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A Pilot Study on the Efficacy of Jeerakadi Taila in the Management of Vandhyatva W.S.R. to Ovarian Dysfunction

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ABSTRACT

Procreation is a blessing that aids in transferring the genes from one generation to other and thus aids to evolution. Fertility is the capacity of a couple to reproduce or the state of being fertile. As successful pregnancy is a multi-step chain of events, even ifone of the events or conditions is not met in the right amount of time, pregnancy may not happen or reach to birth. Vandhyatva is a commonly increasing problem which any gynecologist has to face in their career. It affects the mental and physical health of women and disturbs her family as well as social life. Ovulatory factor is responsible for 30-40% cases of infertility. Ovulatory dysfunction encompass: anovulation or oligo-ovulation, decreased ovarian reserve, LPD, LUF. Ovarian dysfunction is likely to be linked with disturbed HPO axis either primary or secondary to thyroid or adrenal dysfunction. Anovulation or inability to produce a fertile ovum is an important reason among women facing infertility and still it is a growing problem due to change in lifestyle, faulty food habits, environment, stress provoking jobs etc. *Acharya Sushruta* has defined *vandhya*as "*vandhyanashtartavamvidyat*" acc to *Bhruhatrayeeshroni* is the seat of *vata*. When *vata* is vitiated by its aggravating factors or due to obstruction by *kapha* it cannot govern its normal function and ovulatory dysfunction state persists. For this *vata-kapha hara, artavashodhaka, artavajanaka*Chikitsa should be adopted. Along with this *rasayana, balya, deepana, pachana karma* should be present in chikitsa. Keeping above treatment principles in mind we had formulated an*anubhuta yoga-Jeerakaditaila*. This study has emphasized on careful holistic approach in the management of infertility. It is an attempt to evaluate the action in combination on ovarian dysfunction. This is randomized clinical study (pilot study) of 20 samples. On the basis of primary outcome: this product has shown satisfactory results in reducing cyst size, duration between cycles and induced ovulation in all patients and conception in 6 patients.

KEYWORDS: *Vandhyatva, Jeerakadi Taila, Lpd, Luf*

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INTRODUCTION

Procreation is a blessing that aids in transferring the genes from one generation to other and thus aids to evolution. Fertility is the capacity of a couple to reproduce.

Vandhyatwa is a commonly increasing problem which any gynecologist has to face in their day-to-day practice. Among various factors for female infertility Anovulation is one of the major cause.

Conception depends on the fertility potential of both male and female partner. Female is directly responsible in about 30% of the cases. According to FIGO main causes of female infertility are: tubal factor 25-35%, ovulatory dysfunction 30-40%, endometriosis 1-10%. Ovulatory dysfunction encompass: Anovulation, decreased ovarian reserve, LPD, LUF.

Acharya Sushruta has mentioned 4 essential components for conception*: rutu, kshetra, ambu, beeja*. Here *beeja* refers to *ARTAVA*. *"Vandhyanashtartavamvidyath*".

The abnormal menstrual flow indicates scanty menstrual flow both in amount and duration. *Artavadushti* leads to *beejanaasha*. Anovulation or inability to produce a fertile ovum is an important reason among women facing infertility and still it is a growing problem due to change in lifestyle, faulty food habits, environment, stress provoking jobs etc.

MATERIALS AND METHODS

Selection of patients

Patients were selected from outpatient dept of Prasutitantra and Streeroga.

Inclusion criteria

- Age group between 20-35yrs
- Patients diagnosed as ovarian dysfunction with or without PCOS.

Exclusion criteria

- Systemic diseases like TB, DM, thyroid dysfunction, STDs, HIV, HbSAg
- Patients on OCPills
- Premature ovarian failure
- Resistant ovarian syndrome
- Destruction of the ovary by different radiation or oophorectomy

Selection of drug

Ingredients of *Jeerakaditaila* are: *Krishna tila* (Sesamum indicum), *Krishna jeeraka* (Cuminum cyminum), *Shatapushpa* (Peucedanum graveolens), *Lashuna* (Allium sativum), *Vidarikanda* (Pueraria tuberosa), *Shatavari* (Asparagus racemosus).

The drugs required for the study had procured from a GMP certified pharmacy under the supervision of Dept. of Dravya Guna, ***bhartiayurved medical college and hospital*** And prepared in Rasashastra and Baishjyakalpana dept according to classical method.

Drugs for *Jeerakaditaila* were selected on the basis of individual scientifically proven effect on ovulation.

Chemical CONSTITUENTS –

1. Krishna jeeraka - Essential oils (carvone and carvacrol).
2. Vidarikanda - Gluconic and Malic acids.
3. Lashuna - Volatile Oil containing Allyl Disulphide and Diallyl Disulphide. It also contains Allin, Allicin, Mucilage and Albumin.
4. Shatavari- Sugar, Glycosides, Saponin and Sitosterol
5. Krishna tila - Fixed Oil
6. Shatapushpa-

Posology

- Duration of treatment: 3 consecutive menstrual cycles.
- Dose: 10-15 ml BD with ksheera and sharkara as anupana, before food.
- Follow up:

• During treatment

Patients were called on day 3 of every cycle for baseline scan and day 10th onwards serial follicular scan till ovulation. This was repeated for 3cycles.

• After treatment

Same was followed for 1 cycle.

Diagnostic criteria:

- Irregular menstruation
- Follicular study- H/O last 2 anovulatory cycles
- Subjective parameter- regular/irregular menses
- Objective parameter- follicular study, duration between cycles.

Assessment criteria:

- Subjective parameters

• Regular/Irregular menses.

- Objective parameters

• Follicular study

• Duration between cycles.

Investigations

TVS was carried out from day 9th of menstrual cycle up to ovulation. In all the patients, TVS was carried out for 3 consecutive cycles for final diagnosis.

- Hormonal Assay & Ovarian reserve- AMH
- Blood investigation- CBC,HIV, HbsAg, VDRL

Overall effect of treatment

The overall effect was graded into four types:

1. Conceived: Natural or IUI
2. Complete remission: Ovulation occurred
3. Improved: Ovulation not occurred but only improvement in the size of follicles, i.e. 12-18 mm
4. Unchanged: No change in the growth of the follicle.

Observation

Total 20patients were registered in the present study; all the patients completed the treatment.

Age	N=20	%
20-25	07	35
26-30	08	40
31-35	05	25

Chronicity of infertility	N=20	%
Less than 5yrs	07	35
More than 5yrs	13	65

	N=20	%
With PCOS	07	35
Without PCOS	13	65

Interval b/w cycle	N=20	%
35-40 days	10	50
46-90 days	6	30
>90 days	4	20

Results:

Before treatment all the patients (100%) were having no dominant follicle (NDF). After treatment all the patients ovulated (70%) where N=14.

Totally 6 patients (30%) were conceived.

After treatment 14 patients (70%) (N=14) regained normal cycle length i.e. 28-34days.

Follicular study	Before treatment		After treatment	
	N=20	%	N=14	%
NDF	20	100	0	0
0-12mm	0	0	0	0
13-17mm	0	0	0	0
>18mm	0	0	14	100

Cycle length	Before treatment		After treatment	
	N=20	%	N=14	%
28-34 days	0	0	14	100
35-40 days	10	50	0	0
46-90 days	6	30	0	0
> 90 days	4	20	0	0

	N=20	%
No of patients conceived	6	30

On the basis of primary outcome: This product has shown satisfactory results in reducing cyst size, duration between cycles and induced ovulation in all patients.

Mode of action

50% of the drugs having *madhura rasa* which dose *vata shaman* and *rasa dhatuvrudhi, tikta rasa* has *srotoshodhaka* and *kaphanissaraka karma*. 50% of the drugs having *UshnaVeerya* helped for *vata shaman* and *artavajanana*. As most of the drugs having *artavajanana, garbhashayashodhana, shukrala, vrushya karma* helped for *kshetra*and *beejashuddhi*.

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