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Management of Asrigdara through Ayurveda: A Case Study

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ABSTRACT

Abnormal uterine bleeding affects 14-25% of women of reproductive age and may have a significant impact on their physical, social, emotional and maternal quality of life. When menstruation comes in excess amount, for prolonged period and/or even without normal period of menstruation (In inter-menstrual period less in amount and for short duration), different from the features of normal menstrual blood (Shudhaartava), it is known as Asrigdara. A 35 year old married woman visited in the OPD of Dept. of Prasutitantra and Striroga of NIA Jaipur on 3/2/2018. She had complaints of continuous bleeding since 11/1/2018 which was excessive in nature. She also complained of spasmodic pain in lower abdomen, weakness and difficulty in micturition. USG shows rt. ovarian cystic lesion like a complex cyst / hemorrhagic cyst (3.2 X 2.6 cm) with a volume of 56cc. ET was 8.7 mm. Patient was given compound of Pushyanug Churna, Chandrakala Rasa, Shonitargala Rasa, Kaharava Pishti, Bola Parpatiwith Madhu &Tandulodaka empty stomach/ BD; Avippatikara Churna after food 5 gm/BD; Vasa Ghana Vati-2 tab/TDS for 3 months. With the help of these drugs bleeding was stopped in 7 days & next 2 cycles were regular with 4 days duration. USG showed reduced rt. ovarian volume and no any cystic lesion. Thus, we can conclude from this case study that this Ayurveda regimen plays an effective role in the management of Asrigdara and complex cyst of ovary.

KEYWORDS

Asrigdara, Complex/Hemorrhagic Cyst, Ayurvedic Management





INTRODUCTION

A normal menstruating female denotes a healthy state of reproductive system. Abnormal uterine bleeding and its sub group, heavy menstrual bleeding is a common conditions affecting 14-25% of women of reproductive age and may have a significant impact on their physical, social, emotional and maternal quality of life¹. When menstruation comes in excess amount, for prolonged period, and/or even without normal period of menstruation (In inter-menstrual period less in amount and for short duration) & not quite the same as the highlights of ordinary menstrual blood (Shudhaartava) it is known as Asrigdara². Associated symptoms like Angamarda, Daha in Adhovankshana, Shroni, Prashtha, Vrakka & Shoola in Garbhashaya are also present. It is caused due to vitiation of Pitta with *Apanavatavagunya*³ where Dravatahavruddi of Pitta takes place and contributes towards quantitative enhancement of Raktadhatu (Ashryaashryibhava). Rakta reaches in Rajovahasiras & increase quantity of rajah in Rajovahasira & causes Asrigdara.

CASE REPORT

A 35 year old married woman visited the OPD of Dept. of *Prasutitantra* and *Striroga* of NIA Jaipur on 3/2/ 2018. She had

complained of continues & excessive bleeding since 11/1/2018. With pain in lower abdomen which was spasmodic in nature, weakness & difficulty in urination. Past History: No any medical and surgical

history.

Family: Mother hypertensive since five years.

Menstrual History: LMP: 11/1/2018

	Previous	Present Cycle
	Cycle	-
Duration	2-3 day	Continue since
		11/1/2018
Interval	28-30	-
	day	
Amount	2-3pads/	3-4
	day	ads/day upto
		23/1/2018
		1-2pads/day
		since 7/2/2018
Colour	Dark red	Dark red
Odour	Normal	Normal
Consistancy	With	With Clots
-	Clots	
Dysmenorrhoea	Present	Present
		(moderate)

Laboratory investigation: (5/2/2018)

CBC – HB% - 8.8gm%

CT-4 min

BT-8.4 min

TSH -3.76 mg/ml

USG (7/2/2018):

- Right ovarian cystic lesion with multiple septations and few subtlefloating echos like a complex cyst / Hemorrhagic cyst (3.2 X 2.6 cm).
- Volume of right ovary 56.0cc
- ET 8.7 mm



Intervention: From 3/2/2018

1) Pushyanug Churna -3gm

Chandrakala Rasa - 250mg

Shonitargala Rasa – 500mg

Kaharava Pishti-500mg

Bola Parpati-500mg

With*Madhu & Tandulodaka* in empty stomach/ BD

- Avippatikara Churna -5gm After food /BD
- 3) Vasa Ghana Vati 2 tab / TDS

Date of follow up	Treatment given	Observation
9/2/2018	Same	Amount of flow reduced (1pad/day)
18/2/2018	1)Pushyanug Churna2gm Chandrakala Rasa – 125m Shonitargala Rasa 250mg	Bleeding stopped on 10/2/2018
	Kaharava Pishti - 250mg Bola Parpati - 250mg/BD 2) Avippatikara Churna -5gm /BD 3)Vasa Ghana Vati – 2tab./BD	
21/3/2018	1)Pushyanug Churna2gm Kaharava Pishti - 250mg/BD 2) Avippatikara Churna -5gm /BD 3)Vasa Ghana Vati – 2tab./BD	Menses started from 14/3/2018 and stopped on 18/3/2018 (2pad/day)
25/4/2018	No medication	Menses started from 11/4/2018 and stopped on 15/4/2018 Amount: 1pad/day
16/5/2018	No medication	Menses started from8/5/18 Stopped after 4 days Amount 1-2 pad/day

DISCUSSION

management Ayurvedic is a good alternative to Hormonal therapy as it has no side effects with minimal recurrence rate. Acharya Charaka has said that it should be treated on the lines of Raktatisara, *Raktapitta* and *Raktarsha*⁴. According to line of treatment of Raktarsha, Deepana -Pachana, Rakta Samgrahana, and DoshaPachana by Tikta and Kashaya Rasa *Pradhana Dravya* should be done⁵.

Pushyanug Churna [Table no.2] is indicated in *Asrigdara* by *Acharya Charaka*⁶.Most of the ingredients are having Tikta & Kashaya Rasa, Sheeta Virya and Rukshagunasodosha Karma is Pittaghna. Due to RaktaUpshoshana⁷ Guna of Tikta rasa and Samgrahi, Stambhana & Shoshanaguna of Kashaya Rasa; it acts on Asrigdara.

Chandrakala Rasa⁸ [Table no. 2] is indicated in Mutrakrichha chikitsa. Most of the components are Tikta and Kashaya rasa which have Deepana, Pachana, Samgrahi & Sthambhaka properties. Due to Sheeta Virya it has Rakta Samgrahana & Dahaprashamana that corrects burning micturation and excessive blood loss.



Shonitargala Rasa[Table no.2] (Anubhuta Yoga)-Most of ingredients of this is Kashaya, Tikta & Madhura Rasa, Sheeta Virya and Rasayana, Yogvahi (Rasasindura), Shleshmkala Samkochak (Yasadabhasma), Raktapittanut (Gairika), Yonivishodhana (Pippal lakh),Rudhirsravavrodhini

(Sphtika), Lekhana & Raktavardhanan (Lauhabhasma,) property, so it breaks Samprapti of Asrigdara.

Bola Parpati⁹[Table no.2] (Kajjali 1part and 1 part Bola Churna) is mentioned in Yogratanakar in Pradara Chikitsa. Kajjali have Rasayana and Yogvahi property. Due to Madhur, Katu & Tikta Rasa: Sheeta Raktahara, Dahahara Virya; and Garbhashaya Shuddikara properties of *Bola* it breaks the *Samprapti* of *Asrigdara*¹⁰. Kaharava Pishti[Table no.2] has Sheeta Grahi and Raktastambhaka Virya, property¹¹.

Avippatikarachurna¹²[Table no.2] - most of drugs have Tikta, Katu & Kashaya Rasa, Ushnavirya, Laghuguna and Pittakapha Shamaka. Due to Katu Rasa, Ushnavirya it has Deepana Pachana & Agnivardhaka properties. Majorcomponent is Trivrita which has Shukhvirechaka Dravya and Asirgdara is Virechanashadhyavyadhi.

*Vasa Ghana Vati*¹³*[Table no.2] it* was prepared in National Institute of Ayurveda pharmacy for the experimentation purpose.

According to Vridhamadhav.there is hope for life where Vasaavailable. Tikta Rasa of Vasa have Agni Vardhana, Rochana, Deepana, Pachana, Shodhana and Pittakapha-upshoshana actions which help in Ama-pachana & Daha-shamana. This has a special affinity towards Raktavaha Srotasthus, it help in Rakta Shodhana. Whereas, the Kashaya Rasa of Vasadue to its Samsamana, Sangrahi, Kledashoshaka, Stambhana and Raktapittaprasamana property also helps in Sampraptivighatana of Asrigdara.

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Mild free fluid is present in p both ovaries are bulky (RM	ouch of Douglas.	a cystic lesion of size appro	suited peripheral
with multiple septabons and	few subtle floating echoes in	LEFT OVARY	
NO.OF FOLLICLES	RIGHT OVARY	DF-1= 2.7cm x 1.7cm	
Number & Bize of DF	NO OF SEEN		
Number of NDF	10-12 3-Dum	0 - 11	
Diameter of NDF		3 – 7mm	
	6.7cm x 3.1cm x 5.0cm	3.8cm x 2.6cm x 3.2cm	
Overtan Volume	Volume = 56.0cs	Volume = 17.4cc	
	Echogenic	Echogenic	
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Fig 1 USG of before & after treatment

Table 3 Interpretation of USG before & aftertreatment



	USG of before	USG of after treatment	
	treatment		
Complex/	3.2x2.6mm	No any	
Hemorrahagic	in right	evidence of	
cyst	ovary	cyst	
Volume of	56.0cc	16.9cc	
ovary (Right)		Reduced	
Size of ovary	6.7x3.1x	3.7x2.3x3.6cm	
(Right)	5.0cm	(Normal)	

Additional benefits of these medicines:

These drugs were also effective in curing complex/hemorrhagic cyst (as seen in USG reports) due to *Lekhana, Kleda, Rakta, Kapha & Pitta upshoshana guna* of *Tikta Rasa* and *Kashaya Rasa* properties of above mentioned drugs.

CONCLUSION

In modern medicine *Asirgdara* is treated with hormones which are having serious side effect and finally advising hysterectomy. We can conclude from this case study that *Ayurvedic* drugs play an effective role [Figure no.1] in the management of *Asrigdara*. These drugs [*Table No.2*] are also effective in curing complex/hemorrhagic cyst but to establish this fact, further study of longer duration and on larger sample is required.



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