AYURVEDIC APPROACH FOR POLYMENORRHAGIA - A CASE STUDY

Vanishree S.K¹, Chethana Kumari A², Ramesh M³

¹PG Scholar, ²Lecturer, ³Professor,
Dept. of PG studies in PTSR, SKAMCH & RC, RGUHS, Bangalore, Karnataka, India.

Email: vanimurthysk@gmail.com

ABSTRACT

Polymenorrhagia is a condition of cyclic bleeding where the cycle is reduced to an arbitrary limit of less than 21 days and remains constant at that frequency. There is no association of underlying pathology for the cause. A case was taken for study with symptoms of shortened menstrual cycle of 15 days, prolonged heavy bleeding associated with severe lower abdomen pain. Correction of shortened menstrual cycle, 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 condition can be correlated to Asrgdhara. Vata 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. Disturbed artava swaroopa correction is essential to restore normalcy in the patient using vata and pitta shamaka drugs with agnideepana and pachana property drugs. In this view the Sukumara Kashaya along with Pulim Kuzhumbu (kolambu) was given in combination followed by Kravyada rasa, Gynovedan and Eve care initially for 2 months and last month with Phala sarpi and Gp 500 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 shortened menstrual cycle, thus curing the condition.

Keywords: Asrgdhara, Polymenorrhagia, vatadosha, Aavarana, Sukumara, Kashaya, Pulim kuzhambu.

INTRODUCTION

Ayurveda explains the concept of Artava being expelled out of body for 3-5 days from Apathyapathamarga by prerana of vayu which is vigandha, shuddha, ishakrishna in swaroopa.¹ Due to life style modifications, sedentary life pattern, stress, improper dietary habits, this normal swaroopa is disturbed in many women now a days. 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.
Sushruta says “Raktamevastreenaamamaasema-segarbhakoshthamanupraaptyapratyanpravarta-maanamartavamiti aahuhu” which means Rak-ta 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, ishatkrishna in swaroopa not for more than 5days a cycle. This prakrutiswaroopa of artava will be destroyed or altered in various conditions like Pradara, artavadushti, anartava, artavakshaya, yoni vyapadas. Symptoms of polymenorrhagia can be correlated to Asrgdhara to certain extent. Asrgdhara’s cardinal feature is Pradeerana referring to “vistaarito bhava” –prolonged. Atipraachurenadeerghakaalanubandhi refers to exceeding prolonged days of flow, associated with vedana. Explaining the lakshana and samprapti Sushruta says “Tadevaatiprasangen apra-vruttam anrutaavapi”. There will be prolonged excessive blood flow during ritusraavakaala, with or without intermenstrual bleeding. Vata is the one which is responsible for outflow of artava. Samprapti involves Avarana of Apanavataby pitta as it is the seat of apanavata causing the atipravritti of rajas. Avaranahedhakachichta is essential using pitta vatashamaka drugs. Keeping this in mind, the Ayurvedic drugs which act miraculously in correction of the do-sha involved from the panchabhoutika level is adopted in the case study. The vata pitta shama-ka property of drugs does the avaranahedhhana in the patient leading to vatashamana and hence reduction of amount of bleeding and pain and regularization of cycles.

AIMS AND OBJECTIVES
1) To understand the Polymenorrhagia in Ayurvedic perspective.

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

CASE REPORT
A 26 years old female Hindu patient, tailor by occupation visited the OPD of SKAMCH & RC, dept of Prasootitantra and streeroga on 3rd February 2016 with the chief complaints of- Excessive P/V bleeding during menstruation, Shortened menstrual cycle(once in 15days) with 7-8days of prolonged bleeding ,Severe lower abdomen pain for 3-4 days during menstruation since 4yrs. Associated with vomiting , 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 upto the age of 22, Menstruation was regular but used to get mild lower abdomen pain 15days prior to menstruation which continued till 4days of menstruation. Initially pain was mild, would increase few hours before menstruation and continue for 4-5days. She had bleeding of 7-8days, which was heavy for first 4-5days and moderate for next 3-4days. Associated with 2-3 episodes of vomiting, giddiness, weakness and severe lower abdomen pain during menstruation. Site of pain was lower abdomen, which was gradual in onset, non radiating kind, spasmodic and severe in nature. It was reducing with reduction in bleeding. Patient did not consult any doctor for this as elders in family said problem would solve after marriage. Patient got married at the age of 19 and her symptoms continued, increased after few years of marriage. She used oral contraceptive pills for 6months during which her symptomshad reduced little, stopped OC pills and conceived shortly. She delivered by LSCS 5yr ago. Post delivery bleeding began after 5 months. For
4 months bleeding was regular with persistence of other symptoms. Immediately from next cycle Periods became once in 15 days and bleeding was heavy for 7-8 days. This was accompanied with severe lower abdomen pain for 3-4 days of menstruation for the past 4 yrs. 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 4-5 days, was on medication given by various consultants details of which are not known.

PAST HISTORY:
- Patient had spontaneous abortion 9 months ago at 2 months of gestation.
- No H/o any chronic illness/infections.
- No H/o DM / HTN/Asthma/ TB/Trauma

FAMILY HISTORY:
Nothing contributory

OCCUPATIONAL HISTORY:
Patient is a tailor by profession, it involves prolonged sitting with lot of physical strain. She works for almost 8 hrs daily; she used to lift heavy weights and work extensively to help her father in carpentry work. This involved a lot of controlling Micturition, delaying intake of food and water intake. She had untimely food habits.

MENSTRUAL HISTORY:
Menarche at - 14 yrs of age

Menstrual cycle:
Nature –

*4 yrs ago- Regular, once a month.
* Since 4 yrs- once in 15 days

Duration –
* 4 yrs ago-7-8 days heavy flow (heavy 1st 4-5 days, moderate next 3-4 days) once in 30 days.
* Since 4 yrs-7-8 days heavy flow once in 15 days

Bleeding phase – 7-8 days
No. of pads or clothes/day – 5-6 pad/day (first 4-5 days), 3-4 pads/day next 3-4 days

LMPs-29/12/15, 13/1/16, 28/1/16-(15 days cycle)
25/2/16, 22/3/16 -(30 days cycle)
Clots occasional, No foul smell.

VAIVAHICA VRUTTANTA: Married life – 7 years
Contraceptive History: After marriage was taking oral contraceptive pills for 6 months then stopped, conceived.
Now following barrier method of contraception

PRASAVA VRITTANTA: P1 L1 A1 D0
P1 (L1)- Female, 5 yrs LSCS due to fetal distress, Birth weight 2.8 Kg. Breast fed for 1 ½ yrs,
(A1)- Spontaneous abortion 9 months ago at 2 months of gestation.

GENERAL EXAMINATION
- Height - 153 cms
- Weight - 56 Kg
- BMI - 23.9
- Pulse Rate - 78 beats/min, regular
- BP - 110/70 mm Hg
- Respiratory Rate - 19/minute
- Heart Rate - 78/minute
- Temperature - 98.4 F
- Tongue - slightly coated
• Pal-lor/Icterus/Cyanosis/Clubbing/Edema/Lymphadenopathy: Absent

SYSTEMIC EXAMINATION

• CVS, CNS, RS, P/A - NAD

Gynecological Examination: NAD

DASHA VIDHA PARIKSHA:

Prakruti – vata pitta

Vikruti – Hetu - Katuamlalavana rasa pradhana nabhojana, vidaahi, viruddhabhojana, mutravegadharana, akaalabhojanaativayamaharava-hana, chintakrodhabhaya.

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-12.6gm % (4/08/15)

ESR - 16mm/hr

Total WBC - 8100/Cmm

DC- Neutrophils-48%

Lymphocytes-44%

RESULTS

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

<table>
<thead>
<tr>
<th>DATE</th>
<th>TREATMENT GIVEN</th>
<th>OBSERVATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/2/16 – 3/3/16</td>
<td>*SUKUMARA KASHAYA 2-2tsp +PULIM KOLAMBU 1/2-0-1/2tsp with 4 times of water</td>
<td>*PERIODS IN 28 DAYS LMP-28/1/16,25/2/16</td>
</tr>
<tr>
<td></td>
<td>*KRAVYADA RASA 1-0-1(bf)</td>
<td>*PAIN REDUCTION-3days pain, severity reduced.</td>
</tr>
<tr>
<td></td>
<td>*Cap GYNOVEDAN 1-1-1 DURING MENSES</td>
<td>*Bleeding-6days</td>
</tr>
<tr>
<td>Date</td>
<td>Treatment</td>
<td>Summary</td>
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<td>------------</td>
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<td>-------------------------------------------------------------------------</td>
</tr>
<tr>
<td>4/3/16 - 4/4/16</td>
<td>*Eve care syrup 2-2-2 tsp (bf) + SUKUMARA KASHAYA 2-2-2 + PULIM KOLAMBU 1/2-0-1/2 + KRAVYADA RASA 1-0-1 (bf) + GYNOVEDAN 1-1-1 DURING MENSES + Eve care syrup 2-2-2 tsp (bf)</td>
<td>*PERIODS IN 30 DAYS LMP 22/3/16 *Pain reduced -2 days, more on 1st day, reduced on 2nd. *Bleeding - 5 days (heavy 2 days, 3-4 pad/day), REDUCED next 3 days, 2 pad/day *Vomiting absent *Giddiness and weakness persists</td>
</tr>
<tr>
<td>6/4/16 to 6/5/16</td>
<td>SAME ABOVE + PHALA SARPI 2-0-2 tsp (bf) with milk + Cap G.P.500 1-0-1 (af)</td>
<td>*PERIODS IN 31 DAYS LMP 22/4/16 *PAIN REDUCED (ONLY 1 DAY) *BLEEDING OF 5 DAYS (heavy on 1st day, 3 pad/day moderate bleeding next 4 days 1-2 Pad/day) *No vomiting this time, giddiness and weakness reduced (was there only 1st day)</td>
</tr>
</tbody>
</table>

**Summary:**

After 1 month of treatment-
- Periods was in **28 days**, pain severity reduced only for 3 days
- Bleeding-6 days (heavy 2 days, 4 pad/day, moderate for 4 days, 1-2 pad/day)

- Vomiting once, Giddiness and weakness persist.

After 2 month of treatment-
- Periods in **30 days**.
- Pain reduced -2 days, more on 1st day, reduced on 2nd.
• Bleeding – 5 days (heavy -2 days, 3-4 pad/day), (reduced - next 3 days, 2 pad/day)
• Vomiting absent, Giddiness and weakness persists.

After 3 months of treatment-
• Periods in **31 days** (LMP-22/4/16)
• Pain was present only on 1st day
• Bleeding of 5 days (heavy on 1st day, 3 pad/day)
• moderate bleeding next 4 days, 1-2 Pad/day

No associated symptoms seen after 3 months of treatment
After 2 months follow up- All symptoms has reduced remarkably and cycle was regularized with moderate bleeding.

**DISCUSSION**

The pathophysiology of *Asrgdhara* are explained under various factors like *pitta vrudhhi*, *vatavruddhi*, *rakta doshvikruti* & *pitta avrutapana*. In this patient there was *pitta avrutapana* causing the *avarana* of *apanavata* by *pitta*. The *Lakshana* of *pittavrutanapana* is *rajo atiprpavrtti*. The *vruddhavata* does *raktapramana* in *garbhashayagatashiras* hence leading to *raktapramana* increase and *atisrava of the raktas*. Here the *sara* and *dravaguna* of *pitta* is increased which is expelled out due to *chalaguna* of *vata* aggravated. The drugs used must counter act these *gunas* of the *doshas* to pacify its vitiation. Since, it’s the *apanavatakshetra*, even though *pitta* is covering the *vata*, *pittaja* symptoms are more along with aggravated *vata* symptoms. In Ashthanga Hridaya it mentioned that the *Agantukadoshaavarana* should be treated first but if the *Avarya* is strong in its own *kshetra* then it should be treated first. Keeping this in mind *vatashamaka* along with *pitta shaamaka* treatment is employed for *avaranabhedhana* as its *apanavatakshetra*. Removing the *avarana* and clearing the *avaraka* (*apanavata*) both done simultaneously, also *agnidipana* and *pachaka* drugs are added for further *amapachana*.

*Sukumara Kashaya* has no direct reference, in Sahastra yoga the *sukumaraghrita* ingredients are taken for preparing the *Kashaya*. It contains drugs like *Punarnava, Dashamoola, Aaragvadha, Eranda, Darbha, Sara, Kashra, Ikshumoola, Mundi* along with *saidhava and guda*. Majority of Drugs are *Madhuraras*, *pitta* and *vatashamaka* in nature. They correct the *agnidushti* in patient and do *avaranabhedhana*. Its directly indicated in *yoni roga and vataroga*.

*Pulimkulambu* is a Kerala Ayurveda preparation from Sahastra yoga reference. The drugs present are *shunti, pippali, puraanamaricha, hingu, dwejeraaka, siddharthaka, chitraka, deepya, gajapippali, chinchra, rasonakalka, takra*. Most of the drugs are *Agni deepakapachaka and vatahara* in nature. This was given in combination with *Sukumara Kashaya* for the *vatashamaka* action.

*Kravyada rasa* is a parpati of *Kajjali, Tamrabhasma, Lohabhasma, Tankana* trichurated with *nimbuswarasa, chanakamla rasa, panchakolakwatha* added with *bidalavana* and pills are prepared. *Tamrabhasma* is an excellent *vatashamaka* and *lohabhasma* is a *pitta shanaaka* and *Rasayana* thus by its action is pacifies the *doshas*. *Eve care syrup, Gp 500, Gynovedan* acts as a uterine tonic reducing the pain.

*Phala sarpi* is added for proper rejuvenation of the endometrium. The essential cause for polymenorrhagia is the irregular growth and irregular shedding of endometrium due to fibrinolytic action and abnormalities of prostaglandins production. *PGE2alpha* acts as vasocon-
strictor and PGE2 act as vaso dilator. There is a shift in endometrial conversion of endoperoxide from PGE2alpha to PGE2. Hence there is increased vaso dilation in endometrium. The unopposed Oestrogen stimulation due to failure in feedback mechanism causes excessive endometrial build up resulting in irregular and excessive amount of bleeding. In modern line of treatment oral oestrogens and progestin is given to stabilize endometrium. As an Ayurvedic approach we have added Phalasarpi which is a uterine tonic. It acts on the endometrium and helps to stabilize the growth of it, if it is 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 pradusthadoshas leading to the symptom of polymenorrhagia.

CONCLUSION

In the present study Sukumarakashyam, pulimkolambu, kravyada rasa, phalasarpi are mainly used for the treatment of shortened menstrual cycle along with 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 pathophysiology 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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