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A REVIEW ON THE ROLE OF *SADYOVIRECHAN* WITH *TRIVRIT AVLEHA* IN THE MANAGEMENT OF *ASRIGDARA* (AUB E)

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ABSTRACT

Asrigdara is defined as excessive or prolonged blood loss during menstruation with or without bleeding during the intermenstrual period. Due to similarity in manifestations, it can be correlated with Abnormal Uterine Bleeding (AUB).In the present developing era, clinical practice shows a rising trend in AUB cases, and approximately one-third of women experience AUB at some point in their lives. In Ayurvedic therapeutics, *Shamana Chikitsa* is recommended following *Shodhana* to maintain *dosha samata* and prevent recurrence. *Apanavrita Pitta* is a major causative factor for *Asrigdara*, and *Virechana* helps pacify *Apana Vayu* and *Pitta*.However, classical *Virechana* requires 10–15 days for the proper completion of *Purva Karma*, *Pradhana Karma*, and *Paschat Karma*. In today's busy schedule, this duration is often difficult to manage. To overcome this limitation and to provide quicker *Pitta-shamana*, *Sadyovirechana* is advocated. —a simplified and immediate *Shodhana Karma*—can be adopted. Trivrit Avleha, being a *Mridu Rechak Dravya*, is ideal for

Sadyovirechana due to its *Pittahara, Raktashodhaka,* and *Shothahara* properties, facilitating *Dosha Nirharana* and providing symptomatic relief in Asrigdara.

KEYWORDS: *Asrigdara, Sadyovirechana,* Abnormal Uterine Bleeding, *Trivrit Avleha.*

1. INTRODUCTION

Asrigdara is one of the most frequently reported gynecological complaints described in *Ayurveda,* characterized by excessive or prolonged menstruation. The condition significantly affects a woman's physical health, emotional wellbeing, and daily activities. Menstrual irregularities and abnormal heavy menstruation account for up to 25% - 30% of women. About 10%-25% of women experience episodes of AUB at some time during reproductive years of their lives.[1] In *Charaka Saṃhita,* it is also termed *Pradara* due to *pradeerana of Rajas.*[2] *Asrigdara* is formed from *Asrik* (menstrual blood) and *Dara* (excessive excretion), meaning excessive discharge of menstrual blood In modern practice, the corresponding condition AUB is defined as bleeding from the uterine corpus that is abnormal in duration, volume, frequency and/or regularity.[3] AUB due to endometrial cause is due to the defect in local endometrial haemostasis secondary to abnormal secretion of prostaglandin.[1] AUB is increasing due to lifestyle, stress, and hormonal disturbances, making its effective management essential.

2. DISEASE REVIEW

2.1 Nidana

Charak Samhita	*Rasa - Lavana, Amla, Katu rasa* *Guna - Snigdha, Vidahi, Guru guna* *Aahar - Mamsa, Krishara, Payasa, Sura, Dadhi, Shukti, Mastu, Madya*
Madhav Nidana,Bhava Prakasha,Yoga Ratnakar	
Aharaja Nidana	*Viruddha bhojana, Atimadya sevan*
Viharaja Nidana	*Atimaithuna, Atimarga gamana, Atibharvahana, Diwaswapna.*
Manasika Nidana	*Shoka.*
Others	*Garbhapata,*

Classification (PALM–COEIN – FIGO)[3]

Structural (PALM)	Non-Structural (COEIN)
• Polyp • Adenomyosis • Leiomyoma • Malignancy/Hyperplasia	• Coagulopathy • Ovulatory dysfunction • Endometrial causes • Iatrogenic • Not yet classified

2.2 Samprapti (Pathogenesis)

Nidanas like Guru, Vidhahi, Snigdha, Diwaswapan and dadhi increase Kapha dosha. Amla, Lavana,and Drava increase Pitta dosha. Shoka, Chinta, and Atimaithuna increase Vata dosha. All these factors cause Agnimandya, which leads to the formation of vikrit Rasa dhatu. Since Artava is the upadhatu of Rasa, and Rakta is also formed from Rasa, the abnormal increase in Rasa leads to increased menstrual blood flow.[2]

PATHOPHYSIOLOGY

AUB has different types, and the underlying pathology varies depending on the cause. Here is the pathology of AUB due to endometrial cause.

Normally, estrogen induces endometrial proliferation during the follicular phase, and progesterone from the corpus luteum converts it into the secretory phase after ovulation. In the absence of pregnancy, progesterone withdrawal leads to the release of Prostaglandin $F_2\alpha$ and Endothelin-1, causing spiral arteriole constriction and orderly shedding of the functional endometrium as menstruation.

Abnormal uterine bleeding of endometrial origin (AUB-E) occurs due to dysfunction in local endometrial hemostatic mechanisms, such as increased Prostaglandin E_2 with reduced Prostaglandin $F_2\alpha$, impaired spiral arteriole vasoconstriction, increased fibrinolytic activity, excess local vasodilators (e.g., nitric oxide), and endometrial inflammation. These alterations result in excessive or prolonged bleeding despite normal ovulation and hormonal levels.

2.4 *Lakshana*

- *Raja Atipravritti*
- *Deerghakalanubandhi*
- *Anrutavapi*
- *Angamarda*

2.5 *Samprapti Ghatakas*

- ***Dosha:*** *Tridosha*
- ***Dushya:*** *Rasa, Rakta, Artava*
- ***Agni:*** *Jatharagni Mandya*
- ***Srotas:*** *Artavavaha, Rasavaha, Raktavaha*
- ***Srotodushti:*** *Atipravritti*

- ***Adhisthana:*** *Garbhashaya, Artavavaha Srotasa*

2.6 *Upadrava*[4]

Daurbalya, Bhrama, Murcha, Tamas, Daha, Pralap, Pandutva, Tandra, Vataja roga.

3. TRIVRIT AVLEHA

Trivrit Avleha is described in *Ashtanga Hridaya* under *Hṛidaya Virechana*. The chief ingredient is *Trivrit*. *Charaka Saṃhita* classifies Trivrit as *Sukha-Virechaniya*. It possesses *Kapha-Pitta Prashamana, Rechaka,* and *Shothahara* properties.[5]

Name	**Latin Name**	***Ras Panchak***	***Karma***
Trivrit[6]	*Operculina turpethum*	*Ras – Tikta, Katu* *Guna – Laghu, Ruksha Tikshan* *Virya – Ushna* *Vipaka – Katu*	*Kapha Pitta Shamak*
Twak[6]	*Cinnamomum zeylanica*	*Ras – Katu, Tikta, Madhur* *Guna – Laghu, Ruksha Tikshan* *Virya – Ushna* *Vipaka – Katu*	*Kapha Vata Shamak*
Ela[6]	*Elettaria cadamomum*	*Ras – Katu, Madhur* *Guna – Laghu, Ruksha* *Virya – Sheet* *Vipaka – Madhur*	*Tridoshhara*
Tamalpatra[6]	*Cinnamomum tamala*	*Ras – Katu, Madhur* *Guna – Laghu, Ruksha* *Virya – Sheet* *Vipaka – Madhur*	*Kapha Vata Shamak*
Madhu		*Ras– Madhur, Kshaya* *Guna– Laghu, Ruksha Suksham* *Virya – Sheet*	*Pitta Kapha shamak*
Shakara		*Ras – Madhur* *Virya-Sheet*	*Vata Pitta Shamak*

4. PHARMACOLOGY

Name	Chemical Constituents	Pharmacological Action
Trivrit	Turpethinic acids (A, B, C, D, and E) albumin, lignin salts, volatile oil, starch, ferric oxide, lupeol, α- and β-turpethein, α- and β-rhamnose, fructose, β-sitosterol, scopoletin, botulin[7]	• Lupeol, a key constituent of *O. turpethum*, exerts strong anti-inflammatory effects by reducing prostaglandin levels and inhibiting COX-mediated pathways.[8] • Scopoletin suppresses inflammation through inhibition of the NF-κB and p38 MAPK pathways.[9]
Twak	Cinnamaldehyde, eugenol, carvacrol, cinnamic acetate and thymol[10]	• Eugenol markedly suppresses COX-2 expression and reduces PGE_2 production in LPS-stimulated RAW 264.7 macrophages.[11] • Carvacrol exhibits potent COX-2 inhibition, reducing PGE_2 synthesis with an IC_{50} of approximately 0.8 μM.[12] • Cinnamaldehyde suppresses prostaglandin production by reducing IL-1β–induced COX-2 activity and lowering PGE_2 levels in rat cerebral microvascular endothelial cells in a dose-dependent manner.[13,14] • Thymol inhibits both COX-1 and COX-2 in vitro, leading to decreased PGE_2 biosynthesis.[15]
Ela	*1,8-cineole, linalool, α-terpinyl acetate*[16]	• Linalool significantly reduces inflammatory nitric oxide production, contributing to its antinociceptive action.[18] • Terpenes modulate major inflammatory pathways, including COX, NF-κB, and MAPK, supporting their therapeutic potential.[19] • Methyl eugenol suppresses IgE-mediated allergic inflammation by inhibiting mast-cell degranulation.[20]
Tamalpatra	*cineol, linalool, terpinolene, sabinene, and methyl eugenol*[17]	

5. PROBABLE MODE OF ACTION

Samprapti-vighatana in *Asṛigdara* can be effectively achieved by *Virechana*, which is described as "*śreṣṭha*" for Pitta as mentioned in *Sushrut Samhita*. *Trivrit* with its *Ushna Virya* and *Katu*, *Tikta*, *Kashaya Rasa* does *Ama Pachana* and *Agni Deepana* at the level of *Annavaha Srotas* and eliminates the aggravated *Pitta* from the *amashya* and helps in correcting *Jatharagni*. Through proper *niṣarana* of *mala*, it also promotes *Vata-anulomana*, thereby restoring the normal function of *Apana Vata*. *Trivṛit*, mentioned in *Bhavaprakasa Nighaṇṭu* as a *rechaka* and *Pitta–Rakta-samaka dravya*, possesses *Tikta rasa* which imparts *Deepana*, *Pachana*, *Raktaprasadana* and *Daha-prasamana* effects. These actions further purify *Rakta* and cleanse the *Artavavaha srotas.* Thus, *Virechana* with *Trivṛit Avleha* breaks the *samprapti* of *Asṛigdara* by reducing *Pitta–Rakta prakopa*, normalizing *Vata gati* and restoring balanced *artava pravṛtti*.

Phytoconstituents present in *Trivrit Avleha* help reduce heavy uterine bleeding primarily through their anti-inflammatory and anti-prostaglandin actions. Compounds such as lupeol, scopoletin, eugenol, cinnamaldehyde, carvacrol, thymol, linalool, and 1,8-cineole inhibit COX enzymes and suppress key inflammatory pathways like NF-κB and MAPK, thereby lowering prostaglandin and nitric oxide levels that promote vasodilation and excessive bleeding. Together, these mechanisms may contribute to reduced endometrial blood flow and improved control of heavy menstrual bleeding.

6. DISCUSSION

The management of *Asrigdara* requires both *Shodhana* and *Shamana Chikitsa*, but the full *Virechana* procedure is often difficult for many women to undergo. Therefore, *Sadyovirechana* with *Trivrit Avleha* becomes a practical and effective choice. Its *rechak* action helps in the quick elimination of aggravated *Pitta* and correction of *Apana Vata*, thereby breaking the *samprapti* of excessive uterine bleeding. Pharmacological studies show that its phytoconstituents exert strong anti-inflammatory and anti-prostaglandin effects by inhibiting COX, NF-κB, and MAPK pathways.*Trijata dravyas* further support the action through compounds that reduce PGE_2 levels and downregulate COX-2 expression, decreasing vasodilation and endometrial inflammation. These combined actions help control heavy bleeding and relieve pain. Thus, classical *Ayurvedic* principles along with modern evidence justify the use of *Sadyovirechana* with *Trivrit Avleha* in *Asrigdara.*

7. CONCLUSION

Thus, *Sadyovirechana* with *Trivrit Avleha* emerges as a *yukti*-based approach in *Asrigdara,* as its *mridu-virechana* action quickly eliminates vitiated *Pitta* and restores the normal *gati* of *Apana Vata,* leading to *samprapti-vighatana*. The supportive action of *Trijata dravyas* aids in *Raktaprasadana*, *Pittashamana*, and reducing the associated symptoms. Hence, both classical *Ayurvedic* principles and modern findings show its efficacy in the management of *Asrigdara.*

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