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A Clinical Study to Evaluate the Effect of Shatavari Churna in Streekarabhava Dhusti W.S.R to Premenstural Dysphoric Disorder

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ABSTRACT: Background-women health is have a great prime important in the society. If she become diseased, causes impact on family and society. *Streekarabhava* are the *lakshana* told in classics and present in every female community. Vitiation of these *lakshsna* by different causative factor leads to *dhusti* consider as *streekarabhavadhusti*. Roughly it can be correlated with premenstrual dysphoric disorder. The symptoms start one week prior to onset of menses and suppressed after menstrual cycle. The symptoms are mood swing, difficulty in concentrating, depressed mood, anxiety, tension, sleep disturbance along with physical symptoms like joint pain, muscle pain and breast tenderness. Drug *shatavari* having *medya* and *rasayana* effect and best for females. So in present study an attempt is made to evaluate the effect of *shatavarichurna* in *streekarabhavadhusti* disorder. **Results**
Overall improvement in the found in the study is said to be 58% and p value is said to be statistically significant. The study reviles that *Rasayana* property of shatavari have effective role in premenstrual dysphonic disorder.

Keywords: *streekarabhavadhusti*; premenstrual dysphoric disorder; *Shatavarichurna*.

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I. INTRODUCTION

Merely but, a women has duties of being mother and household manager. In this perspective the synod devoted special consideration to women to their rights and role in the family and society.*Streekarabahva*,ia a normal *lakshana* which is present in all women[1] from the birth to death if any vitiation in that leads to *dhustilakshana*. *StreekarabhavaDhusti* is a solitary disease characterized by distinction in normal functioning, which includes anxiousness, irritability, lack of concentration, decreased interest and depression. These are common symptoms usuallyobserved in*streekarabhavadhusti* which matches with the Premenstrual Dysphoric Disorder. Reproductive events and processes have both psychological and physiological concomitants. Some time psychological condition directly influences on reproductive physiology and modulate reproductive events.

Premenstrual dysphoric disorder (P M D D) is persistent in 8-10%.reprodctive age group of women[2]. Still the etiology is unknown .In this condition one week prior to onset of menses mood disturbance will be present. Physical and emotional changes should be observed. Physical symptom such as breast tenderness, bloating, headache and joint, muscle pain[3], which result in negative consequence that impairment in daily functioning,interpersonal atmosphere, social functioning and relationship in the working area. The symptom resolve quickly at or within a onset of menstrual cycle.It is documented that the impact and burden of Premenstrualdysphoric disorder is similar magnitude to other disorder, it should be accordingly addressed.

Shatavari which is *medya, rasayana*,it endorses positive emotion that calming fresh sensitivity and the sizzling emotions[4] such as irritability, anger sleep disturbance the effective remedy for this burning problem and it is consider safe treatment.

OBJECTIVES

To evaluate the therapeutic effect of shatavarichurna in premenstrual dysphoric disorder (*StreekarabhavaDushti)*

II. MATERIALS AND METHODS

SOURCE OF DATA:

For the present study a minimum 30 patients suffering from premenstrual dysphoric disorder will be selected irrespective of caste and creed from OPD/IPD of S D M Hospital of Ayurveda, Udupi after fulfilling the diagnostic and inclusion criteria.

Drug:

Patients were administered with 5gm of *Shatavarichurna* with quantity sufficient milk. Drug were procured from sdm Ayurvedic Pharmacy,Udupi.

METHOD OF COLLECTION OF DATA:

A special proforma will be prepared with all points of history taking and physical as well as psychological signs and symptoms of *streekarabhavadusti* and Premenstrual dysphoric disorder as mentioned in classics and allied science.

STUDY DESIGN

It will be an open labeled clinical study with pre and post test design where in minimal 30 patient suffering from Premenstrual dysphoric disorder will be selected and the parameters of signs and symptoms will be recorded and scored based on the standard scoring methods and will be analyzed statistically by adopting the wilcoxon signed rank test.

INTERVENTION:

Oral medication , *shatavari churna* was administered in a dosage of 5 gm trice a day for 90 days.

Duration of the study-90 days

Diagnostic criteria

Lakshana of streekara bhavadhusti as per the ayurvedic classics.[5]

Criteria of premenstrual dysphoric disorder in dsm-5.[6]

INCLUSION CRITERIA:

1) Patient fulfilling diagnostic criteria.
2) Patients are selected of age group between15-40year.
3) Patient who got menarche and whose periodic cycle is regular 2-6 days (25-31 Day cycle).[7]

EXCLUSION CRITERIA:

1) The mood disturbance because of any systemic disorder / any other psychiatric disorders
2) Women with menopausal syndrome
3) Women who taking oral contraceptives and hormonal preparation

CRITERIA OF ASSESSMENT

Daily rating of severity of problems assessed by using Visual analogue scale for premenstrual dysphoric disorder.

OBSERVATION

Observation found in the present study among the 30 patients, 57% were from 26-30 age group, 97% were hindu community, 67% patients were unmarried, 80% were graduates, 80% patients are students, ,80% patients belong to middle economic satus, 50% patient belongs to rural area and other 50% belongs to urban area, 55% negative family history, 63% patients consume both veg and non-veg, 32% patients doing physical exercise regularly,18% doing mental exercise and rest 50% not doing both. *vega dharana* present in all patients(100%).

53% with *pitta kapha prakruthi*, All the patient belongs to *madyamasara,madyama samhanana* that is 100%,63% patients belongs to *madyamasatmya.and avara satva*, 60% patients showed *avaraaharashakti*,vyayama shakti is madyama that is 100%, Observation found in the present study Allpatients belongs to *madyama vaya*.

III. DISCUSSION

Health of a women is unique consider to health of a man and it represents the health of total population Women health is prejudiced by many factor like family responsibility, employment and biological factor. If any imbalance in these directly causes impact on the society and family.Mental diseases are given a prime importance in the literature because which causes complication in terms personal and social life which may lead to fatal outcome. *raja* and *tama* are consider as *mano dosha* if any impairment in these leads to *manasa roga*. *Streekrabhava is lakshana* which is present in every normal woman. In the fourth month of *garbha theses lakshanas* are come into view and it persist up to end of life. In conventional medicine it can be parallally correlate with premenstrual dysphoric disorder.Life style modalities, environmental stress factor, improper dietary habits, emotional quotient play a major role in the causation of diseases.
Discussion on the *nidanatmaka* aspects of *streekarabahva dhusti*

30 patients are taken and studied under single group

In this study out of 30 patients of *streekarbhavadhusti* , 57 % belonged to 26- 30 year age group, 3% were from 31- 35 age group. This cause may be that the disease is common in the reproductive age group people, the surge of stressors, financial burdens, social and relationship demands more in this age group. 97% were Hindu community The data not show any predilection for religion. The dominance in Hindu religion represents the geographic distribution of Hindu community in that particular area.67% patients were unmarried. PMDD is a disorder included under depressive disorder. Depressive disorder is occurring most often in those not having close interpersonal relationship. Most of patients were in this study were students and stayed in hostel far distance from their family. It may one of trigging factor. 80% were graduates. This may be because most of the patients were students, fast growing society with more competent world acts stressor for causation of disease. It is observed that in this study maximum people are students. Incidence shows presence of educational stress, emotional disturbance may influence on the incidence of illness.80% patients belong to middle economic status , the middle class person struggle to balance their status causes physical and mental stress. The increased stressors in the situation will be the account as one of the precipitating cause for the disease. The study revealed that equal numbers of patients are distributed in both urban or rural area. Various Stresses of these both area peoples, are seems to be similar in contributing for this disease.The maximum number of patients has negative family history and small number having positive family history. Many of study were documented as mood disorder is a heritability disorder and it will acts on next generation. Many classical reference about *garbhini paricharya* and if not followed *satwa guna* of the progeny may decrease and it may be one of the causative factor in future days.In the present study it is observed that a maximum patient belongs to mixed diet. *Satwika ahara* like *madhura ahara* will contribute to enhance the *satwaguna* in person as said by bhagawathgeetha. But 100% of patients enrolled in study were mixed type of food habits; otherwise it is consider to be *rajasa* or *tamasa ahara*. Hence this will be considered as contributing factor for rajo tamo *dosha vikara.* When a person in affliction with *chinta* and *shoka* and not following the rules to intake food as *explained* in classics may be one of the precipitating cause for the illness.Present study shows 50% not doing both physical and mental vyayama. Many studies revolve that exercise which improves the blood circulation and producing many chemicals which improves the mood of the person. Mental exercise like yoga and *pranayama* will help in reducing the stress and increase the positivity but in present study maximum patients are not doing physical or mental exercise daily may be one of the causes for occurrence of this illness.In the present study all the patients were indulging in *veghadharana*. It may because of life style modification person will not following the rules in *dinacharya* which cause the vitiation of *shareerika* and *manasa dosha* does *rajotamo* vitiation interm resulting in *streekarabhava* .

Present study containts 30 patients 53% with *pitta kapha prakriti*. The present study reveals that predominance of *rajas prakruthi* shows the involvement of *pitta* and *vata dosha. kapha* dosha shows involvement of *tamasa prakruthi.* The symptoms like mood swing,anger,irritability and depressed mood shows the involvement of all *thridosaha.*

In the present study the body is compact formed by well defined structures. Therefore sara and samhanana of all patient is consider as madyama that is 100% ,63% patients belongs to *madyama satmya* . *satmya* means continuous use of factor which wholesome to the individuals. In the present study the maximum patients are indulge in more amount of *amla,lavana katu rasa pradana dravya* not *sarva rasa* so *satmy*a of the person is consider as *madyama* .Present study reveals that maximum number patients belong to *avara satwa*.

Mental strength of an person is depend on the strength of the *satwa bala* if it is weak person is easily susceptible for the causation of the mental illness. Food nourishes the mental strength. In the study maximum person suffering from *avara ahara shakti. P*erson involved in *ahitakara ahara sevana* and *vishamashana* ledas to formation of *ama*. Due to this the *satwa guna* of the person will be decrease does the vitiation of *mansa dosha* like *raja* and *tamas* leads to mental illness. All patients *shareerika vyayama bala* is said to *madyama* and belongs to *madyama vaya.*

Effect on symptoms- Effect on mood swing- Patient treated with shatavarichurna shows marked improvement in symptom of mood swing2.267 was the mean initial score of symptoms of mood swing which come down to 1.033 after treatment. The improvement to the tune of 54% is found to be statistically significant ($p<0.001$). Feeling sudden sadness2.333 was the mean initial score of symptoms Feeling sudden sadness which come down to 0.967 after treatment. The improvement to the tune of 58% is found to be statistically significant ($p<0.001$). sensitivity- 2.467was the mean initial score of symptoms of Sensitivity which come down to 1.067 after treatment. The improvement to the tune of 56% is found to be statistically significant ($p<0.001$). Irritability- 2.433was the mean initialscore of symptomsof Irritability which come down to 0.867 after treatment. The improvement to the tune of 64% is found to be statistically significant ($p<0.001$). Anger- 2.133 was the mean initial score of symptoms of Anger which come down to 0.833 after treatment. The improvement to the tune of 60% is found to be statistically significant ($p<0.001$). Interpersonal affliction-1.400 was the mean initial score of symptoms of Interpersonal affliction whichcome down to 0.233 after treatment. The improvement to the tune of 83% is found to be statistically significant ($p<0.001$). Depressed mood- 2.2 was the mean initial score of symptoms of Depressed moodwhich come down to 1.0 after treatment. The improvement tune of 54% is found to be statistically significant ($p<0.001$). Hopelessness- 1.4 was the mean initial score of symptoms of Hopelessness which come down to 0.33 after treatment. The improvement to the tune of 76% is found to be statistically significant ($p<0.001$). Self deprecating thoughts-2 was the mean initial score of symptoms of Self deprecating thoughts which come down to 0.80 after treatment. The improvement to the tune of 60% is found to be statistically significant ($p<0.001$). Anxiety-1.533 was the mean initial score of symptoms of Anxietywhich come down to 0.667 after treatment. The improvement to the tune of 56% is found to be statistically significant ($p<0.001$). Tension-2.33 was the mean initial score of symptoms of Tensionwhich come down to 1.033 after treatment. The improvement to the tune of 55% is found to be statistically significant ($p<0.001$). Feeling keyed up-2.867 was the mean initial score of symptoms of Feeling keyed upwhich come down to 1.2 after treatment. The improvement to the tune of 58% is found to be statistically significant ($p<0.001$). Decreased interest -2.800 was the mean initial score of symptoms of Decreased interest which come down to 1.2 after treatment. The improvement to the tune of 57% is found to be statistically significant ($p<0.001$). difficulty concentrating2.7 was the mean initial score of symptoms of difficulty in concentrating which come down to 1.276 after treatment. The improvement to the tune of 52% is found to be statistically significant ($p<0.001$). Change in appetite-1.3 was the mean initial score of symptoms of Change in appetite which come down to 0.60 after treatment. The improvement to the tune of 53% is found to be statistically

significant ($p<0.001$). Lethargy-1.300 was the mean initial score of symptoms of Lethargy which come down to 0.567 after treatment. The improvement to the tune of 56% is found to be statistically significant ($p<0.001$). fatigability-1.333 was the mean initial score of symptoms of fatigability which come down to 0.567 after treatment. The improvement to the tune of 67% is found to be statistically significant ($p<0.001$). Sleep disturbance(hypersomnia/insomnia)- 1.767 was the mean initial score of symptoms of Sleep disturbance(hypersomnia/insomnia) which come down to 0.767 after treatment. The improvement to the tune of 56% is found to be statistically significant ($p<0.001$). Sense of out of control-2.367 was the mean initial score of symptoms of Sense of out of control whichcome down to 1.067 after treatment. The improvement to the tune of 54% is found to be statistically significant ($p<0.001$). Breast tenderness-1.267 was the mean initial score of symptoms of Breast tenderness which come down to 0.467 after treatment. The improvement to the tune of 66% is found to be statistically significant ($p<0.001$). Joint pain-1.533was the mean initial score of symptoms of Joint pain which come down to 0.700 after treatment. The improvement to the tune of 54% is found to be statistically significant ($p<0.001$). Muscle pain-1.467 was the mean initial score of symptoms of Muscle pain which come down to 0.600 after treatment. The improvement to the tune of 59% is found to be statistically significant ($p<0.001$). Sensation of bloating -1.233 was the mean initial score of symptoms of mood swing which come down to 0.567 after treatment. The improvement to the tune of 54% is found to be statistically significant ($p<0.001$).

EFFECTS DURING THE FOLLOW UP-After 90 days treatment was stopped and follow up done for next three months for relapse of premenstrual dysphoric disorder or any other complaints. The mean value of mood swing was d 1.033 on 90^{th} day which came up to1.2 on 180^{th} day. Similarly mean value of feeling of sudden sadness from 0.967 to 1.067, Sensitivity from 1.067 to 1.033,Irritability from 0.867 to 1.133, Anger from 0.833 to 1.033, Interpersonal affliction from 0.233 to 0.533, Depressed mood from 1 to 1.133, Hopelessness from 0.333 to 0.700, Self deprecating thoughts from 0.800 to 0.933, Anxiety from 0.667 to 0.867, Tension from 1.033 to 1.133, Feeling keyed up from 1.2 to 1.4, Decreased interest from 1.2 to 1.233, Difficulty in concentrating from 1.276 to 1.567, Change in appetite from 0.60 to 0.80, Lethargy from 0.567 to 1, Easy fatigability from 0.567 to 0.933, Sleep disturbance(hypersomnia /insomnia) from 0.767 to 1.133, Sense of out of control from 1.067 to 1.1, Breast tenderness from 0.467 to 0.767, Joint pain from 0.700 to 0.767, Muscle pain from 0.60 to 0.833, Sensation of bloating from 0.567 to 0.767.

Even though there is increase in the mean score value during follow up periods the severity of the symptoms was less compare to before treatment.The increase in mean value suggestive of stress factor of routine life.

EFFECTS OF SHATAVARI CHURNA

The drug shatavari churna is a single drug preparation taken for the treatment. The drug is palatable so easy administrable. The milk is used as anupana here.milk having the quqlity like medya rasayana ojaskara and vatapittahara Many articles were published and research works were carried out on the drug shatavari. The study demonstrate that the drug which increase the positive effect in the women by flaming the symptoms like anxiety, irritability,depression,sleep disturbance. The shatavari drug having the quality like madhur and tikta rasa, guru and snigdha guna and having properties, medya, rasayana, raktapittashamaka, chakshusya, garbhaposhska, stanyajanana,mutrala,shukrala. vedanastapana The madhura rasa and snighha guna acts as and vata pitta shamaka reduce the symptoms like irritability,anger , tension and thikta rasa acts on kapha dosha decrease the symptoms like depressed mood. The drug contain many chemical constituents like sarsapogenin it is used in the treatment of depression which relives the symptoms like depressed mood, sensitivity, hopelessness. Hyperoside is one more chemical constituent used to treat anxiety, sleep disorder.

IV. CONCLUSSION

- Life style modification in the present day life, not following day to day regimen, improper intake of impure food habits ,Physical stress and the psychological stress from the occupation as well as unpleasant atmosphere vitiates the normal streekarabhava resulting in exhibition of the dhusti lakshana. The symptoms match with the premenstrual dysphoric disorder in parallel psychiatry.
- Oral medication by shatavari churna in a dose of 5 gm tid with anupana of milk to be given. Which effective in the reduction of signs and symptoms of streekrabhava dhusti. .
- Overall improvement of the treatment is said to be 58% and is consider under moderate improvement in the present study
- After the 90 days of treatment, during the follow up the complaints emerge again, may be due to the etiological factors in the form of psychological stress but the intensity of severity of the complaints was less when compared to the intensity before the treatment. This may be due to the *rasayanadi* property of Shatavari, which had its effect even in the follow up period.

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