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

Vanishree .S.K.¹ Ramesh .M.²

PG Scholar, Dept. of PG Studies in PTSR, SKAMCH & RC, RGUHS, Bangalore, Karnataka, India
Professor, Dept. of PG studies in PTSR, SKAMCH & RC, RGUHS, Bangalore, Karnataka, India

Email: vanimurthysk@gmail.com

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 condition can be correlated 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 aahu¹” which means Rakta itself gets accumulated in garbhakosa 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 swaroopa². 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.

Asrigdhara’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.” 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.

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 1 day of menstruation. Initially pain was mild, would increase few hours before menstruation and continue for 1 day. 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 4-5 days. Spotting for 1-3 days. Associated with giddiness, weakness. This was accompanied with severe lower abdomen pain for 3-4 days 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 1-3 days.
LMP- 5/12/17
Clots- present for first 4-5 days of cycle. No foul smell, dark in colour.

VAIVAHKA 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 asahishma.

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 PARISHA:
Prakruti – vata pitta

Vikruti –Hetu- Katu amla lavana rasa pradhana bhojana, vedaati, viruddha bhojana, mutra vega dharana, aakaal bhojana, ati vyayama, bhara vahana, chinta krodha bhaya.

Dosha-vata pitta

Dushya-rasa rakta rajas

Prakruti-vata pitta, Desha- sadarhana, Kaaladaana, 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: -

<table>
<thead>
<tr>
<th>DATE</th>
<th>TREATMENT GIVEN</th>
<th>OBSERVATIONS</th>
</tr>
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<tbody>
<tr>
<td>20/12/17 – 20/1/18</td>
<td>Kana sathahwadi Kashaya 2-2-2tsp with 4times water.</td>
<td>* LMP-6/1/18 *(heavy 4days,4pad/day, Moderate for 2dys,1-2 pad/day, spotting 1-2 days) PAIN REDUCTION-3days pain , severity reduced.</td>
</tr>
<tr>
<td></td>
<td>Ashoka ghrita 2tsp BD (B/F)</td>
<td>*Giddiness and weakness persists</td>
</tr>
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<td></td>
<td>T. Lajjalu Ghana vati 2-2-2 (A/F)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>T . Kravyada rasa 1-0-1(A/F)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Eve care syrup 2-2-2 tsp (A/F)</td>
<td></td>
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<tr>
<td>21/1/18 – 21/2/18</td>
<td>Kana sathahwadi Kashaya 2-2-2tsp with 4times water.</td>
<td>LMP-6/2/18 *(Bleeding – 6days (heavy -2days,3-4pad/day), REDUCED- next 4days,1-2 pad/day)</td>
</tr>
<tr>
<td></td>
<td>Ashoka ghrita 2tsp BD (B/F)</td>
<td></td>
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</tbody>
</table>
**Summary:**
After 3 months of treatment:
- Periods in **30 days** (LMP-7/3/18)
- Mild 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 with moderate amount of bleeding.

**DISCUSSION**
The pathophysiology of **Asrgdhara** is explained under various factors like **pitta vruddhi**, **vata vruddhi**, **rakta dosha vikruti**, **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**. The **vruddha vata** does rakta pramaana utkramana in garbhashaya gata Siras hence leading to rakta pramaana increase and ati srava of the rakta. 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, shankara, 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. Tamra bhasma is an excellent vata shamaka and loha bhasma is a pitta shamaka and Rasayana thus by its action is pacifies the doshas. 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 everrukshana and drava shoshana is desired. Tikta rasa will facilitate agni deepana and ultimately rakta skandana. It is so yoniroughara. Lajjalu contains alkaloids which thereby reduces thickness of endometrium, resulting in reduction of duration of menstrual bleeding. Phala sarpi is added for proper rejuvenation of the endometrium. The essential cause for metrorrhagia 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.

REFERENCES

7. Agnivesha, charaka samhita with Ayurveda deepika commentary by Chakrapanidatta, edited by Vaidya yadavaji trikamaji acharya, chaukhambha surbharti prakashan, Varanasi, reprinted in 2014, charaka
samhita, chikitsa sthana, 30th chapter, 207-208 shloka.

8. bhaishajya ratnavali, agnimandhyaadi chikitsa prakarana 215-220 shloka.


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