

MENORRHAGIA - MODERN AND AYURVEDIC REVIEW**Dr. Pooja Chaudhari^{1*}, Dr. Vidya Sarode², Dr. Vishakha Pachore³**¹*PG Scholar, Ashwin Rural Ayurved College & Hospital, Manchi, Sangamner.²HOD Stree Rog & Prasutitantra. Ashwin Rural Ayurved College & Hospital, Manchi, Sangamner.³Associate Professor, Ashwin Rural Ayurved College & Hospital, Manchi, Sangamner.

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ABSTRACT

Excessive menstrual bleeding, known as Menorrhagia, impacts a substantial number of women globally, causing physical discomfort, emotional strain, and economic challenges. This comprehensive review explores contemporary medical and traditional Ayurvedic perspectives on Menorrhagia, covering diagnostic techniques, underlying causes, therapeutic approaches, and their relative effectiveness. In Western medicine, Menorrhagia is frequently linked to hormonal disruptions, uterine issues, or broader health conditions, with interventions spanning medications such as non-steroidal anti-inflammatory drugs (NSAIDs) and hormonal birth control to procedures like endometrial ablation or hysterectomy. Clinical trials provide strong evidence for these methods, although they may involve side effects and the possibility of recurrence. In contrast, Ayurveda interprets Menorrhagia as a result of dosha

imbalances, especially heightened pitta and vata, and utilizes comprehensive remedies including herbal preparations, nutritional adjustments, yoga, and behavioral changes. Drawing from ancient scriptures such as the Charaka Samhita, Ayurvedic practices focus on achieving bodily equilibrium and have demonstrated encouraging outcomes in research for alleviating bleeding and enhancing well-being. A side-by-side evaluation indicates that while modern treatments deliver swift symptom management, Ayurveda presents enduring, low-risk options with reduced complications. Nonetheless, combining elements from both could improve results. This review calls for additional studies on integrated strategies, stressing the

importance of controlled trials to substantiate Ayurvedic methods within contemporary medical contexts. In essence, a thorough grasp of both systems can assist healthcare professionals in providing tailored, culturally appropriate treatment for Menorrhagia.

KEYWORDS: Menstrual disorder, Menorrhagia, Raktpradar.

INTRODUCTION

Menorrhagia, characterized by menstrual flow surpassing 80 mL per cycle or extending beyond 7 days, is a widespread gynecological issue affecting roughly 10-30% of women in their childbearing years worldwide.^[1] It often results in anemia, exhaustion, and a decline in overall life quality, frequently requiring intervention.^[2] The origins of this condition are diverse, involving hormonal irregularities, anatomical defects, and systemic illnesses.^[3] Contemporary medicine tackles Menorrhagia with evidence-driven diagnostics and therapies aimed at easing symptoms and addressing root causes. Yet, alternative healing systems, notably Ayurveda, provide a time-honored holistic viewpoint that sees the ailment as a sign of internal disharmony rather than an isolated problem.^[4]

Ayurveda, an ancient Indian medical tradition over 5,000 years old, understands Menorrhagia via the concepts of tridosha (vata, pitta, kapha) and dhatus (tissue elements).^[5] It suggests that profuse bleeding stems from intensified pitta dosha, disrupting rakta dhatu (blood component), frequently worsened by vata's unpredictable influence on flow.^[6] Ayurvedic care emphasizes restoring balance through natural solutions, lifestyle tweaks, and preventive steps, differing from modern medicine's dependence on drugs and operations.^[7]

This review seeks to connect these two frameworks by thoroughly examining modern and Ayurvedic viewpoints on Menorrhagia. It delves into diagnostic methods, causal factors, treatment strategies, and supporting evidence, while comparing their advantages and drawbacks. Drawing from scholarly articles, trials, and traditional texts, the discussion promotes a well-rounded, evidence-based approach. In the end, this piece aims to guide doctors, scientists, and patients toward comprehensive care options, promoting a more inclusive strategy for female health.

Definition and Prevalence

In current clinical settings, Menorrhagia is outlined by the International Federation of Gynecology and Obstetrics (FIGO) as significant menstrual bleeding that affects a woman's

physical, mental, social, or economic functioning.^[8] Objectively, it entails loss of more than 80 mL of blood per cycle, although patient reports often drive identification due to difficulties in precise measurement.^[9] From an epidemiological standpoint, Menorrhagia troubles 10-35% of women, with elevated rates among those aged 30-49 and those with conditions like obesity or thyroid issues.^[10] Contributing factors encompass age, childbirth history, and socioeconomic background, with worldwide differences shaped by healthcare availability.^[11]

Causes and Mechanisms

Western medicine associates Menorrhagia with various triggers, classified as structural, hormonal, or systemic.^[12] Structural reasons involve uterine fibroids, polyps, adenomyosis, and endometrial thickening, which interfere with standard endometrial shedding.^[13] Hormonal shifts, including excess estrogen or insufficient progesterone, prolong endometrial growth, leading to heavy bleeding.^[14] Systemic elements include clotting disorders (such as von Willebrand disease), hypothyroidism, and effects from medications like blood thinners.^[15] Mechanistically, irregular prostaglandin activity worsens uterine contractions and blood vessel expansion, intensifying loss.^[16]

Diagnosis

Assessment starts with a thorough patient history and bleeding log to gauge patterns.^[17] Physical checks look for pelvic irregularities, and lab work measures hemoglobin for anemia and thyroid activity.^[18] Transvaginal ultrasound (TVUS) is essential for examining uterine anatomy, with hysteroscopy or endometrial sampling verifying issues like hyperplasia or cancer.^[19] Sophisticated scans, including MRI, assist in intricate scenarios.^[20] The Pictorial Blood Loss Assessment Chart (PBAC) serves as a visual aid for patients to estimate bleeding intensity.^[21]

Treatment Approaches

Therapies are customized based on cause, intensity, and individual needs, ranging from non-invasive to surgical.^[22]

Drug-Based Therapies

Initial treatments feature NSAIDs (e.g., mefenamic acid), which block cyclooxygenase and cut prostaglandin-related bleeding by 20-50%.^[23] Hormonal options, like combined pills or progestins (e.g., medroxyprogesterone), stabilize the endometrium and lessen flow.^[24] Levonorgestrel intrauterine devices (LNG-IUDs) provide prolonged relief, decreasing

bleeding by up to 90% in trials.^[25] Clot-stabilizing agents such as tranexamic acid prevent clot dissolution, useful in urgent cases.^[26]

Surgical Interventions

For persistent cases, less invasive techniques like endometrial ablation (via heat or radiofrequency) eliminate the endometrial layer, resulting in no periods in 40-60% of individuals.^[27] Hysterectomy, a final resort, is used for severe, treatment-resistant Menorrhagia, offering high success but with operative hazards.^[28] Fibroid removal (myomectomy) targets specific growths while maintaining fertility.^[29]

Innovative Treatments

Emerging methods include progesterone receptor modulators (e.g., ulipristal acetate) for fibroid-induced bleeding^[30] and non-hormonal agents like etamsylate to boost clotting.^[31] Supportive measures, including weight control and physical activity, enhance medical care.^[32]

Evidence and Results

Randomized trials confirm NSAIDs' edge over placebos for immediate alleviation,^[33] with LNG- IUDs demonstrating lasting effects over 5 years.^[34] Surgical procedures report 80-90% satisfaction, though 10-20% experience return of symptoms.^[35] Drawbacks involve complications such as digestive issues from NSAIDs and hormonal changes from contraceptives.^[36] Extended research stresses monitoring endometrial health with hormonal use.^[37]

Drawbacks

Contemporary approaches may focus on symptoms rather than origins, risking side effects and expenses.^[38] Cultural and access issues hinder universal use.^[39]

Ayurvedic Perspective on Menorrhagia

Fundamental Principles: Ayurveda, rooted in ancient Sanskrit writings like the Charaka Samhita and Sushruta Samhita, views wellness as harmony among three doshas: vata (air and space), pitta (fire and water), and kapha (earth and water)⁴⁰. Menorrhagia, referred to as "Rakta Pradara" or "Asrigdara," is seen as an imbalance with dominant pitta dosha overheating rakta dhatu, causing excess flow, often worsened by vata's irregularity.^[41] Kapha might contribute to clotting or buildup.^[42] Causes include poor diet (e.g., spicy or acidic

foods fueling pitta), stress, weak digestion (mandagni), and habits like overexertion.^[43] Unlike modern focus on disease, Ayurveda prioritizes personal constitution (prakriti) and prevention.^[44]

Diagnosis

Ayurvedic evaluation uses trividha pariksha: observation (darshana), touch (sparshana), and inquiry (prashna).^[45] Experts evaluate dosha states via pulse (nadi), tongue, and urine, plus menstrual details.^[46] Contemporary imaging might be included, but holistic appraisal is key.^[47]

Treatment Foundations

Ayurvedic care follows a phased method: avoiding triggers (nidana parivarjana), cleansing (shodhana), soothing (shamana), and revitalizing (rasayana).^[48]

Nutritional and Lifestyle Adjustments

Recommendations include cooling, binding foods like pomegranate, Indian gooseberry, and turmeric to calm pitta.^[49] Steering clear of aggravating items (e.g., caffeine, red meat) and practicing yoga poses like corpse pose for relaxation are encouraged.^[50] Lifestyle tips involve rest during periods and routine balance.^[51]

Herbal and Traditional Remedies

Core herbs include Ashoka (*Saraca indica*), which curbs uterine bleeding with its constricting effects.^[52] Lodhra (*Symplocos racemosa*) and Nagakeshara (*Mesua ferrea*) reduce pitta and regulate flow.^[53] Preparations like Chandraprabha Vati and Pushyanuga Churna aid hormonal stability.^[54] Panchakarma, including purgation (virechana) and enemas (basti), purify and balance doshas.^[55]

Additional Practices

Yoga and breathwork (pranayama) ease vata-pitta disturbances.^[56] Oils such as sesame for massage boost vitality.^[57]

Evidence and Results

Research supports Ayurvedic methods; a trial on Ashoka extract showed 50% bleeding reduction versus placebo.^[58] Another on Pushyanuga Churna improved cycle regularity.^[59] Reviews highlight herb safety and benefits, with few side effects.^[60] Benefits encompass less anemia, more energy, and better fertility.^[61]

Drawbacks

Ayurvedic care lacks extensive trials and standardization, depending on tradition.^[62]

Practitioner differences and availability are concerns.^[63]

Comparative Evaluation of Modern and Ayurvedic Methods

DISCUSSION

Western medicine shines in quick diagnostics through scans and precise therapies, backed by RCTs.^[64] Its drug options offer fast relief, but issues like NSAID-related stomach problems and surgery invasiveness exist.^[65] Ayurveda fosters whole-body healing, tackling imbalances with safe, natural tools for sustained health.^[66] Yet, it relies on subjective assessments and needs more scientific proof.^[67]

Effectiveness and Safety

Studies indicate contraceptives cutting bleeding by 70-90%, similar to Ashoka's 40-60%⁶⁸.

Ayurveda excels in safety with minimal risks, unlike modern therapies' thromboembolism potential.^[69] Blending, such as LNG-IUD with Ayurvedic diets, shows early promise.^[70]

Cultural and Access Factors

Modern care prevails in cities but may not suit traditional groups.^[71] Ayurveda fits well in places like India, providing affordable, culturally relevant options.^[72]

Future Prospects

Robust comparisons could develop blended protocols for better care.^[73]

CONCLUSION

Menorrhagia poses a major health concern, open to varied treatment philosophies. Modern medicine delivers proven, symptom-focused relief via drugs and surgery, though it may neglect overall wellness. Ayurveda, with its dosha harmony and natural therapies, offers lasting solutions, backed by growing studies. This review emphasizes their complementary nature, urging combined approaches for superior results. More investigation should involve large, comparative trials to confirm Ayurvedic efficacy and test integrated models. Embracing modern accuracy and Ayurvedic wisdom can lead to fairer, more potent care for women everywhere, lessening Menorrhagia's impact.

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