STUDY OF SHATAPUSHPA CHORNA AND SAHACHARADI TAILA IN OLIGOMENORRHOEA

Patil Shilparani
Professor, Dept of Prasoti tantra and Streeroga, Shri Hingulambika Ayurvedic Medical College and Hospital, Kalburagi, Karnataka, India.

**KEYWORDS:** Uttarvasti, Sahacharadi taila, Shatapushpa churna, Menstrual disorders.

**ABSTRACT**

The abnormal menstrual flow indicates heavy menses and scanty menstrual flow, both in amount and duration with associated symptom of pain in lower abdomen or back or vagina and can be counted as Vataja Rajodushti, Kshinartava and Artavakshaya in Ayurveda classics. Aims and objectives: In Ayurvedic classic, Uttarabasti is indicated in Yoniyapada (gynecological problems), Artava nasha (secondary amenorrhea), Artava Dosha (menstrual disorder) etc. Vadadosha is the prime cause of Yoni vyapada. Uttarabasti has Vatashamak as well as Ropana and Shodhana property. Sahacharadi taila is indicated in Vata disorders including oligomenorrhea. Shatapushpa (Anethum sowa Kurz.) Churna is Arthavajanan. Materials and methods: From OPD 30 patients were selected randomly and divided into 15 patients in each Group A and Group B. Group A was given Shatapushpa churna orally 3times per day for 3 months and Sahacharadi taila Uttarabasti for 3 consecutive cycles. Group B was given placebo. Results were analysed by statistical analysis. Results and conclusion: Properties of Shatapushpa churna, Saacharadi taila with Uttarabasti might improve menstrual irregularities and bring down to normalcy.

**INTRODUCTION**

According to Ayurveda, normal menstruation\(^1\) is the indicator of healthy and normal reproductive organ in which inter menstrual period is one month, duration of blood flow is five days (differ according to different opinion of Maharishis) but not associated with pain or burning sensation. The abnormal menstrual flow indicates heavy menses and scanty menstrual flow, both in amount and duration with associated symptom of pain in lower abdomen or back or vagina\(^2\) and can be counted as Vataja Rajodushti,\(^3\) Kshinartava\(^4\) and Artavakshaya\(^2\) in Ayurveda classics. It may be due to nutritional deficiency or decrease in Rasa dhatu, Rakta Dhatu, Upadhatu (Raja/ Artava) and hormonal deficiency. It can be compared with oligomenorrhea or hypomenorrhea described in modern medical science. According to Acharyas, Artava kshaya is a complication of Rasa and Raktakshaya due to vitiation of Vadadosha.\(^5\) So the treatment should be Vatashamak and Agnivardhaka.\(^6,7\) In Ayurvedic classics Uttarabasti is indicated in Yonivyapada (gynecological problems), Artava nasha (secondary amenorrhea), Artava Dosha (menstrual disorder) etc. Vadadosha is the prime cause of Yoni vyapada. Uttarabasti has Vatashamak as well as Ropana and Shodhana property. So Uttarabasti may be the best line of treatment\(^8-12\). Several drugs are available in Ayurveda classics for the remedy of Artavakshaya. Among them Sahacharadi taila\(^13\) is indicated in Vata disorders including oligomenorrhea. Shatapushpa (Anethum sowa Kurz.) Churna is Arthavajanan, mentioned by Kashyapa Samhita\(^7\) and is selected for clinical study.

**AIMS AND OBJECTIVES**

To assess the efficacy of oral intake of Shatapushpa churna and Sahacharadi taila Uttarabasti in oligomenorrhea.

**MATERIAL AND METHODS**

For the present study 30 patients were selected randomly among those attended the OPD of Prasuti and Stree roga department at Shri
Research design

| Group | Minimum No. of patients | Therapy | Duration |
|-------|-------------------------|---------|----------|
| Group A | 15 | 1) Shatapushpachurna - oral and 2) Sahacharadi taila - Uttaravasti | 1) Thrice daily for 3 months 2) For 3 consecutive cycles |
| Group B | 15 | Placebo | 3 consecutive cycles |

Selection of drugs

Sahacharadi taila\(^{[13]}\) indicated in Vata disorders including oligomenorrhea and Shatapushpa choorna\(^{[7]}\) is Artavajanan\(^{[14]}\). Hence, both are selected in the study.

After examining the raw materials for their authenticity from Dravyaguna department and the drugs (Sahacharadi taila and Shatapushpa choorna) were prepared in the Rasa shashtra and Bhaishajya kalpana department at Shri Hingulambika Ayurvedic Medical College and Hospital Kalburagi, as per standard guidelines.

Mode of Drug Administration

1) Oral Administration

**Shatapushpa choorna**

The drug Shatapushpa seed in the form of churna has classical reference of Kashyapa samhita in Artava kshaya (oligomenorrhoea) and Kashtartava (dysmenorrhoea) with Anupana of Goghrita (cow ghee).\(^{[7]}\) Five grams of Shatapushpa Churna is given thrice daily in empty stomach with 2.5ml Goghrita in selected patients for three months.

2) Uttarabasti.

3) Method of administration of Uttarabasti.\(^{[8-12]}\) Three Dashamoola Niruhabasti were given before administering the Uttarabasti.

**Administration of Sahacharadi Taila Uttaravasti**

**Procedure:** 3ml of autoclaved Sahacharadi taila was taken in 10ml syringe. The cannula was introduced in to the cervix and Taila pushed inside. Patient was kept in Trendelenburg position for 1-2 hours. A tampon was kept in vagina. This procedure was performed for 3 days with the increase in dosage of 1ml. This was repeated for 2 more cycles.

**Follow-up**

**Immediate:** During the process of Uttaravasti, patient was specially watched for occurrence of pain, bleeding pervaginum, discomfort or any other symptoms.

**Afterwards:** The patient was followed for 3 cycles

### Menstrual Flow Grades

| Grades | Duration (days) | Interval (days) | Quantity (no of pads) |
|--------|----------------|-----------------|-----------------------|
| 0      | More than 4days | Less than 32 days | 3pad or more/day |
| 1      | 3-4 days        | 32-33 days      | 2pad/day             |
| 2      | 2 days          | 34 days         | 1pad/day             |
| 3      | 1 day           | 35 days         | No use of pad        |
| 4      | Spotting        | 36 days         | --                   |
| 5      | nil             | 37-39 days      | --                   |
| 6      | --              | More than 40 days | --                   |

**RESULTS**

Table 1: Showing 30 Patients According to Age

| Age (Yrs) | Group –A | Group –B | Total No. of Patients | Percentage |
|-----------|----------|----------|-----------------------|------------|
|           | No. of Patients | Percentage | No. of Patients | Percentage | No. of Patients | Percentage |
| 20 – 25   | 4  | 26.66 % | 6  | 40.00 % | 10 | 33.33 % |
| 26 – 30   | 9  | 60.00 % | 6  | 40.00 % | 15 | 50.00 % |
| 31 – 35   | 2  | 13.33 % | 3  | 20.00 % | 5  | 16.66 % |
Table 2: Comparison Between Group A & Group B, for duration of menstrual flow

| Follow-up | AT | Control | D.F. | ‘t’ Value | ‘P’ value | Remark |
|-----------|----|---------|------|-----------|-----------|--------|
| I         | 0.33±0.12 | 0.20±0.10 | 28  | 0.80   | NS   |
| II        | 2.00±0.13 | 1.40±0.13 | 28  | 3.15   | P<0.01 | HS    |
| III       | 3.26±0.11 | 2.60±0.13 | 28  | 3.77   | P<0.01 | HS    |

Table 3: Comparison between Group A & Group B: for interval between two cycles

| Follow-up | AT | Control | D.F. | ‘t’ Value | ‘P’ value | Remark |
|-----------|----|---------|------|-----------|-----------|--------|
| I         | 0.40±0.16 | 0.33±0.12 | 28  | 0.32   | NS   |
| II        | 2.13±0.09 | 1.80±0.14 | 28  | 1.95   | NS   |
| III       | 3.60±0.16 | 2.80±0.26 | 28  | 2.59   | P<0.05 | S     |

Table 4: Comparison between Group A & Group B: for Quantity of menstrual blood

| Follow-up | AT | Control | D.F. | ‘t’ Value | ‘P’ value | Remark |
|-----------|----|---------|------|-----------|-----------|--------|
| I         | 0.20±0.10 | 0.06±0.06 | 28  | 1.05   | NS   |
| II        | 0.80±0.14 | 0.60±0.13 | 28  | 1.02   | NS   |
| III       | 1.66±0.12 | 1.06±0.22 | 28  | 2.30   | P<0.05 | S     |

Observation

Age

In the present study (Table No 1) 33.33% of patients were aged between 20-25 years, 50% of patients were aged between 26-30 years and 16.66% of patients were aged between 31-35 years.

Duration of Bleeding

Table No 2 shows no significant difference between Group A and Group B in first follow-up but highly significant difference was seen in second (P<0.01) and third (P<0.01) follow-up. In Group A 84.48% and in Group B 68.42% relief was obtained.

Interval between menstrual cycles

Table No 3 shows no significant difference between Group A and Group B in first and second follow-up but significant difference is seen in third (P<0.05). In Group A 84.34% and in Group B 68.85% relief was obtained.

Amount of Bleeding

Table No 4 shows no significant difference between Group-A and Group-B in first and second follow-up. However, there is a significant difference in third (P<0.05) follow-up. In Group A 83.33% and in Group B 53.33% relief was obtained.

Probable mode of Action of the Drugs

Shatapushpa churna

Artava Kshaya is one of the menstrual disorders which indicate scanty menstrual flow associated with pain in variable duration where vitiation of Vayu and Kapha are predominant. Artava is an Upadhatu, formed from Rasa within a month after proper metabolization of Rakta dhatu by its Dhatwagni and Bhutagni.[5] The decrease or Kshaya of Rakta dhatu causes Artava kshaya and simultaneously Raktakshaya is developed.[6,15] Maharshi Sushruta has mentioned that Artava is Agneya, in Artava kshaya Agneya or Pitta vardhaka drugs can be used and simultaneously Rakta and Artava are increased. Shatapursha mentioned in Kashyapa Samhita is a Vata Kapha Shamaka and Pitta Vardhaka drug due to its Katu-Tikta Rasa, Tikshna- Snigdha guna and Ushna Veerya[7]. It is Madhura, Kashaya Snigdha, its Bruhmana properties increase Bala of patient, does Shodhana of Yoni, it is said as Putra Pradayini, and Puspa Uppannakari, Artavajanana[14]. Shatapursha is Vata Prashamani with all these actions Shatapursha might correct Artava kshaya and cause normalcy in menstrual cycl.[16]

Sahacharadi Taila

Sahacharadi taila indicated in Vata disorders including oligomenorrhea[13]. Almost all the drugs of Sahacharadi taila are having Ushna Veerya, Teekshna Guna, Katurasa, Katu Vipaka properties, most of them are having Artava Janaka (Nakha, Kushta), Yakrututtejaka actions.

Effect of therapy

Niruha Basti (as Poorvakarma for Uttar Basti)

The estrogens metabolized in the liver reaches the intestines where they are broken down by microorganisms and are reabsorbed as active hormones. The disturbance of liver function and
intestinal flora can thus alter this mechanism with consequent disturbances of menstrual cycles. Analyzing this, we can state that Niruha Vasti, which is a Poornakarma of Uttarabasti, promotes the integrity of intestinal flora.

**Uttarabasti**

It is clearly mentioned in all the classics that Vayu is the basic etiological factor in Yoni - Doshas. Maharshi Sushruta described that, Uttarabasti should be practiced to cure, all the Yonidoshas. Vidhimmavatavatsyam Kuryat Aartavashudhaye. (Su.Sa. – 2/24)

In relation to Apanavayu and its association in the pathogenesis of disease, Uttarabasti is a procedure targeted at the appropriate site of manifestation of the disease, i.e., Garbhhashaya, which is the Apanavayu kshetra. Uttarabasti has local actions like, uterine stimulant, potentiation of myometrial and endometrial activity. The drugs administered through intrauterine, may get absorbed in to systemic circulation and then exert its action on H-P-O (hypothalamo-pituitary ovarian axis). The active principles may be absorbed through the endometrium which in turn drains in to the internal iliac vein from there in to the systemic circulation.

**CONCLUSION**

Properties of Shatapushpa churna, Saacharadi taila with Uttarabasti might improve menstrual irregularities and bring down to normalcy.

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