

## THE STUDY OF THE EFFICACY OF INDRAYAVA CHURNA WITH SHARKARA IN RAKTAPRADAR

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### • INTRODUCTION

The God has blessed the female with the valuable gift of motherhood. The reproductive life starts with puberty and ends with menopause. In between these two ends there is reproductive life having menstrual cycle i.e, *Rutuchakra*. Menses is phrased as “*Rajastrava*”. The word *Artava* has two meanings one of them is ‘*Antah Pushpa*’ and another is ‘*Bahir Pushpa*’.

In this study we have quoted, *Antah Pushpa – Artava* as Ovum; The word *Aartava* is used to denote ovum at number of places in relation to fertilization or zygote i.e. *vayu* divides the combination of *shukra* and *artava*, *shukra* after entering uterus through appropriate passage gets admixed with *artava* etc.

–” भिनत्ति यावद्बहुधा प्रपन्नः शुक्रार्तवम् ।”

- “आर्तवम् गर्भकृच्छ् ।”

*Bahir Pushpa- Raja* as Menstrual bleeding.

“रसादेव स्त्रिया रक्तम् रजः संदन्यम् प्रवर्तते ।

तद्वर्षात् द्वादशादूर्ध्वं याति पन्चाशतः कशयम् ॥”

Duration of *Rutuchakra* (menstrual cycle) is usually twenty eight to thirty days. Two to three days deviation from the monthly rhythm is also quite common. The duration of bleeding is about five days and estimated blood loss is 20 to 60 ml. The menstrual rhythm (length of the

cycle) depends upon the hypothalamo-pituitary-ovarian function and the amount of blood loss depends upon the uterine condition.

*Asrigdara* is one amongst the extensive range of occurrence affecting her physical, social and psychological life.

“रजः प्रदीर्यते यस्मात् प्रदरस्तेन् स स्मृतः ॥”

*Asrigdara* indicated the excessive excretion i.e. *Dirana* of menstrual blood(*Asruk*); any abnormality in *Rutuchakra* (menstrual rhythm) leads irregular and excessive uterine bleeding which is known as “*Asrigdara*” in classical text.

#### ● Purpose of the study

Due to limitation of medical therapy as well as surgical therapy of modern science, **it is necessary to find out an effective harmless therapy to manage this disease. In our *Samhitas*, *Shuddha Chikitsa* is explained- it is effective and not causing other harms.**

Treatment of *Raktapradar* is explained as

चतुर्णां प्रदराणां च तत् सर्वम् कारयेत् भिषक् ।

रक्तातिसाराणां यच्च तथा शोणितपित्तिनाम् ॥

रक्तार्शसाम् च यत् प्रोक्तम् भेषजम् तच्च कारयेत् ॥

*Lavana*, *Amla*, *Vidahi* etc Gunas are the *Hetus* of *Raktapradar*. So, the drug with opposite Gunas can be effective in *Raktapradar* as per ‘*Samanya-Vishesh Siddhanta*’.

“निष्कमैन्द्रयवम् चूर्णं सिताद्विगुणितम् भवेत् ।

उषितेन जलेनैव पीतम् प्रदरनाशनम् ॥”

As *Indrayava* has *Katu Rasa*, *Sheeta Virya*, it is *Raktastambhak*, *Raktaprasadak*. It acts on *Rasa*, *Rakta*, *Mansa Dhatu* which work according to *Chikitsa sutra* mentioned above. So, work on the *Yoga* given by *Yogaratanakar* will be done.

●**AIM:-** To study the efficacy of *Indrayava Churna* with *sharkara* in *Raktapradar*.

**●INCLUSION CRITERIA**

1. Patient with of any caste, parity.
2. Age group- 20 to 40 yrs
3. Patients complaining of excessive menstrual bleeding
  - Duration :- More than 7 days
  - Quantity :- More than Grade 2 Bleeding according to Pictorial Blood Loss Scale (i.e. More than 3 pads per day)
  - Consistency :- Bleeding with or without clots
4. Associated symptoms like Pain, Foul smell etc

**●EXCLUSION CRITERIA**

1. Not willing for this study.
2. Patients with venereal diseases, systemic disease like Hypertension, Diabetes mellitus, Thyroid disorders.
3. Immune compromised patients.
4. Patients with IUCD and on OC-pills.
5. Blood coagulopathy.
6. Benign or malignant growth, erosions or trauma.
7. Woman with confirmed pregnancy.
8. Polymenorrhoea

**●MATERIALS AND METHODS**

- 1) Medium of dissertation – will be English supplemented by Sanskrit terminologies whenever necessary.
- 2) Literature – available in all Ayurvedic samhitas.
- 3) Study centre – Ashtang Ayurved Hospital, Pune-30
- 4) No. of patients – 35 in each group
- 5) Type of study – Open labelled, controlled study.
- 6) Material –

**Group A: - Experimental group(35 patients)**

- **Drug-** *Indrayava Churna* – 1gm 250mg with *sharkara* - 2gm500mg
- **Anupan** – *Ushna Jala*
- **kala** - *Apankala* from 1<sup>st</sup> day of menses for 30 days
- **Duration** -3 consecutive cycles

**Group B:- Control group(35 patients)**

1) **Drug-** Tab.Pause MF 500mg BD for 3 days from 1<sup>st</sup> day of menses

2) **Dose-** 1 tab.

3) **Kala-** BD

4) **Duration-** 3 consecutive cycles

**●Assessment Criterias**

1. **Bleeding-** Bleeding is assessed on the basis of PBAC

(Pictorial blood loss assessment chart)

2. **Pain:-**Pain such as –a) *Adhoularshool*

b) *Katishool*

c) *Angamarda*.

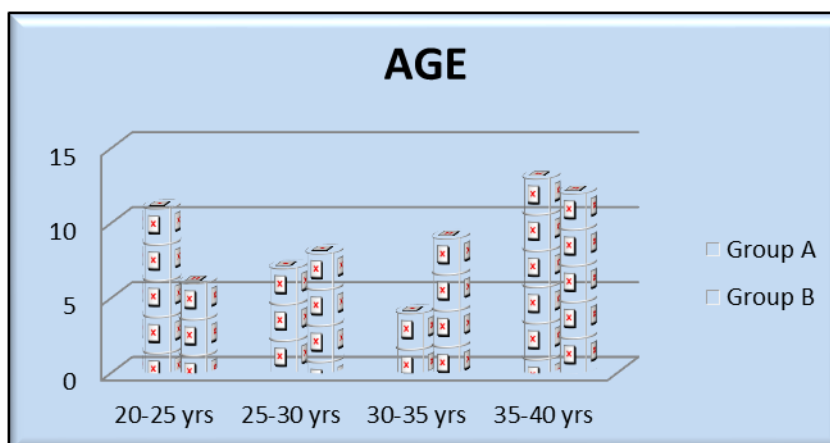
is assessed on the basis of **Visual assessment scale**

3. **Foul Smell:-** a) Grade 0- Absent

b) Grade 1- Present

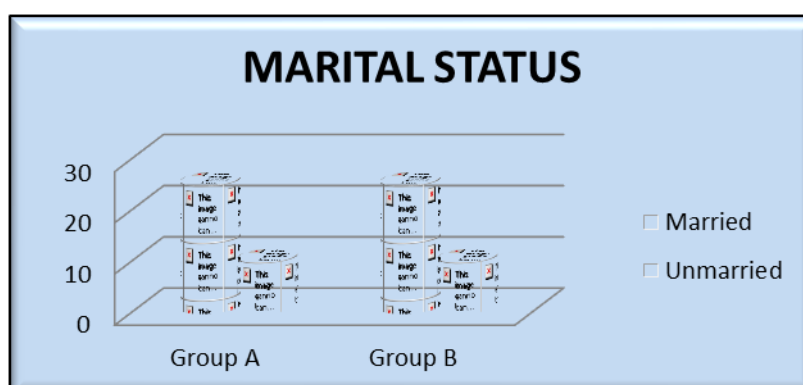
**●OBSERVATIONS AND RESULT****A) Age wise**

AGE	GROUPS		TOTAL
	GROUP A	GROUP B	
20-25 YRS	11	6	17
%	31.4%	17.1%	24.3%
25-30 YRS	7	8	15
%	20%	22.9%	21.4%
30-35 YRS	4	9	13
%	11.4%	25.7%	18.6%
35-40 YRS	13	12	25
%	37.1%	34.3%	35.7%
TOTAL	35	35	70
%	100.0	100.0	100.0



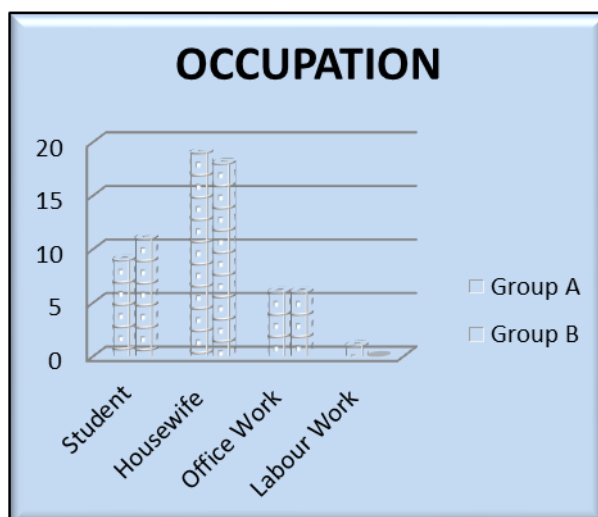
### B) Marital Status wise

MARITAL STATUS	Groups		Total
	Group A	Group B	
Married	25	25	50
%	71.4	71.4	71.4
Unmarried	10	10	20
%	28.6	28.6	28.6
Total	35	35	70
%	100.0	100.0	100.0



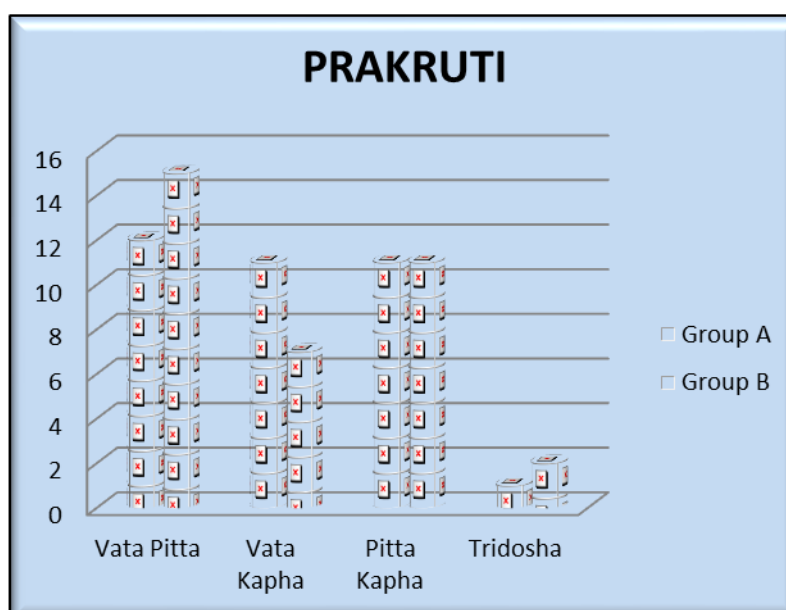
### C) Occupation wise

OCCUPATION	Groups		Total
	Group A	Group B	
Student	9	11	20
%	25.7	31.4	28.6
Housewife	19	18	37
%	54.3	51.4	52.9
Office Work	6	6	12
%	17.1	17.1	17.1
Labour Work	1	0	1
%	2.9	0.0	1.4
Total	35	35	70
%	100.0	100.0	100.0



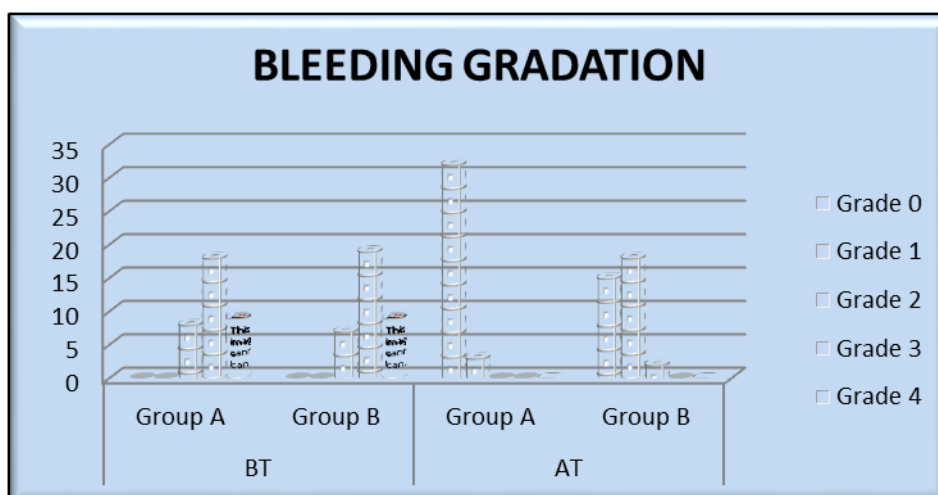
#### D) Prakruti Wise

PRAKRUTI	Groups		Total
	Group A	Group B	
Vata Pitta	12	15	27
%	34.3	42.9	38.6
Vata Kapha	11	7	18
%	31.4	20.0	25.7
Pitta Kapha	11	11	22
%	31.4	31.4	31.4
Tridosha	1	2	3
%	2.9	5.7	4.3
Total	35	35	70
%	100.0	100.0	100.0

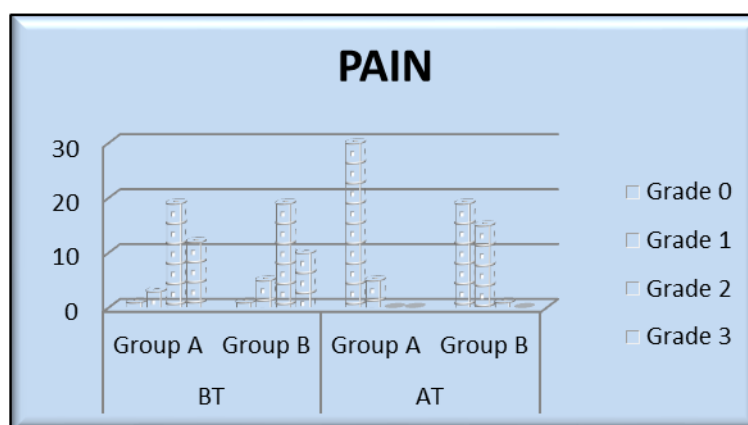


**CLINICAL OBSERVATIONS****A) Bleeding Gradation**

<b>BLEEDING GRADATION</b>	<b>BT</b>		<b>AT</b>	
	<b>GroupA</b>	<b>GroupB</b>	<b>GroupA</b>	<b>GroupB</b>
Grade 0	0	0	32	15
%	0.0	0.0	91.4	42.9
Grade 1	0	0	3	18
%	0.0	0.0	8.6	51.4
Grade 2	8	7	0	2
%	22.9	20.0	0.0	5.7
Grade 3	18	19	0	0
%	51.4	54.3	0.0	0.0
Grade 4	9	9	0	0
%	25.7	25.7	0.0	0.0
Total	35	35	35	35
%	100.0	100.0	100.0	100.0

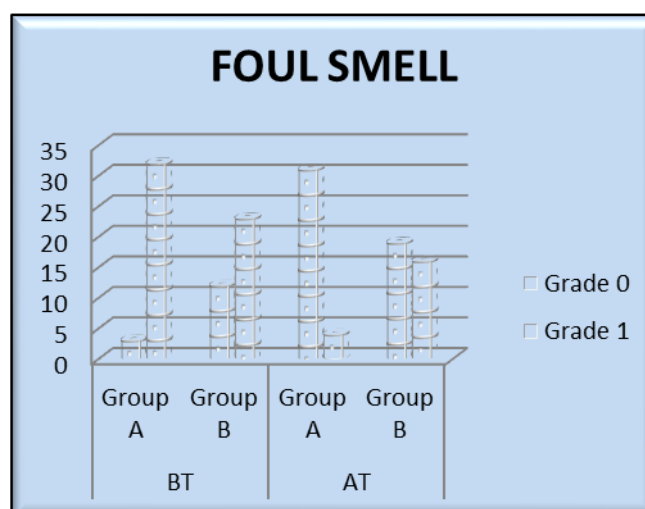
**B) PAIN**

<b>PAIN</b>	<b>BT</b>		<b>AT</b>	
	<b>Group A</b>	<b>Group B</b>	<b>Group A</b>	<b>Group B</b>
Grade 0	1	1	30	19
%	2.9	2.9	85.7	54.3
Grade 1	3	5	5	15
%	8.6	14.3	14.3	42.9
Grade 2	19	19	0	1
%	54.3	54.3	0.0	2.9
Grade 3	12	10	0	0
%	34.3	28.6	0.0	0.0
Total	35	35	35	35
%	100.0	100.0	100.0	100.0



### c) FOUL SMELL

FOUL SMELL	BT		AT	
	Group A	Group B	Group A	Group B
Grade 0	3	12	31	19
%	8.6	34.3	88.6	54.3
Grade 1	32	23	4	16
%	91.4	65.7	11.4	45.7
Total	35	35	35	35
%	100.0	100.0	100.0	100.0



### ●DISCUSSION

**A) Age:-** Maximum patients were from age group 35-40 years 37.1% in trial and 34.3% in control group followed by 31.4% in trial group and 17.1% in control group from 20-25 years age group. 20% and 22.9% patients in trial and control group from 25-30 years. 11.4% and 25.7% patients from age group of 30-35 years in trial and control group respectively.

**B) Occupation:-** Most of patients were housewives- 54.3% and 51.4% in trial and control group respectively. Students – 25.7% and 31.4% in trial and control group respectively.

17.1% from each group belonged to office work. Labour work- 2.9% and 0% in trial and control group respectively.

**C) *Prakruti***:- Observations shows that prakruti with *Vata Pitta Dosha* prominence is more prone for *Raktapradar*.

**D) Marital Status**:- Observations shows that married patients are more prone for raktapradar.

● Assessment of symptoms was done by standard methods and results obtained as follows:-

**A) Bleeding**:- After treatment it was found 91.4% & 42.9% patients from trial and control group respectively were having bleeding score < 100 as per pictorial blood loss assessment chart.i. e. totally cured patients.

Thus, it shows that *Indrayava Churna* with *Sharkara* shows more effective results on bleeding rather than control group drug.

## **B) Pain**

Pain such as *Adhoularshool*, *Katishool* and *Angamarda* causing daily activity disturbance was assessed by functional activity score. After treatment, About 85.7% and 54.3% patients from trial and control group respectively got total relief from pain i.e no pain at the time of menstruation.

While 14.3% and 42.9% patients from trial and control group respectively were having mild pain which was not affecting there activities. And 0% and 2.9% patients from trial and control group respectively were having moderate pain i.e mild to moderate restrictions to their activity.

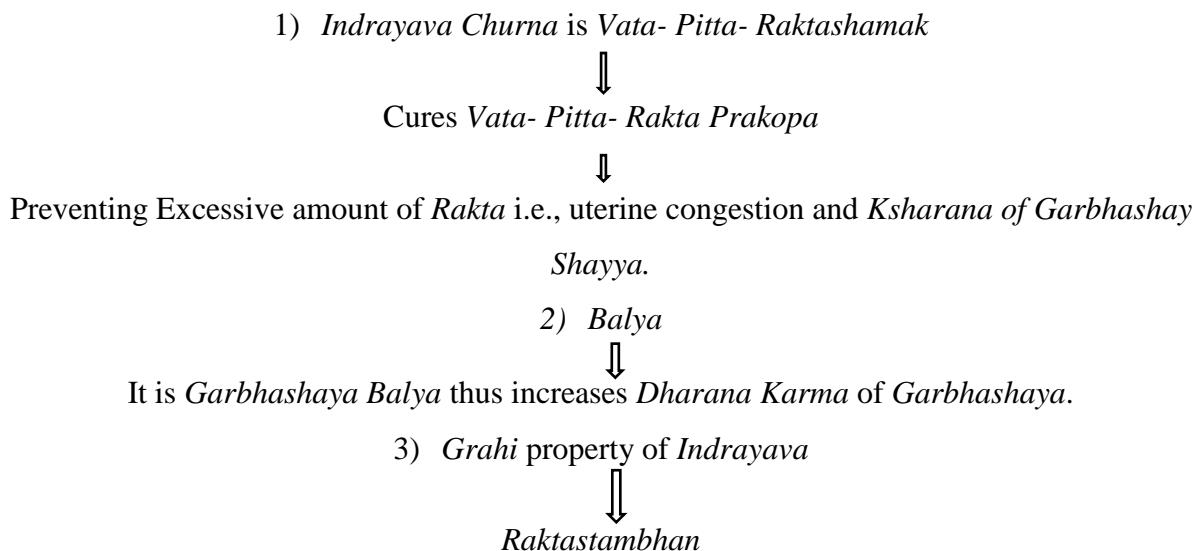
This data shows that, trial group drug shows very good results on pain than control group drug.

**C) Foul smell**:- Trial group drug acts much better than control grop drug on foul smell (*Dourgandhya*). This might be possible because *Indrayava* and *Sharkara* are *Pittashamak Dravyas*.

## ● CONCLUSION

- In treatment of *Asrugdara* it is necessary to do *Sampraptibhanga* so, *Vata- pitta shamak*, *Rasadhatugami* and *Garbhashaya Balya* treatment is required along with *Raktastambhan*.

### Probable mode of action of *Indrayava Churna* with *Sharkara*



Further from the present study we can conclude that

Incidence is higher in:-

- 1) Age group= 35- 40 yrs
- 2) Married women
- 3) Housewives
- 4) *Vata- Pittaj prakruti*

From results, it can be concluded that Tab. Pause MF is effective in *Raktapradar* but as *Indrayava Churna* with *Sharkara* acts mainly on basic pathogenesis it shows better results than control group. Hence, *Indrayava churna* with *Sharkara* is effective in *Rakapradar*.

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