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Evaluation of the efficacy of Dhathakyadi Kwatha in Asrigdara w. s. r. to Menorrhagia

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Abstract:

Menorrhagia is a most common gynecological problem found in Prasuti tantra department. It is not a disease but it is 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, means 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 Raktayoni, Rudhirkashara, Putraghni, Apraja etc. Among Ashta-artavadushti, Raktaja artava-dushti menorrhagia is also found as 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 are having predominance of Kashaya rasa and Pitta –shamak properties. Therefore, treatment mainly based on concept of Raktastambhaka as well as Raktavardhaka. Dhathakyadi Kwatha” is mentioned in Pradara Roga Chikitsa Adhyaya by Acharya Yogratnakara. Hence, for present study “Dhathakyadi Kwatha” is selected for evaluation of efficacy in the context of time bonding curative treatment for Asrigdara.

Keywords: Dhathakyadi Kwatha, Asrigdara, Menorrhagia

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INTRODUCTION:

Menstruation is a natural physical specific property of a female and so, it called as monthly period. Artava or menstrual blood is expelled from the uterus through vagina in biological rhythm of women during her reproductive period i.e. from menarche to menopause. Duration of menstruation varies between 4-5 days and estimated blood loss is around 20-80 ml and average is 50 ml¹. Once the menstrual starts, it continue cyclically at the interval of 21-35 days with the average of 28 days. A change in the normal volume or duration of menstrual bleeding is one of the commonest cause concerns from health of women. Any abnormality in menstrual cycle leads excessive and prolonged uterine bleeding which is known as asrigdara in classical text book. In modern texts excessive bleeding through vagina is mentioned as menorrhagia. Asrigdara manifesting as excessive bleeding per vagina is seen to be an age old disease known to mankind since the era of veda and purana. The word asrigdara is made up of two words i.e. asrik and dara. Asrik means rakta/raja and dara means continuous/ excessive flow. According to Charaka, the disease in which there is excessive flow of raja is called asrigdara². According to Sushrut profuse and/or prolonged menstruation during menstrual and/or inter menstrual period and different from the features of normal menstrual blood is known as asrigdara. Acharya sushrut and madhav have mentioned

angamard, vedana, weakness, giddiness, mental confusion, feeling of darkness, dyspnea, thirst, burning sensation, delirium, anemia, drowsiness and convulsion, disorders of vata are symptoms associated with excessive bleeding³. In ayurveda causative factors of asrigdara are psychological, dietetic and due to some abnormal habits. Charak described only dietetic causes⁴ which produce emaciation or obesity and pelvic congestion. Madhav⁵, Bhavprakash and Yogratnakar⁶ included psychological and viharajanya causes, which produce chronic inflammation and vasomotor disturbances, which caused abnormal uterine bleeding.

Physicians are often unable to identify the cause of abnormal bleeding after a thorough history and physical examination. Various treatment modalities prescribed in modern science like anti prostaglandins, anti fibrinolytic agents, hormone therapy, etc. have not been proven efficient. At the same time, for a patient, the treatment turns out to be an expensive affair with side effects. However, several researchers have found that some formulations are efficacious, non-hormonal and have no side effects.

So many oral preparations are found to be effective in clinical practice. But effectiveness is not proven clinically. Hence, it becomes the need of the time to find out an effective harmless therapy which is simple, easily available, cost effective and easy to administer for cure of

Asrigdara w.s.r. to Menorrhagia. In this context Acharya Yogaratnakara mentioned time bonding curative treatment for Asrigdara in Pradara roga chikitsa adhyaya as “Dhathakyadi Kwatha”⁷ having ingredients like Dhathaki pushpa & Pugapushpa which is found effective clinically and scientifically not proven, the present study was undertaken to analyze it scientifically and statistically.

AIMS AND OBJECTIVES:

- 1.To study the critical review of ayurvedic and modern literature on Asrigdara and Menorrhagia.
- 2.Comprehensive study of “Dhathakyadi kwatha” and its therapeutic evaluation in Asrigdara.

MATERIAL AND METHODS:

Selection of patients:

30 Patients diagnosed with Asrigdara w.s.r. to Menorrhagia attending O.P.D. of PrasootiTantra and StreeRoga at Alva’s Ayurveda Hospital, Moodbidri, and Other available sources were selected for the present study.

Selection Criteria:

The cases will be selected according to inclusion and diagnostic criteria. Assessment will be done on basis of subjective and objective criteria.

Diagnostic Criteria:

Diagnosis is based upon the presence of any two of the following:

- 1.Excessive uterine blood flow through vagina during bleeding phase experienced by patient.(Raja atipravrutti)
- 2.Increased duration of bleeding phase experienced by patient. (Deerghakalanubandhi)
3. Other systemic symptoms and signs associated with Asrigdara w.s.r. to Menorrhagia, with exclusion of other etiologies.

Inclusion Criteria:

1. Patients who have complained cardinal and associated symptoms of Asrigdara w.s.r.to Menorrhagia with minimum 2 months history were randomly selected for the study.
- 2.Women between age group 20 to 35 years.
- 3.Cyclic excess uterine bleeding per Vagina as per description by patients. (Raja atipravrutti)
- 4.Patients with increased duration of menstrual flow as per description by patients. (Deerghakalanubandhi)

Exclusion Criteria:

1. Women having gross structural abnormalities of uterus and appendages like Polyps, erosion, fibroids.
2. Those having abortional bleeding.
3. Those having bleeding after menopause.
4. Those suffering from malignancies and chronic systemic diseases
5. History of bleeding from the sites other than uterus.
6. Patients with h/o withdrawal bleeding or taking oral contraceptive pills or hormonal therapy.

7. Patients having Hb% below 7 gm%.
8. Patients below 20 years and above 35 years.

Administration of drug:

Dose: 50 ml bid with water.

Duration: For 7 Days: From 4th day to 10th day of Menstrual Cycle. Duration of Therapy: 3 Consecutive Menstrual Cycles

Route of Drug Administration: Oral

Follow Up: on 11th day 5 Consecutive Menstrual Cycles.

Assessment Criteria:

Assessment was made by observing the improvements in the clinical features based on the gradation before & after the treatment.

Parameters:

Subjective parameters like Angamarda, Aruchi and objective parameters like prolonged menstruation, excessive menstruation were assessed based upon the suitable scoring pattern.

OBSERVATIONS AND RESULTS:

Sr. No.	Parameter	Mean			% Improvement	SD	SEM	T	P	Remk.
		BT	AT	BT-AT						
1	Amount of Blood Loss	2.80	0.20	2.60	92.85	0.49	0.091	28.55	0.0001	HS
2	Duration of Blood Loss	2.36	0.16	2.20	93.22	0.76	0.139	15.8	0.001	HS
3	Angamarda	0.9	0.06	0.84	92.22	0.37	0.069	0.90	0.001	HS
4	Aruchi	0.93	0.16	0.77	81.72	0.43	0.078	9.66	0.001	HS
5	Daha	0.66	0.16	0.5	75.75	0.5	0.091	5.47	0.001	HS
6	Panduta	0.93	0.34	0.59	56.98	0.5	0.091	5.79	0.001	HS
7	Trushna	0.63	0.06	0.56	88.88	0.5	0.091	6.12	0.001	HS
8	Daarbalya	1.00	0.16	0.84	83.00	0.37	0.067	12.27	0.001	HS
9	Shwasa	0.13	0.06	0.06	46.15	0.25	0.045	1.31	< 0.10	I
10	Kasa	0.1	0.06	0.03	30.00	0.18	0.032	0.91	< 0.10	I
11	Tandra	0.16	0.00	0.16	100.00	0.37	0.067	2.36	< 0.02	S
12	Bhrama	0.06	0.00	0.06	100.00	0.25	0.045	1.31	< 0.02	S
13	Tamah: Pravesha	0.06	0.00	0.06	100.00	0.25	0.045	1.31	< 0.02	S

HS= Highly Significant, S=Significant, I= Insignificant.

On the 3rd menstrual cycle on 11th day effect of trial drug Dhathakyadi Kwatha was found to be highly significant in Amount of blood loss, Duration of blood loss, and associated symptoms - Angamarda, Aruchi, Daha,

Trushna, Panduta and Daarbalya with a P value <0.001. Dhathakyadi Kwatha found to be significant in associated symptoms- Tandra, Bhrama and Tamaha: pravesha with a P value <0.02. It is found insignificant in Shwasa and

kasa with a $P < 0.10$.

DISCUSSION:

The prevalence of asrigdara is in all age group but in this study major patients were of middle age group. 66. 67% women suffering from this menstrual disorder were housewives. Housewives are always busy in household work and they are not taking proper care of their own health. They have anxiety, tension of work load so they suffer more.

Discussion on major Observations

1. Maximum numbers of patients i.e. 50% were belonged to the age group of 30–35 years.
2. Around 53.33 % patients had agitated or stressed psychological status
3. Around 60 % patients had disturbed sleep pattern.
4. All 100 % patients had madhyama Satva, Sara, Samhanana, Pramana, Satmya, Vyayamshakti, and Jaranashakti respectively.
5. Around 50 % of the patients were multiparous.
6. Majority i.e. 83.3 % of the patients had no history of abortion.
7. Majority i.e. 80 % of the patients had regular present menstrual history
- 8.

Discussion on overall result of therapy

1. Among 30 patients 16(53.33%) showed more than 75% relief in all symptoms of Asrigdara while 9(30%) patients showed

51-75 % improvement and 5 (16.67%) patients showed 26-50 % improvement overall.

2. The drug didn't show any adverse effect during treatment

CONCLUSION

A normal phenomenon of artava reflects the general health of the female. Asrigdara is a disorder by which many women get affected in their life. Asrigdara can be compared with menorrhagia. The loss of excessive blood brings daurbalya and other upadrava resulting from raktakshaya and vata prakopa.

Treatment of Dhathakyadi Kwatha showed good results in both i.e. Amount of Blood Loss (92.85%) and Duration of Blood Loss (93.22%), and the effect of Dhathakyadi Kwatha on associated symptoms, shown that In Angamarda 92.22%, Aruchi 81.22% , Daha 75.75%, Panduta 56.98 % , Trushna 88.88 % , Daurbalya 83 % , Shwasa 46.15 % , Kasa 30% , Tandra, Bhrama and Tamahpravesha 100% relief was achieved.

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