

**A CLINICAL STUDY TO EVALUATE THE EFFICACY OF
NAGKESHARADI CHURNA ON ASRIGDARA W.S.R. TO
MENORRHAGIA**

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ABSTRACT

The basic principle of Ayurveda is the prevention of diseases by creating harmonization among body, mind and soul. Only healthy woman will be able to produce the healthy generation. But due to gynecological disorders the aim of healthy generation fails, and also it leads to various problems regarding the health of women. *Asrigdara* is one of the most common menstrual disorders associated with excessive menstrual bleeding with or without inter menstrual bleeding. 30 to 50% of women in reproductive age suffer from excessive and irregular uterine bleeding by different causative factors. *Asrigdara* is mainly due to *vata-pitta dosha* so that *Kashaya Rasa* and *Pittashamka Chikitsa* are effective. In modern medicine Haemostatic, Analgesics and Hormonal therapies are advised for Menorrhagia but have limitations many times. Conclusion is the present study shows *Naagkesharadi Churna* is safe and more effective as in *Asrigdara*.

Key Words: *Asrigdara*, Menorrhagia, *Pradirana*, *Naagkesharadi churna*

INTRODUCTION: The female menstruation involves monthly hormonal changes which are affecting a woman's emotional and physical state. The menstrual cycle involves the shedding of endometrial mucosa. The length of the menstrual cycle is normally 21-35 days.¹ A deviation of two to three days from the monthly rhythm is additionally quite common. The menstrual rhythm (length of the cycle) depends upon the hypothalamic - pituitary - ovarian function where the quantity of blood loss depends upon the uterine condition. The duration of bleeding is about five days and estimated blood loss is 20 to 80 ml but in menorrhagic condition (*Asrigdara*) bleeding amounts more than 80 ml and duration more than 7 days.²

Asrigdara explained in Ayurveda may be correlated with menorrhagia. In present era abnormalities in menstruation the *Nidanas* responsible for *asrigdara* as described by

Acharya Charak are mostly *Pittavardhak*.³ The *Vayu* after getting vitiated increases the quantity of *Rakta* (blood), takes *Rakta* to *rajovaha siras* and increases the quantity of *raja* that flows out through *Rajovaha siras* and result as *Rakta Pradar*. According to Acharya Charak if the menstrual cycle turns to be abnormal due to *Pradirana* (Excessive secretion) of *Raja* it is termed as *Pradara*.⁴

Acharya Sushruta explained it as a separate disease entity in *shukra Shonita Adhyaya* in *sharirasthana*. Acharya Sushruta says excessive and prolonged bleeding during menstruation or even in intermenstrual period, different from the nature of normal menstrual blood is called *Asrigdara*. This may be due to indelicate lifestyle (*Mithya vihara*), *Piita* and *Vata prakopaka ahara*, stress, strain etc.⁵

According to modern science, the abnormal uterine bleeding is most likely due to some disturbance in endometrial

blood vessels and capillaries, these are probably affiliated with alteration in the ratio of endometrial prostaglandins.⁶ Various treatment modalities like hormonal therapy, antiprostaglandis and antifibrinolytic agents are used in modern medicine. Many of adverse effects have been noted, because of these medications, including hormonal imbalance. Keeping in mind the above facts It was decided to select a herbal medicine *Naagkeshradi churna* for the management of *Asrigdara*. The aim of the study is to find out a safe, potent, cost effective and non hormonal management for *Asrigdara*.

AIMS & OBJECTIVES-

1. To study the effectiveness of *Naagkesharadi Churna* (*Naagkeshar Churna*(Bhavprakash Nighantu), *Punarnava Mandoor*(Bhaishajya Ratnavali), *Bolbaddh Ras*(Ayurveda Saar Samgrh), *Praval pisti*(Siddha Yog Samgrha) in the management of *Asrigdara*.
2. To study any side effects related to drugs.
3. To establish the need for an ayurvedic treatment for *Asrigdara*.

MATERIAL & METHODS-

Total 20 clinically diagnosed and confirmed cases of *Asrigdara* were selected for this study from the department of *Prasuti tantra & Striroga* O.P.D of M.M.M. Govt. Ayurveda College, Udaipur after taking informed consent.

CLINICAL STUDY-

Diagnostic criteria-patient fulfilling any two or more of the criteria-

1. *Raja atipravruithi* (Excessive bleeding)
2. *Deerghakalanubandhi* (Prolonged menstruation)

Inclusion Criteria

- Patients mainly complained of cardinal symptoms of *Asrigdara*.
- Patients complaining of excessive or prolonged menstrual bleeding.
- Patients between the age group of 20 to 50yrs of age.

Exclusion Criteria

- Patient's having malignant or benign tumour, fibroid, polyp etc.
- Any external injury to the reproductive tract like trauma, erosion etc.
- Post-delivery, Post MTP, Post D & C bleeding.
- Patients having systemic haemorrhagic disorders or Immune – compromised patients.

INVESTIGATIONS

1. Haematological examination–Before and After Treatment CBC with ESR, BT, CT
2. Urine- Routine & Microscopic
4. Ultrasonography of lower abdomen

INTERVENTION-

Duration of the study-2 months

Follow up- after 15 days

Drug-*Naagkesharadi Churna*, Dose-3 gm BD, After food

Anupana- Madhu

ASSESSMENT CRITERIA-

Table no.1: Subjective Parameter-

S.N.	SYMPTOMS	GRADE 0	GRADE I	GRADE II	GRADE III
1.	Interval of the cycle	28-30 days	20-24 days	15-20 days	< 15 days
2.	Duration of the bleeding	3-5 days	6-7 days	8-9 days	> 9 days
3.	Amount of bleeding	Normal	Scanty	Heavy without clots	Heavy with clots

Table no. 2: Objective Parameters-

S.N.	SYMPTOMS	GRADE 0	GRADE I	GRADE II	GRADE III
1.	Intensity of bleeding	2 -3 pads/day	4 -5 pads/day	6-7 pads/day	>7 pads/day
2.	Pallor	Hb-12-13gm%	Hb-9-11 gm%	Hb-7-9gm%	Hb<7gm%

OBSERVATIONS-

Patients complained of heavy and prolonged bleeding. Assessment criteria

were based on the improvement in subjective and objective parameters were compared and analysed statistically.

Table no.3 Incidence of age-

Age group	No. of pts.	Percentage
20-30	4	20%
31-40	10	50%
41-50	6	30%

Maximum numbers of patients were in the 31-40years age group with 50%. This

incidence of age manifest that the disease mainly affects the reproductive age group.

Table No. 4: Incidence of Socio-Economic Status

Socio-economic status	No. of pts.	Percentage
Lower class	10	50%
Middle class	8	40%
Upper middle class	2	10%

Majority of patients belonged to the lower class with 50 %.

Table no.5: according to obstetric history

Parity	No. of pts.	Percentage
Nulliparous	4	20%
Primipara	5	25%
Multigravida	9	45%
Grandpara	2	10%

The highest incidence of Asrigdara was observed in the multigravida patients with 45%.

have extremely significant results in treating almost all the major symptoms.the overall result shows maximum improvement in all the assessment parameters except the haematological status which was statistically significant.

RESULTS:

Statistical analysis suggests that use of *Naagkesharadi Churna* orally is found to

Table no. 6 Results of Subjective Parameters

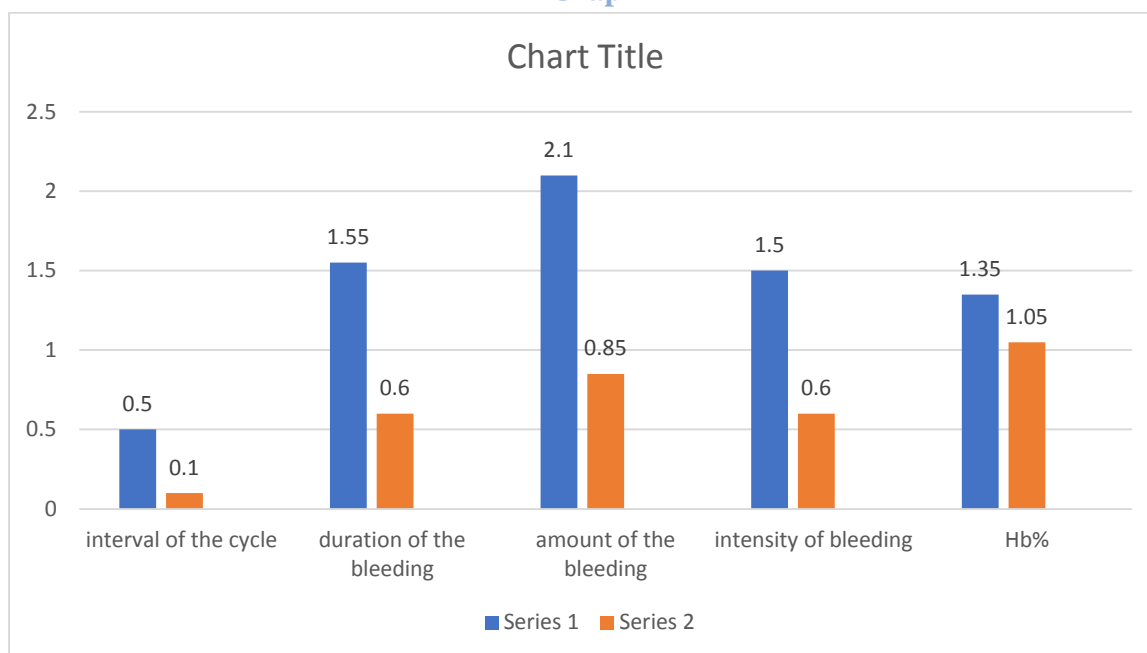
s.no.	Signs	Mean		Diff.	% of change	SD	SE	W	P	Results
		B.T	A.T							
1.	Interval	0.5	0.1	0.4	80%	0.50	0.11	36	0.0039	VS

	of the cycle									
2.	Duration of the bleeding	1.55	0.60	0.95	61%	0.22	0.05	190	<0.0001	ES
3.	Amount of the bleeding	2.1	0.85	1.25	59%	0.91	0.20	136	<0.0001	ES

Table No. 7 Results of Objective Parameters

s.no.	Signs	Mean		Diff.	% of change	SD	SE	W	P	Results
		B.T	A.T							
1.	Intensity of bleeding	1.5	0.6	0.9	60%	0.7	0.16	105	<0.0001	ES
2.	Hb%	1.35	1.05	0.3	22%	0.47	0.10	21	>0.001	S

Graph 1



DISCUSSION:

Asrigdara is vata-pitta predominant disease, hence dosha-karma of the drug should be vata-pitaa pacifying or tridoshara. Drugs chosen for the present study were having pitta hepatoprotective, anti-inflammatory, hemostatic properties. The contents of Naagkesharadi Churna are Rakta Sangrahi, Rakta Shodhaka and

Rakta Sthapaka, which helps in Shodhana of Dushita Pitta and Rakta. Further these have Agnivardhana, Deepana, Pachana properties which played a role in Amapachana of Rasa Dhatu by their action on Jatharagni. The drugs in the formulations are Shothahara, Ropana and Mutrala which help in Srotoshodhana and Garbhashaya Shodhana thereby reducing inflammation and uterine congestion.

1. Nagkesharadi Churna–

a. *Nagkeshar churna-Nagkeshar churna* due to *rasa;Kashaya,tikta* Guna: *laghu,Ruksha, Virya-ushna Vipaka katu ,doshghnta pittashamaka* used as a haemostatic in a case of *asrigdara*,it help in reducing pain,bioflavonoid has anti - inflammatory antioxidant property and act on blood vessels thus may help in reducing amount of blood loss during menses.⁷

b. *Punarnava mandoor-* combined effect of all its ingredients shows antiinflammatory,⁸ antifibrinolytic⁹hepatoprotective effect and source of iron.

c. *Bolbaddha ras-pittashamak,vatanulomaka,raktsthapak* and *deepan pachan* properties.¹⁰

d. *Pravaal pishti-it* contains *Madhur,amla,Kashaya ras,sheet virya* and *Madhura vipaka*.it pacifies all the three doshas.¹¹

CONCLUSION: Various treatments modalities like hormonal therapy, antiprostaglandins, antifibrinolytic agents and surgical interventions are available in modern medicine for the management of menorrhagia. The Ayurvedic management mentioned above can be recommended as a safer, feasible and effective therapy for the management of *Asrigdara* (Menorrhagia).

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