



eISSN - 2348-0173

Vol-2 / Issue-3 - May - June - 2014

www.ijaam.org

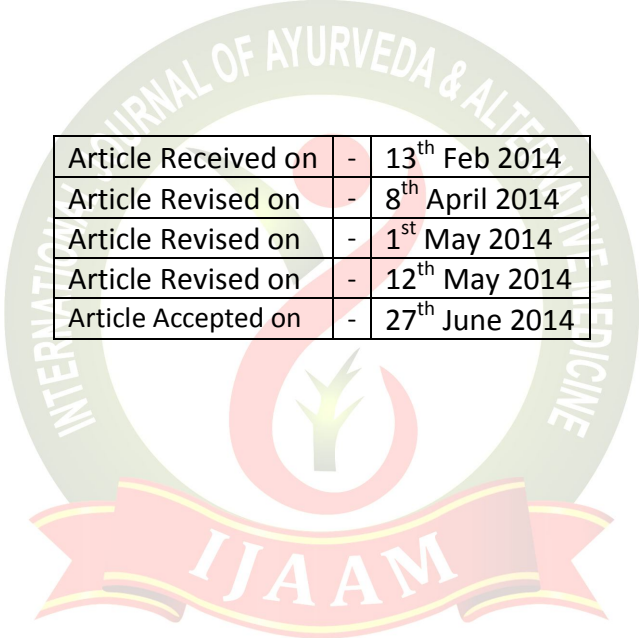


INTERNATIONAL JOURNAL OF AYURVEDA & ALTERNATIVE MEDICINE

Bi-Monthly Peer Reviewed International Journal

**EFFECT OF DARUHARIDRA (*Berberis aristata*) CHURNA WITH
DURVA (*Cyanodon dactylon*) SWARASA IN 'RAKTAPRADAR'
A CLINICAL STUDY****More Sunil S.^{1*} More Manjusha S.²**

1. Professor & Head, Department of Streerog & Prasutitantra, S. S. Ayurved College, Panchavati, Nashik, M.S.-422003, Email Id: sunilmore68@rediffmail.com
2. Associate Professor & Head, Department of Panchakarma, S.S.Ayurved College, Panchavati, Nashik.M.S. (India) Email Id: manjushamore74@rediffmail.com



Article Received on	-	13 th Feb 2014
Article Revised on	-	8 th April 2014
Article Revised on	-	1 st May 2014
Article Revised on	-	12 th May 2014
Article Accepted on	-	27 th June 2014

All articles published in IJAAM are peer-reviewed and can be downloaded, printed and distributed freely for non commercial purpose (see copyright notice below).

© 2013 IJAAM

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by-nc-nd/3.0/deed.en_US), which permits unrestricted non commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

**EFFECT OF DARUHARIDRA (*Berberis aristata*) CHURNA WITH
DURVA (*Cyanodon dactylon*) SWARASA IN 'RAKTAPRADAR'
A CLINICAL STUDY*****Corresponding Author****More Sunil S.**

Professor & Head,
Dept. of Stree-rog &
Prasutitantra,
S. S. Ayurved College,
Panchavati, Nashik, M.S.-
422003,
Email Id:
sunilmore68@rediffmail.com

QR Code IJAAM**ABSTRACT:**

Ayurvedic authors have greatly emphasized the importance of healthy offspring for which female should be in good health. She may suffer from different gynaecological diseases affecting childbearing capacity of her. These are described under the heading of 'Yonivyapad' in *Ayurvedic* books. Considering this, it is necessary to pay attention towards managing different gynaecological conditions. *Raktapradar* is a serious condition in gynaecology. Nowadays as it has a complication like *pandu* (chronic anemia) and even sterility. Therefore, we decided to find out simple remedy for this disease. Hence, the objective was to study the effect of *Berberis aristata* powder with *Cyanodon dactylon*. A Clinical trial was conducted on outdoor patients (i.e. O.P.D.) and indoor patients (i.e. I.P.D.) diagnosed with *Raktapradar*. The patients was given with an *Ayurvedic* drug and monitored according to protocol including clinical & pathological parameters. The selected patients were 45 out of which 30 patients were included for experimental group and 15 patients were given placebo (i.e. control group). The criteria for selection of patients are 'Inclusive' and 'Exclusive'. Patients from Inclusive criteria having excessive p/v bleeding were selected. Clinical symptoms were assessed with four grades as follows: Nil: 0, Mild: +, Moderate: ++, Severe: +++. Criteria for assessment were Marked, Moderate and Mild. Results were noted and it was observed that the selected drug was effective & safe.

Key Words: *Raktapradar*, *Berberis aristata*, *Cyanodon dactylon*, p/v bleeding, yoni vyapad

INTRODUCTION:

Ayurved is a science of life, which tells us how to live and enjoy a good and healthy life. We can say that *Ayurved* were originated since the origin of life. Therefore, the existence of *Ayurved* is from ancient age time. It is the nature's rule that everything produced and bound to destroyed after some time. As time passes, degenerative changes occur so this rule is also applicable for living things.

That is the life of everyone; therefore, life is bound to be destroying after some time. In modern medicine, this process is named as ageing. *Ayurved* is the science which guides us about our daily routine. It tells us our 'Dinacharya', different diseases, rules of *Ahar* and *Vihar* (Dietary Regimen and Do's and Dont's). By following these we can live without diseases and much trouble. This can be called as 'Niramaya life' (healthy life). By giving *Rasayan Chikitsa* (Rejuvenating treatment) this ageing process can be postponed and healthy life can be enjoyed. Delaying ageing is the speciality of *Ayurved*.^[1] The prospect about this medical science is all medicine is derived from God and without him it cannot exist or prosper. *Ayurved* is one of crucial

branch of the medical science. It is a precious gift from God Brahma to us.

The aim of *Ayurved* is maintaining the health of person and not only treating the diseases. *Ayurved* is the science of life which teaches us how to live an undiseased and healthy, long life.

Ayurved is mainly divided in eight different branches. These are *Kaya* (general medicine), *Bala* (paediatrics), *Graha*, *Urdhvanga* (E.N.T. & Ophthalm), *Shalya* (Surgery), *Danshtra* (Forensic medicine), *Jara* (Geriatrics), *Vrusha* (Aphrodisiac). The detail study of *stree-rog* and *prasutitantra* (Gynae & Obs)^[2] is described in details in *Kaumarbhrutyatantra*. This branch deals with different *stree-rog*, *prasutitantra* and different diseases of new born and child also. The *Chikitsa* (treatment) of different diseases was given appropriately and paid perfect attention to the same diseases in different *Ayurvedic* authors like Charak, Sushrut, and Vagbhat etc.

While considering the disease, *Chikitsa* (treatment) etc. he considered 'Stree' as *Rajaswala* (menarche) only after twelve years. The previous age is included as *Balak* that is why included in *Kau marbhrutya* only. According to

modern medicine also woman for *Chikitsa* (treatment) is considered as *Stree* from menarche to menopause only. The different diseases in this particular period are described in detail in *stree-roga*.^[3] In ancient *Ayurvedic* books, the authors have given more importance to *suprajanan* (healthy offspring). For this *Stree* should be *Arogyasampanna* (healthy) & *Vyadhirahit* (un-diseased). For this they have prescribed the *paricharya* (Regimen) to be observed for avoiding *vyadhis* (diseases). So *paricharya* (regimen) is absolutely important and it should be observed strictly. If it is not followed, she may have different *stree-roga*, *yonivyapad* etc.

Considering the above-mentioned things, it is necessary to pay an attention to treatment of different *vyadhis* (diseases) in women and for this purpose the subject is being chosen as 'Raktrapradar' is being serious *vyadhis* (disease) in females today. Nowadays *Raktrapradar* is a major illness in the women due to its

complications like *Pandu* (chronic anaemia) which is a chronic disease, the woman becomes disabled, and even sterility can be a complication. For this purpose, the subject is being chosen.

MATERIALS & METHODS:

Procurement of Raw Materials: *Berberis aristata* powder and *Cynodon dactylon* extract were used as raw materials.

Accessory Drugs: *Daruharidra Churna* was collected from local market of Nashik, Maharashtra and authenticated as per classical texts mentioned. ^[4] Sample of *Cynodon dactylon* were procured from S.S.Ayurved College, Herbal garden at Nashik, Maharashtra. Authenticity of material was confirmed by experts of respective fields, their originality, purity was identified and selected as per standard mentioned in *Ayurvedic pharmacopoeia of India (A.P.I.)*^[5]. *Berberis aristata* powder & *Cynodon dactylon* extract were selected [Table No.1].

Table No. 1 Drug analysis data of *Berberis aristata* & *Cynodon dactylon*:

Particular	<i>Berberis aristata</i>	<i>Cynodon dactylon</i>
Total ash content	04.2	08.7
Acid insoluble ash	02.1	03.4
Water soluble ash	74.5	80.2
Moisture content	25.2	15.1
Foreign matter	0.62	0.54
Alcohol soluble extractive	03.8	04.2
Water soluble extractive	7.12	11.2

Method:

30 Patients from experimental group as per previously stated criteria (Inclusive Criteria) were selected & provided *Berberis aristata* powder with *Cynodon dactylon* extracts twice daily, by orally. *Yog* (drug) given below is selected.

Contents:

Berberis aristata powder - 1gram

Dose - 1gram * Twice daily with *Anupan* (adjuvants) - *Cynodon dactylon* extract - 10 ml.

Duration- 3, 5 and 7 days

WORK PROFILE:

30 patients from experimental group as per previously stated criteria were selected & provided *Berberis aristata* powder with *Cynodon dactylon* extracts twice daily orally.

Randomized Selection of patients:

1. Inclusive Criteria:

Female patients above 20 yrs age complaints of excessive P/v bleeding were selected.

2.Exclusive Criteria:The patients having other complication such as fibroid, polyp, malignancy, hypertension, tuberculosis, diabetes mellitus were

totally excluded from the study point of view. There is specific cause for *Raktrapradar*, which is total pathological & may be cured by treating the cause only.

Control Trial Selection of method:

Patients from indoor & outdoor department as per previously stated criteria were selected. Out of 45, Experimental group patients were 30 and 15 patients were in Control group. As per proforma of case sheet, detailed history, clinical findings were recorded.

Clinical Symptoms were assessed with four grades as follows:

- a) Nil- 0
- b) Mild- +
- c) Moderate - + +
- d) Severe - + + +

Following signs and symptoms for assessment were as follows:

1. p/v bleeding
2. Lower abdominal pain.\
3. Pallor
4. Body ache.
5. Backache.

6. Giddiness.
7. Anorexia.
8. Vomiting.

Following investigations were done:

Haemogram

HIV

VDRL

USG (Pelvic)

If necessary- Fundoscopy

RESULT:

Clinical study and related observations:

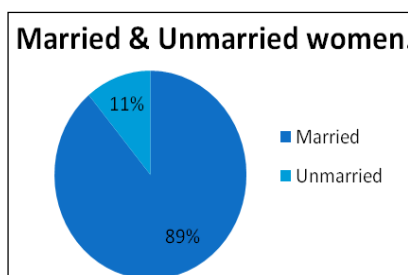


Figure No.1 Raktapradar according to Married and Unmarried

Liver function test

The following criteria for Assessment:

- A. Marked Result p/v bleeding control within 3 days.
- B. Moderate Result p/v bleeding control within 5 days.
- C. Mild Result p/v bleeding control within 7 days.

Combined Study i.e. patients in experimental group and patients in control group are shown in figure as given below.

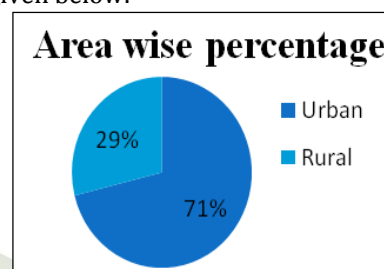


Figure No.: 2 Raktapradar considering Urban & Rural Area

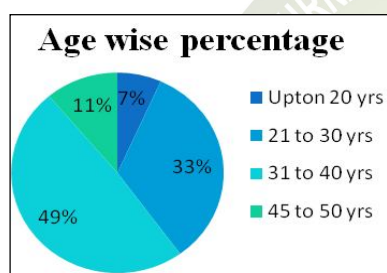


Figure No.3 Raktapradar considering age of the patients

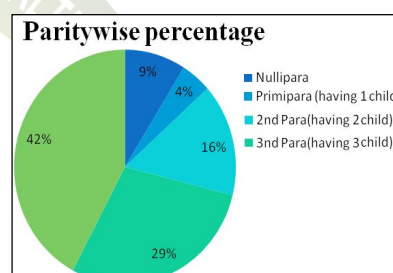


Figure No. 4 Raktapradar Considering Parity of the patients

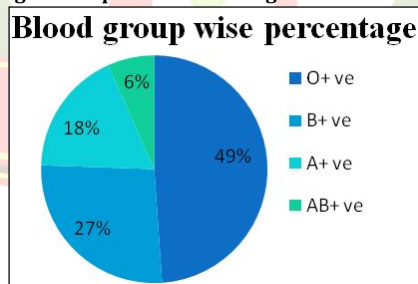


Figure No. 5 Raktapradar considering Blood group of the patients

STUDY OF RAKTAPRADAR AND ITS ASSOCIATED SYMPTOMS:

Study of *raktapradar* and its associated symptoms are summarised in the table given below

Table No. 2 (i) : p/v bleeding wise distribution of patients in experimental group

Result	No. of Patients	Percentage
Marked	16	53.33%
Moderate	08	26.67%
Mild	06	20%

Table No. 2 (ii): A symptom of p/v bleeding wise distribution of patients in control group

Result	No. of Patients	Percentage
Marked	0	0
Moderate	02	13.33
Mild	01	06.67
No result	12	80

Table No. 3 (i): A symptom of lower abdominal pain wise distribution of patients in experimental group

Result	No. of patients	Percentage
Marked	13	43.33
Moderate	09	30
Mild	02	06.67
Lower abdominal pain absent in 6 patients (i.e.20%)		

Table No. 3 (ii): A symptom of lower abdominal pain wise distribution of patients in control group

Result	No. of patients	Percentage
Marked	01	06.67
Moderate	01	06.67
Mild	01	06.67
Lower abdominal pain absent in 7 patients (i.e.46.66%)		
NoResult	5	33.33

Table 4 (i) A symptom of Pallor study of experimental groups

Result	No. of Patients	Percentage
Marked	16	53.33
Moderate	08	26.67
Mild	02	13.33
Pallor was absent in 2 patients (i.e.06.67%)		

Table No.4 (ii): A symptom Pallor wise distribution of patients in control group

Result	No. of Patients	Percentage
Marked	0	0
Moderate	01	06.67
Mild	02	13.33
Pallor was absent in 5 patients (i.e.33.33%)		
No Result	07	46.67

Table 5 (i) A symptom of Body ache study of experimental groups:

Result	No. of patients	Percentage
Marked	06	20
Moderate	14	46.67
Mild	10	33.33

Table No.5 (ii): A symptom of body ache of patients in control group

Result	No. of Patients	Percentage
Marked	0	0
Moderate	02	13.33
Mild	01	06.67
No Result	12	80

Table 6 (i) Symptom of Backache study of experimental groups

Result	No. of Patients	Percentage
Marked	08	26.67
Moderate	12	40
Mild	07	23.33
Backache was absent	03	10

Table No.6 (ii): A symptom of Backache wise of patients in control group

Result	No. of Patients	Percentage
Marked	0	0
Moderate	01	06.67
Mild	01	06.67
Backache was absent 3 (i.e. 20%)		
No Result	10	66.66

Table 7 (i) A symptom of Giddiness study of experimental groups

Result	No. of Patients	Percentage
Marked	16	53.33
Moderate	04	13.33
Mild	02	06.67
Giddiness was absent	08	26.67

Table No.7 (ii): A symptom of Giddiness wise distribution of patients in control group

Result	No. of Patients	Percentage
Marked	0	0
Moderate	01	06.67
Mild	02	13.33
Giddiness was absent in 5 patients (i.e.33.33%)		
No Result	07	46.67

Table 8 (i) A symptom of Anorexia study of experimental groups

Result	No. of Patients	Percentage
Marked	12	40
Moderate	06	20
Mild	02	06.67
Anorexia was absent	10	33.33

Table No8 (ii): A symptom of Anorexia wise distribution of patients in control group

Result	No. of Patients	Percentage
Marked	00	00
Moderate	01	06.67
Mild	01	06.67
Anorexia was absent in 5 patients (i.e.33.33%)		
No Result	08	53.33

Table 9 (i) A symptom of Vomiting study of experimental groups

Result	No. of Patients	Percentage
Marked	03	100
Moderate	00	00
Mild	00	00
Vomiting was absent in 27 patients out of 30		

Table No 9 (ii): A symptom of Vomiting study of patients in control group

Result	No. of Patients	Percentage
Marked	00	00
Moderate	00	00
Mild	00	00
Vomiting was absent in all patients out of 15		

Phytoconstituents of *Berberis aristata*:

Alkaloids, berberine, oxyberberin, palmatine, jatrorrhizine, tetrahydropalmitine [5], etc.

Phytoconstituents of *Cyanodon dactylon*:

Phenolic phytotoxins (Ferulic, Syringic, P-coumaric, Vanillic, p-hydroxybenzoic & o-hydroxy phenyl acetic acid) [5].

DISCUSSION:

At this study of Rakta-pradar it has been found that various authors have described the Rakta-pradar *Vyadhi* (disease) in detail.

After studying different *samhitas* the main *Chikitsa* (treatment) for Rakta-pradar is *Raktasthambhan* (controlled blood loss) as *sakshat raktadatu* (blood) is lost per vaginally so it is to be preserved.

For *raktasthambhan* (controlled blood loss) and *raktasangran* (aggregation of blood), different *Acharyas* (authors) have described *dravyas* with their various *kalpas*. *Berberis aristata* powder with *Cyanodon dactylon* extract is drug as a whole has a *Raktashodhaka* (purification of blood), *Rakta stambhaka* (controlled blood loss), *shothahar* (anti inflammatory, *Vedanasthapana* (analgesic), *Deepana* (Appetizer), *Grahi* (water absorbant), *Jvaraghna* (anti pyretic) properties and *Cyanodon dactylon* extract is best *Raktastambhaka* (controlled blood loss). It cures *raktapitta* emaciation, giddiness, intoxication, chronic fever^[6].

After studying modern aspect, we may conclude that the disease Rakta-pradar is analogous to dysfunctional uterine bleeding for D.U.B. They have told a treatment which is totally hormonal. As long as the treatment is continued, the disease is controlled but it again recurs when hormonal treatment is discontinued and finally hysterectomy is advised. So there is no perfect medical treatment for this troublesome disease^[7].

It is observed that these types of patients are very common, thus there was no problem for selecting the cases.

Total patients selected for study were 45. Out of 45, 30 patients were selected for experimental group & 15 patients were selected for control group.

From Figure 1 out of 45 patients, 40 patients were married and 5 patients were unmarried. So we can say that Rakta-pradar is more commonly found in married women but unmarried and menopausal age is no bar for Rakta-pradar.

From Figure 2: out of 45 patients, from urban areas were 32 and patients from rural area were 13. So it was observed that the women from urban area suffer least from this disease because they consult the doctor immediately while

women from rural area perhaps do not consult doctor unless it is severe.

From Figure 3: Out of 45 patients after considering age of the patients it was observed that Rakta-pradar commonly found in the age group 31 to 40 years and next to it was found in the age group 21 to 30 years.

From Figure 4: We may conclude that chances of Rakta-pradar are more as parity increase. It is more in multiparous.

From Figure 5: After considering the blood group of each patient, we found that Rakta-pradar is comm only found in O +ve group. It is also scientifically proved that O +ve blood group persons are more susceptible to peptic ulcer.

The observation and discussion according to main symptoms and their result i.e. Marked, Moderate and Mild in 45 patients is as follows:

a) P/v Bleeding: All 45 patients were of p/v bleeding i.e. rakta-pradar. We found that maximum rakta- stambhak effect was seen by using *Berberis aristata* powder with *Cyanodon dactylon* extract on Experimental Group patients. [Table No.2 (i) and (ii)]. However, it was not totally cured in some patients but the quantity of p/v bleeding was lesser as seen in moderate and mild results and in Control Group, no result was found in 12 patients.

b) In associated symptom lower abdominal pain, out of 30 patients in experimental group, the symptom was found to be absent in 6 patients. 13 patients (i.e. 43.33%) gave marked result, 9 patients (i.e. 30%) patients gave moderate result and 2 patients have got mild result. There was good relief observed in lower abdominal pain because p/v bleeding was lesser by use of *Berberis aristata* powder with *Cyanodon dactylon* extract. But in control group patients marked, moderate and mild result was found in 1 patient each and no result was found in 5 patients. So it was observed that Placebo powder was not much effective [Table No.3 (i) and (ii)].

c) In experimental group-palloriness was present in 28 patients out of 30 patients it was found that palloriness was relieved, as p/v bleeding was less. In control group palloriness was present in 10 patients out of 15 patients. Least effect was observed in these patients [Table No.4 (i) and (ii)].

d) All 45 patients were having associated symptom bodyache. In experimental group, we

found that 6 patients (20%) have got marked result, 14 patients (i.e.46.67%) have got moderate and 10 patients (33.33%) have got mild result. So in maximum patients of bodyache was relieved through in some patients it was not totally relieved its severity was decreased. In control group patients no result was found in 12 patients we observed that placebo powder gives very less effect [Table No.5 (i) and (ii)].

e) In Experimental group out of 30 patients 27 patients were having complaint of backache. We found that 8 patients (i.e.26.67%) have got marked result, 12 patients (i.e.40%) have got moderate and 7 patients (i.e.23.33%) have got mild result. We found that in maximum patients backache was relieved. In control group patients out of 15 patients, 12 patients were suffering from backache. We found that 1 patients have got moderate and 1 patient have got mild and no result was found in 10 patients. We observed that placebo drug was not much effective [Table No.6 (i) and (ii)].

f) Out of 30 patients in experimental group, 22 patients were found to have giddiness. We found that 16 patients (i.e.53.33%) have got marked, 4 patients (i.e.13.33%) got moderate and 2 patients (i.e.6.67%) gives mild result. so there was maximum relief in giddiness. In control group 9 patients was having giddiness. We found that 1 patient has got moderate and 2 have got mild result, no result was found in 6 patients. We observed that placebo drug was not much effective [Table No.7 (i) and (ii)].

g) Out of 30 patients in experimental group, 20 patients were having anorexia. We found that 12 patients (i.e.40%) have got marked and in 6 patients (i.e.20%) have got moderate, 2 patients (i.e.6.67%) patients gave mild result. There was maximum relief in symptom anorexia, in some patients its intensity was decreased. In control group 10 patients was having anorexia, 1 patient gave moderate, 1 patient have got mild and 8 patients had no result using placebo drug [Table No.8 (i) and (ii)].

h) Vomiting was present in 3 patients in experimental group; there was 100% relief in this symptom also. In control group, Vomiting was absent [Table No.9 (i) and (ii)].

Overall effect of therapy:

The overall effect of therapy on *Raktapradar* (Dysfunctional uterine bleeding) suggests that

number of patients showed highly significant improvement in p/v bleeding, Pallor, Bodyache, Backache, Giddiness, Anorexia, Vomiting. However, Lower abdominal pain shows significant improvement.

CONCLUSION:

Raktapradar is mainly found in housewives and married women, between the age group of 31 to 40 years. We may conclude that chances of *Raktapradar* are more as parity increase. It is more in multi parous. From the socio economic view *Berberis aristata* powder with *Cyanodon dactylon* extract is economically cheaper. It is easy to prepare, easy to take and was found effective in acute condition also. The result of the clinical trials is a proof to say that, *Berberis aristata* powder with *Cyanodon dactylon swarasa* has definite role in the treatment of *Raktapradar*. Pervaginal bleeding, body ache, backache which are the main symptoms of *Raktapradar* are treated well with the use of *Berberis aristata* powder with *Cyanodon dactylon swarasa* for the specific period. From the above discussion we can conclude that *Berberis aristata* powder with *Cyanodon dactylon* extract shows its maximum positive effect in the disease. *Raktapradar* is described in different books. A wide scope for further studies of the same drug on the same disease is found even today.

REFERENCES:

1. Acharya Vidyadhar Shukla, Ravi Datta Tripathi, editors. *Charaka Samhita of Agnivesa*. Vol.2, 2002. CSPCA-30 Varanasi, Page.779 and 781.
2. Kaviraj Atrideva Gupta, editor. *Astanga Sangraha Sharira Sthana*, Repreint 2005. page 262 (1-11).
3. Premavati Tivari, editor. *Ayurvediya Prasutitantra Evam Striroga*. 2nd ed. Chaukhamba Orientalia, Varanasi, 1st part- chapter-1. page 57-62 and 2nd part chapter-2 .page 172-219
4. K.R. Kivtikar and B.D. Basu, editors. *Indian medicinal plants*. 2nd ed. Uttaranchal (India): Oriental Enterprises; 2001 Vol.1 page 139-141. Vol.2. page 3692-3696.
5. Government of India, Ministry of Health & Family Welfare Department of Ayurveda, Yoga, Naturopathy, Unani, Siddha & Homoeopathy (AYUSH). *The Ayurvedaiaic Pharmacopoeia of India*, New Delhi; 1st ed. Part- 1, Vol.4. page 30
6. J.K. Ojha, editor, *A Hand Book of Dravyaguna*. 1st ed. Sanskrit Pratishthan. vanaspatika Dravya Varanasi, Chaukhamba 2004 page 81 and 92.
7. T. N. A. Jeffcoate, editor. *Principles of Gynaecology*. 3rd ed. London. Butterworth & co. Ltd Publication, 1967, Page. 659-683.

CITE THIS ARTICLE AS –

More Sunil S et.al, Effect of Daruharidra (*Berberis aristata*) Churna with Durva (*Cyanodon dactylon*) Swarasa in 'Raktapradar' - A clinical study, *Int. J. Ayu. Alt. Med.*, 2014; 2(3):36-42

Source of Support – Nil

Conflict of Interest – None Declared



INTERNATIONAL JOURNAL OF AYURVEDA & ALTERNATIVE MEDICINE

#401/8-A, 4th Floor, Shiv Shrishti Apt.

Nardas Nagar, TP Rd., Bhandup (W), Mumbai – 400078

E:mail-editorijaam@gmail.com, Web- www.ijaam.org

