



## Case Study

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### AYURVEDIC APPROACH FOR MANAGEMENT OF ASRIGDARA: A CASE STUDY

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#### ABSTRACT

Introduction: Abnormal uterine bleeding is a broad term that describes irregularities in the menstrual cycle involving frequency, regularity, duration, and flow volume outside pregnancy. The symptoms of Asrigdara, which are expatiated in Ayurveda, are closely similar to that of abnormal uterine bleeding. The approach mode through oral treatment acts as aamapachaka, vatapitta shamaka, agnivaradhak, stambhaka, and soolahara. So Ashokarishta, Chandraprabha vati, Avipatikara churna, and Sukumara ghrita were selected to manage the Asrigdara. Method: This is a single case study of a 38-year-old female patient who came with the complaint of increased duration of periods of more than ten days with heavy bleeding and the reduced interval between periods from 2 months. In this case study, palliative management was done with oral Ayurvedic formulations. The main aim of the treatment was to minimize cyclic blood loss with regularization of the cycle and to improve the patient's general condition. Result: There was a reduction in bleeding and duration of menstrual flow without clots, and the patient remained entirely asymptomatic on observation during follow-ups.

**Keywords:** Asrigdara, Abnormal Uterine Bleeding, Ayurvedic Treatment Regimen, Heavy Menstrual Bleeding (HMB)

#### INTRODUCTION

The bleeding from the uterus that is longer than usual or occurs irregularly can be termed abnormal uterine bleeding (AUB), a significant clinical entity. Bleeding can be heavier or lighter than normal and may occur randomly. Asrigdara is compared to heavy menstrual bleeding (HMB) in modern medicine. AUB and its subgroup, heavy menstrual bleeding (HMB), are common conditions affecting 14–25% of women of reproductive age and may significantly impact their physical, social, emotional, and material quality of life<sup>1</sup>.

According to Acharya Charaka, due to pradirana (excessive excretion) of raja (menstrual blood), it is named pradara, and since there is dirna (excessive excretion) of asrk (menstrual blood); hence, it is known as Asrigdara<sup>2</sup>. Dalhana, while explaining general clinical features, says that excessive and/or prolonged blood loss during menstruation or even scanty blood loss during the intermenstrual period is known as Asrigdara<sup>3</sup>.

Women who consume excessive salty, sour, heavy, katu (hot), vidahi (producing a burning sensation) and unctuous substances, the meat of domestic, aquatic, and fatty animals, krsara (a dish made with rice and pulses), payasa (rice cooked with milk and sweetened) curd, sukta (vinegar), mastu (curd water) and wine. Due to the above-said reasons, vata gets aggravated along with rakta. Vitiated vata and rakta increase the raja (menstrual blood). This increase in raja is due to an increase in the amount of rasa (plasma contents). Because of the rise in raja, it is named Asrigdara<sup>4</sup>.

In modern medicine for treating HMB, various treatment modalities like antifibrinolytic agents, nonsteroidal anti-inflammatory drugs, and hormonal treatment like combined oral contraceptive pills, progestin-only pills, levonorgestrel intrauterine system (LNG-IUS) are available as the first line of treatment. But these treatment options can be associated with hormonal side effects, which include nausea, headache, breakthrough bleeding, fluid retention, breast tenderness, and mood changes. They cannot be used for the long term as they may induce amenorrhea, cause prevention of fertility, and prolonged use can aggravate the adverse side effects, which lead to discontinuation of the treatment and progression to surgical interventions, which include dilatation and curettage, endometrial ablation, and hysterectomy. In Ayurveda, the treatment described for rakta-atisara, raktapitta, raktarshas, guhya roga, and garbhavrava is mentioned for asrigdara as well<sup>5</sup>. The Ayurvedic formulations used in the treatment have deepan-pachan, agnivaradhan, rakta samgrahan, and dosha pachan action. These Ayurvedic formulations help break down the pathogenesis of Asrigdara, thus effectively curing it.

#### Patient Consent

The present case study followed good clinical practice guidelines, studies on Asrigdara, and Ayurveda textual references. Written informed consent from the patient was taken before starting the treatment. A detailed patient history, all necessary clinical and physical examinations, and laboratory investigations were carried out.

## Case Report

A married patient aged 38 years attended the OPD of Prasuti Tantra and Stri roga at Shri Jayendra Saraswathi Ayurveda College and Hospital, Nazarathpettai, Chennai, 600123, on 17/07/2021. Her LMP was 16/06/2021. Her menstrual history reveals that she had increased the duration of periods by more than ten days with heavy flow. She used 4 to 5 pads/day, which

were entirely soaked. So, she consulted a Gynecologist who advised her to undergo endometrial curettage and biopsy. The biopsy report was Disordered Proliferative Endometrium. So, she was prescribed to take 10 mg of medroxyprogesterone acetate for six months. But she didn't use the prescribed medicine and subsequently visited our PTSR OPD for treatment.

Age of Menarche-13 years, LMP-16/06/2021

**Table 1: Menstrual history**

Menstrual History	Present History	Past History
Duration of Menstrual blood flow	10-12 days	Four days
The interval between two cycles	15 days	28 days
Regularity of Menstrual Cycle	Regular	Regular
The intensity of flow (Maximum no. of pads used in one day)	Five pads	Two pads
Character of flow	With clots	Without clots
Colour	Red	Red
Pain	Moderate	Mild
Foul Smell	Absent	Absent

The patient's history revealed that her appetite, micturition, and bowel habits were expected, but her sleep duration was reduced (6 hours). There was no relevant history of hypertension, thyroid disorder, or diabetes mellitus.

## Obstetric History

G2P2L2A0

L1-17 years Male (FTND)

L2- 10 years Female (FTND)

Tubectomy is done ten years back

## Clinical findings

General Examination: Built- Normal, Weight- 63 kg, BMI- 24.6 Kg/m<sup>2</sup>, Tongue- Coated, Pallor- Absent, Pulse rate- 74 beats/mi, BP- 110/80 mm of Hg, Respiration rate- 18/min, Temperature- Afebrile.

## Physical Examination

**Table 2: Ashta Vidha Pariksha**

Nadi	82 beats/min
Mutra	5-6 times a day
Mala	Once
Jihwa	Nirleptava
Shabda	Prakruta
Sparsa	Ushna
Drk	Prakruta
Akrti	Madhyama

**Table 3: Dasha vidha pariksha**

Prakruti	Vata pittaja
Vikruti	Vata, Pitta
Sara	Pitta Sara
Samhanan	Madhyama
Satva	Madhyama
Satmya	Katu Rasa Satmya
Ahara Shakti	Madhyama
Vyayama Shakti	Madhyama
Vayas	Madhyama
Pramana	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

On Inspection Vulva- Normal and healthy, and on straining -No genital prolapse was observed.

Per speculum Vaginal examination

- Cervix appearance- Congested.
- White discharge – present
- Vaginal walls – Normal

On Palpation

Per Vaginal Digital examination

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

Bimanual examination

- Uterus- Anteverted, freely mobile, average in size, firm in consistency
- Bilateral Fornices –Free, nontender.

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

## Investigations

USG 23/05/2021

Uterus 8.8x4.7x5.1 cm, anteverted, average size.

Endometrium thickened with cystic spaces.

Endometrial hyperplasia.

Right adnexa 3.5, 4.1 cm cyst present

Blood report 19/10/20212021

Hb 9.1 gm/dl

FBS 86 mg/dl

PPBS 92 mg/dl

USG findings 23/05/2022

Fatty liver

Endometrial thickness of 18mm and hyperechoic

Thyroid profile 27/05/20222022

TSH 3.440 uIU/ml

Free T4 1.9 ng/dl

Histopathology report 27/05/2022

The section shows tortuous and dilated glands, which are closely packed and surrounded by oedematous stroma.

Impression: Secretory Endometrium

### Treatment Schedule

Shamana Chikitsa (Palliative management) was planned with –

- Ashokarishtam- 20 ml BID with 40 ml water after food.
- Avipatkar Churna-5 gm with water at bedtime.
- Chandraprabha Vati- 1 tablet BID with water.

These medicines were advised on the first visit, and the rest of the other follow-ups are depicted in table 4. The main aim of the treatment was to minimize cyclic blood loss with regularization of the cycle and to improve the patient's general condition. So, the treatment was planned as shamana chikitsa. This palliative treatment was continued for one year with follow-up advice after every cycle in a month. The patient was keenly observed with follow-ups every month.

**Table 4: Follow Up**

Date	Clinical events	Treatment
23/08/2021	The patient complained of an increased interval between two cycles. Her LMP was 16/06/ 2021.	Ashokarishtam 20 ml BID Chandraprabha vati 1 BID for 15 days
27/09/2021	The patient got her menses; menstrual bleeding was reduced during this cycle. Her LMP was 11/09/2021. From day 1 to day 4, she used two pads per day, and from day 5 to 7, she used one pad. The patient complained of white discharge throughout the Cycle except during menses, and her sleep was disturbed.	Ashoka arista 20 ml with 40 ml of warm water. Chandraprabha vati 2 BID for 15 days
08/10/2021	The patient came on the third day of menses. She complained of Heavy bleeding. She was using seven pads per day, which were entirely soaked.	2 TID Tab with the composition of <i>Emblica Officinalis</i> <i>Adhatoda vasica</i> <i>Cynodon dactylon</i> <i>Mesua ferrea</i> <i>Mimosa pudica</i> <i>Symplocos racemosa</i> <i>Santalum album</i> <i>Hemidesmus indicus</i> Praval Pishti Sourashtri Bhasma Trinakantamani Pishti  Ashokarishtam 20 ml and Lodhra Asavam 20 ml with 40 ml lukewarm water.  Pushyanuga Churnam 5 gm With Tandulodak
19/10/2021	The patient came for a regular follow-up. Her LMP was 5/10/2021. She had her menses for five days. From day 1 to day 3, she used seven pads per day. On day 4, she used four pads; on day 5, she used three.	During the previous visit, medicines were continued
8/11/2021	The patient came for a regular follow-up. Improvement is seen. Her LMP was 1/11/2021. She had her menses for five days. From day 1 to 3, she used three pads per day; on day 4, she used one pad. Slight body pain was present on day 4.	The same medicines were continued.
11/12/2021	The patient came for a regular follow-up. Improvement is seen. Her LMP was 1/12/2021. She had her menses for four days. From day 1 to day 3, she used two pads; on day 4, she used one. Clots were present with mild lower abdomen pain. Her appetite was reduced.	The same medicines were continued; along with them, Ashta Churnam was added 5 gm churnam was mixed with ghritam and Taken as the first morsel of meals.
21/01/2022	The patient came for a regular follow-up. Her LMP was 15/01/2022. She had her menses for four days. From day 1 to 3, she used two pads; on day 4, she used four pads; clots were present with lower abdomen pain.	Ashokarishtam 20 ml and Lodhra Asavam 20 ml with ml of lukewarm water Sukumar Ghritam half tsp at night
18/02/22	The patient came for a regular follow-up. The patient feels good. Improvement is seen. Her LMP was 11/02/2022. She had her menses for five days. From day 1 to day 3, she used two pads and one on days 4 and 5.	Ashokarishtam 20 ml with 20 ml of warm water Chandraprabha vati 1 BID AF Sukumar ghritam at 6 am and 6 pm for 1 month
20/04/22	The patient complained of heaviness in the head frequently. Her LMP was 06/04/2022. She had her menses for 4 Days and used two pads per day. USG was advised	Ashokarishtam 20 ml with 20 ml of warm water Sukumar ghritam half tsp at night for 15 days.
23/05/2022	The patient came for a regular follow-up. Her LMP was 06/05/2022. She had her menses for four days and used two pads per day. USG findings: 23/05/2022 - Fatty liver - Endometrial thickness of 18 mm and hyperechoic Based on using finding endometrial biopsy was advised.	The same medicines continued.
25/06/2022	The patient came for a regular follow-up. Her LMP was 04/06/2022. She had her menses for four days. Histopathology report: 27/05/2022 The section shows tortuous and dilated glands, which are closely packed and surrounded by oedematous stroma. <b>Impression: Secretory Endometrium</b>	Shatavari gulam half tsp BID ES Ashoka arishtam 20 ml with 40 ml of warm water AF

## RESULT AND DISCUSSION

The menstrual cycle duration was 28 days to 3-4 days. The amount of menstrual bleeding was reduced from 5 pads/day to 2 pads/day without clots, and she remained entirely asymptomatic with a regular menstrual cycle during this period.

Acharya Charaka explained asrigdara as a disease of vitiated rakta and pittaavrutata apan vayu<sup>6</sup>. Due to hetusevana, tri-dosha, mainly pitta, vata, and rakta, get vitiated, vitiated rakta increases in amount, and raja increases in amount. Aggravated vayu with vitiated rakta reaches raja carrying vessels of the uterus. Thus excessive raja comes out as heavy menses is called asrigdara<sup>7</sup>.

### Samprapti Ghataka of Asrigdara

- Dosha – Vata-Pitta- Pradhana,
- Dushya – Rakta (Pradhana) with Artava, Rasa
- Agni - Jathragnimandya
- Adhishthana - Garbhashaya, Artavavahi Strotasa
- Strotasa - Raktavahi, Artavavahi, Rasavahi
- Srtoto-Dusti Prakara – Atipravritti
- Roga Marga – Aabhyantara

This case was treated on the line treatment of Raktarsha, as mentioned by Acharya Charaka<sup>8</sup>.

Raktarsha treatment<sup>9</sup> includes:

- Deepan-Pachan
- Agnivardhan
- Rakta Samgrahan
- Dosha pachan by tikta, kashaya rasa

The components of the medicines used throughout the treatment are tikta and katu rasa. Tikta and katu rasa have deepan and pachan action, which results in agni vardhan and ama pachan hence curing the jathragnimandya in asrigdara. The agni vardhan and ama pachan result in sroto-shodhan, which leads to prakriti rasa and rakta formation.

Tikta, kashaya rasa pradhan asava, and arista are used in the treatment. These rasas perform shleshma-rakta-pitta prashamana, sangrahi, and stambhaka actions which help in raktasangrahana and raktastambhana, thus controlling the excessive bleeding in asrigdara. The chala guna of vayu plays an essential role in forming the basic samprapti of asrigdara. Arista has ushna virya results into vata shaman. Vata-pitta shaman ghrita is also added to the treatment as these two are the dominant doshas in the samprapti of asrigdara. Some medicines were used for symptomatic relief, according to the patient complaint.

In the endometrial biopsy report before treatment, the impression was disordered proliferative pattern endometrium, a vague term used for endometrial hyperplasia. Endometrial hyperplasia is a disorder of the proliferation of endometrial glands. It results from the unopposed Estrogenic stimulation of the endometrial tissue with a relative deficiency of the counterbalancing effects of progesterone<sup>10</sup>. If we look at it from the ayurvedic aspect, vata dosha has the vibhajan (division) property. So vitiated vata dosha may be responsible for the disordered proliferation of the endometrium. In the treatment administered to the patient, the main focus was balancing the doshas and the jhataragni.

In the endometrial biopsy report after treatment, the impression was normal secretory endometrium was found there was no sign of the abnormal proliferation of cells.

## CONCLUSION

From this case study, we can prove that HMB can be effectively treated through the principles of Ayurveda. So Ayurvedic treatment can be opted for treating the HMB cases. The Ayurvedic treatment is cost-effective and has minimum adverse effects compared to modern medicine hormonal treatment.

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