



ORIGINAL RESEARCH PAPER

Ayurveda

MANAGEMENT OF ASRIGDARA – A CASE REPORT

KEY WORDS: Asrigdara: DUB (Dysfunctional uterine bleeding) viparita lajjalu ksheerapaka. Musalikadiradi kashayam.

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ABSTRACT

Asrigdara is a condition, were excessive, irregular and intermenstrual bleeding per vagina has been described mainly as the symptoms. The mode of approach through oral treatment acts as vatapitta shamaka, amapachaka, stambhaka, Hridya, Grahi, soolahara, stambhana actions. So viparita lajjalu ksheerapaka was selected to manage Asrigdara. **METHODOLOGY:** A patient aged 40 years with complaints of increased flow and duration of menstruation with clots since one and a half years, came to OPD Aswini Ayurveda specialty clinic Omalloor, Pathanamthitta, Kerala 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 get relived and hence treated with viparita lajjalu ksheerapaka morning and evening in empty stomach and musalikadiradi kashayam 30ml + 45 ml lukewarm water morning and evening before food for 3 months. **RESULTS:** 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:** Viparita lajjalu ksheerapaka and Musalikadiradi kashayam can be considered as a safe and convenient option in Asrigdara as it helps to tones up the uterine musculature and corrects excessive bleeding.

INTRODUCTION:

Asrigdara defined as pradirana (excessive bleeding - excretion) of raja (menstrual blood), it is named as pradarana and since, there is Dirana (excessive excretion) of Asrk (menstrual blood), hence it is known as Asrigdara¹. The word Asrigdara explains about prolonged, cyclic or acyclic excessive menstrual bleeding. in this type of bleeding disorders quality and quantity of menstrual fluid is mainly proper affected. Intake of food containing Amala, Lavana, Guru, Vidhahi, Virudhahara, Dadhi, Sura etc... causes Agnivishmya. In turn causes Rasadusti leading to Asrigdara. If Asrigdara is not treated properly, it can causes further complication like Balahani, Dhatuksheenata, Bhrama, Tamodarshana 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 Asrigdra- as viparita lajjalu ksheerapaka is having Kashaya Laghu, Rukshaguna, veerya is katu, Dosakarma Kaphapittahara, vatanulomana² is said to be having hrudhya, Grahi, pithahara and shoolahara actions it explained in Yogamritham Asrigdara chapter sidhaprayoga³. In sahasrayoga we get reference of musalikadiradikashayam³ having tiktakashayam rasa and sheeta veerya acting as stambhaka. Hence this formulation selected for the present study material and method.

Present study was carried out in Aswini Ayurveda Specialty Clinic Omalloor, Pathanamthitta, Kerala. Informed and written consent was obtained from subject and the case was recorded as per detailed case Performa which was prepared considering all point of history taking physical examination, lab investigation. Routine laboratory investigation was done without harming the subject.

CASE REPORT:

A married female patient of 40 years attended the OPD of Aswini ayurveda Specialty Clinic Omalloor, Pathanamthitta, Kerala. 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 5 to 6 pads (fully soaked XL Size whisper company/day) with clots for initial 5 days followed by 4 pads /day. No history of abdominal pain, pain was mild in low back

there was no relevant history of thyroid, diabetic mellitus, hypertension etc... No surgical intervention and no history of contraceptive use for the patient.

CLINICAL FINDINGS:

GENERAL EXAMINATION

BUILT	--	Normal
Weight	--	57 kg
Tongue	--	Coated
Pallor	--	Absent
Pulse rate	--	74/beats/min
BP	--	110/80 mm hg
Respiratory rate	--	18/min
Temperature	--	Afebrile

PHYSICAL EXAMINATION

AAHTAVIDHA PARIKSHA

Nadi	--	82/b/m
Mala	--	once/day
Mutra	--	6-7 times/day
Jihwa	--	
Shabda	--	Prakrutha
Sparsha	--	Anushuna sheeta
Druk	--	Prakrutha
Akriti	--	Madhyama

DASHAVIDHA PARIKSHA

Prakruthi	--	vatapitta
Viktuthi	--	Madhyama
Bala	--	Madhyama
Sara	--	Madhyama
Samhananan	--	Madhyama
Satmya	--	Madhyama
Satva	--	Madhyama

AAHARA SHAKTI

Abhyavarana Shakti	--	Madhyama
Jarana Shakti	--	Madhyama
Vyayama Shakti	--	Avara
Vaya	--	Madhyama

SYSTEMIC EXAMINATION

PER ABDOMEN : On palpation: soft, no tender, no organomegaly

CVS	:	Nothing abnormality detected
CNS	:	Conscious and well oriented
RS	:	B/LNVBS heard

GYNACOLOGICAL EXAMINATION:

1. ON INSPECTION

VULVA – Normal and healthy and on straining. No genital prolapse was observed.

Per speculum vaginal examination:

- Cervix -appearances - Normal healthy
- White discharge - nil
- Vaginal walls - normal

2. ON PALPATION

Per vaginal examination:

- Cervix -firm in consistency, mobile, tenderness absent.
- No labial swelling detected.
- No Abnormality detected on palpation of vaginal walls.

Bimanual examination:

- Uterus: anteverted, freely mobile, normal in size, firm in consistency.
- Bilateral fornices -- free, nontender.

After through check-up, following investigations was done to the patients and under mentioned treatment was given.

INVESTIGATIONS

BLOOD

• HB%	-	11.4gm%
• BT	-	2'14"
• CT	-	4'0'
• ESR	-	15 MM/HR
• Platelet count	-	2,68 lakhs
• RBS	-	80mg/dl
• PCV	-	37.2%
• T3	-	0.85
• T4	-	7.01
• TSH	-	1.08

URINER/E

• Albumin	-	Absent
• Sugar	-	Absent
• Pus cell	-	nil
• Bacteria	-	nil

USG (ABDOMEN /PELVIS): UT –(8.8×4.3×5.0CM) Anteverted, normal size and endometrial thickness -5.2mm, Bilateral ovaries normal.

TREATMENT ADMINISTERED

Shamana chikitsa was planned with,

1. viparita lajjalu ksheerapaka 40ml morning and evening in empty stomach.
2. Musalikadiradi kashyam 15ml+45 ml lukewarm water twice 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 chikistha with viparita lajjalu ksheerapaka and Musalikadiradi kashyam. This palliative treatment was given for consecutive 3 months with follow-up 1 month.

RESULT:

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

DISCUSSION:

Ayurvedic management is good alternative to hormonal

therapy as it has no side effect with minimal reoccurrence rate. Drugs present in Musalikadiradi kashyam 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.

MUSALI – Improves the body immunity and make it stronger and having antioxidant property. Improves reproductive system both male and female.

KHADIRA –Astringent property and used to control the heavy bleeding along with this it also purifies the blood .it is used to treat leucorrhea and dysfunctional uterine bleeding.

AMALAKI – Rich in vit C minerals and fibers. Immunity booster rejuvenating herb and provides strength.

GOKSHURA – Potent diuretic widely used to treat urinary tract infections. Maintains hormonal balances in females.

JAMBU – Balances pithakapha dosha in the body. Astringent property helps in quick wound healing and useful to manage excessive menstrual flow.

SHATHAVARI – Regulates irregular periods that occurs due to hormonal imbalances in the body. Excellent herb for female reproductive system, it is a rejuvenate and generalized health tonic .it is antispasmodic in nature hence useful to get relief from painful periods .it is an excellent fertility tonic for female.

Viparita lajjalu kheerapaka tones up uterine musculature and regularize menstrual flow. viparita lajjalu possess multitudes of therapeutics potentials that includes the analgesic, antipyretic, anti-inflammatory immunomodulatory, antitumor, antidiabetic, hypercholesteremic, antioxidant, antibacterial ,antifungal antihypertensive , chemoprotective ,radioprotective, antifertility and wound healing property due to the presences of tannins significant wound contraction ,increased level of hydroxy proline hexosamine content ,super dismutase ,ascorbic acid and decreased lipid .the tannins decrease blood flow and tone up endometrial vascularity and thus correct excessive bleeding

CONCLUSION:

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

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