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"PANCHAKARMA IN STRIROGAS (PCOS AND MENSTRUAL DISORDERS)"

Tushar Tapadiya[1]

AFFILIATIONS:
1. Research Assistant, Ira Consultancy & Research Organisation, Bhosari, Pune, Maharashtra 411026

CORRESPONDENCE:
Tushar Tapadiya
EMAIL ID:
tushartapadiya11@gmail.com

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ABSTRACT:
Polycystic ovary syndrome (PCOS) is the commonest endocrine disorder of reproductive-age women and is associated with menstrual irregularity, hyperandrogenism, infertility and long-term metabolic risk. Indian studies report a high prevalence with distinct metabolic features. Ayurveda addresses gynaecological disorders under Strirogas, with detailed descriptions of Artava, Artava-vyapad, Asrigdara and Yonivyapat. PCOS is commonly correlated with Kapha-Meda and Vata obstruction of Artavavaha Srotas, sometimes termed Artava Kshaya or Granthi-like states. This article reviews the classical concepts, the modern diagnostic framework, Panchakarma procedures including Vamana, Virechana, Basti and Uttarabasti, lifestyle integration, and the limited evidence base. Lifestyle modification remains first-line in modern guidelines, and Panchakarma can be offered as a supervised adjunct after exclusion of other pathology.

KEYWORDS: Strirogas, PCOS, Artava, Yonivyapat, Uttarabasti, Vamana, Virechana, menstrual disorders, Panchakarma

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INTRODUCTION:

PCOS is diagnosed using the Rotterdam criteria, which require two of three features: oligo-ovulation or anovulation, clinical or biochemical hyperandrogenism, and polycystic ovarian morphology, after excluding related disorders [1, 8]. Contemporary guidelines recommend lifestyle management as foundation therapy, with pharmacological therapy for specific features such as combined oral contraceptives, metformin, anti-androgens and ovulation induction [1, 9]. PCOS has strong links with insulin resistance, obesity and adverse cardiometabolic outcomes [3, 10]. Abnormal uterine bleeding is classified with the FIGO PALM-COEIN system [11, 12], which helps differentiate structural from functional causes.

OBSERVATION AND RESULTS:

1. Strirogas in Ayurvedic Literature

The Charaka Samhita discusses twenty Yonivyapat, the disorders of the female genital tract, in a dedicated chapter, and describes treatment principles including Snehana, Swedana, Shodhana and Uttarabasti [5]. The Sushruta Samhita describes Artava-vyapad, Asrigdara and surgical approaches [6], and the Kashyapa Samhita provides extended gynaecological and obstetric guidance [7]. Healthy reproduction depends on four factors: Ritu (fertile period), Kshetra (reproductive organs), Ambu (nutrition) and Beeja (gametes) [6, 13].

PCOS does not have a single classical equivalent. It is considered by authors as Artava Kshaya, Nashtartava, Granthibhuta Artava dushti or Pushpaghni Jataharini, depending on the dominant features [14, 15]. Kapha-Meda vitiation with Avarana of Vata is the commonly proposed pathology, which parallels the contemporary understanding of insulin resistance and adiposity in PCOS [2, 10].

2. Panchakarma Approach

The treatment plan depends on Dosha predominance, strength and phase of the cycle [5, 13].

2.1 Deepana–Pachana and Snehana

Digestive correction using Deepana and Pachana drugs, followed by Snehana with medicated ghee such as Phala Ghrita or Shatavari Ghrita, is traditionally used to prepare the body [16, 17]. Ghee-based formulations should be used cautiously in women with dyslipidaemia, and the effects of ghee on lipids need to be weighed individually [18].

2.2 Vamana and Virechana

Vamana is recommended in Kapha-predominant states with obesity, oligomenorrhoea and thick secretions, and Virechana is used when Pitta features such as acne and burning dominate [5, 6]. Shodhana is not performed during menstruation, pregnancy or when the woman is likely to be pregnant [5, 19]. Given that obesity and insulin resistance are central to many cases of PCOS [1, 20], procedures are combined with weight management.

2.3 Basti

Niruha and Anuvasana Basti are considered the primary therapy for Vata disorders of the pelvis and apana region [5, 14]. Erandamuladi Niruha Basti and Dashamula-based preparations are examples in classical formulations [17, 21].

2.4 Uttarabasti

Uttarabasti is the administration of medicated oil or ghee through the genital tract and is described for Yonivyapat, infertility and menstrual disorders [6, 13]. It is invasive, requires strict asepsis, appropriate timing in the cycle (usually after menstruation) and exclusion of pregnancy, and must be performed by trained practitioners. Reports of its use are mostly observational, and well-controlled studies are lacking.

2.5 Nasya and Other Therapies

Nasya with Shatapushpa or Phala Ghrita is described to regulate hormonal rhythm through its action on the head region, but this is a classical hypothesis [13]. Yoga and stress reduction are also commonly advised.

3. Lifestyle and Diet

A Cochrane review found that lifestyle interventions in PCOS improve body composition, hyperandrogenism and insulin resistance, and may improve ovulation and pregnancy outcomes [22]. Ayurvedic Pathya-apathya guidance (avoiding sweet, heavy, cold and fatty foods in Kapha-Meda states, and promoting regular activity) is aligned with these findings [1, 5].

4. Menstrual Disorders: Practical Notes

Heavy menstrual bleeding, amenorrhoea and dysmenorrhoea need evaluation for anaemia, thyroid disease, hyperprolactinaemia, pregnancy, structural lesions and malignancy before attributing symptoms to Dosha imbalance [11, 12]. In Asrigdara, Panchakarma procedures that increase bleeding risk should be avoided during active heavy bleeding, and Stambhana measures with medical supervision are classical [5, 6]. For Artava-kshaya with Vata predominance, Snehana and Basti are emphasised [5, 13].

5. Evidence

A review of the PCOS literature in India underscores the importance of local epidemiology and metabolic phenotype [4]. Evidence for Panchakarma in PCOS comes mainly from small prospective studies and case series with surrogate endpoints, such as cycle regularity and ultrasound findings. Programme-level studies of Panchakarma suggest broader metabolic effects [23] and improved wellbeing [24], but specific effects on ovulation, androgens and fertility have not been demonstrated in high-quality trials. Future work should follow international PCOS guideline outcomes [1] and use standardised reporting [25].

6. Safety

Uttarabasti, Vamana and Virechana are contraindicated in pregnancy and in suspected pregnancy. Anaemia must be corrected before Shodhana. Herbal preparations must be safe in conception and pregnancy and free of contaminants [26, 27]. Women should not stop prescribed hormonal or metabolic therapy without supervision [9].

CONCLUSION:

Strirogas provide a detailed classical framework for menstrual and reproductive disorders. Panchakarma, especially Vamana, Virechana and Basti, may help in selected women with PCOS as an adjunct to lifestyle change and standard care, but evidence of benefit for reproductive outcomes remains preliminary [1, 19, 22].

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