



## Research Article

**EFFECT OF SHARPUNKHAMULACHURNA WITH TANDULODAK IN ASRUGDARA****Prasad Lomate<sup>1\*</sup>, Jagruti Patil<sup>2</sup>, Vinay Chavan<sup>3</sup>, Jayashree Mhaisekar<sup>4</sup>, Shende K. L<sup>5</sup>**<sup>1</sup>Professor, <sup>2</sup>Assistant Professor, Department of Streerog & Prasutitantra, LRP Ayurved Medical College, Islampur, Tal- Walva, Dist- Sangali, Maharashtra.<sup>3</sup>Asso Professor, Department of Panchakarma, LRP Ayurved Medical College, Islampur, Tal- Walva, Dist- Sangali, Maharashtra.<sup>4</sup>Associate Professor, Department of Rachanasharir, Govt. Ayurved College, Osmanabad, Maharashtra.<sup>5</sup>Associate Professor, Department of Kayachikitsa, Aditya Ayurved College, Beed, Maharashtra.**KEYWORDS:** *Sharpunkhamula churna, Tandulodak, Asrugdara.***ABSTRACT**

Any abnormality in *Rutuchakra* (menstrual rhythm) leads excessive and irregular uterine bleeding which is known as "*Asrugdara*" in classical text. In routine practice of *Striroga* and *Prasutitantra* number of patients present with excessive and irregular bleeding vaginally. To study the effect of *Sharpunkhamulachurna* with *Tandulodak* in *Asrugdara*. *Asrugdara* gives rise to various systemic and psychological disorders which needs treatment. 30 patients were diagnosed with symptoms of *Asrugdara* attending OPD of our institute and fulfilling criteria are taken for the study. A special proforma was prepared with all points of history taking, physical signs and symptoms and lab. Investigations. The parameters were scored on the basis of standard methods of statistical analysis.

In the study, *Artavapraman* shows 78.8% of relief, *Rajastarvaavadhi* shows 49.0% of relief, *Daha* shows 36.9% of relief, *Adhodarshula* shows 59.2% of relief, interval between 2 cycle shows 0% of relief, consistency of bleeding shows 44.8% of relief, *Varna* shows 41.1% of relief and by wilcoxon test it is found that it is highly significant. So it can be concluded that efficacy of *Sharpunkhamula churna* is significant in *Asrugdara* on this symptom.

Among the available treatment for *Asrugdara*, *Sharpunkhamulachurna* is beneficial in curing the vitiated *Doshas*. The treatment which includes *Sharpunkhamulachurna* which have been used based on their properties like *Tikta* and *Kashayarasatmak* which helps in *Stambankarma*, it is also *Vatakaphaghna* - all these objectives are fulfilled to the greater extent.

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**INTRODUCTION**

Since the evolution of the life in the Universe, Women have been placed on extreme worship place due to her power of '*Janani*'. That's why *Acharya* Manu has quoted that, for happiness of the human Society, it need to give proper care and respect to women. The striis one who discharge *Artava* or menstrual blood, this definition of striis beautifully described in *Rajnighantu*.

The god has blessed the female with the most valuable gift of motherhood. The preparation of motherhood starts with puberty and ends with menopause. The cyclic discharge of blood from the

uterus through the vagina is a response to the hormonal changes i.e. menstruation. menstruation is the active sign of reproductive span in women's life. It is coined by term "*artava*" in *Ayurveda*.

The word *Artava* denotes two meanings one of them is *Antah Pushpa* and another one is *Bahir Pushpa*. Both *Antah* and *Bahir Pushpa* are interrelated. *Bahir Pushpa* is outward manifestation of appropriate work of *Antah Pushpa* which is necessary for conception. Here, the present study deal with *Bahir Pushpa* that is menstrual blood.

The length of *Rutuchakra* is usually 28 to 30 days and deviation of two to three days from the monthly rhythm is also quite common, which ranges from 24 to 35 days. Menstrual rhythm i.e. length of cycle depends upon the hypothalamo-pituitary-ovarian function where as the amount of blood loss depends upon the uterine condition. *Asrugdara* indicated the excessive and irregularity of menses. The estimated blood loss per month in menses is about 40 to 60 ml. blood loss more than 80 ml per month is consider as abnormal.

Any abnormality in *Rutuchakra* (menstrual rhythm) leads excessive and irregular uterine bleeding which is known as "*Asrugdara*" in classical text.

#### According to Charakacharya

*Pradira*n of Raja is named as *Pradara* is *Asrugdara*. Which is also known as *Asrugdar*. In this due to aggravated *Vata* it vitiates *Rakta* causes increase in amount of *Artava*. due to which following *Lakshana's* are seen;

*Atipravrti* of *Rakta* in *Rutu*strava.

*Vedana* in *Shroni*, *Prushta*, and *Vankshan* *Pradesh*.

*Teevrashula* in *Garbhashaya*.

#### According to Sushrutacharya;

Sushruta has considered excessive prolonged or intermenstrual bleeding as *Asrugdara*.

In routine practice of *Stiroga* and *Prasutitantra* number of patients present with excessive and irregular bleeding per vaginally. *Asrugdara* gives rise to various systemic and psychological disorders which needs treatment.

#### Need for Study

**1) Due to changing life style and food habits:** Due to alteration of food habits and changing life styles Complain of the excessive and irregular uterine bleeding is increasing Day by day.

**2) Increased incidence:** In recent years prevalence of menorrhagia in the adolescent population with bleeding disorders varies between 14 to 48%. Various women in the reproductive age group suffer from excessive and irregular uterine bleeding by various causative factors. Most of the female population consider their menstruation excessive and will plan their social activities around their menstrual cycle, and most of employed women will need to take time off work because of excessive menstrual loss. Most of women aged 25 to 44 needs to consult their GPs about excessive menstrual loss. Many of these referred to hospital, and some need hysterectomy. Numbers of hysterectomies are carried out for menstrual disturbances alone.

Over the years, excessive and irregular uterine bleeding has become an increasingly frequent complaint for two main reasons. Firstly, the women of today experiences about 10 times more menstrual cycle than her ancestor did. This is related to a decrease in lactational amenorrhea with the advent of effective contraception. Secondly, women are increasingly unwilling to accept menstrual difficulties. There has been a rise in expectations, and increasing intolerance of the inconvenience of excessive bleeding. Also, the role of women in society has changed making it more difficult to give attention with this problem. Excessive bleeding is associated with considerable health Consequences and its impact on the social, economic and psychological well being of women can be severe. Excessive bleeding is the most common cause of anaemia and dysmenorrhoea. Women with heavy periods may use two or more pads at a time and keeping pads for more than six hours increases the risk for infection and toxic shock syndrome, a rare but potentially life threatening condition caused by bacteria that adhere to and being producing toxins.

**3) Other systems fail:** Heavy uterine bleeding is managed with medical therapy with associated side effects, and if unsuccessful is followed by surgical intervention. Dilatation and curettage is at best temporary treatment with limited efficacy Modern and other medical systems failed to offer a complete care for the same.

**4) Necessity:** High rate of complication of hysterectomy as well as it is not suitable for younger patients and who wish to conceive further. Therefore other conservative surgical procedures are developed as alternative surgery of hysterectomy in current days they are uterine thermal balloon therapy and trans catheter uterine artery embolization to treat this problem but they need to evaluate the long term result of these techniques and the incidence of recurrent of symptoms.

Due to limitation of medical therapy as well surgical therapy of modern science, it becomes the necessity of the time to find out an efficational harmless therapy to manage the condition. Hence this herbal drug was selected Therefore in the present study *Sharpunkhamulachurna* which act as *Stambhan* due to *Tikta*, *Kashayarasatmaka* and also its *Vataghna* was selected for the study, which is also These are the factors why the topic is being selected for the present study.

**Aim**

To study the effect of *Sharpunkhamula churna* with *Tandulodak* in *Asrugdara*.

**Objectives**

- 1) To study in *Asrugdara* detail.
- 2) To prepare and study the efficacy of *Sharpunkhamula churna* in *Asrugdara*.

**Materials and Method**

**Drug Review**

The term “drug” is derived from a French word ‘drogue’ meaning a dry herb or product that is used to modify or explore the physiological system or pathological status for the benefit of the recipient. Drugs hold a significant place in the treatment regimen & it plays a pivotal role in achieving success against disease. Charakacharya has mentioned the “*Dravya*” as one among the “*Chikitsa Chatushpada*” thus giving a vital role in treating the diseases. *Vaidya* cannot treat disease without proper knowledge of *Dravyas*. Ayurvedic Literature speaks about the importance of drug as “Nothing in the world exists which does not have therapeutic utility”.

Means a best physician knows the science of drug administration according to ‘*Desha*’ and ‘*Kala*’. He applies drug only after examining each patient individually.

As per reference in Bhaishajyaratnavali, *Sharpunkhamulachurna* with *Tandulodaka* in quantity of 1 *Karsha* 3 times of day is useful in *Raktapradararoga*.

**Method**

**Source of Data**

1. 30 patients diagnosed with symptoms of *Asrugdara* attending OPD of our institute and fulfilling criteria are taken for the study.
2. A special proforma was prepared with all points of history taking, physical signs and symptoms and lab. Investigations. The parameters were scored on the basis of standard methods of statistical analysis.

**Inclusive Criteria**

- Age group above 18 years and below 45 years.
- Patients with *Pratyatmalakshana* of *Asrugdara*.
- Written informed consent and voluntary willing patients were taken for this study.

**Exclusion Criteria**

- Patients unwilling for trial.
- Patients below 18 year and above 45 years.
- Patients with irregular cycles.
- Bleeding after menopause.
- Patients with thyroid dysfunction diabetes mellitus, Hypertension, STD’s or P.I.D.

- Patients with IUCD, polyp, benign or malignant tumour of uterus, adenomyosis, or endometriosis.
- Coagulation disorders
- Patients with Hb less than 8 gms.
- Patients on OC pills or on Hormonal treatment.

**Laboratory Investigations**

- Hb% and platelet count.
- B.T.C.T.
- HIV
- HBsAg
- USG
- Thyroid profile (If necessary)
- BSL-R

**Parameter’s For Assessment**

**Objective Parameters**

**Artava Praman**

0	-	3 – 4pads / days
1	-	5 – 6 pads / days
2	-	6 – 8 pads / days
3	-	> 8 pads / days

**Consistency of bleeding**

1	-	Bleeding
2	-	Bleeding + clots

**Varna**

0	-	<i>Rakta Varna</i>
1	-	<i>Krushnabh Rakta Varna</i>

**Subjective Parameters**

**Rajastrava Avadhi**

0	-	5 – 7 days
1	-	7 – 9 days
2	-	9 – 11 days
3	-	> 11 days

**Artava Praman**

0	-	3 – 4pads / days
1	-	5 – 6 pads / days
1	-	6 – 8 pads / days
3	-	> 8 pads / days

**Interval between 2 Menstrual cycles**

- 0 -Menstrual bleeding occurring at 28 – 32 days cycle
- 1-Menstrual bleeding occurring at 21 days cycle or less
- 2 -Menstrual bleeding occurring at 15 – 16 days cycle
- 3-Menstrual bleeding occurring at less than 15 – 16 days cycle.

**Intensity of Pain (*Adhoularshula*)**

- 0 - Absent
- 1- Mild (Pt. able to tolerate & subside with rest)
- 2- Pain interferes with routine work
- 3- Pain subsides with analgesic

**Daha**

- 0 -Absent
- 1 -mild
- 2 -Moderate (subsides on its own)
- 3 -Severe (needs medicine to subside)

**Method and Preparation of Drug**

This group had 30 patients of *Asrugdara* which are treated with 1 *Karsha* (4gm) of *Sharpunkhamula churna* with 50 ml of *Tandulodak* thrice daily for 3 months.

**Dose:** 1 *Karsha* (Equivalent to 12 gms) (4 gms Thrice a day)

**Kala:** *Apankala*.

**Anupana:** *Tandulodak* 50 ml.

**Duration:** For 3 consecutive cycles from 5<sup>th</sup> day of menses to 28<sup>th</sup> day of menses.

**Follow up**

1<sup>st</sup> - On 5<sup>th</sup> Day of menses of every month for 3 months.

2<sup>nd</sup> - On 15<sup>th</sup> day of menses of every month for 3 months.

After treatment follow up on 5<sup>th</sup> day of 4<sup>th</sup> menstrual cycle.

**Method of Preparation of Tandulodak**

**According to Sharangdharasamhita:** The *Tandulodak* prepared as per *Himakalpana* explained in *Sharangdharasamhita*, i.e. by taking 4 *Tola* of *Shasthishalitandula* and 8 times of drinking water, and keeping it for 12 hours at night, then drain *Tandula* and water used as *Tandulodak*.

**Practical method of preparation of Tandulodak guided to patient:** *Tandulodak* was prepared as per *Himakalpana*, by taking 10 gms of *Shasthishalitandula* and adding 8 times water i.e. 80 ml and then keeping it for 12 hours at night and then drain *Tandula* and water is used as *Tandulodak*.

**Observation and Result****Frequency distribution according to age**

Age in yrs	No. of cases	%
20 - 24	1	3.3
25 - 29	6	20.0
30 - 34	13	43.4
35- 40	10	33.3
Total	30	100

**Frequency distribution according to parity**

Parity	No. of cases	%
0	3	10.0
1	6	20.0
2	14	46.7
3	6	20.0
4	1	3.3
Total	30	100

**Frequency distribution according to marital status**

Marital Status	No. of cases	%
Married	28	93.3
Unmarried	2	6.7
Total	30	100

**Frequency distribution according to socio economic status**

SES	No. of cases	%
Higher class	3	10.0
Middle class	19	63.3
Lower class	8	26.7
Total	30	100

**Frequency distribution according to abortions**

History of abortions	No. of cases	%
0	11	36.7
1	9	30.0
2	9	30.0
3	1	3.3
Total	30	100

**Frequency distribution according to contraception**

History of contraception	No. of cases	%
Nil	3	10.0
TL	13	43.3
Condom	14	46.7
Total	30	100

**Frequency distribution according to occupation**

Occupation	No. of persons	%
HW	10	33.3
Student	2	6.7
Service	14	46.7
Worker	4	13.3
Total	30	100

**Frequency distribution according to religion**

Religion	No. of cases	%
Hindu	26	86.7
Muslim	4	13.3
Total	30	100

**Frequency distribution according to diet**

Diet	No. of cases	%
Veg	7	23.3
Mixed	23	76.7
Total	30	100

**Frequency distribution according to menstrual history**

Menstrual History	Past	Present
Regular	30	30
Flow		
Scanty	5	-
Mod	25	-
Heavy	-	30
Consistency		
Reddish	20	6
Blackish	10	24

Out of 30 patients; All 30 patients were having regular menstrual cycle in past and present menstrual history 5 patients were having scanty menses in past menstrual history and 25 were having moderate past menstrual history. whereas in

present menstrual history all 30 patients were having heavy flow. 20 patients were having reddish colour bleeding i.e., *Raktavarna* and 10 patients were having blackish red colour i.e. *Raktabhkrushnavarna* in past menstrual history. whereas in present menstrual history 6 patient Having *Raktabhvarna* and 24 patients were having *Krushnabhkraktavarna*.

**Frequency distribution according to Prakruti**

Prakruti	No. of persons	%
KP	-	-
KV	-	-
PK	6	20.0
PV	5	16.7
VK	2	6.7
VP	17	56.6
Total	120	100

**Change in Rajastrava Avadhi**

Symptoms	BT		AT		% Relief	wilcoxon signed ranks test Z	P
	Mean score	Sd	Mean score	Sd			
<i>Rajastrava Avadhi</i>	2.10	.305	1.07	.450	49.0	5.231	<0.001 HS

The mean score of the patients, before treatment was 2.10 and had changed to .1.07 after treatment. With the help of wilcoxon signed ranks test, it was found that this change from before treatment to after treatment was highly significant, because P value is <0.001.

Symptoms	BT		AT		%Relief	wilcoxon signed ranks test Z	P
	Mean score	Sd	Mean score	Sd			
<i>Artava Praman</i>	2.67	.479	.57	.504	78.8	5.260	<0.001 HS

The mean score of the patients, before treatment was 2.67 and had changed to .57 after treatment. With the help of wilcoxon signed ranks test, it was found that this change from before treatment to after treatment was highly significant, because P value is <0.001.

**Change in Daha**

Symptoms	BT		AT		%Relief	wilcoxon signed ranks test Z	P
	Mean score	Sd	Mean score	Sd			
<i>Daha</i>	2.33	.479	1.47	.571	36.9	4.914	,0.001 HS

The mean score of the patients, before treatment was 2.33 and had changed to 1.47 after treatment. With the help of wilcoxon signed ranks test, it was found that this change from before treatment to after treatment was highly significant, because P value is <0.001.

**Change in Interval Between 2 Cycles**

Symptoms	BT		AT		%Relief	wilcoxon signed ranks test Z	P
	Mean score	Sd	Mean score	Sd			
<i>Interval Between 2 Cycle</i>	.43	.504	.43	.504	0	0.0	1.0 NS

The mean difference score of before treatment was found equal to the mean difference score of after treatment. This suggests that treatment was not effective for this symptom. As according to wilcoxon signed ranks test the difference between both groups were found not significant, as calculated  $P > 0.05$

#### Change in *Adhoular Shoola*

Symptoms	BT		AT		%Relief	wilcoxon signed ranks test Z	P
	Mean	Sd	Mean	Sd			
<i>Adhoular Shula</i>	2.77	.430	1.13	.346	59.2	4.964	<0.001 HS

The mean score of the patients, before treatment was 2.77 and had changed to 1.13 after treatment. With the help of wilcoxon signed ranks test, it was found that this change from before treatment to after treatment was highly significant, because P value is <0.001

#### Change in Consistency of Bleeding

Symptoms	BT		AT		%Relief	wilcoxon signed ranks test Z	P
	Mean	Sd	Mean	Sd			
Consistency of Bleeding	1.93	.254	1.07	.254	44.8	5.009	<0.001 HS

The mean score of the patients, before treatment was 1.93 and had changed to 1.07 after treatment. With the help of wilcoxon signed ranks test, it was found that this change from before treatment to after treatment was highly significant, because P value is <0.001

#### Change in *Varna*

Symptoms	BT		AT		%Relief	wilcoxon signed ranks test Z	P
	Mean	Sd	Mean	Sd			
<i>Varna</i>	1.87	.346	1.10	.305	41.1	4.796	<0.001 HS

The mean score of the patients, before treatment was 1.87 and had changed to 1.10 after treatment. With the help of wilcoxon signed ranks test, it was found that this change from before treatment to after treatment was highly significant, because P value is <0.001.

Symptoms	% Relief
<i>Rajastravaavadhi</i>	49.0%
<i>Artavapraman</i>	78.8%
<i>Daha</i>	36.9%
Interval between 2 cycles	0%
<i>Adhoularshool</i>	59.2%
Consistency of bleeding	44.8%
<i>Varna</i>	41.1%

Above distribution shows that there is symptom <25 %, improved change in 2 percent, remarkable improvement is seen in 0 symptom, n 4 symptoms i.e. *Rajastravaavadhi*, *Artavapraman*, *Daha*, *Andadhoularshool* were completely cured.

#### Statistical method

In testing whether there is any significant difference between scores of before and after treatment observation in study. As present data is

of qualitative nature someone has to use non parametric test, to test the significant of result.

#### Test used for analysis

Ere observation collected on different symptoms were graded (scored) as 0,1,2,3. So to test the change in scores from before and after treatment in study, non parametric test i.e. wilcoxon signed rank test was used.

## Hypothesis

Here, we have the hypothesis that there is no significant result of given drug stated as – null hypothesis (H<sub>0</sub>), against the alternative hypothesis that, there significant effect of drug stated as (H<sub>1</sub>).

To test the hypothesis someone can apply wilcoxon signed rank test.

Reject H<sub>0</sub> if P<0.05.

Accept H<sub>0</sub> otherwise.

Test used for testing effectiveness of the drug on experimental study.

Here H<sub>0</sub> is rejected, because P<0.001.

## DISCUSSION

### Conceptual study

*Asrugdara* is one of the most common menstrual disorders associated with excessive menstrual bleeding with or without inter menstrual bleeding. In Sushruta samhita we don't find much more explanation about *Asrugdara* except a short description, but Acharya Charaka has given *Asrugdara* an important entity among all diseases of women by describing it separately. In the *Samprapti* of *Asrugdara* *Pitta*, *Vatadoshas*, *Rasa* and *Raktadhatus* and *Agnimandya* are basic responsible factors. And *Chikitsa* should be *Shamana* according to predominance of *Doshas*, also use of *Rakta sthapana* drugs and treatment prescribed for *Raktapitta* is also indicated in *Asrugdara*. According to Ayurveda *Nidana (Hetu)* described are mostly *Pitta-Vatavardhaka* and *Raktadushti karahar, Vihar*.

There are various modern methods which are used to treat *Asrugdara*. For example danazole, oestrogen and progesterone, hysterectomy, dilatation and curettage, uterine thermal balloon therapy and many more.

But all these have their limitations and side effects, so it becomes the necessity of the time to find out an efficational harmless, herbal therapy to manage the condition. A large number of recipes have been described in Ayurveda for *Asrugdara*. These are the factors why this topic is being selected for the present study. But all these have their limitations and side effects, so it becomes the necessity of the time to find out an efficational harmless, herbal therapy to manage the condition. A large number of recipes have been described in Ayurveda for *Asrugdara*. These are the factors why this topic is being selected for the present study. So *Sharpunkhamulachurna* is selected for the present study. *Assharpunkha* has Following properties like due to its *Tikta, Kashaya rasa* it acts as *Stambhahak*. So helps in *Raktastambhan* in *Asrugdara*. Due to its *Ushanavirya* it helps in *Vata shaman* which reduces

*dysmenorhea* during menses. Also *Tandula* is with *Madhur (Pradhan rasa)* and *Kashay Rasa, Madhura Vipak, Shita Virya* and *Raktastambhak Karma*. Both this drug act as *Pitta-vatashamak*.

**Clinical study:** For the purpose of research total 30 patients of *Asrugdara* from outdoor were selected by random sampling method, as per inclusion and exclusion criteria. Treatment was continued for 3 consecutive months.

### Discussion of general observation

**Age :** Out of 30 patients in present study.

3.3% patients were found between age group 20 to 24 yrs age.

20% patients were found between age group 25 to 29 yrs age.

43.4% patients were found between age group 30 to 34 yrs age.

33.3% patients were found between age group 35 to 40 yrs age.

The above frequency distribution shows the maximum patients of age group between 30 to 34 yrs age (43.4%) and next age group prone to disease is age group between 35 to 40 yrs. (33.3%). As in this age group, workload, emotional disturbances, stress, *Mithyaaharavihara* and premenopausal period which leads to *Pitta vatadushti*, which may be a cause of *Asrugdara*.

**Parity :** Out of 30 patients in present study.

10% patients were found not having any issue.

20% patients were found having 1 issue.

46.7% patients were found having two issues.

20% patients were found having three issues.

3.3% patients were found having 4 issues.

The above frequency distribution shows the maximum number of patients found are with second and third parity, as due to repeated pregnancies which causes *Garbhashyakshata* leading to *Garbhashayavikruti, Doshadushti* which may be cause for *Asrugdara*. Uterine congestion is also common in multipara women.

**Marital status:** Out of 30 patients in present study;

93.3% patients were found married.

6.7% patients were found unmarried.

**Socio economic status:** Out of 30 patients in present study.

10% patients were found from higher socio economic class

63.3% patients were found from middle socio economic class.

26.7% patients were found from lower socio economic class.

Thus the above frequency distribution shows the maximum numbers of patients were found in middle socio economic class; whereas next prone is lower socio economic class. Because of stressful life and inadequate nutrition and unhygienic conditions may be a cause to *Asrugdara*.

**Abortions :** Out of 30 patients in present study. 36.6% of patients were having no history of abortion.

30% of patients were having one abortion.

30% of patients were having two abortions.

**Contraception :** Out of 30 patients in present study. 10% of patients were who did not used any contraceptive method.

43.3% of patients were who had performed tubectomy.

46.7% of patients were who used condoms.

**Occupation :** Out of 30 patients in present study.

33.3 % of patients found with occupation as house wife.

6.7% of patients found with occupation as student.

46.7 % of patients found with occupation as service.

13.3% of patients found with occupation as worker

Thus maximum patients were found with occupation service and next prone group was of house wife, as due to stressful life style it may be a major cause of *Asrugdara*.

**Religion :** Out of 30 patients.

86.7% of patients were Hindu by religion.

13.3% of patients were Muslim by religion.

**Diet :** Out of 30 patients in present study;

23.3% of patients followed vegetarian diet.

76.7% of patients followed mixed diet. As due to *Pitta vardhakaharasevan* which vitiates *Pitta dosha*, it may be a cause of *Asrugdara*.

**Prakruti:** Out of 30 patients In present study.

56.6% of patients were having *Prakrutivata pitta*.

16.7% of patients were having *Prakruti pitta vata*.

20% of patients were having *Prakruti pitta kapha*.

6.7% of patients were having *Prakrutivatakapha*. As *Vata pitta* dominant *Prakruti* was most affected by this disease, as in *Asrugdara* there is *Vata pitta dosha* dominancy and in *Vattaprakruti* this *Doshas* get vitiated with *Alpanidansevan*, so it can be predicted *Thavata pitta prakruti* is more prone to *Asrugdara*.

**Local examination:** In the present study on local examination vagina was found normal. Majority of cases had ante-verted normal size and mobile uterus with normal and non tender fornices. Some cases were found with bulky uterus.

**Presence of sign and symptoms:** In the present study, *Artavapraman* and *raja Stravaavadhi* are the main symptoms of *Asrugdara*, patients also had associated symptoms, like *Adhodarshoola* (Hypogastric pain), and *Daha* were observed. These associated symptoms which were seen mainly due to excessive blood loss.

#### Vital Parameters

In the present study, pulse, respiratory rate, blood pressure, temperature was within normal range in all the 30 patients. In general and systemic examination nothing significant was found. All cases they did not have any significant past or family history. There was nothing abnormal found in the values of Hb% and platelet count, B.T.C.T., HIV, HBsAg, USG, Thyroid profile), BSL-R, B.T. and C.T. , PTINR and urine examination.

#### Discussion on result

##### Artavapraman

In the study, *Artavapraman* shows 78.8% of relief and by wilcoxon signed rank test it is found that it is highly significant. So it can be concluded that efficacy of *Sharpunkamulachurna* is significant in *Asrugdara* on this symptom.

##### Rajastravaavadhi

In the study, *Rajastarvaavadhi* shows 49.0% of relief and by wilcoxon rank test it is found that it is highly significant. So it can be concluded that efficacy of *Sharpunkhamulachurna* is significant in *Asrugdara* on this symptom.

##### Daha

In the study, *Daha* shows 36.9% of relief and by wilcoxon rank test it is found that it is highly significant. so it can be concluded that efficacy of *Sharpunkhamulachurna* is significant in *Asrugdara* on this symptom.

##### Adhodarshula

In the study, *Adhodarshula* shows 59.2% of relief and by wilcoxon rank test it is found that it is highly significant. So it can be concluded that efficacy of *Sharpunkhamulachurna* is significant in *Asrugdara* on this symptom.

##### Interval between 2 cycle

In the study, interval between 2 cycle shows 0% of relief and by wilcoxon rank test it is found that it is non-significant. So it can be concluded that it is not effective in following symptom.

##### Consistency of bleeding

In the study, consistency of bleeding shows 44.8% of relief and by wilcoxon test it is found that it is highly significant. So it can be concluded that efficacy of *Sharpunkhamula churna* is significant in *Asrugdara* on this symptom.



**Varna**

In the study, Varna shows 41.1% of relief and by wilcoxon test it is found that it is highly significant. So it can be concluded that efficacy of *Sharpunkhamula churna* is significant in *Asrugdara* on this symptom.

**Probable action of drugs**

In the *Samprapti* of the *Asrugdara*, *Pitta* and *Vatadosha*, *Rasa rakta* and the *Agnimandyatwa* were the main responsible factors.

The experimental drug *Sharpunkhamula churna* is *Katu*, *Kashaya* and *Tiktarasatmak*, and also *Vatakaphaghna* and *Laghu*, *Ruksha* and *Tikshnagunatmaka*. Due to which it does *Stambhan karma*. And as it acts as *Vataghna* it also helps in reducing *Adhoudarshool*.

*Tandulodak* is also *Madhur* and *Kashayarasatmak*, *Sheetagunatmak* which effectively does *Raktastambham* karma and also helps in *Pitta shaman*.

*Kashaya* and *Tikta rasa* helps in *Stambhan karma* and *Dahaprashamanam* and also cures *Agnimandya* causes *Pachan* of *Doshas* which helps in actual breakdown of *Samprapti*.

By its *Gunalaghu* and *Ruksha* it is *Kaphapittashamaka*. By its *Ushnaviryya* it helps in *Vata shaman*. In this way drug helps in *Sampraptivighatana* and give the efficient results.

**CONCLUSION**

Among the available treatment for *Asrugdarasharpunkhamula churna* is beneficial in curing the vitiated *Doshas*. The treatment which includes *Sharpunkhamulachurna* which have been used based on their properties like *Tikta* and *Kashayarasatmak* which helps in *Stambankarma*, it is also *Vatakaphaghna* - all these objectives are fulfilled to the greater extent.

This herbal combination has proved to be quite effective in the treatment of *Asrugdara* without any undesirable side effects and which is safe, effective treatment.

So to conclude *Sharpunkhamulachurna* is an effective, easily available/preparable type of treatment in *Asrugdara*.

Since the clinical study was conducted on a limited number of patients it may not be claimed as final. More detailed study may be needed in this regard to establish the efficacy of *Sharpunkhamula churna*.

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