

Ayurvedic management of *Asrigdara* in adolescence : A case report

Dr. Anjana Thanki^{1*}, Dr. Kinal Prajapati^{2*}, Prof. Shilpa B. Donga^{3*}

¹2nd Year M.S. Scholar, Department of *Prasutitantra evum Streeroga*, ITRA, Jamnagar, Gujrat, India

²2nd Year M.S. Scholar, Department of *Prasutitantra evum Streeroga*, ITRA, Jamnagar, Gujrat, India

³Professor, Department of *Prasutitantra evum Streeroga*, ITRA, Jamnagar, Gujrat, India

Email: *thankianjana22@gmail.com, *kinalprajapati1912@gmail.com, drshilpadonga@yahoo.com *

Abstract: Background: Abnormal uterine bleeding (AUB) is considered as one of the most common and perplexing problem affecting Physical and psychological health of the woman which can even hamper her day-to-day life. Over 8,00,000 women seek help for AUB annually. Any uterine bleeding outside normal volume, duration, regularity, frequency is considered abnormal uterine bleeding. In Ayurveda, excessive excretion (*Dirana*) of *Asrik* is termed as *asrigdara*. Thus, any abnormality in *Rutuchakra* (menstrual rhythm) which leads to excessive and irregular uterine (AUB) bleeding is known as “*Asrigdara*”. **Materials and methods:** A patient aged 13 years with complaint of excessive and irregular menstrual cycle since menarche (10 months) was referred to opd of *Streeroga evum prasutitantra*, ITRA Jamnagar. Her USG revealed PCO like changes in ovaries. Past medical history revealed hormonal treatment (Tab Meprate 10mg for 1 month). The patient was not willing for continuing hormonal treatment. so, she approached Ayurveda management. she was administered Tab. *Rasapachaka* 2-0-2 with warm water, *Ashokarista* 20 ml after food at afternoon and night, *Saptamruta yoga* 2-0-2 with *Madhu* and *Ghruta*, *Avipattikar Churna* 5 gms in the morning with warm water for 3 months. **Result:** There was reduction in amount of bleeding and duration of menstrual flow without clots and patient is fully asymptomatic in duration of 3 months. **Discussion:** According to Acharya Charka, ‘*rasabhavat vimanata bhavati*’ is the feature of *Asrigdara*, the patient was in *Kumariawastha*, *Agnimandhya* lead to *Vimanata Rasa* that lead to *Vikruta* formation of its *Upadhatu* i.e *Artava*. In this case, *Samyaka Parinama* of *Rasa* into *Upadhatu Artava* was disturbed. So, treatment administered should be acting on *Pachana* of *Rasa Dhatu*. *Rasapachana* and *Raktaprasadana* line of treatment was followed.

Key words: *Asrigdara*, AUB, *Rasapachaka* tab, *Ashokarista*, *Avipattikar Churna*, *Saptamruta Yoga*.

1. INTRODUCTION:

In the contemporary scenario, one of the most common disorders among all gynaecological disorders is menstrual disorder. Menorrhagia is defined as cyclic bleeding at normal intervals; the bleeding is either excessive in amount or duration or both.ⁱ It is also known as Hypermenorrhoea or heavy menstrual bleeding (HMB). It shows effect not only on female’s physical health but also mental health. Various reports suggest that 30 to 50% of women in the reproductive age group suffer from excessive and irregular uterine bleeding. 10% of employed women need to take off work because of excessive menstrual loss. Women with an inappropriate lifestyle in this era are suffering more from this abnormal uterine bleeding. Any abnormality in *Rutuchakra* (menstrual rhythm) which leads to excessive and irregular uterine (AUB) bleeding is known as “*Asrigdara*”. In Ayurveda, the great seer Charka elucidates “*Rajah Pradiryate Yasmat Pradarah Ten Sa Smrtah*”ⁱⁱ Excessive excretion of *Raja* is termed as *Pradara*.ⁱⁱⁱ This is the condition in which the *Raja* (menstrual blood) flows abundantly from the uterus. Abnormal Uterine Bleeding (AUB) may lead to impairment in conception and affects the fertility of women and may result in surgical interventions. Hormonal interventions or surgeries are the state-of-the-art options in modern approaches for treatment of AUB, which are never without its undesirable side effects. It is an exclusive concern in developing country as it leads to anaemia which is already prevailing in women.

2. CASE REPORT:

A 13 years old female patient came to PTSR OPD, ITRA Jamnagar with excessive and irregular menstrual cycle since menarche (10 months) associated with lower abdominal pain during menstruation, pimples on both cheeks for 5 months.

History of presenting complaints: Patient was apparently normal before menarche. Then she has excessive and irregular menstrual cycle since menarche (10 months) associated with lower abdominal pain during menstruation. Her menstrual history revealed excess menstrual flow with clots for 9-10 days with the interval of 25-28 days. Then she has pimples on both cheeks for 5 months. She has complaint of *Aruchi*, *Daurbalya*, *Angamarda* since 5 months. Past medical history revealed hormonal treatment (Tab Meprate 10mg for 1 month). The patient was not willing for continuing hormonal treatment. so, she approached Ayurveda management for the same.

Personal history-

Mala Pravrutii- Sapravahana, (Unsatisfactory bowel movement) since 2 months, *Mala Vishthamba* (constipation), frequent complaints of *Udar Gaurav* (heaviness in abdomen) and *Udar Adhamana* (Gastric discomfort).

Mutra Pravritti - Samyaka.

Jivha -Shweta , Uplipta.

Kshudha- Mandhya

Trushna- Alpa(less)

Prakruti- Kapha Pitta Prakruti

Menarche –20/6/2020 (menses continued for 2 months)

LMP -1/3/21

MH – 8-9 Days / 25- 27 Days (excessive with clots, pads 6-7 /days with pain)

General examination-

PR- 70/min, BP – 110/70 mm of Hg.

Pallor - ++ (Hb-8 gm %)

No oedema was found.

Intervention

Date	Drug	Dose	Route	Duration
15/3/21	1)Avipattikar churna	5 gms in the morning (empty stomach)	Oral	15 days
15/3/21	2)Rasapachaka tablet	2 BD with warm water	Oral	15 days
30/3/21	Repeat 1,2,	-	-	-
	3)Ashokarista	20 ml BD after food with equal quantity of water	Oral	1 month
	4) Saptamruta yoga	2 BD with madhu and ghrita after food	Oral	1 month
30/4/21	Repeat 2,3,4	-	-	1 month
30/5/21	Repeat 2,3,4	-	-	15 days
16/6/21	Repeat 4	-	-	-

3.RESULT:

Date	Follow up of the patient	Menstrual pattern
15/3/21	Appetite- Decreased Hard stool + Bodyache + Lower abdominal pain + Pimples on both cheeks +	LMP – 1/3/21(8-9 DAYS with excessive flow) pads 4-6 /day Clots +
30/3/21	Appetite – increase Stool -1 time /day (semi solid) Body ache –decrease Lower abdominal pain Pimples on both cheeks +	-
30/4/21	Appetite – increase Stool -1 time /day (semi solid) Body ache –decrease Lower abdominal pain decreased Pimples on both cheeks +	LMP – 26/4/21(5 th day) excessive flow without clots, Pad 3-4/day Body ache +
30/5/21	appetite – increase Stool -1 time /day (semi solid) Body ache –decrease Lower abdominal pain decreased Pimples on both cheeks – reduced	LMP-26/5/21 (5 th day) Moderate flow for 3 days No clots Pad 2/day No p/v bleeding at present
16/6/21	No body ache and no lower abdominal pain Pimples on both cheeks – reduced	

4.DISCUSSION:

Due to *Guru* (heavy), *Katu* (hot), *Vidahi* (producing burning sensation) and *Snigdha* (Unctuous substances) – (*Dadhi* (curd), deep fried food, biscuits) *Adhyasana*, *Ajirnasana*, *Diva Swapna* (day sleeping) Excess use of *Amla Rasa* (pickles), *Ama* formation might have occurred to patient. *Chinta* also leads to *Rasa dhatu Dusti*. The initial complaints of the patient like *Aruchi*, *Angamarda*, *Pidaka* shows that *Rasa Dhatu Dusti* and *Rakta Dhatu Dusti Lakshanas* are observed in case of *Asrigdara*. *Dhatvagni* are closely related with *Upadhatu*. Detoriated status of *Dhatvagni* affects the normal functions of *Upadhatu*. It was assumed that the present condition of person is a *Pittakapha Pradhana Vikriti*. After evaluating the presenting symptoms, following medicines were decided with a view to manage *Asrigdara* and *Rakta Prasadana* of the patient.

Avipattikar churna^{iv} is a powder formulation commonly prescribed in diverse conditions of *Pitta* predominance. It is popular as medicine for purgation (*Virechana*) in high doses. In small doses as in this case, alleviation of *Pitta* together with *Kapha* was achieved as the formulation is precisely used as *Rooksha Virechana*. *Madhu* was chosen as *Anupana*, as it is also *Kaphapitta Shamana* and *Rookshana*.

Rasa Panchaka of *Rasapachaka* ^vtablet (*Indrayava*, *Patola*, *Katuki*) shows that most of the drugs are having *Tikta Rasa* dominance, *Usna Virya*, *Tridosha Samaka* property. Due to this property by doing *Dosha Pachana* they cause alleviation of *Dosha*, this will result into *Dhatu & Upadhatu Sodhana*.

Saptamruta Yoga^{vi} is the formulation containing *Pitta Kapha Shamaka* drugs and main ingredient of it *Saptamruta Loha* is effective medicine for *Raktavardhana* and *Prasadana*.

Ashokarishta^{vii} is an ayurvedic polyherbal formulation with *Ashoka* (*Saraca indica*) as the main ingredient. *Ashokarishta* is a type of *Sandhana Kalpana* i.e., *Arishta Kalpana*. *Ashokarishta* is used in treatment of Menorrhagia, chronic fever, bleeding piles, dysmenorrhoea etc. It is mainly used to rejuvenate female reproductive system, purify blood and manage stress The herbal ingredients of *Ashokarishta* balance the *Pitta Dosha* and effectively removes *Ama Dosha* (i.e., harmful toxins) from the body. *Ashoka* (*Saraca asoca*) with his *Kashaya* and *Tikta Rasa* and *Sheet Virya* causes *Pitta Shamana* and *Rakta Stambhana*. *Arishta* having *Ushna virya* that results into *Vatashamana*. Also bark of *Ashoka* is *Raktapradaravinashaka* (Cures *Raktapradara*)^{viii}

Thus, it can be understood that the general line of treatment for the management of the condition should be *Raspachaka*, *Raktaprasadana*.

5.CONCLUSION:

It can be concluded thus that with the proper understanding of diseased condition in terms of *Doshas* and similar Ayurvedic perspectives, it is possible to manage the *Asrigdara*. Moreover, with the vast diversity of medicines available in this medical science, with the proper understanding of treatment principle to be adopted, many sets of medicines can be used for the medical management. Above used set of medication can be considered as evidence and example and further developments should be carried out for finding out such efficient treatment modalities.

REFERENCES:

- ⁱ Dutta D.C., Text book of gynaecology, Edited by Hiralal Konar, published by New Central Book Agency(P) Ltd. Kolkata, Sixth Edition 2013, Page no. 178.
- ⁱⁱ Yadavji Trikamji, editor, Commentary: Vidyotini Hindi Commentary of Acharya Kasinath Shastri and Gorakhnath Chaturvedi on Charaka Samhita of charaka, Chikitsa Sthana, Chapter 30, verse no. 209, Chaukhambha Bharati Academy, 1996.
- ⁱⁱⁱ Tewari P.V., Book of Ayurvediya Prasuti Tantra Evam Striroga, Part 2, Chaukhambha Orientalia Varanasi, Secon8. Prof. Siddhi Nandan Mishra.
- ^{iv} Ashtanga Hridayam of Srimada Vagbhatta, edited by Brahmanand Tripathi, reprint edition2009, Chaukhamba Sanskrit Pratisthan, Delhi, kalpasthana chapter – 2/21-23
- ^v Yadavji Trikamji, editor, Commentary: Vidyotini Hindi Commentary of Acharya Kasinath Shastri and Gorakhnath Chaturvedi on Charaka Samhita of charaka, Chikitsa Sthana, Chapter 3, verse no. 119, Chaukhambha Bharati Academy, 1996.
- ^{vi} Nidana chikitsa Hastamlaka, Vaidya Ranjitrai Desai, Dwitiya khanda, pandu chikitsa ,adhyaya 5, pg no 267
- ^{vii} Bhaiasajya Ratnavali by Kaviraj govind das sen Chaukhambha Orientalia Varanasi, Edition, 2017, Page no. 1039d Edition 2000, Reprinted 2018, Page no. 172
- ^{viii} Vd. V.M. Gogate, Book of Dravyagunavigyan, Vaidyamitra Prakashana, First Edition 2008, Page no. 247.