A Case Study in Asrigdara with Shodhana and Shamana Chikitsa

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ABSTRACT

Asrigdara is a condition that physician to face in day-to-day practice. It is a common medical disease seen in women. Which can cause significant disturbances physically as well as mentally. Asrigdara characterized by excessive excretion of Asrik. Abnormal uterine bleeding includes both cyclic and noncyclic bleeding. Acharya Charaka has explained many causative factors for like Ati Lavana, Amla, Guru, Katu, Vidahi, Krushara, Payasa, Saktu, Mastu etc. aggravates Vata withholds Rakta, vitiated due to above mentioned reasons. Increases its amount reaching the Rajovaha Sira (uterine vessels) which further increases Rajas (menstrual blood). Normalizing the amount of flow and curing the associated symptoms are fundamental principles of treatment to be adopted. A married female patient of 31 years attended the OPD with the complaint of increased duration of menstruation associated with excessive flow with lower abdominal pain; pain was spasmodic in nature along with generalized weakness. With the aim to minimize the cyclic blood loss and regularize the cycle the Shodhana Chikitsa (detoxification) i.e., Virechana Karma and Shamana Chikita (palliative treatment) with Shalmali Ghrita. This therapy, helped to cure the heavy flow during menses and regularize the cycle.

Key words: Asrigdara, Uterine vessels, Rajas, Shamana Chikita, Shodhana Chikitsa

INTRODUCTION

A normal menstruating female denotes a healthy state of reproductive system. Abnormal uterine bleeding is a common condition affecting 14.25% of women reproductive age and may have significant impact on their physical, social, emotional and maternal quality of life.[¹] Nearly 30% of all gynaecological outpatient attendants are of abnormal uterine bleeding.[²]

CASE REPORT

A 31-years old married woman visited the OPD of Department of Prasuti Tantra and Stri Roga at Dr. Sarvepalli Radhakrishnan Rajasthan Ayurved University, Jodhpur. She had complaints of heavy bleeding with lower abdominal pain, and pain was spasmodic in nature along with generalized weakness.
Past history: N/K/C/O DM/ HTN / Thyroid dysfunction.

Family history: No history of similar problem in any of the family members.

Personal history
Diet - vegetarian
Appetite - Good
Bowel - Once / day
Maturation - 4 to 5 times / day 1to 2 times / night
Sleep - Sound sleep

Menstrual and Obstetric history
Age of Menarche - 13 years
Menstrual cycle - 4 to 5 days / 28-30 days
2- 3 pads/day
Clots - present
Lower abdominal pain - present
L.M.P - 26/5/2023

On examination
Per abdomen: on palpation - soft, non-tender, no organomegal
Chest, CVS - NAD

Gynaecological examination
1. On Inspection
Vulva-normal and healthy and on straining, no genital prolapse was observed.
Per speculum vaginal examination:
- Vaginal walls - normal
- White discharges - nil
- Cervix - appearance - Normal
- Mildly hypertrophied

On Palpation
Per Vaginal Digital examination
- No labial swelling detected
- No abnormality detected on palpation of vaginal walls
- Cervix - firm in consistency, mobile, tenderness absent.

Bimanual examination
- Uterus - anteverted, freely mobile, normal in size, firm in consistency
- Bilateral Fornices - free, non-tender

After thorough check-up, patient was advised admission in IPD and the following investigations was done and under mentioned treatment was given:

Investigations (On 3/7/23)
CBC - Hb% - 9.2 gm %
ESR - 18mm fall
CT - 4.2 min
BT - 3.8 min
RBS - 90 mg/dl
Urine (Routine and Microscopic) - P.C. : 0-1/HPF, E.C. : 0-1/HPF
USG - Uterus is normal size, Normal endometrial thickness of 7mm.
Both ovaries are normal in size.
No free fluid seen in POD

Table 1: Menstrual History

<table>
<thead>
<tr>
<th></th>
<th>Previous cycle</th>
<th>Present cycle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration</td>
<td>4-5 days</td>
<td>6-8 days</td>
</tr>
<tr>
<td>Interval</td>
<td>28-30 days</td>
<td>20-25 days</td>
</tr>
<tr>
<td>Amount</td>
<td>2-3 pads/day</td>
<td>5-6 pads / day</td>
</tr>
<tr>
<td>Colour</td>
<td>Dark red</td>
<td>Dark red</td>
</tr>
<tr>
<td>Odor</td>
<td>Normal</td>
<td>Normal</td>
</tr>
<tr>
<td>Consistency</td>
<td>With clots</td>
<td>With clots</td>
</tr>
<tr>
<td>Dysmenorrhea</td>
<td>Mild pain</td>
<td>Moderate pain</td>
</tr>
</tbody>
</table>

Dash Vidha Pareeksha
- Prakruti - Vata-Kapha
- Vikruti - Pitta-Vata
- Sara - Madhyama
Samhanana - Madhyama
Pramaṇa - Dhairgya: 150 cms, Dehabhara: 62 kg
Satmya - Madhyama
Satva - Madhyama
Ahaara Shakti - Abhyavarana Shakti: Madhyama, Jaraṇa Shakti: Madhyama
Vyayama Shakti - Madhyama
Vaya - Youvana

General examination
Built - Moderate
Nourishment - Moderate
Temperature - 98.2° F
Respiratory rate - 22/min
Pulse rate - 68 bmp
Blood pressure - 110/70 mm of hg
Height - 150cms
Weight - 68 kg
Tongue - Uncoated

Systemic examination
CVS: S1 and S2 heard
CNS: Conscious and well oriented with date, time and place.
RS: Normal vesicular breathing, no added sounds.
P/A: Soft, Tenderness - present

Intervention
1. Shodhana Chikitsa (Detoxification) - Snehana and Swedana followed by Virechana Karma.
2. Shamana Chikitsa (Palliative management) - Shalmali Ghrita - 6ml twice in a day

The main aim of the treatment was to minimize the cyclic blood loss with regularization of cycle and to improve the general condition of the patient. So, the treatment was planned as Nidana Parivarjana, Shodhana Chikitsa (Detoxification) and Shamana Chikitsa (Palliative Treatment). After Virechana Karma, the Palliative treatment was given for one month with follow up advice every fortnightly in a month.

Patient was keenly observed for a period of two months with follow up every 15 days. The duration of menstrual cycle was reduced from 8-10 days to 4-5 days without clots and she remained fully asymptomatic with regular menstrual cycle during this period.

Discussion
Ayurvedic management is a good alternative to Hormonal therapy as it has no side effects with minimal recurrence rate. Once, Shodhana is done there is less chance of recurrence of the disease. As, vitiation of Pitta Dosha is there in Raktapradra so, Virechana Karma was advocated according to the general condition of the patient. Moreover, Kashyapa has quoted that purgation cures menstrual bleeding.[4] Snehana (oleation) and Swedana (sudation) will help to change the cell permeability leading to expulsion of toxin material to outside the cell, which are membrane bound and toxins will come into circulation. Virechana drugs cause irritation of intestinal mucosa and does vasodilatation. Toxins which are present in gut lumen along with secretion of electrolyte and fluid from crypt of leperkühn in distal lumen and colon will be expelled out through route.[6] Detoxification will lead to the better absorption of the drug through gut.

Trivrit Modak
Main ingredient of Trivrit Modak is Trivrit, it has predominantly has Madhura, Katu, Tikta, Kashaya Rasa, acts as Pittakaphahara and has Sukhavirechaka, Anulomana, Hridya Raktashodhaka, Amapachaka, Vedanasthapana etc. properties and are indicated in Hridroga, Raktavikara, Jwara, Pleeha-Yakruta Vyadhi etc.[6] The chemical constitutes of Trivrit comprises of Turpethinic acids, α and β-turpethin, lupeol, b-sitosterol, botulin etc.[7] The laxative effect of Trivrit is mainly due to the presence of turpethin.[8] This fundamental constituent is believed to work on myentric plexus and increase peristaltic movements in the body, thus acts as a laxative. Operculina turpethum exhibit analgesic, carminative, anti-inflammatory,
antioxidant, hepato-protective, immunomodulatory and hydragogue activities.[9] The probable mode of action of Virechana with Trivrit can be understood by the dominant pharmacodynamics which helps in removing obstruction (Margavarodha) and eliminates the excess morbid toxic materials (Kledamsha) through Adhobhaga by the predominance of Jala and Prithvi Mahabhutas. Thereby it helps in pacifying Kapha and Pitta Doshas which altogether has its effect on Rakta due to Ashraya-Ashrayi Sambandha and regulates Vata Dosha by its Anulomana action and ultimately balances the Tridosha.

**Shalmali Ghrita**

The probable mode of action of Shalmali in the management of bleeding disorders can be explained by its action; done in previous clinical and experimental studies. The inhibitory effect of Bombax over cell growth may have regulatory effect in abnormal formation of layer of endometrium. Bombax malabaricum stem’s bark methanolic extract was found to exhibit a significant anti angiogenic activity on tube formation of Human Umbilical Venous Endothelial Cells (HUVEC).[10] Shedding of endometrial wall following each menstrual cycle require angiogenesis for endometrial repair and regeneration. Any disruption in above mentioned process leads to menorrhagia which is manifested as excessive bleeding. Excess uterine bleeding is evidenced to be caused by abnormal excessive angiogenesis.[11]

_Santalum album_ possess anti-inflammatory and antiulcer activities evidence by significant inhibition in the carrageenan induced paw oedema, cotton pellet induced granuloma, as well as pylorus ligation induced ulcer. The in-vitro antioxidant and invivo analgesic and anti-inflammatory activities in mice were established for methanolic extracts of heartwood.[12]

The above activity of individual drug when work in combination in a compound along with fortification of Ghrita and change in properties of compound during its processing can be assumed to be helpful in healing the eruptions caused by the inflammatory causes of excessive bleeding and checking new growth and proliferation.

**CONCLUSION**

The probable mode of action of Shalmali in the management of bleeding disorders can be explained by its action; done in previous clinical and experimental studies. Flowers of _Bombax ceiba_ have shown anti proliferative and antioxidant activity against Cancer cell lines, COR-L23, C32, A375, ACHN, and LNCaP cells. Here its effect on cell growth inhibition is for assessment of antitumor promoting activity about six novel sesquiterpenoids, two aromatic glycosides and several neolignans were identified from sandalwood heartwood chips, which were further evaluated for in vitro Epstein-Barr virus early antigen (EBV-EA) activation in Raji cells. Later in vivo two-stage carcinogenesis assays were known to demonstrate its potent inhibitory effect on EBV-EA activation strong suppressive effect on two-stage.

Heavy menstrual bleeding poses undue mental stress and is sufficient enough to hamper physical activity of the woman. It can cause disruption in daily routine activities. Long term course of excessive heavy and prolong menstrual cycle can lead to life threatening condition. Untreated patients of HMB often suffer from severe anaemia and its consequences. Abnormal Uterine Bleeding directly affects quality of life of suffering women and has a significant impact on physical and mental health.

Thus, the above-mentioned findings under the discussion of the individual drugs could substantiate the inclusion of this formulation in the effective management of _Asrigdara_ (Abnormal uterine bleeding) in _Ayurveda_ system of medicine.

**REFERENCES**

1. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4970656


