EFFECT OF SHARPUNKHAMULACHURNA WITH TANDULODAK IN ASRUGDARA
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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, Adhoudarshula 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.

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 strisis one who discharge Artava or menstrual blood, this definition of strisis 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* 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;

*Atipravruti* of Rakta in *Rutustrava*.
*Vedana* in *Shroni*, *Prushta*, and *Vankshan Pradesh*.
*Teevrashula* in *Garbhhashaya*.

**According to Sushrutacharya;**

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

In routine practice of *Striroga* 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 40%.

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 amenorrhoea 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 dysmenorrhoa. 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*, *Kashyarasatmaka* 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 – 4 pads / 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 - Rakta Varna
1 - Krushnabh Rakta Varna

Subjective Parameters

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

Artava Praman
0 - 3 – 4 pads / 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 (Adhoudarshula)
0 - Absent
1- Mild (Pt. able to tolerate & subside with rest)
2- Pain interferes with routine work
3- Pain subsides with analgesic
Effect of Sharpunkhamulachurna with Tandulodak in Asrugdara

**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 5th day of menses to 28th day of menses.

**Follow up**

1st - On 5th Day of menses of every month for 3 months.

2nd - On 15th day of menses of every month for 3 months.

After treatment follow up on 5th day of 4th menstrual cycle.

**Method of Preparation of Tandulodak**

According to Sharangdharasamhita: The Tandulodak prepared as per Himakalpana explained in Sharangdharsamhita, i.e. by taking 4 Tola of Shastishalitandula 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 Shastishalitandula 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**

<table>
<thead>
<tr>
<th>Age in yrs</th>
<th>No. of cases</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>20 – 24</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>25 – 29</td>
<td>6</td>
<td>20.0</td>
</tr>
<tr>
<td>30 – 34</td>
<td>13</td>
<td>43.4</td>
</tr>
<tr>
<td>35- 40</td>
<td>10</td>
<td>33.3</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

**Frequency distribution according to parity**

<table>
<thead>
<tr>
<th>Parity</th>
<th>No. of cases</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>3</td>
<td>10.0</td>
</tr>
<tr>
<td>1</td>
<td>6</td>
<td>20.0</td>
</tr>
<tr>
<td>2</td>
<td>14</td>
<td>46.7</td>
</tr>
<tr>
<td>3</td>
<td>6</td>
<td>20.0</td>
</tr>
<tr>
<td>4</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

**Frequency distribution according to marital status**

<table>
<thead>
<tr>
<th>Marital Status</th>
<th>No. of cases</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>28</td>
<td>93.3</td>
</tr>
<tr>
<td>Unmarried</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

**Frequency distribution according to socio economic status**

<table>
<thead>
<tr>
<th>SES</th>
<th>No. of cases</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Higher class</td>
<td>3</td>
<td>10.0</td>
</tr>
<tr>
<td>Middle class</td>
<td>19</td>
<td>63.3</td>
</tr>
<tr>
<td>Lower class</td>
<td>8</td>
<td>26.7</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

**Frequency distribution according to abortions**

<table>
<thead>
<tr>
<th>History of abortions</th>
<th>No. of cases</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>11</td>
<td>36.7</td>
</tr>
<tr>
<td>1</td>
<td>9</td>
<td>30.0</td>
</tr>
<tr>
<td>2</td>
<td>9</td>
<td>30.0</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

**Frequency distribution according to contraception**

<table>
<thead>
<tr>
<th>History of contraception</th>
<th>No. of cases</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nil</td>
<td>3</td>
<td>10.0</td>
</tr>
<tr>
<td>TL</td>
<td>13</td>
<td>43.3</td>
</tr>
<tr>
<td>Condom</td>
<td>14</td>
<td>46.7</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

**Frequency distribution according to occupation**

<table>
<thead>
<tr>
<th>Occupation</th>
<th>No. of persons</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>HW</td>
<td>10</td>
<td>33.3</td>
</tr>
<tr>
<td>Student</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td>Service</td>
<td>14</td>
<td>46.7</td>
</tr>
<tr>
<td>Worker</td>
<td>4</td>
<td>13.3</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

**Frequency distribution according to religion**

<table>
<thead>
<tr>
<th>Religion</th>
<th>No. of cases</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hindu</td>
<td>26</td>
<td>86.7</td>
</tr>
<tr>
<td>Muslim</td>
<td>4</td>
<td>13.3</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

**Frequency distribution according to diet**

<table>
<thead>
<tr>
<th>Diet</th>
<th>No. of cases</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veg</td>
<td>7</td>
<td>23.3</td>
</tr>
<tr>
<td>Mixed</td>
<td>23</td>
<td>76.7</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>
Frequency distribution according to menstrual history

<table>
<thead>
<tr>
<th>Menstrual History</th>
<th>Past</th>
<th>Present</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>Flow</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scanty</td>
<td>5</td>
<td>-</td>
</tr>
<tr>
<td>Mod</td>
<td>25</td>
<td>-</td>
</tr>
<tr>
<td>Heavy</td>
<td>-</td>
<td>30</td>
</tr>
<tr>
<td>Consistency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reddish</td>
<td>20</td>
<td>6</td>
</tr>
<tr>
<td>Blackish</td>
<td>10</td>
<td>24</td>
</tr>
</tbody>
</table>

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. Raktabh-krushnavarna in past menstrual history. whereas in present menstrual history 6 patient having Raktabhvarna and 24 patients were having Krushnabhraktavarna.

Frequency distribution according to Prakruti

<table>
<thead>
<tr>
<th>Prakruti</th>
<th>No. of persons</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>KP</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>KV</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>PK</td>
<td>6</td>
<td>20.0</td>
</tr>
<tr>
<td>PV</td>
<td>5</td>
<td>16.7</td>
</tr>
<tr>
<td>VK</td>
<td>2</td>
<td>6.7</td>
</tr>
<tr>
<td>VP</td>
<td>17</td>
<td>56.6</td>
</tr>
<tr>
<td>Total</td>
<td>120</td>
<td>100</td>
</tr>
</tbody>
</table>

Change in Rajastrava Avadhi

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>BT</th>
<th>AT</th>
<th>% Relief</th>
<th>wilcoxon signed ranks test Z</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean score</td>
<td>Sd</td>
<td>Mean score</td>
<td>Sd</td>
<td></td>
</tr>
<tr>
<td>Rajastrava Avadhi</td>
<td>2.10</td>
<td>.305</td>
<td>1.07</td>
<td>.450</td>
<td>49.0</td>
</tr>
</tbody>
</table>

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.

Change in Artava Praman

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>BT</th>
<th>AT</th>
<th>% Relief</th>
<th>wilcoxon signed ranks test Z</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean score</td>
<td>Sd</td>
<td>Mean score</td>
<td>Sd</td>
<td></td>
</tr>
<tr>
<td>Artava Praman</td>
<td>2.67</td>
<td>.479</td>
<td>.57</td>
<td>.504</td>
<td>78.8</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>BT</th>
<th>AT</th>
<th>%Relief</th>
<th>wilcoxon signed ranks test Z</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean score</td>
<td>Sd</td>
<td>Mean score</td>
<td>Sd</td>
<td></td>
</tr>
<tr>
<td>Daha</td>
<td>2.33</td>
<td>.479</td>
<td>1.47</td>
<td>.571</td>
<td>36.9</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>BT</th>
<th>AT</th>
<th>%Relief</th>
<th>wilcoxon signed ranks test Z</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean score</td>
<td>Sd</td>
<td>Mean score</td>
<td>Sd</td>
<td></td>
</tr>
<tr>
<td>Interval Between 2 Cycle</td>
<td>.43</td>
<td>.504</td>
<td>.43</td>
<td>.504</td>
<td>0</td>
</tr>
</tbody>
</table>

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. Raktabh-krushnavarna in past menstrual history. whereas in present menstrual history 6 patient Having Raktabhvarna and 24 patients were having Krushnabhraktavarna.
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 Adhoudar Shoola

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>BT Mean</th>
<th>BT Sd</th>
<th>AT Mean</th>
<th>AT Sd</th>
<th>% Relief</th>
<th>wilcoxon signed ranks test Z</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adhoudar Shula</td>
<td>2.77</td>
<td>.430</td>
<td>1.13</td>
<td>.346</td>
<td>59.2</td>
<td>4.964</td>
<td>&lt;0.001 HS</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>BT Mean</th>
<th>BT Sd</th>
<th>AT Mean</th>
<th>AT Sd</th>
<th>% Relief</th>
<th>wilcoxon signed ranks test Z</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistency of Bleeding</td>
<td>1.93</td>
<td>.254</td>
<td>1.07</td>
<td>.254</td>
<td>44.8</td>
<td>5.009</td>
<td>&lt;0.001 HS</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>BT Mean</th>
<th>BT Sd</th>
<th>AT Mean</th>
<th>AT Sd</th>
<th>% Relief</th>
<th>wilcoxon signed ranks test Z</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Varna</td>
<td>1.87</td>
<td>.346</td>
<td>1.10</td>
<td>.305</td>
<td>41.1</td>
<td>4.796</td>
<td>&lt;0.001 HS</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Symptom</th>
<th>% Relief</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rajastravaavadhi</td>
<td>49.0%</td>
</tr>
<tr>
<td>Artavapraman</td>
<td>78.8%</td>
</tr>
<tr>
<td>Daha</td>
<td>36.9%</td>
</tr>
<tr>
<td>Interval between 2 cycles</td>
<td>0%</td>
</tr>
<tr>
<td>Adhoudarshool</td>
<td>59.2%</td>
</tr>
<tr>
<td>Consistency of bleeding</td>
<td>44.8%</td>
</tr>
<tr>
<td>Varna</td>
<td>41.1%</td>
</tr>
</tbody>
</table>

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, Andadhoudarshool 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 (H0), against the alternative hypothesis that, there significant effect of drug stated as (H1). To test the hypothesis someone can apply wilcoxon signed rank test.
Reject H0 if P<0.05.
Accept H0 otherwise.
Test used for testing effectiveness of the drug on experimental study.

Here H0 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 Raktaadhatus 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 Rakta-pitta is also indicated in Asrugdara. According to Ayurveda Nidana (Hetu) described are mostly Pitta Vatavardhaka and Raktaadushti 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 efficalional 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 efficalional 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 Stambhhak. So helps in Raktaadushti in Asrugdara. Due to its Ushanavirya it helps in Vata shaman which reduces dysmenorhoea during menses. Also Tandula is with Madhur (Pradhan rasa) and Kashay Rasa, Madhura Vipak, Shita Virya and Raktaadushti 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, Mithyaaaravihara 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 Prakruti kapha. As Vata pitta dominant Prakruti was most affected by this disease, as in Asrugdara there is Vata pitta dosha dominancy and in Vatta prakruti this Doshas get vitiates 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 Sharpunkamalachurna is significant in Asrugdara on this symptom.

**Rajastravaavadhi**

In the study, Rajastravaavadhi 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 Sharpunkamalachurna 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 Sharpunkamalachurna is significant in Asrugdara on this symptom.

**Adhoudarshula**

In the study, Adhoudarshula 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 Sharpunkamalachurna 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 Sharpunkamala 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 Agnimandyaatwa were the main responsible factors. The experimental drug Sharpunkhamula churna is Katu, Kashaya and Tiktarasatmak, and also Vatakaphaghna and Laghu, Ruksa 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 Dahaprasahanam and also cures Agnimandya causes Pachan of Doshas which helps in actual breakdown of Samprapti.

By its Gunalaghu and Ruksa it is Kaphapittashamaka. By its Ushnavirya 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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