A COMPARATIVE STUDY OF BHARANGI-SUNTHI CHURNA AND PUSHYANUGA CHURNA IN ASRIGDARA.

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ABSTRACT

Ancient Ayurvedic classic has given a big stress on “Dincharya, Ahara, Nidra and Bramhacharya” like concepts. Kaumarbhritya, the branch of Astang Ayurveda has given details about the growth and development of child since conception to adolescent age, study of female reproductive system, pregnancy period, purpureal state, production of Vishudha artava. Daily routine from sunrise to sunset has mentioned and the protocols to live healthy and satisfactory life. But changing life style, speedy daily routine, intake of fast food at improper time, excess of Amla, Katu, Vidhani Lavan, Guru bhojana, heavy work load, traveling, mental tension has entered in the life of today’s woman. This results in menstrual disorders like Asrigdara. In Asrigdara, the menstrual blood flow in increased than normal level in the terms of amount and days. This may cause severe calamities if excessive blood flow lasts for many days continuously. Hence the disorders like Asrigdara, Rajodusthi should be treated with proper medicine and at proper time. In present Randomized Controlled Trials 60 patients of Asrigdara were included. Bharangi churna (Clerodendrum indicum, Linn.) and Sunthi churna (Zinziber officinale, Linn.) in combination was used as Trial drug while Pushyanuga churna was Control drug. Both Trial and Control drugs reduced symptoms effectively but, statistical analysis has revealed that Pushyanuga churna has significant results as compared to Trial drugs (Unpaired t Test; P<0.05).

Keywords: Asrigdara, Menorrhagia, Bharangi churna (Clerodendrum indicum, Linn.), Sunthi churna (Zinziber officinale, Linn.), Tandulodaka.

1. INTRODUCTION

Though the reproductive age of women, she is prone to have the comments menstrual disorders like Atyartava, Asrigdara, Rajodusthi, Asruja Yoniyaada etc. It means that those disorders are frequently occurring. So, to treat such disorders, to educate the patient to prevent such diseases, to maintain pathyapathya in daily routines, to produce visshudha artava lakshanas in order to create a healthy generation, Asrigdara should be study. Only Tridoshaj Asrigdara was rejected from study as it has mentioned as a shadhya vyadh in Ayurvedic texts. Prakupit vadosha, dusshit rakt and vitated pitta combinely responsible for creation of Asrigdara when khavaigyanya is present in ar-tavavaha strotasa. Only balance diet, avoidance of manas lakshanas (like chinta, Shoka etc) and excessive work can prevent raktaprara. The basic principal of treatment is that patient should be treated by taking judgement of dosha, dushya, vyadhibala, kala, Agni etc. Traditionary there were so many rules about dietary habits, daily routine of rajsuala woman in different communities so as to prevent such diseases. Previous studies have shown that prevalence of rate of menorrhagia in women of reproductive age is almost 30% and it is increasing day by day.
Asrigdara\(^2\) is defined as, “Asrigdara = Asruk + Pradara (dara).” Asruk is that substance which resides and accumulates in the Hridaya to circulate swiftly all over the body. Asruk means the substance which will not produce or create the decomposing activity in the body. In the nutshell Asruk has been considered as an important substance for the protection of life by promoting the healthy status of the dhatu composed. Acharya Charaka elucidates the meaning of Asrigdara as asruk or rakta in its abundant quality, flow in garbhashaya-gata sira and gets mixed with raja by rajovaha nadi to increase its quantity and hence called Asrigdara. Pra is prefix indicating the excessiveness or prakarshene bhava along with dhatu “Di - Vidarane” of which it is comprised. Here stress has been laid on prolonged prolonged process of menstruation. The bounce of bouts of vitiated blood oozing out through the artavayaha dhamani are denoted by word “Pradara.”\(^3\)

Shaman chikitsa remains better than Shodhana karma as loss of blood causes Rakta, Mansa and Bala kshinata. So, to stop bleeding through vagina in early stage, to prevent Anemia and general deterioration of health, Shamana chikitsa is used otherwise. Shamana is line of treatment given for old age patients, female patient with Daurbalya, in children and in patient with Agnimandya. As, we know that Agnimandya is one of the major causes which is responsible to produce pathology,\(^4\) it should be treated with Dipan-pachan karma. Different drugs have been used in different Ayurvedic research works. Bharangi and Sunthi churna with Tandulodhaka as an anupana is indicated for the treatment of Asrigdara roga in Bhavapraksha. Tandulodhak is described as a medicine on Asrigdara Roga in sharngdha samhita. Pushyanuga churna is standard and conventional medicine for Asrigdara roga. It is traditionally used for the treatment of Asrigdara roga. It is also a popular medicine amongst Ayurvedic Gynecologists. It is prescribed in almost all the standard Ayurvedic text books for the treatment of various yoni rogas and especially indicated for Asrigdara roga. It is used as standard and conventional medicine for control group patient of Asrigdara roga. Therefor, we decided to use Bharangi\(^5\) churna (Clerodendrum indicum, Linn.) and Sunthi churn\(^6\) (Zinziber officinale, Linn.) as a Trial Drug and Pushyanuga churna\(^7\) as a Control drug.

2. METHODS

2.1. Objectives
♦ To study in detail about Asrigdara.
♦ To study the efficacy of Bharangi and Sunthi churna in Asrigdara.
♦ A Comparative Study of Bharangi Sunthi churna and pushyanuga churna in Asrigdara.

2.2. Grouping and Randomization
Total 60 patient of Asrigdara roga are selected randomly. Study was carried out in well maintained ethical background taking all ethical aspects under consideration. Each patient was explained nature of study in details in their mother tongue and written consent was taken. Selected patients were divided randomly in two different groups. Group A was termed as Trial group including 30 patients which were treated with Bharangi churn\(^5\) (1.5 gm) + Sunthi\(^6\) churn (1.5 gm) + Tandulodaka\(^8\) (200 ml), for three consecutive cycles (i.e. 90 days). Group A was termed as Control group including 30 patients which were treated with Pushyanuga churna\(^7\) (3 gm), for three consecutive cycles (i.e. 90 days). Details are given in Table No. 1.

2.3. Selection criteria

Inclusion criteria
♦ Patients ready to get included in study and ready to give written consent.
♦ Age group from Menarche up to Menopause.
♦ Patient complaining of mainly excessive bleeding during menstruation (i.e. Bleeding more than 8 days and need of more than 6 pads per day).

Exclusion criteria
3. RESULTS AND DISCUSSION

Asrigdara was more found in married women. (Married woman: 88.33%, Unmarried woman: 11.67%) Considering occupation, we found that Asrigdara was more common in House wives and service women than others. Asrigdara was more frequently found in age group 41-45 years and next higher frequency found in age group 36-40 years. We found that chance of Asrigdara increase with parity as it was found more in multiparous woman. Occurrence of Asrigdara was more commonly found in Vata pradhan prakruti females. Among all the type of Asrigdara roga vataj Asrigdara was found more commonly.

At the end of third menstrual cycle, follow up wise collected data was compared and analyzed. Percent relief was in symptoms was calculated on the basis of decrease in symptom score, comparing baseline score and score at the end. Percent relief is given in Table No. 2. It was observed that percent relief in all four parameters was more in Control Group in comparison with Trial Group. It showed that Pushyanuga churna has relieved the parameters better than Bharangi and Shunthi churna.

Statistical analysis was done using Unpaired t Test. In all parameters i.e. Raja strava Matra, Raja strava Kalavadhi, Kati shula and Angamarda significant difference between two means was observed. But mean difference of parameters in Control Group was found more than mean difference of parameters in Trial Groups. It means Control drug effect is significantly better than Trial drug effect. Statistical analysis and values of t and p are given in Table 3. Hence it was concluded that Pushyanuga churna is significantly effective than Bharangi and Shunthi churna to reduce Raja strava Matra, Raja strava Kalavadhi, Kati shula and Angamarda in Asrigdara patients. Overall effect of therapy is shown in Table 4.

In samprapti of Asrigdara, following factors are involved viz. Dosha - Pitta and Vata, Dushya – Rasa and Rakta dhatu, Sthansanshraya – Garbhashayagata, Rajovaha
Shiras. **Strotas dusthi** - Artavaha strotas, Rasavaha strotas. In Asrigdara roga, all etiological factors are mainly of Pitta vitiating. Vitiating Pitta does the margavarodha of Vata and Vata is get vitiated due to vimargagamanam. It causes 'Rakta dushana' and 'Rakta Varidhana'. Thus, excessive amount of Raja and Rakta start flowing through vagina. Hence, as mentioned by Charaka in Arsha chikitsa Pitta-Vata shama-na, Grahi, Dipan-Pachana, Rakta stambhan, Garbhashaya balya drugs, having Kashaya, Tikta, Madhura rasa and Shita guna are indicated in treatment of excessive blood flow. To treat all Yoniroga, Vata dosha chikitsa is important as per Charaka’s opinion because, Vata dosha in one of major factors in Yoniroga and samprapti takes place in Vata sthana i.e. in the region of apana vayu. Sunthi due to its Uusna virya, Snigdha guna and Madhura vipak, acts as Vataghna. Due to its Katu rasa and Usna virya, Sunthi destroys Samta of Pitta, due to its Madhura vipak it does not allow Pitta vitiation further more. Bharangi due to its Ushna virya, acts as Vataghna. Due to its Katu rasa and Usna virya, Bharangi destroys Samta of Pitta. Due to its Tikta rasa, Bharangi is Pitta shamaka and Rakta shuddhikara. Due to Kashaya rasa Bharangi is Rakta-stambhaka. Tikta rasa dravyas are specially indicated in diseases like Rakta-pitta, Asrigdara because Tikta rasa performs Dhatvagni dipana and Dhatugat samata pachana. Kashaya rasa dravyas are specially indicated in diseases like Rakta-pitta, Asrigdara because they act as Rakta stambhaka and Pitta shamaka. In this way Sunthi, Bharangi churna breakdown the initial phase of the pathogenesis of Asrigdara roga. -Due to Snigdha-Shita Guna, Madhura Rasa-Vipaka, Tandulodhaka is Balya, Raktastambhaka, Pitta-rakta dosha shamaka. Tandulodaka does tarpana of Rasa dhatu and hence helps to reduce Daurbalya.

4. **CONCLUSION**

- Asrigdara roga is found more incident in Married woman, Multiparous woman, House wives, Age Group 41-45yrs and Vata pradhan prakruti.

- Trial drug (Shunthi churna and Bharangi churna along with Tandulodaka anupana) is effective to reduce Raja strava Matra, Raja strava Kalavadh, Kati shula and Angamar-da in Asrigdara patients.

- Shunthi churna and Bharangi churna along with Tandulodaka anupana is less effective as compared to Pushyanuga churna in Asrigdara.

- Shunthi churna and Bharangi churna along with Tandulodaka anupana is effective, having low price and patient can prepare it at home also.

**REFERENCES:**


Belhekar PB, Nimase J. A Comparative Study of Bharangi-Sunthi Churna and Pushyanuga Churna in Asrigdara.


6. TABLES

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Subject</th>
<th>Trial (Gr. A)</th>
<th>Control (Gr. B)</th>
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<tbody>
<tr>
<td>1</td>
<td>Drug name</td>
<td>Bharangi churna + Shunthi churna</td>
<td>Pushyanuga churna</td>
</tr>
<tr>
<td>2</td>
<td>Matra</td>
<td>3 gm x BD</td>
<td>3 gm x BD</td>
</tr>
<tr>
<td>3</td>
<td>Kala</td>
<td>Apana kala (Bhojan purva)</td>
<td>Apana kala (Bhojan purva)</td>
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<td>4</td>
<td>Anupana</td>
<td>Tandulodaka (200 ml)</td>
<td>Tandulodaka (200 ml)</td>
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<tr>
<td>5</td>
<td>Duration</td>
<td>For three menstrual cycles (90 days)</td>
<td>For three menstrual cycles (90 days)</td>
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<tr>
<td>6</td>
<td>Follow-up</td>
<td>End day of every menses</td>
<td>End day of every menses</td>
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Table No. 1. Treatment details

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Symptom</th>
<th>Parameter</th>
<th>Percent Relief</th>
<th>Trial Group</th>
<th>Control Group</th>
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<tbody>
<tr>
<td>1</td>
<td>Raja strava Matra</td>
<td>60.00 %</td>
<td>70.00 %</td>
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<td>2</td>
<td>Raja strava Kalavadi</td>
<td>62.50 %</td>
<td>72.00 %</td>
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<tr>
<td>3</td>
<td>Katishula</td>
<td>56.67 %</td>
<td>71.43 %</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Angamarda</td>
<td>56.67 %</td>
<td>66.67 %</td>
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</table>

Table No. 2. Percent relief

Table No. 3. Statistical analysis (Unpaired t Test)
(C > T means efficacy of Control Drug is more than efficacy of Trial Drug)

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Upashaya</th>
<th>Criteria</th>
<th>% of patients</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Trial Group</td>
<td>Control Group</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Uttama upashaya</td>
<td>76% to 100%</td>
<td>60.50%</td>
<td>70.00%</td>
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<tr>
<td>2</td>
<td>Madhya upashaya</td>
<td>51% to 75%</td>
<td>04.17%</td>
<td>03.46%</td>
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<td>3</td>
<td>Hina upashaya</td>
<td>26% to 50%</td>
<td>23.00%</td>
<td>15.52%</td>
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Table No. 4. Overall effect of therapy

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