



## Comparative Clinical Study Of Atarushakadi Yoga & Nagkeshar Churna In Asrugdara W.S.R. To Dysfunctional Uterine Bleeding (Dub)

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**Date of Submission:** 27 Jul. 2022

**Date of Acceptance:** 02 Sept. 2022

### ABSTRACT

Asrigdara (Dysfunctional Uterine Bleeding) is a common medical disease In women causing both physical & psychological disturbances. Asrigdara is common during transitional stage of woman's life i.e. puberty to adolescence, affecting perimenopausal period but it can also be seen during reproductive age. Its prevalence rate is increasing day by day & has become a responsible factor for health issues of a female. It is characterized by excessive bleeding per vaginum, in both in amount & duration. Ayurveda is a branch of science which deals with both prophylactic & curative aspects of disease & helps in maintaining good health. Hence a study of Asrigdara helps in decrease in prevalence of this disease. In modern haemostatic, analgesic & hormonal therapies are advised for dysfunctional uterine bleeding, which has limitations. Hence it is need to have an integrated & comprehensive therapeutic intervention in Ayurveda.

The drug included not only pacifies the vyadhi by action on the doshas involved but also helps in the upadrava which are seen in Asrigdara.

**Keywords:** Asrigdara, vyadhi, doshas, upadrava.

### INTRODUCTION

The womanhood is blessed with rhythm & cycle from nature. Today woman is playing a pivotal role in each & every sphere of life, so women's good health has to be part & parcel of her life. Woman is catering to several requirements to today's life style, so she falls to prey to several ailments. Every attempt should be made to maintain healthy womanhood.

The reproductive phase is a chain of menstruation from menarche to menopause. The regular menstrual cycle is very important physiological process in women's life. The process

of cyclic menstruation is a natural phenomenon. Normal menstruation denotes the healthy state of female reproductive system. Length of Rutuchakra (menstrual cycle) is usually 28-30 days. The duration of bleeding is about 5 days & estimated blood loss not more than 80ml. Menorrhagia is a regular cyclic excessive menstrual loss about 80ml or more per period. It is a significant healthcare problem in the developed world.

As per study by Dr. Alka Kriplani & Dr. Nutan Agrawal (Management of Abnormal Uterine Bleeding in Reproductive Period), the prevalence rate of Dysfunctional Uterine Bleeding (DUB) is 17.9%<sup>5</sup>. One in 20 women's aged 20-49 having complaint of heavy uterine bleeding every year. In women's, menstrual problems are common due to disturbed hypothalamic pituitary- ovarian axis. Abnormal uterine bleeding has significant economic impact, with work loss estimated to be almost annually for women with Menorrhagia.

Since the evolution of the life in the Universe, Women have been placed in extreme worship place due to her power of 'Janani'. The god has blessed the female with the most valuable gift of motherhood. The preparation of motherhood starts with puberty and ends with menopause.

Asrugdara is defined as a state of abnormal uterine bleeding without any clinically detectable organic, systemic and iatrogenic cause. Regular menstrual excessive bleeding may affect a woman physically, emotionally, socially and cause disruption to everyday life. If Menorrhagia is not treated properly it can cause further complications like anemia, infertility etc.

Any abnormality in Rutuchakra (menstrual rhythm) leads to excessive and irregular uterine bleeding which is known as "Asrugdara" in classical text. It is caused due to excessive intake of lavana, amla, guru, katu, vidahi ahar, snigdha dravyas, dadhi mastu, sura etc. and also cause many complications in woman like pandu, murcha, etc

रजः प्रदीर्यतेयस्मात्प्रदरस्तेनसस्मृतः ।

प्रदीर्यतेइतिप्रदरं विस्तारितोभवति "असृग्दर्यितेयस्मिन्नितेअसृग्दर्" ॥<sup>2</sup>

च. चि . ३०/२०९

Due to Pradirana (excessive excretion) of Raja (Menstrual blood), it is named as Pradara and since, it is known as Asrugdara.<sup>2</sup> In Ayurveda classics Asrugdara which affects woman physically and mentally, Ayurveda texts have described the variety treatment options in the management of Asrugdara. Asrugdara is a gynecological disorder. Asrugdara literally means excessive or acyclic bleeding from vagina during menses and intermenstrual period or cause due to riding, walking, weightlifting, trauma and day sleeping.<sup>11</sup>

Charaka and Chakrapani says that increased Rakta (blood) get mixed with Raja (Menstrual blood), thus the quantity of Raja increased.<sup>12</sup> Acharya Dalhana, while explaining general clinical features say that excessive and prolonged blood loss during menstruation or even scanty blood loss during intramenstrual period is known as Asrugdara.

"तदेवातिप्रसंगेनप्रवृत्तंअनृतावपि ।

असृग्दरंविजान्यातक्तलक्षणात् ॥

असृग्दरोभवेतसर्वःसांगमर्दःसवेदनः ॥<sup>3</sup>

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Acharya Sushruta says that, Asrugdara is when menstruation comes in excess amount for prolonged period and or even without normal period of menstruations & different from the features of normal menstruation blood. All types of Asrugdara have association of bodyache and pain.<sup>3</sup>

Acharya Vagbhata has mentioned excessive bleeding during menstrual or intramenstrual period. Length of Rutuchakra (Menstrual cycle) is usually twenty-eight to thirty days. A deviation of two to three days from the monthly rhythm is also quite common. The duration of bleeding is about five days and estimated blood loss is 20 to 60 ml. Any abnormality in Rutuchakra (menstrual rhythm) leads to excessive and irregular uterine bleeding which is known as “Asrugdara” in a classical text.

## AIMS

To study the effect of Atarushakadi Yoga in comparison with Nagkeshar Churna orally for 90 days in Asrugdara w. s. r. to DUB.

## OBJECTIVES

1. To study controlling amount and duration of bleeding.
2. To study efficacy in reducing associated symptoms (Angamarda, Katishula).
3. To study the etiopathology of Asrugdara.
4. To study the disease Asrugdara according to Ayurvedic and modern text books.

## MATERIALS & METHODS

- The study is comparative clinical study. 102 patients fulfilling the inclusion criteria were selected from OPD of Prasuti Tantra & Striroga, between age group of 30 years to 45 years.
- The selected patients were subjected to a careful clinical examination the data acquired from them were recorded in the research proforma.
- After general examination, gynaecological examination was carried out. Inspection, palpitation, per speculum examination & pervaginal examination were done.
- Routine investigation i.e. Complete Blood Count were done.

### A) Inclusion Criteria:

1. Age 30 to 45 Years.
2. Selection irrespective of marital status, parity, socio-economic status.
3. Patient having sign and symptoms of Asrugdara.
4. Excessive bleeding more than two consecutive cycles.

5. Those either having Intermenstrual bleeding or not.
6. Excessive bleeding per vagina during menstruation either in amount or in duration or both.
7. Hb > 8% gm/dl.

**B) Exclusion Criteria:**

1. Patients have blood dyscrasias
2. Major systemic disease likely to influence menstrual cycle like HTN , DM , TB , HIV , Thyroid, Kidney
3. Known Patients of malignancy, cervical erosion, polyp, adenomyosis, pelvic endometriosis, tubo-ovarian mass, PCOD.
4. Known case of structural anomalies of genital organs.
5. Patients using IUCD.
6. Patients undergoing treatment for any other serious illness.
7. Those having postmenopausal bleeding.

**C] CRITERIA FOR WITHDRAWAL OF PATIENT:**

1. Patient unable to tolerate the therapy any adverse drug reaction.
2. Decreasing levels of HB% < 8 gram %
3. Patients fail to report for follow up or irregular medication
4. Patients not willing to continue further treatment.

**Clinical Intervention-**

Clinical Intervention	GROUP (A)	GROUP (B)
Drug Name	ATARUSHAKADI YOGA	NAGKESHARA CHURNA
No of patients	50	50
Dose	6gms BD (1st day of menstruation to 30th day )	5gm BD (1st day of menstruation to 30th day )
Kala	After meals	After meals
Route	Oral	Oral
Anupana	Madhu	Madhu
Duration	3months	3 months
Follow up during study	1st day of every Cycles	1st day of every Cycles

## Criteria For Assessment-

### 1) Duration of Bleeding :

Duration	Score	Grade	Severity
Up to 5 days	0	Nil	--
5-6 days	1	Mild	+
6-7 days	2	Moderate	++
>7 day	3	Severe	+++

### 2) Strava Swarupa(Character of Bleeding )-

Bleeding	Absent	Present
Grathibhut (Clotted)	0	3
Profuse Bleeding	0	3

### 3) Associated Symptoms:

		Score	Grade	Severity
Anga-marda	No Associated Symptoms	0	Nil	--
	Associated Symptoms cured by taking rest.	1	Mild	+
	Associated Symptoms not cured by taking rest.	2	Moderate	++
	Associated Symptoms disturbing routine work	3	Severe	+++
		Score	Grade	Severity
	No Associated Symptoms	0	Nil	--
	Associated Symptoms cured by taking rest.	1	Mild	+

	Associated Symptoms not cured by taking rest.	2	<b>Moderate</b>	++
	Associated Symptoms disturbing routine work	3	<b>Severe</b>	+++

## 2. Objective Parameters:

1. Complete Blood Count (CBC)
2. Amount Of Blood Loss Pictorial Blood Assessment Chart (PBAC)<sup>10</sup>

Blood Loss In ml	Score	Grade	Severity
61-80 ml	0	Nil	-
81-100 ml	1	Mild	+
101-120 ml	2	Moderate	++
>120 ml	3	Severe	+++

### Overall Assessment Of Clinical Research In Percentage:

Observation	Score	Grade	Percentage
Good Improvement	0-4	-	75-100%
Moderate Improvement	5-9	+	50-75%
Mild Improvement	10-14	++	25-50%
No Improvement	15-18	+++	>25%

### Overall Assesement Chart For Increase In Hb%:

Hb%	Score	Gade	Percentage
0-0.5%	0	-	>25%
0.5-1%	1	+	25-50%
1-2%	2	++	50-75%
>2%	3	+++	75-100%

## 1. OBSERVATIONS & RESULT

### 1.1. DISTRIBUTION OF PATIENTS ACCORDING TO AGE:

In group A, 22 patients (i.e. 44%) were with age in between 30-35 years, 19 patients (i.e. 38%) were with age in between 36-40 years, 9 patients (i.e. 18%) were with age in between 41-45 years.

In group B, 23 patients (i.e. 46%) were with age in between 30-35 years, 15 patients (i.e.

30%) were with age in between 36-40 years, 12 patients (i.e. 24%) were with age in between 41-45 years

## 1.2. DISTRIBUTION OF PATIENTS ACCORDING TO OCCUPATION

In group A, 18 patients (i.e. 36%) were doing Job while 31 patients (i.e. 62%) were Housewife with Occupation and 1 patient (i.e. 2%) was student.

In group B, 21 patients (i.e. 42%) were doing Job while 29 patients (i.e. 58%) were Housewife with Occupation

## 1.3. DISTRIBUTION ACCORDING TO EDUCATION

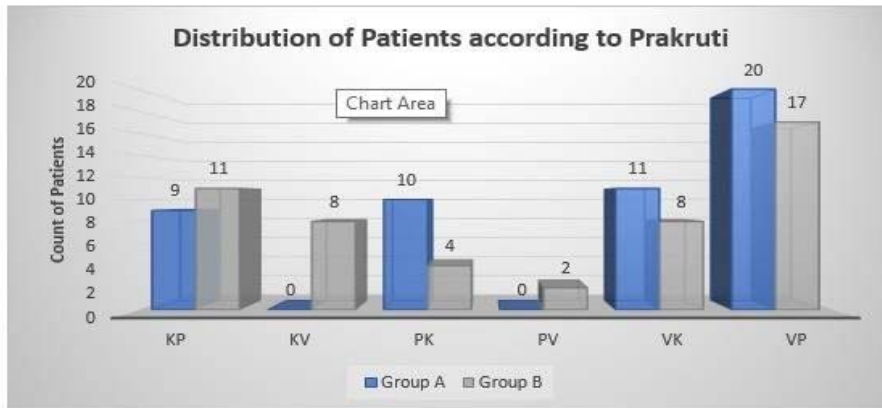
In group A, 38 Patients (i.e. 76%) were educated above 4<sup>th</sup> Standard to Post- graduation while

12 Patients (i.e. 24%) were uneducated.

In group B, 36 Patients (i.e. 72%) were educated above 4<sup>th</sup> Standard to Post- graduation while

14 Patients (i.e. 28%) were uneducated.

## 1.4. DISTRIBUTION ACCORDING TO PRAKRUTI

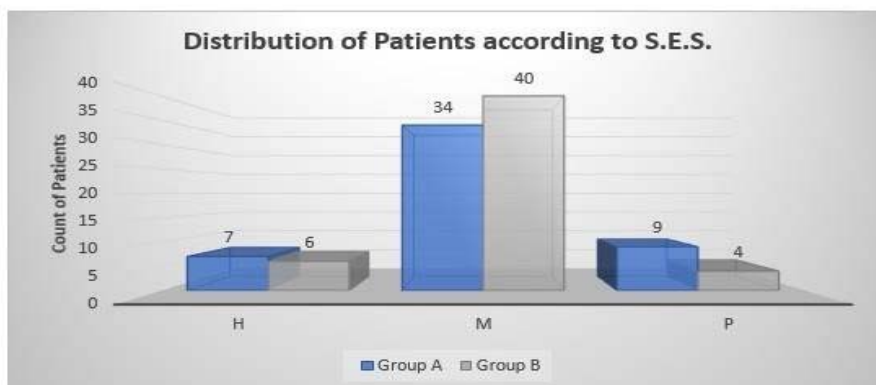


In group A, 9 patients (i.e. 18%) were having Kapha-Vata (KP) prakruti, 10 patients (i.e. 20%) were having Pitta-Kapha (PK) Prakruti, 11 Patients (i.e. 22%) were having Vata-Kapha (VK) Prakruti and 20 Patients (i.e. 40%) were having Vata-Pitta (VP) Prakruti.

In group B, 11 patients (i.e. 22%) were having Kapha Vata (KP) prakruti, 8 patients (i.e. 16%) were having Kapha-Vata (KV) Prakruti, 4 patients (i.e. 8%) were having Pitta-Kapha (PK) Prakruti, 2 patients (i.e. 4%) were having Pitta-Vata (PV) Prakruti, 8 Patients

(i.e. 16%) were having Vata-Kapha (VK) Prakruti and 17 Patients (i.e. 34%) were having Vata-Pitta (VP) Prakruti.

### 1.5. DISTRIBUTION ACCORDING TO S.E.S.



In group A, if distribution of patients observed in view of Socioeconomical Status (S.E.S.), 7 patients (i.e. 14%) were falling in High class (H), 34 Patients (i.e. 68%) were falling in Middle class (M), while 9 patients (i.e. 18%) were falling in Poor Class (P).

In Group B, if distribution of patients observed in view of Socioeconomical Status (S.E.S.), 6 patients (i.e. 12%) were falling in High class (H), 40 Patients (i.e. 80%) were falling in Middle class (M), while 4 patients (i.e. 8%) were falling in Poor Class (P).

### Overall Effect of Therapy (Observational)

#### Group-A:

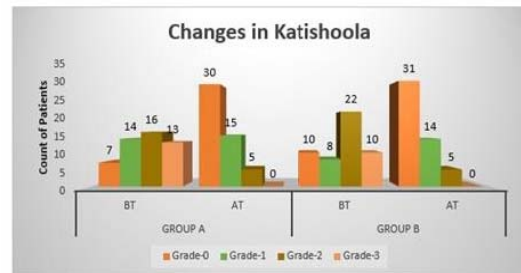
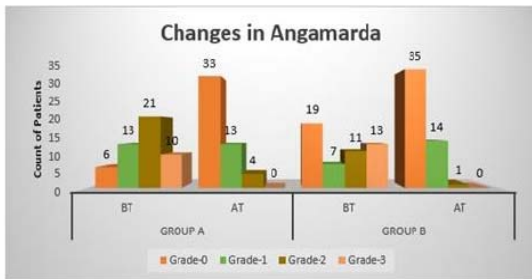
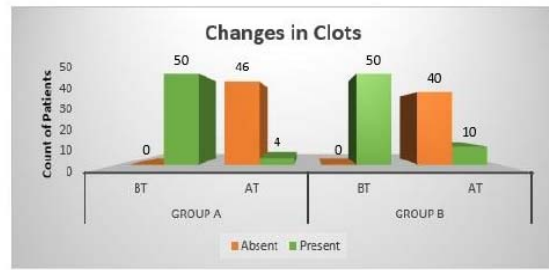
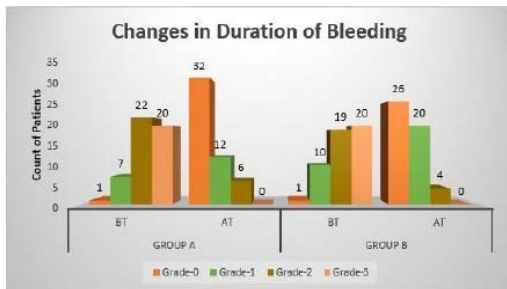
Parameters	Group		Grade-0		Grade-1		Grade-2		Grade-3		Total
			Nos	%	Nos	%	Nos	%	Nos	%	
Duration of Bleeding	Group A	BT	1	2%	7	14%	22	44%	20	40%	50
		AT	32	64%	12	24%	6	12%	0	0%	50
C.O.B.- Profuse	Group A	BT	0	0%					50	100%	50
		AT	46	92%					4	8%	50
C.O.B.- Clots	Group A	BT	8	16%					42	84%	50
		AT	47	94%					3	6%	50
Angamarda	Group A	BT	6	12%	13	26%	21	42%	10	20%	50
		AT	33	66%	13	26%	4	8%	0	0%	50
Katishoola	Group A	BT	7	14%	14	28%	16	32%	13	26%	50
		AT	30	60%	15	30%	5	10%	0	0%	50
AOBL	Group A	BT	0	0%	13	26%	29	58%	8	16%	50
		AT	37	74%	10	20%	3	6%	0	0%	50
Average Count BT		BT	4	7%	12	24%	22	44%	24	48%	50
Average Count AT		AT	38	75%	13	25%	5	9%	1	2%	50

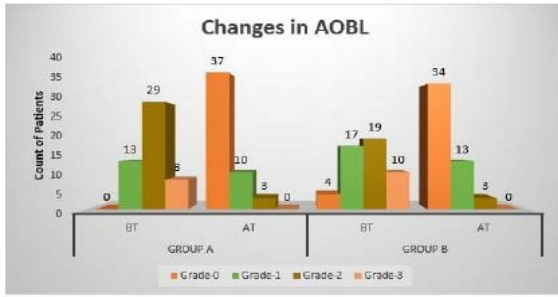


**Group-B:**

Paramters	Group		Grade-0		Grade-1		Grade-2		Grade-3		Total
			Nos	%	Nos	%	Nos	%	Nos	%	
Duration of Bleeding	Group B	BT	1	2%	10	20%	19	38%	20	40%	50
		AT	26	52%	20	40%	4	8%	0	0%	50
C.O.B.- Profuse	Group B	BT	0	0%					50	100%	50
		AT	40	80%					10	20%	50
C.O.B.- Clots	Group B	BT	12	24%					38	76%	50
		AT	46	92%					4	8%	50
Angamarda	Group B	BT	19	38%	7	14%	11	22%	13	26%	50
		AT	35	70%	14	28%	1	2%	0	0%	50
Katishoola	Group B	BT	10	20%	8	16%	22	44%	10	20%	50
		AT	31	62%	14	28%	5	10%	0	0%	50
AOBL	Group B	BT	4	8%	17	34%	19	38%	10	20%	50
		AT	34	68%	13	26%	3	6%	0	0%	50
<b>Average Count BT</b>		<b>BT</b>	<b>8</b>	<b>15%</b>	<b>11</b>	<b>21%</b>	<b>18</b>	<b>36%</b>	<b>24</b>	<b>47%</b>	<b>50</b>
<b>Average Count AT</b>		<b>AT</b>	<b>35</b>	<b>71%</b>	<b>15</b>	<b>31%</b>	<b>3</b>	<b>7%</b>	<b>2</b>	<b>5%</b>	<b>50</b>

Therefore, both the drugs were equally effective in reducing all the parameters.





Science is the only media to observe & analyse the all kind of happiness in the universe. One can throw the light on certain silent or hidden facts by using science. Ayurveda is a science by the use of which, one can throw the light on the hidden facts.

Discussion is the supreme important part of a dissertation in which scholar should have try to throw the light on certain hidden facts and break the silence of science. The discussion is the only important thing which can fulfill the purpose of research work.

Raja is an important factor for women. Shuddha raja or Artava is one of the most essential

factors for healthy progeny; it gives the starting of the reproductive period.

Asrugdara is one of the most common menstrual disorder associated with excessive menstrual bleeding with or without inter menstrual bleeding. Acharya charaka has given Asrugdara an important entity among all diseases of women by describing it separately but in Sushrut samhita only short explanation is found about Asrugdara. In the Samprapti of Asrugdara Pitta, Vatadoshas, Rasa and Raktadhatu, Agnimandya are basic responsible factors and various emotional factors such as changes in environment, nervousness, tension, anxiety, unsatisfied sex urges, marital upset, stress situation etc can cause excessive menstrual blood loss. Chikitsa should be Raktasthapana drugs and treatment prescribed for Rakta-pitta is also indicated in Asrugdara.

In modern science most common treatment used for Asrugdara according to modern science is Haemostatic, Analgesic, Hormonal therapy which have their own side effect like venous disorders and if unsuccessful is followed by surgical intervention. But all these have their limitations & side effects, so it becomes the necessity of the time to find out an effective, harmless, herbal therapy to manage the condition. A large number of remedies have been described in Ayurveda for Asrugdara. These are the factors why this topic is being selected for the present study. Camps were arranged in surrounding area of

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village. 102 clinically diagnosed patients of Asrugdara (DUB) having age of 30 to 45 yrs were selected & registered in OPD of Stree-roga & Prasuti Tantra of our college. 100 patients continued the treatment with 2 patients continued the treatment with 2 patients drop outs. Treatment is continued for 3 Months with regular follow up on 1<sup>st</sup> day of each menses followed by 3 months follow up.

### **Selection Of Drug-**

In Charaka Samhita, there is reference that administration of Kashaya of Atarushakadi Kwatha cures the Raktapitta. Acharya Charaka says that, the treatment which are given in Raktatisara, Raktapitta, Raktarsha disease that can be used in Asrugdara. Now a days palatability of kashaya is very less. Hence form of medication was attended in the form of granules which is more easy to take along with Madhu.

### **Probable Action of Atarushakadi Yoga: Rasa-**

In Total Atarushakadi Yoga drug have predominantly Tikta, Kashaya, Madhura rasa. **Tikta rasa-**

Tikta rasawhich does Amapachana property, it's work in Agnivardhak. Also, it helps in Strotoshodhana because Tikta rasa predominantly possess Akasha and Vayu mahabhuta. It can act as a Raktavaha strotas, which result in Rakta shodhana. Thus, it's properties are Deepana, Pachana, Dahaprashamana. Tikta has double edged action in Raktapitta. It pacifies Pitta and causes Rakta Prasadana.

### **Kashaya Rasa-**

As Kashaya rasa is predominant of Prithvi and which dose Sthambhana action. It helps reduce the duration and amount of bleeding. It pacifies Pitta due to Sheeta and Guru guna. Ruksha guna reduces kleda and Kapha of Rakta dhatu. So it's purifies the blood. Thus, the properties of Kashaya rasa are Sthambhana, Grahi, Shleshmahara and Raktapittahara.

### **Madhura rasa-**

Madhura rasa is predominant of Prithvi and which dose Sthambhana action. It reduces Vata -Pitta. Thus, the properties of Madhura rasa are Anulomana, Sarva dhatuvarhdana, Balya, Sandhaniya.

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## **Guna-**

In Asrugdara, there are increased Drava pittas which possess Teja and Jala mahabhuta. Atarushakadi Yoga contain Laghu and Rukshaguna, Thus it does the Shoshana of increased Jala mahabhuta it also acts as a Pitta and Kapha shamak.

## **Veerya-**

Sheeta Virya-

It is Pittashamak and Raktastambhaka which directly act on Teja and Jala mahabhuta, resulting in Rakta-Pittahara property.

Ushna Virya- It is Vatashamak.

## **Vipaka-**

Madhura Vipaka- Vata-pitta

shamak. Katu Vipaka-

Kaphahara.

## **Karma:**

Atarushakadi Yoga acts as Raktashodhaka, Rakta sthambhaka, Raktapittahara.

In the pathogenesis of Asrugdara, sthambhana karma is important and Atarushakadi Yoga having Sheeta veerya it acts on Teja mahabhuta resulting in rakta sthambhana. Hence it's karma can be well understood in the disease Asrugdara.

## **MODE OF ACTION**

In the present disease Asrugdara, excessive bleeding per vaginum during menstrual period or prolonged menstrual bleeding or intermenstrual bleeding is observed. Above cardinal symptoms associated with Angamarda, Katishoola. These all signs & symptoms disturbs normal life of the female.

In samprapti of Asrugdara we have discussed Nidan sevana like Abhishyandi, Guru, Vidahi, Amla, Lavana, Katurasatmaka ahara, Curd, Shuka, Mastu, Sura, Meat, of domestic animals & ding excessive work in sunlight, stress, diwaswap, over exertion, excessive weight lifting leads to pitta prakopa & ultimately Raktadushti. On the other hand, it also aggravates the vata which vitiates into garbhashayagatsira results in Asrugdara. It is very necessary to know how the drug performs their action. Acharya Charaka has mentioned that all drugs do their actions due to their five properties viz. Rasa, Guna, Virya, Vipaka. Atarushakadi Yoga has the property of kashaya, tikta rasa, laghu, ruksha, guna, katu vipaka

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and sheet virya, stambana, raktashodhaka, garbhashaya sankochaka properties which exhibits stambana action and does Kapha pitta dosha shamana.

Atarushakadi Yoga possess Raktasthamak, Vedanasthapana, Rakta-prasadak, Balya, Bruhan,

Deepan, Pachan, Jwarghna, Rasayana, Agnivaradhak properties with Uterine stimulant effect, antioxidant, wound healing, Anti-hepatotoxic, antifungal, antiulcer, mutagenic, cardio protective, breast cancer suppressor, antibacterial, anti-spasmodic, febrifuge, antiviral activity, Thus by its Sthambhana property it arrests excessive bleeding.

Nagkeshar has haemostatic, anti-spasmodic, anthelmintic activity. Thus, it may help in reducing pain. Bioflavonoid has anti-inflammatory, antioxidant property and act on blood vessels, thus may help in reducing amount of bleeding. And having other chemical constituent Mesuol has antioxidant and immune modulatory effect.

### **SUPPORTIVE ROLE OF ANTIOXIDANT IN DYSFUNCTIONAL UTERINE BLEEDING:**

To correct the rasadhatu dushti, Rasayana chikitsa is best mode of treatment that can be adopted in Artav-vyapad. As maximum drugs from Atarushakadi Yoga contains rasayana (antioxidant) property, it is established that the role of Atarushakadi Yoga with its rasayana property has proven effective treating Asrugdara.

As per the modern science antioxidants play important role in follicle rupture, improves oocyte quality. It neutralizes the free radicals. Everything in the body is made of cells that need to be protected from free radicles; simply as that ovum(egg) made up of cells which can be affected by free radical damage, so are the reproductive organs and glands that produces reproductive hormone. so, antioxidants help in stopping further damage from happening as well as protecting the cell health and probably enhancing fertility by promoting ovulation.

#### **Discussion on Overall effect of Therapy: Group-A:**

If average count is considered of all the parameters In Group-A after treatment given, out of 50 patients, 38 patients (75%) were observed with Marked relief, 13 patients (25%) were observed with moderate relief, 5 Patients (9%) patients were observed with Mild relief and 1 patient (2%) was observed with no relief.

#### **Group-B:**

If average count is considered of all the parameters In Group B after treatment given, out of 50 patients, 35 patients (71%) were observed with Marked relief, 15 patients (31%) were observed with moderate relief, 3 Patients (7%) patients were observed with Mild relief and 2 patients (5%) were observed with no relief.

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## CONCLUSION

A clinical study has been done for can be concluded as below-

Conclusion is the extract of the whole study which is squeezed out after analyzing the data obtained. Following conclusions are drawn from the study through logical sequence and co-relation from the results of the study.

- In the literature study it is observed that the topic Asrugadara is covered in detail in Bruhatrayee.
- Asrugdara can be caused by nidansevana which leads to vitiation of pitta & vata in association with rakta. The line of treatment should be rakta-pitta shamak & vataghna dravya.
- The study entitled **“COMPARATIVE CLINICAL STUDY OF ATARUSHAKDI YOGA AND NAGKESHAR CHURNA IN ASRUGDARA W.S.R.TO DYSFUNCTIONAL UTERINE BLEEDING.”** In this present study total 100 patients were registered and distributed into two groups
- Group A –Atarushakadi Yoga
- Group B- Nagkeshar churna
- The aim to study the effect of Atarushakadi yoga in Dysfunctional Uterine bleeding & objectibes to provide simple, safe, non-hormonal herbal drug for the patients of Asrugdara was successfully achieved.
- The effect of therapy on chief complaints all the two groups have been shown significant results, but the percentage wise Atarushakadi Yoga gave 83% relief on amount of blood loss, 78% relief on duration of bleeding, 75% relief in angamarda, 71% relief in katishoola, 94% in character of bleeding.
- In Group B, Nagkeshar Churna gave 78% relief in amount of blood loss, 74% relief in duration of bleeding, 76% relief in angamarda, 71% relief in katishoola, 92% in character of bleeding.
- After avoiding nidansevana in the patients, both groups are equally significant in controlling Dysfunctional Uterine Bleeding.
- Pathya have deepan-pachan properties by virtue of which increases the jatharagni & dhatavagni so help in maintaining the vitiated dosha to equilibrated form, symptoms of Agnimandya get cured due to this property.
- Atarushak, Mrudvika, Pathya are having raktasthambhak, raktaprasadana properties thus helps in decrease in blood floe & clots. Laghu & ruksha guan help in strotoshodhana. Guru, snigdha guna helps in vatashamana which treats Asrugdara.
- Haritaki are used as astringent. Astringent are used to reduce blood loss.

- Also haritaki is having Garbhashaya-shothahara property. Due to its anti-inflammatory activity, it may act in maintain the prostaglandin levels thus reducing menstrual blood flow & uterine congestion.
- Mrudvika, Pathya are having balya properties which tone up the whole reproductive system.
- Nagkeshara:- It has hemostatic, anti spasmodic, anthelmintic activity. Thus it may help in reducing pain. Bioflavonoid has anti inflammatory, anti-oxidant property and act on blood vessels, thus may help in reducing amount of bleeding. And having Other chemical constituent Mesuol has antioxidant and immune modulatory effect
- Both the drugs that is Atarushakadi Yoga and Nagkeshar Churna are effective in the management of Asrugdara is concluded on the basis of Statistical Analysis.
- Both the drugs have proved significant relief in cardinal symptoms of Asrugdara.
- From the above observations obtained in this study it can be conclude that Asrugdara is more common in women who is -
  - Age between 30-45.
  - Having mixed type of diet.
  - Vata-Pitta Prakruti.
  - Madhyam akruti.
- This study was carried out on small sample size that is 100 patients; in each group 50 patients and it showed significant results in both Group A and Group B.
- Further extensive study with larger sample size & long term follow up of period can be taken for establishing the efficacy of the Atarushakadi Yoga & Nagkeshar Churna.

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