



A CASE STUDY IN ASRIGDARA WITH SHODHANA AND SHAMANA CHIKITSA

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**ABSTRACT**

Introduction: *Asrigdara* is a condition commonly encountered by physicians in day-to-day practice. It is a prevalent medical condition in women that can lead to significant physical and emotional disturbances. *Asrigdara* is characterised by excessive discharge of *Asrik* (menstrual blood). Abnormal uterine bleeding encompasses both cyclic and non-cyclic bleeding patterns.

Acharya Charaka has elaborated on various causative factors such as *Ati Lavana* (excessively salty), *Amla* (sour), *Guru* (heavy), *Katu* (pungent), *Vidahi* (spicy), *Krushara* (dry), *Payasa* (milk), *Saktu* (wheat), *Mastu*, which can aggravate *Vata*, and cause retention of *Rakta* vitiated due to the reasons above. This, in turn, can lead to an increase in doshas affecting the *Rajovaha Sira* (uterine vessels) and subsequently increase *raja* (menstrual blood). The fundamental treatment principles involve normalising the amount of menstrual flow and addressing associated symptoms. **A 30-year-old married female patient presented to the outpatient department (OPD) with complaints of prolonged menstruation duration, excessive menstrual flow, and lower abdominal pain. The pain was described as erratic, accompanied by generalised weakness. To address the goal of reducing excessive menstrual blood loss and regulating the menstrual cycle, a combination of Ayurvedic treatments was employed, including *Shodhana Chikitsa* (detoxification) through *Virechana Karma* and *Shamana Chikitsa* (palliative treatment) using *Shalmali Ghruta*. The desired outcome of the Ayurvedic intervention was to alleviate heavy menstrual bleeding and establish regularity in the menstrual cycle.** Conclusion: - Heavy menstrual bleeding not only inflicts significant mental stress but can also impede a woman's ability to engage in phys-

ical activities, causing disruptions in her daily routine. Prolonged and cumbersome menstrual cycles over the long term can even lead to life-threatening conditions. Therefore, the required treatment should be pure, non-hormonal, practical, safe, and gentle, aiming to restore the menstrual and ovulatory cycle without symptom recurrence and any adverse effects on long-term usage.

Keywords: *Asrigdara, Raja, Shamana chikitsa, Shodhana chikitsa*, case report

INTRODUCTION

An average menstruating female denotes a healthy state of the reproductive system. Abnormal uterine bleeding is a common condition affecting **14.25%** of women of reproductive age and may have a significant impact on their physical, social, emotional and maternal quality of life. Nearly **30 %** of all gynaecological outpatient attendants have abnormal uterine bleeding. Abnormal Uterine Bleeding (AUB) is considered one of the most common and perplexing problems, Which future leads to complications like anaemia, breast cancer and endometrial cancer. According to modern science, hormone therapy like oral contraceptive pills & Anti-fibrinolytic drugs have the side effects of weight gain, nausea, bloating, oedema and headache. So, developing a safe, cost-effective, non-invasive, conservative, and non-hormonal treatment protocol for AUB, which has long-term health benefits, is necessary.

CASE REPORT:

Presenting concerns

A 31-year -old married woman visited the OPD of the Department of Prasuti Tantra and Stri Roga at Dr.

Sarvapalli Radhakrishnan Rajasthan Ayurved University, Jodhpur. She had complaints of heavy bleeding with lower abdominal pain; the pain was spasmodic, along with generalised weakness.

Clinical finding

The patient got married at 28 years of age, and her obstetric history was nil. She attained menarche at the age of 13 years. Her past medical history reveals that she used to take analgesics for Dysmenorrhoea—no history of similar problems in any of the family members. The patient’s history revealed normal appetite, sleep, micturition, and bowel habits. There was no relevant history of hypertension, thyroid disorder, or diabetes mellitus and no history of surgical intervention for the patient.

Menstrual history

Age of Menarche – 13 years

Menstrual cycle – 6 to 8 days / 20– 25 days

2- 3 pads/day Clots – present

Lower abdominal pain – present

L.M.P – 26/6/2023, P.M.H- 6/6/2023

Table -1 Menstrual history

	Previous cycle (6/6/23)	Present cycle (26/6/23)
Duration	4-5 days	6-8 days
Interval	28-30 days	20- 25 days
Amount	2-3 pads/ day	5-6 pads / day
Colour	Dark red	Dark red
Odor	Normal	Normal
Consistency	With clots	With clots
Dysmenorrhea	Mild pain	Moderate pain

On examination

General condition, pallor ++; Pulse rate – 86 bpm; B.P – 110/70 mm Hg; R.R – 18/min; H.R – 86 bpm; Height – 158 cm; Weight – 58 kg; BMI – 23.2. Her physical examination and examination of external genitalia did not re-

veal any abnormal findings. Per speculum examination, Mild blood mixed mucoid discharge is present with a healthy cervix, and no foul smell is present.

Investigations

Table 2: -Investigations before and after treatment

	Before treatment (on 03.07.2023)	After treatment (on 09.09.2023)
Hb%	9.2 gm %	11.5gm%
ESR	21mm	18mm
BT & CT	3.8 min & 4.2 min	2.6 min & 3.4min
RBS	90 mg /dl	87mg /dl
Urine (Routine and Microscopic)	Pus cells – 2-3 /HPF Epithelial cells- 1-2 / HPF	Pus cells – 0-1 /HPF Epithelial cells- 0-1/ HPF
USG pelvis	Uterus is normal size, Normal, endometrial thickness of 7mm. Both ovaries are normal in size. No free fluid seen in POD	

Dasha vidha pareeksha

Prakruti – Vata-Kapha; Vikruti – Pitta-Vata; Sara – Madhyama; Samhanana – Madhyama
Pramana – Dhaigya- 150 cms, Dehabhara – 62 kg; Satmya – Madhyama; Satva - Madhyama
Ahara shakti – Abhyavarana shakti – Madhyama; Jarana shakti – Madhyama; Vyayama shakti – Madhyama; Vaya – Madhyam Avastha

Timeline

Table- 3: Timeline of observation and treatment

Timeline of observation and treatment		
Date	Observation	Treatment
21.06.2023	Irregular menses	Modern medicine
03.07.2023	Irregular menses	Ayurveda treatment initiated
04.07.23 – 15.07.23	Menstruation on 26.6.23	Deepana-Pachana, Snehapana, Virechana with Trivrit Modak
20.07.23 – 04.09.23	Reduces amount of menstrual bleeding & Hb % increases	Shalmali Ghrita
09.09.2023	USG. - Uterus is normal size, Normal endometrial thickness	

Therapeutic Intervention:

The primary objective of the treatment was to reduce menstrual blood loss, regulate the menstrual cycle, and enhance the patient's overall well-being. Therefore, a treatment plan was devised combining Shodhana Chikitsa (Detoxification) and Shamana Chikitsa (Palliative Treatment). She underwent Shodhana Chikitsa, which began with Dipana-Pachana using Trikatu Churna (taken after meals) at a dosage of 2 gms twice a day with lukewarm water for 3-5 days, tailored according to her Koshtha (gastrointestinal condition) and Agni (digestive capacity). This

was followed by Snehana using Go-Ghrita, adjusted based on her Koshtha and Agni until Samyaka Snigdha Lakshana appeared. Subsequently, Sarvang Abhayang with Til Tail and Vashpa Swedana (steam therapy) were administered until Samyaka Swedana Lakshana were observed. The main procedure (Pradhana Karma) involved Virechana with Trivrit Modak, taken once a day with Drakshajal. After completing Samsarjana Karma, Shalmali Ghrita was prescribed 6 ml twice daily with lukewarm water for two months following the Virechana procedure.

Follow-up & Outcome

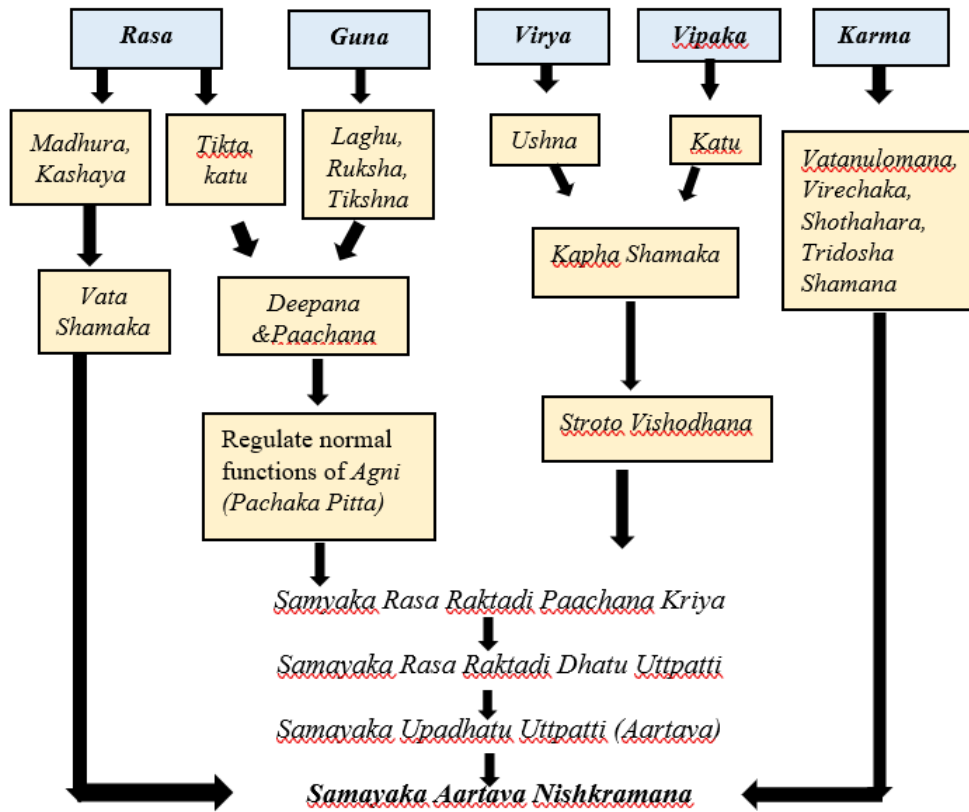
The patient was keenly observed every 15 days for two months. The menstrual cycle duration was reduced from 8- 10 days to 4-5 days, as observed before the disorder took place and without clots. The Patient remained entirely asymptomatic with a regular menstrual cycle during this period.

DISCUSSION

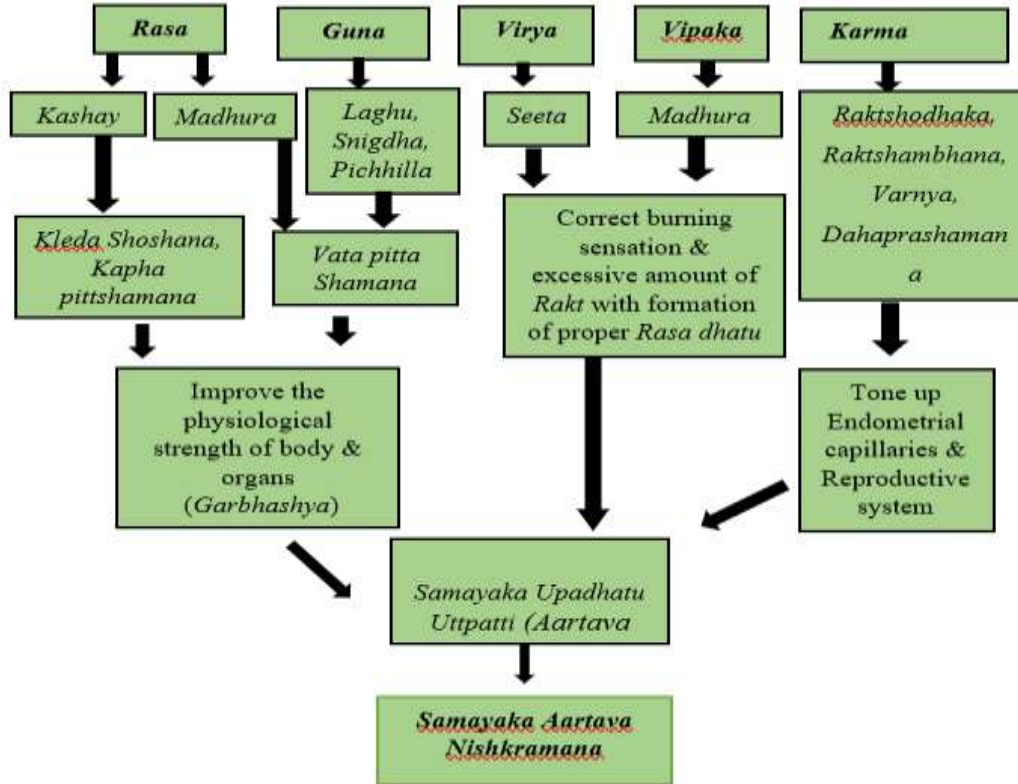
Asrigdara is having *Pitta* and *Rakta Dushti* with *Apan Vayu Vaigunya*. The Function of *Agni* is also impaired

in *Asrigdara*. Due to impairment of *Agni*, *Rasa Dhatu* didn't form properly, and improper *Rasa Dhatu* formation leads to improper *Rakta Dhatu* formation. In other words, all *Seven Dhatus* were being formed improperly along with *Artava (Updhatu of Rasa)* formation. So, according to its pathogenesis (Samprapti), *Pittashamaka*, *Vatanulomana*, *Rakta-Sthapaka*, *Rakta-Samgrahi*, *Agni-Deepana*, and *Garbhashaya-Balya Chikitsa* are beneficial in *Asrigdara*, and the drugs selected must have these properties.

Trivrit Modak:



Shalmali Ghrita: -



CONCLUSION

Asrigdara is having Pitta and Rakta Dushti with Apan Vayu Vaigunya. The function of Agni is also impaired in Asrigdara. Due to impairment of Agni, Rasa Dhatu didn't form properly, and improper Rasa Dhatu formation leads to improper Rakta Dhatu formation. In other words, all Seven Dhatus are formed improperly. Along these lines, the formation of Artava (Updhatu of Rasa) is also impaired. Due to the involvement of Dosh-Dushya Sammurchhana, it is essential to eliminate the cause from its root. Shodhana is an integral part of Ayurveda, which removes the Dosh from the body, and Shamana is responsible for the precipitation of symptoms. So, in the present study, an attempt has been made to see the combined effect of Trivrit Modak and Shalmali Ghrita.

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