



Analytical Study Of *Shatavari Siddha Taila* – An Ayurvedic Formulation

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ABSTRACT- The prevalence of PCOS is higher among some ethnicities and these groups often experience more complications, in particular related to metabolic problems. We can correlate this disease to some extent with Pushpaghni described by Acharya Kashyapa. In this, Vritha Pushpam can be compare to irregular menstruation or anovulation, Sthula with feature of obesity, Lomasha Ganda with presence of hair on body (hirsutism) are found. Ayurveda is a wholesome life which not only works on disease but also focus in healthy life style. Ayurveda helps to remove the root cause of the disease. Acharya Kashyapa has vividly described the effect of Shatavari on pushpakara, Prajakara, Vrishya in the chapter Shatapushpa- Shatavari Kalapadhyaya. *Shatavari* is having properties like *Rasayana*, *balya*, *medhya*, *nadibalayaka*, *garbhaposhaka*, *shoolahara*, *Pushpakar parjakar*.

KEYWORD- PCOS, *Shatavari*, *Shatavari Siddha Tail*, Ayurveda, Acharya Kashyapa, Pushpaghni

INTRODUCTION- According to the World Health Organization, Polycystic Ovarian Syndrome (PCOS) a significant public health problem and is one of the commonest hormonal disturbances affecting women of reproductive age. The condition affects an estimated 6–13% of women of reproductive age, and up to 70% of cases are undiagnosed.¹ The prevalence of PCOS is higher among some ethnicities and these groups often experience more complications, in particular related to metabolic problems. The biological and psychological effects of PCOS, particularly those related to obesity, body image and infertility, can lead to mental health challenges and social stigma.² Diagnosis of PCOS through Rotterdam criteria; two of the three following criteria is diagnostic – (1) Oligomenorrhea or Anovulation (2) Clinical and/or biochemical signs of hyperandrogenism (3) Polycystic ovaries in ultrasonography.³

Reviewing the literature on PCOS (*Pushpaghni*) was the main objective of this study in order to understand the fundamentals of *Samprapti* and, in the end, seek safe and efficient therapy (chikitsa). We can correlate this disease to some extent with *Pushpaghni* described by Acharya *Kashyapa*. In this, *Vritha Pushpam* can be compared to irregular menstruation or anovulation, *Sthula* with feature of obesity, *Lomasha Ganda* with presence of hair on body (hirsutism) are found.⁴ Therefore, each session was critically examined in the order that it was provided in the research before a conclusion was reached.

Ayurveda is a wholesome life which not only works on disease but also focus in healthy life style. *Ayurveda* helps to remove the root cause of the disease. A review of *Ayurveda* literature was conducted to identify the sources, studies conducted by different scholars on *Ayurvedic* management of PCOS.

Acharya *Kashyapa* has vividly described the effect of *Shatavari* on *pushpakara*, *Prajakara*, *Vrishya* in the chapter *Shatapushpa- Shatavari Kalapadhyaya*.⁵ In this context, *Shatavari* drugs, when combined with *Tila Taila*, results in the formation of *Shatavari Siddha Taila Matra basti*, which is specifically indicated for the *Artava Pravartan*. *Shatavari* is mostly having *Madhura-Tikta Rasa*, *Guru*, *Snigdha*, *Sheeta Virya*, *Madhura Vipaka*. It is having properties like *Rasayana*, *balya*, *medhya*, *nadibalayaka*, *garbhaposhaka*, *shoolahara*, *Pushpakar parjakar*.⁶ It is having Diuretic, Galactagogue (promotes lactation), Ant amoebic, Uterine Spasmolytic, Hypoglycemic, Phagocytic Enhancer, Hypotensive, Anticoagulant action.

MATERIAL AND METHODS

COLLECTION OF THE DRUG- All ingredients were collected from the local market of Jodhpur. All raw drugs were authenticated by the PG Department of *Dravyaguna*, PGIA, (DSRRAU), Jodhpur. Following authentication, *Shatavari Siddha Taila* was prepared in the Nagarjun pharmacy at DSRRAU, Jodhpur as per classical Ayurvedic guidelines.

S.N	Drug	Latin Name	Useful part	Quantity	Chemical Constituents	Properties
1.	<i>Shatavari Kwatha</i>	<i>Asparagus racemosus</i>	Root	16	<i>Sarasapogenin</i> , <i>saponin A4-A7</i> , <i>rutin</i> , <i>diosgenis</i> , <i>saponins</i> , <i>sapogenin</i> , <i>shatavarin</i> , <i>aspargamize A</i>	<i>Rasayana</i> , <i>balya</i> , <i>medhya</i> , <i>nadibalayaka</i> , <i>garbhaposhaka</i> , <i>shoolahara</i> <i>Pushpakar,parjakar</i> ⁷
2.	<i>Shatavari Kalka</i>	<i>Asparagus racemosus</i>	Root	1	<i>Sarasapogenin</i> , <i>saponin A4-A7</i> , <i>rutin</i> , <i>diosgenis</i> , <i>saponins</i> , <i>sapogenin</i> , <i>shatavarin</i> , <i>aspargamize A</i>	<i>Rasayana</i> , <i>balya</i> , <i>medhya</i> , <i>nadibalayaka</i> , <i>garbhaposhaka</i> , <i>shoolahara</i> <i>Pushpakar parjakar</i> ⁷

3.	<i>Murchchhit Tila Taila</i>	<i>Sesamum indicum</i>	Seed (Bee ja)	4	Sesamin and Sesamolin, Cephalin	<i>Artvajanana, Rajorodhahar, Vrishya, Vatashamak</i> ⁸
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Preparation of *Shatavari Siddha Taila*⁹

Ingredients:

- *Murchchita Tila Taila* – 25 liters
- *Shatavari Kalka* – 6.25 kg
- *Shatavari Kwatha* – 100 liters

Method of Preparation:

Shatavari Siddha Taila was prepared as per the reference of *Sneha Kalpana* described in *Sharangadhara Samhita, Madhyama Khanda* (9/1). According to the classical proportion, 1 part of *Kalka Dravya*, 4 parts of *Murchchita Til Taila*, and 16 parts of *Kwatha* were taken and heated together until only the *Sneha* (medicated oil) remained.

Step 1:

Shatavari (25 kg) was taken and decocted with 400 liters of water to prepare *Kwatha*. The decoction was reduced to one-fourth of its quantity (approximately 100 liters) to obtain *Shatavari Kwatha* for *Taila Paka*.

Step 2:

6.25 kg of coarse *Shatavari* powder was triturated with sufficient water to prepare the *Kalka*.

Step 3:

Murchana (purification) of *Tila Taila* was performed using *Murchana Dravyas* as per classical procedure.

Step 4:

The prepared *Shatavari Kwatha*, *Kalka*, and *Murchita Tila Taila* were mixed and subjected to *Snehapaka* (medicated oil processing) as per classical guidelines.

Step 5:

The oil was continuously stirred and examined for *Snehapaka Lakshanas* (signs of completion of oil processing).

- For *Nasya* – *Mridu Paka* (mildly cooked stage)
- For *Basti* – *Madhyama Paka* (moderately cooked stage)

(Reference: *Acharya Sharangadhara, Madhyama Khanda*, Chapter 9)

Analytical Parameters

S. No.	Practical Name	<i>Shatavari Siddha Taila</i>
1.	Saponification Value	241.48
2.	Acid Value	0.41
3.	Thin -layer Chromatography (TLC)	RF value : 0.19, 0.25, 0.31, 0.40, 0.81, 0.875, 0.96

DISCUSSION

Pharmacogenetic evaluation showed that the both the drugs contain all the ingredients which were observed in the microscopical characters, this shows that the purity and quality of the product. Phytochemical analysis showed that material gains no moisture during storage, so, quality of the product is not affected. The obtained values of these tests were found within normal limits which indicate good quality of product.

CONCLUSION

All the results showed the quality of the preparation is standard. Further studies may be carried out on both drugs. On the basis of observations made and results of experimental studies, this study may be beneficial for future researchers and can be used as a reference standard in the further quality control researcher.

Reference:

1. World Health Organization. Polycystic Ovary Syndrome - Fact Sheet. WHO; 2023.
2. Teede HJ, Misso ML, Costello MF, et al. International evidence-based guideline for the assessment and management of polycystic ovary syndrome 2023. *J Clin Endocrinol Metab.* 2023;108(10):2447-2500.
3. Rotterdam ESHRE/ASRM-Sponsored PCOS Consensus Workshop Group. (2004). Revised 2003 consensus on diagnostic criteria and long-term health risks related to polycystic ovary syndrome (PCOS). *Human Reproduction*, 19(1), 41-47.
4. Vriddha Jivaka. Kashyapa Samhita, Kalpa Sthana, Revati Kalpadhyaya,33, Pandit Hemaraja Sharma Commentator. 6th edition. Chaukhamba Samskrit Samsthan; Varanasi. 1998
5. Vriddha Jivaka. Kashyapa Samhita, Kalpa Sthana, Shatapushpa-Shatavri Kalpadhyaya,7-8 Pandita. Hemaraja Sharma Commentator. 6th edition. Varanasi: Chaukhamba Samskrit Samsthan
6. Priyavat Sharma, Dravyaguna Vidyanam, volume 2 Chaukhamba Surbharati Prakashan Varanasi
7. Priyavat Sharma, Dravyaguna Vidyanam, volume 2 Chaukhamba Surbharati Prakashan Varanasi
8. Priyavat Sharma, Dravyaguna Vidyanam, volume 2 Chaukhamba Surbharati Prakashan Varanasi
9. *Sharangdhar Samhita Madhyam Khanda* (9/1) Hindi commentary By Dr.Ramprashad Rajvaidya, Khemrajshri Krishnadas, Bombay.