



Case Study

**EFFECT OF LASUNERANDADI KASHAYA IN OLIGOMENORRHEA ASSOCIATED WITH
POLYCYSTIC OVARIAN SYNDROME**

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ABSTRACT

Polycystic ovarian syndrome (PCOS) is a heterogeneous, multisystem endocrinopathy in women of reproductive age that is characterized by chronic anovulation, resulting in infertility, irregular bleeding, obesity, and hirsutism. The prevalence of PCOS in reproductive-age women was mentioned as 20% to 30%, with 90% of affected women presenting with oligomenorrhea, 30% with amenorrhea, and 50% being obese. In Ayurveda, there is no direct correlation with Polycystic ovarian syndrome. *Kapha vata avarana* causing *Artavanasha*, which is explained as *Nashtartava* by *Susrutha*, can be considered in this particular disease. This case series contains 4 cases of oligomenorrhea associated with PCOS with BMI > 25 Kg/m² attended the OPD of Prasuti evam Striroga, Government Ayurveda College, Thiruvananthapuram. Effect of *Lasunerandadi Kashaya* was analysed and was found effective in oligomenorrhea associated with PCOS.

INTRODUCTION

PCOS as a syndrome includes amenorrhea, hirsutism, and obesity, along with the presence of enlarged ovaries containing multiple cysts^[1]. This disorder is mainly characterized by the ovaries producing higher than normal levels of androgens. The prevalence of polycystic ovarian syndrome in reproductive age is mentioned as 20% to 30%^[2]. Around 85-90% of women with oligomenorrhoea are affected by PCOS^[3]. PCOS is the leading cause of infertility due to anovulation. For women with PCOS, physical symptoms such as hirsutism, acne, and weight gain can significantly impact their appearance and self-esteem. These visible symptoms may lead to emotional distress, self-consciousness, and social anxiety, potentially affecting their overall quality of life and mental well-being. Accurate diagnosis and management of PCOS

are crucial, as the condition causes significant metabolic and cardiovascular risks if not properly addressed. In modern medicine, treatment methods for PCOS include hormonal therapy, weight management, anti-diabetic medications, and invasive procedures such as wedge resection, ovarian drilling, and bariatric surgery. These treatments can be expensive and inaccessible to all socioeconomic groups. As a result, many women are hesitant to pursue these options and are turning to alternative medicine approaches.

Ayurveda comprehensively addresses every stage of a woman's life, including *Bala*, *Kumari*, *Rajaswala*, *Ritumati*, *Garbhini*, *Prasava*, and *Sutika*. PCOS shares clinical features with conditions such as *Arthavakshaya*, *Pushpaghni Jataharini* and *Nashtarthava*. *Nashtarthava*, characterized by the vitiation of *Vata* and *Kapha doshas* leading to obstruction in the *Arthava vaha srotas*, results in the absence of menstrual flow^[4]. *Pushpaghni jataharini*, as described by *Acharya Kashyapa*, is a condition where a woman experiences regular menstruation but remains infertile and also exhibits symptoms such as corpulent and hairy cheeks^[5]. *Arthavakshaya* presents with symptoms such as oligomenorrhea,

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scanty menstruation, and dysmenorrhea, which are also observed in PCOS. The treatment for PCOS should focus on correcting *Jataragni*, *Dhatwagni*, reducing *Kapha* and *Vata doshas*, addressing metabolic disorders, balancing *Pitta dosha*, promoting the normal flow of *Apana vayu*, and eliminating the underlying causes.

Case Report

This case series includes patients who attended the OPD of Prasuti evam Striroga, Government Ayurveda College, Thiruvananthapuram, Kerala, with complaints of irregular menstruation, and weight gain. On detailed case-taking, USG, and lab investigations, they were diagnosed with oligomenorrhea associated with polycystic ovarian syndrome.

Case 1

A 29-year-old married woman presented to the outpatient department with complaints of weight gain over the past four years and irregular menstruation for the last two years. She attained her menarche at 13 years of age and initially her menstrual cycles were regular. Gradually she started gaining weight due to changes in her lifestyle and her cycles became irregular. Currently, her cycles occur at intervals of 90 days, with moderate bleeding lasting 3-5 days. She previously underwent allopathic treatment, during which her cycles temporarily normalized. However, upon discontinuation of medication, the irregularities resumed. She also had complaints of excess weight gain. Her BMI was 32.6kg/m². An ultrasound scan revealed bilateral polycystic ovaries, with a volume of 17.1 cc in the right ovary and 11.6 cc in the left ovary. Additionally, Grade II fatty liver changes were noted, with a liver size of 16.9 cm.

Case 2

An 18 years old young lady attained her menarche at the age of 12 years with duration of 4-7 days, occurring at an interval of 30 days. Her cycles were regular for the initial 2 years. Later she followed an unhealthy diet and she started putting on weight. She was more concentrated on her academics and didn't had time to exercise. Her cycles became irregular with an interval of 60- 90 days and duration of 7 days. She gained about 10kg of weight and her BMI became 29kg/m². She took allopathic medicines for her menstrual irregularities but wasn't fruitful.

Case 3

A 23-year-old lady came to OPD with complaints of irregular menstruation occurring at an interval of 60-120 days for the last one year. She also experienced weight gain and facial hair growth for the past 6 months. She had scanty bleeding with duration of less than 3 days. For these complaints, she consulted our OPD. USG revealed Bilateral PCOD with an ovarian volume of 10.8cc and 11cc of right and left ovaries respectively.

Case 4

A 19 years old girl came to our OPD with a menstrual history of regular cycles for the initial 2 years following menarche. Gradually due to changes in lifestyle, food habits, she started putting on weight. Her menstrual interval extended for about 120 days, and she took homeopathy treatment. But her cycle interval again occurred at an interval of 240 days with duration of 8 days scanty bleeding. So, she discontinued homeopathic medicines and came to our OPD.

| Patient Details | Patient 1 | Patient 2 | Patient 3 | Patient 4 |
|----------------------|-----------------------|---------------------|------------------------|----------------------|
| Age | 29 years | 18 years | 23 years | 19 years |
| Marital status | Married | Unmarried | Unmarried | Unmarried |
| Education | Nurse | Student | Student | Student |
| Domicile | Rural | Urban | Rural | Urban |
| Menstrual interval | 90 days | 60-90 days | 60-120 days | 240 days |
| Menstrual duration | 3-5 days | 7 days | Less than 3 days | 8 days |
| Amount of Bleeding | Moderate | Moderate | Scanty | Scanty |
| BMI | 32.6kg/m ² | 29kg/m ² | 27.8kg/ m ² | 27kg/ m ² |
| Appetite | Variable | Normal | Reduced | Reduced |
| Bowel | Constipated | Regular | Regular | Constipated |
| Psychological status | Normal | Normal | Stressed | Anxious |
| Sleep | Sound | Sound | Disturbed | Disturbed |

RESULTS

All the patients were diagnosed with oligomenorrhea associated with PCOS with BMI greater than 25kg/m². *Lasunerandadi Kashaya* 48ml with 1.5gm *Hingu churna* as *Prakshepa* twice daily before food was given for 3 consecutive months. Menstrual interval markedly reduced and came to a range of 30-40 days. 2 patients with scanty bleeding improved to moderate bleeding. The menstrual duration came to a normal range of 3-5 days, eliminating both very short and very long menstrual cycles. After treatment 3 of the patients fell into normal BMI from overweight category. Before treatment patient 1 had mild hepatomegaly [size: 16.9cm] with Grade I fatty changes this changed to normal size of 13.5cm with normal echotexture. Ovarian volume also changed to 7.7cc and 7.1cc post treatment.

DISCUSSION

In Ayurveda, the formation of *Arthava* is understood through the process of *Dhatu poshana*, where each *Dhatu* is nourished and formed sequentially. The process begins with the digestion and assimilation of food into *Ahara rasa*. This *Ahara rasa* through the action of *Agni*, is refined into *Rasa dhatu*. *Rasa dhatu* provides nourishment to all other *Dhatu*s, including *Rakta*, *Mamsa*, *Meda*, *Asthi*, *Majja* and *Shukra*. As a *Upadhatu* of *Rasa dhatu*, *Arthava* is formed. The quality and quantity of *Arthava* depend on the balance of the *Tridoshas* as well as the overall health and nutrition of the individual. PCOS can be considered as a *Kapha vata* predominant condition along with vitiation of *Sapta dhatus*. *Nidana*'s like *Virudha ahara*, *Vishama ahara*, junk foods, *Ratri jagarana*, *Divaswapna*, *Avyayama*, *Vegadharana*, *Atichintha* can lead to *Agnimandya*. This results in *Pachakagni pitta* being unable to function effectively, thus compromising metabolism. Consequently, the *Ahara rasa* produced fails to nourish the *Dhatu*s properly. The first *Dhatu* is *Rasa dhatu*, and its *Upadhatu* is *Raja*, often considered as *Arthava*. When *Rasa dhatu* is inadequately nourished, it leads to *Arthava kshaya* or *Nashtarthava*, common symptoms in PCOS patients. The second and third *Dhatu*s are *Rakta dhatu* and *Mamsa dhatu*. Symptoms such as acne, poor complexion, lethargy, generalized weakness, and *Acanthosis Nigricans* are indicative of PCOS, suggests *Rakta* and *Mamsa dushti*. When *Meda dhatu* is affected, it results in improper fat deposition, leading to obesity, another symptom of PCOS. *Asthi dhatu* is also impacted, with its *Updhatu* being *Kesha*. Symptoms of PCOS, such as hirsutism, greying of hair, and alopecia, arise when *Asthi dhatu* is not

adequately nourished. *Majja dhatu* supports brain tissue/cells, and disturbances in *Majja dhatu* lead to depression, mood swings, and hormonal imbalances, which are common symptoms of PCOS. Lastly, *Shukra Dhatu* must be properly nourished to ensure ovulation. If *Shukra dhatu* is not well-nourished, it results in anovulation, a key symptom of PCOS.

Probable Mode of Action of *Lasunerandadi Kashyam*

Lasunerandadi Kashaya is mentioned in *Vridhi Chikitsa* of *Sahasrayogam*. The ingredients are *Lashuna*, *Eranda*, *Kuberaksha*, *Punarnava*, *Hapusha*, *Shunti*. *Prakshepa* mentioned in *Yoga* is *Hingu churna*^[6]. *Arthava* is *Agneya* in nature. *Agneya dravyas* help in removing the *Kapha* and *Vata avarana*. The *Ushna virya* of the drugs acts against the *Dushti* of *Vata* and *Kapha*. This helps in removing *Margha rodha* caused by *Kapha* and promotes *Vata anulomana*. *Katu rasa* is predominant in *Agni*, *Vayu*, *Akasha mahabhuta*. *Katu rasa* is *Meda soshana*, *Deepana*, *Pachana*, *Kaphahara*, disintegrates obstructions, and opens up *Srotas*. This corrects *Jataragni*, Improves *Dhatvagni*, and helps proper conversion of *Ahara rasa* into *Rasa dhatu* and later into *Uttarottara Dhatus*, finally leading to formation of *Arthava*. *Laghu Guna* is *Lekhana*, *Kaphahara*, causes *Langhana*. These help in the alleviation of *Kapha*. *Teekshna guna* is predominant in *Agni mahabhuta*. It is having *Shodhana* action and removes *Vata kapha avarana* and *Sroto rodha*. *Katu vipaka* of the formulation also helps in *Kaphaharana*. Altogether, *Lasunerandadi Kashaya*, with its *Agni deepana*, *Ama pachana*, *Sroto shodaka*, and *Kapha vata hara* properties, aids in *Samprapti vighatana*, regulating menstrual intervals, duration, and amount of bleeding, and also promotes weight reduction through its *Medohara karma*.

CONCLUSION

In this case series *Lasunerandadi Kashaya*, as a single formulation highlight's Ayurveda potential to provide accessible, affordable, and effective solutions in complex conditions like PCOS. The *Kashaya*'s action in liver function, reducing ovarian volume may be points for future research. Case series confirmed that *Lasunerandadi Kashaya* can regularize menstrual interval, duration and amount of bleeding and also aids in lowering BMI.

REFERENCES

1. D.C. Dutta Text book of Gynecology. 7th ed. Kolkata: New Central Book Agency (P) Ltd; 2016. p.378.

2. Ganguly Mukherjee G, Chakravarty BN. Polycystic Ovary Syndrome: An Update. Jaypee Brothers; p. 11.
3. Hart R. Definitions, prevalence, and symptoms of polycystic ovaries and polycystic ovary syndrome. In: Allahbadia GN, Agrawal R, editors. Polycystic Ovary Syndrome. Kent, UK: Anshan, Ltd.; 2007. p. 15–26.
4. Srikantha Murthy KR. Illustrated Susruta Samhitha. Reprint ed. Varanasi: Chawkhambha Orientalia; 2017. Vol. 1, Sareerasthana, Chapter 2, p. 22, Sloka 21.
5. Tewari P. V. Kasyapa Samhitha or Vridhajivakiya Tantra. Reprint ed, Varanasi: Chawkambha Visvabharati, 2013; Kalpasthana Chapter 6. p357, 358. Sloka 33.
6. Narayana Vaidhyar M. Sahasrayogam. In: Sahasrayogam. 1st ed. Kannur; 2001. p. 57–58.

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