

## **A CLINICAL STUDY ON APRAJA VANDYA (PRIMARY INFERTILITY) BY AN INDIGENOUS COMPOUND W.S.R TO OVULATORY DYSFUNCTION.**

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### **ABSTRACT:**

Primary infertility with a correlation to apraja vandhya is one of the common gynecological problem faced in daily practices. The most common cause of infertility is ovulatory disorder characterized by anovulation or by infrequent and/or irregular ovulation. Menstrual disorder like oligomenorrhea or complete amenorrhea usually indicates ovulatory disorders.

30 patients being diagnosed as primary infertility acc. to inclusion and exclusion criteria where divided into two groups of 15 each. Group A: where treated with indigenous compound Ghanasatva. Group B: where treated with placebo drug. The entire patients were assessed clinically, pathologically, and sonographically at the end of each cycle and finally the results were analyzed statistically before treatment and after each cycle and at the end of 3 cycles. Finally the effectiveness of trial drug was assessed 84.85% in the infertility. During the treatment no side effect was observed.

**KEYWORDS:** Infertility, anovulation, apraja vandhya, shivalingi, puntranjivaka.

### **INTRODUCTION :**

For a woman it is also assigned the name *JANANI*, because of her power to bring a new in the universe. Women are the makers of the home, the nation and the world. It is indeed the

woman who shapes the generation. Infertility is a major problem in our society. Now a day's rate of infertility is steadily increasing because of change of life style, people lead luxurious life are running behind

money, delayed marriage, higher education, high ambition that's why people get more stressed and tensed out at work. Today food habits are changed like fast food junk food and adulterated food also impact fertility.

In Ayurveda we know four important factors are helpful in conception. That is Rutu, Kshetra, Ambu, Beeja. Among these defective ovulation is increasing day by day due stressed out life, global warming, taking synthetic food articles and other hormonal imbalance. Statistical analysis shows 40% to 60% of female infertility, about 20% are due to ovulation defect. The treatment of ovulation defects in modern practice are mainly starts with hormonal treatment for ovulation, which has other side effects. In this clinical study a non hormonal, herbal, safe remedy to treat menstrual irregularities and ovulation defect is conducted.

#### **Materials and methods:**

The present "clinical study on Apraja vandhya(primary infertility) by an indigenous compound W.S.R. to ovulatory dysfunction." Was carried out on 30 infertile women attending the OPD of prasuti tantra and striroga dept., N.K.J. Ayurvedic Medical College and P.G. center attached Sri

Siddaroodh charitable hospital. The study included primary infertility cases of varying age and duration of infertility.

#### **Criteria for selection of cases:**

##### **INCLUSION CRITERIA**

- Married woman of age group between 20 to 35 years.
- Patients having symptoms of primary infertility(Apraja Vandya).
- Scanty irregular periods with anovulation.

##### **EXCLUSION CRITERIA**

- Patients suffering from HIV, STD and Hepatitis B.
- Patients suffering from any systemic disease like DM, TB, Severe anemia, Nephritis.

Secondary Infertility.

##### **Subjective parameters:**

- Irregular and scanty menstrual history.
- Primary infertility.

##### **Objective parameters:**

- BBT
- Cervical mucus study
- Sonography ( Follicular study)

##### **MATERIAL:**

Individual drugs Viz.( ShwetaMusuli, Daru, haridra, Bala, Palasha, Dhathaki, Shivalingi Mishreya,

Putranjeevaka) are collected from market under the supervision of dravya guna specialist. Ghana satwa of these drugs was prepared 250mg of satwa was filled in capsule and given in dose of 2 cap B.D with milk for 3 cycles, follow up was done on every cycle.

**METHODS:**

Patients fulfilling above criteria were assigned into two groups.

GROUP A – 15 patients will be given trial drug Ghanasatva in a capsule form

GROUP B – 15 patients will be given placebo.

**Follow up** – Evaluation of symptoms will be done before treatment after 1<sup>st</sup> cycle, 2<sup>nd</sup> cycle and 3<sup>rd</sup> cycle.

**ASSESSMENT CRITERIA:**

The clinical assessment was made depending upon the changes in

the subjective and objective features as mentioned in assessment scale.

1. Fertility or Amenorrhea along with positive response in velocit kit.
2. Ovulation positive by follicular study ( ovulatory study)
3. Regulation and relief of associated symptoms of menstruation
4. Relief from sexual problems
5. Relief from other associated symptoms

**ASSESSMENT SCALE**

Fertility will be assessed by absence of menstruation or amenorrhea followed by positive U.P.T

Ovulation will be assessed by Follicular study, Ferning, Spinnbarkeit, Cervical mucus viscosity.

Menstrual abnormalities assessed by relief of dysmenorrhoea, correction of oligomenorrhoea, bleeding duration, interval duration.

**RESULT AND AFFECTS:**

**Table No. 1 Showing result of total cases of group A (N=15)**

| Result            | No. | Percentage |
|-------------------|-----|------------|
| Concieved         | 3   | 20%        |
| Symptoms relieved | 10  | 66.66%     |
| No change         | 2   | 13.33%     |

**Table No. 2 Showing result of total cases of group B (N=15)**

| Result            | No. | percentage |
|-------------------|-----|------------|
| Conceived         | 1   | 6.66%      |
| Symptoms relieved | 2   | 13.33%     |
| No change         | 12  | 80%        |

- Menstrual irregularities showed 75% to 80% results.

In ovulatory study-

- Cervical mucus showed positive results of ovulation with 81% results.
- BBT showed positive results of 75%.
- Follicular study showed 82% of positive results

**OVER ALL RESULTS:**

| <b>Results</b>    | <b>No. of Patients</b> | <b>Percentage</b> |
|-------------------|------------------------|-------------------|
| Conceived         | 6                      | 20%               |
| Symptoms relieved | 20                     | 66.66%            |
| No Change         | 4                      | 13.33%            |

**DISCUSSION:**

It is a clinical study to evaluate efficacy of indigenous compound in vandhyatwa.

Probable mode of action of the drugs-

❖ In this compound 8 drugs Putranjeevaka, Shivalingi, Palasha, Dhathaki, Daruharidra, Bala, Mishreya, Musuli were prepared.

❖ Among these Putranjeevaka is having anti inflammatory and analgesic action. In recent study research shows that Shivalingi is having anti-tumour, antioxidant action and also act as a non hormonal uterine tonic, anti inflammatory, antispasmodic and analgesic action and it is used to treat DUB and PCOD

❖ Bala is having rejuvenating, aphrodisiac, nutritive actions and increases oja. Where the recent research shows it is progesterone like

substance which helps for proper conception and normal growth of fetus.

- ❖ Mishreya is agni deepaka, and has estrogenic action.
- ❖ Musali – as per modern study it stimulates the insulin.

**CONCLUSION**

Based on their individual drug action like anti inflammatory, analgesic, anti oxidant, estrogenic, progesteranic on female reproductive system, they were found to be effective and normalizing and regularizing the menstrual abnormalities and ovarian dysfunction.

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