



AYURVEDIC ASPECTS OF ABNORMAL UTERINE BLEEDING IN REFERNCE WITH *ASRIGDAR*

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ABSTRACT

The term menorrhagia was previously explained under DUB which is no longer used. Abnormal uterine bleeding is more of diagnosed by symptoms now since the causes of bleeding are found to be overlapping. According to the definition of *Asrigdar* given by *Acharya Charak*, *Asrigdar* is found to be analogous with menorrhagia or AUB. Excessive excretion (*Pradirana*) of menstrual blood is called as *Raktapradar* or *Asrigdar*. According to *Acharya Sushruta*, excessive and prolonged bleeding during menstruation or even in intermenstrual period, which is unlike normal menstruation is called *Asrigdar*. Various treatments modalities like hormonal therapy, antiprostaglandins, antifibrinolytic agents and surgical interventions are available in modern medicine for the management of heavy menstrual bleeding. Taking into account the side effects and adverse effects, The Ayurvedic management can be found as a safer, feasible and effective therapy for the management of AUB.

KEYWORDS: Heavy menstrual bleeding, menorrhagia, *pradirana*, *raja*, *Asrigdar*.

INTRODUCTION

The menstrual health of a woman depends on the healthy status of a woman.

Normal menstruation reflects a normal hormonal, physiological and ovarian cycle of a healthy female. Also, it is crucial part in maintaining physical mental and psychological wellbeing of a woman. Menstruation occurs periodically after one month and consist of assorted intermittent phases. Endometrium which prepared for conception during secretory phase on failure of conception leads to shedding called menses. Normal menstruation occurs for 2-7 days and blood loss ranging between 20-80ml. The Menstrual rhythm depends upon hypothalamo-pituitary-ovarian axis whereas the amount of blood loss depends upon uterine condition. Deviation in any of the above is Abnormal uterine bleeding. Due to alteration in food habits and changing life styles, incidence of irregular and heavy uterine bleeding is increasing. AUB is reported to occur in 9-14% women between menarche and menopause in India.^[1]

Menstrual irregularities and excessive pv bleeding can lead to severe systemic disorders like anaemia and further affect the woman in her day-to-day chores. Hence treatment of AUB is an essential part in a gynaecological practice. The FIGO in 2011 has developed the classification PALM-COEIN for causes of AUB in non-reproductive age group namely- P- Polyps, A- Adenomyosis, L- Leiomyomas, M- Malignancy, C- Coagulopathies, O- ovulatory disfunction, E-

Endometrial causes, I- Iatrogenic, N- Not yetclassifies.^[2] Abnormal uterine bleeding is defined as a cyclic or non-cyclic uterine bleeding which can be either excessive in amount (>80ml) or for prolonged duration (>7days).

In Ayurveda, *Asrigdar* can be correlated with Abnormal uterine bleeding. The word '*Asrigdar*' got its definition as '*Dirana*' (Excessive secretion and excretion) of '*Asrik*' (Menstrual blood). *Asrigdar* is a condition of excessive uterine bleeding or prolonged uterine bleeding which is accompanied with menstruation or may not be. *Charak Acharya* and *Chakrapani* says that increased *rakta* gets mixed with *raja*, thus the quantity of *raja* increases. *Dalhana*, while explaining general clinical features says that excessive and/or prolonged blood loss during menstruation or even scanty blood loss during intermenstrual period is known as *Asrigdar*.

AIMS AND OBJECTIVES

To study Abnormal uterine bleeding in *ayurvedic* perspective and its *Ayurvedic* management.

MATERIALS AND METHODS

1. Literature review of Abnormal uterine bleeding from modern textbooks and reference books carried out.
2. Literature review of *Asrigdar* from classical ayurvedic texts carried out.
3. A comparative study about Abnormal uterine bleeding and *Asrigdar* carried out and the resulting observations have been put forth.

OBSERVATIONS/ INTERPRETATION

For the diagnosis of AUB it has been suggested to take a proper menstrual history. It is divided into acute, chronic and intermenstrual abnormal uterine bleeding.

- Acute- is episode of heavy bleeding in sufficient quantity to require immediate intervention.
 - Chronic- is where the bleeding is present for more than 6 months at least.
 - Intermenstrual- has replaced the initial terminology of menometrorrhagia or metrorrhagia.
1. Menorrhagia is a cyclical bleeding at normal intervals which is excessive in amount or duration, for example, 5 days in 28 days cycle or 8 days in 28 days cycle. It is generally caused by conditions affecting the uterus and its vascular apparatus, rather than by any ovarian disturbance. It occurs, if the bleeding surface (that is the area of the endometrium) is increased-by uterine tumours such as leiomyoma and adenomyosis; or it can be a manifestation of a coagulation disorder.
 2. Polymenorrhoea is a cyclical bleeding which is normal in amount but which occurs at too frequent intervals of less than 21 days. Here the uterus is likely to be normal and in cycle is the result of disturbed pituitary ovarian relationship as seen in stress or pelvic infection-like chlamydia, ovarian endometriosis, and short luteal phase like in polycystic ovarian syndrome (PCOS).
 3. Polymenorrhagia is cyclical bleeding which is both excessive and too frequent. It implies a disturbance in the hypothalamic-pituitary-ovarian-uterine axis plus the uterus itself and the endometrium, and is seen particularly in the presence of pelvic infection and sometimes under high-pressure stress situations.

AYURVEDIC REVIEW**DEFINITION****Acharya Charak**

Asrigdar is found to be analogous with menorrhagia or AUB. excessive excretion (*Pradirana*) of menstrual blood is called as *Rajapradar* or *Asrigdar*.^[3]

TYPES

Sr. No	Type	Symptoms
1.	<i>Vataj</i>	Menstrual blood- frothy, thin, blackish red and resembling washings of flower of palash in colour, with without pain. Severe pain in sacral, groin and cardiac region, flanks, back and pelvis.
2.	<i>Pittaj</i>	Menstrual blood- blue, yellow or blackish red, hot, comes in profuse amount and with pain. Associated with burning sensation, redness, thirst, mental confusion, fever and giddiness.
3.	<i>Kaphaj</i>	Menstrual blood- slimy, pale, heavy, unctuous, cold, mixed with mucus and thick and discharged with mild pain. Vomiting, anorexia, nausea, dyspnoea and cough occasionally.
4.	<i>Sannipatik</i>	Menstrual blood- foul smelling, slimy, yellow and thirst. Burning sensation, fever, anaemia and weakness.

Acharya Sushruta

Excessive and prolonged bleeding during menstruation or even in intermenstrual period, which is unlike normal menstruation is called *Asrigdar*.^[4]

ETIOLOGY

1. Excessive sour, salty, spicy, *Guru, Vidahi* food consumption. Like- Oily spicy food, Chinese food, etc
2. *Gramya, Audak, media mansa*. Like boiler chicken etc.
3. *Krushara, Payas, Dadhi, Shukta, mastu sura* etc. like Dahiwada, etc.

PATHOPHYSIOLOGY

Above mentioned causes will eventually cause *vata prakop* and *rakta dushiti*. Vitiated *vata* will affect *rakta* and cause its quantitative rise, which lodges in *Rajovaha sira* of *garbhashaya* and causes quantitative rise in *raja* leads to *rajopradar*.^[5]

Acharya Harita Says that milk carrying channels of infertile woman are filled with *vata*, thus she has absence of milk secretion, besides she also suffers from excessive menstrual bleeding.

COMMON SYMPTOMS

Acc. To Charak- Excessive uterine bleeding.

Acc. to Sushruta- Menstruation in same amount for prolonged period and/ or intermenstrual bleeding in excessive amount and for prolonged period showing deviation from normal menstrual pattern.

Acc. to Dalhana

1. Burning sensation in lower portion of groin, pelvic region, back, region of kidney and flanks.
2. Severe lower abdominal pain.

Acharya sushrut have mentioned *dvidoshaj asrikdar* resembling symptoms of 2 *doshas*.

Complications

1. Weakness / giddiness
2. Mental confusion
3. Feeling of darkness
4. Dyspnoea
5. Thirst
6. Burning sensation
7. Delirium
8. Anaemia
9. Convulsions.

MANAGEMENT

Management of AUB^[6]

Sr No	Causes	Management
1.	P- Polyps	<ul style="list-style-type: none"> ● Hysteroscopic removal
2.	A- Adenomyosis	<ul style="list-style-type: none"> ● Dienogest ● GnRH Agonist ● Combined OC pills ● Danazol
		<ul style="list-style-type: none"> ● Aromatase inhibitors like Letrozole, anastrozole ● Gestrinone ● Mirena insertion
3.	Leiomyoma	<ul style="list-style-type: none"> ● Tranexamic acid ● SPRM like Ulipristal and Mifepristone ● GnRH Agonist ● Hysterectomy
4.	C- Coagulopathy	<ul style="list-style-type: none"> ● Rule out and treat the cause- Thrombocytopenic purpura, Aplastic anaemia, Leukaemia, von Willebrand's disease, Christmas disease etc.
5.	O- Ovulatory dysfunction	<ul style="list-style-type: none"> ● Prostaglandin synthetase inhibitors ● Antifibrinolytic agents ● Tranexamic acid ● Combined OC pills
6.	I- Iatrogenic	<ul style="list-style-type: none"> ● Counselling and assurance ● Discontinuing COC or LNG- IUS ● Symptomatic treatment
7.	E- Endometrial causes	<ul style="list-style-type: none"> ● Hysteroscopic guided therapeutic D and C biopsy

Management of AUB have been explained extensively in modern texts however no permanent cure has been mentioned. So, management by Ayurveda can give proper guidance regarding this.

MANAGEMENT OF ASIGDAR

Treatment protocols

1. Treatment similar to *Raktatarsha* and *Raktarsha*.
2. *Basti Chikitsa*- Mentioned by *sharandhar*.
3. *Virechan chikitsa*- Mentioned by *Kashyap*.

SAMANYA CHIKITSA

External use

1. *Shatapushpa taila nasya or abhyanga*.
2. *Basti*-
 - *Chandanadi niruha*
 - *Rasnadi Niruha*
 - *Mustadi Yapan*
 - *Shatapushpa taila basti*

Internal Use

- *Darvyadi kwath*
- *Nyagrodhadi kwath*
- *Khanda kushmanda avaleha*
- *Shalmali ghrita*
- *Shatavari ghrita*
- *Bol parpati*
- *Pradiripu ras*
- *Chandraprabha vati*
- *Lashun kalpa*.

CONCLUSION

According to the above-mentioned references and studies, we conclude that AUB resemble a lot like *Asrigdar* and can be well treated with *ayurvedic* treatment.

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