



**"CLINICAL OVERVIEW AND MANAGEMENT OF AUB W.S.R TO
ASRIGDARA: AN AYURVEDIC PERSPECTIVE"**

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ABSTRACT:

Asrigdara, a condition characterized by excessive menstrual bleeding, is considered a significant gynecological disorder in Ayurveda. It is defined as prolonged or excessive menstrual blood loss, occurring cyclically or acyclically, and is associated with discomfort and systemic manifestations such as weakness, vertigo, and body aches. This disorder is classified based on the dosha involvement into Vataja, Pittaja, Kaphaja, and Sannipataja types. The pathogenesis of Asrigdara involves the vitiation of Pitta, Rakta, and Apana Vayu, leading to the alteration of menstrual flow. Factors contributing to its onset include dietary habits, excessive physical strain, emotional stress, and physical trauma, which disturb the natural balance of the doshas. Ayurvedic treatment focuses on restoring dosha equilibrium through detoxification processes like Virechana and Basti, alongside the use of hemostatic agents and herbal formulations. The prognosis is typically favorable in cases of single dosha involvement, whereas Sannipataja Asrigdara, involving multiple doshas, tends to be more challenging. This study aims to provide a comprehensive review of the classical Ayurvedic approach to Asrigdara, including its etiology, pathogenesis, clinical features, and treatment principles, emphasizing the importance of personalized and holistic management strategies in improving patient outcomes.

Key words: Asrigdara, Ayurveda, Abnormal Uterine Bleeding, Herbal Remedies,

INTRODUCTION:

The endometrium and its governing components have a balanced relationship, which leads to regular menstruation. The prevalence of excessive and irregular menstrual bleeding is rising daily in the modern era due to changing eating habits and lifestyle choices. As a result, women must take time off work to deal with the bleeding, which has an impact on their quality of life and not only their physical health but also their social, emotional, and psychological well-being.

The illness known as *Asrigdara* is characterized by profuse vaginal bleeding. In *Yonivyapad Chikitsa Adhyaya*, *Acharya Charaka* discussed *Asrigdara* as a distinct illness and how to treat it. In *Pitta Avrita Apana Vayu*, *Charaka* also referred to it as one of the *Raktaja Vikara*. In *Shukra Shonita Shuddhi Sharira Adhyaya*, *Acharya Sushruta* characterized it as a distinct illness in *Sharira Sthana*. *Asrigdara* was also referenced by *Sushruta* in *Rakta Doshaja Vikara* and *Pitta Samyukta Apana Vayu* [1].

In describing *Raktayoni*, *Ashtanga Sangraha* used the synonyms *Asrigdara* and *Pradara*. *Raktayoni* was described by *Ashtanga Hridya*, although *Asrigdara* and *Pradara* are not mentioned; as a result, it is sometimes regarded as a synonym for *Rakta* *Pradara*.

The terms *Asrik* (menstrual blood) and *Dara* (excessive excretion) are the roots of the word "*Asrigdara*." It is called *Pradara* because of the excessive excretion of *Raja* (menstrual blood), and *Asrigdara* because of the excessive excretion of

Asrik (menstrual blood). According to the definitions given above, *Asrigdara* is defined as excessive or protracted bleeding that occurs during the menstrual or intermenstrual phase, and *Pradara* is *Asrigdara*'s synonym.

Modern Aspect

The term "abnormal uterine bleeding" (AUB) is currently used to describe changes in menstruation that occur more frequently, in greater quantities, or for longer periods of time. Menorrhagia and other terms like dysfunctional uterine hemorrhage were dropped. Due to its prevalence and the detrimental effect, it has on women's physical, emotional, sexual, and professional lives, abnormal uterine bleeding is extremely important and lowers their quality of life. In order to facilitate the understanding, evaluation, and treatment of AUB, experts from the International Federation of Gynecology and Obstetrics (FIGO) suggested a classification system for the illnesses that cause it in 2011. This system also allowed for comparisons between data from the scientific literature [2].

This scheme is called PALM-COEIN, and each letter represents one of the following bleeding etiologies: uterine polyp [P], adenomyosis [A], leiomyoma [L], precursor and malignant lesions of the uterine body [M], coagulopathies [C], ovulatory dysfunction [O1], endometrial dysfunction [E], iatrogenic [I], and not yet classified [N]. Following the exclusion of pregnancy-related bleeding sources, the PALM-COEIN system can be used.

Approximately 10–15% of women experience

abnormal uterine bleeding (AUB) at some point throughout their reproductive years. It is typical during nursing, after pregnancy, and throughout the extremes of reproductive life. Due to the hypothalamic-pituitary-ovarian axis' immaturity, which results in anovulatory cycles, it has been demonstrated that 55.7% of adolescents experience atypical menstrual bleeding within the first year or so following the commencement of menarche. The establishment of regular cycles often takes 18 months to 2 years. Premenopausal women frequently experience irregular bleeding, which is typically caused by anovulatory periods in 80% of instances [3].

Definition

Any deviation from the typical menstrual cycle, such as changes in the regularity, frequency, length of flow, and amount of blood loss, can be referred to as AUB. The most prevalent times for abnormal uterine bleeding to occur are during menarche, reproductive age, and perimenopause, and up to one-third of women will have it over their lifetime. A typical menstrual cycle lasts 7 to 9 days, has a periodicity of 24 to 38 days, and results in blood loss of 5 to 80 milliliters. AUB is the result of variations in any one of these four characteristics.

Clinical Features

These could be linked to significant vaginal bleeding or a slight bit of irregular spotting. It may or may not be accompanied by severe cramping, bleeding after menopause, bleeding or spotting after sex, bleeding or spotting in between periods, periods

longer than seven days, or heavy regular or irregular cycles. Its frequency, regularity, duration, or volume will vary. There is never any dysmenorrhea during anovulatory cycles. A lot of blood loss might cause anemia. Except for ovarian tumors, the pelvic ultrasound scan results are normal. Before starting hormone therapy, it's critical to rule out alternative causes of irregular uterine bleeding.

Associated Symptoms

Exercise-induced exhaustion, syncope, palpitations, elevated heart rate, dyspnea, and palpitations are sometimes accompanied by physical and neurological problems. Only 20% of women are thought to be totally free from discomfort or distress, and only 3% of young nulliparous people are thought to be free of premenstrual molimina of some form. The degree of disruption is determined by how the person views this physiological process and how determined she is to keep it out of her everyday life.

Nidana

Four categories comprise all of Asrigdara's Nidana:

1. Aaharaja Nidana

a) Charaka Samhita, which includes *Lavana*, *Amla* and *Katu Rasa*, *Snigdha*, *Guru*, and *Vidahi Gunas*. *Dadhi*, *Shukti*, *Mastu*, *Sura*, *Madya*, *Krishara*, *Payasa*, and *Mamsa*.
b) *Adhyashana*, *Ajeerna*, *Atimadya Sevan*, *Madhava*, *Bhavaprakash*, and *Yogaratnakar Viruddha Bhojana*.

2. *Viharaja Nidana*: which includes *Atimaitihuna*, *Atiyana*, *Atimarga Gamana*, *Atibharvahana*, and *Diwaswapna*, is led by *Madhava*, *Bhavaprakash*, and

Yogaratanakar.

Vata-Purita Ksheena Nadi (Harita Samhita), and

3.Shoka (Madhava, Bhavaprakash, and Garbha Prapata & Abhighata (Madhava, Yogaratnakar) and Mansika Nidana Bhavaprakash, and Yogaratnakar).

4. Other: Vitiated Apatya Marga (Bhela Samhita), **Prakar [4]**

SN	Vataja	Pittaja	Kaphaja	Sannipataja
Etiology	Ruksha Ahara Vihara and other Nidanas will cause vitiation of Vata along with Rakta, there is Sthanasanshraya in Garbhashaya Gata Sira and it will lead to Vataja Asrigdara.	Atyadhika Sevana of Amla, Ushna, Lavana and Kshara will cause vitiation of Pitta along with Rakta; there is Sthanasanshraya in Garbhashayagata Sira and it will lead to Pittaja Asrigdara.	Guru Aahar and Vihara will cause vitiation of Kapha along with Rakta, there is Sthana-Sanshraya in Garbhashaya Gata Sira and it will lead to Kaphaja Asrigdara.	holding Kapha which is already Vidagdha, Durgandha Yukta, Pichhila, Pita Varna and having Viprita Guna due to Teja Guna of Pitta, discharges it through the Yoni along with Vasa and Majja
Clinical Features	<ul style="list-style-type: none"> Phenila, Tanu, Ruksha Strava - Frothy and thin menstrual bleeding. Shyava or Aruna Varna Strava - blackish or reddish bleeding. “KimshukodakaSamkasham”- Resembles of washing of Palasha Pushpa Vedana will be felt in Kati, Vankshana, Hridaya Pradesha, Parshwa, Prishtha and in Shroni - Pain in back, groin including Iliac, sacral, cardiac regions. Teevra Vedana - Pain is severe in nature. 	<ul style="list-style-type: none"> Neela, Peeta, Asita Rakta Strava - Blue, yellow or Blackish coloured bleeding. Atyushna Rakta Strava - Hot bleeding. Nitya Rakta Strava - Almost continuous bleeding. Muhur-Muhur Rakta Strava - Repeated bleeding per vagina. Arti - pain. 	<ul style="list-style-type: none"> Pichhila, Guru, Snigdha Rakta Strava - slimy, heavy, unctuous bleeding. Pandu Varna Raktastrava - Pale coloured bleeding. Sheetala Raktastrava - Cold bleeding. Ghana, Manda Rujakara Raktastrava - Thick mucoid painful 	<ul style="list-style-type: none"> Durgandha, Pichhila, Vidagdha Rakta Strava - bleeding with foul smelling, slimy, burnt with pitta. Peeta Rakta Strava - Yellowish white discharge. Sarpi, Majja, Vasa Rakta Strava - Bleeding resembling Ghrita, Vasa, Majja. Vegasravi - Discharge with force. Nirantar

		<ul style="list-style-type: none"> ▪ <i>Daha</i> - Burning sensation. ▪ <i>Raga</i> - Redness all over body. ▪ <i>Trishna</i> - Thirst. ▪ <i>Moha</i> - Mental confusion. ▪ <i>Jwara</i> – Fever ▪ <i>Bhrama</i> - Giddiness. 	<ul style="list-style-type: none"> ▪ <i>bleeding</i> ▪ <i>Chhardi</i> - vomiting ▪ <i>Arochaka</i> - Anorexia, ▪ <i>Hrillasa</i> - Nausea, ▪ <i>Swasa</i> - Dyspnoea, ▪ <i>Kasa</i> - Cough 	<ul style="list-style-type: none"> ▪ <i>a Strava</i> - continuous bleeding. ▪ <i>Trishna</i> - thirst ▪ <i>Daha</i> - burning. ▪ <i>Jwara</i> - fever.
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Samprapti

Charaka says that when the aggravated *Vayu* withholds the vitiated *Rakta* (blood) from *Nidana Sevana*, it increases its amount. It then reaches *Raja* carrying vessels (branches of ovarian and uterine arteries) of the uterus, which immediately increases the amount of *Raja* (Artava or menstrual blood); in other words, the increase in *Raja* is caused by its mixture with increased blood. Raising the amount of plasma (*Rasa*) is the cause of this rise in menstrual blood. *Asrigdara* was the name given by the expert in this treatise because to the rise of blood. This illness is also known as *Pradara* because of the profuse blood discharge.

Samprapti Ghataka

- ***Dosha*** - *Vata-Pitta Pradhana*,
- ***Dushya*** - *Rakta (Pradhana)* and *Artava, Rasa*
- ***Agni*** - *Jathragnimandya*
- ***Adhishthana*** - *Garbhashaya, Artavavahi Strotasa*

- ***Strotasa*** - *Rakta Vahi, Artavavahi, Rasavahi*
- ***Sroto Dusti Prakara*** - *Atipravritti*
- ***Roga Marga*** - *Aabhyantara*

Samanya Lakshanas

1. *Raja Atipravruthi*, often known as excessive bleeding
2. Prolonged menstruation, or *Deerghakalanubandhi* and
3. Bleeding from the menstrual cycle
4. With or without body aches, or *Angamarda*, and

Vedana (pain)

- The sort of *Sadhya-Asadhyata* Prognosis that is lacking is *Sannipataja Raktapradar. Atyartav* (Excessive Bleeding Per Vaginum).
- *Bhram* (dizziness), *Murcha* (unconsciousness), *Tandra* (drowsiness), *Jwara* (fever), *Trishna* (thirst), *Daurabalya* (generalized weakness), and *Angamard* (body ache) are a few examples.
- All of these are related to common symptoms. reduced blood volume in the

body.

Raktanyunata (Anemia: Reduced blood volume in the body).

Chikitsa Siddhanta

Shodhana and *Shamana Chikitsa* are two of the several therapeutic approaches for *Asrigdara* that have been recorded in Ayurvedic writings. The effectiveness of "*Shodhana Chikitsa*" is the most significant of them since it rids the body of the vitiated Dosha.

The general principles of treatment of *Asrigdara* are as follows

- *Parivarjana Nidana*
- *Dosha Shamana*
- *Dosha Shodhana*
- *Rakta Sthapana*,
- *Rakta Samgrahana*
- *Tikta Rasa use (Deepana-Pachana)*

1. Nidana Parivarjana

Nidana is primarily responsible for the start of pathogenesis, which leads to the emergence of disease. For this reason, it is the main therapy idea found in Ayurvedic writings. As *Nidana*, excessive consumption of salty, sour, heavy Katu (hot), Vidahi (causing burning), and unctuous items, such as domestic and aquatic meat, Payasa, Sukta, Mastu, and wine, should be avoided. *Rajasvalacharya* prescribes a certain eating plan in order to preserve Rajah's normalcy in any way or to prevent any abnormalities, such as dysmenorrhea, menorrhagia, or oligomenorrhea. *Rajasvalacharya* must be performed to support the menstrual cycle,

which is an effective monthly cleansing process, in order to revitalize the body, organs (uterus), Doshas, and Agni.

A menstrual lady should follow the *Rajasvalacharya* schedule, which consists of a work and food regimen, for the first three days of her cycle [5].

It is as follows:

a) Vihara: To abstain from excessive exertion, talking, laughing, washing, anointing, massage, and day sleeping. A bed constructed with Darbha over the ground is where women should sleep. It is not recommended to do Nasya, Vamana, Swedana, etc. during these three days.

c) Ahara: Consume Yavaka Anna or Havishya (Sushruta) along with Paysa (Ashtanga Sangraha). According to Dalhana's commentary, Yavaka is Yava (barley) with Ksheera, and Havishya is Shali rice with Ghrita.

Therefore, this diet should be followed in order to achieve *Koshtha Shodhana* and the *Karshana* effect on a woman's physique. Since the old endometrium is presumably being deleted and purified by this regimen, the uterus will have a better environment to develop a healthy and appropriate endometrium starting on day four [6].

1. Dosha Shodhana

Because vitiated Doshas are completely eliminated from the body, diseases treated with the *Shodhana Chikitsa* have very little possibility of reoccurring. *Shamana Chikitsa* patients are susceptible to recurrence because they still have a little quantity of vitiated Doshas in their bodies, which might worsen

at any time.

a) Virechan: It has been indicated that *Virechana* is present. *Virechana* is the finest Shodhana therapy since Pitta is the major Dosha. In *Pittaja Asrigdara*, *Acharya Charaka* recommended using *Mahatikta Ghrita* for Virechana.

b) Basti: Basti is considered the finest remedy for Vata Dosha, and Asrigdara Vyadhi is caused by vitiation of Vata. The use of Uttar Basti in Asrigdara has been mentioned in the classics.

According to *Vagbhatta*, use of 2 or 3 *Asthapana Basti* followed by *Uttar Basti* is beneficial [7].

1. Dosha Shamana Doshas that are elevated are reduced to normal through the use of various *Shamana Chikitsa* techniques.

2. Rakta Sthapana: Dravya and Rakta Samgrahana

This refers to the usage of medications or other treatments that result in *Rakta Stambhana*. The patient in this disease develops anemia as a result of heavy bleeding during the menstrual and intermenstrual periods. Additionally, *Raktavardhaka Chikitsa* is required.

1. Tikta Rasa is recommended for the following reasons:

- It balances the *Pitta Dosha*.
- The purpose of *Agni Deepana-Dosha Pachana* is to enhance metabolism.
- As a coagulant, *Rakta-samgrahana*
- *Lekhana Karma* is present on *Tikta Rasa*.

A brief review of some drugs in Asrigdara

SN		Drugs
1.	For <i>Asthapana Basti</i>	<ul style="list-style-type: none"> ▪ <i>Chandanaadi Niruha Basti</i> ▪ <i>Rasnaadi Kalpa</i> ▪ <i>Kushadi Asthapana</i> ▪ <i>Mustadi Yapana Basti</i> ▪ <i>Lodhradi Asthapana</i>
2.	For <i>Anuvasana Basti</i>	<ul style="list-style-type: none"> ▪ <i>Madhukadi Taila Shatapushpa Taila</i>
3.	Internal Medicines	<ul style="list-style-type: none"> ▪ <i>Kashayas</i> ▪ <i>Darvyadi Kwatha</i> ▪ <i>Dhataki and Pugi Kusuma</i> ▪ <i>Pradarhar Kashya, Vasadi Kashya,</i> ▪ <i>Pathyamalakyadi Kashya,</i> ▪ <i>Vasa Kashya</i>



4.	<i>Kalka and churnas</i>	<ul style="list-style-type: none"> ▪ <i>Tanduleeyaka Moola Kalka with Madhu and Tandulambu.</i> ▪ <i>Rasanjana and Laksha Choorna with Aja Ksheera</i> ▪ <i>Bala Moola with milk</i> ▪ <i>Pushyanuga Choorna with Madhu and Tandulodaka</i>
5.	<i>Ksheera Prayoga</i>	<ul style="list-style-type: none"> ▪ <i>Ashoka Valkala Kwatha Siddha Ksheera</i>
6.	<i>Modaka</i>	<ul style="list-style-type: none"> ▪ <i>Alabu Phala Modaka</i> ▪ <i>Malaya Phala Modaka</i>
7.	<i>Avaleha</i>	<ul style="list-style-type: none"> ▪ <i>Khanda Kushmandavaleha</i> ▪ <i>Jeerakavaleha</i> ▪ <i>Kutajshtakleha</i>
8.	<i>Ghrita</i>	<ul style="list-style-type: none"> ▪ <i>Shalmali Ghrita</i> ▪ <i>Sheeta Kalyanaka Ghrita</i> ▪ <i>Shatavari Ghrita</i> ▪ <i>Mahatikta Ghrita</i>
9.	<i>Rasaushadhi</i>	<ul style="list-style-type: none"> ▪ <i>Pradararipu Rasa</i>
		<ul style="list-style-type: none"> ▪ <i>Bolaparpati</i>
10.	<i>Gutikas</i>	<ul style="list-style-type: none"> ▪ <i>Gokshuradi Guggulu</i>
11.	<i>Asava and Arishta</i>	<ul style="list-style-type: none"> ▪ <i>Ashokarishta</i> ▪ <i>Patrangasava</i>

DISCUSSION

All gynecological conditions fall under the broad category of "*Yonivyapada*" in the old Ayurvedic texts. *Asrigdara* is a highly serious and sometimes lethal illness that can kill a patient if it is not appropriately and promptly treated. Weakness, giddiness, mental disorientation, a sense of gloom, dyspnea, thirst, burning sensation, delirium, anemia,

drowsiness, convulsions, and other conditions brought on by *Vata* vitiation as a result of profuse vaginal bleeding are among the complications of *Asrigdara*. Avoiding all of the etiological elements that cause *Raktapradara* is the only way to prevent *Asrigdara* [8,9].

The medications and formulations used to treat *Asrigdara* are primarily rich in *Kashaya rasa* and

Tikta rasa because, according to Ayurveda, these rasas have the astringent quality known as *Stambhana Guna*, which stops bleeding. The next goal of treatment should be to raise the body's hemoglobin level, which can be achieved with *Raktasthapana* medications. Since *Rakta Dosha* has qualities that are identical to *Pitta Dosha* and *Virechana* is the most suitable and superior therapy among *Panchkarma* for *Pitta Dosha*, *Maharshi Kashyapa* has described the use of purgation (*Virechana*) in the treatment of *Asrigdara*. As a result, *Virechana* therapy will also be effective in treating the disease that results from vitiation of *Rakta Doshas* [10].

CONCLUSION

Asrigdara is characterized by pain and body aches, as well as prolonged and profuse menstruation or intermenstrual bleeding. Aggravated *Vayu* raises the amount of *Rakta* (blood) that has been vitiated by *Nidana Sevana* by withholding it. This increases the amount of *Raja* (menstrual blood) right after it reaches *Raja* carrying vessels (branches of ovarian and uterine arteries) of the uterus. The general guidelines for treating vaginal bleeding, as determined by a review of various research papers and Ayurvedic classics, are: Eliminating the cause; *Dosha Shodhana*; *Dosha Shamana*; *Rakta-Sthapana* & *Rakta Sangrahana*; and Using *Tikta Rasa*. These help to control excessive menstrual flow and strengthen the reproductive tract. Additionally, *Basti* enhances the *Asrigdara* through its particular impact on *Vata*, while *Virechana* helps to resolve the

vitiation of *Rakta and Pitta Dosha* through *Shodhana Chikitsa*. After examining the Ayurvedic concept of *Raktapradar* or *Asrigdara*, which aims to intervene, it is demonstrated that the entities covered in the article are safer, more dependable, and more effective treatments.

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