



Case Study

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 plain *Go Ghrita* 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 7days.

Asrigdara is a disease in which manifestation of excessive bleeding per vaginum is there. *Acharya Charaka* described *Asrigdara* as a separate disease along with its management in *Yonivyapad Chikitsa adhyaya* [3]. *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 Sthana* in *Shukra Shonita Shuddhi Sharira Adhyaya*. [6] *Sushruta* also mentioned *Asrigdara* under *Pitta Samyukta Apana vayu* [7] and in *Rakta 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 *Rakta pradara* at some places. Due to *Pradirana* (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 *Aartavadushti*. Beside these, avoidance of *Rajaswala Paricharya* (mode of living during menstruation mentioned in *Ayurvedic Granthas*) *Dushtaaartava* (vitiating 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 *Adhobhaga* i.e., *Guda* (Anal route). Even in case of *Niruhavasti Mala* are eliminated through *Guda*, but *Adhobhagaharana* 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., *Vamana*, *Shirovirechana*. *Virechana* is the process in which the orally administered drug can eliminate the vitiating *Doshas* through *Adhomarga* and it comprises special treatment for *Pittadosha*. *Virechana* is a specially indicated in vitiation of *Pitta Dosh*. For the treatment of various diseases *Ayurveda* nurtures two notions viz. *Shodhana* and *Shamana*. *Ayurvedic* classics give 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 Virechan in Menstrual Disorders

- In all *Samhita Granthas*, *Virechana* is indicated in *Yonidosha / 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 *Stri 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 Prakriti and Aakriti was Madhyam.

Dashbidha Pariksha was also done, Prakriti was Vata-pittaja, Vikriti was Madhyam, Bala was Madhyam, Sara was Madhyam, Samhana was Madhyam, Satmya was Madhyam, Pramana was Madhyam, Ahaara 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), CVS: 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 Protrusion 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.

OBSERVATIONS

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

Treatment Administered

At first *Deepan Pachana* was done for three days which was followed by *Snehapan* for five days and *Samyaksnehalakshana* appeared (*Vatanulomana, Agnideepti*). Then after *Abhyanga Swedana* was done for three days. Then after *Virechan Karma* on third day of *Snehaswedana* with *Trivrityadihyam* 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 Lakshanas* 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 *Trivritadihyam* 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.

DISCUSSION

Trivritlehyam is having *Tikta rasa*, *Tikta rasa* has the property of *Deepana*, *Pachana*, *Raktaprasadana*, *Dahaprashamana*, *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 dominance 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, then 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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