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"Role Of Virechana In Asrigdara"

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Various reports suggest that 30 to 50% of women in the reproductive age group suffer from excessive and irregular uterine bleeding by various causative factors. Various treatments prescribed in modern medicine like hormone therapy, antiprostaglandins and antifibrinolytic agents etc have not proved their definite efficacy inspite of high price and side effect, and lastly hysterectomy may lead to hormonal imbalance and psychological upset in young fertile women. To overcome this a clinical trial was conducted on 30 Patients, were divided in 2 groups, 15 patients in each. Group A (Trial group) in which Virechana karma with aragwadha phala majja kashaya was given; Group B (Control group) in which OCP tablets were given to patients for treatment. Three follow-ups are taken in both groups for three consecutive cycles each. Study reveals, significant benefit was observed by the trial group to reduce symptoms of Asrigdara with a p-value of <0.01.

Keywords: *Asrigdara*, DUB, *Virechana, Aragwadha phala majja kashaya.*

INTRODUCTION

Any abnormality in *Rituchakra* (menstrual rhythm) leads excessive and irregular uterine bleeding which is known as "*Asrigdara*" in classical text[1]. Amongst various gynaecological disorders, the irregular and/or excessive bleeding per vaginum is one of the commonest manifestations faced by a physician/gynaecologist. Inspite of tremendous advance in the field of diagnosis and treatment, at certain times the diagnosis of etiological factors of this type of bleeding is difficult, because the psychology of the individual at a given particular time plays equally important role in causation of disease. These cases are then labeled as cases of Dysfunctional uterine bleeding[2] or *Asrigdara.*

Females are frequently suffering with this disease because of their poor health, improper nutrition and negligence towards the health. It is a significant healthcare problem in the developed world[3]. Population studies have shown that this amount of loss is present in 10% of the population yet nearly a one third of all women consider their menstruation to be excessive. One in 20 women aged 30-40 will consult her general practitioner every year complaining of heavy uterine bleeding[4]. In England, about 20% of referrals from general practitioners to gynecologists are for abnormal uterine bleeding; and of those referred, about half undergo hysterectomy. About 11% of hysterectomies performed in the United States are for abnormal bleeding[5].

Various treatments prescribed in modern medicine like hormone therapy, antiprostaglandins and Antifibrinolytic agents etc. have not proved their definite efficacy inspite of high price and side effect, and lastly hysterectomy may lead to hormonal imbalance and psychological upset in young fertile women[6].

Keeping this in mind it was thought to dive in the ocean of treasure of Ayurvedic medicine to find a remedy for it, which will be gentle, non – hormonal, practical, safe, and effective alternate in the management of DUB. Here an attempt was made to evaluate the effect of *virechana karma* in *Asrigdara.*

AIMS AND OBJECTIVES

1. To study *Asrigdara* as per Ayurveda and modern.

2. To evaluate the role of *virechana* in the management of *Asrigdara.*

MATERIALS AND METHODS

a. Subjects: The aim of present study is to evaluate *'role of virechana in asrgdara'* and to understand the mechanisms involved. For this, trial group is done with *virechana karma* by *aragvadha phala majja kashaya*. In this study both Ayurvedic and modern subjective and objective parameters of assessments were included. Besides, the results of the clinical study have also been scrutinized from both Ayurvedic as well as Modern point of view, to arrive at important conclusion.

b. Source of subject: The present clinical study was conducted at P.G. Department of Prasooti Tantra of N.K.J. Ayurvedic Medical College and Post Graduate Center, Bidar. Patients who required management of

asrigdara were selected from IPD and OPD of Shree Siddharudha Charitable Hospital and other private hospitals in Bidar. Being a clinical study patients were selected on simple randomized sampling grounds after proper investigations and physical examination according to selection criteria.

Sample size and grouping: 30 Patients were selected according to inclusion criteria, patient fulfilling above criteria will be assigned in to 2 groups.

Sample Procedure:

Patients are thoroughly examined and diagnosed before selection. Only those patients fulfilling below inclusion criteria are selected. Sample size: 30 patients will be selected and divided into 2 groups. Each consists of 15 patients.

Group- A (Trial group): 15 Patients were administered *Virechana karma* with *Aragvadha phala majja kashaya* (according to agni and kosta of patient was decided). Procedure starts after the stoppage of bleeding phase.

Group-B (Control group): 15 Patients were administered oral contraceptive pills 1 Tab at bed time for 21 days under supervision of modern gynecologist attached to the Ayurvedic hospital.

Follow up – for three consecutive cycles in both groups.

Table No. 1- INTERVENTION CHART –*VIRECHANA KARMA*[7] *(Shodhana Therapy)*

	PROCEDURE	PREPARATION	DURATION
1.	*Deepana-pachana*	*Trikatu Churna* (5-10 gm)	Till *nirama dosha* *lakshana* appear (3-5days)

2.	*Snehana:* 1. *Abhyantara Snehapana* 2. *Bahya abhyanga*	*Shatavari ghrita* (Acc. to *Kosta bala*) *Tila taila*	*Arohana-krama*, till *samyaka snigdha lakshana* appear (≤7 days). During 3 days of *virama kala.*
3.	*Swedana*	*Baspa sweda*	Till *samyaka sweda lakshanas* appear (for 3 days)
4.	*Pradhana karma*	Trial group is treated with *Aragwadha phala majja kashaya*, Dose: 100-150ml. According to *agni* and *Koshta* of patient.	For *samyaka Virechana.*
5.	*Pashchat karma* A*) Samsarjana krama*	*Peyadi samsarjana karma*	Acc. to *shuddi* of *virechana* ; *Pravara shuddi-7 days ,3 Annakala*; *Madhyama shuddi- 5 days, 2 annakala;* *Avara shuddi-3days, 1 annakala*;

INCLUSION CRITERIA:-

1. Age group from 20 to 40 years females.
2. The duration of bleeding must be > 7 days and quantity must be > 80 ml.

EXCLUSION CRITERIA:-

1. Below the age group of 20 years and above 40 years.
2. Patient on hormone replacement, Depo-provera, or Norplant in last three months.
3. Patient has intrauterine device present.
4. Patient is taking warfarin sodium or other anti-coagulation therapy.
5. History of documented vascular disease (coronary artery disease, cerebrovascular disease or stroke, transient ischemic attack, peripheral vascular disease).
6. Uncontrolled hypertension.

7. Insulin dependent diabetes mellitus.
8. Chronic renal or liver disease.
9. History of seizure disorder.
10. History of cancer (other than non-invasive skin cancer)
11. History of venous or arterial thromboembolism.
12. Patient with a previously diagnosed bleeding disorder has taken or is taking desmopressin acetate or antifibrinolytic drugs for treatment of heavy menstrual bleeding.

INVESTIGATIONS –

Hb %, Investigations appropriate to rule out other bleeding disorders.

Following investigations were carried out in the patients to rule out any organic or systemic disease such as USG, Blood Investigation, Hb%, TLC, DLC, ESR, CT, BT, Platelet count, Random Blood Sugar, Biopsy (if necessary).

Criteria of Assessment:

A) Subjective Parameters :

1. DURATION OF MENSTRUAL FLOW

DAYS	GRADE
• Less than 5 days	- 0
• 6-7days	- 1
• 8 - 9 days	- 2
• >9days	- 3

2. NATURE OF BLEEDING

A. AMOUNT OF BIOOD LOSS

Pads /day

- Less than 3 pads / day - 0
- 3 to 5 pads / day - 1
- 5 to 7 pads / day - 2
- More than 7 pads / day - 3

B. CONSTITUENCY

- Normal - 0
- Thick - 1
- Thin - 2
- With clots - 3

3. **PHYSICAL SYMPTOMS**

A. BLOATING

- Absent - 0
- Mild - 1
- Moderate - 2
- **S**evere - 3

B. BREAST TENDERNESS

- Absent - 0
- Mild - 1
- Moderate - 2
- **S**evere - 3

C. PAIN

- Absent - 0

- Mild - 1
- Moderate - 2
- **S**evere - 3

B) Objective parameters : Hb %

- Normal(>11 gm%) - 0
- Mild(9-11 gm%) - 1
- Moderate(7-9 gm%) - 2
- Severe (<7 gm%) - 3

DRUG REVIEW: In this research work *virechana karma* is a treatment aspect, so *shatavari ghrita* has been administered as *snehapana* and *aragwadha kashaya* as *virechaka dravya*.

Table No. 2 - DRUG REVIEW

S.NO	Preparation	Drug Name	Latin Name	Used Part
1.	*Aragwadha Kashaya*[8,]	*Aragwadha*[9]	Cassia fistula linn,	Leaves, roots, bark, fruit, pulp, flowers
2.	*Shatavari Ghrta*[12]	*Shatavari*[10,11]	Asparagus racemosus.	Roots.

Aragwadha is *vatapittashamaka, pittakapha samshodhana (doshatrayahari)* which has main role in *doshas* involved in *Asrigdara.*

Overall Effect Of Therapy:

After completion of treatment in the trail group patients were assessed at monthly intervals for 3 months. Data obtained from the parameters of assessment, before & after the therapy was utilized to evaluate the overall effect of therapy.

- Cured 100% relief
- Marked improvement 75% to 99% relief
- Moderate improvement 50 to 74% relief
- Mild improvement 25 to 49 % relief
- No improvement < 25% relief

Observations And Results:

The observations and results in all the three groups have been made in the present study.

Demography of General profile: It includes incidence of age, sex, marital status, education, occupation, economic status etc.

Table no.3: Demographic observations of total registered patients.

Observations	Predominance	No. of Pts	Percentage
Age	30-40years	19	63.33%
Habitat	Urban area	22	73.33%
Marital status	Married	22	73.33%
Educational status	Higher secondary	13	43.33%
Socio-economic status	Lower class	16	53.33%
Occupation	House wife	19	63.33%
Dietary habits	Katu	10	33.33%
Psychological status	Agitated	16	53.33%
Parity	Multipara	20	66.66

Results of Clinical Trial

It includes results on various parameters in both groups of 30 patients registered for current clinical trial to evaluate the Role of *Virechana* in the management of *Asrigdara*.

Table no.4: EFFECTIVENESS OF TRIAL GROUP

SIGNS & SYMPTOMS	B.T. Mean ± S.E.	Follow Up	A.T. Mean ± S.E	df	T-Value	P-Value	Effectiveness %	Remark
Duration of menstrual flow	2.26 ± 0.118	AT1	1.733±0.118	14	1.87	>0.05	23.52	NS
		AT2	1.13±0.09		2.25	<0.05	50	S
		AT3	0.73±0.11		2.64	<0.05	67.64	S
Amount of blood loss	2.13±0.09	AT1	1.733±0.118		1.46	>0.05	18.75	NS
		AT2	1.13±0.09		2.34	<0.05	46.87	S
		AT3	0.6±0.130		2.42	<0.05	71.87	S
Constituency	2.2±0.10	AT1	1.66±0.125		1.54	>0.05	24.24	NS
		AT2	1±0		2.25	<0.05	54.54	S

		AT3	0.66±0.125		2.64	<0.05	69.69	S
Bloating	1.866±0.13	AT1	1.6±0.130		1.74	>0.05	14.28	NS
		AT2	0.933±0.118		2.42	<0.05	50	S
		AT3	0.8±0.144		2.64	<0.05	57.14	S
Breast tenderness	1.466±0.165	AT1	1.2±0.106		2.25	<0.05	18.18	S
		AT2	1±0.097		3.5	<0.05	31.81	S
		AT3	0.6±0.163		4.5	<0.05	59.09	S
Pain	1.533±0.165	AT1	1.2±0.106		2.64	<0.05	21.73	S
		AT2	1.066±0.066		3.5	<0.05	30.43	S
		AT3	0.666±0.125		5.24	<0.05	56.52	S
Hemoglobin percentage	2.133±0.13	AT1	1.6±0.130		1.87	>0.05	25	NS
		AT2	1±0		2.25	<0.05	53.125	S
		AT3	0.733±0.11		2.64	<0.05	65.625	S

Table no.5: EFFECTIVENESS OF CONTROL GROUP

SIGNS & SYMPTOMS	B.T. Mean ± S.E.	Follow Up	A.T. Mean ± S.E	df	T-Value	P-Value	Effectiveness %	Remark
Duration of menstrual flow	2.26 ± 0.118	AT1	1.4±0.1309	14	9.53	<0.001	38.23	HS
		AT2	1±0		10.71	<0.001	55.8	HS
		AT3	0.133±0.090		16	<0.001	94.11	HS
Amount of blood loss	2.066±0.066	AT1	1.266±0.118		7.48	<0.001	38.70	HS
		AT2	1±0		16	<0.001	51.61	HS
		AT3	0.266±0.118		16.83	<0.001	87.09	HS
Constituency	2.13±0.090	AT1	1.26±0.118		9.53	<0.05	40.625	S
		AT2	1.06±0.06		16	<0.001	50	HS
		AT3	0.33±0.125		12.43	<0.001	84.37	HS
Bloating	1.6±0.190	AT1	0.933±0.118		5.29	<0.05	41.66	S
		AT2	0.733±0.118		6.5	<0.001	54.16	HS
		AT3	0.26±0.118		6.32	<0.001	83.33	HS
Breast tenderness	1.66±0.159	AT1	0.866±0.0.9		7.48	<0.05	48	S
		AT2	0.6±0.130		6.95	<0.001	64	HS
		AT3	0.4±0.130		6.97	<0.001	76	HS
Pain	1.533±0.133	AT1	1.266±0.118		2.25	<0.05	17.39	S
		AT2	0.933±0.066		4.58	<0.001	39.13	HS
		AT3	0.2±0.106		7.135	<0.001	86.95	HS
Hemoglobin percentage	1.533±0.165	AT1	1.2±0.106		2.64	<0.05	21.73	S
		AT2	0.733±0.153		4	<0.001	52.17	HS
		AT3	0.266±0.118		6.97	<0.001	82.60	HS

Table no.6: OVERALL EFFECT OF TREATMENT

Results	Trial group						Control group					
	AT1		AT2		AT3		AT1		AT2		AT3	
	No. of pts	%	No. of pts	%	No. of pts	%	No. of pts	%	No. of pts	%	No. of pts	%
Cured (100%)	0	0	0	00	0	0	0	0	0	0	1	6.66
Marked improvement (75-99%)	0	0	00	0	4	26.66	0	0	0	0	10	66.66
Moderate Improvement (50-74%)	0	0	5	33.33	8	53.33	1	6.66	7	46.66	4	26.66
Mild improvement (25-49%)	2	13.3	10	66.66	3	20	12	80	8	53.33	0	0
No improvement (>25%)	13	86	00	0	0	0	2	13.33	0	0	0	0

In the present study overall effect of treatment showed that, in trial group after first follow up 13.33% had mild improved and 86% patients have no improvement, while in control group after first follow up 6.66% had moderate improvement, 80% had mild improvement, 13.33% patients have no improvement. After second follow up 66.66% had mild improvement and 33.33% patients had moderate improvement in trial group while in control group 53.33% patients had mild improvement and 46.66% patients had moderate improvement. And after third follow up 20% patients had mild improvement, 53.33% had moderate improvement and 26.66% had marked improvement in trial group while 26.66% had moderate improvement, 66.66% had marked improvement and 6.66% had cured in control group.

Discussion:

Discussion on effect of treatment

The assessment of the results was made by scoring the signs and symptoms. All the observations regarding the changes in the menstrual variables like the duration of bleeding, amount of bleeding, constituency and physical symptoms like bloating, breast tenderness, pain, and Hb% were assessed.

Effect of therapy on Subjective symptoms of Asrigdara

Effect on Duration of menstrual flow:

When duration of menstrual flow were considered then 67.64 % got relief in trial group and 94.11% got relief in control Group after third follow up. This shows that trial group therapy showed moderate

improvement as compared to control group therapy. The statistical evidence shows that there is a significant difference between BT and AT in I, II & III month.

Effect on Amount of blood loss:

When amount of blood loss were considered then 71.8 % got relief in trial group and 87.09% got relief in control Group after third follow up. This shows that trial group therapy showed moderate improvement as compared to control group therapy. The statistical evidence shows that there is a significant difference between BT and AT in I, II & III month.

Effect on Constituency:

When constituency was considered then 69.69 % got relief in trial group and 84.37% got relief in control Group after third follow up. This shows that trial group therapy showed moderate improvement as compared to control group therapy. The statistical evidence shows that there is a significant difference between BT and AT in I, II & III month.

Effect on physical symptoms

Bloating:

When bloating were considered then 57.14 % got relief in trial group and 83.33% got relief in control Group after third follow up. This shows that trial group therapy showed moderate improvement as compared to control group therapy. The statistical evidence shows that there is a significant difference between BT and AT in I, II & III month.

Breast tenderness:

When breast tenderness were considered then 59.09 % got relief in trial group and 76 % got relief in control Group after third follow up. This shows that trial group therapy showed moderate improvement as compared to control group therapy. The statistical evidence shows that there is a significant difference between BT and AT in I, II & III month.

Pain:

When pain was considered then 56.5 % got relief in trial group and 86.95% got relief in control Group after third follow up. This shows that trial group therapy showed moderate improvement as compared to control group therapy. The statistical evidence shows that there is a significant difference between BT and AT in I, II & III month.

Effect of therapy on objective parameter:

Haemoglobin percentage:

When Haemoglobin percentages were considered then 65.62 % got relief in trial group and 82.60% got relief in control Group after third follow up. This shows that trial group therapy showed moderate improvement as compared to control group therapy. The statistical evidence shows that there is a significant difference between BT and AT in I, II & III month.

Discussion on Probable mode of action :-

- By definition, asrigdara is the condition which originates due to excess secretion and discharge of arthava upadhatu.
- In samprapti charaka told that nidanas increase rakta dhatu and then raja also increased, it is because rakta and arthava have same nature i.e agneya guna.ultimately increased agneya guna is the precursor for asrigdara[13].
- Without the influence of Vata dosha, yoni never gets vitiated, so all yoni doshas and artava doshas are because of Vata only[14].
- Garbha-shukra and raja vitiation is the clinical feature of vata prakopa[15] (Cha.Chi.28/22).
- Sushruta while explaining the mode of dosha-dhatu vriddhi told that, the diet and regimens which increase their own yoni are responsible for increase in corresponding dosha-dhatus also[16].
- **'विरेचनं पित्तहराणाम्(श्रेष्ठं)॥'....(च.सू.२५/४०)**

Virechana process will counteract the increased pitta dosha, also for suppressing agneya guna virechana is beneficial[17].

- Dalhana commenting on Su.Su.15/15;

"□□□□□□□□ □□ □□□□□□□□□□□□□□□□□□□□ □□□□ एव □□□□□□□□□||"

Dalhana told that virechana cause pittakshaya which leads to arthava kshaya further. Here our aim is to bring out the aggrevated arthava to its normal level. By seeing the samyak shuddha laxanas of virechana, we can realise that virechana will maintain equilibrium of artava along with tridosha.

Mode of action in modern point of view:-

Virechana is one type of physician induced mild inflammation which inturn increases the permeability of the capillaries.so those toxic substances may exerted out through it which is not possible in normal condition.

Mode of Action of Virechana On Ovulntary DUB:-

Virechana procedure is started soon after bleeding phase completes.

1) Deepana pachana should be given till her digestive fire get kindled. Then it is followed by snehapana, here shatavari ghrita is used for snehapana. *As shatavari shows marked increase in the level of oestrogen helps to promote all the normal function since* from proliferative phase to secretary phase as mentioned above, which is the main causative factor for ovulatory DUB.

2) Second most important thing is pradhana karma i.e.virechana karma done on 16-17th day of her menstrual cycle with aragwadha phala majja kashaya. *Aragwadha prevents the chronic and degenerative diseases as it is ant-inflamatory, antibacterial, anti-viral, antithrombotic, antimutagenic, anticarcinogenic, and reduces the vasodilatory actions*[18].

3) Virechana does anulomana of vata and vata along with pitta comes to normal level mainly sadhaka pitta cause for emotional stress and strain.

CONCLUSION:

The following conclusions are made after carrying out the present study.

- DUB/Asrigdara is the commonest disorder found in between 20 to 40 years of age .
- In asrigdara nidanas increase rakta dhatu and then raja also get increased, it is because rakta and arthava have same nature i.e agneya guna which is the precursor for Asrigdara. Impairment of vata is seen in rajo doshas and yonivyapadas.
- The impairment of the H-P-O axis resulting in ovulatory cycles lead to menorrhagia, without involving any other organic or systemic pathology.
- Modern Medicine offers hormonal treatment and surgical therapy. Here an attempt is made to evaluate the effect of virechana karma in Asrigdara , reference taken from ka .sam.si.2/13.
- Virechana process will counteract the increased pitta dosha and vata, along with suppressing agneya guna which maintains the normalcy of arthava .
- The contents of the drug selected for the present study i.e Aragwadha phala majja kashaya are tridoshahara, rakta shodhaka, balya, vatanulomaka & effective in correcting all the three vitiated doshas. Thus it reduces formation and expulsion of excessive artava.
- Significant effect of the trial drug is seen in three month period.
- Besides the medication by the trial drug, there is need of emotional support by their family members as a part of psycho-therapy.

- The present study shows that the Virechana karma with Aragwadha kashaya helps in reducing the symptoms, and trial group showed moderate improvement.

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