MANAGEMENT OF ASRIGDARA THROUGH VIRECHANA KARMA

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ABSTRACT

Dysfunctional uterine bleeding is a state of Abnormal uterine bleeding (AUB) without any clinically detectable organic, systemic & iatrogenic cause (pelvic pathology like tumor, inflammations excluded). DUB represents a particular type of AUB and is defined as excessive, prolonged and irregular bleeding of endometrium with frequency less than 21 days, duration more than seven days that does not cause pain and does not involve any organic lesion. Based on the clinical features it can be compared with Asrigdara mentioned in Ayurvedic classics. Asrigdara is one of the commonly met problems in Gynae OPD among peri menopausal women. One half of women among the AUB will have DUB. 10-15% of women experience episodes of DUB at some time during their reproductive age. This study was conducted in a single patient. A lady of age 41 years, having problem of prolonged bleeding since one and half years came to OPD of Prasuti and Stri roga, National Institute of Ayurveda, Jaipur. She had taken hormonal preparations and haemostatics for five continuous months along with D&C done for same problem, after wards bleeding increased even more and then doctors have given hysterectomy advice as the last resort. Patient was posted for Virechan Karma as classical schedule owing to her Agni and Vyayamshakti. Snehapan was done by Gokshura and Virechan was done by Trivritalehyam. Followed by few oral medicines after Samsarjana Karma. The patient was followed up for three months. There is significant reduction in amount of blood flow along with increased inter – menstrual period. Thus, we can conclude from the study that Ayurveda regimen plays an effective role in management of Asrigdara.

KEYWORDS: Asrigdara, Virechana Karma, Trivritalehyam.

INTRODUCTION

Ayurvedic classics have used different types of words for menstruation or menstrual blood like Rajah, Artava, Shonita, Rakta, Pushpa, Lohita, Beeja etc. Acharya Susruta has described that in females it’s the Rasa dhatu which flows in the form of blood every month named as Rajah[1]. In this context Dalhana commented that the blood or Rakta flowing out of female vagina is known as Rajah.

Twelve years is considered as the age of Menarche and Acharya Kashyapa mentioned 16 years as the age of Menarche, which is probably the description of appropriate age for conception. Further, it is said that this age can be influenced specific diet and health status of the girl. There may be slight variation in individual cases as menarche may occur at eleven years.

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 Laksha.
- 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.
- From the age of 12-50 yrs menstruation occurs every month (lunar month) for 3 days or 5 days[2] or 7 days.


Asrigdara is a disease in which manifestation of excessive bleeding per vagina is there. Acharya Charaka described Asrigdara as a separate disease along with its management in Yonivyapad Chikitsa adhyaya [1], Charaka also described it, as one of the Raktaja Vikara [4] and also in Pitta Avrita Apana Vayu [5]. Acharya Sushruta described it as a separate disease in Sharira Shthana in Shukra Shonita Shuddhi Sharira Adhyaya.[6] Sushruta also mentioned Asrigdara under Pitta Samyuaka Apana vayu [7] and in Raktu Doshaja Vikara. [8] Ashtanga Sangraha described Raktayoni and mentioned Asrigdara and Pradara as its synonyms[9]. Ashtanga Hridaya described Raktayoni, but nothing is mentioned about Asrigdara or Pradara [10] and hence it is explained under synonym of Raktu pradara at some places. Due to Pradrirana (excessive excretion) of Raja (Menstrual Blood), it is named as Pradara, and because there is Dirana (excessive excretion) of Asrik (Menstrual Blood) hence it is known as Asrigdara.

Causative factors which are responsible for Rakta and Tridosha vitiation and aggravation mainly Pitta like excessive spicy and oily foods, irregular meal times, mental and physical stress, etc. causes Aartavadushhti. Beside these, avoidance of Rajaswala Paricharya (mode of living during menstruation mentioned in Ayurvedic Granthas) Dushthaartava (vitiated menstrual blood) is one of the cause of Yonivyapada (menstrual and gynaecological disorders) [11].

Virechana means “Mala Nissarana” i.e., elimination of mala through the rectal route in the body. But in Ayurveda the word Virechana is used for indication of only the elimination of mala through Adhohbhaga i.e., Guda (Anal route). Even in case of Niruvhavasti Mala are eliminated through Guda, but Adhohbhagaharana type of Shodhana is not produced here i.e., elimination of Aama and Pakwashayagata mala. Certain specific terminology is used in Ayurveda to indicate the elimination of mala other than through Guda e.g., Vanama, Shirovirechana. Virechana is the process in which the orally administered drug can eliminate the vitiated Doshas through Adhomarga and it comprises special treatment for Pittadosha. Virechana is a specially indicated in vitiation of Pitta Dosha. For the treatment of various diseases Ayurveda nurtures two notions viz. Shodhana and Shamana. Ayurvedic classics gives paramount importance to the Shodhana therapy, owing to its credential of providing a complete cure. If Doshas are depleted with Shamana therapy, there are chances to provoke that Doshas again, but if they are removed by Shodhana therapy, there are not chances to provoke again. [12]

Role of Virechana in Menstrual Disorders
- In all Samhita Granthas, Virechana is indicated in Yonidosh / Yoniroga [13]
- In Charaka Samhita Grantha, Virechana Karma is suggested for Yonivyapada Sammanya Chikitsa Siddhant (line of treatment for Menstrual and other Gynaecological disorders) [14]
- Virechana has been indicated where in Charaka has suggested the use of Mahatiktaka Ghrita for Snehapan and then Virechana in Pittaja type of Asrigdara [15],
- According to Kashyapa, Asrigdara should be treated by Virechana [16]
- The predominant Dosha in Asrigdara being Pitta and also Raktadushti is there, Virechana serves as the best Shodhana therapy [17],
- According to Acharya Bhela, Virechana should be used in Sannipatika condition of morbidity, so it will be effective in all types of Asrigdara.
- Apanavrutta pitta is one of the main cause leading to Asrigdara and Virechana helps to pacify the Apana Vayu. [18]

MATERIAL AND METHODS

Present study was carried out in National institute of Ayurveda, Jaipur. Informed and written consent was taken from the subject. 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.

Case Report

A lady of age 41 years, having problem of Prolonged Bleeding since one and half years came to OPD of Prasuti and Sri Roga, National Institute of Ayurveda, Jaipur. Her menstrual history reveals prolonged bleeding since one and half years. On enquiry, she told that duration of menses was upto eight days at interval of sixteen days, amount was D1 – D5 (4-5pads/day). Then it was followed by one-two pads daily. Pain was mild in low back with no history of abdominal pain.

Clinical Findings

General examination of patient was done, patient Built was normal, Weight was 55kg, Basal Metabolic Index was 25kg/M2, tongue was coated. Pallor was not present and her pulse rate was 74beats/min. Blood Pressure Examination was done and the reading was 110/80mm of Hg. Respiratory Rate was 18/min and her Temperature was afebrile.

Physical Examination

Astavidha parisha was performed, and the patient Nadi was 74 beats/min, Mutra was 5-6 times/day, Jivha was Lipta, Shabda was Prakrita,
**Sparsha was Anushna Sheeta, Drika was Prakrita and Aakriti was Madhyam.**

Dashbidha Pariksha was also done, Prakriti was Vatapittaja, Vikriti was Madhyam, Bala was Madhyam, Sara was Madhyam, Samhana was Madhyam, Satmya was Madhyam, Pramana was Madhyam, Aahaara Shakti was (Abhyavarana Shakti: Madhyam, Jarana Shakti: Madhyam), Vyayam Shakti was Avara and Vaya was Madhyam.

Along with this examination Systemic examination was also performed. Per abdomen was soft, non-tender, no organomegaly (on palpation), CSVs: NAD, CNS: conscious and well oriented, RS: B/L NVBS heard.

Along with these, Gynaecological examination was performed, vulva was normal and healthy and on straining no Genital Prolpase was observed (on inspection), after that per speculum examination was performed which showed cervix appearance normal, healthy, white discharge was not present and vaginal walls were normal.

Per vaginal digital examination was done, cervix was firm in consistency, mobile and non-tender, there was no abnormality detected on palpation of vaginal walls. Again bimannual examination was done, uterus was anteverted, freely mobile and there was no tenderness. Bilateral fornices was free and non-tender. (On palpation)

**Investigations**

Haemoglobin was 10.2gm%, Bleeding time was 2’15” and clotting time was 4’0”. ESR was 18mm per hour, platelet count was 2.68 lakhs, RBS was 80mg/dl, urine routine and microbial examination was normal. Thyroid function test was within normal limit. Liver function test and renal function test was within normal limit. Ultrasonography (Abdomen and pelvis) was normal in study.

**Treatment Administered**

At first Deepan Pachana was done for three days which was followed by Snehanpan for five days and Samyaksnehahalakshana appeared (Vatanulomana, Agnideepti ). Then after Abhyanga Swedana was done for three days. Then after Virechan Karma on third day of Snehaswedana with Trivrityadilehyam was done.

**Purvakarma**

The patient was administered Panchakola Churna in a dose of three grams twice daily with one glass of warm water, half an hour before food, the treatment was given till the Nirama Lakshanas was observed. After Aampachana with Panchakola Churna the patient was given 30ml Go Ghrita on empty stomach and the patient was asked to take warm water in between. After Samyak Snigdha Lakxanas the patient was given Bahya Snehan which was followed by Parishek Sweda with hot water for three days.

**Pradhana Karma**

Based on the status of Agni, 60 grams of Trivritalehyam was administered to the patient on the third day of Abhyanga and Parisheka Sweda at about 9:30am on empty stomach, during each Vega the patient was advised to take small quantity of warm water.

**Paschath Karma**

The patient was advised to follow Samsarjana Karma for five days. After Samshodhana, Agnimandya usually occurs because the Doshas come to Amasaya, so Peyadi Karma was recommended to increase the Agni up to the normal level.

**RESULT**

Madhyamsuddhi (15 vegas) was obtained.

Patient was followed by following oral medicines, Avipatikar Churna 5gm BD before food, Lodhra Churna 5gm BD after food with Honey.

| Observations | Visits | LMP | IMP | Pads/Day | Others |
|--------------|-------|-----|-----|----------|--------|
| 1st visit    | 10/3/2018 | 16 days | D1 – D5= 4-5 pads/day then followed 1-2 pads daily | Total pads 35 in first visit |
| 2nd visit    | 4/4/2018 | 26 days | D1: 6 , D2: 5, D3: 3, D4:1 | 15 |
| 3rd visit    | 24/4/2018 | 24 days | D1: 6, D2: 7, D3: 5, D4:1 | 19 |
| 4th visit    | 21/5/2018 | 23 days | D1:3, D2:5, D3:5, D4:1 | 14 |

The duration of menstrual cycle was reduced from 10-15 days to 3-4 days. Amount of bleeding was also reduced from 35 pads total to 14 pads without clots and she remained fully asymptomatic with regular menstrual cycle during this period.
DISCUSSION

Trivrittlehyam is having Tikta rasa, Tikta rasa has the property of Deepana, Pachana, Raktaprasadan, Dahaprashaman, shoshana of Mala, Mutra, Pitta, Kapha. (ch. Su – 26) Virechana has been indicated where in Charaka has suggested the use of Mahatiktaka Ghrita for Virechana in Pittaja type of Asrigdara. The predominant Dosha being Pitta, Virechana serves as the best Shodhana therapy. Virechana drugs are possessing the Prabhava as Adhobhagahara, which can be inferred that there is a dominancy of Prithvi and Jalamahabhuta. But even the drugs having the dominance of these two Mahabhuta and its own Prabhava, that the Virechana action is appreciated. Qualities of Virechana Dravyas. They are having Ushna, Teekshna, Sukshma, Vyavayi & Vikasiguna. But the Virechana dravyas mostly act by virtue of their Prabhava. According to Charaka, the Virechana drugs first get absorbed, than reaches to the Heart, Dhamani, macro and micro channels of the body and reach where Doshas are accumulated. They soften the compactness of the Doshas and break the bigger molecules to smaller ones. So, they may be excreted secreted out in to intestine. [19]. When Doshas or Mala are excreted in to intestine, they are evacuated through the lower portion of the gut by purgation. This may be called as local action of Virechana. Ayurvedic shodhana karma are “physician induced mild inflammation” mainly Vamana and Virechana drugs are quite irritant to the stomach and the intestinal mucosa respectively, to cause inflammation. Due to this the permeability of the membrane changes and those substances come out due to the changed permeability which cannot come out in normal condition. The gross sign of inflammation are redness, heat, swelling and pain and loss of functions.

Thus, conservative management through Ayurveda is a better alternative to hormonal therapy. Virechana karma in this case removed the vitiated Rajas and regulated Apana Vayu. Apanavritta pitta is one of the main causes leading to Asrigdara and Virechana helps to pacify the Apana Vayu [20].

CONCLUSION

Virechana is a treatment for Pitta Sansargaja Dosha. Virechana Karma has direct effect on Agnisthana (hampered Agni is one of the initiating factors information of vitiated Raja). It pacifies the vitiated kapha and Vatadosha and removes vitiated excessive Pitta and thus do Raktashodhan. It does the quality of Srotovishodhana. So it will help in destroying the disease from its root rather than temporary relief from menstrual disorders. So Virechana therapy will be beneficial Shodhana therapy in menstrual disorders, for vanishing disease permanently and maintaining healthy menstrual cycle and we can counter the adverse effects over reproduction by avoiding menstrual disorders.

Hence, excessive menstrual bleeding was controlled. Moreover, no side effect was reported and cured the disease with minimal recurrence rate. Hence, further studies in a larger sample is required to generalize the outcome.

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