

A COMPARATIVE CLINICAL STUDY OF SHATAVARIGOPAKANYADI KASHAYA AND VASADI KASHAYA IN ASRIGDARA

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ABSTRACT

Background: *Asrigdara* is one of the most common *Streeroga* mentioned in which presents with the complaint of excessive bleeding per vaginum. It is caused due to the vitiation of *Rasa dhatu*, from which the *Artava* is formed. Considering the *Nidanas* of *Asrigdara*, it is clear that the *Kapha Prakopaka Nidanas* and *Pitta Prakopaka Nidanas* pave the way for *Asrigdara*. Considering the symptoms, *Asrigdara* can be correlated to dysfunctional uterine bleeding (DUB) which occurs commonly during the extremes of reproductive age.

Objectives: To compare the efficacy of *Shatavarigopakanyadi Kashaya* and *Vasadi Kashaya* in management of *Asrigdara*.

Materials and Methods: Randomized comparative clinical study of two groups consisting 20 patients in each group suffering from *Asrigdara*. Group A - *Shatavarigopakanyadi Kashaya* 50 ml BD with *Anupana* of *Sita* and *Madhu*, Group B - *Vasadi Kashaya* 50 ml BD with *Anupana* of *Sita* and *Ghrita*

Duration of Treatment: 2 consecutive cycles starting from 5th day of menstruation in each cycle.

Results and Interpretation: Both the groups showed statistically significant results for all assessment criterias. Statistically there was no significant difference in curative effect between the groups.

Conclusion: Both *Shatavarigopakanyadi Kashaya* and *Vasadi Kashaya* has statistically significant effect in *Asrigdara*.

Keywords: *Asrigdara*, Dysfunctional uterine bleeding, *Shatavarigopakanyadi Kashaya*, *Vasadi Kashaya*

INTRODUCTION

Motherhood is the most valuable gift from the Creator to the woman. Since ancient times, woman is most respected for this unique quality, without which her life is said to be incomplete. In the most famous epic, Ramayana, it is quoted that the mother who have given birth to you and the place where you were born is much greater than the abode of heaven. Woman have an important role in begetting a healthy progeny. Thus, the reproductive health of the woman should be given much importance since from her adolescent age. And menstruation is such a unique phenomenon in females which largely helps in determining the reproductive health of a woman. Changes in normal menstrual patterns of woman may adversely affect her physical and psychological wellbeing. *Asrigdara* is one such condition which generally refers to the excessive flow of menstrual blood.¹ *Acharya Sushruta* has explained that when *Artava* flows out in more quantity or that occurs even apart from the regular menstrual cycle is to be understood as *Asrigdara*.² It is also known as *Pradara* or *Rakta yoni*. Considering the symptoms, *Asrigdara* can be correlated to Dysfunctional Uterine Bleeding (DUB). DUB is defined as a state of abnormal bleeding without any clinically detectable organic, systemic and iatrogenic cause. The bleeding may be abnormal in frequency, amount or duration or combination of three.³ About 10-15% of women experience episodes of DUB sometimes during the reproductive years of their life and is common during the extremes of reproductive age.⁴ The highest incidence is seen in age group of 31-40 years (32.8%) and it is common in parous women than in nulliparous women.⁵ The victimized patients end up with general debility and anaemia.⁶ In the present study, *Shatavarigopakanyadi Kashaya*⁷ and *Vasadi Kashaya*⁸ were taken due to the dominant properties of the drugs in it which are mainly *Pitta Shamaka* and *Rakthasthambhaka*. They not only offer

an effective management, but these time-tested drugs may prove to be a safe alternative to modern day medicines for women suffering from *Asrigdara*.

Materials and Methods: This clinical study entitled “A comparative clinical study of *Shatavarigopakanyadi Kashaya* and *Vasadi Kashaya* in *Asrigdara*” was carried out in 40 Patients who were selected randomly from O.P.D. of *Prasooti Tantra* and *Streeroga* Department, Alva’s Ayurveda Hospital, Moodbidri and other referrals.

Source of data:

- Literary Source:** All available Ayurvedic classical, Modern Medical literature, journals and websites about the disease and medicine were reviewed and documented for the planned study.
- Sample Source:** 40 patients attending *Prasooti Tantra* and *Streeroga* O.P.D of Alva’s Ayurveda Medical College and Hospital, Moodbidri and other available sources.
- Drug Source:** Raw drug required for the preparation of *Shatavarigopakanyadi Kashaya* and *Vasadi Kashaya* was procured from local market and was identified and confirmed with the experts of *Dravyaguna* dept. and was prepared in accordance with the classical reference.

Method of collection of data:

- A separate case proforma was prepared with details of history taking, physical signs and symptoms and necessary laboratory investigations and other investigations.
- The parameters were scored on basis of gradation and was analyzed statistically.

Study design: A randomized comparative clinical study of two groups, consisting of 20 patients in each group.

Diagnostic criteria:

Patient fulfilling any two or more of the following criteria.

1. *Raja Atipravruthi* (Excessive menstrual bleeding)
2. *Deerghakalanubandhi* (Prolonged menstrual bleeding)
3. *Anruthavalpamapi* (Intermenstrual bleeding)
4. Along with or without *Angamarda* (body ache) and *Vedana* (painful menstruation)

Inclusion criteria:

1. Patients fulfilling the diagnostic criteria
2. Patients with age group of 16- 45 years
3. Both married and unmarried women.

Exclusion criteria:

1. Bleeding from sites other than uterus.
2. Bleeding due to abortion.
3. Bleeding per vagina after menopause.
4. Patient with systemic and endocrine disorders interfering with the present study including: HTN, DM, STD, Thyroid dysfunction, Bleeding disorders, PCOS etc.
5. Patients having Hb less than 8 gm%.
6. Patients with IUCD and patients taking OCP.
7. Pelvic inflammatory disease, benign and malignant growth in the uterus.

Interventions: Group A: Group A was given *Shatavarigopakanyadi Kashaya* to take orally in the dose of 50 ml twice daily before food with *Sita* and *Madhu* as *Anupana* for 2 consecutive menstrual cycles starting from 5th day of menstruation in each cycle.

Group B: Group B was given *Vasadi Kashaya* to take orally in the dose of 50 ml twice daily before food with *Sita* and *Ghrita* as *Anupana* for 2 consecutive menstrual cycles starting from 5th day of menstruation in each cycle.

Assessment: Assessment was done once in every 15th day for the treatment period of 2 consecutive menstrual cycles and follow up was done on 15th day, 30th day and 45th day after the treatment period. separate case proforma was prepared with details of history taking, physical signs and symptoms and necessary laboratory investigations and other investigations. The parameters were scored on the basis of gradation and was analyzed statistically.

Assessment criteria:

Subjective criteria

- Intermenstrual Bleeding

- Body ache
- Pain during menstruation

Objective Criteria

- Duration of menstrual flow
- Amount of menstrual blood loss

Assessment of overall effect of therapy on the basis of percentage of relief obtained:

- a. Marked Improvement: 76%-100% relief in the signs and symptoms
- b. Moderate Improvement: 51%-75% relief in the signs and symptoms
- c. Mild Improvement: 25%-50% relief in the signs and symptoms
- d. No improvement: Below 25% relief in the signs and symptoms

Assessment of total effect of therapy: Paired t-test was used for comparison within the group and unpaired t-test was used for comparison in between groups. The obtained data was analyzed statistically for the effect of both of the *Kashayas* which when conceded at the level of $p < 0.001$ was taken as highly significant, $p < 0.05$ or $p < 0.01$ as significant effect and $p > 0.01$ as insignificant effect to carry out the results.

DISCUSSION

As per the statistical analysis there was no significant difference in the curative effect of *Kashayas* in both the groups and has significant effect in curing all the assessment criterias ($p < 0.001$).

a) Effect in duration of bleeding: In Group A, the mean score which was 1.650 before the treatment was reduced to 0.500 after treatment. In Group B, the mean score which was 1.500 before the treatment was reduced to 0.600 after treatment. Statistically analyzing, it shows that there was only negligible difference in between the groups in reducing the duration of bleeding.

b) Effect in interval between menstrual bleeding: In Group A, the mean score which was 1.850 before the treatment was reduced to 0.700 after treatment. In Group B, the mean score which was 2.550 before the treatment was reduced to 0.945 after treatment. The increase in percentage of relief was comparatively high during all treatment periods in Group A while in

Group B, it was only during second treatment period (DT 2), after which, only gradual relief was observed.

c) Amount of menstrual bleeding: In Group A and Group B, the mean score was 1.300 and 1.700 respectively which reduced to 0.550 and 0.600 respectively after treatment. The increase in percentage of relief was comparatively greater in Group A during first treatment period (DT 1) and the relief was 36.3% after which only gradual relief was observed. In Group B, only gradual relief was observed during all treatment periods.

d) Effect on Vedana: In Group A and Group B, the mean score which was 0.800 and 0.750 respectively before the treatment reduced to 0.1000 and 0.150 respectively after treatment. The percentage of relief was greater in Group B during all treatment periods. But, comparatively, the relief was higher after treatment in Group A.

e) Effect on Angamarda: The mean score which was 0.700 in both the groups before the treatment reduced to 0.6 and 0.55 after treatment in Group A and Group B respectively. The increase in percentage of relief was greater in Group A during treatment periods 1 and 2 (DT 1 and DT 2). But the percentage of relief was only gradually in Group B during all treatment periods.

Probable mode of action of Shatavarigopakanyadi Kashaya:

Shatavarigopakanyadi Kashaya predominantly possess *Madhura, Tikta Rasas*. *Madhura Rasa* have the property of *Vata - Pitta Shamana* which helps in controlling the amount of bleeding. It also does the *Karma* of *Dhatu Poshana, Brimhana, Ojo Vardhana* and *Jeevana* which all helps in curing the general debility caused by this disease and helps in maintaining the overall health of the woman. The *Tikta Rasa* is *Kapha - Pitta Shamaka* which along with *Madhura Rasa* helps in management of bleeding. Thus, the *Madhura, Tikta Rasas* helps in curing *Asrigdara* by maintaining the normalcy of all the *Doshas* that are involved in causing *Asrigdara*. Most of the drugs of the *Kashaya* possess *Laghu, Ruksha Gunas*. The *Laghu Guna* helps in *Srotosodhana*, thus helps in removing the *Srotorodha* caused by *Kapha*.

The *Ruksha Guna* helps in decreasing the *Sara Guna* and *Drava Guna* of *Pitta* which is increased in this disease and thus, helps in controlling the amount of bleeding efficiently. And a few drugs possess *Guru Guna* which helps in *Brimhana* of *Deha* which is also essential in management of *Asrigdara*. All the drugs have *Sheeta Virya* by which it acts as *Raktapitta Shamaka* and *Raktha Sthambhaka* which is the main action by which the disease *Asrigdara* is controlled. Most of the drugs possess *Madhura Vipaka* which helps in *Pitta Shamana*, which helps in maintaining the normalcy of *Pitta*. But a few drugs possess *Katu Vipaka* helps in relieving the symptoms by its *Kaphahara* properties which helps in removing the *Srotorodha*. Considering the *Karma*, drugs predominantly possess the properties of *Kapha-Pittahara, Raktastambhaka, Vranasothahara, Balya. Shatavari*, one among the drug in this *Kashaya* possessing these properties also act as *Rasayani* which helps in curing the disease in a better way including the general weakness caused by excessive bleeding. And *Sariva* is said to have the specific *Karma* of *Pradara Nashana* which also contribute for the cure of the disease. Also, the *Anupanas, Sita* and *Madhu* aids in curing the disease. *Sita* have the specific property of *Raktapitta Shamana* and *Vatahara & Madhu* have the property of *Asranut*.

Probable mode of action of Vasadi Kashaya:

Both the *Kashayas* have *Shatavari* and *Usheera* in common. The drugs in this *Kashaya* too predominantly possess *Madhura – Tikta Rasas* which acts in the same way as of the *Shatavarigopakanyadi Kashaya*. Along with it, a few drugs possess *Kashaya rasa* which have *Sangrahi* property which helps in curing the amount of bleeding. Few drugs in the *Kashaya* possess *Laghu – Ruksha Gunas* and the other few drugs possess *Guru – Snigdha Gunas* equally. This indicates that the drugs help in curing bleeding by the *Pitta Shamaka* action and also helps in regaining the general health by *Laghu – Ruksha Gunas* and *Guru – Snigdha Gunas* respectively. All the drugs have *Sheeta Virya* which have *Raktastambhaka* action except *Apamarga* which have *Ushna veerya* which act as *Vatahara* and *Kaphahara*

which helps in decreasing the symptom of *Angamarda*, *Vedana* and *Srotorodha* respectively. The drugs equally possess *Katu* and *Madhura Vipaka*. This helps in *Pitta Shamana* and at the same time, removing the *Srotorodha* caused by *Kapha*. The drug, *Vasa* which is considered as *Agrya* in *Raktapitta* present in this *Kashaya* plays a key role in curing the disease. The drugs in the *Kashaya* equally possess the qualities of both *Vata-Pittahara* and *Kapha-pittahara* which altogether helps in curing the *Tridoshas* involved in causing *Asrigdara* and thereby helps in managing the disease in a better way.

CONCLUSION

Asrigdara is the disease in which *Vata* and *Pitta Prakopa* is involved along with *Srotorodha* caused by *Kapha Prakopa*. The drugs administered in the study possess *Vatahara*, *Pittahara* and *Kaphahara* properties which helps in curing the disease. Considering the present study, the effect of both the *Kashayas* were statistically analysed, where both the groups attained a p value <0.001 when tested within the groups for all the parameters, which statistically have highly significant result. Between the groups, for all the parameters, the p value was found to be >0.05 which is statistically insignificant which shows that both the *Kashayas* have only negligible difference in the effect of curing the disease. But the percentage of relief was found to be greater in patients of group A than in group B. Also, it can be inferred that the difference in *Anupanas* have only negligible effect since there is only negligible difference in the effect of both the *Kashayas* while comparing in between the groups. Also, it was found that there was no further progress in patients during the follow up period in both the groups. Thus, it can be finally concluded that there is significant effect of both

Shatavarigopakanyadi Kashaya and *Vasadi Kashaya* in *Asrigdara*.

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Table 1: Grading of duration of bleeding

Days	Scoring	Grading
<8 days	0	Normal
9-10 days	1	Mild
11-12 days	2	Moderate
>12 days	3	Severe

Table 2: Grading of amount of blood loss

No. of pads/day	Scoring	Grading
2 pads partially soaked	0	Nil
2-3 pads partially soaked	1	Mild
4-5 pads partially soaked	2	Moderate
>6 pads partially soaked	3	Severe

Table 3: Grading of interval between menstrual cycles

No. of pads/day	Scoring	Grading
>30 days	0	Nil
25-30 days	1	Mild
20-24 days	2	Moderate
15-19 days	3	Severe
<15 days	4	Very severe

Table 4: Grading of *Angamarda* and *Vedana*

Scoring	Grading
0	Absent
1	Present

Table 5: Comparative results of Group A and Group B

Parameters	BT-AT Mean		D	% of relief		t value	P value
	Group A	Group B		Group A	Group B		
Duration of menstrual bleeding	1.15	0.9	0.250	72.73%	61.3%	1.751	0.096
Interval between menstrual bleeding	1.15	1.5	0.050	72.98%	62.75%	0.326	0.748
Amount of menstrual bleeding	1.1	1.1	0.100	66.66%	64.71%	0.698	0.494
<i>Vedana</i>	0.7	0.6	0.050	87.5%	80%	0.438	0.666
<i>Angamarda</i>	0.6	0.55	0.050	85.72%	78.58%	0.438	0.666
Total percentage of relief				77.11%	69.5%		

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