



**MANAGEMENT OF MENORRHAGIA (ASRIGDARA) BY AYURVEDIC PRINCIPLE-
VASTI BY LASHUN TAIL**

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ABSTRACT

Menorrhagia is one of the most important gynecologic complaints in gynecologic practice. Any bleeding per vagina that differs from usual cycle in frequency of occurrence or in duration, or in amount of menstrual blood is abnormal, is termed as menorrhagia. It falls under the category of abnormal uterine bleeding. Abnormal uterine bleeding can be caused by structural abnormalities, an ovulation, bleeding disorder, hormone issues (such as hypothyroidism) cancer of the reproductive tract. In Ayurveda its clinical features resemble with Asrigdara, described in Ayurvedic classics under the heading of Asrigdara, Rakta Pradar, Pradara or Rakta Yoni by different Acharya's. When excessive bleeding, in amount or duration occurs, during menstrual period or intermenstrual period, is known as asrigdara. In the ancient medical literature, considered to be treasure of medicinal plants, a long list of the drugs has been prescribed for the treatment of Asrigdara. Amongst various drugs 'Lashun Tail' is one such preparation which is highly praised for its efficacy against various menstrual disorders, described in "Kashyap Samhita Lashun Kalp adhyay". Due to snigdha, guru, and picchilla guna Lashun suppresses the Vata dosha and Lashuna has also emmenagogue property by which it normalises the menstrual blood flow. Acharya Vagbhata described Asrigdara as a vasti treated disease. Hence the clinical Study was carried out to evaluate the efficacy of Lashuna Tail Vasti in patients suffering from menorrhagia (*Asrigda*). Statistically significant ($p < 0.01$) results were seen in amount, duration and character of bleeding, giving a conclusion that *Lashun Tail Vasti* is effective in the management of Asrigdara.

KEYWORDS: Lashun, Asrigdara, Vasti.

INTRODUCTION

Asrigdara (menorrhagia) is a common gynecological problem in day to day practice to gynecologist. Menstruation is the periodic bleeding that occur in a girl once she attains puberty and stops when a woman attains menopause. This can occur regularly in some and irregularly in others, some experience heavy bleeding while others have scanty period. In every cycle, the uterus prepares its lining the endometrium for implantation an embryo, when this does not occur and hormone level falls, the uterus sheds the endometrium, which called menstruation. The average length of cycle is 28 days, but this can vary from woman to woman.

Menorrhagia is excessive bleeding accompanied by clumps or clots, caused by fibroids, miscarriage, clotting disorders, cancer of uterus or cervix, hormonal disturbances, polyps in the uterus, taking medication such as blood thinners.

Acharya Charaka has described specific etiological factors for different type of Asrigdara. There are four

types of asrigdara described in samhitas- Vataja Asrigdara, Pittaja Asrigdara, Kaphaja Asrigdara, Sannipataja Asrigdara. Specific dietic substances responsible to aggravate that particular dosha for example use of laghu, ruksha, sheeta, katu etc are capable of vitiating the Vayu and thus producing Vatika Asrigdara. Similarly amla, lavana, katu, and ushna for vitiating Pitta, guru, madhura, snigdha for aggravating Kapha and thus responsible for producing specific types of Asrigdara.

The causative factor vitiates Vayu and pitta reaches to Garbhashaya (uterus) and increase the amount of Rakta in Rajovaha shiras. It leads to heavy periods fatigue, back pain etc.

Signs and Symptoms: Vataja Asrigdara- pain frothy bleeding, like the flower of palasha is found. Pittaja Asrigdara bleeding will be blackish red, warm, and associated with fever. Kaphaja Asrigdara pallor slimy thick, stable(long lasting) bleeding. Sannipataja

Asrigdara associated with syncope and fever and to be mixed symptoms of all three dosa, very difficult to treat.

MATERIAL AND METHOD

Selection of Cases: During this study total 40 patients were selected from OPD Prasuti Tantra and Striroga department Rishikul campus UAU Haridwar. Patient coming with Asrigdara (menorrhagia), previous three consecutive months without any specific organic pathology were taken for detailed study. Detailed interrogation regarding present symptoms specially amount and duration of bleeding during menstruation and its character, association of other specific symptoms etc were taken.

Exclusion Criteria – Patient, having pelvic pathology, having lesion of chronic nature, malignant growth, cervical polyp etc were excluded. Patient having history of recent or abortion were also not taken in the study.

Clinical Examination: Detailed general examination, systemic examination and local examination of reproductive system (P/S,P/V.) was done to know the condition of vulva, vagina, any discharge, to know the size of any tear, consistency of cervix and shape, size, direction, mobility and consistency of uterus with condition of the adnexae recorded.

Investigation included Hb, TLC, DLC, ESR, BT, CT, Platele count, Urine examination, USG, done for every patient. Scoring was done purely on the basis of patients VRS (Verbal Rating Scale) statement, VAS (Visual Analogue Scales).

In Menstrual Period: amount of blood loss, duration of blood loss, interval of blood loss, character of menstruation pain and other discharges noted in every patients.

Method of Vasti Treatment: For AnuvasanaVasti - Lashuna tail 60ml was taken.
NiroohaVasti- Lashuna Kwath 450 ml + 50ml of oil.

Instruments Used: Enema cane, Glass syringe 100ml, Rubber catheter (No. - 10).

For proper description entire procedure can be divided into two steps as stated below.

Step I- Yogavasti – AnuvasanaVasti

Step II -Yogavasti – NiroohaVasti

Patients were called for Vasti treatment after the clearance of menses i.e. 5th or 6th day.

Pre -Vasti Preparation: Patient were called for Vasti treatment after clearance of menses with light diet in the morning. Soap water enema was given. After giving enema patient were carried out for Snehana therapy in which massage all over the body was given with Narayan tail. Then the patients were asked to take bathe with Luke warm water.

Method of Giving Vasti: The patient was asked to lie down on the table in left lateral position with right leg flexed at the knee and hip joint and left leg extended with slightly raised foot. 60ml of the prepared tail is taken in 100ml Dispovan and is slowly introduced per rectum within 15-20 min through Rubber catheter. The patient is asked to stay in left lateral position and retain drug as long as possible. Patient was kept on the table for 1-2hrs, and after that patient was allowed to do their normal activities.

Post Vasti Karma

Immediately after Vasti procedure patients were specially observed for pain, any bleeding, any type of discomfort, PR, Temp, B.P., etc. After 1-2 hrs patient were allowed to do normal daily activities. Patient was asked to inform doctor if any complication occurs.

Follow Up

The patients were followed up at a regular interval of **one month** after the clearance of their menses. Vasti was given for 3 consecutive cycles and IV follow up was taken without giving Vasti to check the efficacy of treatment.

OBSERVATION AND RESULT

Observations were made in selected 40 cases by improvement of the symptomatic relief in pain and its intensity.

RESULTS

Results were assessed on following Vasti-

Cured

Improved

Partially improved

Unchanged

Table No. 1: Showing amount of menstrual blood loss.

Score	Before Treatment	After Treatment			Chi-square test BT vs AT
		Ist FUP	IInd FUP	IIIrd FUP	
-3	1	0	0	0	$\chi^2 = 3.77$ $p > 0.05$ NS
-2	6	7	1	0	
-1	8	8	7	7	
0	6	6	17	18	
+1	5	5	13	15	
+2	0	13	2	0	
+3	14	1	0	0	

Table No. 2: Showing duration of menstrual blood loss.

Score	Before Treatment	After Treatment			Chi-square test BT vs AT
		Ist FUP	IIInd FUP	IIIrd FUP	
-2	12	5	1	0	$\chi^2 = 4.92$ p < 0.05 S
-1	12	18	15	13	
0	1	2	16	22	
+1	7	12	9	6	
+2	8	3	0	0	

Table No. 3: Showing interval of menstrual blood loss.

Score	Before Treatment	After Treatment			Chi-square test BT vs AT
		Ist FUP	IIInd FUP	IIIrd FUP	
-3	4	3	0	0	$\chi^2 = 1.61$ p > 0.05 NS
-2	6	5	4	0	
-1	0	1	5	10	
0	13	13	17	18	
+1	6	3	13	13	
+2	6	13	2	0	
+3	11	2	0	0	

Table No. 4: Showing character of blood loss.

Score	Before Treatment	After Treatment			Chi-square test BT vs AT
		Ist FUP	IIInd FUP	IIIrd FUP	
0	9	9	13	23	$\chi^2 = 26.63$ p < 0.001 HS
+1	14	16	24	17	
+2	17	15	0	0	

Table No. 5: Showing results in total cases.

Groups	No. of cases (n=40)	Percentage
Cured	21	52.5
Improved	8	20
Partially improved	6	15
No change	5	12.5

Above table shows that out of total cases 52.5% of cases were cured, 20% improved, 15% partially improved, no change was observed only in 12.5% of cases.

DISCUSSION

The Asrigdara is formed by two words Asrik means blood and Dara refers to excessive flow. Heavy periods menstrual bleeding are due to lot of physiological and pathological causes, many factors such as hormonal imbalance, mental condition, diet and life style contribute to these problem. Menorrhagia is the technical term for the prolong or excessive menstrual bleeding.

The Artava is formed by Rasa or Rakta, is brought about to the fine vessels of Garbhashaya by the action of normal functioning apanavata which also is responsible for its timely excretion through vaginal passage. Artava is Agneya in character, meaning thereby that Agneya or the Tejas component of the body would increase contrary to this.

Artava is agneya in character and pitta is also agneya. Asrigdara is mainly vitiated vata and pitta dosa. Vitiated pitta increase the amount of blood in gharbhasaya. and vitiated vata leads to increase bleeding during menses.

Due to snigdha, guru, and picchilla guna Lashun suppresses the Vata dosha and Lashuna has also emmenagogue property by which it normalizes the amount of menstrual blood flow.

Acharya Vagbhat mentioned the Asrigdara as a vasti treated disease. The medicated oil when enter through the per rectum route due to Sukshmaguna of Taila it enters the micro channels and Vata performs its proper function.

By the process of Vasti vitiated apan vayu get suppressed and its function become normalized. Vasti with Lashun oil is a good recipe for the treatment of Asrigdara (menorrhagia). Vasti also improves the functions of autonomic nervous system, which is turn improves the blood supply of endometrium and ovary and give relief in other abnormality of menstrual disorder.

CONCLUSION

The description of Asrigdara given in Ayurvedic classic, resemble menorrhagia of Modern gynaecology. Lashuna Tail Vasti gives much better results in Asrigdara. On the basis of above facts, it may be concluded that the drugs Lashuna tail acts as vattanulomak and emmenagogue i.e.

control the amount of bleeding during menses and relieve Asrigdara.

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