MANAGEMENT OF DUB THROUGH AYURVEDA: A CASE STUDY

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ABSTRACT
In today’s era, women are considered equal to men in each and every perspective of life, but there are various issues that women phases in her entire life during different stages. These issues are mostly related with menstruation. One such issue is DUB i.e. Dysfunctional Uterine Bleeding. This problem has affected life of many women up to major extent that she is even not able to do her day to day work. So, it’s a major point of concern. In Ayurveda this condition is correlated with Asrgdara or Pradara. Treatment is available in modern science but due to various reason chances of reoccurrence is increasing with various side effects. Here Ayurveda play prominent and promising role. So, in this article, I will try to explain Ayurvedic management of DUB through a case study.

Keywords: Asrgdara, Pradara, DUB, Madhutailikabasti, Panchtiaktaksheerbasti.

INTRODUCTION
DUB is defined as a state of abnormal uterine bleeding without any clinically detectable organic, systemic and iatrogenic cause (pelvic pathology, e.g. tumour inflammation or pregnancy is excluded). Heavy Menstrual Bleeding (HMB) is defined as a bleeding that interferes with woman’s physical, emotional, social and maternal quality of life¹. In 10-20% of women, and particularly at the extremes of reproductive life, or following childbirth and abortion dysfunctional uterine bleeding (DUB) is associated with anovulation². In most of the women, the problem is therefore thought to originate in the endometrium itself. In Ayurveda it is known as Asrgdara or Pradara. Due to Pradirana (excessive excretion) of Raja (menstrual blood), it is named as Pradara and since, there is Dirana (excessive excretion) of Asrk (menstrual blood) hence it is known as Asrgdara³. This case study is based on married women of age 44 years having complaint of excessive menstrual bleeding. For this case Sanpraptivighatan is made with our oral medication and Panchkarma procedures in order to cure her heavy menstrual bleeding and associated symptoms. Panchkarma procedure Basti (Madhutailikabasti and
Panchtiktaksheerbasti were performed in order to achieve the desired result.

**RaktaPradar**

Excessive or prolonged blood loss during menstruation with or without bleeding during intermenstrual period is called Asrigdara⁴.

**Nidan (causes)**⁵
- Viharasambandhi – Atimaithuna, Yana, Adhva-gamana, Shoka, Divasvapana, Bhara-vahanaabh-highat.
- Vyadhisambhavi – Garbhapata, Atikarshana.

**Samprapti**⁶

Ahara, Vihar, Manosambhavinidan ↓ Vitiated Vata ↓ Garbhashya- Gata- Sira- Raktavridhi ↓ Rajo – Vridhi ↓ Raktapradar

**Samanyalakshana**
- Raktaatipravritti – excessive vaginal bleeding⁷
- Ritouatipravritti – excessive bleeding during menstruation⁸
- Anritualpa, Deergkalapravrutti – scanty or excessive bleeding during intermenstrual period.

**Classification**

Asrgdara has been classified under four group⁹:
- Vataj
- Pittaj
- Kaphaj
- Sannipataj

**DUB**

This is known as dysfunctional uterine bleeding. It is defined as a state of abnormal uterine bleeding following anovulation due to dysfunction of hypothalamo-pituitary-ovarian axis (endocrine origin)¹⁰.

**Classification and pathophysiology**¹¹. Based on the disturbed function of the cortico-hypothalamic-pituitary-ovarian axis or the endometrium, the DUB is classified as follows.

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**Case Report**

A 44 year old married female patient, presented with chief complaint of heavy menstrual bleeding since last ten year. According to her, she was asymptomatic 10 years back then she got operated for tubectomy after which she started having excessive menstrual bleeding during her menstruation cycle associated with pain in lower abdomen which is radiating to back. She has taken allopathic treatment for the same but was not relieved. So, she came to CBPACS hospital for the treatment.

**Menstrual history**

Menstrual flow is heavy which is bright red in colour. Various clots during menstrual cycle are seen. It is
associated with severe pain in lower abdomen region which is radiating to lower back.

LMP- 26 April’ 2019
Duration/interval = 6 days/ 28-30 days
Total no. Of pads used- 6-7/day

**Obstetric history**
G₄P₃A₁L₃D₀
1ˢᵗ male child – 26 years – FTNVD
2ⁿᵈ female child – 24 years – FTNVD
3ⁿᵈ male child – 20 years – FTNVD

**Contraceptive history**
Tubectomy done 10 year back.

**History of past illness**
No specific history present.

**Family history**
No specific history present

**Personal history**
Bowel: regular, 1time/day
Bladder: 4-5times/day, 1time/night, difficulty in voiding urine
Sleep: adequate, sound sleep
Appetite: good
Addiction: nil
Diet: vegetarian

**Ashtavidhapariksha**
Nadi: Prakrit, 80/min, regular
Mala: Prakrit, regular, 1time/day
Mutra: Vaikrit, 4-5times/day, difficulty in voiding urine
Jihva: Niram
Shabda: Spashta, Prakrit
Sparsha: Samsheetoushna
Driku: Prakrit
Aakruti: Madhyam

**Systemic examination:**
On examination, patient was well oriented to time, place and person. Assessment of CNS, Respiratory system, GIT, Musculoskeletal system of patient was found to be normal. No clinical abnormality was detected.

**Investigations**
Done on 28/7/2018
Hb % - 10.00 gm/dl

CBC, LFT, KFT – WNL
BT – 3min
CT – 5 min
HbsAg, HIV – Negative
Blood sugar fasting – 82gm/dl
PP-125 gm/dl
USG done on 04/01/2019
It was WNL except Endometrium, it was measuring 13.4mm.

**Treatment**
Patient was initially given treatment in the form of oral medication for two months.
- *Nagkesharchurna* 3gm
  - *Shudhsphatika* 250mg
  - *Akikpishti* 250mg
  - *Trikantmanipishti* 250mg
Composition of above said drugs twice daily
- Local wash with *Panchwalkalkwath* twice daily
- *Dashmoolkwath* 40 ml BD
- *Abhyang* with *Panchguna oil* once daily

Then after this patient was given *Madhutailikbasti* for eight days.

**Madhutailik basti**
She was admitted on 19 February 2019 for above said complaints. Daily for next eight days *Madhutailikbasti* was administered in morning.
Composition of *Madhutailikbasti*:
- *Madhu* (honey)– 150ml
- *Saindhav – 1 Karsha* (12 grm)
- *Tiltaila – 150 ml*
- *Shatpushpakalka – 24 grm*
- *Madanphalachurna – 12 grm*
- *Erandamulkwath – 300 ml*
*Bastipratyagamankala* was around 20 minutes.

**Panchtiktaksheerbasti**
She was again admitted on 13march 2019. This time *Panchtiktaksheerbasti* was administered for next eight days in the morning.
Composition of *Panchtiktaksheerbasti*:
- *Panchtiktadravyakwath* (*Guduchi, Nimb, Patol, Vasa, Kantkari*) – 150ml
- *Ksheer* (milk)– 130 ml was added in above *Kwath* and *Sidhakheer* was prepared.
• **Madhu** (honey) – 5ml
• **Lavan** (salt) – 5gm
• **Ghee** – 20 ml
• **Sidhaksheer**- 130 ml

*Bastipratyagamankala* was 30-45 minutes.

**Observations and results (Table no.1)**

<table>
<thead>
<tr>
<th>Before treatment</th>
<th>After treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heavy menstrual flow which is bright red in colour with clots during menstrual cycle and is associated with severe pain in lower abdomen region which is radiating to lower back.</td>
<td>Flow was normal and it was without clots. Pain in lower abdomen subsides.</td>
</tr>
<tr>
<td>Lethargy during menstruation.</td>
<td>Lethargy was almost gone</td>
</tr>
<tr>
<td>Unable to do physical activity during menstruation.</td>
<td>She was able to do her day to day activity during menstrual cycle.</td>
</tr>
<tr>
<td>Duration/interval = 6 days/ 28-30 days</td>
<td>Duration/interval = 4 days/ 28-30 days</td>
</tr>
<tr>
<td>Total no. Of pads used- 6-7/day</td>
<td>Total no. Of pads used- 2-3/day</td>
</tr>
</tbody>
</table>

**DISCUSSION**

DUB is an alarming condition as well as it is highly stress causing condition. DUB can be related with *Asrigdara* in *Ayurveda*. In modern, the treatment of the disease is not successful because of the reoccurrence rate of the disease. So, in *Ayurveda* we provide you cure and prevention of the disease. According to *Ayurveda*, vitiated Tridosha are mainly responsible for causing any kind of pathogenesis or disease. We have already seen above the pathogenesis of *Asrigdara* that out of the three Dosha Vata was mainly vitiated and results in the DUB. *Basti* is the main treatment for vitiated *Vata Dosha*. So, *Sanshaman* and *Basti chikitsa* was planned for the patient. In *Sanshaman-chikitsa*, various oral medications were given to the patient. Then after this *Basti karma* was planned. *Madhutailikbasti* and *Panchtiktaksheerbasti* were given to the patients. This is how we were able to manage the vitiated *Vata Dosha* and therefore DUB and provide relief to the patient up to maximum extent.

**CONCLUSION**

*Basti Chikitsa* along with oral medication is the best therapy which can be used to treat DUB. This treatment will reduce the complication arising from the excessive use of synthetic drugs. In addition, they are economical and cost effective therapies. The result of the study has shown potential for DUB. The *Ayurvedic* management of uterine fibroid has a strong possibility to breakdown the pathogenesis of the disease and become a ray of light in the darkness.

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