

EFFICACY OF *KANYASARA* IN *ARTAVAKSHAYA* – A CLINICAL STUDY

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ABSTRACT

Menstrual cycle is a physiological process controlled by hypothalamo pituitary ovarian axis and their associated hormones, which is produced as a result of rhythmic and cyclic changes in the reproductive organs. This is greatly influenced by present day life style, food habits, and increased stress and strain leading to various types of menstrual disorders. This is one of the common complaints seen in the gynecological OPD. Among all menstrual disorders, *Artavakshaya* can be compared to oligohypomenorrhoea. Our classics suggest both *shodhana* and *agneya* dravyas as the line of treatment. Hence, the present study is to evaluate the efficacy of *kanyasara* in *artavakshaya*.

Keywords: *Artavakshaya*, Oligohypomenorrhoea, *Kanyasara*

INTRODUCTION

Shudha artava is very much essential for conception. *Acharya sushruta* has explained about *artavakshaya* and its treatment in detail.¹ In ayurvedic classics, *artavakshaya* is considered as one among the *artava dusti*. It is one of the most common gynecological problems nowadays, which occurs due to increased *vata* and *kapha doshas*, decreased *pitta doshas* along with *rasa* and *rakta dhatu dushti*. In the contemporary science *artavakshaya* can be compared to hypomenorrhoea² and oligomenorrhoea³ on the basis of its signs and symptoms. In classics single drug as well as compound formulations have been explained which is predominantly having *agneya guna*. In the present study *kanyasara*⁴ was selected as it has the properties like *tikta rasa*, *ruksha guna*, *ushna vriya*, *katu vipaka* and *artavajanana karma*.

METHODOLOGY

The present study ‘Effect of *kanyasara* on *Artavakshaya* – A clinical study’ was carried out on 20 patients attending OPD and IPD of prasooti tantra evam stree roga department, SKAMCH & RC Bangalore.

OBJECTIVE OF THE STUDY

To assess the effect of *kanyasara* in the management of *Artavakshaya*.

SOURCE OF DATA

20 patients with clinical features of *Artavakshaya* coming under the inclusion criteria approaching the OPD and IPD of Prasooti Tantra Evam Stree Roga department of SKAMCH & RC, Bangalore was selected for the study, the sample collection was initiated post approval, from the Institutional Ethical Committee.

Sampling Technique

The subjects who fulfill the inclusion and exclusion criteria and complying with the informed consent (IC) were selected for the study.

METHOD OF COLLECTION OF DATA

- 20 Patients diagnosed as *Artavakṣaya* were selected for this study.
- A case proforma containing all the necessary details pertaining to the study was prepared.
- The data obtained in both groups was recorded, tabulated and statistically analysed using suitable statistical methods.

DIAGNOSTIC CRITERIA

- Patients having *lakshanas* of *Artavakṣaya*.

Inclusion criteria

- Patients of age of 16-45yrs.
- Both married and unmarried patients with *lakshanas* of *Artavakṣaya*.
- Duration of menstrual flow less than 2 days.
- Reduced quantity of menstrual flow (using less than 1-2 pads per day).
- Interval between 2 cycle exceeding more than 35 days.

Exclusion criteria

- Lactating mother.
- Women taking OCP or having IUCD.
- Women having other systemic disorders interfering with the course of the treatment.

Preparation of *Kanyasara*

- In the present study *kumari* (*Aloe vera*) is used in the form of *kanyasara*.
- The fresh drug of *kumari* was collected and its juice was extracted. It was dried in sunlight. The resultant formed as transparent waxy named as *kanyasara*. *Ghanasatva* was powdered very fine and filled 500mg in each capsule.
- Form of administration – capsule.
- Administered before meals twice a day with *ushna jala*.

INTERVENTION

A clinical study with pre-test and post-test design was conducted on 20 selected patients, Patients was

advised with *Kanyasara* in capsule form, for a period of 2 months.

Dose: 2caps (each 500mg) twice daily, before food, with Luke warm water.

Duration of the study

Pre-treatment: First day of treatment (1st day).

Post treatment: After completion of treatment (60th day).

Follow up: After completion of 1 month following treatment (90th day).

ASSESSMENT CRITERIA:

1) Duration of bleeding

4-5 days	0
3-4 days	1
2-3 days	2
1 day or spotting	3

2) Amount of menstrual blood

4 pads/ days	0
3pads/ days	1
2pads/ days	2
1 pad/ day or spotting	3

3) Interval between two cycle

27 - 32 days	0
33 - 38 days	1
39 – 44 days	2
45 days and above	3

4) Pain during menses

No pain	0
Mild pain	1
Moderate pain	2
Severe pain	3

INVESTIGATIONS

Blood investigations: Hb%, RBS.

Thyroid Profile.

USG: Abdomen and Pelvis.

OBSERVATIONS

In the present study it is observed that maximum of 6 patients were in the age group of 21-25years, maximum of 12 patients were Hindu's, 9 patients were higher secondary education, 13 patients were homemakers, 19 patients were from middle class, 13 patients were married, all 20 patients had moderate

appetite, maximum of 8 patients had *vata kapha prakruti*, maximum of 12 patients had chronicity of disease of 1-6 months, maximum of 11 patients had duration of bleeding for 1-2days, 12 patients had

>45 days of interval between two cycles, 11 patients were using 1pad/day during menses (scanty menses), maximum of 16 patients were having mild pain (*yonivedana*) during menses.

RESULTS

Table 1: effect of treatment on duration of bleeding

Phase	Mean	S.D.	S.E.	t value	P value	Remarks
BT-AT	0.6	0.68	0.15	3.94	<0.001	HS
BT-AF1	0.7	0.65	0.14	4.76	<0.001	HS

Effect of treatment on duration of bleeding, before treatment and after treatment, before treatment and at follow up, was statistically highly significant with p-value (< 0.001).

Table 2: effect of treatment on interval between two cycles

Phase	Mean	S.D.	S.E.	t value	P value	Remarks
BT-AT	0.05	0.22	0.05	0.99	>0.05	NS
BT-AF	0.75	1.20	0.27	2.77	>0.05	NS

Effect of treatment on interval between two cycles, before treatment and after treatment, before treatment and at follow up, was statistically non significant with p-value (>0.05).

Table 3: effect of treatment on quantity of menstrual blood

Phase	Mean	S.D.	S.E.	t value	P value	Remarks
BT-AT	1.1	0.64	0.14	7.6	<0.001	HS
BT-AF	1.15	0.67	0.15	7.6	<0.001	HS

Effect of treatment on quantity of menstrual blood, before treatment and after treatment, before treatment and at follow up, was statistically highly significant with p-value (< 0.001).

Table 4: effect of treatment on pain during menses

Phase	Mean	S.D.	S.E.	t value	P value	Remarks
BT-AT	0.4	0.50	0.11	3.55	<0.01	HS
BT-AF	0.4	0.50	0.11	3.55	<0.01	HS

Effect of treatment on pain during menses, before treatment and after treatment, before treatment and at follow up, was statistically highly significant with p-value (< 0.01).

DISCUSSION

Discussion on probable mode of action of *kanyasara* In the present study *kanyasara* is selected for internal administration as referred from Ayurvedic Pharmacopeia of India.⁵ The drug has *tikta*, *madhura rasa*, *ushna virya* which is mainly responsible for *vata kaphashamana*. Increasing in *pitta dosha*, it also helps to improve the *Jatharagni* as well as *dhatwagni*, which helps to improve the *rasa dhatu* and *rakta dhatu* which leads to proper *artava utpatti*. *Kanyasara* is mainly having *tikta rasa* and *katu Vipaka* which has predominance of *vayu* and *agni*

mahabhuta, it has *srotoshodhana* and *kaphahara* properties, due to these action it helps to removes the clots and increase the flow of menstrual blood, *ushna virya* helps to improve rhythmic contraction of uterus. Due to its *deepana* and *pachana karma* it clears the *sroto dusti* and improves the *Jataragni* as well as *dhatwagni*, which helps proper formation of *rasa dhatu* by increasing the *artava*. Due to its *ushna virya*, it does the *vatashamana*, which leads to proper functioning of *vata* which cause the proper formation of *artava*. As it is said that *kumari* is a *rasayanam* and *balya* it improves the general health

of a patient.

Pharmacological action of kanyasara⁶ Anthraquinones are phenolic compound that has stimulating action on bowels and antibiotic properties. They help in absorption from the gastrointestinal tract and have antibacterial, analgesic effect by this it helps to reducing the pain during menstruation. By action on bowel it helps for digestion of *ama*, which helps in improving *agni*. It helps proper formation of *rasa dhatu* thereby increasing the quantity of *artava*.

Kanyasara also contains antiprostaglandins which help to regulate the cycle and reduce the pain during menstruation.

Kanya sara also contains minerals like copper, iron which helps oxygen transportation and production of haemoglobin in red blood cells. By this it helps to improve the *rasa* and *rakta dhatu* which in turn improves the quality of *artava*, which also contains vitamin like A, B, B2, B6, B12, C, improves the general health of the patient.

Kanyasara used internally which helps in lowering the cholesterol and improving the circulation. This is also in helps improving the quality of *artava*.

It also contains amino acids like isoleucine, leucine, lysine, methionine and phenylamine they help as building blocks of proteins and influence the brain function. By this it helps in proper action of HPO axis and corrects the hormonal imbalance. It also contains enzymes like amylase, brandykinase, phosphokinase these helps in regulation of metabolism.

CONCLUSION

Acharya Sushruta has mentioned *artavakshaya* in *dosha dhatu mala vridhi kshaya vijnyaniya adhayaya*. In this condition *vata* and *kapha dosha* are involved where as *pitta dosha kshaya* takes place. The main principles of management of *artavakshaya* are *dravyas* having *agni vardhaka* and *vata anulomana*. From observations and results it can be concluded that in this study *kanyasara* has showed highly significant results with regard to chief complaints like duration of bleeding, amount of bleeding,

regularising the menstrual cycle and pain during menses. And there were no adverse drug reactions noted during the course of treatment. So *kanyasara* is proved to be as a highly effective, cost effective single drug therapy in the management of *Artavakshaya*.

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