



AYURVEDIC INTERVENTION IN THE MANAGEMENT OF ASRIGDARA: A CASE SERIES

Khushbu Jain*

Assistant Professor, Department of Prasuti & Stree Roga, Mahatma Jyotiba Phule Ayurveda Mahavidyalaya, Harota, Chomu, Jaipur, Rajasthan.

*Corresponding Author: Khushbu Jain

Assistant Professor, Department of Prasuti & Stree Roga, Mahatma Jyotiba Phule Ayurveda Mahavidyalaya, Harota, Chomu, Jaipur, Rajasthan.

Article Received on 24/08/2019

Article Revised on 14/09/2019

Article Accepted on 04/10/2019

ABSTRACT

Woman's health is point of concern for her family and society. Abnormal uterine bleeding is a common gynaecologic complaint that may affect females of all ages. It is reported to occur in 9 to 14% women of reproductive age affecting the physical and psychological health of women. Excessive and/or prolonged bleeding during menstrual or inter menstrual period is known as *Asrigdara*. *Asrigdara* can be correlated with abnormal uterine bleeding on the basis of its description in literature. In this study four cases of *Asrigdara* were treated by *Shonitasthapana Mahakashaya Ghana* orally for 60 days. All the patients showed marked improvement in all menstrual parameters and laboratory investigations. The main principles of management in *Asrigdara* are *Agni Deepana*, *Dosha Pachana Vata Anulomana*, *Pittashamana*, *Raktasthapana*, *Raktasamgrahana* and *Raktashodhana Chikitsa*. It should be done by *Tikta & Kashaya Rasa Pradhana Dravyas*, thus, above said treatment was found to be effective in this study.

KEYWORDS: *Asrigdara*, Abnormal uterine bleeding, *Shonitasthapana Mahakashaya Ghana*.

INTRODUCTION

Asrigdara is defined as excessive menstrual bleeding for prolonged duration and / or scanty intermenstrual bleeding for a shorter duration denoting the features of specific *Dosha*.^[1] Abnormal uterine bleeding and its sub group, heavy menstrual bleeding are common conditions affecting 14-25% of women which has significant impact on their physical, social, emotional and material quality of life.^[2] Abnormal uterine bleeding affects 10 to 30 percent of reproductive-aged women and up to 50 percent of perimenopausal women (Haynes 1977; Prentice, 2000).^[3] In India, the prevalence of AUB is around 17.9%.^[4] It is also the commonest cause of iron deficiency in the developed world and of chronic illness in the developing world. *Asrigdara* can be correlated with abnormal uterine bleeding on the basis of its description in literature.

In modern science, medical treatment reduces menstrual blood loss by only 50% (Preston *et al.*, 1995). Upto 50% of women undergo surgical treatment within 5 years of their referral to a gynaecologist (Coulter *et al.*, 1991).^[5] But none of these treatments proved its definite efficacy inspite of high cost and side effects. This condition presents a major financial burden in the health care services. Moreover, hysterectomy leads to guaranteed cure but does have a significant morbidity rate.^[6]

Thus, due to limitation of modern science, it is necessary to find out an effective, cheap and safe *Ayurveda* drug to manage the condition.

MATERIAL AND METHODS

Present case series was carried out by following ICH-GCP guidelines. Written informed consent was taken from each patient before starting the treatment.

Study design

Patients presented with *Asrigdara* as a cardinal symptom i.e heavy menstrual bleeding for prolonged duration or short cycles between age group of 12 to 50 years were considered for the case series. Demographic profile, complete history and examination including pelvic examination were noted. Laboratory investigations i.e. CBC, ESR, LFT, thyroid profile, ultrasonography were also documented.

Looking into the pathogenesis of *Asrigdara*, there is vitiation of *Pitta* and *Rakta* with *Apana Vayu Vaigunya* and *Atipravritti* of *Artava Updhatu* occurs due to involvement of *Artavavaha Strotas*. Drug having the properties of *Pittashamana*, *Vatanulomana*, *Raktasthapana*, *Raktasamgrahi*, *Agnideepana* should be used in the management of *Asrigdara*. According to commentator *Acharya Chakrapani*, *Shonitasthapana*

Karma means removal of *Dushti* of vitiated *Shonita* and bringing back to normal. Thus, *Shonitasthapana Mahakashaya* was selected for the study due to its *Kashaya Madhura Tikta Rasa, Sheeta Veerya, Madhura Vipaka, Kaphapittashamaka, Raktapittashamaka, Raktasamgrahana, Raktastambhana* and *Raktaprasadana* property.

Shonitasthapana Mahakashaya Ghana 500 mg BD with *Madhu* as *Sahapana* was prescribed orally before meal to 4 patients. It was started from 7 days before the due date of menses and continued for 60 days. Effect of therapy was assessed on the basis of relief in the menstrual symptoms and laboratory investigations.

Table 1: Ingredients of *Shonitasthapana Mahakashaya Ghana*.

S. No.	Ingredient	Botanical name	Part used
1.	<i>Madhuka</i>	<i>Glycyrrhiza glabra</i> Linn.	<i>Moola</i>
2.	<i>Nagakeshara</i>	<i>Mesua ferrea</i> Linn	<i>Pumkeshara</i>
3.	<i>Mocha Rasa</i>	<i>Bombax ceiba</i> Linn.	<i>Niryasa</i>
4.	<i>Mrit Kapala</i>	-	-
5.	<i>Lodhra</i>	<i>Symplocos racemosa</i> Roxb.	<i>Twak</i>
6.	<i>Gairika</i>	-	-
7.	<i>Priyangu</i>	<i>Callicarpa macrophylla</i> Vahl	<i>Pushpa</i>
8.	<i>Sarkara</i>	<i>Saccharum officinarum</i> Linn.	-
9.	<i>Laja</i>	<i>Oryza sativa</i> Linn	-

Case 1

A 18 year old unmarried girl with BMI 16.66 kg/m² visited the OPD of Prasuti Tantra and Stree Roga complaining of excessive menses with clots since menarche. On taking menstrual history, she told that menarche attained at age of 15 years. LMP was 5/11/17. Menstrual cycles were regular with excessive menses (30pads/cycle) for 10-12 days with clots and moderate pain. USG shows left ovarian simple cyst of 3x2.7 cm with endometrial thickness of 9.1 mm.

After treatment for 60 days, patient showed marked improvement in symptoms i.e amount of bleeding reduced to 15 pads/cycle for 7 days without pain and clots. USG shows normal study with endometrial thickness of 7 mm.

Case 2

A married patient of age 45 years with BMI 29.33 Kg/m² reported to OPD of Prasuti Tantra and Stree Roga with complaint of heavy menstrual bleeding with clots since 10 months. On taking history, she told that her LMP was 23/10/17. Interval of cycle was irregular i.e 20-22 days with excessive bleeding (15 pads/ cycle) for 11 days with clots. On per vaginum examination uterus was bulky in size. On investigations, pap smear was normal. USG shows cystic lesion of 3.5 cm x 2.3 cm in left ovary and endometrial thickness of 20.1 mm.

After treatment, menstrual flow was moderate i.e 8 pads/ cycle for 5 - 6 days with few clots. There was no improvement in intermenstrual period. USG showed no ovarian cyst with endometrial thickness of 12.4 mm.

In both cases, SGOT, SGPT levels became normal and endometrial thickness was reduced after the treatment.

Case 3

A 25 year old unmarried girl with BMI 18.26 kg/m² having complaint of excessive and painful menses since menarche visited the OPD of Prasuti Tantra and Stree Roga. Her LMP was 26/10/17. Menstrual cycles were regular with excessive flow (18 pads/ cycle) for 7 days with clots and severe pain. She had also complain of weakness and giddiness during menses. USG shows normal study with endometrial thickness of 10 mm.

After treatment, amount of menstrual flow reduced to 10 pads/cycle for 5 days without pain and clots. She also had significant relief in giddiness and weakness.

Case 4

A unmarried girl aged 25 years with BMI 21.9 Kg/m² came to the OPD of Prasuti Tantra and Stree Roga having complaint of excessive menstrual flow with clots since 3-4 years. On taking menstrual history, she told that her LMP was 31/10/17. Menstrual cycles were regular with excessive bleeding i.e. 22 pads/ cycle for 6-7 days with clots. USG shows normal study with endometrial thickness of 13 mm.

After treatment, menstrual flow reduced to 15pads/cycle for 5 days with few clots.

Table 2: Showing effect of therapy on laboratory investigations.

S.No.	Investigations	Case 1		Case 2		Case 3		Case 4	
		BT	AT	BT	AT	BT	AT	BT	AT
1.	Hb (g/dl)	7.8	8.4	11	12	13	12.9	9.5	10.7
2.	RBC (mil/uL)	3.84	3.97	4.17	4.57	4.02	4.08	4.28	4.54
3.	ESR (mm/hr)	17	09	40	26	09	15	12	11
4.	SGOT (IU/L)	46.13	22	66	22	25	25	24	30
5.	SGPT (IU/L)	28.12	26	51	26	31	30	30	33

DISCUSSION

Asrigdara Vyadhi mentioned as one of the *Raktadoshaja Vikara*.^[7] The *Chala Guna* of *Vayu* and *Sara*, *Drava Guna* of *Pitta* plays an important role in pathogenesis of *Asrigdara*. Thus, *Pittashamaka*, *Vatanulomaka*, *Raktasthapaka*, *Raktasamgrahi*, *Raktaprasadaka Chikitsa* should be used for the management of *Asrigdara*. *Acharya Charaka* has said that it should be treated on the lines of *Raktatisara*, *Raktapitta* and *Raktarsha*.^[8] According to line of treatment of *Raktarsha*, *Deepana*, *Pachana*, *Rakta Samgrahana* and *Dosha Pachana* by *Tikta Rasa Pradhana Dravya* should be done.

Shonitasthapana Mahakashaya has *Kashaya Madhura Rasa*, *Laghu Ruksha Guna*, *Sheeta Veerya*, *Madhura Vipaka* and *Kapha Pitta Shamaka*. *Kashaya Rasa* results in *Kleda Shoshana*, *Raktapitta Prashamana*.^[9] and *Lekhana*.^[10] *Samgrahi* and *Stambhaka* actions of *Kashaya Rasa* help in *Raktasamgrahana* and *Raktastambhana*. *Prithvi Mahabhuta* present in this *Rasa* is responsible for *Samghata* i.e compactness in the endometrium thereby reduces the fragility of the endometrium. *Lekhana* and *Ropana Karma* occur due to *Laghu Guna*.^[11] *Sheeta Veerya* results in *Pittashamana*,^[12] *Stambhana*.^[13] and *Rakta Pitta Prasadana*

Madhuka, *Mocha Rasa* and *Lodhra* help in proper hormone metabolism due to hepatoprotective activity and inhibit growth of new blood vessels due to antiangiogenic activity. They have *Grahi* action resulting in *Deepana*, *Pachana* and *Drava Shoshana* i.e. *Shoshana* of *Rakta Dhatu*. *Madhuka*, *Lodhra* and *Laja* have *Medohara* action thereby reduces peripheral aromatisation to oestrone in *Meda Dhatu* (adipose tissue) so that there is no endometrial hyperplasia. Antifibrinolytic activity observed in *Lodhra* which inhibits fibrinolysis and fibrin along with platelet plug seal the bleeding vessels.

Shonitasthapana Mahakashaya have *Raktapitta Shamaka* and *Rakta Vikara Nashaka* action. *Sandhaniya* and *Vrana Ropaka* drugs like *Madhuka*, *Nagakeshara*, *Mocha Rasa*, *Lodhra*, *Gairika*, *Priyangu* reduce the fragility of endometrial capillaries and are responsible for the timely regeneration of the endometrium and blood vessels thereby reduces the duration of flow. *Madhuka* and *Lodhra* contain phytoestrogens and

estrogen leads to clot formation over decapitated stumps of endometrial vessels and regeneration of endometrium.

The drug has the *Lekhana* action which helps in the scraping of endometrium thereby reduces the endometrial thickness resembling with “medical curettage”. *Madhu* has *Madhura Kashaya Rasa*, *Laghu Ruksha Guna*, *Sheeta Veerya*, *Kapha Pitta Shamaka*, *Grahi*, *Lekhana*, *Vranaropaka*, *Medohara*, *Sandhankara*, *Raktapitta* and *Rakta Vikara Nashaka* actions.

Antithrombotic action of *Madhu* reduces the formation of blood clots. Vitamin C help reduce heavy bleeding by making capillaries stronger and preventing them from becoming fragile. It also increases iron absorption.^[14] Vitiation of *Vata* results in hyperplasia of the endometrium due to its *Vibhajana Karma* thus *Vatashamaka* action of drug also reduces the thickness.

In all the cases, haemoglobin was increased due to the reduced blood loss and presence of *Gairika* in the drug which is source of iron in ferric form.

CONCLUSION

Thus, we can conclude from this study that *Asrigdara* is well treated with this *Ayurveda* regimen.

REFERENCES

1. *Maharshi Sushruta. Sushruta Samhita with nibandha samgraha* commentary of *Sri Dalhanacharya* and *nyaychandrika Panjika* of *Sri Gayadasacharya* on *Nidana Sthana*, *Sharira Sthana*, *Shukrashonitashuddhisharira Adhyaya* 2/18, Varanasi; Chaukhamba Sanskrit Sansthan, 2013; 346.
2. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4970656/>.
3. Barbara L. Hoffman, John O. Schorge, Joseph I. Schaffer. *Williams Gynecology*, Chapter 8 Abnormal uterine bleeding, 2nd ed., Mc Graw Hill, 220.
4. <http://www.fogsi.org/wp-content/uploads/2016/02/gepr-on-aub.pdf>.
5. Economic evaluation of three surgical interventions for menorrhagia. *Human Reproduction*, 2003; 18(3): 583-587.
6. Kaur S, Pandey D, Shine A. *Int J Reprod Contracept Obstet Gynecol*, Hysterectomy for dysfunctional uterine bleeding in the era of uterine conservation, 2015; 4: 1133-6.

7. *Agnivesha, Charaka, Dridhabala. Charaka Samhita, Sutra Sthana, Vidhishonitiya Adhyaya 24/12 and Vividhashitapitiya Adhyaya 28/11* elaborated *Vidyotini Hindi Commentary* by Pt. Kashinatha Shastri and Dr. Gorakha Natha Chaturvedi, Part-1 Varanasi; Chaukhambha Bharati Academy, 2005; 444-571.
8. *Agnivesha, Charaka, Dridhabala. Charaka Samhita, Chikitsa Sthana, Yonivyapatchikitsa Adhyaya 30/228* elaborated *Vidyotini Hindi Commentary* by Pt. Kashinatha Shastri and Dr. Gorakha Natha Chaturvedi, Part-2 Varanasi; Chaukhambha Bharati Academy, 2009; 870.
9. *Agnivesha, Charaka, Dridhabala. Charaka Samhita, Sutra Sthana, Atreyabhadraakapeeya Adhyaya 26/43* elaborated *Vidyotini Hindi Commentary* by Pt. Kashinatha Shastri and Dr. Gorakha Natha Chaturvedi, Part-1 Varanasi; Chaukhambha Bharati Academy, 2005; 507.
10. Maharshi Sushruta. *Sushruta Samhita, Sutra Sthana, Rasavisheshaviganeeya Adhyaya 42/12* with “*Ayurveda Tattva Sandipika*” Hindi Commentary by Kaviraja Ambikadutta Shastri, Part 1 Varanasi; Chaukhambha Sanskrit Sansthan, 2009; 203.
11. Maharshi Sushruta. *Sushruta Samhita, Sutra Sthana, Annapanavidhi Adhyaya 46/526* with “*Ayurveda Tattva Sandipika*” Hindi Commentary by Kaviraja Ambikadutta Shastri, Part 1 Varanasi; Chaukhambha Sanskrit Sansthan, 2009; 289.
12. Maharshi Sushruta. *Sushruta Samhita, Sutra Sthana, dravyavishesha viganeeya Adhyaya 41/15* with “*Ayurveda Tattva Sandipika*” Hindi Commentary by Kaviraja Ambikadutta Shastri, Part 1 Varanasi; Chaukhambha Sanskrit Sansthan, 2009; 200.
13. Maharshi Sushruta. *Sushruta Samhita, Sutra Sthana, Annapanavidhi Adhyaya 46/522* with “*Ayurveda Tattva Sandipika*” Hindi Commentary by Kaviraja Ambikadutta Shastri, Part 1 Varanasi; Chaukhambha Sanskrit Sansthan, 2009; 289.
14. Anna B. Livdans-Forret, DC et al. *J Can Chiropr Assoc Menorrhagia, A synopsis of management focusing on herbal and nutritional supplements, and chiropractic*, 2007; 51(4): 242.