



Case Study

DIAGNOSTIC AND THERAPEUTIC APPLICATION OF AYURVEDIC THERAPIES IN RAKTAPRADAR AFTER RAJONIVRITTI: A CASE STUDY

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ABSTRACT

Post-menopausal bleeding is reported in about 4 to 11 percent of women. Its causes include several factors which may be benign or malignant. Benign factors can be managed at out-patient level and Ayurvedic procedures of *Prakshalana* and *Pichu* can be its alternative for management. Present case study is of post-menopausal bleeding where by the use of these Ayurvedic procedures, first the cause of bleeding was revealed and then, after removal of factor, it provided complete relief from bleeding. Thus, Ayurvedic procedures of *Prakshalana* and *Pichu* had two benefits in this case- diagnostic as well as therapeutic.

KEYWORDS: Post menopausal bleeding, *Rajonivritti*, *Prakshalana*.

INTRODUCTION

Menopause is the point in time of permanent cessation of menstruation due to loss of ovarian activity. It is declared at a point in time after 1 year of cessation of menstruation.^[1] After a woman is postmenopausal further vaginal bleeding is no longer considered normal, the differential diagnosis of which includes many benign and malignant conditions.

Vaginal bleeding is reported in about 4-11% of post-menopausal women.^[2]

The most common cause of post-menopausal bleeding (PMB) is atrophy, either of the endometrium or vaginal mucosa. Other causes are endometrial hyperplasia, endometrial or cervical polyps and submucous leiomyomas, cervicitis, cervical cancer, endometritis, etc.^[3]

Diagnosis of post-menopausal bleeding is crucial as majority cases are of carcinoma. Malignancy must be ruled out in every case of PMB through proper assessment. Examination is the first and important step in such cases to evaluate the cause.

Malignant conditions need management at super specialised hospitals. Benign conditions such as atrophy, polyps, cervicitis can be managed at out-patient level. Hormone replacement therapy along with symptomatic treatment and steroids use is the line of treatment for bleeding after menopause. Simple Ayurvedic procedures such as *Yoni Prakshalana* (douching) and *Yoni Pichu* (tamponing) are the alternatives for the management which are cost effective, convenient to the patient and provide the needed benefit without any steroid use.

.....तद् वर्षाद् द्वादशादूर्ध्वं याति पंचाशतः क्षयम् ॥ (सु.सू. 14/6)^[4]

Menopause has been mentioned as *Rajonivritti* in *Ayurveda*. Its age has been mentioned as 50 years after which menses does not occur. It has been described as a stage of women's life.

Changes after menopause has not been mentioned particularly in texts, as it has no significance in reproduction

Any abnormal bleeding from vagina can be related with the description of *Rakta Pradar* in *Ayurveda*.

रजः प्रदीर्यते यस्मात् प्रदरस्तेन स स्मृतः ॥ (च.चि. 20/30.9)^[5]

Acharya Charaka has described *Pradara* as excessive menstrual flow.

यदा तु तच्छोणितं दुष्टमार्गं प्रतिपद्यते तदा स्त्रीणां प्रदरो भवति ॥ (भे.शा. 6/5)^[6]

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According to *Bhel Samhita*, when the blood is seen through abnormal passages, it is termed as *Pradara*.

अतिप्रसंगेनानर्तावृतो वा तदेवासृग्दर प्रदर व्यापद च रक्तयोनिस्त्रा लभते ।
(अ.स.शा.1/5)^[7]

In *Ashtang Samgrah*, *Asrigdar*, *Pradara* and *Raktayoni* has been referred as excess menstrual flow or bleeding apart from regular time.

तदेवातिप्रसंगेन प्रवृत्तमनृतावपि।

असृग्दर विजानीयादतोअन्यद्रक्तलक्षणत ॥ (सु.शा.20/2)^[8]

Acharya Sushruta has stated that when *Artava* is seen at times other than menstrual phase and is not similar to menstrual blood, it is called *Asrigdara* or *Raktapradara*. *Atiprasangen* can be related to frequent intercourse or for prolonged period or excessive amount.

Pradar or *Asrigdar* has been related to dysfunctional uterine bleeding in texts as it has been mentioned together with description of *Artava*.

It can also be related to any type of abnormal vaginal bleeding as it differs from normal menstrual flow in terms of features, time period, duration and amount.

Case Summary

A 52 years lady visited the OPD with complain of moderate bleeding per vaginum for 2-3 days. Her menopause occurred 3 years back. She was having history of breast carcinoma, so was anxious about her complain.

On per speculum examination, along with white discharges covering the cervix, congested areas were visible over cervix with a ridge like growth.

She was advised *Yoni Prakshalan* with *Triphala kwatha* and *Yoni Pichu* with *Jatyadi taila* for 7 days, after which the site of bleeding was revealed as from the base of cervical polyp. She was advised for polypectomy.

Again after polypectomy, she had bleeding per vaginum. Examination revealed inflamed with hardened tissue at the site of surgery. Rest of the cervix was healthy. *Yoniprakshalan* and *Yoni pichu* were started, after which her symptoms subside.

Past history

- Operated for breast carcinoma (4 years back)
- Patient had visited the OPD with the same complain 1 year back. Per speculum examination revealed hypertrophied cervix with very insignificant ridge like growth over cervix. PAP smear was normal. Oral medicines were prescribed to her after which her bleeding stopped. Again with same complain, patient visited the hospital after 8-10 months.

Married life – Widow since 8 years

Obstetric history- P₂₊₀; both vaginal delivery

Investigations

1.USG Lower abdomen (02/02/2021)-Mild cervicitis with hypoechoic focus of 5.2x4.9 mm in posterior lip of cervix, likely inflammatory changes.

2. Blood investigations (2/12/2019)

Haemoglobin- 13.3 g/dl
TLC- 5.95 x 1000/micro L
RBC- 4.55 millions/ cumm
Platelet – 2.60 lakh/cumm
Neutrophil- 70.7 %,
Lymphocyte-26.2%,
Eosinophil- 1.2%,
Monocyte- 1.7%
Blood sugar (F)- 124 mg/dl
Blood sugar (PP) -149 mg/dl
LH- 28.03 mIU/m,
FSH- 66.76 mIU/m,

3. Urine routine examination

Colour- yellow, glucose- nil, protein- nil, specific gravity- 1.025, pH- 6, pus cells- 2 -3, epithelial cells- few

4. PAP smear (15/04/2019)

Atrophic chronic endocervicitis with NILM (Non neoplastic findings).

Treatment Procedure

Patient was given lithotomy position. *Triphala kwatha Yoni Dhawana* was done by *yonidhawan patra*. Then *Jatyadi oil Pichu* (tamponing) was kept high up in the vagina or 2-3 hours. Procedure was repeated for continuous 7 days.

Quantity

Triphala kwatha- 100 ml
Jatyadi oil- 2 ml

Drugs used

1)*Triphala* is an easily available, cost effective drug. It is the combination of three fruits of *Haritaki (Terminalia chebula)*, *Bibhitak (Terminalia bellerica)* and *Amalaki (Embllica officinalis)*.

These three drugs have been mentioned in *Mustadi gana* of *Sushruta* which has property of *Yonidoshar* i.e. cure disorders related to vagina and cervix^[9].

Triphala is anti-inflammatory, antiviral, anti-bacterial, antioxidant, improves circulation and possesses astringent property.

According to *Ashtanga Hridya*, it has *Vranaropan* properties along with promoting eye health and curing skin diseases.^[10]

Preparation of kwatha:

1-part *Triphala* + 16-part water, boiled up to 1/8 part remaining.^[11]

This procedure is mentioned for oral use. For external use, 10 gm of *Triphala* powder is mixed with 100 ml water and boiled for 3-4 minutes.

2) *Jatyadi taila* is advised for local application in the management of *Vrana*. In *Yogratnakara*, it has been mentioned in *Sadyovranachikitsa* and has been indicated for *Vishaj vrana*, *Sphot* (boils), *Kandu* (itching), *Dagdha* (burns), cuts over skin and heal any wound by virtue of *Shodhana* and *Ropana* properties [12].

Acharya *Sharangdhar* has described its uses in *Nadi vrana* (sinus ulcer), *Kachhu* (dermatitis), *Dagdha* (burns) and *Dusht vrana*. [13]

Ingredients and properties: [14]

- **Haridra rhizome- (*Curcuma longa*):** Antioxidant, anti-inflammatory, anti-bacterial and anti-fungal effects.
- **Daruharidra seed- (*Berberis aristata*):** Anti-bacterial, antifungal, anti-inflammatory, analgesic.
- **Jatipatra leaf- (*Jasminum auriculatum*):** It is one of the most important ingredients. Juice of leaves is found beneficial in wound healing. Anti-oxidant and anti-bacterial activities. The plant reports antioxidant and antibacterial activities of the essential oils. Its other benefits are antiseptic, anti-helminthic, suppurative, skin disease, wound, corn, anti-ulcer, cytoprotective, wound healing and anti-acne activity.
- **Neem patra- *Azadirachta indica*:** Its leaves, bark extracts and oil are used for therapeutic effects. Its oil suppresses several species of pathogenic bacteria.
- **Patola plant- *Trichosanthes dioica*:** Used for fever, skin infections and wounds.
- **Karanja leaf- *Pongamia glabra*:** Its leaves are effective as medicated bath and rheumatic pains; roots have antimicrobial activity.
- **Yashtimadhu root- *Glycyrrhiza glabra*:** It has many actions such as anti-inflammatory, anti-viral, anti-microbial, antioxidative effects.
- **Kushtha root- *Saussurea lappa*:** The roots possess carminative, analgesic, antihelminthic activity.
- **Katuki rhizome- *Picrorhiza kurroa*:** Works as laxative, inflammation and skin disorders.
- **Manjishtha root- *Rubia cordifolia*:** Anti-inflammatory, wound healer, astringent, blood purifier, anti-microbial and anti-allergic properties. It is very useful in most skin disorders. External used increases peripheral circulation, oozing skin lesions and pressure sores.
- **Padmaka wood- *Prunus cerasoides*:** Crushed stem bark is applied on injuries.
- **Lodhra bark- *Symplocos racemose*:** it is used as menstrual regulator, astringent, anti-inflammatory,

hypothermic, haemostatic and anticancer properties.

- **Abhaya plant- *Terminalia chebula*:** It has extraordinary healing power, besides having anti-oxidant and anti-carcinogenic properties.
- **Neelotpala flower- *Nymphaea stellate*:** Vegetable flowers and rhizomes have astringent, demulcent and antiseptic action.
- **Shweta sariva root- *Hemidesmus indicus*:** Root is used for skin diseases.
- **Karanja seed- *Pongamia pinnata*:** It leaves have anti-microbial, anti-inflammatory and relieves itching. Seed oil is wound healer and analgesic.
- **Wax:** It is obtained from the comb of bees *Apis indica*.
- **Tutth- copper:** It has anti-microbial and scraping activity.
- **Til tail- *Sesamum indicum*:** Have anti-oxidant and health promoting activity, analgesic, wound healing, haemostatic.

Preparation of Oil: The ingredients are taken in equal quantity, *Til tail* is taken 4 times the *Kalka* and water is taken 16 times the *Kalka*. Then the oil is prepared. [15]

DISCUSSION

सर्वतः सुविशुद्धायाः शेषः कर्म विधीयते।

बस्त्यभंगपरिषेकप्रलेपपिचुधारणम् ॥ (अ.स.उ 53/39) [16]

After *Shodhana Chikitsa* in woman with *Yonivyapada*, local treatment in form of *Vasti*, *Abhyanga*, *Parisheka*, *Pralepa* and *Pichu dharana* has been advised.

स्त्रीणां स्नेहादियुक्तानां चतस्र्ष्वार्तवार्तिषु । कुर्यात्कल्कान् पिचूश्चापि पथ्यान्याचमनानि च ॥ (सु.शा 15/2) [17]

After *Shodhana Chikitsa*, for purification of *Yoni* and for *Artavadushti*, *Kalka*, *Pichu* and *Prakshalan* has been advised.

Treatment with local therapies has been mentioned in context of various *Yoniroga*. Drugs are absorbed better by local treatment and produce quick benefits. *Yoni parishek/Prakshalana* and *Yoni Pichu* are therapeutic procedures in Ayurveda. These are generally done to cure infectious condition of lower reproductive tract.

Present case study shows their role as a diagnostic tool also. *Triphala* used for *Prakshalan* improves blood supply, cures infection and removes discharges due to its astringent and antimicrobial activity. *Jatyadi tail pichu* promotes healing by subsiding inflammation and removing dead tissues. Congestion and discharges from cervix were cured which were concealing the site of bleeding i.e., cervical polyp. Thus, local therapy here, by their actions, provided both therapeutic and diagnostic benefits.

After polypectomy, inflammation of cervix produced bleeding per vaginum. Again, *Triphala kwath*

Prakshalan and *Jatyadi oil Pichu* were advised which promotes healthy tissue growth by improving circulation and anti-inflammatory activity.

CONCLUSION

Sthanik chikitsa in Ayurveda is well established for therapeutic results. Their mode of action varies with the drugs and type of procedure used. Given study illuminates their aspect in diagnosis too. In the first visit, the cause of bleeding was not revealed due to concealment by discharges, congestion and inflamed tissues. After the procedures, discharges and inflammation subsided exposing the cervical polyp. Thus, it helped in timely diagnosis ruling out other causes and prevented the patient from unnecessary hospital visits and examinations.



Figure 1: Per speculum examination after polypectomy



Figure 2: Per speculum examination after Yoni prakshalana and Pichu

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