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CLINICAL STUDY OF NASHTAPUSHPANTAK RASA IN ARTAVAKSHAYA (pOLYCYSTIC ovarian syndrome)

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ABSTRACT

As we observe the increasing rate of polycystic ovaries (*Artava Kshaya)* in women especially in their reproductive ages which leads to multiple problems like irregular menses, obesity, anovulation, hirsutism, infertility. In modern science, this is treated with hormonal pills which only gives symptomatic relief. So, for the long term better and permanent solution is required. The present study is conducted to study the efficacy of Ayurvedic medicinal preparation *Bhaishajyaratnavali Yonivyapad Rogadhikar Acahrya Siddhinanadan Mishra* have explained *Nashtapushpantak rasa* For *Artav kshaya*. The study was conducted on 70 patients; patients were divided into Trial group and Control group. Clinical assessment was done on basis of grading criteria with specific symptoms of *Artava Kshaya.* The results were clinically and statistically significant to relieve the symptoms of *Artava Kshaya.*

Keywords: Polycystic ovarian syndrome (PCOS), *Nashtapushpantak rasa, Artava Kshaya, Yonivyapad,*

INTRODUCTION

God has gifted women with the rare and unique phenomenon of giving rise to a new life. To fulfil this Nature has delivered exclusive characteristics in women and Menstruation is one of the most important physiologies. [1] Menstruation is the cyclic process of a women's body, regular Menstrual cycle is in a period of Puberty to Menopause (13-50 years).[2] Any irregularities like scanty and infrequent menses create anxiety about not getting pregnant, Guilt especially regarding fertility potency of themselves. Due to changed lifestyle, food habits and physical and emotional stress increases which alter the physiology to obesity and ends with disturbance in the HPO axis which led to gynaecological

problems like PCOS (*Artava Kshaya*) which shows menstrual abnormalities such as oligomenorrhea, scanty menses, Anovulation or oligo-ovulation, obesity, hirsutism, hyperandrogenism, hyperinsulinemia and lastly enlarged polycystic ovaries. These features lead to infertility.[3]

"आर्तवक्षये यथोचितकाले अदर्शनम् अल्पता वा योनिवेदना च ॥" (सु.सू.१५/१६) [4]

In modern science, it is treated with hormonal pills which have side effects and hence worsen the situation. There is an increase in the incidence of this so needs a solution. In *Ayurveda* classics, this can be correlated with *Artavkshaya*, which is defined as Scanty menses in both amounts and duration with associated symptoms like menstrual irregularities and pain during menses. The purpose of treatment is to keep the *doshas* in equilibrium. Keeping this view in mind *Nashtapushpantaka rasa* is being selected for the study to make the equilibrium of *doshas* and correct the *Artavkshaya*.

नष्टपुष्पान्तक रस [5]

रसेन्द्रगन्धकंलौहं वन्गं सौभाग्यमेव च । रजतं चाभ्रताम्रं च प्रत्येकं च पलं पलम् ॥
गुडूचीत्रिफलादन्तीशेफालीकण्टकारिका।दारुजीवन्तीकुष्ठम् च बृहतीकाकमाचिका ॥
नक्तंतालिसवेताग्रंश्वदंष्ट्रा वृषकं बला । एतेषां स्वरसैर्भाव्यं त्रिवारं च पृथकपृथक ॥
सैन्धवंमधुकं दन्ती लवंगवंशलोचनम् । रास्ना गोक्षुरबीजं च शाणमानं विचुर्णम् ॥
सर्वमेकीकृतंपेष्यं जयन्तीतुलसीरसे: | मर्द्यित्वाकटी: कुर्यान्नष्टपुष्पकयोषिताम् ॥
नष्टपुष्पेनष्टशुक्रे योनिशूले च शस्यते ऋतुशूले क्लेदयोन्या विशेषे चाममारुते ॥
एतान्यरोगान्निहत्याशु भास्करतिमिरं यथा ।

(भैषज्यरत्नावली योनिव्यापद-रोगाधिकार ६७/५१-५६)

AIM AND OBJECTIVES

Aim – To Study the effect of *Nashtapushpantak rasa* in *Artavkshaya* (PCOS).

Objectives –

1. To Study the effect of *Nashtapushpantak rasa* in *Artavkshaya* (PCOS).
2. To review the literature of *Artavkshaya* and to study the sign and symptoms of PCOS.
3. To review the literature of *Nashtapushpantak rasa.*
4. To evaluate its effect on duration, amount of menstrual flow, intermenstrual period.

MATERIALS AND METHODS

Materials – All available *Ayurvedic* literature, modern textbook of gynaecology articles, journals, research papers were referred for the study.

Sample size – 70 (35 in each group)

Selection of patients – from *Streeroga* departmental OPD

Group A – 35 patients with *Nashtapushpantak rasa*

Group B – 35 patients with *kanchnar Guggula*

A drug used – Dabur pharmacy

Duration of study – 18 months

Follow up – 0^{th}, 30^{th}, 60^{th}, 90^{th} day of visit.

GROUP OF PATIENTS

Group A – Trial group

Number of patients – 35

Drug – *Nashtapushpantak rasa*

Dose – 250 mg 2 BD with lukewarm water

Time of administration – *Apankali* (before meal)

Group B – Control group

Number of patients – 35

Drug – *Kanchnar guggulu*

Dose – 500mg 2BD with lukewarm water

Time of administration – after a meal

Inclusive Criteria –

1. Age between 18-36 years.
2. Menstrual bleeding, spotting <2 days.
3. If the interval between the two cycles exceeds more than 35 days.
4. In USG multiple cysts in ovaries with increased ovarian volume

Exclusive Criteria –

1. Age below 18 and above 36 years.
2. Patient suffering from major systemic disease.
3. Patients having Primary amenorrhea.
4. Patients having an acute infection.

Assessment criteria – Parameters of assessment of Artavkshaya

Subjective Criteria

MENSTRUAL BLEEDING:

Intermenstrual Period:

Table 1: Intermenstrual Period:

Interval of bleeding	Score
≤ 35 days	0
36 to 45 days	1
46 to 55 days	2
≥ 56 days	3

Table 2: Duration of menstrual bleeding

Days	Score
3- 5	0
<3	1
<2	2
<1	3

Table 3: Amount of menstrual bleeding

Pads/day	Score
2	0
1	1
Only Spotting	2

Table 4: Pain during menstruation

Pain	Score
No pain	0
For < 12 hrs	1
12-24 hrs	2
>24hrs	3

Objective Criteria

As per the findings of USG abdomen and pelvis before treatment

Table 5: Assessment of size of cysts:

Size of Cysts	Score
No cyst	0
1mm-5mm	1
5mm-10mm	2

Table 6: Assessment of ovarian volume

Ovarian volume	Score
< 10	0
10-20	1
>20	2

INVESTIGATIONS

1. Ultrasonography
2. Hemoglobin

RESULTS

Statistical Analysis: Comparison Group A and Group B

Subjective Parameters (By Mann Whitney's U Test)

A) Inter-menstrual period

Table 7: Mann Whitney's Test: Comparison Group A and Group B

Group	N	Mean	Mean Rank	U	P
Group A	**35**	0.885	40.41	440.5	0.0415
Group B	**35**	0.514	30.58		

B) Duration of bleeding

Table 8: Mann Whitney's Test: Comparison Group A and Group B

Group	N	Mean	Mean Rank	U	P
Group A	**35**	0.885	40.6	434	0.0341
Group B	**35**	0.514	30.4		

C) Amount of bleeding

Table 9: Mann Whitney's Test: Comparison Group A and Group B

Group	N	Mean	Mean Rank	U	P
Group A	**35**	0.942	40.3	444.5	0.0453
Group B	**35**	0.600	30.7		

D) Pain in menses

Table 10: Mann Whitney's Test: Comparison Group A and Group B

Group	N	Mean	Mean Rank	U	P
Group A	**35**	0.342	36.5	577.5	0.6777
Group B	**35**	0.285	34.5		

Objective Parameters (By Mann Whitney's U Test)

A) Rt. Ovary size

Table 11: Mann Whitney's Test: Comparison Group A and Group B

Group	N	Mean	Mean Rank	U	P
Group A	**35**	0.428	37.5	542.5	0.4041
Group B	**35**	0.314	33.5		

B) Lt. Ovary size

Table 12: Mann Whitney's Test: Comparison Group A and Group B

Group	N	Mean	Mean Rank	U	P
Group A	**35**	0.542	37.4	546	0.4300
Group B	**35**	0.400	33.6		

C) Rt. Ovary volume

Table 13: Mann Whitney's Test: Comparison Group A and Group B

Group	N	Mean	Mean Rank	U	P
Group A	**35**	0.457	36.0	595	0.8388
Group B	**35**	0.428	35.0		

D) Lt. Ovary volume

Table 14: Mann Whitney's Test: Comparison Group A and Group B

Group	N	Mean	Mean Rank	U	P
Group A	**35**	0.542	37.5	542.5	0.4061
Group B	**35**	0.428	33.5		

According to statistical analysis

A. Subjective Parameters

Table 15: Overall Effect of Therapy as per Statistical analysis

Sr. No.	Subjective Parameters	Within Groups (Wilcoxon test)		Comparison (Mann-Whitney's test)
		Group A	Group B	
1	**Inter MC**	Significant	Significant	Significant (A > B)
2	**Duration**	Significant	Significant	Significant (A > B)
3	**Amount**	Significant	Significant	Significant (A > B)
4	**Pain**	Significant	Significant	Insignificant (A ≈ B)

(≈ - means statistically equal, not exact equal)

B. Objective Parameters

Table 16: Overall Effect of Therapy as per Statistical analysis

Sr. No.	Objective Parameter	Within Groups (Wilcoxon test)		Comparison (Mann-Whitney's test)
		Group A	Group B	
1	**Size Rt. Ovary**	Significant	Significant	Insignificant (A ≈ B)
2	**Size Lt. Ovary**	Significant	Significant	Insignificant (A ≈ B)
3	**Vol. Rt. Ovary**	Significant	Significant	Insignificant (A ≈ B)
4	**Vol. Lt. Ovary**	Significant	Significant	Insignificant (A ≈ B)

(≈ - means statistically equal, not exactly equal

DISCUSSION

The drug *Nashtapushpantak Rasa* is a *rasoushadhi* preparation given in conditions like amenorrhea, oligomenorrhea, hypomenorrhea, dysmenorrhea, infertility, anovulation, oligo-ovulation. As we know polycystic ovaries are seen in this condition of Artava kshaya so the contents in this drug are *ushna, tikshna* in nature so the *srotorodha* occurred in *Artavavaha strotas* gets relived. All the contents are ushna, so it helps to increases the digestive fire and the *uttama ahararasa* is generated so this leads to *uttam dhatu utpatti. Uttam rasadhatu* leads to *uttam updhatu nirmiti* as *raja* or *artava* is *updhatu* of *rasa dhatu. Granthi* is formed in PCOD patients, *kapha-vata dushi* leads to granthi formation so to break this *samprapti* we need *lekhan dravyas* like *vanga bhasma, loha bhasma, abraka bhasma, tamra bhasma* which are *ushna veerya, kapha-vata shamaka* which help in *samprapti vighatana* of *arthava kshaya*. The ingredients like *Danti, Rasna, bruhathi, kakamachi, kapikacchu, Daruharidra, kusta, vetasa, talisapatra, Vamshalochana, Madhuka, Kushta* act on clearing *avarana,* reducing *kleda, Picchila guna* of *kapha*. Due to *Ushna veerya* and *Agneyata* of all the drugs clear the *sroto avarodha* and increase blood circulation in the *yoni* and *Garbhashaya*, because of this there will be the formation of healthy endometrium. As *vata* and *kapha* get balanced it leads to proper ovulation and thus menstrual cycle get regulated.

CONCLUSION

From the overall analysis of the research study, it can be concluded that for Criteria like - Intermenstrual period, Duration of bleeding, Amount of menstrual bleeding trial group drug (*Nashtapushpantak rasa*) was significantly better than the control group drug (*Kanchanar guggul*). For pain in menses, reduction of the size of cysts and ovarian volume both drugs were equally effective but comparing both groups with each other; the trial group drug (*Nashtapushpantak rasa*) was significantly better than the control

group drug (*Kanchanar guggul*).

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