

REVIEW OF ASRIGDARA (MENORRHAGIA) TO ESTABLISH THE PRINCIPLE “BASTOUROGESHUNARINAM YONIGARBHASHAYESHU CHA..... VIDHYADBASTIMUTTARAM”

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ABSTRACT

In women menstruation is a normal physiological phenomenon, which means the periodic discharge of a bloody fluid from the uterus. The estimated blood loss is around 20-80 ml and average is 50 ml. any irregularities in the menstrual flow leads to deterioration of women's health. *Asrigdara* is a disease of menstrual cycle which characterized by excessive bleeding in menstruation and character of blood is different from normal menstrual blood. Prolonged and excessive bleeding may provoke of exacerbated anemia and in certain percentage of cases may eventually be life threatening if left untreated. In this study we have randomly selected 30 patients who qualified the criterion and they were treated by *Uttarbasti* with *Ashokghrita*.

Keywords: *Asrigdara, Uttarbasti, Ashokghrita.*

INTRODUCTION

Menstruation is a natural physical specific property of a female and so, it called as monthly period. *Artava* or menstrual blood is expelled from the uterus through vagina in biological rhythm of women during her reproductive period i.e. from menarche to menopause. Duration of menstruation varies between 4-5 days and estimated blood loss is around 20-80 ml and average is 50 ml¹. Once the menstrual starts, it continue cyclically at the interval of 21-35 days with the average of 28days. A change in the normal volume or duration of menstrual bleeding is one of the commonest cause concerns from health of women. Any ab-

normality in menstrual cycle leads excessive and prolonged uterine bleeding which is known as *asrigdara* in classical text book. In modern texts excessive bleeding through vagina is mentioned as menorrhagia. *Asrigdara* manifesting as excessive bleeding per vagina is seen to be an age old disease known to mankind since the era of *veda* and *purana*. The word *asrigdara* is made up of two words i. e. *asrik* and *dara*. *Asrik* means *rakta/raja* and *dara* means continuous/excessive flow. According to *charaka*, the disease in which there is excessive flow of *raja* is called *asrigdara*². According to *sushrut* profuse and/or prolonged menstrea-

tion during menstrual and/or inter menstrual period and different from the features of normal menstrual blood is known as *asrigdara*. Acharya sushrut and madhav have mentioned *angamard, vedana*, weakness, giddiness, mental confusion, feeling of darkness, dyspnea, thirst, burning sensation, delirium, anemia, drowsiness and convulsion, disorders of *vata* are symptoms associated with excessive bleeding³. In ayurveda causative factors of *asrigdara* are psychological, dietetic and due to some abnormal habits. Charak described only dietetic causes⁴ which produce emaciation or obesity and pelvic congestion. Madhav⁵, bhavprakash and yogratnakar⁶ included psychological and *viharajanya* causes, which produce chronic inflammation and vasomotor disturbances, which caused abnormal uterine bleeding. In ayurvedic literature, ashoka has been considered as best *raktastambhaka* drug, *rakta pitta shamaka*, *pradararoga nashaka*⁷ and best uterine tonic. *uttarbasti* is a process in which *sneha* has induced from *apatya-path* (*mutra marga* and *yonimarga*). Menstrual blood flow is under the control of *apanavayu*. *Apanavayu* in its normal performs function of excretion of body constituents like, the *shukra*, *artava*, *vitta* and *mutra*⁸. The vitiated *apanavayu* will also cause vitiation in the *artava* and the *uttarbasti* of *ashokaghrita* is more useful in most of diseases of *garbhashaya*. *Asrigdara* is one of the diseases of *garbhashaya*.

Aims and objectives:

Aims: To establish the principle *Bastourogeshunarinarinam yonigarbhashayeshu cha..... vidhyadbastimuttaram*.

Objectives:

1. To study in detail the concept of *asrigdara*.

2. To study the management of *asrigdara* on the basis of above principle.

Material and methods:

Selection of patients: Total 30 patients are randomly selected for the present study fulfilling the clinical criteria for diagnosis of *asrigdara* from O.P.D. & I.P.D. sections of *stiroga* and *prasutitantra* department SAMC &H, Indore. We have included married females patients between the ages of 20 to 50 years who were showing clinical symptomatology of *asrigdara*, heavy menstrual bleeding more than the 7 days those were not using OCPs nor on hormonal treatment nor using IUCD. We have excluded female patients those were bleeding from the polyps and erosion, cancer and fibroid, bleeding after menopause, patient having abortifacient, history of the bleeding from the site other than the uterus, any structural defects in the female genital tract, having Hb% less than 8.0gm.

Informed consent: Patient fulfilling criteria for selection will be included under the study after receiving their written consent.

Ethical approval: The institutional ethical committee has been approved this research work.

Administration of drug: Two or three *asthanabasti* (*erandmuladiasthanabasti*) and then *uttarbasti* of *ashokaghrita*⁹ were given to the patient with dose of 5-10 ml through intrauterine route after completion of the menses for 3 consecutive days for 2 cycles for 2 months.

Procedure: After giving *snehana* & *swedana* therapy, *asthanabasti* prepared with *erandamula* decoction was given on 1st, 2nd and 3rd day then *uttarbasti* with *ashokaghrita* was given on 4th, 5th and 6th day.

Method of giving Uttarbasti: For this procedure, full aseptic precautions were taken, *ashokaghrita* was autoclaved and 5 ml of it loaded in 10 ml disposable syringe and patient was placed in lithotomy position, part preparation was done with savlon and per vaginum examination was done to find out the size, shape and position of uterus. Sim's vaginal wall speculum with anterior vaginal wall retractor applied, cervix visualized properly with vusellum and by uterine sound as is dilated then sterilized uterine cannula inserted in cervix and 5 ml autoclaved (loaded in 10 ml syringe) *ashokaghrita* pushed inside the uterine cavity .

Post basti karma: Patient was kept in supine position for half an hour by keeping he pillow on her back and advised for bed rest. This procedure was carried out for 3 days for each cycle and the dose of *ghrita* was fixed i.e. 5ml on each day.

Criteria for Assessment: Total 30 cases were selected for this study and scoring was done on the basis of patient's statement on gradation from Nil, Mild, Moderate and Severe basis. We have assessed the effect of *uttarbasti* from base of line to follow up in quantities variables; paired t-test was applied.

Observations and results:

Table 1: Effects of *uttarbasti* on chief complaints in the 30 patients of *asrigdara*

Chief complaints	Mean Score		% Relief	SD	SE	t	n	p	Df
	BT	AT							
Amount of total blood loss	2.13	0.83	60.9	0.62	0.11	10.79	30	< 0.0001	29
Duration of Blood loss	2	0.83	58.3	0.61	0.11	7.18	30	< 0.0001	29
Interval between two cycles	1.61	1.14	32.35	0.54	0.099	3.67	21	<0.0001	20

Table 2: Effects of *uttarbasti* on associated complaints in the 30 patients of *asrigdara*

Associated complaints	Mean Score		% Relief	SD	SE	t	n	p	Df
	BT	AT							
Angamarda	1.5	0.59	60.6	0.59	0.12	4.76	22	< 0.0001	21
Daurbalya	1.92	0.72	62.5	0.76	0.15	7.85	25	< 0.0001	24
Bhrama	1.875	1.43	46.67	0.51	0.12	3.41	16	0.003	15
Tamahpravesh	1.36	1.0	26.67	0.50	0.15	2.39	11	0.037	10
Trusha	1.75	1.25	28.57	0.51	0.12	3.87	16	< 0.001	15
Daha	1.833	0.416	77.3	0.51	0.14	9.53	12	< 0.0001	11
Tanrdra	1.55	1.11	28.57	0.52	0.17	2.53	9	0.03	8
Panduta	2.235	1.64	26.45	0.69	0.16	3.50	17	< 0.001	16

Table 3: Effects of *uttarbasti* on *artavavahashrotas* in the 30 patients of *asrigdara*

Artavavahashrotas	Mean Score		% Relief	SD	SE	t	n	P	Df
	BT	AT							

Kashtartava	1.5	0.65	56.7	0.366	0.082	10.37	20	< 0.0001	19
Clots	1	0.59	40.91	0.5	0.1	3.81	22	< 0.001	21
Foul smelling	1	0.67	33.33	0.48	0.11	2.91	18	0.009	17

DISCUSSION:

The prevalence of *asrigdara* is in all age group but in this study major patients were of middle age group. 66.67% women suffering from this menstrual disorder were housewives. Housewives are always busy in household work and they are not taking proper care of their own health. They have anxiety, tension of work load so they suffer more. Maximum numbers of patients i.e. 73.33% were multipara and 36.67% had history of 2 Abortions. These findings correlate well with the fact that multiparas usually have bulky uterus resulting in *asrigdara* & more the number of abortions has greater the possibility of *asrigdara*. Uterine congestion may be due to inflammation after repeated deliveries. *Manasika nidana* like *chinta* & *krodha* was also found in maximum number of patients. *Acharya madhava* has distinctly mentioned the role of *manasikabhava* in manifestation of *asrigdara*. The highest number of patients was of *vata-pitta prakruti*. This correlates well with the classical dictum that the *vata* is the root cause of all *streeroga* & in association with *pitta* causes *asrigdara*. Total amount of blood loss, duration of bleeding, *Angamarda*, *daurvalya*, *bhrama*, *tamahpravesh*, *daha*, *tandra*, *panduta*, *kashtartava*, clots, foul smelling were reduced while the inter menstrual period was extended. On the basis of criteria of assessment adopted, the total effect of therapy has been carried out, which has shown that marked improvements found in 17 patients (56.67%) followed by 12 patients (40%) in improvement and 1 patients (3.37%) got cured.

Role of Ashokaghrita Uttarbasti in Asrigdar:

Vata is the *anubandhyadosha* in the causation of *asrigdara*. Hence to counteract the disease at the gross root level it is mandatory to treat *vataadosha* & *basti* is the main line of treatment. As quoted by *acharya*, in relation to *apaanavayu* & its association in the pathogenesis of *asrigdara*, *uttarabasti* is a procedure targeted at the appropriate site of manifestation of the disease, i.e. *garbhashaya* which is the *apanavayukshetra*. As per the definition of *uttarabasti* it is administered after *niruhabasti* for the purpose of *shodhana*. *Sneha* (medicated ghee) contains *sukshmaguna* as mentioned by *acharya sushrut*. So this property of *sneha* along with its constituent drugs enables it to reach deep into *artavavahasrotas* and performs function of *srotosodhana* at cellular level. This *sneha* starts action on *dosha*, *dushya* and *agni*. *Ashokaghrita* has efficacious effects in the excessive/prolonged menstrual bleeding. It produces estrogen like effects on the ovarian tissue which enhances the tissue repair in endometrium thus leading to reducing the amount and duration of blood loss during menstruation. *Ashokaghrita* decreases the inflammation of endometrium and provide relief in pain. Excessiv and prolonged menstrual bleeding leads to *raktalpatha* and *raktalpta* causes' *daurbalya*, *brahma*, *tamahpravesh* etc. *ashokghrita* has *raktastambhan* properties and due to its *lekhan karma* which causes endometrial thinning which reduces the bleeding surface of endometrium thus reduces the blood loss

in menstruation. These effects of *ashokghrita* results in relief in symptoms (*daurbalya*, *bhrama*, *tamahapravesh* etc) and improves overall health and promotes physical strength. *Daha* is a cause of *pitta dosha*, Most of the drugs are having *sheetvirya* and a *madhurvipak* effect thus reduces the *daha*.

CONCLUSION:

A normal phenomenon of *artava* reflects the general health of the female. *Asrigdara* is a disorder by which many women get affected in their life. *Asrigdara* can be compared with menorrhagia. The loss of excessive blood brings *daurbalya* and other *upadrava* resulting from *raktakshaya* and *vata prakopa*. Treatment by *Basti* improves the *asrigdara* by its action on a *dhosh* as well as specific action on *vata*. Overall effects observed in patients of *uttarbasti* of *ashokaghrita* on all criteria of assessment showed that the therapy is proved better statistically and symptomatologically. The results are encouraging in this study.

REFERENCE:

1. Text book of gynecology by d. C. Dutta, new Central book agency limited, Calcutta, third edition 2001 Pg.74.
2. Charakasamhita of agnivesha revised by charak and drahabala with ayurveddipikacommentary by chakrapani datta edited by vaidhyayadavjitikramjiacharyachaukhambha Sanskrit pratisthan, reprint edition 2009, Pg. 643.
3. Sushrutsamhita of sushrut with sushrutavimarshini commentary by Dr. Anantram Sharma, chaukhambhasurbhartiprakashan, Varanasi, 1st edition 2001, Vol II. Pg. No. 16.
4. Charakasamhita of agnivesha revised by charak and drahabala with charakchan-

drika commentary by Dr. Brahmanandatripathi, chaukhambhasurbhartiprakashan, Varanasi edition 2001 (Vol. II. pg 1044).

5. Madhavanidana: madhavakara with madhukosha commentary by vijayrakshita and shreekanthadatta with vidhyotinihindicommentary by srisudarshanshastri edited by Prof. Yadunandanupadhyaychaukhambha Sanskrit sansthan, Varanasi reprinted edition 2004 (Vol II pg. no. 345).
6. Yogratanakar with vidhyotinihindicommentary by yvaidhyalaxmipatishastri edited by vishagratanabramhashankarshastri, chaukhambhasanskritsansthan VII edition 2002 pg no. 396.
7. Chakradatta bysrichakrapanidatta with vaidhyaprabhacommentary by Dr. Indradevtripeethiteor Prof. Ramanath Dwivedy, chaukhambhasanskritbhavan, Varanasi, reprint edition Pg 377.
8. Astanghrudaya of vagabhata with the samvartikacommentary by Pro. Banwarilalgaur, Chaukhambhaorientalia, Varanasi first edition 2007 pg 207.
9. Bhaishajyaratnavali of kavirajgovind dasen edited with sidhhiprabhacommentary by pro. Siddhinandan Mishra chaukhambhasurbhartiprakashan Varanasi reprint edition 2009, pg 1031.

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