

WORLD JOURNAL OF PHARMACEUTICAL RESEARCH

SJIF Impact Factor 5.990

ISSN 2277-7105

Volume 4, Issue 8, 771-780. Review Article

ASRIGADARA-A FOCUS ON ENDOMETIAL RESPONSE IN DISEASE PROCESS AND IT'S RELEVANCE IN TREATMENT

¹Dr. Sarita Mishra*, ²Prof Mukta Sinha

¹Phd Scholar, Deptt of Prasuti Tantra, IMS, BHU, India.

²Professor, Deptt of Prasuti Tantra, IMS, BHU, India.

Article Received on 26 May 2015,

Revised on 19 June 2015, Accepted on 12 July 2015

*Correspondence for Author Dr. Sarita Mishra Phd Schlor, Deptt of Prasuti Tantra, IMS, BHU,

India.

ABSTRACT

Asrigdara is one of the main gynaecological disorder. A condition associated with severe bleeding during menstruation. It's clinical features are very near to that of Dysfunctional Uterine Bleeding. A lot's of researches are going on to understand the pathology of it, researches suggests that disturbed haemostatic mechanism, altered angiogenesis and disturbed inflammatory responses are causes of Dysfunctional Uterine Bleeding but Modern science is unable to tackle with, these endometrial responses and conventional hormonal treatment has it's limitations. It is associated with their side effects

and nothing to do with correction of basic pathology. On the other hand *Ayurveda* believes that *Doshas* are basic physiological unit of body and disturbance in their equilibrium results disease in body. In this article pathogenesis of *Asrigdara* which is very similar to Dysfunctional Uterine Bleeding is explained in light of altered functioning of *Doshash* on endometrium, which will open a new area of research for drugs advised in treatment of *Asrigadara* in Samhitas having their effect on endometrial changes at enzymatic and histopathological level.

KEYWORDS: Asrigadara, Ayurveda, Dosha, Endometrium.

INTRODUCTION

Asrigdara is a disease manifesting as excessive bleeding per vagina. This disease has been known to mankind since the age of *veda* and *purana*. Acharaya Charaka explained Asrigdara as a separate disease with its management in *yoni vyapata chikitsa*. He has also explained it as one of the Rakta pradoshaja vikara and also under pittavruta apana vayu. [1] Acharya Sushruta explained it as a separate disease entity and mentioned it under pitta samyukta

apana and in Rakta pradoshaja vyadhi. [2] Ashtanga Sangraha explained raktayoni and said Asrigdara and pradara as its synonyms.

Ayurveda opines that vitiation of *Doshas* are prime for generation of disease .Concept of *Anshamshadusti* of *Doshas* (disturbance in specific quality of *Doshashs*)^[3] and *Stroto Dushti* is also a very important concept for a disease process. Every *Dosha* has its specific gunas (quality) and in a disease specific *guna* (quality) get vitiated by particular *nidan sevana* (causative factor). Abnormalities at particular site of body (very similar to concept of *Sroto Dushti*) are also starts with *nidan sevana*.^[4] So concept of *nidan,vitiated Guna* of specific *Dosha* (*Amshamshadusti* of *Dosha* i.e. specific quality of *Doshash*), *Stroto dushti* caused by particular *nidan,Sthanasamshraya* (accumulation of *Doshas* at particular site) are the responsible factor for manifestation of disease process. Disease can not be treat successfully without giving proper consideration to these points. Such treatment that gives consideration to whole disease process (i.e. *Samprapti*) is beauty of *Ayurveda* whereas in Modern Medicine; after effect of causative agent on body is treated, they have no concept about disturbed homeostasis of body which get disturbed in the state of Disease.

So to understand disease process of *Asrigdara*, first the role of *Doshash* on menstrual cycle and their vitiation by *nidanas* should be clear.

LITERATURE REVIEW

Concept of Artava

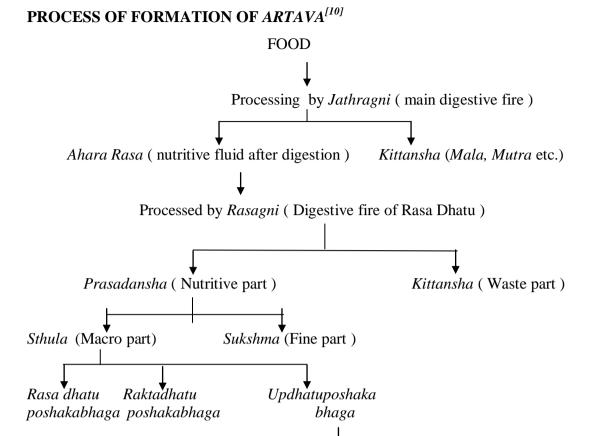
"Ritubhavamityartavam^[5]

The word, Ritu means-Particular or specific time, Bhavam- Occurrence.

Definition of *Artava*

In female, the periodical bloody discharges having blackish colour and specific odour through vagina by *vayu*, is known *Artava*.^[6] According to *Charaka* from the various kinds of food ingested, assumable nutrient fluid called the *Prashadabhaga* and excretory matter called the *Mala bhaga*^[7] get formed. Just after the completion of action of *Jathragni and Bhutagni*, *ahara* converts into *Ahara-rasa* upon which *Rasa dhatvagni* acts and produces two main parts named, *Sthulabhaga and Shukshmabhaga*. Out of them, *Sthulabhaga* is used as an *Upadhatu* i.e. *Artava*.^[8]

Sushruta while describing the formation of dhatus accepts formation of Artava as Dhatu rupa (as tissue) along with Shukra in female. [9]



STATUS OF DOSHAS DURING MENSTRUAL CYCLE

Raja sravakala(menstrual period)—it mainly influenced by *vata*. Excretion or movement of any substance from one place to another is the function of '*vata*'.^[11] Mensrual flow is main function of *Apanavata* ^[12](type of *vata*). According to modern gynaecological aspect, regression of endometrium, increase vascular fragility, increase inflammatory reactions and mediators are seen in this phase.^[13]

Processed by Artavagni

Formation of Artava

Ritukala (**Period till ovulation**): *Ritukala* starts with establishment of 'Navin raja' [14]. The 'Navin raja' may be considered with proliferation of endometrium followed by ovulation.

During proliferation phase reconstruction of endometrium starts and endometrium become spongy.

It is known that *prithvi* and *jalamahabhuta* are required for regeneration and *bhautik* components of *kapha* are *prithivi* and *jala*. So in proliferative phase, *kapha* dominance is proved.

Rituvyatitakala (Period after ovulation till next mense get start)

After *ritukala*, *Artava* becomes *agneya* and in this period '*purana raja*' is present in *Garbhashaya*^[15]. Secretory activity due to various enzymatic action increases during this period. ^[16] These enzymatic activities are very similar to function of *pitta*. It can be said that the stage is govern by *pitta*.

Proper balance of all the three *doshas* during whole month is responsible for normal menstruation. Disturbance in their balance leads to *vayadhi*.

Asrigdara is one of the diseases which are caused by the doshik disturbance and manifest as excessive bleeding per vagina.

NIRUKTI OF ASRIGDARA(Derivation)

The derivation of word 'Asrigdara' is derived from two words, that is -

Asrik – menstrual blood

Dara – excessive excretion

Asrik + Dara – Asrigdara

Excessive excretion of *raja* (menstrual blood) it is named as "*pradara*" it is the condition in which the *rajorakta* (menstrual blood) flows in abundant quantity. Due to *pradirana* (excessive excretion) of *raja* (menstrual blood) it is named as "*pradara*" and since, there is *dirana* (excessive excretion) of *asrik* (menstrual blood) hence it is known as "*Asrigdara*". *Acharya Dalhana* has described clinical feature of *Asrigdara* i.e. excessive and prolonged or prolonged blood loss during menstruation or even scanty blood loss during inter -menstrual period is '*Asrigdara*'.

NIDANA OF ASRIGDARA^[17]

Nidanas that causes vitiation of Doshash and result Asrigdara comes under following category -

- 1) aharaja (related to diet)
- 2) viharaja (related to life style)
- 3) manasika (related to psychology)
- 4) anya (other causes)
- 1) Causes related to diet: the etiological factors related with dietary condition are over indulgence of ruksha, sheeta etc. diets provokes vata; amla(sour), ushna(hot),

tikshna(pungent) etc. provokes pitta & guru(heavy), madhura(sweet), Snigdha(oily) etc. provokes kapha dosha.

- 2) Causes related to life style: Atimaithuna, Atiyanavarohana, Atimargagamana, Atibharavahana, Atidivaswapana
- 3) Causes related to psychology: Atishoka, Atisantapa, Adhayana.
- 4) Other causes: Garbhapata, Abhighata.

PATHOPHYSIOLOGY OF ASRIGADARA^[18]

Good understanding of pathogenesis (Samprapti) is very essential for early diagnosis, prognosis and for adopting preventive and treatment measures. Samprapti is the process of manifestation of the disease. Samprapti is the procedure in which the dosha get vitiated and the way in which they manifest the disease .As per Ayurveda Samprapti of Asrigadara, the woman who consumes excessive salty, sour, hot, vidahi (producing burning sensation) and unctuous substance, meat of domestic, aquatic and fatty animals, Krishara (made up with rice and pulses) payasa (rice cooked with milk and sweetened) curd, shukta (vinegar), mastu (curd water) and vine, her aggravated vayu, with holding rakta (blood) which get vitiated due to above cause, increases its amount and then reaching raja carrying vessels (branches of ovarian and uterine arteries) of the uterus, increases immediately the amount of raja (Artava or menstrual blood) in other words the increase in amount of raja is due to its mixture with increase blood. This increase in menstrual blood is due to relative more increase of rasa, in this condition, excessive blood is discharged hence it is known as pradara.

From the these pathology it can inferenced that *chala*^[19] *guna* of *vayu*along with *sara*^[20] and *drava*^[21]*guna* of *pitta* plays an important role in forming the basic *samprapti* of *Asrigdarachalaguna* is for increase movement and *sharaguna* disturbes stability and causes depletion of *dhatus* (tissue). [22]

Drava guna – It increases the liquid part of dhatu. [23]

Entire process of the development of the disease can be summaries in the following ways – Because of various causative factors *tridoshas* get vitiated and leads to *Agni mandya* which leads to *rasaganivaishamya* and this again leads *vikrita rasa dhatu*formation.Hence, the *artava* i.e. *upadhatu* of *rasa* also get vitiated and *rakta*, due to its *rasabhavata* gets vitiated

and increase in amount by the *pitta prakopakanidansevan*, the *rasa* and *dravaguna* of *pitta* get vitiated. These factors affects the uterine vascular apparatus leading to uterine congestion and increasing uterine circulation along with this *pittavritaapanavayu* and its *chalaguna* leads to excessive and irregular bleeding which is termed as 'Asrigdara'.

Vitiated *pitta* and *vata* in uterus causes disease known as *Asrigdara* it's sign and symptoms are very similar to Dysfunctional Uterine Bleeding (DUB). The pathology of DUB that is established by various modern tool and technique is very much similar tothat of *samprapti* of *Asrigdara* that was explained approx 2000 year ago.

Dysfunctional Uterine Bleeding (DUB)^[24], According to europian society of human reproduction and embryology is 'excessive bleeding (excessively, heavy, prolonged or frequent) of uterine origin which is not due to demonstrable pelvic disease, complication of pregnancy or systemic disease. It is of two types-

1. Anovulatory DUB - disturbed HPO axis and unopposed oestrogen are found in this condition. Unopposed oestrogen has direct effect on the uterine blood supply by reducing vascular tone ^[25]and possibly an indirect effect through inhibiting, inhibitory vasopressin ^[26]release leading to vasodilation and increase blood flow. Excessive endometrial proliferation and hyperplasia with increased and dilated draining veins and suppression of spiral arterioles with increased fragility. Unopposed oestrogen increases expression of Vascular Endothelial Growth Factors which may contribute to disturbed angiogenesis.

Endometrium exposed to prolonged unopposed oestrogen, synthesize less Prostaglandins and high proportion of PGE than PGF, increase synthesis of Nitric oxide (endothelium derived relaxing factor).

2. Ovulatory DUB – No disturbance of HPO axis and no hormonal imbalance is there.

Main defect appears to be in the control of process regulating the volume of blood lost during menstrual breakdown of endometrium, primarily the process of vasoconstriction and haemostasis.

Reduced level of endothelin causes increase in blood volume. Endometrial PG release is greatly influenced by circulating steroid level, increase in PG release and disproportionate rise of PG E2 causes vasodilatation and PG I 2 causes reduce platelet aggregation and increase fibrinolytic activities. Mast cell degranulate at menstruation, there is increase

number of substances including heparin, which reduces fibrin formation and histamine which causes endothelial cell contraction, resulting in increase gap between the vascular endothelial cells and both transudation and blood cell loss.^[27]

DISCUSSION

Vitiated *Doshas* in *Asrigdara* (DUB) expressed at endometrial level i.e. altered vascular tissue division, cell interaction, constriction and dilation of blood vessles are function related to altered *vata* and increase enzymatic activity and inflammatory response is related to altered functioning of *pitta*. In *Ayurveda*, causes related to diet, physiology and psychology are given i.e. *katu*(pungent) *rukchha*(dry), *amla* (sour) *tikchhna*, (spicy), *snigdha* (oily) meat and dairy product, excessive sexual intercourse, depression, excessive sleeps in day time, Improper eating habits disturbing *doshas* in body. Disturbs HPO axis of body because of stress, causes menstrual abnormalities.

Nutritional deficiency, Physiological and Psychological stress causes depletion of adrenal gland (source of body progesterone) and depletion of body progesterone.

Fast food, food that is heavy to digest and acidifying food, increases body estrogens by decreasing its excretion from body.

In Asrigdara, Ayurveda opines that vitiated Rakta get increase in its amount and goes in uterus and rajovaha shiras.

Increased uterine blood supply and increases blood flow in DUB is because of response of unopposed oestrogen.

Vata is the prime vitiated Doshas in all yoni vyapad and rajo doshas, and it should be treated first.

Modern science also except that regularization of HPO axis is very important in female disorder that influences hormonal level of body and function of HPO axis are very similar to that of vata.

In treatment of asrigdara pitta vatashamaktreatment has advice.

In DUB, disturbed fragility with increase activity of lytic enzymes are seen and these activities are due to vitiated *vata and pitta* in body so *vata pitta shamak* drugs describe in

Asrigdara will be helpful, drugs described in Asrigdara can be assessed having their effect on altered endometrial response by using modern research technologies based on immune histopathology and Biochemical markers and help humanity in safe and holistic way.

CONCLUSION

By using modern tools and technologies scientists have identified the changes those are taking place in endometrium i.e. altered inflammatory responses and altered vascular growth but there is no concept about the rout factors which are responsible for it as described in Ayurveda in the form of *nidana*. Unless and until these factors are present the disease cycle can not be stopped, as in modern medical science Hormonal treatment advised for Dysfunctional Uterine Bleedingis nothing to do with rout cause of disease. From above discussion it can be concluded that Endometrial response in Dysfunctional Uterine Bleeding are very similar to function of altered *pitta* and *vata* and *Ayurveda* having the concept of Nidana parivarjana(avoidance of cause) and having the treatment to pacify altered *pitta* and *vata* and can give safe and better treatment in case of heavy menstrual bleeding and it can be suggested that use of modern immune-histopathological knowledge and Biochemical markers can be done to stablish the expression of Endometrial response by the specific *nidana* responsible for *Asrigdara* along with this pharmacodynemics of drugs described for *Asrigdara* in *Samhitas* can be stablised in better way.

REFERENCES

- Agnivesha, "CarakaSamhita" revised by Caraka and Dridhbala with "Vidyotini" commentary by KashiNathShashtri, edited by Pt. Rajeshwara Datta Shashtri, Chaukhambha bharati academy, Varanasi -221 001, (India), reprint 2008; Chikitsasthana 28/230.
- 2. Susruta Samhita. Jadhavji Trikamji, editor. 5thed. Varanasi; Chaukhambha Orientalia; 1992. Sutrasthana 24/9.
- 3. Ibid Susruta Samhita, Sutrasthana 21/38.
- 4. Vagbhatta, Ashtanga Hrdaya, with the commentaries, Sarvangasundara of Arunadatta and Ayurvedarasayana of Hemadri, Editted by Pt. Hari Sadashiva Shastri Paradakara Bhisagacharya, Published by Chaukhambha Surbharati Prakashana, Varanasi. 2007; Sharirasthana 3/44.
- 5. Ibid Ashtanga Hridaya, Sharirasthana 1/1 ARUNDATTA TIKA.
- 6. Ibid. Ashtangahrdaya; Sharirasthana 1/1- ARUNDATTA TIKA.

- 7. Ibid. CarakaSamhita: Sutrasthana 28/5.
- 8. Ibid. CarakaSamhita; Chikitsasthana 15/16 Chakrapani Tika.
- 9. Ibid. Sushruta Samhita; Sutrasthana 14/10.
- 10. Ibid. Caraka Samhita; Chikitsasthana 15/16 Chakrapani Tika.
- 11. Agnivesha, "CarakaSamhita", revised by Caraka and Dridhbala with "Vidyotini" commentary, by Kashi Nath Shashtri, edited by Pt. Rajeshwara Datta Shashtri, Chaukhambha bharatia cademy, Varanasi -221 001, (India), reprint 2008; Sutrasthana 18/49.
- 12. Agnivesha, "CarakaSamhita", revised by Caraka and Dridhbala with "Vidyotini" commentary, by Kashi Nath Shashtri, edited by Pt. Rajeshwara Datta Shashtri, Chaukhambha bharati academy, Varanasi -221 001, (India), reprint 2009; Chikitsasthana 28/10.11
- 13. Finn, C.A. Implantation, menstruation and inflammation. Biol. Rev., 1986; 61: 313-328.
- 14. Agnivesha, "Caraka Samhita", revised by Caraka and Dridhbala with "Ayurveda Deepika" commentary, by Cakrapanidatta, edited by Vd. Jadavaji Trikamaji Acharya, Chaukhambha bharati publications, Varanasi -221 001, (India), reprint 2008, Sharirasthana, 4/7(Chakrapani Tika).
- 15. Ibid. CharakaSamhitaSharirasthana, 4/7(Chakrapani Tika).
- 16. Finn, C. A. Implantation, menstruation and inflammation. Biol. Rev., 1986; 61: 313-328.
- 17. Agnivesha, "Caraka Samhita", revised by Caraka and Dridhbala with "Vidyotini" commentary, by Kashi Nath Shashtri, edited by Pt. Rajeshwara Datta Shashtri, Chaukhambhabharatiacademy, Varanasi -221 001, (India), reprint 2008; Chikitsasthana 30/104-106.
- 18. Ibid. Charaka Samhita Chikitsasthana 30/207-209.
- 19. Ibid. Charaka Samhita Sutrasthana 1/59.
- 20. Ibid. Charaka Samhita Sutrasthana 1/60.
- 21. Ibid. Charaka Samhita Sutrasthana 1/60.
- 22. Dravya Guna Vijnana; Prof P. V. Sharma, Chaukhambha bharati publications, Varanasi 221 001, (India), reprint 2008.
- 23. Dravya GunaVijnana; Prof P. V. Sharma, Chaukhambha bharati publications, Varanasi 221 001, (India), reprint 2008.
- 24. Human Reproduction Update, 2002; 8(2): 60-67.

- 25. Beilby, J.O.W., Farrer-Brown, G. And Tarbit, M.H. The microvasculature of common uterine abnormalities, other than fibroids, J. Obstet. Gynaecol. Br. Commonw., 1971; 78: 361-368.
- 26. Zhang, L., Rees, M.C. and Bicnell, R. The isolation and long term culture of normal human endometrial epithelium and stroma. J. Cell. Sci., 1995; 108: 323-331.
- 27. Eldred, J. M. and Thomas, E. J. Pituitary and hormonal level in unexplained menorrhagia. Obstet, Gynaecol, 1994; 84: 775-778.