

STUDY THE EFFICACY OF *KASHERUKA, PUSHKARBEEJA, SHRUNGATAKA CHURNA* IN THREATENED ABORTION

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ABSTRACT

Threatened abortion is one of the types of abortion in which pregnancy may continue if treated in time. In *Ayurveda*, it can be correlated with *Garbhastrava purvarupavstha*. In threatened abortion vaginal bleeding occurs within the first 12 weeks of gestation. According to *Ayurveda*, haemorrhage in early pregnancy has been mentioned in *garbhopaghatakara bhavas*. In present study, 15 patients having 6 - 12 weeks of amenorrhea, complaint of *alpa yonigat rakta strava, alpa udar shool, alpa kati shool*, sub chorionic haemorrhage diagnosed by U.S.G. were registered. They were administered with *kasheruka, pushkarbeeja, shrungatka churna ksheerpaka* in a dose of 40ml TDS up to 12 weeks of pregnancy (1st trimester). The result of study revealed that 13 patients get relief in the symptoms, 68 % patients got relief in *yoni gata rakta strav*, 55.17% in *udarshool*, 62.86% in *katishool*. Hence, we can conclude that the drug is found to be effective in treating threatened abortion.

Keywords: Threatened abortion, *Garbhastrava purvarupavastha, Garbhasthapaka, Rakta stambhaka*

INTRODUCTION

Pregnancy is the most joyful and exciting movement in a women's life. The foundation of good and healthy child is based on appropriate and adequate diet and mode of lifestyle (*Hitkar Ahar* and *Vihar*) of *garbhini* (Pregnant Women). Above 50-60% causes of threatened abortion are exposure to environmental toxins, age, *aahar, vihar*, stress, problem with the body's immune, hormone problem, drug and alcohol abuse, smoking etc. As per available data, threatened abortion is seen in 42-45% of all pregnancies in world and in India it is 20-25%. According to the available data from

Bharati *Ayurveda* Hospital the prevalence rate is 1.01 %. Threatened abortion pregnancy can be continued with proper treatment. The diagnosis of threatened abortion is frequently made in clinical practice by history of vaginal spotting. A definitive diagnosis of threatened abortion needs P/V examination, Ultrasonography examination and clinical examination. According to *Ayurveda* threatened abortion can be correlated with *Grabhstrava Purvarupavstha*. *Acharya's* explained various drug for *garbhastrava purvarupavstha*, which have *Madhura Rasa, SheetaVirya*

and *Madhura Vipaka yukta* drugs. Among them we had chosen *Shrungataka*, *Pushkarbeeja* and *Kasheruka*, which are *sheeta virya* and also *garbhashthapaka* drugs. CH. SHA. 8/241

In modern science this condition is treated with progesterone and HCG (human chorionic gonadotropic hormones). However, these therapies are very much expensive for the patient and new researches suggest that they are harmful for fetus.

So, it is the need of hour to find out the solution by the natural way. Ayurveda has elaborated the treatment of *Garbhstrava* which can be used as an alternative for these therapies. Therefore, we thought to find out an *Ayurvedic* way and come up with the idea of this study.

Aim: Study the efficacy of *Shrungataka*, *Pushkarbeeja* and *Kasheruka* in Threatened Abortion.

Objectives:

1. To study the effect of *Shrungataka*, *Pushkarbeeja*, *Kasheruka* in *Garbhastrava Purvarupavastha*.
2. To find relation between *Garbhastrava Purvarupavastha* and 1st trimester threatened abortion.
3. To evaluate the effect of threatened abortion on early and late pregnancy outcome.
4. To study any untoward effect of the drug.

Methods and Materials

Clinical type-

1. Trial type - Simple randomized open clinical study
2. Sample size - 15 patient.
3. Collection of drugs - The drugs were collected from local pharmacy and Authentication and Standardization was done at Savitribai Phule Pune University.
4. Form of drugs - *Churna* form.

Material-

- 1- Drug name-*Shrungataka*
Latin name- *Trapa bispinosa*

Family- Trapaceae
Guna-Guru, ruksha
Rasa-Madhura, kashaya
Vipaka- Madhura
Veerya- Sheeta
Doshaghnta- Pittahara
Karma- Pittahara grahi
Part use of Drug-Fruit

- 2- Drug name- *Pushkar beeja*
Latin name-*Nelumbo nucifera*
Family-Nelumbonaceae
Guna-Laghu,snigdha,pichchal
Rasa-Madhura, Kashaya, tikta
Vipaka-Madhura
Veerya-Sheeta
Doshaghnta-Kapha-pittashamana
Karma-Garbhashthapaka, Tridhosatamak
Part use of drug-seed (Lotus seed)

- 3- Drug name- *Kasheruka*
Latin name-*Scirpusgrossus*
Family-Cyperaceae
Guna-Guru,Ruksha
Rasa-Madhur,kashaya
Vipaka-Madhur
Veerya-Sheeta
Doshghnta-Pittashamaka
Karma-Pittahara, Sukrala Grahi
Part use of drug-Tuber (Phyto-progesterone)

- 4- Drug name-Dugdha
Guna-Guru, Snigdh
Rasa-Madhur
Vipaka-Madhur
Veerya-Sheeta
Doshaghnta-Vatapittaghana
Karma-Kaphavardhan

Table 1:

Drug Name	Latin Name And Family	Guna	Rasa	Vipaka	Veerya	Doshaghnta	Karma	Part Use Of Drug
Shrungata-Ka ²	Trapa-bispinosa-trapaceae	Guru, Ruksha	Madhura-kashaya	Madhura	Sheeta	Pittahara	Pittaharagrahi	Fruit
Pushkar Beeja ³	Nelumbo-nuciferan-elumbonaceae	Laghus-nigdhapich-chal	Madhura-kashayatikta	Madhura	Sheeta	Kapha-Pit-tashamana	Garbhashthapaka-tridhosatamak (Seed)	Lotus Seed
Ka-sheruka ⁴	Scirpusgros-suscypereaceae	Guru Ruksha	Madhur-kashaya	Madhur	Sheetav	Pit-tashamaka	Pittaharasu-kralagrahi	Tuber (Phyto-Proges-terone) ⁶
Dugdha ⁵		Guru Snigdha	Madhur	Madhur	Sheeta	Vatapitta-ghana	Kaphavardhan	Milk

5. Method of preparation of drug-

क्षीरमष्टगुणं द्रव्यात्क्षीरन्नीरंचतुर्गुणं |
क्षीरवशेषंतत्पीतं शूलमामोद्भवञ्जयेत् ||
(शा.स. म.ख.2 / 175)

One part of *Aushadi* (*shrungataka*, *pushkarabeeja* and *kasheruka* each 1.5 gm), 40ml *Dugdha* and 100ml water were taken. All the materials were boiled together till 8thpart (40ml) remained. *Ksheerapaka* was achieved.

Route of administration- Oral

Dose – 40ml TDS

Follow up- up to 12 weeks of pregnancy

6. Selection criteria

For clinical part of study, 15 patients fulfilling the criteria of study were selected from OPD and IPD of Bharati Vidyapeeth Ayurvedic Hospital, Pune. Detailed history, general examination, obstetric history was taken, USG and laboratory investigations were done. Patients were examined thoroughly on the basis of proforma prepared and informed consent was also obtained.

Thereafter, Patient were administered with *kasheruka*, *pushkarbeej*, *shrungataka ksheerpaka* in a dose of 40ml for a period till completion of 12th weeks. Counselling of the couple to alleviate anxiety and improve the psychology.

Inclusion Criteria

- Pregnant women with the complain of one or more of the symptoms of abortion like spotting, abdominal pain and backache in first trimester (6-12 weeks) of pregnancy were evaluated and patient diagnosed with threatened abortion were included in the study.
- *Alpa yonigat raktastrava*.
- *Alpa udar shool*.
- *Kati vankshan shool*
- Stable general condition
- Cervix closed

Exclusion Criteria

- Pregnancy above 12 weeks.
- Ectopic pregnancy.
- *Garbhastrava rupavastha*.
- Missed abortion.
- GDM.
- PIH.
- Patient not willing.
- BOH

Discontinuation Criteria:

- Severe illness during study.
- Development of any side effect.
- If patient suffer from severe infection during study.

Assessment Criteria:

Table 2:

Symptoms	Before Treatment	During Treatment (VISIT)							After Treatment
		1	2	3	4	5	6	7	
USG (Sonography)		NA	NA	NA	NA	NA	NA	NA	
Strava									
Udarshool									
Kati shool									

(Na-- Not Applicable)

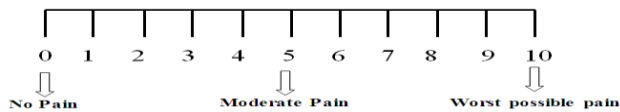
Diagnostic Criteria:

Table 3: Severity of symptoms in gradation

Grade	Strava	Kati shool	Udarshool
Grade 0	NIL	No pain	No pain
Grade 1	Alpa	Sometimes shool	Sometimes shool
Grade 2	Madhyam	Disturb daily routine work	Disturb daily routine work
Grade 3	Prabhut	Sleeplessness	Sleeplessness

For assessment of pain VAS scale was used.

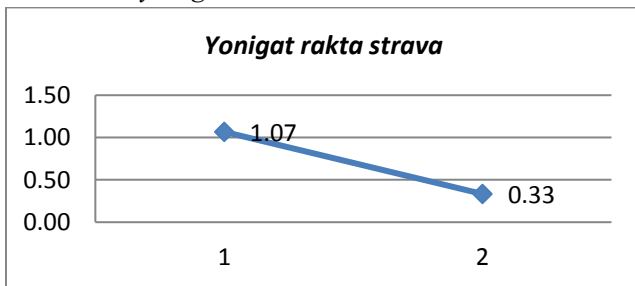
Rating scale as per VAS scale



Result -

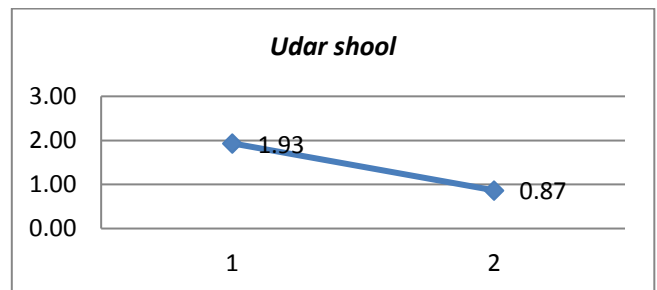
Statistical analysis was done for subjective and objective parameters before treatment and after treatment and follow up.

Graph 1: Effect of *shrungataka*, *Pushkarbeeja* and *ka-sheruka* on *yonigat rakta strava* in threatened abortion.



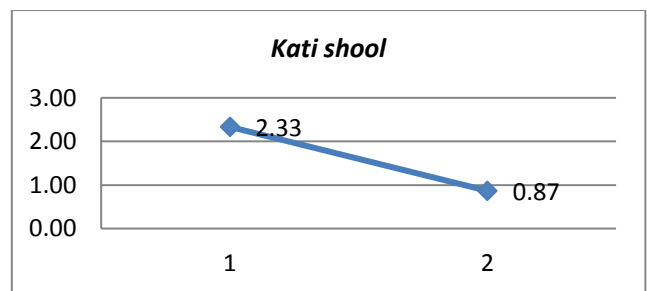
The mean grade of *Yonigat rakta strava* before treatment (BT) was 1.07 which was decreased to 0.33 after treatment (AT). The mean increment score was 68.75% which is significant as observed by paired 't' test (as p value < 0.05) thus it can be said that there is significant improvement on *Yonigat rakta strava* in threatened abortion.

Graph 2: Effect of *shrungataka*, *Pushkarbeeja* and *ka-sheruka* on *udar shool* in threatened abortion



The mean grade of *Udar shool* before treatment (BT) was 1.93 which was decreased to 0.87 after treatment (AT). The mean increment score was 55.17% which is significant as observed by paired 't' test (as p value < 0.05) thus it can be said that there is significant improvement on *Udar shool* in threatened abortion.

Graph 3: Effect of *shrungataka*, *Pushkarbeeja* and *ka-sheruka* on *kati shool* in threatened abortion



The mean grade of *Kati shool* before treatment (BT) was 2.33 which was decreased to 0.87 after treatment (AT). The mean increment score was 62.86% which is significant as observed by paired 't' test (as p value<0.05) thus it can be said that there is significant improvement on *Kati shool* in threatened abortion.

OBSERVATIONS & DISCUSSION

Among 15 patients, 60% were 20-25 years age. Now a days this is ideal childbearing period. Luteal phase Defect is more observed in this age group. Socio economic status of 67% patients was middle class and 46% were educated upto Secondary. These patients were not aware about proper diet, coitus, travelling during pregnancy. 60% patients were Housewife. They are generally careless about their health and have mental stress and tension of managing the family.

The data related to *hetu* revealed that 40% of patient had *Aharaj hetu* and *Viharaj hetu* i.e. *ushna teekshna ahar sevan*, and ride on vehicle. *Vata Pitta prakruti* was found dominant in 53% patients. This *prakruti* is more prone to develop *dushti* of *Vata* along with *pitta*, which cause irritation of bowels and *Apana Vayu vikriti* that may lead to threatened abortion. 33.33% patients had gestational age 6 weeks. At the age of 6 weeks of gestation, progesterone is essential to maintain the pregnancy and support the growth of the lining of uterus. After fertilization, the follicle seals itself off and form corpus luteum. This mass of cells helps to produce the hormone progesterone during early pregnancy. Due to any functional default and dysfunction in corpus luteum, Progesterone value decreases and LPD may develop. Sub chorionic hemorrhage was not seen in 66.6% whereas 33.33% patients showed subchorionic haemorrhage. Poor placentation due to unknown cause, can impair angiogenesis and lead to the formation of weak vessels that tear easily. In SCH, it is postulated that the marginal utero-placental vein tears and cause low pressure bleeding. The blood tracks around the gestational sac to form a cresenteric haematoma between the chorionic membrane and the uterine wall.

Mode of action of drug

Nidana parivarjana is mentioned as first line of treatment for any disease. Along with *nidana parivarjana*

the use of *Shringataka*, *Pushkarbeeja* and *Kasheruka ksheer paka* breaks *samprapti* of *Grabhstrava purvarupavastha*. These drugs have *Guru*, *Sheeta*, *Madhura*, *Kashaya* properties. Due to these attributes they act as *Dhatuposhaka*, *Balya* and *sthambhana*. The aggravated *Apana Vayu* and *Pitta* causes *koshtha kshobha*, *katishool* and *Udarshool* and may lead to *Garbhastrava*. The *Shringataka*, *Pushkarbeeja* and *Kasheruka Ksheer paka* pacifies the aggravated *apana vayu* and *Pitta* the main cause of *Garbhastrava* and acts as *Kaphavardhaka* which is essential for sustaining pregnancy in first trimester i.e. *Garbhasthapana*.

CONCLUSION

Garbhastrava was seen more in primi patient and at 6th week of gestation. *Vata pitta dushti* is a key factor for *garbhastrava purvarupavstha*. *Vata* gets aggravated by *vihar* and *pitta* aggravated by *ushna tikshn ahar sevan*. Consumption of these *nidana* in *garbhavastha* causes vitiation of *vata pitta dosha* and leads to *garbhastrava*. *Kasheruka*, *Shringataka* & *Pushkarbeeja* is more effective in Threatened abortion. In this study, out of fifteen patient's, five patients were seen sub chorionic haemorrhage and resolved after treatment. We observed that drug *shringataka*, *pushkarbeeja* and *kasheruka churna* was effective on 80% recruited patient. These drugs don't show any side effect. So, we can conclude that *Shringataka*, *Pushkarbeeja* and *Kasheruka Ksheerpaka* was found effective in treating Threatened abortion.

REFERENCES

1. R.K. Sharma, Charak Samhita, Vol-2, Bhagwan Dash Chowkhamba Sanskrit Series Office, Varanasi- 2015, Page No-479
2. Bhavprakash Nighantu (Indian Material Medica), Prof. Krushnachandra Chuneekar, Sw. Dr. Gangashaya Pandey (Chaukhambha Bharti Academy), Page No-357
3. Ayurvedic Pharmacology & Therapeutic Uses of Medicinal Plants, Vaidya Vishnu Mahadev Gogte, Page No- 572
4. Ayurvedic Pharmacology & Therapeutic Uses of Medicinal Plants, Vaidya Vishnu Mahadev Gogte, Page No- 555

5. R.K. Sharma, Charak Samhita Cakrapani Datta's Ayurveda Dipika, Vol-1, Bhagwan Dash,2015, Page No-425
6. www.springer.com
7. Susruta Samhita Vol-2, P.V. Sharma,Dalhan Commentary,2010,Page No-58
8. Madhav Nidan, Dr Bramhanand Tripathi, Chaukhambha Prakashan, Varanasi, 2nd Edition,1998, Page No-496
9. Charak Samhita Vol-2, R. K. Sharma, Bhagawan Dash Chowkhamba Sanskrit Series Office, Varanasi,2015, Page No-479
10. Astanga Sangraha Of Vagbhata, Prof. K.R. Shrikantha Murthy, Chaukhambha Orientation, Varanasi, 2nd Edition,1999, Page No- 79
11. Ayurvedic Concept In Gynaecology, Dr. Nirmala G.Joshi, Chaukhambha Sanskrit Pratishthan, Delhi, 2013, Page No-4
12. Susruta Samhita Vol-1, P.V. Sharma, Dalhan Commentary,2010, Page No-348
13. P.V. Sharma, Susruta Samhita, Dalhan Commentary, Vol-1, Sutrasthan,2010, Chaukhambha Bharati Academy, Page No-156
14. Astanga Sangraha Of Vagbhata, Prof. K.R. Shrikantha Murthy, Chaukhambha Orientation, Varanasi, 2nd Edition,1999, Page No- 9
15. Dr. Indradev Tripathi, Dr. Daya Shankar Tripathi, Yog Ratnakar, Krushnadas Akadami, Varansi,First Edition,1998, Page No-819
16. Prof. Premvati Twari, Ayurvediy Prasuti Tanta Evam Streerog, First Part, Pasuri Tantra,2nd Edition,2014, Chaukhambha Orientalia, Page No-320
17. Madhav Nidan, Dr Bramhanand Tripathi, Chaukhambha Prakashan, Varanasi, 2nd Edition,1998, Page No-496
18. Prof. K. R. Shrikantha Murthy, Astanga Samgraha Of Vagbhata,2nd Edition,1999, Chaukhambha Orientalia Varanasi, Page No-47
19. Dr. Hemalatha Kapoorchand, Prasuti Tantra, First Edition, 2016, Chaukhambha Vishvabharati, Varanasi, Page No-381
20. K.H. Krishna Murthy, Bhela Samhita, Chaukhambha Visvabharati, Varanasi,2008, Page No-201
21. Dr. Indradev Tripathi, Dr. Daya Shankar Tripathi, Yog Ratnakar, Krushnadas Akadami, Varansi, First Edition,1998, Page No-823 K.M. Masani, M. N. Parikh, A Textbook of Obstetrics, Edition-1986, Page No-157, 159, 160, 161, 162.
22. Dr. Gayatri Devi, Prasuti-Tantra: Made Easy, 2015, Chaukhambha Sanskrit Pratishthan, DELHI, Page No-126,127, 128, 129,130, 131.
23. D.C. Dutta, Textbook of Obstetrics, 8th Edition, London, New Central Book Agency, 2015, Page No-158
24. www.ayurpub.com, Ayurvedic management of threatened abortion- a case study.

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