

A CLINICAL EVALUATION OF VANDHYATWA (ANOVULATION) WITH SHATAPUSPA TAILA NASYA AND CHOORNA ORALLY

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ABSTRACT

Stree vandyatva is a most troublesome disease, which leads both shareeka and manasika *vedana*, the main cause for the *stree vandyatva* is *vaata dosha* vitiation, which vitiates and does *margavarodha* of *aartavavaha* srotas, here *aartavavaha* srotas taken as whole female genital organ along with functional axis i.e H-P-O axis. Maharshi kasyapa has mentioned *abeejotsarga* or *viphala aartava* as one of the cause for *stree vandyatva*, altered H-P-O axis and GnRH regulation causing the anovulation intern infertility, so in study to treat anovulation through nearest *route nasya karma* with *shatapuspa taila* is selected, along with oral *shatapuspa churna* along with honey.

Key words: *Vandyatva*, *Viphala Artava*, *Nasya karma*, Anovulation

INTRODUCTION

The Supreme Being has provided the power of creation to all creatures. The creator of universe has empowered the women to carry out the most noblest and reverent work of mankind and that is the work of reproduction, Due to heavy industrialization and development advanced software technology the mankind running behind fast and furious life. Due to that every person indulging in improper food and habits which are not fit to the constitution of the body, which have very less nutritional values and also having similar properties to 'Viruddhahara causing provocation of Vatadosha and Agni dusti, by this it will get vitiate the kapha dosha, so the srotodusti occur in the form of *artavavaha* srotosangha,

and *avarodha*, which in terms we can say it as a H-P-O axis imbalance leads to hormonal imbalance is the prime cause for the anovulation leading infertility.

Acharya Sushruta has described four essential factors like *Rutu*, *Kshetra*, *Ambu* and *Beeja* for conception, Among these four factors, a *beeja* (ovum) factor has a prime role in the pathophysiology of reproduction¹. The *dushti* in the *beeja* formation may be considered as ovulatory dysfunction. Ovulatory dysfunctions are the major problem in approximately 40% Cases of female infertility (Infertility of Leon Sperrof). Over last decades, fertility therapy has expanded more than any other field of medicine. Hormonal therapy, In vitro Fertilization (IVF), Embryo Transfer, (ET), Gamete Intrafallop-

pian Transfer (GIFT) etc so many therapies are developed, but they have unsatisfactory results, enormous expenses and lots of side effects like ovarian hyper stimulation, frequent abortion, multiple gestations and major long term possibility of ovarian cancer. Here in Anovulatory causing infertility Vatadosha is the main factor², and is the disease of hormonal imbalance and H-P-O axis derangement, so treat hormonal imbalance through nearest route the NASYA KARMA is selected. This is the main and one among the Panchakarma procedure to treat urdwajatrugata rogas³. So also by taila nasya one can get control over the vaatadosha⁴, So shatapuspa taila nasya is selected along with oral shatapuspa churna in a single group as explained by acharya Kashyapa⁵.

AIMS AND OBJECTIVES

To study the concept of Abijotsarga according to Ayurvedic literature and modern science

1. To assess the efficacy of Shatapuspatailanasya and shatapuspachurna orally on anovulatory.
2. Analytical study of Nasya karma on anovulatory.

MATERIALS AND METHODS:

SELECTION CRITERIA:

Inclusion criteria:

1. Married woman, Age group between 20-35 years.
2. Primary and secondary infertile patients with Anovulatory cycles.

3. Anovulatory cycles with or without PCOD.

Exclusion criteria:

1. Systemic diseases like TB, DM, hyperthyroidism and hyperprolactenemia, STDs, HIV, HBsAg.
2. Congenital anomalies of reproductive organs.
3. Benign and malignant tumors of reproductive organ.
4. Menorrhagia, metrorrhagia, DUB

Research design:

- 30 Patients will be selected by simple randomized method for the study within a single group.
- It is a single blind clinical study with pre-test and post-test design.
- Pre procedures i.e. poorvakarma should be compulsory and mandatory.
- Before starting treatment thorough counselling of patient and brief explanation regarding the procedure of Nasya karma will be done

METHODOLOGY:

Preparation of Shatapuspa Taila: To prepare Shatapuspa taila kashyapa has told a specific quantity of dravadravya's, based on that here I have prepared the shatapuspa taila as per need of my research protocol.

Selection of chikitsa: Nasya chikitsa and followed by oral drug selected.

Selection of nasya: Shodhana Nasya.

Duration of nasya: 7 days followed by oral drug administration.

Intervention chart:

Table No: 1 Showing intervention Chart.

	Karma	Procedure	Dose	Duration
1	Poorva karma	Abhyanga- Moorchita tila taila Nadi sveda	50 ml	30-45mins
2	Pradhan karma ⁶ Nasya karma	Shatapuspa taila	8 drops in each nostril	7 days

3	<i>Paschat karma</i>	Rubbing of palm and sole. Advised to spit the taila after it reaches to throat. Hot water gargling.		
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Follow up - Evaluation will be done before treatment and after treatment.

ASSESSMENT CRITERIA: OBJECTIVE PARAMETERS:

- Follicular study

CLINICAL ASSESSMENT SCORING METHOD:

The changes observed in the signs and symptoms were assessed by adopting suitable scoring method and the objective signs by using appropriate clinical tools. The details of scoring pattern adopted for assessment of subjective and objective parameters is as follows:

Scoring Pattern of Follicle

- Score 0 = No dominant follicle
- Score 1 = Follicle size up to 10 mm
- Score 2= Follicle size ranging from 11-15mm
- Score 3= Follicle size ranging from 16-20mm
- Score 4 =Follicle size ranging from 21-30mm
- Score 5= Rupture of follicle (For this scoring method, consecutive two cycles serial TVS were carried out to diagnose anovulation.)

OVER ALL EFFECT OF TREATMENT:

- The overall effect was graded into 4 types.
- No response to Therapy 0%
- Mild response to therapy 1 – 25%
- Moderate response to therapy 25.1% - 50%
- Fair response to therapy 50.1% - 75%
- Good response to therapy 75.1% - 100%

OBSERVATION

Among 30 patients studied, majority of them found in the age group of 26-31years(40%)

followed by 32-37years(33.33%). The 90%(27) patients found to be of jangala desha with the vata-kapha prakruti in 50%(15) of patients, and 30%(9) patients are of tredoshika prakruti. sharrerika pramana wise 26.66%(8) were in obese group, maximum cases 63.33%(19) were studied are underwent hormonal therapy, and has a irregular scanty menstruation in 26.66% (8) cases. Nature of menstruation were equally distributed in study i.e painful and painless in 50%(15)patients, among them were having menstrual duration of 3-4 days in 15(50%) patients. Sexually satisfied are of 18(60%) in number, maximum no.of patients found in 3-4times of sexual act in a week 46.67%(14). Among them 10%(3) were having positive family history of infertility.

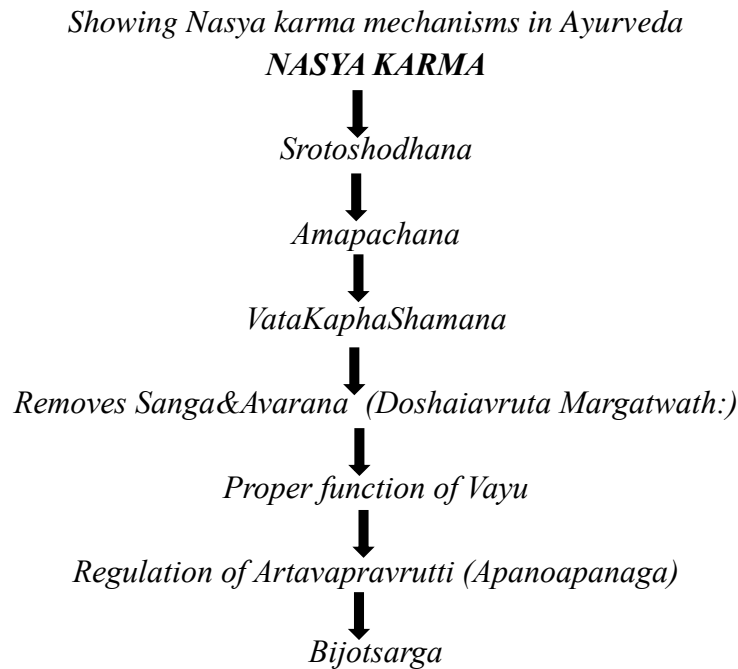
DISCUSSION THERAPY DISCUSSION

MaharshiKaashyapa has mentioned nasya karma as one among line of treatment in ViphalaArtava causing streevandyatwa. ViphalaArtava considered here as aartava that is not processing phala (bija) in it, it is correlated with the anovulatory menstrual cycle, caused due to deranged H-P-O axis. In vandhyatva w.s.r. to anovulatory factor, mainly there is dushti of vatadosha. The treatment should be directed to the treatment of vata and eradication of the cause. But in modern science, it is given that the cell produce GnRH originate from the olfactory area and GnRH is a regulator of gonadotropin hormones. So considering this relation into the mind, it has been tried to see the effect of nasya on ovulation i.e. Bijotsarga.

So nasya has role on specifically on Pranavata and Udanavata. There is no other form of medication better than oil for the treatment of vatadosha. Oil is also said Vatakapa-hashamaka. So finally with help of taila as a media for the action of nasya on Apanavata

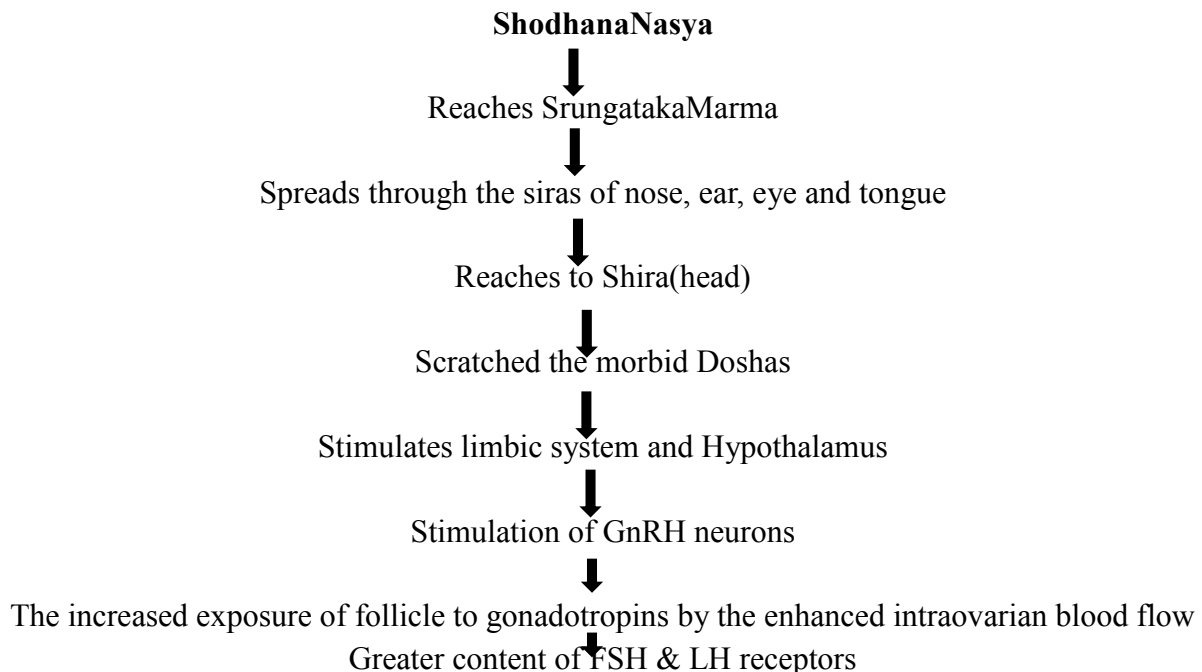
via Pranavata and Udhanavata having chain link. So to treat imbalanced H-P-O axis the nearest route is the shirai.e through nasamarga, so the shatapuspatailanasya as a shodhananasya is selected along with shatapuspachurna orally as a shaman oushadhi.

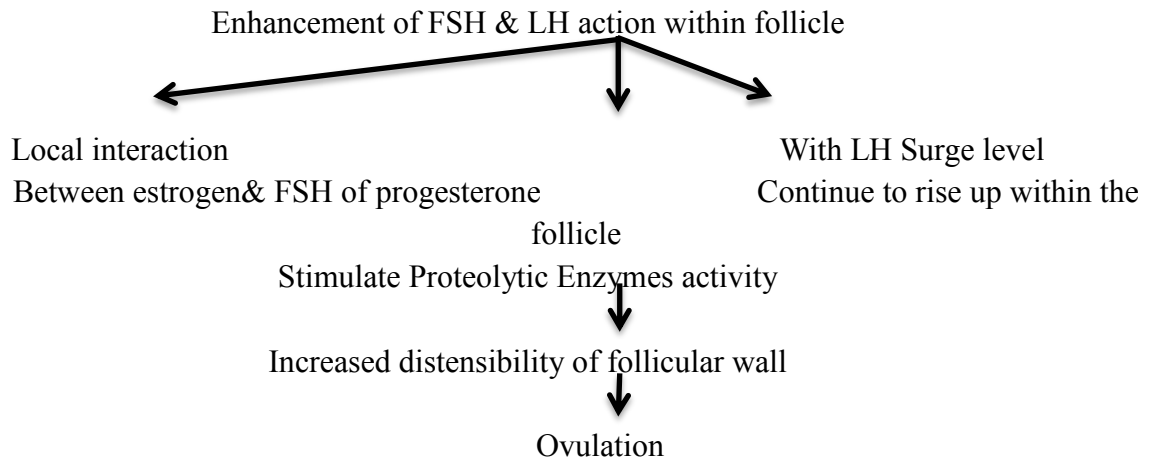
GENERAL MECHANISM OF NASYA KARMA IN FEMALE INFERTILITY IN AYURVEDA



MECHANISM OF NASYA ON FEMALE INFERTILITY IN MODERN SCIENCE

Showing Nasya karma mechanisms in Modern





DISCUSSION ON EFFECT OF THERAPY:

- The effect of treatment after follow up 1 and 2, in the parameter of follicular growth was increased up to 62.69 % and 80.158 % Finally the treatment was found statistically highly significant ($P < 0.01$) indicating that it is the best package of Shatapuspa Taila Shodhana Nasya and Shatapuspa Oral Choorna to eliminate the Srotodusti, ama factors in the body by which the follicular growth was increased.
- The Overall effect of treatment after follow up, in all prescribed parameters was 60.00% (18) and 40.00% (12) which are rated as Fair and good response respectively, in relieving the disease Vandhyatwa. Indicates that the administration of package of Shatapuspa Taila Shodhana Nasya and Shatapuspa Oral Choorna has good impact and to be considered as a best treatment in controlling, relieving and curing Vandhyatwa condition.

CONCLUSION

- Stree vandhyatwa is a vata and kaphadosha dominant disease and here as per Ayurvedic Science it is known that

without the vatadosha streerogas will not be noticed.

- If the couples are not conceived within one year of unprotected coitus then the aim is too ruled out the causes of infertility and accordingly treatment is followed.
- Though the defect in process of fertilization lies in both partners, the female is responsible to 40-60% of cases. Commonly the lacuna in female reflects as irregular & scanty menstruation which suggestive of Anovulation thus contributes 20% cases.
- For the entire hormonal imbalance in the body vaatadosha is responsible, the nearest route to treat the H-P-O axis derangements is tried with this dissertation work.
- So in this work “shatapuspa taila shodhananasya is chosen to treat H-P-O axis derangements through nasamarga, along with oral shatapuspachurna is given with madhu.
- Under follicular study The patients showed increase in the follicular growth during, after treatment and after follow up i.e. 33.33%, 62.69% and 80.158% re-

spectively. It was found to be highly significant at the level of $P < 0.01$.

- In the overall result among 30 Vandhyatwa patients 18 (60.00%) and 12 (40.00%) which are rated as Fair and good response respectively, and considered as to be considered as a best treatment in controlling, relieving and curing Vandhyatwa condition.
- By shodhana nasya vatadosha is regulated and hormonal path way is purified, and after shodhananasya the oral shatapuspachurna acts like a factor to initiate healthy follicular growth subsequently and in time rupture of follicle.
- Hence shatapuspa acts as a both shodhana and shaman dravya with different base of medication.
- Thus it is concluded that shatapuspa as media in the oil for shodhananasya and churna as an oral medicine shows better results in regularizing menstruation and normalizing the ovarian dysfunction.
- No untoward effect is observed with shodhana nasya and oral churna in any of the patient.
- After treatment it was found that most of the patients had ovulation & many patients relived of menstrual symptoms.
- Further studies required at large scale of the patients and in highly equipped Research centres to assess and get better therapeutic effect and for the global acceptance of Ayurvedic therapies.

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