Role of Sharapunkha moola churna with Tandulodaka Anupana in Menorrhagia (Asrigdara) - A Case report

Pradipkumar B. Giri¹*, Jaimala Annasaheb Jadhav²

1. Associate Professor and HOD, Dept. of Prasutitantra and Srirog, DMM Ayurved Mahavidyalaya, Yavatmal, (M.S.), Contact no. +91 9822426812 Email: pradip.giri1312@gmail.com
2. Associate professor and HOD, Dravyaguna dept, GMS Ayurveda Mahavidyalaya, Pusad, Dist. Yavatmal, (M.S.) Contact no. +91 9922190843 Email: jaymala.jadhav0610@gmail.com

ABSTRACT
Menorrhagia is a most common gynecological problem found in gynae OPD. It is not a disease but it is symptom found in many gynecological disorders. Menorrhagia is characterized by the excessive bleeding per vagina in amount and duration both. In Ayurvedic classics, Menorrhagia is termed as ‘Asrigdara’, means excessive discharge of blood per vaginum, backache, pain in lower abdomen and weakness are also present in this disease. Asrigdara, also known as Raktapradara, is mainly due to vitiation of Vata, Pitta and Rakta dosha hence, the treatment should be based on the use of drugs which are having predominance of Kashaya and Tikta rasa. They are known as best astringent and because of this property they play an important role in relieving bleeding discharge due to its Stambhana action. In Ayurveda classics, many preparations can be used for management of Asrigdara by considering factors such as parity, age & desire of patient with regard to contraception, future pregnancy etc. Which are non-hormonal, non-surgical & most effective without side effects and also cost effective. In this case, Sharapunkha (i.e. Tephrosia purpurea, Pers) mula Churna with Tandulodaka was selected for screening and re-establishing its specific effect in the management of Menorrhagia.

Keywords: Menorrhagia, Asrigdara, Raktapradara, Sharapunkha mula, Tandulodaka

INTRODUCTION
Normal menstrual bleeding is cyclic, 3-5 days durations and 50-60 ml with its normal color as described in Ayurvedic classics. But when normal menstrual bleeding pattern is altered in reference of duration, amount, color and cycle, the conditions are called Artavadushti and Menorrhagia is being one of them. Menorrhagia can occur due to many reasons, including menstrual cycle, emotional stress, nutritional status, infections, pregnancy, usage of medications including birth control pills, and sexual arousal.

In Ayurvedic classics, all the gynecological disorders come under the heading of ‘Yonivyapad’. Most of the Yonivyapada have characteristic features of menorrhagia such as Raktaayoni, Rudhirkashara, Putraghni, Apraja etc. Among Ashta-artavadushti, in Raktaja artava-dushti, menorrhagia is also found as prominent symptom .The word Asrigdara has described in Bruhattrayee for excessive bleeding per vaginum. Asrigdara (Menorrhagia) is not a disease, but a
symptom of so many diseases. Sometimes this symptom becomes so severe and it overshadows the other symptoms of actual disease and patients come to OPD for the treatment of only this symptom. Therefore, Charaka, Vagbhata etc. have described only its symptomatic treatment.

Menorrhagia is managed with medical care such as NSAIDs, OCPs, IUD, GnRH agonists, Conjugated estrogens, Tranexamic acid and Surgical care such as D&C, TCRE, Endometrial laser ablation, Thermal baloona therapy, HTA, Cryoablation, Microwave endometrial ablation (MEA) and Radiofrequency electricity and also Surgical techniques like Myomectomy, Hysterectomy. But these treatments may cause many side effects; also these are very expensive and invasive. To minimize such side effects as well as to cure disease and to prohibit occurrence of secondary disease, an attempt is made to manage this condition by ayurvedic approach which is less expensive and non invasive also.

Sharapunkha moola having vata-pitta alleviating properties; it is claimed as possessing Rakta-pradara karma. Therefore, Sharapunkha moola was selected for the study for screening and re-establishing its specific effect in the management of Menorrhagia.

AIM:
To study the effect of Sharapunkha moola churna in Menorrhagia (Asrigdara)

OBJECTIVES:
- To study efficacy of Sharapunkha moola churna in Menorrhagia (Asrigdara)
- To carry out a comprehensive literary study of Asrigdara

Review of Disease:

Definition of Asrigdara: Due to Dirana (excessive secretion) of Asrik (menstrual blood) in this disease, it is known as Asrigdara. It is also called as Rakta-pradara रक्ताप्रदरा (Vaid. Susr. Samh. 30/209) due to Pradīraṇa (excessive secretion) of Raja (menstrual blood).[1]

Etiology: According to Acharya Charaka, Sushruta, Vagbhata and Vriddha Vagbhata etc. have described different cause of Asrigdara in their texts which are given below.

| S.N. | Samhita           | Etiological factors                                      |
|------|-------------------|----------------------------------------------------------|
| 1    | Charaka Samhita[2] | Excessive intake of Lavana, Amla, Katu, Vidahi, Krishara, Payas, Dahi, Mastu, Guru, Snigdha and other Mithya Ahar Sevana |
| 2    | Sushruta Samhita[3] | Pittavrita Apana Vayu                                   |
| 3    | Ashtanga Hridaya[4] | Pittavrita Apana Vayu                                   |
| 4    | Ashtanga Sangraha[5] | Increase in amount of blood (Ativriddhi of Rakta)         |
| 5    | Madhava Nidana     | Viruddha bhojana and Madyadi, Garbhaprapata, Atimaithuna, Atikarshana, Atimargogagamana, Abhignite, Divashayana and Shoka |

Pathogenesis: According to Acharya Charaka, aggravated Vata affects uterine blood vessels and boosts amount of blood and this increase in blood thus causes increase in menstrual blood and creates Rakta-pradara.[6]

Samanya Lakshana:

| S.N. | Samhita           | Lakshana                                      |
|------|-------------------|-----------------------------------------------|
| 1    | Charaka Samhita[7] | Excessive bleeding during menstruation is only symptom of Asrigdara |
| 2    | Sushruta Samhita[8] | Bodyache and pain present in all types of Asrigdara with |
excessive vaginal bleeding

3 Dalhana tika on S.S.\(^9\) burning sensation in lower portion of groin, pelvic region, back, renal region and flanks and severe pain in uterus

4 Ashtanga Sangraha\(^10\) excessive bleeding during menstrual or intermenstrual period as symptom of Asrigdara

Classification of Raktapradara: Most of acharyas have mentioned four types of Asrigdara in their texts. Charaka has described four types of Asrigdara i.e. Vataja, Pittaja, kaphaja and Sannipataja Asigdara.\(^11\) Sushruta has mentioned all types of Asrigdara along with general clinical features of Arigdara but has not described any classification.\(^12\)

Management of Asrigdara: The drugs used in treatment of Asrigdara are mainly rich in Kashaya rasa and Tikta rasa because both of these have the property of astringent i.e. Stambhana guna, due to astringent property, bleeding will be checked. Then the next aim of treatment should be rising of blood for that Rakasthapana drugs should be used. Maharshi Kashyapa has described use of Virechana in the treatment of Asrigdara because virechana is most appropriate and superior therapy among Panchkarma for Pitta dosha and Raktas dosha have quality identical to Pitta dosha, hence Virechana therapy will be also effective to treat the disease originated due to vitiation of Rakta dosha.

Review of Drug:
Classical review followed by research work done on Sharapunkha (Tephrosia purpurea, (L.)Pers.) from the Fabaceae family, suggested that it is indicated in the management of Pleehavriddhi, Krimi, Gulma, Muddhagarbha, Vrana,jwara and so on. The use of therapeutic internal application of Sharapunkha moola churna along with Tandulodaka first time mentioned in Bhaishajya Ratnavali.\(^13\)

Comprehensive review regarding rasapanchaka suggests that Sharapunkha moola has Tikta, Kashaya rasa, Katuvipaka, Ushna Virya, Laghu guna and Pleehaghna Prabhava.\(^14\) Research works proved the anti-inflammatory, analgesic, antioxidant, hepatoprotective, Anthelmintic activity etc. But its haematostatic activity (Rakta stambhana) effect remained untouched.

MATERIAL AND METHODOLOGY

CASE REPORT

Personal History: Name: xyz, Occupation: House wife, Age: 32yrs, Sex: Female, Education: SSC, Height: 5.3ft., Weight: 65kg, BMI: 29.13, Diet: Mix diet, Marital status: Married, Agni: Manda, Koshta: Madhyama, Bala: madhyama, Nidra: Khandita, Prakriti: Vaya kaphanubandhi.

A case study was conducted in a patient of regular heavy menstrual bleeding since 5 months, with mild abdominal pain, fatigue and mild fever.

History of present illness: Patient had complaint of regular heavy menstrual bleeding since last 5 months with mild abdominal pain, general weakness, mild fever with bulky uterus in USG. Patient had taken hormonal treatment but it worsens her physical and mental health. For this purpose, patient came for Ayurvedic management of menorrhagia, then I advised Sharapunkha moola churna (1gm) with Tandulodaka (40ml) regularly for 7days & significant result were observed.

Past History: NAD

Premenstrual History: Regular, 4 to 5 days, medium bleeding, with mild abdominal pain. LMP: 4th day of menstruation.
**Present MH:** Regular, 12-15 days, heavy bleeding, 5-6 pad soaked, with abdominal pain and discomfort.

**Obstetrical History:** G3P2A1L2; G1-Female child 6yrs FTND at hospital, G2-Female child 4yrs at hospital, G3- Missed abortion ? D&E done under GA-8weeks 2yrs back

**Coital History:** normal

**Contraception/H:** Use of condom

**Ashtavidha Pariksha:**

| 1. Nadi     | 84/min, reg | 2. Mala | Intermittent constipation |
|-------------|-------------|---------|--------------------------|
| 3. Mutra    | Samyaka     | 4. Jivha | Alpa lipt                |
| 5. Shabda   | Clear pronunciation | 6. Sparsha | Alposhna |
| 7. Druk     | Normal      | 8. Akriti | Sthulaakriti            |

**Nidana Panchaka (in patient):**

| Hetu         | Mutra-purisha vegadharana, spicy, junk food, fish, diwaswap, pickle |
|--------------|---------------------------------------------------------------------|
| Purvaroopya  | Atyartava (heavy bleeding up to 12-15days)                          |
| Roopa        | Atyartava with mild abdominal pain, fatigue, shwasa                |
| Upashaya     | Sharapunkha moola churna with tandulodaka                          |
| Samprapti    | Vitiation of vata, pitta and rakta take place due to above cause. These aggravated pitta and vata dosha influencing the rakta (menstrual blood) and vitiation of Artavavaha Srotasa causes increase the amount of discharged blood(Menorrhagia) |

**Systematic examination:** Inspection: Normal; Auscultation: Peristaltic sound heard; Palpation: Mild tenderness at lower abdomen; Percussion: Normal. CVS: NAD; RS: NAD; CNS: NAD; BP- 120/76 mmof Hg; PR: 84/min, reg

**Investigation:** Hb- 8gm/dl; VDRL- negative; HIV (Tri-DOT method)- negative; Urine routine: Alb-absent, sug-normal, Pus cell-2-3; USG finding-Bulky uterus (8.5cm:5.5cm:2cm)

On the basis of examination & assessment of clinical feature, history and clinical reports available I diagnosed the case as menorrhagia.

**Treatment:** शरपंखा मूलं च शरपंखा मूलं च अचतरक्तं प्रशान्तर्यं भे। र्यं 66/16

According to Bhaishajya ratnavali,[13] Sharapunkha moola churna 5 gm twice a day with Tandulodaka (rinsed rice water) Anupana before meal for 7days. Advised healthy diet and hetu (causative factors) was avoided which observed in patient.

**Preparation method of Tandulodaka:** 20gm rice + 160 ml drinking water added and kept for whole night. Then it used as Tandulodaka.
**Observation and Results**

| Before                                      | After                                      |
|---------------------------------------------|--------------------------------------------|
| **Bleeding**                                | Bleeding decreased day by day after medicine |
| Heavy menstrual bleeding upto 15 day        | Days of t/t  | No. of pads taken | Temp |
| No. of pads 6 required                      |              |                   |      |
| **Fever**                                   | 1<sup>st</sup> day  | 6pads             | 40°C |
| Temp.- 40oC                                 | 2<sup>nd</sup> day | 5pads             | 39.2°C |
| **Fatigue**                                 | 3<sup>rd</sup> day | 4pads             | 38.2°C |
| Grade 2                                     | 4<sup>th</sup> day | 3pads             | 37.2°C |
| Fatigue:                                    | 5<sup>th</sup> day | 2pads             | 37.2°C |
| Grade 3: Unable to do daily activities, need IV fluid | 6<sup>th</sup> day | 1pad              | 36.7°C |
| Grade 2: Able to do daily activities, but need rest | 7<sup>th</sup> day | once spotting, Pad not required | 36.8°C |
| Grade 1: Able to do daily activities, feel tired after | 8<sup>th</sup> day | Stop bleeding     |      |
| Grade 0: Daily activities are normal without tiredness |                |                   |      |

**DISCUSSION**

Menorrhagia is one of the common symptoms seen in gynecology. Menorrhagia have effects on personal, physical, mental, social family and work life of women and thereby reduces their quality of life. In some cases, the cause of heavy bleeding is unknown, but a number of conditions may cause menorrhagia like Hormonal imbalance, PCOS, Adenomyosis, Dysfunction of ovaries, Uterine fibroid, Polyp, Endometrial cancer, DUB, inherited bleeding disorders etc. Excessive or prolonged bleeding can be lead to Anemia and more complications. So need to care, early diagnosis and management.

Today’s sedentary lifestyle affects woman’s reproductive health it is one cause behind Menorrhagia. In Ayurvedic classics, Asrigdara is very well correlated with menorrhagia in modern medicine. Asrigdara is very severe and life threatening condition which may be fatal to the patient if not treated properly and timely. In Asrigdara management, Sharapunkha drug has advised with rinsed rice water (1 pal rice + 8 fold water), termed as Tandulodaka. It is the subtype type of Hima kalpana described by Acharya Sharangadhara. Tandulodaka is kashaya and madhura in rasa, therefore helpful to increase the haemostatic action (Rakta-stambhaka) of Sharapunkha. Sharapunkha mula has Tikta and kashaya rasa (both have astringent property) with laghu-ruksha guna and pleehaghna prabhava, so it act as haemostatic by constricting the capillaries and prevents the bleeding. It acts as anti-inflammatory, analgesic, anti-microbial, anti-bacterial, hepatoprotective, antioxidant in action.

In this case patient had complaint of mild fever and fatigue, it was due to heavy bleeding. Patient started to take Sharapunkha moola churna with Tandulodaka from 5<sup>th</sup> day of her menstrual cycle. Day by day significant effect was seen. As soon as bleeding stopped, her fatigue and mild fever get reduced.

**CONCLUSION**

Today’s sedentary lifestyle causes vitiation of Rakta, Pitta and Vata which are the dushya and dosha of Asrigdara.
respectively. Sharapunkha moola churna with Tandulodaka has significant role in the bleeding disorder like Menorrhagia (Asrigdara). It acts as haemostatic, anti inflammatory, analgesic, due to its astringent property, Vata shamak and kapha shamak action. Further investigation is required to identify the effect of Sharapunkha moola churna with Tandulodaka in the management of Menorrhagia and also study its mechanism of action in larger sample size.

REFERENCES:
1. Acharya Charaka, Charak Samhita (Chikitsa sthana), Hindi Translation by Pandit Kashinath Nath Shastri and Gorakh Nath Chaturvedi, Reprint, Varanasi, Chaukhambha Sanskrit Series, 1997, pg 777.
2. Ibidem (1) chikitsa sthana, chapter 30, verse no. 205-206.
3. Acharya Sushruta, Sushruta Samhita (Nidana sthana), Ayurveda Tatva Sandipika, Hindi commentary by Ambika Dutta Shastri, Chaukhambha Sanskrit Series, 2003, pg 231.
4. Acharya Vagbhata, Ashtanga Hridaya (Nidana sthana), Indu Sanskrit commentary by Vaidya Anant Damodar Athwale, Pune, 1980, pg 401.
5. Acharya Vruddha Vagbhata, Astanga Samgraha (Sutra sthana), Jeevan Hindi commentary by Dr. Shailaja Srivastava, Chaukhambha Orientalia, 2006, pg 328.
6. Ibidem (1)
7. Ibidem (1)
8. Ibidem (3). Sharira sthana, pg 12.
9. Acharya Sushruta, Sushruta Samhita (Uttara tantra), Ayurveda Tatva Sandipika, Hindi commentary by Ambika Dutta Shastri, Chaukhambha Sanskrit Series, 1998, pg 310.
10. Ibidem (4). Sharira sthana, pg 262.
11. Ibidem (1). Chikitsa sthana, pg 778.
12. Ibidem (9) pg 310.
13. Bhishagwar Shri Govinddas sangrahit Bhaishajya Ratnavali, Vidyotini Hindi commentary by Ambikadutta Shastri, Chaukhambha Sanskrit Santhana, Varanasi, edition 10, chapter 66, pg 717.
14. Chunekar KC, Pandey GS, Bhavprakasha Nighantu of Bhavamishra, Chaukhambha Bharati Academy, Varanasi, Reprint 2004, Guduchyadi Varga, pg.408.
15. Engstrom JL, Rose R, Brill AI, Polhil KM, Lukanich CM and Fritz L, “Midwifery care of the woman with menorrhagia”, Journal of Nurse-Midwifery, 1999;44(2): 89-105.
16. https://www.mayoclinic.org/diseases-conditions/menorrhagia/symptoms-causes/syc-20352829
17. Vd. Dole, Bhaishajya Kalpana, Anmol Prakashana, Chapter 6, pg 66.

Conflict of Interest: Non
Source of funding: Nil

Cite this article:
Role of Sharapunkha moola churna with Tandulodaka Anupana in Menorrhagia (Asrigdara) - A Case report
Pradipkumar B. Giri, Jaimala Annasaheb Jadhav
Ayurlog: National Journal of Research in Ayurved Science-2020; (8) (1): 1 - 6.