INTRODUCTION

Menorrhagia is a very common complaint among females in recent years. The World Health Organization reports that 18 million women aged 30-55 years perceive their menstrual bleeding to be exorbitant. Reports show that only 10% of these women experience blood loss severe enough to cause anemia or be clinically defined as menorrhagia. Asrgdara means heavy vaginal bleeding during or before or after menstrual period. Though the menorrhagia is not directly described in any textbook of Ayurveda but it is quite similar to Asrgdara having uterine bleeding other than menstrual bleeding among other causes. Menorrhagia is not new for Ayurveda which is described under the heading of the Asrgdara. The main clinical feature of both menorrhagia and Asrgdara is uterine bleeding along with its other complications. The main types of Asrgdara are Vataja, Pittaja, Kaphaja, and Sannipataja. Trividhpariksha also helps to diagnose the disease by means of Darshana (inspection), Sparshana (palpitation) and Prashana (questioning). There are so many generic and patent drug available in Ayurveda like Rakapradarharyoga, Ashokaristha, Pradarantakras, Pradrariras may helpful to stop the bleeding and also able to cure the complications of Asrgdara. Thus Ayurvedic treatment may have strong ability of breaking down the pathogenesis of Asrgdara and its management also.

Keywords: Asrgdara, Menorrhagia, Ashokaristha
been mentioned. The management and prevention of Asrgdara also found in Ayurveda. For the management of Asrgdara various herbal, polyherbal, minerals and herbo minerals drugs has been suggested in Ayurveda. Hence this research article will highlight, about menorrhagia with special reference to Asrgdara.

A CASE REPORT:

A 42 years old female Hindu patient, housewife by occupation visited the OPD of SKAMCH & RC, dept of Prasooti tantra and Stree Roga on 23/02/2016 with complaints of Excessive P/V bleeding during menstruation, prolonged bleeding for 7-8 days with interval of 18-20 days. Patient was said to be apparently healthy 2 years back. She suddenly noticed excessive bleeding P/V during menstruation, which occurred at an interval of 18 to 20 days. Moderate bleeding lasted for 7-8 days with minimal clots, changes 4-5 pads/day with lower abdominal pain and low back ache. For the same, she approached a modern clinic and was prescribed with oral medicines. Patient got relief from the symptoms for a period of 6 months with the continuation of medication. As she found relief, she discontinued her medication for 3 months. She had bleeding of 7-8 days, which was heavy with passage of big clots for first 4-5 days changes 7-8 pads/day, next 3-4 days moderate bleeding changes 4-5 pads/day was seen. Associated with Pain in lower abdomen and low back ache was gradual, spasmodic and intermittent in nature lasting for 4-5 days of menses which does not radiating. Associated with fatigue of mild work was found since 9 months so patient was not able to do her normal activities. She approached SKAMCH & RC on 23/2/16 for further management.

- **Past history:** No H/O DM/HTN/hypothyroidism or any other major medical or surgical history.
- **Family history:** No history of same illness in any of the family members.
- **Menstrual / Obstetric history**
- **Menarche** - 12 yrs.

<table>
<thead>
<tr>
<th>RAJO VRUTTANTA</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Menstrual cycle</td>
<td>3-4 day flow Once in 28-30 days cycle</td>
</tr>
<tr>
<td>Quantity</td>
<td>Normal flow 2-3 pads/day</td>
</tr>
<tr>
<td>Color</td>
<td>Dark reddish colour</td>
</tr>
<tr>
<td>Odour</td>
<td>No foul smell</td>
</tr>
<tr>
<td>Consistency</td>
<td>Without clots</td>
</tr>
<tr>
<td>Pain</td>
<td>No pain in lower abdomen ,low back ache</td>
</tr>
</tbody>
</table>

- Married life – 22 years
- **O/H** – P2A0L2D0, both 2 FTND, hospital deliveries.
- Contraceptive history – She underwent Tubectomy - 18 years back.

**General examination:**

- Built : Moderate
- Nourishment : Moderate
- Pulse : 82 b / min
- BP : 130/80 mm of Hg
- Temperature : 98.4 F
- Respiratory Rate : 18 cycles / minute
- Height : 155 cms
- Weight : 79 kg
- Tongue : Uncoated
- Palor/Icterus/Cyanosis/Clubbing/Edema/Lymphadenopathy: Absent

**Systemic examination**
- CVS: S1 S2 Normal
- CNS: Well oriented, conscious.
- RS: normal vesicular breathing, no added sounds
- P/A- Soft, tenderness absent, no organo-megaly

**Ashta Vidha Pariksha:**
1) Nadi - 82 b/min
2) Mala - Once / day
3) Mutra - 5 - 6times/day
4) Jivha - Alipta
5) Shabda – Avisheha
6) Sparsha - Anushna Sheeta.
7) Druk - Avisheha
8) Akriti - Madhyama.

**Dasha vidha pariksha**
Prakruti – Vata + Pitta
Vikruti – Dosha - kapha, vata
Dushya – Rasa, Rakta, Artava
Sara – Madhyama
Samhanana – Madhyama
Satmya – Madhyama

**Lab Investigations**
- Hb – 7.7gm%
- RBS – 103 mg/dl (01/03/16)
- USG abdomen and pelvis (28/2/16)

**Impression:** Bulky uterus with anterior and posterior intramural fibroids.

**Diagnosis:**
Kaphaja Asrgdara
Menorrhagia

**Treatment:**
Treatment started on 23/2/16
- Ashokaghritha 1tsf BD B/F.
- Ashokaristha 3tsf TID B/F +
- Usheerasava 3tsf TID with 3tsf water B/F
- Kanashatvatadi Kasaya 2tsf BD with 2tsf water A/F
- Yoshajeevaniya Leha 1tsf BD B/F

<table>
<thead>
<tr>
<th>DATE</th>
<th>TREATEMENT Given</th>
<th>Complaints</th>
<th>Observation</th>
</tr>
</thead>
</table>
| 4/03/16    | Ashokaghritha 1tsf BD B/F. Ashokaristha 3tsf TID B/F Usheerasava 3tsf TID with 3tsf water B/F Kanashatvatadi Kasaya 2tsf BD A/F Yoshajeevaniya Leha 1tsf BD b/f + Loha asava ½ tsf TID AF Tab.geriforte 1 BD AF Amrita kaya kalpa 1 BD BF | • c/o weakness | Stopped bleeding on 1/3/16.
|            |                                                      |            | ADVISED
<p>|            |                                                      |            | Continue same treatment for 1 month . Review after menses. |</p>
<table>
<thead>
<tr>
<th>Date</th>
<th>Medication Details</th>
<th>Improvement</th>
<th>Review Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>29/04/16</td>
<td>Ashokaghriitha 1tsf BD B/F, Ashokaristha 3tsf TID B/F</td>
<td>• Lmp-24/4/16 Improvement in duration of bleeding from 6 days to 5-6 days, with 5-6 pads/day.</td>
<td>Review after menses.</td>
</tr>
<tr>
<td></td>
<td>Usheerasava 3tsf TID with 3tsf water B/F, Kanashatvatadi Kasaya 2tsf BD A/F, Yoshajeevaniya Leha 1tsf BD b/f + Loha asava ½ tsf TID AF Tab.geriforte 1 BD AF Amrita kaya kalpa 1 BD BF</td>
<td>• Severe pain in abdomen is reduced during menses. • Low back pain is present.</td>
<td></td>
</tr>
<tr>
<td>24/05/16</td>
<td>Ashokaghritisna 1tsf BD B/F, Ashokaristha 3tsf TID B/F</td>
<td>She came for follow up No complaints.</td>
<td>Lmp-19/5/16 Improvement • p/v bleeding was normal flow for 3-4 days, • changes 4-5 pads/day, • without clots • Pain in abdomen, low back ache is absent.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>17/06/16</td>
<td>Ashokaghrittha 1tsf BD B/F, Ashokaristha 3tsf TID B/F</td>
<td>She came for follow up No any complaints.</td>
<td>Lmp-14/6/16 Improvement • p/v bleeding was normal flow for 3-4 days, changes 2-3 pads/day, without clots • Pain in abdomen, low back ache is absent.</td>
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</tbody>
</table>
### Before Treatment

<table>
<thead>
<tr>
<th>Date</th>
<th>LMP</th>
<th>Interval</th>
<th>Bleeding</th>
<th>Pads/day</th>
</tr>
</thead>
<tbody>
<tr>
<td>23/2/16</td>
<td>1st visit</td>
<td>25DAYS</td>
<td>7-8 days</td>
<td>6-7pads/day</td>
</tr>
<tr>
<td>5/4/16</td>
<td>30/3/16</td>
<td>26DAYS</td>
<td>6 days</td>
<td>5-6pads/day</td>
</tr>
<tr>
<td>29/4/16</td>
<td>24/4/16</td>
<td>28DAYS</td>
<td>5-6 days</td>
<td>4-5pads/day</td>
</tr>
<tr>
<td>24/5/16</td>
<td>19/5/16</td>
<td>28DAYS</td>
<td>3-4 days</td>
<td>2-3pads/day</td>
</tr>
<tr>
<td>17/6/16</td>
<td>14/6/16</td>
<td>28DAYS</td>
<td>3-4 days</td>
<td>2-3pads/day</td>
</tr>
<tr>
<td>22/7/16</td>
<td>11/7/16</td>
<td>28DAYS</td>
<td>3-4 days</td>
<td>2-3pads/day</td>
</tr>
<tr>
<td>19/8/16</td>
<td>6/8/16</td>
<td>28DAYS</td>
<td>3-4 days</td>
<td>2-3pads/day</td>
</tr>
<tr>
<td>27/9/16</td>
<td>2/9/16</td>
<td>28DAYS</td>
<td>3-4 days</td>
<td>2-3pads/day</td>
</tr>
<tr>
<td>14/10/16</td>
<td>29/9/16</td>
<td>--------</td>
<td>3-4 days</td>
<td>2-3pads/day</td>
</tr>
</tbody>
</table>

### After Treatment

<table>
<thead>
<tr>
<th>Date</th>
<th>LMP</th>
<th>Interval</th>
<th>Bleeding</th>
<th>Pads/day</th>
</tr>
</thead>
<tbody>
<tr>
<td>22/7/16</td>
<td>Lmp-11/7/16</td>
<td>28DAYS</td>
<td>normal flow for 3-4 days, changes 2-3 pads/day, without clots, pain in abdomen, low backache is absent</td>
<td></td>
</tr>
<tr>
<td>19/8/16</td>
<td>Lmp-6/8/16; Improvement</td>
<td>28DAYS</td>
<td>normal flow for 3-4 days, changes 2-3 pads/day, without clots, pain in abdomen, low backache is absent</td>
<td></td>
</tr>
<tr>
<td>27/9/16</td>
<td>Lmp-2/9/16; Improvement</td>
<td>28DAYS</td>
<td>normal flow for 3-4 days, changes 2-3 pads/day, without clots, pain in abdomen, low backache is absent</td>
<td></td>
</tr>
<tr>
<td>14/10/16</td>
<td>Lmp-29/9/16; Improvement</td>
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Ashoka arista is a uterine tonic which improves uterine functions and modulates uterine contractions. It gives strength to the uterus which helps in easier dislodging of the uterine lining during menstruation and prevents ischemia. Thus, it reduces menstrual cramps. Ashoka Ghrita which corrects the aggravated pitta.

The effect of ashoka bark on raised prostaglandin is still unknown, but phytoestrogens which also present in ashoka bark modulate the production of prostaglandin. Prostaglandin level is raised in cases of primary dysmenorrhea. Ashoka arista is more beneficial when a woman has heavy bleeding with cramps like pain.

Ushira asava mainly indicated in heavy menstrual bleeding, as it pacifies pitta. Yoshajeewana lehyam mainly contains satavari, it is the main special female tonic because it helps women of all age groups to transit through natural phases of life very gracefully. It is madhura Tikta, sheeta Virya, madhura
Vipaka, act as vatapittahara, sthambana, raktasodhaka, it corrects rasa, Rakta dhatu. It having phytochemical steriodal saponins, alkaloids, isoflavones, sitosterol. It act as anti oxidant, immunomodulatory activity. Kanashatawadi kashaya, most of the drugs are kaphavatahara, deepana, pachana. This does correction of agni leading proper rasa formation and Artha formation. Action upon action upon Artha drugs like shatahwa is Rajorodahara. Due to Ushnaveerya all drugs are Artavajanakas. Raktagulma can be understood as avaranasanaya asrghdra. Hence avaranaharana is done. Action upon Garbhashaya – Garbhashaya shodhana, Pippali is garbhashayasankochaka.

Lohasava is a ayurvedic iron tonic, loha bhasma, haritaki, amalaki, bibhitaki, shunti, pippali, aj awin, vidangamustha, chitraka, dhautaki. It having ushna Virya and acts as lekhana karma and heaminic. It pacifies vata kapha dosha. It acts on rasa Raktta medas.

Amritakayakalpa rasayana is vidarikanda, swarnamakshika bhasma, kantaloha bhasma, muktapishti, yashada bhasma, vangabhasma, pippali, ashwaganda, shankapushpi, yastimadhu, makaradhwaja, javitri, katuki, gokshura, punarnava, jayaphala, abhraka bhasma, loha bhasma shatavari. It act as a rejuvenator, antioxidant, improves quality of life, it also acts as immune modulator.

CONCLUSION

Menorrhagia is a common complaint present in the women world-wide. Arsgdara correlate to menorrhagia. As we seen, patients have heavy uterine bleeding along with its complications which should be need to manage instantly to stop the further complication. Ayurveda have number of herbal and compound drugs useful to manage this bleeding disorder. In my opinion, the Ayurvedic drugs will become a boon to treat the menorrhagia patients and its complication also.

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