CLINICAL EFFICACY OF SHATAPUSHPA CHURNA WITH ASHWAGANDHA KSHEER PAKA IN VANDHYATWA (FEMALE INFERTILITY)

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Received: February 18, 2019 Accepted: April 01, 2019

ABSTRACT: The inability to conceive after 1 year of unprotected intercourse of reasonable frequency or female is incapable of carrying a pregnancy to term, is called infertility. In the present scenario of advanced science and technology, infertility is still a problem that has been continued with ages. Hormonal therapy, In Vitro Fertilization (IVF), Embryo transfer (ET), Gamete Intra fallopian 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. Ayurveda may give a promising therapy to cure this condition. In the present study, 17 clinically diagnosed patients from OPD/IPD of Prasuti&StriRoga Deptt., NIA, Jaipur, were selected along with consideration of inclusion and exclusion criteria, out of them 15 patients were completed the study. Patients were given Shatapushpacurna with anupana of Ashwagandhaksheerpaka for 90 days or 3 consecutive menstrual cycles. Out of 15 patients 3 got conception. Extremely significant results showed in dominant follicle, endometrial thickness, fern test, spinnbarkeit test, dysmenorrhea and stress

Key Words: Vandhytwa, shatapushpachurna, Ashwagandhaksheerpaka

INTRODUCTION:
Motherhood is ultimate and cherished desire of every woman. When she achieves it, she feels completeness in her life but all women are not so much lucky to attain motherhood. Inability to conceive after 1 year of unprotected intercourse of reasonable frequency or female is incapable of carrying a pregnancy to term is called infertility. It is like curse to the woman and society as it affects her physical and mental health and thereby the social life of the woman.

According to Acharya Sushruta four main factors required for the proper conception are: Ritu (Season or fertile period), Kshetra (Normal female reproductive organ, healthy yoni), Ambu (Nourishing factor) and Beej (Viable ovum & sperm). Abnormality in any of the above said factors cause ‘Vandhyatwa’

In the present scenario of advanced science and technology, infertility is still a problem that has been continued with ages. Hormonal therapy, In Vitro Fertilization (IVF), Embryo transfer (ET), Gamete Intra fallopian 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. Ayurveda may give a promising therapy to cure this condition.

AIMS & OBJECTIVES:
• To study aetiopathogenesis of ‘Vandhyatwa’ as per the classical literature and modern texts.
• To evaluate the effect of Shatapushpachurna along with Ashwagandhaksheerpaka in female infertility.

MATERIAL & METHODS:
Selection of the patient:
Total 17 Clinically diagnosed patients of infertility from OPD & IPD of NIA, Jaipur were registered for clinical trial and Out of which 15 patients completed the course of treatment. Written consent was taken from the patient before starting the trial.

Criteria for selection of patient:
➢ Inclusion criteria:
• Primary or secondary cases of infertility other than exclusion criteria.
• Age group between 20 to 40 years.
• Male counterpart should be normal in all aspects.
• Atleast one fallopian tube should be patent.

➢ Exclusion criteria:
• Surgical factors including fibroid uterus, cervical polyp, cervical stenosis etc.
• Congenital anatomical defect.
• Patient suffering from severe infection.
• Chronic systemic diseases.
• Infertility due to tubal factors
• Infertility due to peritoneal factors.

➢ Withdrawal criteria:
• During the course of trial if any serious condition occurs that require urgent treatment.
• Patient herself wants to withdraw from the clinical the trial.
• Irregular follow up.

INVESTIGATION:

Before Treatment
Blood test-Hb%, TLC, DLC, ESR, HIV, HBsAg,VDRL, MONTOUX TEST(if needed), RBS, T3, T4, TSH, LFT, RFT
2. Urine test - Routine & Microscopic
3. Cervical mucus (1) SpinnBarkeit 2) Fern Test
4. Post coital test
5. USG-Uterus & Adnexa
6. HSG 7. Anti-sperm & Antibody Test (if needed)
8. Pap smear- (if needed) 9. Follicular study (if possible)
10. Hormonal assays- S. FSH, S. LH, S. Progesterone, S. Prolactin (If possible)

After Treatment
1. Cervical mucus (1) SpinnBarkeit (2) Fern test
2. Follicular study (If possible)
3. Urine Pregnancy detection test
4. USG - To Confirm Pregnancy

TRIAL DRUG:
Shatapushpachurna

Table 1

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shatapushpa</td>
<td>3 gm</td>
</tr>
<tr>
<td>Anethumsowa (Kurz)</td>
<td>2.5ml</td>
</tr>
<tr>
<td>Beeja</td>
<td>3gm</td>
</tr>
<tr>
<td>Goghrita</td>
<td>2.5ml</td>
</tr>
</tbody>
</table>

Ashwagandhaksheerpaka:

Table 2

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashwagandha</td>
<td>1 part</td>
</tr>
<tr>
<td>Withaniasomifra (Linn.)</td>
<td>8 part</td>
</tr>
<tr>
<td>Mula</td>
<td>32 part</td>
</tr>
<tr>
<td>Ksheer</td>
<td>-</td>
</tr>
<tr>
<td>Water</td>
<td>-</td>
</tr>
</tbody>
</table>

TREATMENT PROTOCOL: Table 3

<table>
<thead>
<tr>
<th>DRUG</th>
<th>Shatapushpachurna</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOSE</td>
<td>3 gm</td>
</tr>
<tr>
<td>SAHAPANA</td>
<td>Ghrita</td>
</tr>
<tr>
<td>ROUTE</td>
<td>Oral</td>
</tr>
<tr>
<td>ANUPANA</td>
<td>Ashwagandhaksheerpaka</td>
</tr>
<tr>
<td>DURATION</td>
<td>90 days in three consecutive menstrual cycles</td>
</tr>
</tbody>
</table>

Follow Up Study –
After completion of trial follow up was done monthly upto two months (Telephonic)

Statistical Analysis:
Various observations made and results obtained were computed statistically using Wilcoxon matched-pairs signed-ranks test, Mann-Whitney test to find out the significance of the values obtained and various conclusions were drawn accordingly.

RESULT:

TABLE 4: EFFECT OF THERAPY ON OBJECTIVE PARAMETERS

<table>
<thead>
<tr>
<th>S. N</th>
<th>Parameter</th>
<th>N</th>
<th>Mean B.T.</th>
<th>Mean A.T.</th>
<th>Mean Diff.</th>
<th>S.D. (±)</th>
<th>S.E. (±)</th>
<th>‘W’</th>
<th>P</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Dominant Follicle</td>
<td>15</td>
<td>2.13</td>
<td>0.73</td>
<td>1.40</td>
<td>65.63</td>
<td>0.98</td>
<td>0.25</td>
<td>78.00</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>S. N</td>
<td>Parameter</td>
<td>N</td>
<td>Mean B.T</td>
<td>Mean A.T</td>
<td>Mean Diff.</td>
<td>%</td>
<td>S.D (±)</td>
<td>S.E (±)</td>
<td>'W'</td>
<td>P</td>
</tr>
<tr>
<td>-----</td>
<td>---------------------------</td>
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<td>-----</td>
<td>---------</td>
<td>---------</td>
<td>-----</td>
<td>-------</td>
</tr>
<tr>
<td>1.</td>
<td>Amount of menses</td>
<td>15</td>
<td>0.80</td>
<td>0.26</td>
<td>0.53</td>
<td>66.62</td>
<td>1.0</td>
<td>0.27</td>
<td>10.00</td>
<td>&lt; 0.05</td>
</tr>
<tr>
<td>2.</td>
<td>Interval of menses</td>
<td>15</td>
<td>0.26</td>
<td>0.13</td>
<td>0.13</td>
<td>50.00</td>
<td>0.35</td>
<td>0.09</td>
<td>3.00</td>
<td>&gt; 0.05</td>
</tr>
<tr>
<td>3.</td>
<td>Duration of menses</td>
<td>15</td>
<td>0.40</td>
<td>0.06</td>
<td>0.33</td>
<td>83.25</td>
<td>0.72</td>
<td>0.18</td>
<td>6.00</td>
<td>&gt; 0.05</td>
</tr>
<tr>
<td>4.</td>
<td>Dysmenorrhoea</td>
<td>15</td>
<td>1.53</td>
<td>0.60</td>
<td>0.93</td>
<td>60.78</td>
<td>0.70</td>
<td>0.18</td>
<td>66.00</td>
<td>&lt; 0.001</td>
</tr>
<tr>
<td>5.</td>
<td>Dyspareunia</td>
<td>15</td>
<td>0.73</td>
<td>0.13</td>
<td>0.60</td>
<td>81.33</td>
<td>0.73</td>
<td>0.19</td>
<td>28.00</td>
<td>&lt; 0.05</td>
</tr>
<tr>
<td>6.</td>
<td>Stress</td>
<td>15</td>
<td>1.66</td>
<td>0.86</td>
<td>0.80</td>
<td>47.99</td>
<td>0.41</td>
<td>0.10</td>
<td>78.00</td>
<td>&lt; 0.001</td>
</tr>
</tbody>
</table>

**TABLE 5: EFFECT OF THERAPY ON SUBJECTIVE PARAMETERS**

**DISCUSSION:**

**SHATAPUSHPA CHURNA:**

- Due to UsnaVirya it inhibits the SheetaGuna of Vatadosha and Tikshna, Laghuguna inhibit the PicchilaGuna of Kapha. Due to Ushna and TikshnaGuna it acts as Kaphavatashamaka and Pittavardhaka.
- Due to Anulomana Karma, it will cause "DoshanamSanshosana" and facilitate the free movement of ApanaVayu that in turn will help in its proper functioning. One of the main function of Apanavayu is the production of Artava. It acts as Rajah pravartaka (emenogogue). So it has good effect on Rajorodha & Yonishoola.
- It relieves Dysmenorrhoea due to inhibition of prostaglandin production and antispasmodic action.
- Due to property of Katu Rasa and Ruksha, TikshnaGuna, it remove the obstruction in Srotas by Lekhana karma, it acts through proper vascularising the uterine musculature, along with it curettes the Upalepa produced by Kaphain the Artavavaha Srotas and dilate the passage. KaphaVilayan occurs in this way they help in Srotoshodhana. So it stimulates follicle and helps in ovulation. As obstruction is cleared, free flow of Artava occurs into lumen.
- ShatpushpaChurnaposess Deepana, Pachana and Amadoshahara so it regulates Jatharagni, Dhatavagni & Bhutagni which correct metabolism at cellular level, which result in formation of dhatus & updhatus (Artava).
- It is experimented that it is a good uterine stimulant drug. It increased vascularity of endometrium i.e. regeneration & proliferation of the endometrium. Madhura, Brimhana, balya & Rasayana increases the thickness of endometrium and increase responsiveness of endometrium to bear conception.
- Due to phytoestrogenic effect, it increases amount of cervical mucus, spinnbarkeit, ferning, motility & density of sperms in cervical mucus.
- Because of its Hypolipidemic & Hypcholesterolaemic action helps to maintain BMI and may help in regulation of HPO axis and in correction of menstrual cycle.
- Ghrita contains beta-carotene and Vitamin E, which are anti-oxidants themselves. It also contains Cholesterol which provides the basic material for the production of sex hormone and anti-stress hormone. Saturated fats boost immune system.
**Probable mode of Action**

**ASHWAGANDHA Ksheerpaka:**
- Anupana is depends according to disease. Ashwagandha is directly indicated in Vandhyatwa in Gadanigraha and Ksheer has Garbhadhankara & directly indicated ininyonirolga&Garbhastrava. Ashwagandhaksheerpakais given strength to reproductive organs, So it was given in both Group as ananupana.
- Madhura rasa, itself PrithviJalaMahabhutaPradhana and Balya, Brimhana, Rasayana properties are responsible for Upachaya thereby improves the endometrial thickness and helps in folliculogenesis.
- Nidrajanana & Antistress and CNS depressant activity of ashwagandha regulate the function of HPO axis because due to stress endogenous opioids are increase, which suppress both the dopamine and GnRH pathway leading to increase in prolactin secretions.
- Shothahara property or Anti-inflammatory action of withaferin may be helping in preparing the endometrium to receive products of conception & also helpful in dyspareunia, Pelvic inflammatory disease or vaginitis or cervicitis.
- Ksheer has madhura, brimhana, balya, vajikar, rasayanaandgarbhadhankara properties so it increase the efficacy of ashwagandha.

**CONCLUSION**

- Infertility is caused by derangement of Gati of ApanaVayu due to the obstruction in the Artavavaha Srotas and any deviation in the normalcy of Garbha-sambhava Samagri.
- The main principles of the management of infertility are: Garbhasthapaka(Prajasthapana), Agnideepaka and Vatanulomakatreatment.
- Shatapushpahasproperties of deepana, pachana, vatakaphashamak, srotoshodhaka, Yonidoshahara and Garbhasthapana AshwagandhaksheerpakahasBalya, Brimgana, Rasayana, Vrishya, Vatakaphashamaka and Garbhasthapaka
- Effect of therapy on specific factor showed an average improvement of 50% of unexplained cases. In anovulation, 16.66% improvement showed.

Thus, Based on this study Sathapushpachurna along with Ashwagandhaksheerpaka can be recommended safely for the management of infertility with success.


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