

ROLE OF RAKTAPUNARNAVA KASHAYA GHAN GRANULES IN THE MANAGEMENT OF ASRIGDARA W.S.R TO DYSFUNCTIONAL UTERINE BLEEDING (DUB) - A CASE STUDY

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ABSTRACT

Asrigdara refers to prolonged or excessive bleeding. Classical accounts explain causative factors like Ati lavana, Amala, Katu rasa sevana, Viruddha Ahara, and Vihara like Chinta, Bhaya, and Krodha. Gynaecology is the medical science of women, involving physical and psychological changes throughout life. Endometrial hyperplasia, a common condition during perimenopause. Medical and surgical management options are available for endometrial hyperplasia. Patients advice to go for surgical management like d&C and Endometrial biopsy. Patients doesn't want to go fore D&C there so asked for ayurvedic management. According to Ayurveda it can be correlated with Raktapradara. This is the case report of a 40 years old female c/o Heavy menstrual bleeding & intermittent spotting pervaginam with a variable interval of 10-15 days and she unable to distinguish the menstrual phase since 3 months. USG report showed that thickened uterine endometrium with E.T-12 mm central. She was treated with Raktapunarnava Kashya granules which are easy palatable. Drastic

improvement was observed in signs and symptoms as well as in USG report within few days.

KEYWORDS: DUB, Perimenopause age, Endometria hyperplasia, Raktapradar, Raktapunarnava kashyam granules.

INTRODUCTION

Ayurveda emphasizes that women are "sada atura" and their reproductive life begins with

puberty and ends with menopause. Some gynecological issues, such as dysfunctional uterine bleeding and endometrial hyperplasia, are more common in perimenopausal and postmenopausal women. Treatments include hormonal and surgical interventions.

In Ayurvedic classics it described as Asrigdara which comes under the heading of artavavyapada Due to excessive excretion of Raja it is named as Pradara and since there is excessive excretion of Asrk it is known as Asrigdara. In classics many causative factors like Ati lavana, Amala, Katu rasa sevana, Viruddha Ahara and Vihara like Chinta, Bhaya, Krodha etc. are explained as causative factors of Asrigdara. In chikitsa siddhantha of asrigdhara said to adopt the treatment principles of rakthaatisara, raktapitta and rakthaarsa. In the present study, Raktapunarnava internal medications were given, which helped to shed the thickened endometrium. The regulation of endometrial proliferation medicines were given internally which having pittahara & rakthasodhaka property and also action on rakthavaha srotas.

METHODOLOGY

1. Objectives

- To study and understand the aetiopathogenesis of Raktapradar (Heavy menstrual bleeding).
- To study the clinical effect of Raktasthapak chikitsa of Raktapunarnava kashya ghan in Raktapradar (Endometrial hyperplasia).

A. Case report

A 40 year old married woman consulted on 12/2/23 with complaint of excessive vaginal bleeding with clots. She was under allopathic treatment for same above complaints. she was suggested D&C by her consultant. The patient was not willing to undergo surgery and requested Ayurvedic treatment as an alternative therapy. She presented herself with the complaints of excessive bleeding p/v during menstruation, prolonged bleeding for 8-10 days with interval of 15-20 days since last 2-3 month. She had bleeding for 8-10 days, which was heavy with passage of large clots for first 6-7 days (6-7 pads/day), next 2-3 days moderate bleeding (2-3 pads/day) was seen. She was having complaint of.

Associated complaints like generalised weakness, backache, loss of appetite, giddiness, feeling of heat in the body etc. during menses were also present since last 3-4 months.

Past history

Medical history: No History of Diabetes mellitus, Hypertension, Thyroid dysfunction Surgical

History: Tubal Ligation done 7years back

Drug history: History of taking Tab Tranexamic acid 500 mg

Family history: Not significant

Personal history

Occupation: Housewife, Food habit: Irregular, Diet: Mixed, oily and spicy food (red chilly), Extra salt intake in food, Non-veg daily, Appetite: good, Bowel: Irregular, Micturition: 4-5 times/day & 1 time/night,

Sleep: 2 hours/day & 6-7 hours/night, Habits: Teaintake 3-4 times/day, Exercise: nil.

Menstrual history

Menarche: 13 year

Table no. 1: Menstrual history.

Parameters	Current Menstrual history	Past menstrual history
1. Regularity	Irregular	Regular
2. Quantity	6-7 pads/day	2-3 pads/day
3.Consistency	Large clots +++	Watery flow
4. Smell	Foul smell +++	No foul smell
5. Duration	8-10 days	4-5 days
6. Interval	15-20 days	28-30 days
7. Pain	Painful +++	Mild pain +
8. Colour	Blackish	Reddish

Obstetrics history

G3 P3 L3 A0 D0

G1: Female child 18years, FTND with episiotomy

G2: Female child 14years, FTND

G3: Male child 10 years, LSCS. Due to fetal movement demise.

Contraceptive history

Laparoscopic Tubectomy done 7years back.

On examination

- General condition – pallor ++
- Pulse rate – 86 bpm
- B.P – 110/70 mm Hg
- R.R – 18/min

- H.R – 86 bpm
- Height – 158 cm, Weight – 58 kg, BMI – 23.2

Systemic examination- Respiratory system: B/L chest clear, Air Entry Bilaterally Equal

- Cardiovascular system: S1 S2 clear, heard
- CNS: Patient is conscious and well oriented. All superficial reflexes are intact.
- GIT: Soft abdomen, bowel sound heard, no pain & tenderness, TL scar present
- P/A: Soft, Tenderness at left hypochondrium region. Mild Aadhmaan was present.

PS examination: Cervix mild hypertrophied, erosion +++, bleeding++, foul smelling.

PV examination: Uterus Anteverted, mild bulky in size, no tenderness in all fornices. Freely mobile

Ashtavidha Pariksha

- 1 Nadi -pitta- kapha
- 2 Mala-Saama, Samhat
- 3 Mutra -Prakrita
- 4 Jivha -Uplipta
- 5 Shabda -Spashta
- 6 Sparsha -Anushna sheeta
- 7 Druk –Pandur
- 8 Akrti -Madhyam

Dashavidha Pariksha¹

- 1 Prakriti - vata Pitta
- 2 Vikriti -Pitta
- 3 Sara -Madhyama
- 4 Samhanana -Madhyama
- 5 Pramana -Madhyama
- 6 Satmya -Sarvarasa
- 7 Satva -Avara
- 8 Vaya -Madhyam
- 9 Vyayamshakti -Pravara
- 10 Aharashakti -Madhyam

Samprapti ghataka

- Dosha: Pitta-Kapha
- Dushya: Rasa, Rakta
- Srotas: Rasavaha, Artavavaha
- Marga: Abhyantar
- Mahabhuta: Pruthwi, Jala, Agni
- Udbhavasthana: Pakvashaya
- Vyaktasthana: Garbhasaya

Drug review

In the present study Raktapunarnava has been taken which were mostly having Raktastambhak, Garbhashayasankochaka, Balya, and Raktshodhaka properties. Raktapunarnava drugs were taken in equal quantity and kwath was prepared by adding sixteen times of water and then kwath was filtered when it gets reduced to half. The kwath +sugar obtained was again boiled until all the water contents evaporates and semisolidified form (Ghan) was obtained.

Patient was treated with Raktapunarnava granules with water an Anupana.

Patient asked to take this granules 3gm thrice a day before meal (Apana kaal) from 1st day of menses for 5 days for 3 consecutive menstrual cycles. Follow up were taken at the end of each cycle

Table no. 2: Drugs.

Botanicalname	Rasa	Guna	Virya	Vipak	Doshakar	Partused
Raktapunarnava	Tikta	Laghu	Sheet	Katu	Pittahara kaphahar	Root

Administration of granules: Dose – 12 gms in three divided doses.

Anupana – jal

Route of administration – Oral

Time of administration – Morning, afternoon and evening before food (Pragbhakta)

Medicine was started from first day of the visit continuously stopped of bleeding after first day of cycle to stoppage of bleeding.

Pathya

Aahara — Wheat, Mung & masoor daal, Goat & cow's milk, Ghee, Amalaki, Banana, Grapes, Munakka, Sugarcane juice, Sugar, Mishri, etc.

Vihara –Bathing with cold water, sit in cool breeze, external application of chandan, sit in moonlight etc.

Apathya

Aahara - Excessive salty, Sour, Guru (heavy), Katu (hot), Vidahi (producing burning sensation) & Snigdha (unctuous) substances, Curd, Payasa (rice cooked with milk and sweetened), Sukta (vinegar), Wine etc.

Vihara –Indigestion, excessive coitus, excessive riding, excessive walking, grief, emaciation, weight lifting, trauma, day sleeping etc.

OBSERVATION (RESULTS)

The patient came with the complaints of excessive and menstrual bleeding with passage of large clots before treatment. After continuous treatment for 2 months all the symptoms regressed gradually as shown in the table below.

Table no. 3: Observation.

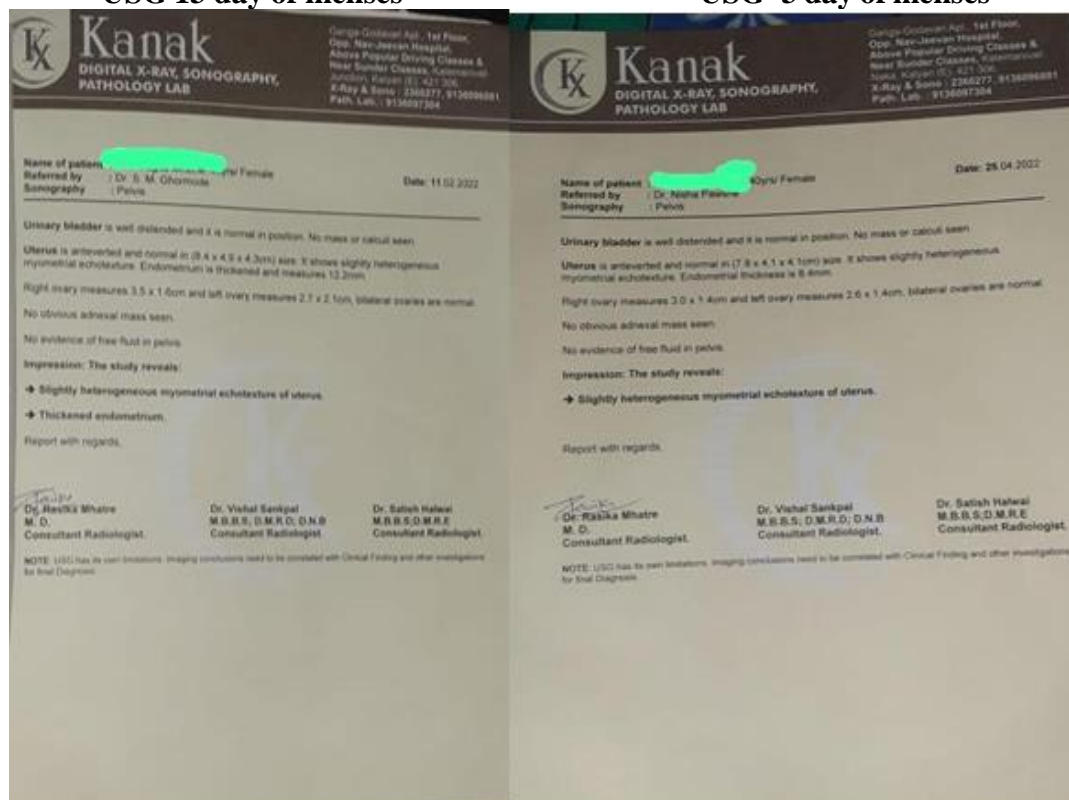
Symptoms	before t/t	1st cycle with medicine	2st cycle with Medicine	3 Rd cycle
Lmp	29\1\23	13 day of mense 11\2\23	24\3\23	24\4\25
Amount of bleeding	6-7 pads/ days	5-6 pads /days	4-5pads /days	3-4pads/days
Pain	Non tolerate	Tolerate	Mild pain	No pain
Duration of menstrual flow	12 days	7days	5days	4 days
Passage of clot	Present	Present	Small clot	No clot

Investigations (Done on 11/02/2023)

- Before treatment- CBC- Hb: 9.2 g/dl, TLC Count: 7600/cmm, Platelet count: 223000/cmm.
- USG (Pelvis): Uterus 8.4×4.9×4.3 cm normal in size, ET-12.2 mm, Right ovary - 3.5×1.6 cm, Left ovary – 2.7×2.13 cm,
- After treatment Hb-10.3g/dl
- USG- uterus 7.8×4.1×4.1cm size normal size ET-8.4 mm Right ovary -3×1.4 cm Left 2.6×1.4 cm

USG 13 day of menses

USG- 3 day of menses



DISCUSSION

Patient consumed Raktapunarnava kashya ghan for 3 consecutive menstrual cycles and followed all pathya and apathya. It was observed that, symptoms were started to reduce gradually. At every follow up, we observed reduction in symptoms as compared to previous follow up. At the end of 3 months, all symptoms were vanished. Patient had painless menses with normal menstrual bleeding. Raktapradar has been described by various authors in detail. After studying different samhitas, the main chikitsa for Raktapradar is raktasthapak as raktadhatu is lost per vaginally. So, it is to be preserved. Raktapunarnava kashya ghan is the best Raktashodhak, Raktasthapak and Raktaprasadak.

CONCLUSION

The entire work entitled “Ayurvedic management of Raktapradar (Heavy menstrual bleeding)- A single case study” can be concluded as below-

1. In the present study drastic improvement could be seen in signs and symptoms as well as in USG report within few days. The effective Ayurvedic management of endometrial hyperplasia with no adverse effects highlights the scope of traditional medicine in the various uterine disorders.
2. It is also noted that Raktapunarnava Churna was palatable to patient.

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