causes of menstrual irregularity and anovulatory infertility and is also associated with long-term metabolic complications. Due to its heterogeneous presentation and absence of a single definitive diagnostic marker, the Rotterdam criteria are widely used for diagnosis. According to the Rotterdam consensus, Polycystic Ovary Syndrome (PCOS) is diagnosed when at least two of three criteria are present: oligo-ovulation or anovulation, clinical or biochemical hyperandrogenism, and polycystic ovarian morphology. Polycystic ovaries are defined by the presence of ≥ 12 follicles measuring 2–9 mm in diameter and/or an ovarian volume greater than 10 mL in at least one ovary. According to the Ayurvedic perspective, Polycystic Ovary Syndrome (PCOS) can be correlated with Artava Kshaya (diminution or disturbance of menstrual function) based on its clinical manifestations. In Ayurvedic scriptures, gynaecological disorders are primarily described under the broader concept of Yonivyapada, which encompasses various disorders affecting the female reproductive system. In this case study, we will discuss a case of a 35-year-old female who had Polycystic Ovary Syndrome (PCOS), which was managed by Ayurvedic medicines.

Keywords: Polycystic Ovary Syndrome (PCOS), Endocrine Disorder, Artava Kshaya, Yonivyapada, Ayurvedic Medicines

Introduction

Polycystic Ovary Syndrome (PCOS) is a common endocrine disorder characterised by menstrual irregularities such as amenorrhea, oligomenorrhea, and, in some cases, prolonged or heavy menstrual bleeding [1]. It is also associated with hyperandrogenic manifestations, including hirsutism, female-pattern hair loss or hair thinning, acne, and oily skin. Other commonly associated features include acanthosis nigricans, obesity, and infertility, reflecting the

complex reproductive and metabolic nature of the condition. PCOS is considered a hyperandrogenic disorder and has been reported to affect approximately 2–26% of women, depending on the population and diagnostic criteria used. According to the Ayurveda perspective, the condition of Artava Kshaya is mainly due to Vata and Kapha dosha [2]. Ayurveda management includes herbs like Shatavari, Ashoka, Lodhra, Aloe Vera, etc.

Case Report

In this article, we report a case in which a 35-year-old female presented with symptoms like irregular periods, less menstrual bleeding, pain in the lower belly, mood swings, weight gain, acne, and hair thinning [3]. Then she underwent an ultrasound to investigate the cause. The ultrasound report revealed Polycystic Ovary Syndrome (PCOS). The patient then consulted a local allopathic doctor, who prescribed Combined Oral Contraceptive Pills (COCs) and Metformin. After taking these medications for five months, she began experiencing nausea, breast tenderness, and mood changes, which were attributed to the side effects of the allopathic treatment. After extensively searching for an alternative approach to Polycystic Ovary Syndrome (PCOS) management, she discovered Planet Ayurveda [4]. She visited the clinic in Mohali, consulted with Dr Meenakshi Chauhan and started taking its medicines in March 2024. Below is her personal, menstrual and reproductive history when she came to Planet Ayurveda:

- **Personal History:** The patient was a 35-year-old female weighing 67 kg and measuring 5 feet 1 inch

(approximately 1.55 m) in height. Her calculated Body Mass Index (BMI) was 27.9 kg/m², which falls within the overweight category. She reported weight gain, acne, hair thinning, mood swings, and pain in the lower abdomen. She has no history of thyroid.

- **Menstrual History:** The patient attained menarche at the age of 12 years. Her menstrual cycles were irregular, occurring approximately once every 2–3 months. Menstrual bleeding was scanty and generally lasted for 2–3 days. She also experienced dysmenorrhoea (painful menstruation).
- **Reproductive History:** The patient had been married for 6 years. She had no history of pregnancy or miscarriage.

Diagnosis

On 20th March 2024, the patient started treatment from Planet Ayurveda with symptoms like irregular periods, less menstrual bleeding, pain in the lower belly and many more. The following are the clinical findings of the patient after taking medicines from Planet Ayurveda:

S. No	Time/ Duration	Before treatment (USG report)	Before treatment (USG report)
	07 March 2024	Ultrasound features suggestive of PCOS	
	24 October 2024		Normal pelvic ultrasound. Both ovaries show normal morphology without polycystic ovarian appearance

Table 1: Clinical Findings of the Patient after taking Medicines from Planet Ayurveda.

Timeline of the Treatment

The timeline of the treatment of the patient is described below:

S. No	Date	Before Treatment	After Treatment
	20 March 2024	Irregular periods, less menstrual bleeding, pain in the lower belly, mood swings, weight gain, acne, and hair thinning	
	23 April 2024		Irregular periods, less menstrual bleeding (Better), pain in the lower belly (Better), mood swings, weight gain, acne, and hair thinning
	23 May 2024		Regular periods with normal bleeding, Acne (Better), Mild heaviness in pelvic region, weight stable, Mood swings during periods
	24 July 2024		Periods are normal, Acne (Better), Mood swings during periods (Better)
	24 August 2024		Asymptomatic
	23 September 2024		Asymptomatic
	24 October 2024		Asymptomatic

Table 2: Timeline of the Treatment.

USG Findings Before and After Treatment

- **Before Treatment (06/03/2024):** Pelvic ultrasonography revealed bulky ovaries with polycystic changes in both ovaries. The right ovary measured 3.6×1.9 cm, with a volume of 17.0 mL, while the left ovary measured 3.7×1.8 cm, with a volume of 10.0 mL. The endometrial thickness was 5.3 mm.
- **After Treatment (24/10/2024):** Follow-up pelvic ultrasonography showed a reduction in ovarian size. The right ovary measured 2.4×1.6 cm, with a volume of 7.5 mL, while the left ovary measured 2.0×1.3 cm, with a volume of 7.0 mL. The endometrial thickness was 3.5 mm, and no significant abnormality was reported.

Therapeutic Intervention:

The ultimate goals of Ayurvedic medicines for Polycystic Ovary Syndrome (PCOS) aim to balance Kapha and Vata dosha, along with Pitta Dosha; manage irregular periods and low bleeding; manage hormonal imbalance; improve digestive fire and detoxify the body. The following are the medicines that are used for the patient to get desired results:

- **Shatavari Capsules:** Shatavari Capsules of Planet Ayurveda, containing *Asparagus racemosus*, support reproductive health through their diverse bioactive constituents. Its major chemical components include steroidal saponins (shatavarins), flavonoids, alkaloids, and polysaccharides, which provide antioxidant and reproductive-supportive effects. Shatavarins support normal ovarian function and physiological hormonal balance, while flavonoids help counter oxidative stress, an important factor associated with impaired follicular development in PCOS. The polysaccharide fraction supports metabolic and immune regulation, contributing to overall reproductive wellness. Through these combined actions, Shatavari supports healthy menstrual cycles, ovarian function, follicular health, and reproductive balance in women with PCOS.
- **Dosage:** 1 Capsule twice daily, 30 minutes after a meal with plain water.
- **Female Health Support Capsules:** Female Health Support Capsules of Planet Ayurveda, containing Ashoka (*Saraca asoca*), Lodhra (*Symplocos racemosa*), and Shatavari (*Asparagus racemosus*), provide traditional Ayurvedic support for female reproductive health. In Ayurveda, menstrual and reproductive disturbances are understood through concepts such as Artava Dushti (menstrual/reproductive dysfunction) and Artava Kshaya (diminution or deficiency of menstrual function), with involvement of the Artavavaha Srotas (channels associated with menstrual and reproductive function).

Ashoka is traditionally used to support healthy menstrual function and uterine health, while Lodhra supports normal reproductive-tissue function. Shatavari, regarded as a Rasayana (rejuvenative herb) for women, supports nourishment of reproductive tissues and physiological hormonal balance. Together, these constituents provide antioxidant and reproductive-health support and complement an individualised Ayurvedic approach to PCOS management.

- **Dosage:** 2 Capsules twice daily, 30 minutes after a meal with Plain water.
- **Sarotovahi Capsules:** Planet Ayurveda's Sarotovahi Capsules, containing Shilajit (*Asphaltum*), Guggul (*Commiphora wightii*), Haridra (*Curcuma longa*), Vidanga (*Embelia ribes*), Maricha (*Piper nigrum*), Dalchini (*Cinnamomum zeylanicum*), and Tulsi (*Ocimum sanctum*), provide multi-target support for the metabolic and reproductive disturbances associated with PCOS. Guggulsterones from Guggul support healthy lipid metabolism, while curcuminoids from Haridra provide antioxidant and anti-inflammatory activity. Shilajit contains fulvic acid and other bioactive compounds that support cellular energy and metabolic function. Piperine from Maricha enhances the bioavailability of several phytochemicals, while cinnamon polyphenols support healthy glucose metabolism. From an Ayurvedic perspective, these ingredients support Agni (digestive and metabolic function) and help address Meda (Fat tissue)-related metabolic imbalance, which is relevant to weight gain and insulin resistance frequently associated with PCOS. Together, the formulation provides complementary support for metabolic health, oxidative balance, menstrual regularity, and overall reproductive wellness.
- **Dosage:** 1 Capsule twice daily, 30 minutes after a meal with plain water.
- **Chandraprabha Vati:** Chandraprabha Vati, with ingredients including Shilajit (*Asphaltum*), Guggul (*Commiphora mukul*), Sharkara (sugar), Karpooa (*Cinnamomum camphora*), and Vacha (*Acorus calamus*), along with other classical ingredients, offers a broader approach to the metabolic and reproductive features associated with PCOS. Shilajit, particularly its fulvic-acid-rich fraction, supports cellular energy metabolism, while Guggul contributes bioactive guggulsterones that are studied for their effects on lipid metabolism. Vacha contains constituents such as β -asarone and α -asarone, traditionally associated with digestive and nervous-system support. In Ayurvedic practice, the formulation is used to support Srotas (physiological channels) and maintain healthy elimination and metabolism. This approach is relevant to PCOS because impaired

metabolic function can coexist with weight changes, irregular cycles, and insulin-related disturbances. Thus, Chandraprabha Vati provides complementary support for metabolic efficiency, reproductive-system function, and overall physiological wellness, rather than acting solely on ovarian symptoms.

- **Dosage:** 2 Tablets twice daily, 30 minutes after a meal with Plain water.
- **Aloe Vital Capsules:** Aloe Vital Capsules of Planet Ayurveda, containing Aloe vera (*Aloe barbadensis*), provide supportive care for PCOS by focusing particularly on metabolic and digestive health. Aloe vera contains bioactive constituents such as polysaccharides, acemannan, anthraquinone derivatives, flavonoids, and phenolic compounds, which contribute to its antioxidant and metabolic activities. Its antioxidant properties help counter oxidative stress, which is associated with ovarian dysfunction and metabolic disturbances in PCOS. Aloe vera also supports healthy glucose metabolism and digestive function, which is relevant because insulin resistance and impaired metabolic regulation frequently accompany PCOS. From an Ayurvedic perspective, Aloe vera is traditionally recognised as Kumari and is used to support Agni (digestive/metabolic function), Artava (menstrual function), and reproductive health. Thus, Aloe Vital Capsules provide complementary support for metabolic balance, menstrual health, digestive wellness, and overall reproductive function in PCOS.
- **Dosage:** 1 Capsule twice daily, 30 minutes after a meal with plain water.
- **Kanchnaar Guggul:** Kanchnaar Guggul is a classical formulation, containing Kanchnaar Bark (*Bauhinia variegata*), Amalaki (*Embllica officinalis*), Haritaki (*Terminalia chebula*), Bibhitaki (*Terminalia bellirica*), and Trikatu (Ginger, Black Pepper, and Pippali), and provides supportive management for PCOD and its associated symptoms. Kanchnaar is traditionally used to support healthy tissue metabolism and physiological functioning of the reproductive system, while Triphala components—Amalaki, Haritaki, and Bibhitaki—provide antioxidant support and promote healthy digestion and elimination. Trikatu enhances digestive capacity and supports the bioavailability of other herbal constituents. From an Ayurvedic perspective, the formulation supports Agni (digestive and metabolic function) and healthy functioning of the Artavavaha Srotas (reproductive channels). This comprehensive action is relevant to PCOD-associated concerns such as irregular menstruation, weight-related metabolic disturbances, sluggish digestion, and reproductive dysfunction, making Kanchnaar Guggul a supportive component of individualised Ayurvedic management.

- **Dosage:** 2 tablets twice daily, 30 minutes after a meal with Plain water.
- **Fenugreek Capsules:** Fenugreek Capsules, containing *Trigonella foenum-graecum*, provide supportive management for PCOS, particularly for metabolic disturbances and menstrual irregularity. Fenugreek seeds contain 4-hydroxyisoleucine, diosgenin, steroidal saponins, flavonoids, alkaloids, and soluble fiber, which contribute to their metabolic and antioxidant properties. 4-Hydroxyisoleucine supports healthy insulin secretion and glucose regulation, while soluble fiber can slow carbohydrate absorption and support post-meal glucose control. Diosgenin and other steroidal compounds contribute to the herb's traditional reproductive-health applications. From an Ayurvedic perspective, Methi supports Agni (digestive and metabolic function) and helps maintain healthy metabolism. These combined actions provide complementary support for insulin sensitivity, weight management, menstrual regularity, and overall reproductive health in women with PCOS.
- **Dosage:** 1 Capsule twice daily, 30 minutes after a meal with plain water.
- **Ashokarisht:** Ashokarisht provides supportive management for PCOS-related menstrual and reproductive symptoms. Its principal herb, Ashoka (*Saraca asoca*), contains phytoconstituents such as tannins, flavonoids, sterols, and catechins, which contribute to its traditional use in maintaining uterine and menstrual health. Other herbs in the classical formulation complement its action by supporting digestion, circulation, and reproductive-system function. From an Ayurvedic perspective, Ashokarisht is traditionally used for Artava Dushti (menstrual dysfunction) and supports the normal functioning of the Artavavaha Srotas (reproductive channels). Its formulation is particularly relevant when PCOS presents with irregular cycles, abnormal menstrual flow, lower abdominal discomfort, and reproductive disturbances. By supporting physiological menstrual function and overall reproductive health, Ashokarisht can form part of an individualised Ayurvedic approach to PCOS management.
- **Dosage:** 10 ml twice daily, 30 minutes after a meal with Plain water.

Discussion

Although Stein and Leventhal are widely credited with the first detailed clinical description of PCOS, its historical recognition dates back much earlier [5]. In 1721, Italian physician and naturalist Antonio Vallisneri described a married infertile woman with enlarged, smooth, whitish

ovaries resembling pigeon eggs. In 1844, Chereau and Rokitsansky reported fibrous and sclerotic ovarian changes associated with follicular abnormalities. Bulius and Kretschmar later described ovarian hyperthecosis, while Lawson Tait proposed bilateral oophorectomy in 1879 for symptomatic cystic ovarian degeneration; partial ovarian resection was subsequently introduced. In 1902, von Kahlden reviewed the pathological and clinical features of these ovarian changes, and in 1915, John A. McGlinn suggested puncturing superficial ovarian cysts instead of removing ovarian tissue. Finally, in 1935, Stein and Leventhal described seven women with menstrual irregularities, hirsutism, and enlarged ovaries containing multiple small follicles. They introduced ovarian wedge resection, after which all seven women regained regular menstrual cycles and two achieved pregnancy [6].

According to Ayurveda, Kapha is associated with the growth and development of ovarian follicles through its function of Upachaya (development and nourishment), while Vata governs differentiation, separation, rupture of the mature follicle, and the proper progression of ovulation and the menstrual cycle. In PCOS, aggravated Kapha is considered to impair normal follicular development, while disturbed Vata affects follicular rupture and contributes to anovulation. At the same time, the influence of aggravated Vata and Kapha can impair the normal functions attributed to Pitta, affecting the transformation and maturation processes within the follicle. This disturbed hormonal and follicular environment interferes with normal ovarian function, ultimately contributing to follicular arrest, androgen excess, anovulation, and irregular menstrual cycles.

According to Ayurveda, the pathogenesis of PCOS begins with Kapha-vridhdikara Nidana (factors that aggravate Kapha Dosha) and Mithya Ahara-Vihara (improper dietary and lifestyle practices), including Guru Ahara (heavy foods), Snigdha Ahara (oily foods), Madhura Ahara (sweet foods), sedentary habits, Adhyashana (eating before the previous meal is digested), and Vishamashana (irregular eating patterns). These factors are traditionally understood to cause Kapha Dosha Prakopa (aggravation of Kapha) and Jatharagni Mandya (impaired digestive fire), leading to Ama Utpatti (formation of incompletely digested metabolic material) and Meda Dhatu Vridhhi (increase or accumulation of adipose tissue). The subsequent Vata-Kapha Prakopa (aggravation of Vata and Kapha) and Avarana (functional obstruction) may disturb the Medovaha Srotas (channels associated with fat metabolism), contributing to Meda Dushti (disturbance of fat tissue) and weight gain. Further involvement of the Artavavaha Srotas (reproductive and menstrual channels) and Apana Vata Vaigunya (disturbance of the downward-moving Vata responsible for elimination and reproductive functions) is proposed to affect Artava Nirmana and Nirgama

(formation and expulsion of menstrual tissue). In this Ayurvedic interpretation, such disturbances are correlated with anovulation (failure of ovulation), follicular arrest (impaired follicular development), and Artava Kshaya or Artava Dushti (reduced or abnormal menstruation), which may manifest clinically as oligomenorrhea (infrequent menstruation), amenorrhea (absence of menstruation), infertility, acne, hirsutism (excess hair growth), weight gain, and metabolic disturbances. This sequence represents a traditional Ayurvedic interpretation of PCOS pathogenesis and should not be presented as an established biomedical mechanism.

Conclusion

After initiating Ayurvedic treatment in March 2024, the patient gradually experienced improvement in her overall clinical condition. During the initial weeks of treatment, her irregular menstrual cycles, reduced menstrual bleeding, lower abdominal pain, and mood swings began to decrease progressively. Over the subsequent four months, these symptoms showed substantial improvement and eventually resolved, with the patient reporting restoration of regular menstrual cycles and improved menstrual flow. Her lower abdominal discomfort and mood-related symptoms also subsided, contributing to better overall well-being and daily functioning. In addition, the symptoms that had developed during the earlier allopathic treatment, including nausea, breast tenderness, weight gain, and mood changes, gradually diminished and subsequently subsided. During the Ayurvedic treatment period, no adverse effects were observed or reported. By the end of the Seven-month follow-up period, the patient reported significant improvement in her PCOS-related symptoms as well as her general health and quality of life.

Limitations

Although this case report presents encouraging clinical observations in a patient with PCOD, its interpretation is limited by the single-case design, absence of a comparator group, and use of multiple Ayurvedic preparations simultaneously. These factors make it difficult to determine the individual contribution of each intervention or to generalise the findings to a wider population of patients with PCOD. Other factors, including lifestyle changes, treatment adherence, and the natural variation in menstrual and hormonal patterns, may also have influenced the reported improvement.

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