



RESEARCH ARTICLE

A COMPARATIVE STUDY OF INDRAYAVA CHURNA & NAGKESHAR CHURNA IN RAKTAPRADAR W.S.R TO MENORRHAGIA

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ABSTRACT

Since the evolution of life women has been placed on extreme worship place due to her ability of "Janani". That's why Acharya Manu has quoted that for the happiness of human society, proper care and respect is given to the women. The preparation of motherhood starts with puberty and ends with menopause. Raktapradar indicates the excessive and irregular P V bleeding during menses and intermenstrual period. Female reproductive system has a great importance and any diseases related to this system will seriously affect woman's health & happiness and also proves to be of great discomfort. So many preparation have been mentioned in our text for treatment of Asrigdhar. All this medication have certain common fundamental principles. These are pittakapha shamak, garbhashaya balya & vatanuloman, samprapti vighatana & effective control & cure in Asrigdhar are the main aims with which drug is selected. The present study is aimed for the comparative study of Indrayava churna & Nagkeshar churna as haemostatic action in raktapradar w.s.r to Menorrhagia. The clinical trial was carried out in two groups as,

- Group A :- Indrayava churna (6gm B.D.) with sharkara & Jal.
- Group B :- Nagkeshar churna (6gm B.D.) with ghrut.

The results obtained were encouraging and they shows the efficacy of indrayav churna over nagkeshar churna

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INTRODUCTION

Due to alteration of food habits & changing life styles incidence of excessive & irregular uterine bleeding is increasing day by day. Various reports suggest that 30-50% of women in reproductive age group suffer from excessive & irregular uterine bleeding by various causative factors. 28% of female population consider their menstruation excessive and plan their social activities around the menstrual cycle. Nearly 10% of women employees need to take off the work because of excessive menstrual loss. 6% of women aged 25 to 44 consult their GP's about excessive menstrual loss every year. 35% out of these are referred to hospital, 60% will undergo a Hysterectomy in next 5 years. Over 75000 Hysterectomies are now carried out due to Menstrual disturbances only. Over the years, excessive irregular uterine bleeding has become an frequently increased complaint for 2 main reasons

- 1) Women nowadays experiences 10 times more menstrual Cycle disturbances than ancestors did.
- 2) Women are unlike to accept menstrual disturbances.

Heavy uterine bleeding is managed with medical therapy (hormonal therapy, antifibrinolytic drugs etc) which have lots of side effects & if unsuccessful is followed by surgical intervention. Dilatation & Curettage is best temporary treatment with limited efficacy. High rate of complication of Hysterectomy as well as it is not suitable for younger patient and who wish to conceive further. Due to limitation of medical therapy as well as surgical therapy of modern science, it becomes a necessity of time to find out an effective harmless therapy to manage the condition. Many theories have been put forward with many new hypothesis describing the disorder in Ayurved as well as in modern science still there is enough scope to work out on its aetiopathological & management aspect of Asrigdhar because in medical science its management aspect remain asymptomatic with troublesome side effects. On the light of above, present study has been

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selected. In pathogenesis of Asrigdhara pitta & vatta (APANA) doshas, rasa & raktadhatus & agnimandya are main responsible factors. Indrayava churna is katu, tikta, kashay rasatmak, pitta kapha shamak rakta shodhak, stambhak. All this factor are responsible to control bleeding. Hence to overcome all this problem this study was conducted

Aims and Objectives

- To explore the efficacy of Indrayava Churna in the management of Raktapradar.
- Duration & Quantity of PV Bleeding will be measured during & after study.
- To achieve reduction in duration & quantity of PV Bleeding in Raktapradar.
- Indrayava Churna with sharkara will be given to patient from 1st day of Menstrual Cycle for 10 days and followup will be taken for next 3 cycle.

MATERIALS AND METHODS

The trial was conducted on 60 clinically diagnosed & confirmed cases of Menorrhagia selected from OPD/IPD of Prasuti-Stree Roga Deptt.

1) Group A :Indrayav (kutajbhij) Churna

- Dose:6gm BD (3gm-0-3gm) for 10 days
- Botanical Name: Holarrhena Antidysentrica.
- Ras-katu, tikt, kashay. Virya-Sheet, Vipak-katu.
- Sevankaal:after meal
- Anupan:sharkara(12gm) with jal
- Followup:next 3 cycle

2) Group B : Nagkeshar Churna

- Dose:6gm BD(3gm-0-3gm) for 10 days
- Botanical Name: MesuaFerra
- Ras-kashay, tikt.Virya-ishtushna. Vipak-katu
- Sevankaal:after meal
- Anupan:ghrut(12gm)
- Followup:next 3 cycle

Subjective diagnostic parameters

0- Nil, 1 - Mild, 2 - Moderate, 3 - Severe

1) Duration of PV bleeding

3 – 5 days - 0
6 – 7 days - 1
8 – 9 days - 2
More than 10 day - 3

2) Quantity of PV bleeding (pads soaked within 24 hrs)

1– 2 pads - 0
3– 4 pads - 1
5– 6 pads - 2
More than 6 pads - 3

3) Pain in Abdomen

Absent - 0
Mild - 1
Moderate - 2
Severe - 3

4) Total Blood loss according to average weight of soaked pad during Menstrual Cycle

25 – 50 gms - 0
51 - 75 gms - 1
76 - 100 gms - 2
More than 100 gms - 3

RESULTS AND DISCUSSION

Effect on Duration of PV Bleeding

Group A: Among the 30 patients, 10 patients had bleeding from 8-9 days and 20 patients had bleeding more than 10 days before treatment. After treatment 6 patients shows normal bleeding i.e 3-5days while 11 patients shown pv bleeding for 6-7 days & 13 patients shows bleeding for 8-9 days.

Mean of duration of pv bleeding before treatment was 2.667 and after treatment it was 1.233 P value =<0.05 which gives statistical significance.

Group B: Among the 30 patients, 15 patients had bleeding for 8-9 days and 15 patients had bleeding more than 10 days before treatment. After treatment 10 patients shows normal bleeding i.e 3-5days while 12 patients shown pv bleeding for 6-7 days & 5 patients shows bleeding for 8-9 days & 3 patient shows bleeding more than 10 days.

Mean of duration of pv bleeding before treatment was 2.50 and after treatment it was 1.567 P value =<0.05 which gives statistical significance.

Comparison between Group A and Group B

Using Mann Whitney test for the Mean of p value is 0.0430, considered significant. Concluded that Group-A is more effective than Group-B.

Effect on Duration of PV Bleeding:

Group A: Among the 30 patients, 8 patients uses 5-6 pads/day and 22 patients uses more than 6 pads/day before treatment. After treatment 8 patients uses 1-2 pads/day while 8 patients 3-4 pads/day & 12 patients uses for 5-6pads/day and remaining 2 patients uses more than 6pads/day. Mean of Quantity of pv bleeding before treatment was 2.733 and after treatment it was 1.267, P value =<0.05 which gives statistical significance.

Group B: Among the 30 patients, 14 patients uses 5-6 pads/day and 16 patients uses more than 6 pads/day before treatment. After treatment 10 patients uses 1-2 pads/day while 11 patients 3-4pads/day & 7 patients uses for 5-6pads/day and remaining 2 patients uses more than 6pads/day.

Mean of Quantity of pv bleeding before treatment was 1.467 and after treatment it was 0.8442, P value ≤ 0.05 which gives statistical significance.

Comparison between Group A and Group B

Using Mann Whitney test for the Mean of p value is 0.0366, considered significant. Concluded that group-A is more effective on Quantity of pv bleeding than group-B.

Effect on Pain

Group A: Among 30 patients, 17 patients had moderate pain while 13 had severe complaints of pain before treatment. After treatment 10 patients had no pain, 16 patients had mild pain, 4 patients had moderate pain. The mean of all patients before treatment was 2.433 and after treatment it is 1.633. Statistically it is proven that $p \leq 0.05$ which is considered as extremely significant.

Group B: Among 30 patients, 14 patients had moderate pain while 16 had severe complaints of pain before treatment. After treatment 9 patients had no pain, 15 patients had mild pain, 4 patients had moderate pain & 2 patients have severe pain. The mean of all patients before treatment was 2.367 and after treatment it is 1.767. Statistically it is proven that $p \leq 0.05$ which is considered as extremely significant.

Comparison between Group A and Group B

Using Mann Whitney test for the Mean of p value is 0.564, considered not significant. Concluded that both groups are equally effective on Pain.

Effect on Total amount of Blood Loss according to Average Wt of soaked pad during Menstrual Cycle

Group A : Among 30 patients, 11 patients have average wt of soaked pad is about 75-100gms, 19 patients have average wt of soaked pad is more than 100gms before treatment, but after treatment 6 patient have average wt of soaked pad is about 25-50gms, 10 patient have average wt of soaked pad is about 50-75gms. The mean before treatment is 2.633 and after treatment it is 1.267 it gives $p \text{ value} \leq 0.05$ which is significant on total amount of blood loss due to average wt of soaked pad.

Group B: Among 30 patients, 14 patients have average wt of soaked pad is about 75-100gms, 9 patients have average wt of soaked pad is more than 100gms before treatment, but after treatment 15 patient have average wt of soaked pad is about 25-50gms, 4 patient have average wt of soaked pad is about 50-75gms & remaining 2 patient have average wt of soaked pad is about 75-100gms. The mean before treatment is 2.533 and after treatment it is 1.733 it gives $p \text{ value} \leq 0.05$ which is significant on total amount of blood loss due to average wt of soaked pad.

Comparison between Group A and Group B

Using Mann Whitney test for the Mean of p value is 0.0363, considered significant. Concluded that Group-A is more

effective than Group-B on total amount of blood loss due to average wt of soaked pad.

Conclusion

The entire work entitled "A clinical comparative study of Indrayava churna & Nagkeshar churna as haemostatic action in Raktapradar W.S.R to Menorrhagia". can be concluded as below.

- Raktapradar is commonly seen in society as a dominant problem, occurring in female as yoni-garbhshaya vikar.
- Raktapradar is caused by vitiated pitta & vata in association with rakta and line of treatment should be rakta hara along with vata shaman.
- Raktapradar can be correlated with Dysfunctional Uterine Bleeding of Modern.
- Raktastambhan & Vednaprashaman effect were observed after treatment in most of patients.
- Indrayava churna is good raktastambhak yoga for Raktapradar.
- Indrayava churna effectively reduces quantity of pv bleeding due to pittashaman, Agnidipan, Raktasangrahan, Raktastambhan properties.
- It plays important role in reducing bleeding but it does not regularize the Menstrual Cycle.
- It can be used in Atyartava.
- In present study Group-A (Trial Group-Indrayava Churna) has shown mild better result in signs & symptoms of raktapradar than Group-B(Control Group-Nagkeshar Churna)
- It is also noted that trial drug churna was well tolerated by the patients.
- Trial drug Indrayava Churna act by specific prabhav allround activity haemostatic, restorative, etc which bring improvement in Raktapradar by its action on vata and influence on vascular structure of female reproductive system.
- As total comparison of Trial drug mentioned that Trial drug is quite effective than control drug.
- Good response of Trial drug in the management of Raktapradar, opens a new chapter for further research work with much larger sample & long duration of followup.

REFERENCES

- Ayurvediya Prasuti tantra evam Streerog (part-2), Prof. Premvati Tiwari, Published by Chaukhamba Orientalia, Varanasi.
- Bhavprakarh Nighantu – Acharya Bhavmishra with hindi commentary by K.Chunekar, Chaukhamba Amar Bharti Academy, Varanasi.
- Charak Samhita with Ayurveda Deepika commentary by Chakrapani Dutta, edited by Yadavaji Trikamji, Chaukhamba Subharti Prakashan Varanasi.
- Charak Samhita, Comm. Shri Satyanarayan Shastri with Vidyotini hindi commentary by Pt.Kashinath Shastri & Dr Gorakhnath Chaturvedi, published by Chaukhamba Bharti Academy Varanasi.

- Dravyaguna Vigyan (Vol-2) Prof.Priyavat Sharma, Chaukhamba Bharti Academy Varanasi.
- Dravyaguna Vigyan, Dr Gyanendra Pandey, Chaukhamba Bharti Academy Varanasi .
- Methods in Biostatistics, Dr.B.K.Mahajan, Jaypee Brothers, 6th edition, 1997.
- Susrut Samhita nibandh sangrah commentary of Dalhanacharya edited by Yadavaji Trikamji, Chaukhamba Subharti Prakashan Varanasi.
- Susrut Samhita with Ayurvedatvasan dipika commentary edited by Kaviraj Ambikadutt Shashtri, Part I published Chaukhamba Bharti Academy Varanasi.
- Text book of Gynaecology, D.C Datta, 13th edition, 2007.
- Textbook of Pathology, Harshmohan, Jaypee Brothers Medical Publisher, 5th edition,2005.
- Textbook of Physiology, Guyton A. C., Elsevier, 30th edition, 2000.
- Yogratnakar, Chaukhamba Sanskrit 5th Edition, 1993.
