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CLINICAL EVALUATION OF A SHAMAN CHIKITSA PROTOCOL IN THE MANAGEMENT OF RAKTAPRADAR W.S.R. TO DYSFUNCTIONAL UTERINE BLEEDING - A SINGLE CASE STUDY

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ABSTRACT

Raktapradar stands out as one of the most prominent gynecological dilemmas encountered by clinicians in everyday practice. It is clinically recognized by Artava Atipravrutti (excessive menstrual flow), Deerghakala Pravrutti (prolonged duration), or Anruta Kala Pravrutti (intermenstrual bleeding), severely compromising a woman's physical, systemic, and psychological well-being. Modern gynecology correlates Raktapradar closely with Dysfunctional Uterine Bleeding (DUB) or Menorrhagia, defined as cyclic bleeding at regular intervals that is pathologically excessive in volume or duration. Classical Ayurvedic texts offer an exhaustive analysis of Asrigdar or Raktapradar, laying down highly targeted herbal and herbo-mineral therapeutic frameworks. The current study details a single case study of a 24-year-old female presenting with severe Raktapradar, successfully managed through a conservative Ayurvedic Shaman protocol utilizing Raktasthambhak and Pitta-Vata Shamani modalities to optimize endometrial health and restore normal hematological parameters without hormonal dependency.

KEYWORDS: Raktapradar, Menorrhagia, Shaman Chikitsa, Raktasthambhak.

INTRODUCTION

The biological lifecycle of a female transitions through several defining hormonal milestones: Puberty, Menarche, Reproductive age, and Menopause. In contemporary society, volatile lifestyle shifts, erratic dietary habits (Ahitara Ahara), chronic psychological stress, and physical overexertion have vastly accelerated the incidence of gynecological disorders. Modern epidemiological surveys indicate that approximately 30–40% of reproductive-age women struggle with excessive, irregular, or prolonged uterine bleeding.

The etymological origin of Raktapradar is comprehensively explained by Acharya Charak, who defined the deep, intense expelling (Pradiran) of Raja (menstrual blood) as Raktapradar. Acharya Sushrut classified it independently as a Raktapradoshaj Vyadhi, originating from systemic imbalances within the vascular and blood-carrying channels (Raktavaha Strotas). In the structural etiology of this disease, Vata and Pitta Dosha become heavily vitiated due to unwholesome dietary habits (Ushna, Katu, Vidahi Ahara), thereby disrupting the structural stability of the Rakta Dhatu. This cascading pathology results in Artava Atipravrutti.

Contemporary medicine routinely combats this presentation via exogenous hormonal pills, antifibrinolytic drugs, or invasive endometrial curettage (D&C). However, these interventions frequently invite short- and long-term side effects, metabolic disruption, and high recurrence rates upon withdrawal. Consequently, safe,

sustainable Ayurvedic therapeutic strategies focused on Raktasthambhak (hemostasis) and Garbhashaya Balya (uterine toning) serve as vital clinical alternatives.

AIMS AND OBJECTIVES

To evaluate the clinical efficacy of a conservative Ayurvedic Shaman treatment protocol in managing a diagnosed case of Raktapradar (Menorrhagia).

MATERIALS AND METHODS

A single case study was designed following standard diagnostic procedures, utilizing classical Ayurvedic herbo-mineral formulations coupled with strict dietary restrictions (Pathya-Apathya).

CASE REPORT

A 24-year-old unmarried female patient, working as a software engineer, presented to the Prasuti Tantra & Stree Roga OPD on 14th January 2026. She presented with chief complaints of prolonged per vaginal bleeding lasting 12 days during her current cycle, heavy flow requiring 6 to 7 heavily soaked pads per day, lower abdominal cramps, severe generalized lethargy, and positional dizziness.

HISTORY OF PRESENT ILLNESS

The patient had been experiencing erratic, heavy menstrual cycles for the past 8 months. She had previously completed a 3-month course of oral contraceptive pills prescribed by a conventional gynecologist. While the flow was temporarily controlled during the active cycles of the pills, she experienced severe recurrence immediately upon discontinuation, alongside an unwanted weight gain of 5 kg, prompting her to seek Ayurvedic intervention.

PERSONAL HISTORY

Vaya: Yuvana (24 Years)
Diet: Non-vegetarian (frequent consumption of spicy, fried food)
Appetite: Variable / Suppressed
Bowel: Mild constipation (Krushta Koshta)
Micturition: 5–6 times/day, normal
Sleep: Disturbed / Insufficient (secondary to late-night shifts)

MENSTRUAL HISTORY

LMP: 02nd January 2026 (Bleeding ongoing for 12 days at presentation)
Current Cycle Pattern: 10–14 days / 24–26 days, heavy flow with large clots, associated with dull ache in the hypogastric region.
Past Menstrual History: 4–5 days / 28–30 days, normal flow without significant clots.

CLINICAL EXAMINATIONS

GENERAL EXAMINATION

Built / Nourishment: Moderate
Temperature: 98.4°F
Pulse Rate: 88 bpm
Blood Pressure: 100/70 mm Hg
Weight: 68 kg
Tongue: Alpa Sama (Slightly coated)

SYSTEMIC EXAMINATION

CVS: S1, S2 Normal
RS: Clear bilateral air entry
P/A: Soft, mild tenderness elicited over the suprapubic zone
P/V: Not performed (Patient unmarried)

INVESTIGATIONS (14/01/2026)

Hemoglobin (Hb): 8.2 g/dl (Indicates moderate microcytic anemia)
Total Leukocyte Count (TLC): 6,400/cu mm
Platelet Count: 2.1 Lakhs/cu mm

USG (Pelvis): Uterus normal in size. Homogeneous myometrium. Endometrial thickness measured at 11 mm (Hyperplastic appearance). No focal adnexal masses.

TREATMENT PLAN

The therapeutic strategy was focused on Deepan-Pachan (to correct metabolic fire), Raktasthambhak (hemostasis), Pitta-Shamana, and Raktavardhak (hematinics) to correct systemic anemia.

The patient was treated with the following oral medication regimen:

Lodhra Churna + Shunthi Churna: 3g (in 1:1 ratio) twice daily with lukewarm water before meals (Apana Kala) for 7 days.

Tab. Bolbaddha Ras: 250 mg twice daily with normal water for 10 days.

Praval Pishti: 250 mg twice daily mixed with honey for 10 days.

Syp. Ashokarishta: 15 ml mixed with an equal quantity of water twice daily after meals for 1 month.

Punarnavana Mandoor: 250 mg twice daily after meals with water for 30 days (for anemia management).

DIETARY & LIFESTYLE RESTRICTIONS (PATHYA-APATHYA)

Pathya (Advised): Mudga Yusha (green gram soup), Puran Shali (old rice), light home-cooked meals, pomegranate, and adequate hydration.

Apathya (Avoided): Excessively spicy, salty, or sour food items; curd, fermented products, tea, coffee, late-night waking (Ratri Jagaran), and strenuous workouts.

FOLLOW UP AND OUTCOME

1st Follow-up (After 14 Days): Active bleeding ceased completely within 4 days of initiating treatment. The patient reported improved energy levels. Mild abdominal discomfort subsided.

Prescription: Continued Syp. Ashokarishta, Tab. Bolbaddha Ras, and Punarnavana Mandoor for the next menstrual cycle.

2nd Follow-up (After 1 Month): The subsequent menstrual cycle arrived after 29 days. Bleeding duration was successfully reduced to 5 days, requiring 3 pads/day without heavy clot expulsion.

Prescription: The same therapeutic regimen was sustained systematically across 3 consecutive cycles.

Final Status (After 3 Months): Menstrual cycle completely regularized (5 days / 28–30 days). Repeat blood work demonstrated an elevated Hemoglobin level of 11.4 g/dl, and a repeat pelvic USG confirmed a healthy endometrial thickness of 6.5 mm.

DISCUSSION

The root pathogenesis (Samprapti) of Raktapradar in this case was heavily driven by the patient's dietary indulgences (Katu-Ushna Ahara) and late-night working habits, which directly aggravated Pitta and Vata Dosha. The aggravated Pitta corrupted the Rakta Dhatu, enhancing its fluidity (Drava Guna) and volume, while Vata caused an upward and outward redirection of fluid flow, causing excessive endometrial shedding.

Lodhra & Shunthi Churna: Lodhra possesses distinct Kashaya (astringent) and Sheeta (cooling) traits, executing direct Raktasthambhak actions on the uterine vasculature. Shunthi stabilizes Agni and resolves Ama (metabolic toxins).

Bolbaddha Rasa: This potent herbo-mineral formulation acts as a prime astringent and hemostatic agent, rapidly minimizing vascular permeability within the hyperplastic endometrium.

Praval Pishti: Highly cooling (Sheeta Virya) in nature, it neutralizes systemic Pitta heat and provides natural calcium to fortify capillaries.

Ashokarishta: Serves as an acclaimed uterine tonic (Garbhashaya Balya), restoring ovarian-uterine coordination, decreasing pelvic congestion, and curbing irregular cramping.

Punarnavana Mandoor: Effectively elevates iron absorption, correcting secondary anemia without causing gastrointestinal distress.

CONCLUSION

This single case study highlights that a customized Shaman Chikitsa regimen utilizing traditional Ayurvedic hemostatic, uterine tonic, and Pitta-Shamana formulations is highly effective in managing Raktapradar (Menorrhagia/DUB). The strategy not only safely checked excessive per vaginal hemorrhage but successfully corrected underlying tissue anemia, modified endometrial thickness, and re-established a regular, normal menstrual cycle without external hormonal intervention.

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