



A Yukti Based Approach to Asrugdara – A Case Study

Poornima Suresh Iyer, Rita Makim

Department of Prasuti Tantra Evum Striroga, Parul Institute of Ayurved, Parul University

ABSTRACT

Women are the pillars of the family and any health issue to her, the family suffers. Women usually do not keep her health first and still she stands to provide for her family. A woman undergoes so many physical and psychological changes owing to the involvement of hormones. Due to disturbed circadian rhythm and improper diet and stress have proven to cause derangement in hormones and cause various gynaecological diseases. Asrugdara is one such disease which can hamper the quality of life of women. Hence prompt diagnosis and effective treatment is necessary. A case study is discussed in this article wherein with just use of simple and available drugs, the patient was cured of the disease. Earlier, a thesis study was conducted in Parul Institute of Ayurved on Arugdara wherein the condition was successfully treated by Pradarahara Kashaya ghan granules [1]. Simultaneously one more thesis study related to artava was conducted in Parul Institute of Ayurved, wherein effect of jyotishmatyadi vati in artavakshaya (oligomenorrhoea) was assessed [2].

Keywords- asrugdara , raktapradara, shaman chikitsa , matra basti

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INTRODUCTION

असृग् दीर्यते च्यवते यस्मिन्नित्यसृग्दरं ।

Excessive excretion of blood i.e. menstrual blood (asruk) is called as Asrugdara.

The term asrugdara is usually considered as menorrhagia by most practitioners. But there are different considerations based on different descriptions of its pathogenesis and general clinical features.

Description of Asrugdara According To Various Acharyas[4]-

Acharya Charaka and Chakrapani has described asrugdara as increase in quantity of raja whereas Dalhana has opined that excessive and/or prolonged bleeding during menses or even scanty bleeding during intermenstrual phase can be considered as asrugdara..Acharya Vagbhat has mentioned excessive bleeding during menses and intermenstrual phase as asrugdara..Hence the term asrugdara can be considered under the spectrum of AUB (Abnormal Uterine Bleeding).Certain terms under AUB match the descriptions of asrugdara.

Description of Various Terms Included in Aub [5]

1. **Menorrhagia** – Cyclic bleeding with normal interval, but bleeding >80 ml or >7 days or both
2. **Polymenorrhoea**- Cyclic bleeding but interval reduced to less than 21 days
3. **Epimenorrhagia**- Frequent cycles associated with excessive or prolonged bleeding
4. **Metrorrhagia** - Irregular, acyclic bleeding

As the following case is presented with long duration of flow, passing of large clots, usage of thick pads, pallor and low hemoglobin levels, it can be concluded that the case is diagnosed as menorrhagia.

CASE REPORT

A 35-year-old female, housewife, patient, presented with complaints of heavy and prolonged menses lasting up to 11-12 days for 7-8 months. Along with heavy menses, she also experienced excruciating pain during menses at lower abdomen and back since 7-8months (VAS score -8) and passing of large black clots (size of a coin) since 3 months. Associated complaints like generalized weakness, giddiness, low energy, bodyache and leg cramps (B/L) was present. Due to the above complaints, the patient was unable to cope up with her daily routine. Hence the patient visited the OPD of Parul Ayurved Hospital for the treatment of the above complaints.

PAST HISTORY

Medical history - No any history of diabetes mellitus, hypertension, thyroid dysfunction

Surgical history- No any surgical history

Drug history - History of intake of Tab. Azynamic MF and Tab. Norate A for 3 months (4 months back), but after 2 months symptoms worsened.

Family history - No any relevant family history.

PERSONAL HISTORY-

Occupation- housewife

Food habits - irregular, sometimes overeating

Diet - non veg diet 4-5 times/week , veg diet - 2-3 times/ week

Appetite - moderate

Bowel movement- 1 time / day unsatisfactory

Micturition - slight burning micturition

Sleep -disturbed

Habits -tea 5-6 cups / day

Exercise -no physical activity

Coitus frequency- 1-2 time / week

Contra caption history - barrier method of contraception

MENTRUAL HISTORY-

Menarche - at 13 years of age

LMP - 18/09/22

TABLE NO-3: MENSTRUAL HISTORY PAST AND PRESENT-

Menstrual History	Past (7-8 months ago)	Present (since 7-8 month)
Regularity	Regular	Regular
Duration	5 days	11-12 days
Interval	30-32 days	26-28 days
Pain	Mild (VAS-3)	Severe excruciating pain (VAS- 8)
Quantity	3-4 pads / day (fully soaked) xl pads	6-7 pads/ day (fully soaked) xxxl pads
Clots	Absent	Large coin sized clot black
Foul smell	Absent	Present
Intermenstrual phase spotting	Absent	Present (4-5 days)

OBSTETRIC HISTORY -

PARITY - 2

ABORTION- 0

LIVE BIRTH- 2 , L₁- Male -10 years , L₂- Male - 6 years [Both FTND at hospital]

DEATH-0

LAST DEATH-0

TABLE NO-4 -ASHTAVIDHA PARIKSHA-

Nadi	Pitta pradhan Kaphanubandhi
Mala	Asamadhankaraka
Mutra	Alpa daha yukta pravrutti
Jivha	Upalipta
Shabda	Spashta
Sparsha	Naatiushna sheeta
Druk	Sthira
Akruti	Madhyam

TABLE NO-5 -DASHAVIDHA PARIKSHA -

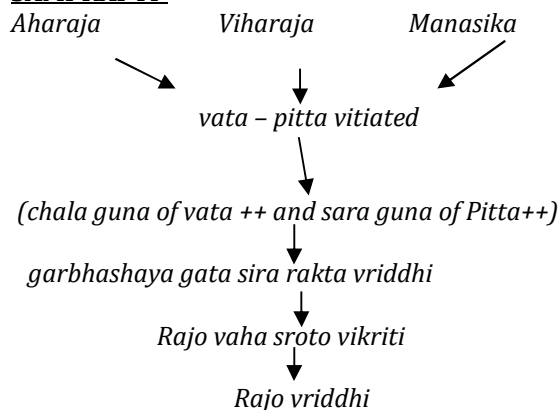
Prakruti	Pitta pradhan kaphanubandhi
Vikruti	Vata pitta prakopa
Sara	Madhyam
Samhanan	Madhyam
Pramana	Madhyam
Satmya	Madhyam
Satva	Avara
Vaya	Madhyam
Vyayamshakti	Madhyam
Aharashakti	Madhyam

GENERAL EXAMINATION**Pulse rate** – 80/ min**Blood pressure** –120/80 mmHg**Respiratory rate** –18/min**Temperature** – normal 98.6 degree F**Tongue** – coated**Pallor** – present ++**Icterus/ cyanosis/ clubbing/ edema/ lymphadenopathy-** absent**Height** – 164 cm**Weight** – 65 kg**BMI** – 24.2kg/m²**SYSTEMIC EXAMINATION****Respiratory system** – Air entry B/L clear**Cardiovascular system** – S₁, S₂ heard clearly**Central nervous system** – patient is conscious and well oriented**Gastrointestinal system** –P/A- soft , distention/ tenderness- absent**LOCAL EXAMINATION**

Per speculum and P/V examination could not perform due to menses

INVESTIGATIONS

Complete Blood Count, Urine routine and Microscopy and Ultrasonography – these tests were advised before treatment. The USG and Urine routine/ microscopy results came normal. Haemoglobin levels were 10.3 mg/dl.. After 3 months treatment , haemoglobin levels were checked again. It came upto 12.5 mg/dl

SAMPRAPTI**SAMPRAPTI GHATAKAS –****Dosha** – Vata –Pitta pradhana**Dushya** – Rakta pradhana, artava , rasa**Agni** – jatharagni, rasadhatwagni, rakta dhatwagni**Srotas** – rasavaha, raktavaha , artavavaha**SPECIFIC NIDANAS IN THIS CASE –****Aharaja** – curd intake 4-5 times/ week , Chinese food liking, meat intake (chicken and fish)- 4-5 times /week**Viharaja-** sleeping at daytime, staying awake at night**Manasika-** stress and grief (due to recent death of her mother)**SAMPRAPTI-****TABLE NO-6-IMMEDIATE INTERVENTION**

DAY	DATE	PRESENT COMPLAINTS	NO OF PADS/DAY	TREATMENT UNDERGOING
DAY 1	21/09/22	-Heavy menstrual bleeding with big clots ++ -Pain in lower abdominal and back -Menses Day-4	6-7 pads /day(fully soaked) XXL size	-Ushiraasava [6] 20ml 3 times a day after food with equal quantity of water - Lodhra churna [7] Mocharasa,gairik, nagakeshar 1 gm each 1 teaspoon mixed with honey 2 times a day after food

				-Ashoka ksheerpaka [8]60 ml before food 2 times a day -Dhatri loha [9] 2 tablets with water 2 times a day after food. -Advised to come to OPD after cessation of menses.
DAY 3	23/09/22	-Menses reduced -clots reduced -Pain in lower abdomen and back reduced -Menses Day-6	2-3 pads/day (not fully soaked)	Same as Day 1
DAY 6	26/09/22	Menses stopped today	-	Treatment protocol for 3 months commenced as per table no7 Basti chikitsa start

TABLE NO-7-TREATMENT PROTOCOL FOR 3 MONTHS

S.NO	MEDICINE	DOSAGE	TIME OF ADMINISTRATION	ANUPANA	DURATION
1	Ashokarishta [10]	20 ml	After lunch- after dinner	Water	3 months
2	Dhatri loha	2 tablets	After lunch – after dinner	After lunch- After dinner	3 months
3	Matra basti with Mahatiktaka ghrita [11]	60 ml	After lunch	-	7 day cycle for 3 months

TABLE NO-8-BASTI CHART

	CYCLE 1	CYCLE 2	CYCLE 3
START DATE	26/09/22	25/10/22	22/11/22
END DATE	2/10/22	1/11/22	29/11/22
THERAPY DURATION	7 days	7 days	7 days
BASTI DRAVYA	Mahatiktaka ghrita	Mahatiktaka ghrita	Mahatiktaka ghrita
QUANTITY	60 ml	60 ml	60 ml
BASTI DANA	After food	After food	After food
COMPLICATIONS	No	No	No
REMARKS	C/O unsatisfactory bowel- obtained relief	-	-

TABLE NO-9-FOLLOW UP

	DAY 1	FOLLOW UP 1	FOLLOW UP 2	FOLLOW UP 3
DATE	21/09/22	25/10/22	22/11/22	22/12/22
LMP	18/09/22	16/10/22	15/11/22	16/12/22
INTERVAL	26 days	28 days	30 days	31 days
NO OF DAYS OF BLEEDING	11-12 days	7-8 days	5-6 days	5 days
NO OF PADS USED PER DAY	6-7 pads/day (fully soaked)	4-5 pads/days (fully soaked)	3-4 pads/day (fully soaked)	3-4 pads/day
CLOTS	Large black coloured coin sized clots (throughout)	Small black clots (first 3 days)	Small dark red clots only on 2 nd day	Absent
PAIN	Severe excruciating pain (VAS-8)	Moderate pain (VAS-5)	Mild pain (VAS- 2)	Mild (VAS-2)
ASSOCIATED COMPLAINTS	Slight burning micturition	No burning micturition	-	-

TBALE 10: PATHYA AND APATHYA

	AHARAJA	VIHARAJA	MANASIKA
PATHYA	Shashtika rice, wheat , ripe ash gourd or petha sweet, pomegranate,dry grapes, amla, cow ghee,cow milk, moong soup,	Light exercises , cold water sprinkling over lower abdomen,	Meditation
APATHYA	Junk food , Chinese food , sesame seeds,horse grams, idli, dosa (fermented food)	Exposure to sun ,over exercise, excessive intercourse, heavy weight lifting. Staying awake at night and sleeping during the day	Stress , grief, anger

DISCUSSION

The probable mode of action of each drug used is mentioned as below

Ushirasava [11]- Ushirasava is a coolant and does hemostasis as well as pacifies pitta which inturn pacifies vitiated rakta. It also acts as a blood purifier. Being a self-alcohol generated medicine, it reaches to the minute channels and the delivery of the drug is faster. Hence it can be used as emergency medicine to stop excessive bleeding.

Lodhra churna [12] -Lodhra is astringent and bitter in taste and cold in potency. The glycosidic content in lodhra i.e . 3- monoglucufuronoside of 7- methyl leucopelagonidin is highly astringent in property and possesses vaso-constrictive actions. Antifibrinolytic action is also observed. Ethanolic extract of lodhra bark acts as analgesic, anti-inflammatory and anti-oxidant.

Mocharasa [13]- It is gum or resin of Shalmali (*Bombax ceiba*). It is cold in potency and has hemostatic action.Hence it is a widely used hemostatic agent .Acharya Charaka has mentioned mocharasa under Purisha Sangrahaneeeya, Shonitasthapana and vedana sthapana adhyayas

Nagakeshara churna [14]- Nagakeshara acts as hemostatic due to its astringent properties, hence indicated in bleeding disorders.

Gairika- Gairika (ochre) is an iron containing compound, hence it can help in restoring haemoglobin levels [15] It is sweet in taste and is cold in potency, hence pacifies vitiated pitta.

Honey is yogavahi and along with its qualities it uplifts the qualities of the drug taken along hence it probably increases the bio- availability of the drug.

Ashoka valkal [16] **ksheerapaka** – vata-pitta pacifying, the bark contains phenol glycoside. This has direct effect on the uterine musculature. It decreases the blood flow and endometrial vascularity is toned up.Hence excessive menses is brought under control.

Milk being cold in potency will pacify the vitiated pitta and will also provide strength to the patient.

Dhatri loha [17]- It possesses deepana properties(improves digestion and metabolism).It cleans the blocked channels and it is a rejuvenating therapy as well as it restores blood properties. Dhatri loha contains dhatri- Amla (*Emblica officinalis*), which is a rich source of vitamin C and it helps in absorption of iron. So this drug can increase Hb levels.

Ashokarishta [18]- sweet, bitter , astringent in taste corrects vata and pitta , cold potency acts on vitiated pitta and the quality of being light – acts on kapha dosha making this drug a tridoshashamak (pacifies all 3 doshas).It is a uterine tonic and regularises menstrual flow.

Mahatiktaka ghrita[19]- It is indicated in bleeding disorders, anemia and fever.The drugs used are all having bitter taste and cold in potency which will help in hemostasis and pacify vitiated pitta too.Ghrita is known to be the best dravya to pacify pitta.Ghrita being yogavahi enhances the quality and bio-availability of the drugs hence fast and effective action of the medicine is seen.

Matra basti [19]- As apana vayu is responsible for excretion of menses , the vitiated apana vayu is to be corrected and pakwashaya being the main site of vata , the best way to correct it is through basti chikitsa. The absorption of the drug is faster and better through the rectal route than the oral route. There has been research where the matra basti after being absorbed reaches into systemic circulation. There is a concept explained that Central nervous system (CNS) resembles the Enteric nervous system(ENS). Basti stimulates the ENS which further stimulates the CNS and causes stimulation of the hypothalamus. Hence it can correct Hypothalamo-pituitary-ovarian dysfunction.

CONCLUSION

Asrugdara is a common gynaecological disease as well as a symptom.The main dosha involved in asrugdara is pitta and vata . Ayurvedic approach involves rakta stambana , rakta sthapaka , dosha pachana and balya

chikitsa. Modern treatment modalities includes hemostatic treatment, hormone administration, analgesics and if complaints not resolved then surgery. The patient was relieved of the ailment completely after a course of 3 months. Treatment with available medicines (choice based on yukti) as well as cooperation of the patient cumulatively made the course of treatment smooth and successful. Hence with the proper knowledge of samprapti, the dosha involved, the chikitsak can do samprapti bhanga by application of amsha amsha kalpana.

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