



CASE STUDY

Management of Pubertal Menorrhagia with Virechana – A Case Report

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ABSTRACT

Menorrhagia is defined as cyclic bleeding at normal intervals, the bleeding is either excessive in amount over 80ml or duration more than 7 days or both. It is a symptom of underlying pathology. If this occurs in between menarche and 19 years of age, is called pubertal menorrhagia. The incidence of pubertal menorrhagia is 5 - 15%. The reasons are idiopathic thrombocytopenic purpura, genital tuberculosis, polycystic ovarian disease, leukemia, hypothyroidism and coagulation disorders. According to the different *Samhitas Raja sravakalavaries* from 3 to 7 days. If it is less than 3 days and more than 7 days taken as abnormal. Ignorance to *Rajaswalacharya* leads to the various menstrual anomalies in this era. *Acharya Susruta* mentioned excessive menstruation as *Asrigdhara*. *Acharya Charaka* mentioned *Pradara* among the *raktapradoshajavikara* and under *pittavrutaapanavayu*.

A 14yr old girl came to the Prasuti Tantra & Stree Roga OPD of IPGT & RA, Jamnagar with the complaints of irregular and excessive menstruation, emotional discomforts near to menstruation, since last 4-5 menstrual cycles. She has the complaints of weight gain also since last 1 year. She was advised to take *Raktastambhakayoga*-2 gm (which is a non classical preparation) with *Pushyanugachoorana*- 2gm twice daily morning and evening after food with *Tandulodaka* and *Phalatrikadikwatha*- 15 ml morning and evening before food *samana*. She got relief by the medication for the next two menstrual cycles only. Then she was given *virechana* with *Trivrtavaleha* following *snehapana* with *goghrt* after *samyak deepana pachana*. She got relief from the next cycle and hardly reoccurred.

Key Words: Pubertal Menorrhagia with Virechana

INTRODUCTION

Sushrutacharya explained term *Asrigdhara*. This is derived from two words: “*asrik*” means menstrual blood and “*dara*” – excessive excretion. *Asrigdhara* means excessive menstrual flow. Similar terms related as *Asrigdhara* are *Pradara* by *Acharya Charaka* and *Raktapradara* by *Sharangadharacharya*. *Acharya Charaka* mentioned *pradirana* (excessive excretion) of *raja*

(menstrual blood) as “*pradara*” and since, there is *dirana* (excessive excretion) of *asrik* (menstrual blood) it is known as “*Asrigdhara*”.

Acharya Charaka has also enumerated *Asrigdhara* amongst the diseases of vitiated *rakta* and *pittavrutaapanavayu*¹. It can therefore be considered that *vayu* can be vitiated by *avarana* of *pitta*. The *chala guna* of *vayu* and *sara guna* and *drava guna* of *pitta* plays an important role in forming the



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basic *samprapti* of *Asrigdara* by the *mithyaharavihara*. Acharya Susruta explained the complications of *Asrgdara* as *tantra*, *pralapa*, *vatajavyadhi*, these can be considered as her emotional manifestations²

Menorrhagia is defined as cyclic bleeding at normal intervals and the bleeding is either **more than 80 ml** or duration more than 7 days or it can be both. When it occurs in between menarche and 19 years of age, it is called pubertal menorrhagia. The causative factors are idiopathic thrombocytopenia purpura, hypothyroidism, ovarian diseases, leukemia and coagulation disorders. Menstrual disorders affect 75% of adolescent females and are a leading reason for visit to doctors¹. Puberty menorrhagia accounts for 50% of gynecological visits in adolescent girls². Multi cystic ovary disease is often associated with psychological impairments, including depression and other mood disorders and metabolic derangements, chiefly insulin resistance and compensatory hyperinsulinemia, which is recognized as a major factor responsible for altered androgen production and metabolism. In 2003 a refined definition of PCOS and the morphology of the polycystic ovary, was defined as an ovary with 12 or more follicles measuring 2–9 mm in diameter or increased ovarian volume (>10 cm³).

During the prepubertal years, LH is secreted primarily at night in an episodic fashion. As puberty progresses LH peaks increase in a pattern seen at night. Secretion of LH pulses determines the normal ovulatory cycles. Irregular LH

secretions and increased base LH levels result in anovulatory cycles. These cycles are characterized by levels of LH and FSH secretion that are sufficient to induce follicular development and estrogen production but inadequate to induce follicular maturation and ovulation. Oestrogen stimulates a continuous endometrial growth but in meantime outgrows its blood supply and base level support, resulting in partial breakdown and shedding in an irregular manner and results heavy bleeding.

MATERIALS AND METHODS

Case History

A 14yr old girl came to PrasootiTantra & StreeRoga OPD of IT&RA, Jamnagar on 09-09-2016. She was having the complaints of irregular and excessive menstruation since 4-5 menstrual cycles. Irritable nature, anger, crying often during the menstruation. Weight gain after taking hormonal supplements for her complaints. She came on 6th day of her menstruation in bleeding phase.

She was having a menstrual history with bleeding phase for 7 to 8 days with expulsion of small clots occurs in irregular interval of 35-45 days and was also painful. Changing 4 moderate sized pads in 12 hrs for 3-4 days and 3 pads in 24 hrs for next 4-5 days. She got menarche in 12 yrs old.

The personal history

Bowel – once daily, bladder – 4-5 in daytime and once in middle of night, Sleep – 8 hrs at night, 30 minutes occasionally in daytime in holidays and



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appetite – irregular, madhura, lavana pradana ahara and visham ahara swabhava, habit of taking more sweets, snacking often, drinking cold drinks etc. She had a sedentary habit with lack of exercise.

The height was 150 cms and weight 55 kg.

Blood pressure 110/70 mmHg, Pulse rate 70bpm.

On examination there was no Pallor, Icterus, Cyanosis, Clubbing, Edema, and lymphadenopathy.

Systemic examination

□□CVS: S1 S2 Normal

□□CNS: Well oriented, conscious.

□□RS: normal breathing, no added sounds

□□Per/Abdominal examination - Soft, tenderness absent, no organomegaly

She was advised to do USG of Pelvis (TAS) on 6th day of menstruation. The result shows

Uterus normal in size and normal echo pattern.

Endometrial thickness 7.1mm

Slight echogenic endometrium.

Right ovary measures 45*38*29 mm in size and vol 27.3cm

Left ovary 35*34*33 mm in size and vol 21.2 cm

Both ovaries enlarged in size and shows all small follicles.

No adnexal mass.

No fluid in POD.

F/S/O Multicystic Ovaries. Echogenic endometrium.

She was given *Phalatrikadikwath* 15ml bd before meals. Combination of *Pushyanugchoorna*- 3gm

asokvalkalachoorna -1 gm. *Lodratwakchoorna*- 1gm, *sudhasphatika*- 1gm in tandulodaka bd after food, and *raktasthambakyoga*- 3gm with honey bd after food. The bleeding stopped after 3 days but she was advised to continue the medicine for the whole 2 months. But the symptoms reoccurred after 2-3 regular bleeding cycles. In the next cycle of periods *mrdhuvirechana* was planned considering the age and other possibilities of the patient.

She was given *deepana* and *pachaneeya* drugs for 5 days from 7th day of menstruation and the following drugs are used for the same *Agnithundivati* 60mg two tablet after food bd with luke warm water and a combination of *Hareetakichoorna* -1gm, *gudoochichoorna* -1gm and *Suntichoorna* -1gm with warm water bd before food. After attaining proper agni snehapana was started with *sudhagohrt*- 25 ml, 50ml, 75ml, 100ml successively in the consecutive days under the strict *snehopachara*. 4 days of *sarvangaabyanga* with bala tail and *sarvangasweda* was done after *snehapana*. 100gm of *Thrivrtavaleha* with 200ml of *drakshajala* was given for *virechan* on 4th day at 11am after *sarvangaabyanga* and *sarvangasweda*. (Reference Table No 1)

She had 15 *pravara vegas* and 5 small bowel movements. She had *madyamasudhi*. She was advised *Samsarjanakarma* for 5 days. And the follow up advised after the next menstruation.

Table 1 Treatment protocol

Date	Complaints	Medicines given
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09-09-16 (Imp 6 th day)	Excessive menstruation Weakness Emotional discomforts like irritable nature, anger, depression, sadmood near menstruation	<ul style="list-style-type: none"> • <i>Phalatrikadikwath</i> 15 ml bd before meals • <i>Pushyanugchoorn</i>- 3gm along with <i>asokvalkalachoorna</i> -1 gm. • <i>Lodratwakchoorna</i>-1gm, <i>sudhasphatika</i>- 1gm in tandulodakbd after food, • <i>Raktasthambaka</i> yoga 3 gms with honey bd after food
12-09-16	Bleeding stopped	Adv to continue the above medicines for 1 more menstrual cycle.
16-02-17 same complaints roccured in the last 2 menstrual cycles. 23-03-17(Imp 7 th day)	After 6 days of bleeding Started deepana and pachana planning for virechana	<i>Agnithundivati</i> 60mg each 2 tablet after food bd with luke warm water combination of <i>Hareetakichoorna</i> -1 gm, <i>gudoochichoorna</i> -1gm and <i>Suntichoorna</i> -1gm with warm water bd before food
28-03-17 to 31-03-17	<i>Snehapanam</i> started Appetite good Bowels 2/24hrs	Go ghrt, 25 ml, 50ml, 75ml, 100ml
01-04-17 to 4-04-17	<i>Samyak snighdha lakshanas</i> obtained	4 days of <i>sarvangaabyanga</i> with <i>Bala tail</i> and <i>sarvanga sweda</i>
04-04-17	After <i>abyanga swedana</i> for 4 days	<i>Virechana</i> with <i>Trivrt Avaleha</i> 100gm With 200 ml of <i>drakshajal</i> (kismis) at 11am.

Pushyanugachurna is a mixture of 26 herbal drugs with reference obtained from *CharakaSamhita*³. Refer table no: 2 for ingredients and proportions.

Sthambhana drugs of *Pushyanugachurna* like *jambu*, *Raktachandana*, *kutaja*, *dhataki*, *manjista* by their, etc helps to regulate the excessive menstruation.

Table 2 Ingredients of *Puhyanugachurna*

SI No	Sanskrit name	Botanical Name/ Common name	Quantity
1	<i>Pata</i>	<i>Cycleapeltata</i>	1 Part
2	<i>Jambubijamajja</i>	<i>Eugenia jambolana</i>	1 Part
3	<i>Amrabijamajja</i>	<i>Mangifera indica</i>	1 Part
4	<i>Shilabheda</i> (<i>Pashanabheda</i>)	<i>Aerualanata</i>	1 Part
5	<i>Rasanjana</i> (<i>Dharuharidra</i>)	<i>Berberis aristata</i>	1 Part
6	<i>Ambastaki</i>	<i>Cissampelos pareira</i>	1 Part
7	<i>Mocharasa</i> (<i>Shalmali</i>)	<i>Salmalimalabarica</i>	1 Part
8	<i>Samanga</i> (<i>Lajjal</i>)	<i>Mimosa pudica</i>	1 Part
9	<i>Padma kesara</i> (<i>Kamala</i>)	<i>Nelumbonucifera</i>	1 Part
10	<i>Vahlika</i> (<i>Kumkuma</i>)	<i>Crocus sativus</i>	1 Part
11	<i>Ativisha</i>	<i>Aconitum heterophyllum</i>	1 Part
12	<i>Mustha</i>	<i>Cyperus rotundus</i>	1 Part
13	<i>Bilva</i>	<i>Aegle marmelos</i>	1 Part
14	<i>Lodhra</i>	<i>Symplocos racemosa</i>	1 Part
15	<i>Gairika</i>	Purified Red ochre	1 Part
16	<i>Katphala</i>	<i>Myrica nagi</i>	1 Part
17	<i>Maricha</i>	<i>Piper nigrum</i>	1 Part
18	<i>Shunti</i>	<i>Zingiber officinalis</i>	1 Part
19	<i>Mrudvika</i>	<i>Vitis vinifera</i>	1 Part
20	<i>Raktachandana</i>	<i>Pterocarpus santalinus</i>	1 Part
21	<i>Katvanga</i>	<i>Oroxylum indicum</i>	1 Part
22	<i>Vatsaka</i> (<i>Kutaja</i>)	<i>Holarthema antidysenterica</i>	1 Part
23	<i>Ananta</i> (<i>Sariva</i>)	<i>Hemidesmus indicus</i>	1 Part
24	<i>Dhataki</i>	<i>Woodfordia fruticosa</i>	1 Part
25	<i>Madhuka</i>	<i>Glycyrrhiza glabra</i>	1 Part
26	<i>Arjuna</i>	<i>Terminalia arjuna</i>	1 Part



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Due to *Tikta Rasa* and *Katu Vipaka* it may be act as *Agni Deepana* which helps in the *Dathu* formation including *rasa dhathu* from which proper *raktadhathu* formed in *yakrut* and *pleeha*. *Arthava* is the *updhathu* of *rakta*.

Due to *Kashaya*, *Tikta Rasa*, and *SheetaVirya*, *Kutaja*, *Bilva* and *Kamala* may be act as *Sangrahika* and *Shoshana* properties helps to check excess bleeding.

Due to *Tikta Rasa*, *Katu Vipaka* and *Ushna Virya*, *Musta*, *Ativisha* and *Shyonaka* may be act as *Agni Deepana* and cure the disease by improves the *Agni*

Due to *Sheeta Virya* and *Kashaya Rasa* it acts as *Stambhana* which help to stop the different types of *Srava* i.e. *Shwetapradara (Leucorrhoea)*, *Raktapradara*, *Raktatisara* etc and corrects the vitiated *pitha*. *Ativisha*, *Gairika*, *Samanga* are *pithasamak* in *doshakarma*.

Drug *Lodra* have the unique property of *rakthastambhak* which helps in *asrgdhara*.

Pada, *Amrabheeja*, *salmali*, *kamal*, *lodhra*, *Saribha*, *Musta*, *Vilwa*, *Dataki*, *Katwanga*, *Sunti* all these have the *grahiguna* which can regulate the excessive loss of blood. The combined action of all these drugs helps to check the excessive menstruation.

Anupana of Pushyanugachoorana is Tanḍulodaka (rice-water) Refer table no:3 for pharmacological properties of *Tandulodaka*. Prepared as Rice-grains 40 gm. are pounded coarsely and kept in a bowl having water four times (160 ml.). After some time the water is taken out. This is known as *Tanḍulodaka* (rice-water).

Dose : 48 ml

Table 3 Pharmacological properties of *Tandulodaka*⁴

<i>Rasa</i>	<i>Madhura</i>
<i>Guna</i>	<i>Laghu, Snigdha</i>
<i>Virya</i>	<i>Sheeta</i>
<i>Vipaka</i>	<i>Madhura</i>
Actions on the Doshas: Vata - Pitta – Shamana .	

Raktastambhaka yoga :-

Raktastambhaka yoga is a non classical preparation in the OPD of IT & RA, Jamnagar. Table no:4 describes ingredients and proportions of this yoga.

Table 4 Ingredients of *raktastambhaka* yoga

<i>Majuphal</i>	<i>Quercusinfectoria</i>	1 part
<i>Gairika</i>	Fe ₂ O ₃	1 part
<i>Sphatika</i>	K ₂ SO ₄ Al ₂ SO ₄ 24 H ₂ O	1 part
<i>Khadira</i>	Acacia catechu	1 part

Sphatik :(Alum) The astringent and hemostatic actions help to check bleeding occurring during Menorrhagia, Metrorrhagia, and Menometrorrhagia.

Gairik(RedOkre) : *Kashaya*, *Madhura rasa*, *Snighaguna*, *seta veerya* and *Mahuravipaka*.

Action: *raktastambhaka*, *Pitta nasak*, *vranaropaknetrya*.

Astringent action of *Mayaphal* (Oak Galls) contributes to all its therapeutic benefits and uses.

It is effective in wide range of diseases including dental problems, abdominal diseases, uterine disorders etc. Refer Table no: 5 for the pharmacological properties of *raktastambaka* yoga

Table 5 *Rasapanchaka of Raktastambhakayog*

<i>Rasa</i>	<i>Kashaya</i>
<i>Guna</i>	<i>Laghu, Ruksha</i>
<i>Veerya</i>	<i>Seeta</i>
<i>Vipaka</i>	<i>Katu</i>
<i>Dosha karma</i>	<i>Kaphapittasamaka</i>
<i>Target organs</i>	<i>Intestines, colon, reproductive organs</i>

Gallic Acid & Tannic Acid are found in *Mayaphal* effective heamatonic. *Anupana* of



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Raktastambaka yoga is chosen as honey because of special effects to improve the efficacy of medicine. Refer no:6 for the *rasa panchaka* of honey

Table 6 *Rasapanchaka* of honey (*Anupan*)⁵

Rasa	<i>Madhura, Kashayaanurasa.</i>
Guna	<i>Ruksha, Laghu, visada.</i>
Virya	<i>Sheeta.</i>
Vipaka	<i>Madhura</i>
Doshagnata	<i>Raktapithakaphasamana</i>
Rogagnata	<i>Hikka, Kasa, Pradara, Atisara and Chhardi .</i>

Table 7 Ingredients with pharmacological properties in *Phalatrikadikwath*⁶

Sl.no	Drug	Rasa	Guna	Veerya	Vipaka	Dosha karma
1	<i>Haritaki</i>	5 rasa except lavana	<i>Laghu Ruksha</i>	<i>Ushna</i>	<i>Madhura</i>	<i>tridoshahara</i>
2	<i>Amalaki</i>	5 rasa except lavana	<i>Laghu Ruksha</i>	<i>Seta</i>	<i>Madhura</i>	<i>tridoshahara</i>
3	<i>Bibheetaki</i>	Kashaya	<i>Laghu Ruksha</i>	<i>Ushna</i>	<i>Madhura</i>	<i>tridoshahara</i>
4	<i>Vasa</i>	Tikta, Kashaya	<i>Laghu Ruksha</i>	<i>Seta</i>	<i>Katu</i>	<i>Kapha-pittahara</i>
5	<i>Katuki</i>	Tikta	<i>Laghu Ruksha</i>	<i>Seta</i>	<i>Katu</i>	<i>Kapha-pittahara</i>
6	<i>Kalmegh</i>	Tikta	<i>Laghu Ruksha</i>	<i>Ushna</i>	<i>Katu</i>	<i>Kapha-pittahara</i>
7	<i>Nimbi</i>	Tikta, Kashaya	<i>Laghu</i>	<i>Seta</i>	<i>Katu</i>	<i>Kapha-pittahara</i>
8	<i>Amrta</i>	Tikta, Kashaya	<i>Guru, Snigdha</i>	<i>Ushna</i>	<i>Madhura</i>	<i>tridoshahara</i>
	<i>Phalatrikadi Kwath</i>	<i>Tiktakashayapradhana</i>		<i>Anushna-Sita</i>		<i>tridoshahara</i>

Vasa contains in the *phalathrikadikwath* is the *agryadravya* for *raktapitta*. Most of the drugs are having *seetaveerya*, *tridoshahara* and *vatapithasamana*. The target of action is *yakrut* and *pleeha* which is the *moolasthan* of *raktavahasrotas*. These properties helps in the proper functioning of the *tridoshas* and *raktadathu* formation. This all contributes reduce the *rajodoshas*.

Acharya Kasyapa mentioned *Asrgdara* can be treated by *virechana*⁷. *Charakacharya* has

Karma *Sandhana, Shoshana, Ropana, Vranaya, swarya and Trishnahara*

PHALATRIKADIKWATH

Phalatrikadikwath, mentioned in the context of *Pandu* and *Kamala* in *Chakradatta* (8/8), *SharangdharSamhita* (2/75), *YogaRatnakar* (5thsloka) *pandurog* and *BhaisajyaRatnavali* (12/22). *PhalatrikadiKwath* contains eight drugs. Refer table no:7 for the ingredients and properties of each ingredients.

Table 7 Ingredients with pharmacological properties in *Phalatrikadikwath*⁶

Sl.no	Drug	Rasa	Guna	Veerya	Vipaka	Dosha karma
1	<i>Haritaki</i>	5 rasa except lavana	<i>Laghu Ruksha</i>	<i>Ushna</i>	<i>Madhura</i>	<i>tridoshahara</i>
2	<i>Amalaki</i>	5 rasa except lavana	<i>Laghu Ruksha</i>	<i>Seta</i>	<i>Madhura</i>	<i>tridoshahara</i>
3	<i>Bibheetaki</i>	Kashaya	<i>Laghu Ruksha</i>	<i>Ushna</i>	<i>Madhura</i>	<i>tridoshahara</i>
4	<i>Vasa</i>	Tikta, Kashaya	<i>Laghu Ruksha</i>	<i>Seta</i>	<i>Katu</i>	<i>Kapha-pittahara</i>
5	<i>Katuki</i>	Tikta	<i>Laghu Ruksha</i>	<i>Seta</i>	<i>Katu</i>	<i>Kapha-pittahara</i>
6	<i>Kalmegh</i>	Tikta	<i>Laghu Ruksha</i>	<i>Ushna</i>	<i>Katu</i>	<i>Kapha-pittahara</i>
7	<i>Nimbi</i>	Tikta, Kashaya	<i>Laghu</i>	<i>Seta</i>	<i>Katu</i>	<i>Kapha-pittahara</i>
8	<i>Amrta</i>	Tikta, Kashaya	<i>Guru, Snigdha</i>	<i>Ushna</i>	<i>Madhura</i>	<i>tridoshahara</i>
	<i>Phalatrikadi Kwath</i>	<i>Tiktakashayapradhana</i>		<i>Anushna-Sita</i>		<i>tridoshahara</i>

suggested the use of *mahatiktakaghrita* for *virechana* in *pittaja* type of *asrigdara*. When the doshas are deeper those diseases have a physiological and psychological manifestation, and to prevent the re occurrence of any type of disease *Sodhana* therapies can be opted⁸.

RESULTS

The disorders having *pittakaphavikruti*, *virechana* serves as the best *shodhana* therapy.



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It is a treatment of choice for all the metabolic syndromes like MCOB. By *sodhana* procedure *Virechana* we can prevent the reoccurrence of the disease as it destroys the pathology from the root level. The above mentioned case was duly followed up and found out the following results. Menstrual cycles are regular. Mood variations reduced markedly. Bleeding was noted in normal limits changing 4 medium sized pads in 24 hrs in first three days of menstruation and 2 pads in 24 hrs for next 2 days. She lost 3 kg after the *virechana*. Skin breakouts reduced markedly hardly in 1 or 2 cycles one or two pimple happened in a period of 8 months. *Virechana* has the action in the *agnistana* and brings srotoshodana leading into *samyakposhana* preventing the weight gain. As the acharyas mentioned *shudamanas* can be seen in *sudhadeha*, the *mansikavikaras* like *kroda*, *soka*, *bhaya* can be removed. *Virechana* helps in *rasavahasrothosodana* and helps in proper formation of *raktadathu*, *arthavaupadathu*, reduces *manasikadoshas* and balances the *poshana* maintaing the body weight.

from *ArtavaVikaras* (menstrual disorders)¹⁰. So *Virechana* therapy helps in treating disease permanently and maintaining healthy menstrual cycle. According to Kashyapa, *Asrigdara* should be treated by *Virechana*. According to Acharya Bhela, *Virechana* can be used in *Sannipatika* condition of morbidity, so it will be effective in all types of *asrigdara*.

DISCUSSION & CONCLUSION:

To counteract on the above said pathology there are effective formulae in Ayurveda, which are non-hormonal & without any side effects. *Virechana* is indicated in *Yonidosha* / *Yoniroga*⁹. *VirechanaKarma* has direct effect on *Agnisthana* as hampered Agni is one of the initiating factors information of vitiated Raja. It does the quality of *Strotovishodhana*, so it will help in destroying the disease from its root rather than temporary relief



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