



Kadali Pushpa Swaras Paan and Kadali Pushpa Ghruta Nasya in the Management of Asrigdara

Sunita¹, Anjana Saxena²

1. PG scholar, Deptt. Of Prasuti Tantra and Stri Roga Govt. Ayurvedic P.G. College and Hospital Varanasi.
2. Reader Deptt. Of Prasuti Tantra and Stri roga Govt. Ayurvedic P.G. College and Hospital, Varanasi.

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Corresponding author-

Sunita, PG scholar, Deptt. Of Prasuti Tantra and Stri Roga Govt. Ayurvedic P.G. College and Hospital Varanasi,

[Email- sunita.mini91@gmail.com](mailto:sunita.mini91@gmail.com).

ABSTRACT:

Menstruation is mirror of reproductive health. Regular menstrual cycles with adequate quantity and duration of bleeding indicate good reproductive health, with variations in these being reflected as menorrhagia, oligomenorrhoea, dysmenorrhoea, PCOS, infertility etc. Incidence of *Raktapradara* is increasing day by day due to changing life style, increasing stress etc. Data suggests that 10 to 13% of all gynaecological outpatients are of *Raktapradar* (DUB). According to Ayurvedic literature the aggravated *Apanavayu* withholds vitiated *Rakta* which is increased in the amount. It when reaches *artavavahasrotas* leads to increase in the amount of *raja*, (here *Artavavahasrotas* taken as whole female genital organs along with functional axis i.e., H-P-O axis). Altered H-P-O axis and GnRH regulation causes *Raktapradara*. So a study was done in 3 diagnosed patients of *raktapradara* to evaluate the effect of *kadalipushpaghrutanasya* (Ghee processed with the juice of Banana inflorescence) along with oral *kadalipushpa swarasapaana* (juice of *bnana* inflorescence) with *dadhi*, with the aim to minimize the cyclic blood loss and to Regularize the cycle. Subjective criteria are used to assess the amount of blood loss before and after the treatment. This therapy, helped to cure the heavy flow during menses and regularized the cycle.

Keywords-AUB, *Asrigdara*, *kadalipushpaswarasa*, *kadalipushpaghruta*, HPO axis, *Antaha&bahipushpa*.

INTRODUCTION

Dysfunctional uterine bleeding is irregular uterine bleeding that occurs in the absence of pathology or medical illness. Dysfunctional uterine bleeding also called as anovulatory bleeding. Normally menstrual bleeding is progesterone withdrawal bleeding¹. But in the patients of DUB due to disturbance in the H-P-O axis ovulation does not occurs, resulting in the unopposed estrogen action. So, there is

endometrial hyperplasia which is visible in the form of heavy bleeding. DUB is a cause of a cyclical bleeding in an otherwise normal cycle.²

The physiological mechanism of haemostasis in normal menstruation are: -

1. Platelet adhesion formation



2. Formation of platelet plug with fibrin to seal the bleeding vessels
3. Localised vasoconstriction
4. Regeneration of endometrium
5. Biochemical mechanism involved are increased endometrial ratio of PGF_{2alpha}/PGE₂.

PGF_{2alpha} causes vasoconstriction & reduces bleeding. Progesterone increases the level of PGF_{2alpha} from arachidonic acid. But in DUB there is decreased synthesis of PGF_{2alpha} and the ratio of PGF_{2alpha}/PGE₂ is low.³

The condition of heavy menstrual bleeding is described in *ayurveda* as *raktapradra* in which *lakshanas* such as *angmarda* & *vedana* like symptoms are found which indicates anemia of patient. It can include both organic as well as functional causes of menorrhagia. *Artava* denotes two meaning one of them is *antahapushpa* and other one is *bahirpushpa*. *Bahir pushpai.e.*, menstrual bleeding is a visible illustration of the menstrual cycle.⁴ *Antahapushpa* can be taken as ovum as well as hormones. The Menstrual rhythm is invisible interplay of hypothalamo pituitary-ovarian axis. Whereas the amount & duration of menstrual bleeding, along with H-P-O axis also depends upon the uterine condition & general health.⁵

Nidana plays the prime role in the initiation of pathogenesis which proceeds towards the development of the disease. Excessive intake of salty, *sour*, *heavy*, *katu(hot)*, *vidahi* (producing burning sensation) and unctuous substances, meat of domestic & aquatic animals, *payasa*, *sukta*, *mastu* & wine are considered as *nidana* which leads to aggravation of *pitta* and *rakta dhusti*.⁶ As *pitta* has increased by its *ushna*, *tikshna* & *dravaguna*, which also leads to increase in the amount of *dushita rakta*. Increased *ushna guna* of *pitta* leads to the increase in the *rukshaguna* of *vata*, which along with the *paka karma* of increased *pitta*, probably results in the early detachment of the functional layer of endometrium. Increased blood flow may also be due to *ushna*, *tikshna*, *guna* of increased *pitta*, causing vasodilation & *sara*, *dravaguna* causing thinning of blood.⁷

AIMS & OBJECTIVE:-

- To evaluate the effect of *kadalipushpa* as nasya and oral intake, on *raktapradara*(DUB)
- To modulate an accepted treatment option for controlling menstrual bleeding & for regularising H-P-O axis.

MATERIALS AND METHODS

For the present study the patient was selected from the OPD of Prasuti Tantra and Stri Roga of Government Ayurvedic College, Varanasi, UP. The trial is resister & the CTRI No. is CTRI/2022/06/043397.

Treatment Administered-

Selected patients were treated with *Kadalipushpa swarasa paana* approx., 40-50 ml was given for 15 Days with *daddhi* as *anupana* along with *kadalipushpa ghrita nasya* for 10 days 8-8 drops, after cessation of menses for 3 consecutive cycles.

CASE STUDY

1-A 18 year girl attended with the complaint of heavy and prolonged menses with clots since menarche with low backache. Her duration of menses was 7 to 8 days needs 3 to 4 pads per day.

2-A 22 year girl attended with the complaints of early menses by 6-8 days from 1 year.

3-A 16 year girl with heavy & prolonged bleeding during menses with clots since 4-5 months.

4.- A 35 year old women came with complaint of bleeding per vaginum at interval of 24 to 25 days with duration of 6 to 7 days with clots since 4 years without any organic cause of bleeding but has bicornuate uterus with endometrial thickness of 9mm, in USG.

5.- A 20 year old girl came with complaint of early menses at an interval of 15 days with bleeding duration of 6 to 7 days since 6 months. There is no organic cause found in her USG except an functional cyst in left.

Assessment Criteria

Change in the amount & duration of blood flow was used for assessment of result

RESULT

After taking *kadalipushpa swaras* and *kadalipushpa ghrita nasya*, amount & duration of bleeding was reduced.

DISCUSSION

Normal menstrual cycles require the maintenance of the pulsatile release of GnRH within a critical range of frequency and amplitude. Pulsatile rhythmic activity is an intrinsic property of GnRH neurons, and the effect of various hormones and neurotransmitters must be viewed as modulating actions. The current concept is that the biogenic catecholamines modulate GnRH pulsatile release. The probable mode of action of catecholamines is to

influence the frequency (and perhaps the amplitude) of GnRH discharge. Pharmacological or psychological factors that affect pituitary function probably do so by altering catecholamine synthesis or metabolism and thus the pulsatile release of GnRH & hence can lead to DUB. The GnRH is the regulator of gonadotropin hormones FSH, LH which controls the growth & development of ovarian follicle along with the production of ovarian steroids.

Mode of action of nasya:- *Nasa* i.e, nose is considered as gateway of *shir* (brain). Hence drug administered through *Nasa* goes up to the brain and stimulates its functions. The mode of action of *Nasya* karma can be understood as follows Drug through nasal route (i.e. gateway of head) reaches the *Shringataka Marma* (*Siro Antarmadhyam*). Then it spreads through the *Siras* of nose, ear, eye and tongue. In this way it reaches in *Sira* (head) then it scratches the morbid *Doshas* of *Urdhwajatrugata*. Moreover, *nasya* indirectly works on the entire body by improving the functioning of central nervous system and endocrine glands. GnRH neurons originate from the olfactory area, so it is thought that there may exist direct connection between nose & hypothalamus⁸.

Mode of action of kadalipushpa:- *Kadalipushpa* according to *Bhavaprakasha Nighantu* is *Madhura, tikta, kashaya rasa, madhura veepaka, sheeta virya, guru, snigdha guna, vata pita shamaka, raktapradarnashaka, raktpittashamaka, grahi, deepana* etc *karma*. The flowers are astringent & good for Dysentery, bronchial asthma, dysmenorrhoea, menorrhagia & Diabetes. Banana blossom are also excellent source of certain phytochemicals like vitamins, flavonoids & protein. It keeps the uterus healthy, reduces bleeding during menstrual cycle, reduces anxiety and increase good mood.⁹

CONCLUSION

With the help of these drugs their next 2 cycle were regular with normal Blood loss. Thus we can conclude that this Ayurveda regimen plays an Effective role in the management of Asrigdara. But to establish this fact, further study of longer duration and on larger sample is required.

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ORCID

Sunita , <https://orcid.org/0000-0003-4959-3313>

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Duration of bleeding

Case	Before treatment	After treatment
Case 1	7-8 days	4-5days
Case 2	6-8days	4-5days
Case 3	8-10 days	5-6days
Case 4	6 – 7 days	3 to 4 days
Case 5	6 – 7 days	3 to 4 days

Amount of menstrual flow:- No. ofpads/24hour

	Before treatment	After treatment
Case-1	Complete soakage of 4– 5 pads	2-3 pads
Case-2	Complete soakage of 5 – 6pads	3 pads
Case-3	Complete soakage of 5 – 6 pads	2-3 pads
Case 4	Complete soakage of 4 pads	3 to 4 pads
Case 5	Complete soakage of 4– 6 pads	2 – 3 pads

Cycle interval

	Before treatment	After treatment
Case-1	32 to 40 days	30 to 32 days
Case-2	22 to 25 days	28 to 30 days
Case-3	28 to 30 days	28 to 30 days
Case 4	24 to 25 days	27 to 28 days
Case 5	15 to 18 days	28 days

Flow chart- Mode of action of Nasya

