EFFICACY OF SHODHANA AND SHANSHAMANA CHIKITSA IN ASRIGDHARA: A CASE STUDY

Dr. Neelam Verma¹* and Prof. (Dr.) Kalpna Sharma²

¹P.G. 3rd Year Student, Department of Prasuti Tantra Evam Stree Roga, Rishikul Ayurvedic Medical Collage, Haridwar-249401, Uttrakhand.
²Head of Department of Prasuti Tantra Evam Stree Roga, Rishikul Ayurvedic Medical Collage, Haridwar-249401, Uttrakhand.

*Corresponding Author: Dr. Neelam Verma
P.G. 3rd Year Student, Department of Prasuti Tantra Evam Stree Roga, Rishikul Ayurvedic Medical Collage, Haridwar-249401, Uttrakhand.

ABSTRACT
A married female patient of 35 years age attended the OPD with the complaint of increased duration of menstruation associated with excessive blood loss. She gave history of medication (Hormonal therapy) for four consecutive cycle, but patient was not satisfied by the treatment as no symptomatic relief was found and it was effecting her daily routine. With the aim to minimize the cyclic blood loss and the regularize the cycle. The Shodhana Chikitsa or detoxification that is Virechana Karma and Sashamana Chikitsa or palliative treatment with Bola Purpati and Punarnava Mandoor and Ashokarishta was advice the patient for three consecutive cycles. This therapy helped to cure the heavy flow during menses and regularize the cycle. But to establish this fact, further study of longer duration and on larger sample is required.

KEYWORDS: Shodhana Chikitsa, Sashamana Chikitsa, Bola Purpati, Punarnava Mandoor and Ashokarishta.

INTRODUCTION
Since the evolution of the life in the Universe, women have been placed on extreme worship place due to her power of ‘Janani’. The God has blessed the female with the most valuable gift of motherhood. The word Artava denotes two meanings one of them is Antaha Pushpa and another one is Bahira Pushpa. Here, the present study deal with Bahira Pushpa that is menstrual blood. Menstruation is a natural physical specific property of a female and giving the power to be a mother. During active reproductive period, menstruation occurs at interval of 28 days, duration varies from 3 to 5 days and total loss of blood is 50 to 60ml with an average of 35ml. Many gynaecological disorders effects her motherhood of women. Dysfunctional uterine bleeding is one of the frequent complaints and its incidence is becoming higher with degree of civilization.[1] Acharya Sushruta says that when menstruation comes in excess amount for prolonged period and or even without normal period of menstruation and different from the normal period of menstrual blood or denoting the features of specific Dosha, it is known as Asrighdara.[2] The physiology of reproductive system of women is difficult from Excessive bleeding is associated with considerable health consequences and its impact on the social, economic and psychological well being of women can be severe. Excessive bleeding is the most common cause of anaemia and dysmenorrhoea, toxic shock & infection. Heavy uterine bleeding is managed with Hormonal therapy with associated side effects, and if unsuccessful is followed by surgical intervention. Modern and other medical systems failed to offer a complete care for the same.[3] High rate of complication of hysterectomy as well as it is not suitable for younger patients and who wish to conceive further.[4]

CASE REPORT
A married female patient of 35 years age attended the OPD of Prasuti Tantra and Stree Roga department, Rishikul Campus, Hospital Haridwar with the complaint of increased duration of menstruation associated with heavy flow which affected her daily routine. Patient gave history of medication (Hormonal therapy) twice for three consecutive cycles. But, the patient was not satisfied by the treatment as the symptomatic relief was not found which was affecting her daily routine during menstrual cycle. On enquiry, she told that duration of menses was 10 to 12 days at interval of 18 to 20 days, amount was 5to 6 pads (fully soaked) /day with clots for initial 6 days followed by 5-6 pads/day, pain was mild in lower abdomen which was radiating to low back and Associated with foul smell. Patient gave history of Diagnostic and Therapeutic Dilatation and Curettage three months back. There was no relevant past history of hypertension, thyroid disorder, diabetes mellitus etc. or any surgical intervention.
On Examination Per Abdomen: On palpation -soft, non-tender, no organomegaly.

Chest, CVS: NAD

Gynaecological Examination: On Inspection Vulva-normal and healthy and on straining, no genital prolapse was observed.

Per Speculam Vaginal Examination
- Vaginal walls –normal
- White discharges –mild present
- Cervix- appearance-Normal
- Mildly hypertrophied

ON PALPATION
(a) Per Vaginal Digital Examination
- No labial swelling detected
- No abnormality detected on palpation of vaginal walls
- Cervix-firm in consistency, mobile, tenderness absent.

(b) Bimanual examination
- Uterus-retroverted, freely mobile, normal in size, firm in consistency
- Bilateral Fornices –free, non tender

After thorough check-up, patient was advised admission in IPD and the following investigations was done and under mentioned treatment was given.

INVESTIGATIONS
1. Haemoglobin-9. 8gm%
2. TLC-8, 100/mm3
3. DLC-N60 L35 E02 M01 B0
4. ESR-22mm fall
5. Platelet count-2. 30 lakhs
6. BT-2. 05 min
7. CT-5. 40 min
8. FBS-102mg/dl
9. TFT-Normal
10. Urine (Routine and Microscopic)-P. c. -1.2/hpf, E. c. -0.1/hpf
11. Ultrasonography (Pelvis) – Normal study (Uterus - 76x55x33mm, retroverted, normal size and Endometrial thickness-8mm ovary measures 23x15mm and left ovary measures 24x14mm).

TREATMENTS
1. Shodhana Chikitsa (Detoxification) - Sneha and Swedana followed by Virechana Karma by Mahatiktaka Ghril[1] 2. Sanshamama Chikitsa (Palliative management)
- Bola Parpati[2] 375 mg with Sharkara and Madhu twice in a day. Punarnava Mandoor-250 mg twice in a day, Ashokarishta-40ml BD with equal amount of water after meals twice in a day. The main aim of the treatment was to minimize the cyclic blood loss with regularization of cycle and to improve the general condition of the patient. So, the treatment was planned as Nidana parivarjana, Shodhana Chikitsa (Detoxification) and Sanshamana Chikitsa (Palliative Treatment). After Virechana Karma, the Palliative treatment was given for consecutive three months with follow up advice every fortnightly in a month. Patient was observed for a period of six months with follow up every month. The duration of menstrual duration was reduced from days10-12days to 4-5 days and number of pads reduced 5-6 pad/day to 2 pad/day without clots and no pain and she remained fully asymptomatic with regular menstrual cycle (18-20days to 28-30 days) during this period.

DISCUSSION
Ayurvedic management is a good alternative to Hormonal therapy as it has no side effects with minimal recurrence rate. Once, Shodhana is done there is less chance of recurrence of the disease. As, vitiation of Pitta dosha is there in Asrigdara so, Virechana Karma was advocated according to the general condition of the patient. Moreover, Kashyapa has quoted that purgation cures menstrual bleeding. [5] Sneha (oleation) and Swedana (sudation) will help to change the cell permeability leading to expulsion of toxin material to outside the cell, which are membrane bound and toxins will come into circulation. Virechana drugs cause irritation of intestinal mucosa and does vasodilatation. Toxins which are present in gut lumen along with secretion of electrolyte and fluid from crypt of lieburkuhn in distal lumen and colon will be expelled out through route.[3] Detoxification will leads to the better absorption of the drugs through gut. Drug present in bola due to its myrrhin, cadinene, resin are alpha-beta-gama, commiferin which is highly astringent reported to exert wascostrictive action. It has also shown anti-fibrinolytic activity. Ethanolic extract acts as analgesic, anti-inflammatory and antioxidant. [9] Punarnava Mandoor acts as heamatinic and helps to restore the general condition of the patient.[10] Ashokarishta tones up uterine musculature and regularizes menstrual flow. Ashoka bark contains phenol glycoside which has direct effect on uterine musculature. It stimulates both endometrium and ovarian tissue. Its decreases blood flow and tones up the endometrial vascularity and thus, checks excessive bleeding.[11]

CONCLUSION
Thus conservative management through Ayurveda is better alternative hormonal therapy. Moreover is has no side effects and cure the disease with minimal recurrence rate. But establish this fact, further study of longer duration and on larger sample is required.

REFERENCES
2. Sushruta Samhita edited by Ayurveda Tatva Sandipini Hindi commentary scientific analysis