EFFECT OF LASUNA KSHEERAPAKA AND ASWAGANDHA-ARJUNA KSHEERAPAKA IN THE MANAGEMENT OF VATA PREDOMINANT SYMPTOMS IN MENOPAUSAL SYNDROME-A CLINICAL COMPARATIVE STUDY

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ABSTRACT
Menopause is the permanent cessation of menstruation due to loss of ovarian follicular activity. The gradual or sudden cessation of oestrogen and progesterone production by the ovaries produces various symptoms called Menopausal syndrome. According to Ayurveda Vrudhavastha is the Vata dominant phase and hence Rajonivruti is associated with Vata predominance. There are many suitable treatment options for symptoms occurring during Rajonivruti. Rasayana Chikitsa is considered very effective. **Aim:** To evaluate and compare the efficacy of Lasuna Ksheerapaka and Aswagandha-Arjuna Ksheerapaka in the management of Vata predominant symptoms in menopausal syndrome. **Methods:** A randomized comparative clinical study of 2 groups with 20 patients each treated with Lasuna ksheerapaka and Aswagandha-Arjuna ksheerapaka for one month. **Result:** Both the drugs were found to be statistically significant and Lasuna Ksheerapaka shows more effect in two criteria i.e. Mood swings and Myalgia. Lasuna ksheerapaka is observed to be more effective may be because of its Dipana-pachana property in turn improves the Agni by removing the Avarana of Kapha and does the Vatanulomana. **Conclusion:** Lasuna Ksheerapaka is having more effect than Aswagandha-Arjuna Ksheerapaka in the management of Vata predominant symptoms in Menopausal syndrome.

Keywords: Rajonivruti, Menopausal syndrome, Lasuna ksheerapaka, Aswagandha-Arjuna ksheerapaka, Vata.

INTRODUCTION
Menopause is the time at which menstruation ceases, where as climacteric is the phase of reducing ovarian follicular activity. The average age of Indian menopausal women is 47 (45-55) yrs. The gradual or sudden cessation of oestrogen and progesterone production by the ovaries may produce physical, sexual & psychological symptoms. In 85% of women have a significant impact on their daily personal, professional & social lives which included under the heading ‘menopausal syndrome’. 
Though, Menopause is a natural process of aging, it is turning into a major health problem in recent years. Currently, the number of menopausal women in India is about 43 million. Projected figures in 2026 have estimated the menopausal population 103 million. So, menopausal health demands have higher priority in Indian scenario.

In Ayurvedic classics, some scattered references are available which mentions that the Rajonivruthi occurs in the age of 50yrs in which the Vata Dosha become predominant and the Rasayana Therapy is the best line of treatment for preventing the long term effects.

Considering all these aspects, the present study has been designed to evaluate and compare the effect of Lasuna Ksheerapaka (having ingredients-Lasuna, Ksheera) and Aswagandha-Arjuna Ksheerapaka (having ingredients-Arjuna, Aswagandha, Ksheera) owing its Rasayana, Brumhana, Balya, Vrushya & Vatahara properties.

MATERIALS AND METHODS:
Sample source:-
A minimum of 40 patients (20 patients in each group) fulfilling the diagnostic and inclusion criteria attending the Prasooti Tantra and Stree Roga OPD in Alva’s Ayurveda Medical College and Hospital, Moodbidri. Other available sources like Medical camps and other referrals selected for the present study.

Design of study:

Interventions:
Table 1: Interventions

<table>
<thead>
<tr>
<th>GROUP</th>
<th>DRUG</th>
<th>ROUTE</th>
<th>DOSE</th>
<th>DURATION</th>
<th>KALA</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROUP A</td>
<td>Aswagandha-Arjuna Ksheerapaka</td>
<td>Oral</td>
<td>100ml, BD 3g each drug with 100ml milk &amp; 100ml water, Ksheerapaka preparation</td>
<td>1 month</td>
<td>Before food</td>
</tr>
<tr>
<td>GROUP L</td>
<td>Lasuna Ksheerapaka</td>
<td>Oral</td>
<td>100ml, BD 25g drug with 100ml milk &amp; 100ml water, Ksheerapaka preparation</td>
<td>1 month</td>
<td>Before food</td>
</tr>
</tbody>
</table>
**Observation period:**
Assessment carried out by scoring the gradations before the treatment and during the treatment period on the 15th and 30th day.
Follow up: On the 30th day after the treatment period.
Total study duration including follow up: 60 days

**Assessment criteria:**
Subjective
- Insomnia
- Anxiety
- Mood swings
- Myalgia
- Palpitation
- Vaginal dryness.

**Discussion on the result of treatment in group L**
The statistical analysis done during and the last day (30th day) of the treatment on the assessment criteria like insomnia, anxiety, mood swings, myalgia, palpitation, and vaginal dryness reveal the significance of the treatment in group L. This leads to the rejection of the null hypothesis states the ineffectiveness of the drug Lasuna Ksheerapaka and the acceptance of the hypothesis states that Lasuna Ksheerapaka has effect in the treatment of Vata predominant symptoms of Menopausal syndrome.

**Discussion on the result of treatment in group A**
The statistical analysis done during and the last day (30th day) of the treatment on the assessment criteria i.e., insomnia, anxiety, mood swings, myalgia, palpitation, and vaginal dryness reveal the significance of the treatment in group A. This leads to the rejection of the null hypothesis states the ineffectiveness of the drug Aswagandha-Arjuna Ksheerapaka and the acceptance of the hypothesis states that Aswagandha-Arjuna Ksheerapaka has effect in the treatment of Vata predominant symptoms of Menopausal syndrome.

**Discussion on the Comparative effects of treatment in Group L and Group A**
The assessment done between the groups reveals significant difference in Mood swings and Myalgia at p < 0.05 which indicate a slightly better effect in group L in consideration to the mean value. Other symptoms were noted statistically insignificant difference between groups. This leads to the acceptance of the alternative hypothesis says; Lasuna Ksheerapaka have a better effect in the treatment of Vata predominant symptoms in Menopausal syndrome.

**Probable mode of action of lasuna ksheerapaka**
- Lasuna possess Katu Pradhana Amla Varjitha Pancha rasa which are known to act as Kaphavata Shamaka.
- The Snigdha,Guru Guna of Lasuna decreases the Vardhitha Vata dosha and helps in Anulomana of the Vata.
- The Ushna Virya also helps in controlling the Vata.
- The karma of Lasuna such as Rasayana and Balya is very much indicated in Jaravastha and helps in preventing the long term complications of senility.
- Lasuna is having the properties like Dipana and Pachana which helps in improving Agni both Jataragni and Dhatwagni. This helps in improving the formation of the Rasa Dhatu and Uttarottara Dhatus reduces the chance of Dhatukshaya, also reduces the symptoms like Vibandha.
- Due to its Katu Vipaka and Tikshnatwa, the Kaphanisarana occurs, thus removes the Avarana of Vata by kapha, and hence helps in Vata Anulomana.
- As Lasuna mixed with milk during Ksheerapaka preparation, the Sheeta Virya, Madhura Vipaka and Mrudu Guna of milk balances the Ushna Virya, Katu Vipaka and Tikshna Guna of Lasuna.
- Milk is having the Karmas like Rasayana, Jeevaniya, Balya, Vrushya etc. Properties which...
helps in Dhatupushti and in balancing Vata Dosha.

Probable mode of action of aswagandha-arjuna ksheerapaka

- Aswagandha is known for its Vrushya and Rasayana properties which are indicated in pacifying the Rajonivruti lakshanas.
- The Snigdha guna and Ushna Virya pacifies Vata. Madhura and Tikta Rasa are Vatapittashamaka.
- Aswagandha is included in the Balya Varga and Madhuraskandha indicating the Vatahara as well as Rasayana Karma of the drug.
- Aswagandha contains withasomnine as a major chemical constituent which act as annxiolytic and induces sleep. Its somniferous roots are the main part which is used in the formulation.
- Aswagandha is said to possess antidepressant property which helps in relieving depression and elevating the mood.
- The antioxidant effect of Aswagandha helps in delaying ageing and hence best suited in Jaravastha.
- Arjuna having Sheeta Guna and Hridya, Balya, Sandhaniya etc. Karmas also helps in symptoms like palpitation, body ache etc. of Menopausal syndrome.

CONCLUSION

Old is a stage in life signified by Dhatuparipurnata. It is Jeernavastha when Shareera Dhatu progress towards Kshaya and vitiated Vata manifests symptoms that have been described as Rajonivruti. The Vata Dosha especially Apanavata Dushti leads to many symptoms. Dhatukshaya as well as the Avarana of Vata were the prime causative factors for such symptoms. The main principle of management of Rajonivruti is Agnivardhaka, Vatakaphashamaka and Vatamulomaka Chikitsa. Lasuna is the trial drug which having Dipana, Pachana, Rasayana, Balya, Brimhana Karmas. Both the drugs show action in almost same manner as they have similar properties like Vatamulomana, Balya, Rasayana, Vrushya etc. Both the drugs were found to be statistically significant in Menopausal syndrome and statistically Lasuna Ksheerapaka shows more effect in two criteria i.e. Mood swings and Myalgia where the association of Kapha is more. This may be because of its Dipana-pachana, Vatamulomana, Kaphanissarana, Srotosodhana property of Lasuna. Both the formulations were not reported any adverse effect during the clinical trial.

LIMITATIONS OF THE STUDY

- Strong flavour of Lasuna was a challenge. It made the drug less palatable and acted as a limitation to its oral administration.
- Fresh preparation of each dose before administration was found to be not very convenient.

REFERENCES


10. Dr. J L N Shastry, Dravya guna vigyana volume-2, Reprint 2014, Published by Chaukhamba Orientalia, Chapter no.115,82,107 (Detailed drugs), Page No: 533,377,495.

### Table 2: Comparative effect of both groups:

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>BT-AT Mean</th>
<th>d</th>
<th>% of relief</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Group A</td>
<td>Group B</td>
<td>Group A</td>
<td>Group B</td>
<td></td>
</tr>
<tr>
<td>Insomnia</td>
<td>1.50</td>
<td>1.30</td>
<td>0.20</td>
<td>55.55%</td>
<td>50.98%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>1.00</td>
<td>1.30</td>
<td>0.30</td>
<td>58.82%</td>
<td>54.16%</td>
</tr>
<tr>
<td>Mood swings</td>
<td>1.25</td>
<td>0.75</td>
<td>0.50</td>
<td>62.50%</td>
<td>44.11%</td>
</tr>
<tr>
<td>Myalgia</td>
<td>1.75</td>
<td>1.20</td>
<td>0.50</td>
<td>61.40%</td>
<td>46.15%</td>
</tr>
<tr>
<td>Palpitation</td>
<td>0.75</td>
<td>0.70</td>
<td>0.05</td>
<td>55.55%</td>
<td>46.66%</td>
</tr>
<tr>
<td>Vaginal dryness</td>
<td>0.55</td>
<td>0.45</td>
<td>0.10</td>
<td>84.61%</td>
<td>64.28%</td>
</tr>
</tbody>
</table>

**Graph 1:** Comparative effect of both groups:

**Source of Support:** Nil

**Conflict Of Interest:** None Declared