

THE EFFECT OF CERTAIN INDIGENOUS DRUGS IN ASRIGDARA

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ABSTRACT

Asrigdara is an abnormal state characterized by excessive, prolonged, frequent and irregular menstrual bleeding. Incidence of patients with excessive and irregular menstrual bleeding advised to undergo hysterectomy are increasing day by day leading to disastrous psychiatric complaints, therefore an effective non surgical management is necessary for curing it. Hence an Ayurvedic preparation *Raktasthambhaka Yoga* (*Majuphal, Gairika, Sphatika, Khadira*) was administered 3gms/day in tablet form in three divided doses for 2 months. A clinical trial was carried out on 12 patients with complaint of excessive vaginal bleeding. The patients attending the O.P.D. and I.P.D. of Striroga and PrasutiTantra, Department of *Kaumarbhritya*, I.P.G.T. and R.A., hospital were registered for the present study. The effect of therapy on chief complaints duration of blood loss was statistically highly significant ($P<0.01$), interval between two cycles and amount of total blood loss during one period was statistically significant ($P<0.05$).

Keywords: *Asrigdara*, excessive, prolong, frequent and irregular Menstrual bleeding, hysterectomy, *Raktasthambhaka yoga*

INTRODUCTION

Shuddhartava is one of the most essential factors for the healthy progeny. Acharya Vagbhatta denotes *ArtavaPramana* measuring to four *Anjali*. Acharya Charaka quoted that there is no fixed quantity of *Artava*. Regarding *Artavasrava Kala*, Acharya Charakahas given 5 days¹ while Vagbhatta and Bhavamishra given 3 days, *Harita* and *Bhela* given 7days. *Artavasrava Kala* varies with individuals and *Artava Pravritti Chakra Kala* is one month according

to our ancient Acharya. Modern book refers that if menstruation starts, it continues cyclically at intervals of 21 to 35 days.² The duration of bleeding is about five days and measurement of menstrual blood loss (20ml to 60 ml) is also varies from individual to individual.³ Any abnormality in *Rutuchakra* (menstrual rhythm) leads to excessive and irregular uterine bleeding which is known as “*Asrigdara*” in classical text.

The terms *Asrigdara* is given by Acharya Sushruta and *Pradara* by Acharya Charaka. According to Acharya Charaka due to *Pradirana* (excessive excretion) of *Raja* (menstrual blood) it is named as “*Pradara*”⁴ and since, there is *Dirana* (excessive excretion) of *Asrik* (menstrual blood) hence it is known as “*Asrigdara*”. Acharya Dalhana has described clinical feature of *Asrigdara* i.e. Excessive and prolonged or prolonged blood loss during menstruation or even scanty blood loss during intermenstrual period is ‘*Asrigdara*’.⁵

Various reports suggest that 30 to 50% of women in the reproductive age group suffer from excessive and irregular uterine bleeding by various causative factors. 28% of the female population consider their menstruation excessive and will plan their social activities around their menstrual cycle, and nearly 10% of employed women will need to take time off work because of excessive menstrual loss. 6 % of women aged 25 to 44 consult their GP’s about excessive menstrual loss every year. Of the 35 % of these are referred to hospital, 60 % will have a hysterectomy in the next 5 years.⁶ Over 75000 hysterectomies are now carried out every year with 30 % of them carried out for menstrual disturbances alone.

Excessive bleeding is associated with considerable health consequences and its impact on the social, economic and psychological well being of women can be severe.⁷ Nearly 30% of women reporting such problems spend one or more days in bed per year because of anemia, dysmenorrhoea, menorrhagia, infertility, toxic shock & infection.

Heavy uterine bleeding is managed with medical therapy with associated side effects, and if unsuccessful is followed by surgical intervention. Dilatation and curettage is at best temporary

treatment with limited efficacy. About 40 - 50% of North American women have had hysterectomy for benign reasons, menorrhagia.⁸

Asrigdara indicates the excessive and irregularity of menses. In the female the reproductive system has a great importance and any disease in this system will seriously affect her health and happiness and also it proves to be a great discomfort. *Asrigdara* is one amongst the extensive range of occurrence. Due to limitation of medical therapy as well surgical therapy of modern science, it becomes the necessity of the time to find out an effective harmless therapy to manage the condition. These are the factors why the topic is being selected for the present study.

2 .MATERIAL AND METHOD

The patients attending the O.P.D. and I.P.D. of Striroga and PrasutiTantra, Department of Kaumarbhritya, I.P.G.T. and R.A., hospital are registered for present study.

3. CRITERIA FOR THE SELECTION OF THE PATIENTS

Patients having cardinal and associated symptoms of *Asrigdara* were randomly selected for the study. The quantity of menses was decided by the weight of pads used. The pads used during the period were of the same company.

4. CRITERIA FOR EXCLUSION OF THE PATIENTS

Bleeding from the polyps and erosion, cancer, fibroid, bleeding after menopause, abortional bleeding, history of the bleeding from the site other than the uterus, coagulation disorders

5. INVESTIGATION

Blood: Hb_{gm}%, TC, DC, ESR, Platelet, BT, CT.

Urine and Stool: Routine and Microscopic examination.

USG: To rule out any uterine pathology.

Other investigation like hormonal level and E.B. if required

6. GROUP AND MANAGEMENT OF THE PATIENTS

All the selected patients were allocated to single group which were treated by *Raktasambhaka Yoga*, the ingredients are 1-1 part Majuphal & Gairika, 5 parts Sphatika & 15 part Khadira Patients were given 2 Tab. 3 time a day (500 mg each) with *Madhu Anupana* orally. Duration of treatment was 2 months Follow up study was for 2 month.

7. CRITERIA FOR ASSESSMENT

The criteria for assessment of treatment are based on improvement in cardinal symptoms. They will be shown by grading method like –

7.1 Assessment of Duration of Bleeding

Duration	Score	Grade
< 5 days	0	Nil
6 to 7 days	1	Mild
8 to 9 days	2	Moderate
> 9 days	3	Severe

7.2 Assessment of Inter Menstrual Period

IMP	Score	Grade
25 to 30 days	0	Nil
20 to 24 days	1	Mild
15 to 19 days	2	Moderate
< 15 days/irregular	3	Severe

7.3 Assessment of Amount of Blood Loss

AOBL	Score	Grade
61 to 80 gm	0	Nil
81 to 100 gm	1	Mild
101 to 120 gm	2	Moderate
> 120 gm	3	Severe

7.4 Method for Assessment of Amount of Blood Loss

We advised the entire Patients to use same company - sanitary pads during menstrual period (before, during, after treatment). Weight of given one pad was 10 gm. Weights of pads used by patients were deducted from the weight of total number of pads by same weighing machine. Thus we found the difference or amount of bleeding.

7.5 Assessment of Other Associated Symptoms

Symptoms	Score	Grade
Relief in all present symptoms	0	Nil
75% relief in all present symptoms	1	Mild
50% relief in all present symptoms	2	Moderate
All symptoms present	3	Severe

7.6 Total relief by the therapies was assessed on the basis of percentage of percentage of relief obtained.

Percentage of Relief	Effect
More than 75 %	Cured
51-75 %	Markedly improved
26-50 %	Improved
Less than 25 %	No improvement

8. DIET & INSTRUCTIONS:

Patients were advised to take a normal diet. Avoid excessive oily, sweet, spicy, fried food, curd, fermented food and sour items. To have more green vegetable, fruits, and more milk.

Patients were asked to avoid heavy exercise, excessive intercourse, *Upavasa*, *Adhyashana*, *Ratrijagrana*, *Divaswapna*, *Atibharavahana*, journey, heavy work and other *Nidana*. Patients were psychologically counselled and advised to avoid *Chinta*, *Shoka*, *Krodha*, etc. General advice regarding maintenance of proper hygiene and habits were also given. Do *Pranayama* for 10 minutes a day.

9. STATISTICAL ANALYSIS:

The information collected on the basis of observation, were subjected to statistical analysis in term of mean, standard deviation (SD) and standard Error (SE) and by the use of them

paired't' test. The obtained results were interpreted as

Insignificant result - P > 0.05

Significant result - P < 0.05

Highly significant result - P < 0.01 & P < 0.001

10. OBSERVATIONS AND RESULTS

Total 10 patients had completed the treatment while 02 patients left against medical advice. Hence, the total number of patients is 12 for the present study, so observation of 12 patients and results of 10 patients are given below.

It was found that maximum number of patients i.e. 91.66% belonged to age group of 21 - 30 years, 83.33% patients were Hindu, 58.33% patients were belonging to middle and housewives, 83.33% were married, 50% patients were having higher secondary level education, 66.66% patients having Vegetarian type of diet and negative Family history, chronicity of disease more than 2 years observed in 58.33% patients, 50% patients having history of abortion, 83.33% patients having Sedentary type physical and mental work, 58.33% patients having *Vata-Pittaja Prakruti*, all the patients 100% were having *Artavavaha Srotodushti*, while 58.33% were having *Rasavaha Srotodushti* and 50% each were having *Annavaha* and *Raktavaha Srotodushti*.

Tabal-1: Present Menstrual History wise distribution of 12 patients of *Asrigdara*

Present Menstrual History		No. of patients	%
Regularity	Regular	09	75
	Irregular	03	25
Amount of blood loss	Average	00	00
	Heavy	12	100
	Scanty	00	00
Character of blood loss	Darkish red with liquid	03	25
	Bright red or black with clots	09	75
Foul smelling		07	58.33

Painful	09	75
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Table2: Per Speculum (P/S) and Per Vaginal (P/V) Examination wise distribution of 10 Married patients of *Asrigdara*

Per Speculum Examination (P/S)		No. of patients	%	Per Vaginal Examination (P/V)		No. of patients	%
Vulvitis-Vaginitis	Present	00	00	Uterus position	AVAF	04	40
	Absent	10	100		RVRF	06	60
Vaginal discharge	Nil	06	60	Uterus size	Normal	10	100
	Watery	07	70		Bulky	00	00
	Curdy	01	10	Uterus mobility	Mobile	10	100
	Yellowish	01	10		Immobile	00	00
Cervix	Normal	09	90	Cervix	Hard	03	30
	Cervicitis	00	00		Soft	01	10
	Erosion	01	10		Normal	06	60
External Os	Parous	10	100	Fornices	NAD	06	60
	Nulliparous	00	00		Tenderness	04	40

CHIEF COMPLAINTS

Table 3: Total amount of blood loss wise distribution of 12 Patients of *Asrigdara*

Total amount of blood loss (A.O.T.B.L.)	No. of patients	Total	%
60 – 80 gm	00	00	00.00
81 – 100 gm	07	09	36.00
101 – 120 gm	02	05	20.00
Above 121 gm	03	11	44.00

Table 4: Duration of menstrual bleeding wise distribution of 12 patients of *Asrigdara*

Duration of Menstrual Bleeding	No. of patients	Total	%
4 – 5 days	02	03	12.00
6 – 7 days	07	12	48.00
8 – 9 days	03	06	24.00
Above 9 days	00	04	16.00

Table 5: Inter-menstrual period wise distribution of 12 patients of *Asrigdara*

Inter-menstrual Period (in days)	No. of patients	Total	%
25 – 30	06	10	40.00
20 – 24	03	10	40.00
15 – 19	01	02	08.00
Below 15- irregular	02	03	12.00

ASSOCIATED COMPLAINTS

Table 6: Associated complaints wise distribution of 12 patients of *Asrigdara*

Associated Complaints	No. of patients	%
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Angamarda	10	83.33
Daurbalya	11	91.66
Bhrama	06	50.00
TamahPravesh	01	8.33
Trusha	04	33.33
Daha	06	50.00
Panduta	04	33.33
Tandra	07	58.33
Shwasa	03	25.00
Kasa	00	00.00
Aruchi	06	50.00

EFFECT OF THERAPY

Table 7: Effect of Raktastambhaka Yoga on chief complaints in the patients of Asrigdara

Chief Complaints	No. of pts.	Mean		X	%	S.D.	S.E.	't'	P
		B.T.	A.T.						
Duration of blood loss (D.O.M.B.)	08	01.25	00.37	0.87	70.00	0.64	0.22	3.86	<0.01**
Interval between two cycles (I.M.B.)	05	01.40	00.60	0.80	57.14	0.44	0.20	4.00	<0.05*
Amount of total blood loss during one period (A.O.B.L.)	10	01.90	01.30	0.60	31.57	0.69	0.22	2.71	<0.05*

Table – 8: Effect of Raktastambhaka Yoga on Associated complaints in the patients of Asrigdara

Associated Complaints	No. of pts.	Mean		X	%	S.D.	S.E.	't'	P
		B.T.	A.T.						
Angamarda	09	01.77	00.88	0.88	50.00	0.33	0.11	8.00	<0.001**
Daurbalya	10	01.40	00.40	1.00	71.42	-	-	-	-
Bhrama	07	01.00	00.14	0.85	85.71	0.37	0.14	6.00	<0.001**
TamahPravesh	02	01.00	00.50	0.50	50.00	0.70	0.50	1.00	>0.05
Trusha	05	01.60	00.80	0.80	50.00	0.44	0.20	4.00	<0.05*
Daha	08	01.25	00.25	1.00	80.00	-	-	-	-
Panduta	06	01.16	01.00	0.16	14.28	0.40	0.16	1.00	>0.05
Tandra	07	01.14	0.42	0.71	62.50	0.48	0.18	3.84	<0.05*
Shwasa	03	01.33	00.66	0.66	50.00	0.57	0.33	2.00	>0.05
Aruchi	09	1.44	0.55	0.88	61.53	0.33	0.11	8.00	<0.001**

Table – 9: Effect of Raktastambhaka Yoga on ArtavavahaSrotasa in the patients of Asrigdara

ArtavavahaSrotasa	No. of pts.	Mean		X	%	S.D.	S.E.	't'	P
		B.T.	A.T.						
Kashtartava	09	01.77	00.88	0.88	50.00	0.33	0.11	8.00	<0.001**
Clot	09	01.44	00.55	0.88	61.52	0.33	0.11	8.00	<0.001**
Foul smelling	07	0.94	0.85	0.85	90.47	0.37	0.14	6.00	<0.001**

Table10: OVERALL EFFECT OF THERAPY

% relief	Effect	No. of Pts.	%
>=75	Cured	02	20.00
51 – 75	Markedly improved	03	30.00
25 – 50	Improved	05	50.00
<25	No improvement	00	00.00

DISCUSSION

Acharya Charaka has mentioned *Asrigdara* as one of the *Upadrava* of all *Yoni Vya-pada*. Before the description of *Asrigdara*, Acharya Sushruta gave the *Shuddha Artava Lakshana* then he has described *Asrigdara*. Sushruta described its symptoms and complication but he has not mentioned any types of *Asrigdara*. Sometimes it is a diseased condition or a symptom of other diseases or/is the complication of the disease. *Asrigdara* is one of the complications of *Dushprajata*.⁹

As the disease is characterized by excess flow of blood out of the body and *rakta* is known to be a vital substance of the body (*Jivana Karma*), hence, *RaktaStambhaka Chikitsa* becomes important. Charaka explained the treatment to be as for *RaktaYoni* i.e., *RaktaSthapana* after giving due consideration to the association of the *Dosha*. He said it to be treated on the lines of *Raktatisara*, *Raktapitta* and *RaktaArsha*.

Raktastambhaka Yoga possesses *Tikta*, *Kashaya* as predominant *Rasa*, as well as *Laghu* and *Ruksha Guna* and *Sheeta Virya* and *Katu Vipaka*. *Kashaya Ras* is having property of *shosana*, *Stambhana*, *Ropan*, *Pidan*, *Sandhankar* and *TiktaRasa* is having the property of *Deepana*, *Pachana*, *Raktaprasadana*, *Dahaprashamana*, *Shoshana* of *Mala*, *Mutra*, *Pitta*, *Kapha*.¹⁰

Laghu, *RukshaGuna* having *Kapha-pittashamaka* and *Shoshana* property which helps in *Srotoshodhana*. Majority of drugs are

having *RaktaShodhak* and *RaktaStambhaka* properties thus helps in decrease blood flow and clot it also helps in foul smelling. *Sandhaniya* and *Vrana Ropana* reduce the fragility of endometrial capillaries and tone up the endometrial capillaries. *Khadir* and *Majuhal* have *Deepan Pachana* properties by virtue of which increases the *Jatharagni* and *Dhatvagni* so help in maintaining the vitiated *dosha* to equilibrated form.

CONCLUSION

Raktastambhaka yoga gave 70% relief in the duration of bleeding which is highly significant; the intermenstrual period was extended by 57.14%. It reduced total Amount of blood loss by 31.57%. The result was Significant.

On the basis of criteria of assessment adopted, the total effect of therapy has been carried out, which has shown that 2 patients (20%) were completely cured, 3 patients (30%) were markedly improved and 5 patients (50%) were improved.

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