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## A CLINICALSTUDY TO EVALUATE THE EFFICACY OF ASHOKVALKAL KSHIRPAKAIN ASRIGDARWS. R. TODUB (DYSFUNCTIONALUTERINE BLEEDING)

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#### **NEED OF STUDY**

- 1. Now a days, it is the most common disorder in female patients.
- 2. 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.
- 3. Women are increasingly unwilling to accept menstrual difficulties. There has been a rise in expectations, and increasing intolerance of the inconvenience of excessive bleeding. Also, the role of women in society has changed making it more difficult to give attention with this problem. That is why its worldwide incidence may be as high as 19 % of women of reproductive age.
- 4. 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. Hysterectomy and uterine thermal ballon therapy also other alternative therapy but not so useful.
- 5. The line of treatment that can be given at O.P.D. level, very easy to administer and be very effective without any side effect, is yet to be established.
- Asrigdara description is available in Veda and Purana.
- Acharya Charaka considered under Raktapradoshaja vicar.
- Acharya Sushruta considered under pitta Samyukta apana and in Rakta pradoshaja vyadhi.

- Astanga samgraha considered Asridara as Pradara.
- Astanga Hridaya mentioned it as Raktayoni.
- Asrigdara is a gynecological disorder manifestation as combination of excessive bleeding per vagina, backache, pain in lower abdomen and weakness.
- Dysfunctional uterine bleeding (DUB) is best defined as abnormal bleeding from uterus in the absence of organic disease of the genital tract. The bleeding may be abnormal in frequency, amount, duration or any combination of these.

#### **NIRUKTI (DERIVATION)**

- The derivation of word 'Asrigdara' is derived from two words,
- That is -
- Asrik Menstrual blood
- Dara Excessive excretion
- $\blacksquare$  Asrik + Dara = Asrigdara

The term used in various Samhita

- Arigdara- Acharya Charaka and Sushruta
- Pradara-Acharya Charaka
- Raktapradar- Sharangadar

#### PARIBHASA (DEFINITION)

'प्रदीर्यते इति विस्तारितो भवति' इति प्रदरः, 'असृग् दीर्यते यस्मिन्निति असृग्दरं' || (Ch. Chi. 30/209)

Acharya Charaka said that due to pradirana(excessive excreation) of raja known as Pradara. According Chakraoani it is due to Dhirana of asrika.

## तदेवातिप्रसङ्गेन प्रवृत्तमनृतावपि।

असृग्दरं विजानीयादतोऽन्यद्रक्तलक्षणात्॥ (Su. Sa. 2/18 - Dalhana)

Excessive and prolonged or prolonged blood loss during menstruation or even scanty blood loss during inter-menstrual period is 'Asrigdara'.

#### **NIDANA**

- Nidana of Asrigdara
- 1. Ahara Hetu: Viruddha Bhojana, Ati Madya Sevana, Adhyashana, Ajeerana.
- 2. Viharaja Nidan: Ati Maithuna, Ati Yana, Ati Marga Gamana, Ati Bharavahana,

Divaswapna.

3. Manasika Nidana: Shoka.

4. Anya Nidana: Garbhapata, Abhighata

#### **SAMPRAPTI**



#### SAMANYA LAKSHANA

- According to Acharya Charak, aggrevated vata affects in uterine vessels and boosts amount of blood and this increase in blood that causes in menstrual blood and creates Rakta pradara.
- Acharya Charak said that excessive vaginal bleeding during menstruation is the only symptom of Asrigdara.
- According to Sushruta, there are bodyache and pain symptoms present in all types of Asrigdara with excessive vaginal bleeding.
- Vriddha vagbhat has described excessive bleeding during menstrual or intermenstrual period as symptoms of Asrigdara.

#### **CLASSIFICATION**

Author	Vataja	Pittaja	Kaphaja	Sannipataja
	,			Peeta, Durgandha, Sarpimajja
J	Aruna, Phenila, Tanu Ruksha		Ghana, Sheetala, Manda Ruja, Picchila	vasa pama, Vegavana, Vidagdha
Acharya Sushruta	Aruna, Krishna, Phenila Tanu, Parusha, Askandi Shigra		Bahala, Chirasravi, Gairika udaka Mamsapeshi prava	3
•	Aruna, Shyava Lohagandhi, Phenila	Anjanodaka, Krishna,	Kovidarpushpa, Gairikaodaka, Pandu Vasagandhi	Kansaneela, Durgandha, Aavila

#### **DYSFUNCTIONAL UTERINE BLEEDING (DUB)**

#### **Definition**

Dysfunctional uterine bleeding (DUB) is best defined as abnormal bleeding from uterus in the absence of organic disease of the genital tract. The bleeding may be abnormal in frequency, amount, duration or any combination of these.

#### **Classification of DUB**

- Primary DUB Due to primary dysfunction in the uterus, ovary, pituitary, hypothalamus, Higher centres. It is classified further as Ovulatory and Anovulatory DUB.
- Secondary DUB IUCD or administration of sex hormones Organic diseases outside the reproductive system.

#### **CAUSES**

Endocrine Causes	Anatomic Causes	Organic	Other
Thyroid & adrenal gland dysfunction			IUCD
Pituitary tumours Chemotherapy	Endometrial polyps	Bleeding disorders coagulation	Steroids hormones
Anovulatory cycles	Endometrial hyperplasia	Chronic liver	Chemotherapy agents
PCOD			Obesity
Hormonal (Particularly oestrogen and progesterone)	Pregnancy Complication like		Medications (e.g. anticoagulants)
ectopic pregnancy, Incomplete abortion High level of crostaglandins or crostaglature imbalance		Renal failure	Vit. K. deficiency etc.

#### **INVESTIGATIONS**

- Blood tests
- Transvaginal ultrasound: Ultrasound pelvic examination is the best non-invasive technique for assessing uterine contour, endometrial thickness, and also the ovaries. It increases accuracy of diagnosis and assists in treatment choice, although it can occasionally miss intrauterine lesions.
- **Hysteroscopy:** Involves a direct look at the inside of the uterus, enabling targeted biopsy of abnormal endometrium.
- **Dilatation and curettage (D&C):** It usually requires a general anaesthetic and a one-day

hospital stay. Potential benefits must be weighed up against risks of general anaesthesia and possible uterine perforation and cervical laceration. A significant proportion of endometrial lesions are not detected by D&C, and its usefulness as a diagnostic tool without simultaneous hysteroscopy has been questioned.

#### • Tests to investigate possible conditions associated with menorrhagia

may include

Pap (cervical) smear

Pregnancy test when appropriate

Thyroid function tests

Urine and stool tests for conditions of the gastrointestinal and urinary systems Tests to Determine if you are ovulating or have any sexually transmitted diseases In shodhana, Panchakarma can be done according to the Dosha involved.

#### Vamana

Vamana may help to normalize the Gati of Vayu (Apana), thus helping to cure it. However there is no direct reference of either its indication or contra-indication.

#### ? Virechana

Virechana has been indicated where in Charaka has suggested the use of Mahatiktaka Ghrita for Virechana in Pittaja type of Asrigdara. The predominant Dosha being pitta, Virechana serves as the best Shodhana therapy. According to Kashyapa, Asrigdara should be treated by Virechana.

#### Pasti

It is a well known fact that none of the Yoni Roga is caused without the vitiation of Vata Dosha. Hence, the pacification and regulation of the vitiated Vata becomes necessary. Classics have mentioned the use of both Niruha and Anuvasana Basti in Asrigdara to pacify Vata (especially Apana Vayu).

#### ? Nasya

In the Brihatrayi, no mention of Nasya with reference to Asrigdara has been made. However, Kashyapa quoted that, Nasya should not be given during Raja Srava Kala.

#### SHAMANA CHIKITSA

**Table: Showing List of Internal Medicines used in Asrigdar.** 

No	Name of Preparation	Name ofYoga	Reference
1	Kwatha	Andmagadhika	-Yo.Ra.Pradar Roga Chi. -Harita Samhita. -Sha.S.M.Kh.2/113
2	Kalka & Churna	-Tanduliyaka moola kalka with honey -Rasanjana with Laksha Churna -Bala Moola Kalka with milk -Indrayava Churna -Pushyanuga Churna	-Yo.Ra.Pradar Roga Chi. -Yo.Ra.Pradar Roga Chi. -B.P.Chi- 68 -Yo.Ra.Pradar Roga Chi. -Ch.Chi.30/90, A.S.Ut.39/61,A.H.Ut-34,
3	Gutika	-Gokshuradi Guggulu -Chandraprabha Gutika	-Sha.S.M7,Yo.Ra.Prameha Chi. -Yo. Ra.Pradar Roga Chi.
4	Modaka	r	-B.P.Chi-68 -Yo. Ra.Pradar Roga Chi.
5	Ghrita	- Brinatsnatavari Girita -Shalmali Ghrita -Sheetakalyanaka Ghrita -Shatavari Ghrita -Mahatiktaka Ghrita	-Ch.Chi30,A.S.Ut.39, A.H.Ut-34 -Yo. Ra.Pradar Roga Chi. -Yo. Ra.Pradar Roga Chi. -Ka.S.Kal.5 -Sha.S.M9
6	Avaleha		-B.P.Chi-68 -Yo. Ra. Pradar Roga Chi.
7	Rashoushadhi	-Pradararipurasa	-Yo. Ra. Pradar Roga Chi. -Yo. Ra. Pradar Roga Chi.
8	Kshiraprayoga	-Ashoka Valkala Siddha Kshirapaka	- B.P.Chi68
9	Taila	-Shatavari Taila -Shatpushpa Taila	-Sha.S.M9 -Ka.S.Kal5

#### ASHOK VALKAL KSHIRPAAK

#### **Procedure**

- 1. Ashoka Bark: Take 1 part of finely powdered Ashoka bark (Ashokavalkal yavkut).
- 2. Boiling Process: Add 8 parts of milk and 32 parts of water to the Ashoka bark. The water should be four times the amount of milk.
- 3. Cooking Method: Boil the mixture on a low flame following the standard procedure for Kshirpaka Kalpana. This ensures that none of the phytochemicals are destroyed during the preparation process.
- 4. Final Stage: Continue heating the mixture until only the milk remains. Once the water has evaporated, the preparation is ready for use.

#### DOSE & TIME OF DRUG ADMINISTRATION

25-50 ml (According to Rogi-bala) once daily at morning.

**DURATION:** Ashokvalkal Kshirpaka will be started from  $15^{th} - 25^{th}$  day of menstrual cycle and continue for three consecutive menstrual cycle for the assessment of the result.

**Follow up study-** After completion of every menstrual cycle.

#### ACTION OF ASHOKAVALKAL KSHIRPAAK ON ASRIGDAR

- 1. Ashoka valkala has potent **stambhana** properties, which help arrest excessive bleeding. The tannins and flavonoids present in Ashoka exert astringent action, contracting the uterine muscles and thus reducing excessive menstrual flow.
- 2. **Raktaprasadana** (Blood-purifying action): The formulation purifies and nourishes the blood, improving the quality of Rakta Dhatu (blood tissue) and preventing recurrent episodes of heavy bleeding.
- 3. Ashoka acts as a tonic for the uterus, **strengthening the uterine muscles** and toning the endometrium. This is beneficial for women suffering from weakness or irregular uterine function due to excessive bleeding.
- 4. **Balya and Rasayana** (Nourishing and Rejuvenative): Milk in the preparation acts as a carrier and enhances the nourishing (balya) and rejuvenative (rasayana) effects. This helps in restoring energy and strength lost due to excessive menstrual flow. Milk also contributes to balancing Vata and Pitta doshas, which are commonly aggravated in Asrigdar.
- 5. The Sheeta Virya (cold potency) of Ashoka bark, combined with the cooling properties of milk, helps **pacify Pitta dosha**, which is responsible for excessive heat and inflammation in the reproductive system, contributing to conditions like menorrhagia.
- 6. Ashokavalkal Kshirpaak balances all three doshas, but primarily reduces Pitta and Vata, which are elevated in conditions like Asrigdar. Kapha dosha is moderately controlled due to the astringent action of Ashoka, preventing excessive mucus or dampness in the reproductive tract.

#### MATERIAL AND METHOD

The patients attending the O.P.D. and I.P.D. of Striroga and Prasuti Tantra, Shri Dhanwantri Ayurvedic Medical College and Research Centre, Mathura, are registered for present study.

#### Selection of Cases

- 1. Study includes 30 patients.
- 2. Selection would be done random irrespective of their religion, race, occupation.
- 3. Written Consent will be taken from each patient before starting the trial.
- 1. Patient complaining of Asrigdar having any two of the following symptoms
- a. Menstrual Bleeding (> 80 ml, Heavy menstrual bleeding) Assessment of blood loss by asking how many pads does she use in one menstual cycle. Normal size 6 12 sanitary pads are use in a normal menstual cycle.
- b. Duration of Bleeding > 7days
- c. Menstrual cycle interval < 21 days

#### **EXCLUSION CRITERIA**

- 1. Pregnancy
- 2. Bleeding due to abortion
- 3. H/o malignancy
- 4. Bleeding after menopause
- 5. Uterine and pelvic pathology like polyp, fibroid, PID etc.
- 6. Patients using IUCDS
- 7. Hb < 8 gm %

#### WITHDRAWAL CRITERIA

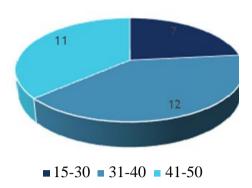
- 1. If any adverse condition develops during the trial which requires urgent management
- 2. Non compliance of the patient
- 3. Irregular follow up

#### **OBSERVATIONS**

#### Age Incidence

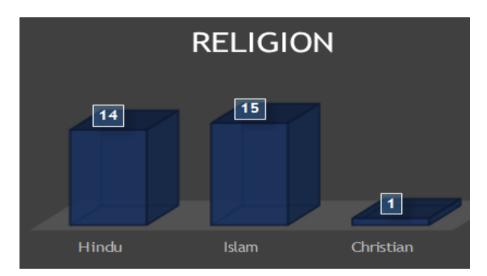
Sr.no.	Age group in years	No. of patient	% of patient
1	15-30	07	23.33
2	31-40	12	40
3	41-50	11	36.67
4	Total	30	100

No. of patient



## Religion incidence

Sr. no.	Religion	No. of patient	% of patient
1.	Hindu	14	30.95
1.	Islam	15	66.67
1.	Christian	01	2.38
1.	Total	30	100



## Occupational Incidence

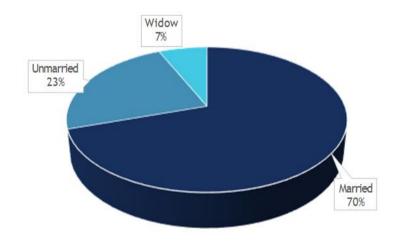
Sr.no.	Occupation	No. of patient	% of patient
1.	Serviceman	07	23.33
2.	Businessman	05	16.66
3.	Farmer	06	20
4.	Housewife	08	26.67
5.	Student	04	13.33
6.	Total	30	100



#### **Incidence of social status**

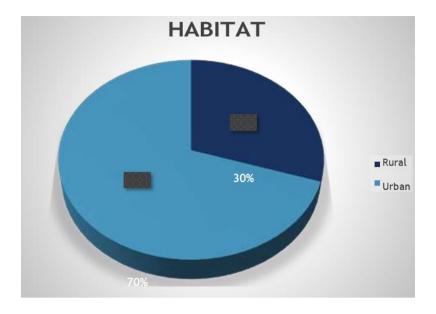
#### **SOCIAL STATUS**

Sr.no.	Social status	No. of patient	% of patient
1.	Married	21	70
2.	Unmarried	7	23.33
3.	Widow	2	6.67
4.	Total	30	100



#### Habitat Incidence

Sr. no.	Habitat	No. of patient	% of patien
1.	Rural	09	30
2.	Urban	21	70
3.	Total	30	100



#### Diet Incidence

Sr.no.	Diet	No. of patient	% of patient
1.	Vegetarian	02	6.67
2.	Non-vegetarian	28	93.33
3.	Total	30	100

Non-vegetarian 93%

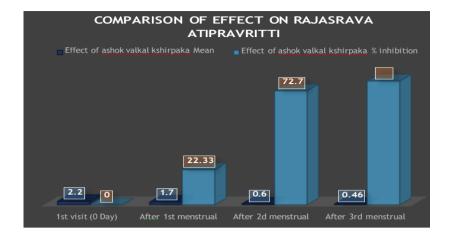
DIET

Vegetarian 7%

#### STATISTICAL DATA FOR CLINICAL STUDY

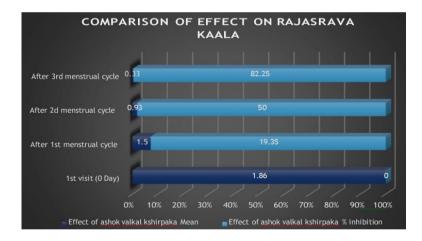
## Effect of Ashok Valkal Kshirpaka on Rajasrava Atipravritti

Sr.no.	Duration of treatment	Effect of ashok valkal kshirpaka	
		Mean	% inhibition
1	1 <sup>st</sup> visit (0 Day)	2.2	00
2	After 1 <sup>st</sup> menstrual cycle	1.7	22.33
	After 2d menstrual cycle	0.6	72.7
4	After 3 <sup>rd</sup> menstrual cycle	0.46	79



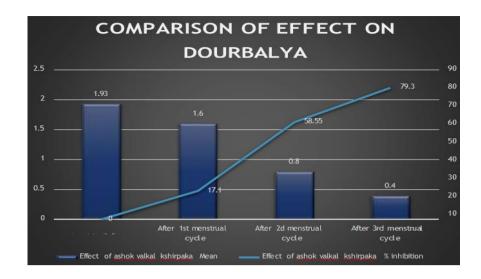
#### Effect of Ashok Valkal Kshirpaka on Deergha kala raja srava

Sr. no.	Duration of treatment	Effect of ashok valkal kshirpaka	
		Mean	% inhibition
1	1st visit (0 Day)	1.86	00
2	After 1st menstrual cycle	1.5	19.35
3	After 2d menstrual cycle	0.93	50
4	After 3 <sup>rd</sup> menstrual cycle	0.33	82.25



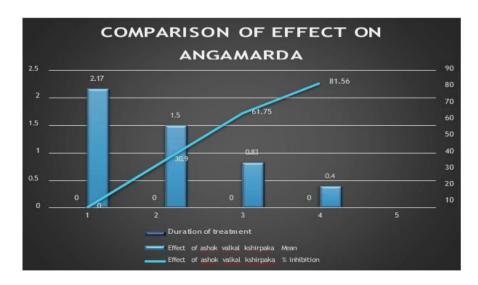
Effect of Ashok Valkal Kshirpaka on Dourabalya

Sr.no. Duration of treatment		Effect of ashok valkal kshirpaka		
SI.110.	Duration of treatment	Mean	% inhibition	
1	1st visit (0 Day)	1.93	00	
2	After 1st menstrual cycle	1.6	17.1	
3	After 2d menstrual cycle	0.8	58.55	
4	After 3 <sup>rd</sup> menstrual cycle	0.4	79.3	



Effect of Ashok Valkal Kshirpaka on Angamarda

Sr. no.	Duration of	Effect of ashok valkal kshirpaka			
	treatment	Mean	% inhibition		
1	1st visit (0 Day)	2.17	00		
2	After 1 <sup>st</sup> menstrual cycle	1.5	30.9		
3	After 2d menstrual cycle	0.83	61.75		
4	After 3 <sup>rd</sup> menstrual cycle	0.4	81.56		



Effect of Ashokvalkala kshirpaka on Pathological investigations in the patients of Asrigdara

Hematological	No. of	Mean		$\mathbf{X}$	%	S.D.	S.E.	649	ъ
Investigations	pts.	B.T.	A.T.		70	S.D.	S.L.	T.	P
Hb (gm%)	11	10.43	11.31	00.88	08.44	01.06	00.32	2.74	<0.05*
Platelets	11	03.11	03.63	00.52	16.93	00.78	00.23	2.25	<0.05*

CT	11	04.81	04.47	00.45	09.43	00.74	00.22	2.02	>0.05
BT	11	02.51	02.26	00.21	08.49	00.30	00.09	2.33	<0.05*
ESR	11	32.90	31.63	01.27	03.86	21.17	06.38	0.19	>0.05
TC	11	06.44	07.08	136.36	02.11	2105.83	634.93	0.21	>0.05

#### CONCLUSION AND SUMMARY

- Asrigdara 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 amount of blood loss or long duration of blood loss or short inter menstrual period. As well as presence of any two or three are also cardinal symptoms of Asrigdara.
- Sometimes it is a diseased condition or a symptom of other disease or is the complication of the disease.
- The loss of excessive blood brings about Daurbalya and other Upadrava resulting from Raktakshaya and Vata Prakopa.
- The main principle of the management of Asrigdara is Rakta Shodhana, Raktastambhana, Pitta Kapha Samaka, Vatanulomana and giving Bala to the Garbhashaya.
- Deepaniya and Pachaniya drugs are essential in the treatment of Asrigdara
- For proper Agni and which helps to proper metabolism of oestrogen.
- Asrigdara is more prevalent in child bearing age.
- Most of the patients i.e. 66.67 % were from Islamic community, 26.67 % were house wives, 70 % were married.
- Majority of the patients 93.33 % were non-vegetarian and 70% were from urban area.
- The study demonstrates that Ashok Valkal Kshirpaka is an effective therapeutic intervention for managing Asrigdar (dysfunctional uterine bleeding). It significantly reduces key symptoms, including Rajasrava Atipravritti (excessive menstrual bleeding), Deergha Kala Rajasrava (prolonged menstrual duration), Dourbalya (weakness), and Angamarda (body aches), with inhibition rates of 79%, 82.25%, 79.3%, and 81.56%, respectively. Additionally, the increase in hemoglobin levels (8.44%) and platelet count (16.93%), along with a reduction in bleeding time (8.49%), highlights the significant physiological improvements attributed to the treatment.
- On a pathological level, Ashok Valkal Kshirpaka works by addressing the Samprapti Ghatakas (causative factors) of Asrigdar, including balancing Pitta and Vata Dosha,

rejuvenating Rasa and Rakta Dhatus, regulating the flow in Rakta Vaha and Artava Vaha Srotas, and normalizing Agni. Its hemostatic, anti- inflammatory, and channel-clearing properties play a crucial role in restoring the body's natural balance. Furthermore, by alleviating psychological factors such as anxiety and stress, it helps address the Manasika Bhavas, which are often implicated in the worsening of the condition.

Ashok Valkal Kshirpaka offers a comprehensive and holistic approach to the management of Asrigdar, making it an effective, safe, and beneficial treatment option for controlling dysfunctional uterine bleeding and its associated symptoms.