



Review Article

ROLE OF *BASTI* IN *ARTAVSHAYA* W.S.R. TO LEAN AND OBESE POLYCYSTIC OVARIAN SYNDROME

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ABSTRACT

Polycystic ovarian syndrome is common endocrine, metabolic and lifestyle disorder for female reproductive age. Women with PCOS may not ovulate, have high level of androgens and have multiple cysts in the ovaries. PCOS can cause absent or irregular menstrual periods, excess hair growth, acne, infertility and weight gain. In Ayurveda, it can be correlated with *Artavakshaya* and *Pushpaghani Jatharini*. In the event of deficiency or loss of *Artava*, the menstruation does not appear in its appropriate time or is delayed (intermenstrual period is prolonged), is scanty and does not last for three days. There is also pain in vagina. This pain is due to aggression of *Vayu* caused by loss of *Artava* which fills this region, in modern context the treatment is based on hormonal preparation only which have may hazardous effect like weight gain, cysts in reproductive organ and chances of OHSS (ovarian hyper stimulation syndrome) and carcinoma. PCOS has two phenotypes, overweight/obese and lean, the latter being a much less common presentation of the syndrome. *Lekhana Basti* as a form of *Niruha Basti* which possesses *Shodhana* and *Lekhana* properties. *Lekhana* means scraping or scratching, this property helps to eliminate morbid *Dosha* and *Lekhniya dravya* removed increased *Mala* by their scraping action. PCOS is considered under *Yonivyapad* and *Artava Dusthi* and this *Yoni-roga* cannot occur without vitiation of *Vata dosha* for this in Ayurveda, *Basti* (medicated enema) is the best therapy along with oral medications, in this article, we want to focus mainly on *Basti* therapy for both lean and obese PCOS, as customized approach.

INTRODUCTION

Polycystic ovary syndrome is a metabolic syndrome in which the ovaries produce an abnormal amount of androgens, male sex hormones. PCOS cysts make hormones called androgens. Polycystic ovary syndrome (PCOS) is a common hormonal condition that affect women of reproductive age.^[1] It usually starts during adolescence, due to disturbed lifestyle. PCOS cause hormonal imbalances and irregular periods. Prevalence rate of these disorder increases day-by-day. Treatment for PCOS is often done with medication like metformin, hormonal pills reduce symptoms and prevent some health problems.

Majority of cases with PCOS are obese/overweight, a small but significant proportion of patients present with normal body mass index (BMI; $\leq 25 \text{ kg/m}^2$) that makes diagnostic work up and therapeutic approach more difficult.^[2] These cases are termed as lean PCOS. Reproductive disturbances are more common in obese women regardless of the diagnosis of PCOS. Obese women are more likely to have menstrual irregularity and anovulatory infertility than normal-weight women^[3].

In Ayurveda polycystic ovary syndrome can be correlated with *Artavashaya* and *Pushpagni jatharini*. However, symptoms can be improved through lifestyle changes and medications. Many treatment are mentioned in Ayurveda for *Artavshaya* but here the main focus is on *Basti* in *Artavshaya* is considered to be best and fast acting.^[4]

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Modern research supports that medications administered rectally can affect the central nervous system due to similarities between the enteric and central nervous systems. The stimulation of the enteric nervous system through *Basti* may lead to the activation of endogenous opioids such as endorphins, which can influence the Hypothalamic-Pituitary-Ovary (HPO) axis. This modulation can lead to normalized ovarian and menstrual cycles in PCOS patients. In order to treat PCOS we can do the changes in life style and administration of *Ausadhi* like *Lekhniya Mahakashya*, *Lekhana basti* and *Yoga basti*.^[5]

Prevalence rate: PCOS is recognized as an important reproductive as well as a metabolic disorder and 40% of the affected women suffer from insulin resistance and are subsequently predisposed to developing T2DM. Global prevalence of PCOS is estimated between 4% and 20%. World Health Organization (WHO) data suggests that approximately 116 million women (3.4%) are affected by PCOS globally.^[6]

AIMS AND OBJECTIVES

AIMS: Role of *Basti* in *Artavshaya* w.s.r. to lean & obese polycystic ovarian syndrome.

OBJECTIVES

1. To study in detail about of *Lekhniya mahakashya* in *Artavshaya* w.s.r. to lean and obese polycystic ovarian syndrome.
 2. To evaluate the mode of action *Lekhana basti* in *Artavshaya*.
 3. To study in detail about of *Yoga Basti* in *Artavshaya*
- Samprapti of Artavshaya**^[9]

w.s.r. to lean and obese polycystic ovarian syndrome.

Methodology: Details about *Artavshaya* and PCOS in various Ayurvedic classic like, *Nighantu*, Journals, Web Source and modern text book is collected.

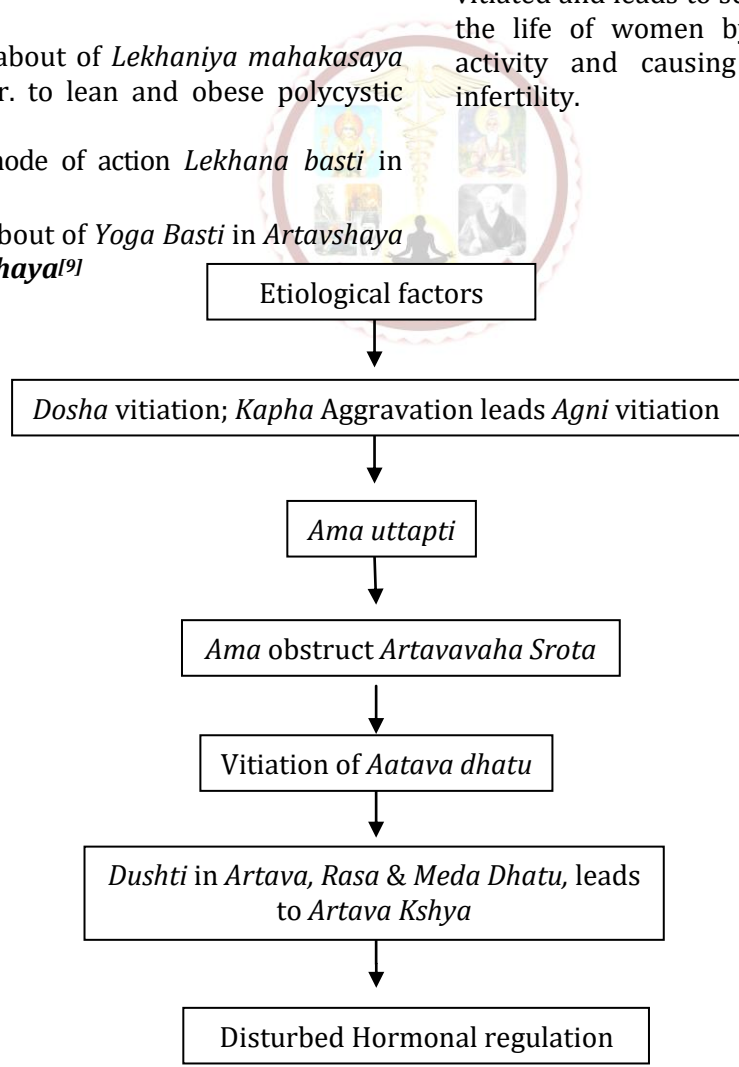
Description in Ayurveda text

Pushpahagni Jatharini^[7]

In this condition though who woman gets her menstruation, However that is useless (or she does not conceive), her cheeks are corpulent and covered with hair. This *Jatharini* can be correlated with PCOS.

Nidana sevana^[8]

Avyayam (prolong sitting) *Divaswapan*, intake of excessive meat, *Ratrijagran* (exposure of blue screen light) *Varuni Atisevana*. When the *Medo Dhatu* increase it closes the path of all the *Shrotas*, then the *vayu* in the *Kostha* increases and moves in a special manner, vigorously *Pradepta* the *Agni* and exploits the food, that's why it digests the food quickly due to which women wants more to eat again and again. Due to excessive increase in *Meda*, *Samprapti* of *Medoveha dusti* to causes *Sthoolata*. *Vata Pitha Kapha Dosha* are vitiated and leads to several diseases. Obesity destroys the life of women by disturbing the daily routine activity and causing disease like PCOS leads to infertility.



Samprapti Ghatak^[10]

Dosha- Tridosha with predominant Vata

Dhatu- Rasa, Rakta

Updhatu- Artava

Srotasa- Artava vaha

Strotodushti- Sanga

Udbhavasthana- Pakvashaya (Mulasthanana of Vata)

Adhishthana- Yoni

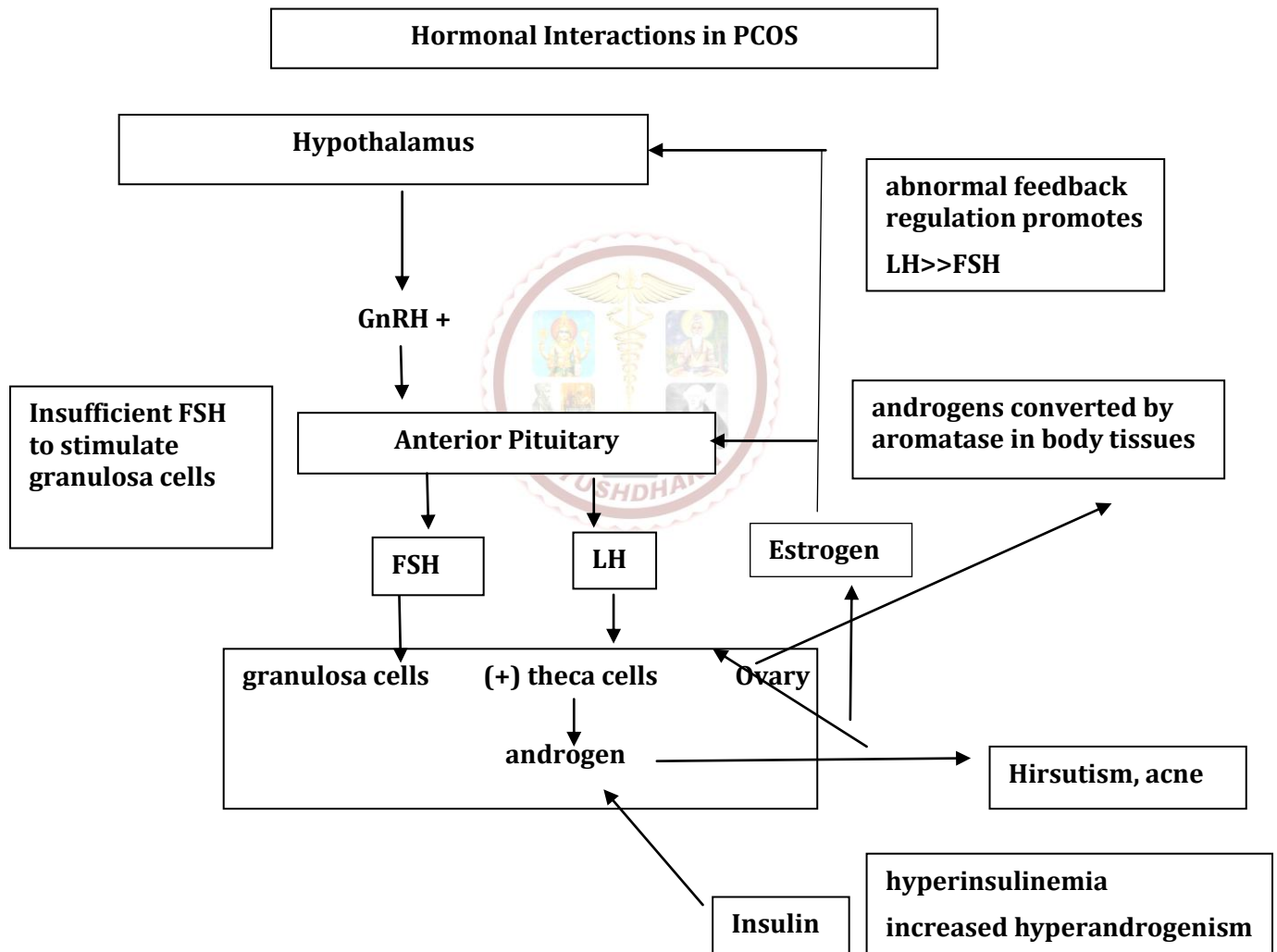
Vyadhisvabhava- Cirakari

Marga- Abhyantara (Garbhasaya as Kosthanga)

Pathophysiology of PCOS^[11]

Neuroendocrine Factors

Increased LH pulse frequency, LH pulse amplitude, and increased LH/FSH ratios are described in women with PCOS.



Lean Polycystic Ovary Syndrome: Lean Polycystic Ovary Syndrome is a subtype of PCOS where individuals have a normal or low body mass index (BMI), lean women with PCOS also show increased levels of low-density lipoprotein (LDL) and total cholesterol compared to their healthy counterparts. Both lean and overweight women with PCOS exhibit higher plasma gamma-glutamyl transferase (GGT) levels than controls. Elevated GGT levels are associated

with a higher risk of cardiovascular disease and mortality, though the precise mechanisms behind this association are not entirely understood. GGT is thought to contribute to the development of atherosclerosis through its involvement in oxidative stress, its accumulation in LDL-containing plaques, and its pro-inflammatory properties.^[12]

Moreover, lean women with PCOS have elevated hemoglobin levels, which could be linked to increased erythropoiesis stimulated by testosterone. Testosterone is known to promote red blood cell production, which might explain the higher hemoglobin levels observed in PCOS patients. Lean women with PCOS display significant metabolic and hematological changes, including higher insulin levels, increased cholesterol and LDL, elevated GGT and hemoglobin levels, and greater insulin resistance, relative to lean controls. These findings underscore the need for early identification and management of insulin resistance in all PCOS patients, regardless of BMI.

Obese Polycystic Ovary Syndrome

Obese individuals with Polycystic Ovary Syndrome (PCOS) experience more pronounced hormonal and metabolic disruptions compared to their lean PCOS. Research has shown that while Indian women with PCOS, regardless of their BMI, did not exhibit significant differences in hypertension, those with higher BMI levels had more severe symptoms overall. Specifically, hyperandrogenism (excessive levels of male hormones) and menstrual irregularities were significantly more prevalent among overweight women, with 74.2% of overweight individuals and 50.6% of lean individuals showing signs of hyperandrogenism, and 79.2% of overweight and 44% of lean individuals experiencing menstrual dysfunction. The prevalence of type 2 diabetes (T2DM)

Comparison in Between Lean & Obese PCOS^[13]

Lean PCOS	Obese PCOS
Irregular menstrual cycles	Missed, irregular, or very light periods
Hirsutism, or excessive hair growth on the face	Hirsutism, or extra body hair on the chest, stomach, and back
Acne	Acne or oily skin
Thinning hair	Male-pattern baldness or thinning hair
Skin tags	Large ovaries or ovaries with many cysts
Darkened skin in the groin, under the breasts, and along neck creases	Weight gain, especially around the belly
Low body mass index (BMI)	High body mass index (BMI)
With or without a family history of type 2 diabetes.	Insulin resistance is more severe in those who are obese
Impaired glucose tolerance lower	Impaired glucose tolerance higher
Infertility	Infertility

Chikitsa

1. *Lekhniya Mahakashaya basti*
2. *Lekhana basti*
3. *Yoga Basti*

and impaired glucose tolerance was also higher in overweight women. Although not statistically significant, overweight individuals had a higher relative risk of endometrial hyperplasia (a condition characterized by thickening of the uterine lining), with a relative risk of 2.8. These findings indicate that overweight PCOS patients face increased risks of serious health issues at a younger age and may require more intensive management strategies.

Studies have also explored metabolic differences between lean and overweight women with PCOS, particularly focusing on the peptide hormones adiponectin and ghrelin. Adiponectin, produced by fat cells, plays a key role in regulating lipid and glucose metabolism, insulin sensitivity, and has anti-diabetic effects. Ghrelin, primarily secreted by the gastrointestinal tract, is involved in energy balance, glucose metabolism, and insulin signalling. It promotes fat accumulation and increases appetite by stimulating the release of growth hormone. In non-PCOS obese women, levels of adiponectin and ghrelin are notably lower compared to lean women, regardless of PCOS status. In contrast, adiponectin levels in lean women with PCOS are similar to those in lean women without PCOS, while ghrelin levels are also comparable. Despite this, lean women with PCOS still show greater insulin resistance compared to BMI-matched individuals without PCOS, although the insulin resistance is more severe in those who are obese.

Mode of Action of *Basti* in PCOS^[14]

Admission of *basti* in rectal route



Nourishment to whole body



Elimination of vitiated *Dosha* via rectal route



Absorption of medicines through rectum and large intestine



Passage of drug into rectal mucosa as it is rich in blood and lymph supply



Active principal of the *basti* drug get directly entered into systemic circulation/portal circulation through sup-inf-mid haemorrhoidal vein.

1. *Lekhniya Mahakashaya Basti* For Obese PCOS^[15]

Among all 50 *Mahakashaya Acharya Charak* had describe about *Lekhniya Mahakashaya*. It consists of groups of 10 drugs.

Table1: *Lekhniya Mahakashaya*

S.no	Drug Name	Latin Name	Family	<i>Doshaghnata</i>	Pharmacological activity
1	<i>Musta</i>	<i>Cyperus Rotundus</i> Linn	Cyperaceae	<i>Kaphapitta shamaka</i>	Anti-obesity hypolipidemic effect
2	<i>Kustha</i>	<i>Saussurea Lappa</i> C.B.Clarke	Asteraceae	<i>Kaphavata shamaka</i>	Anti-obesity, hypoglycemic effect, hypolipidemic effect
3	<i>Haridra</i>	<i>Curcuma Longa</i> Linn.	Zingiberaceae	<i>Vatakaphasham aka</i>	Anti-inflammatory and anti-obesity, antioxidative, hypolipidemic action
4	<i>Daruharidra</i>	<i>Berberis Aristata</i> Dc.	Berberidaceae	<i>Kaphapitta shamaka</i>	Hypoglycemic effect, Anti-obesity
5	<i>Vacha</i>	<i>Acorus Calamus</i> Linn.	Araceae	<i>Kaphavata shamaka,</i> <i>Pittavardhaka</i>	Hypolipidemic effect
6	<i>Ativisha</i>	<i>Aconitum Heterophyllum</i> Wall.	Ranunculaceae	<i>Dipana,</i> <i>Pachana</i> <i>Kaphavata shamaka</i>	Anti-obesity, hypolipidemic
7	<i>Katurohini</i>	<i>Pichorrhiza Kurroa</i> Royle	Scrophularaceae	<i>Kaphapitta shamaka,</i> <i>Bhedana</i>	Hepatoprotective, anti-obesity
8	<i>Chitraka</i>	<i>Plumbago Zeylanica</i> Linn.	Plumbaginaceae	<i>Kaphavata shamaka,</i> <i>Pittavardhaka</i>	Anti-oxidant
9	<i>Chirbilva</i>	<i>Holoptelea Integrifolia</i> Planc	Ulmaceae	<i>Kaphavatahara</i> <i>Tridosahara</i>	Hypoglycemic effect
10	<i>Haimavati</i>	<i>Iris Versicolor</i> Linn	Iridaceae	<i>Kaphavata shamaka</i>	Works on liver and spleen both.

Probable Mode of Action of *Lekhniya Dravya*

In *Lekhniya Mahakashya- Katurasa, Tiktarasa (Rasa) Laghuguna, (Guna)* are the properties common to all in above mentioned drugs. Review of the *Lekhniya dravya* also has anti-obesity and lipolytic property. Drugs with predominance of *Laghu Guna* provide on administration *Katupaka* or *Laghuvipaka*, resulting in creation of identical condition in the system also there by reducing *Sthoulya* or reducing *Kapha*. *Laghuguna* and *Rukshaguna* are helpful to attenuate or to cure *Kaphaja* diseases. *Ushna Virya* is also helpful in the removal of fat.

This predominance of *Katurasa, Tiktarasa, Kashaya Rasa Laghuguna, Rukshaguna* is responsible for the activity of Making *Lekhniya Dravya*. *Lekhniya mahakashya* acting as scraping agents which attribute that help removal of excess abnormal accumulation of *Meda* and *Kapha* in normal way without inducing side effect or other diseases. Analysis of herbs clearly indicates that most of the drug are having *Katu, Tikta Ras, Laghu, Ruksha, Tikshna Guna*. Along with *Lakhan karma* owing to above said attributes these drugs improved strength of *Agni* particularly *Jataragini* and

Dhatwagini which further reduce and ultimately stop producing of *Dhust medo dhatu* in the body.

2. *Lekhana basti* for Obese PCOS^[16]

Acharya Sushruta mentioned *Lekhana Basti* as a form of *Niruha Basti* which possesses *Shodhana* and *Lekhana* properties. *Lekhana* means scraping or scratching, this property helps to eliminate morbid *Doshas* and *Lekhniya Dravya* removed increased *Mala* by their scraping action.

Lekhana Basti helps in loosening and expelling toxins from the body. Its *Vatanulomana* (*Vata-pacifying*) property aids in this detoxification process. By alleviating congestion and blockages through its *Kapha-Vata* balancing, *Srotoshodhana* (channel-cleansing), and *Aama Pachana* (toxin-digesting) effects, *Lekhana Basti* enhances follicular development and the ovulation process.

It addresses the build-up caused by aggravated *Kapha* and *Ama* (toxins) in the *Artavavaha Srotas* (reproductive channels), leading to improved functioning of *ApanaVayu*, This results in the normalization of the menstrual cycle (*Rajah Pravritti*) and proper formation of ovum (*Beeja Nirmana*).

Contents of *Lekhana Basti*^[17]

Content name	Quantity (Ayurveda)	Quantity
<i>Makshika</i> (honey)	3 <i>Prasruta</i>	210 ml
<i>Saindhava</i> (rock salt)	1 <i>Karsha</i>	12 g
<i>Triphaladya Taila</i>	1.5 <i>Prasruta</i>	160 ml
<i>Putoyavanyadi Kalka</i>	1 <i>Prasruta</i>	96 gm
<i>Triphala Kwath</i>	5 <i>Prasruta</i>	480 ml
<i>Gomutra</i> (cow urine)	10 <i>Karsha</i>	120 ml
<i>Yavakshara</i> (potassium carbonate), <i>Shuddha Shilajit</i> (black bitumen), <i>Kasisa</i> (ferrous sulphate), <i>Hingu</i> (<i>Ferula alliacea</i>), <i>Tuttha</i> (copper sulphate)	1 <i>Karsha</i> (all in equal quantity)	12 g

Lekhana Basti in *Artavakshaya*

Lekhana Basti is a therapeutic approach in Ayurveda used to address disorders related to *Vata* imbalance. This treatment focuses on *Vata* and *Kapha* and has specific properties such as *Lekhana* (scraping), *Pachana* (digestive), *Ushna* (warming), and *Tikshna* (sharp) qualities. It is known to provide *Vatakapha* reducing effects, cleanse the channels (*Srotoshodhaka*), and aid in the digestion of *Ama* (toxins). *Lekhana Basti* helps in regulating *Apana Vata*, which is crucial for reproductive health. By normalizing *Apanavayu*, it reduces the accumulation of *Medo Dhatu* (body fat), which is often linked to PCOS. This treatment can also help balance hormone levels, specifically lowering

Luteinizing Hormone (LH) and normalizing Follicle-Stimulating Hormone (FSH) levels, thereby promoting the growth and development of ovarian follicles.

Specific quality of the *Basti Dravya*

1. ***Sukshma Guna***- The fine or subtle quality of *Basti Dravya* allows it to penetrate into the microchannels of the body. This deep-reaching ability ensures that the therapeutic effects are delivered to *Srotas*.

2. ***Tikshana Guna***- This sharp or penetrating quality helps to break down accumulated waste products (*Mala*) and the aggregation of *Doshas* (biological energies). It aids in clearing out obstructive

substances, promoting smooth flow and function within the body's channels.

3. Snigdha Guna- The oily or unctuous quality of *Basti Dravya* assists in liquefying the *Doshas* (imbalanced substances) within the body. Once liquefied, these *Dosha* can be more easily expelled from the system, aiding in the detoxification process and helping to clear excess or obstructive substances.

4. Irritant/Bhedana Property-The mildly irritating property of *Basti Dravya* stimulates the removal of vitiated *Doshas* (imbalanced energies). This irritation

3. Yoga Basti for Lean PCOS^[18]

Anuvasana basti- Sahachara taila

Drug name	Sahachara	Godughdha	Sharkara	Tila tail
Guna	Snigdha,	Snigdha, Sheeta	Snigdha, Sheeta	-
Rasa	Tikta, Madhur	Madhur	Madhur	Madhura Anurasa-Kashaya, Tikta
Virya	Katu	Madhur	Madhur	Madhur
Vipaka	Ushna	Sheeta	Sheeta	Ushna
Doshagnata	Kaphavatashamaka.	Vatapitta-raktashamak	Vatapitta-raktashamak	Vatasamak, Kaphapittasamaka
Rogaghnata	Shothaghna, Kushthaghna, Jwaraghna, Vishghna, Vatavyadhihar, Kandughna	Murchanashaman, Jwaraghna, Vishapaha, Raktapittahara, Atisara, Jwara, Daha, Shwayathu	Murchanashanan, Jwaraghna, Vishapaha, Raktapittahara	Keshvikara, Vatavikara, Rasayan, Udara, Agnimandya, Vatashoola, Kashtartva, Raktagulma
Karma	Vedanasthapan Swedajanana, Mootrala, Shothahara, Raktashodhaka, Keshranjana, Keshya	Ruchikarak, Dahajit, Vishaghna, Jivaniya, Bruhana, Vrushya, Medhya, Rasayana, Shramahara,	Ruchikarak, Dahajit, Vishaghna	Snehan, Deepan, Grahi, Vedanasthapan, Keshya, Balya, Twachya, Shukrala

Drug	Sahacharadi Taila
Route	Anuvasana Basti by Rectal Route
Dose	60ml

Niruh basti-Dasmool kwath^[19]

Common Name	Latin Name	Family Parts	Used	Pharmacological properties
Bilva	<i>Aegle marmelos</i> (L.) Correa	Rutaceae	Root	Tridoshaghna
Agnimantha	<i>Clerodendrum phlomidis</i> L.	Verbenaceae	Root	Astringent, laxative, liver tonic, diabetes
Shyonaka	<i>Oroxylum indicum</i> Vest.	Bignoniaceae	Root	Anti-inflammatory, gastro-protective
Paatla	<i>Stereospermum suaveolens</i> DC.	Bignoniaceae	Root	Diuretic, anti-inflammatory

<i>Gambhari</i>	<i>Gmelina arborea</i> L.	Verbenaceae	Root	Antioxidant
<i>Shalparni</i>	<i>Desmodium giganteum</i> DC.	Fabaceae	Root	Diuretic, anti-diabetic
<i>Prishniparni</i>	<i>Uraria Picta</i> Desv.	Fabaceae	Root	Anti, oxidant, anti-inflammatory
<i>Brihati</i>	<i>Solanum anguivi</i> Lam.	Solanaceae	Root	Diuretic
<i>Kantakari</i>	<i>Solanum surattense</i> Burm. f.	Solanaceae	Root	Diuretic, laxative
<i>Gokshura</i>	<i>Tribulus terrestris</i> L.	Zygophyllaceae	Root	Diuretic, <i>Rasayana</i>

Drug	<i>Dasmool kwath</i>
Route	<i>Niruha Basti</i> by Rectal Route
Dose	320ml

Yoga Basti kala

<i>Basti</i> name and days	<i>Anuvasana</i> <i>Basti- 1</i>	<i>Anuvasana</i> <i>Basti- 2</i>	<i>Niruha</i> <i>basti- 3</i>	<i>Anuvasana</i> <i>basti- 4</i>	<i>Niruha</i> <i>basti- 5</i>	<i>Anuvasana</i> <i>Basti- 6</i>	<i>Niruha</i> <i>Basti-7</i>	<i>Anuvasana</i> <i>Basti- 8</i>
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Yoga Basti- Benefits: *Yoga Basti* provided good relief in the symptoms of *Toda*, *Stambha* and *Spandana*. It also provided comparatively better relief in S.L.R test standing time and walking distance. Overall effects provided by *Yogabasti* were also better.

Previous research work done of Basti on PCOS

S.No.	Author name	Topic name	Intervention	Result
1.	Dr. Shivangi Singh, 13 march 2023, Uttarakhand Ayurveda university	Clinical Efficacy of <i>Shatpushpa</i> <i>Taila Matra basti</i> in PCOS	Case Study Patient was given <i>Shatapushpa Taila</i> <i>Matrabasti</i> 60 ml for 21 days after cessation of menses for 3 consecutive cycles. Duration – 3 months	Before treatment- Bilateral Polycystic ovarian syndrome After 3 months of treatment- No significant abnormality.
2.	Dr. Lalita Institute, 21 Dec 2023, Ayurveda studies and research	<i>Ayurvedic</i> approach to manage PCOS with <i>Yoga basti</i>	Case Study Ayurveda medication for first 15 days. Ayurveda medication and <i>Panchakarma</i> after 15 days. After 30 days of treatment her menses comes on regular interval, with normal blood flow and no pain.	After 30 days of treatment her menses comes on regular interval, with normal blood flow and no pain.
3.	Dr. K. Bharathi, 30-09-2022, NIA, DU, Jaipur, Rajasthan	A Case Report on the Impact of a Lean Poly Cystic Ovarian Syndrome on Fertility and	Therapeutic strategy included <i>Shamana</i> therapy for 3 months followed by <i>Shodhana</i> therapy involving <i>Uttarabasti</i>	Following treatment, 4kg gain in body weight, moderate relief in acne and substantial improvement in duration and flow of menstruation was observed and the patient

		Potential Benefit of Ayurveda Regime	(Intrauterine instillation of drug)	conceived in the 4 th month of treatment course. This case report presents a successful outcome of Ayurveda regime planned on the basis of Ayurveda diagnosis in a rare case of primary infertility associated with lean PCOS.
4.	Dr. Yogita Shrivastava, Government Ayurveda College, Jabalpur, August 2021	Ayurvedic Management of Obese PCOS-A Case Series	Case series <i>Nidanparivarjana, Rajaprvartinivati, Udvartana, Deepan-pachana, Shodhan</i> therapy, <i>Varunshigruqwatha, Virechana, Basti, Shaman</i> therapy 5-6 months	BMI decreased significantly, and a normal menstruation pattern was restored. Patients had normal duration and amount of menstrual bleeding along with 28 days-30 days of inter menstrual period. There was also significant relief in insomnia and anxiety. Hair loss stopped, there was no significant effect on hirsutism but it was observed that rate of excessive hair growth slightly decreased. Ultrasonography repeated after 6 months of treatment showed normal bilateral ovaries. One case was conceived after 5 months of treatment, naturally, without giving any allopathic drugs for ovulation induction with an uneventful antenatal period.
6.	Dr. Neha Pilankar Y.M.T Ayurveda Medical college and Hospital, Kharghar, Navi Mumbai. November -December 2019	Ayurvedic Management of Obese Polycystic Ovarian Syndrome with <i>Trishnyadiloham</i>	Case study <i>Tab. Trishnyadi Loham</i> (250mg)- Before food) with <i>Madhu</i> and <i>Ghrita</i> unequal quantity for 3 months Duration- 3 months	As all contents of the <i>Trishnyadiloham</i> are <i>Kaphanashak</i> , maximum contents are <i>Laghu, Ruksha</i> and <i>Ushna Viryatmak</i> causes marked loss of fat. Significant inch loss was seen. Restoration of menstruation was also seen.

7.	Dr. Mufeena Jafar Institute of Teaching and Research in <i>Ayurveda</i> (Institute of National Importance), Ministry of AYUSH, Gov. of India, Jamnagar, Gujarat India April- June 2024	Ayurvedic Management of Polycystic Ovarian Syndrome (PCOS) with Submucous Uterine Fibroid in Obese Patient	Case study Treatment protocol includes both <i>Shodhana</i> and <i>Shamana</i> . After 6 months of treatment her menstrual cycle became regular with 15kg weight reduction.	This case report demonstrates the safe and effective management of obese PCOS with submucous uterine fibroid through Ayurvedic treatment modalities. Since it is a metabolic syndrome exercise and <i>Pathya</i> <i>apathya</i> has equal importance along with <i>Shodhana</i> and <i>Shamana</i> treatments. Even though the treatment protocol succeeds in management of the disease condition, it is mere a case report and further studies with appropriate research design is necessary for the scientific validation
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DISCUSSION

Lekhniya mahakashya and *Lekhna Basti*, a type of *Tikta Shodhana Basti*, is particularly effective in conditions of excess *dosha dushti*, such as *Medovridhi*. It facilitates the detoxification process by expelling vitiated *Dosha* from the entire body, promoting *Srotoshodhana* (cleansing of channels), and disrupting the pathogenesis of *Medodusti*.

This therapeutic approach is beneficial for those who have sedentary lifestyle, characterized by increased body weight, fatigue, joint pain, and excessive intake of sweet, oily foods, packed preservative added food, coupled with insufficient exercise and daytime sleep, as well as for those females who are taking hormonal pills since a long time.

Garbhashaya is considered the primary site of the *Aartavaha Srota* and the *Aartava Vahini Dhamani*, which are closely linked to the *Apanvayu*. In conditions like PCOS, there is disturbance in *Apanvayu*, and thus *Basti* is a highly effective treatment for addressing this imbalance.

In treating such conditions, while *Lekhana* (scraping) and *Bhedana* (breaking) therapies can be used, they might exacerbate *Vata dosha* if not balanced properly. To counter this, treatments that use *Sneha* (oleation) are advised, as they help soothe and balance *Vata*.

For lean PCOS, *Sahacharadi Taila Anuvasana Basti* can be given, as it helps in reducing *Vata dosha*. Each of its components contributes to the overall efficacy of the treatment by aiding in balancing the *Dosha* and improving the outcome.

CONCLUSION

Basti is effective in alleviating symptoms associated with Polycystic Ovarian Syndrome. *Lekhana Basti* plays a significant role in regulating menstrual cycles, promoting follicle development, and enhancing the ovulation process. Additionally, this treatment can aid in reducing premenstrual symptoms such as hair loss and acne. By addressing ovarian dysfunction and menstrual irregularities, *Lekhana Basti* contributes to the overall management of obese PCOS.

As the *Lekhniya mahakashaya* acts as a scraping and fat reducing medication. So, it can be very useful for the management of obese PCOS and its recurrence. The role of predisposing factors as well as diet and exercise play a key role in the management and treatment of the ovarian cyst and its reoccurrence. *Yoga basti* is good for lean PCOS. Overall Ayurvedic treatment helps in control of the menstrual cycle, help with weight loss, and relieve PCOS symptoms as well as its recurrence, if followed along with *Nidana parivarjana*.

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