

**AYURVEDIC APPROACH IN MANAGEMENT OF ASRIGDAR  
(DYSFUNCTIONAL UTERINE BLEEDING), WITH VASA-GHAN****Dr. Susheela Choudhary<sup>1\*</sup>, Dr. Sushila Sharma<sup>2</sup> and Dr. Monika Sharma<sup>1</sup>**<sup>1</sup>M.S. Scholar, Department of Prasuti and Stiroga, NIA, Jaipur.<sup>2</sup>Asso. Professor, Department of Prasuti and Stiroga, NIA, Jaipur.Article Received on  
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**\*Corresponding Author****Dr. Susheela Choudhary**M.S. Scholar, Department of  
Prasuti and Stiroga, NIA,  
Jaipur.**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 *Brihatrayi* 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. Danggal 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* (*Bhavprakash Guduchyadi varg 88-90*)

S.No.	Ingredient	Scientific name	Useful part
1.	<i>Vasa</i>	<i>Adhatoda vasica</i>	<i>Panchang</i>

### Administration of Drug

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

### ❖ 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* & *Ashtvidha 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.**

S. No.	Symptoms	Mean		Diff.	% of Relief	SD	SE	P	Results
		BT	AT						
1.	Intensity	2.667	0.8667	1.800	67.49%	0.5606	0.1447	< 0.0001	E.S.
2.	Amount	2.333	0.8000	1.533	65.70%	0.7432	0.1919	< 0.0001	E.S.
3.	Duration	2.200	0.3333	1.867	84.86%	0.7432	0.1919	< 0.0001	E.S.
4.	Inter menstrual period	2.067	0.3333	1.733	83.84%	0.8837	0.2282	< 0.0001	E.S.
5.	Body ache	1.200	0.5333	0.6667	55.56%	0.6172	0.1594	< 0.01	V.S.
6.	Burning sensation	1.000	0.3333	0.6667	66.67%	0.8165	0.2108	< 0.05	S.

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.**

S. No.	Symptoms	Mean		Diff.	% of Relief	SD	SE	P	Results
		BT	AT						
1.	Pallor	1.000	0.800	0.200	20%	0.4100	0.1100	> 0.05	N.S.

**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.**

S. No.	Symptoms	Mean		Diff.	% of Relief	SD	SE	‘t’	P	Results
		BT	AT							
1.	Hb(gm%)	10.920	11.420	-0.5000	4.57%	0.5057	0.1306	3.829	<0.01	V.S.
2.	TLC	6980.0	6626.7	353.33	5.06%	477.89	123.39	2.864	<0.05	S.
3.	ESR	21.800	14.400	7.400	33.94%	8.716	2.251	3.288	<0.01	V.S.
4.	CT	5.060	5.070	0.01000	0.19%	0.02070	0.005345	1.871	>0.05	N.S.
5.	BT	1.833	1.847	0.01333	0.72%	0.08338	0.02153	0.6193	>0.05	N.S.
6.	RBS	85.867	84.933	0.9333	1.08%	2.865	0.7398	1.262	>0.05	N.S.
7.	Platelet count	2.647	2.740	0.09333	3.52%	0.1486	0.03838	2.432	<0.05	S.

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) Adhishthana 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 *Raktapitta*, *Raktarshas*, *Pradara* etc. can be well understood.

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

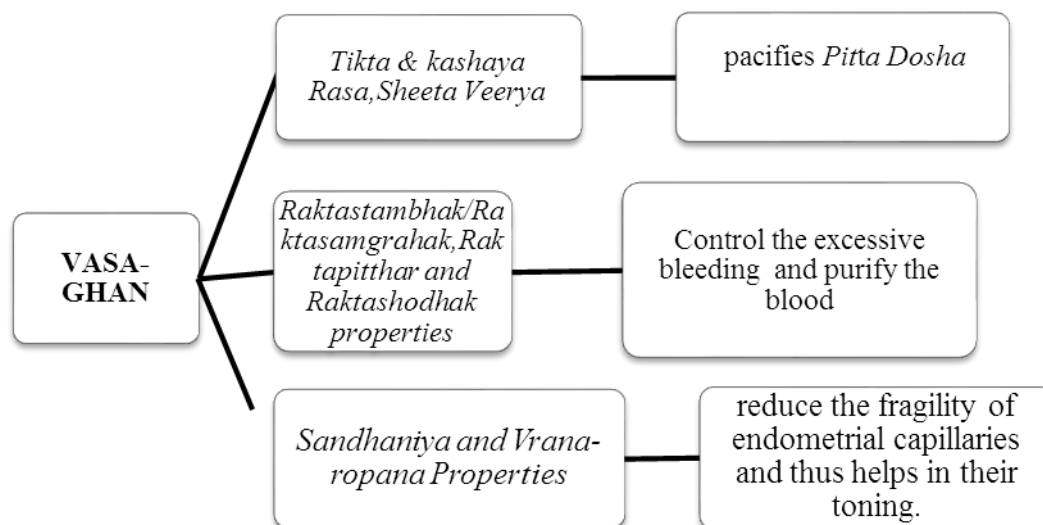
*Vasa-Ghan* reduces uterine congestion also by its *Shothahara* action. It also has *Dahaprashamana* action and corrects burning sensation of the body. It is Antispasmodic, hypotensive, uterine stimulant, antiviral, antiseptic, anti-bacterial. *Vasicine* also showed utero-tonic activities.

It also have pharmacological actions like, Smooth muscle depressant, anti-microbial, antiviral, hypotensive, hepato-protective, spasmolytic, 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 life time. 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 inter menstrual period is known as *Asrigdar*. According to *Dalhana* scanty menstruation for short duration during inter menstrual 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.

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