

## EVALUATE THE EFFICACY OF KUTAJASTAK-GHAN IN MANAGEMENT OF ASRIGAR W.S.R. TO DYSFUNCTIONAL UTERINE BLEEDING

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### ABSTRACT

In present era with the changing role of women in society, occupational whereabouts and with increased stress the number and frequency of menstrual cycles have increased. The victimized patients end up with general debility and anaemia. *Asrigdar* indicates the excessive and irregularity of menses. *Asrigdar* can be correlated with abnormal uterine bleeding specially, dysfunctional uterine bleeding (DUB) on the basis of its description in literature. Regular cyclic menstruation results the choreographed relationship between the endometrium and its regulating factors. Any type of disturbance between the regulatory mechanism of pituitary ovarian axis or pelvic diseases results in abnormal uterine bleeding. DUB is one of the most common causes of abnormal uterine bleeding. It has been stated in *Charak Samhita* that due to *Pradirana* (excessive excretion) of *Raja* (menstrual blood), it is named as *Pradar* and since, there is *Dirana* (excessive excretion) of *Asrik* (menstrual blood) hence, it is known as *Asrigdar*. Present study is aimed at finding out a method of treatment, which will impart a permanent cure without any side effect. *Kutajastak-Ghan* is taken in present study because of its *Rakta-sangrahi* and *Upshoshak* property. In the present clinical trial, the study was completed on 15 patients. Extremely significant results are shown on Intensity, Amount, Duration and Inter menstrual period, significant results are shown on Body ache.

**Keywords:** *Asrigdar, Kutajastak-ghan.*

### INTRODUCTION

Since the evolution of the life in the Universe, Women have been placed on extreme worship place due to her power of '*Janani*'. That's why *Acharya Manu* has quoted that, for happiness of

the human Society, it need to give proper care and respect to women. The god has blessed the female with the most valuable gift of motherhood. The preparation of motherhood starts with puberty and ends with menopause.

The word *Stree* relates to her capacity of fertilization. The health of a woman to a large extent depends on the normalcy of her menstrual cycle. In present era being employed outside in a stress full atmosphere, the episodes of heavy menstrual bleeding are less tolerable, this disturbs her daily routine. The condition ends with debility and psychological upsets, which hinders the achievements of conception.

Geographical conditions, racial factors, nutritional standards, environmental influences and indulgence in strenuous physical and mental activity can defect hormonal and menstrual status of women. Even on completing her family, having irregular and excessive bleeding is a continuous stress denoting hormonal aberrations. This disease has become a very challenging problem for working class ladies and common in house wives. It also causes considerable morbidity. There is sharp increase in the incidence in women in modern era hence require it's solution.

It has been stated in *Charak Samhita* that due to *Pradirana* (excessive excretion) of *Raja* (menstrual blood), it is named as *Pradar*<sup>1</sup> and since, there is *Dirana* (excessive excretion) of *Asrik* (menstrual blood) hence, it is known as *Asrigdar*<sup>2</sup>.

*Aacharya Sushrut* says that when menstruation comes in excess amount, for prolonged period and/or even without normal period of menstruation (during menstruation in excessive amount and for prolonged period, but in inter-menstrual period even scanty and for a short duration) and different from the features of normal menstrual blood or denoting the feature of specific *Dosha* is known as *Asrigdar*<sup>3</sup>.

*Asrigdar* indicates the excessive and irregularity of menses. *Asrigdar* can be correlated with ab-

normal uterine bleeding specially, dysfunctional uterine bleeding (DUB) on the basis of its description in literature.

Regular cyclic menstruation results the choreographed relationship between the endometrium and its regulating factors. Any type of disturbance between the regulatory mechanism of pituitary ovarian axis or pelvic diseases results in abnormal uterine bleeding<sup>4,5</sup>. DUB is one of the most common causes of abnormal uterine bleeding.

DUB is excessive abnormal uterine bleeding in which organic causes or pelvic pathology cannot be found<sup>6</sup>. The bleeding may be abnormal in frequency, amount or duration or combination of these three.

## AIMS AND OBJECTIVES

1. To study the critical review of *Ayurvedic* literature on *Asrigdar*.
2. To study the detailed etiopathogenesis of the *Asrigdar* according to *Ayurvedic* and modern literature.
3. To evaluate the therapeutic efficacy of the *Kutajastak-Ghan*.

## MATERIAL & METHODS:

### Selection of Cases:

Total 19 clinically diagnosed and confirmed cases of *Asrigdar* were registered for the present clinical trial. Out of which 15 patients completed the course of treatment. The cases were selected from the O.P.D. / I.P.D. of P.G. Department of *Prasuti-Stree Roga*, National Institute of Ayurveda (N.I.A.) Hospital, Jaipur, after taking informed consent form.

## CRITERIA FOR SELECTION OF PATIENTS:-

### Inclusion Criteria:

1. Patient complaining of *Asrigdar* as a cardinal symptom.
2. Patient aged between 12 to 50 years.

### Exclusion Criteria:

1. Patient having bleeding due to abortion.
2. Patient having coagulation disorders.
3. Patient having bleeding after menopause.
4. Any type of malignancy.
5. Pregnant women.
6. Positive STDs, HIV, HBsAg.
7. Patient having systemic diseases.
8. Uterine and pelvic pathology like- polyps, endometrial TB, fibroid, adenomyosis, PID etc.
9. Patient using IUCD.

### Criteria for withdrawal:

1. During the course of trial if any serious condition or any serious adverse effects occurs and that requires urgent treatment.
2. Subject herself wants to withdraw from the clinical trial.
3. Irregular follow-up.

### INVESTIGATIONS:

Laboratory investigations were carried out before treatment to rule out any other pathological conditions.

### Haematological:

1. CBC, ESR, CT, BT, VDRL, HIV, HbsAg, LFT, RFT, RBS, Mountoux test (if Needed), Thyroid profile, (if Needed)
2. Urine: routine and microscopic.
3. USG of uterus and adnexae.
4. Pap smear.

## CONTENTS OF KUTAJASTAK-GHAN<sup>7</sup>:

S.No.	Ingredient	Scientific name	Useful part	Quantity
1.	<i>Kutaja</i>	<i>Holarrhenaantidysenterica</i> Linn.	<i>Kand-Twak</i>	100 part
2.	<i>Shalmali</i>	<i>Salmaliamalabarica</i> Schott&Endl.	<i>Moola</i>	1 part
3.	<i>Patha</i>	<i>Cissampelospareira</i> Linn.	<i>Moola</i>	1 part
4.	<i>Samnga</i>	<i>Mimosa pudica</i> Linn.	<i>Panchang</i>	1 part
5.	<i>Ativisha</i>	<i>Aconitum heterophyllum</i> Wall	<i>Moola</i>	1 part
6.	<i>Musta</i>	<i>Cyperusrotundus</i> Linn.	<i>Kand(Tuber)</i>	1 part
7.	<i>Bilwa</i>	<i>Aeglemarmelos</i> Corr.	<i>Moola</i>	1 part
8.	<i>Dhatki</i>	<i>Woodfordiafruticosa</i> Kurz.	<i>Pushpa</i>	1 part

## ADMINISTRATION OF DRUG:-

DRUG	<i>Kutajastak-ghan</i>
DOSE	500 mg twice a day with water
ROUTE	Oral
DURATION	For two consecutive menstrual cycle

### DURATION OF CLINICAL TRIAL:

The trial was carried out for two consecutive menstrual cycles.

### FOLLOW UP STUDY:

Cases were followed after the course of trial drugs fortnightly for 2 consecutive menstrual

cycles. Clinical assessment was done after completion of 1 consecutive menstrual cycle.

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

**Clinical assessment:**

General observation-

Various demographic parameters viz Age, Marital status, Religion, Socio-economic status, Education etc. along with specific features of *Dashvidha pareeksha & Ashtvidhapareeksha* viz *prakriti, satva, samhanana*, etc were analysed in the present trial.

**Subjective Assessment:**

The patients undergone the treatment were assessed for Rakta Sthapaka property on the basis of symptom rating score for improvement in specific symptomatology of *Asrigdar*.

The subjective symptoms were Intensity of bleeding, Duration of flow or menstrual period, Amount of flow, Inter menstrual period (Interval between two periods / cycle), Body ache, Pallor, Burning sensation in Body (*Daha*) Scored as following grading's-

- ✓ 0
- ✓ 1
- ✓ 2
- ✓ 3

**Criteria for Assessment of overall Effect of Therapy**

Data obtained from the parameters of assessment, before & after the therapy was utilized to evaluate the overall effect of therapy.

**DATA ANALYSIS:**

The information gathered on the basis of observation made about various parameters was subjected to statistical analysis in terms of Mean, Standard Deviation and Standard error (SE). **Graph In Stat Pad 3.1 software** (Trial version),

- Paired't' test:- Applied to independent observation from one sample only when each individual gives a pair of observation, for parametric assessment. It will be used on objective parameters.
- Wilcoxon signed rank test- Non parametric test for the case of two related samples or repeated measurement on a single test. It will be used for the assessment of improvement in symptoms.

Interpretation of 'p' value-

- Insignificant or Not significant (NS or NQS) - p>0.05
- Significant (S) - p<0.05
- More or very Significant - p<0.01
- Highly or Extremely Significant - p<0.001

**OBSERVATIONS & RESULTS:**

**Table No. R-1:** Shows the pattern of clinical recovery in various 'Subjective Parameters' of *Asrigdar* in 15 patients treated with "*Kutajastak-ghan*" orally –by Wilcoxon matched-pairs signed-ranks test.

S.No.	Symptoms	Mean		Diff.	% of Relief	SD	SE	P	Results
		BT	AT						
1.	Intensity	1.933	0.7333	1.200	62.08%	0.8619	0.2225	< 0.0001	E.S.

2.	Amount	2.400	0.6667	1.733	72.20%	0.5936	0.1533	< 0.0001	E.S.
3.	Duration	2.533	0.4000	2.133	84.20%	0.7432	0.1919	< 0.0001	E.S.
4.	Inter menstrual period	1.133	.0667	1.067	94.17%	0.7988	0.2063	<0.0001	E.S.
5.	Body ache	1.667	1.200	0.4667	27.99%	0.5164	0.1333	< 0.05	S.
6.	Burning sensation	1.267	0.8667	0.4000	31.57%	0.6325	0.1633	> 0.05	N.S.

Extremely significant results are shown on Intensity of menstrual blood, Amount of flow, Duration, and Inter menstrual period. Results on

body ache were significant and on Burning sensation were not significant

**Table R-2:** Shows the pattern of clinical recovery in various ‘Objective Parameter’ of *Asrigdar* in 15 patients treated with “*Kutajastak-ghan*” orally – by Wilcoxon matched-pairs signed-ranks test.

S.No.	Variable	Mean		Diff.	% of Relief	SD	SE	‘t’	P	Results
		BT	AT							
1.	Pallor	1.400	0.930	0.470	33.33%	0.830	0.220	0.0471	<0.05	S.

**Table R-3:** Shows the pattern of clinical recovery in various ‘Laboratory investigations’ of *Asrigdar* in 15 patients treated with “*Kutajastak-ghan*” orally –by Paired ‘t’ test.

S.No.	Variable	Mean		Diff.	% of Relief	SD	SE	‘t’	P	Results
		BT	AT							
1.	Hb (gm%)	11.487	11.787	-0.3000	2.61%	0.3381	0.08729	3.437	<0.01	V.S.
2.	TLC	7293.3	6773.3	520.00	7.12%	764.57	197.41	2.634	<0.05	S.
3.	ESR	23.733	16.067	7.667	32.30%	11.242	2.903	2.641	<0.05	S.
4.	CT	4.697	4.708	0.01133	0.24%	0.02066	0.005333	2.125	>0.05	N.S.
5.	BT	1.887	1.897	0.01067	0.57%	0.03863	0.009975	1.069	>0.05	N.S.
6.	RBS	88.333	86.267	2.067	2.34%	3.788	0.9782	2.113	>0.05	N.S.
7.	Platelet count	2.725	2.911	0.1860	6.82%	1.228	0.3.170	0.5868	>0.05	N.S.
8.	Pallor	1.400	0.930	0.470	33.33%	0.830	0.220	0.0471	<0.05	S.

Very significant results are shown on Hb%, while significant results are shown on TLC and ESR. Results on CT, BT, RBS and Platelet count were Non-significant.

## DISCUSSION

### PROBABLE MODE OF ACTION OF KUTAJASTAK-GHAN:

*Asrigdar* is the disease of vitiated *Rakta* and *Pit-tavrita Apana Vayu*. Therefore it can be considered that *Vayu* can also be vitiating due to being

covered by *Pitta*. The *Chala Guna* of *Vayu* and *Sara*, *Drava Guna* of *Pitta* plays an important role in forming basic *Samprapti* of *Asrigdar*.

**By Rasa-Panchak<sup>8</sup>:**

- **Rasa:** Most of the components of *Kutajastak-Ghan* have *Tikta* and *Kashaya Rasa*. These *Rasa* have *Agni Deepana* and *Pachana* properties which help to cure *Agnimandhya* condition. These *Rasas* also do *Shleshma-Rakta-PittaPrashamana*. *Samgrahi* and *Stambhaka* actions of these *Rasas* help in *Raktasamgrahana* and *Raktastambhana*.
- **Guna:** Most of the components of *Kutajastak-Ghan* have *Laghu* and *RukshaGuna*. These *Guna* help in *Shoshana* of increase *Rakta Dhatu* in *Asrigdar*. Also does *Agni-Deepana* and *Amapachana*.
- **Vipaka:** Most of the components of *Kutajastak-Ghan* have *Katu Vipaka*. It does *Agni-Deepana* and *Kapha Shamana*.
- **Veerya:** Most of the components of *Kutajastak-Ghan* have *Sheeta Veerya*. *Sheeta Veerya* does *Pittashamana*, *Raktasamgrahana* / *Rakta-stambhana* and *Dahaprasamana*, that corrects burning sensation and excessive blood loss.

**Action on Samprapti Ghataka:**

- a) **Dosha:** Predominant *Dosha* responsible for disease are, vitiated *Vata* and *Pitta*. *Pitta* is pacifying due to *Tikta-Kashaya Rasa* and *Sheeta Veerya*.
- b) **Dushya:** Most of the components of *Kutajastak-Ghan* are *Rakta Sangrahi*, *Rakta Shodhaka* and *Rakta Sthapaka*, which helps in *Shodhana* of *Dushita Pitta* and *Rakta*. Further these have *Agnivardhana*, *Deepana*, *Pachana* properties which played a role in

*Ama Pachana* of *Rasa Dhatu* by their action on *Jatharagni*.

- c) **Adhishthana and Srotasa:** Most of the components of *Kutajastak-Ghan* *Shothahara*, *Ropana* and *Vedanasthapan* which help in *Srotoshodhana* and *Garbhashaya Shodhana* thereby reducing inflammation and uterine congestion. Presence of *Sandhaniya* and *Vrana-ropana* drugs, reduce the fragility of endometrial capillaries and thus helps in their toning.

*Kutajastak-ghan* has a direct reference in *Chakradatta* for *Asrigdar*. Though the drug described in *Chakradatta* with its indications but the properties (*Rasa*, *Guna*, *Virya*, *Vipaka* and *Prabhava*) have not been mentioned. Hence to determine the properties as well as possible mode of action we should consider all the <sup>1</sup>components of the drug on above basic fundamentals; It is very important to note that in combination, properties of individual drug may increase or decrease, become absent or even addition of the property may take place to the combination.

It has *Tikta and Kashaya Rasa*, *Laghu*, *Ruksha Guna*, *Katu Vipaka* and *Sheeta Virya*. Analysis of various contents of *Kutajastak-ghan* reveals that: *Deepana*, *Pachana*, *Raktastambhana*, *RaktaSamgrahi*, *Raktaprasadana*, *Balya* activity was present in all the drugs. While *Dahprashamana* activity was found in *Shalmali*, *Patha*, *Dhataki*, *Trishnanigrahana* property in *Musta*, *Yakrituttejaka* and *Pittasaraka* property in *Bilwa*. All the components of *Kutajastak-ghan* were *Kaphapittashamak*, while *Patha* and *Ativisha* were found *Tridosha shamaka* and *Bilwa* was *Kaphavatashamaka*.

Most of the drugs were having *Tikta*, *Kashaya Rasa* and *Sheeta Veerya* having property of *Pit-*

taprashamana and Samgrahana. With the help of this property the cardinal symptom of Asrigdar is relieved.

**Flow chart shows mode of action of Kutajastak-ghan:**

## CONCLUSION

- Asrigdar is a disease caused by vitiation of all the three Doshas, with a clear predominance of Pitta (as evidenced by Samprapti) and manifesting as excessive amount of blood loss or long duration of blood loss or short inter menstrual period, as well as presence of any two or three as cardinal symptoms of Asrigdar. This can be correlated to dysfunctional uterine bleeding in present context.
- The main principle of the management of Asrigdar is Deepana –Pachana, AngiVardhana, Rakta Sthapna, and Dosha Pachana Should be done by Tikta & KashayaRasa Pradhana Dravyas<sup>9,10</sup>. Deepaniya and Pachaniya drugs are essential in the treatment of Asrigdar for proper Agni and which helps in proper metabolism of estrogen.
- The drug selected for this study Kutajastak-ghan possesses all the qualities as mentioned above.

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