AYURVEDIC APPROACH IN MANAGEMENT OF ASRIGDAR
(DYSFUNCTIONAL UTERINE BLEEDING), WITH VASA-GHAN

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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. 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 intermenstrual 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. 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. Present study is aimed at finding out a method of treatment, which will impart a permanent cure without any side effect. Vasa-Ghan is taken in present study because of its Tikta rasa, shita virya and Rakta-pitta shamak 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, very significant results are shown on Body ache and significant result on burning sensation.

KEYWORD: Asrigdar, Vasa-ghan.

INTRODUCTION
Improving women’s health matters not only to women but also the health of their families, communities and societies at large. Despite considerable progress in the past decades,
societies continue to fail to meet the health care which is the need of women at key moments of their lives, particularly in their adolescent years and in older age.

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.

In the aforementioned list of Brihattrayi and Laghutrayi related to number of gynaecological diseases mentioned in Ayurveda like eight Artavadoshas, twenty yonivyapada, eight Stanyadoshas, Stanaroga, Vandhyatva, Mudhagarbha, Raktagulma, Makkala, Nagodara etc.

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 Asirgdar.

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 intermenstrual 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.

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.

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

Abnormal uterine bleeding affects 10-30% of reproductive aged woman and up to 50% of peri-menopausal woman. Pattern and causes of AUB differs in different age group and reproductive status of the woman. The prevalence of abnormal uterine bleeding due to DUB was 50.9%, which is more commonly seen in age group 20-40 years. The prevalence of puberty menorrhagia was 8.2% in general and 51% among age group <20 years. Dangal G reported 63% of DUB with average age of 63 years in his study.
AIMS AND OBJECTIVES OF STUDY

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 Vasa-Ghan.

MATERIAL AND METHODS

➢ Selection of Cases
Total 19 clinically diagnosed and confirmed cases of Asrigdar were registered for the present clinical trial and 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.
Informed consent

The purpose of the study, nature of the study drug and the potential risks and benefits were explained to the patients in detail in non-technical terms. Thereafter their written consent was taken before starting the procedure.

Patients in trial

In the present clinical trial, 19 patients were registered 04 patients dropped out from trial before its completion. Hence present study was completed on 15 patients.

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.

TRIAL DRUGS

1. Vasa-Ghan (Bhayprakash Guduchyadi varg 88-90 )

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Ingredient</th>
<th>Scientific name</th>
<th>Useful part</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Vasa</td>
<td>Adhatoda vasica</td>
<td>Panchang</td>
</tr>
</tbody>
</table>

Administration of Drug

<table>
<thead>
<tr>
<th>DRUG</th>
<th>Vasa-ghan</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOSE</td>
<td>500 mg twice a day with water</td>
</tr>
<tr>
<td>ROUTE</td>
<td>Oral</td>
</tr>
<tr>
<td>DURATION</td>
<td>For two consecutive menstrual cycle</td>
</tr>
</tbody>
</table>

❖ Duration for clinical trial

The trial was carried out for two consecutive menstrual cycles.

❖ Follow up study

Cases were followed after one menstrual cycle for 2 consecutive menstrual cycles. Clinical assessment was done after completion of 1 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 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 & Ashvithda pareeksha 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 AND RESULTS**

Table No R-1: Shows the pattern of clinical recovery in various ‘Subjective Parameters’ of Asrigdar in 15 patients treated with “Vasa-ghan” orally by Wilcoxon matched-pairs signed- ranks test.

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Symptoms</th>
<th>Mean</th>
<th>Diff.</th>
<th>% of Relief</th>
<th>SD</th>
<th>SE</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>
</tr>
<tr>
<td>1.</td>
<td>Intensity</td>
<td>2.667</td>
<td>0.8667</td>
<td>1.800</td>
<td>67.49%</td>
<td>0.5606</td>
<td>0.1447</td>
<td>&lt; 0.0001</td>
</tr>
<tr>
<td>2.</td>
<td>Amount</td>
<td>2.333</td>
<td>0.8000</td>
<td>1.533</td>
<td>65.70%</td>
<td>0.7432</td>
<td>0.1919</td>
<td>&lt; 0.0001</td>
</tr>
<tr>
<td>3.</td>
<td>Duration</td>
<td>2.200</td>
<td>0.3333</td>
<td>1.867</td>
<td>84.86%</td>
<td>0.7432</td>
<td>0.1919</td>
<td>&lt; 0.0001</td>
</tr>
<tr>
<td>4.</td>
<td>Inter menstrual period</td>
<td>2.067</td>
<td>0.3333</td>
<td>1.733</td>
<td>83.84%</td>
<td>0.8837</td>
<td>0.2282</td>
<td>&lt; 0.0001</td>
</tr>
<tr>
<td>5.</td>
<td>Body ache</td>
<td>1.200</td>
<td>0.5333</td>
<td>0.6667</td>
<td>55.56%</td>
<td>0.6172</td>
<td>0.1594</td>
<td>&lt; 0.01</td>
</tr>
<tr>
<td>6.</td>
<td>Burning sensation</td>
<td>1.000</td>
<td>0.3333</td>
<td>0.6667</td>
<td>66.67%</td>
<td>0.8165</td>
<td>0.2108</td>
<td>&lt; 0.05</td>
</tr>
</tbody>
</table>

Extremely significant results are shown on Intensity, Amount, Duration and Inter menstrual period. Very significant results are shown on Body ache. Results on Burning sensation were Significant.

Table No R. 2: Shows the pattern of clinical recovery in various ‘Objective Parameter’ of Asrigdar in 15 patients treated with “Vasa-ghan ”orally by Wilcoxon matched-pairs signed-ranks test.

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Symptoms</th>
<th>Mean</th>
<th>Diff.</th>
<th>% of Relief</th>
<th>SD</th>
<th>SE</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>
</tr>
<tr>
<td>1.</td>
<td>Pallor</td>
<td>1.000</td>
<td>0.800</td>
<td>0.200</td>
<td>20%</td>
<td>0.4100</td>
<td>0.1100</td>
<td>&gt; 0.05</td>
</tr>
</tbody>
</table>
Table No.R-3: Shows the pattern of clinical recovery in various ‘Laboratory Investigations’ of Asrigdar in 15 patients treated with “Vasa-ghan” orally by Paired ‘t’ test.

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Symptoms</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>1.</td>
<td>Hb(gm%)</td>
<td>10.920</td>
<td>11.420</td>
<td>-0.5000</td>
<td>4.57%</td>
<td>0.5057</td>
<td>0.1306</td>
<td>3.829</td>
<td>&lt;0.01 V.S.</td>
</tr>
<tr>
<td>2.</td>
<td>TLC</td>
<td>6980.0</td>
<td>6626.7</td>
<td>353.33</td>
<td>5.06%</td>
<td>477.89</td>
<td>123.39</td>
<td>2.864</td>
<td>&lt;0.05 S.</td>
</tr>
<tr>
<td>3.</td>
<td>ESR</td>
<td>21.800</td>
<td>14.400</td>
<td>7.400</td>
<td>33.94%</td>
<td>8.716</td>
<td>2.251</td>
<td>3.288</td>
<td>&lt;0.01 V.S.</td>
</tr>
<tr>
<td>4.</td>
<td>CT</td>
<td>5.060</td>
<td>5.070</td>
<td>0.01000</td>
<td>0.19%</td>
<td>0.02070</td>
<td>0.005345</td>
<td>1.871</td>
<td>&gt;0.05 N.S.</td>
</tr>
<tr>
<td>5.</td>
<td>BT</td>
<td>1.833</td>
<td>1.847</td>
<td>0.01333</td>
<td>0.72%</td>
<td>0.08338</td>
<td>0.02153</td>
<td>0.6193</td>
<td>&gt;0.05 N.S.</td>
</tr>
<tr>
<td>6.</td>
<td>RBS</td>
<td>85.867</td>
<td>84.933</td>
<td>0.9333</td>
<td>1.08%</td>
<td>2.865</td>
<td>0.7398</td>
<td>1.262</td>
<td>&gt;0.05 N.S.</td>
</tr>
<tr>
<td>7.</td>
<td>Platelet count</td>
<td>2.647</td>
<td>2.740</td>
<td>0.09333</td>
<td>3.52%</td>
<td>0.1486</td>
<td>0.03838</td>
<td>2.432</td>
<td>&lt;0.05 S.</td>
</tr>
</tbody>
</table>

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

DISCUSSION

Probable mode of action of Vasa-ghan

By Rasa-Panchaka

➢ Tikta & Kashaya Rasa: These have Agni Vardhana, Rochana, Deepana, Pachana, Shodhana and Pitta-kapha-upshoshana actions thereby also help in Ama-pachana and Dosha-pachana and Dosha-shodhana. The Sanga caused due to Ama, is resolved by Tikta Rasa. These also does Daha-shamana. These have a special affinity towards Raktavaha Srotasa, does Rakta Shodhana.

➢ Ruksha-Laghu Guna: It causes Agni-Deepana and Kapha-shamana. As known in the pathogenesis of Asrigdar, there is increase in Drava or Rasabhava of Pitta (Teja + Jala Mahabhuta), Laghu-Ruksha Guna do the Shoshana of the increased Jala Mahabhuta.

➢ Katu-Vipaka: It causes Agni-Deepana and Kapha-shamana that improves digestion and metabolism.

➢ Sheeta Veerya: Sheeta Veerya does Pittashamana, Rakta-samgrahana / 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**: Vasa is 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) **Adhishthhana and Srotasa**: Vasa is 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.

**Vyadhi Pratyaneeka Chikitsa**

Due to above said qualities, this formulation acts as Rakta-samgrahaka /Rakta-sthambhaka, Raktapittahara, Rakta Shodhaka, Agnideepaka and Vata-anulomaka. Hence its action on the diseases like Rakta, Raktarsha, Pradara etc. can be well understood.

**Vasa-Ghan** also have Shothahara, Vedanasthapana, Stambhana, Raktashodhaka, Raktastambhana, Shlesmahara actions, so useful in Atisara, Pravahika, Raktatisara, Raktapitta, Raktarsha, Raktapradara, Raktavikara.

**Vasa-Ghan** reduces uterine congestion also by its Shothahara action. It also has Dahaprashamana action and corrects burning sensation of the body. It is Antispasmodic, hypotensive, uterine stimulant, antiviral, antiseptic, anti-bacterial. Vasicine also showed utero-tonic activities.

It also have pharmacological actions like, Smooth muscle depressant, anti-microbial, antiviral, hypotensive, hepato-protective, spasmyolytic, antiulcer, antipyretic, antioxidant, anti-inflammatory, haemostatic, altering and intellect promoting.

Smooth muscle relaxant and antispasmodic properties of drugs reduces the contraction of myometrium, thus reduces blood loss. Anti-depressant, nerve tonic like properties of drugs corrects Manasika-Dushti (psychological status). Antioxidant and free radical scavenging activity of drugs do Srotoshodhana and hepato-protective property acts on liver to corrects the metabolism and hormonal imbalance.
Flow chart shows mode of action of VASA-GHAN

CONCLUSION

- Artava Pravritti is regulated by proper function of Apana and Vyana Vayu, since Apana is responsible for Raja Pravritti, while Vyana is responsible for blood circulation.
- Asrigdar is a disorder which plagues many women at some time or other of their lifetime. It may be a result of some psychomotor disturbances acting through the autonomic nervous system or may be the manifestation of some other underlying disorder.
- Excessive and/or prolonged bleeding during menstrual period or even during intermenstrual period is known as Asrigdar. According to Dalhana scanty menstruation for short duration during intermenstrual period also considered as Asrigdar. Going through the modern literature it resembles with abnormal uterine bleeding specially DUB.
- The main principle of the management of Asrigdar is Angi-deepana, Dosha-pachana, Vata-anulomana, Pittashamana, Rakta Sthapna, Rakta-samgrahana, Raktashodhana, and Garbhashaya-balya Chikitsa. 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 Vasa-ghan possess all the qualities as mentioned above.

ACKNOWLEDGEMENT

The words are inadequate to express with profound reverence my heartiest gratitude and indebtedness to my honorable & adorable guide Prof. Sushila sharma, P.G. Department of Prasuti & Stri roga, N.I.A. Jaipur, for suggesting me this burning problem and providing
me active & experts guidance of every stage of this research work. Her vigilant & valuable Guidance and for giving moral support at every step of my research work.

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