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An *Ayurvedic* Management Of *Asrigdara* - A Case Report

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ABSTRACT

In *Ayurvedic* classics, *Asrigdara i*s a gynaecological disorder characterized by excessive or prolonged bleeding per vagina and is considered as most common problems affecting women. It closely correlates with Dysfunctional Uterine Bleeding (DUB) in contemporary medicine and can significantly affect the physical, psychological, and overall well-being of women. Since *Asrigdara* is mainly caused by the vitiation of *Vata* and *Pitta Doshas.* Treatment should be based on the use of drugs having predominance of *Kashaya Rasa* and *Pitta-shamaka* properties. *Kashaya Rasa*, due to its *Stambhana* and *grahi* action, plays an important role in controlling excessive bleeding. As there is loss of *Rakta Dhatu* due to excessive bleeding, drugs and diet that help in increasing and nourishing *Rakta Dhatu* are also beneficial. Therefore, the treatment of *Asrigdara* is mainly based on the principles of *Raktastambhana*, *Rakta-vardhana* and *Pitta-shamana.* The patient experienced significant symptomatic improvement, with gradual reduction in clots to no clots, reduced dysmenorrhea, reduced duration and became regular within 2 months of intervention.

KEYWORDS: *Asrigadara*, Disfunctional Uterine Bleeding , *Shamana Chikitsa*

INTRODUCTION:

Regular menstruation is maintained by a complex and balanced interaction between the endometrium and its regulating factors. In recent times, changing lifestyles and dietary habits have contributed to an increasing incidence of excessive and irregular menstrual bleeding. Such bleeding can significantly interfere with women's daily activities and occupational responsibilities, often necessitating absence from work. Moreover, excessive menstrual bleeding adversely affects not only physical health but also social, emotional, and psychological well-being, thereby negatively affecting the overall quality of life. A normal menstrual cycle has a frequency of 21–35 days, lasts 2–7 days, and results in blood loss of 50–80 ml [1] Any variations in these factors qualify as irregular uterine bleeding. The prevalence of Heavy Menstrual Bleeding (HMB), which is the focus of many studies, increases to 35% or more[2] .Dysfunctional Uterine Bleeding (DUB) is characterized by abnormal uterine bleeding in the absence of any clinically identifiable organic systemic, or iatrogenic cause [1] The statement of excessive bleeding is assessed by number of pads used, passage of clots (size & number) and duration of bleeding.

In *Ayurveda* Classics most of the menstrual disorders have been described under the heading of *Ashtaartavadushti* & *Asrugdara*. (3) *"Raja pradheeryate yasmat pradarastena sa smrita"* [4] - the excessive flow of *Raja* or *Artava* is described as *Pradara* or *Asrigdara.* It is a gynaecological condition characterized by excessive menstrual bleeding and may arise due to various etiological factors. *Acharya Charaka* has

described several *Nidanas* (causative factors) responsible for its manifestation [5] in detail (mainly *Aharaja nidanas*) i.e women who indulges in excessive intake of *Lavana , amla, guru, katu, vidahi , snigdha aharas ,Gramya oudaka mamsa, Payasa, Dadhi* etc. Apart from *Aharaja nidanas*, some *Viharaja nidanas* are told by *Madhavanidana,Bhavaprakasha* and *Yogaratnakara.* This includes *Garbha pata, atimaithuna, Ati yanavahana, Atibharavahana, Abhighataja and Divaswapna* [6] These *Aharaja* and *Viharaja nidanas* are inevitable in this present era due to change in lifestyle and food habits. Due to this *Pitta along with Vayu (apana)* gets *aggravates.* Agrravated *pitta dosha* increases the *drava guna* of *rakta* and increases *pramana* of *rakta* then goes to the *garbhashayagata siras* and is excreted out through vagina, hence results in *Asrigdhara.*

CASE REPORT: A married female patient of 38 years old visited to Padmamba Health Care, on18th July 2024 with the complaints of prolonged heavy menstrual bleeding for 12 days since 5 months. Associated with whole body itching and dry cough on and off since 4 to 5 months and burning sensation in the chest occasionally since 5 months and nausea occasionally. She attained menarche at the age of 14yr and had regular menstrual cycles from menarche. But since past five months, she had experienced changes in her lifestyle (mainly stress) and dietary habits, following which her menstrual bleeding became heavy and prolonged. She took allopathic medication for this condition 2 months back for 5 days. however, her symptoms did not reduce. So she approached Padmamba Health Care , Madanthyar for the better treatment.

***PURVA VYADHI VRITTANTA* (PAST HISTORY):** She had taken Tab. Pause mf 500 mg 1-0-1 for 5 days, 2 months back for the same complaints.

No H/O DM/HTN/Thyroid dysfunction

Surgical history – nil

***RAJO VRITTANTA* (MENSTRUAL HISTORY):**

PLMP	-	11/06/2024
LMP	-	11/07/2024
Cycles-Regular	-	**Duration** -12 days (since 5 months) **Interval** -28-30 days
Clots	-	Present
Dysmenorrhoea	-	First 3 days
No. of pads used-		1st to 5th day – 4 to 5 pads / day
		Next 3 days – 2 to 3 pad / day
		Next till 12th days – 1 pad / day

PREVIOUS MENSTRUAL HISTORY (before 5 months):

Regular cycle –

Duration- 4-5 days and Interval - 28- 30 days

Dysmenorrhea + and Clots +

***PRASAVA VRITTANTA* (OBSTETRIC HISTORY):**

Married Life – 13 years

P3L3 – 1- Female-12yrs - FTND

2- Female - 9yrs - FTND

3- Male - 5yrs - FTND

CONTRACEPTIVE HISTORY –Natural method

GENERAL EXAMINATION:

Built	-	Moderate
Nourishment	-	Moderate
Height	-	160 cm
Weight	-	55 kg
BMI	-	21.5
BP	-	120/80mm of hg
Pulse rate	-	88 bpm
Respiratory rate	-	17cpm
Temperature	-	98.4 F
Pallor	-	Absent
Icterus	-	Absent
Edema	-	Absent
Lymphadenopathy	-	Absent

SYSTEMIC EXAMINATION:

CNS-Conscious, well oriented

CVS – S1S2 heard normal

RS – Clear

P/A: Soft, non-tender, no organomegaly

ASTHASTHANA PAREEKSHA:

Nadi – Vataja (sarpa gati)

Mootra - Anavila

Mala – Abaddha

Jihwa- Alipta

Shabda –Spashta

Sparsha - Anushna sheeta

Druk – Prakrutha

Aakruti – Madhyama

VAYAKTIKA VRITTANTA:

Diet – Mixed

Appetite – Increased

Bowel – Once a day

Micturition – 3– 4 times/day

Sleep – Reduced (at night)

2-3hours (at day time)

Habit – Tea (3- 4 times/day)

DASHA VIDHA PAREEKSHA:

Prakruti – Vata + Pitta

Vikruti- Dosha – Vata (apana)+Pitta

Dushya - Rasa, Rakta , Artava

Sara – Madhyama

Samhanana – Madhyama

Pramana -Madhyama

Satmya – Sarvarasa

Satva- Madhyama

Aahara Shakti - Abhyavarana Shakti - Pravara

Jarana Shakti – Pravara

Vyayama Shakti – Madhyama

Vaya -Madhyama

NIDANA:

Amla, lavana, snigdha ,guru, vidahi ,katu rasatmaka annapana,Atimamsa sevan , shoka , payasa ,Atiyana, ratrijagarana ,Diwaswapna ,viruddha ahara, etc.

SAMPRAPTI:

Due to *Nidana Sevana*

↓

Pitta along with *Vayu (apana)* gets aggravates

↓

Agrravated *pitta dosha* increases the *drava guna* of *rakta*

↓

Increases *pramana* of *rakta*

↓

Goes to the *garbhashayagata siras*

↓

Asrigdara

samprapti

SAMPRAPTI GHATAKA:

Dosha- Vata + Pitta

Dushya -Rasa, Rakta, Artava

Srotas - Rasavaha, Raktavaha, Artavavaha

Srotodushti- Atipravritti

Agni- Tikshnagni

Udbhava Sthana- Artavavaha Srotasa

Vyakta Sthana- Garbhashaya

INVESTIGATIONS:

USG (04/06/2024) **–** Abdomen and pelvis (22th day of cycle)

Uterus – Anteverted, 3.8*4.8*7.9 cm in size , Normal

ET – Thickened endometrium (11 mm)

Ovaries –Normal in size and texture

Impression -No any abnormalities findings.

Hb (6/7/2024)- 10.5 gm/dl

CHIKITSA:

From 18/7/2024 (8th day to 12th day)-

Kamdudha with *mauktika* 3 -3- 3 (B/F) for 5 days

Lodhrasava 2tsp- 2tsp -2tsp (A/F) for 5 days

Arogyavardhini vati 1-1-1 (A/F) for 5 days

From 23/7/2024 to 21/8/2024 -

Kamdudha with *mauktika* 1-1-1 (B/F) for 1 month

Lodhrasava 2tsp-2tsp-2tsp (A/F) for 1 month

Repeat same medication in next cycle from 3rd day till 1 month

Advised to visit On 3rd consecutive cycle, at Padmamba health care after stopping the menses .

PATHYA **-** Patient was advised to take rice with ghee, *laja, Ragi, mudga, dugdha sevan*, night sleep for 7-8 hours, *padabhyanga, yoga* and *pranayama*

APATHYA *–Viruddha ahara* (incompatible diet), *amla(excessive pickle),sheeta, vidahi annasevan* (Junk and Packed food), *atiyana , shoka, atibhara ,Divaswapna, ratri jagarana* (Reducing night phone screen time atleast 60 min before sleep) etc

FOLLOW UP : It was done without medication on 3rd consecutive cycle on 23/09/2024 (8th day of cycle). Patient had no bleeding so advised to stop the medications.

OBSERVATION AND RESULT: Marked Reduction on the Duration, amount of blood flow, dysmenorrhea was observed.

Results observed Before treatment, During treatment and Follow up -

	BT (18/07/2024)	**DT (17/8/2024)**	**FU (16/09/2024)**
Duration	12 days	9 days	7 days
Amount of blood loss/ day	1st 5 days – 4 to 5 pads/day Next 3 days - 2 to 3 pads/day Next till 12th days - 1pad /day	1st and 2nd day- 3 pads/day 3rd ,4th ,5th day – 2pads /day 6th .7th day – 1pad / day (Fully socked) 8th day – 1 pad /day (half socked) 9th day – spotting	1st and 2nd day- 2-3 pads/ day 3rd ,4th ,5th day – 1-2pads/day (Fully socked) 6th day – 1 pad / day (Half socked) 7th day – 1 pad /day(Spotting) 8th days – no bleeding
Dysmenorrhea	Mild to moderate 1st day – not tolerable	Mild (tolerable) 1-2days , Later on no pain	Mild (tolerable) 1 day, later on no pain

	2nd and 3rd day – tolerable		
Consistency of bleeding	Bleeding with clots +	No clots	No clots

DISCUSSION:

Asrigdara is a condition which may be fatal to the patient if not treated timely and properly, the loss of excessive blood causes *raktakshaya* and *vata prakopa* leading to *upadravas* are weakness,giddiness, mental confusion, dyspnea, delirium, drowsiness, anemia and convulsions [7] So in present case report ,the medicines advised reduced all the symptoms of *asrigdara* and the condition was treated effectively.

Muktika kamdudha[8] is commonly used in *pittaja vikara.* It contains *sudha varga* which are *sheeta viryatmaka and pittashamaka* (balances acid production in the stomach). It corrects the agni. It reduces *daha* (Burning sensation).It also maintains the body's iron level. It contains *swarna gairika* which is *raktasambhaka.*

Ingredients of *Lodhrasava* possesses *Kashaya rasa, sheeta veerya , pittaghna, stambhana* and *grahi property*. It is natural coagulant and constricts blood vessels in uterine lining . Thus its stops the bleeding[9] *Lodhrasava* possess antioxidant properties, which contribute to overall benefits. It is anti inflammatory which reduces inflammation of uterine cavity,by this it is beneficial in menorrhagia and also reduces abdominal cramps [9] It provides strength to the uterus and helpful in *pandu* (anemia) and also it is *raktashodhaka* (good detoxifier).

Arogyavardhini vati is a *kharaliya rasakalpna* containing *rasavarga dravyas* and indicated to treat the imbalances of all three *doshas* . It acts as *sarva rogaprashamani, dipaniya, pachaniya* and purifies blood and removes toxins from body[10]

Yoga and *pranayama* help in maintain *Manasika Dosha* balance, promote mental relaxation, and support the balanced functioning of *Vata* and *Pitta.*So it help in the management of menorrhagia by reducing stress, promoting neuroendocrine and autonomic balance, and supporting normal hormonal regulation and menstrual function.

In the present case of menorrhagia**,** excessive menstrual bleeding was associated with the passage of large blood clots, which may cause uterine distension and increased uterine contractions, thereby contributing to dysmenorrhea. Reduction in excessive bleeding and clot formation may have facilitated a smoother menstrual flow, leading to decreased uterine contractions and subsequent relief from dysmenorrhea.

CONCLUSION:

The *Ayurvedic* management of *Asrigdara* may offer an effective alternative to conventional hormonal therapy, providing significant relief in both the cardinal and associated symptoms of the condition. This case study demonstrates that a combination of lifestyle modifications, dietary restrictions and treatment aimed at addressing the root cause can be effective in the holistic management of disease.

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