



ORIGINAL RESEARCH PAPER

Ayurveda

“TO STUDY THE EFFECT OF KUSHMULA AND BALAMULA CHOORNA WITH TANDULODAKA IN ASRUGDARA.”

KEY WORDS: Asrugdara, Kushmula choorna and Balamula choorna.

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ABSTRACT

In this modern century, lifestyle and status of women has changed. Women works in all fields of world and also share equal responsibility with male. Asrugdara is sufficient enough to interfere with her occupation, education and social as well as emotional life. All the classics have given detailed description about the treatment and the disease Asrugdara. Acharyas made it clear that improper mode of life including aahara, vihara and even mental stress are considered as etiological factors for the development of Asrugdara.

In view to find the effective and harmless treatment, many ayurvedic and modern theories were studied , out of them modern management had much side effects and patient found remained symptomatic, on the basis of above the present study was selected.

The total patients of the experiment were divided in two equal groups. The 30 patients of trial group given kushmula and balamula choorna with tandulodaka orally in dose of 1 karsha (12 gm in equally 3 divided doses) in apan kala with tandulodaka. The 30 patients of control group given the pushyanuga choorna with tandulodaka orally in dose of 1 karsha (12 gm in equally 3 divided doses) in apankala with Anupana – tandulodaka. The results of the present study shown that both the experimental and the control groups of drugs were statically equal effective on the asrugdara disease.

INTRODUCTION

Acharya Charaka described the general characters of normal menstruation, the menstruation is that, which has an inter menstrual period of one month, the menstrual blood is not very excessive or scanty in amount. Asrugdara concerned to excessive and irregular bleeding during menstruation. The estimated blood loss per month in menstruation is about 40 – 60 ml. Blood loss more than 80 ml per month is considered as abnormal. 2 In routine practice of stree roga and prasuti tantra number of patients present with excessive and irregular bleeding (asrugdara) per vaginally. Asrugdara gives rise to various systemic and psychological disorders which needs treatment. On account of the disturbance in intake of proper diet, rest, stress and strain, and with the change of the life style, this disease has become a big challenging problem for working class ladies with considerable morbidity.

The health of healthy person should be maintained and the disease or diseases of ill patient should be cured. If we ignore asrugdara at this level, then it leads to development of certain upadravas like pandu, shophya etc. So to prevent the updravas it is better to treat asrugdara, that's why other upadravas related to asrugdara will not occur in women and it will be possible to maintain health of women, which will gives us success in achieving the golden aim of ayurveda. In this modern century, lifestyle and status of women has changed .Women works in all fields of world and also share equal responsibility with male. Asrugdara is sufficient enough to interfere with her occupation, education and social as well as emotional life.

In view to find the effective and harmless treatment , many ayurvedic and modern theories were studied , out of them modern management had much side effects and patient found remained symptomatic, on the basis of above the present study was selected. There are many preparations explained in ayurveda to treat asrugdara, these are mainly having pittashamaka, raktashodhaka, raktastambhaka, vatanulomaka and garbhashaya balyakara properties. In asrugdara there is pitta (pachaka) and vata (apana) dosha, rasa and rakta dhatu vikruti as well as agnimandytwa takes place, kusha mula choorna is having madhura rasa pradhana and kashaya as anurasa and is tridoshaghna, and bala mula choorna having madhura rasa and vata, pitta shamaka

properties, tandulodaka having madhoor rasa, kashaya as anurasa and vata pitta shamaka as well as rakta stambhaka karma. So in present study kush mula choorna, bala mula choorna with tandooolodaka were selected.

AIMS AND OBJECTS

To study the effect of kushmula and balamula choorna with tandulodaka in asrugdara.

MATERIALS AND METHODS

MATERIAL

Selection of drug

EXPERIMENTAL GROUPS DRUGS – KUSHAMOOLA –

Latin name – desmostachya bipinnata (stapf) . - Kula – yawa kula (graminae).

Parts used – Moola.

- Guna - i) Rasa – madhur, kashya. ii) Virya – sheeta. iii) Vipaka – madhura. iv) Guna – laghu, snigdha. v) Doshakarma – tridoshagna. Due to snigdha it does vata shaman. Due to mahura vipaka and sheeta virya it does pitta shaman. Due to kashya rasa it does the kapha shaman.

II) BALAMULA:

Latin name – sida cordifolia Linn. - Kula (family) – karpasa kula (malvaceae) - Parts used – moola, beeja.

- Guna – Rasa – Madhura. Verya – Sheeta. Vipaka – Madhura. Guna – laghu, sneegdha, picchila.

- Chemical composition – i) It contains fatty oil, phytoosterol, mucins, potassium nitrate, resins acids etc. ii) Alkaloids to the extent of 0.085 per cent. Mainly – ephedrine. Ayurvedic properties and karma of balamoola –

- Doshakarma – due to the madhura rasa, sneegdha guna it does the vata shaman, and due to the sheeta guna it does the pitta shaman.

Control group drug: TANDULODAKA :

English name – Rice - Family – Poaceae - Swaroop – It is the

small tree grows about 1 feet, it is found in worldwide the rainy areas commonly. - Prayojya anga – phala (fruit) - Guna – i) Rasa – Madhura, Kashaya. ii) Virya – Sheeta. iii) Vipaka – Madhura. iv) Guna – Laghu, snigdha.

STUDY DESIGN – The patients was randomized, single blind study in the patients having asrugdara was done.

SELECTION OF THE PATIENTS – The present study was carried out in OPD department of stree roga. The patient who was mainly having the cardinal symptoms of asrugdara irrespective of the age, occupation, prakruti was selected for the present study.

INCLUSION CRITERIA:-

- 1) Written informed consent & voluntarily willing patients had been taken for this study.
- 2) Age group – 15 to 35 yrs.
- 3) Patients complaining of excessive or prolonged menstrual bleeding or inter menstrual bleeding. 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) Benign or malignant growth, erosions or trauma.

PLACE OF WORK:- Present study was conducted at –OPD department of stree roga in our hospital.

INFORMED CONSENT - Written informed consent & voluntarily willing patients was taken for this study.

MATERIALS (DRUG) –

1. Trial Group Drug – - kushmula choorna and Balamula choorna. - Anupana – tandulodaka.
2. Control Group Drug - Pushyanuga choorna. - Anupana – tandulodaka.

TREATMENT PLAN – The total patients of the experiment were divided in two equal groups.

- i) **GROUP – A (Trial group)** -- The 30 patients of trial group given kushmula and balamula choorna with tandulodaka. - Mode – orally - Dose – 1 karsha (12 gm in equally 3 divided doses) in this the both of choorna are taken in equal quantity. (i.e. 6 gm. of each.) - Kala – apan kala. - Anupana – tandulodaka. Dose – 30 ml every time. 102
- ii) **GROUP – B (Control group)** -- The 30 patients of control group given the pushyanuga choorna with tandulodaka. - Mode – orally. - Dose – 1 karsha (12 gm in equally 3 divided doses) - Kala – apankala. - Anupana – tandulodaka. Dose - 30 ml every time.

METHOD -- The drugs (choorna) purchased by standard pharmacy. - The tandulodaka prepared as per hima kalpana explained in Sharangdhar samhita (SOP), by taking 10 gm of shasthishali tandula and 80 ml of drinking water.

DIET -- In the present study patients were advised to take normal diet which contains more leafy vegetables. - Patients were advised to avoid spicy, sour and oily food. - Advised to avoid the food in excessive quantity as well as fast food also avoided.

DURATION OF TREATMENT -- The treatment duration in the present study was of 1st five day of the 3 consecutive menstrual cycle.

FOLLOW UP – Follow up advised on the first day of 3

consecutive menstrual cycle.

CRITERIA OF ASSESSMENT

The observations of the present study was made on the basis of following criteria, a. Rajastrava pramana. b. Rajastrava kala. c. Angamarda. d. Adodara shoola. e. Kati shoola. f. Haemoglobin %.

OBSERVATIONS AND RESULTS

There were 43.3% patients found 30 years and above that age.

There were 36.7% of patient more than two child.

Out of the 60 patients of the experiment the maximum 73.3% of patients were having no history of abortion.

There were maximum 38.4% of patients having prakruti.

Parameters	GPs	Mean score		% Relief	Wilcoxon Z	P
		BT	AT			
Rajstrava praman	GP A	2.50	1.13	54.7	4.96	<0.001 HS
	GP B	2.53	1.20	52.6	4.98	<0.001 HS
Angamarda	GP A	2.73	1.03	62.3	4.89	<0.001 HS
	GP	2.57	1.17	54.5	4.94	<0.001 HS
Adhoudar	GP A	2	1	50	5.47	<0.001 HS
Shool	GP B	2	1	50	5.47	<0.001 HS
Kati Shool	GP A	2	1	50	5.47	<0.001 HS
	GP B	2	1	50	5.47	<0.001 HS
Haemoglobin	GP A	2.40	1.73	27.9	4.47	<0.001 HS
	GP B	2.60	1.76	31.9	5.00	<0.001 HS

Overall effect of the drugs –

In experimental group there were 12 patients improved and 18 patients were remarkable improved, in the symptoms where as in the control group the 13 patients were improved and 17 patients were found remarkable improved.

The mean difference score in the experimental group –A (6.96) was found greater than the mean difference score of the control group -B (6.66). This suggest that the treatment given to the experimental group – A was more effective for this symptom than that of the treatment given to the control group -B.

DISCUSSION

During the present study it was found that in experimental group- A there was more relief found in rajastrava kalawadhi (54.1%), rajastrava pramana(54.7%) angamarda(62.3%), than that of the control group – B (48.8%, 52.6% and 54.5% respectively), in the adhodara shoola and the kati shoola criteria , both group patients shows equal effect (50%) . In the control group it was found that there was more effect found in haemoglobin level /relief in anaemia (31.9%) than that of experimental group (27.9%).

Probable action of the drugs –

In the samprapti of the asrugdara, pitta and vata dosha (apana vata) , rasa , rakta and the agnimandyatwa were the main responsible factors, the experimental drugs (a) kushamula is madhura , kashaya rasatmaka , vata pitta shamaka , rakta pitta shamaka , rakta sthambaka ; (b) balamula is madhura rasatmaka , vata pitta shamaka , rastmaka , vedanasthapaka , shothahara ; (c) tandulodaka is also madhura kashaya rasatmaka , sheeta gunatmaka which effectively does rakta sthambana karma.

All the three drugs acts as “pitta vataghna” hence they helps in breakdown the samprapti of the asrugdara , with the help of kashaya rasa agnideepana karma takes place , the antiinflammatory property of the balamula helps in controlling the associated symptoms like angamarda , katishoola and adhodara shoola.

CONCLUSION:

The results of the present study shown that both the

experimental and the control groups of drugs were statically equal effective on the asrugdara disease.

In the present study it was noted that kush mula choorna and bala mula choorna with tandulodaka - group – a (trial group) had shown mild better results in some symptoms of asrugdara i.e. rajastrava kalavadhi (54.1%), rajastrava pramana (54.7%), angamarda (62.3%) than pushyanuga choorna – group – b (control group) without any side effects. Whether as control group drug had shown mild better result in rising haemoglobin levels (31.9%) than that of trial group drugs.

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