



### Role of Sharapunkha moola churna with Tandulodaka Anupana in Menorrhagia (Asrigdara) - A Case report

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#### ABSTRACT

*Menorrhagia is a most common gynecological problem found in gynaec OPD. It is not a disease but it is symptom found in many gynecological disorders. Menorrhagia is characterized by the excessive bleeding per vaginum in amount and duration both. In Ayurvedic classics, Menorrhagia is termed as 'Asrigdara', means excessive discharge of blood per vaginum, backache, pain in lower abdomen and weakness are also present in this disease. Asrigdara, also known as Raktapradara, is mainly due to vitiation of Vata, Pitta and Rakta dosha hence, the treatment should be based on the use of drugs which are having predominance of Kashaya and Tikta rasa. They are known as best astringent and because of this property they plays important role in relieving bleeding discharge due to its Stambhana action. In Ayurveda classics, many preparations can be used for management of Asrigdara by considering factors such as parity, age & desire of patient with regard to contraception, future pregnancy etc. Which are non-hormonal, non-surgical & most effective without side effects and also cost effective. In this case, Sharapunkha (i.e. Tephrosia purpurea, Pers) mula Churna with Tandulodaka was selected for screening*

*and re-establishing its specific effect in the management of Menorrhagia.*

**Keywords:** Menorrhagia, Asrigdara, Raktapradara, Sharapunkha mula, Tandulodaka

#### INTRODUCTION

Normal menstrual bleeding is cyclic, 3-5 days durations and 50-60 ml with its normal color as described in Ayurvedic classics. But when normal menstrual bleeding pattern is altered in reference of duration, amount, color and cycle, the conditions are called *Artavadushti* and Menorrhagia is being one of them. Menorrhagia can occur due to many reasons, including menstrual cycle, emotional stress, nutritional status, infections, pregnancy, usage of medications including birth control pills, and sexual arousal.

In Ayurvedic classics, all the gynecological disorders come under the heading of '*Yonivyapad*'. Most of the *Yonivyapada* have characteristic features of menorrhagia such as *Raktayoni*, *Rudhirkashara*, *Putraghni*, *Apraja* etc. Among *Ashta-artavadushti*, in *Raktaja artava-dushti*, menorrhagia is also found as prominent symptom. The word *Asrigdara* has described in *Bruhatrayee* for excessive bleeding per vaginum. *Asrigdara* (Menorrhagia) is not a disease, but a

symptom of so many diseases. Sometimes this symptom becomes so severe and it overshadows the other symptoms of actual disease and patients come to OPD for the treatment of only this symptom. Therefore, *Charaka, Vagbhata* etc. have described only its symptomatic treatment.

Menorrhagia is managed with medical care such as NSAIDs, OCPs, IUD, GnRH agonists, Conjugated estrogens, Tranexamic acid and Surgical care such as D&C, TCRE, Endometrial laser ablation, Thermal balloon therapy, HTA, Cryoablation, Microwave endometrial ablation (MEA) and Radiofrequency electricity and also Surgical techniques like Myomectomy, Hysterectomy. But these treatments may cause many side effects; also these are very expensive and invasive. To minimize such side effects as well as to cure disease and to prohibit occurrence of secondary disease, an attempt is made to manage this condition by *ayurvedic* approach which is less expensive and non invasive also. *Sharapunkha moola* having *vata-pitta* alleviating properties; it is claimed as possessing *Raktastambhana karma*. Therefore, *Sharapunkha moola* was selected for the study for screening and re-establishing its specific effect in the management of Menorrhagia.

#### AIM:

To study the effect of *Sharapunkha moola churna* in Menorrhagia (*Asrigdara*)

#### OBJECTIVES:

- To study efficacy of *Sharapunkha moola churna* in Menorrhagia (*Asrigdara*)
- To carry out a comprehensive literary study of *Asrigdara*

#### Review of Disease:

**Definition of Asrigdara:** Due to *Dirana* (excessive secretion) of *Asrik* (menstrual blood) in this disease, it is known as *Asrigdara*. It is also called as *Raktapradara* रजः प्रदीर्यते यस्मात् प्रदरस्तेन स स्मृतः । (च. सं. चि. 30/209) due to *Pradirana* (excessive secretion) of *Raja* (menstrual blood).<sup>[1]</sup>

**Etiology:** According to *Acharya Charaka, Sushruta, Vagbhata* and *Vridha Vagbhata* etc. have described different cause of *Asrigdara* in their texts which are given below.

| S.N. | Samhita                          | Etiological factors  |
|------|----------------------------------|--|
| 1    | Charaka Samhita <sup>[2]</sup>   | Excessive intake of Lavana, Amla, Katu, Vidahi, Krishara, Payas, Dahi, Mastu, Guru, Snigdha and other Mithya Ahar Sevana |
| 2    | Sushruta Samhita <sup>[3]</sup>  | Pittavrita Apana Vayu  |
| 3    | Ashtanga Hridaya <sup>[4]</sup>  | Pittavrita Apana Vayu,   |
| 4    | Ashtanga Sangraha <sup>[5]</sup> | Increase in amount of blood (Ativridhi of Rakta)   |
| 5    | Madhava Nidana                   | Viruddha bhojana and Madyadi, Garbhaprapata, Atimathuna, Atikarshana, Atimargogagamana, Abhighata, Divashayana and Shoka |

**Pathogenesis:** According to *Acharya Charaka*, aggravated *Vata* affects uterine blood vessels and boosts amount of blood and this increase in blood thus causes increase in menstrual blood and creates *Rakta-pradara*.<sup>[6]</sup>

#### Samanya Lakshana:

| S.N. | Samhita                         | Lakshana   |
|------|---------------------------------|--|
| 1    | Charaka Samhita <sup>[7]</sup>  | Excessive bleeding during menstruation is only symptom of <i>Asrigdara</i> |
| 2    | Sushruta Samhita <sup>[8]</sup> | Bodyache and pain present in all types of <i>Asrigdara</i> with            |

|   |                                     |   |
|---|-------------------------------------|---|
|   |                                     | excessive vaginal bleeding  |
| 3 | Dalhana tika on S.S. <sup>[9]</sup> | burning sensation in lower portion of groin, pelvic region, back, renal region and flanks and severe pain in uterus |
| 4 | Ashtanga Sangraha <sup>[10]</sup>   | excessive bleeding during menstrual or intermenstrual period as symptom of <i>Asrigdara</i>                         |

**Classification of *Raktapradara*:** Most of *acharyas* have mentioned four types of *Asrigdara* in their texts. *Charaka* has described four types of *Asrigdara* i. e. *Vataja*, *Pittaja*, *kaphaja* and *Sannipataja Asigdara*.<sup>[11]</sup> *Sushruta* has mentioned all types of *Asrigdara* along with general clinical features of *Arigdara* but has not described any classification.<sup>[12]</sup>

**Management of *Asrigdara*:** The drugs used in treatment of *Asrigdara* are mainly rich in *Kashaya rasa* and *Tikta rasa* because both of these have the property of astringent i. e. *Stambhana guna*, due to astringent property, bleeding will be checked. Then the next aim of treatment should be rising of blood for that *Raktasthapana* drugs should be used. *Maharshi Kashyapa* has described use of *Virechana* in the treatment of *Asrigdara* because *virechana* is most appropriate and superior therapy among Panchkarma for Pitta dosha and Rakta dosha have quality identical to *pitta dosha*, hence *Virechana* therapy will be also effective to treat the disease originated due to vitiation of *Rakta dosha*.

### Review of Drug:

Classical review followed by research work done on *Sharapunkha* (*Tephrosia purpurea*, (L.)Pers.) from the Fabaceae family, suggested that it is indicated in the management of *Pleehavridhi*, *Krimi*,

*Gulma*, *Muddhagarbha*, *Vrana*, *jwara* and so on. The use of therapeutic internal application of *Sharapunkha moola churna* along with *Tandulodaka* first time mentioned in *Bhaishajya Ratnavali*.<sup>[13]</sup> Comprehensive review regarding *rasapanchaka* suggests that *Sharapunkha moola* has *Tikta*, *Kashaya rasa*, *Katu vipaka*, *Ushna Virya*, *Laghu guna* and *Pleehaghna Prabhava*.<sup>[14]</sup> Research works proved the anti-inflammatory, analgesic, antioxidant, hepatoprotective, Anthelmintic activity etc. But its haematostatic activity (*Rakta stambhana*) effect remained untouched.

## MATERIAL AND METHODOLOGY

### CASE REPORT

**Personal History:** Name: xyz, Occupation: House wife, Age: 32yrs, Sex: Female, Education: SSC, Height: 5.3ft., Weight: 65kg, BMI: 29.13, Diet: Mix diet, Marital status: Married, Agni: *Manda*, *Koshta*: *Madhyama*, *Bala*: *madhyama*, *Nidra*: *Khandita*, *Prakriti*: *Vaya kaphanubandhi*.

A case study was conducted in a patient of regular heavy menstrual bleeding since 5 months, with mild abdominal pain, fatigue and mild fever.

**History of present illness:** Patient had complaint of regular heavy menstrual bleeding since last 5 months with mild abdominal pain, general weakness, mild fever with bulky uterus in USG. Patient had taken hormonal treatment but it worsens her physical and mental health. For this purpose, patient came for *Ayurvedic* management of menorrhagia, then I advised *Sharapunkha moola churna* (1gm) with *Tandulodaka* (40ml) regularly for 7days & significant result were observed.

**Past History:** NAD

**Premenstrual History:** Regular, 4 to 5 days, medium bleeding, with mild abdominal pain. LMP: 4<sup>th</sup> day of menstruation.

**Present MH:** Regular, 12-15 days, heavy bleeding, 5-6 pad soaked, with abdominal pain and discomfort.

**Obstetrical History:** G3P2A1L2; G1-Female child 6yrs FTND at hospital, G2-Female child 4yrs at hospital, G3- Missed

**Ashtavidha Pariksha:**

|           |                     |            |                           |
|-----------|---------------------|------------|---------------------------|
| 1. Nadi   | 84/min, reg         | 2. Mala    | Intermittent constipation |
| 3. Mutra  | <i>Samyaka</i>      | 4. Jivha   | <i>Alpa lipt</i>          |
| 5. Shabda | Clear pronunciation | 6. Sparsha | <i>Alposhna</i>           |
| 7. Druk   | Normal              | 8. Akriti  | <i>Sthulaakriti</i>       |

abortion ? D&E done under GA-8weeks 2yrs back

**Coital History:** normal

**Contraception/H:** Use of condom

**Nidana Panchaka (in patient) :**

|           |   |
|-----------|---|
| Hetu      | <i>Mutra-purisha vegadharana</i> , spicy, junk food, fish, <i>diwaswap</i> , pickle   |
| Purvaroop | <i>Atyartava</i> (heavy bleeding up to 12-15days)   |
| Roopa     | <i>Atyartava</i> with mild abdominal pain, fatigue, <i>shwasa</i>   |
| Upashaya  | <i>Sharapunkha moola churna</i> with <i>tandulodaka</i>   |
| Samprapti | Vitiation of <i>vata</i> , <i>pitta</i> and <i>rakta</i> take place due to above cause. These aggravated <i>pitta</i> and <i>vata dosha</i> influencing the <i>rakta</i> (menstrual blood) and vitiation of <i>Artavavaha Srotasa</i> causes increase the amount of discharged blood(Menorrhagia) |

**Systematic examination:** Inspection: Normal; Auscultation: Peristaltic sound heard; Palpation: Mild tenderness at lower abdomen; Percussion: Normal. CVS: NAD; RS: NAD; CNS: NAD; BP- 120/76 mmof Hg; PR:84/min, reg

**Investigation:** Hb- 8gm/dl; VDRL-negative; HIV (Tri-DOTmethod)-negative; Urine routine: Alb-absent, sug-normal, Pus cell-2-3; USG finding-Bulky uterus (8.5cm:5.5cm:2cm)

On the basis of examination & assessment of clinical feature, history and clinical

reports available I diagnosed the case as menorrhagia.

**Treatment:** मूलच शरपुंखा: पेषयेत्तण्डुलाम्बुना। पीत्वा च कर्षमात्रन्तु अतिरक्तं प्रशान्तयेत् ॥ भे. र. 66/16 According to Bhaishajya ratnavali,<sup>[13]</sup> *Sharapunkha moola churna* 5 gm twice a day with *Tandulodaka* (rinsed rice water) *Anupana* before meal for 7days. Advised healthy diet and *hetu* (causative factors) was avoided which observed in patient.

**Preparation method of Tandulodaka:** 20gm rice + 160 ml drinking water added and kept for whole night. Then it used as Tandulodaka.

## Observation and Results

| Before   |   | After  |                                 |        |
|--|---|--|---------------------------------|--------|
| Bleeding   | Heavy menstrual bleeding upto 15day<br>No. of pads 6 required | Bleeding decreased day by day after medicine |                                 |        |
| Fever  | Temp.- 40oC   | Days of t/t                                  | No. of pads taken               | Temp   |
| Fatigue  | Grade 2   | 1 <sup>st</sup> day                          | 6pads                           | 40oC   |
| Fatigue:<br>Grade3: Unable to do daily activities, need IV fluid<br>Grade2: Able to do daily activities, but need rest<br>Grade1: Able to do daily activities, feel tired after<br>Grade0: Daily activities are normal without tiredness |   | 2 <sup>nd</sup> day                          | 5pads                           | 39.2oC |
|  |   | 3 <sup>rd</sup> day                          | 4pads                           | 38.2oC |
|  |   | 4 <sup>th</sup> day                          | 3pads                           | 37.2oC |
|  |   | 5 <sup>th</sup> day                          | 2pads                           | 37.2oC |
|  |   | 6 <sup>th</sup> day                          | 1pad                            | 36.7oC |
|  |   | 7 <sup>th</sup> day                          | once spotting, Pad not required | 36.8oC |
|  |   | 8 <sup>th</sup> day                          | Stop bleeding                   |        |
| Fatigue – Grade 2  |   | Fatigue – 1                                  |                                 |        |

## DISCUSSION

Menorrhagia is one of the common symptoms seen in gynecology. Menorrhagia have effects on personal, physical, mental, social family and work life of women and thereby reduces their quality of life.<sup>[15]</sup> In some cases, the cause of heavy bleeding is unknown, but a number of conditions may cause menorrhagia like Hormonal imbalance, PCOS, Adenomyosis, Dysfunction of ovaries, Uterine fibroid, Polyp, Endometrial cancer, DUB, inherited bleeding disorders etc.<sup>[16]</sup> Excessive or prolonged bleeding can be lead to Anemia and more complications. So need to care, early diagnosis and management.

Today's sedentary lifestyle affects woman's reproductive health it is one cause behind Menorrhagia. In *Ayurvedic* classics, *Asrigdara* is very well correlated with menorrhagia in modern medicine. *Asrigdara* is very severe and life threatening condition which may be fatal to the patient if not treated properly and timely. In *Asrigdara* management, *Sharapunkha* drug has advised with rinsed

rice water (1pal rice + 8 fold water), termed as *Tandulodaka*. It is the subtype type of Hima kalpana described by *Acharya Sharangadhara*.<sup>[17]</sup> *Tandulodaka* is *kashaya* and *madhura* in *rasa*, therefore helpful to increase the haemostatic action (*Rakta-stambhaka*) of *Sharapunkha*. *Sharapunkha mula* has *Tikta* and *kashaya* *rasa* (both have astringent property) with *laghu-ruksha* *guna* and *pleehaghna* *prabhava*, so it act as haemostatic by constricting the capillaries and prevents the bleeding. It acts as anti-inflammatory, analgesic, anti-microbial, anti-bacterial, hepatoprotective, antioxidant in action.

In this case patient had complaint of mild fever and fatigue, it was due to heavy bleeding. Patient started to take *Sharapunkha moola churna* with *Tandulodaka* from 5<sup>th</sup> day of her menstrual cycle. Day by day significant effect was seen. As soon as bleeding stopped, her fatigue and mild fever get reduced.

## CONCLUSION

Today's sedentary lifestyle causes vitiation of *Rakta*, *Pitta* and *Vata* which are the *dushya* and *dosha* of *Asrigdara*



respectively. *Sharapunkha moola churna* with *Tandulodaka* has significant role in the bleeding disorder like Menorrhagia (*Asrigdara*). It acts as haemostatic, anti inflammatory, analgesic, due to its astringent property, *Vata shamak* and *kapha shamak* action. Further investigation is required to identify the effect of *Sharapunkha moola churna* with *Tandulodaka* in the management of Menorrhagia and also study its mechanism of action in larger sample size.

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