

A CLINICAL STUDY OF *MADHUKADIVATI* ON *ASRUGDARA* (EXCESSIVE AND IRREGULAR UTERINE BLEEDING)

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Article Received on
11 Sep. 2017,

Revised on 01 October 2017,
Accepted on 22 October 2017

DOI: 10.20959/wjpr201714-10000

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ABSTRACT

Asrugdara (excessive and irregular uterine bleeding) is very common problem in female. It does not affect the only reproductive health but it also deleteriously effect the general health of women. Contemporary medicines offer medical therapy but when it can't work, it has been managed by surgical intervention like hysterectomy, uterine thermal balloon etc. In Ayurveda, *Asrugdara* mainly has been managed by haemostatic drugs. This clinical study deals with the management of *Asrugdara* using *Madhukadi Vati*. Total 36 patients were selected according to inclusion and diagnostic criteria. Out of them 30 patients

completed the course of the treatment while 6 patients discontinued. Assessment criteria were based on the improvement in the score of cardinal symptoms before and after the treatment. There was a statistically significant reduction observed in cardinal symptoms by *Madhukadi Vati* at the end of the treatment period. The other common symptoms were also successfully reduced.

KEYWORDS: *Asrugdara*, *Madhukadi Vati*, Uterine bleeding.

INTRODUCTION

Heavy menstruation is very common gynecological condition which originates in day to day practice. It deleteriously affects the general health of woman. Any abnormalities of pelvic organs and disturbance in hypothalamo-pituitary-ovarian axis lead to excessive and irregular uterine bleeding. In Ayurvedic literature *Asrugdara* (excessive and irregular uterine bleeding) is defined as prolonged or excessive menstrual bleeding or short intermenstrual period.

According to Ayurved due to *Amla*, *Lavana*, *Guru* and *Snigdha* dietetics *Pitta-Kapha* *Doshas*, *Rasa*, *Rakta* and *Mamsa Dhatus* and *Agni* gets vitiated. Here mostly *Vata* is vitiated by *Avarana* of *Pitta-Kapha*. Heavy uterine bleeding has been managed with medical therapy and if it is failed, surgical intervention like hysterectomy, uterine thermal balloon etc. is only option of management. From the Ayurvedic point of view, *Pitta-Kapha Nashaka*, *Raktastambhaka* (haemostatic), *Agnivardhaka* and *Vatanulomana* drugs are required to treat *Asrugdara* (excessive and irregular uterine bleeding). *Madhukadi Vati*^[1] has been indicated to treat the *Asrugdara* in the Charka Samhita.

AIMS AND OBJECTIVES

- To study the etiopathogenesis of *Asrugdara*.
- To evaluate the clinical efficacy of *Madhukadi Vati* in the management of *Asrugdara*.

MATERIALS AND METHODS

- For the present study 36 patients were selected from the outpatient and inpatient departments of Prasutitantra and Streeroga of I.P.G.T. & R.A., Jamnagar.
- Sampling method: A single blind clinical study.

Criteria of the selection of the patients

- Patients who had complained of excessive and irregular uterine bleeding more than one cycle were selected for the present study.
- Patients having cyclic abnormality of >5 days in duration, <21 days in interval or > 80ml blood loss in a period were selected.

Criteria of the exclusion of the patients

- Bleeding from the cervical polyp, erosion and cancer.
- Bleeding from the lower genital tract.
- Bleeding from decubital ulcer.
- Precocious pubertal bleeding.
- Bleeding after menopause.
- More bleeding due to Cu. T. Insertion.
- History of the bleeding from the site other than the uterus.

Follow up study

Follow up study were done for one month.

Investigations

- Blood: Hb, TC, DC, ESR, PCV, Platelets, bleeding time and clotting time
- Urine: Routine / microscopic
- Stool: Routine / microscopic
- Ultra sonography
- Endometrial biopsy if needed.

Criteria of assessment

The efficacy of the drugs was judged on the basis of following scoring system.

Assessment of duration of bleeding.

DurationScore

≤ 5 days 0

6 to 7 days 1

8 to 9 days 2

> 9 days 3

Assessment of inter menstrual period

IMP Score

≥ 21 days 0

15 to 20 days 1

10 to 14 days 2

< 10 days 3

Assessment of amount of blood loss

AOBLScore

61 to 80 gm0

81 to 100gm 1

101 to 120gm 2

> 1203

Assessment of the total effect of therapy on cardinal symptoms

Completely cured >90% to 100% improvement in total score

Markedly improved >60% to 90% improvement in total score

Moderately improved >30% to 60% improvement in total score

Mild improved >0% to 30% improvement in total score

Improved No improvement in total score

Paired 't' test was carried out to evaluate the statistical significance of the results obtained at the end of therapy.

Drugs

Madhukadi Vati^[1] contains root of *Yastimadhu* (*Glycyrrhizaglabra* Linn.), fruit of *Amalaki* (*Embllica officinals* Gaertn), fruit of *Haritaki* (*Terminalia chebula* Retz.), fruit of *Bibhitaki* (*Terminalia bellirica* Roxb.), Bark of *Lodhra* (*Symplocos recemosa* Roxb.), *Musta* (*Cyperusrotundus* Linn.) and *Sphatica* (Alum) one part each. It has been given 3 gm thrice a day with milk orally for two months. (Table 1).

OBSERVATIONS

Total 36 patients were registered and out of 30 patients had completed the course of the treatment and 6 patients were discontinued.

Maximum numbers of patients were in the age group of 31 -35years (33.33%) followed by 26-30 years (19.40%), 69.44% and 91.66% of patients were housewife and married, respectively. 61.11% of patients had good appetite while 38.89% of patients had poor appetite. Majority of the patients were *Pitta-Kapha Prakriti* (44.44%) followed by *Vata-Pitta Prakriti* (41.67%). *Katu* (91.67%), *Amla* (91.67%), *Lavana* (88.89%), *Guru* (69.44%), *Snigdha* (69.44%), *Divaswapa* (61.67%) and taking curd (80.56%), *Chinta* (69.44%) and *Krodha* (55.56%) were observed as causative factors in maximum numbers of the patients.

In this study, maximum numbers of the patients had prolonged duration of menses i.e. 6 to 7 days (41.67%) followed by 8 to 9 days (25%). Maximum numbers of the patients had amount of blood loss >120gm (66.67%) followed by 81 to 100 gm (19.44%) and maximum numbers of the patients had intermenstrual period ≥ 21 days (86.11%) followed by 15 - 20 days (13.89%).

Maximum numbers of the patients had observed *Sarvanga-Angmarda* (94.94%), *Daurbalya* (88.89%), *Pandutva* (80.56%), *Tamhapravesha* (52.787%), *Bhrama* (41.67%) as associated symptoms.

Table 1: Drug and Posology.

Drug	Dose	Route	Duration	Anupana
<i>Madhukadi Vati</i>	3gm/ thricea day	Oral	2 month	Milk

Table 2: Effect of therapy on amount of blood loss.

<i>Madhukadi Vati</i>	Mean score		Relief (%)	SD	SE	t	P
	A.T.	B.T.					
	2.36	1.06					

Table 3: Effect of therapy on duration of blood loss.

<i>Madhukadi Vati</i>	Mean score		Relief (%)	SD	SE	t	P
	A.T.	B.T.					
	1.33	0.40					

Table 4: Effect of therapy on inter menstrual period.

<i>Madhukadi Vati</i>	Mean score		Relief (%)	SD	SE	t	P
	A.T.	B.T.					
	0.13	00					

Table 5: Effect of therapy on associated symptoms.

Sr. No.	Associated symptoms	% relief
1	<i>Bhrama</i>	68.18 %
2	<i>Tamhapravesha</i>	55.17%
3	<i>Sarvanga-Angmarda</i>	48.31%
4	<i>Pandutva</i>	27.14%

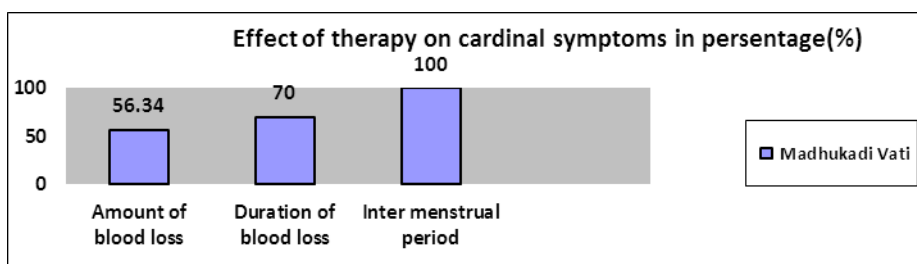
Table 6: Effect of therapy on hemoglobin percentage.

<i>Madhukadi Vati</i>	Mean score		Relief (%)
	A.T.	B.T.	
	3.40	3.07	

Table 7: Total effect of therapy on cardinal symptoms.

Improvement in total score	Effect of therapy	No. of patients	Relief (%)
>90% to 100%	Completely cured	6	20
>60% to 90%	Markedly improved	12	40
>30% to 60%	Moderate improved	5	16.67
>0% to 30%	Mild improved	2	6.67
No improvement	Unchanged	5	16.67

Chart 1.



DISCUSSION

Excessive excretion of *Raja*^[2] i.e. excessive and/or prolonged bleeding during menstrual period is cardinal symptom of *Asrugdara*. According to *Acharya Dalhana* scanty menstruation for short duration during inter menstrual period also considered as *Asrugdara*. Mainly *Pitta* and *Kapha* were vitiated through causative factors and vitiation of *Vata* was found due to *Avarana*^[3] so, *Asrugdara* is *Pittapradhana Tridoshaj Vyadhi*. While considering *Prakriti*, *Pitta-Kapha Prakriti* and *Vata-Pitta Prakriti* patients were more observed in this study. It may be predicted that *Pittapradhana Prakriti* patients are more likely to suffer from *Asrugdara*. *Amla*, *Katu*, *Lavana*, *Guru*, *Snigdha*, *Divaswapa* and taking curd were observed as causative factors which vitiate the *Pitta – Kapha Doshas*, *Rasa*, *Rakta* and *Mamsa Dhatus*, *Jatharagni* and *Dhatvagni* which are main pathological factors of *Asrugdara*. *Chinta* and *Krodha* affect the HPO axis which causes cyclical abnormalities.

Highly significant relief was observed on the symptoms of *Asrugdara* i.e. amount of blood loss and duration of blood loss by *Madhukadi Vati*. (Table 2 & 3).

Madhukadi Vati pacifies *Pitta-Kapha* due to *Tikta-Kashaya Rasa*. *Shamaka*, *Rakta Shodhana*, *Rakta Shambhana*, and *Shothahara* action of the drugs of *Madhukadi Vati* like *Trifala* (*Emblica officinalis* Gaertn.^[4] *Terminalia chebula* Retz.^[5] *Terminalia bellirica* Roxb.^[6]), *Yastimadhu*^[7] (*Glycyrrhiza glabra* Linn.) and *Musta*^[8] (*Cyperus rotundus* Linn.). Clearance of uterine congestion the uterine contractility is increased. Repairing of endometrium is increased by *Sandhaniya* drugs like *Yastimadhu* and haemostatic effect of *Sphatika*^[9] (Alum) and *Lodhra* (*Symplocos Recemosa* Roxb.).^[10]

Effect of therapy on inter menstrual period observed no significant relief ($p < 0.02$) due to less number of patients had short inter menstrual period (Table 4). Percentage wise it showed 100% relief observed due to *Amalaki*^[4] (*Emblica officinalis* Gaertn) which is *Medhya* and

Nadibalya drug. It may act on hypothalamus –pituitary – ovarian axis and effect showed on inter menstrual period.(Chart 1).

Good relief was observed in associated symptoms of *Asrugdara* like *Sarvanga Angmarda*, *Bhrama*, *Tamahpravesha* due to significant control of amount of blood loss and duration of bleeding.(Table 5).

Hb level was not increased in satisfactory percentage because of no any *Loha* preparation was given in *Madhukadi Vati*, only 9.80% increment was observed in *Madhukadi Vati* (Table 6). This result may be observed due to *Amalaki* which is the ingredients of *Madhukadi Vati*, for proper erythropoiesis vitamin ‘c’ is essential for conversion of folic acid to folinic acid which forms the nucleoprotein of erythropoietic cells. *Amalaki* is having lot of vitamin ‘c’. Total effect of therapy showed 2% completely cured, 40% markedly improved while rest are given in Table no. 7.

CONCLUSION

Asrugdara is more prevalent in child bearing age i.e. 26 to 30, 31 to 35 years. Most of the women registered were housewives who were consuming *Katu*, *Amla*, *Lavana*, *Guru* and *Snigdha* dominant diet. *Chinta* and *Krodha* were observed as psychological causative factors of *Asrugdara*. Patients who were having *Pitta-Kapha Prakriti* and *Vata-Pitta Prakriti* were more prone to *Asrugdara*. *Rasavaha Srotodusti*, *Raktavaha* and *Medovaha Srotodusti* are very common in *Asrugdara*. Commonest complaint of *Asrugdara* was prolonged or excessive menstrual bleeding or short intermenstrual period. *Madhukadi Vati* had showed significant results on *Asrugdara*.

ACKNOWLEDGEMENT

The authors wish to thank Director I.P.G.T. & R.A, Gujarat Ayurved University for providing necessary facilities.

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