

## ROLE OF *KUTAKI CHURNA* WITH *MUNNAKA* AND *SITA* IN *ASRUGDARA* W.S.R TO ABNORMAL UTERINE BLEEDING (AUB): A CASE STUDY

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### ABSTRACT

According to National Health Portal Of India, the prevalence of Abnormal Uterine Bleeding (AUB) is around 17.9% amongst women of menstruating age. *Asrugdara* is the most familiar gynecological problem in *stree roga* and *prasuti tantra* OPDs nowadays. In Ayurveda, it described as a separate disease as well as symptoms of various *yoni-vyapad* (*pittaja yonivyapad*, *rakta yoni*, *lohitakshara yonivyapad*) and *artavavyapad* (*kunapagandhi artava dushti*). Achaya has mentioned that due to *pradirana* (excessive excretion) of *asrk* (menstrual blood), it is named as *pradara* means excessive flow of

menstrual blood p/v with backache, pain in lower abdomen during menses. *Asrugdara* can be correlated with Abnormal uterine bleeding (AUB) in which abnormal uterine bleeding following anovulation occurs without any clinically detectable organic, systemic, and iatrogenic cause. In AUB, heavy menstrual bleeding occurs per vaginum, which causes discomfort in a woman's physical, emotional, social, and maternal quality of life. *Asrugdara* is mainly caused by excessive intake of food, which aggravated *vata* and *pitta dosha*, like excessive salty, sour, hot, *vidahi sukta* etc. A 32 years old female patient came to PTSR OPD of National Institute Of Ayurveda, Jaipur, with chief complaints of excessive and prolonged bleeding per vaginum with foul smell since four years. She has also complained of blackish water discharge before the onset of menses per vaginum since 3-4 years. The patient was treated with *kutaki churna* with *sita* and *munnaaka* (equal amount of these three) and other medications are reported and after that she got completely relief in complaints in eight months.

**KEYWORDS:** *Asrugdara*, dysfunctional uterine bleeding, *Kutaki*, *Munnaka*, *Sita*.

## INTRODUCTION

A normal regular natural menstrual cycle is denoted the healthy reproductive life of a female. The normal duration and interval of menstruation are 4-5 days and 21-35 days, respectively, with the normal amount of blood loss is estimated to be 20-80 ml (average of 35 ml).<sup>[1]</sup> Loss of more than 80 ml of menstrual blood with a duration of more than five days, and the interval is less than 21 days are counted in heavy menstrual bleeding. Abnormal uterine bleeding (AUB) becomes a burning issue with most young girls. Currently, AUB is defined as abnormal uterine bleeding following anovulation due to dysfunction of the hypothalamus-pituitary-ovarian- uterine (HPOU) axis, which interferes with the female, social, emotional, physical, and maternal quality of life.<sup>[2]</sup> Emotional influence, late night sleeping, lacking exercise and yoga, excessive worries without any exact reason (overthinking), or sexual problems are the root cause of disturbance in the HPOU axis. The bleeding in AUB may be abnormal in frequency, amount or duration, or combination of any three. In the normal menstrual bleeding ratio of PGF2A/PGE2, and level of endothelin in the endometrium is increased, which causes vasoconstriction and reduces menstrual bleeding. But in anovulatory AUB, synthesis of PGF2A is decreased, and PGF2A/PGE2 ratio and level of endothelin are also lowered, which causes vasodilatation; hence menstrual bleeding increases in amount, duration, or frequency.<sup>[3]</sup>

According to Ayurveda, the normal ideal menstrual cycle refers to an interval (intermenstrual period) of one lunar month, duration of menstrual flow is 3-5 days and is not associated with pain or burning sensation, menstrual blood is not unctuous and not very scanty nor excessive in amount.<sup>[4]</sup>

Our *Acharya Sushruta* has mentioned unique features of *asrugdara*, which includes that menstruation blood comes in excess amount, for a prolonged time, and /or even without the normal period of menstruation, and different from features of normal menstrual blood associated with body ache and pain.<sup>[5]</sup> On the other hand, commentor *Dalhana* has described features of *asrugdara* as a burning sensation in the lower portion of the groin, pelvic region, back, flank region, and severe pain in the lower abdomen. *Asrugdara* is caused by excessive intake of spicy, salty, sour food, food that causes a burning sensation, *sukta* (vinegar), *mastu* (curd water), *payasa*, *krsara* etc. By the using of all these causes *vata* and *pitta dosha* get aggravated and also enhances the amount of *rakta* in *garbhashayagata siraye* (branches

of ovarian and uterine arteries). Vitiated *vata* carry the increased *rakta* and takes it into the downward direction, which causes excessive bleeding per vaginum.<sup>[6]</sup>

Nowadays approx 50% of females of reproductive age are suffering from irregular and heavy menstrual bleeding. The Hypothalamus-pituitary-ovarian-uterine axis is the prime factor for normal or abnormal menstrual rhythm. According to Ayurveda, the treatment used for *raktatisara* (diarrhea with blood), *raktapitta* (bleeding diathesis), *raktarsha* (bleeding piles), and abortion is also useful in the management of *asrugdara*.<sup>[7]</sup> In this article, the patient is treated with *katuki churna* with *munna* and *sita* which is mentioned by *Aacharya Sushruta* in the management of *rakta-pitta disease*.<sup>[8]</sup> In this disease, bleeding comes from different orifices like nasal, anal, urinary tract, etc, due to *pitta* and *rakta dushti* as occurs in *asrugdara*. *Kutaki* has mentioned *titkarasa*, *sheetaguna* and *pittaraktadoshashamak*.<sup>[9]</sup> *Kutaki* having chemicals constitute<sup>[10]</sup> like picoside-II, flavonoids like 4-hydroxy-3-methoxyacetophenone (apocyanin) which are hemostatic in nature and also having vanillic acid which is used in the treatment of ulcerative colitis to reduce diarrhea and bleeding. *Munnaka* having properties like *Madhurarasa*, *sheetaveerya*, *vatapittadoshashamaka*, *raktapittavyadhishamak*, *bringhan*, etc.<sup>[11]</sup> The chemical constitutes<sup>[12]</sup> of *munna* are Catechin, epicatechin, flavonoid like anthocyanin, all having a haemostatic property and also contains B-sitosterol and prismatic crystals of calcium oxalate which increases coagulability and stops bleeding. *Sita* having properties like *Madhurarasa sheetaguna*, which reduces vitiate *pitta*.<sup>[13]</sup> All these drugs are mainly *madhuratiktarasa*, *sheetaguna*, which gives ultimately results to combat heavy menstrual bleeding.

## CASE STUDY

### OBJECTIVES

- To study the efficacy of *Katuki churna* with *sita* and *munna* in the management of *asrugdara*.

### STUDY DETAILS

- Name of patient-XXX
- Date of 1<sup>st</sup> visit-30/07/2020
- Age-32 Years
- Religion-Hindu
- Occupation-Housewife

### CHIEF COMPLAINTS WITH DURATION

- Excessive and prolonged brown colour menstrual bleeding per vaginum with foul smell and clots for 15<sup>th</sup>–18<sup>th</sup> days per menstrual cycle since 4 years.
- Her pad history was-
  - 1<sup>st</sup> Day - 3<sup>rd</sup> day – 1-2 pads
  - 4<sup>th</sup> Day - 8<sup>th</sup> day -5-6 pads
  - 9<sup>th</sup> Day -18<sup>th</sup> day- 1 pad

} All were fully soaked
- She also complained of blackish watery discharge per vaginum before the onset of menses and Vomiting, dizziness, Backache, lower abdominal pain during menses since 3-4 years.

### HISTORY OF PRESENT ILLNESS

According to the patient, before four years, she was asymptomatic, then she gradually develops complaints of heavy and prolonged brown color bleeding per vaginum with foul smell during menses. She also had the complaint of blackish watery discharge per vaginum before the onset of menses with an associated complaint of backache and lower abdominal pain. The patient was taken allopathic medicine but did not get any satisfactory relief. So, for the present situation of the patient, she visited PTSR opd, for further proper Ayurvedic management in the National Institute of Ayurveda, Jaipur.

### HISTORY OF THE PATIENT

#### Personal History

- Diet-veg
- Appetite-Normal
- Bowel-constipated (once daily but not complete evacuated)
- Bladder-clear (8-10 times per day)
- Sleep- Sound
- Addiction-not any
- Past medical history-Not significant
- Past surgical history-Appendectomy in September 2008.

#### Family History

- Not significant

**Menstrual and Marital History**

- Menarche-at the age of 11 years
- LMP – 3/2/2021

Menstrual history	Present history	Past history
Duration of menstruation	3 days	15-18 days
Intermenstrual period	30 days	20-25 days
Intensity of flow (no of pads per day)	2 pads/day	5-7 pads/day
Clots	Without clots	Moderate clots
Colour	Red	Dark red with blackish discharge.
Pain	Not present	Severe in the lower back and lower abdomen during menses.
Foul smell	Not present	Severe foul smell present
Associated complaints	No complaints	Vomiting during menses

Married life- 13 years

Active married life- 13 years

**Obstetrics History**

- G7P2A5L2
- Last delivery - full-term normal delivery of male child before 7 years.

**ASHTAVIDHA PARIKSHA (EIGHT SPECIAL FOLDS EXAMINATION IN AYURVEDA)**

- *Nadi* (Pulse) - 88/min, regular.
- *Mala* (Stool) – *Sama* (constipated)
- *Mutra* (Urine) – 8-10 times/day, pale yellow
- *Jivha* (Tongue) – *Sama* (slightly coated)
- *Shabda* (words/voice) - *Prakrut & Spasta*
- *Sparsha* (Touch) - *Sama Shitoshna*
- *Drika* (vision) - *Prakrit*
- *Aakruti* (Body proportion) - *Madhyam*

**PHYSICAL EXAMINATION****General Examination**

- Height- 155cm
- Weight- 73 kg

- B.P- 110/70 mm Hg
- Pallor- Nil
- Secondary sexual characters ++
- No Pedal edema
- Nails, tongue- Slight Pink
- Conjunctiva- Pale
- No evidence of lymphadenopathy,icterus

### THE TREATMENT SCHEDULE IN THE PRESENT STUDY

1) *Nidana Parivarjana* (Elimination Of Causes):- Complete history and evaluate possible causes of the disease, Some of the relevant causes of disease are - like faulty dietary habits, sour, hot salty food, fast food, *Viruddha Aahara*, *Vegvidharan* (withholding natural urges like stool, urine), constipation is eliminated first. According to *Acharya Sushruta*, *Nidan parivarjan* is first treatment

2) *Aahar Vyavastha* (Dietary Changes)- Advised only homemade green leafy vegetables, *jau* (barley), Bitter gourd, Green gram (*Mudga*), Old rice (*Puran Shali*), cow milk, cow ghee and seasonal fruits, plenty of water, because food is main medicine (*Aahar* is *Mahabhaishajya* said by *Acharya Kashyapa*). Advice to follow *rajaswala charya* in the first three menstruating days-

- *Shali* rice/ Old rice cook with Cow's milk and *mishri* ( don't use sugar)
- Porridge( *daliya* ) of *Jau* ( Barley) cook with Cow's milk and *mishri*
- Chapati of *Jau* ( Barley) flour with an abundant amount of Cow's ghee
- Seasonal sweet fruits.
- Avoid- Normal diet like Chapati, Salt, Spices, Oil, Sour fruits, etc.

3) Administration Of Drug-

1- Drug administrated – *Kutaki vati*.

2- Dose – 2 Tab BD before meal (2 gm *kutaki churna* +2 gm *sita* +2gm *munna* without seeds then mix together and made it into tablet form that can be easily swallowed) with cold Water<sup>[14]</sup>

3- Other medication

- *Tarunikusumakara churna*- 4 gm at sleeping time only with lukewarm water (for constipation )

- *Dadimastak churna* (3 gm) + *akika pishti* (500 mg)- BD before meal with water (for vomiting)
- *Amritoz* (5gm) + *shankha bhasma* (250 mg) – Three times a day water (whenever she feels dizziness)

#### Details About Drug-*Kutaki Churna* + *Sita* + *Munnaka*

Name of drug	Properties
<i>Kutaki churna</i> ( <i>Picrorhiza kurroa</i> )	<i>Tiktarasa, sheetveerya, kaphaptashamaka, raktpittahara, raktshodhaka,</i> Anti-inflammatory-action, useful in anemia.
<i>Sita</i>	<i>Sheetaveerya, vaat-pittashamaka,</i> Boost hemoglobin level, regenerate blood circulation.
<i>Munnaka</i> ( <i>Vitis vinifera</i> )	<i>Madhurarasa, sheetaveerya, vaat-pittashamak, raktpittashamak,</i> anti-inflammatory action, antimicrobial action, anti-oxidant property.

#### OBSERVATION AND RESULT

Before treatment	After treatment
<ul style="list-style-type: none"> <li>• Heavy menstrual flow, which was dark red in color with clots during the menstrual cycle</li> </ul>	<ul style="list-style-type: none"> <li>• The flow was normal, and there were no clots.</li> </ul>
<ul style="list-style-type: none"> <li>• Associated with severe pain in the lower back and lower abdomen.</li> </ul>	<ul style="list-style-type: none"> <li>• No complaint of pain in the lower back and lower abdomen during menses.</li> </ul>
<ul style="list-style-type: none"> <li>• It prolonged menstrual flow.</li> </ul>	<ul style="list-style-type: none"> <li>• Normal duration (there was no prolonged bleeding)</li> </ul>
<ul style="list-style-type: none"> <li>• Vomiting and dizziness during menstruation.</li> </ul>	<ul style="list-style-type: none"> <li>• Vomiting and dizziness were 100% cured.</li> </ul>
<ul style="list-style-type: none"> <li>• Blackish watery discharge p/v 3-4 days before the onset of menses.</li> </ul>	<ul style="list-style-type: none"> <li>• No complaint of blackish watery discharge p/v before the onset of menses.</li> </ul>
<ul style="list-style-type: none"> <li>• Unable to do physical activity during menstruation even she can not sit on the floor for 1-2 hours continuously.</li> </ul>	<ul style="list-style-type: none"> <li>• She was able to do her day-to-day activity during the menstrual day even she came to opd by herself.</li> </ul>
<ul style="list-style-type: none"> <li>• Duration of menses- 15-18 days</li> </ul>	<ul style="list-style-type: none"> <li>• Duration of menses- 3-4 days</li> </ul>
<ul style="list-style-type: none"> <li>• Interval of two periods- 20-25 days</li> </ul>	<ul style="list-style-type: none"> <li>• The interval between two periods- 30 days</li> </ul>
<ul style="list-style-type: none"> <li>• Total no. Of pads used- 5-6 /day</li> </ul>	<ul style="list-style-type: none"> <li>• Total no. Of pads used- 2-3 pads/day</li> </ul>

#### DISCUSSION

*Asrugdara* is a highly stress-causing condition and is an alarming condition also. *Asrugdara* can be correlated with AUB and *vata-pitta* dominant disease, which involves *rasa-raktadhatu*. AUB presents a broad spectrum that ranges from excessive uterine bleeding that warrants hospital admission and emergency treatment. Diagnosis and management by the



Ayurvedic approach can save time and resources by offering relief in these conditions. In this case, patient treated with *kutaki churna* with *sita* and *munnaka*, which was a *vyadhi-vipreet chikitsa*. Ayurvedic management is not only based on *Tridosha* but also worked on the exact cause of the disease. *Kutaki churna* with *munnaka* and *sita* is useful in the treatment of *asrugdara* due to *tikta-madhura rasa*, *sheetaveerya*, *raktpittashamak*, *vatapittashamaka* properties.

## CONCLUSION

Oral medication *Kutaki churna* with *munnaka* and *sita* was found very effective in AUB. That is a classical example of *vyadhiviparita cikitsa*. The patient was followed up regularly from 2020 onwards till date and did not reveal any evidence of recurrence. Diet restrictions were followed till date. This treatment will reduce the complication arising from the excessive use of modern medicine. This case study shows that Ayurveda is treating the root cause of any disease holistically. We can restore women's psychological condition, health, and wealth of such cases, by avoiding unnecessary surgical intervention with Ayurveda.

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