

AYURVEDIC MANAGEMENT OF POLYENDOCRINE METABOLIC OVARIAN
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DOI: <https://doi.org/10.5281/zenodo.21028633>**How to cite this Article:** *¹Dr. Prajakta K. Shinde, ²Dr. Rhuta N. Saraf (2026). Ayurvedic Management Of Polyendocrine Metabolic Ovarian Syndrome (Pmos/Pcod): A Case Study. European Journal of Pharmaceutical and Medical Research, 13(7), 153-160.

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Article Received on 28/05/2026

Article Revised on 18/06/2026

Article Published on 01/07/2026

ABSTRACT

Polyendocrine metabolic ovarian syndrome (PMOS) is one of the most common endocrine and metabolic disorders affecting women of reproductive age. It is characterized by menstrual irregularities, hyperandrogenism, anovulation, obesity, infertility, and polycystic ovarian morphology. In *Ayurveda*, PCOD/PMOS can be correlated with *Artava Kshaya* and *Nashtartava* involving *Kapha-Vata Dushti* and *Meda Dhatu* vitiation. The current case study evaluates the efficacy of Ayurvedic management including *Shodhana* and *Shamana* therapy in a patient of PMOS. A 21-year-old unmarried female presented with complaints of irregular menstruation, scanty menstrual bleeding, dysmenorrhea, and ultrasonography findings suggestive of bilateral PCOD/PMOS. The patient had previously undergone allopathic treatment for 1–2 years without satisfactory improvement. The patient was treated with Ayurvedic internal medications including *Kanchanar Guggulu*, *Triphala Churna*, *Kumaryasava* along with Panchakarma procedures including *Snehapana*, *Abhyanga*, *Swedana*, and *Virechana Karma*. Significant improvement was observed in menstrual regularity, amount of bleeding, dysmenorrhea and ovarian morphology after three treatment cycles. Post-treatment ultrasonography revealed normalization of ovarian morphology and reduction in ovarian volume. Ayurvedic management incorporating *Shodhana* and *Shamana Chikitsa* showed encouraging results in the management of PMOS. Early intervention along with lifestyle modification may help in restoring menstrual regularity and improving ovarian function.

KEYWORDS: Polyendocrine Metabolic Ovarian Syndrome, PMOS, PCOS, Ayurveda, *Artava Kshaya*, *Virechana Karma*, *Panchakarma*.**INTRODUCTION**

Polyendocrine metabolic ovarian syndrome (PMOS) is a common endocrine disorder affecting approximately 5–15% of women of reproductive age worldwide.

It is characterized by ovarian dysfunction, menstrual irregularities, hyperandrogenism, obesity, insulin resistance, and infertility.

Around 15–20% of infertile women are diagnosed with PMOS, and nearly 50–70% of patients are obese.

According to the Rotterdam Criteria (2003), diagnosis of PCOD/PMOS is established when at least two of the following three features are present.

1. Oligo/anovulation.
2. Clinical or biochemical hyperandrogenism.
3. Polycystic ovarian morphology on ultrasonography.

Modern lifestyle factors such as stress, sedentary habits, unhealthy dietary practices, and lack of physical activity contribute significantly to the increasing prevalence of PCOD.

From an Ayurvedic perspective, PCOD/PMOS can be correlated with Artava *Kshaya* and *Nashtartava*.

The condition mainly involves *Kapha* and *Vata Dosha* along with *Meda Dhatu Dushti* and *Agnimandya*.

Obstruction in *Artavavaha Srotas* ultimately leads to hormonal imbalance and disturbed ovulation.

Ayurveda emphasizes correction of *Agni*, removal of *Srotorodha*, balancing of *Doshas*, and restoration of normal reproductive physiology through *Shodhana* and *Shamana* therapies.

MATERIALS AND METHODS

Place of Study

Department of Prasuti Tantra and Streeroga, OPD No. 5, Siddhakala Ayurved Hospital, Sangamner, Maharashtra, India.

Study design

Single case study.

CASE REPORT

A 21-year-old unmarried female patient visited the OPD with the following chief complaints:

- Irregular menstruation since 4–5 cycles
- Scanty menstrual bleeding
- Severe pain during menstruation

The patient had received allopathic treatment for 1–2 years but was dissatisfied with the outcome and therefore sought Ayurvedic management.

History of present illness

The patient was apparently healthy after menarche for approximately two years. Gradually, she developed irregular menstrual cycles associated with scanty bleeding and dysmenorrhea.

Past history

- No history of Diabetes Mellitus or Hypertension
- Known case of PCOD since 2023

Investigations prior to treatment

- Ultrasonography: Bilateral PCOD morphology
- Serum TSH: Within normal limits
- Serum Prolactin: Within normal limits

Personal history

Table no 1

Parameter	Details
Age	21 years
Sex	Female
Marital Status	Unmarried
Occupation	Student
Appetite	Good
Sleep	Sound
Bowel Habit	Regular

Addiction None
Bala *Madhyama*
 Menstrual history

Table no 2.

Parameter	Findings
Age at Menarche	16 years
Last Menstrual Period	01/09/2025
Duration of Flow	2–3 days
Cycle Length	45–60 days
Regularity	Irregular
Amount of Flow	1–2 pads/day
Dysmenorrhea	Severe pain on Day 1
Clots	Nil
Color	Blackish red

ASHTAVIDHA PARIKSHA

Table no 3

Parameter	Findings
<i>Nadi</i>	78/min
<i>Mala</i>	Regular
<i>Mutra</i>	3–4 Vega/day
<i>Jivha</i>	<i>Sama</i>
<i>Shabda</i>	<i>Prakrut</i>
<i>Sparsha</i>	<i>Anushna</i>
<i>Drik</i>	<i>Prakrut</i>
<i>Akruti</i>	<i>Madhyama</i>

General examination

Table no 4

Parameter	Findings
Temperature	98.6°F
Blood Pressure	110/70 mmHg
Pulse Rate	78/min

Respiratory Rate 20/min

Height	168 cm
Weight	62 kg
BMI	22 kg/m ²
<i>Agni</i>	<i>Manda</i>
<i>Trushna</i>	<i>Alpa</i>
<i>Nidra</i>	<i>Divaswapna</i> daily

Systemic examination

- Respiratory System: Clear bilateral air entry
- CVS: S1 and S2 heard normally
- CNS: Conscious and oriented

Local examination

- No lymphadenopathy
- No acanthosis nigricans
- Mild pallor present
- No acne
- No hirsutism
- Per abdomen: Soft and non-tender

Laboratory investigations**Table no 4**

Investigation	Findings
Hemoglobin	8.9 gm/dL
Random Blood Sugar	108.2 mg/dL
Thyroid Function Test	Normal
Serum Prolactin	Normal

ASSEMENT CRITERIA

Subjective Criteria

Table no 5

Symptom	Grade 0	Grade 1	Grade 2	Grade 3
Intermenstrual Period	24–35 days	36–45 days	46–60 days	>60 days
Duration of Bleeding	3–5 days	<3 days	<2 days	<1 day
Amount of Bleeding	2 pads/day	1 pad/day	Spotting	No bleeding
Pain During Menstruation	None	Mild	Moderate	Severe
Objective Criteria				

Table no 6.

Parameter	Grade 0	Grade 1	Grade 2
Size of Ovarian Cyst	No cyst	1–5 mm	5–10 mm
Ovarian Volume	<10 cc	10–20 cc	>20 cc

TREATMENT PROTOCOL Internal Medications FOR 3 consecutive cycle

Table no 7

Medicine	Dose	Duration
<i>Kanchanar Guggulu</i>	1 tablet twice daily with lukewarm	3 cycles water before food
<i>Triphala Churna</i>	5 g at bedtime with lukewarm water	3 cycles
<i>Kumaryasava</i>	20 mL twice daily after food	3 cycles

SHODHANA CHIKITSA (VIRECHANA KARMA)*Poorvakarma**Deepana-Pachana**Triphala Churna* 5 g at bedtime for 7 days.*Snehapana**Panchatikta Ghrita* was administered from Day 5 to Day 7 in increasing doses:**Table no 8**

Day	Dose
Day 5	15 mL
Day 6	30 mL
Day 7	60 mL

Abhyanga and Swedana*Sarvanga Abhyanga* with *Murchita Tila Taila* followed by *Nadi Sweda* using *Dashamoola Kwatha* from Day 9 to Day 11.**Pradhana Karma Virechana Karma On Day 12.**

- *Eranda Sneha* – 20 mL
- *Draksha Kwatha* – 40 mL
- *Ichabhedhi Vati* – 1 tablet

Virechana was performed at approximately 11:00 AM.

The patient achieved.

- 26 Vegas
- *Kaphanta Shuddhi*
- *Laghuta*
- *Agni Vriddhi*
- *Gatrasad*

Paschatkarma**Sansarjana Karma**

A seven-day graduated dietary regimen was advised.

Table no 9

Day	Morning	Evening
1	—	<i>Peya</i>
2	<i>Peya</i>	<i>Peya</i>
3	<i>Vilepi</i>	<i>Vilepi</i>
4	<i>Vilepi</i>	<i>Akruta Yusha</i>
5	<i>Akruta Yusha</i>	<i>Akruta Yusha</i>
6	<i>Krita Yusha</i>	<i>Krita Yusha</i>
7	<i>Krita Yusha</i>	Normal Diet

Overall strategy**Table no 10.**

<i>Poorvakarma</i>	<i>Pradhankarma</i>	<i>Paschatkarma</i>
<i>Deepan / pachan</i>	<i>Virechan karma</i>	<i>Sansarjankarma</i>
<i>Snehapan Sarvanga abhyanga and swedan</i>		<i>Ashtamahadoshshr varjyabhav</i>

Deepan/ pachan

patient is instructed to take *Triphala Churna* 5gm HS 7days.

Table no 11

Day of Cycle	Formulation	Dose and Timing
Day 1-4	-	No major medication during bleeding (except symptomatic relief if needed)
Day 5-7	<i>Panchatikta ghrita</i>	<i>Abhyantar Snehapan</i> with increasing manner at <i>shaman kala</i> (with <i>Ushnodak Anupan</i>)- 5 th day 15ml 6 th day 30 ml 7 th day 60ml
	<i>Kanchanar Gugglu</i>	2 Tabs (250 mg) twice daily after meals
	<i>Triphala Churna</i>	3-5 gm at bed time with Lukewarm water
	<i>Kumaryasavam</i>	30ml twice daily with lukewarm water after food
Day 8	Continue: <i>Kanchanar guggulu</i> , <i>Triphala churna</i> and <i>Kumaryasavum</i>	
Day 9-10-11	Continue same medicines <i>Sarvanga Snehan</i> with <i>Murchit Tila Taila</i> <i>Sarvanga Swedana</i> with <i>Dashmul Kwath Nadisweda</i>	<i>Ushna</i> , <i>Drava</i> , <i>Snigdha Aahar</i> one night prior to <i>Virechan</i> on 11 th day
Day 12	<i>Mrudu Sarvanga Snehan</i> with <i>Murchit Tila Taila</i> <i>Mrudu Sarvanga Swedana</i> with <i>Dashmul Kwath Nadisweda</i> <i>Virechan</i> with <i>Eranda Sneha</i> 20ml + <i>Draksha Kwath</i> 40ml + 1tab <i>Ichabhedi Vati</i>	<i>Virechana</i> at <i>Paittiki kala</i> (around 11 am)

Table no. 12.

<i>Aantiki</i>	<i>Vegiki</i>	<i>Maniki</i>	<i>Laingiki</i>
<i>Kaphanta</i> (whitish faecal matter with mucous)	26 episodes	4 <i>Prastha</i>	<i>Laghutva</i> , <i>Sroto Vishudhi</i> , <i>Agni vridhi</i> , <i>Indriya Samprasado</i>

PATHYA AND APATHYA**Table no 13.**

<i>Pathya</i>	<i>Apathya</i>
Green leafy vegetables High-fiber diet Regular exercise Yoga (Surya Namaskara) Meditation	<ul style="list-style-type: none"> Oily and fried food Spicy food Junk and processed food Day sleep

Samprapti Ghatak

Dosha- Vata and Kapha

Dushya- Rasa, rakta and Artava

Srothas- Rasa, rakta and Artava

Nidan Sevan leads to *Jatharagni mandhya*

Sanga type of *Srothodusti* occur

To normalize this condition drugs having the action such as *Amapachana*, *Agni Deepana*, *Pachana*, *Vatanulomana*, *Lekhana* and *Artava Janana* properties should be used.

1. Kanchanar Guggulu**Classical Reference**

Kanchanar Guggulu is described in *Bhaishajya Ratnavali* and is widely indicated in conditions involving

Granthi, *Gulma*, *Apachi*, *Medodushti*, and glandular swellings.

Ingredients

- Kanchanara* (*Bauhinia variegata*)
- Guggulu* (*Commiphora mukul*)
- Triphala*
- Trikatu*
- Varuna*
- Ela*
- Dalchini* and other ingredients

Ayurvedic Properties

Table no 14

Property	Description
Rasa	Kashaya, Tikta
Guna	Laghu, Ruksha
Virya	Ushna
Vipaka	Katu
Dosha Karma	Kapha-Vata Shamaka

Mode of Action in PCOD

Kanchanar Guggulu helps in reducing *Kapha* accumulation and *Meda Dhatu Dushti*. It clears

Srotorodha and improves *Artavavaha Srotasa* function. Due to its *Lekhana* and *Shothahara* properties, it helps in reducing cystic ovarian changes and improving follicular maturation.

Therapeutic Importance

- Reduces ovarian cystic changes
- Improves metabolism
- Corrects *Kapha* dominance
- Helps regulate menstrual cycles

Table no. 15.

AYURVEDIC ACTION	EFFECT IN PMOS
<i>Lekhana</i>	Reduces <i>Meda Dhatu</i> and shrinks cystic growth in ovaries
<i>Srotoshodhana</i>	Clears blockage in <i>Artavavaha Srotas</i> , restores ovulatory function
<i>Deepana Pachana</i>	Improves <i>Agni</i> , reduces <i>Ama</i> , corrects metabolic and hormonal dysfunction
<i>Vatanuloman</i>	Restores proper function of <i>Apana Vata</i> , supports ovulation and menstruation
<i>Kapha- Meda Shamana</i>	Addresses core <i>Kapha-Meda</i> pathology of PCOD – reduces ovarian volume, insulin resistance
<i>Granthi Nashan</i>	Resolves ovarian cyst, fibroids or nodular swelling.
<i>Rasayana Karma</i>	Rejuvenates reproduction tissues, supports <i>Artava Dhatu</i> formation

2. Triphala Churna**Classical Reference**

Triphala is described in *Charaka Samhita* and *Ashtanga Hridaya* as a potent *Rasayana* and mild detoxifying formulation.

Ingredients

- *Haritaki* (*Terminalia chebula*)
- *Bibhitaki* (*Terminalia bellirica*)
- *Amalaki* (*Emblica officinalis*)

Ayurvedic Properties

Vipaka Madhura

Dosha Karma Tridosha Shamaka

Mode of Action in PCOD

Triphala improves *Agni* and removes *Ama* from the body. It regulates bowel habits, enhances metabolism, and assists in correcting *Meda Dhatu* imbalance. By improving digestion and metabolism, it indirectly supports hormonal balance.

Therapeutic Importance

- *Deepana* and *Pachana*
- Mild detoxification
- Improves bowel habits
- Reduces oxidative stress
- Supports weight management

Table no 16

Property	Description
Rasa	Predominantly <i>Kashaya</i> with other <i>Rasas</i> except <i>Lavana</i>
Guna	Laghu, Ruksha
Virya	Ushna (<i>Haritaki</i>), <i>Sheeta</i> (<i>Amalaki</i>)

Table no. 17.

AYURVEDIC CONCEPT	ACTION OF TRIPHALA CHURNA
<i>Agnivardhana</i> and <i>Amapachana</i>	Enhances digestive / metabolic fire-reduces <i>Ama</i> - corrects hormonal imbalance
<i>Srotoshodhana</i>	Clears obstruction in <i>Artavavaha Srotas</i> caused by <i>Kapha</i> and <i>Meda</i> , facilitating ovulation
<i>Lekhana</i>	Reduces excess <i>Meda</i> around ovaries (important in PCOD pathogenesis)
<i>Raktprasadana</i>	Improves quality of <i>Rasa</i> and <i>Rakta Dhatu</i> , which form the basis of <i>Artava Dhatu</i>
<i>Tridosha Shamaka</i>	Balance <i>Vata</i> (for ovulation), <i>Kapha</i> (cyst formation), <i>Pitta</i> (inflammation)
Mild <i>Virechana</i> Effect	Helps regulate <i>Apana Vata</i> - restores proper <i>Artava Nirmana</i> and <i>Pravritti</i> (ovulation and menstruation)
<i>Rasayana</i>	Rejuvenates reproductive tissues, supports long-term hormonal health

3. Kumaryasava

Classical Reference

Kumaryasava is mentioned in *Bhaishajya Ratnavali* and is commonly indicated in gynecological disorders including menstrual irregularities.

Main Ingredients

- *Kumari (Aloe vera)*
- *Triphala*
- *Jatamansi*
- *Trikatu*
- *Dhataki*
- *Loha Bhasma*
- *Dhanyaka* and supportive ingredients

Ayurvedic Properties

Table no 18

Property	Description
<i>Rasa</i>	<i>Tikta, Madhura</i>
<i>Guna</i>	<i>Laghu, Sara</i>
<i>Virya</i>	<i>Ushna</i>
<i>Vipaka</i>	<i>atu</i>
<i>Dosha Karma</i>	<i>Vata-Kapha Shamaka</i>

Mode of Action in PCOD

Kumaryasava acts as an *Artavajanana* and uterine stimulant. It helps in regulating menstrual cycles, improving ovarian function, and correcting *Apana Vata Dushti*. It also improves *Agni* and relieves *Artavavaha Srotorodha*.

Therapeutic Importance

- Regulates menstruation
- Improves reproductive function
- Corrects *Apana Vata*
- Enhances digestion and metabolism

4. Panchatikta Ghrita

Classical Reference

Panchatikta Ghrita is described in classical Ayurvedic texts for disorders involving *Dhatu Dushti* and chronic metabolic conditions.

Ingredients

- *Nimba*
- *Patola*
- *Guduchi*
- *Vasa*
- *Kantakari* processed in *Ghrita*

Ayurvedic Properties

Table no 19

Property	Description
<i>Rasa</i>	<i>Tikta</i>
<i>Guna</i>	<i>Snigdha, Laghu</i>
<i>Virya</i>	<i>Ushna</i>
<i>Vipaka</i>	<i>Katu</i>
<i>Dosha Karma</i>	<i>Kapha-Pitta Shamaka</i>

Mode of Action in PCOD

Panchatikta Ghrita was used for *Snehapana* prior to *Virechana*.

It helps in loosening vitiated *Doshas* from tissues and channels. Due to its *Tikta Rasa* and *Ghrita* base, it acts at deeper *dhatu* levels and improves metabolic correction.

Therapeutic Importance

- Prepares body for *Shodhana*
- Corrects *Dhatu Dushti*
- Reduces inflammation
- Improves tissue metabolism

5. Eranda Sneha

Classical Reference

Eranda Taila is described in *Charaka Samhita* and *Sushruta Samhita* as an effective *Virechana Dravya*.
Ayurvedic Properties

Table no 20

Property	Description
<i>Rasa</i>	<i>Madhura, Kashaya</i>
<i>Guna</i>	<i>Guru, Snigdha</i>
<i>Virya</i>	<i>Ushna</i>
<i>Vipaka</i>	<i>Madhura</i>
<i>Dosha Karma</i>	<i>Vata-Kapha Shamaka</i>

Role in Virechana Karma

Eranda Sneha facilitates expulsion of vitiated *Doshas* through the lower pathway. It effectively eliminates *Kapha* and *Pitta Dushti* and relieves *Srotorodha*.

Therapeutic Importance

- Effective purgative
- Detoxifies body
- Corrects *Vata* imbalance
- Clears channels and improves metabolism

6. Ichabhedi Vati

Classical Reference

Ichabhedi Vati is a classical Ayurvedic formulation indicated in constipation, *Ama* conditions, and purification therapies.

Ayurvedic Properties

Table no 21

Property	Description
<i>Rasa</i>	<i>Katu, Tikta</i>
<i>Guna</i>	<i>Laghu, Tikshna</i>
<i>Virya</i>	<i>Ushna</i>
<i>Vipaka</i>	<i>Katu</i>
<i>Dosha Karma</i>	<i>Kapha-Vata Shamaka</i>

Role in PCOD Management

Ichabhedi Vati was administered during *Virechana Karma* to facilitate proper bowel evacuation and *Dosha* elimination. It assists in cleansing the gastrointestinal tract and correcting *Agnimandya*.

Therapeutic Importance

- Supports *Virechana Karma*
- Eliminates *Ama*
- Enhances bowel evacuation
- Corrects *Agni* dysfunction

RESULTS**Table no 22.**

Parameter	Before Treatment	After 1st Cycle	After 2nd Cycle	After 3rd Cycle
Intermenstrual Period	3	1	1	0
Duration of Menstrual Bleeding	3	2	2	1
Amount of Menstrual Bleeding	2	1	0	0
Pain During Menstruation	3	2	1	1

ULTRASONOGRAPHY COMPARISON**Table no 23.**

Before Treatment	After Treatment
Uterus- Anteverted, Normal in shape, size and echo texture. Size- 6.8x4.3 x 3.5 cm Ovaries- RO- 3.4 x 3.2x2.5cm; vol- 15cc LO- 4.6x3.3x2.4cm; vol-20cc Impression- Both the ovaries are mildly bulky in size and shows multiple small subcentimeter sized follicles arranged peripherally with scanty central stroma s/o B/L Polycystic Ovarian morphology	Uterus- Anteverted, Normal in shape, size and echo texture. Size- 6.8x4.3 x 3.5 cm Ovaries- RO- 3.3 x 2.2x2.1cm; vol- 8cc LO- 3.3x2.1x1.6cm; vol-12cc Impression- Ovarian morphology appears within normal limits

DISCUSSION

PCOD is increasingly prevalent due to sedentary lifestyle, stress, improper dietary habits, and metabolic disturbances. *Ayurveda* emphasizes the role of *Tridosha*, *Agni*, *Dhatu*, and *Srotas* in the pathogenesis of disease.

In this case, *Agnimandya* led to improper metabolism and *Meda Dhatu Dushti*, causing obstruction in *Artavavaha Srotas*. *Kapha Dosha* caused *Srotorodha* while aggravated *Vata* disrupted the normal function of *Artava*.

Virechana Karma was selected as the principal *Shodhana* therapy due to its effectiveness in *Pitta-Kapha* disorders and metabolic correction. Internal medications such as *Kanchanar Guggulu* helped in reducing cystic changes and *Kapha* accumulation. *Triphala Churna* improved *Agni* and bowel regulation, while *Kumaryasava* supported menstrual regulation and reproductive health. Lifestyle modifications including exercise, yoga, dietary correction, and stress management contributed significantly to the overall improvement.

The treatment resulted in normalization of menstrual cycles, reduction in dysmenorrhea, improvement in menstrual flow, and reduction in ovarian volume.

CONCLUSION

The present case study demonstrates that *Ayurvedic* management including *Shodhana* and *Shamana Chikitsa*

can effectively manage PCOD and improve menstrual regularity and ovarian morphology.

Virechana Karma along with appropriate *Ayurvedic* medications and lifestyle modifications showed significant clinical improvement in the patient. *Ayurveda* provides a holistic and promising approach for the management of PCOD with minimal adverse effects.

Further large-scale clinical studies are recommended to validate these findings scientifically.

DECLARATION OF PATIENT CONSENT

The author certifies that appropriate patient consent was obtained for publication of this case report and clinical information.

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ABBREVIATIONS**Abbreviation Full Form**

PCOD -	Polycystic Ovarian Disease
USG -	Ultrasonography
TSH -	Thyroid Stimulating Hormone
CVS -	Cardiovascular System
CNS -	Central Nervous System
BMI -	Body Mass Index