

## ***THE EFFECT OF DARVYADI KWATHA IN THE MANAGEMENT OF ASRIGDARA***

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### **ABSTRACT**

Dysfunctional uterine bleeding (DUB), a common, debilitating condition is an abnormal genital tract bleeding from uterus found in the absence of structural or organic pathology. Medical treatments include non steroidal anti-inflammatory drugs, oral contraceptive pills, progestins, danazol (a synthetic androgen), GnRH agonists, and antifibrinolytic drugs. The drawback to medical therapy, in addition to side effects, is that the benefit lasts only while the patient takes the medication. Surgical options have concentrated mainly on endometrial ablation and hysterectomy. Need of the time is to find out an effective, non-hormonal, cost effective management its cure. DUB considered as *Asrigdara* a *ra-katapradoshajavikara* in Ayurveda. The first line of treatment for *Asrigdara* is to control the excessive bleeding and hence the drugs selected are mainly *sheetavirya*, *tikta*, *kashayarasa* which acts as *stambhaka*. Several combinations for such conditions are explained in the classics. In the present study 30 patients having DUB were administered with *Darvyadikwatha* and its results on various clinical parameters were assessed,

**Keywords:** *Asrigdara*, *Darvyadikwatha*, Dysfunctional uterine bleeding

### **INTRODUCTION**

Reproductive capability in young women begins at the point of menarche, which is the beginning of cyclic uterine bleeding and ends with menopause. *Asrigdara* is a condition where excessive, irregular and inter menstrual bleeding per vagina has been described mainly as the symptoms. The word *Asrigdara* ex-

plains about prolonged, cyclic or acyclic excessive menstrual bleeding.<sup>1</sup>In this type of bleeding disorder, the quality and quantity of menstrual fluid is mainly affected. Intake of food containing *Guru*, *Amla*, *Lavana*, *Vidhahi*, *Viruddhahara*, *Sura*, *Sukta*, *Dadhi*, etc causes

Agnivaishamy in turn causes Rasa dusti leading to Asrigdara.<sup>2</sup>

DUB is a common menstrual disorder defined as “Abnormal bleeding from the uterus in absence of an organic disease of the genital tract,<sup>3</sup> which can be understood as *Asrugdhara*. The treatment of DUB mainly includes hormones which in long term use may lead to endometrial hyperplasia. The first line of treatment for *Asrigdara* is to control the excessive bleeding and hence the drugs selected are mainly *sheetavirya*, *tikta*, *kashayarasa* which acts as *stambhaka*.

Keeping all these in mind, this study had been designed to work out the clinical efficacy of *DarvyadiKwath* in *Asrigdara* to facilitate multidimensional healing therapy.

### Materials & Methods

A single arm before and after Clinical study on the effect of *DarvyadiKvatha* in *Asrigdara* was carried out in the patients attending the OP and IP section of *PrasootiTantra* and *StreeRoga* Department, SDM Ayurveda Hospital, Hassan, Karnataka.

### Plan of study:

It was a single blind clinical study. A minimum of 30 patients, fulfilling the inclusive criteria and exclusive criteria were selected. The parameters of signs & symptoms, before treatment & after treatment were scored and

analysed on the basis of standard method of statistical analysis.

### Inclusion criteria

Patients presenting with prolonged, excessive menstrual bleeding, inter-menstrual bleeding within the age group of 16-40 years and diagnosed as cases of DUB on the basis of history of bleeding. **No investigations were carried out.**

### Exclusion criteria:-

Patients with chronic illness, using intrauterine contraceptive device, with uterine and pelvic pathology (like fibroid, adenomyosis etc), benign and malignant growth, endometrial and endo-cervical polyp and thyroid dysfunction were excluded.

### Posology

*DarvyadiKvatha* in a dose of 50 ml was administered orally in 2 divided doses before meals for 2 months duration.

### Drug Preparation:

*Daruharidra*, *Musta*, *Kiratatikta*, *Bilvaphala* are made into coarse powder. *Shodhitabhallataka* added (without crushing), *Vasa patra* washed and pounded and added each in 500gms. To all the above ingredients 30 litres of water added and boiled and heated till it reduced to half then *Rasanjana* 500gms made into fine powder and added to *kashaya* and then it dispensed in 200 ml bottles.

**Assessment Criteria:-**

**Table 1:** The effect of therapies was assessed before and after treatment on the basis of subjective criteria graded as follows:

Duration of flow: Grade 0→3-4 day (normal) Grade 1→ 5-10 days (mild) Grade 2→10-15days (moderate) Grade 3→ 15-20 days ( severe)	Amount of bleeding: Grade 0→1-2 pads / day Grade 1→ 3-4 pads/day Grade 2→5-6 pads/day Grade 3→7&>7 pads/day	Severity of pain: Grade 0→ No pain Grade 1→ Mild Grade 2→ Moderate Grade 3→ Sever
Clots: Grade 0→ Absent Grade 1→ Mild(2-3 clots per day) Grade 2→Moderate(4-5 clots per day) Grade 3→Severe(>5 clots per day)	Weakness and Giddiness: Grade 0→No weakness or giddiness Grade 1→ Mild Grade 2→Moderate Grade 3→Severe	Low backache: Grade 0→No backache Grade 1→ Mild Grade 2→Moderate Grade 3→Severe
Duration of illness: Grade 1→3-6 months Grade 2→ 7-12 months Grade 3→1-5 years Grade 4→5-10 years	Pattern of bleeding Grade 1→Excessive Grade 2→ Prolonged Grade 3→Inter-menstrual Grade 4→Excessive & Prolonged	Interval between cycles Grade 1→20 days Grade 2→ 20-30 days Grade 3→30-40 days Grade 4→40-60 days

**Observations:**

In this present study 30 patients of *Asrigdara* were treated with *Darvyadikwath* in the dose of 50 ml twice a day before food. Among the 30 subject’s studies, 36.67% had severe bleeding whereas 33.33% and 13.33% of the subjects had moderate and mild type of blood loss respectively. 6.7% had normal flow, 46.7 were having 5-7 days flow, 40% were having 7-10 days flow, 6.7% had 10-15 days flow. 63% of subjects were reported with presence of pain abdomen. 53.3% of patients reported with presence of backache where as in 46.3% of patients backache was absent.

The statistical analysis was done using SPSS version - 16 software. The mean rank and P-value were calculated using this software. Freidmen test and wilcoxon test were applied to calculate the values within the group. Results considered as cured if cycles normal with normal menstrual bleeding, improved if there is reduction in the duration & amount of

bleeding per vagina and no change if no notable change in pattern of bleeding is observed and aggravated if condition worsened.

**Results:**

**Amount of bleeding**

Statistical analysis revealed that the mean rank of gradation about amount of bleeding before treatment was 2.93, reduced to 1.53 after treatment and 1.53 after follow-up respectively values with  $p < 0.001$  ( $X^2=56.000$ ). Statistical reduction in the gradation of amount of bleeding after treatment with *DarvyadiKwatha* is ( $Z=-4.75$ ,  $p=0.001$ )

**Presence of clots**

Statistical analysis revealed that the mean rank of presence of clots before treatment was 2.63 reduced to 1.72 after treatment and 1.65 after follow-up respectively. Out of 21 patients were having clots in their menstrual blood, statistical significant changes noted after the treatment. ( $Z=-4.021$ ,  $p=0.001$ )

**Duration of Flow**

Statistical analysis shows significant difference noted in values with  $p < 0.001$  ( $X^2=47.471$ ).and reduction in the duration of flow in 27 patients at the end of treatment with medicine ( $Z=-4.258, p=0.001$ )

**Interval between cycles**

Mean rank of gradation about interval between cycles before treatment was 2.15, reduced to 1.90 after treatment and 1.95 after follow-up respectively. There was statistically significant difference between above said three values with  $p < 0.05$  ( $X^2=6.000$ ). Reduction in the interval between cycles in 6 patients at the end of treatment ( $Z=-2.156, p=0.031$ ).

**Pain Abdomen**

Mean rank of gradation of pain abdomen before treatment was 2.60 and reduced to 1.73 after treatment and 1.65 follow-up respectively with above said three values with  $p < 0.001$  ( $X^2=36.847$ ).Pain abdomen was experienced by 19 patients and they showed relief in the symptom which was statistically significant after treatment. ( $Z=-3.882, p=0.001$ )

**Low back ache**

Mean rank of gradation of C before treatment was 2.60, reduced to 1.70 after treatment and 1.70 after follow-up respectively which was statistically significant with  $p < 0.001$  ( $X^2=36.000$ ). In this study out of 30 patients, 18 patients experienced low backache and there was reduction in low backache in 17 patients after treatment ( $Z=-3.787, p=0.001$ )

**Table 2:** The results are summarized in the table below:

Parameter		Negative Rank			Positive Rank			Ties	Total	Z value	P value	Remarks
		N	MR	SR	N	MR	SR					
Amount of bleeding	BT-AT	28	14.50	406.00	0	.00	.00	2	30	-4.755	0.001	S
	AT-FU	0	.00	.00	0	.00	.00	30	30	.000	1.000	NS
Presence of clots	BT-AT	19	10.00	190.00	0	.00	.00	2	21	-4.021	0.001	S
	AT-FU	2	1.50	3.00	0	.00	.00	19	21	-1.414	.157	NS
Duration of flow	BT-AT	27	14.28	385.50	1	20.50	20.50	2	30	-4.258	0.001	S
	AT-FU	1	1.00	1.00	0	.00	.00	29	30	-1.000	.317	NS
Interval btwncycles	BT-AT	6	4.42	26.50	1	1.50	1.50	23	30	-2.156	0.031	NS
	AT-FU	0	.00	.00	1	1.00	1.00	29	30	-1.000	.317	NS
Pain Abdomen	BT-AT	19	10.00	190.00	0	.00	.00	0	19	-3.882	0.001	S
	AT-FU	2	1.80	3.00	0	.00	.00	17	19	-1.414	.157	NS
Lowbackache	BT-AT	17	9.00	153.00	0	.00	.00	1	18	-3.787	.001	S
	AT-FU	1	1.00	1.00	0	.00	.00	17	18	-1.000	.317	NS

**DISCUSSION**

Asrigdara is characterized by excessive or prolonged flow of blood occurring in menstrual & inter-menstrual period. This can be

compared with dysfunctional uterine bleeding by its aetio-pathological consideration, presentation and features. Woman who indulges in excessive intake of the dravyas which are

enlisted earlier in *nidana*, results in *tridosha* vitiation and shows *vikritarasa dhatunirmana* further it vitiates *artava* as it is an *updhātu* of *rasa*.<sup>4</sup> Also *pittavrutaapnavayu* due to its *chala guna* gives rise to excessive, prolonged bleeding, which is termed as “*Asrigdara*”.<sup>5</sup> *Daruharidra*, *Rasanjana*, *Kiratatikta*, *Musta*, *Bilva*, *Bhallataka*, *Vasa* following drugs were selected for the study. *Darvyadikwath* acts according to *vyadhipratyaneekachikitsa*. It acts as a *deepana*, *pachana*, *raktashodhaka*, *raktastambhaka*, *vranaropaka*, *balya*, *shothhara*, *raktapittahara*, *garbhashayasankochaka* and *rasayana*. It also regulates normal function of *Apanavata*. *Daruharidra* contains berberine and isoquinoline alkaloids which possess antibacterial, anti-inflammatory, antifungal, antioxidant, anti-tumor and stops uterine bleeding and reduces pain.<sup>6</sup> *Rasanjana* significantly exerts anti-inflammatory activity. Vasicine in *Vasa* showed utero-tonic activity in different species in animals in vivo, which was similar to that of oxytocin and methylergometrine. It is also proved to have haemostatic activity.<sup>7</sup> *Musta* improves the uterus muscular activity and helps in endometrial shedding out and does vasoconstriction.<sup>8</sup> *Bilva* roots are sweet, bitter, and useful in uterine bleeding and irregular menstrual cycle.<sup>9</sup>

## CONCLUSION

The ingredients of *Darvyadikwath* possess *stambhana*, *raktashodhakagarbhashayasankochaka*, *balya*, *rasayana* properties with proved anti-inflammatory (*Daruharidra*, *Musta*, *Bilva*, *Bhallataka*), analgesic (*Bilva*), antispasmodic (*Musta*, *Vasa*, *Bhallataka*), haemostatic activity (*Vasa*), and in the present study significant improvement has been seen in all the assess-

ment criteria of *Asrigdara* and *Darvyadikwatha* can be recommended in *Asrigdarachikitsa*.

## REFERENCES

1. Vagbhatacharya, Astangahridayam with Sarvangasundara commentary of Arunadatta and Ayurveda Rasayana of Hemadri collated by Late Dr. Anna Moreshwarakunteana Ramachandra ShatriNavare edited by Bhishagacharya HarishastriParadakaravaidya, 9th edition 2002, Chaukhambhaorientalia, Varanasi, Pp: 946:387
2. Shushruta's Sushrutasamhita, Varanasi, Chaukhambhaorientalia, edition reprint 1998, Pp824:514.
3. DUB- Current thought on Medical Management Obs & Gyn. Vol- IV, No-10, Oct 1999.
4. Agnivesha: Charakasamhita, Varanasi, Chaukhambha Sanskrit sansthana, reprint 2004, Pp 738:514
5. Vagbhatacharya, Ashtanga Sangraha with Vidhyotini vyakhya, KavirajAtridevgupta, Krishnadas Academy-1993 varanasi, Sha2/31, Pp: 946:260.
6. Pharmacological investigations of certain medicinal plants, CCRAS, GOVT OF INDIA.
7. Ubonwan Pongprayoon Claesona et al, Adhatoda vasica: a critical review of ethnopharmacological and toxicological data. Journal of Ethnopharmacology; Volume 72, Issues 1-2, 1 September 2000, Pages 1-20
8. M. Nagarajan, Gina R. Kuruvilla, et al. *Abhava pratinidhi dravya*: A comparative phytochemistry of *Ativisha*, *Musta* and related species. J Ayurveda Integr Med. 2015 Jan-Mar; 6(1): 53-63.

9. Jyoti M Benni, MK Jayanthi, RN Sure-shaYear , Evaluation of the anti-inflammatory activity
  10. of Aegle marmelos (Bilwa) root: 2011, Volume : 43, Issue : 4 Page : 393-397.
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