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CASE REPORT ON LASHUNA CHURNA CAPSULES IN POLYCYSTIC OVARIAN SYNDROME

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ABSTRACT:

Poly Cystic Ovarian Syndrome (PCOS), is a heterogenous condition with a complex pathophysiology, is one of the commonest endocrine metabolic issue impacting 6-10% of women in their conceptive age. The disorder accounts for delayed periods, oligomenorrhea, infertility, obesity and hirsutism. The exact cause of PCOS is unknown. In Ayurveda, Aartava term is used for both menstrual blood, ovulation and ovarian hormones. Therefore amenorrhea, anovulation, hormonal dysfunction can be considered as disturbance in Aartava or can be reciprocated with Aartavadushti. Vata-kapha Pradhana Tridosha, along with the vitiation of Agni can together contribute for the manifestation of PCOS (Kaphavritta Vata). The treatment approach is hormonal therapy, insulin sensitizer and ovulation induction in contemporary medicines. In Ayurveda the line of treatment is according to Dosha predominance. Lashuna having the properties of VataKaphahara, Srotoshodhaka and Anulomana is taken in present study as the management of PCOS in the form of Lashuna Churna capsules.

Keyword: Ayurveda, Artavadushti, Lashuna, PCOS

INTRODUCTION

Poly Cystic Ovarian Syndrome (PCOS), is a heterogenous condition with a complex pathophysiology, is one of the commonest endocrine metabolic issue impacting 6-10% of women in their conceptive age¹. Incidence of this disease is increasing nowadays because of sedentary lifestyles, pollution, and excessive intake of junk food. PCOS is affecting 4 to 6 percent of unselected women of reproductive age². The disorder accounts for delayed periods, oligomenorrhea, infertility, obesity and hirsutism. The exact cause of PCOS is unknown. In Ayurveda, Aartava term is used for both menstrual blood, ovulation and ovarian hormones. Therefore amenorrhea, anovulation, hormonal dysfunction can be considered as disturbance in Aartava or can be reciprocated with Aartavadushti. Vata- Kaphapradhana Tridosha, along with the vitiation of Agnicana together contribute for the manifestation of PCOS (Kaphavritta Vata). The treatment approach is hormonal therapy, insulin sensitizer and ovulation induction in contemporary medicines. In Ayurveda the line of treatment is according to Dosha predominance. Clinical elements of PCOS are closer to Vatakaphaja Aartavadushti³. As indicated by the regenerative perspective, the pathogenesis of PCOS is like state of

Nashtartva. Vitiation of Vatakapha (↑ estrogenic state) prompts Avarana of Aartava (restraint of FSH) prompts Nashtaartava⁴. When Aartava Vahini Srotas get obstructed by Prakupita Vata and Kapha, passage of Aartava carrying channel is obstructed. So Aartava is not apparent monthly, which results in amenorrhea (Nashtaartava) it results in Nashtaartava⁵. In Aartava Kshaya symptoms of Yathochitkala Darshanam or Alpamatra in Raja along with Yonivedana⁶. In Aartavavaha srotas Viddha Lakshana also Aartava nashi (Secondary Amenorrhea) is observed⁷. Therefore the above symptoms can be correlated with the symptoms of Poly Cystic Ovary Syndrome (PCOS).

CASE REPORT

The present case study is about Ayurvedic management of a case of PCOS visiting the OPD and IPD of Dept of Prasuti Tantra and StreeRoga, Parul Ayurveda Hospital, Vadodara. A married woman aged 22 years presented with complaints of irregular or delayed menses (bleeding phase of 40-45 days) along with complain of weight gain since 2-3 months.

Associated symptoms: Irritation, excessive hunger, lethargic, heaviness in head, constipation.

History of present illness- The patient did not had any similar menstrual complaints before 2-3 months. But since then she developed irregular menstrual cycle, with gradual weight gain of 5 kgs.

Menstrual history:

L.M.P.: 10/ 04/19

Duration of flow: 3 days

Quantity of flow: scanty

Past L.M.P: 26/2/19

Interval: 40-45 day

Marital history: 3.5 year

O/H: Nulligravida and Nullipara with no history of abortions

Coital history: 3-4 Times /week

Contraceptive history: Nil

History of previous treatment: nil

On-Examination

General condition of patient was found good. Her family history was found normal. A detailed comprehensive history reveals that in the beginning the weight was gradually increasing. As usual, the patient avoids consulting a medical professional because of which pathology get worse. The patient belongs to high socio-economic class having junk food (*Virudhhahara*) and sedentary habits, which helps to ag-gravate the disease. The rest of her physical examination was unremarkable.

Vitals Examination

Blood pressure - 120/80mm of hg,

Pulse rate - 86/minute

Weight- 59kg and Height -152 cm, BMI-25.5 Kg/m²

Personal history

Appetite-good (most of junk food)

Sleep- normal

Bowel-constipation(asantushta)

Bladder-clear

Blood Investigation (On 06-07-2021):-Hb- 11.3 gm%, TLC -7800 /mm³, , Neutrophil- 49%, Lymphocytes-44%, Eosinophil -4%, Monocytes- 3%, Basophils -0%. TSH- 2.333 mIU/ml, FSH- 2.98mIU/ml, LH- 12.37mIU/m (LH: FSH is >2:1).

Ultra-Sonography for Abdomen and Pelvis

A pelvic ultrasound was performed which revealed a normal appearing uterus with endometrial thickness of 7.4mm. Rt. Ovary volume was within normal limits and in Lt. Ovary-34*22mm, volume-13cc, left ovary shows 25*20mm size single follicular cyst along with 2-3 small follicular cysts and Lt. ovary is bulky and echogenic.

Urine Test for Routine and Microscopy-

Within normal limits.

Table 1: Treatment Protocol

Drug	Method	Dose	Duration
Lashuna Churna Capsules	Oral	500 mg	2 times/day after meal for 2 months with warm water.

Pathya-Apathya:-

During this period the patient was advised to take balanced and nutritive diet containing Ragi, Ghee, milk, fruits, green vegetables, and Luke warm water. Avoid oily, spicy, junk food, Lashuna in regular diet. She was also advised to do early sleep at night and early wake-up in morning, morning walk and Suryanamaskara.

Duration: - Management for 3 months.

Follow up: - for 1 month

OBSERVATION AND RESULT

Patient followed drug, Pathya, yoga therapy, patient got her normal menstruation (Duration-4-5days, Interval-28-3days) also weight reduction 5kg. Along with that she got her bowel regular.

Table 2: Timeline of treatment with Lashuna Cap. On menstrual and other parameters

Sr.no.	Parameters	BT (Day 1)	AT (At 60 Days)	FOLLOW UP (90Days)
1	Menses day	3 days	4-5 days	4-5days
2	Menses duration	45-50	28-30	28-30
3	No of pad changed /day	1pad/day	3-4p/day	3-4pad/day
4	Weight (kg)	59kg	57kg	55kg
5	Height (cm)	152cm	152cm	152cm
6	BMI (kg/m ²)	25.5	24.7	23.8

DISCUSSION:

Lashuna is having Katupradhana Amlavarjita Pancharasa (Madhura, Katu, Thiktha, Kashaya, LavanaRasas) with Gunas like Snigdha, Ushna, Sara, Guru, Teekshna, Picchila along with Ushnaveerya, Katu Vipaka and VataKaphahara properties. It is mentioned as Pathya in Vata Vyadhis. It is considered as best for treating Vata Vikaras and in all types of Avarana. The Snigdha, Guru Guna of Lashuna decreases the aggravated Vata dosha and helps in Anulomana of the Vata⁸. The Ushna Virya also helps in controlling the Vata. Lashuna is

having the properties like Deepana and Pachana which helps in improving Agni both Jataragni and Dhatwagni. This helps in improving the formation of the Rasa Dhatu and Uttarottara Dhatu and ultimately the Upadhatu that is Aartava. Due to its Katu Vipaka and Tikshnatwa, the Kaphanissarana occurs, thus removes the Avarana of Vata by Kapha, and hence helps in Vata Anulomana. Lashuna holds high significance in the management of complication of PCOS like Obesity, Cardio vascular disease and Hypertension. The chemical ingredients of drugs possess hypolipidemic, hypoglycemic,

folliculogenesis, antioxidant, hepatoprotective etc. Daily brisk walk for 30 minutes along with Suryanamaskara calm the mind which leads decrease level of depression, anxiety and stress.

CONCLUSION:

Polycystic ovarian condition or PCOS is a condition where in endocrinal, metabolic and dermatological manifestations lead to social withdrawal of a women affecting her routine

life. Contemporary medical prescriptions are restricted, but Ayurveda have different choices of medication without any side effect of PCOS. Thus Lashuna Capsules in a dose of 500mg 1Cap. BD were found effective in the management of PCOS by regularizing the menstrual cycles and imparting ovulation by reducing ovarian volume along with life style modifications.

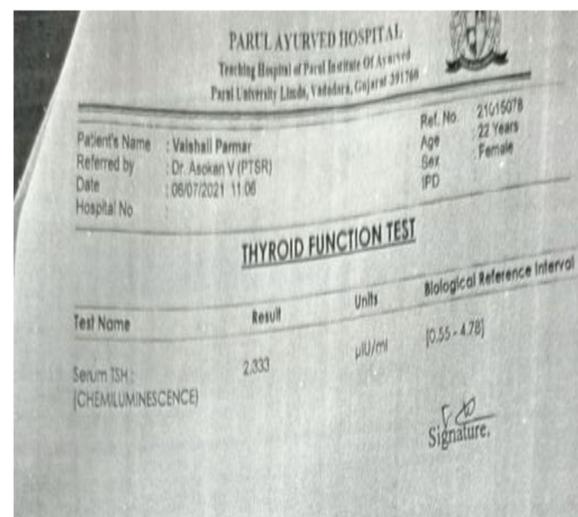
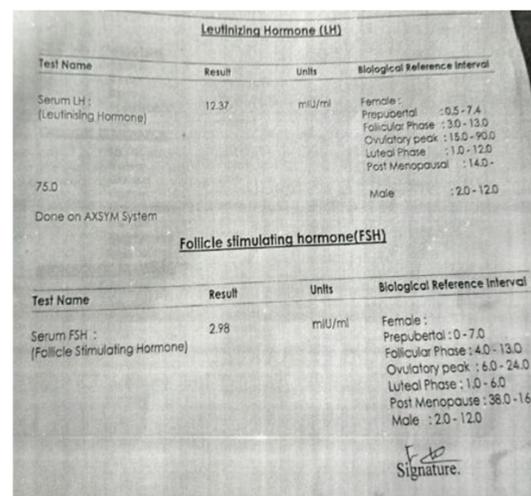
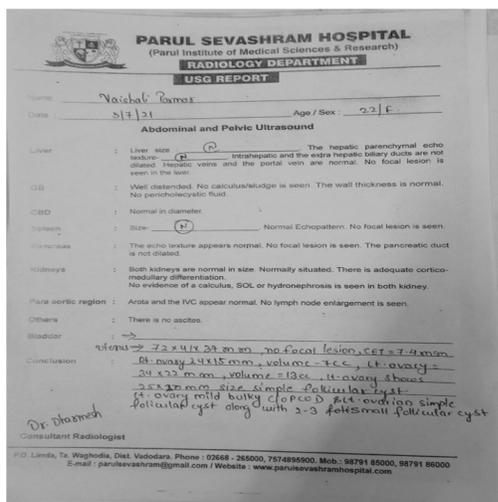


Fig.1, 2, 3 and 4: USG, LH: FSH ratio, USG Image of PCOD and TFT Report

Source of Support: Nil

Conflicts of Interest: Nil declared.

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