EFFECT OF SHATAPUSHPA TAIL MATRA BASTI IN PCOD - A CASE REPORT

Dr. Janabai S. Avhad¹* and Dr. Subhash G. Marlewar²

¹PG. Scholar, Streerog –Prasutitantra Department R.A Podar Medical College Worli
Mumbai.
²Associate Professor Streerog-Prasutitantra Department. R.A. Podar Medical College Worli
Mumbai.

ABSTRACT
Polycystic ovarian disease is characterised by excessive androgen production by ovaries mainly. PCOS is a multifactorial and polygenic condition. PCOS is a heterogeneous, multisystem endocrinopathy in woman of reproductive age with the ovarian expression of various metabolic disturbances and a wide spectrum of clinical features such as obesity, menstrual abnormalities and hyperandrogenism. Current incidence of pcos 5-15% is fast increasing lately due to change in lifestyle and stress. Among infertile women about 20% infertility is attributed to anovulation caused by pcos. According to ayurveda these symptoms are presented in various condition of vitiation of vata and kapha. The present case study was carried out in OPD of Prasuti-streeroga department M.A. podar (ayu) Hospital worli Mumbai. test drug were shatapushpa taila results showed marked improvement in relieving all the symptoms of pcos.

KEYWORDS: PCOD, shatapushpa tail, Infertility.

INTRODUCTION
PCOS is one of the most common endocrine disorders seen in female. It is thought to be one of the cause of sub fertility and most common frequent endocrine problem in reproductive age of female. the main principal features are anovulation, irregular menses, amenorrhea, ovulation related infertility. Excess amount or effect of androgenic hormones resulting in acne and hirsutism and insulin resistances, some of the woman who develop cardiovascular disease, endometrial cancer and type 2 DM in later life.
The symptoms and severity of syndrome vary greatly among affected women symptoms of PCOD direct the way to involvement of kapha and vata dushti causing abnormality in artavvaha strotas, vata plays key role in yoniroga. Matra basti therapy, being capable of vatashaman, is most effective in artavkshaya. Acharya kashyap mention that shatapushpa is effective in menstrual disorder, it is vata shamak along with kapha shamak along with that several research on shatapushe show effective in oligomenorrhea and PCOD.

CASE REPORT
A 27 yr old female, unmarried, came to OPD of Prasuti-streeroga, M.A.podar Hospital Worli Mumbai in August 2018 with chief complaints of irregular menstruation and scanty menses also complaining of weight gain. She has a positive pelvic USG confirming the presence of PCOD. For thus she took treatment from different Allopathic Hospital, but got no relief. Then she approached M.A. podar Hospital worli Mumbai for treatment.

On Examination
General condition of patient was found good and has no acne and hirsutism. Her family history was found normal. Her diet was more oily and non fibrous and fast food more in diet.

The rest of her physical examination was unremarkable. BP-110/70 mmhg. Pulse rate -76 /min. Weight-65 kg. Height-5’’2.

Blood Investigation
At first visit – HB-11gm%. TLC-7600 cells/cumm
ESR-10 mm/hr, neutrophil-60%, lymphocyte-35%. Eosinophil-2%, monocyte-2%
RBS-92mg/dl. Sir estradiol-30.3pg/ml. FSH-10.13miu/ml. Sr prolactin-10.7
Sr.LH-6.88miU/ml
All the hormonal blood investigation normal. HIV, HBSAg, VDRL were negative.
Ultrasonography for uterus and adenexae.
Uterus-A/V normal in size 5.9 x 4.6 x 2.7 cm
ET= 5.2 mm.
Ovaries: Both are bulky with increased stromal echogenicity and both show multiple small follicles arranged peripherally.
Right ovary: 4.5 x 28 x 19 mm(13.2 cc)
Left ovary: 42 x 30 x 17 mm (11.8 cc)
Impression: PCOD
Management of patient
Patient was given *shatapushpa tail matrabasti* 60 ml for 7 days after cessation of menses for 3 consecutive cycle.

Duration: Management for three month.
Pathya- Apathya: patient was advised to correct their dietary habits and avoid unhygienic junk food and take fibrous diet and less amount of diet than required. mild to moderate exercise especially surya namaskar, pavanmuktasana, pachhimottasana, bhujangasana as per his capacity was suggested. Pranayam also suggested to patient. Avoid stress.

Follow up: For three month.

**Criteria of assessment**
Assessment was done on change in clinical feature before and after treatment.

**RESULT**
1) The present drug gave the relief to the symptom mainly reduction of body weight 62 to 56.
2) Reduction of pain during menses.
3) Amount of the bleeding was also increased from 1day to 3 days.
4) Menses occurred regularly.

Sonographic report after 3 cycle of treatment
Uterus- A/V normal in size.7.7 x 3.8 x 3.2 cms.
ET-7.9 mm.
Right ovary -4 x 2.6 x 1.9 cm.vol 10.8
Left ovary 3.8 x 2.4 x 2.3 cm.vol 11.3 cc
Impression: PCOD
HB-11.2 gm%. TLC-7800 cells/cumm
ESR-8 mm/hr, neutrophil-62%, lymphocyte-30%. Eosinophil-1%, monocyte-2%
RBS-90mg/dl. Sr estradiol-30.3pg/ml. FSH-8.13mIU/ml. Sr.prolactin-9.7
Sr.LH-6.86mIU/ml.

**DISCUSSION**
Effect on menstrual irregularities.
Shatapushapa taila was used for Basti and the guna of shatapushapa are yonivishodhan, artavajanana, beejotsarga, balya, deepan, pachan.
After giving 3 consecutive cycles of matrabasti of shatpushpa tail, there was significant reduction in ovarian volume and reduced in symptoms associated with PCOS.

Basti Dravyas normalize apana vata making it to function normal, leading to normal rajah pravritti and normal beej nirman. basti works on whole body after entering into guda. it exert local as well as systemic effect.

As modern, any drug given through the rectal route absorbed through the mucosal layer of rectum and enters into systemic circulation.

**Effect on weight loss**

*Shatapushapa* have *katu, tikta rasa, laghu, tikshna guna, ushna virya* and *katu vipaka*. it balances vata and *kapha doshas*. *katu, tikta rasa* have *deepan* and *pachan* properties add the effect on reduction in body weight by regulating the *jatharagni*. *Pathya palana, pranayam* and *yogasana* also helpful in reduction of body weight.

**CONCLUSION**

Hence in this case we can conclude that treatment with *shatapushapa tail matrabasti* is highly effective in PCOS.

No adverse effect or complication is produced with the use of this treatment.

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