Case Study

A CASE REPORT ON EFFECTIVE MANAGEMENT OF ASRIGDARA

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ABSTRACT

Any uterine bleeding outside the normal volume, duration, regularity or frequency is considered as abnormal uterine bleeding (AUB). Nearly thirty percent of all gynaecological outpatient attendants are for AUB. Abnormal menstrual bleeding pattern have been traditionally expressed by terms like menorrhagia, metrorrhagia, polymenorrhagia & oligomenorrhoea. Normal menstrual cycle interval is 28 days (21-35 days), menstrual flow duration 4-5 days and normal menstrual blood loss should be 35ml (20-80 ml). Any deviation in the above criteria comes under abnormal uterine bleeding, means excessive amount of bleeding or increased duration of bleeding during menstruation or both termed as AUB. In Ayurveda same is described as Pradara. A female patient aged 22 years visited OPD of Prasuti Tantra and Stri Roga department of NIA, with complaints of heavy menstrual bleeding and prolonged menstrual bleeding more than seven days since six months. Pictorial blood loss assessment chart was used to assess the amount of blood loss before and after treatment. SF-36 questionnaire was assessed to know the improvement in quality of life. Patient was given Kutajashtakaleha 10 gm BD with cows milk.

KEYWORDS: Abnormal Uterine Bleeding, Pictorial Blood Loss assessment Chart, SF-36 Questionaire, Kutajashtakieha.

INTRODUCTION

Asrigdara is a disease in which manifestation of excessive bleeding per vaginum takes place. Acharya Charaka described Asrigdara as a separate disease along with its management in Yoni Vyapada Chikitsa adhyaya[1], Charaka also described it, as one of the Raktaja Vikara[2]. Acharya Sushruta described it as a separate disease in Sharira Sthana in Shukra Shonita Shuddhi Sharira[3] Adhyaya Sushruta also mentioned Asrigdara under Pitta Samyukta Apana vayu and in Rakta Doshaja Vikara. Menstruation of a woman is considered normal if it possess following characters.

- Intermittent period of one month.
- Duration of blood loss – 5 days
- Not associated with pain or burning sensations or any foul smell.
- Blood of menstrual flow is not very scanty and excessive in amount.

- Colour of menstrual blood is like Gunja phala (fruit of jequirity) red lotus flower, like Alaktaka (Mahavara), colour of an insect called Indragopa, blood of rabbit or like red juice of Laksa.
- Menstrual blood doesn't stain the cloth (after washing).

Bhavamisra has explained that the variation in colour of menstrual blood (dark red / reddish black) is due to variation in Prakriti (Basic constitution) of each individual and vitiated dosha are responsible for symptoms like pain, burning sensation etc.

Duration of Menstrual flow

From the age of 12-50 yrs menstruation occurs every month (lunar month) for 3 days or 5 days[4] or 7days.
Table 1: Showing Status of Dosha During Different Stages of Menstrual Cycle\(^5\)

| Specific Age | Duration | Condition of reproductive system | Dominant Dosha |
|--------------|----------|----------------------------------|---------------|
| Rajahkala (menstrual phase) | 3-5 or 7 days | Menstrual blood loss | Vata |
| Ritukala (Proliferative phase including ovulation) | 12 or 16 days or whole month, even without menstruation | Establishment of Navina raja/endometrium (new cycles), optimum chances of fertilization, increased sexual desire | Kapha |
| Rituvyayitakala (Secretory phase) | 9-13 days | Presence of Purana Raja and constriction of Yoni, less chances of conception, raised body temperature. | Pitta |

_Nidana_ plays the prime role in the initiation of pathogenesis which proceeds towards the development of disease. Excessive intake of salty, sour, heavy _Katu_ (hot), _Vidahi_ (producing burning sensation) and unctuous substances, meat of domestic, aquatic, _Payasa, Sukta, Mastu_ & wine, are considered as _Nidana_ and these should be avoided.

The main _Nidana for Asrigdara_ and their effects on _Dosha and Dhatu_ is tabulated below:

Table 2: _Nidana of Asrigdara\(^6\)

| Nidana | Effects on Dosha and Dhatu |
|--------|-----------------------------|
| Lavana Rasa (Jala + Agni) | Pitta Prakopa, Rakta-Vardhana, Dhatukshaya |
| Amla Rasa (Prithvi + Agni) | Pitta Vriddhi, Rakta Dusti, Mamsa Vidaha |
| Guru Annapana (Prithvi + Jala) | Kledakara, Kapha Prakopa |
| Katu Rasa (Agni + Vayu) | Rakta Sravaka, Shonita Samghata Bhedana |
| Vidahi Annapana (Agni + Vayu) | Pitta Prakopa |
| Snigdha Annapana (Prithvi + Jala) | Kledakara, Kapha Prakopa |
| Pishita anna (Abhishayandi) | Kaphabhishyandi |
| Krishara | Kapha – Pitta Prakopa |
| Payasam (Guru Vishtambhi), Dadhi | Kapha-Meda vridhhi |
| Mastu, Sura, Gramyodaka | Kapha-Pitta Prakopa |

In the woman who consumes the _Hetu_ enlisted above in _Nidana_, her aggravated _Vayu_ with holding the vitiated _Rakta_ that is also vitiated due to the _Nidana Sevana_, carries it to the _Raja_ carrying uterine vessels and increases the amount of _Raja_. This increment in amount of _Raja/Rakta_ is due to increase amount of _Rasa_. Ultimately the amount of menstrual flow increases, this treatise is known as _Asrigdara_. The drug _Kutajashtakleha_ was taken for the study from Chakradutta\(^7\) and the ingredients are _Kutaja, Salmali, Patha, Samanga, Ativisha, Mastu, Bilva, Dhataki, Sharkara, Ghrita_. Mainly, the above drug contains _Tikta, Kashaya Kaphapittashamaka_ properties. Hence, this formulation was taken for the present study.

Here, the ingredients and preparations of _Kutajashtakleha_ are being discussed below:

_Kutajashtakleha: Kutajashtakaleha_ (Chakradutta 3/86-89)

| S.no. | Ingredient | Scientific name | Useful part |
|-------|------------|-----------------|-------------|
| 1.    | Kutaja     | Holarrhena antidysenterica Linn. Wall. | Kand-Tvak (stem bark) |
| 2.    | Salmali    | Salmalia malabarica Schott & Endl. | Niryas (Mochrasa) |
| 3.    | Patha      | Cissampelos pareira Linn. | Mula |
| 4.    | Samanga    | Mimosa pudica Linn. | Panchang |
| 5.    | Ativisha   | Aconitum heterophyllum Wall. | Mula |
| 6.    | Musta      | Cyperus rotundus Linn. | Kanda (Tuber) |
| 7.    | Bilva      | Aegle marmelos Corr. | Bilvamajja |
Kutaja being, Tikta (bitter) and Kasaya (astringent) in Rasa, it would induce vomiting and nausea in some patient. So for the palatability of patients, during the preparation of Kutajashtakaleha, sugar and Ghrita was added according to the Avaleha Kalpa.

Preparation of the Drugs[8]

Kutajashtakaleha was prepared in the Pharmacy of Department of Rasashastra and Bhaishajya kalpana at National Institute of Ayurveda (GMP certified), Jaipur (Rajasthan).

Avaleha or Lehya is a semi-solid preparation of drugs, prepared with addition of jaggery, sugar or sugar-candy and boiled with prescribed drug juice or decoction. They are also known as Modaka, Guda, Khanda, Rasayana, Leha etc.

Method of preparation

These preparations generally have (1) Kasaya or other liquids, (2) jaggery, sugar or sugar- candy, (3) powders or pulps of certain drugs; and (4) ghee or oil and honey. Jaggery, sugar or sugar-candy is dissolved in the liquid and strained to remove the foreign particles. At first Kutaja kanda Tvak was taken. Then it was washed properly. Then Kwath was prepared by adding 8 parts of water in mild fire and is reduced till 1/8\textsuperscript{th} part of liquid remains. Then Kwatha was filtered using a clean dry cloth and is further boiled and reduced until it attains thicker consistency\textsuperscript{[9]}. Then sugar solution is boiled over a moderate fire. When the Paka (Phanita) is thready (Tantuvat) when pressed between two fingers or when it sinks in water without getting easily dissolved, was removed from the fire. Fine powders of drugs ( prakshepa dravyas) were then added and stirred continuously and vigorously to form a homogenous mixture. Ghee was added while the preparation is still hot and mixed well.

Materials And Methods

Present study was carried out in National Institute of Ayurveda, Jaipur. 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 investigations. Pictorial blood loss assessment and RAND- SF-36 questionnaire was adopted. Ethics clearance was obtained from institutional ethics committee, National Institute of Ayurveda, Jaipur.

Case Report

An Unmarried patient aged 22 years attended the OPD of Prasuti tantra and Stri roga at Arogyashala National Institute of Ayurveda Jaipur on 28/9/2020. Her LMP was 22/9/2020. Her menstrual history reveals increased blood flow during menstruation associated with clots which affected her daily routine as well. On enquiry, she told that duration of menses was seven to eight days. With clots for initial first and second day. Bleeding was heavy on the first day. Pictorial blood loss assessment chart was used to note the amount of blood. Pain was severe in low back with no history of abdomen pain.

Menstrual History

Age of menarche- 14 years L.M.P.- 22-9-2020

| No. | Menstrual History                                      | Present history | Past history |
|-----|-------------------------------------------------------|-----------------|--------------|
| 1.  | Duration of menstrual blood flow                      | 7-8 Days        | 3-4 Days     |
| 2.  | Interval between two cycles if present then           | Absent          | Absent       |
|     | intermenstrual bleeding                               |                 |              |
| 3.  | Regularity of Menstrual cycle                         | Regular         | Regular      |
| 4.  | Intensity of flow(maximum no. of pads used in one day) | 7 pads          | 3 pads       |
| 5.  | Character of flow                                     | With clots      | Without clots|
| 6.  | Colour                                                | Red             | Red          |
| 7.  | Pain                                                  | Severe          | Moderate     |
| 8.  | Foul smell                                            | Absent          | Absent       |

Past medical history reveals that she used to take analgesics for Dysmenorrhoea.

Personal history of the patient revealed that her appetite, sleep, micturition and bowel habit normal. There was no relevant history of hypertension, thyroid disorder, diabetes mellitus and no history of surgical intervention for the patient.

Clinical Findings

General examinations: Built – Normal, Weight –42 Kgs BMI-18.42, Tongue –Coated, Pallor–Absent, Pulse

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Rate-72/Min, BP-110/70 Mm of Hg, Respiration Rate 18/Min, Temp – 98.3F

**Physical examination:**

**Ashta vidha pariksha**
- Nadi – 72/min
- Mutra – 5-6 times/day
- Mala – twice /day
- Jihwa – normal
- Shabda – Samanya
- Sparsha – Ushna
- Drika – Malina
- Aakriti – Krisha

**Dashvidha pariksha**
- Prakriti – Vatapittaj
- Vikriti – Vikriti visham samavaya
- Sara – Madhyaama
- Samhanana- Avara
- Pramana – Madhyam
- Satmya – Mishra ras
- Satva –Madhyam
- Vaya – Yuvati
- Vyayamshakti – Madhyam
- Aharashakti – Abhyavarana shakti – Madhyam

**Systemic Examination:** On Systemic Examination, there was no significant abnormality noted.

**Investigations**
- CBC
- Hb: 11.6g/dl
- HCT:36
- Others: WNL
- ESR:16mm
- LFT: WNL
- RFT: WNL
- TFT: WNL
- RBS : 92 mg/dl
- HIV I & II – Non Reactive
- VDRL: Non Reactive
- HBsAg : Negative

| Parameters | Before treatment | After first follow up |
|------------|------------------|----------------------|
| Duration of menses | 7-8 days | 5 days |
| Pain during menses | Daily activities were inhibited, pain continuous after administration of analgesics. | Menstruation was mild painful but daily activities are not affected, no need of analgesics. |
| Body ache | Present | Absent |
| Total no. of pads | 36 pads | 14 pads |
| Clots | Present on first and second day (size 10 rupee coin ) | Present on second day of period (size reduced to 25 paisa coin) |
| Flooding | Present on first day | Absent |

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**Treatments Administered**
- Kutajashtakleha 10gm BD with Go Dugdha for 20 days
- Trial duration: 2 menstrual cycles
- Reporting time: After completion of one cycle (Intermittent Report) as a part of clinical trial and total duration of two menstrual cycles. But in the present case after completion of first follow up patient showed tremendous relief. And hence in the present paper intermittent trends are presenting.

**Observation & Result**

Patient was given above treatment with Kutajashtakleha. When patient visited on September 28/9/2020, according to pictorial blood loss assessment her flow was very excessive. She has used 5 pads heavy and 2 medium pads on first day on menses. Clots were present whose size was in diameter of 10 rupee coin. Flooding was also present on first day. Then same continue on second day. On third day she used 4 pads heavy, 2 pads medium and one pad with light blood stain. Then again on fourth day, pads was reduced 3 pads medium and one light, on fifth day, 3 pads medium, on 6th day, 1 heavy, 2 medium and 1 light. On 7th day 2 pads medium and one light and on 8th day one pad light is seen. Patient took the medicine then she visited on 23/10/2020 to OPD. She got her period on 19/10/2020. The day she visited was fifth of period. Duration of menses has reduced 8 days from 5 days. Pad history revealed that on first day, she has used 5 pads heavy with no clots and flooding. On second day, she used 4 days pads heavy. On third day she used 2 pads heavy, on 4th day she used one light pad & on 5th day spot of blood is seen.
Kutajashtakaleha has a direct reference in Chakradatta for Asrigdara. It has got Tikta and Kashaya Rasa, Laghu, Ruksha Guna, Katu Vipaka and Sheeta Veerya. Analysis of various contents of Kutajashtakaleha reveals that they have got Deepana, Pachana, Raktastambha, Raka Sangrahi, Raktraprasada, Balya activities were present in all the drugs. While Dahaprashamana activity was found in Shalmali, Patha, Dhataki, Trishnanigrahana property in Musta, Yakritottejaka and Pittasara property in Bilwa. All the components of Kutajashtakaleha were Kaphapittashakam, while Patha and Ativisha were found Tridoshshamaka and Bilwa was Kaphavata shakamaka. These drugs are having Kashya and Tikta rasa predominantly hence exert astringent property, thereby helps in reduction of bleeding.

CONCLUSION

Kutajashtakaleha has Deepan, Pachana, Rakastambha, Raktasangrahi, Raktraprasada, Balya activity. Asrigdara is the disease of vitiated Rakta. Therefore it can be considered that Vayu can also be vitiates due to being covered by Pitta. The Chala Guna of Vayu and Sara, Drava Guna of Pitta plays an important role in forming basic Samprapti of Asrigdara.

DISCUSSION: Hence According to line of treatment of Raktarsha; Deepana, Pachana, Agni Vardhana, Rakta Sangrahana and Dosa Pachana should be done by Tikta & Kashaya Rasa Pradhana Dravya.

Samprapti Ghataka of Asrigdara

- Doshya – Vata-Pitta Pradhana,
- Dushya – Rakta (Pradhana) and Artava, Rasa
- Agni - Jathragnimandya
- Adhishthana - Garbhshaya, Artavavahi Srotasa
- Srotasa - Raktavahi, Artavavahi, Rasavahi
- Srototo-Dusti Prakara - Atipravritti
- Roga Marga – Aabhyantara

Probable Mode of Action of Kutajashtakaleha[10]

Asrigdara is the disease of vitiated Rakta. Therefore it can be considered that Vayu can also be vitiates due to being covered by Pitta. The Chala Guna of Vayu and Sara, Drava Guna of Pitta plays an important role in forming basic Samprapti of Asrigdara.

By Rasa Panchaka

Rasa: Most of the components of Kutajashtakaleha have Tikta and Kashaya Rasa. These Rasas have Agni Deepana and Pachana properties which help to cure Agnirupakamandya condition. These Rasas also perform Shleshma-Rakta-Pitta Prashamana, Sangrahi and Stambhaka actions which help in Raktasangrahana and Raktapasana.

Guna: Most of the components of Kutajashtakaleha have Laghu and Ruksha Guna. These Guna help in Shoshana of increase Rakta Dhatu in Asrigdara & also does Agni-Deepana and Amapachana.

Vipaka: Most of the components of Kutajashtakaleha have Katu Vipaka. It does Agni-Deepana and Kapha Shama.

Veerya: Most of the components of Kutajashtakaleha have Sheeta Veerya. Sheeta Veerya does Pittasamapana, Rakta-sangrahana / Rakta-stambhana and Dahaprasamana, that corrects burning sensation and excessive blood loss.

Effects on Dosha: Most of the components of Kutajashtakaleha having Kapha-pittashamana properties along with Tridoshshara karma. Then it pacifies the Pitta dosha predominantly and breaking the pathogenesis of disease by Tridoshshara karma.

### SF-36 Questionnaire for Quality of Life

| Parameters                    | Before treatment | After first follow up |
|-------------------------------|------------------|-----------------------|
| SF-36 questionaire for quality of life | Score before treatment (BT) | Score after first follow up |
|                               | 53               | 75                    |

Available online at: [http://ijapr.in](http://ijapr.in)
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