



Research Article

www.ijrap.net



A CLINICAL STUDY TO EVALUATE THE EFFECT OF BOLBADDHA RAS IN ASRIGDAR

Meenakshi Pal ^{*1}, Priyadarshini Sharma ², C.M. Jain ³, Sushila Sharma ⁴

¹Assistant Professor Department of Prasuti & Striroga, Veena Vadini Ayurvedic College & Hospital, Bhopal, M.P., India

²Ayurvedic Medical Officer, Kodukhuta, Dist.Bhilwara, Rajasthan, India

³Professor, P.G. Department of Prasuti & Striroga, N.I.A., Jaipur, India

⁴Associate Professor, P.G. Department of Prasuti & Striroga, N.I.A., Jaipur, India

Received on: 02/09/15 Revised on: 23/10/15 Accepted on: 03/11/15

*Corresponding author

E-mail: dr.meenakshi_2002@yahoo.com

DOI: 10.7897/2277-4343.07111

ABSTRACT

In the present era the disorders of menstruation are the commonest among all gynecological complaints. Asrigdara is one such disorder, which plagues a large section of the female population during some period of their lifetime. Any abnormality in Rituchakra (menstrual cycle) leads excessive and irregular uterine bleeding which is known as "Asrigdara" in classical text. It becomes obvious that Asrigdara refers to all types of irregular abnormal uterine bleeding, however on the basis of pathogenesis it is nearer to Menorrhagia due to excessive bleeding & Metrorrhagia due to bleeding during intermenstrual phase. Asrigdara affects the physical and psychological health of a woman which can even hamper her day to day life as well it is a great curse for working women. The victimized patients end up with general debility and anaemia. The modern methods of treatment offer hormonal treatment or surgeries which is never without its undesirable side effects. Keeping this in view, it was decided to conduct a study on most prevalent disorder in present times called Asrigdara. The treatment aims at providing an effective method of treatment without any side effects and reducing the surgical interventions. According to Ayurveda Asrigdara is basically related to Pitta and Rakta Dushti with Apan Vayu Vaigunya. In this clinical study 15 patients were given Bolbaddha Ras with Madhu as anupana. The drug selected has Pitta Shamaka, Vatanulomaka, Rakta-Sthapaka, and, Deepana-Pachana properties. Very significant improvement was observed in symptoms of Asrigdara like Intensity, Amount & duration of bleeding. Moreover there no side effects were observed.

Keywords: Asrigdara, Bolbaddha Ras, Menorrhagia, Metrorrhagia

INTRODUCTION

A healthy woman lays the foundation of a healthy family & society. In present era with the changing role of women in society, occupational whereabouts and with increased stress there is increase in gynecological disorders. In today's scenario, disorder of menstruation is the commonest amongst all the gynecological complaints which have direct effect on the physical as well as psychological health of the females. Length of Rituchakra¹ (menstrual cycle) is usually 28 to 30 days. Any abnormality in Rituchakra (menstrual rhythm) leads excessive and irregular uterine bleeding which is known as "Asrigdara"². It becomes obvious Asrigdara refers to all types of irregular excess uterine bleeding, however on the basis of pathogenesis it is nearer to menorrhagia³ due to excessive bleeding both in amount and duration (Ati Pravatti and Atimatra Artava Srava)⁴ & metrorrhagia⁵ due to bleeding (Artava Pravatti) during intermenstrual phase⁶.

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. 8% of the female population consider their menstruation excessive and plan their social activities accordingly. Nearly 10% of employed women will need to take off work because of excessive menstrual loss⁷. 6 % of women aged 25 to 44 consult their physicians about excessive menstrual loss every year⁸. Two of the 35 % of these referred to hospitals⁹, 60 % will have a hysterectomy in the next 5 year¹⁰. Further menstrual irregularity may lead to impairment in conception and affects the fertility of women.

Ayurvedic texts have described a variety of treatment options in the management of Asrigdara. Although the good results of Bolbaddha Ras in bleeding disorders have been mentioned in our classics, but as science is concerned with constant re-evaluation of facts and findings, a craving for further research will persist till the disease exists. So, the drug chosen for the present study was Bolbaddha Ras with anupana of madhu.

Aims and objectives

To study Asrigdara, in Ayurvedic perspectives, its etiopathogenesis and line of treatment.

To study the effect of Herbomineral compound (Bolbaddha Ras) in management of Asrigdara.

To study the safety & efficacy of Bolbaddha Ras.

MATERIAL & METHODS

Selection of patients

Total 20 patients were randomly selected from O.P.D./I.P.D. of NIA Hospital, Jaipur, irrespective of caste and religion on the basis of inclusion and exclusion criteria after taking written informed consent. Ethical clearance was obtained from the institute ethical committee.

Criteria for Inclusion

Patient aged between 12 to 50 years of life.

Patient presenting with complaints of excessive bleeding per vaginum (p/v) specifically endometrial bleeding as a cardinal symptom or associated symptom.

Patient suffering from bleeding caused by DUB (Dysfunctional uterine bleeding), small fibroid less than 2cm., adenomyosis, P.I.D (Pelvic inflammatory disease), Poly cystic ovarian disease (PCOD) follicles less than 20mm.

Criteria for exclusion

- Patient suffering from severe anemia (Hb < 6 gm %)
- Patient having bleeding from polyps, erosions, cancer or big fibroid.
- Patient having bleeding after menopause.
- Patient having bleeding due to abortion.
- Patient having bleeding from sites other than uterus.
- Patient having coagulation disorders.
- Systemic illness like severe hypertension, Liver dysfunction, Thyroid dysfunction, Congestive cardiac failure.
- Patient having bulky uterus more than 8 weeks size.
- Patient using Intrauterine Contraceptive Device (IUCD).

Criteria for withdrawal

If the condition of patient was deteriorated during the trial or patient left against medical advice.

Laboratory Investigations

- Following investigations were carried out in the patients to rule out any organic or systemic disease
- Ultrasonography (USG)
- Haemoglobin (Hb%),
- Differential Leucocyte Count (DLC), Total leucocyte count (TLC)
- Erythrocyte Sedimentation Rate (ESR), Clotting Time (CT), Bleeding Time (BT), Platelet count
- Random Blood Sugar (RBS)

Administration of Drug

Selected Patients were given Bolbaddha ras 500 mg T.I.D for 2 menstrual cycles.

Method of Preparation

As described in V.Y.T. first kajjali was prepared by mixing Shuddha Parada and Shuddha Gandhaka followed by addition of Guduchi Satava and Heera Bola in the ratio of 1:1:1:3, the mixture is then subjected to seven bhawana of Shalmali pushpa swarasa was given to make Vati.
Dose: 500mg. TDS; Anupana:Madhu

Follow up study

Patients were followed every 15 days till completion of therapy.

Clinical Assessment

General observations: Various demographic parameters viz Age, Marital status, Religion, Socio-economic status, Education etc. along with specific features of Dashvidha pareeksha & Ashtvidha pareeksha viz prakriti, satva, samhanana, etc were analysed in the present trial.

Subjective Assessment

The patients undergone the treatment were assessed on the basis of symptom rating score depicted below for improvement in specific symptomatology of Asrigdara.

Assessment of Intensity of menstrual blood

No. of Sanitary Pads/cycle	Score
Less than 15 Pads	0
15 to 20 Pads	1
20 to 25 Pads	2
More than 25 Pads	3

Duration of flow Menstrual Period (Days of Bleeding)

Days of Menstruation	Score
Less than 5 Days	0
6-7 Days	1
8 - 9 Days	2
More than 9 Days	3

Amount of flow

Amount of flow	Score
Scanty	0
Moderate	1
Heavy (without clots)	2
Heavy (with clots)	3

Inter-menstrual Period

Interval between Menstrual Period	Score
Once in 25-28 Days	0
Once in 20-24 Days	1
Once in 15-19 Days	2
Less than 15 Days or Irregular	3

Body ache

Body ache	Score
Occasionally on doing Extra work	0
Every time on doing heavy work	1
After doing routine work	2
Even without routine work	3

Pallor

Pallor	Score
Normal(>11 gm%)	0
Mild(9.1-11 gm%)	1
Moderate(7-9 gm%)	2
Severe (<7 gm%)	3

Burning sensation in Body (Daha)

Burning sensation in Body (Daha)	Score
No burning	0
Occasionally mild burning	1
Often mild burning	2
Severe Burning	3

Statistical Analysis

All the calculation was calculated through 'Graph Pad Instat' Software.

Wilcoxon signed rank test- Non parametric test for the case of two related samples or repeated measurement on a single test.

Mann-Whitney 'U' test-known as Mann-Whitney-Wilcoxon (MMW), Wilcoxon rank-sum test was used for non-parametric data.

Wilcoxon matched-pairs signed-ranks test for subjective Assessment:

W = Sum of all signed rank

P = One tailed 'p' value

SD = Standard deviation

SE = Standard error

Interpretation of 'p' value-

Insignificant or Not significant (NS or NQS) - p>0.05

Significant (S) - p<0.05

More or very Significant - p<0.01

Highly or Extremely Significant - p<0.001

Instructions

Patients were asked to avoid heavy exercise, excessive intercourse, suppression of natural urges.

They were also asked to avoid excessive intake of ushna, tikshna, vidahi, vistambhi etc. pitta-varhdhaka aahar, upvasa, adhyashana, ratrijagrana and other nidana.

Patients were asked to maintain a regular size of sanitary pads in order to make assessment more accurate.

Clinical Study

Total 20 clinically diagnosed patients of Asrigdara were registered for the present study 5 patients were dropped out from the study and study was completed in 15 patients.

OBSERVATION AND RESULT

Table 1: Effect of Bolbaddha Ras on Various Subjective Parameters

Symptoms	Number of patients	Mean		Diff	% Relief	SD ±	SE ±	W	P	Result
		BT	AT							
Intensity	15	2.33	0.60	1.73	74.29	1.71	0.44	100	0.0013	V.S
Duration	15	2.13	0.80	1.33	62.50	1.23	0.32	91	0.0012	V.S
Amount	15	1.93	0.67	1.27	65.52	1.39	0.36	87	0.0020	V.S
Intermenstrual period	15	1.60	0.80	0.80	50.00	1.32	1.34	62	0.0247	S
Body ache	15	1.53	0.73	0.80	52.17	0.86	0.22	79	0.0054	V.S
Pallor	15	1.40	0.93	0.47	33.33	0.83	0.22	49	0.0471	S
Burning Sensation	15	1.40	0.93	0.47	33.33	0.64	0.17	35	0.0195	S

BT: Before Treatment, AT: After Treatment

This study shows that very significant relief was observed on intensity, duration, amount of bleeding and on body ache while significant results were observed in intermenstrual period (difference between two menstrual cycle) pallor and burning sensation.

Table 2: Effect of Bolbaddha Ras on Various Objective Parameters

Symptoms	Number of patients	Mean		Diff	Relief %	SD ±	SE ±	t	P	Result
		BT	AT							
Hb%	15	9.95	10.34	0.395	-3.95	0.64	0.16	2.398	0.0155	S
TLC(cu/mm)	15	7827	7927	100	-1.28	267.26	69.01	1.449	0.0847	N.S
ESR mm fall in first hour	15	15.0	13.13	1.87	12.44	4.67	1.21	1.547	0.0721	N.S
BT per/min	15	2.56	2.53	0.03	1.04	0.29	0.08	0.350	0.3655	N.S
CT per/min	15	5.61	5.500	0.12	2.07	0.72	0.18	0.627	0.2701	N.S
R.B.S mg%	15	82.99	82.47	0.53	0.63	4.80	1.24	0.424	0.3387	N.S

BT: Before Treatment, AT: After Treatment

The study shows that there was no any noticeable effect on the Haematological status of the patients who participated in the trial except on Hb which was statistically significant.

DISCUSSION

Shuddha Raja¹¹ or Artava is one of the most essential factors for the healthy progeny, and it marks the starting of reproductive life of a female. Raja is described as Upadhatu¹² in our classics. All the ancient Acharya except few, have clearly stated that Raja is formed from Rasadhatu¹³. Arundatta said that, this Raja is formed from Aahara Rasa and not from the Rasa dhatu¹⁴.

This difference of opinion of Acharya is classified by Chakrapani, that during the process of formation, the Artava is Saumya due to influence of Rasa, while at the time of its excretion due to specific changes, it assumes Agneya character¹⁵. We understand the difference of opinion regarding the formation of raja with the help of modern science. Aahar rasa or Rasadhatu is having nutritive substances like glucose, amino acids, fatty acids etc. Some reproductive hormones of the body are made by protein so they are known as protein hormones mainly i.e. follicular stimulating hormone and luteinizing hormone. Some are made by cholesterol. They are known as steroidal hormones mainly estrogen and progesterone. Menstrual blood comes from the uterus but it forms according to hormonal level of the ovary.

If Aahara rasa or Rasadhatu is having all nutritive substances in proper quantity and quality, the body secretes the proper amount of hormones therefore, their functions are normal. Due to proper level of ovarian hormones, the endometrial thickness will be formed properly. In other words, it can be said that the basic health of a woman is governed by Rasadhatu if it is deteriorated, then also the Artava would be influenced.

So Emotional influence such as changes in environment, nervous tension, anxiety, unsatisfied sex urge, marital upset,

stress etc. can cause excessive menstrual blood loss. It appears that stress induced situations are due to either a higher cortical effect on the hypothalamic releasing factor so the effect of neurohormonal substances from CNS directly on the uterine vasculature¹⁶. This can be co-related to the nidana i.e. "chintyanam cha atichintanat."¹⁷. One such study shows that patients suffering from mild to moderate depression had menorrhagia.

Thus it seems that Asrigdara as a whole incorporates in itself vast majority of etiological factors responsible to give rise to excessive bleeding. By scrutinizing the etiologies specified by Acharya Charaka, they have clearly mentioned the disease occurring as a result of vitiation of three doshas leading to increase in amount of blood or change in vascular apparatus of endometrium. The impairment of the hypothalmo pituitary axis H-P-O axis resulting in anovulatory cycles and increased congestion in uterus due to small fibroid lead to menorrhagia, without involving any other organic or systemic pathology¹⁸.

Probable mode of action of Bolbaddha Ras

As the disease is characterized by excess flow of blood out of the body and rakta is known to be a vital substance of the body (jiva)¹⁹, hence, rakta sthapana chikitsa becomes important. Charaka explained the treatment for rakta yoni i.e., rakta sthapana after giving due consideration to the association of the dosha. He said it to be treated on the lines of Raktatisara, Raktapitta and Rakta arsha²⁰. According to line of treatment of Raktarsha Deepana –Pachana, Agni Vardhana, Rakta Sangrahana, and Dosha Pachana should be done by Tikta & Kashaya Rasa Pradhana Dravyas. Thus we have selected such drugs which can workout at the different levels of Samprapti

Ghataka & those Ghatakas should also respond for such pharmacodynamics. These levels are
Dosh level – Pitta Shamaka, Vatanulomaka
Dushya level – Rakta-Sthapaka
Agni level – Deepana-Pachana

Drug under study is a herbomineral formulation Bolbaddha rasa having ingredient as Kajjali, due to which it possesses Rasayana property and acts as Yogavahi, potentiating the effect of Bhawana Dravya (Shalmali Pushpa Swarasa) as a supporting & Adjuvant Drug). Further it is administered with Anupana of Madhu which brings about quick action and increase the bio availability of the formulation.

Considering the action of drugs due to their 5 properties viz Rasa Guna Virya Vipaka & Karma on Samprapti Ghataka, It was observed that the formulation possess Madhura, Tikta, Kashaya as predominant Rasa, Lagu, Snigdha as predominant Guna, & is mainly Sheeta Veerya (Heera Bol) with predominance of Madhura Vipaka with mainly Tridosha Shamaka action. Thus the selected drug by virtue of its action fully help in uprooting the disease.

CONCLUSION

Asrigdara is a disease caused by vitiation of all the three Doshas, with a clear predominance of Pitta (as evidenced by Samprapti) and manifesting as excessive amount of blood loss or long duration of blood loss or short inter menstrual period. The main principle of the management of Asrigdara is Deepana –Pachana, Agni Vardhana, Rakta Sthapna, and Dosh Pachana Should be done by Tikta & Kashaya Rasa Pradhana Dravya, Deepaniya and Pachaniya drugs are essential in the treatment of Asrigdara for proper Agni and which helps in proper metabolism of estrogen. The drug selected for study “Bolbaddha Ras” (herbomineral compound) has Tridosha Shamak and Deepana- Pachana properties working all together towards normalising the vitiated Doshas and thereby alleviating the cause of Asrigdara. This treatment is totally harmless and without any side effects as the hormonal treatment of modern science, as well as it can also help in reducing the cases of hysterectomies or other surgical interventions followed in the treatment of menorrhagia. So Bolbaddha Ras can be effectively used as alternate to hormonal and surgical treatment.

REFERENCES

1. Kashinath Pandey and Gorakhnath Chaturvedi Charak samhita Vidyotini vyakhya Part –II Chikitsasthan Sthan 30/225, Reprint 2009 Varanasi Chaukambha Bharti Academy p870, Ashtang Hridaya shareer 1/17, Bhavprakash poorvkhand 3/204, Ashtang sangraha sharer 1/176.
2. Kashinath Pandey and Gorakhnath Chaturvedi Charak samhita Vidyotini vyakhya Part –II Chikitsasthan Sthan 30/209, Reprint 2009 Varanasi Chaukambha Bharti Academy p 868
3. Vg Pdubidri, Shirish N Daftary, Howkins and Bourne Shaw's Textbook of Gynaecology chapter 21, 13 Edition Reprint 2004 Newdelhi Elseveir p 277
4. Kashinath Pandey and Gorakhnath Chaturvedi Charak samhita Vidyotini vyakhya Part –II Chikitsasthan Sthan 30/209, Reprint 2009 Varanasi Chaukambha Bharti Academy p.868
5. Vg Pdubidri, Shirish N Daftary, Howkins and Bourne Shaw's Textbook of Gynaecology chapter 21, 13 Edition Reprint 2004 Newdelhi Elseveir p 278
6. Yadav Ji Trikamji, Nibhandhsangraha Sushrut samhita Dalhan tika5 /45 Varanasi Chukambha Surbharti prakashan Reprint 2003 p 346
7. Edlund M, Magnusson C, Von Schoultz B. Quality of life-a Swedish survey of 2200 w in: Smith S. K, ed. Dysfunctional uterine bleeding. London: Royal Society of Medicine Press, 1994 : p 36-37
8. Royal College of General Practitioners and the Office of Population Surveys. Morbidity Statistics from General Practice, 1981-2. London: HMSO, 1986
9. Coulter A, Peto V, Doll H. Patient's preferences and general practitioners' decisions in the treatment of menstrual disorders. Fam Prac 1994;11:67-74
10. Coulter A, Bradlow J, Agass M, Martin-Bates C, Tulloch A. Outcomes of referrals to gynaecology outpatient clinics for menstrual problems: an audit of general practice records. Br J Obstet Gynaecology 1991;98:789-796
11. Ambikadutta shastri, Sushrut samhita Ayurvedtatvasandipika Part-I sareer sthan 2/19 Reprint 2006 Varanasi Chaukambha Sanskrit Sansthan p 12
12. Sharngadhara Samhita of Sharngadhar edited with Jiwanprada hindi commentary by Dr. Smt. Shailaja Srivastava, Chaukambha Orientalia Varanasi, 2nd Edition 1998.
13. Yadav Ji Trikamji, Nibhandhsangraha Sushrut samhita Dalhan tika14/5 Varanasi Chukambha Surbharti prakashan Reprint 2003 p 49
14. Ashtanga Hridaya of Vagbhatta with The Commentaries Sarvangasundara of Arundutta Shareer Sthan 1/7& Ayurved Rasayana of Hemadri Edited by Pt. Bhisagacharya Harishastri Paradkar Vaidya, Krishnadas Academy, Varanasi, Reprint 2000
15. Yadav Ji Trikamji, Nibhandhsangraha Sushrut samhita sutrasthan Dalhan tika14/ 7 Varanasi Chukambha Surbharti prakashan Reprint 2003 p 49
16. Pratap Kumar Narendra Malhotra Jeffcoate's Principal of Gynaecology 7th International Edition Newdelhi Jaypee Brother's Medical Publishers Reprint 2008 p 604
17. Kashinath Pandey and Gorakhnath Chaturvedi Charak samhita Vidyotini vyakhya Part –I viman Sthan 5, Reprint 2009 Varanasi Chaukambha Bharti Academy
18. Pratap Kumar Narendra Malhotra Jeffcoate's Principal of Gynaecology 7th International Edition Newdelhi Jaypee Brother's Medical Publishers Reprint 2008 p 605-606
19. Yadav Ji Trikamji, Nibhandhsangraha Sushrut samhita sutrasthan Dalhan tika14/ 44 Varanasi Chukambha Surbharti prakashan Reprint 2003 p 66
20. Kashinath Pandey and Gorakhnath Chaturvedi Charak samhita Vidyotini vyakhya Part –II Chikitsa 30/228, Reprint 2009 Varanasi Chaukambha Bharti Academy p 870

Cite this article as:

Meenakshi Pal, Priyadarshini Sharma, C.M. Jain, Sushila Sharma. A clinical study to evaluate the effect of Bolbaddha ras in Asrigdar. Int. J. Res. Ayurveda Pharm. 2016;7(1):53-56 <http://dx.doi.org/10.7897/2277-4343.07111>

Source of support: Nil, Conflict of interest: None Declared

Disclaimer: IJRAP is solely owned by Moksha Publishing House - A non-profit publishing house, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJRAP cannot accept any responsibility or liability for the site content and articles published. The views expressed in articles by our contributing authors are not necessarily those of IJRAP editor or editorial board members.