THERAPEUTIC EFFECT OF BHUMYAMALAKI CHURNA IN THE MANAGEMENT OF PITTAJA RAKTA PRADARA

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ABSTRACT

Amongst various gynecological disorders, Asrigdara is one of most frequent complaints and its incidence becomes higher with civilization of community. In Ayurvedic literature most conditions of excessive uterine bleeding p/v are described under arthava atierruddhi, raktabhyanga and asrigdara. 60 patients being diagnosed with rakta pradara according to inclusion and exclusion criteria were divided in 2 groups of 30 each. Group 1: 30 patients were treated with bhuvamalaki churna in capsule form. Group 2: 30 patients were treated with placebo. All the patients were assessed by different parameters like color, consistency and interval of menstrual cycle before and after treatment. The results were analyzed statistically before and after treatment, at end of 3 cycles. Finally out of 30 patients in trial group 15 patients were completely cured, 15 patients were improved and none of the patients unchanged. During the treatment no side effects were observed.

Key words: Asrigdara, bhuvamalaki, rakta pradara, DUB

INTRODUCTION

From Vedic period onwards, a woman has been given peerless position in the society for her constitutional prakriti dharma (prasavam) for the creation of entire human beings. Menstrual abnormalities can affect the emotional and physical activities. Any defect in hypothalamus-pituitary-ovarian-axis may lead to ovarian dysfunction and menstrual abnormalities.¹

Various treatments prescribed in modern medicine like hormonal therapy, anti-prostaglandins and anti fibrinolytic agents have proved their definite efficacy². In spite of high price and lot of side effects. Lastly hysterectomy may leads to hormonal imbalance and psychological upsets in young fertile women.

Bhuvamalaki churna (Phyllanthus niruri) is having the properties of vranaropana, sothahara, rakta sodhaka.² It is effective in the treatment of raktaprada mentioned in bhaisajya ratnavali and yogaratnakara. It is also very much effective in the other pittaja disorders like kamala and jwara. Hence with the aim to assess the efficacy of bhuvamalaki churna in pittaja raktaprada² the present study was carried out.

MATERIALS AND METHODS

Drug Review: Bhuvamalaki
Latin name : Phyllanthus niruri
Family : Euphorbiacea
Sridevi Swamy: Therapeutic Effect of Bhumiyalaki Churna in the Management of Pittaja Rakta Pradara

Chemical composition: Phyllanthine, hypophyllanthine, flavonoids, quercetin, astralgin

Parts used: Panchangas

Rasa: kashaya, tikta, madhura

Guna: laghu, ruksha

Virya: sheeta

Vipaka: madhura

Doshakarma: Kaphapitta syamaka

Method of Collection of Data

It was a single blind clinical study in which 60 patients were selected on the basis of simple randomized sampling method as per inclusive criteria. The patients were divided in 2 equal group, 30 in each.

Group 1: Trial group, 30 patients were given bhumiyalaki churna in capsule form 3 capsule 3 times per day along with tandulodaka as an upana for a period of 3 months.

Group 2: Placebo group, consisting 30 patients who were administered with laja churna in capsule form, 2 capsule 2 times per day for 3 months.

Follow up

Patients were followed regularly once in month and specific attention was paid to note their menstrual history, changes in symptoms, no of pads/day etc.

Selection Criteria:

Patients presenting with complaints of excessive bleeding, irregular bleeding (menorrhagia, metrorrhagia, polymenorrhoea or epimenorrhagia) were selected. A detail history of all cases including age, occupation, socio-economic status, parity, menstrual history, obstetric history were recorded.

Inclusion Criteria

1. Patients between the age group of 20-40 years.
2. Patients complaining of excessive menstrual bleeding, irregular menstrual bleeding per vaginum.

Exclusion Criteria

1. Acute PID
2. Fibroid uterus
3. Tubercular endometritis
4. Pelvic endometriosis
5. CA cervix
6. CA endometrium
7. Uterine polyp
8. Threatened abortion
9. Spontaneous abortion
10.Incomplete abortion
11. Ectopic pregnancy
12. Pts with IUCD
13. Bleeding disorders

Assessment Criteria

I. Duration of blood loss
   Grade 1 - 1-5 days
   Grade 2 - 6-10 days
   Grade 3 - 11-15 days

II. Interval of blood loss
   Normal - 28-32 days
   Frequent - menstruation at 21 days or less
   Intermenstrual - bleeding in between the cycle
   Delayed - menses occurring more than 35 days

III. Amount of blood loss
   Grade 1 - 1-2 pads/day
   Grade 2 - 2-3 pads/day
   Grade 3 - 4-5 pads/day

IV. Colour of blood
   Grade 1 - red
   Grade 2 - blackish
   V. Consistency of bleeding
      Grade 1 - thin
      Grade 2 - thick
      Grade 3 - with clots
      VI. Staining
         Grade 1 - present
         Grade 2 - absent

VII. Odour
     Grade 1-present
     Grade 2-absent

VIII. Pain
      Grade 0-absent
      Grade 1-mild (subsides with rest)
      Grade 2-moderate (subsides with medicine)
Grade 3-severe (pain does not subside even by the use of medicine)
IX. Backache
Grade 1-present
Grade 2-absent

**Laboratory Investigations**
1. Routine blood examinations
2. Routine urine examinations
3. Ultrasonography

**Criteria for Assessment of Statistical Significance**
P > 0.05 is NS (non-significant)
P < 0.05 and > 0.001 is S (significant)
P < 0.001- HS (highly significant)

**Results**
Cured
1. Regularization of menstruation.
2. Reduction in duration.
3. Reduction in amount of bleeding.
4. Reduction in associated symptoms.
Improved
Normalization of any 2 characters of menstruation, duration, amount and interval of bleeding.
No Change
No response to treatment along with persistence of symptoms.

### OBSERVATIONS AND RESULTS

The present study was carried out in 60 patients as a prospective study by simple randomized method of selection. All the selected patients were thoroughly examined. Diagnosis and selection was based on inclusion exclusion criteria.

<table>
<thead>
<tr>
<th>Group</th>
<th>Cured</th>
<th>%</th>
<th>Improved</th>
<th>%</th>
<th>No change</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>15</td>
<td>50</td>
<td>15</td>
<td>50</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>II</td>
<td>0</td>
<td>0</td>
<td>15</td>
<td>50</td>
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In the present study overall effect of treatment showed that Group-1 - 50%, completely cured, 50% are improved, 0% were no change. Group-2 - 0% in cured, 50% improved, 50% were no change.

### DISCUSSION

Present study performed on DUB with *Bhumyamalaki churna*, initially 60 patients were enrolled and out of that 2 distinct group were taken for observations. In 1st group *Bhumyamalaki capsules* were administered for 3 cycles and in the same manner for 2nd group, 30 patients were treated with placebo for 3 cycles. It was observed that group-1 showed significant result, which has been calculated statistically, where the *t* test is to depict the significance.

It shows the efficacy of drug used in present study, the mode of action of drug may be explained as, it is a sheeta verya, laghu guna, madhura kashya rasa and madhura vipaka which helped in DUB cases because of it acted on uterine blood vessels & not only that, it has deepana, pachana properties which helped in improving general health of patients because it has Rakta Shodhaka quality also.

*Bhumyamalaki* is Amlapitta shamaka and all respiratory tract disease gets cured by it. A special observation was made while treating the patients, 3 patients got conception during the treatment. It shows that the drug made endometrium hostile. *Bhumyamalaki* has astringent property, which gives a tonicity to the uterine muscles and it eradicates pitta dosha & uterus getting rid from excess flow of Rakta which has been produced by ushana, teekshana virya.

### CONCLUSION

*Raktapradara* is commonest disease found between 20-40 years. This may be well treated with Ayurvedic drugs. *Bhumyamalaki* is having an astringent property that’s why it
improve the uterine tonicity. It is *sheeta virya* which helped in reducing blood flow and acted as *pitta shamaka* and *deepana-pachana* property corrects the metabolic disorders of body and balances hormonal disturbances. *Bhumyamalaki* is excellent remedy for *rakta pradara* proved by the present study.

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