



## A Clinical Study to Evaluate the Efficacy of *Lekhan Basti, Chaturbeej Churna and Varunkanchnar Kashay* along with *Surya Namaskar* on *Vata-Kapha Artava Dusti* w.s.r. to Obese PCOS

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### Article Info

#### Article history:

Received on: 06-02-2023

Accepted on: 22-03-2023

Available online: 31-03-2023

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### ABSTRACT:

**Background-** Polycystic Ovarian Syndrome (PCOS) is a common endocrinopathy, which is multifactorial and polygenic condition, manifested as anovulation, signs of hyperandrogenism and multiple small ovarian cysts. Polycystic ovarian syndrome is a *Medojroga and Santarpanjanya vyadhi*.

**Material and methods** -The present pilot study was designed to evaluate the efficacy of *Lekhan Basti, Chaturbeej Churna And Varunkanchnar Kashay* Along With *Surya Namaskar* on obese PCOS. Total 10 patients were enrolled and study shows extremely significant results. The overall result shows maximum improvement in all the assessment parameters.

**Results** - The overall result shows maximum improvement in all the assessment parameters.

**Conclusion-** from these observation we can conclude that ayurvedic drugs are very effective in weight reduction and in relieving the symptoms of obese pcos

**Keywords :** Pcos , Obesity, *Medojroga, Surya Namaskar*

### INTRODUCTION

Polycystic ovary syndrome is an important example of a metabolic disorder, associated with insulin resistance, the manifestations of which include cardiometabolic risk, and the effects of which are greatly amplified by obesity<sup>1</sup>. Obesity is a common finding in women with PCOS and between 40–80% of women with this condition are reported to be overweight or obese. Considering clinical features of PCOS, this syndrome can be co-related with *pushpaghnijataharini, artavakshaya and*

*nashtartava*<sup>2</sup>. Ayurveda classifies PCOS as a *kaphavruttavata* disorder along with vitiation of *pitta*. The faulty dietetic habits and sedentary lifestyle also cause *mandagni* resulting in *amotpatti* which further leads to *rasa dushti* and vitiation of *kapha*. This *kapha* obstructs *vata* hampering its normal functions. Hence aim of paper is to study the effect of *Lekhan Basti, Chaturbeej Churna And Varunkanchnar Kashay* Along With *Surya Namaskar* ON *VATA KAPHAJ ARTAVA DUSTI* W.S.R. TO OBESE PCOS.<sup>3</sup>



## MATERIAL & METHOD

### Type-Single Blind Randomized Clinical Study

#### Selection of cases

Total 10 clinically diagnosed and confirmed cases of OBESE PCOS were selected from OPD of Prasuti-Tantra & Stri-roga Department of M.M.M. Govt. Ayurveda College, Udaipur after taking informed consent.

#### Inclusion Criteria

1. Patient willing for the trial .
2. patient aged between 16 years to 40 years with ,fulfilling at least 2 of following 3 criteria:

(American society for reproductive medicine)<sup>6</sup>

- PolyCystic Ovary Diagnosed by USG.
- Oligomenorrhoea, and or Anovulation
- Clinical evidence of hyperandrogenism.

#### Exclusion Criteria

1. Patient not willing for trial.
- 2.Patient below age of 16 Years above age of 40 years,
- 3.Patient of amenorrhoea with congenital anomalies, chronic illness, chromosomal abnormalities.
- 4.Cervical tumor, polyp, CA cervix
- 5.Uterine fibroids
- 6.Tubercular endometritis
- 7.Congenital adrenal hyperplasia

#### Investigation

1. Hematological Investigation-Complete Blood count, ESR, Random Blood sugar.
2. Urine - Routine and Microscopic examination.
3. LH, FSH RATIO
4. Ultrasonography of lower abdomen.

#### Assessment Criteria :

Assessment is based on scoring method.

Table no.1, Table no. 2- SCORING PATTERNS OF SUBJECTIVE PARAMETER

#### PLAN OF STUDY:

- Patients fulfilling criteria were selected from O.P.D.
- Duration of the study: 3 months.
- Follow up – After 15 days.

#### Detail Of The Drug :

*Chaturbija churna* : *Chaturbeeja churna* has predominantly *katu rasa*, *snigdha guna* and *ushna virya* with *vata-hara dosha-karma* which pacified the vitiated *vata dosha* mainly due to *ushna virya*. Also have *garbhashudhikar* and *shoolhar*<sup>4</sup> properties. Due to the *garbhashaya shodhaka*<sup>5</sup> and *sankochaka* (ecbolic) action of the *Kalajaji* it abolishes *margavrodha* i.e. *sanga* thus alleviating the *vata dosha*. Further, the prepared *Churna*

has bitter (*Katu*) taste, thus having *mukhashodhaka* and *agnivardhaka* properties. So, it increases appetite, digestion and reduces nausea and vomiting. In formulations, component drugs have synergistic and antagonistic actions and net effect is seen in the final formulation.<sup>6</sup>

*Varun* : *varun* is described as - *Kashaya*, *Tikta rasa*, *Laghu*, *Ruksha guna*, *ushna virya*, ***Prabhava*** - *Ashmaribhedana*, *Kaphavataashamaka*, *Pittavardhaka*, ***Karma*** - *Raktokleshaka*, *Deepana*, *Anulomana*, *Pittasaraka*, *Bhedana*, *Krimighna*, *Raktashodhaka*, *Mootrala*, *Ashmaribhedana*, *Jwaraghna*<sup>7</sup>

*Kanchnar* : *Kanchanara* is an Ayurvedic herb which has properties that balance *vata* and *kapha* in the body, it also has scraping and anti-inflammatory properties. It has been found to inhibit cell division and reduce cell proliferation and it also has cytotoxic effects<sup>8</sup>. It is effective in balancing *Kapha* by boosting metabolism and burning fat and also enhances digestion. It has anti-inflammatory and anti-diabetic properties<sup>5</sup> which helps in reducing insulin resistance often associated with PCOS.<sup>9</sup>

#### Procedure :

1. The duration of *lekhana basti* was 8 days. In this course 5 *anuvasana basti with erandmuladi taila* (60ml in single dose) and 3 *niruha bastis with lekhana basti* were administered.
2. The *anuvasana basti* was administered, on that morning after evacuation of bowels and bladder, patient was advised to take light food at 9.30 am. then patient was subjected for *abhyanga to nabhi, kati, prusta, and parshwa with erandmuladi taila and sarvanga nadi sweda* for about ten minutes.
3. Then the patient was asked to lie down on the table in the left lateral position, with the left knee extended, right limb flexed and resting on the left knee. The head was supported by the patients left hand.
4. The plastic glycerine enema syringe, with a capacity of 100ml and plane rubber catheter of size no.8 were used for the purpose of *anuvasana basti*. The anal orifice and the inserting end of the syringe were smeared with oil for lubrication.
5. The enema syringe filled with *erandmuladi taila* was gently inserted to about 4 inches in to the rectum parallel to the spinal column. Simultaneously the patient was asked to take deep breaths. The enema syringe was removed with some of the oil still remaining in the syringe to prevent the entry of air into the colon.

6. Then the patient was asked to turn to the supine position, and her buttocks were gently patted and her palm and soles were rubbed. Patients were asked to remain in the same position for 10 minutes. The patient was watched for the evacuation of the drug. After evacuation they were allowed to take hot water bath and then light food.
7. The quantity of *erandmuladi taila* taken was 60 ml. The course of *lakshana basti* was started with two *anuvasana bastis of erandmuladi taila* and then it was given in alternate days. The *niruha Basti* was started on the third day of the course. The *niruha basti dravya* was prepared at the time of administration.
8. First 30 ml of Madhu and 12 grams of finely powdered *saindhava lavana* was taken in the mortar and are mixed. Then 60 ml of mustard taila was added slowly till they get properly mixed. Then 5 gms of *sounf kalka* was added and are mixed. After that 300 ml of *Triphala kwatha* mixed into the mortar.
9. Finally 100 ml of filtered *Gomutra* was added slowly and all were mixed well till it gets a uniform consistency. This was filtered and indirectly warmed in a boiling water vessel to make it lukewarm. The *niruha basti* was given in the similar manner to that of *anuvasana basti*. Like all *niruhas* it was administered before taking food.
10. The poorva karma, *pradhana karma* and *paschat karma* were similar to that of *Anuvasana*. The patient was advised to remain on the table till he feels the urge of defecation. After defecation they were allowed to take hot water bath and then light food.
11. The quantity of *lekhana Basti* administered was 499 ml a day. The patient was advised to follow *Pathya-apathya* and *surya namskar* after the completion of *Basti* course for 8 days.

## OBSERVATION AND RESULT

the observation made on 10 patient obese PCOS showed maximum number of woman in between the age group of 17-30 years and 50% were student, 40% were house wife, and 10 % of working. 90% of patient were hindu, 50% patients are married, 40% of patient's bowel habit were constipated. From menstrual history it is observed that, majority of patient i.e. 80% were having irregular menstruation and 90% had abnormal blood flow. 70% patient had pain during menses. 80% had obesity (BMI), 60% had obesity of H/W ratio. 60% had acne and hirsutism, 100% patients had blackening of skin, 20% patients had flatulence one time in whole day, 50% had flatulence occasionally in evening, 10% feels fullness of abdomen

daily after any intake of food, 70% had headache (occasionally), 10% had moderate headache, 10% had uncontrolled irritation, 70% had controlled irritation, 60% had occasionally instability in mood, 10% had patient's mood become instable easily due to any influence, 60% patients had occasionally delayed sleep, 10% had daily delayed sleep.

**RESULT :** The overall result shows maximum improvement in all the assessment parameters. Table 3

## DISCUSSION:

The sedentary lifestyle of the Modern era is directly related to diseases associated with metabolic impairment of the body. This study clearly shows the effect of *lekhana basti*, *chaturbeeja churna*, *varun kanchnar kashay* and *surya namaskar on vata kaphaj artava dusti*.<sup>10</sup> *Lekhana Basti* is especially a *Tikta Shodhana Basti* and it is indicated in *Bahudoshya Avastha* which includes *Medovridhi*. It removes vitiated doshas from whole body, thus causes *srotoshodhana*. It makes the further removal of the doshas from the body, hence breaks the *Samprapti* of *Medodusti*. Patient adopted sedentary life style, lack of exercises and day sleep with excess intake of *Madhura snigdha ahara* and improper dietary practices<sup>11</sup>. Clinically patient presented with signs and symptoms such as increased body weight, fatigue and joint pains. So, the content of *Lekhana Basti* helps to remove obstruction of *Meda*, *Kapha* & *Kleda* from body by its *virya* & helps to alleviate *Vata* & normalize the function of *Agni* & *Vayu*. Significant changes were observed. *Surya namaskar* also increase metabolism and helps in weight reduction. *Varun* and *kanchnar* both are *vata-kapha samak* properties, anti inflammatory and removes *shrotoavrodha*. *chaturbeeja churna* is *katu rasa* and *vata samak*, *garbhashudhikar* and *shoolhar* properties.<sup>12</sup>

## CONCLUSION:

From these observation we can conclude that ayurvedic drugs are very effective in weight reduction and in relieving the symptoms of obese pcos. *Varunkanchnar kashay* mainly helps in ovarian cyst reduction and *vatakapha samak*. *Chaturbeeja churna* is *agniardhak* and *shoolghna* properties. *lekhan basti* and *surya namaskar* mainly improves metabolism and reduce weight.

**Acknowledgment- Nil**

**Conflicts Of Interest- Nil**

## Source of finance & support – Nil

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## REFERENCES

1. Wild S, Pierpoint T, McKeigue P, Jacobs H. Cardiovascular disease in women with polycystic ovary syndrome at long-term follow-up: a retrospective cohort study. *Clin Endocrinol (Oxf)*. 2000;52:595-600. [PubMed] [Google Scholar]
2. Teede HJ, Joham AE, Paul E, et al. Longitudinal weight gain in women identified with polycystic ovary syndrome: results of an observational study in young women. *Obesity (Silver Spring)*. 2013;21:1526-1532. [PubMed] [Google Scholar]
3. Pandy G.S Bhavmisra, Bhavaprakasa Nighantu- Hindi Commentary Haritakyadi Varga, verse 98-99, Chaukhambha Bharti Academy Varanasi, 2013; p39.
4. Pandy G.S Bhavmisra, Bhavaprakasa Nighantu- Hindi Commentary Haritakyadi Varga, verse 98-99, Chaukhambha Bharti Academy Varanasi, 2013; p32
5. Tomar P, Dey YN, Sharma D, Wanjari MM, Gaidhani S, Jadhav A. Cytotoxic and antiproliferative activity of Kanchnar guggulu, an Ayurvedic formulation. *J Integr Med.*, 2018 Nov; 16(6): 411-417.
6. Nariyal, Kanchnar (*Bauhinia Variegata*) As a Medicinal Herb: A Systematic Review. *International Journal of Advanced Research*. 2017; 5: 587-591.
7. Sharma S, Role of Ayurveda on PCOS (Polycystic Ovary Syndrome): A Critical Review VOLUME 3 ISSUE 2 APR-JUN 2021
8. Sharma S, Role of Ayurveda on PCOS (Polycystic Ovary Syndrome): A Critical Review VOLUME 3 ISSUE 2 APR-JUN 2021
9. Sharma S, Role of Ayurveda on PCOS (Polycystic Ovary Syndrome): A Critical Review VOLUME 3 ISSUE 2 APR-JUN 2021
10. Dayani SSA. Clinical efficacy of Ayurveda treatment regimen on Subfertility with Poly Cystic Ovarian Syndrome (PCOS). *Ayu*. 2010;31(1):24–27
11. Dayani SSA. Clinical efficacy of Ayurveda treatment regimen on Subfertility with Poly Cystic Ovarian Syndrome (PCOS). *Ayu*. 2010;31(1):24–27
12. Shermin S Polycystic Ovary Syndrome: A Brief Review With Recent Updates July 2019, *Delta Medical College Journal* 7(2): 84-99 DOI: 10.3329/dmcj.v7i2.45567

**How to cite this article:** Sangeeta, Ahmed L, Mod N, Khathuria D, Dixit M “A Clinical Study To Evaluate The Efficacy Of *Lekhan Basti ,Chaturbeej Churna And Varunkanchnar Kashay* Along With Surya Namaskar On *Vata-Kapha Artava Dusti* W.S.R. To Obese Pcos ” *IRJAY*. [online]2023;6(3);66-73.  
Available from: <https://irjay.com>  
DOI link- <https://doi.org/10.47223/IRJAY.2023.6308>

**Table no.1**

<b>Subjective parameter</b>
MENSTRUAL FLOW
MENSES INTERVAL
PAIN DURING MENSES
MENSTRUAL PATTERN
PMS
Obesity (BMI)
Obesity (H/W RATIO)
Acne
Hirsutism
Alopecia
Blackening of skin
Flatulence
Psychological sym. As headache
Irritability
Mood swings
sleep disturbance

**Table no. 2- SCORING PATTERNS OF SUBJECTIVE PARAMETER**

Criteria	Observation	Finding	Grading
1. Assessment of MENSES INTERVAL	LMP- 25-28 days	Normal	0
	35-45 days	Mild	1
	45-60 days	Moderate	2
	More than 90 days	Severe	3
2. Assessment of PAIN DURING MENSES	No pain	Normal	0
	Bearable pain	Mild	1
	Requirement of oral analgesics	Moderate	2
	Requirement of injectable	Severe	3
3. Assessment of OBESITY (BMI)	18.5-24.9 (normal)	Normal	0
	25-29.9(over weight)	Mild	1
	30-34.9(obese)	Moderate	2
	>35(extremely obese)	Severe	3
4. Assessment of OBESITY (H/W RATIO)	<0.75 (normal)	Normal	0
	0.75-0.79(good)	Mild	1
	0.80-0.86(average)	Moderate	2
	>0.86(at risk)	Severe	3
5. Assessment of ACNE	Mild blackheads and white heads	Normal	0
	Stage 0+inflammation,frequent breakout	Mild	1
	Stage 1+papule arise	Moderate	2

	Nodule or pustules or cyst present	Severe	3
6. Assessment of HIRSUTISM	Absence of terminal hair(FG score 0)	Normal	0
	Mild terminal hair (FG score < 4)	Mild	1
	Moderate terminal hair (FG score 4-7)	Moderate	2
	Severe terminal hair (FG score > 8)	Severe	3
7. Assessment of ALOPECIA	No male pattern baldness	Normal	0
	One side male pattern baldness from puberty	Mild	1
	Two side male pattern baldness from puberty	Moderate	2
	Total baldness	Severe	3
8. Assessment of Flatulence	No flatulence	Normal	0
	Occasionally in evening	Mild	1
	Every day in evening any one time in whole day	Moderate	2
	Daily after any intake of food ,feels fullness of abdomen	Severe	3
9. Assessment of headache	No headache	Normal	0
	Occasionally not disturbing routine work	Mild	1
	Moderate discomfort in routine work	Moderate	2
	Persistent headache requires medicine for relief	Severe	3
10.Assessment of irritability	No irritability	Normal	0
	Can control and recognize irritable situation	Mild	1
	Uncontrolled irritation with specific cause	Moderate	2
	Uncontrolled irritation without specific cause	Severe	3
11. assessment of mood swings	No mood swings	Normal	0
	Occasional instability in mood	Mild	1
	Mood become instable easily due to any influencing factor	Moderate	2
	Frequent instability in mood without any influencing factor	Severe	3
12. assessment of sleep disturbance	Normal satisfying sleep	Normal	0
	Occasional delayed sleep without waking episodes	Mild	1
	Daily delayed sleep with frequent waking episodes	Moderate	2
	No sleep whole night	Severe	3

**Table 3 shows maximum improvement in all the assessment parameters. Table 3**

S.no.	Signs	Mean		Diff	% of changes	SD	SE	W	P	RESULT
		BT	AT							
1.	MENSTRUAL FLOW	1	0.4	0.6000	60%	0.5164	0.1633	21	0.0313	S
2.	MENSES INTERVAL	2.1	0.8	1.300	61.90%	0.4830	0.1528	55	0.0020	VS
3.	PAIN DURING MENSES	0.90	0.30	0.60	66.66%	0.5164	0.1633	21	0.0313	S
4	MENSTRUAL PATTERN	0.80	0.20	0.60	66.66%	0.5164	0.1633	21	0.0313	S
5	PMS	0.90	0.20	0.70	77.77%	0.4830	0.1528	28	0.0156	S
6	Obesity (BMI)	0.90	0.20	0.70	77.77%	0.4830	0.1528	28	0.0156	S
7	Obesity (H/W RATIO)	1.5	0.7	0.80	53.33%	0.4216	0.1333	36	0.0078	VS
8	Acne	0.60	0.10	0.50	83.33%	0.5270	0.1667	15	0.0625	NS
9	Hirsutism	0.90	0.60	0.30	33.33%	0.4830	0.1528	6	0.2500	NS
10	Blackening of skin	1.1	0.20	0.90	73.63%	0.5676	0.1795	36	0.0078	VS
11	Flatulence	1.2	0.40	0.80	66.66%	0.4216	0.1333	36	0.0078	VS
12	Psychological sym. As headache	0.90	0.20	0.70	77.77%	0.4830	0.1528	28	0.0156	VS
13	Irritability	0.90	0.20	0.70	77.77%	0.4830	0.1528	28	0.0156	S
14	Mood swings	0.80	0.20	0.60	66.66%	0.5164	0.1633	21	0.0313	S
15	Sleep disturbance	0.80	0.10	0.70	61.25%	0.4830	0.1528	28	0.0156	S

Graph no. 1 RESULTS OF SUBJECTIVE PARAMETERS

