

A COMPARATIVE CLINICAL STUDY TO EVALUATE THE EFFECT OF ASHOKA KSHEERA PAKA WITH GOKSHURADI GUGGULU AND MUSALIKHADIRADI KASHAYA WITH GOKSHURADI GUGGULU IN ASRIGDARA

¹*Dr. M. Midhunasee, ²Dr. Ramadevi G. and ³Dr. Arpana Jain

¹Pg Scholar, ²Professor & Hod, ³Asso. Professor,
Dept. of Ptsr Sdmca Udupi.

Article Received on
06 Aug. 2021,
Revised on 27 Aug. 2021,
Accepted on 17 Sept. 2021
DOI: 10.20959/wjpr202112-21821

***Corresponding Author**
Dr. M. Midhunasee
Pg Scholar, Dept. of Ptsr
Sdmca Udupi.

ABSTRACT

Asrigdara is the condition where there is pradirana of raja from yoni marga.^[1] Raja atipravritti along with angamarda and vedana are the lakshanas of Asrigdara.^[2] If these symptoms are ignored, it may lead to complications like Daurbalya, Bhrama, Murcha, Tama, Trishna, Daha, Pralapa, Pandutva, Tandra and disorders of vata.^[3] This study was conducted to compare the effect of Ashoka ksheerapaka^[4] with Gokshuradi Guggulu^[5] and Musalikadhiradi kashaya^[6] with Gokshuradi Guggulu in Asrigdara. It is a comparative clinical study

with pre and post-test design where in 40 patients were selected and randomly categorized into 2 groups of 20 patients each. Group A was given Ashokaksheera paka 50ml twice daily with Gokshuradi Guggulu 1gm BD and Group B was given Musalikhadiradi Kashaya 50ml twice daily with Gokshuradi Guggulu 1gm BD for 2months. Both the Groups showed Statistically highly significant results in reduction of symptoms of consistency, generalized weakness, duration of menstrual flow, amount of blood loss, PBAC and clots.

KEYWORDS: Asrigdara, Abnormal uterine bleeding, Ashokaksheera paka, Musalikhadiradi Kashaya, Gokshuradi Guggulu.

INTRODUCTION

The graph of prosperity and happiness of any community is judged by its health index, not by its materialistic advancement. Furthermore, it is governed by the health status of the woman in that community. Thus special attention should be provided to maintain a healthy

womanhood. Normal menstruation symbolizes healthy well-being of a female. Woman normally menstruates every 28 +/- 7days.^[7] AUB is a condition, where bleeding which is either excessive in amount, frequency or duration. Objectively menses lasting longer than 7 days or exceeding 80ml of blood loss is considered as menorrhagia.^[8] Aetiology for AUB include anatomical changes, hormonal dysfunction, systemic diseases, infection and pregnancy complications.^[9] FIGO classification of AUB (PALM –COEIN) is the world-wide accepted one.^[10] The clinical signs and symptoms of AUB can be correlated to Asrigdara. Excessive excretion of Asrik (menstrual blood) is called Pradara/Asrigdara.^[11]

Modern treatment protocols include hormonal therapy, Non hormonal management and Surgical management and ultimately if everything fails hysterectomy becomes the last option. These treatments have a permanent effect on hypothalamo- pituitary -ovarian axis and even on body metabolism, especially affects reproductive aged woman preparing for conception.

Hence Ayurvedic line of management plays an important role in management of Asrigdara, which not only aids superior remedy for excessive and prolonged bleeding and also does not have any adverse effects.

AIMS AND OBJECTIVES

To compare the effect of Ashoka ksheerapaka with Gokshuradi Guggulu and Musalikadhiradi kashaya with Gokshuradi Guggulu in Asrigdara.

MATERIALS AND METHODS

Source of data: 40 patients suffering from Asrigdara, attending the OPD of Prasutitantra and Streeroga department, S.D.M. Ayurveda hospital, Udupi were selected for the study.

Method of Collection of data

It is a comparative clinical study with pre and post-test design where in 40 patients were selected and randomly categorized into 2 groups of 20 patients each.

A special Proforma was prepared with the relevant points of history taking, physical examination, clinical features as mentioned in our classics and lab investigation in allied science. The patients were observed and analysed accordingly.

Interventions

Group A: was given Ashokaksheera paka 50ml twice daily with Gokshuradi Guggulu 1gm BD for 2months.

Group B: was given Musalikhadiradi Kashaya 50ml twice daily with Gokshuradi Guggulu 1gm BD for 2months.

Result were assessed on the basis of standard method of Statistical analysis.

Observations

In the present study, patients between age group of 10-50 were selected, prevalence was almost equal in all age group, 42.5% had high school education, 50% were house wives, 85% belonged to middle class socio economic status, 65% were married, 37.5% had duration of 1-6 months, 87.5 % were having normal appetite, 65% were Non-Vegetarians, 92.5% were having regular bowel, 82.5 % were having sound sleep, 47.5 % were having sedentary work, 67.5% got menarche after 12 years, 52.5% were having parity 1-2, 42.5% were unmarried, 42.5% had underwent Normal Vaginal Delivery, 47.5 % had underwent permanent method of contraception, 55% were having Vatha kapha prakriti, 92.5% patients having moderate built and in 52.5% Patients USG was normal.

Menstrual pattern

72.5% complained of excessive bleeding during cycles, 55% were having irregular cycles, 57.5 % having blackish red color of menstrual blood, 77.5 % had presented with clots, 70% were having dysmenorrhea during menstruation.

RESULTS**Subjective parameters**

1. Effect on consistency of bleeding: Statistically highly significant results were found in reduction of symptoms of consistency of bleeding in both groups with p value 0, z value -3.70 in Group A and p value 0 and z value -3.78 in Group B. However on comparing between the groups, it was observed that the Group A showed better result with mean value 20.05 than Group B with mean value 20.95.
2. Effect on Intensity of pain: Statistically significant results were found in reduction on Intensity of pain in Group A with p value 0.002 and z value -3.10, while Statistically highly significant results were found in reduction of Intensity of pain in Group B with p value 0.001 and Z value -3.28. Both groups showed no significant results after 1 month, after 2 months

treatment and after follow up. Comparing between the groups, Group A showed better result with MR=4.17 and p value 0.378.

3. Effect on generalized weakness: Statistically highly significant results were found in reduction of generalized weakness in both groups with p value 0, z value -4.35 in Group A and p value 0 and z value -4.24 in Group B. Comparing between the Groups Both groups showed no significant results. However Group A showed better result with MR=20 and p value 0.553.

4. Effect on Duration of Menstrual Flow: Statistically highly significant results were found in reduction of Duration of Menstrual flow in both groups with p value 0, z value -3.57 in Group A and p value 0 and z value -3.77 in Group B. Comparing between the groups, both groups showed no significant results however Group A showed better result with MR=20.25 and p value 0.81.

Table no. 1: Showing the effect of duration of menstrual flow within the group.

DURATION OF MENSTRUAL FLOW	Negative Ranks			Positive Ranks			Tie	Z value	P value	interpretation
	N	MR	SR	N	MR	SR				
GROUP A	Ashokaksheerapaka and Gokshuradi Guggulu Group									
1 MONTH	16	8.5	136.0	0	0	0	4	-3.62	0	HS
AT	16	8.5	136	0	0	0	4	-3.57	0	HS
FU	16	8.5	136.0	0	0	0	4	-3.57	0	HS
GROUP B	Musalikhadiradi kashaya and Gokshuradi Guggulu Group									
1 MONTH	18	9.5	171	0	0	0	2	-3.77	0	HS
AT	18	9.5	171	0	0	0	2	-3.77	0	HS
FU	18	9.5	171	0	0	0	2	-3.77	0	HS

5. Effect on Amount of blood loss: Statistically highly significant results were found in reduction of Amount of blood flow in both groups with p value 0, z value -3.56 in Group A and p value 0 and z value -3.79 in Group B. Comparing between the groups, Both groups showed no significant results after 1 month, after 2 months of treatment and after follow up. However Group A showed better result with MR=19.50 and p value 0.57.

Table no. 2: Showing the effect of amount of blood loss within the group.

AMOUNT OF BLOOD LOSS	Negative Ranks			Positive Ranks			Tie	Z value	P value	interpretation
	N	MR	SR	N	MR	SR				
GROUP A										
1 MONTH	16	8.5	136	0	0	0	4	-3.57	0	HS
AT	16	8.5	136	0	0	0	4	-3.56	0	HS
FU	16	8.5	136	0	0	0	4	-3.56	0	HS
GROUP B										
1 MONTH	18	9.5	171	0	0	0	2	-3.81	0	HS
AT	18	9.5	171	0	0	0	2	-3.79	0	HS
FU	18	9.5	171	0	0	0	2	-3.79	0	HS

6. Effect on Interval between two cycles: Statistically significant results were found in Interval between two cycles both groups with p value 0.01, z value -2.44 in Group A and p value 0.02 and z value -2.23 in Group B. Comparing between the groups, both groups showed no significant results however Group A showed better result with MR=18.05 and p value 0.15.

7. Effect on clots: Statistically highly significant results were found in reduction of size of clots in both groups with p value 0.001, z value -3.41 in Group A and p value 0.001 and z value -3.31 in Group B. Comparing between the group, Both groups showed no significant results, however Group A showed better result with MR=18.25 and p value 0.18.

Objective parameters

Effect on PBAC Chart: When both the groups were statistically analysed for the effect on PBAC chart, Both the groups have shown Statistically highly significant results after follow up with p value 0 and 52.12% of change in Group A and p value 0 and 55.98 % of change in Group B. It can be inferred that Group B showed better result compared to Group A with regard to PBAC within the Groups.

The comparative effect on PBAC between the group is statistically insignificant at p=0.734. However Group A (-731) showed better result when compared to Group B(-680).

DISCUSSION

Ashoka ksheera paka told in Vangasena chikitsa Sangraha contains Ashoka and Ksheera as main ingredients.

ASHOKA

By its laghu and ruksha guna, it pacifies pitta & kapha, does shoshana of increased drava pitta and kledha thus effective in controlling bleeding. It also works by Sthambhana, Raktasthambhana, Raktashodhaka, Shothahara, Garbhashayottejaka, Garbhashayasankochaka karma. Garbhashaya sankochaka, this karma improves the uterine muscular activity and helps in endometrial shedding and also does vasoconstriction. It is having sheeta virya, thus corrects the vikrutha pitta and thus reduces the bleeding.

Ksheera

Ksheera is having Madhura rasa and Madhura vipaka, increases ojas and dhatu in woman who will be fatigued due to excessive bleeding, also pacifies vata and pitta which are considered as route cause for Asrigdara. Goksheera is jivaniya and rasayana, so indicated in Shrama, Bhrama and Rakta pitta. Since the woman become weak and exhausted due to excess and prolonged bleeding, Goksheera is beneficial.

Gokshuradi Guggulu

Gokshuradi Guggulu mentioned in Sarangadhara Samhitha contains, Trikatu, Triphala, Musta, Gokshura, Guggulu as the Main ingredients. It is specifically indicated in pradara.

1. Haritaki- having kashaya rasa pradhana, lavana varjita pancha rasa, laghu, ruksha guna and Tridosha shamaka properties, it does shoshana of drava pitta. Its shodhaghna property, reducing the congestion in artava vahi dhamanis, consequently checks AUB. Because of its anulomana and mrdu rechana karma it reduces aggravated apana vata removes the excessively vitiated pitta and rakta cleanses the srotas stimulates the agni, without affecting the prakrita raktha, thus helps in reducing bleeding.
2. Vibhitaki – having kashaya rasa, vataghna, bhedana, shothahara, raktasthambhana and anulomana karma. Because of bhedana karma it helps in clearing the dosha vikriti in artava vaha srotas thus maintains the normal menstrual flow pattern. By its Anulomana karma, apana vayu is normalized, thus reducing the excessive flow and dysmenorrhea associated with it.
3. Amalaki - having Amla pradhana lavana varjita pancha rasa. Overall it is Tridosha shamaka. By virtue of deepana and pachana karma, the agni, both jataragni and dhatwagni, is normalized. This helps in utharothara dhatu poshana, thus leading to formation of raktha in adequate quantity. The sthambana karma absorbs the fluid and causes stoppage of flow, thus helps in controlling the excessive bleeding.

4. Shunti – With its katu rasa it acts on agni, reduces shopha, does kleda shoshana and srotho shodhana. Because of its agni deepana property, it helps in proper formation of rasa, thus arthava being its upadhatu is also formed. Its Shothahara property reduces the congestion of arthava vahi dhamanis and vatanulomana property resulting in regular functioning of apana vata thus reducing bleeding.
5. Maricha - has tikta and katu rasa, together they ensures kleda shoshana. It is having agni deepana, vatashamaka, chedhana and medohara properties removes ama, reducing the hyperplasia of endometrium thus helps in reducing bleeding in asrigdhara condition.
6. Pippali - its katu rasa, and teekshna guna does agni deepaka, ama pachaka and vatakapsha shamaka and also helps in srotho shodhana and raktha shodhana correcting the heavy bleeding. Its agni deepana guna helps in dhatu vridhi, in-turn resulting in Rakta vardhaka and raktha shodhaka, which helps in balancing the excessive blood loss and also correcting anaemia, which is the main complication occurring in this condition.
7. Gokshura- having Madhura rasa, sita virya, Madhura Vipaka property pacifies vatha pitta which is needed in present condition. The drug as a whole is vasti shodhaka, agni deepaka and shothagna. With its Deepana, Rasayana, Balya karma it improves general strength and debility to the body which is the main complication in present condition.
8. Guggulu- is having tikta and katu rasa does the kleda shoshana. It is vatanulomana, shothahara, yakrut utejaka and deepana. Because of its tridosahara & lekhana karma it reduces the thickness of the endometrium.
9. Musta – possessing kashaya, tikta and katu rasa and agni deepana, pacana, kapha Pittahara properties. The deepana pachana guna facilitates proper nourishment of rasadi dhatus. Its grahi guna reduces the kledata, lekhana guna reduces the endometrial thickness, thus reducing excessive menstrual flow.

Musalikhadiradi Kashaya

Musalikhadiradi kashaya cited in Sahasrayoga, comprises of Musali, Khadira, Amalaki, Gokshura, Jambu and Shatavari as ingredients.

1. Musali - having Madhura, Tikta rasa, ushna virya, Madhura Vipaka and vatha pitta shamaka helps in reduction of the flow. Its balya and rasayana karma, aids in regaining strength even after heavy menstrual flow.
2. Khadira is having Tikta and kashaya rasa, Laghu ruksha guna, Sheeta virya and kaphapitta shamaka. Due to Rakta sthambhana property or haemostatic activity of the

drug facilitates in controlling the excessive bleeding. The Shothahara property of drug, reduces the congestion of uterine vessels and, thus helps in reducing the bleeding. Kaphanisaraka and medohara property of drug shrinks the thickened endometrium, thus reduces bleeding.

3. Jambu is having Madhura, amla and kashaya rasa, guru ruksha guna, sheeta virya and kaphapitta shamaka karma. With its grahi karma, it does shoshana and absorbs the dravamsha and reduces the bodily dhatus, sthambhana causes stoppage of excess menstrual flow.
4. Shatavari - having Madhura, tikta rasa, sheeta virya and is vata pitta shamaka. Mandagni is the root cause for all diseases, since it is having Agnivardana property it helps in proper formation of rasadi dhatus, thus correcting Asrigdara. Shodhagna karma results in relieving congestion of uterine vessels and reduce bleeding. It is raktapittahara which is the main line of treatment in asrigdara. It is having rasayana, balya and pustidayaka karma, thus helps to regain the strength and vitality of the body.

CONCLUSION

Both the groups showed highly significant results in reduction of almost all parameters like consistency, generalised weakness, intensity of pain, duration of menstrual flow, amount of blood loss, clots and PBAC scoring.

- Drugs possessing Agni vardhaka, Raktapittahara, Shodhagna property normalizing the doshas, helps in adequate formation of rasa and proper excretion of raja.
- Balya, Agnivardaka, dhatu poshaka and Rasayana karma of the drugs diminishes the generalised weakness developed due to excessive blood loss.
- Drugs having Vatanulomana and Vedana sthapana karma, brought about proper functioning of apana vata, thus reducing pain associated with excessive bleeding.
- Rakta pitta samaka, Agnivardhaka, Sthambhana, Mrdu virechana etc. karma of drugs have helped in reducing the duration of menstrual flow.
- Agni deepana property aids in appropriate formation of Artava from rasa dhatu and Sothagha karma of dravyas have helped in reducing congestion and raktha sthambhana karma in reducing the excessive amount of blood loss.
- Lekhana, grahi and Sthambhana properties of dravyas helps in reducing the thickness of endometrium resulting in reduction in bleeding.

However, Statistically Non significant results were obtained when results were analysed between the groups.

REFERENCES

1. Vaidya jadavji Trikamji, Editor. with Ayurveda Deepika commentary of Chakrapanidatta, Charaka Samhita by Agnivesha, chikitsa stana; Yoni vyapat chikitsitam adhyayam: chapter 30, verse 209, Varanasi: Chaukambha publications, 2013; 643: 738.
2. Vaidya jadavji trikamji, Editor. With Nibhandhasangraha commentary of Dalhana, Susruta Samhita of Susruta, Shareera sthana; Shukra shonita shuddhi shareeram adhyayam: chapter 2, verse 18-19, Varanasi: choukamba publication, 2017; 346: 824.
3. Vaidya jadavji trikamji, Editor. With Nibhandhasangraha commentary of Dalhana, Susruta Samhita of Susruta, Shareera sthana; Shukra shonita shuddhi shareeram adhyayam: chapter 2, verse 19, Varanasi: choukamba publication, 2017; 346: 824.
4. Dr. Nirmal Saxena, Editor. Vangasena Samhitha, Stree roga adhyaya: verse 29, Varanasi: Chowkhamba, Sanskrit series office, 2008; 962: 1326.
5. Pt. Parashuram shastri vidyasagar, Editor. commentaries adhamala's 'dipika' and kasirama's 'gudhartha -dipika' Sarangadhara Samhitha of Sarangadharacarya, madhyama khanda; Guggulu vidanam: chapter 7, verse 84-87, Varanasi: Choukhamba Surbharati Prakashan, 2006; 398: 204-205.
6. Dr. K. Nishteswar, Dr. R. Vidyanath, Edited. Sahasrayogam, kashaya prakarana; Varanasi: Chowkhamba, Sanskrit series office, 2008; 14.
7. Hoffman, et al, editor. Williams Gynecology, 3rd Edition. United States of America: Reproductive Endocrinology: chapter 15, Mc Graw Hill Education, 2016; 346: 1270.
8. Hiralal Konar, Editor. D.C.Dutta's Textbook of Gynecology including contraception, 6th edition, jaypee brothers medical publishers(p) Ltd, 2013; 185: 686.
9. Hoffman, et al, editor. Williams Gynecology, 3rd Edition. United States of America: Reproductive Endocrinology: chapter 15, Mc Graw Hill Education, 2016; 180: 1270.
10. Hoffman, et al, editor. Williams Gynecology, 3rd Edition. United States of America: Reproductive Endocrinology: chapter 15, Mc Graw Hill Education, 2016; 188: 1270.
11. Vaidya jadavji Trikamji, Editor. with Ayurveda Deepika commentary of Chakrapanidatta, Charaka Samhita by Agnivesha, chikitsa stana; Yoni vyapat chikitsitam adhyayam: chapter 30, verse 209, Varanasi: Chaukambha publications, 2013; 643: 738.