



Case Study

ROLE OF MRITIKA CHIKITSHA AND YOGA BASTI IN MANAGEMENT OF ASRIGDAR: A CASE REPORT

Nisha Kumari^{1*}, Soni Kapil²

*1PG Scholar, ²Reader, Department of Prasuti Tantra evum Stree Roga, RGGPG Ayurvedic College and Hospital, Paprola, Himachal Pradesh, India.

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ABSTRACT

Asrigdar has been characterised by excessive bleeding per vaginum. *Acharya Charaka* described *Asrigdar* as a separate disease along with its treatment in *Yoni Vyapada Chikitsa Adhyaya*. *Acharya Charaka* also described it as a *Raktaja Vikara*. *Acharya Sushruta* described *Asrigdar* due to *Pitta Samyukt Apana Vayu*. It can be correlated with Abnormal Uterine bleeding in modern. Any uterine bleeding other than normal duration, frequency and volume is considered as abnormal uterine bleeding. It affects about 30% of women in reproductive period. It is often associated with backache, pain in lower abdomen and weakness. A 23 years old female patient presented with complaints of Irregular menses with excessive bleeding per vaginum associated with pain lower abdomen. On further enquiry it was found that she had irregular menses since menarche. She took modern treatment but didn't get significant relief. Due to excessive bleeding she had Anaemia also. Keeping all the aspects in mind a treatment has been planned. *Doshas* involved in *Asrigdar* are mainly *Pitta* and *Vata*, That is why, for *Samprapti vighatan* basic treatment divided into three parts i.e. *Shaman chikitsa* along with *Sthanik chikitsa* over abdomen with *Krishna Mritika* and *Basti chikitsa*. *Shaman chikitsa* which includes *Pitta* and *Vata shamak*, *Raktastambhaka* and *Balya Aushadh*. In *Bhavprakash Nighantu Krishna Mritika* has been kept in *Ashtama Dhatwadi Varga* and mentioned in *Rakta Pradra* or *Rakt Vikara*. The treatment protocol was followed for three cycles with positive outcome as better cycle control and symptomatic improvement in this patient.

INTRODUCTION

Asrigdar has been characterised by excessive bleeding per vaginum^[1]. *Acharya Charaka* described *Asrigdar* as a separate disease along with its treatment in *Yoni Vyapada Chikitsa Adhyaya*. *Acharya Charaka* also described it as a *Raktaja Vikara*.^[2] *Acharya Sushruta* described *Asrigdar* due to *Pitta Samyukt Apana Vayu*.^[3] *Nidan* plays an important role in the pathogenesis of *Asrigdar*. Excessive instake of sour, *Lavana*, *Katu*, *Vidahi*, *Payasa*, *Sukta*, *Mastu*, wine and meat of domestic aquatic are aetiological factors for *Asrigdara*. *Doshas* involved in aetiology of *Asrigdara* are *Pitta* and *Vata*, *dushyas* are *Rakta*, *Artava* and *Rasa*,

and *Agni sandushti* is *Jathragnimandya*, *Adhistan* is *Garbhashya*, *Artavavaha Strotasa*, *Stroto dushti* is *Atipravriti* and *Rog marga* is *Abhyantra*. For *Samprapti vighatan* of *Asrigdar Vata Pitta shamaka* and *Raktastambhana chikitsa* is needed.

Material and Methods

Description of Patient: A female patient of age 23 years presented to OPD with the complaints of irregular menses with excessive bleeding (Increased duration and decreased interval) with Pain lower abdomen. Pain was confined to lower abdomen, dull in nature, associated with onset of menstruation. Patient gave detailed history that her age of Menarche was 13 years and since then she had irregular menses. Her duration of menstruation was 12 to 15 days and interval was 50 to 60 days. She told that she was using 5 pads per day which were fully soaked. With these complaints patient came to PTSR department and got admitted for further management. Basic investigations were done.

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Before Treatment investigations done revealed

4/07/2022	Hb	8 gm/dl
27/05/2022	T3	1.39ng/ml
	T4	8.01mg/dl
	TSH	2.252miu/ml
27/05/2022	PBF	RBC-Microcytic Normochromic
	WBC	N(58) L(34) M (61)E(2) B(0)
	PLT	Adequate on smear
15/05/2022	PT	14.60 sec.
	INR	1.01 sec.

Menstrual history

- Age of menarche:13 years
- Duration:15-20 days
- Interval: 50-60 days
- Amount: Excessive
- Associated symptoms: Abdominal pain

Marital status: Unmarried**Family History:** No history of DM, HTN, PTB and Thyroid dysfunction.**Examination of Patient**

Examination	Results
Weight	46 Kg
Height	160cm
BMI	17.96
BP	110/68 mm of Hg
Pulse Rate	86 per minute
Breast examination	NAD

Ashtavidha Pariksha

Parameters	Results
<i>Nadi</i>	86 bpm
<i>Mala</i>	Once a day, consistency is semisolid
<i>Mutra</i>	3-4 times/day, <i>Peetabh Shwet vrana</i>
<i>Jivha</i>	<i>Anavritta</i>
<i>Shabda</i>	<i>Spashta</i>
<i>Sparsha</i>	<i>Anushan sheet</i>
<i>Druk</i>	<i>Nirmal</i>
<i>Akriti</i>	<i>Madhyam</i>

Treatment planned for patient

To stop the excessive bleeding *Shaman chikitsa* along with *Krishna mritika sthanik chikisha*^[4] had been started. Treatment protocol was as follows.

Drug name	Dose	Contents
Tab. Amystop-G	2 BD	<i>Laksha, Vasa, Sonageru, Shudh phitkari, Nagkeshar, Jujubee, Yashtimadhu, Daemonorops Draco, Abhraka</i>
<i>Pushyanug Churna</i>	3 gm	<i>Patha, Jambu, Amra, Pashanbheda, Rasanjana, Ambasthaki, Mocharasa, Samanga, Padma Kesara, Kumkuma, Ativisa, Musta, Bilva, Lodhra, Gairika, Katphala, Maricha, Shunti, Raisins, Rakta Chandana, Katvanga, Kutja, Shweta Sariva, Dhataki, Licorice, Arjuna</i>
<i>Pradrantak Loha</i>	1 BD	<i>Loha Bhasma, Tamra Bhasma, Kushtha, Pippali, Hartal Bhasma, Vanga Bhasma, Chavya, Abhrak Bhasma</i>
<i>Muktashukti Bhasma</i>	250 mg with <i>Tandulodaka</i>	<i>Muktashukti, Nimbu Rasa and Ghritkumari</i>

Jaharmohara Pishti	250 mg with Tandulodaka	Jaharmohara, Chandanadi Ark
Lodhrasava	40ml with 40 ml of water BD	Guda, Lodhra, Vibhithaki, Bharangi, Amalaki, Kushtam, Hareetaki, Ativisha
Multivitamin Preparation	Once a day	Vitamins: Vitamin-A: 600mcg, Vitamin B1:1.4mg, Vitamin B2:1.6mg, Vitamin B3:18mcg, Vitamin B5:3mg, Vitamin B6:1mg; Minerals: zinc:10mg, Magnesium:3mg, Maganese:250mcg, Iodine:100mcg, Copper:30mcg, Selenium:30mcg.
Inj Iron Sucrose	200mg + 200 ml NS for 3 days	200mg of iron as iron sucrose

Krishna mritika Lepan over abdomen procedure: Fresh, dry and fine *Krishna mrittika* was taken. *Mrittika* was made free from stones, wood, insects etc. During the whole procedure *Mrittika* should not be touched with hands. Appropriate amount of water was added to *Mrittika* to form a semisolid paste. Paste was made on a cotton cloth and made shape in to a *Lepa* corresponding to the area to be applied with help of hands and various wooden tools. Before application of *Krishna Mritika*, *Mridu Svedana* given to affected area i.e. lower abdomen of the patient for about 15 minutes. After that *Krishna mritika lepa* was applied. After 30-45 minutes of application, *Lepa* started drying up and cracked started appearing. Then *Lepa* was removed and area was cleansed with warm water.



Result after treatment: Excessive bleeding stopped in 5 days. There was marked relief from pain abdomen.

Treatment Protocol planned for next cycle: Patient had been planned for *Yoga basti* after stoppage of bleeding along with medical management. *Krishna mritika lepan* over abdomen had been planned 7 days before expected menstrual period and given till 5 days of menstruation. Bleeding was moderate and stopped on 7th day.

1) Treatment protocol for *Yoga basti*: (Route of administration-Per rectal)

Mode of administration

1 st day	<i>Anuvasana basti</i> with <i>Panchguna Taila</i>
2 nd day	<i>Asthapna basti</i> with <i>Kashmarya Kutaja Kwath</i>
3 rd day	<i>Anuvasana basti</i> with <i>Panchguna Taila</i>
4 th day	<i>Asthapna basti</i> with <i>Kashmarya Kutaja Kwath</i>
5 th day	<i>Anuvasana basti</i> with <i>Panchguna Taila</i>
6 th day	<i>Asthapna basti</i> with <i>Kashmarya Kutaja Kwath</i>
7 th day	<i>Anuvasana basti</i> with <i>Panchguna Taila</i>
8 th day	<i>Anuvasana basti</i> with <i>Panchguna Taila</i>

Basti Procedure

Purva Karma- Local *Snehana* and *Svedana*

Pradhana Karma- Patient lied in left lateral position with semiflexed right leg. *Basti Dravya* given slowly with constant pressure by using *Basti Netra*.

Basti pratygman Kala - 45 minutes.

Pschat karma- Laghu and Supachya Aahar was advised.

2) Krishna mritika sthanik chikitsa was done once daily

3) Medical management

Drug name	Drug Dose	Contents
Cap. Gynejoy	1 BD	<i>Vitex agnus castus</i> extract
<i>Arogyavardhini Vati</i>	1BD	<i>Shuddha Parada, Shuddha gandhak, Loha bhasma, Abhraka bhasma, Tamrabhasma, Shilajatu, Guggulu, Chitramool, Neemba, Katuki, Haritaki, Vibhitaki and Amalaki</i>
<i>Brihatvatchintamani Rasa</i>	125 mg BD	<i>Swarna Bhasma, Rajata Bhasma, Abhraka Bhasma, Loha bhasma, pravala bhasma, Mukta bhasma, Suta bhasma and Aloevera</i>
<i>Punarnava Mandur</i>	2 BD	<i>Punarnava, Shunthi, Pippali, Maricha, Mandoor Bhasma</i>
Tab. Calcium Carbonate	500g OD	Calcium Carbonate
<i>Ashokarishta</i>	40 ml with 40 ml of water BD after meals	<i>Ashoka stem bark, Dhataki, Ajaji, Mustaka, Sunthi, Darvi and Utpala,</i> along with jaggery and self generated alcohol between 5 and 10 percent

Result after Treatment: We have been waited for next period to come. Next period was 45 day later after LMP. The detail present menstrual history was as follows;

- Duration: 5-7 days
- Interval: 45 days
- Amount: 2 pad per day
- Associated symptoms: There was mild abdominal pain on 1st day of cycle and tremendous relief on further days.

DISCUSSION

The basic treatment in *Ayurveda* divided into three parts *Basti chikitsa, Shaman chikitsa* and *Sthanik chikitsa* which is helpful in *Asrigdara*. For excessive bleeding per vaginum *Rakstambhak, Pitta shamak chikitsa* was done. Patient was treated with *Shodhan* therapy by *Basti (Yog basti)* i.e. *Kashmarya Kutaja Asthapna basti*^[5] has been administered as *Kashmarya Kutaja* has *Rakta Stambhaka* and *Sheeta* properties and *Panchguna Taila Anuvasana Vasti* provides strength to reproductive system, act as *Pitta* and *Vata Shamaka*, pacify *Pitta, Vata* and helps to normalise the menstrual cycle and subsides pain abdomen. *Shaman chikitsa* which includes *Pitta* and *Vata shamak, Raktastambhaka* and *Balya Aushadh*. According to *Ayurvedic* texts *Krishna Mritika*^[6] has *Kshaya, Madhur rasa* and *Vatapitshamaka* properties, so helpful in relieving pain abdomen. As in *Samprapti* of *Asrigdar* *Pitta* and *Vata* vitiation are primary cause so with above mentioned treatment *Samprapti*

Vighattan was done and finally menstrual cycle is normalised and associated symptoms were relieved.

CONCLUSION

In case of *Asrigdar* we can have better results if we follow the guidelines mentioned in our classics *Pitta* and *Vata* are predominantly responsible for *Asrigdar*, so after planning *Pitta* and *Vata shamak Chikitsa* followed by *Shodhan* therapy, *Shaman Aushadh* and *Sthanik chikitsa* patient was finally relieved from *Asrigdar*. So we can conclude that synergistic action of *Basti, Shaman Aushadh* and *Sthanik Mrittika Chikitsa* provided symptomatic relief in this case of *Asrigdar*.

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*Address for correspondence

Dr Nisha Kumari

PG Scholar,

Department of Prasuti Tantra evum

Stree Roga,

RGPG Ayurvedic College and Hospital,

Paprola, Himachal Pradesh.

Email: nisha27bhatia@gmail.com