

**AYURVADIC APPROACH ON THE MANGEMENT OF ASRIGDARA:
ABNORMAL UTERINE BLEEDING- A REVIEW ARTICLE****Reshma Devi***

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ABSTRACT

Woman being important member of family, if suffers from any minor ailment the dependent has to suffer along, so It is important to seek consultation on priority to prevent the conversion of minor ailment in to major problem. 1/3 of the female patient visiting the gynae OPD are suffering from abnormal uterine bleeding (*asrigdara*). Ignoring or hiding this problem hampers the quality life of patients & can even prove to be life threatening due excess blood loss. Awareness is somewhere lacking in this area, patient is unknown about the normal pattern of bleeding in terms of days or number of pads being used /day during the menstrual cycle, when systemic involvement occurs then only, they consider it seriously. *Aharaj, viharaj or manosambandhi*

nidan causes *doshika vitiation* & leads to *rajo vaha shrotas vikriti* eventually causing excess excretion of *asrik* called as *asrigdara*. Early diagnosis & management can prevent the complication of patient. Identifying & removing the root cause will help in control of disease with lifestyle correction & balancing the vitiated dosha. The Ayurveda text is full of such drugs that help in control of this disease. Drugs with *rakta pitta shamaka*, *rakta sthapaka*, *madhura*, *tikta* & *Kashaya rasa Pradhan* & *sheet veerya* property will help such patients. Both oral & local treatment are equally effective in these patients as per the cause, instead of using combined oral pills & opting surgical procedure like myomectomy or hysterectomy to get rid of such problem it is better to go for herbal treatment which have been proved to be very effective in *asrigdara* without causing any side effects.

KEYWORD:- Asrigdar, *Rajo vaha shrotas vikriti*.

INTRODUCTION

There are many changes in female body from menarche to menopause & the pattern of bleeding also changes. Asrigdar is the common problem being faced by female of all age group. Asrigdar is abnormal menstrual bleeding in terms of quantity, duration interval of bleeding, if the duration of bleeding is >7days, menstrual blood flow more than 6 pads /day, periods comes earlier than 21 days with or without intermenstrual bleeding all this comes under abnormal pattern of bleeding. Common causes of asrigdar are different in different age group, it is important to divide asrigdar according to age (adolescents, reproductive age, premenopausal women & in postmenopausal) Acharya Charka considered the term asrigdar^[1] as a clinical entity characterized by excessive excretion of *asriga*. *Asrigdar is present as a symptom in many clinical entities mentioned in ayurveda under Aratva dushti (pittaja rajo dushti & kunapgnndhi artav dusti), yonivyapada (pittaja yonivyapada, asrija yonivyapada, lohita kshara, paripluta yonivyapata), yoni – arsha, rakta -arbuda & parisravi jataharini*. This clearly signifies that problem has be started from very beginning & noticed by acharayas at that time of causes & management are clearly mentioned in Ayurveda. In the year 2011 FIGO introduced a classification & revised terminology for the excessive abnormal uterine bleeding in non-gravid reproductive age group women, the classification system is referred as PALM-COEIN (polyp, adenomyosis, leiomyoma, malignancy, coagulopathy, ovulatory dysfunction, endometrial, iatrogenic, not yet classified) PALM include structural anomalies leading to excess bleeding & the other 4 non-structural cause & the last one is unknown cause. All the above clinical entities mentioned in Ayurveda & modern text presents as typical pattern of menstrual bleeding such as heavy menstrual bleeding, intermenstrual bleeding, irregular uterine bleeding or amenorrhea followed by heavy bleeding. If using Other system of treatment use OCP's & surgeries to treat such conditions mostly recurrence rate is very high & many side effects that hampers the quality life of patients. Not all the cases of asrigdara need such interventions, it can safely be managed with Ayurveda.

Nidan & Samprapti

It is important to identify the underlying cause & pathogenesis of asrigdar for the proper management of disease Asrigdar in adolescent girls can be due to hormonal imbalance or immature h-p-o axis as it takes 2-3 years for the menses to establish after menarche, anemia in adolescent girl is also one of the major cause of asrigdara in this age group, in the child bearing age group main causes include pelvic pathology (fibroid uterus, endometrial hyperplasia, iucd in utero, adenomyosis, endometriosis, malignancy, Tubo Ovarian mass,

tubercular endometritis) all these causes congestion, increase surface area & hyperplasia of the endometrium.

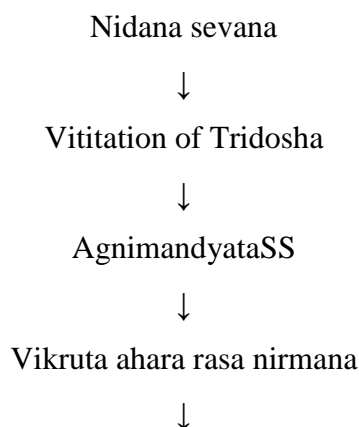
Endocrine factors - (Hypothyroidism, hyperthyroidism) & emotional upset disturb Hypothalamic - Pituitary - Ovarian endometrial axis

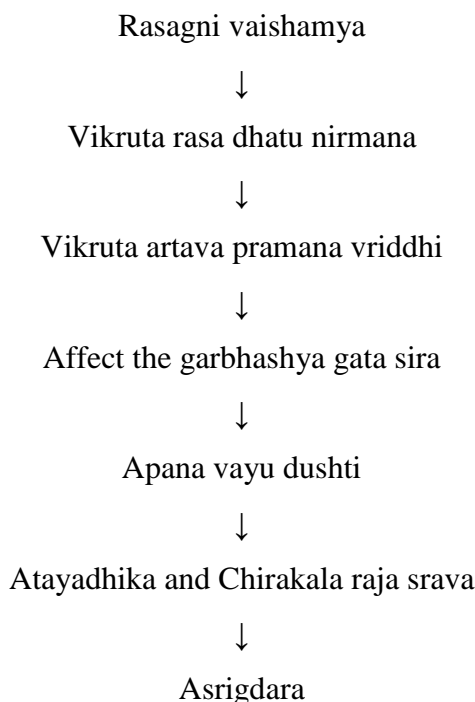
Systemic illness - Severe hypertension, liver dysfunction (Failure to conjugate & inactivate oestrogen), Blood dyscrasias Local factors like shift in endometrial conversion of endoperoxide from vasoconstrictor PGF₂α to vasodilator PGE₂. Asrigdar is very common in perimenopausal age group due to hormonal imbalance. if such symptoms are present even after the menopause then it is Important to rule out malignancy that is the major cause of bleeding after menopause.

Ayurveda included above causes under *ahara, vihara* and *manasik bhava*. *Ahara sambandhi*^[2] – excess intake of *rasa (lavan, amla, katu) snigdha, guru, vidahi gunas pradahana* diet, *mithya ahara, viruddha ahara or excessive intake of mamsa, krishara, payasya, dadhi, sukta, mastu, sura*. *Vihara sambandhi*^[3] – *atimaithun, shoka, bhara vahan, abhighata, diwashayan* *Ahara, vihara & manosambandhi nidana* causes vitiation of *vata dosha* causing *garbhashaya gata sira rakta vridhi* resulting in *rajovaha shrotas vikrti* causing *asrigdara*. Inappropriate diet (*aharaj nidana*) & lifestyle (*viharaj nidana*) along with stress (*manosambandhi nidana*) are responsible for conditions like hormonal imbalances & deficiencies in body effecting the metabolism further leading to systemic diseases & local pelvic pathologies.

Samprapti of asrigdara

According to *Acharya Charaka*, *asrigdara* as a disease of vitiated *Rakta Pittavrutta Apan vayu*. Such as the aggravated *vayu* with holding the *rakta* and being accompanied, by *Rasa* vitiated due to *Nidana sevena*. the *Vata* causes increase in the quantity of blood and gets lodged in the channels which go to uterus carrying menstrual blood is called as *asrigdara*.





Bheda of asrigdara- According to Acharya Charaka, Asrigdara is classified in four group-

- 1) Vataja Asrigdara
- 2) Pittaja Asrigdara
- 3) Kaphaja Asrigdara
- 4) Sannipataja Asrigdara

Most of Acharyas have mentioned four type of Asrigdara in their texts.

Management of asrigdara

Ayurveda has beautifully explained the detailed treatment of asrigdara. After evaluating the doshas, like the color, the consistency, the nature of artava, the symptom associated with the asrigdara & treatment has been assigned by the acharya accordingly. As per Ayurveda Siddhant management of *asrigdara* varies from patient to patient. For the successful treatment of asrigdara vaya pariksha, involved doshas should be assessed & earlier treatment is done to avoid *upadravas*^[4] (*daurbalya, bhrama, murcha, tamas, daha, pralap, panduta, tandra & vataja roga*)

Characterstic of vataja Asrigdara & ITS management

Colour^[5] (*aruna, shayava varna shrava,*) Odour^[6] (*loha Gandhi*) *phenila, tanu, ruksha shrava*, resembeles with the washing of *palasha pushapa, askandi, acchama (watery) sheeta asrigdara, vega shravi* associated symptom (*kati, vanshana, hrit, parshav, prishtha, shroni*

vedana). Treatment prescribed for *vataja yonivyapada* is also beneficial for *vataja asrigdara* as suggested by acharya Charaka. *Vataja asrigdara nashana yoga*^[7] are - *Tila churna with dadhi, ghrita, phanita & madhu. Varaha meda, mamsa rasa with kulattha kwath*

Characteristic of pittaja Asrigdara & ITS management

Colour (*neela, peeta, asita rakta srava*), odour (*matsya Gandhi*) *atyaushana rakta sharava, nitya rakta shrava, muhur- muhur rakta shrava, gomootrabh sharava disliked by makshika, askandi* associated symptoms (*arti, daha, raga, trishna, moha, jwara, bhrama*). For the management *Rakta pitta nashaka chikitsa*^[3], *garba shrava hara chikitsa*^[9], *virechana with mahatikta ghrit* and are mentioned by the acharyas

Characteristics of kapahaja Asrigdar & ITS management

Colour (*pandu varna raktasharva*) *pichila, guru, snigdha, raktasharava, seetala raktasharava, ghana, manda, rujakara raktasharava, gairikodaka, resembles water mixed with flower of kovidar, resembles to shalmali, resembles to pulaka* associated symptom (*chardi, arochaka, hrullaasa, swasa, kasa*). For management of kaphaja asrigdara use *kakajangha mula kalka*^[3] *with lodhra churna & madhu.*

Characteristics of sannipaja Asrigdara & ITS management

Color (*peeta rakta sharava*), odor (*daurgandha*), *picchila, vidagdha rakta sharava sarpi/ majja/vasa samana raktasharava, kanji yukta sharava, shrava* resembles with *kamsya neela, haritala, majja prakasha*. It is incurable the women bleeds continuously with suffering of thirst, burning sensation, fever, anaemia & weakness. On the basis of colour, odour, nature of srava & associated symptom we can clearly assess the dosha involved in the asrigdara. *Rakta sthapaka dravyas*^[11] should be given after assessing the doshas If the women suffering from *rakta pradar* is young,^[12] takes congenial diet & have less complication can be treated on the line of *adhoga raktapitta*.

Bahaya prayogarth aushadhi

Use of *satpushpa taila* in the form of *nasya & abhyanga*.

Root of *vyaghranakhi*^[3] grown in sacred place to be tied in waist of women suffering from *asrigdara*.

Shodhana chikitsa with *Uttara vasti*¹⁴ should be given in ritukala after 2-3 *asthapana vasti* is beneficial.

Rasnadi asthapana vasti, kushadi asthapana vasti, lodhradi asthapana basti are suggested by acharyas for the management of asrigdara.

Abhyantar prayogarth aushadhi

Kwathas - Darvyadi kwath, dhataki pugi kwath, eladi kwath, nyogrodhadi kwath

Ashoka kseer paka, modaka of alabu phala with sharkara & madhu

Avaleha – Kushmandavalaeha, jeerakavleh.

Rasa aushadhi – Pradar ripu rasa, bola parpati

Churna – Pushyanuga churna with madhu & tandulodaka atibala with madhu & sharkara.

DISCUSSION

Excessive abnormal uterine bleeding is the medical term for menstrual period with abnormal heavy or prolonged bleeding. It can be co- related with *Asrigdara* in Ayurveda texts. According to *Acharya Charak*, *Asrigdara* as disease of vitiated *Rakta* and *Pattaavrutta Vata* and *Apan Vayu*. Effect on *doshas*:- *Vata dosha*-katu ras and nashana yoga helps to normalize *vayu*. *Pitta dosha*-madhuka, musta are having sheet virya *kashay ras* and *mahatikta ghrith pittaghna* properties that normalize *pitta dosha*, *rajovaha strotas*. In the pathogenesis of *Asrigdara chala guna* of *vata dosha*, *sara* and *dravya guna* of *pitta dosha* increase the amount of blood. Hence these drugs might affect the *sara* and *dravya guna* of *pitta dosha* with the help *Ruksha*, *laghu guna* and *kashay ras*. So this could be the reason in reducing the amount of bleeding. *Ruksha*, *laghu guna*, *kapha pitta shamaka* and *shoshan* property helps in *strotoshodhan*. If women will be improved general health and increased personal hygiene, we can prevent the Incidence of excessive abnormal uterine bleeding.

CONCLUSION

It is clear from the above text that *ayurveda Samhita* has explained *asrigdara* in details regarding the cause, the pathogenesis, & the treatment. If we focus on the underlying cause & assess the *doshas* involved then the treatment would be in our hand. So instead of opting hormonal therapy or surgical intervention that has many side effect & high recurrence rate one should follow *ayurveda* principals to prevent such problems, as *nidan parivarjana* is first line of treatment in *ayurveda* if then also the patients suffer from *asrigdara* it can be managed successfully with *ayurveda*.

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