

A CLINICAL STUDY TO EVALUATE THE EFFICACY OF KUTAJASTAK AVALEHA IN ASRIGDARA w.s.r TO DUB

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ABSTRACT

Background: Regular cyclic menstruation results from the relationship between endometrium and its regulating factors. Change in either of these results in abnormal bleeding which interferes with woman's physical, social and emotional quality of life. *Asrigdara* is characterized by excessive, prolonged, menstrual or intermenstrual bleeding. Dysfunctional uterine bleeding is a state of abnormal bleeding without any clinically detectable organic, systemic, and iatrogenic cause. It affects 22-30% of women. Commonest age group affected by DUB is 31-40 years (45.6%) and seen mostly in multiparous women (71.58%). *Kutajastakavaleha* is mentioned in *Sarangadhara Samhita* having *stambana*, *garbhashaysankochaka*, *balya*, *raktashodhaka*, properties effective in *Asrigdara*. **Aims:** To evaluate the efficacy of *Kutajastakavaleha* in *Asrigdara* and to compare the efficacy of *Kutajastakavaleha* and *Khandkusmand avaleha* in *Asrigdara*. **Design:** A randomized comparative clinical study of two groups, each consisting of 20 patients. **Methods and Material:** patients aged between 20 and 45 years, who were clinically diagnosed in Alva's Ayurveda Medical College and Hospital, Moodbidri, were included in the study. **Analysis Used:** Student t test for within sample was used to compare the baseline characteristics, for Assessment $p < 0.05$ was considered significant and Paired t test to compare result between two groups. In Overall effect, Group-A (*Kutajastakavaleha*); 5 has moderate improvement, while 15 has marked improvement. Group-B (*Khandkusmanda Avaleha*); 1 has mild improvement, 13 has moderate improvement, while 6 has marked improvement. **Conclusion:** The present study shows that *Kutajastakavaleha* is a safe and better treatment in *Asrigdara*.

Keywords: *Asrigdara*, Dysfunctional uterine bleeding (DUB), *Kutajastakavaleha*.

INTRODUCTION

Since the ages of *Vedas*, *Stree* has been given a unique position in the society due to procreating and propagating the human species. Showing the importance of *Stree*, *Acharya Manu* quoted that the societies where women are respected that place is like heavenly abode. The woman is the chief cause for progeny, if she is protected even the progeny is protected. The prime aim of woman is to achieve motherhood. Motherhood is the basis for family life, which is the backbone of the society. Healthy progeny leads to formation of healthy society. The first step for motherhood commence with menarche and ends with menopause. Woman's role reaches to new horizons in the society due to modernization and increased competition. Women are not able to pay proper attention to their health due to increase in responsibilities in this changed set up. Change in lifestyle, food, habits, responsibility of family etc. possess strain on her physical and mental health which likely disturbs the menstrual rhythm and leads to menstrual disorders.

Menstruation is the visible manifestation of cyclic physiologic uterine bleeding due to the shedding of the endometrium¹. It denotes the healthy state of female reproductive system. The menstrual rhythm is invisible interplay of hypothalamo-pituitary-ovarian axis. Any physical and mental disorders disturb the normalcy of menstrual cycle which further leads to impairment in function of reproduction.

Asrigdara is characterized by excessive, prolonged menstrual or intermenstrual bleeding². According to *Acharyas*, *Mithya Ahara*, *Vihara*, *Atishoka* etc are the *Nidanas* of *Asrigdara*. *Asrigdara* comprises all form of excessive bleeding. Dysfunctional Uterine Bleeding (D.U.B) is one of them. D.U.B is a state of abnormal uterine bleeding without any clinically detectable organic, systemic, and iatrogenic cause. It occurs at the extreme of reproductive life i.e. adolescence and premenopausal age³. D.U.B affects 22-30% of women and accounts for 12% gynecological referrals⁴. Various treatment modalities have minor to major side effects like nausea, G.I.T disturbance, hypertension, liver disease etc. Ultimate cure for

D.U.B is hysterectomy, but it also has complications.

Ayurvedic texts have described variety of oral preparations which are time tested can be used for the management of *Asrigdara*. The present study was undertaken to evaluate the efficacy of *Kutajastakavaleha*⁵ in *Asrigdara*.

Objectives of study

- To evaluate the efficacy of *Kutajastakavaleha* in *Asrigdara*.
- To compare the efficacy of *Kutajastakavaleha* and *Khandkusmand avaleha* in *Asrigdara*.

MATERIALS AND METHODS

Total 46 Patients diagnosed with *Asrigdara* w.s.r D.U. B attending *Prasooti tantra* and *Streeroga* O.P.D of Alva's Ayurveda Medical College and Hospital, Moodbidri, and other available sources. Among them 40 had completed the treatment and 6 left against medical advice. Hence, the total number of patients is 40 for the present study, so observation and results of 40 patients given below.

Design of study: A randomized comparative clinical study of two groups, each consisting of 20 patients.

Diagnostic criteria: Patient fulfilling any two or more of the criteria

1. *Raja atipravruithi*. (Excessive bleeding)
2. *Deerghakalanubandhi* (Prolonged menstruation)
3. *Anruthavalpamapi* (Intermenstrual (scanty) bleeding)
4. Along with or without *angamarda* (body ache) and *vedana* (pain)

Inclusion criteria

1. Patients fulfilling the diagnostic criteria.
2. Patients with age group of 20- 45 years.
3. Patients having Hb% more than 8 gms.

Exclusion criteria

1. Bleeding sites other than the uterus.
2. Abortional bleeding.
3. Patient with systemic disorders interfering with the present study.

4. Patient with IUCD, OCP.
5. Benign & Malignant growth in uterus.
6. Coagulation disorders.

Interventions

Group A: *Kutajastakavaleha*, 12 gm bid with warm water orally from 4th day of menstrual cycle to 1st day next menstrual cycle for 3 consecutive cycles.

Group B: *Khandkusmand avaleha*, 12 gm bid with warm water orally from 4th day of menstrual cycle to 1st day next menstrual cycle for 3 consecutive cycles.

Assessment: Assessed on the 10th day of each cycle.
 Treatment follows up: On 10th day for 3 consecutive menstrual cycles during the treatment.

Observational follow up: On 10th day for next one menstrual cycle.

Assessment criteria

1. Duration of menstrual flow.
2. Amount of menstrual blood loss.
3. Interval between menstrual cycles.
4. *Angamarda*
5. *Vedana*

RESULTS:

Table 1: Effect of therapy on assessment criteria in Group-A

Symptom	Mean score			%	SD	SE	t	P
	BT	AT	BT-AT					
Duration of menstrual flow	2.25	0.30	1.95	86.67	0.686	0.153	10.18	<0.05
Amount of blood loss	2.35	0.30	2.05	87.23	0.510	0.114	11.19	<0.05
Interval between menstrual cycle	2.05	0.35	1.75	82.93	0.470	0.105	9.02	<0.05
<i>Angamarda</i>	0.80	0.10	0.70	87.50	0.470	0.105	6.10	<0.05
<i>Vedana</i>	0.70	0.10	0.60	85.71	0.503	0.112	4.77	<0.05

Table 2: Effect of therapy on assessment criteria in Group-B

Symptom	Mean score			%	SD	SE	t	p
	BT	AT	BT-AT					
Duration of menstrual flow	2.65	1.25	1.40	52.83	0.681	0.152	6.76	<0.05
Amount of blood loss	2.40	0.90	1.50	62.50	0.607	0.136	8.24	<0.05
Interval between menstrual cycle	2.55	0.55	2.00	78.43	0.459	0.103	11.30	<0.05
<i>Angamarda</i>	0.90	0.05	0.85	94.44	0.366	0.082	9.99	<0.05
<i>Vedana</i>	0.80	0.00	0.80	100	0.410	0.092	8.72	<0.05

Table 3: Comparison of treatment between the groups: (BT-AT)

SYMPTOMS	GROUPS	MEAN	Difference In Mean	't' TEST d.f at 38			
				S.D. (±)	S.E. (±)	't' value	P value
Duration of menstrual flow	Group-A	1.950	0.550	0.686	0.153	2.54	0.015
	Group-B	1.400		0.680	0.152		
Amount of blood loss	Group-A	2.050	0.550	0.501	0.114	3.10	<0.05
	Group-B	1.500		0.607	0.136		
Interval between menstrual cycle	Group-A	1.700	-0.30	0.470	0.105	0.625	>0.05
	Group-B	2.00		0.458	0.103		
<i>Angamarda</i>	Group-A	0.700	-0.150	0.470	0.105	0.312	>0.05
	Group-B	0.850		0.366	0.082		
<i>Vedana</i>	Group-A	0.600	-200	0.503	0.112	1.11	>0.05
	Group-B	0.800		0.410	0.091		

Table 4: Comparative results of Group-A and Group-B

Characteristics	Group-A			Group-B		
	Mean score		Percentage of relief	Mean score		Percentage of relief
	BT	AT		BT	AT	
Duration of menstrual flow	2.25	0.30	86.67	2.65	1.25	52.83
Amount of Blood Loss	2.35	0.30	87.23	2.40	0.90	62.50
Interval between menstrual cycles	2.05	0.35	82.93	2.55	2.00	78.43
<i>Angamarda</i>	0.80	0.10	87.50	0.90	0.05	94.44
<i>Vedana</i>	0.70	0.10	85.71	0.80	0.00	100

DISCUSSION

The study shows that out of total 40 patients, maximum patients belonged to age group 30-39 years (60%), and Hindu religion (75%), from Urban Area (55%), educated up to secondary (47.5%), belonged to middle class (57.5%), majority are married (92.5%) and housewives (67.5%), had mixed diet (77.5%), *mrudu kosta* (67.5%), *mandagni* (35%), *vata-pitta prakruti* (45%), had normal psychological status (57.5%) and sleep (65%)

In majority had negative family history (92.5%), drug history (80%), abortion history (62.5%) and no addiction (45%). maximum patient's duration of illness were 3-9 months (67.5%), 42.5% had no contraceptive history, were multipara (62.5%). Maximum had regular past menstrual history (70%), present menstrual history (65%), had Hb between 8-9gm% ranges (37.5%), had duration of menstrual flow >9 days (55%), used 4-5 pads/day (47.5%), had menstrual cycle between 15-19 days (45%). In maximum patients *angamarda* (85%) and *vedana* (75%) are absent.

Rakta is known to be a vital substance of body. As the disease is characterized by excess flow of blood out of the body, hence *raktastambhana chikitisa* is beneficial. Use of *raktasthapaka dravyas* after assessing the involvement of *doshas* based on colour and smell of menstrual blood. Treatment prescribed for *raktatisara*, *raktapitta*, *raktarsha*, *guhayaroga* and *garbhasrava* is also useful. Considering this aspect, *raktastambhaka*, *raktasodhana*, *raktapittaghna* effects are desired in treatment.

Probable mode of action of *kutajastakavaleha*

Kutajastakavaleha contains 8 drugs. Among eight drugs, six drugs are having *tikta*, *kashaya rasa* and two are having *katu rasa*. *Tikta & Katu rasa: Dipana & pachana* → *Agni vardana & ama pachana* → *srotosodhana* → *Prakrita rasa* and *rakta dhatu* formation. *Kashaya rasa: Stambhana, Grahi, Sleshmahara, Raktapittahara* → Thus help to reduce the duration and amount of bleeding.

Based on *guna*: Majority of the drugs possesses *laghu* and *ruksha guna*. *Laghu*: Have *srotosodhana* property → does *rakta sodhana* *Ruksha guna*: It possess *Sthambhana & Shoshana* properties. *Sthambhana* directly and *shoshana* indirectly reduce the duration and amount of bleeding by absorption of *drava pitta*.

Based on *virya*: Majority of drugs possesses *sheeta veerya*. *Sheeta virya* have *raktapittahara* and *stambhana*, properties which helps in relieving the symptoms of *asrigdara*.

Based on *vipaka*: *Katu vipaka* helps in relieving the symptoms of *asrigdara* by its *laghu* and *kaphapittashamaka guna*.

Based on *karma*: Majority of drugs possess *Raktapittahara, Raktasodhana, Raktastambhaka Dhatushoshana, Sothahara, and Vranaropana* properties. All these properties of drugs act according to the *vyadhi pratyanekaa chikitsa*.

Probable mode of action of *khandakusmanda avaleha*

Kusmanada possess *raktapittashamaka, pittahara, shulhara, balya, rasayana, garbhaposhaka, vatapittashamaka* and *dipana* properties.

Jiraka, Shunthi, Pippali, Maricha, Twak and Patra are having *kaphavatahara, dipana, pachana, garbhashayashodhaka*.

Dhanyaka possesses properties of *tridoshahara, dipana, and pachana*.

Ela possesses properties of *tridoshahara, balya, rochana, dipana, pachan and anulomana*.

So, all the ingredients of *khandakusmanda avaleha* having *kaphavatahara, tridoshara, dipana, pachana, garbhashayashodhaka, brumhanakara* and *balya*.

Duration of menstrual flow: Group A has shown 86.67% reduction in the prolonged blood loss while Group B has shown 52.83%. The effectiveness of the medicine in the duration of bleeding in the Group-A, can be attributed to the karma of the drugs like *raktastambhana, dhatushoshana, raktapittahara, raktashodhana* and *grahi* properties due to predominance of *tiktha, kashaya rasa* and *sheeta virya*. The results are statistically significant for both the groups. ($p < 0.05$)

Amount of blood loss: Group A has shown 87.23% relief, while in Group B has 62.50% relief. The effectiveness of the medicine in the amount of blood loss in the Group-A, can be attributed to the karma of the drugs like *raktapittahara, sthambhana, dahtusoshana* and *grahi* properties. They help in *samprapti vighatana* by reducing the *drava guna* of *pitta* and decrease the amount of blood loss. The results are statistically significant for both the groups. ($p < 0.05$)

Interval between menstrual cycles: In Group –A, there was 82.93% relief, while in Group-B 78.43% relief was there. *Patha* and *bilva* are having *vata-kaphahara* properties thus help in regularization of cycle.

Angamarda: Group-A has shown 87.50% relief while Group-B has 94.44% relief. Both groups have significant results. ($p < 0.05$) As the amount and duration of bleeding reduces due to the properties of drugs, it helps in relieving *angamarda*.

Vedana: In Group-A, relief was 85.71% and in Group-B 100% relief was there. The results are statistically significant for both the groups ($p < 0.05$). In

Group A *Patha* and *bilva* possess *usna virya* which acts *shoolaprashamana* while in Group-B, all ingredients possess *vatahamaka* property due to which the percentage of relief was more in Group B than Group A.

Comparison between the groups shown vary in parameter wise analysis in which, only duration and amount of blood loss in menstrual flow are having significant difference between the group while remaining all parameters are not having significant difference between the groups. Reduction in percentage also showed same results.

CONCLUSION

The main principle of the management of *Asrigdara* is *raktastambhana, raktasodhana, and vatanulomana*. *Dipaniya* and *pachaniya* drugs are essential in the treatment of *Asrigdara* for proper *Agni* and which helps in proper metabolism.

Kutajastakavaleha possess *raktastambhana, raktasodhana, raktapittahara, dipana, pachana, and balya* properties with proved anti-inflammatory (*lajjalu, patha, dhataki, musta*), analgesic (*bilwa, patha*), anti-spasmodic (*musta, ativisha*), anti-haemolytic activity (*mocharasa*) and proved the efficacy in treating the *Asrigdara*.

There was statistically significant improvement in all the cardinal as well as in associated symptoms of *asrigdara* in both the groups but *Kutajastakavaleha* shows good results in all cardinal symptoms in comparison with *Khandkusmand avaleha*.

Limitation of study: Palatability of *Kutajastakavaleha* was the main drawback of the study. It is reason behind maximum number of dropouts from Group A.

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