

A CASE STUDY OF MENORRHAGIA IN A REPRODUCTIVE-AGED WOMAN: EVALUATION AND MANAGEMENT

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ABSTRACT

Menorrhagia, characterized by excessive or prolonged menstrual bleeding, remains a common gynecological problem among women of reproductive age. From an Ayurvedic perspective, it is correlated with *Raktapradar* and primarily involves vitiation of *Pitta dosha* associated with *Rakta dhatu*. This case study presents an integrative management approach using Ayurvedic formulations along with supportive care. The treatment aimed at correcting *dosha-dhatu* imbalance, enhancing uterine tone, and restoring hematinic status. Marked improvement was observed in menstrual regularity, duration, and volume, with concurrent improvement in hemoglobin levels and overall well-being.

KEYWORDS: Menorrhagia, Raktapradar, Ayurveda, Anemia, Menstrual, Rakta dusti.

INTRODUCTION

Menorrhagia, defined as menstrual blood loss exceeding 80 mL per cycle or prolonged bleeding lasting more than 7 days, is a common gynecological complaint. It significantly impacts the quality of life and may lead to iron-deficiency anemia. Causes range from

structural uterine abnormalities to coagulopathies and hormonal imbalances.^[1] According to Ayurveda it can be correlated with Rakta Pradara. Rakta Pradara is one among the Rakta Pradoshaja Vikara and characterized by Artava Ati Pravrutti, Deerga Kala Pravrutti, Anruta Kala Pravrutti, Daha in Adho Vankshana Pradesha, Sroni, Prushta and Kukshi, Shoola in Garbhashaya Angamardha etc. Since Raktapradara is mainly due to Vata Pitta Dosha; Kashaya Rasa and Pittashamaka Chikitsa may be adopted. Ayurvedic formulations help in breaking down the pathogeneses of Raktapradara and its recurrence.^[2]

The word 'MENORRHAGIA' is derived from the Greek words 'MENO' meaning uterus and 'RHEGNUNAI' meaning to burst forth. Infrequent episodes of menorrhagia usually do not carry severe risks to women's general health.^[3]

This case study highlights the clinical presentation, evaluation, and management of a woman with chronic menorrhagia.

METHODS

Case presentation

A 40-year-old woman presented to the gynecology outpatient department with a 2-year history of heavy menstrual bleeding. The patient reported soaking through sanitary products every 2 hours during menses, passage of large clots, and occasional intermenstrual spotting. Her cycles were irregular (15–20 days), lasting 10–12 days. She also reported leucorrhea for 1 year, fatigue and dizziness.

Clinical Findings- The patient had a moderate build, standing 155 cm tall, weighing 48 kg, with a BMI of 15.4 kg/m². Vital indicators were within acceptable limits: blood pressure was 100/60 mmHg and pulse rate was 73/min. She was afebrile when touched, conjunctival pallor. Bowel function was not satisfactory, and bladder habits were normal and appetite was not good.

Per Abdominal Examination: No tenderness was elicited.

Ashtavidha Pariksha

The Patient presented with *Vataj-Pittaj Nadi*, *Asamya Mala*, *Samyak Mutra-Sparsha*, *Shabda* was *spashta*, *Drik* was *Prakrit*, *Aama Jivha* and *Madhyama Akriti*.

Dashavidha Pariksha

On *Prakriti* assessment, she was *Pitta-Vataj Prakriti* with *Madhyama bala*, *pittaj Vikriti*, and

Madhyama vaya. Her *Sara*, *Samhanana*, *Pramana* and *Satmya* were *Madhayama*. She was of *avara satva* with *Madhyama ahara* and *Vyayama shakti*.

Laboratory findings:

- Hemoglobin: 9.2 g/dL
- Ferritin: 8 ng/mL
- TSH: Within normal limits

Pelvic ultrasound showed a slightly enlarged uterus and Bulky of size 9x4.4x5.8cms. with Endometrial thickness ~2.8 mm. The final diagnosis was **menorrhagia with associated iron-deficiency anemia**.

Management

- Syrup Iogen- 10 ml twice daily
- Syrup M2 Tone – 10ml twice daily
- Tab Raktstambhak – 2 tablets twice daily
- Tab Chandrakala ras – 1 tablet twice daily
- Follow-up in 3 and 6 months to assess symptom control and anemia resolution

At 6-month follow-up, the patient reported significant improvement in bleeding and energy levels. Hemoglobin improved to 11.5 g/dL.

RESULTS

Table: Comparative Evaluation Before and After Treatment in a Case of Menorrhagia.

Parameters	Before Treatment	After Treatment (6 Months)
Age/Sex	40 years / Female	—
Duration of Complaint	2 years	—
Menstrual Pattern	Irregular cycles (15–20 days), bleeding for 10–12 days	Regular cycles (~28–30 days), bleeding for 4–5 days
Menstrual Flow	D1-Heavy flow, soaking pads every 2 hours, passage of large clots D2- Heavy flow, soaking pads every 4 hours, passage of large clots D3- Heavy flow, soaking pads every 7 hours, passage of small clots D4- Normal flow, soaking	D1- Normal flow, soaking pads every 6 hours, passage of small clots D2- Normal flow, soaking pads every 8 hours, no clots D3- Normal flow, soaking pads every 12 hours D4- spotting

	pads every 9 hours, no clots D5- intermenstrual spotting, soaking pads every 12 hours, D6- intermenstrual spotting Not Fully Soaked pad	
Leucorrhea	Present for 1 year	Resolved
Associated Symptoms	Fatigue and dizziness	Energy levels improved, no dizziness
Physical Findings	Conjunctival pallor present	Pallor resolved
Hemoglobin (g/dL)	9.2 g/dL	11.5 g/dL
Serum Ferritin (ng/mL)	8 ng/mL	~20 ng/mL (improved)
TSH	Within normal limits	Normal
Pelvic Ultrasound Findings	Uterus bulky (9×4.4×5.8 cm), Endometrial thickness 2.8 mm	Uterus normal in size, endometrial thickness normal (~2–3 mm)

DISCUSSION

In the present clinical management of *Menorrhagia* (excessive menstrual bleeding), a combined approach incorporating classical Ayurvedic formulations along with supportive therapy was adopted. The treatment aimed to correct *Rakta Dushti*, strengthen the uterine musculature, and restore the hormonal and hematological balance.

- Syrup M2 Tone was used as the primary uterine tonic. It is a well-established proprietary polyherbal formulation containing ingredients like *Ashoka* (*Saraca asoca*), *Lodhra* (*Symplocos racemosa*), and *Shatavari* (*Asparagus racemosus*), which are known for their *Stree-Roga* balancing and *Raktastambhana* (hemostatic) properties. These ingredients regulate ovarian function, correct hormonal imbalance, and help in normalizing the menstrual rhythm. In clinical observation, regular use of M2 Tone improved menstrual regularity, reduced the duration and quantity of bleeding, and improved the patient's overall strength and vitality.^[4]
- Tablet Raktstambhak was administered for its potent *Rakta-Sthambhana* and *Pitta-Shamana* action. Herbs like *Nagkesar* (*Mesua ferrea*), *Lodhra*, and *Mochras* act on the uterine endometrium to reduce capillary fragility and promote hemostasis. This directly helped in controlling excessive menstrual flow and supported faster recovery from anemia and weakness associated with chronic blood loss.
- Tablet Chandrakala Ras, a classical Rasayana formulation, played a crucial role in pacifying *Pitta* and maintaining systemic homeostasis. Its *Tridosahara* and *Raktaprasadana* actions contributed to the cooling, anti-inflammatory, and restorative effects on the endometrial lining. Clinically, this medicine helped reduce burning sensations, body fatigue, and irritability—common symptoms seen in *Pittaja Pradara*.

(menorrhagia of Pitta origin).^[5]

- Alongside these, Syrup Iogen was provided to correct secondary anemia resulting from chronic blood loss. It helped restore hemoglobin levels and improve general well-being. Overall, the combination of *M2 Tone*, *Raktstambhak*, and *Chandrakala Ras* produced synergistic benefits—addressing both the symptomatic control of bleeding and the correction of underlying *Dosha* imbalances. In this clinical case, marked improvement was observed within two to three menstrual cycles, with significant reduction in flow, normalization of cycle duration, and relief from associated weakness and fatigue.

The outcome suggests that integrating Ayurvedic formulations provides an effective, holistic management approach for *Menorrhagia*, offering both symptomatic relief and systemic rejuvenation without adverse effects.

CONCLUSION

Ayurvedic formulations like Iogen, M2 Tone, Raktstambhak, and Chandrakala Ras, when administered judiciously, offer an effective, safe, and holistic management approach for menorrhagia. The outcome emphasizes the relevance of Ayurvedic principles in addressing common gynecological disorders through *dosha-dhatu* harmony and *Rasayana chikitsa*.

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