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## Research Article

### AYURVEDIC MANAGEMENT OF ASRUGDARAH: A CASE STUDY

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#### ABSTRACT

Menorrhagia (*Asrugdarah*) is the term of menstrual period with abnormal, heavy prolonged bleeding. With menorrhagia, women can't maintain their usual activities. In *Ayurvedic* classics, menorrhagia is termed as *Asrugdarah*. Material and methods: This is a Single Case study of 47 years old female patient who came to the OPD of *Prasuti Tantra* and *Stree Roga* at Sri Jayendra Saraswathi Ayurveda College and Hospital, Nazarethpettai, Chennai with the complaint of irregular menstrual cycle with heavy bleeding, which affects her daily routine. On enquiry, she said that the duration of menses was 15-20 days at irregular intervals, the amount was 4-5 pads, fully soaked per day with clots for an initial 6 days, and mild pain was present in the lower abdomen. There was no relevant history of Hypertension, Thyroid disorder, Diabetes mellitus etc. or any surgical intervention. She was given *Yoga Basti - Anuvāsana Basti* with *Dhanvantaram taila* and *Nirūha Basti* with *Dashmoola Kashāya* along with *Sarwanga Abhyaṅga* with *Mahanarayana Taila* and *Bashpa Swedana* and *Yoni Pichu* with *Jātyādi Taila* along with internal medicine *Aśoka Arishṭam*, *Lodhra Āsavam*, *Satāvartī Gulam*, *Vāyu Gulika*.

**Keywords:** *Asrugdarah*, Menorrhagia, Heavy Bleeding, Abdominal pain (Lower), *Yoga Basti*, *Sarwanga Abhyaṅga* and *Bashpa Swedana*.

#### INTRODUCTION

Menorrhagia is heavy or prolonged menstrual bleeding. Many women have abnormal uterine bleeding. It can be related to many conditions like problems with the uterus, hormone problems, or other conditions. While heavy bleeding can make it difficult to take part in normal daily life at times. Menorrhagia limits normal activities, affects quality of life, and causes anaemia in women with objective menorrhagia (loss of 80 ml blood per cycle). Prostaglandin disorders may be associated with menorrhagia and heavy bleeding due to fibroids, adenomyosis, or the use of intrauterine devices (IUDs). Fibroids have been found in 10% of women with menorrhagia overall and in 40% of women with severe menorrhagia, but most of the women having a hysterectomy in Allopathy treatment for menorrhagia are found to have normal findings in histopathological examination. Complaint of menorrhagia found by almost a third of the female population of childbearing age. Consequently, large numbers of women consult their general practitioners annually and many are subsequently referred on for gynaecological opinion. Menorrhagia may lead to anaemia and can necessitate blood transfusion, reflecting the significant physical effects of abnormal uterine bleeding (AUB). AUB also has a significant negative impact on quality of life and is a huge socio-economic burden for women, their families, health services and society.

Menorrhagia is heavy or prolonged menstrual bleeding. Many women suffer from this type of abnormal uterine bleeding. It can be related to a condition which includes problems in the uterus, hormone problems, or other conditions. While heavy bleeding can make it difficult to take part in normal daily life at times, *Āyurvedic* treatment is available to cure *Raktapradara*. *Asrugdarah* is described under *Pradara Roga*. Due to *Pradīranā* (excessive excretion) of *Raja* (menstrual blood), it is named *Pradara* and since there is *Dīraṇa* (excessive excretion) *Asruk* (menstrual blood) hence, it is known as *Asrugdarah*<sup>1</sup>. The disease *Asrugdarah* appears to be analogous to Menorrhagia. Heavy menstrual bleeding is an important health problem which affects many premenopausal women. Menorrhagia is defined as menstruation at regular intervals but with excessive flow and duration clinically, it is defined as blood loss of more than 80 ml per cycle. Bleeding that lasts more than 7 days. Bleeding that Soaks through one or more tampons or pads every hour for several hours in a row.<sup>2</sup> The aggravated *Vāyu*, withholding the *Rakta* (blood) Vitiated, increases its amount and then reaches *Raja* carrying vessels. (branch of ovaries and uterine arteries) of the uterus, increases the amount of *Raja* (artava or menstrual blood). In other words, the increase in the amount of *raja* is due to its mixture with the increase (*Rakta*) named as *Asrugdarah*<sup>3</sup>. *Asrugdarah* refers to all types of irregular and abnormal uterine

bleeding; however, based on pathogenesis it is nearer to menorrhagia or polymenorrhagia. Long duration of flow, passage of big clots, use of an increased number of thick Sanitary Pads, pallor and low level of haemoglobin give an idea about the Correct diagnosis and the magnitude of menorrhagia<sup>4</sup>.

### PATIENT CONSENT

The present case study followed good clinical Practice guidelines, and studies on *Asruḡdarah* and *Āyurveda* textual references. Written informed consent from the patient was taken before starting the treatment. A detailed patient history, all necessary clinical and physical examinations, and laboratory investigations were carried out.

### CASE REPORT

A 47-year-old married and multiparous woman came to the OPD of *Prasūti Tantra* and *Stree Roga* at Sri Jayendra Saraswathi Ayurveda College and Hospital, Nazarathpettai, Chennai 600123, on 30/11/2022 with Complaints of irregular menstrual cycle with heavy bleeding and lower abdominal pain for 2 years. The patient was normal before 2 years. Gradually she developed an irregular menstrual cycle with heavy bleeding. The duration of menses were 15-20 days, at irregular intervals. The amount was 4-5 pads fully soaked per day with clots for the initial 6 days, there was no relevant past history of Hypertension, Thyroid disorder, Diabetes

Mellitus etc. or any surgical intervention. On 13/12/2022, her USG findings revealed no significant abnormality. Due to excessive bleeding the patient was admitted on 06/02/2023 to IP block for further treatment. On general examination, Vital signs were normal. Her weight was 83 kg.

Menstrual history: - Age of menarche 13 years, LMP 15/11/2022 (PMH- 22/12/2022), duration - 16 days, irregular, heavy bleeding (4-5 pads fully soaked per day), clots present for initial 6 days, in dark red coloured. Dysmenorrhoea (spasmodic pain) on 2nd and 3rd of menstruation. Obstetric history G<sub>2</sub> P<sub>2</sub> A<sub>0</sub> L<sub>2</sub> P<sub>1</sub>, - male of 21 years and P<sub>2</sub> male of 18 years.

Per vaginal examination: - Uterus - anteverted, non-tender and endometrial thickness was normal.

Per Speculum examination: - Cervix is hypertrophy and low down, erosion present in the upper lip.

### INTERVENTION

*Shodhana Chikitsā* on 06/02/2023

*Yoga Basti* 8 -

5 *Anuvāsana Basti* (*Dhanvantaram Taila* 60ml)

3 *Nirūha Basti* (*Dashmoola Kaṣhāya*)

*Yoni Pichu* - *Jātyādi Taila*

*Sarwanga Abhyaṅga* and *Bashpa Swedana* with *Mahanarayana Taila*.

DATE	COMPLAINTS	LMP	TREATMENT
30/11/2022	Irregular menstrual cycle with heavy bleeding Lower abdomen pain Numbness over left hand and it will increase at night	15/11/2022 (11 days bleeding, 4-5 pads fully soaked per day)	<i>Aśhokariṣṭa</i> 15 ml BD with water A/F <i>Chandraprabhā vaṭī</i> 1 BD A/F <i>Gandhak Rasāyan</i> 1 BD A/F
02/01/2023	Heavy menstrual bleeding	22/12/2022 (16 days bleeding, 4-5 pads per day)	<i>Lodhraāsava</i> 15 ml BD with water A/F <i>Śatāvārī Gulam</i> ½ tsp BD E/S Tablet of combination of <i>Amalak</i> , <i>Anantamula</i> , <i>Lodhra</i> , <i>Pravala Pishti</i> 2 BD A/F
21/01/2023	No fresh complaints (follow up)	22/12/2022 (16 days bleeding, 4-5 pads per day)	Iron Tablet 2 BD A/F <i>Aśhokariṣṭa</i> 15 ml BD with water A/F <i>Vaishvanara churna</i> 5gm BD just before food
06/02/2023 ADMISSION	Spotting on 03/02/2023	22/12/2022 (16 days bleeding, 4-5 pads per day)	<i>Yoga Basti</i> -8 5 <i>Anuvāsana Basti</i> - <i>Dhanvantaram Taila</i> 9 (60 ml) 3 <i>Nirūha Basti</i> - <i>Dashmoola kaṣhāyam</i> <i>Sarwanga Abhyaṅga</i> and <i>Bashpa Swedana</i> with <i>Mahanarayan Taila</i> <i>Yoni Pichu</i> with <i>Jātyādi Taila</i>
14/02/2023 Discharge	No fresh complaints	-	Tablet of <i>Sookty Bhasma</i> 1 BD <i>Śatāvārī gulam</i> ½ tsp BD E/S <i>Vāyu Gulika</i> 1 TDS A/F <i>Varunadi Kashayam</i> 15 ml BD with water Iron Tablet 1 BD <i>Mahanarayana Taila</i> for L/A
08/04/2023	Relief of heavy menstrual bleeding (2/3 pads per day for 3 days)	19/03/2023 (PM H - 24/02/2023)	<i>Śatāvārī Gulam</i> ½ tsp BD E/S <i>Varunadi Ghrita</i> 1 tsp E/S <i>Dhanvantaram Gulika</i> 2 BD A/F

### RESULT

BEFORE TREATMENT	AFTER TREATMENT
The interval between two cycles is 60-90 days	The interval between two cycles is 30-45 days
The interval between two cycles increase	The interval between two cycles decreases
Irregular menstrual cycle	Regular menstrual cycle
Mild dysmenorrhoea present	Mild dysmenorrhoea absent
Body pain and heaviness present	Body pain and heaviness decrease
Heavy bleeding for 15-20 days	Heavy bleeding decreases
4- 5 pads per day fully soaked	2- 3 pads per day semi soaked
Clots present	Clots reduced

## DISCUSSION

*Ayurvedic* management is a good alternative to modern hormonal treatment as it has no side effects and a minimal recurrence rate. If *Doṣhas* gets aggravated it can be conquered by *laṅghan*, *Pāchana* but, if *Shodhana Chikitsā* is performed there will be no recurrence of *Doṣhas aggravation*. The *Ayurvedic* treatment of *Asrugdarah* has the Properties of *Sthambana*, *Shodhana*, *Strotośhodhana* and *Tridoṣaghñā*. It can effectively manage the *Asrugdarah*. *Shodhana Chikitsā* (Basti) has a very miraculous effect on *Asrugdarah*.

### *Shodhana Chikitsā* -

In *Basti Chikitsā* the medicine prepared is administered through the rectal canal. It acts up to the *Nābhi Pradeśa*, *Kaṭi*, *Prśhva* and *Kuṅṅī*. *Basti* acts on accumulated *Doṣhas* and *Purīṣha* (faecal matter) Spreads the *Snigdha* all over the body and easily comes out along with the churned *Purīṣha* and *Doṣhas*. Vitiated *Apāna Vāta* moves in a downward direction. *Basti* is useful for increased *Doṣhas* having a Predominance of *Vāta*<sup>5</sup>, at the same time *Basti* by maintaining *Vāta* and restoring the disturbed *pitta* and *Kapha* at their real space.

Here we gave *Nirūha Basti* with *Dashmoola Kaṣhāya* and *Anuvāsana Basti* with *Dhanvantaram Taila* (60 ml).

5 *Brihatpanchamoola* and 5 *Laghupanchamoola* has been named as *Dashmoola*. *Dashmoola Kaṣhāya* has the properties of *Vāta*, *Pitta* and *Kapha Shamak*, *Ama Doṣhas* Pāchaka<sup>6</sup>. *Dhanvantaram Taila* is useful for all types of *vāta Vikāras* and *yonī roga*<sup>7</sup>. *Mahanarayana Taila* is very effective for all types of *vātaroga*.<sup>8</sup>

### *Shaman Chikitsā* -

*Chandraprabhā Vaṭī* drugs act mainly on *Vāta* and *Pitta Doṣhas*. *Śhilājatu* has *Rasāyana* properties, *Guggulu* is *Tikta-Kaṭu Rasa*, *Uṣhṇa Virya*, *Kaṭu Vipāka*, *Tridoṣahara Prabhāva* and mainly works as a *Vāta Shamak*. Also, it works with *Vedana Sthapana*. *Triphalā* has *Tridoṣahara Prabhāva* and it works as *Balya Vardhak*. *Chandraprabhā Vaṭī* has a *Sarvarogapranashini* and *Rasāyana* property<sup>9</sup>, so it works on *Asrugdarah* also.

### *Aśhokariṣṭa*

*Aśoka* has *Kaṣhāya* -*Tikta* - *Madhura rasa*, *guru Guna*, *Kaṭu Vipāka*, *Stambhaka* properties, also *kapha Pitta Shamak*, *Artavajanan*, *Shonita Sthapana* and *Rasāyana* properties. It is useful to stop excessive bleeding. *Dhātakī* acts as a bleeding fermenting agent, *Mustā* is useful in treating infection and *Amrasthi* is useful to stop bleeding<sup>10</sup>.

### *Lodhraāsava* -

*Lodhra* is one of the *Raktavardhak* (*Raktasthambhak*) *Mahakashaya*, which is why it is useful for the management of heavy bleeding.<sup>11</sup>

### *Śatāwarī Gulam* -

*Śatāwarī* have *Madhura* - *Tikta Rasa*, *Śhīṭa Vīrya*, *Madhura Vipāka*, *Guru* - *Snigdha Guṇa*, *Vātapittahara*, *Rasāyana*, *Stanyajanan*, properties. it is indicated in *Yonī Doṣhas*, *Rajo Doṣhas*, *Shweta Pradara* and *Rakta Pradara*.<sup>12</sup>

## CONCLUSION

*Asrugdarah* is analogous to menorrhagia *Vāta* and *pitta* dominating *Tridoṣhas* are involved in the pathogenesis of *Asrugdarah Roga*. From this case study, we can say that the *Basti* and *Shamana Aushadhi* are highly recommended and effective methods for management of the heavy menstrual flow.

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