



AMERICAN JOURNAL OF PHARMTECH RESEARCH

Journal home page: <http://www.ajptr.com/>

Effect of *Sarivadivati* on *Asrigdara* (Excessive and Irregular Uterine Bleeding) – A Clinical Study

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ABSTRACT

Asrigdara in Ayurveda is a condition where there is heavy menstrual bleeding (HMB) either cyclic or acyclic and is associated with *Angamarda* (body aches) and pain which is very common gynecological symptom observed in day to day practice. It negatively affects quality of life and is associated with poor health of women. *Srivadivati* is a polyherbal Ayurvedic drug, predominantly *Tikta* (bitter), *Madhura* (sweet), *Kashaya* (astringent) in *Rasa* (taste) and therefore are *Pittakapha Shamaka* (*Pittakapha* pacifying). It is indicated in *Asrigdara*. Total 33 diagnosed patients of *Asrigdara* were enrolled as per selection criteria, out of them 30 patients completed the course of the treatment while 3 patients discontinued. Assessment criteria were based on the improvement in the score of cardinal symptoms before and after the treatment. There was a statistically significant reduction observed in cardinal symptoms by *Sarivadi Vati* at the end of the treatment period. The other common symptoms were also successfully reduced.

Keywords: *Asrigdara*, *Sarivadi Vati*, Heavy menstruation

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Received 10 April 2023, Accepted 17 May 2023

Please cite this article as: Pandya N *et al.*, Effect of *Sarivadivati* on *Asrigdara* (Excessive and Irregular Uterine Bleeding) – A Clinical Study. American Journal of PharmTech Research 2023.

INTRODUCTION

Asrigdara in Ayurveda is a condition where there is heavy menstrual bleeding (HMB) either cyclic or acyclic and is associated with *Angamarda* (body aches) and pain which is a commonly seen condition in gynaecology OPD with a prevalence of 35% or higher¹. It does not only affect her physically but also badly hampers her social, economical and psychological status. Any abnormalities of pelvic organs and disturbance in hypothalamo-pituitary-ovarian axis lead to excessive and irregular uterine bleeding. In Ayurvedic literature *Asrugdara* (excessive and irregular uterine bleeding) is defined as prolonged or excessive menstrual bleeding or short inter menstrual period. According to Ayurveda, due to *Amla, Lavana, Guru* and *Snigdha* dietetics *Pitta-Kapha Doshas, Rasa, Rakta* and *Mamsa Dhatus* and *Agni* gets vitiated. Here mostly *Vata* is vitiated by *Avarana* of *Pitta-Kapha*. Heavy uterine bleeding has been managed with medical therapy and if it is failed, surgical intervention like hysterectomy, uterine thermal balloon etc. is only option of management. From the Ayurvedic point of view, *Pitta-Kapha Nashaka, Raktastambhaka* (haemostatic), *Agnivardhaka* and *Vatanulomana* drugs are required to treat *Asrugdara* (excessive and irregular uterine bleeding). *Sarivadi Vati* has been selected to treat the *Asrugdara*.

Aims and Objectives

- To study the etiopathogenesis of *Asrugdara*.
- To evaluate the clinical efficacy of *Sarivadi Vati* in the management of *Asrugdara*.

MATERIALS AND METHOD

- For the present study 33 patients were selected from the outpatient and inpatient departments of Prasutitantra and Streeroga of I.P.G.T. & R.A., Jamnagar.
- Sampling method: A single blind clinical study.

Criteria of these selection of the patients

- Patients who had complained of excessive and irregular uterine bleeding more than one cycle were selected for the present study.
- Patients having cyclic abnormality of >5 days in duration, <21 days in interval or > 80ml blood loss in a period were selected.

Criteria of the exclusion of the patients

- Bleeding from the cervical polyp, erosion and cancer.
- Bleeding from the lower genital tract.
- Bleeding from decubital ulcer.
- Precocious pubertal bleeding.

- Bleeding after menopause.
- More bleeding due to Cu. T. Insertion.
- History of the bleeding from the site other than the uterus.

Follow up study

Follow up study were done for one month.

Investigations

- Blood: Hb, TC, DC, ESR, PCV, Platelets, bleeding time and clotting time
- Urine: Routine/microscopic
- Stool: Routine/microscopic
- Ultrasonography
- Endometrial biopsy if needed.

Criteria of assessment

The efficacy of the drugs was judged on the basis of following scoring system.

Assessment of duration of bleeding

Duration Score

5 days 0

6 to7 days 1

8 to 9 days 2

9 days 3

Assessment of inter menstrual period IMP Score

≥21days 0

15 to 20 days 1

10 to 14 days 2

10 days 3

Assessment of amount of blood loss AOBL Score

61 to 80 gm 0

81 to 100 gm 1

101 to 120 gm 2

1203

Assessment of the total effect of therapy on cardinal symptoms

Completely cured >90% to100% improvement in total score

Markedly improved >60% to 90% improvement in total score

Moderately improved >30% to 60% improvement in total score

Mild improved >0% to 30% improvement in total score

Unchanged: No improvement in total score

Paired 't' test was carried out to evaluate the statistical significance of the results obtained at the end of therapy.

Drugs

Sarivadi Vati is a compound formulation containing *Sariva* (*Hemedismus Indicus* R. Br.), *Shatavari* (*Asparagus Racemosus* Wild), *Prushnaparni* (*Uraria Picta* Desv.-833), *Shalparani* (*Desmodium Gangeticum* DC), *Rasanjana* (*Berberis Aristata* DC), *Kanchanara* (*Bauhinia Variegata* Linn.), *Ashoka* (*Saraca Asoca* (Roxb). De Wild) and *Nagakeshara* (*Mesua ferrea* Linn) one part each drug. It has been given 3 gms thrice a day with milk orally for two months.(Table 1).

OBSERVATIONS

Total 33 patients were registered and out of 30 patients had completed the course of the treatment and 3 patients were discontinued.

Maximum numbers of patients were in the age group of 41-45years (27.27%) followed by 36-40years (24.24%), 69.69% and 87.87% of patients were housewife and married, respectively. 75.75% of patients had good appetite while 21.21% of patients had poor appetite. Majority of the patients were *Pitta-Kapha Prakriti* (48.48%) followed by *Vata-Pitta Prakriti* (39.39%). *Katu*(90.90%), *Amla* (87.87%), *Lavana* (87.87%), *Guru* (75.75%) , *Snigdha* (81.81%), *Divas wapa*(54.54%) and taking curd (87.87%), *Chinta*(72.72%) and *Krodha*(51.51%) were observed as causative factors in maximum numbers of the patients.

In this study, maximum numbers of the patients had prolonged duration of menses i.e. 6 to 7 days amount of blood loss >120gm (63.63%) followed by 101 to 120gm (18.18%) and maximum numbers of the patients had inter menstrual period \geq 21days (75.75%) followed by 15- 20days (24.24%).

Maximum numbers of the patients had observed *Sarvanga-Angmarda* (90.90%), *Daurbalya* (90.90%), *Pandutva* (69.69%), *Tamhapravesha* (54.754%), *Bhrama* (51.51%) as associated symptoms.

Table 1: Drug and Posology.

Drug	Dose	Route	Duration	Anupana
<i>Sarivadi Vati</i>	3gm/thrice Day	Oral	2 month	Milk

Table 2: Effect of therapy on amount of blood loss.

<i>Sarivadi Vati</i>	Mean score	Relief (%)	SD	SE	t	P
A.T. B.T.						
	2.30	0.40	82.60	0.84	0.15	12.1<0.001

Table 3: Effect of therapy on duration of blood loss.

Sarivadi Vati	Mean score		Relief (%)	SD	SE	t	P
	A.T.	B.T.					
	1.46	0.17	88.10	0.96	0.186	83	<0.001

Table 4: Effect of therapy on inter menstrual period.

Sarivadi Vati	Mean score		Relief (%)	SD	SE	t	P
	A.T.	B.T.					
	0.27	0.03	87.50	0.47	0.093	43	<0.001

Table 5: Effect of therapy on associated symptoms.

Sr.No.	Associated symptoms	% relief
1	Bhrama	93.33 %
2	Tamhapravesha	100%
3	Sarvanga-Angmarda	85.18%
4	Pandutva	26.92%

Table 6: Effect of therapy on hemoglobin percentage.

Sarivadi Vati	Mean score		Relief (%)
	A.T.	B.T.	
	3.63	3.57	1.84 ↑

Table 7: Total effect of therapy on cardinal symptoms.

Improve mention total score	Effect of therapy	No. of patients	Relief (%)
>90% to 100%	Completely cured	20	66.67
>60% to 90%	Markedly improved	7	23.33
>30% to 60%	Moderate improved	2	6.67
>0% to 30%	Mild improved	0	00
No improvement	Unchanged	1	3.33

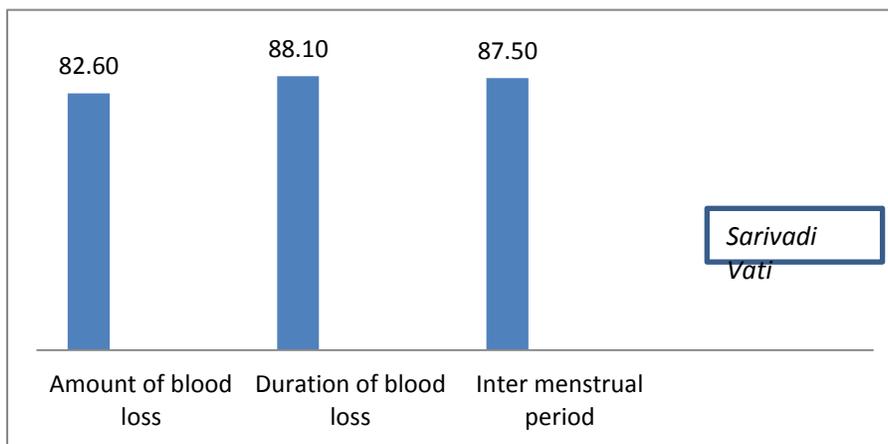


Chart 1: Effect of therapy on cardinal symptoms in percentage (%)

DISCUSSION

Excessive excretion of *Raja*² i.e. excessive and/or prolonged bleeding during menstrual period is cardinal symptom of *Asrugdara*. According to *Acharya Dalhanas* canty menstruation for short duration during inter menstrual period also considered as *Asrugdara*. Mainly *Pitta* and *Kapha* were

vitiated through causative factors and vitiation of *Vata* was found due to *Avarana*³so, *Asrugdarais Pittapradhana Tridoshaj Vyadhi*. While considering *Prakriti*, *Pitta-Kapha Prakriti* and *Vata-Pitta Prakriti* patients were more observed in this study. It may be predicted that *Pitta Pradhana Prakriti* patients are more likely to suffer from *Asrugdara*. *Amla*, *Katu*, *Lavana*, *Guru*, *Snigdha*, *Divaswapa* and taking curd were observed as causative factors which vitiate the *Pitta – Kapha Doshas*, *Rasa*, *Rakta* and *Mamsa Dhatus*, *Jatharagni* and *Dhatvagni* which are main pathological factors of *Asrugdara*. *Chinta* and *Krodha* affect the HPO axis which causes cyclical abnormalities. Highly significant relief was observed on the symptoms of *Asrugdara* i.e. heavy menstrual blood loss, prolonged bleeding and inter menstrual period by *Sarivadi Vati*. (Table 2,3 and 4) *Sarivadi Vati* pacifies *Pitta-Kaphadue to Tikta-Kashaya Rasa*. *Rakta Shodhana* action of the drug was carried out by *Sariva*⁴ and *Rasanjana*⁵, while *Rakta Shambhana Karma* done by *Ashoka*⁶ and *Nagakeshara*⁷. *Shothahara Karma* of *Sarivadi Vati* was done by *Prushnaparni*⁸, *Shalparani*⁹ and *Kanchanara*¹⁰. Hence, it helps to reduce uterine congestion consequently the uterine contractibility is increased and endometrium pairing is increased by *Shatavari*¹¹.

Good relief was observed in associated symptoms of *Asrugdara* like *Sarvanga Angmarda*, *Bhrama*, *Tamah pravasha* due to significant control of amount of blood loss and duration of bleeding. (Table 5)

Hb level was not increased in satisfactory percentage because of no any *Loha* preparation was given in *Sarivadi Vati*. (Table 6) Total effect of therapy showed 66.67% completely cured, 23.33% markedly improved while rest is given in Table 7.

CONCLUSION

Asrugdara is more prevalent in late thirty- forty years. Most of the women registered were housewives who were consuming *Katu*, *Amla*, *Lavana*, *Guru* and *Snigdha* dominant diet. *Chinta* and *Krodha* were observed as psychological causative factors of *Asrugdara*. Patients who were having *Pitta-Kapha Prakriti* and *Vata-Pitta Prakriti* were more prone to *Asrugdara*. *Rasavaha Srotodusti*, *Raktavaha* and *Medovaha Srotodusti* are very common in *Asrugdara*. Commonest complaint of *Asrugdara* was prolonged or excessive menstrual bleeding or short inter menstrual period. Most of the ingredients of *Sarivadi Vati* are predominantly *Tikta* (bitter), *Kashaya* (astringent) and *Madhura* (sweet) in *Rasa* (taste) and therefore are *Pittakapha Shamaka*, *Pachana*, *Shothahara*, *Raktashodhana* and *Raktasthambhana*. *Sarivadi Vati* highly significantly improved the clinical features of *Asrugdara* (HMB, frequent and prolonged bleeding).

ACKNOWLEDGEMENT

The authors wish to thank Director I. P.G.T.& R. A, Gujarat Ayurved University for providing necessary facilities.

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