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TO STUDY THE EFFICACY OF KHANDKUSMAND AVALEHA IN ASRIGDARA

Dr Shilpa Raosaheb Desai

Professor, Dept of Prasooti Tantra and Stree – Roga , Yashwantrao Chavan Ayurvedic Medical college, Aurangabad

Email id: drshilpadesai81@gmail.com

ABSTRACT

Since the ages of Vedas, Stree has been given a unique position in the society due to procreating and propagating the human species. Showing the importance of Stree, Acharya Manu quoted that the societies where women are respected that place is like heavenly abode. The woman is the chief cause for progeny, if she is protected even the progeny is protected. The prime aim of woman is to achieve motherhood. Motherhood is the basis for family life, which is the backbone of the society. Healthy progeny leads to formation of healthy society. The first step for motherhood commence with menarche and ends with menopause. Woman's role reaches to new horizons in the society due to modernization and increased competition. Women are not able to pay proper attention to their health due to increase in responsibilities in this changed set up. Change in lifestyle, food, habits, responsibility of family etc. possess strain on her physical and mental health which likely disturbs the menstrual rhythm and leads to menstrual disorders. In the present article we are discussing regarding the efficacy of Khandkusmand avaleha in treating Asrigdara.

Keywords: Nil

INTRODUCTION

Mensuration is a natural physiological phenomenon in females. When the same menstruation occurs in excess amount, for a prolonged period and/ or in an intermenstrual period (even scanty and for a short duration) and is different from the features of normal menstrual blood is known as Asrigdara¹. In the context of modern medicine, it seems to be related to AUB (Abnormal uterine bleeding). Some studies reviewed here also infer Asrigdara or Raktapradara specifically as Dysfunctional uterine bleeding, a subtype of Abnormal uterine bleeding. It is described as uterine bleeding that is outside of average volume (20-80 ml), duration (4-5 days) and frequency (21-35 days)². It is a debilitating condition with high direct and indirect costs. Disruption in menstrual cycles can have an adverse effect on the reproductivity of females. It is mainly responsible for iron deficiency anaemia which can significantly impair quality of life and lead to fatigue, shortness of breath and impairments in work performance. This complication needs to be managed appropriately with iron supplements. The primary aim of this article is to review Asrigdara described in ayurvedic texts along with clinical studies conducted for the management of Asrigdara till date.

REVIEW OF LITERATURE

Menstrual blood (Artava) is the visible manifestation of cyclic physiological uterine bleeding due to the shedding of endometrium³. Artava is considered as a updhatu of rasa dhatu⁴ /rakta dhatu⁵. Characters of suddha artava include intermenstrual period of one month,

duration of blood loss as five days, not associated with pain or burning sensation, excreted blood is not unctuous, not very scanty or excessive in amount; the colour resembles the red juice of lac, red lotus flower or rabbit's blood⁶. Any abnormality in rituchakra leads to excessive, prolonged and irregular uterine bleeding, known as Asrigdara. The word Asrigdara is made up of two words, i.e., asrik and dara. Asrik means rakta/raja, and dara means continuous/excessive flow. Asrigdara is considered as a Raktapradoshaja vikara^{7,8}. Asrigdara is also called Raktapradara due to pradirana (excessive excretion) of raja⁹. While Acharya Charaka only described the excessive flow of raja, Acharya Sushruta has also included prolonged mensuration and intermenstrual bleeding as features of Asrigdara. All types of Asrigdara are associated with body ache and pain¹⁰. In his commentary, Dalhana described clinical features of Asrigdara as a burning sensation in the lower part of the groin, pelvic region, back, renal angle and severe pain in the uterus¹¹. Charaka only included dietetic causes, which lead to pelvic congestion. Madhav Nidan, Bhava Prakash and Yoga Ratnakara included aahara-viharaj and manasik along with dietetic causes which produce vasomotor disturbances thus causing Asrigdara¹². It is one of the commonest gynaecological disorders in the present era, with irregularities most commonly occurring at extremes of the reproductive period. Nearly 30% of all gynaecological outpatient attendants suffer from abnormal uterine bleeding¹³. Modern treatment modalities like hormonal

therapy, prostaglandin inhibitors and anti-fibrinolytic drugs provide only symptomatic relief and do not prove their definite efficacy in long term. Hormonal medications like oral progestogens are associated with irregular bleeding, headaches, Since the ages of Vedas, Stree has been given a unique position in the society due to procreating and propagating the human species. Showing the importance of Stree, Acharya Manu quoted that the societies where women are respected that place is like heavenly abode. The woman is the chief cause for progeny, if she is protected even the progeny is protected. The prime aim of woman is to achieve motherhood. Motherhood is the basis for family life, which is the backbone of the society. Healthy progeny leads to formation of healthy society. The first step for motherhood commence with menarche and ends with menopause. Woman's role reaches to new horizons in the society due to modernization and increased competition. Women are not able to pay proper attention to their health due to increase in responsibilities in this changed set up. Change in lifestyle, food, habits, responsibility of family etc. possess strain on her physical and mental health which likely disturbs the menstrual rhythm and leads to menstrual disorders. Menstruation is the visible manifestation of cyclic physiologic uterine bleeding due to the shedding of the endometrium¹. It denotes the healthy state of female reproductive system. The menstrual rhythm is invisible interplay of hypothalamo-pituitary-ovarian axis. Any physical and mental disorders disturb the normalcy of menstrual cycle which further

leads to impairment in function of reproduction. Asrigdara is characterized by excessive, prolonged menstrual or intermenstrual bleeding². According to Acharyas, Mithya Ahara, Vihara, Atishoka etc are the Nidanas of Asrigdara. Asrigdara comprises all form of excessive bleeding. Dysfunctional Uterine Bleeding (D.U.B) is one of them. D.U.B is a state of abnormal uterine bleeding without any clinically detectable organic, systemic, and iatrogenic cause. It occurs at the extreme of reproductive life i.e. adolescence and premenopausal age³. D.U.B affects 22- 30% of women and accounts for 12% gynecological referrals⁴. Various treatment modalities have minor to major side effects like nausea, G.I.T disturbance, hypertension, liver disease etc. Ultimate cure for D.U.B is hysterectomy, but it also has complications. Ayurvedic texts have described variety of oral preparations which are time tested can be used for the management of Asrigdara. The present study was undertaken to evaluate the efficacy of Kutajastakavaleha⁵ in Asrigdara. The study shows that out of total 40 patients, maximum patients belonged to age group 30-39 years (60%), and Hindu religion (75%), from Urban Area (55%), educated up to secondary (47.5%), belonged to middle class (57.5%), majority are married (92.5%) and housewives (67.5%), had mixed diet (77.5%), mrodu kostha (67.5%), mandagni (35%), vata-pitta prakruti (45%), had normal psychological status (57.5%) and sleep(65%) In majority had negative family history (92.5%), drug history (80%), abortion history (62.5%) and no addiction (45%).

maximum patient's duration of illness were 3-9 months (67.5%), 42.5% had no contraceptive history, were multipara (62.5%). Maximum had regular past menstrual history (70%), present menstrual history (65%), had Hb between 8-9gm% ranges (37.5%), had duration of menstrual flow >9 days (55%), used 4-5 pads/day (47.5%), had menstrual cycle between 15-19 days (45%). In maximum patients angamarda (85%) and vedana (75%) are absent. Rakta is known to be a vital substance of body. As the disease is characterized by excess flow of blood out of the body, hence raktastambhana chikitsa is beneficial. Use of raktasthapaka dravyas after assessing the involvement of doshas based on colour and smell of menstrual blood. Treatment prescribed for raktatisara, raktapitta, raktarsha, guhyaroga and garbhasrava is also useful. Considering this aspect, raktastambhana, raktsodhana, raktapittaghna effects are desired in treatment. Probable mode of action of kutajastakavaleha Kutajastakavaleha contains 8 drugs. Among eight drugs, six drugs are having tikta, kashaya rasa and two are having katu rasa. Tikta & Katu rasa: Dipana & pachana → Agni vardana & ama pachana → srotosodhana → Prakrita rasa and rakta dhatu formation. Kashaya rasa: Stambhana, Grahi, Sleshmahara, Raktapittahara → Thus help to reduce the duration and amount of bleeding. Based on guna: Majority of the drugs possesses laghu and ruksha guna. Laghu: Have srotosodhana property → does rakta sodhana Ruksha guna: It possess Sthambhana & Shoshana properties. Sthambhana directly and shoshana indirectly reduce the duration and amount

of bleeding by absorption of drava pitta. Based on virya: Majority of drugs possesses sheeta veerya. Sheeta virya have raktapittahara and sthambhana, properties which helps in relieving the symptoms of asrigdara. Based on vipaka: Katu vipaka helps in relieving the symptoms of asrigdara by its laghu and kaphapittashamaka guna. Based on karma: Majority of drugs possess Raktapittahara, Raktsodhana, Raktastambhana Dhatushoshana, Sothahara, and Vranaropana properties. All these properties of drugs act according to the vyadhi pratyaneeka chikitsa. Probable mode of action of khandakusmanda avaleha Kusmanada possess raktapittashamaka, pittahara, shulhara, balya, rasayana, garbhaposhaka, vatapittashamaka and dipana properties. Thus, treatment principles of these diseases like raktashodhana, raktastambhana, vatanulomana, pitta and kapha shamana and giving bala to garbhashaya are incorporated in management of Asrigdara., Deepaniya and pachaniya 18 drugs are also effective in Asrigdara as they are also indicated in raktarsa. Samagni helps in the proper metabolism of aahar, leading to the formation of samadhatus 19, and thus suddha artava is formed. In Asrigdara, the causative factor or dosha is Vata and vitiated dusya is rakta 20. For the treatment of vitiated Vata, use of Basti 21 proves to be beneficial. As pitta and rakta are aashrya-aashryi bhava, naturally the causes vitiating rakta will also aggravate pitta. Acharya Kashyap has indicated the use of Virechan in menstrual disorders 22. This article has been compiled

from the description of Asrigdara in available texts like Charaka Samhita, Sushruta Samhita, Astanga Hridaya, Astanga Samgraha, Madhav Nidan, Kashyap Samhita and other Ayurvedic literature. Moreover, details of articles pertaining to the management of Asrigdara featuring different formulations available on the internet has been collected and analysed. Some of these articles describe drugs that show significant improvement in the symptoms of Asrigdara. DISCUSSION Ayurvedic drugs with properties like raktastambhaka, Vata-pitta nashaka, sravarodhaka, raktashodhana used along with preparations of lauha provide a good relief in patients of Asrigdara. Ashok having kashaya-tikta rasa, katu vipaka and sheeta virya acts as garbhashayasankochka, raktastambhaka, raktashodhana, shothahara, vedanashamaka and pradaranashaka⁴³. Lodhra is included in sonithasthapana gana and sandhaniya gana. It has laghu guna, sheeta virya and kashaya rasa. It acts as garbhasayasothahara, sravahara and raktastambhaka⁴⁴. With similar properties to raktastambhaka, raktashodhana, garbhashyashothahara and sravahara, darvyi is also an effective drug in patients of Asrigdara⁴⁵. Pradararipu Rasa⁴⁶ and Bola Parpati⁴⁷ are useful in raktavikara and help in hemostasis, thus providing relief in symptoms of Asrigdara. In its normal state, apana vayu performs the function of excretion of mala, mutra, shukra, garbha and artava⁴⁸. The vitiated vata is the main factor in the pathogenesis of Asrigdara. Thus, Basti is the most useful therapy in patients of Asrigdara. Virechan karma

pacifies vitiated pitta and kapha⁴⁹ and helps in raktashodhana and srotovishodhana. Therefore, it will help destroy the disease from its root rather than a temporary cessation of heavy bleeding.

CONCLUSION

Considering all the literature and data studied regarding the treatment of Asrigdara, it can be said that the management of Asrigdara in Ayurveda is a better alternative to conventional hormonal therapy providing significant improvement in cardinal symptoms as well as associated symptoms of Asrigdara. Ayurvedic management appears to be safe as compared to the modern system of medicine as herbal formulations have no side effects and cures the disease with chances of minimal recurrence.

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