

## MANAGEMENT OF DUB THROUGH AYURVEDA: A CASE STUDY

Sharma Payal<sup>1\*</sup>, Asthana Alok Kumar<sup>2</sup>, Asthana Monika<sup>3</sup>

PG Scholar, Department of Kriya Sharir, Ch. Brahm Prakash Ayurved Charak Sansthan, Khera Dabar, New Delhi, India

Associate Professor, Department of Kriya Sharir, Ch. Brahm Prakash Ayurved Charak Sansthan, Khera Dabar, New Delhi, India

Assistant Professor, Department of Kayachikitsa, State Ayurvedic College and Hospital, Lucknow, Uttar Pradesh, India

Email: [anupayal809@gmail.com](mailto:anupayal809@gmail.com)

### ABSTRACT

In today's era, women are considered equal to men in each and every perspective of life, but there are various issues a women phases in her entire life during different stages. These issues are mostly related with menstruation. One such issue is DUB i.e. Dysfunctional Uterine Bleeding. This problem has affected life of many women up to major extent that she is even not able to do her day to day work. So, it's a major point of concern. In *Ayurveda* this condition is correlated with *Asrgdara or Pradara*. Treatment is available in modern science but due to various reason chances of reoccurrence is increasing with various side effects. Here *Ayurveda* play prominent and promising role. So, in this article, I will try to explain *Ayurvedic* management of DUB through a case study.

**Keywords:** *Asrgdara, Pradara, DUB, Madhutailikabasti, Panchtikaksheerbasti.*

### INTRODUCTION

DUB is defined as a state of abnormal uterine bleeding without any clinically detectable organic, systemic and iatrogenic cause (pelvic pathology, e.g. tumour inflammation or pregnancy is excluded). Heavy Menstrual Bleeding (HMB) is defined as a bleeding that interferes with woman's physical, emotional, social and maternal quality of life<sup>1</sup>. In 10-20% of women, and particularly at the extremes of reproductive life, or following childbirth and abortion dysfunctional uterine bleeding (DUB) is associated with anovulation<sup>2</sup>. In most of the women, the problem is therefore thought to originate in the endometrium itself. In *Ayurveda* it

is known as *Asrgdara* or *Pradara*. Due to *Pradirana* (excessive excretion) of *Raja* (menstrual blood), it is named as *Pradara* and since, there is *Dirana* (excessive excretion) of *Asrk* (menstrual blood) hence it is known as *Asrgdara*<sup>3</sup>. This case study is based on married women of age 44 years having complaint of excessive menstrual bleeding. For this case *Sampraptivighatan* is made with our oral medication and *Panchkarma* procedures in order to cure her heavy menstrual bleeding and associated symptoms. *Panchkarma* procedure *Basti* (*Madhutailikabasti* and

*Panchtiktsheerbasti*) were performed in order to achieve the desired result.

### **RaktaPradar**

Excessive or prolonged blood loss during menstruation with or without bleeding during intermenstrual period is called *Asrigdara*<sup>4</sup>.

### **Nidan (causes)**<sup>5</sup>

- *Aharasambandhi* – *Lavana, Amla* and *Katu rasa, Snigdha, Guru, Kidahigunas. Mamsa, krishara, Payasa, Dadhi, Shukti, Mastu, Sura, Madya.*
- *Viharasambandhi* – *Atimaithuna, Yana, Adhvagamana, Shoka, Divasvapana, Bhara- vahanaabhighat.*
- *Vyadhisambhavi* – *Garbhapata, Atikarshana.*

### **Samprapti**<sup>6</sup>

*Ahara, Vihar, Manosambhavinidan*

↓

*Vitiated Vata*

↓

*Garbhashya- Gata- Sira- Raktavidhi*

↓

*Rajo – Vridhi*

↓

*Raktapradar*

### **Samanyalakshana**

- *Raktaatipravritti* – excessive vaginal bleeding<sup>7</sup>
- *Ritoutipravritti* – excessive bleeding during menstruation<sup>8</sup>
- *Anritoualpa, Deergakalapravrutti* – scanty or excessive bleeding during intermenstrual period.

### **Classification**

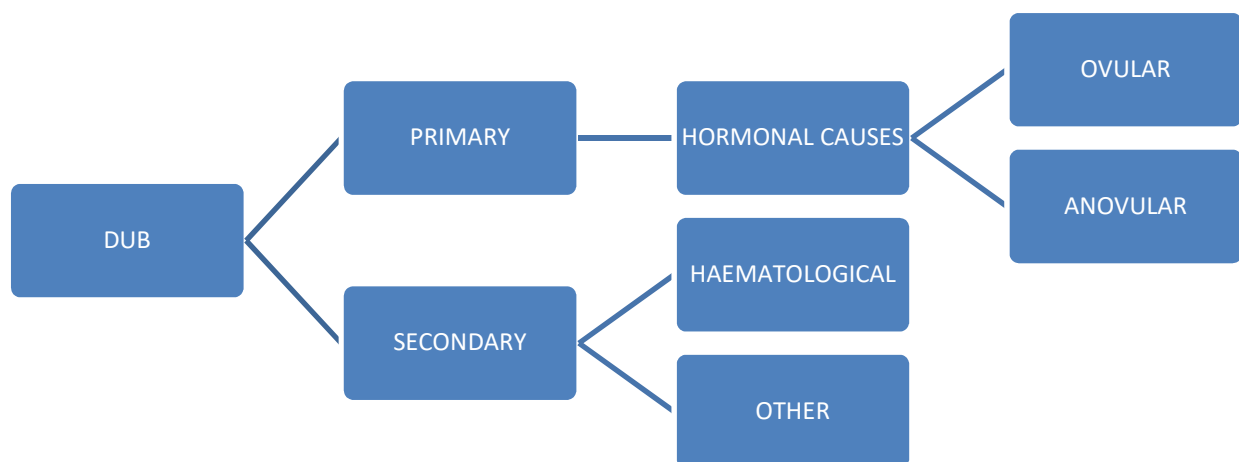
*Asrgdara* has been classified under four group<sup>9</sup>:

- *Vataj*
- *Pittaj*
- *Kaphaj*
- *Sannipataj*

### **DUB**

This is known as dysfunctional uterine bleeding. It is defined as a state of abnormal uterine bleeding following anovulation due to dysfunction of hypothalamo-pituitary-ovarian axis (endocrine origin)<sup>10</sup>.

**Classification and pathophysiology**<sup>11</sup>. Based on the disturbed function of the cortico-hypothalamic-pituitary-ovarian axis or the endometrium, the DUB is classified as follows.



### **Case Report**

A 44 year old married female patient, presented with chief complaint of heavy menstrual bleeding since last ten year. According to her, she was asymptomatic 10 years back then she got operated for tubectomy after which she started having excessive menstrual bleeding during her menstruation cycle associated with pain in

lower abdomen which is radiating to back. She has taken allopathic treatment for the same but was not relieved. So, she came to CBPACS hospital for the treatment.

### **Menstrual history**

Menstrual flow is heavy which is bright red in colour. Various clots during menstrual cycle are seen. It is

associated with severe pain in lower abdomen region which is radiating to lower back.

LMP- 26 April' 2019

Duration/interval = 6 days/ 28-30 days

Total no. Of pads used- 6-7/day

#### Obstetric history

G<sub>4</sub>P<sub>3</sub>A<sub>1</sub>L<sub>3</sub>D<sub>0</sub>

1<sup>st</sup> male child – 26 years – FTNVD

2<sup>nd</sup> female child – 24 years – FTNVD

3<sup>rd</sup> male child – 20 years – FTNVD

#### Contraceptive history

Tubectomy done 10 year back.

#### History of past illness

No specific history present.

#### Family history

No specific history present

#### Personal history

Bowel: regular, 1time/day

Bladder: 4-5times/day, 1time/night, difficulty in voiding urine

Sleep: adequate, sound sleep

Appetite: good

Addiction: nil

Diet: vegetarian

#### Ashtavidhpariksha

Nadi: Prakrit, 80/min, regular

Mala: Prakrit, regular, 1time/day

Mutra: Vaikrit, 4-5times/day, difficulty in voiding urine

Jihva: Niram

Shabda: Spashta, Prakrit

Sparsha: Samsheetoushna

Driku: Prakrit

Aakruti: Madhyam

#### Systemic examination:

On examination, patient was well oriented to time, place and person. Assessment of CNS, Respiratory system, GIT, Musculoskeletal system of patient was found to be normal. No clinical abnormality was detected.

#### Investigations

Done on 28/7/2018

Hb % - 10.00 gm/dl

CBC, LFT, KFT – WNL

BT – 3min

CT – 5 min

HbsAg, HIV – Negative

Blood sugar fasting – 82gm/dl

PP-125 gm/dl

USG done on 04/01/2019

It was WNL except Endometrium, it was measuring 13.4mm.

#### Treatment

Patient was initially given treatment in the form of oral medication for two months.

- Nagkesharchurna 3gm
- Shudhsphatika 250mg
- Akikipishti 250mg
- Trikantmanipishti 250mg
- Composition of above said drugs twice daily
- Local wash with Panchwalkalkwath twice daily
- Dashmoolkwath 40 ml BD
- Abhyang with Panchguna oil once daily

Then after this patient was given Madhutailikbasti for eight days.

#### Madhutailik basti<sup>12</sup>

She was admitted on 19 February 2019 for above said complaints. Daily for next eight days Madhutailikbasti was administered in morning.

Composition of Madhutailikbasti:

- Madhu (honey)– 150ml
- Saindhav – 1 Karsha (12 grm)
- Tiltaila – 150 ml
- Shatpushpakalka – 24 grm
- Madanphalachurna – 12 grm
- Erandamulkwath – 300 ml

Bastipratyagamankala was around 20 minutes.

#### Panchtikaksheerbasti

She was again admitted on 13march 2019. This time Panchtikaksheerbasti was administered for next eight days in the morning.

Composition of Panchtikaksheerbasti:

- Panchtikadravayakwath (Guduchi, Nimb, Patol, Vasa, Kantkari) – 150ml
- Ksheer (milk)– 130 ml was added in above Kwath and Sidhakheer was prepared.

- *Madhu* (honey) – 5ml
- *Lavan* (salt) – 5gm
- *Ghee* – 20 ml

- *Sidhaksheer*- 130 ml
- Bastipratyagamankala* was 30-45 minutes.

### Observations and results (Table no.1)

Before treatment	After treatment
<ul style="list-style-type: none"> <li>• Heavy menstrual flow which is bright red in colour with clots during menstrual cycle and is associated with severe pain in lower abdomen region which is radiating to lower back.</li> <li>• Lethargy during menstruation.</li> <li>• Unable to do physical activity during menstruation.</li> <li>• Duration/interval = 6 days/ 28-30 days</li> <li>• Total no. Of pads used- 6-7/day</li> </ul>	<ul style="list-style-type: none"> <li>• Flow was normal and it was without clots. Pain in lower abdomen subsides.</li> <li>• Lethargy was almost gone</li> <li>• She was able to do her day to day activity during menstrual cycle.</li> <li>• Duration/interval = 4 days/ 28-30 days</li> <li>• Total no. Of pads used- 2-3/day</li> </ul>

### DISCUSSION

DUB is an alarming condition as well as it is highly stress causing condition. DUB can be related with *Asrigdara* in *Ayurveda*. In modern, the treatment of the disease is not successful because of the reoccurrence rate of the disease. So, in *Ayurveda* we provide you cure and prevention of the disease. According to *Ayurveda*, vitiated *Tridosha* are mainly responsible for causing any kind of pathogenesis or disease. We have already seen above the pathogenesis of *Asrigdara* that out of the three *Dosha Vata* was mainly vitiated and results in the DUB. *Basti* is the main treatment for vitiated *Vata Dosha*. So, *Sanshaman* and *Basti chikitsa* was planned for the patient. In *Sanshaman-chikitsa*, various oral medications were given to the patient. Then after this *Basti karma* was planned. *Madhutailikbasti* and *Panchtikaksheerbasti* were given to the patients. This is how we were able to manage the vitiated *Vata Dosha* and therefore DUB and provide relief to the patient up to maximum extent.

### CONCLUSION

*Basti Chikitsa* along with oral medication is the best therapy which can be used to treat DUB. This treatment will reduce the complication arising from the excessive use of synthetic drugs. In addition, they are economical and cost effective therapies. The result of the study has shown potential for DUB. The *Ay-*

*urvedic* management of uterine fibroid has a strong possibility to breakdown the pathogenesis of the disease and become a ray of light in the darkness.

### REFERENCES

1. Konar Hiralal, DC Dutta's Textbook of Gynecology, 6<sup>th</sup> edition, Jaypee Brothers Medical Publishers (P) Ltd, 2013, pg.187
2. V.N.KUsha, A Text Book of Gynaecology StreeRoga – Vijnan, 1<sup>st</sup> edition, ChaukhambaVidyabhawan, 2010, pg no.152.
3. Tiwari P.V, AyurvediyaPrasutitantraEvamStriroga, Vol-2, 2<sup>nd</sup> edition, ChaukhambhaOrientalia, 2009, pg no. 172.
4. Shastri AD: ShukrashonitashudhiSharir, Chapter-2 in SharirSthan of SushrutaSamhita, Vol 1, 1<sup>st</sup> edition. Editor: Shastri AD, Varanasi: Chaukhamba Sanskrit Sansthan. 2009, Pg. No. 225.
5. V.N.K Usha, A Text Book of Gynaecology StreeRoga – Vijnan, 1<sup>st</sup> edition, ChaukhambaVidyabhawan, 2010, pg no.152.
6. V.N.K Usha, A Text Book of Gynaecology StreeRoga – Vijnan, 1<sup>st</sup> edition, ChaukhambaVidyabhawan, 2010, pg no.134.
7. TripathiBrahmanand, CharakChandrika Hindi Commentary, CharakSamhitaVol – 2, ChikitsaSthan, 30/208, Edition – 2010, ChaukhambaSurbharatiPrakashan, Varanasi, Page no. 1014.
8. Shastri AD: ShukrashonitashudhiSharir, Chapter-2 in SharirSthan of SushrutaSamhita, Vol 1, 1<sup>st</sup> edition. Edi-

tor: Shastri AD, Varanasi: Chaukhamba Sanskrit Sansthan. 2009, pg no. 226.

9. TripathiBrahmanand, CharakChandrika Hindi Commentary, CharakSamhitaVol – 2, ChikitsaSthan, 30/210, Edition – 2010, ChaukhambaSurbharatiPrakashan, Varanasi, Page no. 1014.
10. konarHiralal, DC Dutta's Textbook of Gynecology, 6<sup>th</sup> edition, Jaypee Brothers Medical Publishers (P) Ltd, 2013, pg.187
11. V.N.K Usha, A Text Book of Gynaecology StreeRoga – Vijnan, 1<sup>st</sup> edition, ChaukhambaVidyabhawan, 2010, pg no.153.
12. Shastri AD: ShukrashonitashudhiSharir, Chapter-38 in ChikitsaSthan of SushrutaSamhita, Vol 2, 1<sup>st</sup> edition. Editor: Shastri AD, Varanasi: Chaukhamba Sanskrit Sansthan. 2009, pg no. 225.

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