



ISSN 2456-3110

Vol 3 · Issue 5

Sep-Oct 2018

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS



Charaka
Publications

Indexed

Clinical evaluation of the effect of *Khanda Kushmanda Avaleha* in *Rakta Pradara* (Abnormal uterine bleeding)

Dr. Swapna Tadasad,¹ Dr. B. H. Katti,² Dr. M. R. Sajjanshetti,³ Dr. G. N Kannolli⁴

¹Post Graduate Scholar, ²Professor, ³Professor & Head, ⁴Assistant Professor, Dept. of Samhita & Siddhanta, SVM Ayurvedic College, Hospital & Research Centre, Ilakal, Karnataka, INDIA.

ABSTRACT

Background: *Raktapradara* 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 *Raktapradara* a gynaecological condition mentioned in Ayurvedic classics. *Rakta Pradara* is one among the *Rakta Pradoshaja Vikara* and characterized by *Artava Ati Pravrutti*, *Deerga Kala Pravrutti*, *Anruta Kala Pravrutti*, *Daha* in *Adho Vankshana Pradesha*, *Sroni*, *Prushta* and *Kukshi*, *Shoola* in *Garbhashaya*, *Angamardha* etc. **Objectives:** To clinically evaluate the effect of *Khanda Kushmanda Avaleha* in *Raktapradara*. **Materials and Methods:** The patients attending the O.P.D. and I.P.D. of S.V.M Ayurvedic Medical College and PG Centre, Ilkal, were randomly divided into 2 groups, Group A was treated with *Khanda Kusmanda Avaleha* and Group B was treated with Placebo Capsule. **Results:** *Khanda Kushmanda Avaleha* cured 12 patients i.e. 85.71% followed by markedly improvement in 2 patients i.e. 14.28%. Placebo capsule mildly improved 61.54% i.e. 8 patients followed by no improvement to 38.46% i.e. 5 patients. **Discussion:** The effect of therapy on chief complaints in Group A is better than Group B. Percentage wise *Khanda Kusmanda Avaleha* gave 86.3% relief on duration of blood loss, 85.7% on Interval between two cycles and 58.3% on Amount of total blood loss during one period while Placebo capsule gave 27.2% relief on Duration of blood loss, 20% on Interval between cycle, and 21.05% relief on Amount of blood loss. So, more relief was observed on chief complaints in Group - A i.e. *Khanda Kusmanda Avaleha*.

Key words: *Raktapradara*, *Asrugdhara*, *Khanda Kusmanda Avaleha*, *Abnormal uterine bleeding*.

INTRODUCTION

Raktapradara^[1] is a disease manifesting as excessive bleeding per vagina. This disease has been known to mankind since the age of *Veda* and *Purana*. Charaka explained *Pradara* as a separate disease with its management in *Yoni Vyapat Chikitsa*. He has also

explained it as one of the *Rakta Pradoshaja Vikara*^[2] and also under *Pittavruta Apana Vayu*.^[3]

Rakta Pradara is one among the *Rakta Pradoshaja Vikara*^[4] and characterized by *Artava Ati Pravrutti*, *Deerga Kala Pravrutti*, *Anruta Kala Pravrutti*, *Daha* in *Adho Vankshana Pradesha*, *Sroni*, *Prushta* and *Kukshi*, *Shoola* in *Garbhashaya Angamardha* etc.^[5] It is a *Pitta Pradhana Tridoshaja Vyadhi*.

By considering the symptoms mentioned above in account, it resembles with the condition Menometrorrhagia. It is an irregular inter menstrual bleeding caused due to DUB, uterine polyp, cervical endometriosis and CA cervix.^[6] WHO has estimated that around 24% women ages 40 - 55 years are suffering from Menometrorrhagia.

Menometrorrhagia is type of menstrual abnormality that causes extreme menstrual blood loss in women of various ages. It's due to the imbalance in the

Address for correspondence:

Dr. Swapna Tadasad

Post Graduate Scholar, Dept. of Samhita & Siddhanta, SVM Ayurvedic College, Hospital & Research Centre, Ilakal, Karnataka, INDIA.

E-mail: swapna.tadasad@gmail.com

Submission Date : 03/08/2018

Accepted Date: 05/09/2018

Access this article online

Quick Response Code



Website: www.jaims.in

DOI: 10.21760/jaims.v3i5.13817

estrogen and progesterone hormone results in excessive production of endometrium and irregular shedding of endometrium cause heavy menstrual bleeding and it also caused due to the any pathology in the uterus ovary like uterine fibroid, polyp, adenomyosis etc. By the above explanation *Rakta Pradara* seems to be a disease of *Rakta Dhatu* and *Pitta Dosha* and it is mentioned as a *Raktapradoshaja Vikara* involving *Raktavaha Srotas*. And it can be treated like that of *Raktatisara*, *Raktapitta*, *Raktarsha* and *Garbha Srava*.^[7] So there is a need to evaluate *Raktapradara* (Menometrorrhagia) as a *Rakta Pradoshaja Vikara*.

Hence present work is undertaken to clinically evaluate the effect of *Khanda Kushmanda Avaleha* in *Raktapradara*.

OBJECTIVE OF THE STUDY

To clinically evaluate the effect of *Khanda Kushmanda Avaleha* in *Raktapradara*.

MATERIALS AND METHODS

Source of Data

The patients attending the O.P.D. and I.P.D. of S.V.M Ayurvedic Medical College and PG Centre, Ilkal, were registered for present study.

Inclusion Criteria

1. Individuals who come under the age group of 20-50 years.
2. Patients fulfilling diagnostic criteria.
3. Patients who have complained cardinal and associated symptoms of *Rakta Pradara* with diagnosed as *Rakta Pradara*.
4. Patients ready to sign the informed consent form.

Exclusion Criteria

1. Patients with chronic illness
2. Patients using intrauterine contraceptive device.
3. Bleeding from the polyps and erosion, cancer, fibroid
4. Bleeding after menopause

5. Abortional bleeding
6. History of the bleeding from the site other than the uterus.
7. Coagulation disorders

Investigations

- Blood : Hb gm%, TC, DC, ESR, BT, CT.
- USG : To rule out any uterine pathologies.
- Other investigation like hormonal level and E.B. if required.

Management of the patients

All the selected patients fulfilling the criteria of selection were randomly divided into 2 groups viz.

Groupings

Group	<i>Khanda Kusmanda Avaleha</i> (Group-A)	Placebo Capsule (Placebo Control) (Group-B)
Dose	12gms after food / OD	1 tab. (500 mg each) / OD
Duration	30 days	30 days
Route of administration	Oral	Oral
Anupana	Milk	Milk
Follow-up	30 days after treatment	30 days after treatment

Ama Pachana: was done with *Pancha Kola Phanta* 100ml/ day in divided doses till *Nirama Lakshanas* are seen was given in both the groups before starting the treatment.

Criteria for assessment

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

Subjective Parameters

1. Duration of bleeding
2. Inter Menstrual Period
3. Amount of bleeding

Objective Parameters

1. Hb%.
2. Number of pads used per day

A. 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

B. 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

C. 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

D. 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
----------------------	---	--------

Method for assessment of amount of blood loss

- Patients were given advice to use stay free regular sanitary pads during menstrual period (before, during, after treatment).
- Weight of one pad of stay free regular 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.

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

Diet

- Patients were 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 and fruits.
- To have more milk.

Instructions

- Patients were asked to avoid heavy exercise, excessive intercourse.
- They were also asked to avoid *Upavasa*, *Adhyashana*, *Ratrijagrana*, *Divaswapna*, *Atibharavahana*, journey, heavy work and other *Nidana*.
- Patients were psychologically counseled and advised to avoid *Chinta*, *Shoka*, *Krodha*, etc.
- General advice regarding maintenance of proper hygiene and habits were also given.

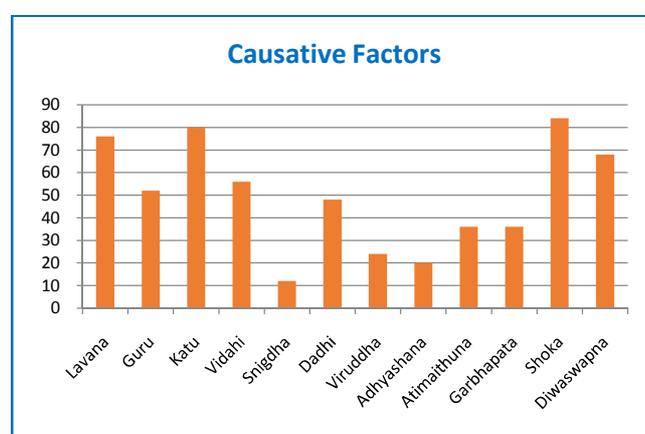
OBSERVATIONS AND RESULTS

Total 16 patients were registered in group A, amongst them 14 patients had completed the treatment and 2 patients were drop-out. In group B, 13 patients had completed the treatment while 2 patients were drop-out. It was found that maximum number of patients i.e. 35% belongs to 31 - 35 years age group. Maximum i.e. 87.00% patients were Hindu followed by 13% of Muslim. On considering the nature of occupation, it was found that maximum i.e. 61% patients were housewives, 87% were married while 13% were unmarried. Maximum numbers of patients 25 (81%) had regular cycle of menstruation and 6 patients (19%) had irregular cycle. 29 patients (94%) had average amount of blood loss and 2 patients i.e. 6% had scanty blood loss. 23 patients (74%) had darkish red with liquid blood loss and 8 patients (26%) had bright red or black with clots blood loss. 5 patients (16%) had foul smelling and 7 patients (23%) had painful menses. Maximum numbers of patients i.e. 13 (42%) had more than 120 gm blood loss, while 11 patients (35%) had amount of blood loss was 81 - 100 gm, whereas 7 patients i.e. 23% had total blood was 101 - 120 gm. Maximum 14 patients (45%) had bleeding duration of 6 - 7 days while 8 patients (26%) had bleeding duration of 8 - 9 days, whereas 6 patients (19%) and only 3 patients (10%) had bleeding duration more than 9 days and 4 - 5 days respectively. Amongst 31 patients, maximum i.e. 39% patients each were having inter menstrual period of 25 - 30 days and 20 - 24 days. 84% of patients had *Shoka* as a *Nidana*, 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 curd, 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. (Fig. 1)

Maximum i.e. 90% patients were having normal U.S.G. report, while 6% patients had bulky uterus and 4% patients had ovarian cyst in U.S.G. report. All the

patients i.e. 100% were having no Vulvitis Vaginitis. 48.15% patients were having no vaginal discharge, 44.44% were having watery vaginal discharge, 3.70% patients were having curdy and yellowish vaginal discharge. 80.95% patients were having normal cervix, 14.28% patients were having erosion, while 4.76% were having cervicitis. 96.3% patients were having parous Os and 3.70% patients had nulliparous Os.

Fig. 1: Causative factors wise distribution of 31 patients of Rakta Pradara.



RESULTS

Table 1: Effect of Khanda Kushmanda Avaleha on chief complaints in 14 patients of Rakta Pradara.

Chief Complaints	n	Mean		S.D.	S.E.	't'	P
		B.T.	A.T.				
Duration of blood loss (D.O.M.B.)	1 4	02.0 0	00.2 7	0.90	0.27	6.3 3	< 0.0001
Interval between two cycles (I.M.B.)	1 4	0.63	00.0 9	0.52	0.15 7	3.4 6	= 0.0135
Amount of total blood loss during one period (A.O.B.L.)	1 4	02.4	01.0	0.51 6	0.16	8.5 7	< 0.0001

The initial mean of duration of blood loss was 2.0, which reduced to 0.27 showing 86.3%, which was statistically highly significant ($P<0.0001$).

The initial mean of interval between two cycles was 0.63, which reduced to 0.09 showing 85.7%, which was statistically significant ($P=0.0135$).

The initial mean of amount of total blood loss during one period was 2.4, which reduced to 1.0 showing 58.3%, which was statistically highly significant ($P<0.0001$). (Table 1)

Table 2: Effect of Placebo Capsule on chief complaints in 13 patients of Rakta Pradara.

Chief Complaints	n	Mean		S.D.	S.E.	‘t’	P
		B.T.	A.T.				
Duration of blood loss (D.O.M.B.)	13	01.1	00.8	0.48	0.15	1.96	=0.0908
Interval between two cycles (I.M.B.)	13	0.5	0.4	0.31	0.1	1	=0.3739
Amount of total blood loss during one period (A.O.B.L.)	13	01.90	01.5	0.51	0.16	2.44	=0.0374

The initial mean of duration of blood loss was 1.1, which reduced to 0.8 showing 27.2% improvement, which is not statistically significant ($P=0.0908$).

The initial mean of interval between two cycles was 0.5, which reduced to 0.4 showing 20% improvement, which is not statistically significant ($P=0.3739$).

The initial mean of amount of total blood loss during one period was 1.90, which reduced to 1.5 showing 21.05%, which was statistically significant ($P=0.0374$). (Table 2)

Table 3: Effect of Khanda Kushmanda Avaleha on associated complaints in the patients of Rakta Pradara.

Associated complaints	n	Mean		S.D.	S.E.	‘t’	P
		B.T.	A.T.				
Angamarda	10	02.7	00.45	0.9	0.27	8.33	<0.0001
Daurbalya	10	02.7	00.36	0.92	0.27	8.48	<0.0001
Bhrama	07	01.9	00.36	1.29	0.38	3.96	=0.0033
Tamah Pravesh	05	01.0	00.18	1.13	0.34	2.65	=0.0265
Trusha	08	02.1	0.27	1.30	0.39	4.86	=0.0009
Daha	07	01.9	00.36	1.29	0.38	3.96	=0.0033
Panduta	07	01.9	0.27	1.36	0.41	3.98	=0.0032
Tandra	09	02.4	00.27	1.16	0.35	6.19	=0.0002
Shwasa	04	01.0	00.18	1.30	0.39	2.31	=0.0462
Aruchi	06	01.6	00.27	1.36	0.42	3.32	=0.0089

Khanda Kushmanda Avaleha provided statistically highly significant relief in Angamarda (83.33%), Daurbalya (86.6%), Trusha (87.5%), Tandra (88.8%) and Aruchi (83.33%) while statistically significant relief in Bhrama (80.09%), Tamah Pravesha (83.33%), Daha (80.95%), Panduta (85.71%), Shwasa (83.33%). (Table 3)

Table 4: Effect of Placebo Capsule on associated complaints in the patients of Rakta Pradara.

Associated Complaints	n	Mean		S.D.	S.E.	‘t’	P
		B.T.	A.T.				
Angamarda	09	02.7	01.7	0.47	0.14	6.70	<0.0001
Daurbalya	10	3	2.4	0.51	0.16	3.67	=0.0052

<i>Bhrama</i>	07	2.1	1.7	0.5 1	0.16	2.4 4	=0.0374
<i>Tamah Pravesh</i>	02	0.6	0.4	0.4 2	0.13 3	1.5	=0.1679
<i>Trusha</i>	05	1.5	1	0.5 2	0.16	3	=0.0150
<i>Daha</i>	08	2.4	1.7	0.4 8	0.15	4.5 8	=0.0013
<i>Panduta</i>	06	1.8	1.3	0.5 2	0.16	3	=0.0150
<i>Tandra</i>	07	2.1	1.5	0.5 1	0.16	3.6 7	=0.0052
<i>Shwasa</i>	03	0.9	0.6	0.4 8	0.15	1.9 6	=0.0816
<i>Aruchi</i>	09	2.7	2	0.4 8	0.15	4.5 8	=0.0013

Placebo capsule provided statistically highly significant relief in *Angamarda* (37.03%), while statistically significant relief in *Daurbalya* (20%), *Bhrama* (19.04%), *Trushna* (33.3%), *Daha* (29.16%), *Panduta* (27.7%), *Tandra* (28.5%), *Aruchi* (25.9%), while non statistically significant relief was observed in *Tamah Pravesha* (33.3%) and *Shwasa* (33.3%). (Table 4)

Table 5: Effect of Khanda Kushmanda Avaleha on Hematological parameters in 14 patients of Rakta Pradara.

Hematological Parameters	n	Mean		S.D.	S.E.	't'	P
		B.T.	A.T.				
Hb (gm%)	14	10.43	11.32	0.46	00.13	6.40	< 0.0001
TC	14	7281.8	6645.5	3082.6	929.4	0.68	= 0.5119
ESR	14	22.36	21.8	11.24	3.39	0.16	= 0.8761
BT	14	02.98	03.13	00.30	00.09	1.70	= 0.1200

CT	14	04.74	04.97	00.24	00.75	3.02	= 0.0129
----	----	-------	-------	-------	-------	------	----------

Khanda Kushmanda Avaleha provided statistically highly significant increase in Hb (gm%) and CT provided statistically significant result and other parameters are not statistically significant. (Table 5)

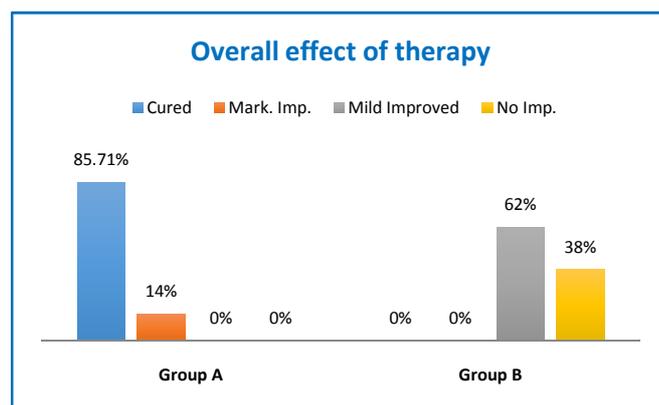
Table 6: Effect of Placebo Capsule on Hematological parameters in 13 patients of Rakta Pradara.

Hematological Parameters	n	Mean		S.D.	S.E.	't' (±)	P
		B.T.	A.T.				
Hb (gm%)	13	11.36	10.93	0.42	0.135	3.184	=0.0112
TC	13	6740	6870	1343.3	424.8	- 0.30	=0.7710
ESR	13	11.7	10.04	2.40	0.76	1.70	= 0.1233
BT	13	02.76	02.63	0.13	0.04	3.07	=0.0134
CT	13	4.64	4.64	0.24	0.07	0	=1.0000

Placebo capsule provided statistically non-significant result in all the parameters. (Table 6)

Overall effect of therapy

Khanda Kushmanda Avaleha cured 9 patients i.e. 36.36% followed by markedly improvement in 2 patients i.e. 18%. Placebo capsule improved 50% i.e. 5 patients followed by no improvement to 50% i.e. 5 patients. (Fig. 2)



DISCUSSION

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% in 15-20, 12% in 36-40 and 8% belonged to 41-45 years of age group. This shows that *Raktapradara* can be encountered in any age group starting from the menarche to climacteric period. *Raktapradara* is found predominantly in the child bearing age than the post menarcheal and perimenopausal age. During reproductive phase of life family burdens, children and personal worries are higher. There might affect the personal life of women due to which menstrual cycle is disturbed and leading to *Raktapradara*. The majority of patients were from middle class 60% followed by lower middle class 28%. It may be presumed that people of middle class and lower middle class are not having proper diet and hygienic environment. So the chances of malnutrition are higher in the lower middle and middle class than the ladies of other classes. Middle and lower middle class people belong to the lower strata of the economic ladder therefore they undergo lot of stress in many phases of day to day life. We know that stress itself is a cause for many disorders. Most of the women registered were housewives 60%. They are more prone to emotional stress because they don't have any extra activity to engage their mind. So this psychological state may affect the *Artava Utpatti*. However, a wider and deep study is required to come to an exact conclusion.

Majority numbers of patients 84% were married, while 16% patients were unmarried. This indicates that this disorder more observed in married patients may be due to frequent coitus, use of IUCD and increased number of parity which lead to uterine congestion and inflammation. Some married women had psychological and economical stress and family disturbances after marriage also may lead to '*Raktapradara*'. It looks by the data prevalence of '*Raktapradara*' is more married patients of the fact that the unmarried patients not often attend the OPD due to some socio-culture believes. Majority of the patients 66.66% were multipara and 57.14% had

negative history of abortion. This indicated that, multiparity is a predisposing factor for *Raktapradara*. Uterine congestion is more common in multiparous women. Majority of the patients 80%, 76%, 72% had *Katu Rasa* dominance, *Lavana Rasa* dominance and *Amla Rasa* dominance in diet respectively. These *Rasas* are responsible for vitiation of *Rakta* and *Pitta*, which are main causative factors of *Raktapradara*. It is established fact that *Manasika Avastha* has effect on *Sharirika Avastha*. It has been found that 84% of patients having *Shoka*, while 64%, 60%, 48% and 16% of patients had *Krodha*, *Bhaya* and *Chinta* respectively. One can say that, due to *Krodha*, *Chinta*, *Rajoguna Vriddhi* occurs and thus increases the *Vata*. Mainly due to above *Nidana*, *Vyana Vayu* is vitiated and as mentioned in the book of Gynaecology Emotional stress, strain etc. affect hypothalamus and thus inhibiting the release of GnRH.^[8] It alters the hypothalamo-pituitary-ovarian axis and thus produces some irregularities in the menstrual cycle.

Effect of therapy on Cardinal Symptoms of *Raktapradara*

Duration of blood loss: Group-A (*Khanda Kusmandha Avaleha*) provided 86.3% relief in the duration of bleeding while Group- B (Placebo Capsule) gave 27.2% relief. Group A is Statistically highly significant while Group B is not statistically significant.

Interval between two cycles: The intermenstrual period was extended by 85.7% in Group-A and by 20% in Group-B. The result was highly significant in Group-A and non significant in Group-B.

Total amount of menstrual blood: Group-A was reduced total Amount of blood loss by 58.3% and Group-B was reduced by 21.05%. The result was highly significant in Group-A and Significant in Group-B.

Effect of therapy on Associated Complaints

In *Angamarda* 83.33% relief was observed in Group-A and 37.03% in Group-B. The result was highly significant Group A and B.

In *Daurbalya* 86.6% relief was observed in Group-A and 20% in Group-B. The result was highly significant in Group-A and significant in group B.

In *Bhrama* 80.09% relief was observed in the both Group A and 19.04% in Group B. The result was significant in both the groups.

In *Tamah Pravesha* 83.33% relief was observed in Group-A and 33.3% in Group-B. The result was significant in Group A and non significant in Group B.

In *Trusha* 87.5% relief was observed in Group-A and 33.3% in Group-B. The result was highly significant in Group-A and significant in Group-B.

In *Daha* 80.95% relief was observed in Group-A and 29.16% in Group-B. The result was significant in both Groups.

In *Tandra* 88.8% relief was observed in group A and 28.50% in group B. The result was highly significant in group A and significant in group B.

In *Panduta* 85.71% relief was observed in Group-A and 27.7% in Group-B. The result was significant in both Groups.

In *Shwasa* 83.33% relief was observed in Group A and 33.3% in Group B. The result was significant in Group A and non significant in Group B..

In *Aruchi* 83.33% relief was observed in Group-A and 25.9% in Group-B. The result was highly significant in Group-A and significant in Group-B.

Effect of therapy on hematological parameters

Hb level was 8.53% increased and the result was significant in Group-A while non-significant result was found in Group-B. Bleeding time was decrease 5.18% in Group-A and 4.7% in Group-B. The result was significant in Group-A.

Probable mode of action of Khanda Kushmanda Avaleha

When we analyze the ingredients of *Khanda Kushmanda Avaleha*, it is evident that maximum drugs are having *Madhura, Tikta* and *Kashaya Rasa*. *Madhura, Tikta*, and *Kashaya Rasa* are *Pitta Shamaka*. *Khanda Kusmanda Avaleha* is selected which contains *Kusmanda, Pippali, Sunthi, Jeeraka, Danyaka Patra, Ela, Marich, Twaca, Madhu* and *Ghrita* which are easily available and easy to prepare. *Kushmanda* is best *Brimhana Dravya*. Its properties are *Madhura*

Rasa, Sheeta Virya, Madhur Vipaka which helps in subsiding *Pitta* and increases *Rakta Dhatu*. *Pitta* being the main causative factor for *Raktapradara* can be subsided by *Kushmanda*.

According to modern studies Pumpkin (*Kushmanda*) contains chemical compound such as 'Lutein, both Alpha and Beta carotene. It also contains Vitamins B1, B2, B3, B5, B6, B12, Vitamin C & E, Calcium, Magnesium, Phosphorus, Potassium, Sodium, Iron & Folate. As it contains iron & folate helps in increasing the blood volume. If we talk about the main drug of *Khanda Kushmanda Avaleha* i.e., *Kushmanda*, it should be mentioned that it is beneficial in conditions such as *Chinta* and *Shoka* due to its *Medhya* properties. *Ghrita* also does the same action along with effective *Pitta-Shamana*.

CONCLUSION

Raktapradara 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. The effect of *Khanda Kushmanda Avaleha* on chief complaints in Group A is better than Placebo in Group B. Percentage wise *Khanda Kusmanda Avaleha* gave 86.3% relief on duration of blood loss, 85.7% on Interval between two cycles and 58.3% on Amount of total blood loss during one period while Placebo capsule gave 27.2% relief on Duration of blood loss, 20% on Interval between cycle, and 21.05% relief on Amount of blood loss. So, more relief was observed on chief complaints in Group – A i.e. *Khanda Kusmanda Avaleha*.

REFERENCES

1. Sharma PV, Charaka Samhita of Agnivesha's. Chikitsa Sthana; Chapter 30: Varanasi: Chowkhamba Sanskrit Series Office.1980;p.634-6.
2. Agnivesha. "Charaka Samhita" Revised by Charaka and Dridhabala with the Ayurveda Dipika commentary of Chakrapanidatta, edited by Acharya Yadhavji Trikamaji. Varanasi: Chaukhambha Sanskrit Sansthan, Ed. Reprint, 2006,p.179.

3. Agnivesha. "Charaka Samhita" Revised by Charaka and Dridhabala with the Ayurveda Dipika commentary of Chakrapanidatta, edited by Acharya Yadhavji Trikamaji. Varanasi: Chaukhambha Sanskrit Sansthan, Ed. Reprint, 2006,p.635
4. Vd. Harischandra singh Kushwaha, Charaka Samhita Vimana Sthana, Ayushi Hindi commentary 28th Chapter verses 11, Varanasi: Choukambha orientalia; first edition 2005, p.475.
5. Prof P.V Tiwari, Ayurvediya Prasooti Tantra evam Stree Roga 2nd part, Chapter 2nd Artava vyapad, Chaukhambha orientalia, second edition reprinted on 2005, Varanasi, p. 180
6. D. C Datta, Text book of gynaecology edited by Hiralal Konar, chapter no 14th, abnormal uterine bleeding, new Delhi, New Central Book agency 5th edition revised reprint 2009, p.182.

7. Prof P.V Tiwari, Ayurvediya Prasooti Tantra evam Stree Roga 2nd part Chapter 2nd Artava vyapad, Chaukhambha orientalia, second edition reprinted on 2005, Varanasi,p.196.
8. Dewhurst's Text book of obstetrics & Gynecology for post graduates. V Edn. DUB, Ch- 40. p.597-606

How to cite this article: Dr. Swapna Tadasad, Dr. B. H. Katti, Dr. M. R. Sajjanshetti, Dr. G. N Kannolli. Clinical evaluation of the effect of Khanda Kushmanda Avaleha in Rakta Pradara (Abnormal uterine bleeding). J Ayurveda Integr Med Sci 2018;5:36-44.
<http://dx.doi.org/10.21760/jaims.v3i5.13817>

Source of Support: Nil, **Conflict of Interest:** None declared.
