



## MANAGEMENT OF RAKTAPRADARA (DYSFUNCTIONAL UTERINE BLEEDING) THROUGH AYURVEDA - A CASE REPORT.

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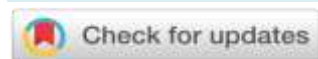
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## ABSTRACT

Dysfunctional Uterine Bleeding (DUB) affects 10-30% of females of the reproductive age group and 50% in the perimenopausal age group. This is a recognised issue that affects fertility. Several medications are available in contemporary medicine to manage it, but the results are unsatisfactory. The earliest systematic medical system, *Ayurveda*, describes many treatment etiquettes for *Raktapradara* in its texts. We present here a case study of a 35-year-old female patient who had been bleeding excessively during the menstrual period for more than five years. The case was diagnosed as DUB. She approached our hospital after failing to get improvement from modern medicine. She was treated with medication prescribed in *Ayurveda*. This case study demonstrates the competency of *Ayurveda* treatment for DUB compared to different treatment protocols.

**Keywords:** *Raktapradar*, *Asrugdar*, Heavy menstrual bleeding, dysfunctional uterine bleeding.

## INTRODUCTION

According to *Charak Samhita*, the term "*Raktapradar*" refers to the excessive discharge of menstrual blood due to the *Pradirna* of *Raja*; hence it is termed

as *Pradar.Raktapradar* is closer to heavy menstrual bleeding in terms of pathogenesis. Average menstrual blood loss is 50 to 80 ml and should not exceed 100

ml. Heavy menstrual bleeding or menorrhagia refers to excessive vaginal bleeding in either amount or duration or both. “Dysfunctional uterine bleeding” is specifically used when menorrhagia is not associated with any genital tract abnormalities and general or endocrinological disease. According to *Charak Samhita*, the woman who consumes excessive *Lavan*, *Amla*, *Guru*, *Katu*, *Vidähi* and *Snigdha*, *Mamsa*, *Krsäara*, *Pāyasa*, curd, *Sukta*, *Mastu* and *Madya*, which leads to vitiation of *Rakta* and cause an increase in its amount or other words the increase in the amount of *Raja* is due to its mixture with increased blood. Since excessive blood is discharged in this condition, it is also known as Pradara. For this condition, the line of treatment should be *Raktasthapak* along with *Vata Pitta Shamak*. It is necessary to identify an efficient, safe therapy to manage heavy menstrual bleeding due to the limitations of medical and surgical treatment used in modern science. There have been so many formulations stated in *Ayurveda*. All these formulations that work on this dreadful disease are based on some fundamental bases of *Ayurveda*, like *Vata-Pitta Shaman* and *Garbhashaya Balykara*. This will lead to *Samprapti Vighatan*, consequently treating *Raktapradar* effectively (heavy menstrual bleeding). In contemporary medicine, patients are typically treated with hormone therapy, antifibrinolytic medications, etc., all of which have significant drawbacks. So, in search of effective and safe management, we used *Chandrakala Rasa*, *Chandraprabha Vati*, *Praval Bhasma*, *Godanti Bhasma*, and *Mukta Pisti*, as mentioned in *Bhaishjyarnavali* to manage this case. In the present case study, it was observed that the above treatment had provided significant relief in all the symptoms of *Raktapradar* (heavy menstrual bleeding) in the patient, and the Reoccurrence of the symptoms was not seen.

#### Case report

A 35-year-old female patient came to SSBH hospital with complaints of heavy, painful menstrual bleeding with clots for five years with fatigue with associated complaints of body aches, anorexia, headache, weakness and drowsiness, and swelling of lower limbs for one month. She was interrogated thoroughly, and all

required clinical examinations were done. She has taken treatment from an allopathy consultant at different places but didn't get satisfactory relief in complaints. The patient belongs to the middle socio-economic class and used to take excessive *Amla*, *Lavan*, *Katu*, *Vidähi*, and *Guru* food stuff, which leads to aggravation of the disease. Her sister was also suffering from the same complaints. The patient decided to take *Ayurveda* treatment as per the advice of her relatives, who had taken treatment earlier.

Based on the examination and assessment of clinical features, history, pictorial blood assessment chart, and available clinical reports, we diagnosed the case as DUB. We followed the *Ayurveda* treatment regimen for 60 days (Table 2), which included four different medicines: two were in tablet form (1 tab twice a day), 1 was in powder form (10 gm bd), and one was in liquid form (20 ml tid). She was advised to report after every 15 days. She reported improved appetite and reduced bleeding duration in 1<sup>st</sup> follow-up, though no change was seen in tiredness, sleep and body weight. She was advised to continue the same treatment. She was recommended to report every fifteenth day and asked for a blood investigation in which Hb% was 8.2 gm%; thyroid profile was average, and USG of the pelvis showed no obvious sociological abnormality. After evaluation, the patient was advised to continue taking the medication.

During the 2nd follow-up, she reported increased appetite and decreased tiredness. She experienced a menstrual cycle once a month, and the bleeding amount reduced as per day the pad used decreased. She was further advised to continue the same treatment.

**History of past illness:** k/c/o DM 2.

**History of surgery:** 1 LSCS.

**Family history:** Sister was suffering from heavy-menstrual bleeding.

**Clinical examination :**

Temp: 98.40F

Pulse: 78/min

RR: 20/min

BP: 130/80 mm of Hg

**Agni:** Tikshna

**Koshtha:** Madhyam

**Sara:** Avar Sara

**Mala:** Prakruta (normal)

**Mutra:** Prakruta (normal)

**Menstrual History :**

She had menses at the interval of 21 days, which lasted for 05 days—painful menses with clots. Five pads per day thoroughly soaked.

**Obstetrics history:**

G4 P1 L1 A3 D3

G1: female child years, LSCS

**Per abdomen:** Soft, Tenderness at left hypochondrium region. Mild Aadhmaan was present.

**PS examination:** Cervix mild hypertrophied, no discharge, foul smelling.

**PV examination:** Uterus Anteverted, mild bulky size, tenderness in all fornices.

**Investigations:**

CBC: Hb- 8.2 gm%, WBC- 7000/microliter , Platelets- 2lakhs/microliter

Urine: NAD

T3,T4,TSH: Normal

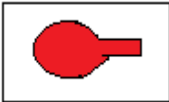


BSL (R): 98mg/dL

BT, CT: Normal

USG: NAD

**Assessment criteria:** (Pictorial Blood Assessment Chart)

**Table 1:** before treatment, the pictorial blood assessment chart

Day	Pads			Clots (large clots – 5 ) (small clots -1)	Score
	 (1 point each)	 (5 point each)	 (20 point each)		
1	1 x 2	5 x 2	20 x 1	5	37
2	1 x 3	5 x 1	20 x 1	5	33
3	1 x 3	5 x 1	20 x 1	5	33
4	1 x 1	5 x 1	20 x 1	1	27
5	1 x 1	5 x 2		1	12
					Total 142

**Drug administration:**

The patient was treated according to the medicine mentioned in Table No. 1. The Patient was asked to take these medicines twice a day before a meal (*Apana kaal*). Follow-ups were taken at the end of each cycle.




**Table 2** Oral Ayurveda treatment regimen for 60 days. (12/01/23 to 13/03/23)

Sr No.	Oral Medicine	Anupana	Dose	Duration
1	Chandrakala rasa	Jeerak + mishri	250 mg	60 days
2	Chandraprabha vati	Punarnava astakkwatha		60 days
3	Ashokarista	Jala	20ml	60 days
4	Praval bhasma + godanti bhasma + muktapisti	Madhu	Each 125 mg	60 days

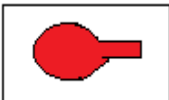


Table 3 and Table 4 show after one month and two months of treatment assessment of PBAC.

**Table 3:** After one month of treatment, the pictorial blood assessment chart

Day	Pads	Clots	Score
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	 (1 point each)	 (5 point each)	 (20 point each)	(large clots – 5 ) (small clots -1)	
1	1 x 1	5 x 1	20 x 1	5	31
2	1 x 1	5 x 1	20 x 1	1	27
3	1 x 1	5 x 1	20 x 1	1	27
4	1 x 2	5 x 2			12
5	1 x 2				02
					Total 99

**Table 4:** After two months of treatment, the pictorial blood assessment chart

Day	Pads			Clots (large clots – 5 ) (small clots -1)	Score
	 (1 point each)	 (5 point each)	 (20 point each)		
1	1 x 1	5 x 1	20 x 1	1	27
2	1 x 1	5 x 1	20 x 1	1	27
3	1 x 1	5 x 2			11
4	1 x 1	5 x 2			11
5	1 x 2				02
					Total 78

## DISCUSSION

In Menstrual Disorders, DUB is the most common condition for which women seek medical care. Likewise, cause of irregular uterine bleeding varies depending upon the patient's age, but no specific reason has been identified for DUB. The treatment protocol in cases of modern science typically emphasises hormones and lands only on reducing symptoms. This will only partially heal the patient and resolve the underlying concerns.

As mentioned in classical texts of Ayurveda, this kind of case can be effectively managed. Additionally, we recommended diet restriction and lifestyle change during the treatment, using Ayurvedic text and further advice on milk and ghee consumption. DUB may be effectively cured with Ayurvedic medicine without experiencing any consequences or recurrence.

*Chandrakala rasa is effective in treating Raktapradar, and it has Rakta Shambhaka and Rasaayana qualities.*

*Ashoka have Garbhaashayasankochaka and Rakthasthambhaka properties and it is a Phytoestrogen drug. The study shows that liquid extract from the bark is powerfully astringent and contains beta-sitosterol. It acts on muscular fibres in the uterus and has a stimulating effect on the endometrium and the ovarian tissue. So, it is effective in the treatment of Raktapradar.*

*Praval Bhasma, Godanti Bhasma and Muktapisti having Shitaguna and Pitta Shaman effect, as Pitta and Rakta are interrelated to each other, the Dushti of Pitta Dosha also leads to Raktadushti and Pitta Shaman leads to Raktasudhhi.*

## Result

**Table 5:**

	Before treatment	After 1 month of treatment	After 2 months of treatment
Duration	5 days	5 days	5 days
Pain	++++	++	-
Clot	Present	Reduced than before	nil
Total no. of pads	More than 5	2 to 3	2 to 3
Other associated complaints	fatigue with bodyache, anorexia , appetite decrease headache , weakness and drowsiness,	Improved appetite, Mild headache, Less drowsiness, Less bodyache	All symptoms improved

## CONCLUSION

Excessive menstrual blood loss is a common reason for women to seek medical help, and contemporary scientific limitations do not provide satisfactory results to patients. *Ayurvedic* medicine has been proven to be a practical kind of treatment for dysfunctional uterine bleeding. In the present case study, remarkable improvement was seen after two months of treatment, and the patient discontinued the treatment. Diet restriction was followed. This case study showed that *Ayurvedic* treatment is a very effective DUB.

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