

EFFECT OF SHATPUSHPA CHURNA WITH PHALGHRIT IN FEMALE INFERTILITY W.S.R. TO OLIGOMENORRHOEA - A CASE STUDY

Dr. Namita Pandey[Mishra]^{*1}, Dr. Priya Garge², Dr. Vaishali Nagane³ and Prof. B. K. Pparashar⁴

¹P.G Scholar, [Prasuti Tantra Evam Streerog] Shri Dhanvantari Ayurved College and Research Centre Mathura.

^{2,3,4}H.O.D Department of Prasuti and Stree Rog.

Article Received on
31 March 2025,

Revised on 20 April 2025,
Accepted on 10 May 2025

DOI: 10.20959/wjpr202510-36613



***Corresponding Author**

Dr. Namita Pandey

[Mishra]

P.G Scholar, [Prasuti Tantra
Evam Streerog] Shri
Dhanvantari Ayurved
College and Research
Centre Mathura.

ABSTRACT

‘Vandhyatwa’ we donot find unequivocal description of this entity in any of the ayurvedic classics except ‘Harita Samhita’. Harita has defined vandhyatwa as failure to achieve a child rather than pregnancy because he has included garbhasrava (having repeated abortion) and mritvatsa (having repaeated stillbirtha) also under this. Ayurvedic text has described various causes and accordingly treatment of vandhyatwa in diffused manner. This a case study of 32 years female with primary infertility with c/o oligomenorrhoea. All her reports as mentioned below were investigated which were normal. CBC, FBS, HBA1C, S.FSH, S.LH, S. TESTOSTERONE, S.AMH LEVELS USG ABDOMEN PELVIS. HYSTEROSALPINGOGRAPHY ...S/O BILATERAL PATENT TUBES HUSBAND SEMEN ANALYSISNORMAL COUNT AND MORPHOLOGY total sperm count ...120mill/ml fructose positive grade 4 motility 70% But still after 6 years of marriage with normal regular coitus was unable to conceive.

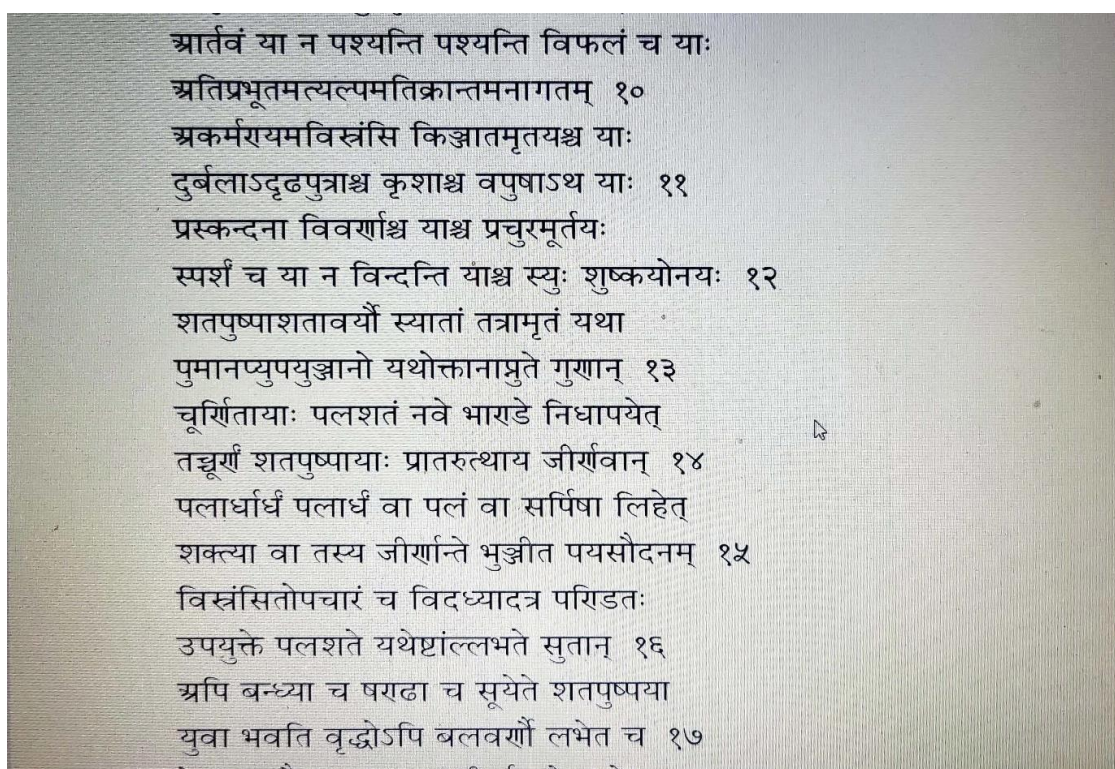
In present study it is observed that shatpushpa churna along with phalghrit given for 2 consecutive cycles resulted in spontaneous conception. Shatpuspha churna with ghrit is mentioned in Kashyap Samhita for treatment of aartavdushti (aartavshaya) i.e oligomenorrhoea. Phalghrit as per reference from Sharangdhar Samhita is known for yonidosahar and prajawardhak (increases progeny).

KEYWORDS: INFERTILITY, SHATPHUSPA CHURNA, PHALGHRIT, OLIGOMENORRHOEA, VANDHYATWA.

INTRODUCTION

Due to lifestyle modifications sedentary lifestyle and abnormal dietary habits menstrual abnormalities have gradually increased. Various reports suggest that 30 – 50 % of women in reproductive age group suffer from oligomenorrhoea due to which there are anovulatory cycles causing infertility.

For the management of such case of infertility reference from Kashyap Samhita for aartavdushti is taken.



AIMS AND OBJECTIVE

- 1) To carry out comprehensive literacy and study of Vandhyatva.
- 2) To study the action and efficacy of shatapushpa with phalghruta in female infertility with respect to oligomenhorrea.

MATERIALS AND METHOD

A 32 yrs old patient with complaints of scanty menses came to OPD at Shree Dhanvantari Ayurvedic Medical College and Research Centre.

Occupation---- Housewife

Menstrual History----Menarche at the age of 13 years.

LMP –30.01.2024

L LMP –24.12.2023

(2-3d)/ 30 -35 days, regular, scanty 1-2 pads /

day minimal soakage

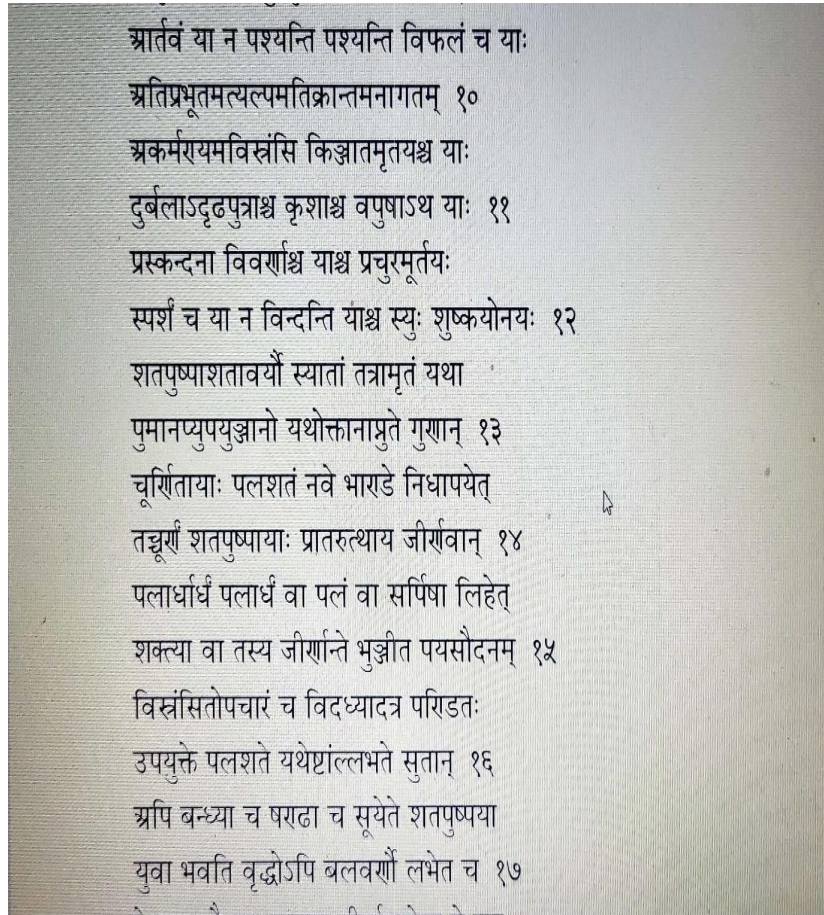
Marital status Married since 6 yrs

No P/H/O any major medical or surgical illness

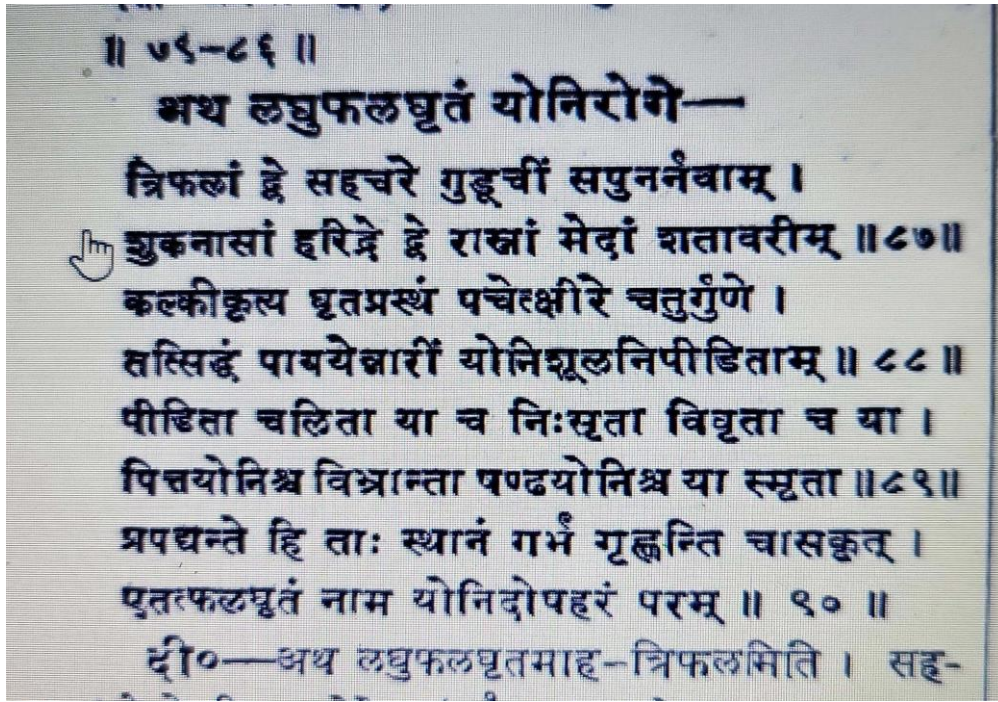
Wt. 64kg height ...154cm BMI..27

The trial drugreference

Kashyap Samhitakalp 5/10...17 and 26



Sharangadhar Samhita madhyam khand verse 87 to 90



Matra ...in reference it is given 100 pal which is equal to 4800gm But to pt 1kg approximately 1/5th pal is given in gradually increasing doses along with phalgrit on empty stomach.

SHATPUSHPA

LATIN NAMEAnethum sowa

FAMILYumbelliferae

ACTION.. on prajanan sansthan

Ras ... katu tikta Madhur ras

Veerya ...ushna

Vipak ...katu



PHALGHRIT

YONIDOSHAHAR AND PRAJAVARDHAK

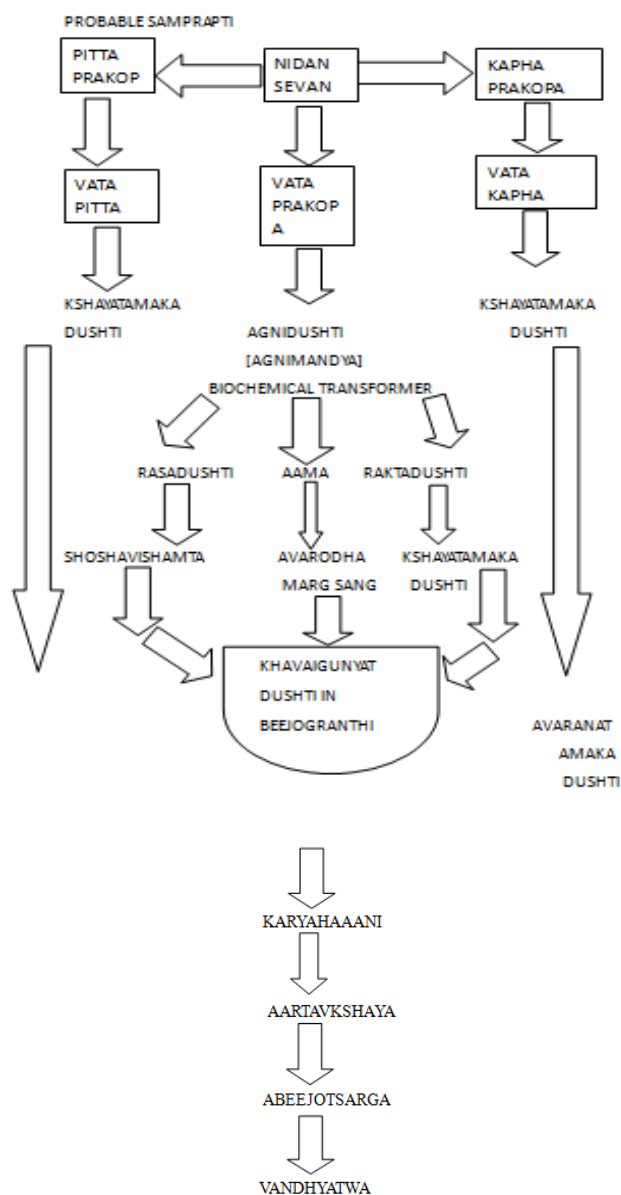


OBSERVATION

	BEFORE TREATMENT	AFTER TREATMENT
INTERVAL OF MENSTRUAL CYCLE	30 – 35 DAYS	28 – 30 DAYS
DURATION OF BLEEDING	2-3 DAYS	4 -5 DAYS
AMOUNT OF BLEEDING	1 – 2 PAD PER DAY	2- 3 PADS PER DAY
PAIN DURING MENSES	MILD PAIN PRESENT	ABSENT

RESULT

Patient was given this treatment for 2 consecutive months and in 3rd month she came with missed periods and after checking her upt was positive. s. bhcg value was 4138 corresponding to 5 to 6 weeks of gestation.



DOSHA ...TRIDOSHA WITH VATA DOMINANCE [APAN AND VYANA VAYU]

DHATU ...RASA, RAKTA

UPDHATU... ARTAV

AGNI ... STANIK AGNIMANDHYA

SROTASA.. ARTAVAHA

SROTODUSHTI... SANGA

UDBHAVSTHANA...PAKVASHAYA

ADHISTHANA... TRAYAVARTAYONI

MARGA ...ABHYANTARA

VAYKTISTHANA... BEEJOGRANTHI

POSSIBLE MODE OF ACTION

By the virtue of katu tikta rasa ushna veerya kaphavatghna and agnivardhana guna it helps in amapachana and thus rasa dhatu Shuddhi i.e. proper formation of rasa dhatu. Being updhatu of rasa formation of artava is maintained properly. Moreover, shatpushpa is having vatanulomak guna. artavnishkramana is regulated by apanavayu. With the regulation of apanavayu by shatpushpa, regularization of menstrual cycle is maintained. Phalghrit also has tridoshagna guna.

In ayurveda this is mentioned we can accept it as aapt vachan which is satya but to prove and enhance glory to ayurveda we need to prove it scientifically, not just by black box design of research.

Shatpushpa has phytoestrogens. It effects selective estrogen receptor modulators [SERM]. through which they act as both estrogen agonist and antagonist. They inhibit the enzymatic conversion of endogenous oestrone to oestadiol and also possess intrinsic estrogen activity. shatpushpa by its phytoestrogenic properties brings down the levels of insulin resistance in the body and restore the cellular imbalance that is a major cause for anovulation and oligomenorrhoea. Shatpushpa can be considered a superior fertility agent.

CONCLUSION

Anovulatory cycles, pcos are very common problem in society. Infertility due to anovulatory cycles in cases with oligomenorrhoea are also rising high. So drug like shatpuspa can be a boon to many women willing for conception with cost effective treatment with idiopathic cause. although India is 1st in population growth but still there are many women with lost

hopes since many years for a single conception. However we need to do more study for a more definitive result which I am sure will happen in coming years as Ayurveda is blooming globally.

REFERENCES

1. Prof. Premwati Tewari Ayurvediya Prasuti Tantra Evam Stri Roga, Chaukhamba Orientalia Varanasi Part-II, Reprint 2018 2nd edition, 2000; Chapter no. 1 page no.79 chapter No. 2 page no. 157.
2. Pandit Hemraj Sharma Kasyapa Samhita or Vriddajivakeeya Tantra by Vrddha Jivaka, revised by Vatsya with Sanskrit introduction with the Vidyotini hindi commentary and hindi translation of Sanskrit introduction by Sri Satyapala Bhisagacharya, Professor Ayurvedic College, Gurukul Kangari, Varanasi Chaukhamba Sanskrit Sansthan, Uttarpradesh, Reprint, 2019; Kalpasthan-Shatpushpa Shatavari Kalpaadhyaya 8, page no. 280.
3. LavekarGS. et al. *Database on Medicinal Plants Used in Ayurveda*, Vol. 8. Central Council for Research in Ayurveda & Siddha, New Delhi, India, 2007; pg. 349.
4. BhavaprakasaNighantu of Sri BhavaMisra by Sri BrahmasankaraMisra, First Part published by Chaukhambha Sanskrit Sansthan; Varanasi. 11th edition, 2007; Haritakyadi Varga 89-92; pg 35.
5. LavekarGS. et al. *Database on Medicinal Plants Used in Ayurveda*, Vol. 8. Central Council for Research in Ayurveda & Siddha, New Delhi, India, 2007; pg. 349.
6. Jasmine G., Ritesh G; Phytoestrogen-a boon for ageing women e-journal Rasamrut, Vol-3, issue 1, January 2011 retrieved from <https://www.researchgate.net/publication/220390975> on 5 sept, 2017-09-05.
7. T. Oseni et al. Selective Estrogen Receptor Modulators and Phytoestrogens <https://www.ncbi.nlm.nih.gov/entrez/eutils/elink.fcgi?dbfrom=pubmed&retmode=ref&cmd=prlinks&id=18843590>
8. P. V. Tewari(editor), Kashyap Samhita of Jivaka, Kalpa sthana, Shatpushpa Shatavari Kalpa Adhyaya; verse 10 -17; ChaukhambhaBharati Academy, Varanasi, 2002; pg 348.
9. P. V. Tewari(editor), KashyapSamhita of Jivaka, Kalpa sthana, ShatpushpaShatavari Kalpa Adhyaya; verse 26; Chaukhambha Bharati Academy, Varanasi, 2002; pg-349.
10. Sarangadhara Samhita 3rd Edn, Choukhamba prakashan Srikanthamurty K. R. 1997; Madhyam khand verse, 87-90.