



A CASE STUDY ON EFFECTIVE MANAGEMENT OF *ASRIGDARA*

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ABSTRACT

A Hindu female aged 22 years came with complaint of heavy bleed during menses since 2 years visited on PTSR NIA, OPD on 28-12-2020. She also complaints of severe backache and pain in abdomen which was associated with heavy blood flow. Complete history was taken. Investigations were done before starting the trial medicine. Pictorial blood loss assessment and SF-36 questionnaire was used to assess the blood loss and quality of life. Then after the USG findings normal *Kutajashtakleha* 10gm BD with *Go Dugdha* was started for two menstrual cycle. Patient was on regular follow up. Patient completely relieved from heavy menstrual long with severe pain during menses. She used to take analgesics before but after starting the medicine, in the first cycle excellent relief was observed in pain in back and lower abdomen. Then after completion of trial, patient gone through complete relief. On the third month of the cycle, she did not get her period, and went for UPT which shows positive in nature, then she went for early USG which reveals gestational sac.

Keywords: *Kutajashtakleha*, SF-36, Pictorial blood loss assessment

INTRODUCTION

Rituchakra has been termed as menstrual cycle occurring in females. The word ‘chakra’ signifies its regular onset at regular intervals, just like cycle. *Rituchakra* covers a period of one *Chandramamsa* (28 days) and has been divided into three phases- the *Rajahsravakaala*, the *Ritu kaala* and the *Rutuvyatita kaala* “*Rutau Bhawati artavam*” the word *Rutau* means particular or specific time period and *Bhavam* means occurrence. In females, *Rajas* or *Artava* is an *Upadhatu* of *Rasa dhatu*, coming out for three days in every month from the age of 12 years and ceases to flow at 50 years of age. The *Rakta* in *Stree* which

reaches the *Garbha kostha* (uterus) every month and expelled for three days in every month is called as *Artava*¹.

Asrigdara is a disease in which manifestation of excessive bleeding per vaginum takes place. Acharya Charaka described *Asrigdara* as a separate disease along with its management in *Yoni Vyapada Chikitsa Adhyaya*². Charaka also described it, as one of the *Raktaja Vikara*³ and also in *Pitta Avrita Apana Vayu*⁴. Acharya Sushruta described it as a separate disease in *Sharira Sthana* in *Shukra Shonita Shuddhi Sharira Adhyaya*⁵.

Nidana of Asrigdara⁶:

Charaka	<i>Mithya ahara sevana</i> Excessive intake of following <i>ahara padartha-krisara, payasa, dadhi, sukta, mastu Rasas-katu, lavana, amla Gunas- guru, vidahi, snigdha</i>		
Madhava nidana, Bhavaprakash, Ratnakara	<i>Ahara sambandhi</i>	<i>Vihara-sambandhi</i>	<i>Manasika karanani</i>
		<i>Garbha prapata</i> <i>Ati-maithuna</i> <i>Ati-karshana</i> <i>Adhva-yana</i> <i>Bhaara-abhighata</i> <i>Divya-shayana</i>	<i>Shoka</i>
Bhela Samhita	Vitiated <i>Apatya marga</i>		
Harita Samhita	<i>Vata – Purita ksheena nadi</i>		

General clinical features of *Asrigdara* are Excessive vaginal bleeding, excessive bleeding during menstruation and scanty or excessive bleeding during intermenstrual according to Charaka. According to Sushruta, symptoms like malaise, pain, pain in lower abdomen and inguinal region and pain in pelvis, back and renal region.

Chikitsasutra regarding in *Asrigdara* are *Raktasthapaka dravya* should be assessing the involvement of *doshas* based on colour and smell of menstrual blood. Treatment described for *Rakta-atisara, Raktapitta, Raktarshas, Guhya roga* and *Garbha-srava* is

beneficial⁷. Use of *vasti* is beneficial. Purgation cures menstrual disorders. Here in this case, patient was on regular intake of *Lavana* and *Amla rasa* along with daily consumption *Dadhi*, into consideration her bleeding was heavy and severe pain was there. So, on starting of medicine her menstrual blood decreased and she got conceived. Here on treating the *Asrigdara*, we created a *kshetra* (environment) for conceiving. According to Ayurveda, important factors for conception are *Rutu* (fertile period), *Kshetra* (uterus & reproductive organs), *Ambu* (proper nutrient fluid), *Bija* (*Shukra-Shonita*) & normalcy of *Hridya* (psychology).

Kutajashtakleha: Kutajashtakaleha (Chakradutta 3/86-89)

S.no.	Ingredient	Scientific name	Useful part
1.	Kutaja	<i>Holarrhena antidysenterica</i> Linn. Wall.	Kand-Tvak (stem bark)
2.	Salmali	<i>Salmalia malabarica</i> Schott & Endl.	Niryas (mochrasa)
3.	Patha	<i>Cissampelos pareira</i> Linn.	Mula
4.	Samanga	<i>Mimosa pudica</i> Linn.	Panchang
5.	Ativisha	<i>Aconitum heterophyllum</i> Wall.	Mula
6.	Musta	<i>Cyperus rotundus</i> Linn.	Kanda (Tuber)
7.	Bilva	<i>Aegle marmelos</i> Corr.	Bilvamajja
8.	Dhataki	<i>Woodfordia fruticosa</i> Kurz.	Pushpa
9.	Sharkara/Sugar	-----	-----
10.	Ghrita	-----	-----

Preparation of the Drugs:⁸

Kutajashtakaleha was prepared in the Pharmacy of Department of *Rasa shastra* and *Bhaishajya kalpana* at National Institute of Ayurveda, deemed to be University (GMP certified), Jaipur (Rajasthan). *Avaleha* or *Lehya* is a semi-solid preparation of drugs, prepared with addition of jaggery, sugar or sugar-candy and boiled with prescribed drug juice or decoction. They are also known as *Modaka*, *Guda*, *Khanda*, *Rasayana*, *Leha* etc. *Sharkara* and *Ghrita* was added for the palatability of the patient.

Method of preparation These preparations generally have (1) Kasaya or other liquids, (2) jaggery, sugar or sugar-candy, (3) powders or pulps of certain drugs; and (4) ghee or oil and honey. Jaggery, sugar or sugar-candy is dissolved in the liquid and strained to remove the foreign particles. At first *Kutaja kanda Tvak* was taken. Then it was washed properly. Then *Kwath* was prepared by adding 8 parts of water in mild fire and is reduced till 1/8th part of liquid remains. Then *kwatha* was filtered using a clean dry cloth and is further boiled and reduced until it attains thicker consistency⁹. Then sugar solution is boiled over a moderate fire. When the *Paka* (*Phanita*) is thread (*Tantuvat*) when

pressed between two fingers or when it sinks in water without getting easily dissolved, was removed from the fire. Fine powders of drugs (*prakshepa dravyas*) were then added and stirred continuously and vigorously to form a homogenous mixture. Ghee was added while the preparation is still hot and mixed well.

Materials and Methods: Present study was carried out in National Institute of Ayurveda Deemed to be University, Jaipur. Informed and written consent was obtained from the subject and the case was recorded as per detailed case proforma which was prepared considering all points of history taking, physical examination, lab investigations. Pictorial blood loss assessment and RAND- SF-36 questionnaire was adopted. Ethics clearance was obtained from institutional ethics committee, National Institute of Ayurveda, Jaipur.

Case study: A Hindu female aged 22 years came with complaint of heavy bleed during menses since 2 years visited on NIA, OPD on 28-12-2020. She also complaints of severe backache and pain in abdomen which was associated with heavy blood flow. She came for further management.

MENSTRUAL HISTORY: Her LMP was 16-12-2020

Menstrual history	Present history	Past history
Duration of menstrual blood flow	7-8 days	2-3 days
Regularity of menstrual cycle	Regular	Regular
Amount of blood loss by PBLAC	Excessive	Moderate
Intensity of flow (maximum no. of pad used in one day)	6 pads	2 pads
Character of flow	Without clots	Without clots
Color	Red	Red
Pain	Severe	Painless

There was no history of DM, HTN and other medical illness associated. There was no surgical history noted. There was no family history noted. Her personal history reveals that appetite was normal, sleep was sound, bowel – clear and bladder was clear.

Obstetric history: G0P0L0A0

Married for 9 months and was also willing to conceive.

PHYSICAL EXAMINATION:

Astavidha pariksha was performed, and the patient *Nadi* was 74beats/min, *Mutra* was 5-6 times/day, *Jivha* was *Lipta*, *Shabda* was *Prakrita*, *Sparsha* was *Anushna Sheeta*, *Drika* was *Prakrita* and *Aakriti* was *Madhyam*.

Dashbidha Pariksha was also done, *Prakriti* was *Vatapittaja*, *Vikriti* was *Madhyam*, *Bala* was *Madhyam*, *Sara* was *Madhyam*, *Samhana* was *Madhyam*, *Satmya* was *Madhyam*, *Pramana* was *Madhyam*, *Ahaara Shakti* was (*Abhyavarana Shakti : Madhyam*, *Jarana Shakti: Madhyam*), *Vyayam Shakti* was *Avara* and *Vaya* was *Madhyam*.

Along with these examination Systemic examination was also performed. Per abdomen was soft, non-tender, no organomegaly (on palpation), CVS: NAD, CNS: conscious and well oriented, RS: B/L NVBS heard.

INVESTIGATIONS: Hemoglobin was 10.2gm%, Bleeding time was 2’15” and clotting time was 4’0”.

ESR was 18mm per hour, platelet count was 2.68 lakhs, RBS was 80mg/dl, HIV-Nonreactive, HBsAg-Negative and VDRL Non-Reactive, urine routine and microbial examination was normal. Thyroid function test was within normal limit. Liver function test and renal function test was within normal limit. Ultrasonography (Abdomen and pelvis) was normal in study.

Treatment administered:

- *Kutajashtakleha* 10gm BD with *Go Dugdha*
- Trial duration: 2 menstrual cycles

Observation & Result:

Patient was given above treatment *Kutajashtakleha* for two menstrual cycle. When patient had visited pictorial blood loss assessment chart was used to assess the amount of menstrual blood, it was found to be excessive. She experienced severe backache and abdominal pain during first day of cycle. Sometimes, she needs to take Analgesics. But, when she came for first follow up, her LMP was 8-jan-2021, she admits that there was excellent relief in pain though the duration was same for 7-8 days. She experienced slight decrease in menstrual blood. Then, she again got her period on 1-2-2021. Interval of menstrual cycle was 25 days. In the month March, she did not got her period. So, she went for UPT which was found to be positive.

Parameters	Before treatment	After treatment (LMP-1-2-2012)
Duration of menses	7-8 days	3-4 days
Pain during menses	Severe	Painless
Body ache	Severe	Painless
Total no. of pads	26 pads	14 days

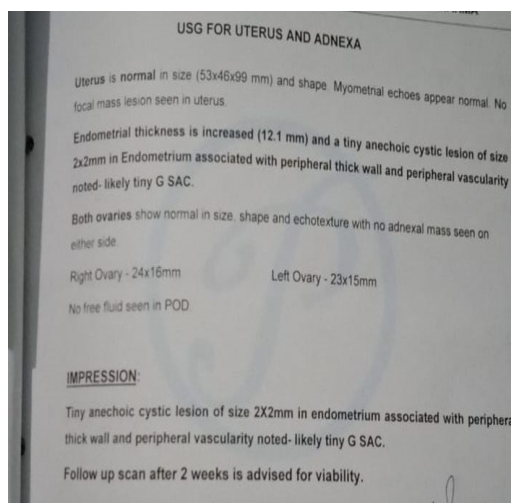
Pictorial blood loss assessment

Score for PBLAC	Before Treatment	First Menstrual cycle	Second Menstrual cycle	After Treatment
Score	205	131	100	45

SF -36 Questionnaire for quality of Life

SF -36 score	56.95	76.42
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She went for sonography early which shows Gestational Sac on 5-4-21. She was advised for USG after two weeks for the viability.



DISCUSSION

In context with *Nidana*, she was on regular intake of *dadhi*. She was excessively using *lavana* and *amla rasa*. Thus, we can take these *nidana* as a contributing factor to increase the menstrual blood. This *Lavana* and *Amla rasa* aggravates the *Pitta Dosha*. *Lavana rasa* increases the *Drava Guna* of *Pitta* which ultimately causes *Dravata* in *Rakta*. Thus, by vitiating the *Rakta* which increases the amount of *Raja* in *Rajovaha sira* due to *Adhogati* of *Prithvi* and *Jala mahabhuta* leading to *Asrigdara*. As, we know, *Dadhi* is having *Ushna veerya* and *Amla vipaka* which augments the *Pitta*. *Abhishyandi* and *Kapha meda vardhaka* property of *madhura dadhi* leads to *Rasavaha srotas Avarodha Atipravritta srotodushti*. *Amla dadhi* directly causes *Rakta dushti*.

So, in this case, patient got conceived as we treat the *Raktadushti*. According to *Rasa ratna Samuchchaya* (32\1-3) – *Bandhya* has been classified in nine types. Out of them *Raktaja bandhya* is one, which have similarities with *Asrigdara*. The woman who is unable to give birth to a child due to *Rakta dushti* is known as *Raktaja Bandhya*. In this *vitiating Rakta* after reaching *Garbhasaya* and reproductive organs, vitiates them also and produces disturbances in menstruation, menses become blackish and give foul smell (*durgandhita*). This *vitiating rakta* also vitiates *Stri-Beeja* (ovum)¹⁰.

Hence, the drug *Kutajashtakleha* contains drugs *Kutaja*, *Salmali*, *Patha*, *Samanga*, *Ativisha*, *Musta*, *Bilva*,

Dhataki. These drugs have *Sthambhana* property and *shoshana* indirectly which reduce the duration and amount of bleeding by absorption of *Drava Pitta*. The drugs also possess *Sheeta Virya*, which thus helps to reduce the aggravated *Pitta*. It also has *Raktapittahara* property. SF-36 questionnaire, after treatment was again assessed to note the quality of life which was found to be effective on scale. Thus, she had also felt change in her quality of life.

CONCLUSION

Asrigdara is emergency condition for the females, sometimes it leads to hysterectomy as well if loss of massive bleeding is seen and the situation is not curable. So, the drug *Kutajashtakleha* has the property of treating incurable/*Asadhya* bleeding condition. Simply, we can say it can save the life of female by controlling the excessive bleeding. Thus, not leading to condition of hysterectomy or other invasive procedures. *Asrigdara* is a disease if not managed conservatively it may itself need surgical procedure like Dilatation and curette or hysterectomy which is uneventful and burden to a woman in all aspect such as Physically, Psychologically and Socially. The medicine *Kutajashtakleha* can be acts as emergency medicine. To remove from the root, *Kutajashtakleha* proved to be efficient and no side effect was observed in patient. Hence, it is high time to come with Ayurveda for the welfare of community and Society as well.

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