



ISSN 2456-3110

Vol 8 · Issue 7

July 2023

Journal of  
**Ayurveda and Integrated  
Medical Sciences**

*www.jaims.in*

**JAIMS**

An International Journal for Researches in Ayurveda and Allied Sciences



**Maharshi Charaka**  
Ayurveda

Indexed

## 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.<sup>[1]</sup> Nearly 30% of all gynaecological outpatient attendants are of abnormal uterine bleeding.<sup>[2]</sup>

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Submission Date: 13/05/2023 Accepted Date: 22/06/2023

#### Access this article online

Quick Response Code



Website: [www.jaims.in](http://www.jaims.in)

DOI: 10.21760/jaims.8.7.41

*Acharya Sushruta* mentions excessive flow and prolonged duration with or without menses mild menstrual bleeding (*Dalhana* elaborates excessive flow during menses, for prolonged duration, mild-menstrual bleeding which may be scanty and for short duration), different from normal features (i.e., devoid of qualities of *Shudda Artava*) and denotes features of specific *Doshas* involved is known as *Asrigdara*. All types of *Asrigdara* are associated with body ache and pain. *Dalhana* in another context mentions the clinical features of *Asrigdara* as burning sensation in lower portion of groin, pelvic region, back, renal angle, uterus and acute pain in uterus.<sup>[3]</sup>

### CASE REPORT

A 31-years old married woman visited the OPD of Department of Prasuti Tantra and Stri Roga at Dr. Sarvapalli 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 organomegaly

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**

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

#### Dasha Vidha Pareeksha

- *Prakruti - Vata-Kapha*
- *Vikruti - Pitta-Vata*
- *Sara - Madhyama*

- Samhanana - Madhyama
- Pramana - Dhairgya: 150 cms, Dehabhara: 62 kg
- Satmya - Madhyama
- Satva - Madhyama
- Ahara Shakti - Abhyavarana Shakti: Madhyama, Jarana 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) - *Snehna* 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 Dosh* 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.<sup>[4]</sup> *Snehna* (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 leperkuhn in distal lumen and colon will be expelled out through route.<sup>[5]</sup> 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.<sup>[6]</sup> The chemical constituents of *Trivrit* comprises of Turpethinic acids,  $\alpha$  and  $\beta$ -turpethin, lupeol, b-sitosterol, botulin etc.<sup>[7]</sup> The laxative effect of *Trivrit* is mainly due to the presence of turpethin.<sup>[8]</sup> This fundamental constituent is believed to work on mysentric 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.<sup>[9]</sup> 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 Dosh* 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).<sup>[10]</sup> 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.<sup>[11]</sup>

*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.<sup>[12]</sup>

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.

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**How to cite this article:** Apurva Joshi, Rashmi Sharma. A Case Study in Asrigdara with Shodhana and Shamana Chikitsa. J Ayurveda Integr Med Sci 2023;07:213-217. <http://dx.doi.org/10.21760/jaims.8.7.41>

**Source of Support:** Nil, **Conflict of Interest:** None declared.

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