

PROPHYLACTIC MANAGEMENT OF EXCESSIVE UTERINE BLEEDING WITH *GUDUCHI RASAYANA*

Case report

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Abstract

Excessive uterine bleeding or *Asrigdara* is either cyclical or non-cyclical. The condition is seen in all reproductive ages, but more common in pre menopause due to anovulatory cycles with or without endometrial hyperplasia. In active reproductive age groups, uterine lesions like fibroids, adenomyosis and D.U.B are the common causes of excessive uterine bleeding. The modern management of excessive uterine bleeding is with non steroidal anti inflammatory drugs, sex steroids, intrauterine devices and surgery. In almost all cases of *Asrigdara*, Ayurveda offers symptomatic cure giving due consideration to *dosha* predominance, prophylactic management to prevent excess bleeding and treatment for various lesions responsible for the symptom. *Rasayana* has an important role in *Streeroga chikitsa*. The most commonly used *Rasayana* medicines in *Streeroga* are *Lasuna*, *Krishna Tila*, *Bhallataka*, *Shatavari*, *Satapushpa* and *Guduchi*. This case report is on the prophylactic management of profuse and prolonged menstrual bleeding with the administration of *Guduchi swarasa*. Since the drug administration was done for 15 days preceding to her menstrual cycle, this was considered as a prophylactic management. After the therapy with *Guduchi swarasa* the subsequent menstrual bleeding of the subject had shown marked reduction in quantity and duration.

Keywords – *Asrigdara*, *Guduchi Rasayana*, Prophylaxis

Introduction

Artava is a term used to denote the cyclical female reproductive physiology.^[1] So it also refers to the menstrual blood that is expelled during the menstrual phase of the menstrual cycle. *Asrigdara* is excessive uterine bleeding either cyclical or non cyclical.^[2] The condition is a type of abnormal uterine bleeding where the menstrual bleeding deviates from the normal in terms of amount, duration and cyclicity^[3]. It is seen in all reproductive ages but more common in pre menopause due to anovulatory cycles^[4] and can be associated with endometrial hyperplasia^[5]. In active reproductive age groups, uterine lesions like fibroids, adenomyosis and D.U.B are the common causes of abnormal or excessive uterine bleeding^[6]. The excessiveness of cycles are assessed by the number of pads used per day and night, frequency of evacuation of menstrual cup and with Haemoglobin estimation. The modern management of Abnormal Uterine Bleeding is with Non steroidal anti inflammatory drugs, sex steroids, intrauterine devices and surgery.^[7] *Ayurveda* offers symptomatic cure giving due consideration to *dosha* predominance, prophylactic management to prevent excess bleeding and treatment for various causes responsible for the symptom in *Asrigdara*.

Rasayana has an important role in *Streeroga chikitsa* due to its ability to act at these three levels. *Rasayana* literally denotes the path of essence or of *dhatu* with superior qualities. Since *artava* is considered as an *upadhatu*, the formation of *dhatu* with superior qualities is needed for formation of *upadhatu*.^[8] Out of the

two methods - *Vatatapika* and *Kuteepravesika* - of practising *rasayana*, the former is commonly practiced as it permits continuation of one's normal routine with exposure to air and heat and allows flexible diet and lifestyle^[9]. As environmental changes, food and lifestyle variations affect the metabolic profile, preventive aspects have a major role in all health care systems^[10]. *Rasayana* drugs mentioned in classical textbooks have significant role in the management of various diseases including metabolic problems, inflammatory conditions, degenerative disorders and malignancies since they act as immune modulators, free radical scavengers ,anti ageing agents and hepatoprotectives.^[11] *Naimittika rasayana* are used to obtain specific benefits in specific diseases to prevent their occurrence or progress. Thus they are important in prophylactic management of diseases.^[12] The most commonly used *Rasayana* medicines in *Streeroga* are *Lasuna*, *Krishna Tila*, *Bhallataka*, *Shatavari* and *Satapushpa*.^[13] *Guduchi* is also used in the management of conditions like perimenopausal symptoms due to its *rasayana* properties.^[14]

Case report

A 37 year old lady. Parity 2, who had regular menstrual cycles with an interval of 28-30 days and duration 8-10 days attended the O.P.D of VPSV Ayurveda College Hospital. Her LMP was 02/09/24. She complained of profuse menstrual bleeding since 6 months. The pattern of bleeding was as follows: the bleeding phase lasted for 8 – 10 days with profuse bleeding on the first 4 days [change of 5-8 sanitary pads during day time and 2-3 per night]. On the subsequent days, the rate was slightly reduced [4- 5 pads per day and 1 per night]. She had taken allopathic NSAID tablets from day 5 to 8 of the last two cycles. It was noted there was a family history of gynaecological ailments and her mother had undergone hysterectomy at the age of 43 due to profuse bleeding and pain associated with multiple, large uterine fibroids.

Clinical findings

On general examination, her height was recorded as 165 cm and weight as 76 Kg. She had pallor, slight oedema on face and feet. This was reported to be present in all months with a greater intensity pre- menstrually. Her Prakrti was assessed as *Kaphapitta* predominant. Her bladder and bowel were within normal limits.

Her pelvic examination with speculum had shown moderate vaginitis and cervicitis with slight mucoid discharge at the external os. The upper lip of the cervix was eroded. On per vaginal examination, the uterus was anteverted, mobile, enlarged, firm to hard in consistency and fornices were free. .

Investigation findings

Pelvic USG report taken 2 months back revealed submucous uterine fibroids measuring 4.5×3.8 cm in anterior upper and 3.6×2.4 cm in the posterior myometrium. On the day of visit, haematological investigations showed an Hb level of 10gm%, BT – 3 minutes, CT – 8 minutes, ESR – 26mm/hr and TSH value of 2.85mIU/ml, Urinanalysis was within normal limits.

Diagnosis - The case was diagnosed as excessive uterine bleeding or *Asrigdara* due to the presence of submucous fibroids.

Therapeutic Intervention

She was advised *Sadya sneha* with plain ghee 15 gm in 150 ml peya for two days at night. Then *Avipathi choorna* 30 gm was given with lukewarm water for *virechana* on the next day morning in empty stomach. She had 6 Vegas. After rest for one day, *Guduchi Rasayana* was started. *Guduchi swarasa* 15 ml twice daily after food with 50 ml hot water was given for 5 days followed by 15 ml *Guduchi swarasa* with 50 ml lukewarm milk for 10 days. The next day her menstrual bleeding started.

Table 1 - Protocol followed

Procedure	Medicine and Dose	Time of administration	Duration
<i>Sadya Sneha</i>	Plain ghee 15 gm in 150 ml <i>peya</i>	Night	2 days
<i>Virechana</i>	<i>Avipathi churnam</i> 30g with lukewarm water	Morning in empty stomach	1 day
6 vegas were produced – rest for one day			
<i>Guduchi rasayana</i>	<i>Guduchi swarasa</i> 15 ml with 50 ml hot water	After food	5 days
<i>Guduchi rasayana</i>	<i>Guduchi swarasa</i> 15 ml with 50 ml lukewarm milk	After food	10 days

Results

There was marked reduction in bleeding which lasted for 5 days. The menstrual bleeding pattern was as follows: the use of pads was limited to two on the first day, three on the second and third day and one each on the fourth and fifth days. There was slight spotting on the sixth day after which the bleeding phase stopped completely. The patient was followed up for the next 2 menstrual cycles for assessing her bleeding pattern. The menstrual bleeding was within normal limits during these cycles. Concomitant management to attain reduction in size of Fibroids was planned in the next proliferative phases in three consecutive months with continuation of *Guluchyadi kashayam* in premenstrual weeks as prophylaxis in impending bleeding.

Discussion

The food preferences of the patient were more *lavana*, *amla*, *katu* and *vidahi*. Her diet also had foods that were *snigdha*, *guru* and that increased *medas*. Dietary habits and the associated *beeja dushti* were important etiological factors which led to the growth of uterine fibroids, increased the *rakta pramana* thus leading to *Asrughara*. Food was of anabolic nature and at the same time spicy in nature which caused a *kapha* dominant situation and enhanced the growth of fibroids. The preference of salty, sour and pungent foods also lead to a qualitative increase in *pitta* and a quantitative increase in *rakta* and *reja*.^[15] *Asrughara* is *Vatapitta* predominant^[16] All these lead to an increase in *reja* pramana with aberrations in the quality of *rakta*. The increase in *pramana* is not only of the quantity but also the amount of various constituents provoking excess bleeding. In this case, a drug which is suitable to counter the ill effects of all doshas thus becomes relevant here. It should also be able to resist tumour specific antigens, cause detoxification and clearance of degraded hormones.

Guduchi which is *agnideepana*, *ama pachana*, *sangrahi* and *balya*^[17] is one that can be effectively used in this condition. It properly regulates the quality of accumulated *rajas* in *garbhasaya*. As the secretory endometrium is loaded with inflammatory components especially in pathological conditions, the administration of *Guduchi* in that phase is significant. As it is *Sangrahi*, it reduces the chance of excess bleeding. *Katu tikta kashaya rasa* and *seeta veerya* of *Guduchi* moderately pacify *Kapha* and control the proliferative changes effectively. *Madhura vipaka* of *Guduchi* and *ksheera anupana* prevent the vitiation of *Vata*. As a *Vatatapika rasayana* the drug was user-friendly with optimum results in addressing the most important and annoying symptom of the subject.

Conclusion

Guduchi [Tinospora cordifolia] can be used for reducing excessive uterine bleeding effectively as an prophylactic medicine. It is simple to use and causes effective relief for *asrgdara*.

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