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ASRIGDHARA CHIKITSA W.S.R TO MENORRHAGIA- A CASE STUDY

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ABSTRACT

Asrigdhara is the condition where there is *pradirana* of *raja pravrutti* from *yoni marga. Excessive secretion of asrik is called asrigdhara. Vata dosha* is the one which is responsible for outflow of *artava* . *Samprapti* involves *Aavarana of Apana vata by pitta* as it is the seat of *apana vata* causing the *ati pravrutti of rajas*. Menorrhagia is excessive heavy cyclical menstrual bleeding. DUB is a condition where there is no obvious cause of menorrhagia. A case was taken for study with symptoms of excessive menstrual flow for over 10-12 days every cycle, associated with severe lower abdomen pain and general debility. Normalising the amount of flow and curing the associated symptoms are fundamental principles of treatment to be adopted. Looking at the symptoms patient presented with , the conditon can be corelated to *Asrgdhara*. Disturbed *artava swaroopa* correction is essential to restore normalcy in the patient using *vata pradhana tridosha shamaka* drugs with *agnideepana* and *pachana* property drugs. In this view the *kana sathahwadi kashaya, ashoka ghrita, Lajjalu ghana vati* followed by *Kravyada rasa*, Eve care syrup initialy for 1 month and added with *Phala sarpi* for 2 months was given which showed remarkable improvement in the first sitting itself. This paper explains in detail about the *samprapti vighatana* by the ayurvedic medicine in a case of excessive menstrual flow, thus curing the condition.

Keywords: *Asrigdhara, menorrhagia, vatadosha, Aavarana, kana sathahwadi kashaya*, *ashoka ghrita, phala sarpi,*

INTRODUCTION

Sushruta says "*Raktameva streenaam maase maase garbhakoshtha manupraapya tryam pravartamaanam artavam iti aahuhu*[1]" which means *Rakta* itself gets accumulated in *garbhakosha* and expelled out of body as *Artava* for 3days in *stree*. Such *artava* expelled is devoid of any smell (*vigandha), shuddha*, *ishat krishna* in *swaroopa* not for more than 5days a cycle. This *prakruta swaroopa of artava* will be destroyed or altered in various conditions like *Pradara, artava dushti, anartava, artava kshaya, yoni vyapadas.* Symptoms of polymenorrhagia can be correlated to *Asrgdhara* to certain extent.

Ayurveda explains the concept of *Artava* being expelled out of body for 3-5days from *Apathyapatha marga* by *prerana of vayu* which is *vigandha*, *shuddha, ishat krishna* in *swaroopa*[2]. Due to life style modifications, sedentary life pattern, stress,

improper dietary habits, this normal *swaroopa* is disturbed in many women nowadays. Hence irregularities in menstrual flow are the most common manifestations. Premature onset of menstrual cycle, irregular cycles-prolonged or short, excessive amount of flow, clotty discharges, association of pain, vomiting are commonly seen.

Asrgdhara's cardinal feature is *Pradeerana* referring to "*vistaarito bhava*" –prolonged. *Ati praachurena deerghakaalanubandhi* refers to excessing prolonged days of flow, associated with *vedana*. Explaining the *lakshana* and *samprapti* Sushruta says "*Tadeva ati prasangena pravruttam anrutaavapi*.[3]".There will be prolonged excessive blood flow during *ritusraava kaala*, with or without intermenstrual bleeding. *Vata* is the one which is responsible for outflow of *artava*. *Samprapti* involves *Avarana of Apana vata by pitta* as it is the seat of *apana vata* causing the *ati pravrutti of rajas*. *Avarana bhedhaka chikitsa* is essential using *pitta vata shamaka* drugs. Keeping this in mind, the Ayurvedic drugs which act miraculously in correction of the *dosha* involved from the *panchabhoutika* level is adopted in the case study. The *vata pitta shamaka* property of drugs does the *avarana bhedhana* in the patient leading to *vata shamana* and hence reduction of amount of bleeding and pain and regularization of cycles.

AIM AND OBJECTIVES

1) To understand the Menorrhagia and Asrigdhara.

2) To assess the efficacy of Ayurvedic medicines in treating menorrhagia.

CASE REPORT

A 30 years old female Hindu patient, visited the OPD of SKAMCH & RC, dept of Prasooti tantra and Stree Roga on 20th December 2017 with the **chief complaints** of-

Excessive P/V bleeding during menstruation for 10-12 days prolonged bleeding since 5yrs, Severe lower abdomen pain for 3-4 days during menstruation since 4yrs. Associated with giddiness, weakness during menstruation since 4yrs.

History of present illness

Patient was said to be apparently healthy before Menarche, which occurred at the age of 14 years. From her 1st cycle up to the age of 24, Menstruation was regular of 4-5 days but used to get mild lower abdomen pain 2 days prior to menstruation which continued till 1day of menstruation. Initially pain was mild, would increase few hours before menstruation and continue for 1day. She delivered by LSCS 5 yrs ago. Post delivery bleeding began after 5 months. She had bleeding of 10-12 days, which was heavy for first 5-6 days and moderate for next 4-5days. Spotting for 1-3days. Associated with giddiness, weakness. This was accompanied with severe lower abdomen pain for 3-4days of menstruation for the past 4yrs. Site of pain was lower abdomen, which was gradual in onset, non radiating kind, spasmodic and severe in nature. This made her worry a lot and compelled her to consult physicians.

She underwent treatment in many hospitals but did not find relief. Hence she consulted in OPD of SKAMCH, Bangalore for further treatments.

PAST TREATMENT HISTORY

Patient was taking tablets for pain during menstruation for 1-2 days, was on medication given by various consultants for excessive bleeding, details of which are not known.

PAST HISTORY:

- No H/o any chronic illness/infections.
- No H/o DM / HTN/Asthma/ TB/Trauma

FAMILY HISTORY, OCCUPATIONAL HISTORY:

Nothing contributory

MENSTRUAL HISTORY:

Menarche at - 14 yrs of age

Menstrual cycle:

Nature – Regular, once a month.

Duration – from past 5yrs - 10-12 days heavy flow(heavy 1st 5-6 days, moderate next 4-5 days, spotting 1-3 days) once in 30days.

Bleeding phase – 10-12 days

No. of pads or clothes/day: 6-7 pad/day (first5-6 days), 3-4pads/day for next 4-5 days, 1-2 pads/day for last 1-3days.

LMP- 5/12/17
Clots- present for first 4-5 days of cycle. No foul smell, dark in colour.
VAIVAHIKA VRUTTANTA: Married life – 7 years
Contraceptive History: After marriage was taking oral contraceptive pills for 1yr then stopped, conceived.
Now following barrier method of contraception
VYAVAYA VRUTTANTA: Twice or thrice a week, No *maithuna asahishnuta*.
PRASAVA VRITTANTA: P1 L1 A0 D0
P1 (L1)- Female, 5 yrs LSCS due to fetal distress ,Birth weight 2.8kg. Breast fed for 1 ½ yrs,

GENERAL EXAMINATION

- Height - 153 cms, Weight - 56 Kgs, BMI - 23.9
- Pulse Rate - 78 beats/min, regular
- BP - 110/70mm Hg
- Respiratory Rate -19/minute
- Heart Rate - 78/minute
- Temperature - 98.4 F,
- Tongue - slightly coated
- Palor/Icterus/Cyanosis/Clubbing/Edema/Lymph adenopathy: Absent

SYSTEMIC EXAMINATION
CVS, CNS, RS, P/A - NAD
Gynecological Examination: NAD
DASHA VIDHA PARIKSHA:
Prakruti – vata pitta
Vikruti –Hetu- Katu amla lavana rasa pradhana bhojana, vidaahi, viruddha bhojana, mutra vega dharana, akaala bhojana, ati vyayama, bhara vahana, chinta krodha bhaya.
Dosha-vata pitta
Dushya-rasa rakta rajas
Prakruti-vata pitta, Desha- sadharana, Kaala- adaana, Bala, sara, samhanana, pramana, vyayama Shakti,vaya- madhyama, Satva, ahara Shakti (abhyavarana, jarana Shakti) – avara

LAB INVESTIGATIONS
Hb-11 gm % (23/11/17), ESR- 10mm/hr, Total WBC- 8100/Cmm, DC- Neutrophils-48%, Lymphocytes-44%, Eosinophils-05%, Monocytes-03%, Basophils-00%, AEC-275cells/cmm, Platelet count - 2.5lakhs/cmm, RBC count-4.3 Million/cmm, BT –4 min 15 sec, CT- 4min 45 sec, USG-1/3/2014- No sonographically detectable abnormality observed.
29/6/2016 and 16/8/17 - No sonographic abnormality detected
INTERVENTION

- *Kana sathahwadi Kashaya* 2-2-2tsp with 4times water.
- *Ashoka ghrita* 2tsp BD (B/F)
- T. *Lajjalu Ghana vati 2-2-2 (*A/F)
- T .*Kravyada rasa* 1-0-1(A/F)
- *Eve care syrup* 2-2-2 tsp * 1month

Along with the above medicines 1 more addition was done for 3 months.

- *Phala Sarpi* 2-0-2tsp (bf)

Follow up was done for 2 months

RESULTS

Table 1: There was a remarkable change in various symptoms as noted below: -

DATE	TREATMENT GIVEN	OBSERVATIONS
20/12/17 – 20/1/18	➢ *Kana sathahwadi Kashaya* 2-2-2tsp with 4times water. ➢ *Ashoka ghrita* 2tsp BD (B/F) ➢ T. *Lajjalu Ghana vati 2-2-2 (*A/F) ➢ T .*Kravyada rasa* 1-0-1 (A/F) ➢ *Eve care syrup* 2-2-2 tsp (A/F)	* LMP-6/1/18 *Bleeding- 8 days (heavy 4days,4pad/day, Moderate for 2dys,1-2 pad/day, spotting 1-2 days) PAIN REDUCTION-3days pain , severity reduced. *Giddiness and weakness persists
21/1/18 - 21/2/18	➢ *Kana sathahwadi Kashaya* 2-2-2tsp with 4times water. ➢ *Ashoka ghrita* 2tsp BD (B/F)	LMP-6/2/18 *Bleeding – 6days (heavy -2days,3-4pad/day), REDUCED- next 4days,1- 2pad/day)

	➢ T. *Lajjalu Ghana vati 2-2-2 (*A/F) ➢ T .*Kravyada rasa* 1-0-1 (A/F) ➢ *Eve care syrup* 2-2-2 tsp (A/F) + *PHALA SARPI 2-0-2tsp (bf) with milk	*Pain reduced -2days, more on 1st day, reduced on 2nd . *Giddiness and weakness persists
22/2/18 to 22/3/18	SAME ABOVE	LMP-7/3/18 *BLEEDING OF 5DAYS (heavy on 1st day, 3pad/day, moderate bleeding next 4days 1-2 Pad/day) *PAIN REDUCED (ONLY 1 DAY) * giddiness and weakness reduced(was ther only 1st day)

Summary:

After 3month of treatment-

- Periods in **30days** (LMP-7/3/18)
- Mild Pain was present only on 1st day
- Bleeding of 5days (heavy on 1st day,3pad/day, moderate bleeding next 4days,1-2 Pad/day)

No associated symptoms seen after 3months of treatment

After 2months follow up- All symptoms has reduced remarkably with moderate amount of bleeding.

DISCUSSION

The pathophysiology of *Asrgdhara* is explained under various factors like *pitta vruddhi*[4]*, vata vruddhi, rakta dosha vikruti* [5,] *pitta avruta apana.* In this patient there was *pitta avruta apana* causing the *avarana of apana vata by pitta*. The *Lakshana* of *pittavruta apana* is *rajo atipravrutti*[6]. The *vruddha vata* does *rakta pramaana utkramana in garbhashaya gata siras* hence leading to *rakta pramaana* increase and *ati srava of the rakta*[7]. Here the *sara* and *drava guna* of *pitta* is increased which is expelled out due to *chala guna* of *vata* aggravated. *Kapha dosha* was also vitiated hence clotty discharge was seen. The drugs used must counter act these *gunas* of the *doshas* to pacify its vitiation. Since its the *apana vata kshetra*, even though *pitta* is covering the *vata*, *pittaja* symptoms are more along with aggravated *vata* symptoms. In Ashthanga Hridaya it's mentioned that the *Agantuka dosha avarana* should be treated first but if the *Avarya* is strong in its own *kshetra* then it should be treated first. Keeping this in mind *vata shamaka* along with *pitta shaamaka* treatment is employed for *avarana bhedhana* as its *apana vata kshetra*. Removing the *avarana* and clearing the *avaraka (apana vata*) both done simultaneously, also *agni dipana* and *pachaka* drugs are added for further *ama pachana*.

Kanasathahwadi Kashaya has reference in *Sahastra yogam, gulmachikitsa adhikara*. It contains drugs like *kana, sathahwa, karanja, lata karanja, devadaru, bharangi, kulatha, tila, lashuna.* Majority of drugs are *vatakapha shamaka* in nature. As it is *deepaka*, it corrects *agni dushti* in patient and does *avarana bhedhana*. It is *lekhana* and *sroto avarodhahara* hence *srotas* is cleared and *lekhana* action clears the endometrium and helps in healthy uniform re-growth of endometrium reducing the excessive bleeding amount due to endometrial thickening. It is indicated in *yoni roga and vata roga.* As it is *shola hara* pain also reduces during menstruation.

Ashoka ghrita is mentioned in *Bhaishajya ratnavali* in *striroga adhikara* .it is a uterine tonic. It contains *ashoka, jeeraka, tandulodaka, aja ksheera, kesharaja rasa,* it contains drugs from *jeevaniya gana, ashta varga, yashtimadhu, priyala, parushaka, rasanjana, mrudveeka, shatavari, sharkara, ghrita.* It calms *vata* and *pitta.* It is given in *pradara, kukshi shula, yoni shula,* hence these symptoms reduced in this patient.

Kravyada rasa is a *parpati* of *Kajjali, Tamra bhasma, Loha bhasma, Tankana* trichurated *with nimbu swarasa, chanakamla rasa, panchakola kwatha* added with *bida lavana* and pills are prepared[8]. *Tamra bhasma* is an excellent *vata shamaka* and *loha bhasma* is a *pitta shamaka* and *Rasayana* thus by its action is pacifies the *dosha*s. *Eve care* syrup acts as a uterine tonic reducing the pain.

Lajjalu Ghana vati is also administered here. *Lajjalu* has synonym *Prarochani,* corrects *aruchi*, it has *tikta rasa, laghu ruksha guna, sheeta virya, vayu akasha bhavas*. This is used where ever *rukshana* and *drava shoshana* is desired. *Tikta rasa* wil facilitate *agni deepana* and ultimately *rakta skandana*. It is so *yonirogahara. Lajjalu* contains alkaloids which thereby reduces thickness of endometrium, resulting in reduction of duration of menstrual bleeding.

Phala sarpi[9] is added for proper rejuvenation of the endometrium. The essential cause for metrorrhagia[10] is the irregular growth and irregular shedding of endometrium due to fibrinolytic action and abnormalities of prostaglandins production. In modern line of treatment oral oestrogens and progestin is given to stabilize endometrium. As an ayurvedic approach we have added *Phala sarpi* which is a uterine tonic. It acts on the endometrium and helps to stabilize the growth of it, if it's a poor endometrium then it rejuvenates the cells and if it's an excess growth then it reduces the cells thus helping to normalize the growth and controlling the hormones involved.

Thus the drugs used in this case have shown wonderful results and has normalized the *pradustha doshas* leading to the symptom of menorrhagia.

CONCLUSION

In the present study, *Kanasathahwadi Kashaya, Ashoka ghrita, lajjalu Ghana vati, kravyada rasa, phala sarpi*, eve care syrup are mainly used for the treatment of prolonged excessive bleeding which was found very effective. There is drastic improvement in signs and symptoms. Patient is made free from all the symptoms able to perform her daily routine activities without difficulty. Thus Ayurveda helps to understand the disease patho physiology in *dosha* level and at *panchamahabhoota* level and helps to cure the disease by treating the basic fundamental elements causing the disease. But to prove this with greater confidence further studies are to be conducted on this disorder, as the present paper is a single case study. Trial in a larger sample is required to generalize the outcome.

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