



ORIGINAL RESEARCH PAPER

Ayurveda

MANAGEMENT OF ASRIGDARA – A CASE REPORT

KEY WORDS: *Viparitalajjala Ksheerapaka, DUB, Asrigdara*

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ABSTRACT

In women, the most common bleeding disorder is referred to as *Asrigdara*, where excessive excretion of menstrual blood, irregular and intermenstrual bleeding per vagina, has been described mainly as the symptoms. In modern medicine, it is called DUB (DYSFUNCTIONAL UTERINE BLEEDING). They give Hormonal therapy, anti-prostaglandin, anti -fibrinolytic agent, but their efficacy has not been definitively proven. Their side effects have resulted in hormonal imbalance. As a result, an integrated and comprehensive therapeutic intervention in *Ayurveda* is required to prevent recurrence. Many herbals and herbo -mineral preparation are mentioned in *Ayurveda* to treat *Asrigdara* and related symptoms, and these can be used according to *anubhandha dosa* and *lekshana* because the mode of approach through oral treatment acts as *vatapitta shamaka, amapachaka, stambhaka, Hridaya, Grahi, Soolahara, and Stambhana*. So, *Viparitha Lajjala Ksheerapaka* was selected to manage *Asrigdara*. **Methodology:** A patient aged 36 years with complaints of increased flow and duration of menstruation with clots since 5months, came to OPD *Aswini Ayurveda* specialty clinic, Omallur, Kerala, diagnosed by clinical examination and ultrasonography, which shows endometrial hyperplasia. History revealed the recurrent similar complaints for which she took hormonal treatment, but didn't get relieved, and hence treated with *Viparita Lajjala Ksheerapaka* morning and evening on an empty stomach for 3 months. **Results:** There was a reduction in the amount of bleeding and duration of menstrual flow, without clots. The patient remained fully asymptomatic under observation for a total of 3 months. duration starting from the 30th 0 day of intervention. **Conclusion:** *Viparetha lajjalu ksheerapaka* can be considered as a safe and convenient option in *Asrigdara* as it helps to tone up the uterine musculature and corrects excessive bleeding.

INTRODUCTION:

DUB is a common gynecological disorder. The exact cause of DUB is unknown, but it is thought to be related to hormonal imbalances. particularly involving estrogen and progesterone. Other factors that may contribute to DUB include stress, weight changes, thyroid disorders, and certain medications. Symptoms of DUB can vary from person to person and may include heavy or prolonged bleeding, irregular periods, pain, and clots. Diagnosis of DUB typically involves a thorough medical history, physical examination, blood test, and USG. *Asrigdara* is defined as *pradirana* of the *raja*. It is named as *pradarana*, and since there is *Dirana* of *Asrk*, it is known as *Asrigdara*⁽¹⁾. The word *Asrigdara* explains prolonged, cyclic, or acyclic excessive menstrual bleeding. In this type of bleeding disorder, the quality and quantity of menstrual fluid are mainly affected. food containing *Amala, Lavana, Guru, Vidhahi, Virudhahara, Dadhi, Sura*, etc., causes *Agnivishmya*. In turn causes *Rasadusti*, leading to *Asrigdara*. If it is not treated properly, it can cause further complications 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. As *viparitha lajjalu ksheerapaka* is having *Kashaya Laghu, veerya is katu, Dosakarma Kaphapittahara, vatanulomana* ⁽²⁾ is said to have *hrudhya, pithahara, and Shoolahara* actions; it is explained in *Yogamritham Asrigdara* chapter *sidhaprayoga*. The present study was carried out in *Aswini Ayurveda* specialty clinic omallur pathanamthitta, Kerala. Informed and written consent was obtained from the subject, and the case was recorded as per the detailed case Performa, which was prepared considering all points of history, taking physical examination, and lab investigation.

CASE REPORT:

A married female patient of 36 years attended the OPD of *Aswini ayurveda* specialty clinic omallur P Pathanamthitta, Kerala. Her menstrual history reveals increased flow during menstruation associated with clots, headache, which affected her daily routine for 5 months (June 2025 on words). On enquiry, she said that the duration of menses was 10 to 15 days at a regular interval of 28 to 30 days. Amount was 5 to 6 pads

(fully soaked XL Size whisper company /day) with clots for the 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:

PAST MEDICAL HISTORY:

In 2018, she had hemorrhoids treated with Ayurvedic medicine

PAST SURGICAL HISTORY

NIL

FAMILY HISTORY

NOT SIGNIFICANT

PERSONAL HISTORY:

The patient has a good appetite, clear and satisfactory bowel movements, normal micturition, and good sleep.

GENERAL EXAMINATION

BULIT -- Normal
Weight -- 67 kg
Tongue -- Coated
Pallor -- Absent
Pulse rate -- 74/beats/min
BP -- 120/80 mm hg
Respiratory rate --18/min
Temperature -- Afebrile

PHYSICAL EXAMINATION

AAHTAVIDHA PARIKSHA

Nadi -- 82/b/m
Mala -- once/day
Mutra -- 6-7 times/day
Jivha -- *lipta*
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 tenderness, 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 fornixes -- 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

URINE/R/E

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

USG (ABDOMEN /PELVIS): UT –(8.7×4.3×6.2CM) Anteverted, normal size

Endometrial thickness -17.2 mm
 Right Ovary: 2.3 × 2.0 × 3.0 cm
 Left Ovary: 2.7 × 2.1 × 1.8 cm

Impression: thickened and echogenic endometrium- endometrial hyperplasia

TREATMENT ADMINISTERED

Shamana chikitsa was planned with

1. Viparethalajjala ksheerapaka 40ml morning and evening on an empty stomach.

The main aim of the treatment was to minimize cyclic blood loss with the regularization of the cycle and to improve the general condition of the patient. So, the treatment was planned as *Shamana Chikitsa* with *Viparethalajjaluksheerapaka*. This palliative treatment was given for 3 consecutive months with a follow-up 1 month.

RESULT:

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

DIETARY MODIFICATION:

Rajaswala paricharya was strictly advised in every cycle.

DISCUSSION:

Asrigdara condition, there is impairment of *rasa dhathu* by which *rakta dhathu dushti* occurs and finally results in vitiation of *arthava vaha* and *raktavaha srotas* paving way to DUB^(2,3), so the correction again at the *dhathu* level can help to sustain the equilibrium of *doshas* and can rectify the *srothodushti* and rescue the pathological state^(4,5)

Ayurvedic management is a good alternative to hormonal therapy as it has no side effects with a minimal recurrence rate. *Viparethalajjalukheerapaka* tones up the uterine musculature and regularizes menstrual flow. *Viparethalajjala* possesses multitudes of therapeutic potentials

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DECLARATION

The manuscript is original, has not been published previously, and is not under consideration for publication elsewhere

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