

# Holistic Approach of Siddha Medicine in Treating Polycystic Ovarian Syndrome: A Case Report

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## Abstract:

### Background:

Polycystic ovarian syndrome (PCOS) is a common endocrine disorder marked by irregular menstruation, hyperandrogenism, and polycystic ovaries. Conventional treatments often provide limited relief. This case explores the effect of Siddha holistic therapy in a 39-year-old woman with irregular cycles, right ovarian cyst, mild constipation, and weight gain.

### Case Presentation:

The patient had a 4-month history of irregular periods, 5 kg weight gain, and neck pigmentation. Ultrasound showed a right ovarian cyst. Lab results were normal, and prior hormone therapy offered minimal relief.

### Treatment and Outcome:

The Siddha regimen included initial detoxification with *Sukku Thylam* oil bath and *Aagasthiyar Kolambu* purgation, followed by internal medicines like *Nandhi Melugu*, *Kalarchi Tablets*, *Aadhuthedapalai Thylam*, *Neermulikudineer*, and *Manduraadaikasayam* for 45 days. A tailored diet and yoga were also advised. Constipation resolved in 2 days; by 3 months, menstrual cycles normalized and weight reduced. After 8 months, fatigue and pigmentation improved significantly.

### Conclusion:

Siddha therapy showed promising results in managing PCOS symptoms and improving overall well-being, offering a viable alternative for patients unresponsive to conventional treatment.

**Keywords:** Polycystic Ovarian Syndrome, Siddha Medicine, Holistic Treatment, Menstrual Irregularity, Weight Management.

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## 1. Introduction

Polycystic ovarian syndrome (PCOS), first described by Stein and Leventhal in 1935, is a prevalent endocrine disorder in women of reproductive age, with an estimated global prevalence ranging from 4% to 20% (1,2). It manifests through a constellation of symptoms including menstrual irregularities, hyperandrogenism, and polycystic ovarian morphology. The pathophysiology of PCOS is multifactorial, involving genetic, hormonal, metabolic, and environmental factors. Central features include hyperandrogenism, insulin resistance, and chronic anovulation, often leading to infertility and increased risk of metabolic syndrome and cardiovascular diseases (3).

The Rotterdam criteria, established in 2003, remain the gold standard for diagnosis, requiring the presence of at least two of the following three criteria: oligo/anovulation, hyperandrogenism

(either clinical or biochemical), and polycystic ovaries on ultrasonography, after ruling out other etiologies such as thyroid disorders, Cushing's syndrome, and hyperprolactinemia (4,5). While conventional treatments include lifestyle modifications, insulin sensitizers, hormonal contraceptives, and anti-androgens, these primarily target symptom management and often fail to address the underlying metabolic imbalance (6).

Siddha medicine, an ancient Indian system of medicine, focuses on balancing the three humors—Vali (air), Azhal (fire), and Iyyam (water). It employs personalized regimens combining detoxification, herbal medications, diet, and lifestyle interventions aimed at restoring systemic equilibrium. Siddha's holistic approach has shown promise in the management of hormonal and metabolic disorders such as PCOS (7). This report presents a case in which a Siddha-based therapeutic protocol was successful in ameliorating

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PCOS symptoms in a patient unresponsive to conventional hormonal therapy.

## 2. Case Presentation

### 2.1. Patient Information

A 39-year-old woman presented with a 5-month history of irregular menstruation, recent unexplained weight gain of 5 kg, and hyperpigmentation around the neck region. She also complained of mild constipation but denied any signs of hirsutism or acne, suggesting an absence of clinical hyperandrogenism. A transabdominal ultrasound revealed a small cyst in the right ovary, suggestive of polycystic morphology. Her medical history was unremarkable for diabetes, thyroid disease, or hypertension. She had previously been treated with oral contraceptives, which yielded no significant improvement.

### 2.2. Clinical Examination

On examination, the patient was overweight with a height of 162 cm and a weight of 76 kg, yielding a BMI of 28.9. Menstrual cycles occurred every 45–60 days, indicating oligomenorrhea. Abdominal examination was normal, but acanthosis nigricans was observed on the neck. Laboratory investigations including complete blood count, ESR, thyroid function tests, fasting glucose, and serum insulin were all within normal limits, ruling out secondary causes of her symptoms.

## 3. Therapeutic Intervention

### 3.1. Detoxification and Purgation

A three-day preliminary detoxification phase was initiated as per Siddha protocols. On Day 1, the patient underwent an oil bath using Sukku Thylam (ginger-based medicated oil) to stimulate peripheral circulation and initiate detoxification. On Day 2, purgation therapy was performed using Agasthiyar Kolambu combined with Sangankupi extract to eliminate accumulated toxins and address constipation. Day 3 was designated as a rest day to allow the body to recover and adjust post-purgation.

### 3.2. Internal and External Medicines

The treatment was divided into two distinct phases. During Phase 1 (Day 4 to Day 51), the patient was administered Nandhi Melugu (500 mg with palm jaggery) twice daily, Kalarchi Tablets (2-0-2), Aadhuthedapalai Thylam (10 drops daily), and Neermulikudineer, a decoction taken twice daily. Manduraadaikasayam, a Siddha formulation with hematini and hormonal regulatory properties, was continued for 45 days.

Phase 2 (from Day 52 onward) involved continuation of Kalarchi Tablets at a reduced dosage (1-0-1), Aadhuthedapalai Thylam, and Neermulikudineer for another 45 days. Additionally, Sathavari Legiyam (5 g daily) was introduced to support hormonal balance and enhance vitality.

### 3.3. Diet and Lifestyle Modifications

A comprehensive dietary plan was recommended, emphasizing a low-glycemic, high-fiber diet. The patient was instructed to avoid refined sugars, dairy products, and processed foods. Daily yoga sessions were initiated, focusing on asanas such as Bhujangasana and Setubandhasana, and pranayama techniques to manage stress and improve metabolic function—both critical components in PCOS management (8).

## 4. Outcomes and Follow-Up

Clinical improvements were evident within a short period. Constipation was resolved within two days following purgation. After three months, the patient reported regularized menstrual cycles (28–35 days) and a 4.5 kg reduction in weight. By the sixth month, there was a noticeable improvement in fatigue levels and reduction in skin pigmentation. After eight months, menstrual regularity was sustained, and overall well-being was markedly improved. Notably, no adverse effects were reported during or after treatment, indicating the safety and tolerability of the regimen.

## 5. Discussion

PCOS presents a complex interplay of hormonal, metabolic, and reproductive dysfunctions. Mainstream medical interventions often provide only temporary symptomatic relief, and long-term use may result in side effects or poor adherence (3,6). Siddha medicine offers a complementary approach that aligns with the concept of individualized, root-cause therapy. Its core principles focus on detoxification (virechana), restoration of humoral balance, and the use of plant-based or mineral formulations to modulate internal physiology.

In this case, the detoxification process likely facilitated the elimination of metabolic wastes and improved intestinal and hepatic function. Internal medications such as Manduraadaikasayam and Neermulikudineer possess documented anti-inflammatory and hormone-regulatory actions, while Nandhi Melugu and Kalarchi Tablets are reputed to enhance endocrine balance and digestion (7). The integration of yoga and dietary adjustments contributed to sustained weight loss and improved insulin sensitivity, crucial elements in PCOS management (8).

The structured, stepwise approach in this Siddha regimen helped restore menstrual cyclicity and metabolic stability without pharmacological side effects, emphasizing its role as a viable alternative for PCOS, especially in patients who show limited response to conventional therapies.

## 6. Conclusion

This case exemplifies the successful application of Siddha holistic treatment in a patient with PCOS unresponsive to standard hormonal therapy. A comprehensive protocol encompassing detoxification, herbal medicines, dietary restructuring, and yogic exercises led to significant improvements in menstrual regularity, metabolic profile, and overall vitality. The absence of adverse effects underscores its safety. These findings suggest that Siddha medicine may offer a promising complementary or alternative therapeutic pathway for managing chronic endocrine disorders such as PCOS.

Nevertheless, large-scale clinical trials and standardized protocols are necessary to validate these outcomes and ensure reproducibility across broader populations.

## 7. Patient Consent Statement

Informed consent was obtained from the patient for publication of this case report and accompanying clinical details. The identity of the patient has been anonymized.

## References

1. Stein IF, Leventhal ML. Amenorrhea associated with bilateral polycystic ovaries. *Am J Obstet Gynecol.* 1955;29(2):181–191.
2. Franks S. Polycystic ovary syndrome in adolescents. *Int J Obes Relat Metab Disord.* 2008;32(7):1035-1041. doi:10.1038/ijo.2008.52
3. Azziz R, Carmina E, Dewailly D, et al. Criteria for polycystic ovary syndrome: a reappraisal. *Fertil Steril.* 2006;86(5):183-187. doi:10.1016/j.fertnstert.2006.03.007
4. Rotterdam ESHRE/ASRM-Sponsored PCOS Consensus Workshop Group. Revised 2003 consensus on diagnostic criteria and long-term health risks related to polycystic ovary syndrome. *Fertil Steril.* 2004;81(1):19-25. doi:10.1016/j.fertnstert.2003.10.004
5. Legro RS, Arslanian SA, Ehrmann DA, et al. Diagnosis and treatment of polycystic ovary syndrome: An Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab.* 2013;98(12):4565-4592. doi:10.1210/jc.2013-2350
6. Franks S, Stark J, Hardy K. Follicle dynamics and anovulation in polycystic ovary syndrome. *Hum Reprod Update.* 2008;14(4):367-378. doi:10.1093/humupd/dmn012
7. Zeng X, Xie YJ, Liu YT, Long SL, Mo ZC. Polycystic ovarian syndrome: Correlation between hyperandrogenism, insulin resistance and obesity. *Clin Chim Acta.* 2020;502:214-221. doi:10.1016/j.cca.2019.11.003
8. Raut LP, Kodur SR, Venugopal B, et al. Effectiveness of Siddha medicine on obesity management: A randomized control trial. *J Tradit Complement Med.* 2021;11(5):495-501. doi:10.1016/j.jtcme.2021.01.008