



## A CLINICAL STUDY TO ASSESS THE EFFICACY OF KASYAPOKTA SHATAPUSH-PA REGIMEN IN ARTAV -VYAPAT W.S.R. TO ANOVULATORY CYCLES.

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### ABSTRACT

Hormonal imbalance, PCOD, menstrual irregularities and infertility are the leading problems affecting women's health in today's times. Allopathic medicines and treatments have their limitations and are very expensive, too. Hence, this study aims to find a safe and cost-effective alternative to Ayurveda. In Ayurved Samhitas, *Kashyapa* has given a collection of symptoms, which consist of menstrual irregularities like amenorrhea, menorrhagia, repeated abortions, weak progeny and infertility under the heading *Artav-vyapad*. The treatment modality of *Artav vyapad* is described in *Kashyap samhita* under *Shatavari –Shatapushpa Adhyaya* page no. 181. The *Phalashruti* of *Shatapushpa* is impressive and includes all the previously mentioned disorders. A well-specified regimen of oral intake of *Shatpushpa Churna* and *Panchakarma* like *Snehan*, *Nasya* and *Basti* with *Shatapushpa* oil is described. This study evaluates the potential use of *Shatpushpa* and establishes a cost-effective treatment for it. A clinical trial was carried out under the MUHS - LTRG project on 36 patients aged between 20- and 40-years having complaints of irregular menstruation with Anovulatory cycles.

**Keywords:** *Artav vyapad*, anovulatory cycle, *Kasyapoktha Shatapushpa* regimen

## INTRODUCTION

Ayurveda is a medicine system originated in India. Ayurvedic treatment mainly emphasises the prevention of disease and then treating the disease from the root cause. It is the boon of Vedic literature transmitted from Lord Bramha to Sages and then to Human physicians. In Ayurveda, *Artav* is a broad term that suggests menstrual blood, ovum or ovarian hormones. Every month this artav is formed in Dhamanis and then expelled out through vaginal passage by *Apanvayu* which is a type of *vayu* in Ayurveda science, for three to seven days without any pain. This regular menstruation in a woman indicates a healthy reproductive system. Any deviation from this leading to pathology can be included in *Artav-vyapat*. Acharya Kashyapa has given a collection of symptoms together, which consists of menstrual irregularities like Amenorrhoea, Menorrhagia, oligohypomenorrhoea, repeated abortions, anovulatory cycles and infertility. Emerging periods and changing lifestyles have significantly impacted physical and mental health. Changes in dietary habits, lack of exercise, and stress have given rise to many lifestyle disorders. There has been a tremendous rise in cases of Irregular menses, PCOD and Infertility Day by day, which are considered lifestyle disorders. This is due to the result of hormonal imbalance, obesity, stress, etc. Modern medicines are limited to the use of hormonal pills having several side effects. To get accurate treatment and avoid side effects the world is looking forward to Ayurvedic modalities

### Patient Information

At this moment, representing the case study of one patient –

Pt., 26 yrs female patient who came to OPD for c/o irregular menses, scanty menses and anxious to conceive. She had tried numerous allopathic treatments without success, so ayurvedic medicines and pan-chakarma were advised.

Chief complaints – irregular menses for 2 yrs

Scanty menses for 2 yrs

Anxiety for 3 yrs

Married 4 years

Medical history – nil

Surgical history – No surgical history

Family history – No relevant family history.

Menstrual history

Menarche at the age of 13 years

Past menstrual history- Irregular cycle of 45-50 days  
1-2 days duration

One pad/day spotting, painful

Marital status – Married for 4 years

Obstetric history – G -0/P-0/A-0/L-0/D-0

Coital history – 2-3 times/week

Contraceptive history – Nil

Physical Examination

Built – Moderate

Nutrition – satisfactory

Pallor – Nil

Icterus – Nil

General Examination

GC – Fair

T – Afebrile

Pulse – 82/min

BP – 110/70 mm of Hg

RR – 18/min

SPO2 – 98

Systemic Examination

RS – Air entry bilateral equal, chest clear

CVS – S1S2 normal.

CNS – Conscious, oriented.

Per Abdomen – SOFT, non-tender

Personal history

Diet – Mixed

Appetite – Normal

Micturition – normal

Bowel – Normal

Allergy – Nil

Addiction – Nil

Genitourinary Examination

External examination – vulva normal

No excoriation

Per speculum – No white discharge

No Cervical erosion

No Cervical hypertrophy

Vaginal wall normal

Per Vaginal – Uterus AV – normal size

No tenderness in lateral fornices  
No adnexal mass palpable

#### Timeline:

Oral administration of choorna - 6 months.  
Panchkarma ( shatpushpa oil basti) - 6 months  
- Every month, matra basti will be given for 7 days.

#### Investigations :

##### FOLLICULAR STUDY

##### BEFORE TREATMENT – 01/4/2022

Day-21<sup>st</sup>, left ovary– msf and rt ovary-msf, ET- 6.3mm s/o **anovulatory cycle**

##### AFTER TREATMENT – 28/9/2022

Day 12.<sup>th</sup>, rt ovary – ruptured follicle, left ovary- ms f ET- 7.0mm s/o **ovulatory cycle**

**USG** - 28/5/22 – Uterus measures 6.5\*4.0\*3.5 cm normal in size, shape and position.

Endometrial thickness – 7.7mm

Ovaries –both ovaries normal in size

Right ovary – 2.2\*1.9 cms.

Left ovary – 2.9\*1.7cms.

##### Total T3T4TSH-25/3/2022

(T3)- 1.5ng/ ml

(T4)- 6.3mug/dl

(TSH)- 1.01uIU/ml

##### HORMONAL ASSAY- (25/3/2022)

SR. FSH- 6.35mIU/ml

SR. LH- 4.82mIU/ml

SR. PROLACTIN- 14.1ng/ml

SR. insulin- 5.68uU/ml

##### BLOOD SUGAR(26/5/2022)

Fasting 79.2mg/dl

PP- 114 mg/dl

**CBC** – (28/5/2022)

Hb – 12.7gm %

WBC – 8800/cumm

Platelet – 2.61 lakhs/ cumm

Clinical Findings, Timeline

#### Diagnostic Assessment

SR. NO. ASSESSMENT CRITERIA BEFORE TREATMENT. AFTER TREATMENT

1. Interval bet. Two cycles. Above 45- 50 days. 28- 30 days
2. Duration of bleeding: 1-2 days spotting. 4-5 days
3. Quantity of menstrual blood one pad/day 2-3 pad/ day
4. Hirsutism. -- --

5. Pain during menses Menses is painful, but there is no need for analgesics. No pain

#### 6. Therapeutic Intervention

The *Shatpushpa* regimen includes *choorna* and *panchakarma*.

Basically the regimen is as follows

1. **Oral medication** Patient should take the *shatapushpa powder* with warm water early in the morning at 5.30 am , She should **chew** it properly **not** swallow it .

2. At the **first hunger pangs** she should eat rice with cow's milk - she was also advised to note at what time she gets the hunger pangs after chewing the powder.

3. **Panchkarma-** Medicated oil enema ( Basti ) was given in pre menstrual period i.e 10 days before the next menses.

4. **Diet** - simple ( *Satvik* ) diet was advised . Which means non spicy, non oily easy to digest light food .

#### 1. *Abhyantar Chikitsa* -means Oral-medication

*Ghrut bharjit Shatpushpa Choorna* 24gms - *Ghrut bharjit* means the *Shatapushpa* seeds are powdered and then fried in cow ghee( given 24 gms according to body weight- *madhyam matra*-weight- means medium body weight I.e 58kg-weight was also calculated according to what is given in the *Kashyap sanhita*.

*palardha*-1/2 *pal*- 23.2gms= 24gms. *Palardha* is a measuring term in *Ayurveda*. 1 *pal* is approximately 48 grams. Half of it is 24. Hence 24 gms powder was given orally daily for chewing with *Koshnajala* means warm water preferably in *Brahma muhurta*. Which means very early morning between 3 am to 6 am approximately. This time is supposed to be very divine and healthy for the brain stimulation and body metabolism for optimum results.

2. At the **first hunger pangs** pt was advised to eat rice with cow milk without any salt. After that, she was advised to follow the *satvik* diet - and rules of general *dincharya* as described in *Ayurveda*. This means she should follow the general health regimen given in *ayurveda* for a healthy life style. How a

healthy person should behave and spend his / her day for a healthy life.

### 3. PANCHKARMA TREATMENT

*Shatapushpa taila matra basti*

Basti means giving the medicated oil through anal route something akin to enema in modern science.

*Shatpushpa taila matra basti* 60 ml for 7 days from 20<sup>th</sup> day of menses for 6 consecutive menstrual cycles.

*Sthanik snehan* with *shatpushpa tail-* *Sthanik* = local and *snehan* = massage by oil

*Sthanik swedan* with *dashmoola kwath*

*Shatpushpa tail matra basti* 60 ml \* 7 days

Duration- 6 months

*Pathya- apathya-* means dietary do's and don't's given in Ayurveda . The patient was instructed to change their eating habits, avoid junk food, and have a high-fibre diet.

She was advised to go for a 30-minute brisk walk daily.

Result: The patient took treatment for 6 months.

#### Follow-up and Outcomes

Oral administration of choorna - 6 months.

*Panchkarma ( shatpushpa oil basti)* - 6 months

- Every month, *matra basti* was given for 7 days.

### DISCUSSION

In the above clinical study 36 patients were enrolled and case study of one such patient is being presented here. *Shatapushpa* is *ritu-pravartini* ( means stimulates ovulation ) and *yoni-shukravishodhini* means cleans up the toxins from the reproductive tract due to its *ushna tikshna gunas* ( means the sharp and potent properties of this medicine ) , it might be acting on the regularisation of hormones from *Pitta dosha karya*. ( Ayurveda describes 3 basic entities called *vaata*, *pitta* and *Kapha* responsible for human body activities and metabolism . *Pitta* is responsible for all types of metabolic changes and digestive power of the gut ). Hence, it helps in *beej nirmitti*, i.e ovulation. In colloquial language, *Shatapushpa* is called *Balantshepa* since it is especially given to all *sutikas* –i.e post-delivery for *Garbhashay Shodhan*.

For the same reason, it might be acting on the regularisation of hormones from *Pitta dosha karya*. Hence, it regularises the menstrual cycles of the patient.

According to the modern view, *shatapushpa* might improve insulin sensitivity and help convert androgen to oestrogen, which in turn causes ovulation.

### CONCLUSION

In terms of LH, FSH, OVULATION, and the intermenstrual phase, the cumulative effect of the *shatpushpa* regimen is very substantial.

This case -study included all causes of anovulation which seem to be addressed by the *Shatapushpa* regimen , because in the *Sanhita* also *Kashyapa* has mentioned this regimen for all menstrual irregularities, infertility etc -symptoms of PCOD being one of them . Anovulation remains a major problem in reproductive medicine because of its recurrence. In this instance, a number of factors influenced the natural menstrual cycle; however, the case was successful with appropriate therapy and systemic care. Therefore, we ought to focus on a variety of causes and aetiologies that have been covered in the *Samhitas* and apply to the present circumstance.

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