

ROLE OF INDIGENOUS AYURVEDIC FORMULATION IN THE MANAGEMENT OF RAKTAPRADARA - A CASE STUDY

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ABSTRACT

Menstruation plays an important role in woman's life without which a woman is incomplete. The first menstruation i.e. menarche occurs between 11-15 years, continues cyclically at interval of 21-35 days and ceases between the ages 45-50 i.e. menopause. ¹Any abnormality in normal menstruation is certainly a health concern for all women that can significantly impact quality of life. Amongst all menstrual disorders *Raktapradara* is one of the most reported Gynecologic complaints, occurring in 9 to 14% of apparently healthy women. *Raktapradara* is an excessive or prolonged flow of blood occurring in menstrual or intermenstrual period as per Ayurvedic classics.²In ayurvedic compendia many treatment modalities are described in the management of *Raktapradara*. For the present study an *Indigenous* combination of six drugs namely *Erka*, *Nagkeshar*, *Udumbara*, *Mochrasa*, *Durva* and *Guduchi* are taken in the form of granules which are easily palatable. Diagnosis is made based on complaints presented by the patient. Assessment has been done before and after treatment. In present study, it is observed that Indigenous granules has provided significant relief in all the symptoms of *Raktapradara*.

Keywords: *Raktapradara*, Indigenous, *Asrugdara*

INTRODUCTION

Woman is God's one of the best creations having the capability to bring a new life into the world. The preparation of motherhood starts with menarche and ends with menopause. The visible manifestation of cyclic physiologic uterine bleeding due to shedding of endometrium following invisible interplay of hormones is menstruation. It is the active sign of reproduction span in women's life which is coined by the

term *Artava* or *Rajah* in *Ayurveda*. When this *Artav* or *Rajah* gets vitiated by *doshas* it leads to *artav vyapada* which are wonderfully explained in *Ayurveda Samhitas*. *Asrugdara* or *Raktapradara* is included under the heading *Artava-vyapada*.

According to *Charakacharya*, excessive *pradirana* of *Rajah* is called as *pradara* or the excessive excretion i.e. *pradirana* of *asruka* is *Asrugdara*. In *Raktapra-*

dara, aggravated *vayu* vitiates *rakta* which causes increase in amount of *artava* leading to symptoms

like *atiparvrutti* of *rakta* in *rutustrava kala*, *angamarda* and *vedana*.³

Table 1: Drug Review for preparation of granules

Sr. No.	Drugs	Latin name	Parts used	Proportion
1	<i>Erka</i>	<i>Typha angustata</i>	<i>Phala-pushpa</i>	3 Parts
2	<i>Naagkeshar</i>	<i>Messua ferrea</i>	<i>Pushpa raja</i>	2 Parts
3	<i>Mocharasa</i>	<i>Salmalia malabarica</i>	<i>Niryas</i>	1 Parts
4	<i>Udumbara</i>	<i>Ficus racemosa</i>	<i>Twak</i>	2 Parts
5	<i>Durva</i>	<i>Cynodon dactylon</i>	<i>Patra</i>	2 Parts

CASE REPORT

A 37 years old female patient came to OPD of Streeroga & Prasutantra department Parul Ayurved Hospital, Vadodara, on 28/02/2019 with complaints of excessive menstrual flow for duration of 6-7 days with 5-6 regular size pads soaked per day with passage of clots and at regular interval of 28-30 days with associated complaints of *adhoudarshool* and generalized weakness. Patient was asymptomatic before 4-5 years and had regular cycles at interval of 28-30 days with 3-4 days of duration and 2-3 pads soaks per day. Then gradually she develops symptoms of *Raktapradara* which aggravated with time hampering her daily routine and general health. Patient was thoroughly examined, and detail history was taken as follows

Menstrual History- LMP 28/2/2019 9 (first day of menses), Duration of menses 6-7 days with 5-6 regular sized pads soaked per day/28-30 days interval, regular with passage of clots, painful.

Past Menstrual History- Menarche at 14 years of age. Duration of menses 3-4 days with 2-3 regular sized pads soaked per day /28-30 days, regular, painless.

Past Obstetric History- P1L1, P1- Male 15 years,

Table 2: Properties of Drugs

Sr.No.	Drugs	Rasa	Guna	Virya	Vipak	Doshghnata
1	<i>Erka</i>	<i>Madhur</i>	<i>Snigdha</i>	<i>Sheet</i>	<i>Madhur</i>	<i>Pitta KaphaShamak</i>
2	<i>Naagkeshar</i>	<i>Kashay, Tikta Madhur</i>	<i>Ruksha, Laghu</i>	<i>Ushna</i>	<i>Katu</i>	<i>KaphaPittaVataShamak</i>
3	<i>Mocharasa</i>	<i>Kashay</i>	<i>Sheeta, Snigdha</i>	<i>Sheeta</i>	<i>Madhur</i>	<i>KaphapittaShamak</i>
4	<i>Udumbara</i>	<i>Kashay, Madhur</i>	<i>Guru, Rukha</i>	<i>Sheeta</i>	<i>Katu</i>	<i>PittaKaphaShamak</i>
5	<i>Durva</i>	<i>Madhur, Kashay, Tikta</i>	<i>Laghu, Snigdha</i>	<i>Sheeta</i>	<i>Madhur</i>	<i>TridoshaShamak</i>
6	<i>Guduchi</i>	<i>Tikta</i>	<i>Guru, Snigdha</i>	<i>Ushana</i>	<i>Madhur</i>	<i>TridoshaNashak</i>

LSCS.

Past Medical history- Not significant.

Family History- No history of same complaints in the family.

General Examination:

Pulse- 78/min; BP- 120/80 mm of Hg; Respiratory rate- 19/min; Height- 5'5"; Weight- 54 Kg; Pallor +

Systemic Examination:

CVS: S1 S2 Normal; RS: Normal; CNS: Conscious, well oriented; P/A: Soft, No tenderness, No organomegaly.

Investigation:

Complete blood count- Hb- 8.2 gm %; TSH- 2.2 MU/L

USG (Pelvis)- done on 28/02/2019 uterus size 8*4*4 cm (Normal size) No significant abnormality detected.

Drug Review: In present study a combination of six drugs has been taken which are mostly *raktastambhak*, *raktaprasadak* & *vata, pitta shamak* in nature. *Erka*, *Nagkeshar*, *Udumbara*, *Mochrasa*, *Durva* and *Guduchi*⁴ are taken and granules are made as per *Khanda Kalpana*⁵ which would be easily administrable to the patients. *Erka* is the main drug used here

Administration of Granules:

Dose- 12 Gms in two divided doses.

Anupana- Cow's Milk

Route of administration- Oral

Time of administration- Morning and evening, before food (*Pragbhakta*)

Study Duration

2 cycles. Medicine will be given from first day of menses continuously for two cycles.

Follow up- every 15 days up to 2 cycles and for next one cycle without medicine.

OBSERVATION:

The patient was having excessive menstrual flow with clots before treatment. After treatment (Ayurvedic granules 6 grams twice a day before food for 2 months)

Table 3: Observation Table

Symptoms	Before t/t	1 st follow up	2 nd follow up	3 rd follow up	4 th follow up	5 th follow up without Medicine	Symptoms
Excessive menstrual flow	++++	+++	++	Ab	Ab	Ab	Excessive menstrual flow
Adhoularshool	+++	++	+	Ab	Ab	Ab	Adhoularshool
Generalized weakness	++++	+++	++	Ab	Ab	Ab	Generalized weakness

Patient was comfortable but having mild constipation. All the signs and symptoms decreased gradually. Before treatment patient was using 5-6 pads/day but in third follow up patient reduces the number of pads i.e. 1-2 per day.

DISCUSSION

There are various modern methods which are used to treat *Asrugdara*. For example danazole, oestrogen and progesterone, hysterectomy, dilatation and curettage, uterine thermal balloon therapy and many more but all these have their limitations and side effects, so it becomes the necessity of the time to find out an effective, undisruptive therapy to manage the condition.

Many recipes have been described in Ayurveda for *Asrugdara*. These are the factors why this topic is being selected for the present study. *Ayurvedic* texts have described so many drugs in the management of *Raktapradar* having certain fundamental principles like *Raktastambhak* (Haemostatic), *Raktashodhaka* (Blood purifier). The basic responsible factors for *Asrugdara samprapti* are *Pitta*, *Vatadosha*, *Rasa* and *Rakta dhatu*. *Chikitsa* should be *shaman* according to predominance of *doshas*. The drugs which are used to prepared granules mostly having *Kashay & Tikta rasa* it acts as *stambhak* so helps in *Raktastambhan* in

Asrugdara. Indigenous granules consist of *Erka*, *Nagkeshar*, *Udumbara*, *Mochrasa*, *Durva* and *Guduchi* all these are having *Tikta* and *Kashaya Rasa*. *Durva swaras* act as *raktastambhak* and stop excessive uterine bleeding due to its *Tikta*, *Kashay & Madhur rasa* and *sheetavirya*⁶. *Mocharasa & Sharkara* (used to prepared granules) are mentioned in the *Shonitasthapan gana* of *Charaka Samhita*. The combined effect of the granules is *Raktastambhak & Vatashamak*.

CONCLUSION

Indigenous *Ayurvedic* Formulations showed significant improvement in present case. Trial drug is palatable and having minimum adverse effect. For more scientific validation study must be conducted on more sample size.

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