

EFFECT OF KANYASARA ON ARTAVAKSHAYA- A CLINICAL STUDY

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ABSTRACT

Women are one of the nature's most wonderful and complex creations. There are many physiological changes which take place in women's body which are markedly seen in the reproductive life. Menstrual cycle is such a unique phenomenon in the body which includes dramatical monthly change in the hormones, which ends finally with the shedding of endometrium. Menstrual cycle is a physiological process controlled by hypothalamo pituitary ovarian axis and their associated hormones which are produced as a result of rhythmic and cyclic changes in the reproductive organs. These are greatly influenced by present day life style, food habits, and increased stress and strain leading to various types of menstrual disorders. It is one of the common complaints seen in the gynaecological OPD. Among all the menstrual disorders, artavakshaya can be compared to oligo-hypo-menorrhoea. It is seen in approximately 50% of patients. All acharyas have opined normal duration of *artavasravais* between 3-7 days and the quantity is *naatibahu* and *naatyalpa*. The present study deals with *artavakshaya* as a vyadhi which, if left untreated leads to infertility. This has a huge impact on the physiology as well as the psychosocial aspect of a woman's life. As per Modern medical science hormonal treatment is considered as the first line of treatment, but it has its own limitations and cannot be used for a long period due to its side effects. Our classics suggest use of *Aagneyadravya* as the line of treatment.

Hence, *Kanyasara* is selected for the study, which is *agneya*, *pitta-varadhaka*, *vata-kaphashamaka*.

Key words: Artavakshaya, Menstrual cycle, *Agneyadravyas*, Oligo-hypo-menorrhoea, *Kanyasara*

INTRODUCTION

There are many normal physiological phenomena taking place in the body which is carried out in a cyclic manner. If there is any alteration in this it will give rise to the pathological conditions. Among all these physiological changes, menstrual cycle is one of them. Menstrual cycle is a beautiful hormonal change that

takes place every month in women's life. There is a well coordination between the hormones & the shedding of the endometrium that takes place every month indicating the normal menstruation¹. Nowadays women are prone to both professional and personal stress along with improper mode of life style and food habits, which

leads to various types of menstrual disorders, which is the prime cause for infertility. *Artavakshaya* can be compared with Hypomenorrhoea² and Oligomenorrhoea³ in modern parlance on the basis of its signs and symptoms.

Every month *Garbhashaya* undergoes *tarpana* with the help of *rakta-vahasiraha* resembling the *sukshmaksha* in anticipation of pregnancy⁴. But when fertilization and implantation does not occur the *rakta* which is accumulated in the *garbhashaya* is expelled out in the form of artava. *Artavakshaya* are mentioned in *Sushruta Samhita*⁵. The present study deals with *artavakshaya* as a *vyadi*.

In modern science, hormonal therapy (Mainly OCP) is used regularly to treat the hypomenorrhoea and oligomenorrhoea⁶, but they are having their own limitations. In Ayurvedic classics treatment is mentioned to keep the doshas in equilibrium. It can be achieved by

- Samshodhana⁷ – Cleansing process which is in form of Panchakarma.
- Samshamana – Palliative measures which is in form of *Agneyadravyas*.

Hence for the present study shamana line of treatment is selected as the medicines are easily available, are palatable & cost effective. For the treatment of *Artavakshaya* many drugs are available, among them “*Kanyasara*⁸” has been selected for oral administration.

Methodology

The current study “EFFECT OF KANYASARA ON ARTAVAKSHAYA - A CLINICAL STUDY” was carried out on 20 patients attending the OPD and IPD of Prasooti-Tantra and StreeRoga department, SKAMCH & RC Bangalore.

Objectives of the study

- To assess the effect of *Kanyasara* in the management of *Artavakshaya*.

Source of data

20 patients with clinical features of *Artavakshaya* coming under the inclusion criteria approaching the OPD and IPD of Prasooti Tantra Evam Stree Roga department of SKAMCH & RC, Bangalore will be selected for the study, the sample collection will be initiated post approval, from the Institutional Ethical Committee.

Sampling Technique

The subjects who fulfil the inclusion and exclusion criteria and complying with the informed consent(IC) will be selected for the study.

Method of collection of Data

- Patients diagnosed as *Artavakshaya* will be assigned for the treatment.
- A case proforma containing all the necessary details pertaining to the study will be prepared.
- The data obtained in both groups will be recorded, tabulated and statistically analysed using suitable statistical methods.

Diagnostic criteria

- Patients having *lakshanas* of *Artavakshaya*.

Inclusion criteria

- Patients of age of 16-45yrs.
- Both married and unmarried.
- Duration of menstrual flow less than 2 days.
- Reduced quantity of menstrual flow (using less than 1-2 pads per day).

- Interval between 2 cycle exceeding more than 35 days.
- Patients having yoni *vedana*.

Exclusion criteria

- Lactating mother.
- Women taking OCP or having IUCD.
- Women having other systemic disorders interfering with the course of the treatment.

INTERVENTION

A clinical study with pre-test and post-test design will be conducted on 20 selected patients.

Subjective criteria:

1) Interval between two cycle

27 to 32 days	0
33 to 38 days	1
39 to 44 days	2
45 days and above	3

3). Quantity of menstrual blood

4 pads/day	0
3 pads/day	1
2 pads/day	2
1pad/day or spotting	3

Investigations

- Blood investigations: Hb%, RBS.
- Thyroid Profile.
- USG: Abdomen and Pelvis.

Observations:

In the present study it is observed that maximum of 14(i.e.70%) patients were in the age group of 16-30 years, maximum of 11(i.e.55%) patients were Hindu's, 10(i.e.50%) were graduates, 10(i.e.50%) were homemakers, 13(i.e.65%) patients were married, 10(i.e.50%) were nullipara

Patients will be given Kanyasara in capsule form, for a period of 2 months.

Dose: 1cap (each 500mg) twice daily, after food, with Luke warm water.

Duration of the study

Study will be conducted for 90 days.

- **Pre-treatment:** First day of treatment (1st day).
- **Post treatment:** After completion of treatment (60th day).
- **Follow up:** After completion of 1 month following treatment (90th day).

ASSESMENT CRITERIA:

2) Duration of bleeding

4-5 days	0
3-4 days	1
2-3 day	2
1 day or spotting	3

4). Pain during menses

No pain	0
Mild pain	1
Moderate pain	2
Severe pain	3

and 10(i.e.50%) were multi *para*, maximum of 12(i.e.60%) patients had normal appetite & 8(i.e.40%) patients had decreased appetite, maximum of 7(i.e.35%) patients had *vata pitta* and *pitta kaphaprakruti*, maximum of 12 (i.e.60%) patients had *madhyamaabhyavarana* and *jaranashakti*, maximum of 11(i.e.55%) patients had chronicity of disease of 1-6 months, maximum of 13(i.e.65%) patients had duration of bleeding for 1-2days, 12(i.e.60%) patients had >45 days of interval between two cycles,

13(i.e.65%) patients were using 1pad/day during menses (scanty menses), maximum of 16

(i.e.80%) patients were having mild pain (yonivedana) during menses.

Results:

Effect of treatment on Interval between two cycles

EFFECT OF TREATMENT ON INTERVAL BETWEEN TWO CYCLES								
	MEAN		MEAN DIFF	PAIRED 't' TEST				
	BEFORE	AFTER		SD	SE	t-Value	P Value	Re
BT-AT	2.7	1.4	0.6	0.598243	0.133835	9.713444	<0.001	HS
BT-AT1	2.7	0.6	2.1	0.788069	0.176302	11.91139	<0.001	HS

Effect of treatment on interval between two cycles, before treatment to after treatment, before

treatment to at follow up, was statistically highly significant with *p*-value (<0.001).

Effect of treatment on Duration of Bleeding

EFFECT OF TREATMENT ON DURATION OF BLEEDING								
	MEAN		MEAN DIFF	PAIRED 't' TEST				
	BEFORE	AFTER		SD	SE	t-Value	P Value	Re
BT-AT	2.3	1.65	0.65	0.67082	0.150072	4.331264	<0.001	HS
BT-AT1	2.3	1.3	1	0.794719	0.17779	5.624627	<0.001	HS

Effect of treatment on duration of bleeding, before treatment to after treatment, before treatment to at

follow up, was statistically highly significant with *p*-value (< 0.001).

Effect on Quantity of menstrual blood

EFFECT OF TREATMENT ON QUANTITY OF MENSTRUAL BLOOD								
	MEAN		MEAN DIFF	PAIRED 't' TEST				
	BEFORE	AFTER		SD	SE	t-Value	P Value	Re
BT-AT	2.6	0.9	1.7	0.444262	0.099387	7.546229	<0.001	HS
BT-AT1	2.6	0.9	1.45	0.759155	0.169833	8.537786	<0.001	HS

Effect of treatment on quantity of menstrual blood, before treatment to after treatment, before

treatment to at follow up, was statistically highly significant with *p*-value (< 0.001).

Effect on Pain during menses

EFFECT OF TREATMENT ON PAIN DURING MENSES								
	MEAN		MEAN DIFF	PAIRED 't' TEST				
	BEFORE	AFTER		SD	SE	t-Value	P Value	Re
BT-AT	2.6	0.9	1.7	0.48936	0.109477	5.937341	<0.001	HS
BT-AT1	2.6	0.9	0.75	0.444262	0.099387	7.546229	<0.001	HS

Effect of treatment on pain during menses, before treatment to after treatment, before treat-

ment to at follow up, was statistically highly significant with p -value (< 0.001).

DISCUSSION

DISCUSSION ON PROBABLE MODE OF ACTION OF KANYASARA

	Rasa	Guna	Veerya	Vipaka	Doshagnata
Kanyasara	Tikta, Madhura,	Laghu, Ruksha, Tikshna	Ushna	Katu	Vatakaphahara

The drugs *Kanyasara* has *tikta, madhura rasa, ushna virya* are mainly responsible for *vata-kapha-shamana*. Increasing in *pitta dosha*, it also helps to improve the *jataragni* as well as

dhatwagni which help to improve the *rasa dhatu* and *raktadhatu* which leads to proper *artava utpatti*.

KARMA

Kanyasara	Artavajanana, Vedanasthapana, Deepana, Pachana, Raktashodaka, Garbhasravakara, Balya
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Kanyasara is mainly having *tikta rasa* and *katuvipaka* which has predominance of *vayu* and *agnimahabhuta*; it has *srotoshodana* and *kaphahara* properties, due to these action it help to removes the clots and increase the flow of menstrual blood, *ushnaveerya* helps to improve rhythmic contraction of uterus. Due to its *deepana* and *pachana karma* it clears the *srotodusti*, and improves the *jataragni* as well as *dhatwagni* which help for proper formation of *rasadhatu* by increasing the *artava*. Due to its *UshnaVeerya*, it does the *Vata Shamana* which leads to proper functioning of *vata* which cause the proper formation of *artava*.

In our classics, use of *agneyadravya* in *artavakshaya* has been mentioned as prime treatment. *Kanyasara* having *tikta rasa, laghu, tikshana, guna, ushnaveerya, katuvipaka* and *deepana, pachana karma* corrects the *agni*, and in turn corrects the *pitta dosha* due to which the menstrual cycle is regularized. As *pitta & rakta* are having *ashraya-ashrayibhava* the drugs which increase *pitta* will help to increase *Rakta* also. *Artava* is said to be *upadhatu* of *rasadhatu*, by increasing *Rasa* and

Rasadhatwagni quantity of *Artava* will increase. *Kanyasara* having *deepana, pachana* and *raktashodaka karma* corrects *agnimandya*, which in-turn improves *rasadhatwagni* which helps for *artava utpatti*. Data base on Medicinal plants used in *Ayurveda* volume 1 show that *Kanyasara* has 44.6% improvement in menstrual function. References show that it also contains minerals like iron and copper which improves the blood circulation, increases the nutrition and absorption in body. Owing to all these qualities *Kanyasara* has showed statistically highly significant results in all the parameters of *Artavakshaya*.

Pharmacological action of Kanyasara¹⁰:

Chemical constituents: Anthraquinones, Amino acids, Enzymes, Minerals, Vitamins, Lignins, Monosaccharide, Polysaccharide, Salicylic acid, Saponins, Sterols.

Anthraquinones are phenolic compound that has stimulating action on bowels and antibiotic properties. They help in absorption from the gastrointestinal tract and have antibacterial,

analgesic effect by this it helps in reducing the pain during menstruation. By the action on bowel it helps for digestion of ama which helps in improving *agni*. It helps for proper formation of *rasadhātu* thereby increasing the quantity of *artava*. *Kanyasara* also contains anti-prostaglandin which helps to regulate the cycles, and reduce the pain during menstruation. *Kanyasara* also contains minerals like copper, iron which helps oxygen transportation and production of haemoglobin in red blood cells. By this it helps to improve the *rasa* and *raktadhātu* which in turn improves the quality of *artava*, which also contains vitamins like A, B, B2, B6, B12, C, which improves the general health of the patient. *Kanyasara* used internally which helps in lowering the cholesterol and improving the circulation. This also helps in improving the quality of *artava*. It also contains amino acids like isoleucine, leucine, lysine, methionine and phenylalanine they help as building blocks of proteins and influence the brain function. By this it may acts on HPO axis and corrects the hormonal imbalance. It also contains enzymes like amylase, bradykinase, phosphokinase these helps in regulation of metabolism.

CONCLUSION

From observations and results it can be concluded that in this study *Kanyasara* has showed highly significant results with regard to chief complaints like duration of bleeding, amount of bleeding, regularising the menstrual cycle and pain during menses. And there were no adverse drug reactions noted during the course of treatment. So *Kanyasara* is proved to be as a highly effective, cost effective single drug therapy in the management of *Artavakshaya*.

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