

MANAGEMENT OF ASRIGDARA WITH DRAKSHADI YOGA AND KUTAJASHTAKA GHANA WITH SPECIAL REFERENCE TO DYSFUNCTIONAL UTERINE BLEEDING: A COMPARATIVE CLINICAL STUDY

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ABSTRACT

Introduction: *Asrigdara* is of more concern, because excessive or prolonged bleeding may cause undue disruption of woman's daily activities & affects woman's health both physically and psychologically. As per *Ayurveda* classics, *Asrigdara* is defined as excessive menstrual bleeding for prolonged duration and / or scanty intermenstrual bleeding for a shorter duration, denoting the features of specific *Dosha*. *Asrigdara* can be correlated with abnormal uterine bleeding especially dysfunctional uterine bleeding on the basis of its description in literature. Thus, according to its pathogenesis *Pittashamaka*, *Vatanulomana*, *Rakta-sthapaka*, *Rakta-samgrahi*, *Agni-deepana* and *Garbhashaya-balya Chikitsa* is beneficial in *Asrigdara*. Though the main concern is to reduce bleeding, hence *Rakta Sthapana chikitsa* becomes important. Acharaya *Charaka* said it to be treated on the principles of management of *Raktatisara*, *Raktapitta* and *Rakta arsha*. **Aim & Objectives:** To compare the efficacy of *Drakshadi Yoga* and *Kutajashtaka Ghana* in management of *Asrigdara*. **Materials & Methods:** Study was conducted on clinically diagnosed 30 patients of *Asrigdara* in P.G. department of *Prasuti Tantra* and *Stri Roga*,

N.I.A., Jaipur. *Drakshadi yoga* was taken in this study from *Sushruta Samhita Uttar Tantra* 45/34 in reference to *Raktapitta chikitsa. Kutajashtaka ghana (Chakradutta 3/86-89)* was taken from *Chakradutta* from *Atisaar Chikitsa*, having indication in *asrigdara*. **Result:** Comparing the symptomatic improvement in both groups it was found that average percentage of relief was a little bit higher in 'Group B' *Kutajashtaka Ghana* i.e. 74.79 %, followed by 'Group A' *Drakshadi Yoga* i.e. 74.21 %.

Keywords: *Kutajashtaka Ghana, Drakshadi Yoga, Raktapitta chikitsa, Atisaar Chikitsa*

INTRODUCTION

Woman is considered the main cause behind the development of this world in terms of giving birth to progeny. Almost all her health is being dependent on normalcy of her menstrual cycle. Menstruation and ovulation may be associated with significant bleeding leading to the limitation in conducting daily activities, changes in social functioning and adverse effect on quality of life¹. At least 5–10% of women at reproductive age will seek medical attention for menorrhagia². A variety of organic, endocrine, gynaecologic or other systemic causes may be responsible for menorrhagia; however, an underlying aetiology is identified in only 50% of cases³. Abnormal uterine bleeding (AUB) is defined as any change in the frequency of menstruation, duration of flow or amount of blood loss. AUB is defined as dysfunctional uterine bleeding (DUB) when palpable pelvic pathology or underlying medical causes have been excluded. AUB is responsible for 20-30% of the visits to Gynecology Outpatient Department amongst women in the reproductive age group and 69% in a peri or postmenopausal age group.⁴ It has been stated in *Charaka Samhita* that due to *Pradirana* (excessive excretion) of *Raja* (menstrual blood), it is named as *Pradara* and since, there is *Dirana* (excessive excretion) of *Asrik* (menstrual blood) hence, it is known as *Asirgdara*⁵. *Aacharya Sushruta* says that when menstruation comes in excess amount, for prolonged period and/or even without normal period of menstruation and different from the features of normal menstrual blood or denoting the feature of specific *Dosha* is known as *Asrigdara*⁶. *Asrigdara* can be correlated with abnormal uterine bleeding specially, dysfunctional uterine bleeding

(DUB) on the basis of its description in literature. About 10–15% of women experience episodes of abnormal uterine bleeding (AUB) at some time during the reproductive years of their lives. It is common during the extremes of reproductive life, following pregnancy and during lactation.⁷ In addition, it is the commonest cause of iron deficiency in the developed world and of chronic illness in the developing world. *Acharaya Charaka* said it to be treated on the principles of management of *Raktatisara, Raktapitta* and *Rakta arsha*⁸. The general principles of treatment of *Asrigdara* are as follows⁹: *Nidana Parivarjana, Dosha Shodhana, Dosha Shamana, Raktasamgrahana - Rakta Shodhana - Rakta Sthapana, Use of Tikta Rasa (Deepana-Pachana). Drakshadi yoga* because of its *Madhura-Tikta Rasa, Sheeta Veerya, Pittashamaka, Raktasamgrahi* and *Raktasthapaka* properties and *Kutajashtaka ghana* because of its *rakta-samgrahi* and *upshoshaka* property have been taken in the present study to rule out and compare their therapeutic efficacy in the management of *Asrigdara*. The present study was undertaken in the Department of *Prasuti Tantra & Stri Roga*, National Institute of Ayurveda, Jaipur. Patients who were diagnosed to have *Asrigdara* were registered and selected for the study.

AIM & OBJECTIVES: To compare the efficacy of *Drakshadi Yoga* and *Kutajashtaka Ghana* in management of *Asrigdara*

Trial drugs

1. *Drakshadi yoga (Sushruta samhita uttar tantra 45/32)*
2. *Kutajashtaka ghana (Chakradutta 3/86-89)*

Drug Review

Table D.R. 01: showing the contents of **DRAKSHADI YOGA**

S.n.	Ingredient	Scientific name	Useful part	Quantity
1.	Draksha	<i>Vitis vinifera</i> Linn.	Phala	1 part
2.	Sita	<i>Saccharum officinarum</i> Linn.	1 part
3.	Tiktakarohini (Kutaki)	<i>Picrorhiza kurroa</i> Royle ex Benth	Moola	1 part
4.	Mulethi	<i>Glycyrrhiza glabra</i> Linn.	Moola	1 part

S.no.	Ingredient	Scientific name	Useful part	Quantity
1.	Kutaja	<i>Holarrhena antidysenterica</i> Linn.	Kand-Twak	100 parts
2.	Shalmali	<i>Salmalia malabarica</i> Schott & Endl.	Moola	1 part
3.	Patha	<i>Cissampelos pareira</i> Linn.	Moola	1 part
4.	Samanga	<i>Mimosa pudica</i> Linn.	Panchanga	1 part
5.	Ativisha	<i>Aconitum heterophyllum</i> Wall	Moola	1 part
6.	Musta	<i>Cyperus rotundus</i> Linn.	Kand(Tuber)	1 part
7.	Bilwa	<i>Aegle marmelos</i> Corr.	Moola	1 part
8.	Dhatki	<i>Woodfordia fruticosa</i> Kurz.	Pushpa	1 part

Table D.R. 02: showing the contents of **KUTAJASHTAKA- GHANA**

Materials and Methods:

Drawing up a Protocol: This study was conducted under a strict protocol to prevent bias and to reduce the sources of error in the study.

Selection of Cases: Total 30 clinically diagnosed and confirmed cases of *Asrigdara* completed the course of treatment. The cases were selected from the O.P.D. / I.P.D. of P.G. Department of *Prasuti tantra & Stri Roga*, National Institute of Ayurveda (N.I.A.) Hospital, Jaipur after taking informed written consent.

Criteria for selection of patients:

Inclusion criteria: Patients of age group 12 to 50 years and Patients complaining of *Asrigdara* having any two of the following symptoms: Heavy menstrual bleeding (amount >80ml) or Prolonged menstrual bleeding (With the duration of bleeding >7 days) or Inter menstrual bleeding or Frequent menstrual cycle (interval < 21 days)

Exclusion criteria: Patients having bleeding due to abortion, coagulation disorders, bleeding after menopause, any type of malignancy, STDs, any systemic diseases, Uterine and pelvic pathology like- Polyps, Endometrial TB, Fibroid, Adenomyosis, PID etc., Patients using IUCDs. & pregnant woman.

Design of the study:

1. Study type: Interventional
2. Intervention model: Two group assignment
3. Allocation: Randomized (by Lottery method)
4. Masking: Open label
5. Purpose: Treatment
6. Timing: 2 Months
7. End point: Efficacy
8. Subjects: 15 patients in each group.

Investigations: Laboratory investigations were carried out before treatment to rule out any other pathological conditions and after completion of trial to rule out the improvement in laboratory parameters.

Administration of drugs:

Group A:	15 Patients were treated by <i>Drakshadi yoga</i> orally. Dose- 5 gm twice daily with <i>sheetal jala</i> as <i>Anupana</i> .
Group B:	15 Patients were treated by <i>Kutajashtaka ghana</i> orally. Dose- 500 mg twice daily with <i>sheetal jala</i> as <i>Anupana</i> .

Duration of clinical trial: Both the Drugs were started from seven days before due date of menstrual cycle and continued for 60 days/2 consecutive menstrual cycles.

Criteria of Assessment: The improvement in the patient was assessed mainly on the basis of relief in the signs and symptoms of the disease. To assess the ef-

fect of therapy objectively, all the signs and symptoms were given scoring depending upon their severity.

Subjective Assessment: The patients were assessed for *Rakta Sthapaka* property on the basis of symptom rating score for improvement in specific symptomatology of *Asrigdara*.

Subjective Parameters:

a) Intensity of Menstrual flow:

Max. no. Of Sanitary Pads in one day	Score
≤ 3 pads	0
>3 - 4 Pads	1
>4 - 5 Pads	2
More than 5 Pads	3

b) Amount of flow/bleeding:

Amount of flow	Score
≤15 pads	0
16-20 pads	1
21-25 pads	2
>25 pads	3

c) Duration of Menstrual bleeding:

Duration of menstrual flow	Score
Up to 5 days	0
6 – 7 days	1
8 – 9 days	2
More than 9 days	3

d) Intermenstrual Period:

Interval between two cycles	Score
25-28 Days	0
20-24 Days	1
15-19 Days	2
<15 Days or Irregular	3

e) Body Ache:

Body ache	Score
Occasionally on doing heavy Work	0
After doing extra work	1
After doing Routine Work	2
Even during rest	3

f) Burning Sensation:

Burning Sensation	Score
No Burning	0
Burning sensation occasionally	1
Often Burning sensation	2
Regular or every time burning	3

Objective Parameters:

a) Pallor

Grading of Pallor	Score
No pallor	0
Mild	1
Moderate	2
Severe	3

Results of Therapeutic Trial:

Intra-Group Comparison:

Table R-1: Shows the pattern of clinical recovery in various ‘Subjective Parameters’ of Asrigdara in 15 patients treated with ‘orally –Drakshadi Yoga Group-A’ by Wilcoxon matched-pairs signed-ranks test.

S. No.	Symptom	Mean		Diff.	% of Relief	SD	SE	P	Significance of Results
		BT	AT						
1.	Intensity	2.733	0.7333	2.000	73.17	0.3780	0.09759	<0.001	E.S.
2.	Amount	2.533	0.6667	1.867	73.70	0.3519	0.09085	<0.001	E.S.
3.	Duration	1.667	0.3333	1.333	79.96	0.6172	0.1592	<0.001	E.S.
4.	Inter-menstrual period	1.067	0.1333	0.7333	68.72	0.7037	0.1817	<0.01	V.S.
5.	Body ache	1.667	0.6000	1.067	64.00	0.2582	0.0666	<0.001	E.S.
6.	Burning sensation	0.9333	0.1333	0.8000	85.72	0.4140	0.1069	<0.01	V.S.

Table R-2: Shows the pattern of clinical recovery in Pallor in 15 patients treated with ‘orally –‘Drakshadi Yoga Group A’ by Wilcoxon matched-pairs signed-ranks test.

S. No.	Variable	Mean		Dif.	% of Relief	SD	SE	P	Result
		BT	AT						
1.	Pallor	1.067	0.867	0.2000	18.74	0.4140	0.1069	>0.05	N.S.

Analysis of subjective parameters and pallor of Group A as per table R-1 & R-2

➤ Statistically extremely significant results (p<0.001) were found in Intensity, Amount, Duration of bleeding and Bodyache.

➤ Statistically very significant result (p<0.01) was found in intermenstrual period and burning sensation.

➤ Statistically non-significant result (p>0.05) was found in Pallor.

Table R-3: Shows the pattern of clinical recovery in various ‘Objective Parameters’ of Asrigdara in 15 patients treated with “Drakshadi Yoga” orally – ‘Group A’ by Paired ‘t’ test.

S. N.	Parameter	Mean		Diff	% of relief	SD	SE	t Value	P Value	Result
		BT	AT							
1.	BP (Sys)	110.33	113.33	-3.333	3.02	4.880	1.260	2.646	>0.05	N.S.
2.	BP (Dias)	70.000	72.667	-2.667	3.81	5.936	1.533	1.740	>0.05	N.S.
3.	Pulse Rate	76.000	74.933	1.067	1.40	2.815	0.7268	1.468	>0.05	N.S.
4.	Respiratory Rate	18.533	18.400	0.1333	0.72	1.187	0.3065	0.4350	>0.05	N.S.

Table R-4: Shows the pattern of clinical recovery in various ‘Laboratory Investigations’ of Asrigdara in 15 patients treated with “Drakshadi yoga” orally – ‘Group A’ by Paired ‘t’ test.

S. No.	Variable	Mean		Dif.	% of Relief	SD	SE	‘t’	P	Results
		BT	AT							
1.	Hb (gm%)	11.753	11.993	-0.2400	2.04	0.5865	0.1514	1.585	>0.05	N.S.
2.	TLC	7940.0	7260.0	680.0	8.56	2708.5	699.33	0.9724	>0.05	N.S.
3.	ESR	16.600	12.867	3.733	22.48	5.021	1.296	2.880	<0.05	S.
4.	CT	4.102	4.061	0.04067	0.99	0.8360	0.2159	0.1884	>0.05	N.S.
5.	BT	2.228	2.295	-0.0666	2.98	0.3680	0.095	0.7017	>0.05	N.S.
6.	Total Platelet count	2.346	2.447	-0.1007	4.29	0.9287	0.2398	0.4198	>0.05	N.S.

Table R-5: Shows the pattern of clinical recovery in various ‘Subjective Parameters’ of Asrigdara in 15 patients treated with “Kutajashtaka-Ghana” orally – ‘Group B’ by Wilcoxon matched-pairs signed-ranks test.

S. No.	Symptoms	Mean		Diff.	% of Relief	SD	SE	P	Results
		BT	AT						
1.	Intensity	2.333	0.5333	1.800	77.15	0.6761	0.1746	<0.001	E.S.
2.	Amount	2.200	0.3333	1.867	84.86	0.6399	0.1652	<0.001	E.S.
3.	Duration	1.9333	0.2667	1.667	86.24	1.047	0.2702	<0.001	E.S.
4.	Inter menstrual period	1.267	2.000	1.067	84.21	0.9612	0.2482	<0.01	V.S.
5.	Body ache	1.733	0.5333	1.200	69.24	0.4140	0.1069	<0.001	E.S.
6.	Burning sensation	1.133	0.6000	0.5333	47.06	0.6399	0.1652	<0.05	S.

Table R-6: Shows the pattern of clinical recovery in Pallor in 15 patients treated with ‘orally – ‘Kutajashtaka Ghana Group B’ by Wilcoxon matched-pairs signed-ranks test.

S. No.	Variable	Mean		Dif.	% of Relief	SD	SE	P	Result
		BT	AT						
1.	Pallor	1.267	0.8000	0.4667	36.83	0.5164	0.1333	<0.05	S.

Analysis of subjective parameters and pallor of Group B as per table no. R-5 & R-6

➤ Statistically extremely significant results (p<0.001) were found in Intensity, amount, duration of bleeding and bodyache.

➤ Statistically significant result (p<0.05) was found in burning sensation and Pallor.

➤ Statistically very significant result (p<0.01) was found in inter menstrual period.

Table R-7: Shows the pattern of clinical recovery in various ‘Objective Parameter’ of Asrigdara in 15 patients treated with “Kutajashtaka-Ghana” orally – ‘Group B’ by student paired t test.

S. No.	Parameters	Mean		Diff	% of relief	SD	SE	t Value	P Value	Result
		BT	AT							
1.	BP (Sys)	112.67	114.00	-1.333	1.18	6.399	1.652	0.8069	>0.05	N.S.
2.	BP (Dias)	73.333	72.667	0.667	0.90	7.037	1.817	0.3669	>0.05	N.S.
3.	Pulse Rate	75.200	74.267	0.9333	1.24	3.369	0.8700	1.073	>0.05	N.S.
4.	Respiratory Rate	19.067	18.533	0.5333	2.79	1.407	0.3634	1.468	>0.05	N.S.

Table R-8: Shows the pattern of clinical recovery in various ‘Laboratory investigations’ of Asrigdara in 15 patients treated with “Kutajashtaka-Ghana” orally – ‘Group B’ by Paired ‘t’ test.

S. No.	Variable	Mean		Dif.	% of Relief	SD	SE	‘t’	P	Results
		BT	AT							
1.	Hb (gm%)	11.000	11.287	-0.2867	2.60	0.9257	0.2390	1.199	>0.05	N.S.
2.	TLC	7789.3	6760.0	1033.3	13.26	2682.4	692.59	1.492	>0.05	N.S.
3.	ESR	17.333	12.067	5.267	30.39	7.196	1.858	2.835	<0.05	S.
4.	CT	4.538	4.334	0.2040	4.49	0.9390	0.2425	0.8414	>0.05	N.S.
5.	BT	2.537	2.291	0.2453	9.66	0.6068	0.1567	1.566	>0.05	N.S.
6.	Total Platelet count	2.993	1.953	1.040	34.75	1.092	0.2819	3.689	<0.01	V.S.

Intergroup Comparison:

- **Inter Group Comparison in Subjective Parameters & Pallor by Mann Whitney Test:** Statistically non-significant result ($p>0.05$) was found
- **Inter Group Comparison on Objective parameters & Laboratory investigations of Asrigdara by Unpaired ‘t’ Test:** Statistically non-significant result ($p>0.05$) was found in all the objective and laboratory parameters.

Table R-9: % Improvement of Subjective Parameters in Both Groups:

S.N.	Parameters	Result in Percentage	
		Group A (in %)	Group B (in %)
1.	Intensity	73.17	77.15
2.	Amount	73.70	84.86
3.	Duration	79.96	86.24
4.	Inter menstrual Period	68.72	84.21
5.	Bodyache	64.00	69.24
6.	Burning sensation	85.72	47.06
Average % Of Relief		74.21	74.79

DISCUSSION

Asrigdara should be treated according to line of treatment of Raktarsha; Deepana, Pachana, Agni Vardhana, Rakta Sangrahana and Dosha Pachana should be done by Tikta & Kashaya Rasa Pradhana Dravya¹⁰. Drugs of Drakshadi yoga possess Madhura-Tikta Rasa, Snigdha-Guru-Mridu-Ruksha-Laghu Guna, Katu-Madhura Vipaka and Sheeta Veerya. Analysis of various contents of Kutajashtaka Ghana reveals that: Deepana, Pachana, Raktastambhana, RaktaSangrahi, Raktaprasadana, Balya activity was present in all the drugs. While Dahaprashamana activity was found in Shalmali, Patha, Dhataki, Trishnanigrahana property in Musta, Yakrituttejaka and Pittasaraka property in Bilwa. All the components of Kutajashtaka Ghana were Kaphapittashamak, while Patha and Ativisha were found Tridoshshamaka and Bilwa was Kaphavatashamaka.

CONCLUSION

Artava being agneya in character is likely to increase tejas mahabhuta of the body, which may cause increase in the amount of pitta. Thus, during reproductive age and premenopausal age pitta dosha is predominant and chances of developing the pathogenesis of asrigdara are more. Apana Vayu is responsible for Pravartana of Artava and Vyana Vayu supply the blood to the uterus and pelvic organs. In pathogenesis of Asrigdara overall the amount of blood within the vessels of uterus increases or in other words, active or passive pelvic congestion is the main cause. In initiation of Samprapti of Asrigdara prominent Doshas are Vata and Pitta. These Doshas have predominant role in all type of Asrigdara. The main principle of the management of Asrigdara is Angi-deepana, Dosha – pachana, Vata-anulomana, Pittashamana, Rakta-Sthapana, Rakta-sangrahana, Raktashodhana, and

Garbhashaya-balya Chikitsa. *Deepaniya* and *Pa-chaniya* drugs are essential in the treatment of *Asrigdara* for proper functioning of *Agni* which helps in proper metabolism of oestrogen. The drug selected for this study *Drakshadi-Yoga* and *Kutajashtaka-ghana* possess all the qualities as mentioned above. Comparing the symptomatic improvement in both groups it was found that average percentage of relief was a little bit higher in ‘**Group B**’ i.e. **74.79 %**, followed by ‘**Group A**’ i.e. **74.21 %**. It shows that effect of therapy was more in Group B than in comparison to Group A.

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