



## EFFECT OF PIPPALYADI CHURNA ON FOLLICULOGENESIS – A CASE STUDY

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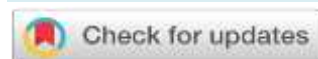
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## ABSTRACT

In ayurveda, Shushrut explained four factors( i.e., *rutu*, *kshetra*, *ambu*, *beej*) for establishing *garbha*. Beej plays important role in *Garbha* Utpadana. *Beej* can be consider as follicle or ovum and any unfavourable changes in beej( follicle) affect fertility inspite of proper *rutu*, *kshetra*, and *ambu*.

In Bhaishajya ratnavali, the effect of *Pippalyadi churna* in *vandhyatva* is explained. So, the effect of Pippalyadi churna in folliulogenesis is studied in this case. There were no adverse effects found during the Ayurvedic treatment (Pippalyadi churna).

**Keywords:** *Vandhyatva* , *Pippalyadi churna*, folliculogenesis, Infertility.

## INTRODUCTION

Infertility is a major issue in today's era. 40-55% of cases of infertility are due to female factors. Out of which, improper folliulogenesis is one of the major factors. Many effective treatments for folliulogenesis are found in modern science but these treatments

show many side effects on the body. Ayurvedic treatments are shows fewer or no side effects.

Many oral medications are available in *ayurvedic texts*, which are easily available and with negligible adverse effects.

*Pippalyadi churna* is one of the formulations mentioned in *Bhaishajya ratnavali* for the management of *vandhyatva*.

**Case study –**

A female of age 32 years, a housewife, is married for 3 years and willing for a child for 2 years. So, she came to PTSR OPD in YMT ayurvedic hospital, Kharghar.

Her menstrual cycle was regular, painless, and with moderate bleeding. Coital history was 3-4 times per week without the use of any contraceptive methods by both partners. No past medical or surgical history. USG suggested no abnormality.

Hsg report was normal suggested of bilateral fallopian tubes and Uterus normal and free peritoneal spill on both sides.

Her USG ( follicular study) suggested no growth in the follicle.

The semen analysis of the partner was normal.

On examination, the general and systemic examination was normal, and PS and PV findings were normal.

BP was 120/70mmHg.

The pulse rate was 76/min.

Weight – 56kg

Height – 152cm

**Treatment given-**

The following treatment was given for 3 consecutive cycles.

1. Yogabasti Kram-Anuvasan basti with 80ml of sahachara tail.

Niruh basti with 250ml of Dashmool kwath.

Yogabasti Kram was started after the stoppage of menstruation.

2. Pippalyadi churna ( pippali, marich, shunthi, Nagkeshar).

3 gm of Pippalyadi churna was given with Ghrita before food in the morning, from the 5<sup>th</sup> day of menses to the 13<sup>th</sup> day of menses.

During this time, the patient was advised to take *laghu and supachya aahar* and to avoid *Ratri jagan, Diwaswapna adhyashan, and chinta*.

**Drug review -**

Drug	Rasa	Virya	Vipaka	Guna	Doshghnata	Karma
Pippali	Katu	Anushna sheet	Madhur	Laghu, Snigdha, Tikshna	Vaatkapha shamak	Vrushya, Rasayan
Shrungaber	Katu	Ushna	Madhur	Laghu, Snigdha	Kaphavaat shamak	Vrushya, Uttejak
Marich	Katu	Ushna	Katu	Laghu, Tikshna	Kaphavvat shamak	Artavajanan, Uttejak
Nagkeshar	Kashay, Tikta	Ishat ushna	Katu	Laghu, Ruksha	Kaphapitta shamak	Vajikaran
Ghrut	Madhur	Sheet	Madhur	Guru, Snigdha, Sheet	Pittavaat shamak	Rasayan, Virya

**Observations-**

**Before treatment-**

Day of cycle	Right ovary	Left ovary	ET
8	MSF	9mm× 6mm	4.2mm
11	MSF	10mm× 9mm	6.3mm
14	MSF	10mm× 9mm ( No growth)	7mm

**After treatment –**

Day of cycle	Right ovary	Left ovary	ET
8	12mm×9mm	MSF	6.3mm
10	18mm×11mm	MSF	7.4mm
12	20mm×17mm	MSF	10.7mm
15	21mm×18mm	MSF	11mm
17	26mm×18.2mm	MSF	11.2mm

Inj. HUCOG 10,000 IU was given on the 12<sup>th</sup> day when follicle size increases to 20mm×17mm.

**DISCUSSION**

Vandhyatva due to ovarian factors is mainly due to *vata-kapha dosh*. *Kapha* is important for the growth of the follicle and *vata* for the rupture of the follicle. Therefore the line of treatment should be given to regulate the functions of *vata* and *kapha dosh*.

*Pippalyadi churna* is given in *rutukala* which is predominant in *kapha dosha* and given in the morning (*Apan kale*) to regulate *vata dosh*.

The drugs of *Pippalyadi churna* mostly contains *katu rasa*, *tikshna* and *snigdha guna*, *ushna virya*, *madhur*, and *katu vipaka*. *Madhur vipaka* helps in

*rasa vrudhhi* i.e., increases *kapha* in the body. So by these all properties, *pippalyadi churna* nourishes follicles and helps increase in size. This is a probable mode of action of *Pippalyadi churna*.

This study shows that *Pippalyadi churna* seems helps in folliulogenesis.

But it does not help in the rupture of the follicle so supportive medicine for ovulation induction was given.

**CONCLUSION**

The present case study shows that *Pippalyadi churna* results in folliulogenesis without any side effects.

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**Conflict of Interest: None Declared**

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