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*\(^1\) and since, there is *Dirana* (excessive excretion) of *Asrik* (menstrual blood) hence, it is known as *Asrigdar*\(^2\).

*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*\(^3\).

*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\(^4,5\). 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\(^6\). 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:

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Ingredient</th>
<th>Scientific name</th>
<th>Useful part</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Kutaja</td>
<td>Holarrhena antidysenterica Linn.</td>
<td>Kand-Twak</td>
<td>100 part</td>
</tr>
<tr>
<td>2.</td>
<td>Shalmali</td>
<td>Salmaliamalabarica Schott&amp;Endl.</td>
<td>Moola</td>
<td>1 part</td>
</tr>
<tr>
<td>3.</td>
<td>Patha</td>
<td>Cissampelos pareira Linn.</td>
<td>Moola</td>
<td>1 part</td>
</tr>
<tr>
<td>4.</td>
<td>Samanga</td>
<td>Mimosa pudica Linn.</td>
<td>Panchang</td>
<td>1 part</td>
</tr>
<tr>
<td>5.</td>
<td>Ativisha</td>
<td>Aconitum heterophyllum Wall</td>
<td>Moola</td>
<td>1 part</td>
</tr>
<tr>
<td>6.</td>
<td>Musta</td>
<td>Cyperus rotundus Linn.</td>
<td>Kand(Tuber)</td>
<td>1 part</td>
</tr>
<tr>
<td>8.</td>
<td>Dhatki</td>
<td>Woodfordia fruticosa Kurz.</td>
<td>Pushpa</td>
<td>1 part</td>
</tr>
</tbody>
</table>

ADMINISTRATION OF DRUG:

<table>
<thead>
<tr>
<th>DRUG</th>
<th>Kutajastak-ghan</th>
</tr>
</thead>
</table>

**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 underwent 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.

<table>
<thead>
<tr>
<th>S.No</th>
<th>Symptoms</th>
<th>Mean BT</th>
<th>Mean AT</th>
<th>% of Relief</th>
<th>SD</th>
<th>SE</th>
<th>P</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Intensity</td>
<td>1.933</td>
<td>0.7333</td>
<td>1.200</td>
<td>62.08%</td>
<td>0.8619</td>
<td>0.2225</td>
<td>&lt; 0.0001</td>
</tr>
</tbody>
</table>
Extremely significant results are shown on Intensity of menstrual blood, Amount of flow, Duration, and Intermenstrual period. Results on body ache were significant and on Burning sensation were not significant.


<table>
<thead>
<tr>
<th>S.No.</th>
<th>Variable</th>
<th>Mean</th>
<th>Diff.</th>
<th>% of Relief</th>
<th>SD</th>
<th>SE</th>
<th>‘t’</th>
<th>P</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>BT</td>
<td>AT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td>Pallor</td>
<td>1.400</td>
<td>0.930</td>
<td>0.470</td>
<td>33.33%</td>
<td>0.830</td>
<td>0.220</td>
<td>0.0471</td>
<td>&lt;0.05</td>
</tr>
</tbody>
</table>

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.

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

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 Pitavrita 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:

➢ 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 Ruksha Guna. 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 Kaphapachana.

➢ Veerya: Most of the components of Kutajastak-Ghan have Sheeta Veerya. Sheeta Veerya does Pittasamgrahana, Rakta-stambhana and Dhaprasamana, 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 Vedanasthapana 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 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, RaktaSamgrahai, Rakta-prasadana, Balya activity was present in all the drugs. While Dahprashamana activity was found in Shalmali, Patha, Dhakai, Trishnanigrahana property in Musta, Yakrituttejaka and Pittasarak property in Bilwa. All the components of Kutajastak-ghan were Kaphapittasmak, while Patha and Ativisha were found Tridosh 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 & Kashaya Rasa Pradhana Dravyas. 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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