

AYURVEDIC MANAGEMENT OF MENORRHAGIA - A CASE STUDY

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ABSTRACT

Menorrhagia is a very common complaint among females in recent years. The World Health Organization reports that 18 million women aged 30-55 years perceive their menstrual bleeding to be exorbitant. Reports show that only 10% of these women experience blood loss severe enough to cause anemia or be clinically defined as menorrhagia. *Asrgdara* means heavy vaginal bleeding during or before or after menstrual period. Though the menorrhagia is not directly described in any textbook of *Ayurveda* but it is quite similar to *Asrgdara* having uterine bleeding other than menstrual bleeding among other causes. Menorrhagia is not new for *Ayurveda* which is described under the heading of the *Asrgdara*. The main clinical feature of both menorrhagia and *Asrgdara* is uterine bleeding along with its other complications. The main types of *Asrgdara* are *Vataja*, *Pittaja*, *Kaphaja*, and *Sannipataja*. *Trividhpariksha* also helps to diagnose the disease by means of *Darshana* (inspection), *Sparshana* (palpitation) and *Prashana* (questioning). There are so many generic and patent drug available in *Ayurveda* like *Raktapradarharyoga*, *Ashokaristha*, *Pradarantakras*, *Pradrariras* may helpful to stop the bleeding and also able to cure the complications of *Asrgdara*. Thus *Ayurvedic* treatment may have strong ability of breaking down the pathogenesis of *Asrgdara* and its management also.

Keywords: *Asrgdara*, *Menorrhagia*, *Ashokaristha*

INTRODUCTION

Asrgdara means heavy vaginal bleeding during or before or after menstrual period. *Pradirana* (excessive excretion) of *raja* (menstrual blood), is named as *Asrgdara* and since, there is *Dirana* (excessive excretion) of *Asrk* (menstrual blood) hence, it is known as *Asrgdara*. [1] According to modern aspect *Asrgdara* is correlated to Menorrhagia. Menorrhagia denotes cyclic regular bleeding which is excessive in amount or duration. The main types of *Asrgdara* are-*Vataja*, *Pittaja*, *Kaphaja*, and *Sannipataja*. [2] Menorrhagia is a common complaint. While menorrhagia remains a leading reason for gynaecologic disorders, only 10-20% of all menstruating wom-

en experience blood loss severe enough to be defined clinically as menorrhagia. Approximately 5% of females seek medical attention for this condition. In recent years, there has been increased recognition of the scope and significance of gynecological problems experienced by poor women in developing countries. The World Health Organization reports that 18 million women aged 30-55 years perceive their menstrual bleeding to be exorbitant. Reports show that only 10% of these women experience blood loss severe enough to cause anemia or be clinically defined as menorrhagia.[3] In *Ayurvedic* text the etiological factors, pathogenesis of *Asrgdara* has

been mentioned. The management and prevention of *Asrgdara* also found in Ayurveda. For the management of *Asrgdara* various herbal, polyherbal, minerals and herbo minerals drugs has been suggested in Ayurveda. Hence this research article will highlight, about menorrhagia with special reference to *Asrgdara*.

A CASE REPORT:

A 42 years old female Hindu patient, housewife by occupation visited the OPD of SKAMCH & RC, dept of *Prasooti tantra* and *Stree Roga* on 23/02/2016 with complaints of Excessive P/V bleeding during menstruation, prolonged bleeding for 7-8 days with interval of 18-20 days. Patient was said to be apparently healthy 2 years back. She suddenly noticed excessive bleeding P/V during menstruation, which occurred at an interval of 18 to 20 days. Moderate bleeding lasted for 7-8 days with minimal clots, changes 4-5 pads/day with lower abdominal pain and low back ache. For the same, she approached a modern clinic and was prescribed with oral medicines. Patient got relief from the symp-

toms for a period of 6 months with the continuation of medication. As she found relief, she discontinued her medication for 3 months. She had bleeding of 7-8days, which was heavy with passage of big clots for first 4-5days changes 7-8 pads/day, next 3-4days moderate bleeding changes 4-5pads/day was seen. Associated with Pain in lower abdomen and low back ache was gradual, spasmodic and intermittent in nature lasting for 4-5days of menses which does not radiating. Associated with fatigue of mild work was found since 9 months so patient was not able to do her normal activities. She approached SKAMCH & RC on 23/2/16 for further management.

- ❖ **Past history:** No H/O DM/HTN/hypothyroidism or any other major medical or surgical history.
- ❖ **Family history:** No history of same illness in any of the family members.
- ❖ **Menstrual / Obstetric history**
- ❖ **Menarche** - 12 yrs.

RAJO VRUTTANTA		
Menstrual cycle	3-4 day flow Once in 28-30days cycle	7-8 days flow Once in 18-20days
Quantity	Normal flow 2-3pads/day	Excessive bleeding 7-8pads/day
Color	Dark reddish colour	Dark reddish colour
Odour	No foul smell	No foul smell
Consistency	Without clots	With big Clots
Pain	No pain in lower abdomen ,low back ache	Severe lower abdomen pain, low back ache for 4-5days of bleeding

- Married life – 22 years
- **O/H** –P2A0L2D0, both 2 FTND, hospital deliveries.
- Contraceptive history – She underwent Tubectomy -18 years back.

General examination:

- Built : Moderate
- Nourishment : Moderate

- Pulse : 82 b / min
- BP : 130/80 mm of Hg
- Temperature : 98.4 F
- Respiratory Rate : 18 cycles / minute
- Height : 155cms
- Weight : 79 kg
- Tongue : Uncoated

- Pal-
lor/Icterus/Cyanosis/Clubbing/Edema/Lym
phadenopathy : Absent

Systemic examination

- CVS: S1 S2 Normal
- CNS: Well oriented, conscious.
- RS: normal vesicular breathing, no added sounds
- P/A- Soft, tenderness absent, no organo-
megaly

Ashta Vidha Pariksha:

- 1) Nadi - 82 b / min
- 2) Mala - Once / day
- 3) Mutra - 5 - 6times/day
- 4) Jivha - Alipta
- 5) Shabda – Avishesha
- 6) Sparsha - Anushna Sheeta.
- 7) Druk - Avishesha
- 8) Akriti - Madhyama.

Dasha vidha pariksha

Prakruti – Vata + Pitta
Vikruti – Dosha - kapha, vata
Dushya – Rasa, Rakta , Artava
Sara – Madhyama
Samhanana – Madhyama
Satmya – Madhyama

Satva – Madhyama
Pramana – -
Dhairgya – 155 cms
Dehabhara - 79 kg
Ahara shakti – Abhyavarana shakti – Mad-
hyama Jarana shakti – Madhyama
Vyayama shakti – Avara
Vaya – Madhyama

Lab Investigations

- Hb – 7.7gm%
- RBS – 103 mg/dl (01/03/16)
- USG abdomen and pelvis (28/2/16)

Impression: Bulky uterus with anterior and posterior intramural fibroids.

Diagnosis :

Kaphaja Asrgdara
Menorrhagia

Treatment:

Treatment started on 23/2/16
Ashokaghritha Itsf BD B/F.
Ashokaristha 3tsf TID B/F +
Usheerasava 3tsf TID with 3tsf water B/F
*Kanashatvatadi Kasaya 2tsf BD with 2tsf wa-
ter A/F*
Yoshajeevaniya Leha Itsf BD B/F

DATE	TREATMENT Given	Complaints	Observation
4/03/16	<i>Ashokaghritha Itsf BD B/F.</i> <i>Ashokaristha 3tsf TID B/F</i> <i>Usheerasava 3tsf TID</i> <i>with 3tsf water B/F</i> <i>Kanashatvatadi Kasaya 2tsf</i> <i>BD A/F</i> <i>Yoshajeevaniya Leha Itsf BD</i> <i>b/f</i> + <i>Loha asava ½ tsf TID AF</i> <i>Tab.geriforte 1 BD AF</i> <i>Amrita kaya kalpa 1 BD BF</i>	• c/o weak- ness	Stopped bleeding on 1/3/16. ADVISED Continue same treatment for 1 month . Review after menses.

<p>29/04/16</p>	<p><i>Ashokaghritha 1tsf BD B/F.</i> <i>Ashokaristha 3tsf TID B/F</i> <i>Usheerasava 3tsf TID</i> <i>with 3tsf water B/F</i> <i>Kanashatvatadi Kasaya 2tsf BD A/F</i> <i>Yoshajeevaniya Leha 1tsf BD b/f</i> + <i>Loha asava ½ tsf TID AF</i> <i>Tab.geriforte 1 BD AF</i> <i>Amrita kaya kalpa 1 BD BF</i></p>	<ul style="list-style-type: none"> • Lmp- 24/4/16 • Severe Pain in abdomen is reduced during menses. • Low back pain is present. 	<p>Improvement in duration of bleeding from 6 days to 5-6 days, with 5-6 pads/day. With minimal clots, mild pain in abdomen is present on D1. ADVISED Continue same treatment for 1 month. Review after menses.</p>
<p>24/05/16</p>	<p><i>Ashokaghritha 1tsf BD B/F.</i> <i>Ashokaristha 3tsf TID B/F</i> <i>Usheerasava 3tsf TID</i> <i>with 3tsf water B/F</i> <i>Kanashatvatadi Kasaya 2tsf BD A/F</i> <i>Yoshajeevaniya Leha 1tsf BD b/f</i> + <i>Loha asava ½ tsf TID AF</i> <i>Tab.geriforte 1 BD AF</i> <i>Amrita kaya kalpa 1 BD BF</i></p>	<p>She came for follow up No complaints.</p>	<p>Lmp-19/5/16 Improvement ➤ p/v bleeding was normal flow for 3-4 days, ➤ changes 4-5 pads/day, ➤ without clots ➤ Pain in abdomen, low back ache is absent. ADVISED Continue same treatment for 1 month. Review after menses.</p>
<p>17/06/16</p>	<p><i>Ashokaghritha 1tsf BD B/F.</i> <i>Ashokaristha 3tsf TID B/F</i> <i>Usheerasava 3tsf TID</i> <i>with 3tsf water B/F</i> <i>Kanashatvatadi Kasaya 2tsf BD A/F</i> <i>Yoshajeevaniya Leha 1tsf BD b/f</i> + <i>Loha asava ½ tsf TID AF</i> <i>Tab.geriforte 1 BD AF</i> <i>Amrita kaya kalpa 1 BD BF</i></p>	<p>She came for follow up No any complaints.</p>	<p>Lmp-14/6/16 Improvement .p/v bleeding was normal flow for 3-4 days, changes 2-3 pads/day, without clots .Pain in abdomen, low backache is absent . ADVISED .Stop all medications for 2 months.</p>

22/07/16	-----	<ul style="list-style-type: none"> • She came for follow up • No any complaints 	Lmp-11/7/16 Improvement ➤ p/v bleeding was normal flow for 3-4 days, changes 2-3 pads/day, ➤ without clots, pain in abdomen, low backache is absent
19/8/16	-----	<ul style="list-style-type: none"> • She came for follow up • No any complaints 	➤ Lmp-6/8/16 ; Improvement ➤ p/v bleeding was normal flow for 3-4 days, changes 2-3 pads/day, ➤ without clots, pain in abdomen, low backache is absent
27/9/16	-----	<ul style="list-style-type: none"> • She came for follow up • No any complaints 	➤ Lmp-2/9/16; Improvement ➤ p/v bleeding was normal flow for 3-4 days, changes 2-3 pads/day, ➤ without clots, pain in abdomen, low backache is absent
14/10/16	-----	<ul style="list-style-type: none"> • She came for follow up • No any complaints 	➤ Lmp-29/9/16; Improvement ➤ p/v bleeding was normal flow for 3-4 days, changes 2-3 pads/day, ➤ without clots, pain in abdomen, low backache is absent

BEFORE TREATMENT	AFTER TREATMENT
18-20 days cycle	28-30days cycle
7-8days bleeding- heavy bleeding(7-8pads /day)	2-3days bleeding- normal bleeding(2-3 pads/day)
Pain in lower abdomen, low backache during menses for 4 -5 days	Pain in abdomen and low back ache is absent during menses.
Passage of big clots during menstruation	No passage of clots.

DATE	LMP	INTERVAL	BLEEDING	Pads/day
23/2/16	1 st visit			
5/4/16	30/3/16	25DAYS	7-8 days	6-7pads/day
29/4/16	24/4/16	26 DAYS	6 days	5-6pads/day
24/5/16	19/5/16	28DAYS	5-6 days	4-5pads/day
17/6/16	14/6/16	28 DAYS	3-4 days	2-3pads/day
22/7/16	11/7/16	28 DAYS	3-4 days	2-3pads/day
19/8/16	6/8/16	28 DAYS	3-4 days	2-3pads/day
27/9/16	2/9/16	28 DAYS	3-4 days	2-3pads/day
14/10/16	29/9/16	-----	3-4 days	2-3pads/day

Date	Hb%
1/3/16	7.7%
11/4/16	8.0%
22/8/16	9.4%

Probable Mode Of Action Of Drugs:

<i>Ashoka arishta</i>	<i>Useera asava</i>	<i>Kanashtawadi kasahaya</i>	<i>Yoshajeevana lehyam</i>	<i>Ashoka ghrita</i>
<i>Ashoka Dhataki Mustak Shunti Kalonji Daruharidra Utpala Amalaki Vibhitaki Haritaki Jeera Vasa Chandana</i>	<i>Ushira Hribera Padma Gambhari Neelotpala Priyangu Padmaka Lodhara Manjishta Dhanvayasa Patha Kiratatikta Nyagrodha Udumbara Shati Parpataka Pundarika Patola Kanchanara Jambu Shalmali Draksha Dhataki Jatamamsi</i>	<i>Pippali Shatawa Karanja Chirabilwa Devadaru Bharangee Kulattha Tila Rasona Hingu</i>	<i>Shatavari Ela Musali Gokshura Sariva Tamalaki Vidari Pippali Shilajit vamshalochana</i>	<i>Ashoka Jiraka Ajaksheera Kesharaja rasa Yasthimadhu Priyala Parushaka Rasanjana Mrudveeka Shatavari Tanduleeyaka</i>

DISCUSSION:

*Ashoka arista*⁵ is a uterine tonic which improves uterine functions and modulates uterine contractions. It gives strength to the uterus which helps in easier dislodging of the uterine lining during menstruation and prevents ischemia. thus, it reduces menstrual cramps. *Ashoka Ghrita* which corrects the aggravated *pitta*.

The effect of *ashoka* bark on raised prostaglandin is still unknown, but phytoestrogens which also present in *ashoka* bark modulate

the production of prostaglandin. Prostaglandin level is raised in cases of primary dysmenorrhoea. *Ashoka arista* is more beneficial when a woman has heavy bleeding with cramps like pain.

*Ushira asava*⁶ mainly indicated in heavy menstrual bleeding, as it pacifies *pitta*

*Yoshajeevana lehyam*⁷ mainly contains satavari, it is the main special female tonic because it helps women of all age groups to transit through natural phases of life very gracefully. It is *madhura Tikta, sheeta Virya, madhura*

Vipaka, act as vata-pittahara, sthambana, raktasodhaka. it corrects rasa, Rakta dhatu. It having phytochemical steroidal saponins, alkaloids, isoflavones, sitosterol. It act as anti oxidant, immunomodulatory activity.

Kanashatawadi kashaya⁸, most of the drugs are kaphavatahara, deepana, pachana. This does correction of agni leading proper rasadhatu formation and Artva formation. Action upon action upon Artava- Drugs like shatahwa is Rajorodhahara. Due to Ushnaveerya all drugs are Artavajanakas. Raktagulma can be understood as avaranajanya asrgdhra. Hence avaranaharana is done. Action upon Garbhashaya – Garbhashaya shodhana, Pippali is garbhashayasankochaka.

Lohasava⁹ is a ayurvedic iron tonic, loha bhasma, haritaki, amalaki, bibhitaki, shunti, pippali, ajawin, vidangamusta, chitraka, dhataki. it having ushna Virya and acts as lekhana karma and heamtinic. It pacifies vata kapha dosha. it acts on rasa Rakta medas.

Amritakayakalpa rasayana¹⁰ is vidarikanda, swarnamakshika bhasma, kantalooha bhasma, muktapishti, yashada bhasma, vangabhasma, pippali, ashwaganda, shankapushpi, yastimadhu, makaradhwaja, javitri, katuki, goksura, punarnava, jayaphala, abhraka bhasma, loha bhasma shatavari. It act as a rejuvenator, antioxidant, improves quality of life, it also acts as immune modulator.

CONCLUSION

Menorrhagia is a common complaint present in the women world-wide. Asrgdara correlate to menorrhagia. As we seen, patients have heavy uterine bleeding along with its complications which should be need to manage instantly to stop the further complication.

Ayurveda have number of herbal and compound drugs useful to manage this bleeding disorder. In my opinion, the Ayurvedic drugs will become a boon to treat the menorrhagia patients and its complication also.

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