

COMPARATIVE CLINICAL STUDY OF ATARUSHAKADI YOGA & NAGKESHAR CHURNA IN ASRUGDARA W.S.R. TO DYSFUNCTIONAL UTERINE BLEEDING (DUB)

Deepika S. Bendre*

Asistant Professor, Prasutitantra- Stri rog Department Siddhakala Ayurved College & Hospital Sangamner.

Article Received on
24 Feb. 2023,

Revised on 16 March 2023,
Accepted on 06 April 2023

DOI: 10.20959/wjpr20236-27816

*Corresponding Author

Dr. Deepika S. Bendre

Asistant Professor,
Prasutitantra- Stri rog
Department Siddhakala
Ayurved College & Hospital
Sangamner.

ABSTRACT

Asrigdara (Dysfunctional Uterine Bleeding) is a common medical disease in women causing both physical & psychological disturbances. *Asrigdara* is common during transitional stage of woman's life i.e. puberty to adolescence, affecting premenopausal period but it can also be seen during reproductive age. Its prevalence rate is increasing day by day & has become a responsible factor for health issues of a female. It is characterized by excessive bleeding per vaginum, in both in amount & duration. *Ayurveda* is a branch of science which deals with both prophylactic & curative aspects of disease & helps in maintaining good health. Hence a study of *Asrigdara* helps in decrease in prevalence of this disease. In modern haemostatic, analgesic &

hormonal therapies are advised for dysfunctional uterine bleeding, which has limitations. Hence it is need to have an integrated & comprehensive therapeutic intervention in *Ayurveda*. The drug included not only pacifies the *vyadhi* by action on the *doshas* involved but also helps in the *upadrava* which are seen in *Asrigdara*.

KEYWORDS: *Asrigdara*, *Vyadhi*, *Doshas*, *Upadrava*.

INTRODUCTION

The womanhood is blessed with rhythm & cycle from nature. Today woman is playing a pivotal role in each & every sphere of life, so women's good health has to be part & parcel of her life. Woman is catering to several requirements to today's life style, so she falls to prey to several ailments. Every attempt should be made to maintain healthy womanhood.

The reproductive phase is a chain of menstruation from menarche to menopause. The regular menstrual cycle is very important physiological process in women's life. The process of cyclic menstruation is a natural phenomenon. Normal menstruation denotes the healthy state of female reproductive system. Length of *Rutuchakra* (menstrual cycle) is usually 28-30 days. The duration of bleeding is about 5 days & estimated blood loss not more than 80ml. Menorrhagia is a regular cyclic excessive menstrual loss about 80ml or more per period. It is a significant healthcare problem in the developed world.

As per study by Dr. Alka Kriplani & Dr. Nutan Agrawal (Management of Abnormal Uterine Bleeding in Reproductive Period), the prevalence rate of Dysfunctional Uterine Bleeding (DUB) is 17.9%.^[5] One in 20 women's aged 20-49 having complaint of heavy uterine bleeding every year. In women's, menstrual problems are common due to disturbed hypothalamic pituitary- ovarian axis. Abnormal uterine bleeding has significant economic impact, with work loss estimated to be almost annually for women with Menorrhagia.

Since the evolution of the life in the Universe, Women have been placed in extreme worship place due to her power of '*Janani*'. The god has blessed the female with the most valuable gift of motherhood. The preparation of motherhood starts with puberty and ends with menopause.

Asrigdara is defined as a state of abnormal uterine bleeding without any clinically detectable organic, systemic and iatrogenic cause. Regular menstrual excessive bleeding may affect a woman physically, emotionally, socially and cause disruption to everyday life. If Menorrhagia is not treated properly it can cause further complications like anemia, infertility etc.

Any abnormality in *Rutuchakra* (menstrual rhythm) leads to excessive and irregular uterine bleeding which is known as "*Asrugdara*" in classical text. It is caused due to excessive intake of *lavana*, *amla*, *guru*, *katu*, *vidahi ahar*, *snigdha dravyas*, *dadhi mastu*, *sura* etc. and also cause many complications in woman like *pandu*, *murcha*, etc.

रजः प्रदीयते यस्य स्मात्प्रदरस्तेन स सम्मतः ।

प्रदीयते

इतत्प्रदरं: विसृज्य रक्तो भित्त "असृग्

दत्तयत्नेयस्मन्मनते असद्यर्त् ॥^[2] च. चच. ३०/२०९

Due to *Pradirana* (excessive excretion) of *Raja* (Menstrual blood), it is named as *Pradara* and since, it is known as *Asrugdara*.^[2] In *Ayurveda* classics *Asrugdara* which affects woman physically and mentally, *Ayurveda* texts have described the variety treatment options in the management of *Asrugdara*. *Asrugdara* is a gynecological disorder. *Asrugdara* literally means excessive or acyclic bleeding from vagina during menses and intermenstrual period or cause due to riding, walking, weightlifting, trauma and day sleeping.^[11]

Charaka and *Chakrapani* says that increased *Rakta* (blood) get mixed with *Raja* (Menstrual blood), thus the quantity of *Raja* increased.^[12] *Acharya Dalhana*, while explaining general clinical features say that excessive and prolonged blood loss during menstruation or even scanty blood loss during intramenstrual period is known as *Asrugdara*.

"तदेवातसंगेन प्रवृत्तानतावर्ति ।

असृग्दरं पञ्चान्यात कृत्स्नं गत ॥

असृग्

दरो भवेत्सर्वः संगमदवः सवेदनः ॥³ सु. सं. शा. 2/ 18. 19

Acharya Sushruta says that, *Asrugdara* is when menstruation comes in excess amount for prolonged period and or even without normal period of menstruations & different from the features of normal menstruation blood. All types of *Asrugdara* have association of bodyache and pain.^[3]

Acharya Vagbhata has mentioned excessive bleeding during menstrual or intramenstrual period. Length of *Rutuchakra* (Menstrual cycle) is usually twenty-eight to thirty days. A deviation of two to three days from the monthly rhythm is also quite common. The duration of bleeding is about five days and estimated blood loss is 20 to 60 ml. Any abnormality in *Rutuchakra* (menstrual rhythm) leads to excessive and irregular uterine bleeding which is known as "*Asrugdara*" in a classical text.

AIMS

To study the effect of *Atarushakadi Yoga* in comparison with *Nagkeshar Churna* orally for 90 days in *Asrugdara* w. s. r. to DUB.

OBJECTIVES

1. To study controlling amount and duration of bleeding.
2. To study efficacy in reducing associated symptoms(*Angamarda, Katishula*)
3. To study the etiopathology of *Asrugdara*.
4. To study the disease *Asrugdara* according to *Ayurvedic* and modern text books.

MATERIALS AND METHODS

- The study is comparative clinical study. 102 patients fulfilling the inclusion criteria were selected from OPD of *Prasuti Tantra & Striroga*, between age group of 30 years to 45 years.
- The selected patients were subjected to a careful clinical examination the data acquired from them were recorded in the research proforma.
- After general examination, gynaecological examination was carried out. Inspection, palpitation, per speculum examination & per vaginal examination were done.
- Routine investigation i.e. Complete Blood Count were done.

A) Inclusion criteria

1. Age 30 to 45 Years.
2. Selection irrespective of marital status, parity, socio-economic status.
3. Patient having sign and symptoms of *Asrugdara*.
4. Excessive bleeding more than two consecutive cycles.
5. Those either having Intermenstrual bleeding or not.
6. Excessive bleeding per vagina during menstruation either in amount or in duration or both.
7. Hb > 8% gm/dl.

B) Exclusion criteria

1. Patients have blood dyscrasias
2. Major systemic disease likely to influence menstrual cycle like HTN, DM, TB, HIV, Thyroid, Kidney
3. Known Patients of malignancy, cervical erosion, polyp, adenomyosis, pelvic endometriosis, tubo-ovarian mass, PCOD.
4. Known case of structural anomalies of genital organs.
5. Patients using IUCD.

6. Patients undergoing treatment for any other serious illness.
7. Those having postmenopausal bleeding.

C) Criteria for withdrawal of patient

1. Patient unable to tolerate the therapy any adverse drug reaction.
2. Decreasing levels of HB% < 8 gram %
3. Patients fail to report for follow up or irregular medication
4. Patients not willing to continue further treatment.

Table No. 1: Clinical intervention.

	Group (a)	Group (b)
Drug name	Atarushakadi yoga	Nagkeshara churna
No of patients	50	50
Dose	6gms bd (1 st day of menstruation to 30 th day)	5gm bd (1 st day of menstruation to 30 th day)
Kala	After meals	After meals
Route	Oral	Oral
Anupana	Madhu	Madhu
Duration	3 months	3 months
Follow up during study	1 st day of every cycles	1 st day of every cycles

Duration of Bleeding

Table No. 2: Criteria for assessment.

Duration	Score	Grade	Severity
Up to 5 days	0	Nil	--
5-6 days	1	Mild	+
6-7 days	2	Moderate	++
>7 day	3	Severe	+++

Table No. 2.2: Strava swarupa (Character of bleeding).

Bleeding	Absent	Present
Grathibhut	0	3
(Clotted)		
Profuse Bleeding	0	3

Table No. 2.3: Associated symptoms.

		Score	Grade	Severity
Anga-marda	No Associated Symptoms	0	Nil	--
	Associated Symptoms cured by taking rest.	1	Mild	+
	Associated Symptoms not cured by taking rest.	2	Moderate	++
	Associated Symptoms disturbing routine work	3	Severe	+++

Katishul		Score	Grade	Severity
	No Associated Symptoms	0	Nil	--
	Associated Symptoms cured by taking rest.	1	Mild	+
	Associated Symptoms not cured by taking rest.	2	Moderate	++
	Associated Symptoms disturbing routine work	3	Severe	+++

Objective parameters

1. Complete Blood Count (CBC)
2. Amount Of Blood Loss Pictorial Blood Assessment Chart (PBAC)^[10]

Table No. 3

Blood Loss In ml	Score	Grade	Severity
61-80 ml	0	Nil	-
81-100 ml	1	Mild	+
101-120 ml	2	Moderate	++
>120 ml	3	Severe	+++

Table No. 4: Overall assessment of clinical research in percentage.

Observation	Score	Grade	Percentage
Good Improvement	0-4	-	75-100%
Moderate Improvement	5-9	+	50-75%
Mild Improvement	10-14	++	25-50%
No Improvement	15-18	+++	>25%

Table No. 5: Overall assessment chart for increase in Hb%.

Hb%	Score	Grade	Percentage
0-0.5%	0	-	>25%
0.5-1%	1	+	25-50%
1-2%	2	++	50-75%
>2%	3	+++	75-100%

OBSERVATIONS AND RESULT

Distribution of patients according to age

In group A, 22 patients (i.e. 44%) were with age in between 30-35 years, 19 patients (i.e. 38%) were with age in between 36-40 years, 9 patients (i.e. 18%) were with age in between 41-45 years.

In group B, 23 patients (i.e. 46%) were with age in between 30-35 years, 15 patients (i.e. 30%) were with age in between 36-40 years, 12 patients (i.e. 24%) were with age in between

41-45 years.

Distribution of patients according to occupation

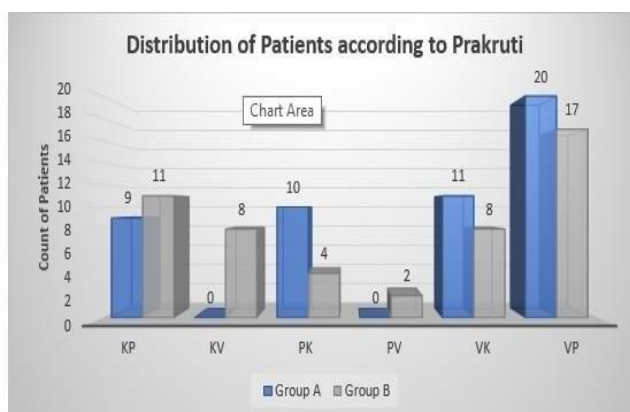
In group A, 18 patients (i.e. 36%) were doing Job while 31 patients (i.e. 62%) were Housewife with Occupation and 1 patient (i.e. 2%) was student.

In group B, 21 patients (i.e. 42%) were doing Job while 29 patients (i.e. 58%) were Housewife with Occupation.

Distribution according to education

In group A, 38 Patients (i.e. 76%) were educated above 4th Standard to Post- graduation while 12 Patients (i.e. 24%) were uneducated.

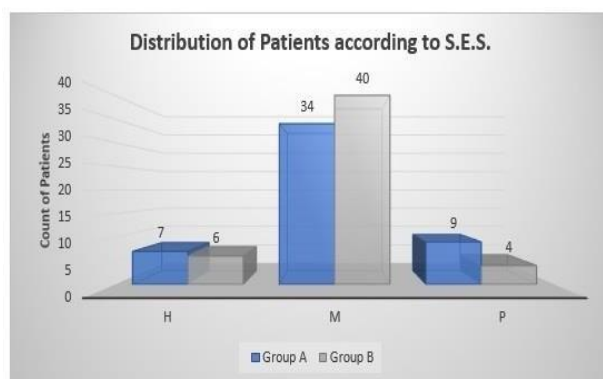
In group B, 36 Patients (i.e. 72%) were educated above 4th Standard to Post- graduation while 14 Patients (i.e. 28%) were uneducated.



Graph No. 1: Distribution according to prakruti.

In group A, 9 patients (i.e. 18%) were having Kapha-Vata (KP) prakruti, 10 patients (i.e. 20%) were having Pitta-Kapha (PK) Prakruti, 11 Patients (i.e. 22%) were having Vata-Kapha (VK) Prakruti and 20 Patients (i.e. 40%) were having Vata-Pitta (VP) Prakruti.

In group B, 11 patients (i.e. 22%) were having Kapha Vata (KP) prakruti, 8 patients (i.e. 16%) were having Kapha-Vata (KV) Prakruti, 4 patients (i.e. 8%) were having Pitta-Kapha (PK) Prakruti, 2 patients (i.e. 4%) were having Pitta-Vata (PV) Prakruti, 8 Patients (i.e. 16%) were having Vata-Kapha (VK) Prakruti and 17 Patients (i.e. 34%) were having Vata-Pitta (VP) Prakruti.



Graph No.2: Distribution according to S.E.S.

In group A, if distribution of patients observed in view of Socioeconomical Status (S.E.S.), 7 patients (i.e. 14%) were falling in High class (H), 34 Patients (i.e. 68%) were falling in Middle class (M), while 9 patients (i.e. 18%) were falling in Poor Class (P).

In Group B, if distribution of patients observed in view of Socioeconomical Status (S.E.S.), 6 patients (i.e. 12%) were falling in High class (H), 40 Patients (i.e. 80%) were falling in Middleclass (M), while 4 patients (i.e. 8%) were falling in Poor Class (P) Overall Effect of Therapy (Observational)

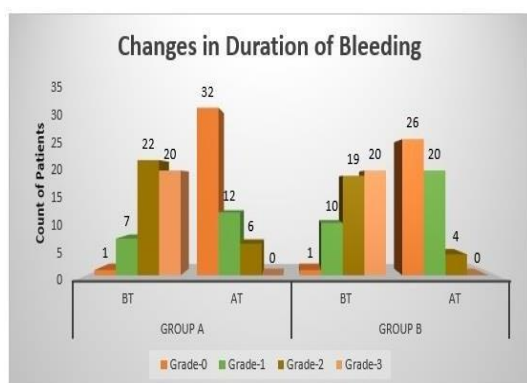
Table no. 6: Group A.

Paramters	Group		Grade-0		Grade-1		Grade-2		Grade-3		Total
			Nos	%	Nos	%	Nos	%	Nos	%	
Duration of Bleeding	GroupA	BT	1	2%	7	14%	22	44%	20	40%	50
		AT	32	64%	12	24%	6	12%	0	0%	50
C.O.B.- Profuse	GroupA	BT	0	0%					50	100%	50
		AT	46	92%					4	8%	50
C.O.B.- Clots	GroupA	BT	8	16%					42	84%	50
		AT	47	94%					3	6%	50
Angamarda	GroupA	BT	6	12%	13	26%	21	42%	10	20%	50
		AT	33	66%	13	26%	4	8%	0	0%	50
Katishoola	GroupA	BT	7	14%	14	28%	16	32%	13	26%	50
		AT	30	60%	15	30%	5	10%	0	0%	50
AOBL	GroupA	BT	0	0%	13	26%	29	58%	8	16%	50
		AT	37	74%	10	20%	3	6%	0	0%	50
Average CountBT		BT	4	7%	12	24%	22	44%	24	48%	50
Average CountAT		AT	38	75%	13	25%	5	9%	1	2%	50

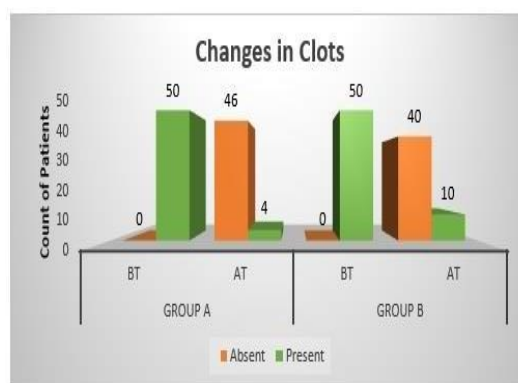
Table No.7: Group B.

Paramters	Group		Grade-0		Grade-1		Grade-2		Grade-3		Total
			Nos	%	Nos	%	Nos	%	Nos	%	
Duration of Bleeding	GroupB	BT	1	2%	10	20%	19	38%	20	40%	50
		AT	26	52%	20	40%	4	8%	0	0%	50
C.O.B.- Profuse	GroupB	BT	0	0%					50	100%	50
		AT	40	80%					10	20%	50
C.O.B.- Clots	GroupB	BT	12	24%					38	76%	50
		AT	46	92%					4	8%	50
Angamarda	GroupB	BT	19	38%	7	14%	11	22%	13	26%	50
		AT	35	70%	14	28%	1	2%	0	0%	50
Katishoola	GroupB	BT	10	20%	8	16%	22	44%	10	20%	50
		AT	31	62%	14	28%	5	10%	0	0%	50
AOBL	GroupB	BT	4	8%	17	34%	19	38%	10	20%	50
		AT	34	68%	13	26%	3	6%	0	0%	50
Average CountBT		BT	8	15%	11	21%	18	36%	24	47%	50
Average CountAT		AT	35	71%	15	31%	3	7%	2	5%	50

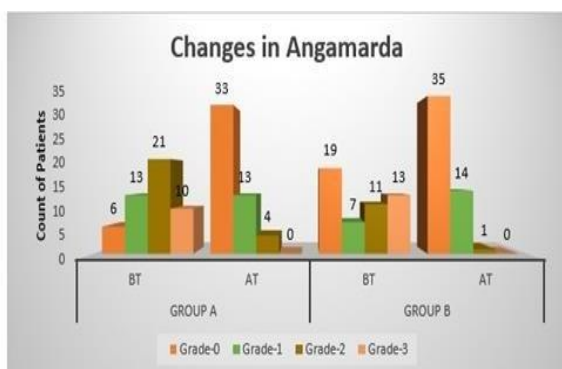
Therefore, both the drugs were equally effective in reducing all the Parameters.



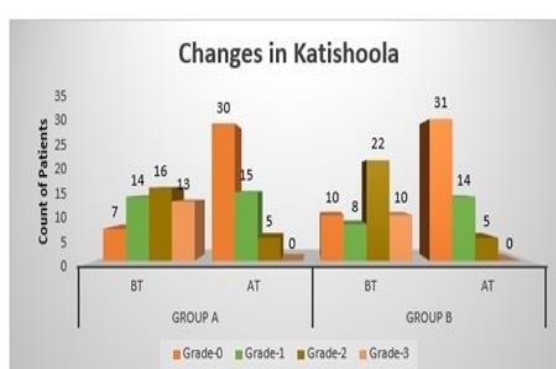
Graph No. 3



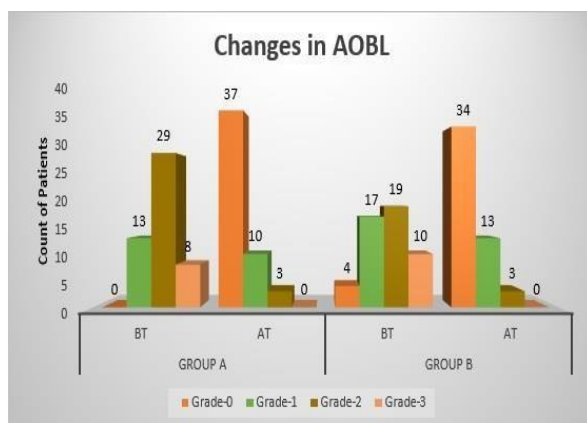
Graph No. 4



Graph No.5



Graph No.6



Graph No.7

DISCUSSION

Science is the only media to observe & analyse the all kind of happiness in the universe. One can throw the light on certain silent or hidden facts by using science. *Ayurveda* is a science by the use of which, one can throw the light on the hidden facts.

Discussion is the supreme important part of a dissertation in which scholar should have try to throw the light on certain hidden facts and break the silence of science. The discussion is the only important thing which can fulfill the purpose of research work.

Raja is an important factor for women. *Shuddha raja* or *Artava* is one of the most essential factors for healthy progeny; it gives the starting of the reproductive period.

Asrugdara is one of the most common menstrual disorder associated with excessive menstrual bleeding with or without inter menstrual bleeding. *Acharya charaka* has given *Asrugdara* an important entity among all diseases of women by describing it separately but in *Sushrut samhita* only short explanation is found about *Asrugdara*. In the *Samprapti* of *Asrugdara* *Pitta*, *Vatadoshas*, *Rasa* and *Raktadhatu*, *Agnimandya* are basic responsible factors and various emotional factors such as changes in environment, nervousness, tension, anxiety, unsatisfied sex urges, marital upset, stress situation etc can cause excessive menstrual blood loss. *Chikitsa* should be *Raktasthapana* drugs and treatment prescribed for *Rakta-pitta* is also indicated in *Asrugdara*.

In modern science most common treatment used for *Asrugdara* according to modern science is Haemostatic, Analgesic, Hormonal therapy which have their own side effect like venous disorders and if unsuccessful is followed by surgical intervention. But all these have their

limitations & side effects, so it becomes the necessity of the time to find out an effective, harmless, herbal therapy to manage the condition. A large number of remedies have been described in *Ayurveda* for *Asrugdara*. These are the factors why this topic is being selected for the present study. Camps were arranged in surrounding area of village. 102 clinically diagnosed patients of *Asrugdara* (DUB) having age of 30 to 45 yrs were selected & registered in OPD of *Stree-roga* & *Prasuti Tantra* of our college. 100 patients continued the treatment with 2 patients continued the treatment with 2 patients drop outs. Treatment is continued for 3 months with regular follow up on 1st day of each menses followed by 3 months follow up.

Selection of drug

In *Charaka Samhita*, there is reference that administration of *Kashaya* of *Atarushakadi Kwatha* cures the *Raktapitta*. *Acharya Charaka* says that, the treatment which are given in *Raktatisara*, *Raktapitta*, *Raktarsha* disease that can be used in *Asrugdara*. Now a days palatability of *kashaya* is very less. Hence form of medication was attended in the form of granules which is more easy to take along with *Madhu*.

Probable action of *atarushakadi yoga*

Rasa

In Total *Atarushakadi Yoga* drug have predominantly *Tikta*, *Kashaya*, *Madhura rasa*. *Titkta rasa*.

Tikta rasa which does *Amapachana* property, it's work in *Agnivardhak*. Also, it helps in *Strotoshodhana* because *Tikta rasa* predominantly possess *Akasha* and *Vayu mahabhuta*. It can act as a *Raktavaha strotas*, which result in *Rakta shodhana*. Thus, it's properties are *Deepana*, *Pachana*, *Dahaprashamana*. *Tikta* has double edged action in *Raktapitta*. It pacifies *Pitta* and causes *Rakta Prasadana*.

Kashaya rasa

As *Kashaya rasa* is predominant of *Prithvi* and which dose *Sthambhana* action. It helps reduce the duration and amount of bleeding. It pacifies *Pitta* due to *Sheeta* and *Guru guna*. *Ruksha guna* reduces *kleda* and *Kapha* of *Rakta dhatu*. So it's purifies the blood. Thus, the properties of *Kashaya rasa* are *Sthambhana*, *Grahi*, *Shleshmahara* and *Raktapittahara*.

Madhura rasa

Madhura rasa is predominant of *Prithvi* and which dose *Sthambhana* action. It reduces *Vata*

-Pitta. Thus, the properties of *Madhura rasa* are *Anulomana*, *Sarva dhatuvardhana*, *Balya*, *Sandhaniya*.

Guna

In *Asrugdara*, there are increased *Drava pittas* which possess *Teja* and *Jala mahabhuta*. *Atarushakadi Yoga* contain *Laghu* and *Rukshaguna*, Thus it does the *Shoshana* of increased *Jala mahabhuta* it also acts as a *Pitta* and *Kapha shamak*.

Veerya

Sheeta virya

It is *Pittashamak* and *Raktastambhaka* which directly act on *Teja* and *Jala mahabhuta*, resulting in *Rakta-Pittahara* property.

Ushna Virya- It is *Vatashamak*.

Vipaka

Madhura Vipaka- *Vata-pitta shamak*. *Katu Vipaka*-*Kaphahara*.

Karma

Atarushakadi Yoga acts as *Raktashodhaka*, *Rakta sthambhaka*, *Raktapittahara*.

In the pathogenesis of *Asrugdara*, *sthambhana karma* is important and *Atarushakadi Yoga* having *Sheeta veerya* it acts on *Teja mahabhuta* resulting in *rakta sthambhana*.

Hence it's karma can be well understood in the disease *Asrugdara*.

Mode of action

In the present disease *Asrugdara*, excessive bleeding per vaginum during menstrual period or prolonged menstrual bleeding or intermenstrual bleeding is observed. Above cardinal symptoms associated with *Angamarda*, *Katishoola*. These all signs & symptoms disturbs normal life of the female.

In *samprapti* of *Asrugdara* we have discussed *Nidan sevana* like *Abhishyandi*, *Guru*, *Vidahi*, *Amla*, *Lavana*, *Katurasatmaka ahara*, *Curd*, *Shuka*, *Mastu*, *Sura*, Meat, of domestic animals & doing excessive work in sunlight, stress, *diwaswap*, over exertion, excessive weight lifting leads to *pitta prakopa* & ultimately *Raktadushti*. On the other hand, it also aggravates the *vata* which vitiates into *garbhashayagatsira* results in *Asrugdara*. It is very necessary to

know how the drug performs their action. *Acharya Charaka* has mentioned that all drugs do their actions due to their five properties viz. *Rasa, Guna, Virya, Vipaka, Atarushakadi Yoga* has the property of *kashaya, tikta rasa, laghu, ruksha, guna, katu vipaka* and *sheet virya, stambana, raktashodhaka, garbhashaya sankochaka* properties which exhibits *stambana* action and does *Kapha pitta dosha shamana*.

Atarushakadi Yoga possess *Raktasthamak, Vedanasthapana, Rakta-prasadak, Balya, Bruhan, Deepan, Pachan, Jwarghna, Rasayana, Agnivardhak* properties with Uterine stimulant effect, antioxidant, wound healing, Anti-hepatotoxic, antifungal, antiulcer, mutagenic, cardio protective, breast cancer suppressor, antibacterial, anti-spasmodic, febrifuge, antiviral activity, Thus by its *Sthambhana* property it arrests excessive bleeding.

Nagkeshar has haemostatic, anti-spasmodic, anthelmintic activity. Thus, it may help in reducing pain. Bioflavonoid has anti-inflammatory, antioxidant property and act on blood vessels, thus may help in reducing amount of bleeding. And having other chemical constituent *Mesulol* has antioxidant and immune modulatory effect.

Supportive role of antioxidant in dysfunctional uterine bleeding

To correct the *rasadhatu dushti*, *Rasayana chikitsa* is best mode of treatment that can be adopted in *Artav-vyapad*. As maximum drugs from *Atarushakadi Yoga* contains *rasayana* (antioxidant) property, it is established that the role of *Atarushakadi Yoga* with its *rasayana* property has proven effective treating *Asrugdara*.

As per the modern science antioxidants play important role in follicle rupture, improves oocyte quality. It neutralizes the free radicals. Everything in the body is made of cells that need to be protected from free radicles; simply as that ovum(egg) made up of cells which can be affected by free radical damage, so are the reproductive organs and glands that produces reproductive hormone. so, antioxidants help in stopping further damage from happening as well as protecting the cell health and probably enhancing fertility by promoting ovulation.

Discussion on overall effect of therapy

Group-A

If average count is considered of all the parameters In Group-A after treatment given, out of 50 patients, 38 patients (75%) were observed with Marked relief, 13 patients (25%) were observed with moderate relief, 5 Patients (9%) patients were observed with Mild relief and 1

patient (2%) was observed with no relief.

Group-B

If average count is considered of all the parameters In Group B after treatment given, out of 50 patients, 35 patients (71%) were observed with Marked relief, 15 patients (31%) were observed with moderate relief, 3 Patients (7%) patients were observed with Mild relief and 2 patients (5%) were observed with no relief.

CONCLUSION

A clinical study has been done for can be concluded the extract of the whole study which is squeezed out after analyzing the data obtained. Following conclusions are drawn from the study through logical sequence and co- relation from the results of the study.

- In the literature study it is observed that the topic *Asrugdara* is covered in detail in *Bruhatrayee*.
- *Asrugdara* can be caused by *nidansevana* which leads to vitiation of *pitta* & *vata* in association with *rakta*. The line of treatment should be *rakta-pitta shamak* & *vataghna dravya*.
- The study entitled -“**Comparative clinical study of *atarushakdi Yoga* and *Nagkeshar churna* in *asrugdara* W.S.R. TO dysfunctional uterine bleeding.**” In this present study total 100 patients were registered and distributed into two groups
- Group A –*Atarushakadi Yoga*
- Group B- *Nagkeshar churna*
- The aim to study the effect of *Atarushakadi yoga* in Dysfunctional Uterine bleeding & objectives to provide simple, safe, non-hormonal herbal drug for the patients of *Asrugdara* was successfully achieved.
- The effect of therapy on chief complaints all the two groups have been shown significant results, but the percentage wise *Atarushakadi Yoga* gave 83% relief on amount of blood loss, 78% relief on duration of bleeding, 75% relief in *angamarda*, 71% relief in *katishoola*, 94% in character of bleeding.
- In Group B, *Nagkeshar Churna* gave 78% relief in amount of blood loss, 74% relief in duration of bleeding, 76% relief in *angamarda*, 71% relief in *katishoola*, 92% in character of bleeding.
- After avoiding *nidansevana* in the patients, both groups are equally significant in controlling Dysfunctional Uterine Bleeding.

- *Pathya* have *deepan-pachan* properties by virtue of which increases the *jatharagni* & *dhatavagni* so help in maintaining the vitiated dosha to equilibrated form, symptoms of *Agnimandya* get cured due to this property.
- *Atarushak*, *Mrudvika*, *Pathya* are having *raktasthambhak*, *raktaprasadana* properties thus helps in decrease in blood flow & clots. *Laghu* & *ruksha* gun help in *strotoshodhana*. *Guru*, *snigdha* guna helps in *vata shamana* which treats *Asrugdara*.
- *Haritaki* are used as astringent. Astringent are used to reduce blood loss.
- Also *haritaki* is having *Garbhashaya-shothahara* property. Due to its anti-inflammatory activity, it may act in maintain the prostaglandin levels thus reducing menstrual blood flow & uterine congestion.
- *Mrudvika*, *Pathya* are having *balya* properties which tone up the whole reproductive system.
- *Nagkeshara*:- It has hemostatic, anti spasmodic, anthelmintic activity. Thus it may help in reducing pain. Bioflavonoid has anti inflammatory, anti-oxidant property and act on blood vessels, thus may help in reducing amount of bleeding. And having Other chemical constituent *Mesulol* has antioxidant and immune modulatory effect
- Both the drugs that is *Atarushakadi Yoga* and *Nagkeshar Churna* are effective in the management of *Asrugdara* is concluded on the basis of Statistical Analysis.
- Both the drugs have proved significant relief in cardinal symptoms of *Asrugdara*.
- From the above observations obtained in this study it can be conclude that *Asrugdara* is more common in women who is -
 - Age between 30-45.
 - Having mixed type of diet.
 - *Vata-Pitta Prakruti*.
 - *Madhyam akruti*.
- This study was carried out on small sample size that is 100 patients; in each group 50 patients and it showed significant results in both Group A and Group B.
- Further extensive study with larger sample size & long term follow up of period can be taken for establishing the efficacy of the *Atarushakadi Yoga* & *Nagkeshar Churna*.

REFERENCES

1. Textbook of Gynaecology D.C.Dattas by Hiralal konar, New Central Book Agency Kolkata, 2005; 4: 177.

2. Charaka Samhita Chikitsa sthana By Dr. Brahmanand Tripathi, Chaukhambha Surbharati Prakashan, Varanasi, Yonivyapad Adhyaya, Shlok No, 30: 209.
3. Susruta Samhita Text English Translation translator Prof.K.R.Srikantha Murthy Chaukhambha Orientalia Varanasi, Shloka Su. Sha, 2007; 2: 18, 19, 21.
4. Study of Nagkeshara churna Is Mentioned In International Journal Of Ayurveda &Alternative Medicine, 2014; 2: 4.
5. Management of Abnormal Uterine Bleeding In Reproductive Period By Dr. Alka Kriplani, Dr. Nutan Agrawal, 2015.
6. Charaka Samhita Chikitsa Sthan, Dr. Brahmanande Tripathi, Chaukhambha Surbarati Prakashan, Prakashan, Varanasi, Chapter Raktapitta Adhyaya, 2: 4 – 65.
7. Dravyaguna Vigyan By Priyavat Sharma, Chaukhambha Bharati Academy, Reprint, 2015; 2: 241, 133, 759, 783.
8. Ashtang Hridaya Chikitsa Sthana By Dr. Brahmanand Tripathi, Chaukhambha Sanskrit Pratisththan, Delhi, 2007; 2: 26.
9. D. Shanth Kumar Lucas, Dravyaguna Vijnana, Study of Dravya Materia Medica, Published by Chaukhamba Visvabharati, Varanasi, 2013; 2: 37.
10. Qualification of menstrual blood loss By Gillian Warrilow, Caroline Kikham, Khalad MK Isnail, Katrina Wyatt, Paul Dimmock, Shaughn O'Brien, 2004; 6: 88-92.
11. Bhavaprakasa of Sri Bhavmishra edited with the Vidyotini hindi commentary by Bhisagratna Pandit Sri Brahma Sankara Misra part 2 Chaukhambha Sanskrit Sansthan Varanasi Shloka Bha. Chi, 2005; 757: 68 - 3.
12. Agnivesas's Charaka Samhita based on Cakrapani Datta's Ayurvedadipika by Dr. Ram K. Sharma and Vaidya Bhagwan Dash Chowkhamba Sanskrit Series Office Varanasi, 2005; 5: 30, 204, 208, 180 - 181.