

## A study of Dysfunctional Uterine Bleeding and its relation to Manas Prakruti

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### Abstract:

**Background:** Now days, due to changing lifestyle & unhealthy diet of women, they face stress, over exertion, and many health problems. Because of this many females suffer from menstrual disturbance like DUB (Dysfunctional Uterine Bleeding) i.e. excessive uterine bleeding where no organic cause can be detected. This survey study evaluates the etiology, pathogenesis and prognosis with involvement of *Mana* (Mind) in DUB in Ayurvedic perspective to achieve perfection in treatment regimen. **Aim And Objectives:** The main aim and objectives of this study is to study DUB and its relation to *Satva, Raja, Tama gunapradhan Manas Prakruti* (Mental constitution attributes) in patients of DUB. **Method:** 150 prediagnosed DUB patients between the age group 20 to 40yr., irrespective of their marital status are thoroughly examined the *Manas Prakruti* with the help of *Manas Prakruti Performa*, AYUSOFT C-DAC approved by Govt. of India. The collected data regarding *Manas Prakruti* in DUB were verified and their role in the manifestation of *Samprapti* (Pathogenesis) of DUB was justified. **Statistical Test:** As data is qualitative, Non parametric test (**Chi-square test**) is used. **Observation:** From the analysis of cases, *Sharir* (Body) & *Manas* (Mind) are interrelated, physiologically as well as pathologically. Emotional factor is the main etiology of diseases. **Conclusion:** It can be concluded that, patients who are having *Raja Pradhan Manas Prakruti* are highly prone to DUB. Even in literary work, same relation of *Rajas Manobhav* and DUB is observed.

**Keywords:** Dysfunctional uterine bleeding, Mind, Manas Prakruti

### Introduction:

The woman is the chief cause for progeny; if she gets protection then indirectly progeny is secured. The development of society depends upon health of women.

Now days, due to changing lifestyle and unhealthy diet of women, they face stress, over exertion, and many health problems. Because of this many females suffer from menstrual

disturbance like DUB (Dysfunctional Uterine Bleeding) i.e. excessive uterine bleeding where no organic cause can be detected. Now days, DUB is very serious problem in society. The basic etiology behind this is not clear till this date.

As per Ayurvedic science, human being is the psychosomatic unit. It believes on mind body relationship. To maintain body health, mind should be healthy as *Manas Gunas* affects the body elements<sup>1,2</sup>.

The proposed work has been done to study DUB in Ayurvedic perspective and to analyse the percentage of *Satva*, *Raja* and *Tamas Gunas* in it.

1. As no study has been done on association of *Manas Prakruti* in DUB.
2. Modern science mainly concentrates on tackling the physical problems of menorrhagia in DUB. But, psychological aspect is often neglected. This study will throw more light on DUB and its association with *Satva-Raja-Tamas Gunas*.

(*AtiChintan*) Overthinking is one of the cause (*Hetu*) of vitiated channels carrying *Rasavaha Strotas Dushti*, as *Raja* is byproduct (*Upadhatu*) of *Rasa Dhatu*<sup>3,4</sup>.

There are some references where mind (*Manas*) is responsible for causing a disease. Vitiated mental attributes (*Manas Gunas*) affect the *Sharir Dosha* and are responsible for disease production (*Vyadhinirmitee*)<sup>5</sup>. Thus, mental attributes (*Manas Gunas*) are may be the causative factor in disorders related to menstruation, which further makes the study of mental constitution (*Manas Prakruti*) more essential.

## **Aim and objectives**

### **Aim:-**

To study menorrhagia in DUB in Ayurvedic perspectives and its relation to *Satva*, *Rajas* and *Tamas Gunapradhan Manas Prakruti*.

### **Objectives:-**

1. To study DUB from modern science..
2. To study *Manas Prakruti* from classical texts
3. To study the association of *Manas Gunas* in DUB.
4. To study distribution of *Satva*, *Raja*, *Tama Gunapradhan Manas Prakruti* in patients of DUB.

### **Hypothesis:-**

There is association between *Raja Gunapradhan Manas Prakruti* and menorrhagia in DUB.

**Material and methods:****• Material**

Type of study – Observational Analytical Retrospective (Open type of study)

**Inclusion Criteria** – Patients with,

1. Age – 20-40yrs.
2. Marital status – Married / Unmarried
3. Class – middle and upper middle socio-economic class. (Educated)
4. Pre-diagnosed patients of DUB (with no organic cause)
5. Patients having irregular bleeding for more than 3 cycles assessed by amount and duration of menstrual bleeding.

**Exclusion Criteria** – Patients with,

1. Age below 20 or above 40 yrs.
2. Having any major systemic illness.
3. Pregnancy.
4. Having organic causes
  - A. Pelvic: - use of IUCD, cervical polyp, malignancy, fibroids & large ovarian cysts.
  - B. Hematological causes.
  - C. Other: - physical trauma.

**• Methodology**

Sample Size = 150

- DUB will be studied from Ayurvedic perspective as per plan of work.
- Pre-diagnosed patients of DUB (Menorrhagia) are to be taken from Bharati Ayurved Hospital & surrounding clinics of Pune city.
- Patients consent will be taken.
- *Manasprakruti* of these patients will be assessed and studied with the help of Manasprakruti Proforma, AYUSOFT C-DAC approved by Govt. of India.
- *Satva, Raja, Tama Guna* % of volunteers will be assessed.
- Comparative study will be done between *Manas Gunas* and DUB.

**Literary review:****Dysfunctional Uterine Bleeding<sup>6,7,8</sup>**

- This is excessive uterine bleeding where No Organic Cause (Systemic, Haematological or pelvic) can be detected. The nature of bleeding is one of the: -Menorrhagia, Polymenorrhoea, Metrorrhagia and Continuous bleeding preceded by Amenorrhoea<sup>6,7</sup>.
- It is a state of abnormal uterine **bleeding based on the disturbed function of the Cortico-Hypothalamo-Pituitary- Ovarian axis or of the endometrium** without any clinically detectable organic pelvic pathologies like tumor, inflammation or pregnancy<sup>6,8</sup>.
- Bleeding may be abnormal in frequency, amount, duration or combination of any three.

**Etiology:- Purely Hormonal.**

**Mechanism:**

Endometrial vascular system is affected perhaps by Sympathetic Nervous system- **Environmental stress, Anxiety, Under nutrition.**

**Anxiety states affect endometrial Vascular function.**

The hypertrophy and hyperplasia of Myometrium are induced by a high titer of Oestrogen in the circulating blood.

**Clinical features of DUB:-****Symptoms:-**

1. Menorrhagia and polymenorrhoea
2. Metrorrhagia
3. There may be prolonged painless bleeding often preceded by a period of amenorrhoea for a month or two (Metropathic bleeding).
4. Symptoms due to severe anemia following excessive blood loss. e.g. Palpitation, weakness, etc.

**Signs:-**

-Anaemic

-Patient can be obese or with features with PCOD

-Bimanually per vagina, cervix normal.

-Uterus normal sized/ slightly soft and bulky, where enlarged cystic ovary can be felt on one/ both sides of uterus.

**The emotional and personality changes may be very common in DUB & PMS (Pre-Menstrual syndrome) patients** showing following signs and symptoms<sup>9</sup>-

Depression can be severe enough for suicidal feelings.

Irritability or aggression

Anxiety

Mood swings

Tiredness

Poor concentration

Short-tempered and strike out verbally and physically at her family

### **Manas Prakruti**<sup>4,10,11</sup>

Ayurveda presents the description of pure psychic features of different types of person and introduces a classification of man on the basis of psychic characteristics i.e. *Manas Prakruti*. These psychic personalities are also supposed to be genetically determined, while formation of *Garbha*. Every person has all the time these three properties of mind but there is relative variation of these properties and the same relative variation determines the *Manas Prakruti* namely *Satvika*, *Rajasika* and *Tamasika*.

<i>Sattva</i> qualities	Clarity, alertness, attentiveness, Understanding, purity, compassion and co-operation.
<i>Rajas</i> qualities	Ambition, self-centeredness, selfishness, Restlessness, Harsh, angry, violent, proudy, self-praising, laborious.
<i>Tamas</i> qualities	Dullness, gloominess, sadness, depression, laziness, grief, destructive.

Table 1: showing qualities of *Manasbhav*

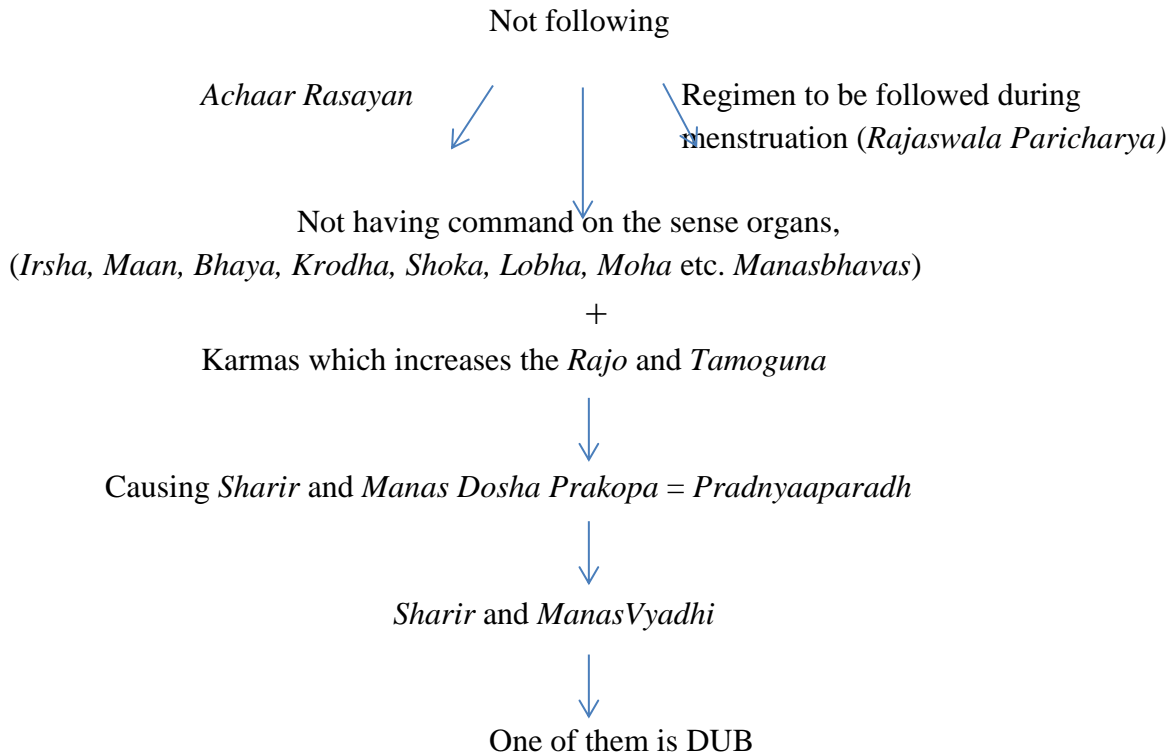
The three *Gunas Sattva, Rajas and Tamas* are the three essential components or energies of the mind. While all individuals have mixed amounts of the three, the predominant property determines an individual's *Manas Prakriti*. In equilibrium, the three Gunas preserve the mind (and indirectly the body), maintaining it in a healthy state. Any disturbance in this equilibrium results in various types of mental disorders.

### Utility of Manas and psychology in medicine

Mind has got a specific place in treatment. It has been accepted as a seat of disease like body. Like *Vata, Pitta, and Kapha*, the *Sharir Doshas, Rajas and Tamas* are the *Manas Doshas*; they are responsible for producing diseases<sup>1,2,3</sup>.

Mind has the enormous power of control over the body. Many times mere will power of the patient and his determination to get well become a strong and decisive factor for getting a complete cure (*Satva Pradhan Prakruti*)<sup>12</sup>.

They are unsuitable contact of sense organs with their objects (*Asatmendriyarth Samyoga*), Intellectual error (*Pradnyaaparadha*) and consequence (*Parinam*). Unsuitable contact means *Hina yoga, Mithyayog and Atiyoga* of *BhavaPadarth*. Such contacts give rise to disequilibrium which is disorder.



Flow chart : showing relation of *Pradnyaaparadh* & DUB

It is an established fact that Mind has got very important role in the medical sciences and an efficient physician requires a good knowledge of *Manasbhavas*, *Manasprakruti*.

### Observation- Survey study

Survey study was carried out on the basis of *Manas Prakruti* Performa and the detail history in patients of DUB regarding the causative factors like *Sharir*, *Manas Dushti* which are mentioned in texts and other factors such as lifestyle, stress etc. Thus this survey can help to validate the main causative factors for development of DUB.

- Examination of 150 Pre-diagnosed DUB patients from Bharati Ayurved Hospital and other Ayurvedic/Allopathic clinics in Pune city has been done.
- Survey Study has been carried out to understand exact etiology behind this disease.
- After observation of clinical data of 150 patients, all Hetu and Lakshan were analyzed.

### Interpretation:

Dysfunctional Uterine Bleeding, its exact etiology is unknown by Modern Science. The causative factors found in literary study can be observed in survey study on the basis of thorough gynecological history taking and *ManasPrakruti* Performa, which is an essential issue to find out etiopathogenesis in Ayurvedic perspective.

### Statistical Analysis

Statistical Observation of all 150 patients done according to various factors such as:

- A. Age Distribution-** Out of 150 patients, 100 (66.7%) belongs to age group 20-25 years, 24(16%) belongs to age group 25-30 years, 12 (8%) belongs to age group 30-35 and 14 (9.3%) belongs to age group 35-40 years.

Age Group	Frequency	Percentage
20-25	100	66.7
25-30	24	16
30-35	12	8
35-40	14	9.3
TOTAL	150	100

Table 2: showing Age wise distribution of survey study

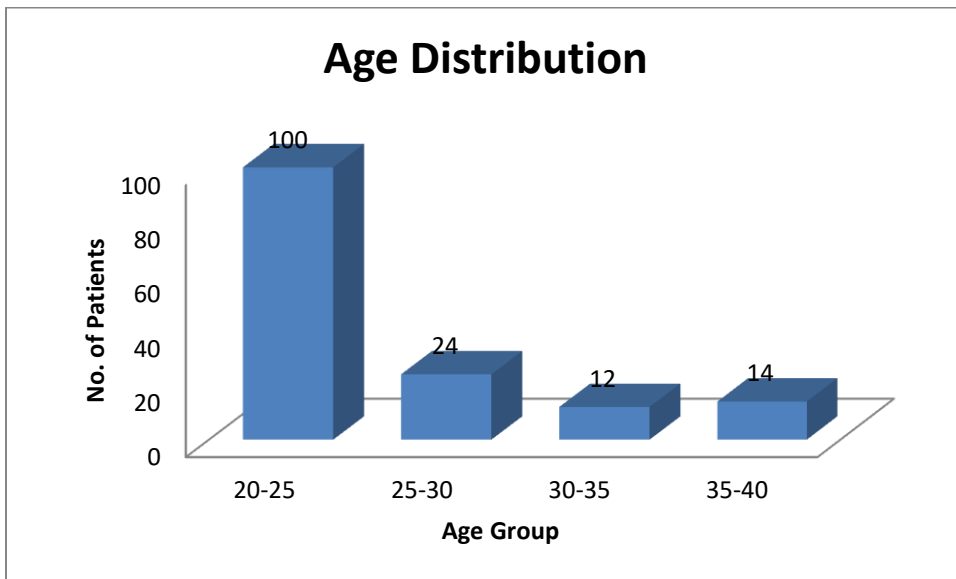
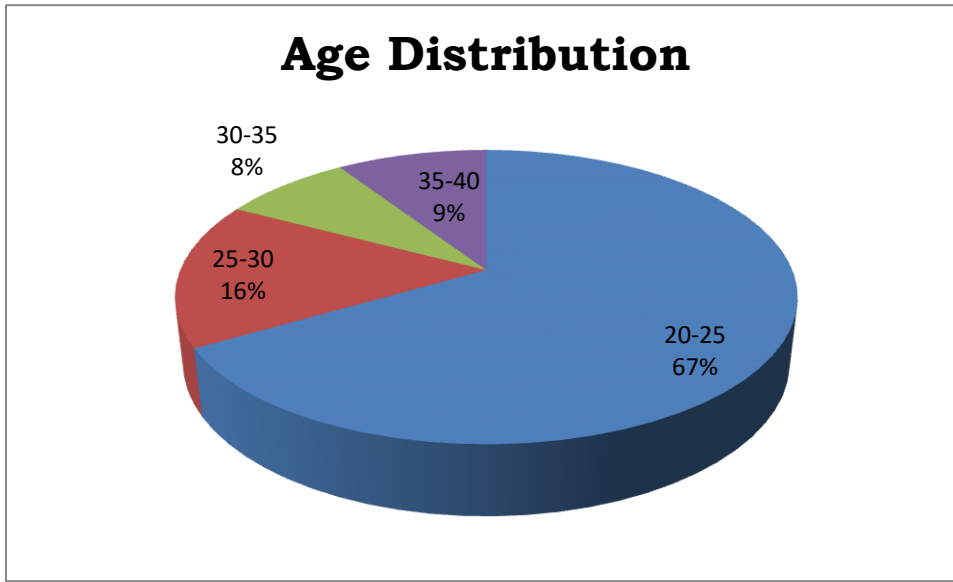


Figure 1 : showing graphical representation of Age distribution

**B. Occupation-** Out of 150 patients, 89(59.3%) were student, 24(16%) were housewife and 37(24.7%) were working.

Occupation	Frequency	Percentage
Student	89	59.3



Housewife	24	16
Working	37	24.7
TOTAL	150	100

Table 3: showing occupation wise distribution of survey study

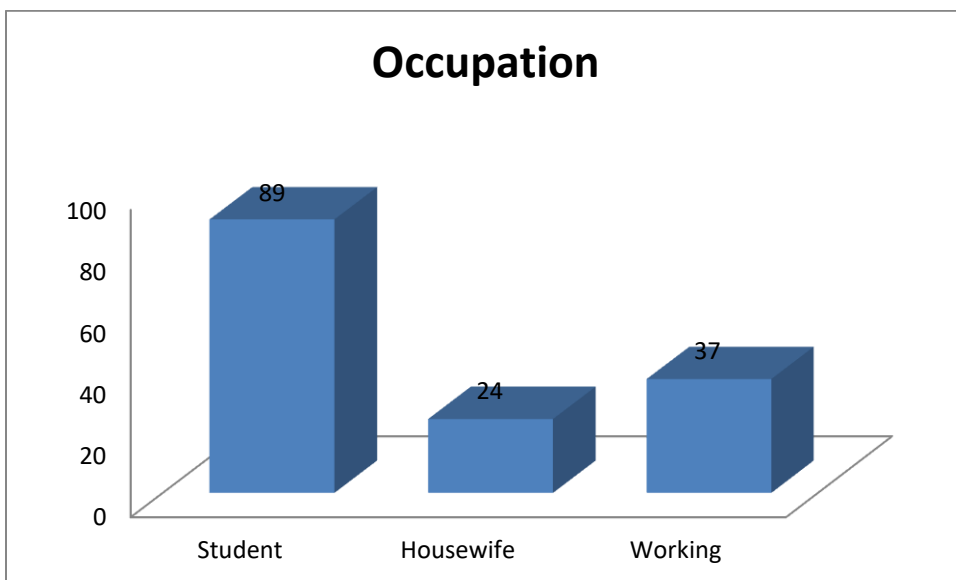
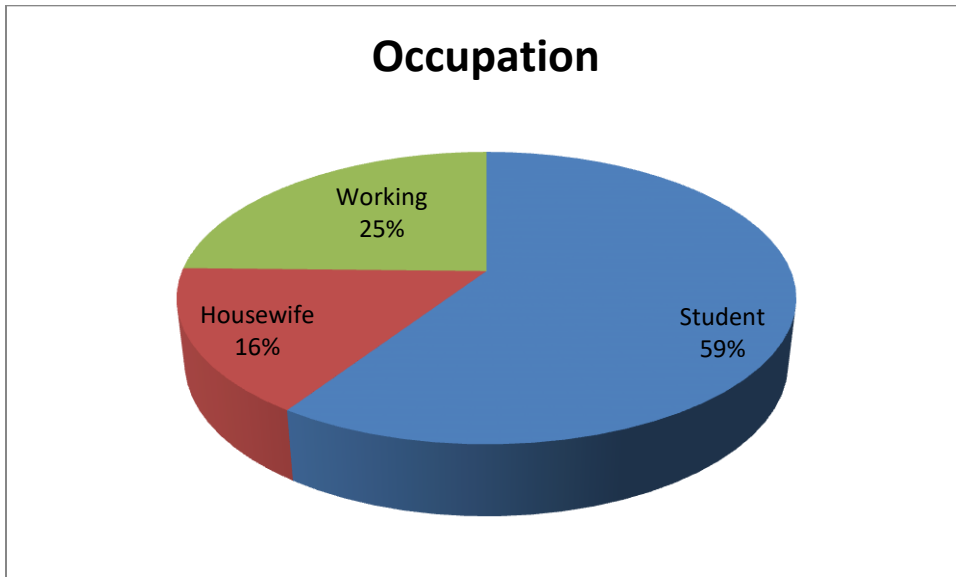
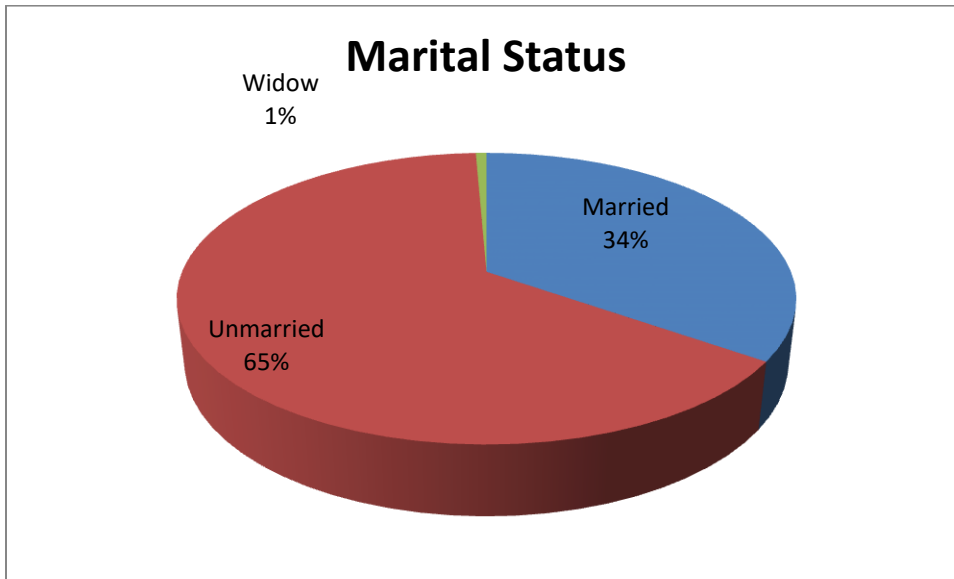


Figure 2 : showing graphical representation of occupation

**C. Marital Status-** Out of 150 patients, 52(34.7%) were married, 97 (64.7%) were unmarried and 1(0.7%) was widow.

Marital Status	Frequency	Percentage
Married	52	34.7
Unmarried	97	64.7
Widow	1	0.7
TOTAL	150	100

Table 4: showing marital status wise distribution of survey study



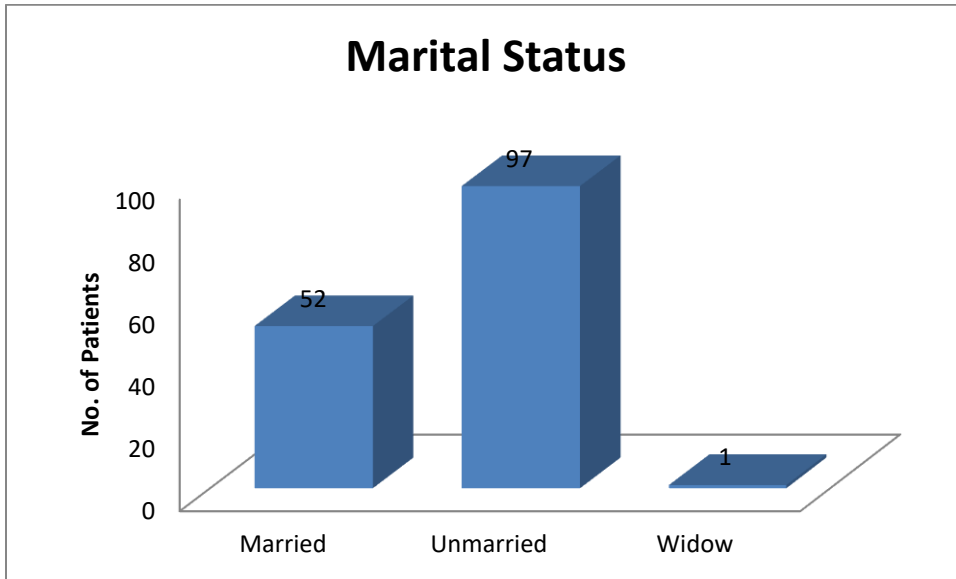
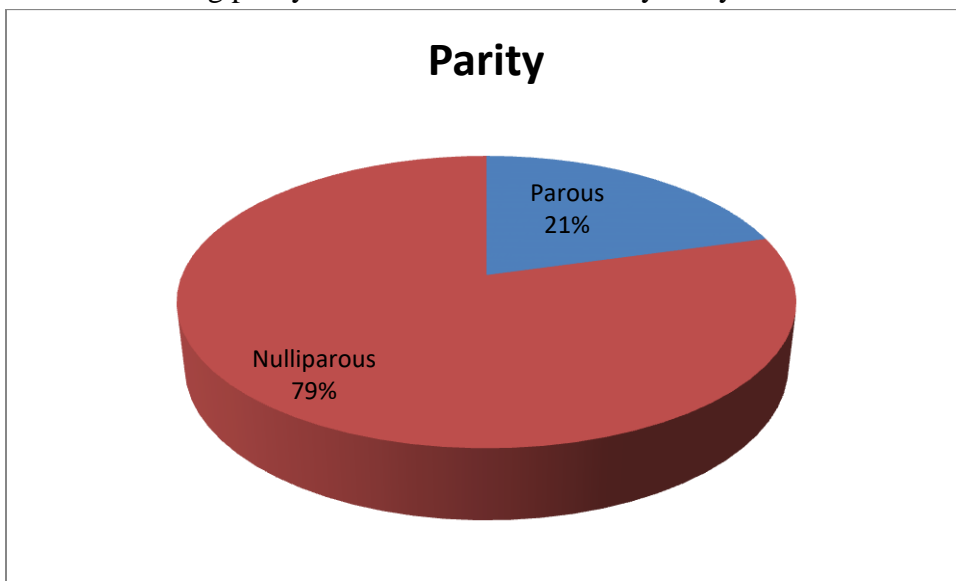


Figure 3 : showing graphical representation of marital status

**D. Parity-** Out of 150 patients, 31(20.7%) were parous and 119(79.3%) were nulliparous.

Parity	Frequency	Percentage
Parous	31	20.7
Nulliparous	119	79.3
TOTAL	150	100

Table 5: showing parity wise distribution of survey study



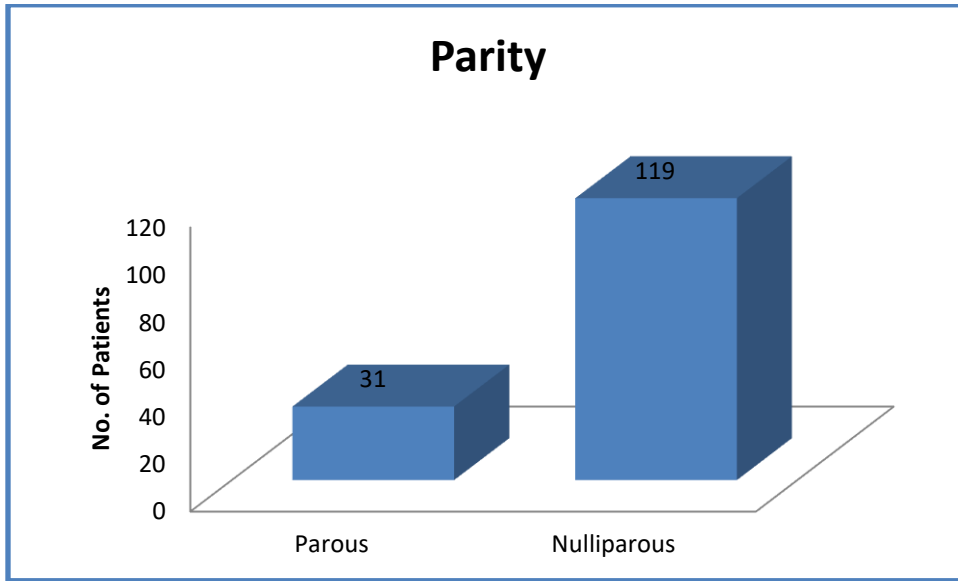
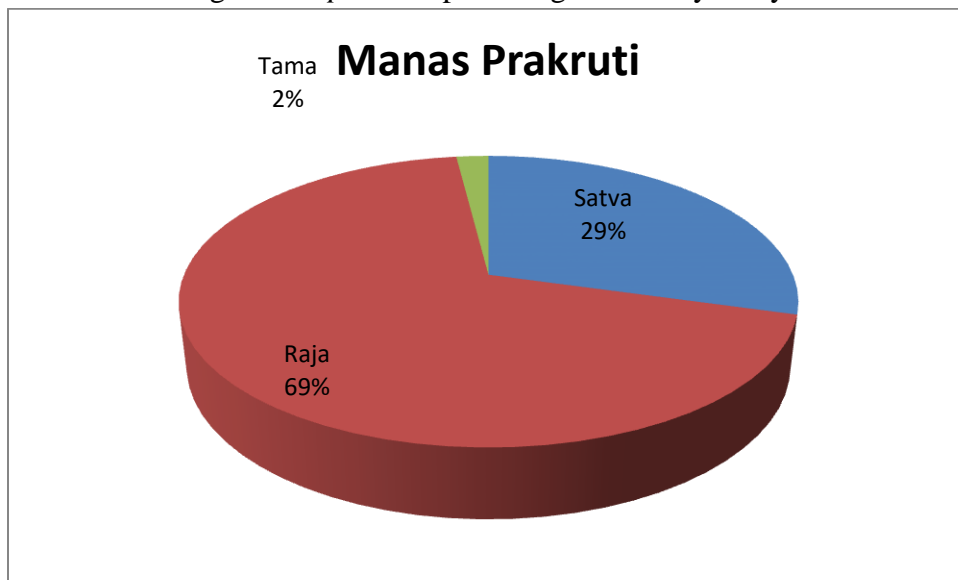


Figure 4 : showing graphical representation of parity

E. Out of 150 patients, 44 are of SatvaPradhan, 103 are of Raja Pradhan and 3 are of Tama Pradhan Manas Prakruti.

Prakruti	Frequency	Percentage
Satva	44	29.3
Raja	103	68.7
Tama	3	2
TOTAL	150	100

Table 6: showing *Manas prakruti* percentage of survey study



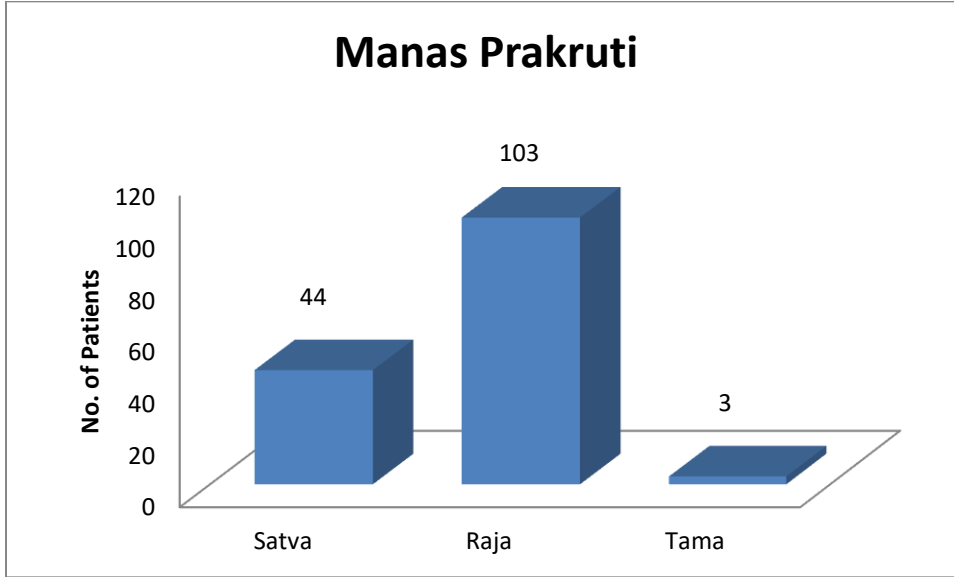


Figure 5 : showing graphical representation of *Manas prakruti*

**F.** Average % of Manas Prakruti- Average of Manas Prakruti percentage was found as, Satva 42.54%, Raja 55.18% and Tama 30.12%.

ManasPrakruti	Mean %
Satva	42.54
Raja	55.18
Tama	30.12

Table 7: showing Average of Manas Prakruti percentage of survey study

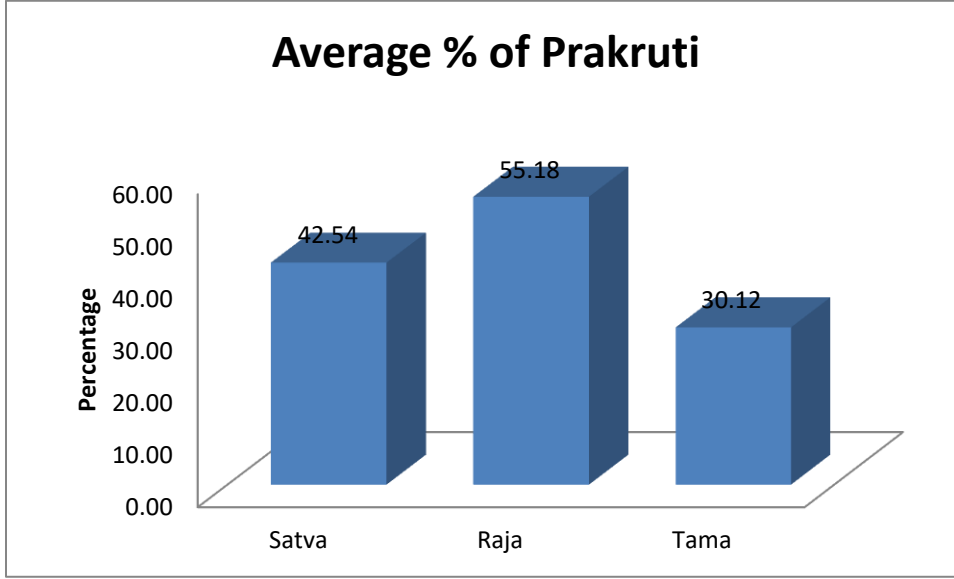


Figure 6 : showing graphical representation of percentage of *Manas prakruti*

## STATISTICAL TEST

As data is qualitative, Non parametric test (**Chi-square test**) is used.

Where,  $H_0$  = There is no association between *Raja Gunapradhan Manas Prakruti* and Menorrhagia in DUB.

$H_1$  = There is association between *Raja Gunapradhan Manas Prakruti* and Menorrhagia in DUB.

$$X^2 = \sum \frac{(O-E)^2}{E}$$

E

Where,

$O_i$  = Observed cell frequency

$E_i$  = Expected cell frequency

## RESULT

A. Age Group-

Age Group	Satva	Raja	Tama	Total
20-25	30	69	1	100
25-30	4	20	0	24
30-35	1	10	1	12
35-40	5	8	1	14

Table 8: showing age wise distribution of *Manas prakruti*

## B. Occupation-

		Prakruti			Total
		Satva	Raja	Tama	
Occupation	Student	22	66	1	89
	Housewife	9	14	1	24
	Working	13	23	1	37
Total		44	103	1	150

Occupation	
Chi-square, df	2.287, 2
P value	0.3187
P value summary	Ns
One- or two-tailed	NA
Statistically significant? (alpha<0.05)	No

Table 9: showing statistical significance of occupation wise distribution of *Manas prakruti*

Since P-Value is greater than 0.05 hence there is significant association between Occupation and Manas Prakruti .

## C. Marital Status-

		Prakruti			Total
		Satva	Raja	Tama	
Marital Status	Married	18	33	1	52
	Unmarried	26	70	1	97
	Widow	0	0	1	1
Total		44	103	3	150

Marital Status	
Chi-square, df	1.414, 2
P value	0.493
P value summary	Ns
One- or two-tailed	NA
Statistically significant? (alpha<0.05)	No

Table 10: showing statistical significance of marital status & *Manas prakruti*

Since P-Value is greater than 0.05 hence there is significant association between Marital status and Manas Prakruti

## D. Parity-

		Prakruti			Total
		Satva	Raja	Tama	
Parous	Nulliparous	30	88	1	119
	Parous	14	15	2	31
Total		44	103	3	150

Parous	
Chi-square, df	4.723, 1
Z	2.173
P value	0.0298
P value summary	*
One- or two-tailed	Two-tailed
Statistically significant? (alpha<0.05)	Yes

Table 11: showing statistical significance of parity & *Manas prakruti*



Since P-Value is less than 0.05, there is no significant association between Parity and Manas Prakruti.

#### E. Marital Status with Parity-

	Satva	Raja	Tama	Total
Married & Parous	14	14	2	30
Married & NulliParous	4	18	0	22

Table 12: showing marital status & *parity comparison*

#### F. Marital Status with occupation-

	Satva	Raja	Tama	Total
Married & Housewife	9	14	1	24
Married & Working	8	17	0	25

Table 13: showing marital status & *occupation comparison*

#### G. Marital Status with occupation and Parity-

	Satva	Raja	Tama	Total
Married, Working & parous	5	5	0	10
Married, Working & nulliparous	3	10	1	14

Table 12: showing marital status, occupation & *parity comparison*

	Satva	Raja	Tama	Total
Married, Housewife & parous	9	9	0	18
Married, Housewife & nulliparous	0	6	1	7

Table 13: showing marital status, non working & *parity comparison*

**Analysis of causes:**

Causes of all 150 patients are analysed according to various factors such as

**1. Manas Hetu**

<b>ManasHetu</b>	<b>No. of patients/150</b>
<i>Chinta</i>	124
<i>Krodha</i>	120
<i>Bhaya</i>	116
<i>Shoka</i>	118

Table 14: *Manas Hetu* present in survey study

**2. ManasPrakruti findings:**

<b>ManasPrakrutilakshans</b>	<b>No. of patients/150</b>
<i>Taikshnyam</i>	119
<i>Krudhhashura</i>	115
<i>Anubandhkopa</i>	93
<i>Atilolupa</i>	88
<i>Gandhamalyavilepana</i>	96
<i>Aamishpriyatvam</i>	109
<i>Amla Rasa Priyata</i>	78
<i>Lavan Rasa Priyata</i>	79
<i>katu Rasa Priyata</i>	128
<i>Aaharkama</i>	89
<i>Chhidraprahari</i>	99
<i>Vishaditvam</i>	84
<i>Bhishayita</i>	89

Table 15: *Manas prakruti lakshan* present in survey study

**Discussion**

Every person has all three properties of mind but, there is relative variation of these properties and the same relative variation determines the *Manas Prakruti* namely *Satvika*, *Rajasika* and *Tamasika*; In that also, there may be slight permutations combinations due to change in age group, occupation, diet, life style, etc.

**Here, in sample size of 150, scholar can't ensure the accurate result. But, scholar has made attempt to conclude it from following findings.**

**A) Age group-**

survey study reveals that % of *Raja* in 20-25 age group is 70% and in 25-30 its 83%, in 30-35 its 83% which is highest than that of 35-40 age group which is 57%.

**B) Occupation-**

survey study reveals that % of *Raja* in students i.e. (74%) and that of working women (62%) is more as compare to housewives (58%).

**C) Marital status-**

Survey study reveals that % of *Raja* in married women is 63% than that of in unmarried i.e. 72%. This is may be due to our Indian culture; there may be stability in life after marriage.

**D) Parity-**

Percentage of *Raja* in Parous women (48%) is less as compared to Nulliparous women (73%). It's may be because of the relationship stability after parity.

**E) Marital Status with Parity-**

Survey study reveals that % of *Raja* in married with nulliparous is 81% i.e. more than that of Parous 46%. (Relationship stability)

**F) Marital Status with occupation-**

Percentage of *Raja* in married working 68% is more than that of married housewife 58%. (more exposure to external surrounding)

**G) Marital Status with occupation and Parity-**

Percentage of *Raja* in married working parous (50%) is less than that of married working nulliparous (71%).

Percentage of *Raja* in married housewife parous (50%) is less than that of married housewife nulliparous (85%).

**Gynecological findings:**

Pattern of Period i.e. Regularity of menses: almost all patients shows irregularity in their menstrual periods.

**Nature of Bleeding:** 94 patients have bleeding with clots. It is seen that there is the *Vata* and *Kapha Dushti* when there are clots in bleeding.

**Color of Bleeding:** 88 number of patients show dark red color of bleeding, which is the Lakshan of *Vataj Raktapradar*<sup>12</sup>. (Yogaratnakar Uttararadha-Pradar Nidan) and Vata Dosha is “*Rajobahula*”; which shows the relation of Sharir and Manas.

**Smell:** Foul smelling is seen in 87 numbers of patients.

*Visra Gandha* is the *Guna* of *Pitta Dosha*. When there is heavy bleeding with foul smell, it shows that, DUB is due to Vikruta Pitta vitiation and it affects the *Sharir* and *Manas Guna* too.

**Pain during Menstruation:** Pain in Lower Abdominal/ lumbar/ legs is seen in 118 number of patients. This is due to the vitiation of *Vata Dosha*.

### Hormonal Interference:

Hormonal interference is the validating etiological factor of DUB, which causes the irregularity and excess bleeding after withdrawal of the pills. It is found in 122 patients, as they had consumed different hormones for different purposes.

- History reveals that OC pills had been taken by married women as contraception and by unmarried patients as a treatment for irregular menses.
- 

### Manas Hetu:

Mental stress is seen in 100% of patients, out of 150 patients *Chinta* and *Krodha* is seen in maximum number; along with *Bhaya*, *Shoka*.

1. *Bhaya* and *Shoka* show the *Vata* and *Rajo Dushti*<sup>13</sup>.
2. *Santaap* and *Krodha* are the signs seen in *Pitta* and *RajoDushti*.
3. *Chinta* is the main *Hetu* which directly affect the *Rasa Dhatu* and finally the *Raja-Upadhatu*<sup>14,15,16</sup>.

The *Heena Satva* individuals are more prone to this disease condition<sup>13</sup>.

### Lakshans related to Rasa Dhatu:

As *Raja* is byproduct (*Upadhatu*) of *Rasa Dhatu*, it certainly shows the signs of *Rasa Dhatu Dushti* like *Hrutaspanda* which is also seen in DUB due to anemic condition.

### Manas Prakruti ( Rajasika ) findings:

1. **Taikshnyam-** *Tikshnata* in nature is due to increased *Ushna*, *Tikshna Guna* of *Sharir* and *Manas* as it is *Aagneya Gunatmak*.

Mainly it is seen in *Pitta Prakruti* and *Rajasik Prakruti* patients.

Effect of *Tikshna Guna* on Mind: Quick decision power, having harshness in the speech, violent, Strong desire to take revenge, angry even in small things<sup>2,17</sup>.

*Ushna* is opposite of *Sheeta Guna*. *Kshayavastha* of *Sheeta Guna* causes *Manah Santaap*, *Vaichitya*, *Glani*, *Arati*.

2. ***Krudhhashura*** - These type of people are Powerful and strong when angry. They express their anger in wrong way and at wrong place. This is the *Rajasika Guna* which is seen more in survey study.
3. ***Anubandhkopa*** - Attachment with anger is also seen in this survey study. Become angry quickly (seen in *Vata*, *Pitta Sharir Prakruti*) and remain angry for longer time (seen in *Kapha Prakruti*), this is the characteristic of *Rajasika Prakruti*.
4. ***Chhidraprahari***- Likes to strike the weak points of others is the *Guna* of *Rajasika Prakruti*, because of the *Tiksha Guna* of *Pitta* and *Sukshma Guna* of *Vata*.
5. ***Atilolupa***- This is seen in 88 number of patients, which is characteristic of *Rajasika Prakruti*. *Atilolupata* about *Ahar*, *Vihar* is seen in them.
6. ***Gandhamalyavilepana***- This is seen in *Pitta Prakruti* people and it is more found in survey study. As *Visrata* is the *Guna* of *Pitta*. Hence, attraction of opposite *Guna* is seen in this.
7. ***Vishaditvam***-  
  
*Vishad* is *Vata*, *Rakta Pradoshak*<sup>2,5</sup>.  
It is one among *Vataj Nanatmak Vyadhi*. *Vishad* is *Vyan Vayu Prakopak Hetu*<sup>11</sup>.  
Esence of blood tissue (*Rakta Sarta*)- intolerable nature (*Kleshahishnuta*) which is favorable for *Vishad*.
8. ***Bhishayita***- Likes to frighten others is the characteristic of *Rajasika Prakruti* and *Vata Prakruti*.
9. ***Aaharkama***- This characteristic is greedy for food which is seen in *Rajasika*, *Tamasika Prakruti* and *Pitta Prakruti* because of *Ushna*, *Tikshna Guna* of *Pitta*.

Now days, by watching to much variety of food items (Chinese, Thai food, etc., people feel to eat them, though they are not hungry causing *Atyashan* causing indigestion (*Samata*) leading to *Vikruta Rasa Dhatu Nirmittii*.

**10. *Aamishpriyatvam***- This is seen in *Rajasika, Tamasika Prakruti*. It causes *Rakta* and *Mamsa Dushti*.

**11. *Rasa Priyata***- Rasa which are seen in *Rajasika Prakruti* are:-

In all these three *Rasa, Teja Mahabhuta* is common.

*Katu Rasa Priyata* is seen in maximum number of patients in survey study. As *Katu Rasa* is *Ushna Tama* which increases the *Aagneya Bhav* causing heavy bleeding.

**12. *Rajasika Prakruti- Pitta Dosha and DUB Sambandh***-

*Rajasika Prakruti* shows predominance of *Rosha*. *Rosha* is the *Krodha* which increases the *Aagneya Bhava* which shows its impact on Sharir and if there is weak organ (*Kha- Vaigunya*) in Uterus (*Garbhashaya*), it causes DUB.

Body & Mind are interrelated, physiologically as well as pathologically.

- Emotional factor is the main etiology of diseases
- *Yoga* also proves to be important to control *Raja* and *Tama*, as it normalizes the biochemical changes occurring in DUB.

### Conclusion

- In literary work, relation of *Rajas Manobhav* and DUB is observed.
- From experimental study, It can be concluded that,

Patients who are having stress and having *Raja Pradhan Manas Prakruti* as well as *Manas Bhavas* like *Chinta, Bhaya, Krodha, Shoka*, etc; are highly prone to DUB, Where on the other hand in Modern Science the exact cause of DUB is not known.

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## **Annexure**

### **Data collected:**

Survey Study of 150 patients has been carried out to understand exact etiology behind DUB.

Following is the observation table:

Serial no.	Age Year	Married	Unmarried	Parous	Nulliparous	Student	House wife	Working	Satva %	Raja %	Tama %
1	20	-	Y	-	Y	Y	-	-	45	49	37
2	20	-	Y	-	Y	Y	-	-	39	66	33
3	20	-	Y	-	Y	Y	-	-	50	50	40
4	20	-	Y	-	Y	Y			49	36	27
5	20		Y		Y	Y			45	46	29
6	20		Y		Y	Y			37	52	37
7	20		Y		Y	Y			47	55	18
8	20		Y		Y	Y			54	46	37
9	20		Y		Y	Y			60	46	18
10	20		Y		Y	Y			41	52	37
11	20		Y		Y	Y			58	33	18
12	20		Y		Y	Y			60	52	22
13	20		Y		Y	Y			52	39	25
14	20		Y		Y	Y			45	38	40
15	20		Y		Y	Y			39	47	14
16	20		Y		Y	Y			49	46	14
17	20		Y		Y	Y			54	34	18
18	20		Y		Y	Y			66	55	22
19	21		Y		Y			Y	41	39	25
20	21		Y		Y	Y			50	52	14
21	22		Y		Y	Y			30	68	29
22	22		Y		Y			Y	60	39	14
23	23		Y		Y			Y	49	52	37
24	24		Y		Y	Y			47	41	22
25	24		Y		Y	Y			69	38	22
26	24	Y		Y			Y		47	41	14
27	24	Y		Y			Y		47	46	14
28	25	Y			Y			Y	50	39	29
29	25	Y			Y			Y	37	46	25
30	26		Y		Y	Y			50	60	25
31	25	Y			Y			Y	56	53	25
32	26	Y			Y			Y	60	41	14
33	27	Y			Y			Y	45	57	29
34	27	Y		Y			Y		49	53	22



35	28		Y		Y				20	65	37
36	30	Y		Y			Y		50	46	25
37	31	Y		Y			Y		39	68	33
38	32	Y		Y				Y	47	39	25
39	35	Y		Y				Y	28	65	25
40	35	Y		Y			Y		47	50	37
41	36	Y		Y			Y		54	49	33
42	38	Y		Y				Y	13	49	44
43	38	Y		Y			Y		43	42	29
44	39	Y		Y				Y	28	42	33
45	39	WID OW		Y				Y	39	63	25
46	39	Y		Y			Y		58	34	25
47	40	Y		Y				Y	58	34	22
48	40	Y		Y				Y	41	31	25
49	40	Y		Y			Y		54	49	22
50	40	Y		Y			Y		39	74	25
51	28	Y		Y		Y			33	44	25
52	25		Y		Y			Y	60	42	25
53	22		Y		Y	Y			50	36	18
54	20		Y		Y	Y			49	34	33
55	23		Y		Y			Y	58	41	29
56	26	Y			Y	Y			56	42	33
57	35	Y		Y			Y		39	69	37
58	40	Y		Y			Y		62	7.9	7.4
59	27	Y		Y				Y	56	28	22
60	24		Y		Y	Y			28	79	40
61	23		Y		Y	Y			50	36	40
62	31	Y		Y		Y			37	55	44
63	25	Y			Y		Y		33	65	40
64	39	Y		Y			Y		47	60	29
65	30	Y			Y		Y		33	63	22
66	20		Y		Y	Y			33	55	29
67	33	Y		Y				Y	39	65	29
68	26	Y			Y			Y	41	60	14
69	21		Y		Y	Y			49	61	44
70	20		Y		Y	Y			52	47	37
71	20		Y		Y	Y			56	52	25
72	25		Y		Y			Y	41	66	33

73	24		Y		Y			Y	54	50	33
74	28	Y			Y			Y	33	71	37
75	28	Y		Y			Y		37	69	25
76	20		Y		Y	Y			30	66	33
77	27	Y			Y		Y		41	63	22
78	26		Y		Y			Y	39	66	29
79	26		Y		Y			Y	33	68	33
80	20		Y		Y	Y			32	69	25
81	28	Y			Y			Y	45	68	29
82	28	Y			Y			Y	41	63	18
83	33	Y		Y			Y		39	66	25
84	28	Y			Y			Y	45	60	22
85	35		Y		Y			Y	37	66	37
86	27	Y			Y			Y	47	66	18
87	28	Y			Y			Y	45	63	29
88	24	Y		Y			Y		49	46	37
89	28	Y			Y			Y	39	60	33
90	23		Y		Y	Y			41	60	29
91	33	Y		Y				Y	35	63	37
92	26	Y			Y			Y	41	68	22
93	24	Y			Y		Y		33	71	29
94	31	Y			Y			Y	33	74	25
95	21		Y		Y	Y			45	46	44
96	23		Y		Y	Y			39	61	40
97	23		Y		Y	Y			49	36	14
98	24		Y		Y			Y	47	60	22
99	20		Y		Y	Y			26	74	22
100	20		Y		Y	Y			43	69	25
101	20		Y		Y	Y			39	69	18
102	20		Y		Y	Y			35	61	37
103	20		Y		Y	Y			39	68	22
104	20		Y		Y	Y			39	66	29
105	20		Y		Y	Y			32	63	40
106	20		Y		Y	Y			41	50	40
107	20		Y		Y	Y			37	53	25
108	20		Y		Y	Y			39	58	44
109	20		Y		Y	Y			49	31	18

110	20		Y		Y	Y			18	58	44
111	20		Y		Y	Y			43	58	29
112	20		Y		Y	Y			43	58	29
113	20		Y		Y	Y			32	60	25
114	20		Y		Y	Y			30	66	29
115	20		Y		Y	Y			37	39	22
116	20		Y		Y	Y			37	58	37
117	20		Y		Y	Y			37	63	37
118	20		Y		Y	Y			41	73	22
119	20		Y		Y	Y			39	63	37
120	20		Y		Y	Y			39	65	37
121	20		Y		Y	Y			35	61	29
122	20		Y		Y	Y			45	69	22
123	20		Y		Y	Y			35	68	44
124	20		Y		Y	Y			43	55	51
125	20		Y		Y	Y			32	63	37
126	20		Y		Y	Y			41	69	33
127	20		Y		Y	Y			49	63	48
128	20		Y		Y	Y			37	68	37
129	35	Y			Y		Y		37	68	37
130	20		Y		Y	Y			39	57	44
131	20		Y		Y	Y			43	60	37
132	20		Y		Y	Y			37	68	37
133	20		Y		Y	Y			43	55	51
134	20		Y		Y	Y			33	65	40
135	20		Y		Y	Y			39	61	51
136	20		Y		Y	Y			45	68	40
137	20		Y		Y	Y			35	68	44
138	20		Y		Y	Y			30	74	37
139	20		Y		Y	Y			41	57	44
140	20		Y		Y	Y			32	66	29
141	20		Y		Y	Y			39	58	37
142	20		Y		Y	Y			43	57	37
143	20		Y		Y	Y			32	65	40
144	25		Y		Y	Y			60	33	22
145	36	Y		Y			Y		52	57	29
146	20		Y		Y	Y			43	33	33

147	20		Y		Y	Y			35	61	44
148	20		Y		Y	Y			30	63	44
149	28	Y			Y		Y		32	69	37
150	37	Y		Y				Y	43	41	22

**Consent form**

**Date:**

I....., Age.....

..... Staying here giving in written that, I am involving in the study of “**A**  
**STUDY OF DYSFUNCTIONAL UTERINE BLEEDING AND ITS RELATION TO MANAS**  
**PRAKRUTI**” with my own responsibility.

**All the criteria in this consent form are duly explained to me.** I am undergoing through this with my own interest.

- I am aware that doctor is going to question me.
- All the conclusions of this study will be kept secret and is used only for the study. The person signing below has been explained by the doctor about the study and answered all my queries.

The consent form has been duly read and understood by me. All the empty spaces in this consent form have been previously filled before my signature.

**DOCTOR**

**PATIENT**

Name:

Name: