

Case Report

Ayurvedic Treatment Protocol for Emergency Management of Dysfunctional Uterine Bleeding - A Case Report

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ABSTRACT

Introduction: Normal menstruation denotes the healthy state of female reproductive system. Menses lasting longer than 7 days or exceeding 80 ml of blood loss is considered as menorrhagia. Dysfunctional uterine bleeding (DUB) is one of the most important causes of menorrhagia which may be synonymous to Asrigdara in Ayurveda. It is a major healthcare problem in the world due to alteration of food habits, dynamic and busy lifestyle of females.

Methodology: In the present case, a 40 year old woman who was suffering from prolonged heavy menstruation was managed using yoni vasti (intra vaginal instillation of medicine) and internal medication as an emergency management. Pre and post assessment through PBAC and number of pads showed complete relief from symptoms.

Discussion And Conclusion: The loss of the jeevana dhatu - rakta (life giving tissue- blood) has resulted in reduction of Hb and fatigue. Bleeding was effectively reduced owing to the properties and action of the treatment modalities used. Thus, it proves that in asrigdara, Ayurveda can be a good option for attaining haemostasis.

Keywords- Yoni vasti, Asrigdara, Dysfunctional uterine bleeding, heavy menstrual bleeding, Haemostasis.

INTRODUCTION

The word Asrigdara explains about prolonged, cyclic or acyclic excessive menstrual bleeding in Ayurveda. ⁽¹⁾ Acharya Susruta added that it may occur as intermenstrual bleeding also. ⁽²⁾

Normal menstruation denotes the healthy state of female reproductive system, but in the presence of any underlying pathology, the cycle turns to be abnormal. Normal cycle has an interval of 28 ± 7 days, menstrual flow for 4 ± 2 days and an average blood loss of 35 ml. Menses lasting longer than 7 days or exceeding 80 mL of blood loss is considered as heavy menstrual

bleeding of which DUB is the most common. ⁽³⁾ The WHO reports that 18 million women in the reproductive period suffers from DUB. Excessive menstrual bleeding is a significant cause of morbidity during the reproductive years. ⁽⁴⁾

According to Charaka, the women who excessively consumes salty (lavana), sour (amla), heavy (guru), pungent (katu), unctuous (snigdha) food, meat of domestic, aquatic and fatty animals (gramyaudakaanupa mamsam), wine (madya), whey(mastu) etc are prone to vitiation of vata and rakta .Thus, Rakta increases in its quantity (pramana) and

reaches the garbhashaya through the rajo vaha srotas. The vitiated vata expels out the vitiated rakta in the form of raja. ⁽⁵⁾ Here the condition is characterised with excessive bleeding. Acharya Sushruta, adds body ache and pain along with it. He has mentioned that, if asrigdara is not treated in time, it may lead to complications such as dourbalya, bhrama, murcha, tama, daha, pralapa, panduta, tandra and akshepaka vata roga. ⁽⁶⁾ Hence timely management of asrgdara is essential.

In Asrgdara, the dosha vitiated is vata and vasti is the most appropriate treatment modality. ⁽⁷⁾ Uttara vasti is the specific type of vasti which is given through uttara marga i.e., urinary or vaginal tract. ⁽⁸⁾ While mentioning the indications for doing uttara vasti, asrigdara is mentioned. ⁽⁹⁾ According to Chakrapani, rakta sthapana is to be done immediately; also the doshas involved should be taken care of. ⁽¹⁰⁾ Considering all these treatment principles, internal medicine to attain rakta stambhana is given and instead of directly giving the medicine inside the uterus, vaginal instillation i.e., yoni vasti is done.

CASE REPORT

A 40 year old married woman, tailor, attended the OPD of our hospital in January 2018, with complaints of severe per vaginal bleeding since 15 days, pads got completely soaked within 5 hours. Associated complaints include fatigue.

The patient attained menarche at the age of 13 years in 1991, since then she had regular menstruation of 28 to 30 days cycle with 4 days bleeding and 2 days spotting and used 2 to 3 pads per day for the initial 4 days with no need of pad thereafter. She had mild pain in the 1st day and no other complaints.

She got married at the age of 18 in 1995. It was a non-consanguineous marriage and gave birth to a healthy baby boy by lower segment caesarean section in 1996 and after delivery menstruation reappeared after one and half years i.e., in 1998 January and after that in the following six months

there was irregularity in pattern like she used to miss periods in certain months but bleeding was as earlier. She again conceived in the year 1998 June and delivered a healthy baby girl in 1999. Along with lower segment caesarean section, Post-Partum Sterilization was also done. In both the deliveries, antenatal and post natal periods were uneventful. Again menstruation occurred after one and half years and the cycle was regular - 3 to 4 days with occasional clots during second day with mild pain in the first day, 2 to 3 pads per day since then till September 2017.

In between i.e., in 2015, she suffered from severe pain in the left side of the lower abdomen and consulted an allopathic doctor and took some pain killers and was advised to take USG but she didn't take, as the pain went off after taking medicines and it didn't reoccur.

In September 2017, she had prolonged menstruation with no pain and no clots for more than 20 days (used 2 pads per day) and consulted an allopathic gynaecologist and took USG. It revealed few small fibroids largest being 10.5 x 9.5 mm in the posterior myometrium, small cystic focus in the left ovary 2.4 x 2.3cm possibly a dominant follicle or simple cyst. They advised her to take hormonal pills but she didn't take that and came to our OPD for management.

She was given oral medications and then within 12 days bleeding completely stopped. She took the medicines for one more week and stopped. After that there were regular cycles with an interval of 30 to 35 days with bleeding for 7 days and no associated complaints.

In January 2018, menstruation occurred in a gap of 30 days but with complaints of severe per vaginal bleeding since 15 days, pads got completely soaked within 5 hours. She also had complaints of fatigue. She had consulted an allopathic gynaecologist and took tablets from day 8 to 15 but got no relief. So she approached our OPD for better management.

There was no significant history of any other chronic illness, no history of any kind of allergy or addiction. Her personal history revealed regular bowel habits and sound sleep. She is the second child in her family, with no similar complaints among her siblings but her mother has undergone hysterectomy due to severe per vaginal bleeding.

On general examination, patient was conscious and well oriented. Her Blood pressure was 110/60 mm Hg, Pulse rate 68bpm, Height 155cm, weight 50 kg. She is of vata pitta prakriti (Constitution based on

bodily humour) with madhyamasatva (mental constitution). Systemic examination was done and found to be normal. Abdominal examination revealed no tenderness or masses. Per speculum examination revealed nabothian cyst in the upper lip of the cervix. Blood investigations like blood routine examinations, routine blood sugar, bleeding time, clotting time & thyroid function tests were done. Haemoglobin estimation revealed 8.6 g/dL and all other tests were found normal. PAPS Smear test was done and negative for intraepithelial lesion or malignancy.

Table-1: Timeline of the Medical history of the patient.

Year	Clinical events and intervention
1996	Delivered a healthy baby boy by *LSCS
1999	Delivered a healthy baby girl by *LSCS, **PPS
2015	Severe pain in the left side of the lower abdomen, managed with analgesics
2017	Menstruation prolonged for more than 20 days.***USG revealed few small fibroids largest being 10.5 x 9.5 mm in the posterior myometrium, small cystic focus in the left ovary possibly a dominant follicle or simple cyst. Started taking Ayurvedic treatment.
2018	Heavy per vaginal bleeding since 15 days, pads got completely soaked within 5 hours with fatigue. Consulted an allopathic gynaecologist and took Regesterone 5 mg bd from day 8 to 15 but got no relief.
*LSCS-Lower Segment Caesarean Section, **PPS- Post Partum Sterilization, ***USG- Ultra Sonography	

The patient is a non-vegetarian with regular food habits and prefers oily, fried and spicy food. She used to sit and sew in the machine continuously for 3 to 4 hours. Thus the diets and habits of the lady is supporting vata pitta vitiation. When vitiated, the sarata and dravata of pitta increases. As a result, there is quantitative increase of rakta dhatu (tissue), owing to its asrayasrayibhava (relation) towards pitta. (11) As a result of the rakta dushti, its quality is hampered and quantity is increased. The already vitiated vata, having aggravated chalaguna (mobility), affects the rasavaha and rajovaha srotas (channels) and thus the rakta in the form of artava (menstrual blood) is expelled out via the apatyapatha (vagina).

RESULTS

Details of the outcome measurement (before during and after treatment) of the patient are detailed in Table-2.

Table-2: Details of the outcome measurement (before during and after treatment) of the patient.

Variables	BT Day 15	DT1 Day 16	DT2 Day 17	DT3 Day 18	DT4 Day 19	DT5 Day 20	AT Day 21
PBAC	70	50	15	2	0	0	0
No. Of pads/day	5	4	3	1	0	0	0
PBAC-Pictorial blood loss assessment chart, BT-Before Treatment, DT-During Treatment, AT-After Treatment							

Thus the condition is diagnosed as Asrigdara.

INTERVENTION

The patient was advised to start with the treatment immediately. Hence, in order to attain emergency haemostasis, a combination of Yoni vasti with panchavalka kashaya (medicated decoction) at a dose of 200 ml and internal administration of vasa putapaka swarasa (juice of Adhatodavasica) at a dose of 50ml was given for 5 days. During that period, patient was advised not to do any strenuous activity.

OUTCOME MEASURES

Bleeding quantity was assessed by Pictorial blood loss assessment chart (PBAC). (12) No of Pads used was also assessed on each day.

On the day before starting the treatment, PBAC score was 70, number of pads used per day was 5. On day 4, PBAC score and number of pads used became 0. On assessment after treatment, PBAC score and number of pads used continued to be 0.

DISCUSSION

The clinical condition of the present case is diagnosed as asrigdara. As a result the patient is having reduced haemoglobin and fatigue. This indicates that jeevana (life giving) function of rakta dhatu is affected. Hence haemostasis is to be attained at the earliest. So internal administration of vasa putapaka swarasa with honey as anupana (adjuvant) and yoni vasti with Panchavalkala kashaya is given.

Vasa (Adhatodavasica) is having tikta (bitter), kashaya (astringent) rasa (taste), sheetavirya (cold potency), sthambhana (astriction) property and is indicated in bleeding disorders.⁽¹³⁾ It is also having haemostatic property. Owing to these properties, internal administration of vasa putapaka swarasa helps to arrest the bleeding.

Panchavalkala is a group of five drugs which include nyagrodha (Ficus bengalensis), udumbhara (Ficus glomerata), aswattha (Ficus religiosa), parishtha (Thespesia populnea), plaksha (Ficus lacor). The predominant rasais kashaya and are sheetaveerya and possess rakta rodhaka (styptic), rakta shodhaka (blood purifying), raktapittahara (cures bleeding disorders), yonidoshahara (cures genito urinary diseases). It is used in raktatisara and rakta pravahika (bleeding disorders) owing to its styptic and astringent properties.

According to Susruta the dose of kashaya (decoction) for uttara vasti is 2 prasarutha⁽¹⁴⁾ which is approximately 200 ml. The volume of the uterine cavity varies between 5 to 10 ml.⁽¹⁵⁾ Also when uttara vasti is given inside to the uterus during menstrual phase there may be the probable risk of retrograde menstruation. Hence the vasti given through uttara marga can be taken as yoni vasti i.e., medicines given to

vagina. The vaginal route offers certain advantages such as avoidance of gut and hepatic first pass metabolism. It contains a vast network of blood vessels and hence effective drug absorption and local targeting of drugs to the reproductive organs is attained.⁽¹⁶⁾ Therefore effective haemostasis was obtained with this Ayurvedic protocol.

Strengths of the study: Emergency management for DUB was attained by this treatment protocol with no side effects, The intervention was safe and feasible and was well tolerated by the patient. Limitations of the study: The reliability of the study has to be tested in a large sample in order to validate the result.

CONCLUSION

The Ayurvedic Management principle was effective as an emergency management in promoting haemostasis. The present case proves the success of Ayurveda in the field of emergency management and acts as a stepping stone in further research in this aspect.

Informed Consent

The patient provided written permission for the publication of this report.

Author Contributions

All the authors have accepted the responsibility for the whole content of this manuscript and has approved submission.

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Conflicts Of Interest – Nil

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