EFFECT OF MADHU TAILIKA BASTI AND SHAMANA AUSHADHI IN POLY-CYSTIC OVARIAN DISEASES

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ABSTRACT

Polycystic ovarian disease (PCOD) is emerging as a main cause of menstrual irregularities, mainly observed in age group of 12-45 yrs of age. Based on present data available, 5-15% of females suffer from this condition that includes symptoms like obesity, irregular menstrual cycle, hirsutism etc. In Ayurveda though exact correlation cannot be ascertained, it can be better explained under Rasa nimittaja vyadhi, where the involvement of Medo dhatu, Vata and Kapha doshas are seen. Madhutailika basti which carries numerous positive clinical results as per the classical reference based on the various pharmacological properties on Medo dhatu dustigata vyadhis, because of its ingredients. Based on the available references, Madhutailika basti along with other Shaman ausudhis are taken for a pilot observational study at Shri Kalabryaveshwaraswamy Ayurvedic Medical College Hospital & Research Centre Vijayanagar Bangalore. Post approval of the institution ethical committee, Madhutailika basti was administered to selected patients for a period of 8 days followed by administration of Shaman aushadhis for a period of next 3-months. The overall results showed marked improvement in 70%, moderate improvement in 20% of the patients. All patients completed the study successfully without any drop outs.

KEYWORDS: PCOD, Madhutailika Basti, Shamana Aushadis.

INTRODUCTION

Menstrual irregularity is one of the commonest gynaecological complaints seen in the age group of 12-45yrs. One of the causes for this irregularity is said to be polycystic ovarian disease. The incidence varies from 5-15%. It can be considered as a multifactorial disorder characterised by amenorrhea or oligomenorrhea, delayed and irregular periods, hirsutism, hoarseness of voice, obesity etc[1]. Diagnosis is confirmed by ultrasound examination and hormonal assay.[2] This complex disorder is characterized by excessive androgen production leading to increased LH (Luteinising Hormone) hormone associated with raised insulin and decreased FSH (Follicle stimulating hormone). Even the SHBG (Sex Hormone Binding Globulin) appears to be reduced. Due to above mentioned causes the follicular growth is hampered which contributes towards anovulation, oligomenorrhea, or hypomenorrhea.[3] In Ayurveda though exact correlation cannot be made, it can be better explained under Rasa Nimittaja vyadhi [4] with involvement of Medho Dhatu, Vata and Kapha doshas. Keeping all this in mind Madhutailika basti was selected for 8 days duration and Shamanashadhis like Navaka Guggulu, Arogya vardhini vati and Asanabilwadi kwatha was later advised for a period of three months.

MATERIAL AND METHODS

The present study is an observational study with open label study design. All subjects were administered Madhutailika basti for a period of 8 days. Later they were given shaman Aushadhis like Navaka Guggulu, Arogyavardhini vati, and Asanabilwadi kwatha for a period of three months. Madhutailika yoga basti is
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Available online at: [http://ijapr.in](http://ijapr.in)
Dewhurst’s Text book of O & G which is based on the standard accepted guidelines. The volunteers are recruited for the study based on strict follow up of inclusion and exclusion criteria, adhesion to the guidelines of CRF and follow up protocol as mentioned in the table No. 1

Table 1: Inclusion and Exclusion Criteria

<table>
<thead>
<tr>
<th>Inclusion Criteria</th>
<th>Exclusion Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>With H/O Irregular menstruation for at least previous three cycles with increased body weight.</td>
<td>PCOD associated with any other known or detected genital tract abnormalities including Cx.</td>
</tr>
<tr>
<td>Existence of cystic ovary (ies) confirmed by USG not old than 3 months before the date of reporting</td>
<td>PCOD with long term unexplained Menorrhagia / Metrorrhagia</td>
</tr>
<tr>
<td>Lab report (not old than 3 months) with evidence of elevated serum:-LH, fasting insulin, &amp; Testosterone.</td>
<td>Patients Suffering with any other systemic illness like chronic liver &amp; kidney failure, heart failure, hepatic insufficiency, allergic to the ingredients used in this formulation, and pace maker.</td>
</tr>
</tbody>
</table>

OBSERVATION AND RESULTS

Out of the (n=10) patients, complaining of irregular menstrual cycle, who diligently followed the prescription the mean value of 2.2 before treatment was reduced to 1.1 post treatment.

Table no. 1 Statistical analysis on relief of Irregular menstruation (n=10)

<table>
<thead>
<tr>
<th>NO</th>
<th>Mean (BT)</th>
<th>Mean (AT)</th>
<th>D</th>
<th>SD</th>
<th>SE</th>
<th>T</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>2.2</td>
<td>1.1</td>
<td>1.1</td>
<td>0.74</td>
<td>0.25</td>
<td>4.472</td>
<td>&lt;0.01</td>
</tr>
</tbody>
</table>

Impact in the Cyst

Out of the (n=10) patients, complaining of polycystic ovaries, who diligently followed the prescription the mean value of 2.5 before treatment was reduced to 0.5 post treatment.

Table 2: Statistical analysis on Cyst reduction (n=10)

<table>
<thead>
<tr>
<th>NO</th>
<th>Mean (BT)</th>
<th>Mean (AT)</th>
<th>D</th>
<th>SD</th>
<th>SE</th>
<th>T</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>2.5</td>
<td>0.5</td>
<td>2</td>
<td>0.82</td>
<td>0.27</td>
<td>7.348</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

Impact in Body Weight

Out of the (n=10) patients, complaining of increased body weight, who diligently followed the prescription the mean value of 2.27 before treatment was reduced to 2.50 post treatment.

Table 3: Statistical analysis on reduction of Body weight (n=10)

<table>
<thead>
<tr>
<th>NO</th>
<th>Mean (BT)</th>
<th>Mean (AT)</th>
<th>D</th>
<th>SD</th>
<th>SE</th>
<th>T</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>2.27</td>
<td>2.50</td>
<td>1.1</td>
<td>0.74</td>
<td>0.25</td>
<td>4.472</td>
<td>&lt;0.01</td>
</tr>
</tbody>
</table>

Impact on LH

Out of the (n=10) patients, complaining of increased LH hormone, who diligently followed the prescription the mean value of 14.43 before treatment was reduced to 12.33 post treatment.

Table 4: Statistical analysis on LH levels (n=10)

<table>
<thead>
<tr>
<th>NO</th>
<th>Mean (BT)</th>
<th>Mean (AT)</th>
<th>D</th>
<th>SD</th>
<th>SE</th>
<th>T</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>14.43</td>
<td>12.33</td>
<td>2.101</td>
<td>3.47</td>
<td>1.16</td>
<td>1.814</td>
<td>&lt;0.1</td>
</tr>
</tbody>
</table>

Impact in the Testosterone

Out of the (n=10) patients, complaining of increased testosterone, who diligently followed the prescription the mean value of 2.5 before treatment was reduced to 0.5 post treatment.

Table 5: Statistical analysis on Testosterone levels (n=10)

<table>
<thead>
<tr>
<th>NO</th>
<th>Mean (BT)</th>
<th>Mean (AT)</th>
<th>D</th>
<th>SD</th>
<th>SE</th>
<th>T</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>4.98</td>
<td>4.367</td>
<td>0.613</td>
<td>0.73</td>
<td>0.23</td>
<td>2.505</td>
<td>&lt;0.5</td>
</tr>
</tbody>
</table>
Impact in the Fasting Insulin

Out of the (n=10) patients, complaining of increased fasting insulin, who diligently followed the prescription the mean value of 32.542 before treatment was reduced to 26.976 post treatment.

<table>
<thead>
<tr>
<th>NO</th>
<th>Mean (BT)</th>
<th>Mean (AT)</th>
<th>D</th>
<th>SD</th>
<th>SE</th>
<th>T</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>32.542</td>
<td>26.976</td>
<td>5.566</td>
<td>5.80</td>
<td>1.93</td>
<td>2.880</td>
<td>&lt;0.01</td>
</tr>
</tbody>
</table>

The overall results were analysed based on the following criteria:

- Pregnancy occurred during or after the treatment.
- Normalization of Hormonal level
- Regularization of cycle post treatment.

Present study was carried out to evaluate efficacy of Madhutailika Basti and Shaman aushadhis in Poly cystic ovarian disease. The overall results showed marked improvement in 70%, moderate improvement in 20% and improvement in 10% of the patients. Highly significant results were achieved in menstrual irregularity, polycystic ovaries, body weight, fasting insulin, testosterone, and significant results were achieved with regard to level of LH Hormone.

DISCUSSION

Present study is carried out to evaluate the effect of Madhutailika basti and Shaman aushadhis in PCOD (Poly cystic ovarian disease). It is a multifactorial disease with manifestation of many symptoms like acne, hirsutism, obesity, irregular menstrual cycle, and anovulation. Though exact pathophysiology of PCOD is not understood following can be the causes:

- Hypothalamic-pituitary compartment abnormality, where an increased pulse frequency of GnRH leads to increased pulse frequency of LH.
- Androgen excess, here abnormal regulation of the androgen forming enzyme (P450 C17) is main cause for excess production of androgen from ovaries.
- Obesity is associated with reduced SHGB (Sex hormone binding globuline). It also induces insulin resistance leading to hyperinsulinemia which in turn increases the gonadal androgen production. These factors hamper the development of follicles, leading to anovulatory cycle associated with prolonged period of amenorrhoea.

CONCLUSION

PCOD is one of the commonest problems seen in women today. Most of the times, it manifests as oligomenorrhea or amenorrhea or delayed and irregular periods along with hirsutism, hoarseness of voice, obesity etc. Based on the properties like Medhokaphahara and Vatahara, Pachana, Srotoshodaka, and Medhokaphahara, which helps to improve the Jatharagni, Dhatwagni as well as Rasadhatus. This intern reduces Sthoullya and regularizes the ovulation.
the trial drugs was found to be highly significant in relieving PCOD (P<0.001).

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Bio Statistical Graphs

Graph I: Relief in Irregular menstruation

Graph II: Relief in the size of polycystic ovaries

Graph III: Reduction of Body weight

Graph IV: hormone level LH

Graph V: Testosterone hormone levels