

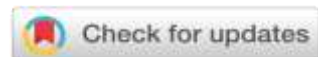
THE EFFICACY OF *LEKHANIYA GANA SIDDHA ANUVASANA BASTI* ON PCOSAnkita Yelane¹, Jayshree S. Deshmukh², Sandhya Yennawar³Assistant Professor¹, department of Prasuti Tantra avum Stri Roga,
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ABSTRACT

Infertility is the failure of a person /couple to conceive after one year of regular sexual attempts without contraception. Ayurveda says fertility factors are *Ritu*, *kshetra*, *ambu* and *beeja*. Any ailments in any of these four factors are causes of infertility. Polycystic ovarian syndrome (PCOS) is the most common cause of chronic anovulation associated with hyperandrogenism. PCOS is responsible for more than half of infertility in women. An obese woman suffers mental stress due to obesity, and if she suffers from PCOS, it leads to infertility. At present, PCOS is treated by hormonal therapy, anti-diabetic, symptomatic treatment and surgical drilling. They may lead to obesity. Herbal medicines, according to Ayurveda, followed by *Shodhana karma* like *ANUVASANABASTI*, can be a great benefit in PCOS. In *Charak Samhita*, *lekhaniyadashemani*, which is a group of 10 drugs, acts by scraping, scratching, or by removal of the excess *Doshas*. In this regard, the *Lekhana* drug could be effective in reducing obesity. Considering this view, *Lekhaniyagana savasana basti* has been selected for treating PCOS. This study focuses on the effect of *LEKHANIYAGANA SIDDHA TAILAANUVASANABASTI* on PCOS. We have compared the effects of *Kuberakshavati* and *Lekhaniyagana siddha Anuvasana basti* on 30 patients for three months. By

comparing both the drugs given for PCOS, we have concluded that *Shodhanachikitsa*, followed by *Shamana chikitsa*, helps in treating PCOS.

Keywords: *Ayurveda*, PCOS, *Chikitsa*

INTRODUCTION

Poly Cystic Ovarian Syndrome is a relatively common endocrine disorder in women of reproductive age group. It is found in around 70% of women who have ovulation difficulties leading to infertility. Polycystic Ovarian Syndrome is a condition with cysts on the ovaries that usually prevent the ovaries from performing. Symptoms of Poly Cystic Ovarian Syndrome include Amenorrhea or infrequent menstruation, irregular bleeding, few or no ovulation, multiple immature follicles, increased levels of male hormones, male pattern baldness or thinning hair, excess facial and body hair growth, acne, oily skin or dandruff, dark coloured patches of skin especially on neck, groin, underarms, chronic pelvic pain, increased weight or obesity, diabetes, lipid abnormalities and high blood pressure¹. Fertility problems experienced by women with polycystic ovarian syndrome may be related to elevated hormone, insulin or glucose levels, all of which can interfere with implantation as well as the development of the embryo¹. Increased Luteinizing hormone reduces the chance of conception and increases miscarriage.

Additionally, abnormal insulin levels may contribute to poor egg quality, making conception more difficult¹. It is estimated that 50 - 60% of women who presented to the OPD of CSMSS AYURVED MAHAVIDYALAYA for infertility treatment had had polycystic ovarian syndrome for the last three months. There is a unique *Ayurveda* treatment regimen used in OPD to cure Poly polycystic ovarian Syndrome. Observing nearly three months of this treatment regimen, it is understood that this treatment regimen has a powerful effect on the management of infertility with polycystic ovarian syndrome. But so far, no scientific studies have been carried out; hence, the present study was carried out to scientifically evaluate the efficacy of this *Lekhaniyaga-*

na siddha savasana basti regimen in Infertility with Poly polycystic ovarian Syndrome.

Material and Methods *Preparation of drugs:* All medicines were prepared under the supervision of the HOD of the department PRASUTI TANTRA AVUM STRI ROGA AND the Principal author.

Clinical study: In the present study, 30 patients of infertility with polycyclic ovarian syndrome were selected from OPD of CSMSS AYURVED MAHAVIDYALAYA, AURANGABAD (M.S.) These patients were subjected to detailed clinical examination and investigations, especially FSH, LH level and ratio, and USG.

Inclusion criteria:

- ❖ Patients of age group 20 – 40 years.
- ❖ Diagnosed cases of PCOS having one of the following symptoms
- ❖ Irregular menses
- ❖ Obesity
- ❖ Anovulatory cycles
- ❖ Hirsutism
- ❖ Acne
- ❖ Acanthosis nigricans
- ❖ Married patients of PCOS.

CRITERIA FOR DIAGNOSIS

The presence of at least 3 of the following criteria:

- Polycystic Ovaries on USG
- Oligomenorrhea or anovulation, a
- Elevated LH
- LH: FSH ratio > 3

Infertility patients were selected for the study for 25 - 40 years age group. The patients suffering from diabetes mellitus, hypertension, thyroid disorders, hyperprolactinemia, congenital adrenal hyperplasia, other gynaecological disorders, heart diseases and renal failure were excluded from the research. The treatment was conducted in 2 stages for six months. Fifteen patients were given *Kuberakshavati* 500 mg

BD after meal orally, and 15 patients were given *Kuberaksha* orally and *ANUVASANABATI* 120 ml for eight days as a *YOGA BASTI*. All medicines had stopped during menstrual cycles. The responses to the treatment were recorded, and symptomatic relief Ultrasonography and LH/ FSH hormones evaluated therapeutic effects. Ultrasonography views the changes in the ovaries and the follicles regarding the treatment. The FSH/LH ratio shows the reappearance of the hormonal levels to the normal range.

Observations and Results These patients differ in many ways, such as physique, temperament and habits. In the present study, all the patients were housewives and had no considerable stressful lifestyle. They all had primary infertility and secondary infertility 90% of them have 4 to 6 years of marriage life. 80% of patients were not using any contraceptive method, while 5% used condoms and natural methods for the treatment of 6 months or less. All patients have not taken any medicine within six months for PCOS and infertility. They complained primarily of irregular, few or absent menstruation, scanty or less menstrual blood, pain in menstruation, duration of menstruation below three days, excessive and increased body hair in the face and chest, skin discolouration and obesity. Assessment criteria were based on the improvement in the score of cardinal symptoms, which are irregular menstruation, duration of bleeding, dysmenorrhea, quantity of menstrual blood, excessive body hair, obesity, and skin discolouration before and after the treatment. The improvement in the cardinal symptoms was compared

and analysed statistically between the end of the treatment and baseline using the student's paired 't' test. USG reports revealed that it reduces the polycystic appearance of ovaries and improves follicular maturity. LH/ FSH hormone reports indicated that the ratio was average. Assessment of the amount of bleeding all the pads were collected and subjected to the evaluation of menstrual blood loss before, during, and after treatment. The method used by Vaishali Shinde (2004) in India was used for this study to measure the weight of pads. No. Pads were counted using a pictorial chart, as in previous studies by Higham in 1990 and Herve Fernandez in 2003. At the end of the Ayurveda above treatment regimen, 85% of the patients were successfully cured of Poly polycystic ovarian Syndrome, while 75% of the patients were conceived.

DISCUSSION

Poly Cystic Ovarian Syndrome is one of the leading causes of subfertility in women. It is associated with anovulation, androgen excess, obesity and infertility. PCOS results in increased free testosterone, ovarian androgen secretion, free estradiol and estrone. It favours LH secretion and steady-state follicle-stimulating hormone levels, which affect follicular maturation. This hyperandrogenic, normoestrogenic environment results in an anovulatory state; no progesterone is available to disrupt the constant estrogen stimulation of the endometrium¹,

Table no.1

Duration of bleeding Table 2: Irregular menstruation

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

Table no. 3. Amount of bleeding & quantity of menstrual blood

No. of pads per cycle	Grade	Score
<15	Nil	0
15-19	Mild	1

20-25	Moderate	2
>25	Severe	3

Table 3 (1) Quantity of Menstrual blood

Blood loss	Grade	Score
80- 100 ml	Nil	0
101-120 ml	Mild	1
120- 200 ml	Moderate	2
200 ml	Severe	3

Table 4: Pain during Menstrual period

Pain	Grade	Score
No pain	Nil	0
Menstruation is painful but daily activities are not affected , no need of Analgesics	Mild	1
Daily activities are affected, need to take analgesics	Moderate	2
Daily activities are inhibited, continuous pain	Severe	3

Table 5: General weakness

Weakness	Grade	Score
No weakness	Nil	0
Mild weakness	Mild	1
Severe weakness	Moderate	2

Table 6 Prognosis of the cardinal symptoms

Symptoms	No.(n)	Mean score BT	Mean score. AT	Mean d	Relief %	SD	SE	t
Irregular symptoms	30	2.475	0.250	2.225	75	0.733	0.116	19.19
Duration of bleeding	30	2.350	0.425	1.925	57.5	0.5723	0.095	21.27
Dysmenorrhea	30	1.000	0.050	0.950	95	0.597	0.094	10.06
Quantity of menstrual blood	30	1.900	0.150	1.750	70	1.104	0.174	10.3
Excessive body hair	30	1.950	1.875	0.075	-	0.2667	0.0422	21.78
Obesity	30	1.700	0.200	1.500	85	0.5991	0.0947	15.85
Skin discoloration	30	1.750	0.125	1.625	87.5	0.705	0.111	14.58

Table 7: The overall effect of the therapy

	Mean score . BT	AT	Mean d	SD	SE	T
Lekhanyaganaanuvāsana-basti with Kuberakshavati	1.875	0.4339	1.4375	0.9557	0.0751	25.14

Kuberakshavati	1.654	0.34 2	0.998	0.56 5	0.524	20.2 4
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In allopathic medicine oral contraceptives, progestins, anti-androgens and ovulation induction agents remain standard therapies. *Aartava-kshaya*, which can be correlated with PCOS has been described as deficiency or loss of *artava*, *artava* does not appear in time or is delayed, is scanty and does not last for three days. Pain in vagina also can be seen. According to *Ayurveda*, *Aartava-kshaya* is a disorder involving *Pitta* and *Kapha doshas*, *Medas*, *Ambu/Rasa*, *Shukra/Artava Dhatu* and *Rasa, Rakta, Artava Vaha Srotas*⁶. Therefore, Poly Cystic Ovarian Syndrome can also be described with same involvement of *Dosha*, *Dhatu* and *Upadhatu Kapha* predominance manifests as increased weight, subfertility, hirsutium, diabetic tendencies and coldness. *Pitta* predominance manifests as hair loss, acne, painful menses, clots and heart problems. *Vata* predominance displays with painful menses, scanty or less menstrual blood and severe menstrual irregularity^{3,4,5}. The pathology is an obstruction in the pelvic cavity (*Apana Kshetra*) causing disorders in the flow of *Vata*. This, in turn, leads to an accumulation of *Kapha* and *Pitta*. The treatment principle is to clear obstruction in the pelvis, normalize metabolism and regulate the menstrual system (*Aartava Dhatu*). *Kapha*-reducing, insulin-enhancing and hormone-rebalancing drugs help to relieve symptoms of polycystic ovarian syndrome. Due to *SampraptiVighatana Kriya* of this *Ayurveda* treatment regimen, the symptoms of polycystic ovarian syndrome get reduced. The effect of therapy shows highly significant results on all the above symptoms of Poly polycystic ovarian Syndrome. When considering irregular menstruation, most patients had a 2 - 4-month duration. At the end of the treatment, irregularity was shown in only 25% of the patients. At the end of the treatment, 57.5% of patients had an average duration of menstrual bleeding, 75% were relieved from Dysmenorrhea, and the majority (70%) had a moderate quantity of menstrual blood. When consid-

ering skin discoloration, 87.5% of patients were relieved from the symptom. At the end of the treatment, most patients (85%) had normal BMI levels. However, when considering the symptoms of excessive and increased body hair, no significant relief was shown. In the case of infertility with Poly Cystic Ovarian Syndrome, 85% of patients were successfully cured from Poly Cystic Ovarian Syndrome, while 75% of patients were conceived. All these patients were followed for six months. During that period, uncured patients were treated continuously. After the four months of duration, 90% were cured. The pregnant mothers were treated with *Prajasthapana* drugs during their ante-natal visits to the clinic. All of them delivered healthy babies. At the end of this follow-up period, 85% of the treated group were conceived.

CONCLUSION

In conclusion, Infertility due to Poly polycystic ovarian Syndrome can be cured successfully by using the *Ayurveda* above treatment regimen *Shodhana* and *Shaman Chikitsa*.

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