



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 Questionnaire, *Kutajashtakleha*.

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
<i>Rajhkala</i> (menstrual phase)	3-5 or 7 days	Menstrual blood loss	<i>Vata</i>
<i>Ritukala</i> (Proliferative phase including ovulation)	12 or 16 days or whole month, even without menstruation	Establishment of <i>Navina raja</i> /endometrium (new cycles), optimum chances of fertilization, increased sexual desire	<i>Kapha</i>
<i>Rituvyatitakala</i> (Secretory phase)	9-13 days	Presence of <i>Purana Raja</i> and constriction of <i>Yoni</i> , less chances of conception, raised body temperature.	<i>Pitta</i>

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]

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

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 *Kutajshakleha* was taken for the study from Chakradutta^[7] and the ingredients are *Kutaja*, *Salmali*, *Patha*, *Samanga*, *Ativisha*, *Musta*, *Bilva*, *Dhataki*, *Sharkara*, *Ghritha*. Mainly, the above drug contains *Tikta*, *Kashaya Kaphapittashamaka* properties. Hence, this formulation was taken for the present study.

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

***Kutajshakleha*: *Kutajshakleha* (Chakradutta 3/86-89)**

S.no.	Ingredient	Scientific name	Useful part
1.	<i>Kutaja</i>	<i>Holarrhena antidysenterica</i> Linn. Wall.	<i>Kand-Tvak</i> (stem bark)
2.	<i>Salmali</i>	<i>Salmalia malabarica</i> Schott & Endl.	<i>Niryas</i> (<i>Mochrasa</i>)
3.	<i>Patha</i>	<i>Cissampelos pareira</i> Linn.	<i>Mula</i>
4.	<i>Samanga</i>	<i>Mimosa pudica</i> Linn.	<i>Panchang</i>
5.	<i>Ativisha</i>	<i>Aconitum heterophyllum</i> Wall.	<i>Mula</i>
6.	<i>Musta</i>	<i>Cyperus rotundus</i> Linn.	<i>Kanda</i> (<i>Tuber</i>)
7.	<i>Bilva</i>	<i>Aegle marmelos</i> Corr.	<i>Bilvamajja</i>

8.	Dhataki	Woodfordia fruticosa Kurz.	Pushpa
9.	Sharkara/Sugar	-----	-----
10.	Ghrita	-----	-----

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 *Kutajashtakleha*, sugar and *Ghrita* was added according to the *Avaleha Kalpana*.

Preparation of the Drugs^[8]

Kutajashtakleha 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 1/8th part of liquid remains. Then *Kwatha* was filtered using a clean dry cloth and is further boiled and reduced until it attains thicker consistency^[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 intermenstrual bleeding	Absent	Absent
3.	Regularity of Menstrual cycle	Regular	Regular
5.	Intensity of flow(maximum no. of pads used in one day)	7 pads	3 pads
6.	Character of flow	With clots	Without clots
7.	Colour	Red	Red
8.	Pain	Severe	Moderate
9.	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

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 – Vata Pittaj
- ❖ Vikriti – Vikriti visham samavaya
- ❖ Sara – Madhyama
- ❖ Samhanana- Avara
- ❖ Pramana – Madhyam
- ❖ Satmya – Mishra ras
- ❖ Satva – Madhyam
- ❖ Vaya – Yuvati
- ❖ Vyayamshakti – Madhyam
- ❖ Aharashakti – Abhyavara shakti – Madhyam

Jarana shakti – Madhyam

Vyayama shakti – Tikshna

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

- BT: 2 min 50 sec
- CT: 5 min 10 sec
- Urine R/M/E: WNL
- Ultrasonography (Abdomen Pelvis) - Normal study (uterus – 67x38x46mm, anteverted, normal size and endometrium thickness approx 13mm, bilateral ovaries normal)

Treatment 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.

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

Parameters	Before treatment	After first follow up
Score for pictorial blood loss assessment chart	400	222

Sf-36 Questionnaire for Quality of Life

SF-36 questionnaire for quality of life	Score before treatment (BT)	Score after first follow up
	53	75

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

Samprapti Ghataka of Asrigdara

- *Dosha – Vata-Pitta- Pradhana*,
- *Dushya – Rakta (Pradhana) and Artava, Rasa*
- *Agni - Jathragnimandya*
- *Adhishthana - Garbhashaya, Artavavahi Strotasa*
- *Strotasa - Raktavahi, Artavavahi, Rasavahi*
- *Srtoto-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 vitiated 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 *Agnimandhya* condition. These *Rasas* also perform *Shleshma-Rakta-Pitta Prashamana*, *Sangrahi* and *Stambhaka* actions which help in *Raktasangrahana* and *Raktastambhana*.

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 Shamana*.

Veerya: Most of the components of *Kutajashtakaleha* have *Sheeta Veerya*. *Sheeta Veerya* does *Pittashamana*, *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 *Tridoshahara karma*. Then it pacifies the *Pitta dosha* predominantly and breaking the pathogenesis of disease by *Tridoshahara karma*.

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*, *Raktastambhana*, *Rakta Sangrahi*, *Raktaprasadana*, *Balya* activities was present in all the drugs. While *Dahaprashamana* activity was found in *Shalmali*, *Patha*, *Dhataki*, *Trishnanigrahana* property in *Musta*, *Yakritottejaka* and *Pittasaraka* property in *Bilwa*. All the components of *Kutajashtakaleha* were *Kaphapittashamak*, while *Patha* and *Ativisha* were found *Tridoshshamaka* and *Bilwa* was *Kaphavata shamaka*.

These drugs are having *Kashya* and *Tikta rasa* predominantly hence exert astringent property, thereby helps in reduction of bleeding.

CONCLUSION

Kutajashtakaleha has *Deepan*, *Pachan*, *Raktastambhana*, *Raktasangrahi*, *Raktaprasadana*, *Balya* activity. *Asrigdara* is the disease of vitiated *Rakta*. Therefore it can be considered that *Vayu* can also be vitiated 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*. In the above case report, it is observed that significant loss menstrual blood is seen with less in duration. Flooding was cured along with big clots. Patient recovered well in first follow up. Hence, we can conclude that by using above mentioned drug *Kutajashtakaleha* we can cure *Asrigdara* along with associated symptoms.

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Cite this article as:

Khushboo Jha, K. Bharathi, Sonu. A Case Report on Effective Management of Asrigdara. International Journal of Ayurveda and Pharma Research. 2020;8(Suppl 2):106-111.

Source of support: Nil, Conflict of interest: None Declared

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