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A SINGLE CASE STUDY TO ASSESS THE OVULATORY EFFECT OF NAGKESHARA YOG IN MANAGEMENT OF VANDHYATVA WITH SPECIAL REFERENCE TO ANOVULATION

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ABSTRACT:

In Today's era, a couple is more ambitious, wants a luxurious life, is more inclined to career opportunities and in turn, delays marriage, delay in planning pregnancy, mentalstress, changing dietary habits, all these lead to a remarkable decline in fertility.

Infertility is a major problem in our society. It is a social taboo. Infertility has a strongnegative impact on life of women.

According to Ayurveda the four main factors involved In the proper conception are described as Garbh sambhav samagri; Ritu (Fertile period), Kshetra (Fertile uterus), Ambu (nutrition) and Beeja(viable Ovum and Sperm).

Absence or abnormality of any of the above factors can lead to infertility. Here Beeja can be referred as healthy ovum and sperm. Speaking of female infertility, Beeja dushti can be considered as ovulatory dysfunction;

Beejotsarga ie.ovulation is one of main factor essential for Garbhadhan. Ovulation is release of ovum ie.Beej from ruptured follicle. Failure to release ovum from follicle is Anovulation. Thus, anovulation is found to be an important factor causing infertility according to Ayurveda.

In Ayurveda, Nagkesar yog is mentioned in Gadanigrah Samhita Vandhyaadhikar 5. For the management of Vandhy. It is easily available, cost effective and a safe remedy.

नागकेसर योग-

गोघृतेन सह नागकेसरं श्लक्ष्णचूर्णितमृतौ नितंबिनी । गव्यदुग्धनिरता पिबेयदा सा तदा नियतमेव विरसू ॥ (ग .नि .।वंध्या ५)

KEYWORDS: Vandhyatva, Anovulation, Nagkeasr yog NEED OF STUDY:

Infertility is a medical condition that can cause psychological, physical, mental and spiritual detriments to the couple. Relationships between couples become very strained when they are childless. Childlessness is of a particular concern because of the global extent of problem and the social stigma attached to it.

In modern science, fertility therapies are on a rise since over a decade. There are several oral medications available like hormones which have side effects later on. As also there are advanced techniques like IVF, ICSI available nowadays, which are very expensive and the cost is too much for the common man.

Ayurveda treatments are with no side effects and cost effective. Keeping in mind all the above factors, we decided to work on Nagkesar Yog in Vandhya (Primary Infertility) with special reference to Anovulation. There is a need to provide a proper medication according to Ayurveda as a contribution in anovulation.

PREVALENCE:

In India, According to World Health Organization, the overall prevalence of infertility lies in between 3.9% and 16.8%

REVIEW OF LITERATURE:

- 1. Relevant literature regarding ayurvedic perspective is reviewed.
- **2.** Relevant literature regarding modern perspective is reviewed.
- 3. Nagkesar Yog is the Yog explained for vandhyatva by sodhal in Gada nighraha isstudied.
- **4.** Harit Samhita referred for types of Vandya.
- **5.** Charak samhita reffered for hetu of Vandhyatva.
- **6.** Sushrut samhita referred for lakshana of Vandhyatva.
- 7. Kashyap Samhita is studied for lakshanas of Vandhyatva.
- **8.** Guna of dravya referred from Dravyaguna Vigynana by Prof. Priyavat Sharma.
- **9.** Guna, Rasa, Virya, Vipaka of dravya referred from Dravyaguna Vijnana, by VaidyaVishnu Mahadev Gogate
- **10.** Sharangdhar Samhita Madhyam Khanda is reffered for dose of the formulation.
- 11. Streerog and Prasuti Tantra by Premvati Tiwari is studied for Lakshanas and Treatment.
- 12. Textbook of Gynaecology by D.C.Dutta reffered for Infertility and Ovulation.
- **13.** Textbook of Obstetrics by D.C.Dutta reffered for Ovulation.
- **14.** Infertility: Male & Female by Vaclav Insler studied for Infertility and Ovulation.

- 15. Infertility in Practice Inform Health Care by Adam Balen studied for Infertility and Ovulation.
- **16.** Principles of Gynecology by Jeffcoate's studied for Infertility and Ovulation.

RESEARCH QUESTION:

Is the ovulatory action of Nagkear yoga is effective in the management of vandhya (primary infertility) with reference to anovulatory cycles?

HYPOTHESIS:

NULL HYPOTHESIS(H0):

There is no Ovulatory effect of Nagkesar Yog in the management of Vandhya (Primary Infertility) with special reference to Anovulation.

HYPOTHESIS(H1):

Nagkesar Yog is as effective in the management of Vandhya (Primary Infertility) with special reference to Anovulation.

AIM AND OBJECTIVES:

AIM:

To study the ovulatory effect of Nagkesar Yog in the management of Vandhya (Primary Infertility) with special reference to Anovulation.

OBJECTIVES:

To assess the ovulatory effect of Nagkesar Yog in management of Vandhya (Primary Infertility) with special reference to Anovulation.

STUDY DESIGN:

Single case Experimental Clinical TrialSTUDY CENTRE:

Prasuti Tantra Streerog O.P.D. at YMT Ayurvedic Medical College, Kharghar, Navi Mumbai.

OPERATIONAL DEFINITIONS:

INFERTILITY - It is defined as a failure to conceive within one or more years of regular unprotected coitus .

PRIMARY INFERTILITY - It denotes those patients who have never conceived .

OVULATION - It is process whereby a Secondary Oocyte is released from the ovary following rupture of a mature Graffian Follicle and becomes available for conception .

ANOVULATION - Anovulation is when ovaries do not release an oocyte duringmenstrual cycle.

CASE REPORT

A 30 years old female hindu patient, administrative assistant by occupation visited the OPD of Yerala Ayurvedic Medical College and Hospital, Department of Prasooti Tantra and Streeroga with complaints of inability to conceive after 4 years of marriage with associated complaints of scanty bleeding.

Past History- No H/o DM/HTN/Thyroid Dysfunction or any other major medical orsurgical history.

Family History- No H/O same illness in any of family members. Menstrual History – Age of Menarche: 15 years

2-3 days/ 28-30 days/ bleeding bright red in colour, scanty flow 1 pad/day, without foul smell, without clots/ no dysmenorrhoea.

Married Life: 4 years Obstetrical/history: G0 P0 L0 A0 D0

Contraceptive: Not using any contraceptives. General examination

Built: Moderate Nourishment: ModeratePulse: 80 bpm

BP: 120/80 mm of HG Temperature: 98.4 F Respiratory Rate: 18 cyc/minHeight: 162 cm

Weight: 65kg Tongue: uncoated

Pallor/icterus/Cyanosis/Clubbing/Edema/Lymphadenopathy: AbsentSystemic Examination

CVS: S1 S2 normal

CNS: Well oriented, conscious

RS: normal vesicular breathing, no added sound P/A: Soft, tenderness absent, no organomegaly P/V findings:

Cervix: posterior in position, shape cylindrical, nulliparous, firm in consistency, normal in size, nogrowth noted

Ashta Vidha PareekshaNadi - 80/min

Mutra - 2-3 times a dayMala - Once a day

Jihwa - Alipta Shabda - Prakruta

Sparsha - Prakruta (Anushnasheeta)Druk - Prakruta

Aakruti - Madhyama Dasha Vidha Pa<mark>reeksha P</mark>rakruti - Vata-Pitta Vikruti - Madhyama Sara - Madhyama Samhanana - Madhyama Pramana - Madhyama Satmya - Madhyama Satva - Madhyama

PATHOLOGICAL INVESTIGATIONS:

- Sr. FSH- 2 nd day of Menses before and after treatment
- Sr. LH- 2 nd day of Menses before and after treatment
- Sr. PRL -2 nd day of Menses before and after treatment
- Sr. AMH -2 nd day of Menses before and after treatment
- USG (Follicular study) 9 th day of Menses in every cycle for three cycles

DATA COLLECTION METHODS AND INSTRUMENTS : METHODS OF SELECTION OF STUDY SUBJECT:

Patients having complaint of Anovulation with fulfilling inclusion criteria.

MATERIAL AND METHODS-MATERIAL-

DRUG REVIEW:-

SR T	NDRUG	RASA	GUNA	VIRYA	VIPAK A	DOSHGHNATA	KARMA
1	Nagkesar	Kashay Tikta	Rooksh a Laghu Tikshna	Ushna	Katu	Kapha-pitta Shamak	Lekhan Garbhasha y Sankochak
2	Go Ghrita	Madhur	Guru, Snigdha	Sheeta	Madhura	Vatapitta hara	Rasayana, virya vruddhi
3	Go Dugdha	Madhura	Guru, Snigdha	Sheeta	Madhura	VatapittaShamak	Rasayana, Jivaniya, Balya

METHODS:

SR NO.	CONTENT	LATIN NAME	PARTS USED	DOSAGE
1	Nagkesar	Mesua Ferrea	Stamens	12 gm
2	Go ghrut		30.	24 gm
3	Godoogdha			50 ml

PREPARATION OF DRUG:

1. The raw material will be collected from local market and authentication will be done. Nagkesar churna will be prepared according to Sharangdhar Samhita churna kalpana

DOSE OF DRUG:

12 gm Of Nagkesar Yog with go grita and godoogdha before breakfast (Apan kal) from fifth day of menses for 12 days for 3 cycles.

MODE OF ADMINISTRATION:

Orally.

INFORMED CONSENT:

Patient was given study information, verbal and written, in her vernacular/understandable language about the purpose and nature of the study and anInformed written concent was taken.

C.R.F was prepared for this study.

OBSERVATION AND RESULT:

DATE	LMP	VISIT	COMPLAINS	TREATMENT	OBSERVATIONS
5/1/2023	18/12/22	1 st visit	menses, willing		USG Follicular study showed- Anovulation
20/1/23	16/1/23	1 st followup	c/o-scanty menses	Nagkesar yog with godoogdha from 5 th day of menses for 12 days	
22/2/23	17/2/23	2 nd followup	c/o -Mensesflow good	with godoogdha from 5th day of menses for	
				12 days	
20/3/23	15/3/23	3 rd followup	Q _A	Nagkesar yog with godoogdha from 5th day of menses for 12 days	
17/4/23	12/4/23	4 th followup	c/o-menses flow good		USG Follicular study showed Ruptured Follivle

DISCUSSION:

Nagkesar has Laghu, Ruksha Gunas with Kashay , Tikta Rasa, Katu Vipaka and Ushna Virya making it KaphaPittaShamak.It is dipan, pachan, vajikaran karma. Ghrita has madhura rasa, guru, snigdha guna, madhura vipaka causing vatapitashaman. Vandhyatva is a Vata dominated vyadhi. So, Nagkesar with Goghrita causes tridoshashaman.

The chemical constituents in nagkesar have antioxidant properties. There are researches which prove that antioxidants itself are important in female infertility. It acts as a rejuvenator. It effects on Tridosha;

balances Vata and Pitta. In females it is used to treat Infertility, PCOS, reproductive system related problems. It also helps in Ovulation by balancing hormones in body. So its ingredients improves fertility and enhances the longevity.

CONCLUSION:

Results was assessed, ovulation was seen when nagkesar with goghrita was given inrutukal for 3 cycles eventually causing conception.

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APPENDICES : ABBREVATIONS:

MUHS- Maharashtra university of health science.BHU- Banaras hindu university.

IPD- Indoor Patient Department. OPD- Outdoor Patient Department.Sr No.- Serial Number.

CRF – Case Record Form. LMP- Last menstrual period.

LLMP – Last to Last menstrual period

M/H- Menstrual History.BP- Blood pressure.

RS- Respiratory System.

CVS- Cardio Vascular System. CNS- Central Nervous System.

Sr. FSH – Serum Follicular Stimulating HormoneSr. LH – Serum Leutenising Hormone

Sr. PRL – Serum Prolactin

Sr. AMH – Serum Anti Mullerian HormoneCBC – Complete Blood Count

ESR – Erythrocyte Sedementation RateUSG – Ultrasound Sonography