



ISSN 2456-3110

Vol 8 · Issue 3

March 2023

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS

An International Journal for Researches in Ayurveda and Allied Sciences



Maharshi Charaka
Ayurveda

Indexed

Role of *Shatapushpa Taila* oral use in *Vandhya* w.s.r. to PCOS - Retrospective case series

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ABSTRACT

Infertility is a fast emerging global disease and is at its peak incidence worldwide due to faulty diet and lifestyle of this era. It is defined as the inability of a couple to achieve conception after one year of unprotected coitus. This condition may be further classified as primary infertility, in which no previous pregnancies have occurred, and secondary infertility, in which a prior pregnancy, although not necessarily a live birth, has occurred. Most couples are more correctly considered to be subfertile, rather than infertile, because they will ultimately conceive if given enough time. Most couples presenting with a fertility problem will not be having absolute infertility, but rather relative subfertility with a reduced chance of conception because of one or more factors in either or both partners. This concept of subfertility can be reassuring to couples too. Disorders of ovulation account for about 30% to 40% of all cases of female infertility and are generally among the most easily diagnosed and most treatable causes of infertility. *Shatapushpa* is one among the best drugs in management of *Vandhya* due to ovulatory dysfunction owing to the properties described. Even a *Vandhya* or *Shanda* can deliver a child, on consumption of *Shatapushpa* signifies its prime role. Control of *Vata Dosha* is the principal step in management of female reproductive system disorders. Taila is the best medium for control of *Vata*. An attempt is made to evaluate the role of *Shatapushpa Taila* in *Vandhya* management wsr to PCOS with aid of case series.

Key words: *Vandhya*, *Shatapushpa Taila*, *Shamana Oushadhi*, PCOS

INTRODUCTION

The World Health Organization (WHO) estimates that 60–80 million couples worldwide currently suffer from infertility. Infertility varies across regions of the world and affects around 15–20% of couples worldwide. The WHO estimates the overall prevalence of primary infertility in India to be between 3.9% and 16.8%.^[1] It is

estimated that one in every 10 couples are experiencing primary and/or secondary infertility. It is recognized as a stressful experience, which can potentially threaten individual, marital, familial, and social stability.^[2] Most couples with subfertility will either conceive spontaneously or will be amenable to treatment, so that only 4% remain involuntarily childless. One of the most easily diagnosed and most treatable causes of infertility is ovulation disorders.

A wide description of *Vandhya* is available in *Ayurvedic* texts along with elaborate management guidelines. Eventhough *Snehana*, *Swedana* followed by *Shodhana* is the general treatment principle to be followed, a competent *Shamana Oushadhi* is really a need of the hour. One among the most important drugs used in *Vandhya* is *Shatapushpa*, of which various uses and detailed action on female reproductive system is mentioned. The verse saying even a *Vandhya* or *Shanda* can deliver a child by consuming

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Submission Date: 13/01/2022 Accepted Date: 18/02/2023

Access this article online

Quick Response Code



Website: www.jaims.in

DOI: 10.21760/jaims.8.3.33

Shatapushpa^[3] indicates how significant action the drug can contribute towards *Vandhya* management.

Without the involvement of *Vata*, no disease of female reproductive system will manifest and therefore *Vatahara* and *Vatanulomana* is the key principle for tracking female reproductive disorders.^[4] *Taila* is the *Agri Oushadha* to control *Vata*.^[5] And therefore *Shatapushpa Taila* undertaken as *Shamana Oushadhi* based on the key principle of management.

OBJECTIVES OF STUDY

1. To study the description of *Shatapushpa* and *Tila Taila* in *Ayurvedic* texts
2. To analyse the role of *Shatapushpa* on female reproductive system
3. To evaluate the role of *Shatapushpa Taila* as *Shamana Oushadhi* w.s.r to *Vandhya* due to PCOS

LITERARY REVIEW

Table 1: Showing properties and actions of *Shatapushpa*^[6]

Rasa	Madhura
Veerya	Ushna
Guna	Balya, Brimhana, Pushtivardhana, Varna Vardhana
Agni Karma	Agnivardhana
Dosha Karma	Vata Prashamana
Action on Rituchakra	Ritupravartana
Action on female genital tract	Yoni-Shukra Vishodhana
Reproductive action	Veeryakari, Putraprada

Table 2: Showing properties and actions of *Tila Taila*^[7]

Properties of <i>Tila Taila</i>	Action of <i>Tila Taila</i>
Usna	Brimhana
Tiksna	Prinana
Madhuram	Vrishya

<i>Tiktakshayanurasam</i>	<i>Twakprasadana</i>
<i>Madhuravipakam</i>	<i>Shodhanam</i>
<i>Vyavayi</i>	<i>Medhakara</i>
<i>Suksma</i>	<i>Mardavakara</i>
<i>Vishada</i>	<i>Sthairyakara</i>
<i>Guru</i>	<i>Varnakara</i>
<i>Sara</i>	<i>Balakara</i>
<i>Vikasi</i>	<i>Chaksushya</i>
<i>Lekhana</i>	<i>Baddhamutra</i>
	<i>Pachanam</i>
	<i>Anila - Valasa Samkshyakara</i>
	<i>Krimighna</i>
	<i>Pittajananam</i>
	<i>Yoni- Shira- Karnashula</i>
	<i>Prashamanam</i>
	<i>Garbhashaya Shodhana</i>

A retrospective analysis of two cases of infertility was done to evaluate the role of *Shatapushpa Taila*, where first case was 33 year old with 7 years of infertility and second case was 30 year old with 3 years of infertility who visited Prasutitantra and Streeroga OPD at MVR Ayurveda Medical College for complaints of anxious to conceive with k/c/o PCOS on USG. Menstrual history of both cases revealed irregular cycles of oligomenorrhoea and hypomenorrhoea.

Table 3: Showing obstetric history

Obstetric history	
Case 1	Case 2
P ₀ A ₁ L ₀ D ₀	P ₀ A ₀ L ₀ D ₀
A ₁ - Abortion history revealed anembryonic pregnancy on USG followed by termination	

Medical history of first case include ovulation induction with for 3 cycles.

Surgical history - case 1 had h/o appendicectomy at 23 years of age

Family history - no relevant family history, no consanguinity

Contraceptive history - not used

Coital history - aware of fertile period, no significant history

Table 4: Showing examination details

Parameters	Case 1	Case 2
BMI	26.3	24
Acanthosis nigricans	++	Acanthosis nigricans +
Ferryman-Gallwey scoring	10	<8
P/A and P/V findings	NAD	NAD
Prakruti	Vata - Kapha dominant	Vata - Kapha dominant
Vikruti	Vata, Kapha, Rasa, Artava	Vata, Kapha, Rasa, Artava
Sara	Madhyama	Madhyama
Samhanana	Madhyama	Madhyama
Pramana	Madhyama	Madhyama
Satwa	Madhyama	Madhyama
Satmya	Katurasa satmya	Sarvarasasatmya
Ahara shakti	Avara	Madhyama
Vyayamashakti	Madhyama	Madhyama
Vaya	Madhyama	Madhyama

Table 5: Showing Investigations done

Semen analysis	
Case 1	Case 2
Wnl	Wnl
USG - Ovarian volume	
Case 1	Case 2
Right ovary – 11cc	Right ovary – 12 cc

Left ovary – 12 cc	Left ovary – 10 cc
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Treatment given

Both the cases were counselled with regard to prognosis of management with *Shodhana* and *Shamana*. The patients opted for *Shamana* line, which was challenging.

Patients were also counselled for diet and lifestyle correction

Drug preparation: *Shatapushpa Taila* in soft gel form was manufactured in MVR Ayurveda Pharmacy.

Initially *Deepana - Pachana* were given followed by administration of *Cap. Shatapushpa Taila* 500 mg 1 morning BF daily from the 4th day of next menstrual cycle for a period of 10 days followed by administration of *Phalasarpi* in Luteal phase.

Both the patients followed up with Ayurvedic antenatal care along with contemporary medicine support.

Treatment outcome

Table 4: Showing treatment outcome

Case 1	Case 2
UPT positive in second cycle	UPT positive in same cycle
Antenatal - uneventful	Antenatal - uneventful
NT Scan - 1.8mm	NT Scan - 1.6 mm
Double marker test - Low risk	Double marker test - low risk
Fetal anatomy survey - normal	Fetal anatomy survey - normal
Delivery note - Single live Female baby of 3.6 kg delivered through LSCS (Indication - failed induction)	Delivery note - Normal vaginal delivery of Single live Female baby of 3.2 kg
No anomalies detected	No anomalies detected

DISCUSSION

Success of infertility treatment is not a mere UPT positive result, but it covers the journey from positive pregnancy test to a good pregnancy outcome. Retrospective analysis of these cases showed positive pregnancy with uneventful antenatal course and a healthy pregnancy outcome.

Shatapushpa Taila by virtue of the drug's *Agnivardhana Guna* and *Ushna Veerya*, and the medium *Taila* with its *Usha*, *Vyavayi*, *Tikshna Guna*, and *Agnideepana*, *Ama Pachana* and *Shodhana* actions, correction at *Dhatu* level has been achieved. *Vata Prashamana* property could have acted *Vatahara- Vatanulomana* in the cycle which can probably be appreciated as the neuro endocrine control at H-P-O axis. The action at *Dhatwagni* level must have contributed to induction of receptors and enzymatic corrections at aromatase enzyme system which lead to proper maturation of follicle and development and maintenance of follicular oestrogen dominated microenvironment as well. The *Ritupravartana* property must have contributed to an increase in local prostaglandin secretions which eventually lead to contraction of micromuscles and resulted in ovulation. Can be considered as an excellent drug for ovulation induction by virtue of its *Ritupravartana* and *Vatashamana Karma*. The *Balya-Brimhana* property of both drug and medium resulted in proper endometrial proliferation and follicular maturation as well. In these cases, prevention of *Beejadusti* is also another factor achieved. A proper chromosomal segregation have occurred which were evidenced in pregnancy by first trimester NT scan, doubler marker test, and fifth month fetal anomaly scan. No other abnormalities were detected in the neonate after delivery, contributing to *Sreshta Praja*. The treatment outcome of Case 1 with history of anembryonic pregnancy shows that begetting a *Sreshta Praja* is the added benefit of *Shatapushpa Taila* besides the potential benefit i.e., the chance of conceiving naturally.

CONCLUSION

Shatapushpa Taila can be considered as an excellent and competent *Shamana Oushadhi* in ovulatory dysfunction w.s.r. PCOS. However large sample studies are required.

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How to cite this article: Priyanka T K. Role of Shatapushpa Taila oral use in Vandhya w.s.r. to PCOS - Retrospective case series. J Ayurveda Integr Med Sci 2023;03:174-177.

<http://dx.doi.org/10.21760/jaims.8.3.33>

Source of Support: Nil, **Conflict of Interest:** None declared.
