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 ‘Angamardha’ 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, Pushyana 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 commences 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 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 endometrium. 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 bleeding. 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 cause. 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 operation. It is more prevalent in extremes of reproductive period- adolescence and premenopausal age or following childbirth and abortion. Commonest age group affected by D.U.B is 31-40 years (45.6%) and seen mostly in multiparous women (71.58%). Medical management of D.U.B includes hormonal therapy, prostaglandin synthetase inhibitors, anti-fibrinolytic agents and oral contraceptive pills etc. 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 hysterectomy 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 drugs which are Atibala, Lodhra, Lajjalu, Nyagrodha, Nagkesara and Dhataki. Hence the name of the drug is given as Atibaladi Churna.

**MATERIALS & METODS**

**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. Abortal 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.
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, Lajjalu, 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, Rakthapittahara, Pitta-kaphashamaka, Dhatusodhana, Raktashodhana* properties. They help in *samprapti vigahatana* 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**)

- **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, Rakthapittahara, Pitta-kaphashamaka, Dhatusodhana, Raktashodhana* properties. They help in *samprapti vigahatana* 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-pitta hara, 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 Shambhanna, 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 Stamhanna 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 raktaarsha, rakta pradara.

- Vipaka - Most of the drugs possess Kapha 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, Raklapitta hara, Pradara hara, Stamhaka, Vranaropaka, Brimhaniya and Vrishya. All these properties of drugs act according 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 Shambhana (60% of Drugs) Deepana (48%) Pachana (36%) Grahi (40%) Vedana Shthapan (24%) and Krimighna(24%). At the same time some of the drugs are specifically Tridosha shaman, 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, Vathamulomana 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), spasmodylic 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.

H₀ - There is no significant effect of Atibaladi Churna in Asrigdara is rejected
H₁ – There is significant effect of Atibaladi Churna in Asrigdara is accepted.
H₂ - There is more significant effect of Atibaladi Churna in comparison with Pushyanuga Churna in Asrigdara is rejected.
H₃ - There is more significant effect of Pushyanaga Churna comparison with Atibaladi Churna in Asrigdara is rejected.

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IAMJ: Volume 6, Issue 9, September - 2018 1910
Table 1: Comparative Results of Group A & Group B:

<table>
<thead>
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<th>Characteristics</th>
<th>Group A</th>
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<td>Mean Score</td>
<td>Percentage of Relief</td>
<td>Mean Score</td>
<td>Percentage of Relief</td>
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<tr>
<td></td>
<td>BT</td>
<td>AT</td>
<td></td>
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<tr>
<td>Duration of Menstrual Blood Flow</td>
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<td>0.70</td>
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<td>Interval Between Menstrual Cycle</td>
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<tr>
<td>Amount of Blood Loss</td>
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<td>1.80</td>
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<td>Angamarda</td>
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Figure 1: Graphical Presentation of Comparative Results Of Group A & Group B

Source of Support: Nil
Conflict Of Interest: None Declared

How to cite this URL: Pallabi Bhowmik & G.M.Kavya: A Comparative Clinical Study Of Atibaladi Churna And Pushyanuga Churna In Asrigdara. International Ayurvedic Medical Journal {online} 2018 {cited September, 2018} Available from: http://www.iamj.in/posts/images/upload/1906_1911.pdf