



Case Study

ROLE OF *UTTAR BASTI* WITH *JATYADI GHRITA* COMBINED WITH *SHAMANA AUSHADH* IN  
THE MANAGEMENT OF PCOD

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ABSTRACT

Polycystic ovarian disease (PCOD) is a common endocrine disorder in reproductive-age women, often managed with conventional therapies that carry limitations. Ayurveda offers a holistic approach through *Shodhana* and *Shamana* interventions. To evaluate the effect of an Ayurvedic regimen combining *Uttar Basti* and *Sanshamana Aushadhi* in PCOD management. A 40-year-old female with PCOD, hypothyroidism, and secondary infertility, presenting with irregular cycles, hirsutism, acne and dysmenorrhea underwent a structured plan. This included *Chitakadi Vati* for 5 days, *Rasnasaptakadi Niruha Basti* and *Sahacharadi Taila Anuvasana Basti* on the 5<sup>th</sup>–6<sup>th</sup> day of the cycle, followed by *Uttar Basti* with *Jatyadi Ghrita* on the 7<sup>th</sup>–9<sup>th</sup> day for three consecutive cycles. Ovacare syrup and tablets were administered orally for three months. Outcomes were assessed clinically and with ultrasound. Significant improvements were noted: acne resolved, hirsutism reduced, hypomenorrhea improved, and menstrual cycles became regular. Ovarian volume reduced on ultrasound. The total symptoms score decreased from 9 to 4, with additional relief in dysmenorrhea, anxiety, and sleep disturbance. The integrative Ayurvedic protocol, especially *Jatyadi Ghrita Uttar Basti*, demonstrated promising results in PCOD management, suggesting a safe and holistic alternative requiring further validation.

INTRODUCTION

Polycystic ovarian disease (PCOD) is a complex endocrine-metabolic disorder that commonly affects women of reproductive age, typically between 12 and 45 years. Around the world, the prevalence of polycystic ovarian disease (PCOD) in women is thought to range from 5.5% to 12.6%. Depending on the diagnostic criteria used, prevalence estimates range from 8.2% to 22.5% in India<sup>[1]</sup>. Although its exact origin is not fully understood, insulin resistance and excess androgen activity are recognized as primary factors. Today's sedentary lifestyle, high stress levels, environmental pollution, and frequent intake of processed foods have all contributed to the growing prevalence of PCOD. Over time, affected women may present with menstrual irregularities, infertility,

obesity, hair thinning, mood disturbances, depression, and sleep disorders. If left unmanaged, these imbalances can increase the risk of diabetes mellitus, cardiovascular disease, and endometrial cancer.

In Ayurvedic classics, Polycystic Ovarian Disease (PCOD) is interpreted under the headings of *Artavakshaya*<sup>[2]</sup>, *Nashtaartava*, and *Pushpaghni Revti*<sup>[3]</sup>. Typical Ayurvedic descriptions include *Uchitakala Adarshanam*-delayed or infrequent menstruation resembling oligomenorrhea-*Alpata* or scanty bleeding (hypomenorrhea), *Yonivedana* or painful cycles, *Sthula Lomash Ganda* signifying coarse facial hair, and fruitless menstruation indicating anovulation.

Modern medicine explains PCOD as a condition marked by menstrual disturbances such as oligomenorrhea, amenorrhea, or dysfunctional uterine bleeding, accompanied by signs like hirsutism, acne, and occasionally virilism. Many women also present with HAIR-AN syndrome, which includes hyperandrogenism, insulin resistance, and acanthosis nigricans. Additional manifestations may involve male-pattern hair thinning, obesity, infertility, and on pelvic examination, the presence of enlarged polycystic

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ovaries<sup>[4]</sup>. *Vishama Ahara Vihara* (irregular diet and lifestyle habits) together with *Dosha* aggravation weaken the *Jatharagni*, generating *Ama*. This impairs enzymatic activity, disturbs hormone regulation, and disrupts the normal functioning of *Artava*. Furthermore, vitiated *Rasa Dhatu* hampers the proper transformation of *Rakta Dhatu*, whose *Upadhatu* is *Artava*, thereby compounding reproductive dysfunction.

Both modern medicine and Ayurveda provide therapeutic options for PCOD. Conventional management often relies on oral contraceptives, insulin sensitizers, anti-androgens, and mineralocorticoid drugs, but these can cause side effects such as irregular bleeding, weight gain, nausea. Ayurveda, by contrast, emphasizes lifestyle modification, dietary regulation, herbal formulations, and *Panchakarma* therapies, offering a holistic approach with fewer adverse effects.

*Basti* therapy is a key component of *Shodhana Chikitsa* in Ayurveda. *Acharya Vagbhata* recommends the administration of *Uttar Basti* for *Artava Vikar* and specifies its use in conditions of the *Yoni & Garbhashaya Vikar*<sup>[5]</sup>.

Skrita commentary (Indu Tika) Sutra Sthan; 1 edition, Pune, Maharas. published by Srimat Atreya Prakashan page No. 323, page no 113.

Similarly, *Acharya Sushruta*, in the *Shukrashonita Shuddhi Sharira Adhyaya*, highlights *Uttar Basti* as an essential procedure for *Artava Shudhi*<sup>[6]</sup>.

#### PATIENT INFORMATION

A 40 years old female patient came to OPD (Patient ID -2509898) of Dayanand Ayurvedic College, Jalandhar, Punjab, with chief complaints of delayed periods, dysmenorrhoea, hirsutism, weight gain, stress, lower back ache since 5 years. Associated symptoms: Irritation, excessive hunger, lethargic, laziness, constipation.

**History of Present Illness:** She is known case of Hypothyroidism and on tab Levothyroxin 25mcg once daily since 4 yrs. She is also known case of secondary infertility due to PCOD. She had taken allopathic treatment from various places and also had done IVF in March, 2022. Post IVF failure, she suffered from depression, weight gain and even had suicidal thoughts and taking sleeping pills and anti-depressants for the same for few months.

**Past History:** Not significant

#### Personal History:

Sleep- Disturbed sleep cycle

Bowel habit- Constipation

Marital status- Married

Occupation- Housewife

Addiction- None

Appetite- more

Sex- female

**Menstrual History** - LMP- 19/04/25, Cycles- 2-3/45-60 days

**Obstetrics History** - P<sub>4</sub>A<sub>4</sub>L<sub>0</sub> - 3 spontaneous abortions in 2011, 2014 and 2020 respectively, IVF conception in 2022 and failed (blighted ovum).

#### Ashtavidha Pariksha

*Nadi*- 78/min

*Mutra*- Normal

*Sparsha*- Normal

*Jihva* - coated

*Mala*- Constipated

*Akriti*- Madhayama

*Shabda*- Clear

#### Investigations

Investigations done on 02.06.25 as mentioned in Table no.1. Ultrasound Report done on 24/05/25 S/O Both ovaries (Rt Ov Vol. 21.03cm<sup>3</sup> and Lt. Ov. Vol: 14.88cm<sup>3</sup>) shows evidence of multiple small follicles arranged in the periphery of the ovaries; stroma are thick. Free fluid seen in the POD.

**Table 1: Blood investigations**

Lab Tests	CBC (HB/ TLC)	BT	CT	TSH	RFT	LFT	HIV	HCV	HBsAG	VDRL	C.Urine	RBS
RESULTS	10.3/7000	2.33 min	8.5 min	5.04	WNL	WNL	NR	NR	NR	NR	3-4 pus cells	140

\*WNL- Within normal limit, \*\*NR- Non-Reactive

#### Assessment Criteria

##### Acne Acanthosis Nigricans - Grade Acne Severity

**Table 2: Grade Acne Severity**

Grade	Acne Severity
0	No acne
1	Comedones only
2	Comedones and papules
3	Papules and pustules

**Hirsutism - Sthula Lomasha Ganda****Table 3: Grading of Hirsutism**

Grade	Hirsutism
0	Absence of symptoms
1	Mild hair on cheek with no obesity
2	Mild hair on cheek with signs of obesity
3	Moderate hair on cheek with signs of obesity

**Hypomenorrhea****Table 4: Grading of Hypomenorrhea**

Grade	Hypomenorrhea
1	More than 30ml per cycle
2	15 - 30ml per cycle
3	10 - 15 ml per cycle
4	Less than 10ml per cycle

**Cycles****Table 5: Grading of Cycles**

Cycles	Grade	Score
28 days	Nil	0
28-45 days	Mild	1
45-60 days	Moderate	2
Above 60 days	Severe	3

**Ultrasound (Pelvis) – Ovarian Size (Volume)****Table 6: Grading of Ovarian Volume**

Grade	Ovarian Volume
0	0 - 10cc (Normal volume)
1	10cc - 15cc
2	15cc - 20 cc
3	Above 20 cc

**Treatment Plan****Table 7: Detailed information of given Treatment**

Therapy	Formulation	Dose	Duration
<i>Deepana-Pachana</i>	<i>Chitakadi Vati</i>	1 tab twice per day ½hr before food with lukewarm water.	Day 1–Day 5
<i>Niruha Basti</i>	<i>Rasnasaptakadi Niruha Basti</i>	400ml <sup>7</sup>	5 <sup>th</sup> & 6 <sup>th</sup> day of cycle
<i>Anuvasana Basti</i>	<i>Sahacharadi Taila</i>	80ml <sup>7</sup>	5 <sup>th</sup> & 6 <sup>th</sup> day of cycle
<i>Uttar Basti</i>	<i>Jatyadi Ghrita</i>	3ml	7 <sup>th</sup> , 8 <sup>th</sup> & 9 <sup>th</sup> day of each cycle, consecutively for 3 cycles.
<i>Shaman Aushadh</i>	Ovacare Tablet (Dav Pharmacy) 250mg twice per day Ovacare Syrup (Dav Pharmacy) 15ml twice per day		3 months

**Table 8: Detailed timeline of observation and therapeutic intervention**

Cycles	LMP	Time Frame	Procedures
1 <sup>st</sup> Cycle	06/06/25	10/06/25 & 11/06/25	<i>Rasnasaptak Niruha Basti</i>
		10/06/25 & 11/06/25	<i>Sahacharadi Anuvasna Basti</i>
		12/06/25, 13/06/25 & 14/06/25	<i>Jatyadi Ghrita Uttar Basti</i>
2 <sup>nd</sup> Cycle	14/07/25	18/07/25 & 19/07/25	<i>Rasnasaptak Niruha Basti</i>
		18/07/25 & 19/07/25	<i>Sahacharadi Anuvasna Basti</i>
		20/07/25, 21/07/25 & 22/07/25	<i>Jatyadi Ghrita Uttar Basti</i>
3 <sup>rd</sup> Cycle	23/08/25	27/08/25 & 28/08/25	<i>Rasnasaptak Niruha Basti</i>
		27/08/25 & 28/08/25	<i>Sahacharadi Anuvasna Basti</i>
		29/08/25, 30/08/25 & 31/08/25	<i>Jatyadi Ghrita Uttar Basti</i>
4 <sup>th</sup> Cycle	24/09/25	--	--

**Table 9: Detailed timeline of Internal Medications**

Time Frame	Oral Medication
06/06/25 to 10/06/25	<i>Chitrakadi vati</i>
14/07/25 to 18/07/25	
23/08/25 to 27/08/25	
06/06/25 to 06/09/25	Ovacare Tablet (Dav Pharmacy) 250mg twice per day Ovacare Syrup (Dav Pharmacy) 15ml twice per day

**OBSERVATION & RESULT****Table 10: Before and After treatment Assessment for PCOD**

S.No.	Assessment Criteria	Grade (Before Treatment)	Grade (After Treatment)
1.	Acne Acanthosis Nigricans – Grade Acne Severity	1	0
2.	Hirsutism – <i>Sthula Lomasha Ganda</i>	2	1
3.	Hypomenorrhoea	2	1
4.	Cycles	2	1
5.	Ultrasound (pelvis) – Ovarian size (volume)	2	1
	<b>Total Score</b>	<b>9</b>	<b>4</b>

Additionally, there was significant relief in dysmenorrhea. Improvement in quality of sleep, anxiety and excessive aggression also noted. Ultrasound Report done on 28/09/25 S/O Both ovaries (Rt Ov Vol. 14cm<sup>3</sup> and Lt. Ov. Vol: 9.30cm<sup>3</sup>) shows evidence of multiple small follicles arranged in the periphery of the ovaries. The patient also presented with pelvic inflammatory disease (PID), which showed marked relief following the treatment.

**DISCUSSION**

The management of Polycystic Ovarian Disease (PCOD) requires both systemic correction and local action on the reproductive system. The present treatment plan combines *Deepana-Pachana*, *Uttar Basti* with *Jatyadi Ghrita*, and oral administration of Ovacare syrup and tablets, thereby addressing the condition through a multidimensional approach.

The therapeutic significance of *Uttar Basti* in managing female disorders has been elaborated by various *Acharyas*. Acharya Charaka<sup>[8]</sup> emphasized that pacification of vitiated *Vata Dosha* through *Uttar Basti* makes it a key treatment in *Vandhyatva*. Acharya Vagbhata<sup>[9]</sup> recommended this procedure in conditions such as *Yonivibhramsha*, *Yonishula*, *Yoni Vyapad*, and *Asrigdara*. Similarly, Acharya Sushruta<sup>[10]</sup> described its usefulness in both *Shukra* and *Artava Dushti*, leading to infertility and menstrual irregularities. *Bhavaprakasha*<sup>[11]</sup> further noted its indication in *Shukraruja* and *Artavaja Ruja*, referring to painful disorders associated with seminal and menstrual disturbances.

The female reproductive system possesses a dense vascular and lymphatic network that supports rapid hormonal exchange and efficient local drug absorption<sup>[12]</sup>. In *Uttar Basti*, medicated *Sneha Dravya* pools in the uterine cavity, creating a depot effect that



prolongs contact with the endometrium and enhances transcellular, paracellular, venous, and lymphatic uptake<sup>[13]</sup>. This enables targeted delivery to the uterus while bypassing hepatic first-pass metabolism. The uterine “first-pass effect” explains higher local tissue concentrations achieved through intrauterine and vaginal routes compared with systemic administration, offering therapeutic advantages in reproductive disorders<sup>[14]</sup>.

*Jatyadi Ghrita* is mentioned in *Ashtanga Haridya*<sup>[15]</sup> is composed of *Jaati Patra*, *Nimba Patra*, *Patola*, *Katuki*, *Daarvi*, *Nisha*, *Sariva*, *Manjishtha*, *Abhaya*, *Siktaka*, *Tutha*, *Madhuka*, *Naktvah*. The drug *Jati* is having *Tikta*, *Kashaya Rasa*, *Laghu*, *Sheet Guna*, *Ushna Virya* and *Katu Vipaka*. *Acharya Vagbhata* while explaining functions of *Rasa*, mentioned *Tikta Rasa* act as *Lekhana*. As most *Dravyas* used in preparation of *Jatyadi Ghrita* are *Kapha-Pittahara*, balances *Vata* which is useful in PCOD. Few *Dravyas* like *Katuki*, *Abhaya*, *Karanja* etc have *Lekhana Guna* helps to reduce PCOD. *Ghrita* used as base gets directly absorbed in epithelial cells and shows local effects. Drug is selected on the basis of properties and *Karma* of its *Dravyas* mentioned above<sup>[16]</sup>.

Additionally, *Ovacare Syrup* is consisting of- *Ashoka*, *Gokshura*, *Varuna*, *Punarnava*, *Atsi*, *Guduchi*, *Devdaru*, *Haritaki*, *Vibhitaki*, *Amalaki*, *Gajarbeeja*, *Krishna lavana*, *Jatamansi*, *Javitri*, *Ghritakumari*, *Shunthi*. *Ovacare Tablet* is made up of - *Shudh Guggul*, *Varuna*, *Gudmarbooti*, *Gokshura*, *Kasisa*, *Ela*, *Shudha Rasanjana*, *Methika*, *Kalonji*, *Chitarakmoola*, *Gorakhmundi*. Drugs used in *Sanshaman Yoga* (*Ovacare tablet* and *Ovacare syrup*) are *Kapha- Vattahara*, *Pitta Vardhaka*, *Vedana Sthapana*, *Krimighana*, *Shothahara*, *Atavajanan*, *Garbhashaya Uttejaka*, *Granthihara*, *Lekhniya*, *Bhedniya* etc. properties which helps to break *Stroto* *Vrodha* caused by *Pitta* and *Kapha*, balances the *Vata Doshas*. Some additional drugs will do *Deepana*, *Pachana*, *Anulomana* etc. which increases the efficacy of *Dravya*<sup>[16]</sup>.

Thus, the combined regimen works through a two-fold mechanism: systemic correction by oral drugs and targeted local action by *Uttar Basti*. This integrative approach not only restores hormonal equilibrium but also improves ovulation, regulates menstrual cycles, and reduces cystic formations. Importantly, being natural and holistic, it minimizes adverse effects often associated with conventional pharmacological therapies.

## CONCLUSION

The present case study demonstrates that an integrative Ayurvedic approach, incorporating *Deepana Pachana*, *Niruha-Anuvasana Basti*, *Uttar Basti* with *Jatyadi Ghrita*, and *Sanshaman Aushadhis* like *Ovacare syrup* and *tablets*, provides significant therapeutic benefit in managing Polycystic Ovarian

Disease (PCOD). The observed clinical improvements including regularization of menstrual cycles, reduction in ovarian volume, alleviation of hypomenorrhea, acne, hirsutism, and dysmenorrhea- highlight the multidimensional impact of this treatment. Although the treatment period was relatively brief, the outcomes were encouraging. Still, it is difficult to establish definitive conclusions. The favorable response in this case underlines the importance of conducting studies with extended treatment durations and larger sample sizes for better validation.

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