

A COMPARATIVE STUDY OF ASHOK TWAK KSHEERAPAKA WITH VIRECHANA KARMA IN ASRIGDARA W.S.R. TO DYSFUNCTIONAL UTERINE BLEEDING (DUB)

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ABSTRACT

Asrigdara mentioned in the Ayurvedic literature indicates the excessive and irregularity of menses. Any abnormality in *Rutuchakra* (menstrual rhythm) leads excessive and irregular uterine bleeding which we can compare to Dysfunctional Uterine Bleeding i.e. DUB as per modern medicine. Socio-economic conditions, geographical conditions, nutritional standards, environmental influences and strenuous physical and mental activities affect hormonal level and thus menstruation. Increase in the incidence *Asrigdara*, requires a permanent solution, the medicine which can be easily available, low cost and with minimum side effects. Keeping this in view, we decided to conduct clinical study on '*Asrigdara*' aiming at providing effective medicinal management of *Asrigdara* as well as associated conditions like anaemia and general debility, without any side effects and for reducing surgical interventions. In this clinical study 60 patients of *Asrigdara* were selected. As per *samprapti* (pathophysiology) of disease vitiated main *dosha* is *Pitta* and *Rakta* and vitiated *Apanvayu*, *Virechana karma*, (*Shodhana* Therapy – body purification therapy) is selected for study. One group is treated with *Shamana* therapy. (*Ashok twak khreerapaka*) and *Virechana karma*. Second group is treated only with *Ashok twak khreerapak* (*Shamana chikitsa* – Disease Pacifying therapy). When both results are compared to the group which was treated by medicinal and body purification therapy (*Virechana karma*) shows better result than other one.

Keywords: *Asrigdara*; Dysfunctional Uterine Bleeding; *Virechana karma*; *Ashok twak khreerapaka*.

INTRODUCTION

Nature has conferred special anatomical and physiological characteristics in the woman which are collectively referred to as — *Streekar Bhavas*. One among

them is the concept of '*Rajapravritti*'¹ i.e. menstruation. Excessive and irregular uterine bleeding seri-

ously affects her health and happiness and also it proves to be a great discomfort.

Ayurveda is the science of life aims at the maintenance of health and cure of disease. Ayurvedic texts have described variety of treatment options in the management of *Asrigdara*. *Ashoka twak kshirapaka* being *Raktastambhaka*, *Garbhashaya-sankochaka*, *vedanasthapana* and *balya* have been selected for present study.^{2,3}

To prevent recurrence of heavy bleeding and irregularity of menstrual cycle, increased vitiated *doshas* should be removed from body and 'Panchakarma *chikitsa*' of Ayurveda is best for it⁴. The importance of the 'Yoni Shuddhi' for conception is brought about by Acharya Charaka⁵. 'Shuddha Yoni' includes normal 'Artav Pravrutti'.

So, along with *Shaman chikitsa* of *Ashoka twak kshirapaka*, *Virechana karma* is selected for study. Aiming to search on permanent relief from *Asrigdara* for maintaining normal *Rutuchakra*.

Aim: To study comparison between *Ashok twak ksheerapaka* with *Virechana* in *Asrigdara* w.s.r. to Dysfunctional uterine bleeding (DUB).

Objectives:

1. To evaluate effect of *Virechan (shodhana therapy)* in *Asrigdar*.
2. To evaluate the effect of *Ashok twak ksheerapaka (Shamana Therapy)* in *Asrigdara*.
3. To compare the efficacy of both *Virechan (shodhana therapy)* and *Ashok twak ksheerapaka (Shamana Therapy)* in *Asrigdara*.

Materials and Method:

Materials used were -

A) For *virechan karma*:

Schedule for *Virechana Karma*

Poorvakarma:-

1. *Deepana Pachana*- As per the condition of Agni, *Deepana* and *Pachana* was done for 2-3 days by *Shankhvati*⁶ in a dose of 250 mg twice in a day.
2. *Snehana*: According to *Koshtha* and *Agni*, *Mahatiktak ghrita*⁷ was given for *Snehapana* in an

increasing dose of 30 ml/day maximum upto 210 ml/ day for a period of 3-7 days.

Bahya Snehana and *Swedana*: *Tila Taila Bahya Snehana* and *Sarvanga Mridu Vashpa Sweda* were done twice for 3 days after achieving *Samyaka Snehana Lakshanas*.

Pradhana karma:

Virechana Kashaya was prepared by mixing - *Triphala +aaragwadha (Cassia fistula) phal majja kwatha* – 100ml, *Trivrutt choorna* (*Operculina turpethum*) – 2 gm and *Erand taila* –60 ml
It was given in the morning at 10 a.m.

Paschat Karma:

Samsarjana Krama - Depending upon *Shuddhi*, *Samsarjana Krama* was done for 3-7 days in which *Peya*, *Vilepi*, *Yusha*, *Ghrita Yukta Krushara*, etc., were given after *Virechana*.

B) Ashoka twak ksheerapaka^{2, 8}:-

Drug - *Ashok- saraka indica* Dose – 40ml BD

Kheerapaka was prepared by *kheerapaka vidhi* mentioned in the *Dravyaguna vigyana* of Acharya *Yadavaji Trikamaji*⁹.

Methodology -

- Type of study: Open Randomised Comparative Experimental study.
- Number of patients : 60

Group A: (*Shodhana + Shamana*) 30 patients: *Virechan* with *sansarjan kram palan* during intermenstrual period. *Ashok twak ksheerapaka* 40 ml BD (*Apan kale*) for 7 days for 3 consecutive cycles during menstrual period. (*Shodhana + Shamana chikitsa*)

Group B: (*Shamana Chikitsa*) 30 Patients: *Ashok twak ksheerapaka* 40 ml BD (*apan kale*) for 7 days during menstrual period for 3 consecutive cycles. (*Shamana Chikitsa*)

Criteria applied for selection of patients:

Inclusion Criteria:

1. Age group 12 to 50yrs.
2. Excessive menstrual flow quantitatively.
3. Increase in number of days of menstrual flow.
4. Reduction in the intermenstrual cycle period.
5. Dysfunctional uterine bleeding.

Exclusion Criteria:

1. Pregnancy i.e. Abortional bleeding.
2. HIV/ VDRL / HbsAg positive.
3. Patients below the age of 12 yrs and above the age of 50 yrs.
4. Any uterine anatomical abnormalities i.e bleeding from polyps, erosions, cancer, fibroid.
5. Systemic diseases
6. Post menopausal bleeding.
7. History of bleeding from the site other than the uterus.
8. Coagulation disorders.

Subjective Criteria was -

1. *Artawa atipravrutti*: (heavy menstrual bleeding)

Grade 0	0- 1 to 3 pads/day
Grade1	4 to 5 pads/ day
Grade2	6 to 7 pads/ day
Grade3	more than 7 pads/day

2. *Grathita artava*: (bleeding with clots)

Grade 0	No clots
Grade1	1 or 2 clots
Grade2	3 to 7 clots
Grade3	more than 7 clots

3. *Adhodarshool*: (lower abdominal pain)

Grade 0	Menses not painful
Grade1	Menses painful but daily activities not hampered
Grade2	Menses painful and daily activities are slightly hampered
Grade3	Menses painful and daily activities are hampered and oral treatment required

Observation & Results are:

Statistical analysis:

Table 1: Effects of therapy on subjective parameters in Group A by Wilcoxon match pair test:

Sr. No	Symptom		Mean	SD	SE	W	p
1	<i>Aartav -atipravritti</i>	BT	2.53	0.50	0.0926	465	0.0011 Extremely significant
		AT	0.1	0.40	0.0735		
		DIFF	2.433	0.6261	0.1143		
2	<i>Adhodara shool</i>	BT	1.367	0.6687	0.1221	378	0.067 significant
		AT	0.1000	0.3051	0.05571		

4. *Angmarda*: (Body ache)

Grade 0	No pain
Grade 1	Didn't disturbed daily routine, felt only when relaxing
Grade 2	Routines were disturbed due to pain
Grade 3	Pain disturbs daily routines & could not be tolerated by medicated aid.

Objective Criteria was –

1. Ultrasonography:- Endometrial thickness-Before & After treatment.
2. Weight of pads
3. Hb in gm% before and after treatment

Total effect of therapy:

Percentage of relief in symptoms with respect to the patient was taken as follows and was classified accordingly:

1. Cured-more than 75%
2. Markedly improved-50% or more
3. Improved- between 25% to 50%
4. Unchanged- less than 25%
5. LAMA- left against medical act

Statistical tests applied:

Unpaired t tests were applied to compare the parametric data between the groups.

Mann whitney's test was applied to compare the non parametric test between the groups.

Paired t test was applied to compare the parametric data for within the group.

Wilcoxon match pair test was applied to compare the non parametric test within the group.

Level of significance determined as $P < 0.05$

		DIFF	1.267	0.6915	0.1262		
3	<i>Grathita artavata</i>	BT	1.034	0.8230	0.1528	231	0.0365 Significant
		AT	0.06667	0.3651	0.06667		
		DIFF	0.9655	0.7311	0.1358	231	
4	<i>Angamarda</i>	BT	2.067	0.5833	0.1065	465	0.0101 Significant
		AT	0.1667	0.3790	0.06920		
		DIFF	1.900	0.5477	0.1000	465	

(BT=Before Treatment, AT= After Treatment, DIFF= Difference, SD= Standard Deviation, SE= standard Error, p= p value, or calculated probability)

Table 2: Effects of therapy on subjective parameters in Group B by Wilcoxon match pair test –

Sr. No	Symptom		Mean	SD	SE	W	p
1	<i>Aartav-atipravritti</i>	BT	2.333	0.5467	0.09981	435	0.0233 significant
		AT	0.5667	0.7279	0.1329		
		DIFF	1.767	0.7279	0.1329		
2	<i>Adhodara shool</i>	BT	1.433	0.8179	0.1492	325	0.143 Significant
		AT	0.2000	0.4842	0.08841		
		DIFF	1.233	0.7739	0.1413		
3	<i>Grathita artavata</i>	BT	1.333	0.9942	0.1815	231	0.0271 Significant
		AT	0.1667	0.3790	0.06920		
		DIFF	1.167	0.9129	0.1667		
4	<i>Angamarda</i>	BT	1.733	0.5208	0.09509	435	0.0486 Significant
		AT	0.2467	0.5208	0.09509		
		DIFF	1.467	0.6288	0.1448		

(BT=Before Treatment, AT= After Treatment, DIFF= Difference, SD= Standard Deviation, SE= standard Error, p= p value, or calculated probability)

Table 3: Results of non parametric data between two Groups By Mann Whitney U Test -

Sr. No	Symptom	ΣR1	ΣR2	SD1	SD2	p
1	<i>Aartav - atipravritti</i>	752.50.	1077.5	0.4026	0.7279	0.0144 Significant
2	<i>Adhodarashool</i>	883.50	946.50	0.3051	0.4842	0.6319 Not significant
3	<i>Grathita artavata</i>	857.50	972.50	0.3651	0.3790	0.3769 Not significant
4	<i>Angamarda</i>	778.50	1051.5	0.3051	0.5683	0.0395 Significant

(SD1= Standard Deviation 1, SD2 = Standard Deviation 2, p= p value or calculated probability)

Effect of therapy in each group is calculated using Wilcoxon match pair test (Table 1, Table 2) and comparison between two groups with respect to symptoms score was statistically evaluated by Mann- Whitney test (Table 3). There significant difference found in

Aartava atipravritti as well as *Angamarda* in group-A and group-B. Group - A more effective for decreasing these symptoms. But, *Adhodarshool* and *Grathita artavata* it is not significant.

Table 4: Effect on objective parameters of 30 patients of *Asrigdara* in group-A By paired ‘t’ test

Sr. No	Objective parameters in respective unit		Mean	SD	SE	t	p
1	Endometrial Thickness	BT	8.177	2.222	0.4056	6.835	0.0159 Significant
		AT	5.447	1.657	0.3025		
		DIFF	2.731	2.188	0.3995		
2	Weight Of Pads	BT	119.03	12.181	2.224	27.271	< 0.0001 Extremely Significant
		AT	72.167	8.095	1.478		
		DIFF	46.867	9.413	1.719		
3	Hb %	BT	10.503	1.426	0.2603	2.24	< 0.0001 Extremely Significant
		AT	10.937	0.7430	0.1357		
		DIFF	-0.4333	1.057	0.1931		

(SD= Standard Deviation, SE= standard Error, p= p value or calculated probability)

Table 5: Effect on objective parameters of 30 patients of *Asrigdara* in group-B By paired‘t’ test

Sr. No	Objective parameters in respective unit		Mean	SD	SE	t	p
1	Endometrial Thickness	BT	7.730	1.662	0.3034	3.933	0.011 Significant
		AT	5.757	1.811	0.3307		
		DIFF	1.973	2.748	0.5017		
2	Weight Of Pads	BT	115.73	13.117	2.395	11.890	< 0.0001 Extremely Significant
		AT	77.233	11.515	2.102		
		DIFF	38.500	17.735	3.238		
3	Hb %	BT	10.393	1.151	0.2102	5.131	< 0.0001 Extremely Significant
		AT	11.210	0.8231	0.1503		
		DIFF	-0.816	0.8718	0.1592	5.131	

(SD= Standard Deviation, SE= standard Error, p= p value or calculated probability)

Table 6: Results of parametric data between two Groups By unpaired t Test -

Sr no	Objective parameters in respective unit		Mean	SD	SE	t	P
1	Endometrial Thickness	Group-A	5.447	1.657	0.3025	0.6917	0.3171 not Significant
		Group-B	5.757	1.811	0.3307		
2	Weight Of Pads	Group-A	77.233	11.515	2.102	1.972	0.0312 Significant
		Group-B	72.167	8.095	1.478		
3	Hb %	Group-A	10.937	0.7430	0.1357	2.406	0.0193 Significant
		Group-B	10.460	0.7907	0.1444		

(SD= Standard Deviation, SE= standard Error, p= p value, or calculated probability)

This table 6, shows that in Group-A decrease in heavy bleeding was significant compared to Group –B and also increase in Hb% was significant in Group –A.

Table 7: Total effect of therapy in 60 patients of *Asrigdara* in %:

SR. NO.	Total effect of Therapy	Group – A		Group - B		Total	
		No. Of Pts.	%	No. Of Pts.	%	No. Of Pts.	%
1	Cured	3	10%	1	3.33%	4	6.66%
2	Markedly improved	17	56.6%	9	30%	26	43.3%
3	Improved	9	30%	18	60%	27	45%
4	Unchanged	1	3.33%	2	6.66%	3	5%
5	LAMA	0		0		0	

(Pts= Patients)

As per result shown in table 7, In case of group-A, i.e. *shamana + shodhana* therapy, 17 patients (56.66%) having markedly improvement, 9 patients (30%) were improved and 3 patients (10%) cured and 1 patient (3.33%) having no change in treatment.

In case of group-B, i.e. only *shamana* therapy without *shodhana*, 9 patients (30%) having markedly improvement, 18 patients (60%) were improved, 1 patient get cured and 2 patient (6.66%) having no change in treatment i.e. improvement is more in *Asrigdara vyadhi* after giving *shamana + shodhana* therapy.

Demographic data Analysis:

Age: In both groups, patients from age 25-37 yrs are more i.e. more patients are from reproductive age group.

Religion: No conclusion can be drawn.

Educational Status: No conclusion can be drawn.

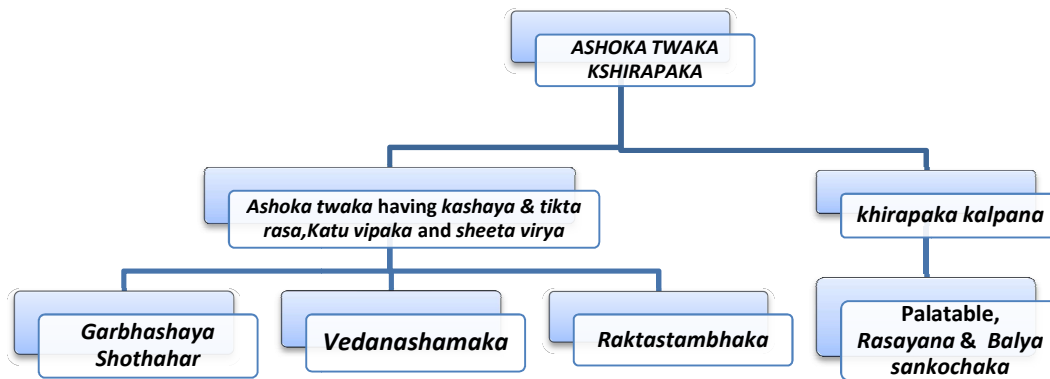
Economical Status: No conclusion can be drawn.

Occupational Status: 55% were in service. This data indicates mental stress over physical stress and negligence towards proper health.

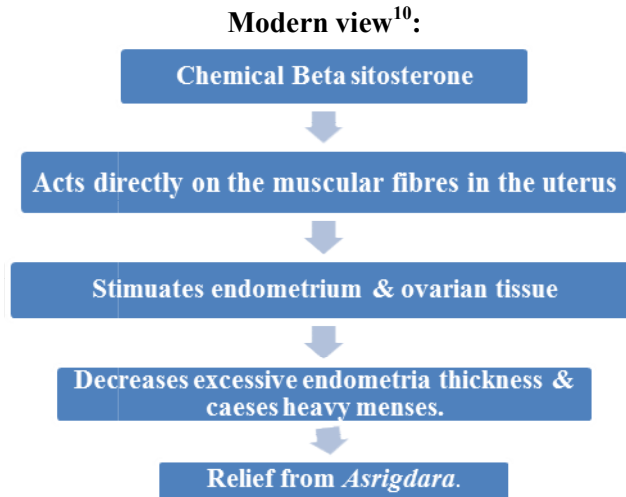
Prakriti: This shows that *Asrigdara* is commonly seen in people with *pitta-vata* (33.3%) and *Vata-Pitta* (30%) *Prakriti*.

Parity: Maximum patients found were multipara.

PROBABLE MODE OF ACTION

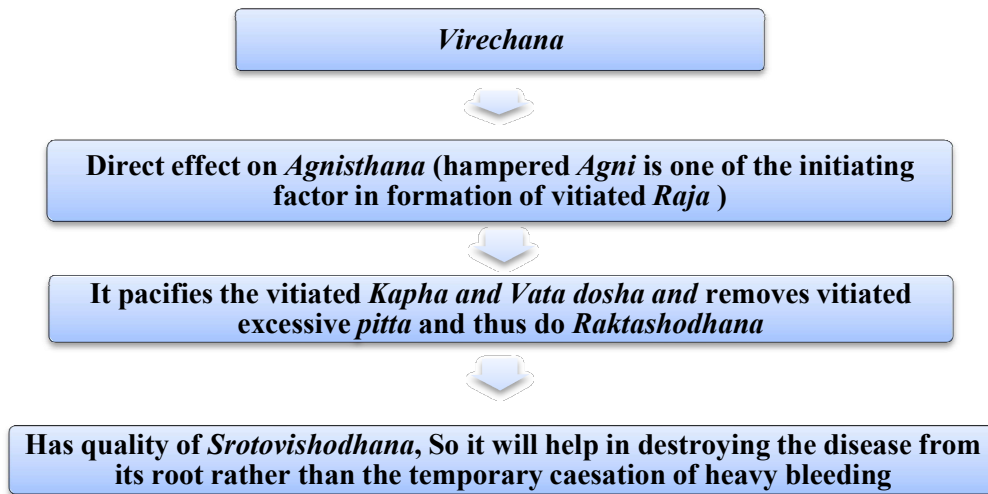


So, it gives relief from *Asrigdara* as well as Dysmenorrhoea and also relief from symptoms like *Angamarda* and *Daurbaya*.



Probable mode of action of virechana karma in asrigdara: The predominant *Dosha* in *Asrigdara* being

pitta and also *raktadushti* is there, *Virechana* serves as the best *Shodhana* therapy.



CONCLUSION

So, it is concluded that '*virechana karma*' with '*Ashoka twak ksirapaka*' therapy is more effective for *Asrigdara* than only giving *Shamana* therapy with '*Ashoka twak ksirapaka*'. Also it proves effectiveness

in case of Anaemia found in patients having *asrigdara*.

This indicates *shaman chikitsa* with *shodhana* therapy is more effective than only *shamana chikitsa*.

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