**Case Study**

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**Kadali Pushpa Swaras Paan and Kadali Pushpa Ghrita Nasya in the Management of Asrigdara**

**Sunita**1, **Anjana Saxena**2


**ABSTRACT:**

Menstruation is mirror of reproductive health. Regular menstrual cycles with adequate quantity and duration of bleeding indicate good reproductive health, with variations in these being reflected as menorrhagia, oligomenorrhea, dysmenorrhea, PCOS, infertility etc. Data suggests that 10 to 13% of all gynaecological outpatients are of *Raktapradara* (DUB). According to Ayurvedic literature the aggravated *Apanavyu* withholds vitiated *Rakta* which is increased in the amount. It when reaches *artavavahasrotas* leads to increase in the amount of *raja*, (here *Artavavahasrotas* taken as whole female genital organs along with functional axis i.e., H-P-O axis). Altered H-P-O axis and GnRH regulation causes *Raktapradara*. So a study was done in 3 diagnosed patients of raktapradara to evaluate the effect of *kadalipushpaghrutanasya* (Ghee processed with the juice of Banana inflorescence) along with oral *kadalipushpa swarasapaana* (juice of banana inflorescence) and *dadhi*, with the aim to minimize the cyclic blood loss and to Regularize the cycle. Subjective criteria are used to assess the amount of blood loss before and after the treatment. This therapy, helped to cure the heavy flow during menses and regularized the cycle.

**Keywords** - AUB, Asrigdara, kadalipushpaswarasa, kadalipushpaghruta, HPO axis, Antaha&bahipushpa.

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**INTRODUCTION**

Dysfunctional uterine bleeding is irregular uterine bleeding that occurs in the absence of pathology or medical illness. Dysfunctional uterine bleeding also called as anovulatory bleeding. Normally menstrual bleeding is progesterone withdrawal bleeding. But in the patients of DUB due to disturbance in the H-P-O axis ovulation does not occurs, resulting in the unopposed estrogen action. So, there is endometrial hyperplasia which is visible in the form of heavy bleeding. DUB is a cause of a cyclical bleeding in an otherwise normal menstruation. The physiological mechanism of haemostasis in normal menstruation are: -

1. Platelet adhesion formation
2. Formation of platelet plug with fibrin to seal the bleeding vessels
3. Localised vasoconstriction
4. Regeneration of endometrium
5. Biochemical mechanism involved are increased endometrial ratio of PGF$_{2\alpha}$/PGE$_2$.

PGF$_{2\alpha}$ causes vasoconstriction & reduces bleeding. Progesterone increases the level of PGF$_{2\alpha}$ from arachidonic acid. But in DUB there is decreased synthesis of PGF$_{2\alpha}$ and the ratio of PGF$_{2\alpha}$/PGE$_2$ is low.\(^3\) The condition of heavy menstrual bleeding is described in ayurveda as raktapradra in which lakshanas such as angmarda & vedana like symptoms are found which indicates anemia of patient. It can include both organic as well as functional causes of menorrhagia. Artava denotes two meaning one of them is antahapushpa and other one is bahirpushpa. Bahir pushpae., menstrual bleeding is a visible illustration of the menstrual cycle.\(^4\) Antahapushpa can be taken as ovum as well as hormones. The Menstrual rhythm is invisible interplay of hypothalamo pituitary-ovarian axis. Whereas the amount & duration of menstrual bleeding, along with H-P-O axis also depends upon the uterine condition & general health.\(^5\)

Nidana plays the prime role in the initiation of pathogenesis which proceeds towards the development of the disease. Excessive intake of salty, sour, heavy, katu(hot), vidahi (producing burning sensation) and unctuous substances, meat of domestic & aquatic animals, payasa, supta, mastu & wine are considered as nidana which leads to aggravation of pitta and rakta dhusti.\(^6\) As pitta has increased by its ushnha, tikshna & dravaguna, which also leads to increase in the amount of dushita rakta. Increased ushnha guna of pitta leads to the increase in the rukshtaguna of vata, which along with the paka karma of increased pitta, probably results in the early detachment of the functional layer of endometrium. Increased blood flow may also be due to ushnha, tikshna, guna of increased pitta, causing vasodilation & sara, dravaguna causing thinning of blood.\(^7\)

**AIMS & OBJECTIVE:**
- To evaluate the effect of kadalipushpa as nasya and oral intake, on rakta pradra(DUB)
- To modulate an accepted treatment option for controlling menstrual bleeding & for regularising H-P-O axis.

**MATERIALS AND METHODS**

For the present study the patient was selected from the OPD of Prasuti Tantra and Stri Roga of Government Ayurvedic College, Varanasi, UP. The trial is resister & the CTRI No. is CTRI/2022/06/043397.

**Treatment Administered**

Selected patients were treated with Kadalipushpa swarasa paana approx., 40-50 ml was given for 15 Days with daddhi as anupana along with kadalipushpa ghrita nasya for 10 days 8-8 drops, after cessation of menses for 3 consecutive cycles.

**CASE STUDY**

1.- A 18 year girl attended with the complaint of heavy and prolonged menses with clots since menarchae with low backache. Her duration of menses was 7 to 8 days needs 3 to 4 pads per day.
2.- A 22 year girl attended with the complaints of early menses by 6-8 days from 1 year.
3.- A 16 year girl with heavy & prolonged bleeding during menses with clots since 4-5 months.
4.- A 35 year old women came with complaint of bleeding per vaginum at interval of 24 to 25 days with duration of 6 to 7 days with clots since 4 years without any organic cause of bleeding but has bicornuate uterus with endometrial thickness of 9mm, in USG.
5.- A 20 year old girl came with complaint of early menses at an interval of 15 days with bleeding duration of 6 to 7 days since 6 months. There is no organic cause found in her USG except a functional cyst in left.

**Assessment Criteria**

Change in the amount & duration of blood flow was used for assessment of result

**RESULT**

After taking kadalipushpa swaras and kadalipushpa ghrita nasya, amount & duration of bleeding was reduced.

**DISCUSSION**

Normal menstrual cycles require the maintenance of the pulsatile release of GnRH within a critical range of frequency and amplitude. Pulsatile rhythmic activity is an intrinsic property of GnRH neurons, and the effect of various hormones and neurotransmitters must be viewed as modulating actions. The current concept is that the biogenic catecholamines modulate GnRH pulsatile release. The probable mode of action of catecholamines is to
influence the frequency (and perhaps the amplitude) of GnRH discharge. Pharmacological or psychological factors that affect pituitary function probably do so by altering catecholamine synthesis or metabolism and thus the pulsatile release of GnRH & hence can leads to DUB. The GnRH is the regulator of gonadotropin hormones FSH, LH which controls the growth & development of ovarian follicle along with the production of ovarian steroids.

**Mode of action of nasya:** Nasa i.e, nose is considered as gateway of shir (brain). Hence drug administered through Nasa goes up to the brain and stimulates its functions. The mode of action of Nasya karma can be understood as follows Drug through nasal route (i.e. gateway of head) reaches the ShringatakaMarma (SiroAntarmadhyam). Then it spreads thought the Siras of nose,ear, eye and tongue. In this way it Reaches in Sira (head) then it scratches the morbid Doshas of Urdhwajatrugata.Moreover, nasya indirectly works on the entire body by improving the functioning of central nervous system and endocrine glands. GnRH neurons originates from the olfactory area, so it is thought that there may exist direct connection between nose & hypothalamus.

**Mode of action of kadalipushpa:** Kadalipushpa according to Bhavaprakasha Nighantu is Madhura, tikta, kashaya rasa, madhura veepaka, sheeta virya, guru, snigdhaguna, vata pita shamaka, raktpradarnashaka, raktptitashamaka, grahi, deepana etc karma. The flowers are astringent & good for Dysentery, bronchial asthma, dysmenorrhoea, menorrhagia & Diabetes. Banana blossom are also excellent source of certain phytochemicals like-vitamins, flavonoids & protein. It keeps the uterus healthy, reduces bleeding during menstrual cycle, reduces anxiety and increase good mood.

**CONCLUSION**

With the help of these drugs thier next 2 cycle were regular with normal Blood loss. Thus we can conclude that this Ayurveda regimen plays an Effective role in the management of Asrigdara. But to establish this fact, further study of longer duration and on larger sample is required.

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### Duration of bleeding

<table>
<thead>
<tr>
<th>Case</th>
<th>Before treatment</th>
<th>After treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case 1</td>
<td>7-8 days</td>
<td>4-5 days</td>
</tr>
<tr>
<td>Case 2</td>
<td>6-8 days</td>
<td>4-5 days</td>
</tr>
<tr>
<td>Case 3</td>
<td>8-10 days</td>
<td>5-6 days</td>
</tr>
<tr>
<td>Case 4</td>
<td>6 – 7 days</td>
<td>3 to 4 days</td>
</tr>
<tr>
<td>Case 5</td>
<td>6 – 7 days</td>
<td>3 to 4 days</td>
</tr>
</tbody>
</table>

### Amount of menstrual flow: - No. of pads/24hour

<table>
<thead>
<tr>
<th>Case</th>
<th>Before treatment</th>
<th>After treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case-1</td>
<td>Complete soaking of 4– 5 pads</td>
<td>2-3 pads</td>
</tr>
<tr>
<td>Case-2</td>
<td>Complete soaking of 5 – 6 pads</td>
<td>3 pads</td>
</tr>
<tr>
<td>Case-3</td>
<td>Complete soaking of 5 – 6 pads</td>
<td>2-3 pads</td>
</tr>
<tr>
<td>Case 4</td>
<td>Complete soaking of 4 pads</td>
<td>3 to 4 pads</td>
</tr>
<tr>
<td>Case 5</td>
<td>Complete soaking of 4- 6 pads</td>
<td>2 – 3 pads</td>
</tr>
</tbody>
</table>

### Cycle interval

<table>
<thead>
<tr>
<th>Case</th>
<th>Before treatment</th>
<th>After treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case-1</td>
<td>32 to 40 days</td>
<td>30 to 32 days</td>
</tr>
<tr>
<td>Case-2</td>
<td>22 to 25 days</td>
<td>28 to 30 days</td>
</tr>
<tr>
<td>Case-3</td>
<td>28 to 30 days</td>
<td>28 to 30 days</td>
</tr>
<tr>
<td>Case 4</td>
<td>24 to 25 days</td>
<td>27 to 28 days</td>
</tr>
<tr>
<td>Case 5</td>
<td>15 to 18 days</td>
<td>28 days</td>
</tr>
</tbody>
</table>
Flow chart- Mode of action of Nasya

1. **Nasya of medicated ghrita/tauila**
2. **May stimulates olfactory nerve**
3. **Stimulate limbic system & hypothalamus**
4. **Stimulation of GnRH neurons**
5. **May regulate GnRH pulsatile secretion**
6. **So proper gonadotropin (FSH & LH) secretion occurs.**
7. **Hence nasya have effect on the regulation of menstruation and ovulation**