

VALIDATION OF SYMPTOMATOLOGY AND MANAGEMENT STRATEGY FOR VATAJA ASRUGDARA – A PILOT STUDY

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ABSTRACT

Background: *Asrugdara* is an ailment that severely affects the quality of life of a woman. Having said this, though excessive bleeding is seen in this *vyadhi*; the nature of bleeding, the duration, the appearance everything differs from one person to another. This profound difference is due to dominant *doshas* that manifest *asrugdara*. Hence it is necessary to understand the *doshic* classification of *asrugdara*. This not only helps in diagnosing but also in planning the appropriate *chikitsa*. Since *Asrugdara* is a *raktapradoshaja vikara*, *raktasthapana* is an important modality of treatment. Among the types of *Asrugdara*, *vataja asrugdara* is one which has its own set of symptoms like *tanu srava*, *phenila*, *aruna Varna* etc on the basis of duration of flow, nature of flow and associated features. **Materials and methods:** A pilot study was undertaken on 10 subjects of *Vataja asrugdara* by purposive sampling. The subjects received *shonithasthapana* subgroup in the form of *Ghana vati* (2 tablets of 500 mg thrice a day) with *madhu* as *anupana*. Assessment was done on baseline and day 60 with self prepared assessment scale. **Results** In *Vataja asrugdara* (VA group), '*Shonithasthapana ghana vati*' showed significance in the following parameters- 1. **Amount of bleeding** - a) No. of pads used ($p=0.004$) b) Degree of bleeding ($p=0.006$), 2. **Colour** ($p=0.002$), 3. **Appearance** - a) *Phenila* ($p=0.025$), 4. **Nature of bleeding** - *Tanu* ($p=0.032$), 5. **Pain** - *Ruja* ($p=0.003$), 6. **Associated features** ($p=0.001$) **Conclusion:** *Vatahara shonithasthapana ghanavati* is effective in tackling the *vataja asrugdara lakshanas* and it was observed that these *ghanavati* not only showed *rakta sthambana* action but also *prakriti sthapana* of *rakta*.

Keywords: *Vataja asrugdara*, *Shonithasthapana mahakashaya*, *Arthava*, *Vatahara shonithasthapana ghana vati*

INTRODUCTION

Everything that exists in this universe has a pattern to follow. One of the most typical patterns is the cyclic pattern; the revolution of earth, the phases of moon, the day and night, the metamorphosis of a butterfly, the changing seasons and also menstruation in women.

The fact that the term “*artava*” is used to denote the menstrual blood itself signifies a pattern. *Artava* is also a synonym of *kaala* and *ritu*; wherein both are cyclic. Hence the word “*ritu*” is also used synonymously with *artava*. It is recommended that according to the changing seasons particular seasonal regimes

are to be followed and this concept of *ritucharya* is very well accepted. The same holds good to the changing pattern in a women.

Now why is this cyclic pattern of menstruation disrupted among most of the women? In present era altered and unhealthy food habits, life-style and daily regimes have lead to various health issues. *Asrugdara* is one such health concern for women that severely affects the quality of life characterized by excessive bleeding during menstruation. It is an umbrella term covering all varieties of menorrhagia. The knowledge of menstrual pattern, nature and amount of bleeding gives a clue to the *doshic* vitiation. It is impossible to finalize a treatment strategy without the information of *dosha* involved. This point has also been emphasized in the context of treatment of *Rakta yoni* wherein *Acharya Charaka* mentions *Raktastambhana aushada* to be given only after considering the *anubhandata* of the *doshas*¹. *Shonithastapana mahakashaya*² which is mentioned in the *bheshaja chatushka* of *charaka samhitha* is exclusively mentioned for *Prakritisthapana* and *raktastambhana* of *rakta*. Though there is no direct reference of employing *shonithasthapana* drugs in *asrugdara*, but it is to be noted that *asrugdara* is one among the *rakta pradoshaja vikara* with *atipravritti* as a *srotodushti lakshana*, thus its *chikitsa* definitely requires both *sthambhana* and *sthapana* of *rakta*. Thus it can also be employed in *Asrugdara*. *Shonithasthapana mahakashaya* contains the following 10 drugs – *Madhu, Madhuka, Rudhira, Mocharasa, Mritkapala, Lodhra, Gairika, Priyangu, Sharkara* and *Laaja*. *Acharya Charaka* has given complete liberty to the physician in judiciously choosing the appropriate drugs and their

form. This liberty has been used in the present study to selectively choose drugs from the *shonithasthapana mahakashaya* that act particularly on the *vata dosha*.

METHODOLOGY

Research design – The study was a pilot study, open labelled, randomised and single armed. Sample size and Subject recruitment - Data was obtained by purposive sampling method from minimum of 10 patients of *Asrugdara* under the specified age group with respect to gender, irrespective of caste, religion and socio-economic status.

Inclusion criteria-

- Subjects under the age group of 20 to 35 years.
- Subjects fulfilling the diagnostic criteria (*Sadhya lakshanas of vataja asrugdara*)

Exclusion criteria-

- The *asadhya lakshanas* mentioned in *Asrugdara*.
- *Raktasrava* in *garbhini*.
- *Agantuja nidanas* like IUCDs contributing to the manifestation of *Asrugdara*.
- *Asrugdara* with any systemic disorders that interfere with the study.

Diagnostic criteria-

- *Atyarthava srava (pratyatma lakshana)* was the mandatory diagnostic feature to include under the study.
- Subjects were categorized under respective groups of *Vataja Asrugdara* based on the diagnostic criteria given below (table no.1). Presence of minimum 3 symptoms was considered sufficient to group it under *Vataja Asrugdara*.

Table 1

Parameters	Vataja asrugdara lakshanas ³
Colour	<i>Shyava/ Aruna</i>
Appearance	<i>Phenila/ ruksha</i>
Nature of flow	<i>Tanu</i>
Pain/ feel during bleeding	<i>Saruja</i>
Associated features	<i>Kati, Vankshana, Hrit, Parshva, Prishtha Shroni teevra vedana</i>

Intervention

Vatahara Shonithasthapana ghanavati (Madhuka, Priyangu, Rudhira) at the dose of 2 tid along with

madhu as *anupana* was administered for a period of 60 days.
Form – *Ghanavati*

Table 2

Drugs	Doshagnata	
<i>Madhuka</i>	<i>Vatapittahara</i> ⁴	All the 3 drugs have <i>vatahara</i> property, <i>madhuka</i> is also directly mentioned in <i>vataja asrugdara chikitsa</i> . <i>Madhu</i> is a <i>yogavahi</i> and hence was used as an <i>anupana</i> .
<i>Priyangu</i>	<i>Vatapittahara</i> ⁵	
<i>Rudhira</i>	<i>Tridoshahara</i> ⁶	
<i>Madhu</i>	<i>Tridoshahara</i> ⁷	

Assessment criteria: The assessment was done at the baseline (0th day) and after intervention on 60th day by self prepared assessment scale.

1. Duration of bleeding

Duration	Score
1 - 3 days	0
4 - 6 days	1
7 - 9 days	2
10 -12 days	3
> 12days	4

2. Amount of bleeding A) Based on No of Pads used in the cycle

No. of pads used	Score
<15 pads per cycle	0
16- 20 pads per cycle	1
21- 25 pads per cycle	2
26- 30 pads per cycle	3
>30 pads per cycle	4

B) Degree of amount of bleeding

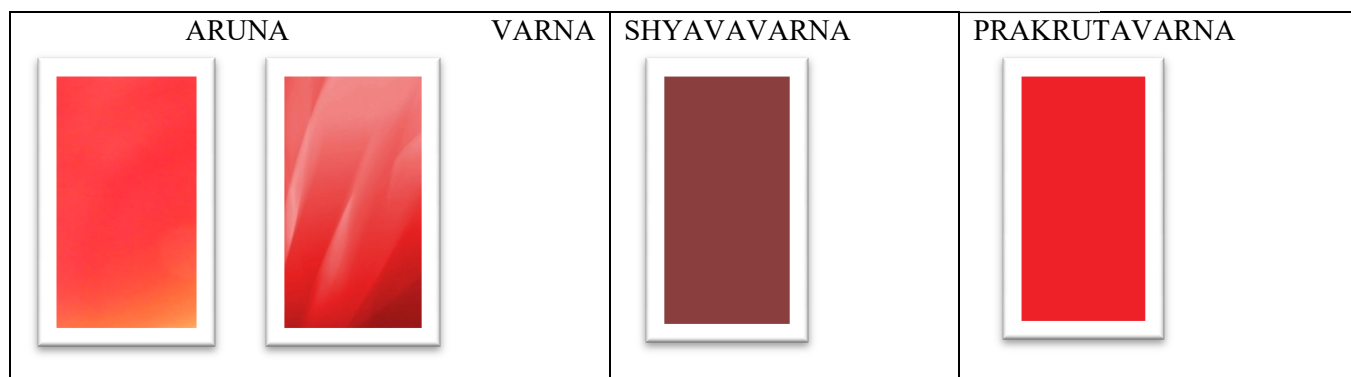
Mildly soiled	0
Moderately soiled	1
Heavily soiled for 4-5 days	2
Heavily soiled throughout the cycle	3

3. Interval Based on the assessment of intermenstrual period

IMP	Score
28- 30 days	0
21 to 27days	1
16 to 20 days	2
< 15 days	3

4. Colour

Deviation from normal colour	Absent – 0
	Present – 1



5. Appearance

A) Phenila-

Froathy appearance/ Vaginal flatus	Absent – 0
	Present – 1

B) Ruksha

appearance of dry clots	Absent – 0
	Present – 1

6. Nature of flow Tanu

Normal consistency	0
Consistency of buttermilk	1
Consistency of rice washed water	2
Consistency of water	3

7. Pain Saruja

Pain during bleeding	Absent -0
	Present -1

8. Associated Features

Absence of associated features	0
Presence of any 1 or 2 associated features	1
Presence of any 3 to 4 associated features	2
Presence of more than 4 features	3

Statistical analysis – A crammers V test was used for result interpretation as it was suitable in this study since the data were in nominal and ordinal scales.

RESULTS

Table 3. Showing percentage change in “chief complaints” of VA group, pre and post treatment i.e. on baseline and day sixty.

Parameter			Sessions		Total	Test to statistics
			BT	AT		
Duration	4-6 days	F	1	6	7	CV=.590;

	7-9 days	F	6	4	10	p value=.073		
		%	60.0%	40.0%	50.0%			
	9-12 days	F	2	0	2			
		%	20.0%	0.0%	10.0%			
	>12days	F	1	0	1			
		%	10.0%	0.0%	5.0%			
No. of pads	<15	F	0	1	1	CV=.876; p=.004		
		%	0.0%	10.0%	5.0%			
	16- 20	F	0	6	6			
		%	0.0%	60.0%	30.0%			
	21-25	F	1	2	3			
		%	10.0%	20.0%	15.0%			
	26-30	F	1	1	2			
		%	10.0%	10.0%	10.0%			
	>30	F	8	0	8			
		%	80.0%	0.0%	40.0%			
	Degree of bleeding	Mild soiling	F	0	5		1	CV=.791; p=.006
			%	0.0%	50.0%		5.0%	
Moderate soiling		F	3	5	6			
		%	30.0%	50.0%	30.0%			
Severe soiling		F	5	0	3			
		%	50.0%	0.0%	15.0%			
Very severe		F	2	0	2			
		%	20.0%	0.0%	10.0%			
Inter menstrual period		28- 30 days	F	4	8	12	CV=.425; p=.164	
			%	40.0%	80.0%	60.0%		
	21- 27 days	F	5	2	7			
		%	50.0%	20.0%	35.0%			
	16-20 days	F	0	0	0			
		%	0.0%	0.0%	0.0%			
	<15days	F	1	0	1			
		%	10.0%	0.0%	5.0%			

Table 4: Showing percentage change in “Colour” of *Vataja* group pre and post treatment

Parameter			Sessions		Total	Test to statistics
			BT	AT		
Colour-shyava/aruna	Absent	F	2	9	11	CV=.704; p=.002
		%	20.0%	90.0%	55.0%	
	Present	F	8	1	9	
		%	80.0%	10.0%	45.0%	

Table 5: Showing percentage change in “Appearance features” of *vataja* group pre and post treatment.

Parameter			Sessions		Total	Test to statistics
			BT	AT		
Phenila	Absent	F	6	10	16	CV=.500; p=.025
		%	60.0%	100%	80.0%	

Ruksha	Present	F	4	0	4	CV=.420; p=.060
		%	40.0%	0.0%	20.0%	
	Absent	F	7	10	17	
		%	70.0%	100.0%	85.0%	
Present	F	3	0	3		
	%	30.0%	0.0%	15.0%		

Table 6: Showing percentage change in “nature of bleeding” of VA group pre and post treatment

Parameter			Sessions		Total	Test to statistics
			BT	AT		
Tanu	Normal consistency	F	2	8	10	CV=.663; p=.032
		%	20.0%	80.0%	50.0%	
	Consistency of buttermilk	F	3	2	5	
		%	30.0%	20.0%	25.0%	
	Consistency of ricewashed water	F	4	0	4	
		%	40.0%	0.0%	20.0%	
	Consistency of water	F	1	0	1	
		%	10.0%	0.0%	5.0%	

Table 7: Showing percentage change in “pain” of vataja group pre and post treatment.

Parameter			Sessions		Total	Test to statistics
			BT	AT		
Ruja	Absent	F	4	10	14	CV=.655; p=.003
		%	40.0%	100.0%	70.0%	
	Present	F	6	0	6	
		%	60.0%	0.0%	30.0%	

Table 8: Showing percentage change in “Associated features” of VA group pre and post treatment.

Parameter			Sessions		Total	Test to statistics
			BT	AT		
Associated features	None	F	0	8	8	CV=.830; p=.001
		%	0.0%	80.0%	40.0%	
	1 TO 2 Features	F	7	2	9	
		%	70.0%	20.0%	45.0%	
	3 to 4 Features	F	3	0	3	
		%	30.0%	0.0%	15.0%	
	> 4 features	F	0	0	0	
		%	0.0%	0.0%	0.0%	

DISCUSSION

Asrugdara doesn't just reveal an abnormality in the production and expulsion of *rajās* but it also denotes an abnormality at the level of *rakta dhatu*. This could be contributed by any of the *tridosha*, thus it is essen-

tial to understand the *dosha dushti* in the *rakta/ raja* in order to provide justice to the *chikitsa*. *Vataja asrugdara lakshanas* mentioned in *Charaka samhita*

Table 9:

Lakshanas	Rationale
<i>Phenila, Tanu, ruksha</i>	The <i>vata gunas</i> are expressed in the <i>arthava</i> which makes it <i>phenila, tanu, ruksha</i> . <i>Laghu guna</i> and <i>ruksha</i> contributes extensively for these manifestations, the extent of the <i>lakshanas</i> depend on the <i>tara tamabhava</i> of the <i>gunas</i> .
<i>Shyava, Aruna, kimshukodaka sankasha</i>	When <i>rakta</i> gets <i>vata dooshitha</i> , <i>shyava</i> and <i>aruna varna</i> are invariable. <i>Kimshuka udaka</i> also resembles <i>aruna varna</i> .
<i>Saruja/ nirujam</i>	Both <i>saruja</i> and <i>niruja</i> during <i>arthavasrava</i> are attributed to <i>vataja asrugdara</i> . <i>Apana vata rodha</i> is sure to cause <i>ruja</i> . In case the <i>gati</i> is not hampered then there won't be appearance of <i>ruja</i> during <i>arthava srava</i> .
<i>Kati, vankshana, hrit, parshwa, prishtha, shroni- teevra vedana</i>	" <i>Vatadrite nasti rujam</i> " ⁸ . Pain being a part and parcel of <i>vata dosha</i> is seen in <i>lakshana</i> here apart from the <i>lakshanas</i> related to <i>arthava</i>

A pilot study was exercised in the present study. It helps in identifying the modifications needed in the design of a larger one. A holistic approach on *lakshanas* told in *Charaka samhitha* especially that of *doshaja asrugdara* needed a clarification at the level of assessment and its feasibility along with the action of subgroups of SSMK in its management. Thus only *vataja asrugdara* was selected and a pilot study was opted for providing a better validation. The subjects were initially screened for the presence of *pratyatma lakshana* and later the *doshanusara lakshana* was assessed based on the description of *Charaka samhitha*. The diagnostic criteria of *vataja asrugdara* were classified under 5 headings of colour, appearance, nature of bleeding, Pain/feel during bleeding and associated features for an easy understanding and uncomplicated diagnosis. After duly signing the informed consent subjects were recruited based on the diagnostic criteria to VA group. The intervention was given for a period of 60 days with due consideration to minimum of 2 menstrual cycles. *Vatahara SSMK Ghana vati* with a dose of 2 tablets thrice a day before food was given to the respective *doshaja* group. *Pragbhakta sevana kala* was selected as it is indicated in *apana vata vikriti*⁹. The subjects were also said to avoid the *raktadushtikara nidaanans* and *dosha prakopaka nidaanans*.

RESULTS OF VATAHARA SSMK GHANA VATI ON PRATYATMA LAKSHANA OF ASRUGDARA-

Decreased duration of bleeding – Majority of the subjects had a bleeding duration of 7 to 9 days, which was reduced to 4 to 6 days. Incidence of bleeding duration of more than 9 days was seen in very few sub-

jects of VA group. The *alpa srava* and *sheegra gama*¹⁰ features of the *vataja asrugdara* might be the reason for this. **Amount of Bleeding** – 1) Decrease in no of pad used 2) Decrease in the degree of bleeding – Both the criteria help in assessing the amount of bleeding. Significant improvement was seen after intervention in these symptoms. **Increase in the Interval** – Majority of the subjects had an intermenstrual period of 21 to 27 days; this could be due to *vishamatha* of *vata*. However the duration was prolonged after intervention. All the 3 drugs (*Madhuka, Priyangu* and *Kumkuma*) have *grahi* and *stambana* activity this might be the reason for improvement of the above said features. **The colour** – There was change of *shyava/ aruna varna* to *prakruta rakta varna* after intervention. The incidence of *shyava varna* was seen more when compared to *aruna varna*. However since the sample was only 10 this cannot be conclusive that *shyava* is a more seen variation than that of *aruna varna*. The difference in *Varna* after treatment clearly points that *vata dushti* has been reduced after intervention. **The appearance** – Improvement in the *phenilatva, rukshatva* was noted after intervention. The incidences of these features were seen in very few subjects but improvement was noted in all, due to the small sample and fewer incidences the result was statistically insignificant. **Nature of bleeding** – Improvement in '*tanu srava*' to normal consistency in majority of subjects after intervention was seen. The appearance of *tanu srava* is due to *vata pradhana rakta dushti*, its change denotes that *vata dushti* has been reduced. **Pain during bleeding** – Absence of pain (*ruja*) after intervention was seen in few subjects.

Apana vata rodha can occur due to *atyarthava* and this might be causing *ruja*. As there is reduction in *atyarthava srava* and the drugs are *vatahara*, this might have contributed to the absence of pain. **Associated features** – There was reduction in the associated features after intervention. The associated features were mainly seen in the form of *kati shoola* and *prushtha shoola*. *Madhuka* having *angamarda prashamana*¹¹ property and all the drugs being *vatahara* might have acted on reducing this symptom.

CONCLUSION

Tridosha siddhantha is the basic framework of *Ayurveda*. *Prakrithi* and *vikrithi* both revolve around the fundamental concept of *Tridosha*-“*Rogastu doshavai-shamyam, dosha samyam arogatha*”. The *doshic* classification of *vyadhi* is highly significant. Proper understanding of the foundation of *doshic* classification of any *vyadhi* will help the *Ayurveda* community to analyse and treat the disease in a better way. In this regard it is also essential to validate the symptoms and their treatment.

Vataja asrugdara lakshanas as per the classics were assessed based on a self prepared scale and treatment which is not only *vyadhi pratyanyika* but also *dosha pratyanyika* was chosen in the form of *vatahara shonithasthapana mahakashaya ghana vati* which showed effective results in treating the condition. Thus it can be stated that both *prakriti sthapana* and *sthambana* can be achieved with the *shonithasthapana mahakashaya*.

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