



## Research Article

**STUDY OF SHATAPUSHPA CHOORNA AND SAHACHARADI TAILA IN OLIGOMENORRHOEA****Patil Shilparani**

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**KEYWORDS:** *Uttarvasti, Sahacharadi taila, Shatapushpa churna, Menstrual disorders.***ABSTRACT**

The abnormal menstrual flow indicates heavy menses and scanty menstrual flow, both in amount and duration with associated symptom of pain in lower abdomen or back or vagina and can be counted as *Vataja Rajodushti, Kshinartava* and *Artavakshaya* in Ayurveda classics. **Aims and objectives:** In Ayurvedic classic, *Uttarabasti* is indicated in *Yonivyapada* (gynecological problems), *Artava nasha* (secondary amenorrhea), *Artava Dosha* (menstrual disorder) etc. *Vatadosha* is the prime cause of *Yoni vyapada*. *Uttara basti* has *Vatashamak* as well as *Ropana* and *Shodhana* property. *Sahacharadi taila* is indicated in *Vata* disorders including oligomenorrhea. *Shatapushpa (Anethum sowa Kurz.) Churna* is *Arthavajanan*. **Materials and methods:** From OPD 30 patients were selected randomly and divided into 15 patients in each Group A and Group B. Group A was given *Shatapushpa churna* orally 3times per day for 3 months and *Sahacharadi taila Uttaravasti* for 3 consecutive cycles. Group B was given placebo. Results were analysed by statistical analysis. **Results and conclusion:** Properties of *Shatapushpa churna, Saacharadi taila* with *Uttarabasti* might improve menstrual irregularities and bring down to normalcy.

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[dr.shilpa12patil@gmail.com](mailto:dr.shilpa12patil@gmail.com)**INTRODUCTION**

According to Ayurveda, normal menstruation<sup>[1]</sup> is the indicator of healthy and normal reproductive organ in which inter menstrual period is one month, duration of blood flow is five days (differ according to different opinion of Maharishis) but not associated with pain or burning sensation. The abnormal menstrual flow indicates heavy menses and scanty menstrual flow, both in amount and duration with associated symptom of pain in lower abdomen or back or vagina<sup>[2]</sup> and can be counted as *Vataja Rajodushti*,<sup>[3]</sup> *Kshinartava*<sup>[4]</sup> and *Artavakshaya*<sup>[2]</sup> in Ayurveda classics. It may be due to nutritional deficiency or decrease in *Rasa dhatu, Rakta Dhatu, Upadhatu (Raja/ Artava)* and hormonal deficiency. It can be compared with oligomenorrhoea or hypomenorrhoea described in modern medical science. According to *Acharyas*, *Artava kshaya* is a complication of *Rasa* and *Raktakshaya* due to vitiation of *Vatadosha*.<sup>[5]</sup> So the treatment should be *Vatashamak* and *Agnivardhaka*.<sup>[6,7]</sup> In Ayurvedic

classics *Uttarabasti* is indicated in *Yonivyapada* (gynecological problems), *Artava nasha* (secondary amenorrhea), *Artava Dosha* (menstrual disorder) etc. *Vatadosha* is the prime cause of *Yoni vyapada*. *Uttara basti* has *Vatashamak* as well as *Ropana* and *Shodhana* property. So *Uttarabasti* may be the best line of treatment<sup>[8-12]</sup>. Several drugs are available in Ayurveda classics for the remedy of *Artavakshaya*. Among them *Sahacharadi taila*<sup>[13]</sup> is indicated in *Vata* disorders including oligomenorrhoea. *Shatapushpa (Anethum sowa Kurz.) Churna* is *Arthavajanan*, mentioned by *Kashyapa Samhita*<sup>[7]</sup> and is selected for clinical study.

**AIMS AND OBJECTIVES**

To assess the efficacy of oral intake of *Shatapushpa churna* and *Sahacharadi taila Uttarabasti* in oligomenorrhoea.

**MATERIAL AND METHODS**

For the present study 30 patients were selected randomly among those attended the OPD of Prasuti and Stree roga department at Shri

**Research design**

Group	Minimum No. of patients	Therapy	Duration
Group A	15	1) <i>Shatapushpachurna</i> - oral and 2) <i>Sahacharadi taila</i> - <i>Uttaravasti</i>	1) Thrice daily for 3 months 2) For 3 consecutive cycles
Group B	15	Placebo	3 consecutive cycles

**Selection of drugs**

*Sahacharadi taila*<sup>[13]</sup> indicated in *Vata* disorders including oligomenorrhea and *Shatapushpa choorna*<sup>[7]</sup> is *Artavajanan*<sup>[14]</sup>. Hence, both are selected in the study.

After examining the raw materials for their authenticity from Dravyaguna department and the drugs (*Sahacharadi taila* and *Shatapushpa choorna*) were prepared in the *Rasa shashtra and Bhaishajya kalpana* department at Shri Hingulambika Ayurvedic Medical College and Hospital Kalburagi, as per standard guidelines.

**Mode of Drug Administration**

## 1) Oral Administration

***Shatapushpa choorna***

The drug *Shatapushpa* seed in the form of *churna* has classical reference of *Kashyapa samhita* in *Artava kshaya* (oligomenorrhoea) and *Kashtartava* (dysmenorrhoea) with *Anupana* of *Goghrita* (cow ghee).<sup>[7]</sup> Five grams of *Shatapushpa Churna* is given thrice daily in empty stomach with

2.5ml *Goghrita* in selected patients for three months.

2) *Uttarabasti*.3) Method of administration of *Uttarabasti*.<sup>[8-12]</sup>

Three *Dashamoola Niruhabasti* were given before administering the *Uttarabasti*.

**Administration of *Sahacharadi Taila Uttaravasti***

**Procedure:** 3ml of autoclaved *Sahacharadi taila* was taken in 10ml syringe. The cannula was introduced in to the cervix and *Taila* pushed inside. Patient was kept in Trendelenburg position for 1-2 hours. A tampon was kept in vagina. This procedure was performed for 3 days with the increase in dosage of 1ml. This was repeated for 2 more cycles.

**Follow-up**

**Immediate:** During the process of *Uttaravasti*, patient was specially watched for occurrence of pain, bleeding pervaginum, discomfort or any other symptoms.

**Afterwards:** The patient was followed for 3 cycles

Menstrual Flow Grades			
Grades	Duration (days)	Interval (days)	Quantity (no of pads)
0	More than 4days	Less than 32 days	3pad or more/day
1	3-4 days	32-33 days	2pad/day
2	2 days	34 days	1pad/day
3	1 day	35 days	No use of pad
4	Spotting	36 days	--
5	nil	37-39days	--
6	--	More than 40 days	--

**RESULTS****Table 1: Showing 30 Patients According to Age**

Age (Yrs)	Group -A		Group -B		Total No. of Patients	Percentage
	No. of Patients	Percentage	No. of Patients	Percentage		
20 - 25	4	26.66 %	6	40.00 %	10	33.33 %
26 - 30	9	60.00 %	6	40.00 %	15	50.00 %
31 - 35	2	13.33 %	3	20.00 %	5	16.66 %

**Table 2: Comparison Between Group A & Group B, for duration of menstrual flow**

Follow-up	AT		D.F.	't' Value	'P' value	Remark
	Trial	Control				
I	0.33±0.12	0.20±0.10	28	0.80	-	NS
II	2.00±0.13	1.40±0.13	28	3.15	P<0.01	HS
III	3.26±0.11	2.60±0.13	28	3.77	P<0.01	HS

**Table 3: Comparison between Group A & Group B: for interval between two cycles**

Follow-up	AT		D.F.	't' Value	'P' value	Remark
	Trial	Control				
I	0.40±0.16	0.33±0.12	28	0.32	-	NS
II	2.13±0.09	1.80±0.14	28	1.95	-	NS
III	3.60±0.16	2.80±0.26	28	2.59	P<0.05	S

**Table 4: Comparison between Group A & Group B: for Quantity of menstrual blood**

Follow-up	AT		D.F.	't' Value	'P' value	Remark
	Trial	Control				
I	0.20±0.10	0.06±0.06	28	1.05	-	NS
II	0.80±0.14	0.60±0.13	28	1.02	-	NS
III	1.66±0.12	1.06±0.22	28	2.30	P<0.05	S

**Observation****Age**

In the present study (Table No 1) 33.33% of patients were aged between 20-25 years, 50% of patients were aged between 26-30 years and 16.66% of patients were aged between 31-35 years.

**Duration of Bleeding**

Table No 2 shows no significant difference between Group A and Group B in first follow-up but highly significant difference was seen in second (P<0.01) and third (P<0.01) follow-up. In Group A 84.48% and in Group B 68.42% relief was obtained.

**Interval between menstrual cycles**

Table No 3 shows no significant difference between Group A and Group B in first and second follow-up but significant difference is seen in third (P<0.05). In Group A 84.34% and in Group B 68.85% relief was obtained.

**Amount of Bleeding**

Table No 4 shows no significant difference between in Group-A and Group-B in first and second follow-up. However, there is a significant difference in third (P<0.05) follow-up. In Group A 83.33% and in Group B 53.33% relief was obtained.

**Probable mode of Action of the Drugs****Shatapushpa churna**

*Artava Kshaya* is one of the menstrual disorders which indicate scanty menstrual flow associated with pain in variable duration where vitiation of *Vayu* and *Kapha* are predominant. *Artava* is an *Upadhatu*, formed from *Rasa* within a month after proper metabolization of *Rakta dhatu*

by its *Dhatwagni* and *Bhutagni*.<sup>[5]</sup> The decrease or *Kshaya* of *Rakta dhatu* causes *Artava kshaya* and simultaneously *Raktakshaya* is developed.<sup>[6,15]</sup> Maharshi Sushruta has mentioned that *Artava* is *Agneya*, in *Artava kshaya Agneya* or *Pitta vardhaka* drugs can be used and simultaneously *Rakta* and *Artava* are increased. *Shatapushpa* mentioned in *Kashyapa Samhita* is a *Vata Kapha Shamaka* and *Pitta Vardhaka* drug due to its *Katu -Tikta Rasa*, *Tikshna- Snigdha guna* and *Ushna Veerya*<sup>[7]</sup>. It is *Madhura*, *Kashaya Snigdha*, its *Bruhmana* properties increase *Bala* of patient, does *Shodhana* of *Yoni*, it is said as *Putra Pradayini*, and *Puspa Utpannakari*, *Artavajanana*<sup>[14]</sup>. *Shatapushpa* is *Vata Prashamani* with all these actions *Shatapushpa* might correct *Artava kshaya* and cause normalcy in menstrual cycle.<sup>[16]</sup>

**Sahacharadi Taila**

*Sahacharadi taila* indicated in *Vata* disorders including oligomenorrhoea<sup>[13]</sup>. Almost all the drugs of *Sahacharadi taila* are having *Ushna Veerya*, *Teekshna Guna*, *Katurasa*, *Katu Vipaka* properties, most of them are having *Artava Janaka* (*Nakha*, *Kushta*), *Yakrututtejaka* actions.

**Effect of therapy****Niruha Basti (as Poorvakarma for Uttar Basti)**

The estrogens metabolized in the liver reaches the intestines where they are broken down by microorganisms and are reabsorbed as active hormones. The disturbance of liver function and

intestinal flora can thus alter this mechanism with consequent disturbances of menstrual cycles. Analyzing this, we can state that *Niruha Vasti*, which is a *Poorvakarma* of *Uttarabasti*, promotes the integrity of intestinal flora.

### Uttarabasti

It is clearly mentioned in all the classics that *Vayu* is the basic aetiological factor in *Yoni - Doshas*. *Maharshi Sushruta* described that, *Uttarabasti* should be practiced to cure, all the *Yonidoshas*.

*Vidhimuttaravatsyantyam Kuryat Aartavashudhaye.* (Su.Sa. – 2/24)

In relation to *Apanavayu* and its association in the pathogenesis of disease, *Uttarabasti* is a procedure targeted at the appropriate site of manifestation of the disease, i.e., *Garbhashaya*, which is the *Apanavayu kshetra*. *Uttarabasti* has local actions like, uterine stimulant, potentiation of myometrial and endometrial activity. The drugs administered through intrauterine, may get absorbed in to systemic circulation and then exert its action on H-P-O (hypothalamo-pituitary ovarian axis). The active principles may be absorbed through the endometrium which in turn drains in to the internal iliac vein from there in to the systemic circulation.

### CONCLUSION

Properties of *Shatapushpa churna*, *Saacharadi taila* with *Uttarabasti* might improve menstrual irregularities and bring down to normalcy.

### REFERENCES

1. Yadav T, Charaka Samhita. Chikitsa Sthana Adhyaya 30/226 with Ayurdeva Dipika commentary of Chakrapani; 4th ed. Varanasi: Chaukhamba Sanskrit Series 1981. p.643.
2. Govinda Bhaskara Ghanekar comm: Sushruta Samhita Sutra Sthana Adhyaya 15/12 Varanasi Chaukhamba Sanskrit Pratisthana; 1978; p. 92.
3. Govinda Bhaskara Ghaneka Sushruta Samhita Sutra Sthana Adhyaya 2/4 Varanasi: Chaukhamba Sanskrit Pratisthana; 1978. p. 13.

4. Gupta A, editor. Asthanga Hrudaya Sharira Sthana Adhyaya 1/11 with Vidyotini Hindi comm. Varanasi: Chaukhamba Sanskrit Sansthana; 1991; p. 361.
5. Gupta A, editor Asthanga Hrudaya Sharira Sthana Adhyaya 1/24 with Vidyotini Hindi commentary, Varanasi: Chaukhamba Sanskrit Sansthana; 1991. p. 364.
6. Tiwari P. Ayurvedeeya Prasutitantra Avam Stree Roga 2nd ed. Varanasi: Chaukhamba Orientalia; 2007; p. 92.
7. Kashyapa Samhita. 7th ed. Varanasi: Chaukhamba Sanskrit Pratisthana; 1994. Vidyotini Hindi Commentary; p. 184.
8. Yadav T, editor. Charaka Samhita with Ayurdeva Dipika commentry of Chakrapani 4th ed. Varanasi: Chaukhamba Sanskrit Series;.1981s, Chikitsa Sthana Adhyaya 30.
9. Dr.Ambikadatta shastri; Sushruta samhita, Chaukhamba Sanskrit samsthan Varanasi; Samskaran 2013 Sholka 21 page 210.
10. Prof K R Srikanthmurthy, Astanga Samagraha of Vagabhata (Text English translation) vol III, Chaukhamba Orientalia 2009. uttarasthana chp 39.
11. Pt Sri Brahma sankara mishra; Bhavaprakash of Bhavamishra edited with Vidyotini; Hindi commentary Samanya chiktsamaha Part II 6th edition Chaukhambha Samskrit samsthana sholka 35 page 772.
12. Sri laxmipathi shastri Y.R.Yoniroga. Chaukhamba Samskrit Samsthan (2005) page 210.
13. Murthy KRS, Editor Vagbhata, Ashtanga Hrdayam, Vol- II, Chikitsa Sthana 21/70 3rd edition Varanasi: Krishnadas Academy: 1998. p510.
14. Prof P V Sharma Dravyaguna- Vijnana Vol II Chaukhambha Bharati Academy, Varanasi Reprint: 2003. P 404.
15. Joshi NG. Ayurvediya Concepts in Gynaecology; 2nd ed. Varanasi: Chowkhamba Sanskrit Pratisthana; 2006. p. 42.
16. Santosh et.al. Research Journal of pharmaceutical, biological and chemical sciences. 2011; 2(4);427.

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