

## A CLINICAL STUDY ON THE NYAGRODHADI KVATH IN THE MANAGEMENT OF ASRGDARA

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Article Received on  
09 July 2023,

Revised on 30 July 2023,  
Accepted on 20 August 2023

DOI: 10.20959/wjpr202315-29125

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### INTRODUCTION

Since the evolution of the life in the Universe, Women have been placed on extreme worship place due to her power of '*Janani*'. That's why Acharya *Manu* has quoted that, for happiness of the human Society, it need to give proper care and respect to women.

The god has blessed the female with the most valuable gift of motherhood. The preparation of motherhood starts with puberty and ends with menopause.

The word *Artava* denotes two meanings one of them is *Antah Pushpa* and another one is *Bahir Pushpa*. Both *Antah* and *Bahir Pushpa* are interrelated. *Bahir Pushpa* is outward manifestation of appropriate work of *Antah Pushpa* which is necessary for conception. Here, the present study deal with *Bahir Pushpa* that is menstrual blood.

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.

Length of *Rituchakra* (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.

The menstrual rhythm (length of the cycle) depends upon the hypothalamo - pituitary - ovarian function where as the amount of blood loss depends upon the uterine condition.

*Asrigdara* indicated the excessive and irregularity of menses. In the female the reproductive system has a great importance and any disease in this system will seriously affect her health and happiness and also it proves to be a great discomfort. *Asrigdara* is one amongst the extensive range of occurrence.

Any abnormality in *Rituchakra* (menstrual rhythm) leads excessive and irregular uterine bleeding which is known as “*Asrigdara*” in classical text.

### AIMS AND OBJECTIVES

- To study the critical review of ayurvedic and modern literature on *Asrigdara*.
- To study the detailed etiopathogenesis of the *Asrigdara* according to ayurvedic and modern science.
- To evaluate the therapeutic efficacy of the drug.

Importance of the present study

- Due to changing life style and food habits
- Increased incidence
- Other systems fail
- Necessity

### NYAGRODHADI KWATH PREPARATION WITH DOSES

*Nyagrodha*, *plaksha*, *badar*, *maduyashthi*, *lodhra*, *pappali*, *jambu*, *amra*, *harad*, *kadamb*, and *bhilawa* all drug are in equal quantity and making slightly thick *KWATH*. Kwatha was formed according to standard method of Kwatha formation. Dose of kwatha remain 15-20ml mrng and evening per patient.

According to *SHARANGDHAR SAMHITA* doses of *KWATH* 8 *tola*.

Duration of the treatment is for 3 month.

### ASSESSMENT CRITERIA

Assessment will be analyzed on the basis of following criteria, before and after the treatment.

#### a) *Artava pramana*

- Grad 0 – spotting or 1pad/day

- Grad 1 – 2-3 pads/day
- Grad 2 – 4-5 pads/day
- Grad 3 – 6-7 pads/day

**Number of pads used**

- Grad 0 – 1-2pads completely soaked/cycle.
- Grad 1 – 3-4pads completely soaked/cycle.
- Grad 2 – 5-6pads completely soaked/cycle.
- Grad 3 – More than 7 pads completely soaked/cycle.

**b) *Rajasrava avadhi***

➤ Duration of flow.

- Grad 0 – 1-2 days/cycle
- Grad 1 – 3-4 days/cycle
- Grad 2 – 5-6 days/cycle
- Grad 3 – More than 7 days/cycle

**Statistical Method:** During clinical study, data was collected and tabulated. Such collected data was analyzed using appropriate student “t” test and conclusion was drawn based on result obtained. The changes with  $P < 0.05$  will be considered as statistically significant.

**FOLLOW-UP STUDY**

Follow-up study of every 15 days, for 3 months. The improvement was assessed by score card method.

**Final Assessment**

Cured- Cyclic normal menstrual bleeding.

Improved-Reduction in the duration and amount of bleeding No changes-No notable change in pattern and bleeding.

**OBSERVATION AND RESULTS****Statistical analysis**

Total 30 patients were registered in this study, out of that all 30 patients were studied in this research work. Each patient was observed thoroughly and noted neatly. The

observations are recorded and necessary charts and graphs were made.

**Table No. 1: Distribution of Patients Based on Age.**

Age in years	No. of patients and percentage	
	No. of patients	Percentage
20 – 30	18	60%
30 – 45	12	40%

Out of total 30 patients maximum patients were in age Group 20-30 years followed by age 30-45 years. They were 60% and 40% respectively.

**Table no. 2: Religion-wise distribution of patients.**

Religion	Number of patients
Hindu	18
Muslim	9
Christian	3

**Table no. 3: Occupation-wise distribution of patients.**

Occupation	Number of patients
House-wife	12
Business woman	3
Service	6
Students	6
Others	3

**Table no 4: Socio-economic status wise distribution of patients.**

Socio-economic status	Number of patients
Poor	5
Middle-class	10
Upper middle class	8
Rich	7

**Table no. 5: Dietary habits wise distribution of patients.**

Dietary habits	Number of patients
<i>Adhyasana</i>	5
<i>Vishmasana</i>	12
<i>Samshana</i>	13

**Table no. 6: Sleep pattern wise distribution of patients.**

Type of sleep	Number of patients
Sound	20
Disturbed	10

Table no. 7: Physical work wise distribution of patients.

Exercise	Number of patients
No exercise	10
Walking	13
Mild exercise	5
Moderate exercise	2
Heavy exercise	0

## RESULTS

Table No 8: Showing the Result of number of pads used in a day.

Symptom	BT Mean	AT Mean	Mean	%	SD(±)		SE(±)		T Value		pValue	
Number of pads used in a day	2.26	0.93	1.33	58.82	BT	0.573	BT	0.104	BT	118.57	BT	<0.001
					AT	1.028	AT	0.187	AT	27.22	AT	<0.001

Statistical analysis of result of **number of pads used in a day** showed that-the mean score which was 2.26 before the treatment was reduced to 0.93 after the treatment with 58.82% improvement. p value is <0.001, it is statistically highly significant.

Table No. 9: Showing the Result of amount of bleeding.

Symptom	BT Mean	AT Mean	Mean	%	SD(±)		SE(±)		T Value		pValue	
amount of bleeding	2.3	1.06	1.23	53.62	BT	0.976	BT	0.178	BT	70.66	BT	<0.001
					AT	0.352	AT	0.064	AT	90.71	AT	<0.001

Statistical analysis of result of **amount of bleeding** showed that-the mean score which was 2.3 before the treatment was reduced to 1.06 after the treatment 53.62% improvement. p value is <0.001, it is statistically highly significant.

Table No 10: Showing the Result of rajasrava avadhi.

Symptom	BT Mean	AT Mean	Mean	%	SD (±)		SE (±)		T Value		pValue	
rajasrava avadhi	2.4	1.1	1.3	54.16	BT	0.864	BT	0.157	BT	83.32	BT	<0.001
					AT	1.055	AT	0.192	AT	31.27	AT	<0.001

Statistical analysis of result of **rajasrava avadhi** showed that-the mean score which was 2.4 before the treatment was reduced to 1.1 after the treatment with 54.16% improvement. p value is <0.001, it is statistically highly significant.

**Table No. 11: Showing the result in percentage.**

Characteristics	Group		
Signs and Symptoms	Mean score		Percentage of relief
	BT	AT	
Number of pads used in a day	2.26	0.93	58.82%
amount of bleeding	2.3	1.06	53.62%
<i>rajasrava avadhi</i>	2.4	1.1	54.16%

### Result of the trial group is

The percentage of improvement in group is on the **Number of pads used in a day** is 53.62%, **amount of bleeding** is 53.62% and *rajasrava avadhi* is 54.16%.

Overall result of study is 55.53% improvement is there symptoms wise.

### CONCLUSION

Conclusions are the extracts squeezed out from the whole work after scrutinizing the study regarding *asrigdara* and its management following conclusions can be drawn.

- The word 'artava' has two meaning i.e. *antahpushpa* (ovum) and *bahirpushpa* (menstrual blood) but here it can be inferred as *bahirpushpa* (menstrual blood only).
- Production of *artava* depends upon *rasa* and *rakta dhatu* by proper *sthanika agni*.
- *Artava pravritti* depends upon proper function of *apana* and *vyana vayu*.
- A normal phenomenon of *artava* reflects the general health as well as the pelvic organs of the female body.
- Mainly the menstrual rhythm (length of the cycle) depends upon the hypothalamo pituitary ovarian function whereas the amount of blood loss depends upon the uterine condition.
- The endometrium which is the seat of *artava*, especially the *bahirpushpa* undergoes a series of cyclical changes in accordance with the influence of the hormones.
- It has been proposed that prostaglandins bring about an induction of vasoconstriction of endometrial arterioles, thereby causing endometrial ischemia and bleeding.
- *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.

### EFFECT OF THERAPY

Out of 30 patients, 1 patient shows no improvement, 14 patients show mild improvement, 14 patients show moderate improvement, 1 patient shows Marked improvement.

### RESULT IN SYMPTOMS

The percentage of improvement in group is on the **Number of pads used in a day** is 53.62%, **amount of bleeding** is 53.62% and ***rajasrava avadhi*** is 54.16%.

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