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# Comparative study between *Asokarista* and *Pradarantak Lauha* in the treatment of *Asrigdara*

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## ABSTRACT

*Asrigdara* is a disease of excessive and prolonged blood loss per vagina during menstrual and inter menstrual period. In modern era, *Asrigdara* is similar just like a Menorrhagia. In my comparative study I had chosen to evaluate the role of both drugs that was "*Asokarista*" and "*Pradarantak Lauha*" which was the best in the treatment of *Asrigdara*. I had taken sixty (60) patients which were divided into two equal group's i.e., Group-A and Group- B with clinical features of excessive menstrual bleeding in amount, long duration of menstrual bleeding in day, bodyache, pain in the uterus. Gr-A was treated with *Asokarista* for 3 menstrual cycles and Gr-B was treated with *Pradarantak Lauha* for 3 menstrual cycles. This comparative study was conducted to evaluation of efficacy of the drugs in both groups. This study was a prospective, comparative and observative. This study observes good reduction in mean scores of clinical feature and overall compliance to the treatment was good in the both groups and p value of < 0.001 was considered highly significant.

**Key words:** *Asrigdara*, *Asokarista*, *Pradarantak Lauha*.

## INTRODUCTION

The word *Asrigdara* is a two-combination word i.e., *Asrig* & *Dara*. *Asrig* means *Rakta* (blood) and *Dara* means *Vidarana* (excessive discharge). So, *Asrigdara* means excessive bleeding per vagina. *Asrigdara* is a disease of excessive bleeding per vagina during menstrual and inter menstrual period. Synonyms of the *Asrigdara* is *Pradara* and *Raktayoni* which has mentioned in *Putrakamiya Adhyaya* in *Astang Samgraha* (As.S.Sa.1/5).<sup>[1]</sup> *Maharsi Charaka* has described *Asrigdara* as a separate disease and

mentioned its management in '*Yonivyapad Chikitsa Adhyaya*' (Ca.Sa.Chi 30/209).<sup>[2]</sup> *Acharya Sushruta* has also described it in '*Sukra Sonita Suddhi Nama Sarir'adhyaya* (Su.Sa.Sa 2/18-20).<sup>[3]</sup> *Laghutrayee* and other commentators also have described *Asrigdara* in briefly. In modern era, *Asrigdara* is correlated with the disease of Menorrhagia which has described under Abnormal Uterine Bleeding (AUB). Menorrhagia is defined as cyclic bleeding at normal interval, the bleeding is either excessive in amount (>80 ml) or duration (>7 days) or both.<sup>[4]</sup> In this study Gr-A was treated with *Asokarista* and Gr-B was treated with *Pradarantak Lauha*.

## AIMS AND OBJECTIVES

To evaluate the role of both drugs that was "*Asokarista*" and "*Pradarantak Lauha*" which was the best in the treatment of *Asrigdara*.

## MATERIALS AND METHODS

The study was conducted in the department of Prasuti Tantra and Stri Roga, B.S.R.G.M.A.C & Hospital, West Bengal, in which 60 patients were selected and were divided in two equal groups. 30 Patients were taken in

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Group-A and another 30 Patients were taken in Group-B.

**Study design** - Prospective and comparative and observative.

**Selection criteria** - 60 female patients were selected with some parameters that were – Excessive menstrual bleeding in amount (no. of pads used in a day), Duration of menstrual bleeding in day, Bodyache, Pain in uterus and Hb%.

**Exclusion criteria** - Patients who were suffering from Adenomyosis, Fibroid uterus, Pelvic Endometriosis, Tubercular Endometritis, CA cervix, were excluded from the study.

#### Selection and preparation of the drug

A compound medicine 'Asokarista' has mentioned in *Bhaisajyaratnavali Pradara Roga Chikitsa Prakaranam Adhyaya*,<sup>[5]</sup> was selected for the study in Group-A. The ingredients of the 'Asokarista'.<sup>[6]</sup>

1. Asoka (St.Bk) - 4.800 kg
2. Water for decoction - 49.152 lit
3. Water reduced to - 12.288 lit
4. Guda (Jaggery) - 9.600 kg
5. *Praksepa Dravyas* -
  - i) Dhataki (Fl) - 768 gm
  - ii) Mustaka (Rz) - 48 gm
  - iii) Ajaji (Fr) - 48 gm
  - iv) Sunthi (Rz) - 48 gm
  - v) Darvi (St) - 48gm
  - vi) Utpala (Fl) - 48 gm
  - vii) Haritaki (Fr.P) - 48 gm
  - viii) Amlaki (Fr.P) - 48 gm
  - ix) Bibhitaki (Fr.P) - 48 gm
  - x) Amrasthi (Enm) - 48 gm
  - xi) Jiraka (Fr) - 48 gm
  - xii) Vasa (Rt) - 48 gm
  - xiii) Candana (Ht.Wd) - 48 gm

The Asoka (St.Bk) - 4.800 kg were taken and were coarsely (*Javkut*) powdered and *Kasaya* was prepared. Then *Kasaya* was strained and kept in the fermentation pot. *Guda* (jaggery) - 9.600 kg was dissolved, boiled and added. *Praksepa Dravyas* were finely powdered and added as per mention in above. At the end *Dhataki Puspa* should be properly cleaned and added. Then *Asokarista* was prepared as per guideline of *Arista* preparation in the text book.<sup>[7]</sup>

Another a compound medicine 'Pradarantak Lauha' has been mentioned in *Bhaisajyaratnavali Pradara Roga Chikitsa Prakaranam Adhyaya*<sup>[8]</sup> was selected for the study in Group-B. The ingredients of the 'Pradarantak Lauha'<sup>[9]</sup> are:

1. Lauha (Bhasma) - 1 part
2. Tamra (Bhasma) - 1 part
3. Harital (Bhasma) - 1 part
4. Vanga (Bhasma) - 1 part
5. Abhra (Bhasma) - 1 part
6. Varatika (Bhasma) - 1 part
7. Sunthi (Rz) - 1 part
8. Maricha (Fr) - 1 part
9. Pippali (Fr) - 1 part
10. Haritaki (Fr.P) - 1 part
11. Amlaki (Fr.P) - 1 part
12. Bibhitaka (Fr.P) - 1 part
13. Citraka (Rt) - 1 part
14. Vidanga (Fr) - 1 part
15. Saindhava Lavana 1 1 part
16. Samudra Lavana - 1 part
17. Vida Lavana - 1 part
18. Sauvarchal Lavana - 1 part
19. Audbhida Lavana - 1 part
20. Chaiva (St) - 1 part
21. Pippali (Fr) - 1 part
22. Sankha (Bhasma) - 1 part

23. *Vacha* (Rz) - 1 part
24. *Hapusa* (Fr) - 1 part
25. *Kustha* (Rt) - 1 part
26. *Sathi* (Rz) - 1 part
27. *Patha* (Rt) - 1 part
28. *Devadaru* (Ht.Wd) - 1 part
29. *Ela* (Sd) - 1 part
30. *Vridhadaraka* (St) - 1 part

All minerals were made into *Bhasma* and the drugs of plants origin were made into powders separately. These were put into *Khalva Yantra* and ground to a soft paste with the water for grinding. When the mass was properly ground and was in a condition to be made into pills. The criterion to determine the final stage of the formulation before making pills was that it should not stick to the fingers when rolled. Pills were dried in shade. The weight of each pill was 250 mg. At the end the pills are stored in an air tight container.

**Study procedure:** Total patients were equally divided in to two groups i.e., Group-A & Group- B.

**Group-A** - This group was treated with '*Asokarista*' – 15 ml with equal quantity of water twice daily for 3 menstrual cycle.

**Group-B** - This group was treated with '*Pradarantak Lauha*' - 1 pill (250 mg) with honey thrice daily for 3 menstrual cycles.

All groups were similar with regard to the demographic data and baseline parameters. Total score was based on Menstrual bleeding in amount (no. of pads used in a day), Duration of menstrual bleeding in day, Body ache, Pain in uterus and Hb%, in the same parameters.

## DISCUSSION

Comparative study of the effectiveness between the Group-A and Group-B in same parameters with laboratory investigation before and after treatment (Table 1 and 2).

**Table 1: Result of the treatment in Group - A**

Sign & Symptoms	Mean ± S.D		df	't' value	Effectiveness
	BT	AT			
Menstrual bleeding in amount (no. of pads used in a day)	2.34 ± 0.6	0.31 ± 0.8	24	9.42	75 %
Duration of menstrual bleeding in day	1.12 ± 0.2	0.11 ± 0.1	22	11.31	70 %
Bodyache	2.3 ± 0.6	0.57 ± 0.2	24	12.42	65 %
Pain in uterus	1.40 ± 0.2	0.54 ± 0.3	16	10.11	60 %
Hb%	1.2 ± 0.2	2.11 ± 0.4	24	15.40	60 %

P = <0.001 (Highly Significant)

**Table 2: Result of the treatment in Group - B**

Sign & Symptoms	Mean ± S.D		df	't' value	Effectiveness
	BT	AT			
Menstrual bleeding in amount (no. of pads used in a day)	2.13 ± 0.2	0.50 ± 0.2	24	12.68	75 %
Duration of menstrual bleeding in day	1.6 ± 0.3	0.19 ± 0.2	14	8.75	68 %
Bodyache	1.18 ± 0.5	0.58 ± 0.2	18	10.28	60 %
Pain in uterus	1.22 ± 0.23	0.24 ± 0.3	12	9.31	65 %

Hb%	1.46 ± 0.3	2.7 ± 0.2	24	11.66	70 %
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P = <0.001 (Highly Significant)

## RESULT

From the statistical point of view it was observed that out of 30 patients in Group-A, 20 (66%) patients were cured, 4 (13.2%) patients were maximum improved, 4 (13.2%) patients were moderately improved, 2 (6.6%) patients were mildly improved and out of 30 patients in Group-B, 19 (62.7%) patients were cured, 6 (19.8%) patients were maximum improved, 3 (9.9%) patients were moderately improved, 2 (6.6%) patients were mildly improved (Table 3).

**Table 3: Overall clinical assessment of the treatment.**

Result	Group - A		Group - B	
	No. of pt	% of pt	No. of pt	% of pt
Cured	20	66 %	19	62.7 %
Maximum improved	4	13.2 %	6	19.8 %
Moderately improved	4	13.2 %	3	9.9%
Mildly improved	2	6.6 %	2	6.6%

## CONCLUSION

It was observed that both drugs have *Deepana*, *Pachana*, *Raktastambhak*, *Astringent* and *Raktasangrahi* properties. The drug of '*Pradarantak Lauha*' has specially *Rakta Bordhak* property. The study observed a significant reduction in the mean in the parameters of Menstrual bleeding in amount (no. of pads used in a day), Duration of menstrual bleeding in day, Body ache, Pain in uterus in the both groups and significant increase in the mean of Hb% in Group-B. The

overall compliance to the treatment was excellent in the both groups and the p value of <0.001 was considered highly significant. Hence, we can be concluded that the drugs '*Asokarista*' and '*Pradarantak Lauha*' both can be recommended for satisfactory management of *Asrigdara* but in anaemia condition we can chose '*Pradarantak Lauha*' due to its *Rakta Bordhak* effect.

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