

A COMPARATIVE CLINICAL STUDY OF ATIBALADI CHURNA AND PUSHYANUGA CHURNA IN ASRIGDARA

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ABSTRACT

Menstruation, Conception and Motherhood are the creative aspects of procreation. It is visible manifestation of cyclic physiologic uterine bleeding due to shedding of endometrium. *Acharya Susruta* mentioned that when *artava* is coming out in more quantity and that which flows out even apart from the regular period is to be understood as *Asrigdara*. Considering the symptoms of *Asrigdara*, it can be correlated with D.U.B. D.U.B is a state of abnormal uterine bleeding without any clinically detectable organic, systemic and iatrogenic cause. As *Acharyas* mentioned many drugs having effect on *Asrigdara*, so here the effort has been given to evaluate the efficacy of an indigenous drug named as *Atibaladi Churna*. Objective is to compare the efficacy of *Atibaladi Churna* and *Pushyanuga Churna* in *Asrigdara*. It is a randomized comparative clinical study of two groups- Group A (Standard) and Group B (Trial), each group consisting of 20 patients who fulfills the inclusion and exclusion criteria. Result is on 'Duration of Bleeding' Group B showed 62.06% relief. On 'Amount of blood loss' Group B showed 66.67% relief. On 'Interval between menstrual cycle' Group B showed 63.04% relief. On 'Vedana' Group B showed 86.66% relief. On 'Angamarda' Group B showed 71.42% relief. Conclusion is both groups showed significant result within the group and insignificant difference in between the Group comparison, so Null Hypothesis rejected and alternate hypothesis H1 accepted that is there is significant effect of *Atibaladi Churna* in *Asrigdara*.

Keywords: *Asrigdara, Atibaladi Churna, Pushyanuga Churna, D.U.B*

INTRODUCTION

The god has blessed the female with the most valuable gift of motherhood. Since the ages of Vedas, stree has been placed on extreme worshipping place due to power of procreation that is *Janana* (Procreation and propagating the human species). *Acharya Manu* has quoted that the society where proper care and respect was given to women is like a heavenly

place. Woman is the only cause for reproduction, so proper care of a woman will lead to get a healthy progeny. Conception and motherhood are the important aspect of a woman's life as well as the backbone of the family and the society. Motherhood commence with menarche and ends with menopause and also reproduction depends upon normally func-

tioning menstrual cycle. Menstruation holds two fold aspects in a woman's life. From one perception it defines womanhood and on the other side it can create hell situation associated with excessive and prolonged blood loss. The word *Aartava* denotes two words as meaning- *Antahpushpa* and *Bahirpushpa*¹ and both are interrelated. *Bahirpushpa* is the outward manifestation of normally functioning *Antahpushpa* where as *Antahpushpa* is essential for conception. *Bahirpushpa* i.e. Menstruation is the *shodhan karma* of *yoni* (Female genital tract) which make it capable for entry of the spermatozoa. The present study deals with *Bahirpushpa*. Healthy state of female reproductive system is denoted by menstruation which is the visible manifestation of cyclic physiologic uterine bleeding due to the shedding of the endometrium². The menstrual rhythm is an invisible interplay between hypothalamo- pituitary- ovarian axis. Any physical and mental disorders disturb the normalcy of menstrual cycle which further leads to impairment in the function of reproduction. In today's era of modernization woman has to play multiple role, so they are not able to pay attention to their health. Physical and mental health of a woman got affected due to life-style change, improper food habit along with responsibility of family etc which disturbs the menstrual rhythm and leads to menstrual disorders. The disease *Asrigdara* is characterized by excessive, prolonged menstruation or intermenstrual bleeding³. *Acharyas* mentioned *Mithya ahara*, *Vihara*, *Mithya achara*, *Atishoka* etc as the *nidanas* of *Asrigdara*. Considering the symptoms of *Asrigdara*, it can be correlated with D.U.B. D.U.B is a state of abnormal uterine bleeding without any clinically detectable organic, systemic and iatrogenic cause⁴. D.U.B affects 22-30% of women and accounts for 12% gynaecological referrals. Within 5 years of referrals, 60% of women will have undergone hysterectomy, making it the commonest major gynecological operation⁵. It is more prevalent in extremes of reproductive period- adolescence and premenopausal age or following childbirth and abortion⁶. Commonest age group affected by D.U.B is

31-40 years (45.6%) and seen mostly in multiparous women (71.58%)⁷. Medical management of D.U.B includes hormonal therapy, prostaglandin synthetase inhibitors, anti-fibrinolytic agents and oral contraceptive pills etc⁸. All these have major and minor side effects like nausea, hypertension, GIT disorders and liver diseases etc. Surgical management includes uterine curettage, endometrial resection and hysterectomy⁹ which also have complications. Hence it becomes the need of time to find an effective therapy which is non-hormonal, non-surgical and without any adverse effect. In our literatures *Acharyas* mentioned many drugs having effect on *Asrigdara* individually. In this study the effort is given to evaluate the efficacy of indigenous drugs¹⁰ which are *Atibala*¹¹, *Lodhra*, *Lajjalu*, *Nyagrodha*, *Nagkesara* and *Dhataki*. Hence the name of the drug is given as *Atibaladi Churna*.

MATERIALS & METHODS

Sample Source: 40 Patients attending *Prasooti tantra* and *Streeroga* O.P.D of Alva's Ayurveda Medical College and Hospital, Moodbidri and other available sources.

Sample Size: 40 patients suffering from *Asrigdara* fulfilling the diagnostic and inclusion criteria were selected & divided into two groups- Group A & Group B for the study.

Study design: Comparative clinical study

Selection Criteria:

Diagnostic Criteria

Patient fulfilling any two or more of the following criteria.

1. *Raja atipravruthi*. (Excessive bleeding)
2. *Deerghakalanubandhi* (Prolonged menstruation)
3. Intermenstrual bleeding
4. Along with or without *angamarda* (body ache) and *Vedana* (pain)

Inclusion Criteria

1. Patients fulfilling the diagnostic criteria.
2. Patients with age group of 25- 40 years.
3. Both married and unmarried women.

Exclusion Criteria

1. Bleeding sites other than the uterus.
2. Abortional bleeding.
3. Patient with systemic disorders interfering with the present study like HTN, DM, STD, Thyroid Dysfunction etc.
4. Patients having Hb% less than 8 gms
5. Patients with IUCD and patients taking OCP.
6. Benign and Malignant growth in the uterus.
7. Coagulation disorders.

Interventions

Group A- *Pushyanaga Churna*- 6gm BD with *madhu* orally before food from 8th day of menstrual cycle to till the bleeding stops for consecutive 2 months and follow up is on next consecutive month.

Group B- *Atibaladi Churna (Atibala, Nyagrodha, Dhataki, Nagkesara, Lajjal, Lodhra)*- 6gm BD with *madhu* orally before food from 8th day of menstrual cycle to till the bleeding stops for consecutive 2 months and follow up is on next consecutive month.

Assessment Criteria

Subjective Criteria

- Intermenstrual Bleeding.
- Pain. (*Vedana, Angamarda*)

Objective Criteria

- Duration of menstrual flow.
- Amount of menstrual blood loss.

DISCUSSION ON RESULTS

EFFECT OF THERAPY ON CARDINAL SYMPTOMS OF ASRIGDARA

- Duration of bleeding:- Group A has shown 61.11% effectiveness in reducing the duration of bleeding while the same for Group B is 62.06%.

The effectiveness of the medicine in the Group B in the duration of bleeding can be attributed to the karma of the drugs like *Sthambhana, Grahi, Raktapittahara, Pitta-kaphashamaka, Dhatushodhan, Raktasodhana* properties due to predominance of *Kashaya Tikta and Madhura rasa* and *Shita Virya*.

The results are statistically significant for both the groups. (P<0.001)

- Amount of blood loss:- Group A shown 65.51 % relief in the prolonged blood loss while Group B has shown 66.67% relief.

The effectiveness of the medicine in the Group B in the amount of blood loss can be attributed to the karma of the drugs like *Sthambhana, Grahi, Raktapittahara, Pitta-kaphashamaka, Dhatusodhana, Raktashodhana* properties. They help in *samprapti vighatana* by reducing the *drava guna* of *pitta* and helps in reducing the amount of blood loss.

The results are statistically significant for both the groups. (P<0.001)

- Interval between menstrual cycle:- Group A shown 60.46% relief, while Group B shown 63.04% relief.

The effectiveness of the medicine in the Group B in the interval between two menstrual cycles can be attributed to the karma of the drugs like *Kapha-pittahara, Dhatusodhana, Raktasodhana* properties. Thus may help in regularizing the menstrual cycle.

The results are statistically significant for both the groups. (P<0.001)

- *Vedana* (Dysmenorrhoea):- Group A shown 87.5% relief, while Group B shown 86.66% relief.

The effectiveness of the medicine in the Group A in the *Vedana* can be attributed as in *Pushyanaga churna* many drugs having *Pitta vatashamaka* properties due to *Madhura rasa* predominance and *Vedana sthapaka* property also while in Group B *Atibala* has *Vata-pittahara* property and *Nagakesar* has *usna virya* which may act as *sula prasamana*.

The results are statistically significant for both the groups. (P<0.001)

- *Angamarda*:- Group A shown 60% relief and Group B shown 71.42% relief.

As the amount and duration of bleeding reduces due to drug properties, it helps in relieving *angamarda* also.

PROBABLE MODE OF ACTION OF ATIBALADI CHURNA:

- **Rasa-** *Atibaladi Churna* has predominantly, *Kashaya*, and *Tiktarasa* predominance and one drug of *Madhur Rasa*. *Kashaya rasa* possess *Sthambhana*, *Grahi*, *Sleshmahara* and *Raktapittahara* property and thus help reduce the duration and amount of bleeding. *Tiktarasa* is *Pitta kaphashamaka* and it has actions like *Dhatusodhana*, *Dahashamaka*, *Trishnaprashamana* properties. It is also having *Raktapittahara* property so it helps to reduce the duration and amount of blood flow in *Asrigdara*. And another *rasa* which is present in one drug is *Madhura rasa* which is *Vata-pittashamaka* and has actions like *Jeevaniya*, *Brimhaniya* and *Ojovardhana* which in all aspects controls the *Asrigdara* along with *Angamarda* and *Vedana*.

- **Guna-** Majority of the drugs possesses *Laghu* and *Ruksha guna*.

Laghu Guna—have *srotashodhana* property—does *rakta sodhana*.

Ruksha Guna—possess *Stambhana* and *Shoshana* properties—reduce the duration and amount of bleeding.

- **Virya-** Majority of drugs possess *Shita Virya* which is *raktapitta shamaka* and *stambhana* properties which helps in relieving symptoms of *Asrigdara*. *Nagkesara* is having *ushna veerya*, but it also having *Kapha-pitta hara* properties and indicated in *raktaarsa*, *rakta pradara*.

- **Vipaka-** Most of the drugs possess *Katu Vipaka* which helps in relieving symptoms by *laghu* and *kaphapitta shamaka* *guna*. *Atibala* has *madhur vipaka* and having *laghu guna* and *raktapitta shamaka* properties, so helps in reduce duration and amount of bleeding.

- **Karma-** While considering the karma of the drug the drugs having properties like *Kaphapitta shamaka*, *Raktapitta hara*, *Pradara hara*, *Stambhaka*, *Vranaropaka*, *Brimhaniya* and *Vrishya*. All these properties of drugs act ac-

ording to *vyadhi pratyaneeka chikitsa*, thus will help in reducing symptoms of *Asrigdara*. *Acharyas* mentioned *asrigdara* can be treated as *adhoga raktapitta* as the *doshik* involvement is same.

PROBABLE MODE OF ACTION OF PUSHYANUGA CHURNA:

As most of the drugs in this compound preparation have *Kashaya*, *Tikta rasa* and *Laghu*, *Ruksha guna* and *sheeta virya* they exhibit the action *Kapha pittasamana* *Rakta Sthambhana* (60% of Drugs) *Deepana*(48%) *Pachana* (36%) *Grahi* (40%) *Vedana Sthapana* (24%) and *Krimighna*(24%). At the same time some of the drugs are specifically *Tridosha shamana*, and with *Rasayana guna*. This makes this drug useful in all types of *Asrigdara*. The chemical constituents commonly present in these drugs are found to be Tannic acids, Gallic acids, Palmitic acid may be the most dominant constituent helping in haemostasis by astringent property, high amount of carbohydrates and iron may keep normal physiology and health of the body which may also help in regularizing ovarian and menstrual cycle.

CONCLUSION

Following conclusions are drawn from the study through logical sequence and co-relation from the results of the study.

The word '*Aartava*' has two meanings that is *Antapushpa* (Ovum) and *Bahipushpa* (Menstrual blood). Related to this disease we can refer *aartava* as menstrual blood. *Aartava pravritti* depends upon proper function of *Apan* and *Vyan Vayu*. Normal menstruation denotes the healthy status of female reproductive system. Menstrual rhythm mainly depends upon the H-P-O axis, where as the amount of blood loss depends on the uterine condition. Cardinal symptoms of *Asrigdara* are excessive amount of blood loss, longer duration of bleeding with or without inter-menstrual bleeding. From the features we can co-relate *Asrigdara* with DUB. The incidence of *Asrigdara* is high among the reproductive age. The

incidence is irrespective of socio-economic status, domicile and education. Dietary habits and mental status are the important causative factors for *Asrigdara*. The main principle of the management of *Asrigdara* is *Raktashodhana*, *Raktaprasadaka*, *Raktastambhana*, *Pittakaphashamaka*, *Vatanulomana* and giving *bala* to the *Garbhashaya*. *Deepaniya* and *Pachaniya* drugs are essential in the treatment of *Asrigdara* for proper *Agni* and which helps for proper metabolism. *Atibaladi Churna* possess *Madhura*, *Tikta* and *Kashaya rasa*. And drugs have mainly *Pitta-rakta* and *Kaphahara* properties. The drug also has proved anti-inflammatory effect (*Atibala*, *Lodhra*, *Lajjalu*, *Dhataki*), spasmolytic effect (*Lodhra*, *Nagkesara*), anxiolytic effect (*Lajjalu*) and the drug also possess the quality to strengthen uterine muscles (*Nyagrodha*). Thus it helps in relieving the symptoms of *Asrigdara*. *Pushyanuga Churna* possesses *Rakta stambhana*, *Vedana sthapana*, *Kapha-pitta shaman*, *Deepana*, *Pachana* properties. There was statistically significant improvement in all the cardinal symptoms as well as in symptoms of *Asrigdara* in both the groups and comparison between the group showed there statistically insignificant difference. But according to percentage of relief *Atibaladi churna* shows associated in all cardinal symptoms.

H_0 - There is no significant effect of *Atibaladi Churna* in *Asrigdara* is rejected

H_1 - There is significant effect of *Atibaladi Churna* in *Asrigdara* is accepted.

H_2 - There is more significant effect of *Atibaladi Churna* in comparison with *Pushyanuga Churna* in *Asrigdara* is rejected.

H_3 - There is more significant effect of *Pushyanuga Churna* comparison with *Atibaladi Churna* in *Asrigdara* is rejected.

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Table 1: Comparative Results of Group A & Group B:-

Characteristics	Group A			Group B		
	Mean Score		Percentage of Relief	Mean Score		Percentage of Relief
	BT	AT		BT	AT	
Duration of Menstrual Blood Flow	1.80	0.70	61.11%	1.45	0.55	62.06%
Interval Between Menstrual Cycle	2.15	0.85	60.46%	2.30	0.85	63.04%
Amount of Blood Loss	1.45	0.50	65.51%	1.80	0.60	66.67%
Vedana	0.80	0.10	87.5%	0.75	0.10	86.66%
Angamarda	0.50	0.20	60%	0.70	0.20	71.42%

Comparative Results of Group A & Group B

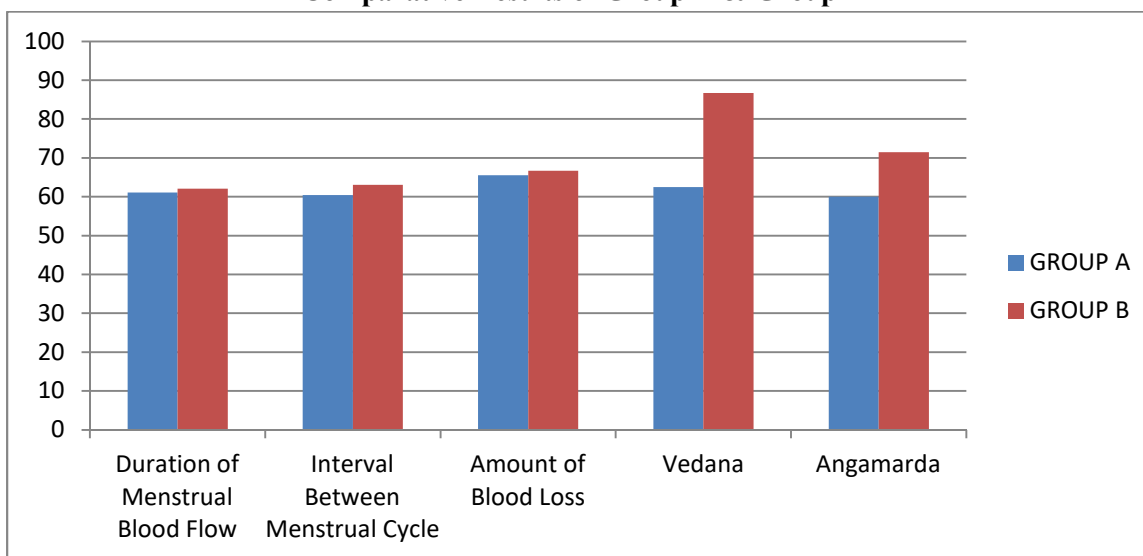


Figure 1: Graphical Presentation of Comparative Results Of Group A & Group B

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