



ASRIGDARA (DUB) - A CONCEPTUAL STUDY

B. Manisha Reddy^{1*} and Anusha M.²

¹PG Scholar, Department of Prasuti Tantra and Streeroga, SDM Institute of Ayurveda and Hospital Bangalore, Karnataka, India.

²Associate Professor, Department of Prasuti tantra and Streeroga, SDM Institute of Ayurveda and Hospital Bangalore, Karnataka, India.



*Corresponding Author: Dr. B. Manisha Reddy

PG Scholar, Department of Prasuti Tantra and Streeroga, SDM Institute of Ayurveda and Hospital Bangalore, Karnataka, India.

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ABSTRACT

Women endowed with energy of Propagation for which menarche is the first step, Menstrual cycles commences and ends with menopause. Menstrual cycles are a reminder of her body's ability to create and nurture life. It represents strength and resilience of Women. The health of woman in large extent depends on the normalcy of her menstrual cycles. Any abnormality in Menstrual Rhythm leads to Abnormal Uterine Bleeding (AUB) in which Dysfunctional uterine bleeding (DUB) is one among Abnormal uterine bleeding without any clinically detectable Organic Cause.^[1] DUB is a common menstrual disorder which interferes with women's physical, emotional and social quality of life. The Rate of prevalence of AUB in India is around 17.9%.^[2] Which is most common among the women in reproductive age group. In *Ayurveda* it may be closely co-related with the disease *Asrigdara*, which is characterized by excessive or prolonged menstruation with or without inter-menstrual bleeding. There is an elaborate description of *Nidana, Lakshana and Samprapti* of *Asrigdara* in both *Bhrihatrayees* and *Laghutrayees*. In contemporary science management protocol includes interventions like Hormonal therapy, Anti prostaglandins and antifibrinolytic agents and further advices to surgical interventions like uterine curettage, endometrial ablation and Hysterectomy,^[3] which has their own limitations, high costs with associated side effects. Keeping this in mind *Ayurvedic* texts have described a variety of treatment options in the management of *Asrigdara*, under the lines of *Nidana parivarjana, Doshanubandha and samprapti vighatana*, which are gentle, non-hormonal, safe, non-surgical and effective which is need of home.

KEYWORDS: *Asrigdara, Ayurveda*, PBAC Scoring, Dysfunctional uterine bleeding.

INTRODUCTION

Dysfunctional uterine bleeding is defined as a state of excessive abnormal uterine bleeding without any clinically detectable organic pelvic cause.^[1] The abnormality may be in volume, duration frequency, amount or combinations. Normal menstrual cycle is about 4-5 days with frequency of 21-35 days and an average loss of 20-80 ml of blood. It is most common among women in the reproductive age due to stressful activities which can be leading to Hormone imbalance through HPO axis causing abnormalities in the bleeding. In classics *Asrigdara*, as per *Acharya Charaka* is *Pradirana of Raja* i.e., excessive excretion of *Asrik/Raja*.^[4] According to *Acharya Sushruta*, excessive, prolonged or inter-menstrual period bleeding during menstruation,^[5] as per the WHO reports the women aged 30-55 years perceive their menstrual bleeding extortionate and interferes with the woman's physical emotional, social and psychological quality of life. Here a review on *Asrigdara*, with its *Nidana, Lakshana, Samprapti* and *Chikista*.

AIM AND OBJECTIVE

To discuss detail literary study of about *Asrigdara* and DUB.

To understand *Asrigdara* in detail.

MATERIAL AND METHODS

Review of literature taken from *Bhrihatrayees, Laghutrayees*, *Ayurveda* literatures related to *Asrigdara*, Journals, Published articles.

Type of study: Conceptual study

***Asrigdara* as per different acharyas**

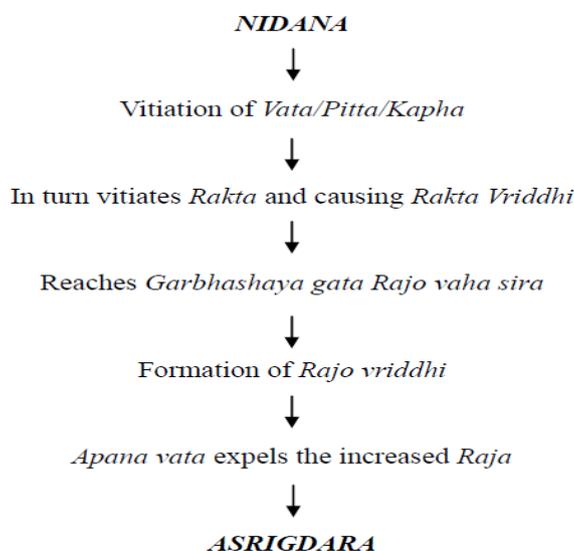
As per *Acharya Caraka* and *Acharya Susruta* *Asrigdara* is one of the *Rakta pradoshaja vikara*. Excessive discharge of blood is termed as *Pradara/Asrigdara*. As per *Astanga Hrudaya* it is due to *Apanavata* sanga by *pitta*.^[6] As per different *Acharyas* *Asrigdara* termed as excessive flow or prolonged duration of menstrual cycle or scanty bleeding without normal period of menstruation or Inter-menstrual bleeding with aches all over the body and pain in the abdomen^[7,8] during the

cycles. As per *Dalhana* view, *Asrigdara* is associated with body ache and with excessive burning sensation in lower portion of groin, pelvic region, back renal angle.

Nidana (Table No 1)^[9,10,11]

<i>Aharaja</i>	<i>Katu, Amla, Lavana, Guru, Vidahi, Snigdha, Ruksha, Mamsa, Krishara, Viruddha, mithya sevana, Adyasana Dravyas like Payasa, Dadhi, mastu, Madya</i>
<i>Viharaja</i>	<i>Ati maithuna, Ati karshana, Atimarga gamana, Diva Swapna, Baara, Adhva-Yana, Abhigatha</i>
<i>Manasika</i>	<i>Shoka, Bhaya, Krodha</i>
<i>Anya</i>	<i>Garbha Pata, Vata puritha ksheera nadi, Vitiation of apatyta marga</i>

Samprapti



Types

- ❖ According to *Acharya Charaka* and *Yoga ratnakara* described four types of *Asrigdara* i.e., *Vataja, Pittaja, Kaphaja* and *Sannipataja Asrigdara*.
- ❖ According to *Acharya Sushruta* has mentioned all types of *Asrigdara* along with general clinical features of *Asrigdara* but has not described any classification.
- ❖ *Madhava Nidana* described four types of *Asrigdara* i.e., *Kaphaja, Pittaja, Vataja* and *Sannipataja Asrigdara*.

(Table No. 2)^[8,9,10,11]

S. no.	Symptoms	<i>Vataja</i>	<i>Pittaja</i>	<i>Kaphaja</i>	<i>Sannipataja</i>
1.	<i>Pramana</i>	<i>Alpa</i>	<i>Nitanta raktam / muhur muhur</i>	<i>Chira sravi</i>	<i>Sravayath sravi</i>
2.	<i>Varna</i>	<i>Shyava/ aruna, Kimshukodaka</i>	<i>Nila/ peeta/haritha Shyava</i>	<i>Pandu/ garikodaka</i>	<i>Sarpi/vasa/majja kanji/kamsya, haritala</i>
3.	<i>Guna</i>	<i>Phenila/ thanu, Ruksha</i>	<i>snigdha</i>	<i>Pichila/ guru/ Snigdha</i>	<i>pichila</i>
4.	<i>Gandha</i>	<i>Loha</i>	<i>Visra /ama</i>	<i>Vasa</i>	<i>Durgandha</i>
5.	<i>Clotting (skandi)</i>	<i>Askandi</i>	<i>Askandi</i>	<i>Ghana/ manda/tantuyukta/ Vrana dwara</i>	<i>Bahuvega/ sravayath sravi</i>
6.	<i>srava</i>	<i>Sheetalam</i>	<i>Atiushnam</i>	<i>Sheetalam</i>	--
7.	<i>Rasa</i>	<i>Kashaya</i>	<i>Katu</i>	<i>Lavana</i>	--
8.	<i>Anubandha vedana</i>	<i>Kati parshwa vankshana hrut vedana</i>	<i>Daha raga trushna moha jwara brama</i>	<i>Alpa vedana</i>	<i>Trushna daha jwara dourbalya</i>

Upadrava^[11]

Daurbalya, Bhrama, Murcha, Mada, Trishna, Daha, Pralapa, Panduta, Tandra, and different types of vata vikaras.

Chikista

Ayurvedic texts has explained a variety of treatment options for the management of *Asrigdara*, which can be classified into

- *Nidana Parivarjana*
- *Shodhana*
- *Shamana*

Nidana parivarjana

Aharatmaka, Viharatmaka or Manasika Hetu, which leads to progress of disease, should get categorize first and proximately get removed or exterminated.

Shodhana & Shamana (Table No 3)^[8,9,11]

	Shodhana	Vataja	Pittaja	Kaphaja	Sannipataja
1.	Shodhana	Basti	Virecana	Vamana	Combined therapies
2.	Shamana	<p><i>*choorna of sauvarcala + jiraka + maduka + nilotpala with madhu</i></p> <p><i>*tila choorna with dadhi + Ghrita + phanita + madhu.</i></p> <p><i>*nagara + madhuka, tila, sita, dadhi Nagara + madhuka + taila + sita + dadhi</i></p> <p><i>*ela + amshumati + draksha + ushira + tikita rohini + sauvarcala lavana + candana + sariva + lodhra with godhadhi</i></p>	<p><i>*ela + amshumati + draksha + ushira + tikita rohini + sauvarcala lavana + candana + sariva + lodhra with madhu</i></p> <p><i>*nimba + guduchi with Madya</i></p> <p><i>*tanduliyaka mula with Madhu</i></p> <p><i>*powdered rasanjana with tandulodaka</i></p> <p><i>*laksha with aja-dugdha</i></p>	<p><i>*swarasa of nimba patra or guduchi or rohitaka twak or kakodambara</i></p> <p><i>*kakajangha mula swarasa + lodhra churna with madhu</i></p>	<p><i>*triphala + shunti + Daruharidra kwatha + lodhra choorna + honey.</i></p> <p><i>*rasaanjana + Tandulodaka mula choorna + honey + Tandulodaka</i></p> <p><i>*bharangi + shunti choorna with tandulodaka</i></p>

Common shamana aushadi used in day-to-day practice (Table No. 4)

<p>Ghrita yogas</p> <p><i>Shalmali Ghrita</i>^[16]</p> <p><i>Sita Kalyanka Ghrita</i>^[17]</p> <p><i>Mahatikitaka Ghrita</i>^[18]</p> <p><i>Shatavari Ghrita</i>^[19]</p> <p><i>Ashoka Ghrita</i>^[20]</p>	<p>Choorna & Arishta yogas</p> <p><i>Pushyunga Choorna</i>^[12]</p> <p><i>Laksha Choorna</i>^[15]</p> <p><i>Ashoka Ksheerapaka</i>^[14]</p> <p><i>Ashoka Arista</i>^[13]</p>	<p>Vati yogas</p> <p><i>Pradarantaka Rasa</i>^[21]</p> <p><i>Pradariripu Rasa</i>^[22]</p> <p><i>Bola Parpati</i>^[23]</p> <p><i>Chandrakala Rasa</i>^[24]</p> <p><i>Bola badda Rasa</i>^[25]</p>
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In contemporary science

Any Uterine bleeding outside the normal volume, duration, regularity or frequency is considered Abnormal Uterine Bleeding (AUB). Dysfunctional uterine bleeding is one among AUB without any clinically detectable organic, Systemic and Iatrogenic cause. Normal

menstrual cycle is about 4-5 days with frequency of 21-35 days and an average loss of 20-80 ml of blood. The bleeding may be abnormal in frequency or amount or duration or combination, which may be polymenorrhagia, menorrhagia, menometrorrhagia,

oligomenorrhea. Dysfunctional uterine bleeding is of 2 types,

Classification^[1]

Primary - pathology in endometrium or HPO axis. It is of 2 types

- Ovulatory bleeding
- Anovulatory Bleeding

Secondary - Pathology outside HPO axis like Vascular diseases, Liver diseases, Haematological Diseases etc.

Iatrogenic - Caused due to irregular intake of drugs like hormonal pills, IUCD's etc.

Ovulatory bleeding

Cycle is ovulatory but has inadequate luteal phase or poor and inadequate formation of corpus luteum. Two types

Irregular shedding of endometrium: -

This is due to incomplete withdrawal of Luteinizing Hormone leads to persistent corpus luteum and insistent secretion of progesterone leading to irregular shedding.

Irregular ripening of endometrium: -

This is due to corpus luteum insufficiency leading to inadequate secretion of Estrogen and Progesterone causing breakthrough bleeding before the actual bleeding which is in the form of Spotting.

Anovulatory bleeding

In the absence of Progesterone due to anovulation, Endometrial growth will be completely under the

influence of Estrogen throughout the cycle. This is of 2 types

Menorrhagia: -

This is due to unopposed Estrogen in the absence of Progesterone, leading to excessive proliferation of endometrium without any secretory changes foremost to Menorrhagia.

Cystic glandular hyperplasia: -

This is common in Perimenopausal age groups, due to increase levels of Estrogen with no inhibiting feeding effect of Follicle stimulating Hormone leading to continued proliferation then after a certain time Estrogen level falls foremost to Menstruation.

❖ **As per FOGSI (Federation of Obstetric and Gynaecological societies of India)** recommendations Abnormal uterine bleeding is assessed by **-PBAC Scoring (Pictorial Blood Assessment Chart)^[26]**

Pictorial blood loss assessment chart is a semi quantitative validated measuring tool for evaluation of menstrual blood loss, considers the number of sanitary products used per day, the degree to which these products are soiled with blood, The number and size of blood clots passed and no of flooding episodes. A total score was calculated by multiplying by a factor of 1 for each lightly soiled item, 5 for each medium soiled item, 10 for a fully soaked tampon, 20 for a fully soaked pad. Small and large clots were given a score of 1 and 5 respectively. Score greater than 100 defines heavy bleeding because 100 corelates to 80ml of blood loss.

1 Point	For each Small clot
5 Points	For each large clot
5 Points	For each episode of Flooding

Towel(points)	Tampon (points)
1 for lightly stained	1 for lightly stained
5 moderately stained	5 moderately stained
20 completely stained	10 completely stained

NAME:				SCORE:				
DAY START:								
DAY								
TOWEL	1	2	3	4	5	6	7	8
								
								
								
CLOTS/ FLOODING								
TAMPON	1	2	3	4	5	6	7	8
								
								
								
CLOTS/ FLOODING								

Management

Reassurance, Medical interventions like Hormonal therapy, Anti prostaglandins and Antifibrinolytic agents and further advices to surgical interventions like uterine curettage, endometrial Ablation and Hysterectomy.

Pathya apathya

Apathya: Ahara which are Lavana, katu, Guru, Amla, Vidahi, oily substances, meat of domestic, aquatic and fatty animals, Krushara, Payasa, Dadhi, Shukta(vinegar), Mastu (Curd water), Sura etc Viruddha Bhojana, Ati Madya Sevana, vihara like Ati marga gamana, Divaswapna, Adhyasana, Shoka.

Pathya: Nati sheeta, snigdha, laghu dravyas, Shastika Shaali, Mudga Yusha Masura, Yavagu, Patola, mamsa like Kapota, Paraavata Santhaanika mixed with Madhu and Sharkara, Navaneetha with sugar and honey, Ksheera paana with Jeevaniya, bhrinhaniya dravyas, use of Laaja Churna, Karjura, vihara like Vyayama, Achinta, Sukha Nidra.

DISCUSSION

Menstruation is natural Phenomenon in Females, any deviation from the normal leads to *Asrigdara*. Which is a common Gynaecological Disorder that effect both Physical and Psychological levels. It is high among the women of reproductive age and of peri menopausal age. Disruption of the hypothalamic-pituitary-ovarian axis due to following *apathya* leading to irregular shedding and ripening of Endometrium leading to *Raja atipravruthi*, *Deergha Kalanubhandhi*, *Anrutha-valpamapi*. Later stages leading to complications like *daurbalya*, *brahma*, *murcha*, *mada*, *trnsna*, *daha*, *pralapa*, *pandutha*, *tandra* and various *vata vikaras* affecting her normal life. As abnormal menstrual bleeding which is a debilitating disorder, the woman requires rapid, safe and effective treatment. A critical understanding of *nidana panchaka* of *Asrigdara* helps one to categorize and able to give treatment accordingly based on *Nidana Parivarjana*, *Doshanubandha* and *Samprapti Vighatana*. *Acharyas* have described various treatment options like *Shodhana* and *Shamana chikista* depending upon the *Rogibala* and *Rogabala* where one can prevent hormonal & surgical interventions which may impact her day-to-day activities.

CONCLUSION

Asrigdara is characterized by excessive uterine bleeding which leads to complications if not properly treated. Contemporary science management with *Hormonal* therapies and Analgesics has limitations and side effects. Review of *Asrigdara* on *Nidana*, *Lakshanas*, *Samprapti*, *Chikista* along with *pathya ahara* and *vihara* helps to understand the disease and treat according to particular Dosha predominancy.

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