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A clinical study to evaluate the efficacy of *Eladi Kwatha* in *Asrigdhara* with special reference to Abnormal Uterine Bleeding

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ABSTRACT

Abnormal uterine bleeding (formerly dysfunctional uterine bleeding) is irregular uterine bleeding that occurs in the absence of recognizable pelvic pathology. It reflects a disruption in the normal cyclic pattern of ovulatory hormonal stimulation to the endometrial lining. *Asrigdhara* refers to all types of abnormal patterns of bleeding. Most of the menstrual disorders have been described by *Ayurvedic* classics under the heading of *artavadushti* and *asrigdhara*. *Ayurveda* the traditional Hindu system of medicine of India seeks to treat and integrate body and mind using a comprehensive holistic approach especially by emphasizing diet, herbal remedies, exercise and etc. Hence the treatment modalities based upon *chikitsa siddhanta* has mentioned by *Harita samhita trutiya sthana*, i.e. "*Ela samanga sahashaalmalinam haritaki magadhika samaamshaa. Kwathoditah sharkara samadhvaa, yonipravaaham vinivaarayecha*",^[1] gave very good results in the present diseased condition without any complications.

Key words: *Asrigdhara, Artavadushti, Eladi kwatha, Abnormal uterine bleeding.*

INTRODUCTION

Stree roga being one among the branch of *Ayurveda*, deals with pathological conditions of *Artava vyapad, Vandyatwa* etc. It also deals with different treatment modalities for each diseased condition.

Women being the backbone of the family, suffering from these conditions can cripple the lifestyle and happiness of the family as a whole. In modern medicine there is no satisfactory safe treatment for

many of these conditions. They provide only symptomatic treatment very often based on hormonal preparation which have their own deleterious effects. It is therefore imperative that some safe effective and economical line of treatment is made available to the women.

The word '*Pradirana*' states - excessive secretion of *raja*, hence named as *pradara/asrigdhara*. Clinical condition characterised with excessive secretion along with depletion of '*Asrik*' is termed as *Asrigdhara*.^[2] It is one among *Rakta Pradoshaja Vikara*. It is also seen as a symptom in *Pitta Avruta Apana*.

Abnormal uterine bleeding (formerly dysfunctional uterine bleeding [DUB]) is irregular uterine bleeding that occurs in the absence of recognizable pelvic pathology, general medical disease, or pregnancy.^[3]

Abnormal uterine bleeding reflects a disruption in the normal cyclic pattern of ovulatory hormonal stimulation to the endometrial lining.

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Table 1: Causes of AUB by FIGO and ACOG

PALM- Structural causes	COEIN- Non-structural causes
Polyp and pregnancy	Ovulatory dysfunction
Coagulopathy	Endometrial
Adenomyosis	Iatrogenic
Leiomyoma	Not yet classified
Malignancy and hyperplasia	

The clinical features are *angamarda* (malaise), *vedana* (pain), *adho vankshana daha* (pain in lower abdomen) and *shroni, prishtha, vrikka vedana* (pain in pelvis and back).

Classification

1. *Vataja*
2. *Pittaja*
3. *Kaphaja* and
4. *Sannipataja*.

Table 2: Symptoms of Asrigdhara

Type	Symptoms
<i>Vataja asrigdhara</i>	<i>Phenila, tanu, ruksha srava, shyava, aruna varna srava, teevra vedana</i>
<i>Pittaja asrigdhara</i>	<i>Neela, peeta, asita rakta srava, atyushna rakta srava, arti, daha, raga, trushna, jwara, bhrama</i>
<i>Kaphaja asrigdhara</i>	<i>Pichila, guru, snigdha rakta srava, sheetala rakta srava, chardi, arochaka, hrullasa, shwasa, kasa.</i>
<i>Sannipataja asrigdhara</i>	<i>Durgandha, pichila, vidagdha, peeta rakta srava, niranantara srava, daha, jwara.</i>

Table 3:

Type	Characteristics
<i>Polymenorrhoea</i>	Cycle length <21 days
<i>Menorrhagia</i>	Regular cycles; excessive flow and duration
<i>Metrorrhagia</i>	Irregular cycles with intermittent bleeding

<i>Menometrorrhagia</i>	Irregular intermittent cycles; excessive flow, duration.
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Complications: *Dourbalya, Bhrama, Murcha, Tama, Trushna, Daha, Pralapa, Pandu, Tandra* and *Akshepaka Vata Roga's etc.*

Treatment: Medications are many but for the study we have considered *Eladi kwatha* mainly indicated in treating *asrigdhara*.

MATERIALS AND METHODS

Source of data: Total 16 patients were selected randomly from OPD and IPD of Prasooti tantra and stree roga department, fulfilling the criteria.

Method of collection of data

- It is a randomized controlled clinical study of female patient within age group of 19-50 years with assessment before and after clinical study.
- Subjects suffering with the complaints of excessive and prolonged bleeding with decrease in length of the cycle will be selected.
- Informed consent will be taken from the patient before including them in the clinical trial.

Inclusion criteria

- Patients between 19-50 years
- Patients presenting '*Pratyatma lakshana*' of *Asrigdhara*.
- Excessive bleeding for more than two consecutive cycles.
- Prolonged menstrual flow (more than 7 days)
- Intervals between two cycles
- Screened patients will be selected for the study.

Exclusion criteria

- Patient suffering with the complications like diabetic mellitus, hypertension, thyroid dysfunction, tuberculosis.
- Congenital malformations.
- Malignancy conditions

- Haemoglobin less than 6gms%
- Women using IUCD/ OCP
- Post menopausal bleeding.

Table 4: Assessment criteria

SN	Parameters	Criteria	Score
1.	Amount of menstrual bleeding	Complete soakage of 1-2 pads in 24 hours (Average)	0
		Complete soakage of 3-4 pads in 24hours (Moderate)	1
		Complete soakage of 5-6 pads in 24 hours (Excessive)	2
		Complete soakage of 7 or more pads in 24 hours (Very excessive)	3
2.	Intervals between two cycles	21-35 days- Normal	0
		15-20 days- Short	1
		10-14 days- Very short	2
3.	Duration of menstrual bleeding	6-8 days- prolonged	0
		9-11 days- very prolonged	1
		12 days to continues bleeding	2
4.	Pain during menstruation	No pain	0
		Mild pain (Do not require any medicines for relief)	1
		Moderate pain (Require medicines for relief but not affecting her routine activities)	2
		Severe pain (Takes medicine for relief but affects her daily activities).	3

Final assessment

▪ **Cured**

Regularisation of menstruation i.e. 3-5days / 21-35days

Regularisation in amount of bleeding, using 1-2 pads per day

Reduction in associated symptom like pain.

▪ **Improved**

Mild improvement in amount of bleeding, length of cycles and pain.

▪ **No relief**

No change

Gynaecological examination

Per speculum

Per vaginal

Investigations

- Complete blood count, Bleeding time, Clotting time, Random blood sugar, Erythrocyte sedimentation rate.
- Urine routine and microscopic.
- Ultrasound - Abdomen and pelvis.
- PAP Smear (If required)

Intervention

Eladi kwatha

- Dose - 1 pala (48ml)
- Administration - Orally early morning on empty stomach
- Follow up period - Patients will be asked to follow up for the oncoming next two cycles.

Table 5: Drug Review^[5]

Drug	Rasa	Gun a	Viry a	Vipa ka	Doshag nata	Karma	Part used
<i>Ela</i>	<i>Katu</i>	<i>Laghu</i>	<i>She eta</i>	<i>Katu</i>	<i>Vatana shaka</i>	<i>Kaphahara</i> <i>Shwasah ara</i> <i>Kasahara</i> <i>Arshahara</i> <i>Mutrakru chrahut</i>	Seeds
<i>Shalm ali</i>	<i>Mad hura</i>	<i>Laghu, snigdha</i>	<i>She eta</i>	<i>Mad hura</i>	<i>Pitta - vatahara</i>	<i>Rasayana</i> <i>Balya</i> <i>Grahi</i> <i>Vrushya</i>	Stem, root, bark, flowers, petiol

							es, spiner, gum, tender fruits.
Lajjalu	Tikta, kashaya	Sheeta	Sheeta	Madhura	Kapha pittahara	Raktapittahara Atisarahara Yoniroga vinashaka Sangrahi Raktavahini sankuchana	Leaf root
Haritaki	Lavana varjita panc harasa (kashaya pradhanaya)	Laghu, ruksha	Ushna	Madhura	Tridoshahara	Anulomana Rasayana Prajnashapana Chakshushya hrudya	Fruit

OBSERVATIONS

Table 6: Statistics according to age, religion, marital status, locality and occupation.

Age group	Religion	Marital status	Locality	Occupation
16-28 years	Hindu	Married	Rural	House wife
29-41 years	Muslim	Unmarried	Urban	Working
42-54 years	Christian			Student

The following observations show that 7 patients belong to age group of 16-28 years, 05 patients belong to 29-41 years and 4 patients belong to 42-54 years. Based on religion, 15 patients belong to Hindu, 01 patient from Muslim. Based on marital status, 10 patients are married and 06 patients are unmarried. Based on locality, 10 patients are from rural area and 06 from urban area. Based on occupation, 4 patients are house wife, 5 patients are working and 7 patients are students.

RESULTS

Table 7: Amount of menstrual flow

Treatment name	N	Mean	Std Dev	SEM
Col 1	16	1.563	0.727	0.182
Col 2	16	0.875	0.619	0.155
Difference	16	0.688	0.479	0.120

t = 5.745 with 15 degrees of freedom. (P = <0.001)

95 percent confidence interval for difference of means: 0.432 to 0.943

The change that occurred with the treatment is greater than would be expected by chance; there is a statistically significant change (P = <0.001)

Power of performed test with alpha = 0.050: 1.000

Table 8: Duration of menstruation

Treatment name	N	Mean	Std Dev	SEM
Col 1	16	1.438	1.094	0.273
Col 2	16	0.625	0.719	0.180
Difference	16	0.813	0.834	0.209

t = 3.896 with 15 degrees of freedom. (P = 0.001)

95 percent confidence interval for difference of means: 0.368 to 1.257

The change that occurred with the treatment is greater than would be expected by chance; there is a statistically significant change (P = 0.001)

Power of performed test with alpha = 0.050: 0.953

Table 9: Intervals between two cycles:

Treatment Name	N	Mean	Std Dev	SEM
Col 1	16	0.938	0.772	0.193
Col 2	16	0.438	0.512	0.128
Difference	16	0.500	0.516	0.129

t = 3.873 with 15 degrees of freedom. (P = 0.002)

95 percent confidence interval for difference of means: 0.225 to 0.775

The change that occurred with the treatment is greater than would be expected by chance; there is a statistically significant change (P = 0.002)

Power of performed test with alpha = 0.050: 0.950

Table 10: Pain during menstruation:

Treatment Name	N	Mean	Std Dev	SEM
Col 1	16	1.063	1.063	0.266
Col 2	16	0.563	0.727	0.182
Difference	16	0.500	0.632	0.158

t = 3.162 with 15 degrees of freedom. (P = 0.006)

95 percent confidence interval for difference of means: 0.163 to 0.837

The change that occurred with the treatment is greater than would be expected by chance; there is a statistically significant change (P = 0.006)

Power of performed test with alpha = 0.050: 0.813

DISCUSSION

As the disease is characterised by excessive menstrual flow and blood being the vital fluid of the body, the remedy *Eladi kwatha* plays a satisfactory role in the *chikitsa* of *asrigdhara*. The *yoga* being *madhura, tikta, kashaya rasa pradhana*, sheeta virya, madhura vipaka, possess *pitta- vatahara* and *kapha- pittahara* properties, Incorporates *balya, rasayana, rakta-pitta hara* and *yoni roga vinashana* effects.

The drug *Ela* is best carminative, antiemetic, stomachic, antispasmodic, loss of appetite and anti asthmatics. The major constituents are 1, 8 –cineol and alpha terpinylacetate, alpha terpineol. The seeds contain palmitic and oleic as dominant fatty acids, besides linoleic and lenolenic acids along with alpha – tocopherol, demosterol and campesterol.⁶ Terpineol and acetyl terpineol, the active principles of cardamom seeds showed greater penetration enhancing capacities and volatile components exhibit antimicrobial activity.

The gum released out of stem bark of drug *Shalmali* is astringent, demulcent and styptic used for haemoptysis, menorrhagia and spermatorrhoea. The Ayurvedic pharmacopoeia of India recommends the stem bark in bleeding disorders and in acne vulgaris. It acts as Anti- microbial, anti- bacterial, anti oxidant, analgesic, cardioprotective and cancer cell growth inhibitors. *B malabaricum* stem bark's methanolic extract has found to exhibit a significant anti – angiogenic activity on tube formation of human umbilical venous endothelial cells. Lupeol is a component of fractionated product of the extract showed a marked inhibitory activity on human umbilical venous endothelial cells tube formation. Protective effect in inflammatory bowel disease, the *mocha rasa* of *shalmali* is known to contain large amounts of tannic and gallic acids acting as astringents which precipitate proteins which is helpful in restoring the damaged epithelial mucosal lining of the ulcerated mucosa.

The leaf the drug *Lajjalu* are astringent, antiseptic, styptic, blood purifier, used for haemophilic conditions, constriction of minute capillaries (*rakta stambhaka*), leucorrhoea, morbid conditions of vagina and glandular swellings (*srotoshodana*). The roots of *Lajjalu* are used in gravel and urinary complaints. It also acts as anti- inflammatory, anti microbial, anti hepatotoxic and anti helminthic. Aqueous extracts of root powder in pilot studies on patients with dysfunction uterine bleeding.

The drug *Haritaki* is gentle purgative, astringent (unripe fruits are more purgative, ripe ones are more

astringent, sennoside A and anthraquinone glycoside is laxative, tannins are astringent), stomachic used in treating flatulence, constipation, diarrhoea, dysentery, cyst, digestive disorders, vomiting, enlarged liver and spleen, cough and bronchial asthma and for metabolic harmony. The Ayurvedic pharmacopoeia of India along with other therapeutic applications indicated use of powder of mature fruits in intermittent fevers, chronic fevers, anaemia and polyuria. The chemical composition beta-sitosterol found to have a very much positive effect over uterus. The chemical composition like shikimic acid, gallic acid, triacontanoic acid and palmitic acids, beta-sitosterol, triethyl ester of chebulic acid and ethyl ester of gallic acid along with punicalagin and teaflavin A have been isolated from the fruits. Antioxidant constituents of the plant, Phloroglucinol and pyrogallol have been isolated along with ferulic, vanillic, p-coumaric and caffeic acids. Ether extract showed higher antioxidant activity and acid esters present in phenolic fraction of extract were found most effective.

The drug *Pippali* is used as digestive, appetizer, general tonic, haematinic and carminative because of *gunas* like *katu rasa*, *laghu* and *tikshna guna* causes alleviation of *kapha dosha* with opposite properties like *madhura*, *guru*, *manda* and so on of *kapha dosha*. *Pippali* with *tikshna guna* causes *bhedana* of *kapha* which is struck to the *srotas* by *picchila* and *sandra guna*. The *ushna guna* causes *vilayana* of *kapha dosha* leading to *srotoshuddhi*. Used for the diseases of the respiratory tract (cough, bronchitis, asthma), as sedative (in insomnia and epilepsy) as cholagogue (in obstruction of bile duct and bladder). It improves the drug availability in experimental animals and is used for enhancing the efficacy of co-administered medicaments.

According to *Acharya Charaka* and *Sushruta*, *Pippali* helps in treating *yoni shula*. The fruit of *pippali* acts as *rasayana* and contains a number of constituents including volatile oil, alkaloids, isobutylamides, lignans and esters. Piperine, which is the prime constituent of fruit, is reported to be having significant anti-inflammatory activity.

The population around our locality was found to be more in Hindu denomination. The group teenage were found to be in frequent mood swings due to shifting levels of hormones in the body and changes taking place during puberty. Young females often lack basic knowledge about reproductive health. Fertility changes with age, females become fertile in their teens following puberty. For girls, the beginning of their reproductive years is marked by the onset of ovulation and menstruation. Adolescent health creates a major global burden and has a great deal of additional diverse complications compared to adult reproductive health. For most adolescent females, they have yet to complete their body growth trajectories. In married women, emotional stress temporarily alters the hormones that regulate the period. Being newly married can be again stressful as you adjust to a new life and responsibilities and in students stress as a reason for their irregular menstruation along with eating disorders, poor diets and intense exercise routine. People in rural areas are dominant in the study because remote area, to travel long distance to get routine checkups and screenings and fewer doctors and certain specialist might not be available.

CONCLUSION

Menstrual disturbances are the major health issues in present era. Ayurveda being holistic approach treats the root cause of the disease. The treatment modalities based in our science is very much beneficial. Prolonged use of hormones is strictly contraindicated. Patient treated based upon *chikitsa siddhanta* as mentioned by *Harita samhita in trutiya sthana*, *Eladi kwatha* having the properties like *sheeta virya* and *madhura vipaka* being *rakta sthambaka* has a very good impact on *pitta vrudhi*, not only short term but also in the long term patient were free of their complaints. This is in contrast to the patients who were treated with hormonal preparations who got temporary remission with uncertain long term results.

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