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 Artava or Rajah gets vitiated by doshas it leads to artava 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

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

CASE REPORT
A 37 years old female patient came to OPD of Streeroga & Prasutitantra 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, 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 on28/02/2019 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, Mocharasa, Durva and Guduchi³ are taken and granules are made as per Khandal Kalpana⁵ which would be easily administrable to the patients. Erka is the main drug used here

Table 2: Properties of Drugs

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

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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**

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Before t/t</th>
<th>1st follow up</th>
<th>2nd follow up</th>
<th>3rd follow up</th>
<th>4th follow up</th>
<th>5th follow up without Medicine</th>
<th>Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excessive menstrual flow</td>
<td>++++</td>
<td>+++</td>
<td>++</td>
<td>Ab</td>
<td>Ab</td>
<td>Ab</td>
<td>Excessive menstrual flow</td>
</tr>
<tr>
<td>Adhoudarshool</td>
<td>+++</td>
<td>++</td>
<td>+</td>
<td>Ab</td>
<td>Ab</td>
<td>Ab</td>
<td>Adhoudarshool</td>
</tr>
<tr>
<td>Generalized weakness</td>
<td>++++</td>
<td>+++</td>
<td>++</td>
<td>Ab</td>
<td>Ab</td>
<td>Ab</td>
<td>Generalized weakness</td>
</tr>
</tbody>
</table>

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. Mocharasa & Sharker (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.

**REFERENCES**


5. Parashar R. Sharangdhar Samhita. 5th ed, Nagpur: Shri Baidyanath Ayurved Bhawan Pvt. Ltd. 2012, P-173


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