



GREENTREE GROUP PUBLISHERS

IJAPC

Volume 10 Issue 3

10 May 2019

WWW.IJAPC.COM
E ISSN 2350 0204



Management of *Asrigdara* through Ayurveda: A Case Study

Pinky Chauhan^{1*}, SonuVerma², Sushila Sharma³ and Heena Mewara⁴

¹⁻⁴Department of Prasuti and Striroga, National Institute of Ayurveda, Jaipur, Rajasthan, India

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 Parpati* with *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*



Greentree Group Publishers

Received 19/10/19 Accepted 25/03/19 Published 10/05/19



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 *Asrigdara*². 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

Table 1 Menstrual History

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

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

Table Patient follow up, treatment and observation

Date of follow up	Treatment given	Observation
9/2/2018	Same	Amount of flow reduced (1pad/day)
18/2/2018	1) <i>Pushyanug Churna</i> 2gm <i>Chandrakala Rasa</i> – 125m <i>Shonitargala Rasa</i> 250mg <i>Kaharava Pishti</i> - 250mg <i>Bola Parpati</i> - 250mg/BD 2) <i>Avippatikara Churna</i> -5gm /BD 3) <i>Vasa Ghana Vati</i> – 2tab./BD	Bleeding stopped on 10/2/2018 –
21/3/2018	1) <i>Pushyanug Churna</i> 2gm <i>Kaharava Pishti</i> - 250mg/BD 2) <i>Avippatikara Churna</i> -5gm /BD 3) <i>Vasa Ghana Vati</i> – 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 from 8/5/18 Stopped after 4 days Amount 1-2 pad/day

DISCUSSION

Ayurvedic management 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 *Dosha Pachana* 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 *Rukshagunasadosha Karma* is *Pittaghna*. Due to *RaktaUpshoshana*⁷ *Guna* of *Tikta rasa* and *Samgrahi*, *Stambhana* & *Shoshanaguna* of *Kashaya Rasa*; it acts on *Asrigdara*.

*Chandrakala Rasa*⁸ [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 Parpati*⁹[Table no.2] (*Kajjali* 1part and 1 part *Bola Churna*) is mentioned in *Yogranakar in Pradara Chikitsa. Kajjali* have *Rasayana and Yogvahi* property. Due to *Madhur, Katu & Tikta Rasa; Sheeta Virya; Raktahara, Dahahara* and *Garbhashaya Shuddikara* properties of *Bola* it breaks the *Samprapti of Asrigdara*¹⁰. *Kaharava Pishti*[Table no.2] has *Sheeta Virya, Grahi* and *Raktastambhaka* property¹¹.

*Avippatikarachurna*¹²[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. Major component 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 *Vasa*available. *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 Vasa*due to its *Samsamana, Sangrahi, Kledashoshaka, Stambhana* and *Raktapittaprasamana* property also helps in *Samprativighatana of Asrigdara.*

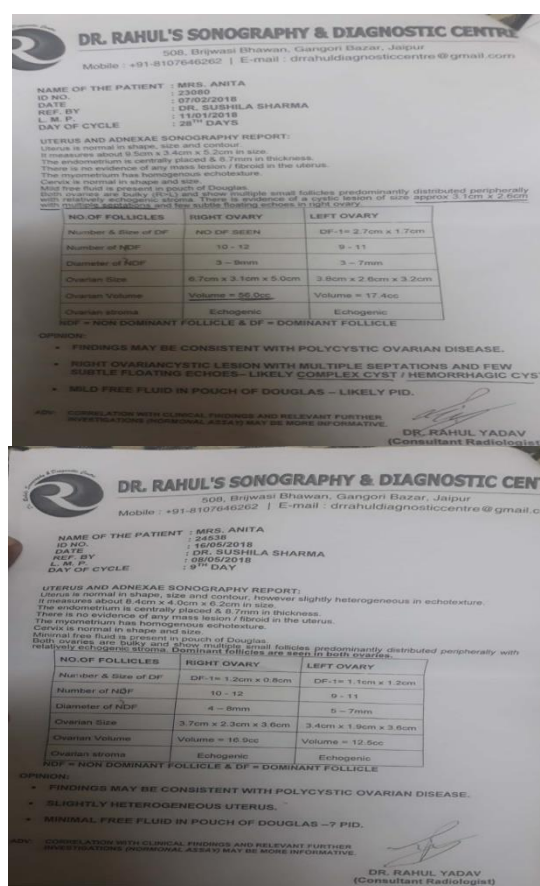


Fig 1 USG of before & after treatment

Table 3 Interpretation of USG before & after treatment



	USG of before treatment	USG of after treatment
Complex/Hemorrhagic cyst	3.2x2.6mm in right ovary	No any evidence of cyst
Volume of ovary (Right)	56.0cc	16.9cc Reduced
Size of ovary (Right)	6.7x3.1x5.0cm	3.7x2.3x3.6cm (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 *Asrigdara* 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.



REFERENCES

1. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4970656/>
2. *Sushrutsamhita, Nibandha Sangraha* by Acharya Dalhana Chaukhamba Sanskrit sansthan Varanasi, reprint2013Sharira Sthana, Shukrashonishuddhisharira Adhyaya, 2/18;34
3. *Agnivesha, Charaka, Dridhbala, Charaka Samhita*, elaborated *Vidyotini Hindi* Commentary by Pt. Kashinatha Shastri and Dr. Gorakha Natha Chaturvedi, Part-1,2 Chaukhamba Bharti Academy, Varanasi, 2012, Chi. 28/229; 815
4. *Agnivesha, Charaka, Dridhbala, CharakaSamhita*, elaborated *VidyotiniHindi* Commentary by Pt. Kashinatha Shastri and Dr. Gorakha Natha Chaturvedi, Part-1,2 Chaukhamba Bharti Academy, Varanasi,201, Chi. 30/228; 870
5. *Agnivesha, Charaka, Dridhbala, Charaka Samhita*, elaborated *Vidyotini Hindi* Commentary by Pt. Kashinatha Shastri and Dr. Gorakha Natha Chaturvedi, Part-1,2 Chaukhamba Bharti Academy, Varanasi,2012, Chi. 14/182; 441
6. *Agnivesha, Charaka, Dridhbala, Charaka Samhita*, elaborated *Vidyotini Hindi* Commentary by Pt. Kashinatha Shastri and Dr. Gorakha Natha Chaturvedi, Part-1,2 ChaukhambaBharti Academy, Varanasi, 2012, Chi. 30/95; 853
7. *Agnivesha, Charaka, Dridhbala, CharakaSamhita*, elaborated *Vidyotini Hindi* Commentary by Pt. Kashinatha Shastri and Dr. Gorakha Natha Chaturvedi, Part-1,2 Chaukhamba Bharti Academy, Varanasi, 2012, *sutrasthan*26/42(5-6); 507
8. *Bhaishajya ratnavali, siddhipradahindi* commentary by prof. siddinandan Mishra, Chaukhambhasurbhartiprakashana Varanasi, edition 2015, *mutrakrichhrogadhikara*/46-54; 680.
9. *Yoga Ratnakar* with *Vaidhyaprabha Hindi* commentary by dr. Indradevtripathi and dayashankartripathi, Chaukhambhakrishnadas academy, Varanasi, 4th Edition 2013; 807
10. *Yoga Ratnakar* with *Vaidhyaprabha Hindi* commentary by dr. Indradevtripathi and dayashankartripathi, Chaukhambhakrishnadas academy, Varanasi, 4th Edition 2013; 807
11. *Bhavaprakash Nighantu commentary by Chunekar*K. C. edited by Pandey G. S., Chaukhambha Bharati Academy, Varanasi, reprint 2013, *dhatwadivarga*/160; 610
12. *Ayurvediyarasashastra* by Dr. Chandrabhushanjhan, chaukhambhasurbhartiprakashana Varanasi, Reprint2009 , Ratnopratnprakarana;431.
13. *Bhaishajyaratnavali, siddhipradahindi* commentary by prof. siddinandan Mishra,



chauhambhasurbhartiprakashana
Varanasi, edition 2015,
amlapittarogadhikara/ 24-28; 903.