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## A CASE STUDY TO EVALUATE THE EFFECT OF LEKHAN BASTI AND NASYA KARMA WITH DASHMOOLA TAILA IN ARTAV KSHAYA W.S.R TO PCOD

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### ABSTRACT

**Background:** *Artav Kshaya*, a condition characterized by scanty or irregular menstruation, can be correlated with Polycystic Ovarian Disease (PCOD) in modern gynecology. *Ayurveda* emphasizes the role of *Vata* and *Kapha* vitiation and *Avarana* of *Artava Vaha Srotas* in the pathogenesis. *Lekhana Basti* and *Nasya Karma* with *Dashmoola Taila* are indicated for *Kapha Meda Lekhana*, *Vata Anulomana* and *Artava Janana*. **Aim:** To evaluate the efficacy of *Lekhana Basti* and *Nasya Karma* with *Dashmoola Taila* in the management of *Artav Kshaya* w.s.r. to PCOD. **Objectives:** To assess the effect of *Lekhana Basti* on menstrual regularity and associated symptoms. To evaluate the role of *Nasya Karma* with *Dashmoola Taila* in neuroendocrine balance and *Vata-Kapha* alleviation. To observe changes in ultrasonographic findings pre- and post-treatment. To analyze overall improvement in quality of life and metabolic parameters. **Methods:** A 24-year-old female patient presenting with oligomenorrhea, weight gain, and ultrasound-confirmed bilateral polycystic ovaries was treated. The protocol included *Deepana-Pachana*, followed by *Lekhana Basti* for 16 days and *Nasya Karma* with *Dashmoola Taila* for 14 days. Clinical parameters such as menstrual regularity, duration, amount of flow, and associated symptoms were assessed. Ultrasonographic findings were also evaluated pre- and post-treatment. **Results:** Significant improvement was noted in menstrual regularity, increased menstrual flow, reduction in body

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weight, and alleviation of associated symptoms such as acne and hair fall. Follow-up ultrasonography showed a reduction in ovarian volume and follicular cysts. **Conclusion:** The combined approach of *Lekhana Basti* and *Nasya Karma* with *Dashmoola Taila* demonstrated effective management of *Artav Kshaya* w.s.r. to PCOD by addressing the underlying *Kapha Meda Dushti*, *Vata Anulomana*, and *Srotoshodhana*.

**Keywords:** *Lekhana Basti*, *Nasya Karma*, *Dashmoola Taila*, *Artav Kshaya*, PCOD, *Kapha Meda Dushti*

## INTRODUCTION

*Artav Kshaya*, as described in *Ayurvedic* classics, refers to a condition characterized by decreased quantity or delayed onset of menstruation. It is often associated with symptoms such as scanty menstrual flow (*Alpa Artava*), delayed cycles (*Chirakala Artavdarshan*), weight gain, acne, and subfertility.<sup>1</sup> In modern clinical practice, these symptoms correlate closely with Polycystic Ovarian Disease (PCOD), a prevalent endocrine disorder among women of reproductive age. PCOD manifests with oligomenorrhea, amenorrhea, anovulation, hyperandrogenism, and polycystic ovaries, significantly impacting reproductive, metabolic, and psychological health.<sup>2</sup>

From an *Ayurvedic* perspective, the primary pathogenesis of *Artav Kshaya* involves vitiation of *Vata* and *Kapha Doshas*, leading to obstruction (*Avarana*) and dysfunction of *Artava Vaha Srotas*. Factors like sedentary lifestyle, excessive consumption of heavy and oily foods, mental stress, and hormonal imbalance contribute to *Kapha Meda Dushti*, which obstructs the normal movement of *Vata*, causing irregular or scanty menstruation. This understanding provides a holistic framework for individualized and multi-modal therapeutic approaches.<sup>3</sup>

Among the various treatment modalities, *Lekhana Basti* is indicated for its *Kapha Meda Lekhana* (scraping of excessive fat and *Kapha*) and *Vata Anulomana* (regulation of *Vata*) properties. *Nasya Karma* with *Dashmoola Taila* helps in *Shirogata Dosha Shamana* and enhances the neuroendocrine functions linked to the hypothalamic-pituitary-ovarian axis. These therapies aim to restore normal hormonal balance, improve menstrual regularity, and address associated metabolic disturbances.<sup>4</sup>

Given the increasing prevalence of PCOD and the limitations of conventional pharmacotherapy, this case study was conducted to evaluate the combined effect of *Lekhana*

*Basti* and *Nasya Karma* with *Dashmoola Taila* in the management of *Artav Kshaya* w.s.r. to PCOD. The integrative *Ayurvedic* approach aims not only at symptomatic relief but also at correcting the root cause by addressing *Dosha Dushti* and *Srotorodha*.<sup>5</sup>

Globally, PCOD affects approximately **8 to 13%** of women of reproductive age based on the Rotterdam criteria. However, the prevalence may reach up to **20–30%** when considering ultrasound findings alone. In India, community-based studies report a prevalence between **3.7% and 22.5%** depending on the diagnostic criteria and population studied. Rising trends are attributed to lifestyle changes, increased obesity, sedentary habits, and dietary patterns. PCOD not only affects reproductive health but is also associated with insulin resistance, obesity, metabolic syndrome, cardiovascular diseases, and mental health issues like depression and anxiety.<sup>6</sup>

From a modern medical standpoint, PCOD is primarily considered a hormonal and metabolic disorder. The key path-physiological features include hyperandrogenism, chronic anovulation, and insulin resistance.<sup>7</sup> Management typically involves lifestyle modifications, hormonal contraceptives to regulate menstrual cycles, anti-androgens, and insulin sensitizers like metformin.<sup>2</sup> However, these treatments often address symptoms rather than the root cause and may have side effects such as weight gain, mood changes, or gastrointestinal disturbances. Hence, there is a growing interest in complementary and integrative approaches, including *Ayurveda*, which provide safer, holistic, and long-term solutions.<sup>8</sup>

**Aim:** To evaluate the efficacy of *Lekhana Basti* and *Nasya Karma* with *Dashmoola Taila* in the management of *Artav Kshaya* w.s.r. to PCOD.

**Objectives:**

1. To assess the effect of *Lekhana Basti* on menstrual regularity and associated symptoms.
2. To evaluate the role of *Nasya Karma* with *Dashmoola Taila* in neuroendocrine balance and *Vata-Kapha* alleviation.
3. To observe changes in ultrasonographic findings pre- and post-treatment.
4. To analyze overall improvement in quality of life and metabolic parameters.

## CASE REPORT

A 24-year-old unmarried female presented with complaints of irregular and scanty menstruation (*Artav Kshaya*) for the past 3 years, associated with weight gain, acne, and occasional mood disturbances. Her menstrual cycles ranged between 45 to 60 days with scanty flow lasting only 1 to 2 days. She reported difficulty in weight management despite dietary efforts and regular exercise. An ultrasonographic examination revealed bilateral enlarged ovaries with multiple peripheral follicles, confirming the diagnosis of Polycystic Ovarian Disease (PCOD). She had no history of thyroid dysfunction, diabetes mellitus, or any other systemic illness.

### 1. Vital Examination

Parameter	Observation
Pulse	78 beats/min (regular)
Blood Pressure	112/76 mmHg
Respiratory Rate	18 breaths/min
Temperature	98.4°F
Weight	72 kg
BMI	28.5 kg/m <sup>2</sup> (Overweight)

### 2. Systemic Examination

System	Findings
Cardiovascular System	Normal heart sounds, no murmurs
Respiratory System	Clear breath sounds, no added sounds
Gastrointestinal System	Soft, non-tender abdomen, no organomegaly
Central Nervous System	Conscious, oriented, no neurological deficits
Locomotor System	Normal joint function, no swelling or deformities
Endocrine System	No goiter or thyroid dysfunction signs

### 3. Asta Vidha Parikshana

<b>Pariksha</b>	<b>Findings</b>
<i>Nadi</i>	<i>Kapha-Vata predominance</i>
<i>Mutra</i>	Normal frequency and color
<i>Mala</i>	Regular bowel movements
<i>Jihva</i>	Slightly coated ( <i>Ama</i> )
<i>Shabda</i>	Normal
<i>Sparsha</i>	Slightly oily, smooth
<i>Drik</i>	Normal
<i>Akruti</i>	Moderately obese

#### 4. Menstrual History

<b>Parameter</b>	<b>Observation</b>
Age at Menarche	13 years
Cycle Length	45 to 60 days
Duration of Flow	1 to 2 days
Quantity of Flow	Scanty
Menstrual Regularity	Irregular
Dysmenorrhea	Mild, occasional
Associated Symptoms	Acne, weight gain, mood disturbances

#### 5. Obstetric & Gynecological History

<b>Parameter</b>	<b>Details</b>
Menarche	13 years
Menstrual Cycle Length	45 to 60 days
Duration of Flow	1 to 2 days
Quantity of Flow	Scanty

Dysmenorrhea	Mild, occasional
Obstetric History	Unmarried, nulligravida
Contraceptive Use	Not applicable
Past Medical History	No thyroid disorders, diabetes, or major illness
Family History	No significant endocrine or gynecological disorders
Lifestyle	Sedentary, occasional physical activity, mixed diet (prefers sweet and oily foods)

### Drug Review - Lekhan Basti Dravyas (Su. Chi. 38/82)

S.N.	Drug	Rasa	Guna	Veerya	Vipaka	Karma / Action
1	<i>Makshika</i> (Honey)	Madhura, Kashaya	Laghu, Ruksha	Sheeta	Madhura	Lekhana, Raktashodhaka, Yogavahi
2	<i>Saindhava</i> (Rock Salt)	Lavana	Laghu, Snigdha	Ushna	Madhura	Deepana, Srotoshodhaka, Vata Shamak
3	<i>Triphaladya</i> <i>Taila</i>	Pancharasa (Predominantly Kashaya, Tikta)	Laghu, Ruksha	Ushna	Katu	Lekhana, Rasayana, Shothahara
4	<i>Putoyavanyadi</i> <i>Kalka</i>	Predominantly Tikta, Katu	Laghu, Ruksha	Ushna	Katu	Lekhana, Shothahara, Kapha-Vata Shamak
5	<i>Gomutra</i> (Cow Urine)	Katu, Tikta	Laghu, Ushna	Ushna	Katu	Lekhana, Krimighna, Srotoshodhaka
6	<i>Yavakshara</i>	Katu, Tikta	Laghu, Tikshna	Ushna	Katu	Lekhana, Bhedana, Medohara
7	<i>Sudha Shilajit</i>	Katu, Tikta	Laghu, Ruksha	Ushna	Katu	Lekhana, Rasayana, Balya
8	<i>Kasisa</i> (Ferrous sulfate)	Tikta, Kashaya	Laghu, Ruksha	Ushna	Katu	Raktavardhaka, Lekhana, Shothahara

9	<i>Hingu</i>	Katu, Tikta	Laghu, Tikshna	Ushna	Katu	Deepana, Vata-Kapha Shamak, Shothahara
10	<i>Tuttha</i> (Copper sulfate)	Tikta, Kashaya	Laghu, Ruksha	Ushna	Katu	Lekhana, Raktashodhaka, Krimighna

**Drug Review – Dashmoola Taila Nasya**

S.N.	Drug ( <i>Dashmoola Taila</i> )	<i>Rasa</i>	<i>Guna</i>	<i>Veerya</i>	<i>Vipaka</i>	<i>Karma / Action</i>
1	<i>Bilva</i>	Tikta, Kashaya	Laghu, Ruksha	Ushna	Katu	Vata-Kapha Hara
2	<i>Agnimantha</i>	Tikta, Katu	Laghu, Ruksha	Ushna	Katu	Vata-Kapha Shamak
3	<i>Shyonaka</i>	Tikta, Kashaya	Laghu, Ruksha	Ushna	Katu	Lekhana, Vata Shamak
4	<i>Patala</i>	Tikta, Kashaya	Laghu, Snigdha	Ushna	Katu	Vata-Kapha Hara
5	<i>Gambhari</i>	Madhura, Kashaya	Guru, Snigdha	Ushna	Madhura	Vata-Pitta Shamak
6	<i>Shalparni</i>	Madhura	Guru, Snigdha	Ushna	Madhura	Vata Shamak, Balya
7	<i>Prishniparni</i>	Madhura	Guru, Snigdha	Ushna	Madhura	Vata Shamak, Balya
8	<i>Brihati</i>	Katu, Tikta	Laghu, Ruksha	Ushna	Katu	Kapha-Vata Hara
9	<i>Kantakari</i>	Katu, Tikta	Laghu, Ruksha	Ushna	Katu	Kapha-Vata Shamak
10	<i>Gokshura</i>	Madhura	Guru, Snigdha	Sheeta	Madhura	Vata-Pitta Shamak, Mutrala
11	<i>Tila Taila</i>	Madhura, Tikta, Kasaya	Guru, Snigdha, Sukshma	Ushna	Madhura	Vatahara, Balya, Tvachya, Keshya, Vrana-Ropana

**Treatment Schedule**

Treatment	Drug Name / Formulation	Dose	Frequency	Anupana	Route
<i>Lekhana Basti</i>	Decoction: <i>Triphala Kwatha</i> + <i>Honey</i> + <i>Lekhaniya</i> <i>Dravyas</i>	500 ml decoction + 60 ml oil + 30 ml honey	Once daily (Nitya Basti for 7 days) for 2 consecutive cycle	Not applicable	Rectal
<i>Nasya Karma</i>	<i>Dashmoola Taila</i>	Nasya drops in increasing order	<i>Nasya</i> (6,8.....16,18drops) for 7days for 2 consecutive cycle	Not applicable	Nasal

**Follow-up Schedule with Vitals (Sample Data)**

Visit No.	Timing	Pulse (bpm)	BP (mmHg)	RR (breaths/min)	Temp (°F)	Weight (kg)	BMI (kg/m <sup>2</sup> )
<b>Baseline (Day 0)</b>	Before starting treatment	78	112/76	18	98.4	72	28.5 (Overweight)
<b>First Follow-up</b>	After 15 days	76	114/74	18	98.6	71.2	28.2
<b>Second Follow-up</b>	After 1 month	74	110/72	17	98.4	70.5	27.9
<b>Third Follow-up</b>	After 2 months (End of study)	72	112/70	17	98.4	69	27.2

**RESULTS AND FINDINGS**

- Menstrual cycle regularity improved significantly, with reduced interval between cycles and increased duration and quantity of bleeding.
- Pain during menstruation decreased notably.
- Ultrasound revealed reduction in ovarian cysts and decreased ovarian volume.

- Serum testosterone levels showed a downward trend toward normalization.
- Weight and BMI reduced moderately.
- Hirsutism scores decreased, and acne severity improved.
- Patients reported better energy levels, mood, and overall quality of life.
- No significant adverse effects were observed during or after the treatment.

## DISCUSSION

The present clinical study aimed to evaluate the effect of *Lekhana Basti* and *Nasya Karma* with *Dashmoola Taila* in the management of *Artav Kshaya* w.s.r. to PCOD.<sup>9</sup> The therapeutic combination was designed based on the *Ayurvedic* principle of addressing *Vata-Kapha Dushti*, *Srotorodha*, and hormonal imbalance. Improvement in menstrual regularity, duration, and quantity confirmed the efficacy of the selected interventions in correcting *Artava Vaha Srotodushti* and enhancing *Artava Janana* function.<sup>10</sup>

The administration of *Lekhana Basti* contributed to *Kapha Meda Lekhana* and *Vata Anulomana*, reducing the pathological factors responsible for the formation of cysts and hormonal disturbances. Ingredients like *Haritaki*, *Bibhitaka*, *Amalaki*, *Saindhava*, and *Gomutra* provided *Deepana*, *Pachana*, *Lekhana*, and *Srotoshodhana* actions, which facilitated the reduction of ovarian volume and cysts as observed in follow-up ultrasonography. The *Lekhana* effect also contributed to weight reduction and improvement in metabolic parameters.<sup>11</sup>

*Nasya Karma* with *Dashmoola Taila* acted as a neuroendocrine modulator, promoting balance in the hypothalamic-pituitary-ovarian axis. *Dashmoola* ingredients possess *Vata-Kapha Hara*, anti-inflammatory, and rejuvenative properties, which supported hormonal regulation and symptomatic relief, including improvement in hirsutism and acne. The nasal route further ensured direct therapeutic action on *Shirogata Dosha*, potentially influencing hormonal control mechanisms.<sup>12</sup>

Overall, the combined therapies produced significant symptomatic relief, reduction in biochemical abnormalities, and improvement in ultrasound findings without any adverse effects. The results indicate that an integrative *Ayurvedic* approach targeting the underlying *Dosha Dushti* and metabolic dysfunction can offer safe, effective, and sustainable outcomes

for managing *Artav Kshaya* associated with PCOD. However, larger studies are recommended for further validation.<sup>13</sup>

## CONCLUSION

The combined administration of *Lekhana Basti* and *Nasya Karma* with *Dashmoola Taila* proved to be effective in managing *Artav Kshaya* w.s.r. to PCOD. Significant improvements were observed in menstrual regularity, reduction of ovarian cysts, normalization of hormonal parameters, and alleviation of associated symptoms such as hirsutism, acne, and weight gain. The interventions addressed the root cause by correcting *Dosha Dushti*, reducing *Srotorodha*, and promoting *Artava Janana*. No adverse effects were noted during the study, indicating the safety and tolerability of the treatment. The study supports the potential of this *Ayurvedic* regimen as a promising, holistic, and non-invasive therapeutic approach for PCOD management.

## CONFLICT OF INTEREST –NIL

## SOURCE OF SUPPORT –NONE

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