

## CASE REPORT

# Role of *Piccha Basti* in the Management of Abnormal Uterine Bleeding – A Case Report

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### ABSTRACT

The *Ayurvedic* classics mentioned various menstrual irregularities under the heading *Artava vyapad*. In this context, *Asrigdara* has been described by *Acharyas* as the excessive secretion of *Rajas* (menstrual blood) through vagina. Nowadays, a broader term abnormal uterine bleeding is used which describes irregularity in the menstrual cycle involving frequency, regularity, duration, and volume of blood flow. *Acharyas* described *Asrigdar* as *Basti Sadhya* entity and also advised to follow the treatment mentioned for *Raktarsh*, *Raktatisar*, and *Raktapitta*. *Acharyas* mentioned *Piccha Basti* as one of the treatment modality in these three diseases due to its *Raktstambhan* property. Hence, due to the same property, *Piccha Basti* can be used in *Asrigdar* also. The aim of the study was to evaluate the efficacy of *Piccha Basti* in the management of excessive bleeding per vaginum. In the present case, a female patient aged 42 years consulted PTSR OPD of Rajiv Gandhi Ayurvedic College and Hospital Distt. Kangra (H.P.) with the complaints of heavy menstruation and generalized weakness since 5 years. She was advised routine investigations and an ultrasound scan of pelvic organ to rule out any pathology and was planned for *Piccha Basti* and *Narayan Tail Anuvasna* in *Yogbasti Krama* after clearance of menses for 3 months. Pictorial blood loss assessment chart was used to assess the blood loss before and after treatment. The treatment showed highly satisfactory results in controlling the excessive bleeding during menstruation which was evident through the PBAC score. *Piccha Basti* is an effective treatment for the management of *Asrigdar*.

## 1. INTRODUCTION

*Acharya Charak* mentioned that the normal menstruation occurs at an interval of 1 month (*Masath*) and duration of 5 days (*Panchratranubandhi*) and not associated with any pain or burning sensation or any foul smell.<sup>[1]</sup> The amount of menstrual blood is not very scanty nor excessive in amount.<sup>[2]</sup> Moreover, the menstrual abnormalities have been mentioned as a separate entity under the heading *Artava vyapad*. *Charak* stated that *Pradra* means *Pradirana* (excessive secretion) of *Raja* (menstrual blood).<sup>[3]</sup> Commentator *Chakrapani* explained that due to the similar properties of *Rakt* and *Raja*, it is called *Asrigdar*.<sup>[4]</sup> He also differentiated that due to *pradiran* (prolonged duration) of menstrual blood, it is called *Pradar* and due to the heavy flow of menstrual blood, it is called *Asrigdar*.<sup>[4]</sup> *Acharyas*

mentioned to follow the treatment of *Raktarsh*, *Raktatisar*, and *Raktapitta* in *Asrigdar*. *Raktatisar* because all these entities involve bleeding from *Adhogatamarg* and follows *Raktstambhan* approach and has *Pitta Pradhan Dosha* associated with *Vata* and *Rakt* as Predominant *Dushya*. Commentator *Dalhan* mentioned *Adhograkpitta* must be taken from *Raktapitta*.<sup>[5]</sup> It is mentioned that if the patient suffering from *Raktapitta* is emaciated then *Sanshamni Kriya*<sup>[6]</sup> must be followed instead of *Sanshodhan*. The *Samshamni Kriya* must include *Stambhak* (hemostatic) and *Tarpan* (Nourishing) *Chikitsa*. Moreover, *Piccha Basti* mentioned in *Raktarsh*<sup>[7]</sup> and *Raktatisar*<sup>[8]</sup> has *Raktstambhak* property and, hence, can be used in *Asrigdar* also. The term used heavy menstrual bleeding (HMB) is defined as excessive blood loss interfering with physical, social, emotional, and material quality of life. It is generally caused by condition affecting uterus or its vascularity, rather any disturbance of the function of HPO axis.<sup>[9]</sup> The PALM COEIN classification system describes the cause of AUB in the reproductive years. PALM includes polyp, adenomyosis, leiomyoma, or hyperplasia and COEIN includes

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coagulopathy, ovulatory dysfunction, endometrial, iatrogenic, and entities that are not yet classified. The hormonal imbalance leads to the endometrial hyperplasia that causes menorrhagia. Thus, irregularity in the menstrual cycle in its frequency, regularity, duration, and volume of blood flow is called as abnormal uterine bleeding (AUB).<sup>[10]</sup> It is more commonly experienced by extremes of reproductive age group. This article highlights the dynamic result obtained due to the hemostatic action of *Piccha Basti* in the management of *Asrigdar*.

## 2. PATIENT INFORMATION

A female patient aged 42 years consulted PTSR OPD of Rajiv Gandhi Government Postgraduate Ayurvedic College Distt. Kangra (H.P.) with the complaints of heavy menstruation and generalized weakness since 5 years. On enquiry, she told that she had irregularity in menses with increased duration and decreased interval. She told that her duration of menses was 6–7 days along with the passage of clots. The bleeding was heavy on the first 3 days and was not associated with foul smell. She also complained of pain in lower abdomen which was bearable and non-radiating. Further, she told and she had generalized weakness since 5 years. The patient came for *Ayurvedic* treatment on April 03 2023 and the treatment was continued up to June 12 2023. The total duration of the treatment was of 3 months.

### 2.1. Past History

She gave a history of thyroid dysfunction.

No history of DMII, HTN, and PTB.

### 2.2. Surgical Intervention

Diagnostic D and C was done in 2022 and in 2023 but she got no relief in heavy menstruation.

### 2.3. Clinical Finding

The patient was afebrile and her vitals were stable. The patient looked pallor and was moderately ill looked. She was of moderate body build and the systemic examination was normal.

### 2.4. Ashta Vidha Pariksha

Mentioned in Table 1 below.

### 2.5. Dashvidha Pariksha

Mentioned in Table 2 below. The mensutral history and investigation reports are mentioned in Tables 3 and 4 below.

### 2.6. Diagnostic Assessment

On the basis of the menstrual history of the patient, the PBAC score was calculated which comes out to be 364 which suggests heavy menstrual bleeding mentioned in Table 4 below. The hematological findings revealed moderate anemia. The patient was diagnosed with abnormal uterine bleeding.

### 2.7. Therapeutic Intervention

After clearance of menses, *Yogbasti* (a course of eight therapeutic enemas) was administered for 8 days with the combination of *Sneha Basti* (oil enema) and *Kashaya Basti* (enema with medicated decoction) for 3 months. In this case, *Piccha Basti* and *Narayan Tail Anuvasana Basti* were given the details are mentioned in Table 5 below.

## 2.8. The *Yogbasti* was given in the Following Manner in Each cycle

### 2.8.1. *Piccha Basti*

- *Poorva Karma*: Local *Snehan* and *Svedan* of the lower abdomen and back were done.
- *Pardhan Karma*: The patient was asked to empty the bladder and was asked to lie in the left lateral position. The enema pot containing picha basti was held at 5 ft height was fitted with rubber catheter no. 5. The rubber catheter lubricated with oil was inserted in the anus and 300 mL of *basti* was given.
- *Paschat Karma*: The patient was to lie down and retain *Basti* as long as 48 min or till urge to defecate.

### 2.8.2. *Anuvasana Basti*

- *Poorva Karma*: Local *Snehan* and *Svedan* of the lower abdomen and back were done.
- *Pardhan Karma*: The patient was asked to empty the bladder and was asked to lie in left lateral position. The syringe containing *Narayan Tail* was fitted with rubber catheter no. 5. The rubber catheter lubricated with oil was inserted in the anus and 60 mL of *basti* was given.
- *Paschat Karma*: The patient was to lie down and retain *Basti* as long as 3 h.

## 2.9. Follow-up and Outcome

The patient followed up for the next cycle of *Piccha Basti* every month after the clearance of menses for 3 months starting from April and revealed marked reduction in blood loss in each cycle. PBAC score which was earlier 364 is now reduced to 101 after three cycles of treatment and marked improvement in the general health of the patient is also noted. No adverse events were observed during the intervention period mentioned in Table 6 below.

## 3. DISCUSSION

The contents of *Piccha basti*<sup>[12]</sup> contain *Shalami pushpa*,<sup>[13]</sup> (*Salmalia malbarica* Schott & Endl.) *Lodhra*,<sup>[14]</sup> (*Symplocos racemosa* Roxb.) *Nagkesara*,<sup>[15]</sup> (*Messua ferrae* Linn.) *Manjishta*,<sup>[16]</sup> (*Rubia cordifolia* Linn.) *Mochrasa*,<sup>[17]</sup> (*Salmalia malbarica*), and *Aja dughdha*<sup>[18]</sup> (goat milk). The *Piccha Basti* contents are *Kashaya Tikt Rasa Pradhan*, *Laghu Ruksha Guna*, *Madhur Vipaka*, and *Sheeth Virya*. Due to the *Kshaya* and *Tikt Pradhan Rasa*, they act as *Kaph Pitta Shamak* and their astringent action helps in checking the excessive bleeding. *Laghu Ruksha guna* helps in *Shoshan* of *Kapha* and *Madhur Vipaka* helps in curbing the vitiated *Vata dosha*. The additional properties of drugs like *Dahshamak* effects of *Shalmali* and *Manjishta* also aid in pacifying the vitiated *Pitta Dosha*. The *Sankochak*<sup>[15]</sup> properties of *Lodhra* help in constricting the blood vessels and thus reducing the bleeding. The *Vrana Ropan* properties of *Mochras* help in healing of the damaged lining of vessels. *Ajadugdh* is also described as *Raktapitta Shamak* and its *Sheeth Virya* also acts as *Pitta Shamak*. All these drugs having *Madhur Vipaka* act as *Balya* and hence overcome the generalized weakness. Furthermore, *Narayan tail* contains *Vatashamak* drugs which help in the *Shaman* of *Vata*.

### 3.1. Importance of *Piccha Basti*

In abnormal uterine bleeding, there is irregular bleeding per vaginum in terms of frequency, duration and blood volume. Ovulatory dysfunction is one of the reasons behind the excessive and prolonged bleeding in this case. By equating these symptoms

to *Asrigdar*, *Piccha Basti* can be well applicable in the treatment of AUB.

Due to excessive bleeding per vaginum along with generalized weakness, the *Sanshamni* treatment protocol was adopted in this case as mentioned in *Raktapitta* and *Piccha Basti* mentioned in *Raktarsh* and *Raktatisar* was chosen as the hemostatic modality.

#### 4. CONCLUSION

The aim of the treatment was to control the excessive bleeding during menses and improving the general health of the patient through an *Ayurvedic* approach. In this case, management of abnormal uterine bleeding with *Piccha Basti* provides dynamic results in checking of excessive bleeding due to its hemostatic property.

#### 5. DECLARATION OF THE PATIENT CONSENT

The authors certify that patient consent has been taken to report the case and understand that his name and initials will not be published.

#### 6. ACKNOWLEDGMENT

Nil.

#### 7. AUTHORS' CONTRIBUTIONS

All the authors contributed equally to the design and execution of the article.

#### 8. FUNDING

Nil.

#### 9. ETHICAL APPROVALS

This manuscript does not required ethical approval as it is a case study.

#### 10. CONFLICTS OF INTEREST

Nil.

#### 11. DATA AVAILABILITY

This is an original manuscript and all data are available for only review purposes from principal investigators.

#### 12. PUBLISHERS NOTE

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#### REFERENCES

1. Shastry KN, Chaturvedi GN. Vidyotini Vyakhya, Charaka Samhita. Ch. S. Ch. 30/227-228. Varanasi: Chaukhamba Bharati Academy; 2016.
2. Shastry KN, Chaturvedi GN. Vidyotini Vyakhya, Charaka Samhita. Ch. S. Ch. 30/225. Varanasi: Chaukhamba Bharati Academy; 2016.
3. Shastry KN, Chaturvedi GN. Vidyotini Vyakhya, Charaka Samhita. Ch. S. Ch.30/209. Varanasi: Chaukhamba Bharati Academy; 2016.
4. Dutt C. The Charak Samhita of Agnivesha with the Ayurvedadipika Commentary. Chikitsasthan 30/204-224. Varanasi: Chaukhamba Orientalia; 2004.
5. Shastri KA. Susruta Samhita of Susruta with the Nibandhasangraha Commentry of Sri Dalhanacharya. Utrantra 45/44. Varanasi: Chaukhamba Orientalia; Reprint 2020.
6. Shastry KN, Chaturvedi GN. Vidyotini Vyakhya, Charaka Samhita. Ch. S. Ch 4/64. Varanasi: Chaukhamba Bharati Academy; 2016.
7. Shastry KN, Chaturvedi GN. Vidyotini Vyakhya, Charaka Samhita. Ch. S. Ch 14/228. Varanasi: Chaukhamba Bharati Academy; 2016.
8. Shastry KN, Chaturvedi GN. Vidyotini Vyakhya, Charaka Samhita. Ch. S. Ch 19/68. Varanasi: Chaukhamba Bharati Academy; 2016.
9. Kumar S, Padubidri VG, Daftary SN. Shaws Textbook of Gynaecology. 18<sup>th</sup> ed., Ch. 10. Netherlands: Elsevier; 2004. p. 119.
10. Konar H. DC Dutta Textbook of Gynaecology. 7<sup>th</sup> ed., Ch. 15. New Delhi: Jaypee Brothers Medical Publishers; 2016. p. 152.
11. Higham JM, O'Brien PM, Shaw RW. Pictorial Blood Loss Assessment Chart. Available from: <https://elearning.wfh.org> [Last accessed on 2024 Aug 12].
12. Shastry KN, Chaturvedi GN. Vidyotini Vyakhya, Charaka Samhita. Ch. S. Ch. 14/225-228. Varanasi: Chaukhamba Bharati Academy; 2016.
13. Sharma PV. Dravyaguna Vijana. Vol. 2. (Vegetable drugs). Varanasi: Chaukhambha Bharati Academy; 2013. p. 491.
14. Sharma PV. Dravyaguna Vijana. Vol. 2. (Vegetable drugs). Varanasi: Chaukhambha Bharati Academy; 2013. p. 616.
15. Sharma PV. Dravyaguna Vijana. Vol. 2. (Vegetable drugs). Varanasi: Chaukhambha Bharati Academy; 2013. p. 783.
16. Sharma PV. Dravyaguna Vijana. Vol. 2. (Vegetable drugs). Varanasi: Chaukhambha Bharati Academy; 2013. p. 800.
17. Sharma PV. Dravyaguna Vijana. Vol. 2. (Vegetable drugs). Varanasi: Chaukhambha Bharati Academy; 2013. p. 492.
18. Shastri KA. Susruta Samhita Ayurveda Tattva Sandipika. Su. S. Su. 45/68. Varanasi: Chaukhamba Sanskrit Sansthan; 2017.

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**Table 1:** Ashta Vidha Pariksh

<i>Nadi</i>	84/min
<i>Mala</i>	Once a day
<i>Mutra</i>	3–4 times/day
<i>Jihwa</i>	<i>Anavrutta</i>
<i>Shabda</i>	<i>Spashita</i>
<i>Sparsha</i>	<i>Anushan sheeth</i>
<i>Drika</i>	<i>Nirmal</i>
<i>Aakriti</i>	<i>Madhyam</i>

**Table 2:** Dashvidha pariksha

<i>Prakriti</i>	<i>Vatapitta</i>
<i>Vikriti</i>	<i>Lakshyanimitaj</i>
<i>Sara</i>	<i>Madhyam</i>
<i>Samhanana</i>	<i>Madhyam</i>
<i>Pramana</i>	<i>Madhyam</i>
<i>Satmaya</i>	<i>Sarva ras</i>
<i>Satva</i>	<i>Madhyam</i>
<i>Vaya</i>	<i>Madhyam</i>
<i>Vyayamshakti</i>	<i>Madhyam</i>
<i>Aharshakti</i>	
<i>Abhyavaran shakti</i>	<i>Madhyam</i>
<i>Jaranashakti</i>	<i>Madhyam</i>

**Table 3:** Menstrual history

Parameters	Past	Present
Duration of menses	5–6 days	6–7 days
Interval between menses	28–30 days	15–20 days
Pain during menses	Absent	Mild
Amount of bleeding (No. of pads)	3–4 pads/day	5–7 pads/day
Clots	+	+++
Foul smell	Not present	Not present
Weakness	Not present	Present
Flooding	Present	Not present

**Table 4:** Investigation

Hb	9.0 g/dL	BT	1 min 30 s
Plt	1×10 <sup>3</sup> /mm <sup>3</sup>	CT	4 min 15 s
ESR	24 mm/h	Urine	NAD
RBS	112 mg/dL	LFT	
		TSB	0.4 mg/dL
		DSB	0.1 mg/dL
		SGOT	41 IU/mL
		SGPT	38 IU/mL
RFT			
Blood urea	20 mg/dL	HIV	NR
S. Creatinine	0.8 mg/dL	VDRL	NR
TFT			
TSH	4.19 uIU/mL		

Hb: Hemoglobin, ESR: Erythrocyte sedimentation rate, Plt: Platelet, RBS: Random blood sugar, RFT: Renal function tests, TSH: Thyroid-stimulating hormone, TFT: Thyroid function test, BT: Bleeding time, CT: Clotting time, LFT: Liver function test, TSB: Total serum bilirubin, DSB: Doorstep banking, SGOT: Serum glutamic oxaloacetic transaminase, SGPT: Serum glutamate pyruvate transaminase, HIV: Human immunodeficiency virus, VDRL: Venereal disease research laboratory

**Table 5:** PBAC scoring

Pictorial blood loss assessment chart (PBAC) scoring <sup>[11]</sup>	
For each lightly stained pad and each small clot	1 point each
For each moderately stained pad and for each large clot or each episode of flooding	5 point each
For each completely saturated pad	20 point each

Interpretation: A score of 100 or >100 indicates probable menorrhagia

**Table 6:** Basti treatment protocol

Days	Cycle 1	Cycle 2	Cycle 3	Basti	Dose
D1	April 05, 2023	May 08, 2023	June 05, 2023	<i>Anuvasana</i>	60 mL
D2	April 06, 2023	May 09, 2023	June 06, 2023	<i>Piccha</i>	300 mL
D3	April 07, 2023	May 10, 2023	June 07, 2023	<i>Anuvasana</i>	60 mL
D4	April 08, 2023	May 11, 2023	June 08, 2023	<i>Piccha</i>	300 mL
D5	April 09, 2023	May 12, 2023	June 09, 2023	<i>Anuvasana</i>	60 mL
D6	April 10, 2023	May 13, 2023	June 10, 2023	<i>Piccha</i>	300 mL
D7	April 11, 2023	May 14, 2023	June 11, 2023	<i>Anuvasana</i>	60 mL
D8	April 12, 2023	May 15, 2023	June 12, 2023	<i>Anuvasana</i>	60 mL

**Table 7:** Treatment outcomes

Parameters	Before treatment	After 3 months of treatment
Duration of menses	6–7 days	4–5 days
Interval between menses	15–20 days	26–28 days
Pain during menses	Mild	mild
Amount of bleeding (No. of pads)	5–7 pads/day	3–4 pads/day
Clots	+++	+
Foul smell	Not present	Not present
Weakness	Present	Not present
Flooding	1 <sup>st</sup> and 2 <sup>nd</sup> day	Not present
PBAC score	364	101

PBAC: Pictorial blood loss assessment chart

ATP - JAGAT CLINICAL LAB  
 C-3 PALAMPUR CEG, DDP CIVIL HOSPITAL,  
 PALAMPUR (HP)

Name: [Redacted]  
 Lab No. 387535848  
 Age: 42 Years  
 Gender: Female  
 Ref By: SELF

Collected: 11/02/22 1:09:00PM  
 Received: 11/02/22 1:12:20PM  
 Reported: 11/02/22 7:41:04PM  
 Report Status: Final

Test Name	Results	Units	Ref. Interval
<b>THYROID PROFILE, TOTAL, SERUM</b> (Chemoluminescent immunoassay)			
T3, Total	0.90	ng/mL	0.70 - 2.04
T4, Total	7.33	µg/dL	5.74 - 13.03
TSH	4.19	µIU/mL	0.34 - 5.50

**Note**

1. TSH levels are subject to circadian variation, reaching peak levels between 2 - 4 a.m. and at a minimum between 6-10 pm. The variation is of the order of 50%. Hence time of the day has influence on the measured serum TSH concentrations.
2. Alteration in concentration of Thyroid hormone binding protein can profoundly affect Total T3 and/or Total T4 levels especially in pregnancy and in patients on steroid therapy.
3. Unbound fraction (Free, T4 /Free, T3) of thyroid hormone is biologically active form and correlates more closely with clinical status of the patient than total T4/T3 concentration.
4. Values <0.03 uIU/mL need to be clinically correlated due to presence of a rare TSH variant in some individuals.

**Interpretation**

PREGNANCY	REFERENCE RANGE FOR TSH IN µIU/mL (As per American Thyroid Association)
1st Trimester	0.100 - 2.500
2nd Trimester	0.200 - 3.000
3rd Trimester	0.300 - 3.000

*Self-Reported*