

ROLE OF KALPIT ASRIGADARHAR YOGA AND RAJASWALACHARYA IN THE MANAGEMENT OF ASRIGDARA

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ABSTRACT

Menorrhagia is most common gynecological problem found in Prasuti tantra OPD. It is not a disease but it is a symptom found in many gynecological disorders. Menorrhagia is characterized by the excessive bleeding per vaginum in amount and duration both. In ayurvedic classics, Menorrhagia is termed as *asrigdara*, meaning excessive discharge of blood per vaginum. Backache, Pain in lower abdomen and weakness are also present in this disease. All the gynecological disorders come under the heading of *yonivyapad* in Ayurvedic classics. Most of the *yonivyapad* have characteristic features of menorrhagia such as *Raktyoni*, *Rudhirkashara*, *Putraghni*, *Apraja* etc. Among

asrigdara, *Raktaja artava-dushti*, menorrhagia is also found as a prominent symptom. Since *Asrigdar* is mainly due to vitiation of Vata and Pitta dosha, hence, the treatment should be based on the use of drugs which have predominance of *Kashaya rasa* and *Pitta shamak* properties. *Kashaya rasa* is known as the best astringent and because of this property *Kashaya rasa* plays an important role in relieving bleeding discharge due to its *Stambhana* action. There is loss of blood, so, the drugs and diet which increase *Rakta dhatu* (Blood) in the body are also effective. Therefore, treatment is mainly based on the concept of *Raktastambhaka* as well as *Raktavadhaka*.

KEYWORDS: Menorrhagia, *asrigdara*, *ashtaravdushti*, *yonivyapad*.

INTRODUCTION

“woman” this word symbolizes the most important pillar of a family & a society. A healthy woman lays the foundation of a healthy family & society. That's the reason why a woman thinks of her family first & gives least preference to her health. But in today's world women

have spread their area of work from home to outside in every field. This dual responsibility along with professional pressures & stressful life are making a woman's life more miserable.

Any abnormality in *Rituchakra* (menstrual rhythm) leads excessive and irregular uterine bleeding which is known as "*Asrigdara*" in classical text.

Keeping this in view, it was decided to conduct a study on most prevalent disorder in present times called *Asrigdara*. It becomes obvious that *Asrigdara* refers to all types of irregular excess uterine bleeding, however on the basis of pathogenesis it is nearer to menorrhagia (due to *Ati Pravatti* in *Atimatra Artava Srava*) & metrorrhagia (*Artava Pravatti* during intermenstrual phase.)

Need for the present study

- 1. Due to changing life style and food habits:** Due to alteration of food habits and changing life styles complain of the excessive and irregular uterine bleeding is increasing day by day.
- 2. Increased incidence:** Various reports suggest that 30 to 50% of women in the reproductive age group suffer from excessive and irregular uterine bleeding by various causative factors. 8% of the female population consider their menstruation excessive and will plan their social activities around their menstrual cycle, and nearly 10% of employed women will need to take time off work because of excessive menstrual loss.^[1] 6 % of women aged 25 to 44 consult their GPs about excessive menstrual loss every year.^[2] Of the 35 % of these referred to hospital.^[3] 60 % will have a hysterectomy in the next 5 years^[4] Over 75000 hysterectomies are now carried out every year with 30 % of them carried out for menstrual disturbances alone.^[5]
- 3. Other systems fail:** Heavy uterine bleeding is managed with medical therapy with associated side effects, and if unsuccessful is followed by surgical intervention. Dilatation and curettage is at best temporary treatment with limited efficacy. About 40 - 50% of North American women have had hysterectomy for benign reasons, menorrhagia Modern and other medical systems failed to offer a complete care for the same.
- 4. Necessity:** High rate of complication of hysterectomy as well as it is not suitable for younger patients and who wish to conceive further. Therefore other conservative surgical procedures are developed as alternative surgery of hysterectomy in current days. Due to limitation of medical therapy as well as surgical therapy of Modern science, it becomes

the necessity of the time to find out an efficational harmless therapy to manage the condition. These are the factors why the topic is being selected for the present study.

AIMS AND OBJECTIVES OF THE STUDY

1. To study the effect of *Kalpita Asrigdarhar yoga along with Rajaswalacharya* in the management of asrigdara.
2. To asses the effect of *Kalpita Asrigdarhar yoga* in the management of asrigdara.

MATERIALS AND METHODS

1. The literary materials include the references from *Ayurveda* as well as modern medical literature, different Journals, periodicals; websites etc. have also been used for this purpose.
2. The clinical study will be based on total 20 clinically diagnosed patients from OPD/IPD of *Prasuti-Stee roga Dept.* N.I.A. Jaipur along with consideration of inclusion and exclusion criteria.
3. Administration of drug
 - **Group A-** In this group 10 patients were selected for *Kalpita Asrigadarhar yoga* 3.250gm twice a day before meal along with *Rajaswalacharya* for 3 days.
 - **Group B-** In this group 10 patients were selected for *Kalpita Asrigadarhar yoga* 3.250gm twice a day before meal.

Duration:- 2month of 2 consecutive cycle.

Criteria for inclusion

1. Patients willing to participate in the trial.
2. Patient aged between 12 to 50 years of life.
3. Patient presenting with complaints of excessive bleeding p/v specifically endometrial bleeding as a cardinal symptom or associated symptom.
4. Patient suffering from bleeding caused by DUB (Dysfunctional uterine bleeding), small fibroid less then 2cm., adenomyosis, P.I.D (Pelvic inflammatory disease), PCOD follicals less then 20mm.

Criteria for exclusion

1. Patients not willing to participate in the trial.
2. Patients of age less than 12 years & above 50 yrs.of life.

3. Patients suffering from severe anemia (Hb < 6 gm %)
4. Patients having bleeding from polyps, erosions, cancer or big fibroid.
5. Patients having bleeding after menopause.
6. Patients having bleeding due to abortion, bleeding from sites other than uterus, coagulation disorders.
7. Systemic causes like Severe hypertension, Liver dysfunction, Thyroid dysfunction
Congestive cardiac failure.
8. Patients having bulky uterus more than 8 week size.
9. Patients using IUCD.

Criteria for withdrawal

1. If the condition of patient is deteriorated during the trial.
2. If the patient discontinue the medicine.
3. Patient Left against medical advise.

Design of the study: Randomize study

Trial methodology: Open Trial

Clinical methods (History Taking and Examination)

A special Proforma was designed incorporating all the details and examination procedures along with sign and symptoms of the disease based on *Ayurvedic* and Modern description. All the particulars related to each patient were recorded in their respective Performa.

A) Detailed history of patients

- All registered patients were enquired in details, about their chief complaints along with duration, history of present and past illness especially any STD's and family history. Special attention was paid to age at marriage, menstrual history, obstetrical and contraceptive history.
- Complete description regarding the details of each research was recorded in a Performa.
- Written consent will be taken from the patient before trial starts.
- Complete demographic profile viz. age, religion, address, occupation, socioeconomic status, education, marital status etc. of each patient was recorded.
- Dietary & bowel habits along with the status of *Agni & Koshtha*, any addiction, personal hygiene and sleep pattern were also enquired in detail and were recorded.

1. Demographic profile

The demographic profile was taken from each woman by interrogating about her age, education, psychological & socio-economic status etc.

2. General observations

Each patient was observed under *Ayurvedic* parameters including *ashtavidha* and *dashvidha pariksha*.

3. History of present illness

Present conditions of patient with her chief complaints were recorded in her own language in chronological order.

4. Past history

A detailed history was taken to know about patient's past illness of any systemic diseases like tuberculosis, diabetes mellitus, hypertension, bronchial asthma, sexually transmitted diseases (STD), jaundice, typhoid etc.

5. Family history

Complete family history was taken for diabetes mellitus, hypertension, cervical, ovarian & breast carcinoma & other systemic diseases related to cardiovascular, respiratory & renal diseases.

6. Personal history

Patients were also asked about their diet, appetite, sleep, bowel habits, maturation, addiction & mode of life.

7. Menstrual & Obstetric history

Complete menstrual and obstetric history was taken including age of menarche menstrual history with duration & interval of menses in days, dysmenorrhoea etc.

Obstetric history with number of parity, type of delivery, place of delivery, last delivery, any spontaneous abortion or medical termination of pregnancy, contraceptive history etc. were asked.

B) Clinical examination of patient

1. General examination

General examination of patient was thoroughly done including pulse rate, temperature, blood pressure, pallor, edema and any lymphadenopathy.

2. Systemic examination

Systemic examination was also done carefully to exclude cardiovascular, respiratory, renal or gastrointestinal diseases.

General and systemic examination of all the patients were also done according to modern science and recorded in the Performa.

3. Gynaecological examination

- i. Local examination-** Local examination was carried out to exclude any disease of external genital organs.
- ii. Per speculum -** Examination of the vagina and cervix was done to find out any abnormality like mucosal inflammation or infection, any discharge coming out through it, condition of vaginal mucosa and special attention was given to appearance of cervix like any laceration on cervix, oedema, extent and type of erosion was diagnosed by visual examination, oozing of blood on touch, presence of any nabothian follicles / cyst or polyp along with characteristics of discharge coming out through the external os.

Diagnostic criteria

1. Objective diagnostic parameter

USG for whole/lower abdome, Hb%, TLC, DLC, ESR, CT, BT, Platelet count, Random Blood Sugar.

2. Subjective diagnostic parameters

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

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 gradings-

✓ 0

- ✓ 1
- ✓ 2
- ✓ 3

OBSERVATIONS

- Maximum numbers of patients were between the age group 36-45 Years. *Asrigdara* is a *Pitta* predominant disorder, hence its higher incidence in the middle age group i.e. when *Pitta* is more predominant can be analysed.
- Incidence according to *prakriti* showed that the majority of patients (56.67%) were of *Vata-Pittaja Deha Prakriti*. This observation supports the involvement of *Vata Pitta Dosh* in the pathogenesis of disease.
- In the present study maximum patients (43.33%) were having Excessive & frequent bleeding. Therefore it can be seen that excessive and frequent and excessive and prolonged menstruations were common manifestations of *Asrigdara* in the present study.

RESULTS

• Effect of therapy on objective symptoms

The trial medicine of Group A, Group B did not show any noticeable effect on the Haematological status of the volunteers who participated in the trial except on Hb which is statistically significant in Group A. Rest all the variables exhibited a very little change after the completion of the trial which was not significant.

• Effect of therapy on subjective symptoms of asrigdara

Effect of therapy on intensity

Groups	No. of Patients	Mean		Diff.	% Relief	SD (±)	SE (±)	W	P	Result
		B.T.	A.T.							
A	10	2.33	0.60	1.73	74.29	1.71	0.44	100	0.0013	VS
B	10	1.80	0.93	0.87	48.15	1.25	0.32	80	0.0108	S

Group A Showed 74.29% relief in Intensity which was very significant result, Group B showed 48.15% relief in Intensity which was significant.

Effect of therapy on amount

Groups	No. of Patients	Mean		Diff.	% Relief	SD (±)	SE (±)	W	P	Result
		B.T.	A.T.							
A	10	1.93	0.67	1.27	65.52	1.39	0.36	87	0.0020	VS
B	10	1.53	0.87	0.67	43.48	0.90	0.23	56	34	S

Group A showed 65.52% relief in Amount which was very significant result. Group B showed 43.48% relief in Amount which was significant.

Effect of therapy on duration

Groups	No. of Patients	Mean		Diff.	% Relief	SD (\pm)	SE (\pm)	W	P	Result
		B.T.	A.T.							
A	10	2.13	0.80	1.33	62.50	1.23	0.32	91	0.0012	VS
B	10	1.40	1.00	0.40	28.57	0.83	0.21	27	0.0645	NS

- Group A Showed 62.50% relief in Duration which was very significant result; Group B showed 28.57 % relief in Duration which was not significant.

Effect of therapy on inter menstrual period (IMP)

Groups	No. of Patients	Mean		Diff.	% Relief	SD (\pm)	SE (\pm)	W	P	Result
		B.T.	A.T.							
A	10	1.60	0.80	0.80	50.00	1.32	0.34	62	0.0247	S
B	10	1.7	0.67	1.00	60.00	1.46	0.38	69	0.0148	S

- Group B Showed 60% relief in IMP which was significant result Group A showed 50% relief in IMP which was also significant.

The inter group Comparison between A and B of subjective symptoms (Mann Whitney U Test).

Symptoms	Mean		Dif.	% of Change	SD (\pm)	SE (\pm)	U	P	Result
	GrA	GrB							
Intensity	1.73	0.87	0.87	50.00	2.10	0.54	61.5	0.0152	S
Duration	1.33	0.40	0.93	70.00	1.62	0.42	57	0.0092	VS
Amount	1.27	0.67	0.60	47.37	1.40	0.36	72.5	0.0447	S
IMP	0.80	1.00	-0.20	-25.0	0.68	0.17	100.5	0.3095	NS
Bodyache	0.80	0.47	0.33	41.67	1.29	0.33	80	0.0653	NS
Pallor	0.47	0.20	0.27	57.14	0.96	0.25	78	0.0594	NS
Burning sensation	0.47	0.80	-0.33	-71.43	1.68	0.43	82	0.0960	NS

- Comparison between group A and group B was done by Mann Whitney U Test in all subjective parameters. It shows very significant difference in Duration, significant difference in Intensity and Amount while insignificant difference in Inter menstrual period, Body aches, Pallor, Burning Sensation.

DISCUSSION

Probable mode of action of kalpit asrigdarhar yoga along with rajaswalacharya

Kalpit asrigdarharb yoga having ingredient Nagkesar, sfatika and kervapishti. Drugs chosen for the present study were *pitashamak*, *rakt-stamban due to kashay pradan rasa*, *dipan-pachan* properties. Along with this oral drugs Rajaswalacharya containing shali, grit, mishri, honey, yava satu were having madhur rasa, vat-pittashamak, vruishya properties which support the mental status of women too. Since in *āyurveda*, for the treatment of any disease psycho-somatic approach is followed. Drugs selected were cheap & easily available. Drugs dosage is in the form of *churan*.

CONCLUSION

- Asrigdara 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 Asrigdara. This can be correlated to meno-metrorrhagia in present context.
- The main principle of the management of Asrigdara is Deepana –Pachana, Angi Vardhana, Rakta Sthapna, and Dosha Pachana Should be done by Tikta & Kashaya Rasa Pradhana Dravyas. Deepaniya and Pachaniya drugs are essential in the treatment of Asrigdara for proper Agni and which helps in proper metabolism of oestrogen.
- The drug selected for study “Kalpit asrigadarhar yoga” has Tridosha Shamak and Deepana- Pachana properties and rajaswalacharya has vat-pitta shamak and vrishya properties working all together towards normalising the vitiated Doshas and thereby alleviating the cause of Asrigdara.
- Clinical Study show better results in group A then group B, in correcting the underlying pathology.

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