AYURVEDIC MANAGEMENT OF ASRIGDARA- A CASE REPORT

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ABSTRACT

Purpose: Asrigdara is a condition where excessive, irregular and intermenstrual bleeding per vagina has been described mainly as the symptoms. The symptoms of Asrigdara which are elaborated in Ayurveda possess a close resemblance to Dysfunctional uterine bleeding. The mode of approach through oral treatment acts as Vatapitta Shamaka, Aamapachaka, Stambhaka, Hridya, Grahi, Soolahara Stambhana actions. So Ashoka Valakala Kshirapaka and Musthamruthadi Kashaya was selected to manage the Asrigdara.

Methodology: A patient aged 48 years with complaints of increased flow and Duration of menstruation with clots since 3 years came to OPD of Prasuti Tantra and Stree Roga, SDM College of Ayurveda and Hospital, Hassan, Karnataka diagnosed by clinical examination and Ultrasonography which shows Endometrial hyperplasia. Past history revealed the recurrent similar complaints for which she took Hormonal treatment, but didn’t got relieved and hence treated with 50ml Ashoka Valakala Kshirapaka morning and evening in empty stomach and Musthamruthadi Kashaya 30 ml thrice daily before food for consecutive 2 months. Result: There was reduction in amount of bleeding and duration of menstrual flow without clots and patient remained fully asymptomatic in an observation for total 3 months duration starting from the 30th day of intervention. Conclusion: Ashoka Valakala Kshirapaka and Musthamruthadi Kashaya can be considered as a safe and convenient option in Asrigdara as it helps to tones up the uterine musculature and corrects excessive bleeding.
KEYWORDS: Asrigdara, Dysfunctional Uterine Bleeding, Ashoka Valkala Kshirapaka, Musthamruthadi Kashaya.

INTRODUCTION
Asrigdara defined as Pradirana (excessive excretion) of Raja (menstrual blood), it is named as Pradara and since, there is Dirana (excessive excretion) of Asrk (menstrual blood), hence it is known as Asrigdara. The word Asrigdara explains about prolonged, cyclic or acyclic excessive menstrual bleeding. In this type of bleeding disorder, the quality and quantity of menstrual fluid is mainly affected. Intake of food containing Guru, Amla, Lavana, Vidhahi, Viruddhahara, Sura, Sukta, Dadhi, etc causes Agnivaishamya in turn causes Rasa dusti leading to Asrigdara. If asrigdara is not treated properly, it can cause further complications like Bala hani, Dhatu ksheenata, Bhrama, Tamo darshana etc affecting her normal life. Hence it becomes a need to find out a therapy which is simple, easily available, cost effective and easy to administer for the management of Asrigdara. As Ashoka valkala is having Kashaya Tikta Rasa, Sheeta Veerya its Kshirapaka is said to be having Hrudhya, Grahi, Pittahara and Shoolahara actions. In Sahasra yoga, we get reference of Musthamruthadi Kashaya having Tikta Kashaya Rasa and Sheeta Veerya acting as Stambhaka. Hence these formulations selected for the present study.

MATERIALS AND METHODS
Present study was carried out in Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan, Karnataka. Informed and written consent was obtained from the subject and the case was recorded as per detailed case proforma which was prepared considering all points of history taking, physical examination, lab investigation. Routine laboratory investigations was done without harming the subject. Ethics clearance was obtained from institutional ethics committee, Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan.

CASE REPORT
A married female patient of 48 years attended the OPD of Prasuti Tantra and Stri-Roga at Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan. Her menstrual history reveals increased flow during menstruation associated with clots which affected her daily routine since 2 months. On enquiry, she told that duration of menses was 10 to 15 days at regular interval of 28 to 30 days, amount was 5to 6 pads (fully soaked) /day with clots for initial 5 days followed by 4pads/day, pain was mild in low back with no history of abdomen
pain. There was no relevant history of hypertension, thyroid disorder, diabetes mellitus etc. with no history of contraceptive use nor any surgical intervention for the patient.

**Clinical findings**

**General Examination:** Buit- Normal, **Weight**- 55kg, **BMI**- 25 Kg/m$^2$, **Tongue**- Coated, **Pallor**- Absent, **Pulse rate**- 74 beats/mi, **BP**- 110/80 mm of Hg, **Respiration rate**- 18/min, **Temp**- Afebrile.

**Physical Examination**

**Ashta Vidha Pariksha**

Nadi -82 b / min  
Mala -Once / day  
Mutra-5 -6times/day  
Jivha -Lipta  
Shabda –Prakruta  
Sparsha -Anushna Sheeta.  
Druk -Prakruta  
Akriti -Madhyama.

**Dasha vidha pariksha**

Prakruti –Vata pittaja  
Vikruti –Madhyama  
Bala –Madhyama  
Sara –Madhyama  
Samhanana –Madhyama  
Satmya –Madhyama  
Satva –Madhyama  
Pramana –Madhyama  
Ahara shakti;  
Abhyavarana shakti –Madhyama  
Jarana shakti –Madhyama  
Vyayama shakti –Avara  
Vaya –Madhyama
Systemic examination: Per Abdomen- On palpation -soft, non-tender, no organomegaly, CVS- NAD, CNS- Conscious and well oriented, RS- B/L NVBS heard.

Gynaecological examination

1. On Inspection

Vulva- Normal and healthy and on straining. No genital prolapse was observed.
Per speculum Vaginal examination:
- Cervix-appearance- Normal, healthy.
- White discharge - Nil
- Vaginal walls – Normal

2. On Palpation

a) Per Vaginal Digital examination:
- Cervix-firm in consistency, mobile, tenderness absent
- No labial swelling detected
- No abnormality detected on palpation of vaginal walls
b) Bimanual examination:
- Uterus- Antevorted, freely mobile, normal in size, firm in consistency
- Bilateral Fornices –Free, non tender.

After thorough check-up, following investigations was done to the patient and under mentioned treatment was given:

INVESTIGATIONS

1. Haemoglobin- 11.2gm%
2. BT- 2’15”
3. CT- 4’0”
4. ESR- 18mm per hour
5. Platelet count- 2.68 lakhs
6. RBS- 80mg/dl
7. PCV- 37.6%
9. T3- 0.90
10. T4- 7.71
11. TSH- 0.82
12. Ultrasonography (Abdomen Pelvis) – Normal study (Uterus -8.8x4.7x5.1cms, Anteverted, normal size and Endometrial thickness-5.4mm, Bilateral ovaries normal)

**Treatment administered**
Shamana Chikitsa (Palliative management) was planned with
- Ashoka Valkala Kshirapaka- 2 pala/96ml in divided dose. (50ml morning and 50ml evening in empty stomach).
- Musthamruthadi Kashaya- 2 pala/96ml in divided dose. (30ml Kashaya thrice daily before food).

The main aim of the treatment was to minimize the cyclic blood loss with regularization of cycle and to improve the general condition of the patient. So, the treatment was planned as Shamana Chikitsa with Ashoka Valkala Kshirapaka and Musthamruthadi Kashaya. This Palliative treatment was given for consecutive two months with follow up advice after every cycle in a month. Patient was keenly observed for a period of three months with follow up every month.

**RESULT**
The duration of menstrual cycle was reduced from 10-15 days to 3-4 days. Amount of menstrual bleeding was reduced from 6pads/day to 2 pads/day without clots and she remained fully asymptomatic with regular menstrual cycle during this period.

**DISCUSSION**
Ayurvedic management is a good alternative to Hormonal therapy as it has no side effects with minimal recurrence rate. Drugs present in Musthamruthadi Kashaya acts as uterine tonic, anti-inflammatory, anti-oxidant, menstrual regulator and astringent i.e. vasoconstrictive in action. This improves the uterus muscular activity and helps in endometrial shedding out and does vasoconstriction. Methanol extract from Guduchi\(^4\) stem having antioxidant capacity. Liquiritigenin (LTG) in Yestimadhu\(^5\) having antispasmodic action. Vasicine in Rakta chandana\(^6\) also potentiated prostaglandin – induced uterine contractions in animal studies. Ashoka Valkala Kshirapaka tones up uterine musculature and regularizes menstrual flow. Ashoka\(^7\) bark contains phenol glycoside which has direct effect on uterine musculature. It stimulates both endometrium and ovarian tissue. It decreases blood flow and tones up the endometrial vascularity and thus, corrects excessive bleeding.
CONCLUSION

Thus, conservative management through Ayurveda is a better alternative to hormonal therapy. Moreover, no side effects were reported and cures the disease with minimal recurrence rate. Further studies in a larger sample is required to generalize the outcome.

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