

CASE STUDY

Effect of *Tilashelukarvi Kwath* in the Management of Polycystic Ovarian Disease (PCOD): A Case Study

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ABSTRACT

Polycystic Ovarian Syndrome (PCOS) is one of the most prevalent endocrine disorders affecting women and is considered a multifactorial and polygenic condition. It is characterized by oligo-ovulation or anovulation, hyperandrogenism, and the presence of multiple small ovarian cysts. The clinical manifestations vary considerably among individuals and may change over time. PCOS negatively impacts the reproductive system, leading to menstrual irregularities, infertility, obesity, depression, sleep apnea, and insulin resistance. If left unmanaged, it may also increase the risk of developing type 2 diabetes mellitus, endometrial cancer, and cardiovascular diseases. Although PCOS is not explicitly mentioned as a single disease or syndrome in Ayurvedic classics, its symptomatology can be correlated with the imbalance of *Vata* and *Kapha Doshas*, which are considered the primary pathogenic factors involved in its manifestation. The *Rasa*, *Rakta*, and *Artavavaha Srotas* are primarily affected in this condition, resulting in manifestations such as *Vata-kaphaja Artava Dushti* (*Granthibhoota Artava Dushti*), *Anartava*, *Vandhyatva*, *Pushpaghni*, *Abeejartuchakra* (anovular bleeding). **Case Report:** A 24-year-old unmarried female patient presented to the OPD of Prasuti Tantra and Streeroga with complaints of scanty and delayed menstruation, acne, reduced appetite, and menstrual bleeding requiring only partially soaked sanitary pads. Ultrasonography revealed a polycystic appearance of both ovaries. Her menstrual cycles occurred every 1.5–2 months, indicating prolonged menstrual intervals, with scanty menstrual flow with reduced bleeding volume. The patient was treated with *Tilashelukarvi Kwatha* for 3 months, with follow-up assessments conducted every 15 days. **Result:** After treatment, the patient's menstrual cycle was set gradually to normal, i.e., 28 days. Her interval between menses was reduced. Significant relief was achieved in complaints of acne and appetite. Even her USG findings showed normal appearance of the ovaries after treatment.

Key Words *Vata-Kaphaja Artava Dushti*, *Granthibhoota Artava Dushti*, PCOS, *Tilashelukarvi Kwatha*

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INTRODUCTION According to the Rotterdam Criteria (2003), Polycystic Ovarian Syndrome (PCOS) is diagnosed when any two of the following three features are present: clinical

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and/or biochemical hyperandrogenism, oligo/or anovulation, and polycystic ovarian morphology on ultra-sonography, after excluding other related disorders¹. The prevalence of PCOS ranges from 5–15% and has been rising due to modern lifestyle changes. It commonly develops during adolescence, often soon after puberty. Approximately 15–20% of infertile women are affected by PCOS, and 50–70% of patients are overweight or obese².

PCOS is a hormonal disorder characterized by impaired follicular development, resulting in the failure of follicles to mature and ovulate. These immature follicles remain within the ovaries, forming multiple small cysts that are typically detected on ultrasonography. The condition is commonly associated with obesity, oligomenorrhea, anovulation, and hyperandrogenism. Insulin resistance and hyperinsulinemia play a significant role by stimulating ovarian androgen production and reducing sex hormone-binding globulin (SHBG) levels, leading to increased free testosterone. Elevated androgen levels disrupt normal follicular maturation, ultimately resulting in chronic anovulation³.

Hyperandrogenism is commonly present as acne and hirsutism, with excessive hair growth over the face, chest, and thighs, while androgenic alopecia may occur without virilization. Clinical examination may reveal increased BMI, thyroid enlargement, hirsutism, alopecia, hyperinsulinemia, and hypertension.

Management primarily involves hormonal therapy to restore menstrual regularity and improve hyperandrogenic symptoms, whereas surgical interventions such as ovarian wedge resection, laparoscopic ovarian drilling, or, rarely, oophorectomy may be considered in selected severe cases.

Ayurveda emphasizes the maintenance of *Shuddha Artava* (healthy ovum) as an essential prerequisite for fertility. It advocates the practice of *Ritumati Charya*⁴, *Dinacharya*, and *Ritucharya*⁵ to promote reproductive health and maintain overall well-being.

According to Ayurveda, failure to follow *Charyas* (healthy regimens) and an unhealthy lifestyle characterised by stress and improper diet impair the formation of *Rasa Dhatu*, leading to vitiation of the *Dhatus*, particularly *Meda Dhatu* and *Rakta Dhatu*. Through the principle of *Ashraya–Ashrayi Bhava*, *Kapha Dosha* becomes aggravated, causing *Srotorodha* (obstruction of bodily channels) and subsequent *Vata* aggravation, which contributes to obesity, hormonal imbalance, and amenorrhea.

CASE REPORT

A 24-year-old unmarried female presented to the OPD of Prasuti Tantra and Streeroga, Rishikul Campus, Haridwar, with complaints of scanty and delayed menstruation, acne, reduced appetite, and menstrual bleeding requiring only partially soaked sanitary pads. Ultrasonographic examination revealed a polycystic appearance of

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both ovaries. Her menstrual cycles occurred every 1.5–2 months, indicating prolonged menstrual intervals lasted for 2 days, and were characterized by **Scanty** menstrual flow with reduced bleeding volume.

Family History: Father was diabetic for 10 years.

Past History: No relevant history.

The findings of the physical examination are presented in Table 1.

Table 1 Physical examination findings

Blood pressure	110/70 mmHg
Pulse rate	72 bpm
Respiration rate	20/min
Height	157cm
Weight	47kg
BMI	19.1 kg/m ²

S/E (Systemic examination)

CNS – Pt is Conscious & well oriented to person, place & time.

Respiratory system: Bilateral chest expansion was symmetrical, with normal vesicular breath sounds and no added sounds.

GIT - Liver, Spleen Not Palpable

The findings of Ashtavidha Pariksha⁶ are presented in Table 2.

Table 2 Ashtavidha Pariksha findings

Nadi	Vatapitta
Mala	Prakruta
Mutra	Samyak
Jihva	Prakruta
Shabda	Samyak
Sparsha	Ushna
Drika	Prakrit
Akriti	Madhyama

The patient's menstrual history is summarized in Table 3.

Table 3 Menstrual history

Age of Menarche	16 years
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Cycle	Irregular
Interval	1.5 – 2 months
No.of days of bleeding	2 days
No. of pads/day	1-2 partially soaked pads/day
Pain	+
Clots	-
Discharge	-

The patient's personal history is presented in Table 4.

Table 4 Personal history

Diet	Non-vegetarian
Appetite	Decreased
Thirst	Normal
Bowel	Regular
Bladder	Normal micturition
Sleep	Sound

Marital history: unmarried

The laboratory investigation findings are summarized in Table 5.

Table 5 Blood investigation findings

Haemoglobin	14.6 g/dl (27/oct/2025)
ESR	20 / hrs (31/oct/2025)
RBS	81.46 mg/dl
Urine microscopic (Pus cells)	2-3 /H.P.F.
L.H.	7.37 mIU/mL
F.S.H.	3.14 mIU/mL

Thyroid Profile were within normal limits

USG Findings : (28/09/2025) Uterus is normal in position, shape & size (3.1 x 4.1 cm in transverse diameters & 3.1 x 7.1 cm in longitudinal diameters) with normal ENDOMETRIAL thickness & echo pattern. Right Ovary (RT): 1.8 × 3.1 cm, Volume = 5.67 c.c. Left Ovary (LT): 1.9 × 3.8 cm, Volume = 8.56 c.c. There are multiple, thin-walled, small cysts of varying sizes on both sides, lying mainly at the periphery. Bilateral Polycystic Ovaries were noted

Diagnosis: The diagnosis was established based on the patient's clinical history, physical

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examination findings, and ultrasonography (USG) report.

Ayurvedic management: Internal medication consisting of *Tilashelukarvi Kwatha*, 20mL administered with *Guda* (jaggery), was advised for 7 days before the onset of menstruation to be continued for 3 consecutive menstrual cycles.

Preparation of Kwatha: *Tila* (*Krishna Tila*), *Shelu* (*Shleshmataka*), and *Karvi* (*Krishna*

Jeeraka) will be taken in equal quantity and will be soaked overnight, a total 20gm of *Yavakuta*(coarse) raw drugs will be soaked in 4 parts (80ml) of water overnight in a pot. Then it will be boiled over a slow flame on gas till the water is reduced to 1/4 (20ml) of its original quantity. (*Sha. Mad.* 2/1)⁷

The follow-up assessment at monthly intervals is presented in Table 6.

Table 6 Follow-up assessment at monthly intervals

S. NO.	Presenting Complaints Before Treatment	Before Treatment (Before 29/9/2025)	After 1st month treatment (3/11/2025)	After 2nd month treatment (11/12/2025)	After 3rd month treatment (10/01/2026)
1.	Menstruation Interval	1month 19 days delay	40 Days	28 Days	28 Days
2.	Menstruation Duration	2 Days	2 Days	2 Days	4 Days
3.	No. of pads/day	1-2 partially soaked pads/day	2 fully soaked Pads/day	2 fully soaked Pads/day	4 fully soaked Pads/day
3.	Weight	47 kg	47 kg	47 kg	47 kg
4.	Acne	++	+	-	-
5.	Appetite	Decreased	Normal	Normal	Normal

Advice:

- **Nidana Parivarjana:** This involves the avoidance of both dietary (*Aharaja*) and lifestyle-related (*Viharaja*) causative factors.
- Foods possessing *Deepana*, *Pachana*, *Vata-anulomana*, and *Kapha-shamaka* properties were recommended.
- Engage in regular physical exercise and yoga practices.
- Regular exercise and *Yoga* like - *Suryanamaskar*, *Kapalbhaati*, *Anulom-Vilom*, *Bramhi Asana* & meditation, etc.
- Include green leafy vegetables, such as spinach and broccoli, in the daily diet.
- Consume fiber-rich foods, including carrots and oranges.

- Avoid processed foods and foods high in calories.
- Take proper sleep, 6-8 hours are required.

RESULTS

The patient showed significant clinical improvement following three months of treatment, with gradual regularization of the menstrual cycle, ultimately achieving a regular **28-days cycle**, along with improved duration and quantity of menstrual flow, complete resolution of acne, and normalization of appetite. These findings indicate effective management of PCOD and overall symptomatic improvement. Ultrasonographic findings initially revealed a polycystic ovarian appearance; however,

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following treatment, the ovaries demonstrated a normal morphology on USG examination. An additional follow-up conducted one month after completion of treatment revealed that the patient continued to remain symptomatically improved,

with the regular menstrual pattern and clinical benefits being well maintained.

The pretreatment ultrasonographic findings are shown in Figure 1, while the post-treatment findings are shown in Figure 2.

USG INVESTIGATION

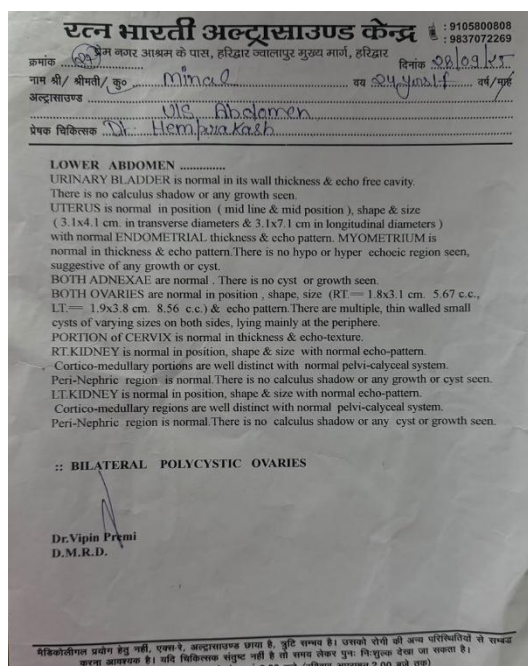


Figure 1. Ultrasonographic findings before treatment showing bilateral polycystic ovarian morphology. Ultrasonography revealed a normal-sized uterus and multiple small peripheral cysts in both ovaries, consistent with bilateral polycystic ovaries.

After the treatment, there was regular menstruation (duration- 2-4 days, interval- 28 days) with regular normal flow.

- Ultrasonography (USG) revealed no significant abnormality.
- Complete resolution of acne and normalization of appetite.
- An additional one-month follow-up showed sustained clinical improvement.

DISCUSSION

In *Ayurveda*, Polycystic Ovarian Disorder (PCOD) is not described as a single disease entity in classical texts, but its symptoms are often

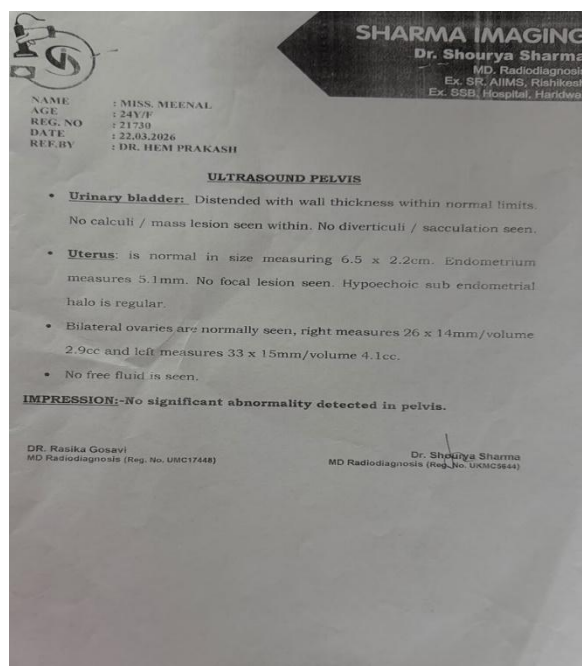


Figure 2. Ultrasonographic findings after treatment showing normal ovarian morphology. Ultrasonography reports revealed that uterus was normal in size and both ovaries were normal in size, shape and texture.

interpreted through imbalances involving *Kapha Dosha*, *Vata Dosha*, impaired metabolism (*Agni*), and accumulation of metabolic waste (*Ama*). Ayurvedic treatment typically aims to restore hormonal balance, improve metabolism, regulate menstruation, and support reproductive health.

Probable mode of action of drugs

Tilashelukarvi Kwatha helps manage PCOD by addressing the underlying dosha imbalance and restoring normal menstrual function. Its *Katu Rasa*, *Ushna Veerya*, and *Teekshana Guna*

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promote *Pitta* and support *Artava Vriddhi*, while *Madhura Rasa* and *Madhura Vipaka* help pacify *Vata* and facilitate proper menstrual flow through *Vata anulomana*.

The formulation possesses *Deepana* and *Pachana* properties, which enhance *Jatharagni* and *Dhatvagni*, improve metabolism, and ensure proper formation of *Rasa Dhatu*, thereby reducing menstrual irregularities associated with PCOD. Its *Ama-pachana* action further helps remove metabolic toxins that may contribute to the condition.

By virtue of its *Ushna Veerya* and *Katu Rasa*, *Tilashelukarvi Kwatha* helps clear obstruction in the *Artavavaha Srotas*, promoting normal transport and flow of *Artava*. *Tila*, with its *Artava-janana* property and phytoestrogen-rich lignans, may support endometrial growth and regeneration. Additionally, its analgesic and *Shoolaprashamana* effects help reduce menstrual pain, while its antidepressant activity may alleviate stress and support proper hypothalamic–pituitary–ovarian (HPO) axis function, contributing to menstrual regularity.

Overall, *Tilashelukarvi Kwatha* acts by improving *Agni*, removing *Srotorodha*, normalizing *Vata*, and restoring physiological balance, thereby helping to manage the key symptoms of PCOD, including menstrual irregularity and associated discomfort.

CONCLUSION

Women with (PCOS) are at an increased risk of developing metabolic and reproductive

complications such as type 2 diabetes, hypertension, cardiovascular disorders, endometrial abnormalities, and infertility. *Ayurveda* approaches PCOS by identifying the underlying causative factors through assessment of the *Doshas* and restoring their equilibrium, thereby improving the normal functioning of body systems. Along with appropriate dietary modifications and regular physical activity, *Ayurvedic* treatment can improve insulin sensitivity, support ovulation, and alleviate the symptoms of PCOS. This case highlights the potential role of *Ayurvedic* principles in the management of PCOS and demonstrates the effectiveness of *Tilashelukarvi Kwatha* in reducing both subjective and objective signs and symptoms of the disorder. However, further large-scale clinical studies are required to validate these findings and establish more definitive conclusions.

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