

## AYURVEDIC APPROACH FOR POLYMENORRHAGIA -A CASE STUDY

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### ABSTRACT

Polymenorrhagia is a condition of cyclic bleeding where the cycle is reduced to an arbitrary limit of less than 21 days and remains constant at that frequency. There is no association of underlying pathology for the cause. A case was taken for study with symptoms of shortened menstrual cycle of 15 days, prolonged heavy bleeding associated with severe lower abdomen pain. Correction of shortened menstrual cycle, normalising the amount of flow and curing the associated symptoms are fundamental principles of treatment to be adopted. Looking at the symptoms patient presented with, the condition can be correlated to *Asrgdhara*. *Vata* is the one which is responsible for outflow of *artava*. *Samprapti* involves *Aavarana of Apana vata by pitta* as it is the seat of *apana vata* causing the *ati pravrutti of rajas*. Disturbed *artava swaroopa* correction is essential to restore normalcy in the patient using *vata and pitta shamaka* drugs with *agnideepana* and *pachana* property drugs. In this view the *Sukumara Kashaya* along with *Pulim Kuzhumbu (kolambu)* was given in combination followed by *Kravyada rasa*, *Gynovedan* and *Eve care* initially for 2 months and last month with *Phala sarpi* and *Gp 500* was given which showed remarkable improvement in the first sitting itself. This paper explains in detail about the *samprapti vighatana* by the ayurvedic medicine in a case of shortened menstrual cycle, thus curing the condition.

**Keywords:** *Asrgdhara*, *Polymenorrhagia*, *vatadosha*, *Aavarana*, *Sukumara kashaya*, *pulim kuzhumbu*.

### INTRODUCTION

Ayurveda explains the concept of *Artava* being expelled out of body for 3-5 days from *Apathyapathamarga* by *prerana* of *vayu* which is *vigandha*, *shuddha*, *ishatkrisna* in *swaroopa*<sup>1</sup>. Due to life style modifications, sedentary life pattern, stress, improper dietary habits, this normal *swaroopa* is disturbed in many women

now a days. Hence, irregularities in menstrual flow are the most common manifestations. Premature onset of menstrual cycle, irregular cycles-prolonged or short, excessive amount of flow, clotty discharges, association of pain, vomiting are commonly seen.

Sushruta says “*Raktamevastreenaammaasemaasegarbhakoshthamanupraapyatryampravartamaanamartavamiti aahuhu*”<sup>2</sup> which means Rakta itself gets accumulated in *garbhakosha* and expelled out of body as *Artava* for 3days in *stree*. Such *artava* expelled is devoid of any smell (*vigandha*), *shuddha*, *ishatkrishna* in *swaroopa* not for more than 5days a cycle. This *prakrutaswaroopa of artava* will be destroyed or altered in various conditions like *Pradara*, *artavadushti*, *anartava*, *artavakshaya*, *yonivyapadas*. Symptoms of polymenorrhagia can be correlated to *Asrgdhara* to certain extent.

*Asrgdhara*'s cardinal feature is *Pradeerana* referring to “*vistaarito bhava*” –prolonged. *Atipraachurenadeerghakaalanubandhi* refers to excessing prolonged days of flow, associated with *vedana*. Explaining the *lakshana* and *samprapti* Sushruta says “*Tadevaatiprasangenapravruttam anrutaavapi*.”<sup>3</sup> There will be prolonged excessive blood flow during *ritusraavakaala*, with or without intermenstrual bleeding. *Vata* is the one which is responsible for outflow of *artava*. *Samprapti* involves *Avarana of Apanavataby pitta* as it is the seat of *apanavata* causing the *atipravrutti of rajas*. *Avaranabhedhakachikitsa* is essential using *pitta vatashamaka* drugs. Keeping this in mind, the Ayurvedic drugs which act miraculously in correction of the *dosha* involved from the *panchabhoutika* level is adopted in the case study. The *vata pitta shamaka* property of drugs does the *avaranabhedhana* in the patient leading to *vatashamana* and hence reduction of amount of bleeding and pain and regularization of cycles.

#### AIMS AND OBJECTIVES

1) To understand the Polymenorrhagia in Ayurvedic perspective.

2) To assess the efficacy of Ayurvedic medicines in treating Polymenorrhagia.

#### CASE REPORT

A 26 years old female Hindu patient, tailor by occupation visited the OPD of SKAMCH & RC, dept of Prasootitantra and streeroga on 3<sup>rd</sup> february 2016 with the **chief complaints** of- Excessive P/V bleeding during menstruation, Shortened menstrual cycle (once in 15days) with 7-8days of prolonged bleeding, Severe lower abdomen pain for 3-4 days during menstruation since 4yrs. Associated with vomiting, giddiness, weakness during menstruation since 4yrs.

#### History of present illness

Patient was said to be apparently healthy before Menarche, which occurred at the age of 14 years. From her 1st cycle upto the age of 22, Menstruation was regular but used to get mild lower abdomen pain 15days prior to menstruation which continued till 4days of menstruation. Initially pain was mild, would increase few hours before menstruation and continue for 4-5days. She had bleeding of 7-8days, which was heavy for first 4-5days and moderate for next 3-4days. Associated with 2-3 episodes of vomiting giddiness, weakness and severe lower abdomen pain during menstruation. Site of pain was lower abdomen, which was gradual in onset, non radiating kind, spasmodic and severe in nature. It was reducing with reduction in bleeding. Patient did not consult any doctor for this as elders in family said problem would solve after marriage. Patient got married at the age of 19 and her symptoms continued, increased after few years of marriage. She used oral contraceptive pills for 6months during which her symptoms had reduced little, stopped OC pills and conceived shortly. She delivered by LSCS 5 yr ago. Post delivery bleeding began after 5 months. For

4months bleeding was regular with persistence of other symptoms. Immediately from next cycle Periods became once in 15days and bleeding was heavy for 7-8days.This was accompanied with severe lower abdomen pain for 3-4days of menstruation for the past 4yrs. This made her worry a lot and compelled her to consult physicians.

She underwent treatment in many hospitals but did not find relief. Hence, she consulted in OPD of SKAMCH Bangalore for further treatments.

#### PAST TREATMENT HISTORY

Patient was taking tablets for pain during menstruation for 4-5days, was on medication given by various consultants details of which are not known.

#### PAST HISTORY:

- Patient had spontaneous abortion 9months ago at 2months of gestation.
- No H/o any chronic illness/infections.
- No H/o DM / HTN/Asthma/ TB/Trauma

#### FAMILY HISTORY:

Nothing contributory

#### OCCUPATIONAL HISTORY:

Patient is a tailor by profession, it involves prolonged sitting with lot of physical strain. She works for almost 8hrs daily; she used to lift heavy weights and work extensively to help her father in carpentry work. This involved a lot ofcontrolling Micturition, delaying intake of food and water intake .she had untimely food habits.

#### MENSTRUAL HISTORY:

Menarche at - 14 yrs of age

#### Menstrual cycle:

**Nature –**

\*4yrs ago- Regular, once a month.

\* Since 4yrs- once in 15days

#### Duration –

\* 4yrs ago-7-8days heavy flow (heavy 1st 4-5days, moderate next 3-4days) once in 30days.

\*Since 4yrs-7-8days heavy flow once in 15days

#### Bleeding phase – 7-8 days

No. of pads or clothes/day –5-6pad/day (first4-5days), 3-4pads/day next 3-4days

LMPs-29/12/15, 13/1/16,28/1/16-(15days cycle)

25/2/16, 22/3/16 (30days cycle)

Clots-occasional, No foul smell.

**VAIVAHIKA VRUTTANTA:**Married life – 7 years

Contraceptive History: After marriage was taking oral contraceptive pills for 6months then stopped, conceived.

Now following barrier method of contraception  
**VYAVAYA VRUTTANTA:** Twice or thrice a week, No *maithunaasahishnuta*.

**PRASAVA VRITTANTA:** P1 L1 A1 D0

P1 (L1)- Female , 5 yrs LSCS due to fetal distress ,Birth weight 2.8kg. Breast fed for 1 ½ yrs,

(A1)- Spontaneous abortion 9 months ago at 2months of gestation.

#### GENERAL EXAMINATION

- Height - 153 cms
- Weight - 56 Kg
- BMI - 23.9
- Pulse Rate - 78 beats/min, regular
- BP - 110/70mm Hg
- Respiratory Rate -19/minute
- Heart Rate - 78/minute
- Temperature - 98.4 F,
- Tongue - slightly coated

- Pal-  
lor/Icterus/Cyanosis/Clubbing/Edema/Lymp  
hadenopathy : Absent

#### SYSTEMIC EXAMINATION

- CVS, CNS, RS, P/A - NAD

Gynecological Examination: NAD

#### DASHA VIDHA PARIKSHA:

*Prakruti – vata pitta*

*Vikruti –Hetu- Katuamlalavana rasa pradha-  
nabhojana, vidaahi, viruddhabhojana, mutrave-  
gadharana, akaalabhojanaativyayamabharava-  
hana, chintakrodhabhaya.*

*Dosha-vata pitta*

*Dushya-rasa rakta rajas*

*Prakruti-vata pitta*

*Desha- sadharana*

*Kaala- adaana*

*Bala, sara, samhanana, pramana, vyayama*

*Shakti, vaya- madhyama*

*Satva, ahara Shakti (abhyavarana, jarana Shak-  
ti) – avara*

#### LAB INVESTIGATIONS

Hb-12.6gm % (4/08/15)

ESR- 16mm/hr

Total WBC- 8100/Cmm

DC- Neutrophils-48%

Lymphocytes-44%

#### RESULTS

**Table 1:** There was a remarkable change in various symptoms as noted below: -

DATE	TREATMENT GIVEN	OBSERVATIONS
3/2/16 – 3/3/16	<p>*SUKUMARA KASHAYA 2-2-2tsp +PULIM KOLAMBU 1/2-0-1/2tsp with 4 times of water</p> <p>*KRAVYADA RASA 1-0-1(bf)</p> <p>*Cap GYNOVEDAN 1-1-1 DURING MENSES</p>	<p>*PERIODS IN 28DAYS LMP-28/1/16, 25/2/16</p> <p>*PAIN REDUCTION-3days pain, severity reduced.</p> <p>*Bleeding-6days</p>

Eosinophils-05%

Monocytes-03%

Basophils-00%

AEC-275cells/cmm

Platelet count -2.5lakhs/cmm

RBC count-4.3 Million/cmm

BT –4 min 15 sec

CT- 4min 45 sec

USG-1/3/2012- No sonographically detectable abnormality observed.

29/3/2016- No sonographic abnormality detected

#### INTERVENTION

➤ *Sukumarakashayam* 2-2-  
2tsp+*Pulimkolambu* ½ -0- ½ tsp-mixed to-  
gether with 4times water.

➤ *T .Kravyada rasa* 1-0-1

➤ *Eve caresyrup* 2-2-2 tsp

➤ *CapGynovedan* 1-1-1 during mensus.

This was given for 2 month (3/2/16-4/4/16)

Along with the above medicines 2more were added in the next sitting.

➤ *Phala Sarpi* 2-0-2tsp (bf)

➤ *Cap G.P.500* 1-0-1 (af) for 1 month(  
6/4/16-6/5/16)

Follow up was done for 2 months

	*Eve care syrup2-2-2tsp (bf)	(heavy 2days,4pad/day, moderate for 4dys, 1-2pad/day) *Vomiting once *Giddiness and weakness persists
4/3/16 - 4/4/16	*SUKUMARA KASHAYA2-2-2 +PULIM KOLAMBU1/2-0-1/2  *KRAVYADA RASA1-0-1(bf)  *GYNOVEDAN 1-1-1 DURING MENSES  *Eve care syrup2-2-2tsp (bf)	*PERIODS IN 30DAYS LMP-22/3/16  *Pain reduced -2days, more on 1st day, reduced on 2nd.  *Bleeding – 5days ( heavy - 2days,3-4pad/day), REDUCED-next 3days, 2pad/day) *Vomiting absent *Giddiness and weakness persists
6/4/16 to 6/5/16	SAME ABOVE + *PHALA SARPI 2-0-2tsp (bf) with milk  *Cap G.P.500 1-0-1 (af)	*PERIODS IN 31DAYS LMP-22/4/16  *PAIN REDUCED (ONLY 1 DAY)  *BLEEDING OF 5DAYS (heavy on 1st day,3pad/day moderate bleeding next 4days 1-2 Pad/day)  *No vomiting this time, giddiness and weakness reduced (was there only 1st day)

**Summary:**

After 1 month of treatment-

- Periods was in **28 days**, pain severity reduced only for 3days
- Bleeding-6days (heavy 2days,4pad/day, moderate for 4dys,1-2pad/day)

- Vomiting once, Giddiness and weakness persist.

After 2month of treatment-

- Periods in **30 days**.
- Pain reduced -2days, more on 1st day, reduced on 2nd.

- Bleeding – 5days ( heavy -2days,3-4pad/day), (reduced - next 3days, 2pad/day)
- Vomiting absent, Giddiness and weakness persists.

After 3month of treatment-

- Periods in **31 days** (LMP-22/4/16)
- Pain was present only on 1<sup>st</sup> day
- Bleeding of 5days (heavy on 1st day,3pad/day)
- moderate bleeding next 4days,1-2 Pad/day)

No associated symptoms seen after 3months of treatment

After 2months follow up- All symptoms has reduced remarkably and cycle was regularized with moderate bleeding.

## DISCUSSION

The pathophysiology of *Asrgdhara* are explained under various factors like *pitta vrudhi*<sup>4</sup>, *vatavrudhi*, *raktadoshavikruti*<sup>5</sup>*pitta avrutaapana*. In this patient there was *pitta avrutaapana* causing the *avarana of apanavata by pitta*. The *Lakshana of pittavrutaapana* is *rajo atipravrutti*<sup>6</sup>. The *vrudhivata* does *raktapramaanautkramana in garbhashayagatasiras* hence leading to *raktapramaana* increase and *atisrava of the rakta*<sup>7</sup>. Here the *sara* and *dravaguna of pitta* is increased which is expelled out due to *chalaguna of vata* aggravated. The drugs used must counter act these *gunas* of the *doshas* to pacify its vitiation. Since, it's the *apanavata-kshetra*, even though *pitta* is covering the *vata*, *pittaja* symptoms are more along with aggravated *vata* symptoms. In *Asthanga Hridaya* its mentioned that the *Agantukadoshaavarana* should be treated first but if the *Avarya* is strong in its own *kshetra* then it should be treated first. Keeping this in mind *vatashamaka* along with *pitta shaamaka* treatment is employed for *ava-*

*ranabhedhana* as its *apanavata-kshetra*. Removing the *avarana* and clearing the *avaraka (apanavata)* both done simultaneously, also *agnidipana* and *pachaka* drugs are added for further *amapachana*.

*Sukumara Kashaya* has no direct reference, in *Sahastra yoga* the *sukumara ghrita* ingredients are taken for preparing the *Kashaya*<sup>8</sup>. It contains drugs like *Punarnava*, *Dashamoola*, *Aaragvaha*, *Eranda*, *Darbha*, *Sara*, *Kasha*, *Ikshumoola*, *Mundi* along with *saidhava* and *guda*. Majority of Drugs are *Madhurarasa*, *pitta* and *vatashamaka* in nature. They correct the *agnidushti* in patient and do *avarabhedhana*. Its directly indicated in *yoni roga* and *vataroga*.

*Pulimkulambu* is a *Keraliya Ayurveda* preparation from *Sahastra yoga* reference<sup>9</sup>. The drugs present are *shunti*, *pippali*, *puraanamaricha*, *hingu*, *dwejeeraka*, *siddharthaka*, *chitraka*, *deepya*, *gajapippali*, *chinca*, *rasonakalka*, *takra*. Most of the drugs are *Agni deepakapachaka* and *vatahara* in nature. This was given in combination with *Sukumara Kashaya* for the *vatashamaka* action.

*Kravyada rasa* is a *parpati* of *Kajjali*, *Tamrabhasma*, *Lohabhasma*, *Tankana* trichurated with *nimbuswarasa*, *chanakamla rasa*, *panchakolawatha* added with *bidalavana* and pills are prepared<sup>10</sup>. *Tamrabhasma* is a excellent *vata-shamaka* and *lohabhasma* is a *pitta shamaka* and *Rasayana* thus by its action is pacifies the *doshas*. *Eve care* syrup, *Gp 500*, *Gynovedan* acts as a uterine tonic reducing the pain.

*Phala sarpi*<sup>11</sup> is added for proper rejuvenation of the endometrium. The essential cause for polymenorrhagia<sup>12</sup> is the irregular growth and irregular shedding of endometrium due to fibrinolytic action and abnormalities of prostaglandins production. *PGE2alpha* acts as vasocon-

strictor and PGE2 act as vaso dilator. There is a shift In endometrial conversion of endoperoxide from PGE2alpha to PGE2. Hence there is increased vaso dilation in endometrium. The unopposed Oestrogen stimulation due to failure in feedback mechanism causes excessive endometrial build up resulting in irregular and excessive amount of bleeding<sup>13</sup>. In modern line of treatment oral oestrogens and progestin is given to stabilize endometrium. As an Ayurvedic approach we have added *Phalasarpi* which is a uterine tonic. It acts on the endometrium and helps to stabilize the growth of it, if it is a poor endometrium then it rejuvenates the cells and if it's an excess growth then it reduces the cells thus helping to normalize the growth and controlling the hormones involved.

Thus the drugs used in this case have shown wonderful results and has normalized the *pradushthadoshas* leading to the symptom of polymenorrhagia.

## CONCLUSION

In the present study *Sukumarakashyam*, *pulimkolambu*, *kravyada rasa*, *phalasarpi* are mainly used for the treatment of shortened menstrual cycle along with prolonged excessive bleeding which was found very effective. There is drastic improvement in signs and symptoms. Patient is made free from all the symptoms able to perform her daily routine activities without difficulty. Thus, Ayurveda helps to understand the disease patho physiology in *dosha* level and at *panchamahabhoota* level and helps to cure the disease by treating the basic fundamental elements causing the disease. But to prove this with greater confidence further studies are to be conducted on this disorder, as the present paper

is a single case study. Trial in a larger sample is required to generalize the outcome.

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