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Management of *Asrigdara* - A Case Report

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ABSTRACT

Pradara is a combination of excessive bleeding per vaginum, dysmenorrhoea and lowback ache. *Vataja Pradara* being a type of *Pradara* mainly includes *Ati Rakta Pravrutti* along with *Shula* in *Kati*, *Vankshana*, *Prushta* and *Shroni*. On the basis of clinical symptoms, *Vataja Pradara* mostly simulates with Adenomyosis which is a benign condition and one among the causes of chronic pelvic pain in multiparous woman. Incidence of Adenomyosis is 0.14% and prevalence is 2.00%. Here is a case study of 34 year old female presenting with severe pain during menstruation and excessive bleeding since 4-5 years and her USG report shows bulky uterus with focal adenomyosis. In contemporary science hysterectomy is the only way to treat this condition but with *Vataja Pradara* line of treatment including *Shodhana*, *Shamana* and *Matra Basti* patient got significant relief from pain and excessive bleeding along with the improved quality of life.

Key words: *Vataja Pradara*, Adenomyosis, *Shodhana*, *Shamana*

INTRODUCTION

Adenomyosis is a benign condition of the uterus defined by the presence of endometrial glands and stroma > 2.5 mm in depth in the myometrium and a variable degree of adjacent myometrial hyperplasia, causing globular and cystic enlargement of the myometrium, with some cysts filled with extravasated, hemolyzed red blood cells and siderophages.^[1]

Pradara is a combination of excessive bleeding per vaginum, dysmenorrhoea and lowback ache. *Vataja*

Pradara being a type of *Pradara* mainly includes *Ati Rakta Pravrutti* along with *Shula* in *Kati*, *Vankshana*, *Prushta* and *Shroni*. On the basis of clinical symptoms, *Vataja Pradara* mostly simulates with Adenomyosis.

Here is a case study of 34 year old female presenting with severe pain during menstruation and excessive bleeding since 4-5 years and her USG report shows bulky uterus with focal adenomyosis. In contemporary science hysterectomy is the only way to treat this condition but with *Vataja Pradara* line of treatment including *Shodhana*, *Shamana* and *Matra Basti* patient got significant relief from pain and excessive bleeding along with the improved quality of life.

REVIEW OF LITERATURE

Excessive expulsion/excretion of *Rajas* is termed as *Pradara*.

General Aetiology and Pathogenesis

Excessive consumption of *Lavana* (salt), *Amla* (sour), *Guru* (heavy), *Katu* (pungent), *Vidahi* (producing burning sensation), unctuous substances meat of domestic, aquatic and fatty animals, curd, *Sukta* (vinegar), *Mastu* (curd water), wine etc. aggravates

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Vayu. The aggravated *Vayu* withholds *Rakta* vitiated due to the above mentioned reasons, increases its amount reaching the *Rajovaha Sira* which further increases the *Rajas* (menstrual blood)

Vataja Pradara

Due to *Ruksha Ahara-Vihara* the aggravated *Vayu* withholds *Rakta* and leads to *Vataja Pradara*.

Characteristics of menstrual blood in Vataja Pradara:

Frothy, thin rough, blackish or reddish or washing of *Palasha* flower

Clinical features of Vataja Pradara: Severe pain in sacral, groin, cardiac region, flanks, back and pelvis.^[2]

Adenomyosis

Definition: Adenomyosis is a condition where there is ingrowth of the endometrium, both the glandular and stromal components, directly into the myometrium.

Causes: The cause of such ingrowth is not known. It may be related to repeated childbirths, vigorous curettage or excess of oestrogen which produces cystic glandular hyperplasia of the endometrium. In some, only the basal endometrium, while in others the functional zone as well invades the myometrium

Pathology: The growth and tissue reaction in the endometrium depend on the response of the ectopic endometrial tissues to the ovarian steroids. If the basal layer is only present, the tissue reaction is much less, as it is unresponsive to hormones. But, if the functional zone is present which is responsive to hormones, the tissue reaction surrounding the endometrium is marked. There is hyperplasia of the myometrium producing diffuse enlargement of the uterus, sometimes symmetrically but at times, more on the posterior wall. The growth may be localized or may invade a polyp.

Clinical features: Menorrhagia, irregular bleeding and often post menopausal bleeding may occur, variable degrees of pelvic pain, suprapubic swelling.^[3]

CASE STUDY

A female patient aged 34 years, who is N\K\C\O Diabetes mellitus, Hypertension and Thyroid dysfunction, attained menarche at 13 years of age and

was apparently healthy. She got married at 22 years of age and had two abortions [spontaneous at 2 months and induced at 3 months respectively] at 23 years of age. At the age of 24 years she delivered a male baby vaginally and said to be apparently normal for next 2 to 3 years. Then she re-joined to her work. After that she started noticing changes in her menstrual cycle where she started experiencing excessive bleeding during menstruation and pain abdomen associated with lower back pain since one and half years which was hampering her day today activities till the extent she could not get up from the bed.

Hence for the same complaints she used to take Analgesic injections for pain relief which was temporary.

For the same complaints she consulted many Gynaecologists and was prescribed with T. DNG 2 mg for 3 cycles. After completing this medicine the patient went for follow up and was having heavy menstrual flow, for which the Doctor prescribed T. Primolut N 5mg for 15 days.

Even after taking these medicines the patient did not find any relief. Hence, she consulted to Sri Kalabyaraveshwara Swamy Ayurvedic Medical College and Research Centre, Bangalore.

Clinical Findings

Per Abdomen

Inspection

Contour - Flat

Umbilicus - Centrally placed, Inverted

Palpation

Soft, Tenderness in supra pubic and right iliac fossa

No organomegaly observed

Percussion: Tympanic

Auscultation: Normal Bowel sounds heard

Gynaecological Examination

Pelvic Examination

Examination of Vulva

- Inspection: Pubic Hair - Normal
- Clitoris - Normal

- Labia - Normal
- Discharge - Nil

Palpation: No palpable mass observed

Per Vaginal Examination

Cervix

- Texture - Soft
- Mobility - Mobile
- Movement - Painful
- Bleeds on touch - Absent
- Lateral Fornices - Free, Non tender
- Posterior Fornix - Tenderness +

Uterus (Bimanual Examination)

- Position - Anteverted
- Direction - Anteflexed
- Size - Normal
- Consistency - Firm
- Mobility - Mobile
- Tenderness - Present

Treatment with Results

Days	Complaints	Treatment
Day 1	Excessive bleeding, low back ache, lower abdominal pain	a) Jeerakarishtha + Abhayarishtha 2 tsp each/BD/AF *1 Week
Day 8	Same complaints	a) Cap. Coligo 1 tablet/ TID/AF b) Chandraprabha Vati 1 tablet / BD/AF 1/OD/AF/*30 Days
Day 15		Pushpadhanva Rasa 1 tablet/BD/AF/ *1 month
Day 30	Abdomen pain reduced	a) Tab. Styplon 2 tablets/BD/AF b) Pushyanuga Churna 50 gm Godanti Bhasma 25gm Pravala Bhasma 25 gm

		Chandrakala Rasa 20 tablets Chandraprabhavati 20 tablets (1 tsp/TID/ with honey & Tandulodaka/AF) c) Mahayogaraja Guggulu 2 tablets / BD/ AF d) Cap. Coligo 1 tablet/ TID/ AF * 20 days
Day 45	Pain abdomen still persists	Matrabasti with Sahacharadi taila for 7 days
Day 60	Patient feeling better	Virechana Deepana

DISCUSSION

Mode of action of Rajah Pravartini Vati

Main ingredients are *Hingu*, *Kumari*, *Tankana* and *Kasisa*. *Hingu* (*Ferula asafetida* Linn) has *Shoolahara* (colic pain reliever) and *Vatanulomana* (facilitates downward movement of *Vata*) property which helps in normalizing the function of *Apanavata*. *Hingu* has antifatulent and digestive properties and counteracts spasmodic pain and may suppress the secretion of progesterone hormone.^[4]

Kumari (*Aloe barbadensis* Mill) has bitter taste and is purgative, improves digestion. The cathartic properties of aloes are attributed to the presence of a mixture of glycosides called 'aloin'.^[5] *Kumari* also contains beta-sitosterol and has the anti-prostaglandin. Cathartic property of this relieves the obstruction in pathways of *Vayu* and thereby relieves spasm.

Hingu, *Tankana*, *Kasisa* are *Artavajanana* drugs. *Kasisa* helps in *Rakta Dhatu Vriddhi*, which improves the uterine blood circulation, *Balya* (strength promoting to uterine musculature). *Tankana* is *Garbhashaya Sankochaka* (improves the tonicity of uterine muscle) drug helps in normal harmonization during contraction.

Abhayarishtha: *Haritaki* is the main ingredient which possesses *Kashaya Rasa*, *Laghu Ruksha Guna*, *Ushna Veerya* and *Madhura Vipaka*. It is attributed for

properties like *Vata-Pitta Shamaka*, *Rakta Stambhaka*, *Rasayana*, *Garbhashaya* - *Shaithilyahara* and *Anulomana*. It is mentioned as *Pathya* in all *Yonirogas* so that it maintains *Praktavastha* of *Apana Vata*.^[6]

Pushpadhanwa Rasa: It contains ingredients like *Triphala*, *Arka*, *Ardraka*, *Vata*, *Haridra*, *Ashwattha*, *Dhattura*, *Shalmali*, *Nagavalli*, *Shuddha Gandhaka*, *Manashila*, *Naga Bhasma*, *Vanga Bhasma*, *Abhraka Bhasma*, *Tila Taila*, *Takra* etc. The ingredients are mainly having *Madhura*, *Tikta*, *Kashaya*, *Katu Rasa*, *Sheeta Veerya*, *Madhura Vipaka*, *Laghu Guna*. Most of the drugs are attributed to the properties like *Rasayana*, *Vrishya*, *Balya*, *Vata-Kapha Shamaka Karma*. *Dhattura*, *Nagavalli* have shown the effective anti-angiogeni, anti-cancerous and metastatic activities. Most of the ingredients have shown the anti-cancerous and anti-proliferative activities.^[7]

Pushyanuga Churna: It is a well known formulation for the treatment of *Pradara*. Most of the drugs like *Jambu*, *Rakta Chandana*, *Kutaja*, *Dhataki*, *Manjishta*, *Lodhra* etc. act as *Sthambhana* because of *Kashaya Rasa* and *Sheeta Veerya*. *Lodhra* being a main ingredient contains loturine alkaloid in large quantity and spinosterol which are proven for anti-inflammatory activity. Some research studies claim that *Lodhra* might influence the endometrial prostaglandin apparatus, thereby acting effectively in the control of dysfunctional uterine bleeding.^[8]

Matra Basti with Sahacharadi Taila: Once *Pakwashayagata Doshas* get cleared, *Vayu* attains normalcy and *Basti Chikitsa* makes the vitiated *Apanavata* to move in a downward direction. It has the action upto the *Nabhi Pradesha*, *Kati*, *Parshwa* and *Kukshi*, thus pacifying the symptoms of *Vataja Pradara*. *Sahacharadi Taila* contains *Sahachara*, *Ksheera* and *Tila*. It has *Ushna Virya* and acts as *Vata-Kapha Dosha Hara*.

Virechana: According to *Kashyapa*, *Asrigdara* should be treated by *Virechana*. The predominant *Dosha* in *Asrigdara* being *Pitta* and also *Raktadushti*, *Virechana* serves as the best *Shodhana* therapy. According to *Bhela*, *Virechana* is useful in all types of *Asrigdara*. *Apanavruta Pitta* is one of the main cause leading to

Asrigdara and *Virechana* helps to pacify the *Apanavayu*.

The present case was taken with an intension of highlighting the management of *Asrigdara* through Ayurveda and avoiding Hysterectomy in such a young age of 34 years. With the help of this approach, the patient's quality of life improved wherein till the extent that she has improved from being bedridden during menstruation up to the stage of doing all her day today activities on her own, after completion of treatment patient had stopped the medications, inspite of her recent USG report which showed persistence of Adenomyosis

CONCLUSION

Pradara is a common dominating disorder seen in society. *Vataja Pradara* being a type of *Pradara* mainly includes *Ati Rakta Pravrutti* along with *Shula* in *Kati*, *Vankshana*, *Prushta* and *Shroni*. On the basis of clinical symptoms, *Vataja Pradara* can be compared with Adenomyosis which is a benign condition. A 34 year old female had severe pain during menstruation and excessive bleeding since 4-5 years with USG report showing bulky uterus with focal adenomyosis. Patient was treated with *Vataja Pradara* line of treatment including *Shodhana*, *Shamana* and *Matra Basti*. Patient got significant relief from pain and excessive bleeding along with the improved quality of life.

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