



ISSN Print: 2394-7500
ISSN Online: 2394-5869
Impact Factor: 5.2
IJAR 2017; 3(1): 630-634
www.allresearchjournal.com
Received: 24-11-2016
Accepted: 25-12-2016

Dr. Himangi V Baldaniya
HOD and Associate Professor,
Department of Prasuti-tantra
and Stri-roga (Gynaec.)
Government Akhandanand
Ayurveda College, Bhadra,
Ahmedabad, Gujarat, India

Role of 'Darvyadi Ghana Vati' in the management of Asrigdara

Dr. Himangi V Baldaniya

Abstract

Asrigdara is an abnormal state characterized by excessive, prolonged, frequent of irregular menstrual bleeding. Incidence of patients with excessive and irregular menstrual bleeding advised to undergo hysterectomy are increasing day by day leading to disastrous psychiatric complaints, therefore an effective non surgical management is necessary for curing it. Hence an Ayurvedic preparation was made with reference of Bhavaprakasha Chikitsasthana 68/8 as Darvyadi Kwath (Darvi, Rasanjana, Kirata Tikta, Vasa, Musta, Rakta Chandana, Arka Pushapa, Bilva) though as per suitability and applicability to the patient it was made as "Darvyadi Ghana Vati" and another control group was administered "Raktasthambhaka Yoga". Both group were administered 3gms/day in three divided doses for 2 months. The effect of therapy on chief complaints of both groups have shown good results, but more relief was observed on chief complaints in group-A, i.e. Darvyadi Ghana Vati. 36.36% pt. were completely cured in this group.

Keywords: Asrigdara, excessive, prolong, frequent and irregular menstrual bleeding, pradara, Darvyadi Ghana Vati, Raktasthambhaka yoga

1. Introduction

The word "Artava" denotes two meanings one of them is Antah Pushpa and another one is Bahir Pushpa. Here, the present study deal with Bahir Pushpa that is menstrual blood. Generally, Rakta reaching uterus and coming out from the genital tract for three days in every month is called Artava.

According to Acharya Charaka, from the various kind of food ingested there are formed assumable nutrient fluid called the Prasada Bhaga and Mala Bhaga [1]. Just after the completion of Jatharagni and Bhutagnivyapaar, Prasada Bhaga converts into Ahara Rasa upon which Rasadhtvagni acts and produces two main parts named as Sthulabhaga and Sukshma bhaga. Amongst them Sthula Bhaga is used as Upadhatu i.e. Artava [2]. The raja is formed from Prasad bhaga of rasa [3]. Acharya Kashyapa believed that, the blood in adult females during their reproductive period enters into Garbhakoshtha through Rajovaha Shira which fills the uterus every month and after the completion of one month the Artava is expelled out by them [4] while Sushruta says that the blood collected for whole month by both the Dhamnis (uterine vessels and their endometrial capillaries) assuming Ishat Krishna Varna and specific Gandha is brought downward to Yonimukha by Vayu for excretion [5].

Shuddhartava is one of the most essential factor for the healthy progeny [6]. Acharya Vagbhatta denotes Artava Pramana measuring to four Anjali. Acharya Charaka quoted that there is no fixed quantity of Artava. Regarding Artavsrava Kala, Acharya Charaka given 5 days while Vagbhatta and Bhavamishra given 3 days, Harita and Bhela given 7days [7] of Artavasrava Kala. Artavasrava Kala varies with individuals and Artava Pravritti Chakra Kala is one month according to our ancient Acharya. Modern book refers that if menstruation starts, it continues cyclically at intervals of 21 to 35 days [8]. The duration of bleeding is about five days and measurement of menstrual blood loss (20ml to 60 ml) is also varies from individual to individual [9].

The terms Asrigdara is given by Acharya Sushruta and Pradara by Charaka. Charaka defined this word due to Pradirana (excessive excretion) of Raja (menstrual blood) it is named as "Pradara" and since, there is Dirana (excessive excretion) of Asrik (menstrual blood) hence it is known as "Asrigdara" [10]. Acharya Dalhana has described clinical feature of Asrigdara i.e Excessive and prolonged or prolonged blood loss during menstruation or even scanty blood loss during inter-menstrual period is 'Asrigdara' [11].

Correspondence

Dr. Himangi V Baldaniya
HOD and Associate Professor,
Department of Prasuti-tantra
and Stri-roga (Gynaec.)
Government Akhandanand
Ayurveda College, Bhadra,
Ahmedabad, Gujarat, India

Aharaj	Viharaj	Manshika	Anya
Lavana, Amla, Guru, Katu, Vidahidravaya, Snigdhadravya, Mamsa, Krishara, Payasa, Dahi, Shaktu, Mastu, Sura In Excess Quantity ^[12] Viruddha bhojana, Ati Madhya sevana, Adhyashana, Ajeerana ^[13] .	Ati Maithuna, Ati Yana, Ati Marga Gamana, Ati Bharavahana, Divaswapna ^[14] .	Soka ^[15]	Garbhapata, Abhigata ^[16]

Because of various causative factors Tridosha are get vitiated and leads to "Agnimandhya" which leads to Rasagni Vaishmya and this again leads Vikrut Rasa Dhatu Nirmana. Hence, the Artava is Upadhatu of Rasa also get Vitiated and Rakta, due to its Rasabhavata gets vitiated and increases in amount by the Pitta Prakopaka Nidana Sevana, the Sara and Drava Guna of Pitta being especially vitiated. This factors effect the uterine vascular apparatus leading to uterine congestion and increasing uterine circulation along of this Pittavrutapana and its Chala Guna of Apana Vayu leads to excessive and irregular bleeding which is term as "Asrigdara".

Asrigdara is classified in four groups i.e. Vataja, Pittaja, Kaphaja, Sannipataja^[17]. Acharya Charaka has described the only one symptom i.e. presence of excessive bleeding during menstruation. Acharya Sushruta and Madhava Nidana etc. have mentioned weakness, giddiness, mental confusion, feeling of darkness, dyspnoea, thirst, burning sensation, delirium, anaemia, drowsiness and convulsion etc. disorders of Vata as complication of excessive bleeding^[18]. Acharya Charaka and Vagbhatta have mentioned edema as a complication^[19].

2. Material and Method

The patients attending the O.P.D. and I.P.D. of Striroga and Prasuti Tantra, Department of Kaumarbhritya, I.P.G.T. and R.A., hospital are registered for present study.

3. Criteria for the Selection of the Patients

Patients who have complained cardinal and associated symptoms of Asrigdara were randomly selected for the study. The quantity of menses is excessive which were decided by the weight of pad used. The pads used during the period were of the same company.

4. Criteria for Exclusion of the Patients

Bleeding from the polyps and erosion, cancer, fibroid, Bleeding after menopause, Abortional bleeding, History of the bleeding from the site other than the uterus, Coagulation disorders.

5. Investigation

Blood: Hb gm%, TC, DC, ESR, Platelet, BT, CT.

Urine and Stool: Routine and Microscopic examination.

USG: To rule out any uterine pathologies.

Other investigation like hormonal level and E.B. if required.

6. Management of the Patients

All the selected patients fulfilling the criteria of selection were randomly divided into 2 groups. We selected Darvyadi Ghana Vati as a group-A. In present study on the basis of reference available in Bhavaprakasha Chikitsasthana 68/8. The ingredients of Darvyadi Ghana Vati are Darvi, Rasanjana, Kirata Tikta, Vasa, Musta, Rakta Chandana, Arka Pushapa, Bilva. All the drugs have been taken in equal quality and in group-B Raktastambhaka Yoga, the ingredients are 1-1 part Majuphal & Gairika, 5 part Sphatika & 15 part Khadira as a standard control group. Both this groups pt. Given orally 2 Tab. 3 time a day (500 mg each)

with Madhu Anupana for 2 months of treatment duration & after the treatment 2 month for follow-up study.

7. Criteria for Assessment

The criteria for assessment of treatment are based on improvement in cardinal symptoms. They will be shown by grading method like.

Table 7.1: Assessment of Duration of Bleeding

Duration	Score	Grade
< 5 days	0	Nil
6 to 7 days	1	Mild
8 to 9 days	2	Moderate
> 9 days	3	Severe

Table 7.2: Assessment of Inter Menstrual Period

IMP	Score	Grade
25 to 30 days	0	Nil
20 to 24 days	1	Mild
15 to 19 days	2	Moderate
< 15 days/irregular	3	Severe

Table 7.3: Assessment of Amount of Blood Loss

AOBL	Score	Grade
61 to 80 gm	0	Nil
81 to 100 gm	1	Mild
101 to 120 gm	2	Moderate
> 120 gm	3	Severe

7.4 Method for Assessment of Amount of Blood Loss

We gave advised to the entire Pt. To use same company-sanitary pads during menstrual period (before, during, after treatment). Weight of given one pad was 10 gm. Weights of pads used by patients were deducted from the weight of total number of pads by same weighing machine. Thus we found the difference or amount of bleeding.

Table 7.5: Assessment of Other Associated Symptoms

Symptoms	Score	Grade
Relief in all present symptoms	0	Nil
75% relief in all present symptoms	1	Mild
50% relief in all present symptoms	2	Moderate
All symptoms present	3	Severe

Table 7.6: Total relief by the therapies was assessed on the basis of percentage of percentage of relief obtained

Percentage of Relief	Effect
More than 75 %	Cured
51-75 %	Markedly improved
26-50 %	Improved
Less than 25 %	No improvement

8. Diet & Instructions

Patients give advised to take a normal diet. Avoid excessive oily, sweet, spicy, fried food, curd, fermented food, over diet and sour items. To have more green vegetable fruits, and more milk.

Patients were asked to avoid heavy exercise, excessive intercourse, avoid Upavasa, Adhyashana, Ratrijagrana,

Divaswapna, Atibharavahana, journey, heavy work and other Nidana. Patients were psychologically counselled and advised to avoid Chinta, Shoka, Krodha, etc. General advice regarding maintenance of proper hygiene and habits were also given. Do Pranayama for 10 minutes a day.

9. Observations and Results

Total 13 patients were registered in group A, amongst them 11 patients had completed the treatment and 02 left against medical advice. In group B, 10 patients had completed the treatment while 02 patients left against medical advice. Hence, the total number of patients is 25 for the present study, so observation of 25 patients and results of 21 patients are given below.

It was found that maximum number of patients i.e. 24% belonged to age group of 26-30 years, followed by 20% patients each to 21-25 and 31-35 years age group, 16% patients belonged to 15-20 years, 12% were belonged to 36-40 years and 8% were belonged to 41-45 years of age group and maximum i.e. 84.00% patients were Hindu followed by 16% of Muslim, 60% patients were belonging to middle class, 28% were from lower class and 12% were belonging to upper society, 60% patients were housewives, 84% were married while 16% were unmarried.

About past menstrual history of patients 84% had regular cycle, 92% had average amount of blood loss, 76% had darkish red with liquid blood loss, 20% had foul smelling and 28% had painful menses. While in present Menstrual history 80% patients had Present regular cycle and 20% had irregular cycle, all the patients 100% had heavy menstrual blood loss, 80% had bright red or black with clots blood loss, 20% had darkish red with liquid blood loss, 64% had foul smelling and 76% had painful menses. 44% patients had more than 120 gm blood loss, while 36% had amount of blood loss was 81 – 100 gm, and 20% had total blood was 101 - 120 gm. 48% patients had bleeding duration of 6 – 7 days while 24% had bleeding duration of 8 – 9 days, whereas 16% and only 12% had bleeding duration more than 9 days and 4 – 5 days respectively. 40% patients each were having inter menstrual period of 25 – 30 days and 20 – 24 days, while 12% patients were having below 15 – irregular and 8% patients were having 15 – 19 days inter menstrual period. 92% patients had Daurbalyata, followed by 84% had Angamarda, 64% had Tandra, 56% had Daha, 52% each in Bhrama and Aruchi, 48% had Panduta, 44% had Trusha, 28% had Shwasa, 24% had Tamah Pravesha. 66.66% patients were multiparous, While 23.80% had primipara and only 09.52% patients had no obstetric history among the 57.14% had negative history of abortion, while 28.57% had one abortion history, 9.52% and 4.76% had positive history of abortion twice and thrice respectively. 68% patients were having vegetarian diet, 80% were of Katu Rasa dominant, 76% Lavana Rasa, 72% Amla Rasa, 52% Madhura Rasa, 36% Tikta Rasa and 20% Kashaya Rasa, 56% were taking Tikshna Guna dominant diet, 52% were having each Guru and Ushna Guna dominant diet in routine. 84% patients found in Shoka, 64% had Krodha, 60% had Bhaya, 48% had Tanava and 16% had Chinta. 42.85% patients had history of frequent coitus i.e. 3 – 4 time/week, while 33.33% patients were history of coitus i.e. 2 – 3 time/week and 23.80% had frequency of coitus 1 – 2 time/week. 68% patients had Vata-pitta Prakriti, 24% had Vata-kapha Prakriti and 8% patients had Pitta-kapha Prakriti. 68% patients were of Madhyama Sara, 60% patients were of Madhyama Samhanana and Satmya, 56%

patients were of Madhyama Satva and Jarana shakti, 88% patients were of Madhyama Abhyavaharana Shakti, 64% patients were having Madhyama Vyayama Shakti, 40% patients were Krusha while 32% patients were of Madhyama and 28% patients were Sthula (obese).

48% were having Paitika type of Asrigdara, while 32% patients were having Vatika type and 20% patients were having Kaphaja type of Asrigdara. 100% patients were having Artavavaha Srotodushti, while 60% were having Rasavaha Srotodushti and 52% each were having Annavaha and Raktavaha Srotodushti. 88% patients were having normal U.S.G. report, in gynaecological P/S examination 100% were having no Vulvitis Vaginitis. In gynaecological P/V examination of uterus shows that 52.83% patients were having the position of uterus Retroverted Retroflexed, 95.23%) had normal size of uterus, consistency of cervix was observed normal in 66.66% patients and 47.61% patients had normal fornices. 47.61% patients were having no vaginal discharge, 42.85% were having watery vaginal discharge, 4.76% patients were having curdy and yellowish vaginal discharge. 80.95% patients were having normal cervix, and 95.23% patients were having parous Os.

About the causative factors- 84% patients had Shoka, 80% were having Katu Rasa, 76% patients were having Lavana Rasa, 68% patients reported to have Divaswapna, 56% patients were having Vidahi Anna, 52% patients were having Guru Ahara, 48% patients were having Dahi, 36% patients each were having history of Garbhapata and Atimathuna, 24% patients were having habit of Viruddha Ahara, 20% patients were having Adhyashana and 12% patients were having Snigdha Ahara in their causative factors.

9.1 Effect of Therapy

The effect of therapy on chief complaints of both groups have shown good results, but percentage wise Darvyadi Ghanavati gave 88.88% relief on duration of blood loss, 100% on Interval between two cycles and 55.55% on Amount of total blood loss during one period while Raktastambhaka Yoga gave 70% relief on Duration of blood loss, 57.14% on Interval between cycle, and 31.57% relief on Amount of blood loss. So, more relief was observed on chief complaints in Group –A i.e. Darvyadi Ghanavati.

The effect of Darvyadi Ghanavati on associated symptoms, shown that in Angamarda 68.18%, Daurbalya 82.35%, Bhrama 85.71%, Tamahpravesha 66.66%, Trusha 90%, Daha 84.61%, Panduta 38.46%, Tandra 80%, Shwasa 50% and in Aruchi 66.66% relief was achieved. And Raktastambhaka Yoga gave relief in Angamarda 50%, Daurbalya 71.42%, Bhrama 85.71%, Tamahpravesha 50%, Trusha 50%, Daha 80%, Panduta 14.28%, Tandra 62.50%, Shwasa 50%, and in Aruchi 61.53%.

The effect of Darvyadi Ghanavati on Artavavaha Srotasa, shown that Kashtartava was reduced by 68.18%, clot reduced by 63.15% and foul smelling reduced 92.85% and Raktastambhaka Yoga reduced Kashtartava 50%, clot 61.52% and foul smelling 90.47%.

Darvyadi Ghanavati provided statistically significant increase in Hb gm%, platelets and decrease the bleeding time.

10. Discussion

Raja is described as Upadhatu in our classics. We understand the difference of opinion regarding the formation of Raja with the help of modern science. Ahara Rasa or

Rasadhatu is having nutritive substances like glucose, amino acids, fatty acids etc. Some reproductive hormones of the body are made by protein so they are known as protein hormones mainly i.e. follicular stimulating hormone and luteal hormone. Some are made by cholesterol. They are known as steroidal hormones mainly oestrogen and progesterone.

Menstrual blood comes from the uterus but it forms according to hormonal level of the ovary. If Ahara Rasa or Rasadhatu is having all nutritive substances in proper quantity and quality, the body secretes the proper amount of hormones therefore, their functions are normal. Due to proper level of ovarian hormones, the endometrial thickness will be formed properly. In other words it can be said that if the basic health of a woman governed by Rasadhatu is deteriorated, then also the Artava would be influenced.

Asrigdara manifesting as excessive bleeding per vagina is seen to be an age old disease known to mankind since the era of Veda and Purana. Excessive and irregular menstrual bleeding condition is similar to Asrigdara a gynaecological condition mentioned in Ayurvedic classics.

Variations in pad weight were observed in 3 patients during the treatment and follow-up (i.e. during and after treatment of 2 months). These were a significant increase in the pad weight, which was again decreased after the completion of the treatment. The reason behind this was found that, the patients suffering from depression due to social problems had a sudden increase in menstrual bleeding.

Emotional influence such as changes in environment, nervous tension, anxiety states, unsatisfied sex urge, marital upset, stress situations, etc. can cause excessive menstrual blood loss. (These factors operate through the endocrine system which is influenced by the hypothalamus, more probably through the autonomic nervous system which controls the blood vessels supplying the pelvic organs. This can be co-related to the nidana i.e. Chintyanam Cha Atichintanat.

One such study shows that patients suffering from mild to moderate depression had menorrhagia^[20].

Acharya Charaka has mentioned Asrigdara is a one of the Upadrava of all Yoni Vyapada. Sometimes it is a diseased condition or a symptoms of other diseases or/ is the complication of the disease. Asrigdara is one of the complications of Dushprajata^[21].

We have been selected Darvyadi Ghanavati due to its smaller dosage form and it also helps in dose maintenance. Madhu was selected as Anupana because it is given as Anupana in Bhavaprakasha and it has Yogavahi property also. In Darvyadi Ghanavati 87.50% Tikta rasa, 50% Kashaya Rasa, and 25% katu and Madhura rasa found about the guna 87.50% laghu, 100% Ruksha and 12.50% Guru and Tikshna guna found, 62.50% dravyas found Ushna and 37.50% were found Sheeta Virya and 100% dreavyas vipaka found katu. Doshagnata of Dravyadi Ghanavati drugs 75% were found Kaphapitta Shamaka and 12.50% drugs found Kaphavata shamaka and Vatapittakapha Shamaka property.

11. Conclusion

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. 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.

The effect of therapy on chief complaints of both groups have shown good result but total effect of therapy shown that In Group-A, 4 patients 36.36% were completely Cured, 6 patients were Markedly improved 54.54% and 1 patient 9.9% was improved. In Group-B, 2 patients 20% were completely cured, 3 patients 30% were markedly improved and 5 patients 50% were improved.

These results prove that Darvyadi Ghanavati is more stable and effective drug as compared with Raktastambhaka Yoga.

12. Acknowledgement

The authors acknowledge the library staff of the Govt. Akhandanand Ayurveda college, Ahmedabad, Gujarat for their support with the review material mainly the classical texts

13. References

1. Acharya YT. Charak samhita with Ayurveda Deepika Commentary of Chakrapani. Reprint edn, Rashtriya Sanskrit Sansthanam, Varansi (India), 2004, 177.
2. Acharya YT. Charak samhita with Ayurveda Deepika Commentary of Chakrapani Reprint edn, Rashtriya Sanskrit Sansthanam, Varansi (India), 2004, 514.
3. Acharya YT. Charak samhita with Ayurveda Deepika Commentary of Chakrapani Reprint edn, Rashtriya Sanskrit Sansthanam, Varansi (India), 2004, 514.
4. Shri Satyapala Bhisagacharya. Kasyapa Samhita with vidyotini Hindi Commentary of Pandit Hemaraja sarma ninth edn, Chaukhamba Sanskrit Bhavan Varansi (India), 2004, 287.
5. Sharma PV. Sushruta Samhita with Nibandha samgraha commentary of Dalhana Edn 7, Chaukhamba Orientalia Varanasi (India), 2002, 351.
6. Sharma PV. Sushruta Samhita with Nibandha samgraha commentary of Dalhana Edn7, Chaukhamba Orientalia, Varanasi (India), 2002, 346.
7. Acharya YT. Charak samhita with Ayurveda Deepika Commentary of Chakrapani Reprint edn, Rashtriya Sanskrit Sansthanam, Varansi (India), 2004, 643.
8. D.C Dutta. Text book of Gynaecology, 4th edn, New central book agency (P) LTD Culcutta (India), 2003, 74.
9. John Studd. Progress in Obstetrics and Gynaecology, Volum twelve, B.I Churchill Livingstone Pvt. Ltd, New Delhi (India), 1997, 309.

10. Acharya YT. Charak samhita with Ayurveda Deepika Commentary of Chakrapani Reprint edn, Rashtriya Sanskrit Sansthanam, Varansi (India), 2004, 643.
11. PV Sushruta Samhita with Nibandha samgraha-commentary of Dalhana Edn7, Chaukhamba Orientalia, Varanasi (India), 2002, 346.
12. Acharya YT. Charak samhita with Ayurveda Deepika Commentary of Chakrapani Reprint edn, Rashtriya Sanskrit Sansthanam, Varansi (India), 2004, 64.
13. Acharya YT. Charak samhita with Ayurveda Deepika Commentary of Chakrapani Reprint edn, Rashtriya Sanskrit Sansthanam, Varansi (India), 2004, 642.
14. Acharya YT. Charak samhita with Ayurveda Deepika Commentary of Chakrapani Reprint edn, Rashtriya Sanskrit Sansthanam, Varansi (India), 2004, 642.
15. Acharya YT. Charak samhita with Ayurveda Deepika Commentary of Chakrapani Reprint edn, Rashtriya Sanskrit Sansthanam, Varansi (India), 2004, 642.
16. Acharya YT. Charak samhita with Ayurveda Deepika Commentary of Chakrapani Reprint edn, Rashtriya Sanskrit Sansthanam, Varansi (India), 2004, 642.
17. Acharya YT. Charak samhita with Ayurveda Deepika Commentary of Chakrapani. Reprint edn, Rashtriya Sanskrit Sansthanam, Varansi (India), 2004, 643.
18. Sharma PV. Sushruta Samhita with Nibandha samgraha commentary of Dalhana Edn7, Chaukhamba Orientalia, Varanasi (India), 2002, 346.
19. Acharya YT. Charak samhita with Ayurveda Deepika Commentary of Chakrapani. Reprint edn, Rashtriya Sanskrit Sansthanam, Varansi (India), 2004, 106.
20. John Studd. Progress in Obstetrics and Gynaecology, Volum twelve, B.I Churchill Livingstone Pvt. Ltd, New Delhi (India), 1997, 314.
21. Shri Satyapala Bhisagacharya. Kasyapa Samhita with vidyotini Hindi Commentary of Pandit Hemaraja sarma ninth edn, Chaukhambha Sanskrit Bhavan Varansi (India), 2004, 97.