



Efficacy of *Phalaghrita* on *Stree Vandhyatwa*

Priyanka Rakh*¹, Anjali Jadhav²

1. PG Scholar,
2. H. O. D. & Professor,

Prasutitantra Evum Streeroga,

College of Ayurved and research centre, Nigdi, Pune, Maharashtra.

*Corresponding author: priyankamrakh@gmail.com

ABSTRACT:

Failure to achieve conception is known as *Vandhyatwa*. The present research study was carried out in a sample of 30 numbers of female infertility cases with the use of *phalagritam* in the form of intra uterine insufflation (*Uttar Basti*). The treatment was given for three consecutive days after cessation of menstrual bleeding for 3 consecutive menstrual cycles and an overall encouraging result was observed which proved to be effective in the management of *Stree Vandhyatwa* which will be represented in the article.

KEYWORDS: *Stree Vandhyatwa*, Infertility, Ovulation, *Phalaghrita*, *Uttar Basti*.

INTRODUCTION:

Infertility¹ is defined as a failure to conceive within one or more years of regular unprotected coitus. According to *Sushruta*, *Vandhyatwa*⁷ is a woman who has lost her *Artava* i.e. Menstruation. *Vagbhata* explains that the congenital under development or deformity of female genital tract is the cause

of *Vandhya*. *Bhela* stated that *Vata* is responsible for *Vandhya*.

Stree Vandhyatwa hinders the progeny. The causative factors include the defect in the union of sperm and ovum during fertile period. Defect in uterus, cervix and fallopian tube, defect in ovulation and defect in hormonal function. (Defect in *Ritu*³, *Kshetra*³, *Ambu*³ and *Beeja*³).

Thirty patients of *Stree vandhyatwa* were taken for the present study after thorough clinical and laboratory investigations, and the cause of *vandhyatwa*⁷ was traced out.

The trial drug *phalaghrita*⁵ was administered in the form of *Uttarabasti*⁶ in each cycle (after cessation of menstrual bleeding) for three successive cycles. The effectiveness was evaluated based upon the cause of *vandhyatwa*⁷. It was revealed that *phalaghrita*⁵ *Uttarabasti*⁶ was having 46.67% effectiveness of its cause of *Stree Vandhyatwa* irrespective of its cause.

AIM AND OBJECTIVE:

To evaluate the efficacy of *phalaghrita*⁵ in the management of *Stree Vandhyatwa*.

MATERIALS & METHOD:

This is a controlled single blind clinical trial confined only to *Stree Vandhyatwa* and its management. Thirty patients of *Stree Vandhyatwa* were taken by multiphase random sampling method and screened according to the selection criteria.

Criteria for selection of cases:

Prior to trial consent was obtained from each patient and registered.

The criteria applied for selection of cases were as follows.

INCLUSION CRITERIA:

Married female patients within the age group of 20-40 yrs.

a) Subjective criteria

- i) *Oligomenorrhoea*²
- ii) *Hypomenorrhoea*²
- iii) *Dyspareunia*²

b) Objective criteria

- i) *Vandhyatwa* (No conception)
- ii) Ovulation negative
- iii) Blockage of Proximal fallopian tubes.

Investigations:

Hemogram, BSL -Random, Urine Routine, HIV, HBsAg, VDRL.
USG Pelvis.

Exclusion criteria:

Patients with

- i) *Vandhyatwa* of age below 20 years and above 40 years.
- ii) Congenital absence or deformities of uterus.
- iii) Ovarian tumours
- iv) Cancer of cervix or uterus
- v) Tubectomy
- vi) Diabetes mellitus positive Cases.
- vii) V.D.R.L. Positive case

Were excluded from the study.

Drug and Dose:

The trial drug *phalaghrita*⁵ described in *sharangadhara* was prepared by purifying (*Murchhita*) cow's ghee with *triphala*, *musta*, *haridra* and lemon juice. Then the thirteen herbs such as *Triphala*, *sahachara*, *saireyaka*, *Guduchi*, *Punarnava*, *Syonaka*, *Twak*, *Haridra*, *Daruharidra*, *Rasna*, *Meda* and *Satavari* were put into that *murchhita ghrita*, after being cooked with four times cow's milk and eight times water in *ghritapaka vidhi*⁵. The prepared drug was standardized by physiochemical analysis. The Trial drug *phalaghrita* is Ghee based herbal preparation. It is applied locally as an intrauterine insufflation or *uttarbasti*⁶ by a specially designed *bastiyantra* in the dose of 5 ml for 3 consecutive days after cessation of menstrual bleeding for 3 consecutive menstrual cycles. During the process of *uttarbasti* patients were watched carefully for occurrence of pain, discomfort or any other symptoms. Complete aseptic measures were adopted during the process.

ASSESSMENT:

Assessment was done in each month up to 3 consecutive cycles and after three months of follow up, the initial finding through questionnaire; clinical and pathological reports were compared with the result of progressive 1st month 2nd month and 3rd month. The clinical assessment was made depending upon the changes in subjective and objective features such as

1. Fertility or Amenorrhoea along with positive response in preg colour card test.
2. Ovulation positive detected by USG
3. Patency of fallopian tubes by hysterosalpingography.
4. Regulation and relief of associated symptom of menstruation
5. Decrease in complaint of Dyspareunia

The clinical assessment of result was being done as

- Cure 100%,
- Maximum improvement 75-99%,
- Moderate improvement 50-74%,
- Mild improvement 25-49% and
- No improvement < 25% free from signs like infertility, anovulatory cycles and tubal blockage.

OBSERVATION:

Thirty number of patients having the complain of *Stree Vandhyatwa* were taken after proper clinical and laboratory investigations. All these cases were thoroughly examined to trace out the cause of *vandhyatwa*⁷ and were noted in a specially designed case-sheet to follow up the progress during the treatment period. The clinical observation from different aspects approaching to the treatment for the entire patients had been represented showing the incidences, statistical analysis of effectiveness of trial drug along with clinical assessment of result. The incidence of *Stree Vandhyatwa* was observed that 50% case were within the age group of 26-40 year and had the duration of infertility within 1-3 years regarding the age of marriage, occupation and type of infertility. 46.67% of cases had got married within the age of 21-25 yr. 70% patients were housewives, and 65 % cases were also of primary infertility. Uterine, cervical, Tubal, ovulatory and unexplained are being the causes of infertility, there were 50% cases with uterine

cause, 40% with cervical cause, 30% tubal cause, 16.67 % ovulatory cause, 6.67% unexplained cause. After treatment of three months, it was evident that the clinical sign and symptoms in different patients which were in severe to mild degree were relieved absolutely 100% indicating the highly effectiveness of the trial drug. Depending upon the cause of infertility and its percentage of improvement before and after treatment 46.67% of patients experienced amenorrhoea 60% of patients reported ovulatory cycles and 50% got relieved from tubal blockage. Out of the study the clinical assessment signifies the effectiveness of the trial drug that favourable results were obtained in 60% of cases out of which 43.33 % cases were cured, 10% were in moderate improvement and 6.67% were in mild improvement.

The clinical pathological and USG findings on every point have statistically analysed and configured with paired t test in order to prove its significance in scientific manner. Observations regarding the effectiveness of trial drug to infertility, its investigations and associated sign and symptoms was carried out by comparing the mean+/-S. D value of each response before and after treatment.

RESULT:

The drug was found significantly effective in tubal blockage and infertility with a P value <0.05 and highly significant in all other associated sign and symptoms with a P-value of <0.01.

DISCUSSION:

Based on the observation and result every aspects related to the management of infertility was discussed scientifically. *Vandhyatwa*⁷ being a vatic disorder demands *basti karma* with local *snehana* (soothing effect) and *tarpana* (nourishment of endometrium). So *Uttar basti*⁶ with *phalaghrita*⁵ was selected and

administered keeping in view the above factors and textual hypothesis. After treatment of one cycle 8.33% of patients were reported with conception and after the treatment of 3rd cycle 50% of cases were reported with patent fallopian tube. Out of the total cases of blocked fallopian tubes 6 patients became pregnant by the end of treatment schedule. *Phalaghritam*⁵ being an oily preparation used therapeutically for the treatment of infertility. Though proper scientific hypothesis could not be traced out, three out of five number of anovulatory case showed ovulation after the treatment with *phalaghrita*⁵. As regards the other symptoms associated with *Stree Vandhyatwa* like irregular menstruation, dyspareunia, fatigue and insomnia remarkable improvement has been observed in the present study.

CONCLUSION:

Thus, it can be concluded that *uttar basti*⁶ of *phalaghrita*⁵ is an effective one in the treatment of *Stree Vandhyatwa*. It has also a significant effect on other localised complaints like menstrual disorder, dyspareunia, fatigue and insomnia. Further study on a large sample is needed to confirm the efficacy of the drug.

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