



Case Study

Ayurvedic Management of Menorrhagia with Lodhra Shunthi Yog- A Case Study

Ashwini Karache S^{1*}, Seema Mehre²

*1PG Scholar 3rd Year, ²Professor & Head of the Department of Prasuti Tantra and Stree Roga. Y.M.T. Ayurvedic Medical College, Kharghar, Maharashtra, India.

Article info

Article History:

Received: 23-09-2021

Revised : 29-09-2021

Accepted: 06-10-2021

Published: 20-11-2021

KEYWORDS:

Strirogyadhies, Raktapradar, Menorrhagia, Lodhra Shunthi Yog, Asrigdara.

ABSTRACT

Detail description of *Strirogyadhies* and various changes that occur during all stages of women life such as Puberty, reproductive age, menopause, diseases that occur during these stages and most important treatment mentioned in oldest system of health science i.e., Ayurveda. *Raktapradar* in Ayurveda is characterized by excessive or prolonged menstruation with or without inter-menstrual bleeding, which is one of the most common bleeding disorders in women. Excessive bleeding from uterus either at the time of menses or in inter-menstrual time is considered as *Asrigdara* or *Raktapradar* in Ayurveda. 28% of women's population considered that menstruation excessive and plan their social activities around the menstrual cycle. 10% of women employees need to take off from the work because of excessive menstrual bleeding. About 6% of women, aged between 25 to 45 years consult their general practioners about excessive bleeding. Once referred to gynecologist, possible causative bleeding disorders are not routinely investigated and risk of surgical interventions is high. Ayurveda provides many alternatives which not only cures disease but also prevents their recurrences. Ayurveda gives so many formulations to overcome to *Raktapradar* one such formulation selected here i.e., *Lodhra Shunthi Yog*. By considering above mentioned facts and in this case study, an attempt is made to evaluate potency of *Lodhra Shunthi Yog* (in *Churna* form) for management of *Raktapradar*.

INTRODUCTION

In this rapid developing world and with onset of various health conditions and virus infesting the world, the nations are looking back for the solutions in the ancient studies of Ayurveda where every situation was dealt with utmost sheer and relentless efforts. The solutions through Ayurveda are permanent in nature and free from side effects as compared to modern medication techniques. In adolescent peri-menopausal and reproductive age group *Raktapradar* or *Asrigdara* characterised by excessive prolong rhythmic menstrual or inter menstrual bleeding [1]. In outpatient setting menorrhagia is one of the leading causes of outpatient gynaecological visits with 20% to 30% of women presenting with this complaint annually [2].

This type of *Artava Vikar* is distressing and can cause many complications like anaemia, mental confusion, burning sensation, delirium, drowsiness, unconsciousness and infertility. To defeat all mentioned snags, an attempt is made by selecting *Lodhra Shunthi Yog* mentioned in Ayurvedic literature *Acharya Yogaratnakar, Uttararadhagata Strirog Adhikar*, 18 which will conquer all side effects & hormonal imbalance with due to its combination, economical and disease healing characteristics[3].

Symplocos racemose (i.e., *Lodhra*) is one of the effective and potent Ayurvedic plant widely used in gynaecological disorders especially in menstrual disorders. The main event happens in *Raktapradar* is *Pitta & Rakta Dushti* with the major involvement of *Apan Vayu*[4]. *Acharya Charak* mentioned this under *Pittavritta Apanvayu*[5]. The bark of *Lodhra* relaxes the uterine muscles and reduces the heavy blood flow also the bark contents main three vital alkaloids namely, loturine (0.21%), loturidine (0.6%) and colloturine (0.2%). It shows anti-inflammatory activity also influence the endometrial prostaglandin, therefore acting effectively in controlling the menstrual blood flow[6]. According to Ayurveda, the *Lodhra* comes

Access this article online

Quick Response Code



<https://doi.org/10.47070/ijapr.v9i10.2136>

Published by Mahadev Publications (Regd.)
publication licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0)

under the category of *Raktastamba* and *Garbhashaya Shothahar* group. *Zingiber Officinale* (i.e., *Shunthi*) works as emulsifier in *Kapha Vata Dushti* i.e., *StrotoShuddhikar* and leads to *Strotagni Deepan* and *Balyakar*. It also shows *Shula Prashamana* effect. Extract of *Shunthi* compounds such as Thromboxane, Leucotrine and Prostaglandins which acts as an anti inflammatory substance due to positive regularity effect which enables to pacify the obstruction or congestion or high vascularity which leads for reduction in loss of blood^[7].

AIM & OBJECTIVES

Aim: To study clinical efficacy of *Lodhra Shunthi Yog* (in *Churna* Form with *Anupan Ghrita/Sharkara*) for Menorrhagia.

Objective

1. To analyse the amount of blood loss in Menorrhagia.
2. To study the course of action of *Lodhra Shunthi Yog* in detail.
3. To make available safe cost effective treatment.

MATERIALS AND METHODS

1. Literary data about the case study has compiled from Ayurvedic text.
2. Collected the literary from various researches, textbook and publications.
3. Various Ayurvedic texts are referred for all the dealings.

“शुन्ठी तिरिण्टयोश्चूर्णमुक्तं सवृतशर्करम् ।

प्रबलं प्रदरं हन्तिनार्यावा कुटजाष्टकम् ॥”

[योगरत्नाकार उत्तरार्धगत स्त्रीरोग अधिकार १८]

S No	Drug	Rasa	Virya	Vipak	Guna	Doshghnata	Karma
1.	<i>Lodhra</i>	<i>Kashay</i>	<i>Katu</i>	<i>Shit</i>	<i>Laghu, Ruksha</i>	<i>Kaphpittashamak</i>	<i>Raktasangrahan</i> <i>Raktastambhak</i> <i>Raktashodak</i> <i>Shothahar</i>
2.	<i>Shunthi</i>	<i>Katu</i>	<i>Madhur</i>	<i>Ushna</i>	<i>Laghu, Snigdha</i>	<i>Kaphavatashamak</i>	<i>Raktashodak</i>
3.	<i>Ghrita</i>						
4.	<i>Sharkara</i>						

Sr No	Drug Name	Latin Name	Part Use	Proportion
1.	<i>Lodhra</i>	<i>Symplocos racemose</i>	<i>Twak</i>	½ Part
2.	<i>Shunthi</i>	<i>Zingiber Officinale</i>	<i>Kand</i>	½ Part

Preparation of Drug& Dose of Drug

The material will be collected from market and *Lodhra Shunthi Yoga* will be taken in equal quantity i.e., ideal dose of *Churnais* 1 *Karsha*.

- ❖ 1*Karsh* = 11.50gm approximately.
- ❖ Hence, 12gm *Churna* to be given once a day before food.
- ❖ Duration of Case Study is 90 days.
- ❖ 12gm *Lodhra Shunthi Yoga OD*, before food.
- ❖ *Anupan=Ghrita, Sharkara*.

Case study

A 29 year old married female visited OPD with complaints of excessive bleeding in every rhythmic menstrual cycle since from two years.

- **Past Medical History:** No any H/O HTN or DM or Kochs / Thyroid / Asthma
- **Past Surgical History:** No any surgical history present.

Not under any medication neither allergic to any drug.

- **Family History:** No any family history present.

- **Menstrual History:** Age of Menarche – 13 years of age.
- **Marital History** – Married since from last month (i.e., Date of Marriage – 15Feb 2020).
- **LMP:** 3/7/2020.
- **LLMP:** – 2/6/2020.
- **Present M/H:**
- ❖ Length of cycle in Days – 28 to 30 days (regular rhythmic cycle with no inter-menstrual bleeding or spotting).
- ❖ Duration of flow – 08 Days (mild pain in initial two days).
- ❖ No. of pads – 07 pads/ day completely soaked with passing clots.
- **General Examination:**
- ❖ G.C – Good.
- ❖ Temperature – Afebrile (97.3 F)
- ❖ BP – 110/70 mm of Hg.
- ❖ Pulse – 84/ min.
- ❖ Height – 166 cm.

- ❖ Weight – 68 kg.
- **Systemic Examination:**
 - ❖ R S – AEBE Clear.
 - ❖ CVS – S₁ & S₂ Normal.
- ❖ CNS – Conscious Oriented.
- **Contraception History:** No any contraception used by female partner and Condoms were used by male history.

Investigations

Haemogram Profile

	Result	Reference Range
Haemoglobin	13.1 gm%	12-15 gm%
Total RBC Count	4.75 mL/cmm	4.2 – 5.4ml/cmm
Total WBC Count	5000 /cmm	4000-11000/ cmm
Platelets Count	2.6 lakh /cmm	1.5 – 4 lakh/cmm

Coagulation Profile

	Result	Normal Range
Activate Whole Blood Clotting Time	115 sec	90-130 sec
Circulating Anticoagulant	Negative	Negative
Activated partial Thromboplastin time	23 sec	21-31 sec
Prothrombin Time	11.6 sec	10-13 sec
Thrombin Time	17.8 sec	14-19 sec
Frinogen	312 mg/dL	200 – 400 mg /dL
• Thrombin Clottable		

Hormonal Profile

	Result	Reference Range
FSH	12.6 IU/L	4.5 – 21.5 IU/L
LH	3.86 IU/L	1 – 9 IU/L
TSH	2.16 µIU/mL	0.4 – 4µIU/mL
Progesterone	0.27 ng/mL	0.1 – 1.0ng/mL
Estradiol	115 pg/mL	15-350 pg/mL
Testosterone	35 ng /mL	15-70 ng /dL
Prolactin	12 ng/mL	2-29 ng/mL

USG Pelvis Report as on 11/09/2020

Uterus anteverted, Shows a normal echotexture. It measures about 65 x 21 x 30 mm. Uterine Cavity is central in Position & is empty. The endometrial thickness is 12.0mm. Myometrial echotexture is normal, cervix- normal. Both ovaries are normal in size & echotexture. Right Ovary measures about 29mm x 21mm. Left Ovary measures about 27mm x 19mm. No evidence of any abnormal findings.

Treatment Given

- *Lodhra Shunthi Yog* (Churna- 6gms of *Lodhra* & 6 gms of *Shunthi*) – 12gms once in a day just before food with *Sharkara*.
- For initial four days menstrual cycle continuing for next three days
- Duration – 3 months follow up after every 15 days.

Pathya – Apathya

- ✚ During the menstrual cycle or even in routine life patient was advised to have *Sathvik Ahaar* which will exclude junk food, excessive spicy and oily food.
- ✚ Advised to adapt healthy routine like daily physical exercise which includes Yoga, Walking and jogging.
- ✚ Advised to follow proper diet and meal timings as per scheduled.

Observation

Patient followed drug and *Pathyapathya* strictly. Significant result was seen. Patient got her normal menstrual blood flow at normal intervals.

Result

Lodhra Shunthi Yog (by *Acharya Yogaratnakar*), work as *Kaphpittashamak* and *Kaphavatashamak*, so acts as *Raktasangrahan*, *Raktasthambhak*, *Raktashodak*,

Shothahar and *Raktashodak*. All these properties have shown great reduction in duration of menstrual blood flow.

CONCLUSION

Strotasgat Agni Vriddhi, *StrotoShuddhikar* and *Deepan Pachan* these are the main events done by *LodhraShunthi Yog*. By *Deepan Pachan* it acts as a *Rakta Shuddhikar* and *Raktastambhak* also due to *Anupan- Ghrita* or *Sharkara* acts as a *Vatapittashamak* and *Vatanulomak*. These all properties lead to reduce in excessive amount of menstrual blood flow which stabilizes the menstrual cycle.

REFERENCES

1. Maharshi Sushruta, Sushruta Samhita Samhita Sharir Sthana, Shukrashonita Shuddhi Sharira, 2/20 edited by Kaviraya Ambika Dutta Shastri, Varanasi, Chaukhambha Sanskrit Sansthan, 2009, p.15.
2. Nicholson Wk Ellison SA Grason H, Powe NR, Patterns of Ambulatory care use for gynecologic conditions: A National Study Am J Obstet Gynecol, 2001, March Edition, 184 (4) : 523-30.
3. Lakshmiapati Vaidya Shastri Yoga Ratnakara Uttarardha Streerogadhikar Pradara Chikitsa Shlok No. 18, Edited by Bhisagaratna Brahmashankar Sashtri, Varanasi; Chaukhambha Prakashan; 2013, p. 396-401.
4. Agnivesha Charaka Dridhahala Charak Samhita, Chikitsa Sthana, Yoni Vyapad Chikitsa, 30/115, Varanasi, Chaukhambha Bharati Academy, 2011, p.858.
5. Agnivesha, Charaka, Dridhabala. Charaka Samhita, Chikitsa Sthana, Yoni Vyapad Chikitsa, 28/229, Varanasi; Chaukhambha Bharati Academy; 2011. p 815.
6. Bhushan H U Nagore, D H Nipaniker, S U Phytopharmacological Profile of Symptocos Racemake pharmacologia, 2014, 5 (2), p.76-83.
7. Gouda PR Naidu ML, The effect of Ayurvedic Drug when used as disease modifying anti rheumatic drugs in Amavata int J, Res Ayurveda Pharm, 2012, 3 (1), p.27-31.

Cite this article as:

Ashwini Karache S, Seema Mehere. Ayurvedic Management of Menorrhagia with Lodhra Shunthi Yog- A Case Study. International Journal of Ayurveda and Pharma Research. 2021;9(10):69-72.

<https://doi.org/10.47070/ijapr.v9i10.2136>

Source of support: Nil, Conflict of interest: None Declared

*Address for correspondence

Dr. Ashwini Karache S

PG Scholar 3rd Year,
Department of Prasuti Tantra and
Stree Roga, Y.M.T. Ayurvedic
Medical College, Kharghar,
Maharashtra, India.

Email: ashwinikarache@gmail.com

Disclaimer: IJAPR is solely owned by Mahadev Publications - dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJAPR cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of IJAPR editor or editorial board members.