

A CONCEPTUAL STUDY OF KANCHNAR PUSHPA CHOORNA WITH TANDULODAKA IN THE MANAGMENT OF ASRUGDARA

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ABSTRACT

Dysfunctional uterine bleeding is one of the gynecological disorders of reproductive age group. Heavy bleeding interferes with the physical, emotional, social life of the concerned woman. According to Ayurveda it can be correlated with *Raktapradara*. This study is done to evaluate the effect of the drugs which are used for treating DUB. The treatment is done for the duration of 3 months. The response to the treatment is recorded and therapeutic effects were evaluated with the help of symptomatic relief. The results revealed that DUB can be cured with Ayurvedic regimen and can avoid hysterectomy or other surgical intervention. To overcome this problem herbal drugs can be used. This is conceptual study of formulated Kanchnar pushpa choorna with Tandulodaka in Asrugdara.

KEYWORDS: Dysfunctional uterine bleeding (DUB), *Raktapradara*, *Kanchnar Pushpa choorna*, *Tandulodaka*.

INTRODUCTION

Abnormal uterine bleeding is a condition that affects approximately 30% of women during their reproductive years.^[1] One national study shows that menstrual disorders were the reason for 19.1% of 20.1 million visits to physicians office for gynecologic conditions over a two year period.^[2] Furthermore a reported 25 % of gynecologic surgeries involve

abnormal uterine bleeding.^[3] It is a considerable health care burden for a woman and has a definite effect on her quality of life. DUB has various definitions and classifications. It is defined as a state of abnormal uterine bleeding without any clinically detectable organic, systemic, and iatrogenic cause (pelvic pathology e.g. tumor, inflammation or pregnancy is excluded). Currently many authors define DUB as a state of abnormal uterine bleeding following an ovulation due to dysfunction of hypothalamus pituitary ovarian axis.^[4] Ovulatory DUB is predominantly associated with decreased endometrial vasoconstriction and vascular haemostatic plug formation. Anovulatory DUB is very poorly understood, but may be associated with disturbed angiogenesis, fragile vessels and defective haemostatic process.^[5] The current concept related to abnormal uterine bleeding is most likely due to the local cause in the endometrium. There is some disturbance in the endometrial blood vessels and capillaries and coagulation factor of blood in and around these vessels. These are probably related to alteration in the ratio of prostaglandins which are delicately balanced in haemostasis of menstruation. It is more prevalent in extremes of reproductive period, adolescence and premenopause or following childbirth. Some iatrogenic causes like induction of bleeding by medications, including anticoagulants, selective serotonin reuptake, corticosteroids, hormones, tamoxifen causes abnormal bleeding. Some herbal substance including ginseng, ginkgo and soy supplements may cause menstrual irregularities by altering estrogen levels or clotting parameters.^[6] Emotional influences, worries, anxiety or sexual problems are enough to disturb the normal hormonal balance. Hormonal abnormalities that are thyroid dysfunctions, elevated prolactin, obesity, excessive weight loss, liver disorders are other causative factors of DUB.

In Ayurvedic classics it is described as *Asrigdara* which comes under the heading of *artavavyapada*. Maharshi Charaka has written one gynecological disorder i.e. *yonivyapada* named *raktayoni* or *asrija* having same clinical features. Maharshi Charaka describes *Asrigdara* as a symptom i.e. presence of excessive bleeding during menstruation.⁷ Maharshi Sushruta defines it as that when menstruation occurs in excess amount, for prolonged period, and or even without normal period of menstruation i.e. during menstruation excessive in amount and for prolonged period but in intermenstrual period even scanty and for short duration.^[8] It is said to be one of the disorders of *rakta dhatu* i.e. blood,^[9] symptom of *pittavrut apana vayu*,^[10] complication of *yonirogas*.^[11] Charaka describes its patho-physiology. He says that aggravated *Vata* affects uterine vessels and boosts amount of blood and this increase in blood thus causes increase in menstrual blood and creates

raktapradara.^[12] Modern science also accepts that because of the faulty life style estrogen disturbance occurs, which causes increase in vasodilatation and blood supply in endometrium. Severe bleeding affects on woman's health, happiness and causes great discomfort. In modern science it is treated with hormones, antiprostaglandins, NSAIDs, antifibrinolytic agents; synthetic analogue of arginine etc. which causes several side effects. If oral therapy fails then surgical intervention is the option.

AIM

Conceptual Study of Kanchnar pushpa choorna with Tandulodaka In The Management of Asrugdara.

OBJECTIVES

1. To study the effect of the kanchnar pushpa choorna with Tandulodaka in Asrugdara.
2. To study the detail literature about Asrugdara from Ayurveda and modern texts.

MATERIAL AND METHODS

Ayurvedic literature related to abnormal uterine bleeding i.e. *Raktapradara*, *Artavavyapada*, *Yonivyapada* was searched. Books related to pharmacology of Ayurvedic drugs which are used in formulation and related research papers also searched for their mode of action. Other research journals, papers, books related to abnormal uterine bleeding are also explored to collect the matter.

Introduction of drug

Common name: kanchnar (Rakta)

Sanskrit Name: Kanchnar, Ashmantaka, kovidar.

Latin name: *Bauhuniavariegata*

Family: *Caesalpiniaceae* Part used: twak and pushpa

Rasa: Kashaya

Veerya: Sheeta V

ipaka: Katu

Guna: Laghu, Ruksha.

Doshghnata: Pittaghna, Kaphaghna

Method of preparation of drug

The Choorna and Tandulodak will be prepared by choorna kalpana and Tandulodak kalpana

given in Sharangdhar Samhita.^[13]

Selection criteria

Inclusion criteria

1. Written informed consent & voluntarily willing patients will be taken for this study.
2. Age group – 15 to 35 yrs.
3. Patients complaining of excessive or prolonged menstrual bleeding or inter menstrual bleeding for 2 consecutive cycles.
4. Hb % - 8 to 12 gm %

Exclusion Criteria

1. Patients with IUCD and on OC pills or on hormonal treatment.
2. Blood coagulopathy
3. Veneral diseases.
4. Immune – compromised patients.
5. Associated with other systemic diseases like HTN, TB, DM.
6. Large and multiple fibroid Benign or malignant growth, erosions or trauma.
7. Katishool due to organic defect.

Assessment Criteria

1. Raja kalavadhi:- Grade I - upto 5 days Grade II - 5 to 7 days

Grade III - 8 to 10 days Grade IV - > 10 days.

2. Rajastravapraman:- (Menstrual or Inter menstrual bleeding) Grade-1 - 2 pads / day

Grade II - 3 pads / day Grade III - 4 pads / day Grade IV - 5 pads / day Grade V - >5 pads / day (Assessment of yonigat raja strava will be done by calculating

The difference between dry & wet pads & number of pads soaked.)

3. Angamarda

Grade I - No pain.

Grade II - Pain increases due to heavy movements. ‘

Grade III- Continuous pain During movements.

Grade IV - Unable to do any movement due to pain.

4. Adhoudarshool

Grade I - Absent Grade II – Present

5. Kati shool

Grade I - Absent Grade II - Present

6. Haemoglobin

Grade I - > 11 gm % Grade II - 9 to 11 gm % Grade III- 8 to 9 gm %

Management

In active phase of bleeding she was treated with

Drug	:	kanchnar pushpa churna
Dose	:	Orally 1 karsh(12gm in 3 divided doses).
Kala	:	Apan i.e. Pragbhakta
Anupan	:	Tandulodak(30ml)
Duration	:	3 Consecutive cycles for 1 st 5 days of menstrual flow.

DISCUSSION

Shuddha artava is one of the most important factor for the healthy progeny. Dysfunctional uterine bleeding can be correlate with Asrigdara. DUB is very severe and life threatening condition which requires hospitalization sometimes. In classics as the disease is characterized by excessive flow of blood out of the body and rakta is known to be vital substance (*jiva*), hence raktasthapana chikitsa becomes important. *Charaka* explained the treatment of *raktayoni*. He said it to be treated as the treatment like raktatisara, *raktapitta*, raktarsha.^[14] So according to line of treatment raktasthapana, dosha pachana, and deepana-pachana chikitsa should be done by using *tikta*, *kashaya* rasa *pradhana dravya*. Hence such drugs are selected which can workout at the different level of samprapti. As we know that asrugdara should be treated like raktapitta in which bleeding must be stopped as early as possible to save life. kanchnar pushpa choorna is having sheeta veerya, kashaya and madhura rasa, sangrahi guna raktasthambhaka and raktapittaghna property, tandulodak having madhoor rasa, kashayaas anurasa and vata pitta shamaka as well as rakta stambhaka karma. so in present study kanchnar pushpa choorna with tandulodaka was selected. Hence kanchnar pushpa choorna will help to break the samprapti of Asrugdara.

In the bhavprasha nighanthu gudduchyadi varga the acharya mentioned that the kanchnarpushpa is indicated for the treatment of asrugdara.^[15]

CONCLUSION

The above treatment protocol is found to be effective in dysfunctional uterine bleeding. There is no recurrence of such type of bleeding episodes till date. This study shows

encouraging result in dysfunctional uterine bleeding and need of further study for its scientific validation.

REFERENCES

1. Mateson KA, Abd H, Wheeler TL, Sung VW, Rahn DD, Schaffer Ji et.al. A systemic review comparing hysterectomy with less invasive treatments for abnormal uterine bleeding. J minim invasive Gynecol, 2012; 12(1): 13-28. Epub Nov.11.(Pub Med).
2. Nicholson WK, Ellison SA, Grason H, Powe NR, Paters of ambulatory care use for gynecologic conditions, a national study. Am J Obstet Gynecol, 2001; 184: 523-30.
3. Goodman A, Abnormal genital tract bleeding.Clin. Cornerstone, 2000; 3: 25-35.
4. Textbook of gynaecology, D.C. Dutta. Abnormal uterine bleeding pg.No.183, 5th edition, revised reprint, 2009.
5. Liingstone M, Fraser IS, Mechanism of abnormal uterine bleeding, Hum Reprod. Update, 2002; 8: 60-67.
6. Speroff L, Glass RH Kase NG.Clinical gynecologic endocrinology and infertility 6th edi. Baltimore: Lippincott Williams and Wilkins, 1999; 201(38): 499,575-9
7. Charak samhita chikitsasthana 30/208, Charaka Samhita of Agnivesha, uttarardha., Introduced by Acharya Priyavrat Sharma Chaukhambha Sanskrit Publications reprint, 2006.
8. Sushrut samhita sharirsthana 2/18. Sushrut samhita poorvardha by Kaviraj Ambikadutta Shashtri, Chaukhambha Sanskrit Publications reprint, 2007.
9. Charaka sutrasthana 24/11, 12.Charaka Samhita of Agnivesha, Poorvardha.
10. Introduced by Acharya Priyavrat Sharma Chaukhambha Sanskrit Publications reprint, 2007.
11. Charak samhita chikitsasthana30/230, Charaka Samhita of Agnivesha, uttarardha, Introduced by Acharya Priyavrat Sharma Chaukhambha Sanskrit Publications reprint, 2006.
12. Charak samhita chikitsasthana 30/39, Charaka Samhita of Agnivesha, uttarardha, Introduced by Acharya Priyavrat Sharma Chaukhambha Sanskrit Publications reprint, 2006.
13. Ayurvedic pharmacology and Samhita of Agnivesha, uttarardha., Introduced by Acharya Priyavrat Sharma Chaukhambha Sanskrit Publications reprint, 2006.
14. Sharangadhar Samhita, Dr.Shailaja Shrivastav, Chaukhamba prakashan.
15. Charak samhita chikitsasthana 30/228, Charaka Samhita of Agnivesha, uttarardha,

Introduced by Acharya Priyavrat Sharma Chaukhambha Sanskrit Publications reprint, 2006.

16. Bhavprakash nighantu, krushnachnadachunekar, Chaukhambaparakashan, 2010.