

AN INTEGRATIVE APPROACH TO RAKTAPRADAR W.S.R. TO MENORRHAGIA – A
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ABSTRACT

Raktapradar is one of the most common gynaecological disorders occurring in women in day-to-day practice. It is characterized by *Artava Atipravrutti* or *Deerghakala Pravrutti* or *Anruta Kala Pravrutti* of *Artava* affecting the women's health physically, mentally & psychologically. In modern science *Raktapradar* can be correlated with Menorrhagia having cyclic bleeding at normal intervals which is excessive in amount or duration. Generally, it causes due to conditions affecting the uterus and its vascular apparatus, rather than by any ovarian disturbances. Detail description of *Raktapradar* or *Asrigdar* is given in classics by our Acharyas. In ayurveda texts many modalities are given for the management of *Raktapradar*. In present study, an integrative approach is done to treat a case of *Raktapradar* rather than giving only ayurveda or only allopathic treatment for the better outcome.

KEYWORDS: *Raktapradar*, Menorrhagia, Integrative management.**INTRODUCTION**

Life of a women goes through the different phases like Puberty, Menarche, Reproductive age, Menopause and Post Menopausal age. Detail description of Disorders occurring in these phases is given in ayurvedic classic text and modern science. *Raktapradar* or *Asrigdara* is one of the disorders occurring in all phases of women's life. In present era changing lifestyle, incorrect food habits, stress and strain are leading to the various gynaecological diseases with increasing evidence day by day. As per various studies 30-40% of women of reproductive age suffer from excessive or irregular bleeding per vagina due to various factors. Around 10-15% of women employee need to take rest because of excessive bleeding.

Raktapradar means excessive excretion of menstrual blood, according to *Acharya Charak*; *Pradiran* of *raja* is termed as *Raktapradar* that means excessive bleeding per vagina like deep rupture of endometrial layer (*Pradiran*).^[1]

Acharya Sushrut explained it as a separate disease entity in *Shukrashonit Adhyay* in *Sharirasthan*. He also explained it as a *Raktapradoshaj Vyadhi*.^[2]

Ashtang Sangrah explained *Raktayoni* and said *Asrigdara* and *Raktapradar* as a synonym.^[3,4] *Ashtang Hridaya* described *Raktayoni* and explained under the synonym of *Raktapradar*.^[5] *Acharya Dalhana* has described clinical features of *Asrigdara* as, excessive and prolonged blood loss during menses or intermenstrual bleeding. Mainly *Rakta* and *Pitta* along with *Vata* are vitiated due to the *Aharaj* and *Viharaj Hetus* given in classics leading to *Artav* or *Raja atipravrutti* i.e. *Asrigdara* or *Raktapradar*. In the management of *Raktapradar* *Raktasthambhak* and *Raktasthapak Chikitsa* should be done as described in *Raktayoni Chikitsa*.^[6] Commentator *Dalhana* clearly said that *Raktapradar* should be treated same as like *Adhog Raktapitta*.^[7] According to acharya *Kashyap* all menstrual disorders should be treated by *Virechana*. In modern science *Raktapradar* can be correlated with Menorrhagia with cyclic bleeding in excessive amount or prolonged duration treated with the help of hormonal therapy and iron supplementation in anaemic condition.

While treating the patients of *Raktapradar* allopathic and *Ayurvedic* modalities may be used according to the severity of disease and condition of the patient. If we go for only allopathic treatment, hormonal pills and D & C are the only options with lot of short term and long-term complications. So, in present study an integrative approach is made for the better outcome.

AIMS AND OBJECTIVES: To treat a case of Raktapradar by integrative approach.

MATERIALS AND METHODS: A single case study was done by using standard *Ayurvedic* drugs and iron supplement.

CASE REPORT: A 16 years unmarried girl brought by her mother to the *Prasuti Tantra & Stree Roga* Opd of DAMCH, Udgir on 18/11/2022 with the complains of, prolonged per vaginal bleeding after menses with excessive amount of 7 to 8 pad/day, mild pain in abdomen, giddiness and general weakness. USG abdomen S/O hyperplastic endometrium with endometrial thickness of 9mm.

HISTORY OF PRESENT ILLNESS: Patient has history of taking oral hormonal pills for menstrual disorder during last 1year but didn't get satisfactory result and later on she started to gain weight so for further treatment she approached our OPD.

History of past illness: Not significant.

PERSONAL HISTORY

- Diet – vegetarian
- Appetite - Good
- Bowel - No constipation
- Micturition - 4-5 times/day
- Sleep - Sound sleep

MENSTRUAL HISTORY

LMP on 1st November 2022 with PV bleeding for 18 days.

Has regular menstruation with heavy flow (7 to 8 pad/day) and duration of 10 to 15 days with the interval of 30 to 32 days associated with mild lower abdominal pain since last 6 months.

Past menstrual history: 5-7/28-30 days with normal flow.

ASHTAVIDHA PAREEKSHA

- *Nadi* - 70 bpm
- *Mala* - once a day
- *Mootra* - 4-5 times/day & occasionally at night
- *Jiwha* - *alpasama*
- *Shabda* - *spashta*
- *Sparsha* - *anushna*
- *Drika* - *shwetabh*
- *Akriti* - *madhyama*

DASHAVIDHA PAREEKSHA

- *Prakriti* – *Kapha Pradhan pitta*
- *Vikriti* - *pitta*
- *Sara* - *madhyama*
- *Samhanana* – *madhyama*
- *Pramana* - *madhyama*
- *Satmya* - *madhyama*
- *Satva* - *madhyama*
- *Ahara Shakti* – *madhyama*
- *Vyayama Shakti* – *alpa*

- *Vaya* - *yuvana*

GENERAL EXAMINATION:

- Built - moderate
- Nourishment – moderate
- Temperature - 98. 6 F
- Respiratory rate – 20 / min
- Pulse rate - 84 / min
- BP - 110/80 mm of hg
- Weight - 65 kg
- Tongue - coated

SYSTEMIC EXAMINATION:

- CVS - S1, S2 heard
- RS - normal breathing
- CNS - conscious, well oriented
- P/A – soft
- P/V – not done as she is unmarried

INVESTIGATIONS:

18/11/2022

- Hb - 5gm
- TLC - 3900/cu mm
- RBC – 8000/cu mm
- USG (pelvis) – Hyperplastic endometrium with thickness 9mm

TREATMENT PLAN

Deepan-pachan, *Raktavardhak* and *Raktastambhak Chikitsa* planned for the patient. Risk of Anaemia explained to her mother and father, Blood transfusion was advised but parents refused to BT so admitted and treated for 2 days with IV medications and Oral medications as follows.

1. Inj.Orofer FCM 500mg/10ml IV stat
2. Inj. Pause 500mg IV bd for 2 days
3. Inj. Hemsyl 500mg IV bd for 2 days
4. *Pushyanuga Churna* ^[8] 3gm bd with butter for 5 days
5. Tab. *Bolbaddha Ras* ^[9] 250mg, 1tid with normal water for 5 days
6. Tab. *Shankh Vati* ^[10] 250mg bd with normal water for 10 days
7. Syp. *Ashokarishta* ^[11] 15ml bd with normal water for one month

Patient discharged after 2 days and continued oral medication.

THERAPEUTIC INTERVENTION: According to *Ayurveda* while treating any disease *Nidan Parivarjan* plays an important role in *Samprapti Vighatan* of disease pacifying the doshas so, she was advised *Aharaj* and *Viharaj Pathya* and *Apathya* as follows.

- *Aharaj- Pathya* – green gram, fruits, *Jawar Roti*, *Odan* in less quantity and green vegetables. *Apathya-* spicy food, curd, *toor dal*, junk food, green chilly
- *Viharaj-* go to bed early, avoid exertion and stress.

FOLLOW UP AND OUTCOME

1ST follow up- Patient relieved to some extent with moderate p/v bleeding for 7 days with 4 to 5 pad per day. Further she was treated with.

1. *Bolbaddha rasa* 250mg, 1 tab BD for 5 days
2. *Pradaradi lauha*^[12] 250mg 1tab TID for 10 days
3. *Shankha vati* 250mg 2tab BD for 5 days
4. Syp. *Ashokarishta* 15ml bd with water for one month.

2ND follow up- Patient relieved completely with normal p/v bleeding for 5 days with 2 to 3 pad per day. Same treatment was repeated for next one month, such a way patient was treated for 3 months with excellent outcome.

DISCUSSION

DISEASE DISCUSSION: Related to this patient the probable causes are, eating spicy food, fast food, junk food, exertion, *Ratri Jagaran* and stress. Due to above causes *Vata* along with *Pitta* are vitiated which leads to *Apan Vayu Dushti* and *Rasavaha* and *Raktavaha Strotodushiti* affecting the *Artavavaha Strotasa*. So, the symptoms like *Atyartava*, pain in abdomen, low backache and general weakness occurred.

DRUG DISCUSSION: All above drug used are standard preparations given in classic text.

- *Shankh Vati* has *Agni Deepan* and *Aampachan* action. Also it acts as a pain relieving medicine.
- *Bolbaddha Rasa* has hemostatic and astringent property so useful in menorrhagia.
- *Pradaradi Lauh* acts as detoxifying agent and helps to correct anemia. It also cures the excessive blood loss by its astringent properties.
- *Ashokarishta*- It acts as an uterine tonic, corrects menstrual irregularities, controls heavy and prolong bleeding during menses also reduces cramps and burning sensation.
- *Nidan parivarjan* also plays an important role in *Smpraptivighatan* of disease which was explained in our classics.

CONCLUSION

Management of *Raktapradar* through an integrative approach proved to be successful. Above used standard drug preparation not only helps to stop the excessive bleeding per vagina but also corrected anemia and regulate the normal menstrual cycle. *Pradaradi Lauh*, *Bolbaddha rasa* and *Ashokarishta* also helped to detoxify the body and improved overall health of a patient. Likewise, *Pathya-Apathya* also plays an important role to cure the disease.

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