

**TREATMENT OF ASRINGDHAR IN AYURVEDA- A RESEARCH  
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**ABSTRACT**

Pradara is a combination of excessive bleeding per vaginum, dysmenorrhoea and lowback ache. Vataja Pradara being a type of Pradara mainly includes Ati Rakta Pravrutti along with Shula in Kati, Vankshana, Prushta and Shroni. Based on clinical symptoms, Vataja Pradara mostly simulates with Adenomyosis which is a benign condition and one among the causes of chronic pelvic pain in multiparous woman. Incidence of Adenomyosis is 0.14% and prevalence is 2.00%. In contemporary science hysterectomy is the only way to treat this condition but with Vataja Pradara line of treatment including Shodhana, Shamana and Matra Basti patient got significant relief from pain and excessive bleeding along with the improved quality of life. Hence an attempt has made to recollect the evidences proved the effective results in asringdhar through Ayurveda.<sup>[1]</sup>

**KEYWORDS:** Vataja Pradara, Adenomyosis, Shodhana, Shamana.

**INTRODUCTION**

Asrigdara is a disease in which manifestation of excessive bleeding per vaginum is there. Acharya Charaka described Asrigdara as a separate disease along with its management in Yonivyapad Chikitsa Adhyaya. Charaka also described it, as one of the Raktaja Vikara and also in Pitta Avrita Apana Vayu. Acharya Sushruta described it as a separate disease in Sharira

Sthana in Shukra Shonita Shuddhi Sharira Adhyaya. Sushruta also mentioned Asrigdara under Pitta Samyukta Apana Vayu and in Rakta Doshaja Vikara. Ashtanga Sangraha described Raktayoni and mentioned Asrigdara and Pradara as its synonyms. Ashtanga Hridya described Raktayoni, but nothing is mentioned about Asrigdara or Pradara and hence it is explained under synonym of Rakta Pradara at some places. Regular menstruation results from the balanced relationship between the endometrium and its regulating factors. In present time due to changing life style with food habits, incidence of excessive and irregular menstrual bleeding is increasing day by day because of which women need to take off from the work due to excessive bleeding as this excessive bleeding affects not just physical but also social.<sup>[2-3]</sup>

Modern Aspect Abnormal Uterine Bleeding (AUB) is the term currently used for alteration in menstruation resulting from increased amount, duration, or frequency. Terms such as dysfunctional uterine bleeding or menorrhagia were abandoned. Abnormal Uterine Bleeding has great importance for its incidence, and because it negatively affects physical, emotional, sexual and professional aspects of the lives of women, worsening their quality of life. In 2011, professionals from the International Federation of Gynecology and Obstetrics (FIGO) proposed a classification for the disorders causing AUB that ease the understanding, assessment and treatment of this condition, and enabled comparisons among the data from the scientific literature. This scheme is known as PALM-COEIN, in which each letter indicates one of the etiologies of bleeding (uterine Polyp [P], Adenomyosis [A], Leiomyoma [L], precursor and Malignant lesions of the uterine body [M], Coagulopathies [C], Ovulatory dysfunction [O], Endometrial dysfunction [E], Iatrogenic [I], and Not yet classified [N]). The PALM-COEIN system is applicable after excluding the pregnancy-related causes of bleeding. About 10-15% of women have to face episodes of abnormal uterine bleeding (AUB) at some time during the reproductive years of their lives. It is common during the extremes of reproductive life, following pregnancy and during lactation. It has been shown that 55.7% of adolescent's experience abnormal menstrual bleeding in the first year or so after the onset of menarche because of the immaturity of the hypothalamic-pituitary-ovarian axis leading to anovulatory cycles. It generally takes 18 months to 2 years for regular cycles to be established. It is not uncommon for a premenopausal woman to develop abnormal bleeding, and this is often due to anovulatory cycles in 80% cases. Definition AUB may be defined as any variation from the normal menstrual cycle, including alteration in its regularity, frequency of menses, duration of flow, and amount of blood loss. Up to one third of women

will experience abnormal uterine bleeding in their life, with irregularities most commonly occurring at menarche, reproductive age and perimenopause. A normal menstrual cycle has a frequency of 24 to 38 days, lasts 7 to 9 days, with 5 to 80 ml of blood loss.<sup>[4-7]</sup>

### **Clinical features**

These may be associated with small amount of irregular spotting to heavy vaginal bleeding. The frequency, regularity, duration, or volume will vary and may or may not be accompanied with excessive cramping, bleeding after menopause, bleeding or spotting after sex, bleeding or spotting between periods, periods lasts longer than 7 days, It takes the form of heavy regular or irregular cycles. Dysmenorrhea is invariably absent in anovulatory cycles. Excessive blood loss may lead to Anaemia. The pelvic findings by ultrasound scanning are normal except in ovarian tumour. It is important to rule out other causes of abnormal uterine bleeding before instituting hormonal therapy. Associated Symptoms Frequently accompanied by physical and nervous disturbances, exercise induced fatigue, fainting, increased heart rate, dyspnoea, palpitation and syncope. It is estimated that only 20% of women are completely free from discomfort or upset and that only 03% of young nulliparous do not experience premenstrual molimina of some kind. The degree of disturbance depends on the individual's outlook towards this physiological process, and on her determination not to allow it to interfere with her normal life.<sup>[8-11]</sup>

### **Chikitsa siddhanta**

Ayurveda texts have described a variety of treatment options in the management of Asrigdara including Shodhana and Shamana Chikitsa. Out of them, the efficacy of “Shodhana Chikitsa” is having prime importance as it expels out the vitiated Dosha from the body. The general principles of treatment of Asrigdara are as follows

- Nidana Parivarjana
- Dosha Shodhana
- Dosha Shamana

### **Raktasamgrahana**

- Rakta Shodhana
- Rakta Sthapana
- Use of Tikta Rasa (Deepana-Pachana)

**Nidana parivarjana**

Nidana plays the prime role in the initiation of pathogenesis which proceeds towards the development of disease. Hence it is the chief principle of treatment in Ayurveda texts. Excessive intake of salty, sour, heavy Katu (hot), Vidahi (producing burning sensation) and unctuous substances, meat of domestic, aquatic, Payasa, Sukta, Mastu & wine, are considered as Nidana and these should be avoided. In context to maintain the normalcy of Rajah in any form or to avoid any kind of abnormality i.e., dysmenorrhoea, menorrhagia, oligomenorrhoea, the specific diet regimen is prescribed as Rajasvalacharya. As menstrual cycle is an effective monthly cleansing, thus it is necessary to support that cleansing process by doing Rajasvalacharya to rejuvenate the body, organs (uterus), Doshas and Agni. Rajasvalacharya routine is a regimen of diet and work that a menstruating woman should adopt during first three days of cycle. It is as following:

- a) **Vihara:** To avoid day sleeping, bathing, anointing, massaging, laughing, talking too much, combing, and excessive exercises. Woman should sleep on bed made with Darbha over ground. Nasya, Vamana, Swedana are contraindicated during these three days etc.
- b) **Ahara:** Eat Havishya (Sushruta) or Yavaka Anna with Paysa (Ashtanga Sangraha). In commentary Dalhana described Havishya as Shali rice with Ghrita and Yavaka as Yava (barley) with Ksheera. Thus, this diet should be taken to get Karshana effect on female's body and Koshtha Shodhana. As it can be assumed that this regimen is having a deleting and purificatory effect on the old endometrium, therefore giving the uterus a better environment to build up a healthy and proper endometrium from the fourth day. 2. Dosha Shodhana Diseases treated with the Shodhana Chikitsa have negligible chance of recurrence because vitiated Doshas are totally expelled from the body. Those treated with Shamana Chikitsa are vulnerable for recurrence because subtle amount of vitiated Doshas left in the body which can get aggravated with the slightest opportunity.
- a) **Virechana:** Virechana has been indicated. The predominant Dosha being Pitta, Virechana serves as the best Shodhana therapy. Acharya Charaka has suggested the use of Mahatikta Ghrita for Virechana in Pittaja Asrigdara.
- b) **Basti:** Asrigdara Vyadhi occurs due to vitiation of Vata and Basti is said to be the best treatment for Vata Dosha. Classics have mentioned the use of Uttar Basti in Asrigdara. According to Vagbhata, use of 2 or 3 Asthapana Basti followed by Uttar Basti is beneficial.

**Dosha shamana**

Dosha which are increased brought down to normal by applying different methods of Shamana Chikitsa.

Rakta Samgrahana and Rakta Sthapana Dravya This means the administration of drugs or other measures which causes Rakta Stambhana. In this disease excessive bleeding during menstrual and intermenstrual period causes a condition of anaemia in the patient. Raktavardhaka Chikitsa is also necessary. 5. Use of Tikta Rasa is advised with following purposes:

- It pacifies the Pitta Dosha.
- Agni Deepana- Dosha Pachana (To improve metabolism).
- Rakta-Samgrahana (As a coagulant)
- Tikta Rasa has Lekhana Karma

**Shaman chikitsa drugs for external use**

1. Vyaghranakhi (*Solanum surattense*) grown in the northern direction at uprooted during Uttarphalguni Nakshatra the root tied around waist cures Rakstapradara.<sup>[12]</sup>
2. Shatapushpa oil for Nasya and Abhyanga is beneficial.

**Drugs for internal use: Kashaya**

1. **Pradarhara kashaya:** Kashaya of Khadira, Sita, Bala, Asana, Sariva, Vasa, Japa, Musta, Salmali Twak, Amalaki administered with sugar and honey.
2. **Asrgdarahara kashaya:** Musta, Guduchi, Madhuka, Chandana, Sevyā, Viswa, Masa, Agnimantha, Kana, Mudga, Kulatha, Chitraka administered early morning with honey.
3. **Vasadi kashaya:** Vasa, Apamarga, Udumbara, Twak, Shatavari, Usheera, Bala, Jivakamula, Twak, Administered With Sarkara and Ghrita.
4. **Pathyamalakyadi kashaya:** Haritaki, Amalaki, Bibhitaki, Sunthi, Devdaru, Haridra is administered with Ksaudhra and Lodhra Churna.<sup>[15]</sup> Kalka and Churna: 1. Kalka of Tanduliyaka Mula with Madhu or Rasanjana with Madhu and rice water.<sup>[16]</sup> 2. Rasanjana and Laksha Churna taken with goats milk.
5. **Pushyanug churna:** Patha, Jambu, Amra, Silajita, Rasanjana, Ambashtha, Mocharasa, Samanga, Kesar, Ativisa, Mustaka, Bilwa, Lodhra, Gairika, Katphala, Marich, Sunthi, Mridhwika, Raktachandan, Katvanga, Vatsaka, Ananta, Ghataki, Madhuka, Arjuna administered with honey followed by rice water.
6. **Vishveladi churna:** Shunthi, Ela, Kana, Musali, Gokshura, Vanshi, Sita.

**Ksheer prayoga**

1. Ashoka ksheer paka: Properly prepared cooled milk with decoction of Ashoka Valkala.

**Modaka**

1. Alabu phala or Malaya (Kakodambari) mixed with equal quantity of sugar and honey.

**Avaleha**

1. **Madhukadhyavleha:** Madhuka, Chandana, Laksha, Rakta Utpala, Rasanjana, Kusa mula, Balamula, Vasaka mula, Bilwa seeds, Mustaka, Bilwamajja, Mocharasa Daruharidra, Dhataki, Pushpa, Ashokatwak, Draksha, buds of Japakusuma, Amrapatra, Nalinipatra, Jambu, Satavari, Vidarikanda, Rajatabhasma, Lauhabhasma Abharaka bhasma, sugar and Shatavari Swarasa.
2. **Jirakavaleha:** Jiraka, Lodhra ksheera ghrita sugar, Chaturjatka, Kana, Vishva, Ajaji Musta, Balaka, Dadima rasaja, Dhanyaka, Rajani, Shadvasakam, Vanshaja taavsheeri.<sup>[23]</sup>
3. **Khandakushmandavaleha:** Kushmanda, sugar, Pippali, Sunthi, Jiraka, Dhanyaka patra, Ela, Maricha, Twak, honey.

**Ghrita**

1. Mudgadya ghrit : Mudga masa rasna chitraka musta pippali bilwa.<sup>[13-15]</sup>
2. Shalmali ghrit :salamali prushnaparni fruit of kasmari kalka of chandana.
3. Shit kalyanak ghrita : Kumuda Padmaka Usira Godhuma Red Sali Mudagparni Payasa Kasmari Madhuyashti Bala Atibala Utpala Talmastaka Vidari Satpushapa Saliparni Jivaka Triphala seeds of Tripusa unripe fruit of banana milk water Ghrit

**Mahatikta ghrita**

Saptachhad Prativisha Samyaka Katurohini Patha Musta Usira Triphala Parpata Patola Nimbi Manjishtha Pippali Padmaka Sati Chandan Shanwayasa Visala Dwayam Nisadwayam Guduchi Sariva Murva Vasa Sataavri Trayanti Indrayava, Yasti, Bhunimba Ghrit, Amalaki. 5. Shatavari ghrita : Satavari, Milk, Kalka of Astavarga, Madhuyasti, Chandan, Padmak, Gokshur, Kapikachu, Bala, Nagabala, Salaparni, Prushniparni, Vidari, Sariva, Krushna Sariva, Sarkara, Kasmari. 6. Ashoka ghrita :Murchchit ghrita, asoka twak kwath, Jiraka kwath rice wash goats milk Kesaraj swarasa, Rushabhak, Meda, Mahameda, Kakoli, Kshirkakoli, Vridhi, Madhuyashti, Ashokamula Twaka, Draksha, Satavari, Tanduliya mula.

## DISCUSSION

In Ayurvedic classics, all gynecological disorders come under a big heading 'Yonivyapada'. Asrigdara is very severe and life-threatening disease which may be fatal to the patient if not treated properly and timely. Complications of Asrigdara includes weakness, giddiness, mental confusion, feeling of darkness, dyspnoea, thirst, burning sensation, delirium, anaemia, drowsiness, convulsion, and other disorders due Vata vitiation because of excessive bleeding per vaginum. Prophylaxis of asrigdara is possible only due the avoidance of all etiological factors causing Raktapradara. The drugs and formulations used in treatment of Asrigdara are mainly rich in Kashaya rasa and Tikta rasa because both of these rasas have the property of astringent i.e., Stambhana Guna in Ayurveda and thus due to astringent property, bleeding will be checked. Then next aim of treatment should be rising of blood i.e., haemoglobin level in body and for that, Raktasthapana drugs should be used. Maharshi Kashyapa has described use of purgation (Virechana) in 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.<sup>[16]</sup>

## CONCLUSION

Asrigdara is prolonged and excessive menstrual bleeding or intermenstrual bleeding along with pain and bodyache. Aggravated Vayu, withholding the Rakta (blood) vitiated due to Nidana Sevana, increases its amount and then reaching Raja carrying vessels (branches of ovarian and uterine arteries) of the uterus, increases immediately the amount of Raja (Menstrual blood).

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