

ROLE OF SADYOVAMANA IN CASES OF ASRIGDARA

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ABSTRACT

In females the reproductive system has a great importance and any disease in this system will seriously affect her health and happiness and also a greater discomfort. The menstrual cycle depends upon the hypothalamo – pituitary - ovarian axis function whereas the amount of blood loss depends upon the uterine condition. *Asrigdara* is one amongst the extensive range of occurrence, it indicates excessive and irregular bleeding per vagina and it comprises of all forms of excessive bleeding; dysfunctional uterine bleeding is one among them. *Sadyo vamana* is one of the *atyayiki chikitsa* explained in the context of *bahudoshavastha* and *kaphotkleshita vyadhi*. *Snehana* and *swedana* are the *poorva-karma* followed by *sadyovamana* statistically reveals that changes occurred in the study are greater than expected results.

Keywords: *Asrigdara, bahudoshavastha, Kaphotkleshita vyadhi, Sadyo-Vamana,*

INTRODUCTION

Women's health is having prime importance for the wellbeing of the family and society. In order to survive and succeed in this competitive world, she tries to work hard to meet her professional and family expectations. In the current scenario, working pattern demands late night works, sitting in front of computer for hours together, skipping meals, consuming junk foods, long hours of distance travelling, ultimately leading to disruption of biological clock of the body, due to this women are unable to pay adequate attention to their own health. The rising incidences of menstrual irregularities, PCOD, infertility are evidence for this.

The menstrual cycle depends upon the hypothalamo – pituitary - ovarian axis function where as the

amount of blood loss depends upon the uterine condition. In females the reproductive system has a great importance and any disease in this system will seriously affect her health and happiness and also a greater discomfort¹. *Asrigdara* is one amongst the extensive range of occurrence. *Asrigdara* indicates excessive and irregular bleeding per vagina. It comprises of all forms of excessive bleeding; dysfunctional uterine bleeding is one among them. Dysfunctional uterine bleeding encompasses patients of a variety of ages from adolescent to those nearing to Menopause. The incidence of abnormal uterine bleeding is 10-30% in reproductive age and it rise up to 50% in Peri-Menopausal women due to various causes².

Asrigdhara, it is one of the *Kapha pradana dosha vyadhi* in which classical *Vamana karma* has been explained during *utklesha-avstha* of *dosha*, as *Asrigdhara* is acute condition and needs *Atyaika chikitsa* instead of classical *Vamana*. *Sadyovamana* is one among them and can be given irrespective of the *kaala*. The word *Sadyovamana* suggests that instant vomiting. According to *shabdhalpadruma*, *Sadyovamana* is the one which can be done in any time of the day.

Study Design:-

It was a single blind study to assess the Efficacy of *Sadhyovamana* in *Asrigdhara*, 10 patients suffering from *Asrigdhara* from IPD of *Prasooti tantra & Streeroga* and *Panchakrama* department of SDM institute of Ayurveda and Hospital, Bengaluru were selected and *Sadhyovamana* carried out.

Inclusion criteria:

1. Patient between 15-55 years
2. Patient suffering from bleeding per vagina more than 10 days after menstrual cycle
3. Patient who are fit for *vamana karma*

Exclusion criteria:

1. Patients with miscarriages
2. Patients with traumatic lesions of genital tract
3. Patients with systemic illness like HIV, HBSAG and any organic lesions.
4. Patients with genital tract malignancies

Duration of treatment: 4 days

Duration of the study: 10 days

INVESTIGATIONS: Haemoglobin, HIV, HBsAg, serum creatinine

INTERVENTION:

Poorva karma: *Acchasnehapana* with *varunadi ghrita* 150-200ml

Sarvanga abhyanga and *bhaspa sweda* 2 days

Pradhana karma: *sadyovamana* conducted with *ksheera*, *yastimadhu phanta* and *saindhava lavana jala*

Paschat karma: *dhoomapana*, *kavala gandusha*

Samsarjana krama: 2 day

Assessment criteria:

Parameters:^{3,4,5}

Angamarda, *Vedana* in *Shroni*, *Prushta*, *kukshi* and *Garbhashaya*.

Table 1: Doshanusara bheda:

<i>Lakshana</i>	<i>Vataja</i>	<i>Pittaja</i>	<i>Kaphaja</i>	<i>Sannipataja</i>
Amount of flow	<i>Alpa</i>	<i>Nitanta rakta</i>	<i>Bahala</i>	-
Colour	<i>Shyava, aruna, Krishna varna, kimshukodaka sadrusha, pishitoda-kaabham</i>	<i>Nil, pita, harita, gomutraabham</i>	<i>panduvarna, gairikodaka sardusha, mamsapeshi sardusha, kovidara pushpa sadrusha,</i>	<i>varna, nila varna, kamsya sadrusha,</i>
Smell	<i>Loha gandha</i>	<i>Matsya gandha, visra gandha</i>	<i>Vasaa gandha</i>	<i>Durgandha, vigandha</i>
Consistency	<i>phenila, tanu, ruksha</i>	<i>asnigdha</i>	<i>guru, snigdha, picchila, ghana, tantumat</i>	<i>Picchila</i>
Pain	<i>Saruja-niruja, toda</i>	<i>Pittarti</i>	<i>Manda ruja</i>	-
Nature	<i>Askandhi</i>	<i>Askandhi</i>	<i>Tantummat</i>	<i>Bahuvegavan</i>
Associated symptoms	<i>Kati, vankshana, hrut, parshwa, prushta, shroni tivra ruja</i>	<i>daaha, raaga, trushna, moha, jwara, brahama, daaha</i>	<i>Chardi, arochaka, hrullasa, swasa, kaasa</i>	<i>Daaha, jwara, trushna</i>
Discharges	<i>shita</i>	<i>ushna</i>	<i>shita</i>	-

OBSERVATION:

10 patients suffering with *Asrigdhara* were taken for the study and assessed with above parameters and diagnosed as *kapha-Pradhana Asrigdhara*.

General Observations: Among selected patients, maximum number of patients (90%) belongs to age group 16-20yrs, 10 % of patient belongs to 20-30yrs, all the patients belong to Hindu religion, 90% unmarried, 100% belongs to the middle class, 80% had regular bowel habits, 70% had *Madhyama kosta*, 80% were using *Madhura, Amla, lavana* in their diet, 100% had a dietary pattern of *Vishamashana*, 20% of patients were addicted to coffee.

Dashavidha Pariksha: 90% patients had *Kapha-vata prakruthi*, 100% *madhyama sara* and *Pramana*, 70% *pravara Satva*, 80% *Madhyama Abhyavaharana*, and *jaranashakthi*, all the vitals were stable during *SadyaVamana* and after the treatment also.

Nidana: In this study 70% were habituated to *Guru, Vidahi, Snigdha ahara*, 80% were regularly consuming *Dadhi*, 40% consume *Kulattha* and *Masha* regularly, 80% were suffering from *Shoka & Krodha*, 80% does *veghadarana*.

Samanya Roopa: 100% of patients had *deergha kaalanubandhi srava, angamardha, and vedana*.

Vishesha Roopa: 60% had *Aruna varna artava*, 70% patient had *vasaa Gandhi*, 60% had watery flow with few medium sized clots, 40% had big clots, 70% had *Pichilata* of *artava*, 60% had *sheeta sparsha* of *artava*, 70% had Mild Pain during bleeding.

RESULT:-

Statistical analysis reveals that changes occurred in the study are greater than expected results in symptoms like quantity, pain, frequency of flow, weakness, and mood swings. Among selected patients, 80% patients noticed complete cessation of per vaginal bleeding on 2nd day of *sadyovamana*, and 20% patients after 4th day.

DISCUSSION

In *asrigdhara*, the line of treatment is *Raktapitta chikitsa* like *sthambhana, vamana* and *virechana*. In case of *adhoga raktapitta, vamana* is indicated⁶. By considering *asrigdhara* as an *adhoga raktapitta vikara* with *kaphadosha pradhana vyadhi, sadyovamana* is advised to get the instant relief. Patients who are diagnosed with *asrigdhara* are mainly consuming *Guru gunaykta aahara –maida, masha* which vitiates *kapha dosha, Vidahi ahara* it aggravates *pitta dosha* and in turn vitiates the *rakta dhatu, Snigdha ahara* which vitiates *kapha dosha* and *rakta dhatu, dadhi* it is *abhishyandhi ahara* which causes *rakta dushti*, eating *kulatta* regularly causes *rakta dushti, masha* which is considered as *artava janaka* and causes *arsigdhara. shoka, krodha* are *manasika* factors which in turn disturbs the HPO Axis and causes *asrigdhara* and *veghadarana* in turn does the *vata prakopa* especially *sthanika vata* i.e apana vata. In this study the patients of *Asrigdhara* treated with *Sadyovamana* after *sadyo-snehapana* and *swedana* as they play an important role as *poorva karma* for *utkleshita dosha nirharana* by mobilizing the *doshas* from the distinct parts of the body to *kosta* for easier *Vamana* process with minimum strain, to prevent *Vata Prakopa* and liquefying *doshas*⁷.

CONCLUSION

Patients of *Asrigdhara* with *kaphapradhana dosha* can be treated with *sadyovamana* which is considered as *Athyayika chikitsa*. The result achieved in this study shows cessation of bleeding per vagina on 2nd day of *Vamana*. Hence *Sadyovama* can be considered as first line of treatment in *kaphapradhana asrigdhara* as *Atyaika chikitsa* if the bleeding persists more than 10days.

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