

ASRIGDARA UNVEILED: INSIGHT INTO DIAGNOSIS AND THERAPEUTIC STRATEGIES

Marjeena Khansab Nadaf^{1*}, Papiya Jana² and Anupama V.³

¹PG Scholar, Department of Prasuti Tantra and Stree Roga, Sri Kalabyraveshwara Ayurvedic Medical College, Hospital and Research Centre, Bengaluru.

²Professor, Department of Prasuti Tantra and Stree Roga, Sri Kalabyraveshwara Ayurvedic Medical College, Hospital and Research Centre, Bengaluru.

³Professor and HOD, Department of Prasuti Tantra and Stree Roga, Sri Kalabyraveshwara Ayurvedic Medical College, Hospital and Research Centre, Bengaluru.



*Corresponding Author: Dr. Marjeena Khansab Nadaf

PG Scholar, Department of Prasuti Tantra and Stree Roga, Sri Kalabyraveshwara Ayurvedic Medical College, Hospital and Research Centre, Bengaluru.

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ABSTRACT

Background: *Asrigdara* is a common gynecological problem seen in the OPD. *Asrigdhara* means *Dirana* i.e. excessive excretion of *Asruk* i.e. excessive or prolonged menstruation with or without inter-menstrual bleeding. *Asrigdhara* is one of the *Vikara* of *Raktavaha Srotas*. The *Nidan* leading to vitiation of *Tridosha* in *Garbhashayagata Siras* and *Artavavaha Srotas* leading to *Artava Atipravrutti*. Excessive bleeding during menstruation can result in restriction of her daily activities and reduces her efficiency in society. If appropriate measures are not adopted than it can be a life threatening also due to excessive bleeding. Commonly used treatment for *Asrigdara* is only time bedding, which leads to recurrence of the condition. In modern medicine haemostatic, analgesic and hormonal therapies are advised for menorrhagia, which has limitations. Hence it is need of time to have an integrated and comprehensive therapeutic intervention in *Ayurveda* to prevent recurrence. **Aims and Objectives:** To establish the role of *Atyayika Chikitsa* and *Srotomoola Chikitsa* in *Asrigdhara*. **Materials and Methods:** It is a single case study done at Sri Kalabyraveshwara Swamy Ayurvedic Medical College Hospital and Research Centre Vijayanagar Bangalore. A case of *Asrigdara* treated with *Piccha Basti* as *Atyayika Chikitsa* and *Srotomoola Chikitsa* to correct the *Raktavaha Sroto Dushti*. **Results:** The treatment was effective in relieving all the symptoms of *Asrigdara*. **Conclusion:** The case report shows that *Ayurvedic* treatment is potent in management of *Asrigdara*. There are no adverse effect noted during and after the treatment. Hence it can be concluded that *Asrigdara* is effectively treated by using *Chikitsa Siddhanta* mentioned in *Ayurveda*.

KEYWORDS: *Asrigdara*, *Raktavaha Srotas*, Menorrhagia, *Atyayika Chikitsa*, *Srotomoola Chikitsa*.

INTRODUCTION

Asrigdara means *Dirana* that is, excessive excretion of *Asruk* which means excessive or prolonged menstruation with or without inter-menstrual bleeding.^[1] *Asrigdara* is one of the *vikara* of *raktavaha Srotas*,^[2] symptom of *Pitta Avruta Apana Vayu*,^[3] *Yoni Vyapat Upadrava* and *Artava Ativrudhi Lakshana*.^[4] It is the disorder leading to complications like *Pandu*, *Bhrama*, *Murcha*, *Tama*, *Daha*, *Vataja roga*, *Trishna* etc.^[5] Here based on the concept of *Ashraya Ashrayi Bhava* between the *Pitta* and *Rakta* which has similar properties hence, the vitiation of *Pitta* leads to vitiation of *Rakta*. The *chala Guna* of *Vata Dosha* and *Sara* and *Drava Guna* of *Pitta Dosha* increases the amount of *Rakta* and *Guru Picchila Guna* of *Kapha Dosha* does excessive proliferation of endometrium resulting in irregular shedding and ripening of endometrium. Menorrhagia is a commonest gynaecological problem characterized by cyclic bleeding

in excessive amount or duration or both among 30% of women in reproductive age. Excessive menstrual blood loss interferes with the woman's physical emotional social and psychological quality of life.^[6] In India, reported prevalence of AUB is around 17.9%.^[7] It leads to loss of reproductive function. Upto 50% of women undergo surgical treatment within 5 years of their referral to a gynaecologist.^[8] WHO reports that 18 million women aged 30-55 years perceive their menstrual bleeding exorbitant.^[9] In modern medicine haemostatic, analgesic and hormonal therapies are advised for menorrhagia, which has limitations. Commonly used treatment for *Asrigdara* is only time bedding, which leads to recurrence of the condition. Hence it is need of time to have an integrated and comprehensive therapeutic intervention in *Ayurveda* to prevent recurrence.

CASE REPORT

- A female patient aged 37 years, moderately built, well nourished with married life of 22 years having OH of P2L2A0D0, came with complaints of irregular menstrual cycles since 6 months and prolonged menstrual bleeding in the present cycle and abdominal pain with general debility, tiredness and nausea.
- She is not a known case of any systemic illness.
- Her *Vayaktika* and *Kula Vrittana* are not significant.
- She attained her menarche at the age of 12 years and was having regular cycles until 24th Nov 2022.
- Surgical history of tubectomy 19 years ago.
- Previous history reveals that the patient had similar complaint before 6 months during that cycle she had bleeding for 20 days which was stopped on taking medications.

Menstrual history

Menstrual History	Past History	Present History
Duration of menstrual blood flow	3-4 days	More than 7 days
Interval between two menstrual cycle	28-30 days	Absent
Regularity of menstrual cycle	Regular	Irregular
No. of pads used per day	D1,D2- 2-3 pads D3- 1 Pad +	D1: Spotting D2: 3 Pads D3-D7: 7-8 pads/day
Characteristics of the flow	Clots +	Clots +++
Colour	Bright Red	Bright Red
Pain	+	+++
Foul smell	Absent	Absent

General examination

- BUILT- Moderate
- Nourishment- Moderate
- Pallor- Present
- Edema- Absent
- Clubbing- Absent
- Cyanosis: Absent
- Icterus- Absent
- Lymphadenopathy- Absent
- Tongue- Coated
- Weight- 55kg
- BMI- 22 Kg/m²
- Pulse rate- 74 bpm
- BP- 110/80 mm of Hg
- Respiratory rate- 18 cpm
- Temp- Afebrile.

Ashta sthana pariksha

- *Nadi* - 82 bpm
- *Mala* - Once / day
- *Mutra* - 5-6times/day
- *Jivha* - *Lipta*
- *Shabda* - *Prakruta*
- *Sparsha* - *Anushna Sheeta*
- *Druk* - *Prakruta*
- *Akriti* - *Madhyama*

Dasha vidha pariksha

- *Prakruti* - *Vata Pitta*
- *Vikruti* -
- Dosha: Vata, Pitta, Kapha*
- Dushya: Rasa, Rakta and Artava*
- Bala: Madhyama*
- Desha: Sadharana*
- *Sara* - *Madhyama*

- *Samhanana* - *Madhyama*
- *Satmya* - *Madhyama*
- *Satva* - *Madhyama*
- *Pramana* - *Madhyama*
- *Ahara shakti*;
- Abhyavarana shakti* - *Madhyama*
- Jarana shakti* - *Madhyama*
- *Vyayama shakti* - *Madhyama*
- *Vaya* - *Madhyama*

Systemic examination**Respiratory system**

Inspection
Shape of the chest - Bilaterally Symmetrical
Chest movements - Symmetrical
RR- 18 cycles/min
Palpation:
Trachea - Centrally placed
Chest Expansion - Symmetrical
Lymph nodes are not palpable
Percussion: Resonant over the lung field except the cardiac dullness
Auscultation: Bilateral NVBS heard, No Added Sounds

Cardiovascular system

Inspection: Chest B/L Symmetrical, no visible pulsation or dilated veins
Palpation: Apex beat palpable at left 5th intercostal space.
Percussion: Cardiac dullness present on left side.
Auscultation: S₁ S₂ heard, No murmurs heard.

Central nervous system

Patient is conscious, well oriented to time, Place and Person

Per abdomen examination

Inspection

Umbilicus – Centrally placed, Inverted

Surgical Scar marks noted

Palpation - Soft, Tenderness +

Auscultation – Normal Peristaltic movements heard

Gynecological examination

PV Examination

Examination of vulva

Inspection

Pubic hairs- Normal

Clitoris – Normal

Labia – Normal

Redness – Absent

Swelling- Absent

Palpation -

No Palpable mass noted

Per Speculum Examination

Vagina

Redness - Absent

Local lesions - Absent

Discharge - Absent

Cervix

Healthy

Size -Normal.

External Os – Multiparous OS

No discharge noted

Per Vaginal Examination

Cervix

Texture – Soft

Mobility – Mobile

Cervical motion tenderness - Absent

Bleed on touch - Absent

Fornices – Lateral – Free and Nontender

Posterior - Free and Nontender

Uterus – Bi Manual examination

Position – Ante verted

Direction – Ante flexed

Size – Normal

Consistency – Firm

Mobility – Mobile

Tenderness – Absent

Investigations

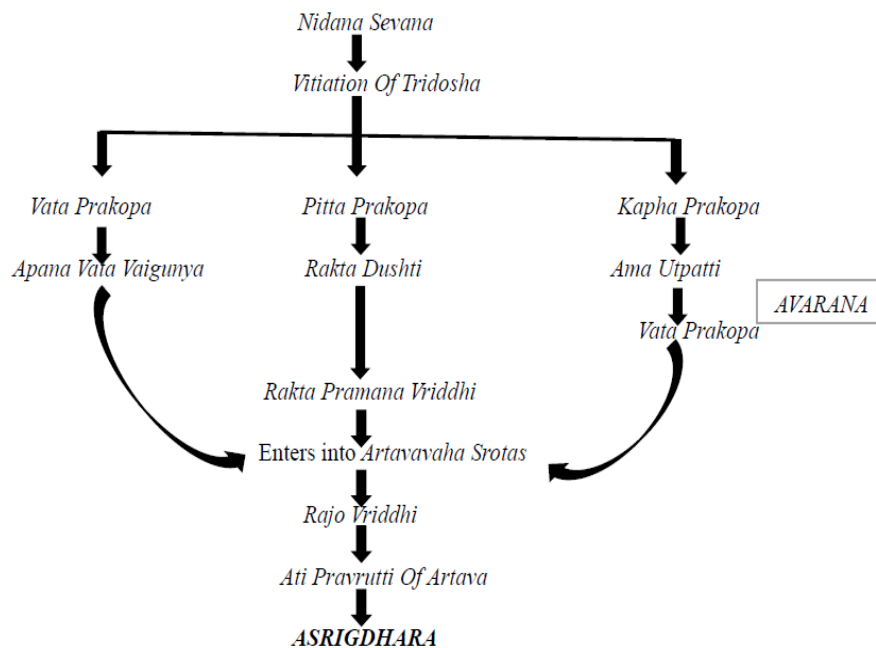
- Hb%: 9.1%
- WBC Count: 12,700cells/cumm
- RBC Count: 2.88million/cumm
- Platelet count:4.54lakhs/cumm
- PCV: 24.6%
- ESR: 98mm/hr
- USG Abdomen and Pelvis:
 - B/L Polycystic Ovarian Morphology
 - Thickened Endometrium. ET measuring 11mm
 - No uterine mass noted

Nidana panchaka*Nidana**Aharaja – Akala Bhojana, Katu rasa amla rasa pradhana ahara, dadhi, shukta**Viharaja – Diva Swapna**Manasika – Ati Chinta**Rupa*

Prolonged menstrual bleeding

Excessive menstrual bleeding

Pain Abdomen

Samprapti

Samprapti ghataka

Dosha – Tridosha

Dushya – Rasa, Rakta, Artava

Agni – Jataragni, Dhatwagni

Agni Dushti – Jatargni mandya, Rasa and rakta

Dhatavagni vaishamyata

Srotas – Rasavahi, Raktavahi, Artavahi srotas

Srothodushti – Atipravritti

Udbhava staana – Aamashaya

Sanchara staana– Rasavaha, raktavaha, Artavaha Srotas

Vyakta Staana– Garbhashaya

Adhishtana – Garbhashaya

Vyadhi Marga– Abhyantara

SadyaAsadhyatwa – Sadhya

Yoga bastiAnuvasana Basti: Ashoka Ghrita+Mahmaryana
Taila=80ml**Piccha basti ingredients**

Saindhava Lavana: 6gms

Madhu: 80ml

Sneha: Ashoka Ghrita: 80ml

Kalka: Triphala Churna: 10gm

Lodhra Churna: 10gm

Puga Churna: 10gm

Kwatha: Panchavalaka Churna(25gm)+Shalmali

Niryasa (25gm)=250ml

Treatment protocol**On D-8 of Cycle**Piccha Basti in the form of Yoga Basti was followed,
later Shamana Aushadi was given.**Changes observed during course of basti**

Date	12/05	13/05	14/05	15/05	16/05	17/05	18/05	19/05
BASTI	Anuvasana	Niruha	Anuvasana	Niruha	Anuvasana	Niruha	Anuvasana	Anuvasana
Pads/Day	6	4	3	3	3	spotting	-	-
Clots	++	++	+ only at night	+ very small	-	-	-	-
Pain	++	+	+	-	-	-	-	-

Chikitsa

1. Amrutottara Kashaya: 3tsp TID with water B/F
 2. Arogyavardhini Rasa: 1-0-1 A/F
 3. Abhra Loha 1-0-1 A/F
 4. Dhamwantaram Vati 1-1-1 A/F
 5. Yoshajeevana Lehya 1tsp BD with milk
- 1 month

RESULTSAfter **YOGA BASTI** patient was advised to start with oral medications.**Menstrual cycle attained in next consecutive months are**

Menstrual Cycle Date	Duration of Bleeding	Amount of Bleeding	Consistency of menstrual flow	Subjective Symptoms
15/06/23	4 Days	D1-D2: 5-6pads D3: 3 pads D4: 1 pad	Clots +	Dysmenorrhea+
17/07/23	5 Days	D1-D2: 3-4pads D3: 1 pads D4: Spotting	Clots +	Dysmenorrhea+
24/08/23	4 Days	D1-D3: 3pads D4: 1 pad	Clots +	-

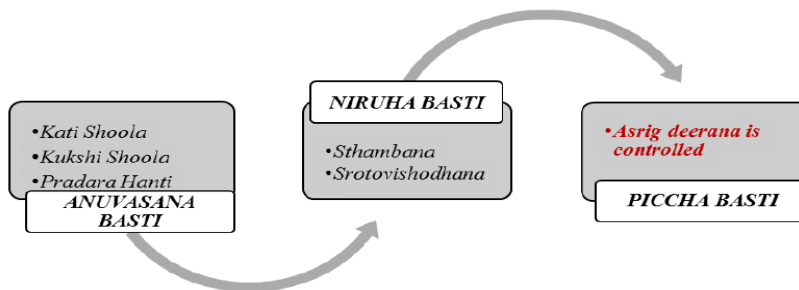
DISCUSSION

Asrigdara is a condition where women experiences excessive bleeding per vaginum, with lower abdominal pain, weakness and backache. It interferes with the

women's physical, social and psychological quality of life. In this patient the bleeding was observed to be more than 7 days with the excessive bleeding, hence to stop the flow *Piccha Basti*^[10] was used as an *Atyayika*

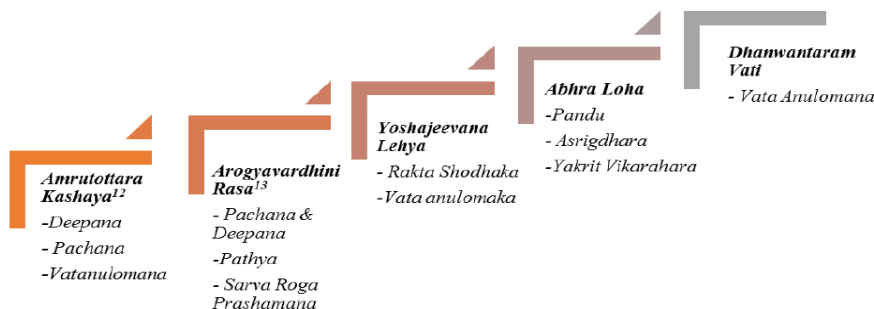
Chikitsa, the combination of Mahanarayana Taila+ Ashoka Ghrita as Anuvasana Basti helped in relieving the symptoms like Kukshi Shula, Kati Shula along with reducing the flow, Niruha Basti by virtue of its drugs processing the properties like Kashaya Rasa, Laghu Ruksha Guna, Sthambana Karma helped in relieving the

patient from Dirana of Asruk. Once the bleeding stopped the main aim of the treatment was correcting the Moola Karana of this condition, as Asrigdara is one of the Rakta Pradoshaja Vikara, The Moola Of Raktavaha Srotas^[11] being Yakrit and Pliha the Chikitsa followed had a direct effect over the Yakrit and Pliha.



Apart from the Shodhana, Shamana Chikitsa that can also be followed in order to treat Raktavaha Srotas Vikaras should be based on Doshas involved and the organ affected. In this present case it is mainly due to

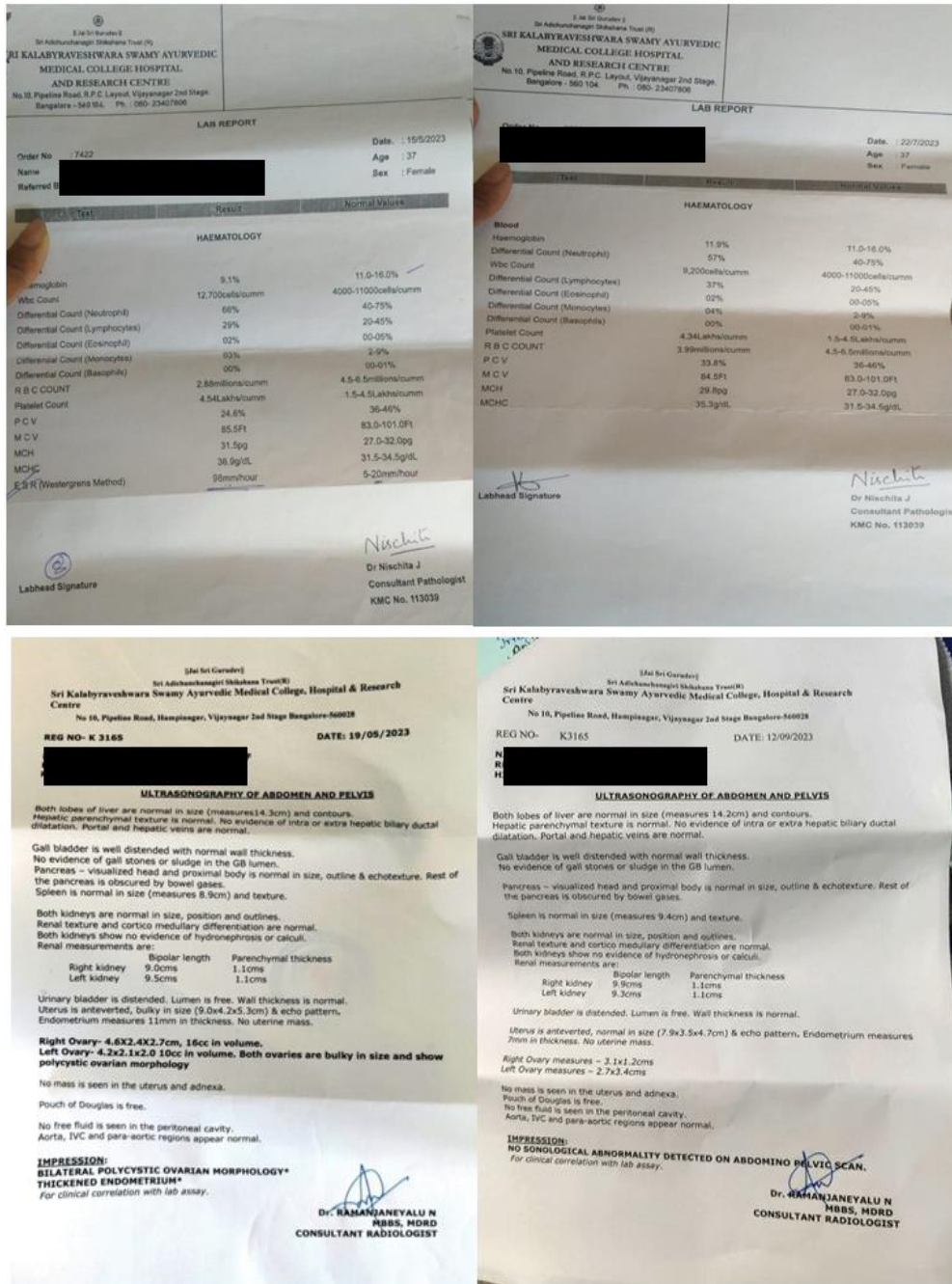
Pitta Pradhana Tridosha Dushti hence the preparation selected had Rakta Shodhana, Rakta Prasadana, Shonita Sthapana and Rakta Vardhana Karma.



CONCLUSION

Asrigdara is one of the common disorder seen in the present era. Deerana of Asrig is Pratyatma Lakshana of Asrigdara that affects the women physically and psychologically. Thus the treatment protocol followed in

the present study which aimed at relieving the symptoms in emergency condition and at the same time Srotomoola Chikitsa acts at its moola by correcting the Agni, Dosha, Dhātu and Upadhātu where till the reoccurrence of the symptoms were not seen in the present study till.



REFERENCES

1. Tripathi Brahmanand, Charak Samhita. Chaukhamba Surbharti Prakashan, Varanasi, Cha. Chi, 2, 1044: 30-209.
2. Pt. Kashinatha Shastri and Dr. Gorakha Natha Chaturvedi. Charaka Samhita. (Sutra Sthana). Varanasi; Chaukhamba Bharati Academy, 2005; 1: 444.
3. Pt. Kashinatha Shastri and Dr. Gorakha Natha Chaturvedi. Charaka Samhita. (Chikitsa Sthana). Varanasi; Chaukhamba Bharati Academy, 2009; 2: 815.
4. Acharya Vriddha Vaghat, Astanga Samgrah (Sutra sthana), Jeevan Hindi Commentary by Dr Shailaja Srivastawa, Chaukhamba Orientalia, 2006; 328.
5. Sushrut Samhita of sushrut with sushruta vimarshini commentary by Dr. Anantram Sharma, chaukhambha surbharti prakashan, Varanasi, 1st edition, 2001; II: 16.
6. Lucy Whitaker, Hilary O.D. Critchley. Abnormal uterine bleeding. Best Pract Res Clin Obstet Gynaecol, 2016; 34: 54-65.
7. Sharma A, Dogra Y. Trends of AUB in tertiary centre of Shimla hills. J Midlife Health, 2013; 4(1): 67-68.
8. Hervé Fernandez, Gisela Kobelt, Amélie Gervaise. Economic evaluation of three surgical interventions for menorrhagia. Human Reproduction, 2003; 1, 18(3): 583-587.

9. Goldrath MH. Hysteroscopic endometrial ablation. *Obstet Gynecol Clin North Am*, 1995; 22(3): 559-72.
10. Chakrapanidata, Commentator, Charakasamhita, Chikitsasthann, Arthedasmhamuliyeadhya, Edited by Acharya Yadavji Trikamji, Chaukambha Ayurveda academy, 7: 19-64.
11. Sastri K, Chaturvedi G; Charka Samhita elaborated Vidyotini hindi commentary, Chaukhambha Bharti academy, Varanasi, reprint, Viman Sthan chapter, 2015; 5, 7: 811.
12. Anonymous. Government of India Ministry of Health and Family Welfare. The Ayurvedic Formulary of India. 2nd ed. New Delhi: National Institute of Science Communication and Information Resources, 2003; 53.
13. Anonymous, Ayurvedic Formulary of India, Revised English Edn, printed by National Institute of Science Communication and Information Resources. CSIR. The controller of publication, New Delhi, 2003; 258, 1: 20-4, 2.