



MANAGEMENT OF ASRIGDRA W.S.R. TO DUB- CASE STUDY

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**ABSTRACT**

In Ayurveda, the most common bleeding disorders in women are referred to as *Asrigdara* and are characterised by *Pradirana* (excess excretion) of *Raja* (menstrual blood). In modern medicine, it is called "Dysfunctional Uterine Bleeding." Despite their high costs, hormonal therapy, anti-prostaglandins, and anti-fibrinolytic agents have not proven their definitive efficacy in modern medicine; their side effects have resulted in hormonal imbalances. In Ayurvedic classics, all gynaecological disorders are classified as *Yonivyapad*. *Charaka Acharya Raktapradara* is described as *Pradara Roga* by *Charaka Acharya*. Excessive vaginal white discharge is referred to as *Shweta Pradara* and excessive or heavy menstrual bleeding is referred to as *Raktapradara*. It is known as *Pradara* due to *pradirana* (excessive excretion) of *raja* (menstrual blood) and *Asrigdara* due to *dirana* (excessive excretion) of *Asrk* (menstrual blood). Menorrhagia is treated with Haemostatic, analgesic, and hormonal therapies in modern medicine, which has limitations. As a result, an integrated and comprehensive therapeutic intervention in Ayurveda is required to prevent recurrence. Sodhana and Shamana therapies are recommended, but if *Rugnabala* is low,

only *Shamana* is recommended. Many herbals and herbo-mineral preparations are mentioned in Ayurveda to treat *Asrgdara* and related symptoms, and these can be used according to *Anubandha Dosha* and *Lakshana*. Because *Asrgdara* is primarily caused by *Vata Pitta Dosha*, *Kashaya Rasa* and *Pittashamaka Chikitsa* may be used. *Ayurvedic* formulations aid in the breakdown of *Asrgdara* pathogeneses and their recurrence.

Keywords: *Asrgdara*, DUB, *Yonivyapad*, *Artavadushti*, *Ayurveda*

INTRODUCTION

Dysfunctional Uterine Bleeding (DUB) is a common gynaecological disorder characterised by abnormal uterine bleeding unrelated to structural or systemic causes. It is a diagnosis of exclusion, meaning that other causes of abnormal uterine bleeding must be ruled out before a diagnosis of DUB is made. The exact cause of DUB is unknown, but it is thought to be related to hormonal imbalances, particularly involving estrogen and progesterone. Other factors that may contribute to DUB include stress, weight changes, thyroid disorders, and certain medications. Symptoms of DUB can vary from person to person but may have heavy or prolonged menstrual bleeding, bleeding between periods, and unpredictable menstrual cycles. Diagnosis of DUB typically involves a thorough medical history, physical examination, and various tests, such as blood tests and imaging studies. In *Ayurvedic* classics, *Asrigdara* is defined as excessive and prolonged, irregular uterine bleeding¹. The anomaly could be frequency, length, amount, or a mix of all of these. The average menstrual cycle lasts 21-35 days. 4-6 days of bleeding with an average blood loss of 35-45 ml². Any variation from the aforementioned is considered an abnormal menstrual cycle. *Asrigdara* is considered as a *Raktapradoshaja vikara*³. It can be correlated with Dysfunctional Uterine Bleeding

(DUB), which is defined as a state of abnormal uterine bleeding without any clinically detectable organic, systemic and iatrogenic cause⁴.

Table 1: Showing Status of Dosha During Different Stages of Menstrual Cycle According to Acharya Charaka, Pradara occurs when the menstrual cycle becomes atypical because of *Pradirana* (excessive production) of Raja. According to *Acharya Sushruta*, "*Asrigdara*" is exaggerated and protracted bleeding during menstruation or even during the intermenstrual phase that differs from the characteristics of regular menstrual blood. Due to growing stress, it is a substantial healthcare problem in the developed world for women. Between 25 and 58% of women in the WHO survey reported having excessive vaginal bleeding in the previous three months. Every year, one in every twenty women aged 30-40 seeks medical attention for excessive uterine bleeding. This could put them in a distressing situation at their social service job. According to *Charaka*, the *Nidanas* accountable for *Asrigdara* are largely *Pitta Vardhaka*. *Yoni* always remains vitiated in the absence of *Vata Dosha*, hence all *Yonivyapads* and *Artava Vyapads* are caused by *Vata Dosha*. *Acharya Charaka* also characterised it as a *Pittavrita Apanavayu* symptom. *Nidana* plays the prime role in the initiation of pathogenesis, which proceeds towards the disease development.

Aharaja	Rasa	Guna	Virya	Vipaka	Karma	Dravya
	Amla Lavan Katu	Guru Snigdha Ushna Sara Sukshma	Ushna	Katu	Dhatvagnimandya strotodushitikara Rakta atipravrutti Raktavikaras Daurbalyata Vidaha Pandu	Gramya and Oudaka Mamsa, Dahi Payasa Sukta Mastu Sura Krushra Virudhaahaa Madhya Adhyasan Ajirna

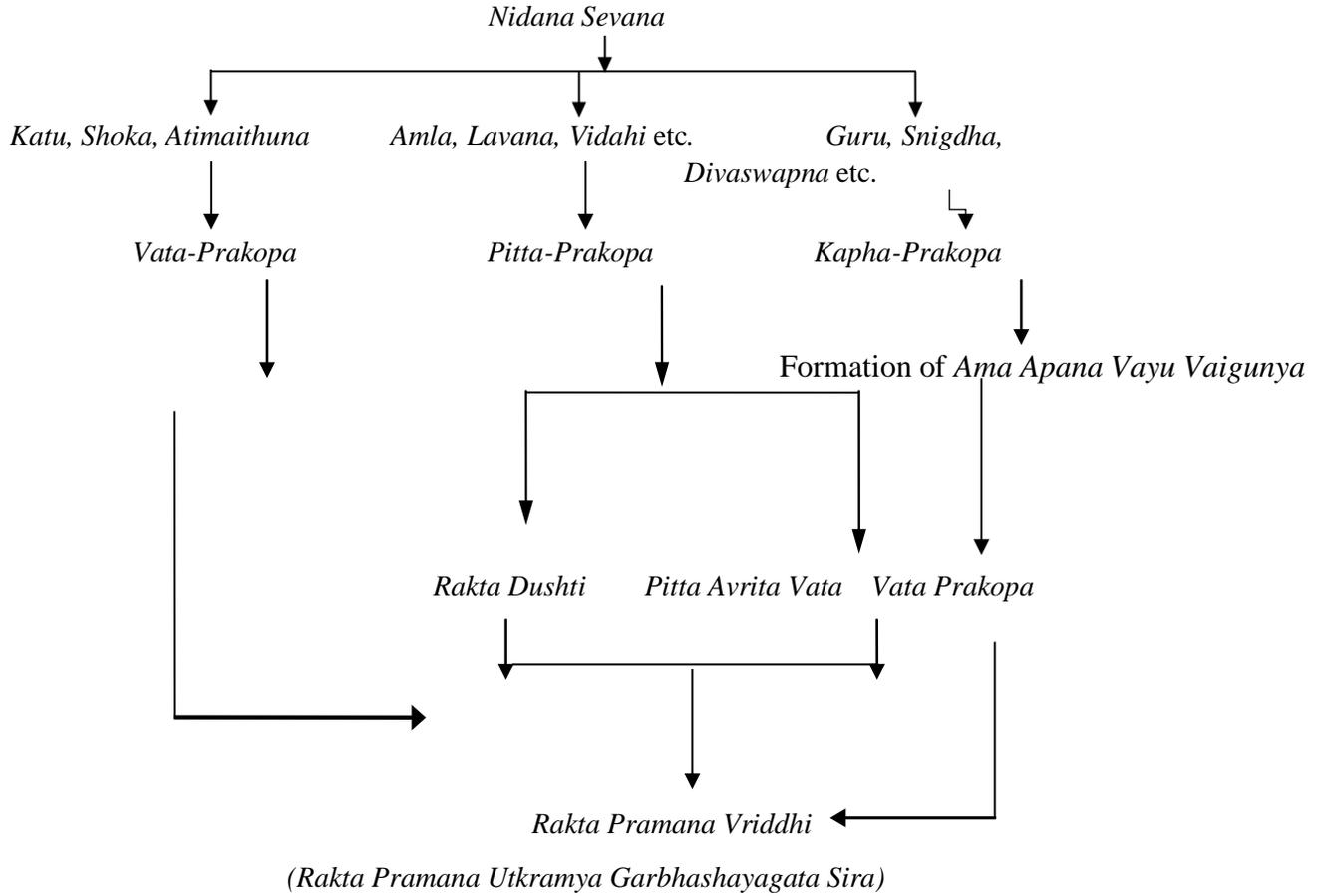
Viharaja	Atimaitun Ati Yana Atiadhva Atikarshan Bharvahan Garbhaprapata		Diwa swapna		
Manasika	Shoka, Krodha, Bhaya				
Anyā	Abhigataja Vatapurita Kshseeranadi				

Nidana	Effects on doshas and dhatu
Lavana Rasa (Jala + Agni)	Pitta Prakopa, Rakta-Vardhana, Dhatukshaya
Amla Rasa (Prithvi + Agni)	Pitta Vriddhi, Rakta Dusti, Mamsa Vidaha
Guru Annapana (Prithvi + Jala)	Kledakara, Kapha Prakopa
Dhatu Katu Rasa (Agni + Vayu)	Rakta Sravaka, Shonita Samghata Bhedana
Vidahi Annapana (Agni + Vayu)	Pitta Prakopa
Snigdha Annapana (Prithvi + Jala)	Kledakara, Kapha Prakopa
Pishita anna (Abhishayandi)	Kaphabhishyandi
Krishara	Kapha Pitta Prakopa
Payasam (Guru Vishtambhi), Dadhi	Kapha-Meda vriddhi
Mastu, Sura, Gramyodaka	Kapha-Pitta Prakopa

In modern medicine, medications such as hormone therapy, ant prostaglandins, and anti-fibrinolytic medicines are available. Numerous negative effects of the medicine have been reported, and hysterectomy causes hormonal imbalance and psychological distress in young fertile women. With this in mind, we decided to test Ayurvedic drugs, which are non-hormonal and harmless and could give a viable alternative for *Asrigdara*.

Samprapti of Asrigdara: According to *Acharya Charak*, aggravated *vata*, withholding the *rakta* vitiated due to above causes, increases its amount and then reaching *rajovahi/aartavahi srotas* (branches of ovarian and uterine arteries). The amount of *raja* (artava or menstrual blood) increases due to its mixture with increased blood. In this condition, there is excessive excretion of blood, thus known as *Asrigdara*. *Vyana vayu* (vitiated) controls excessive uterine circulation, while *apana vayu* controls menstrual blood

flow. *Pitta* (vitiated) plays a vital function in the disease's development. It vitiates *rakta* and *aartava*, and vitiated *pitta* causes several symptoms, such as *daha*. The mucous membrane - the endometrium is the seat of *kapha*; it is also involved because *Asrigdara* would have irregular shedding of the endometrium. *Nidana* will cause *Vata* and *Rakta* to become vitiated. Increased *rakta* is caused by vitiated and provoked *vata*. *Rakta* grows as a result of its *rasa bhava*. *Garbhasaya gata sira* introduces a large amount of *rakta* into the uterus (uterine arteries.)The *raja* (menstrual contents such as cellular debris, dead ovum, etc.) will combine with the *rakta* in the uterus and be evacuated. It is possible that the blood as a whole will not increase. As the *chala guna* of *vyana vata* and the *sara guna* of *pitta* (*rakta* and *pitta* are *sajatiya dravyas*) improve, so will uterine circulation.



Due to Rasabhava and Drava Guna of Pitta
 ↓
 Raja Vahi Strotasa of Garbhashaya
 ↓
 Raja Vriddhi (uterine congestion)
 ↓
 Atipravrtti (excessive/prolonged/irregular bleeding)
 ↓
 Asrigdara

Samprapti ghataka –
Dosa- Vata, Pitta, Kapha (sannipata)
Dhatu- Rasa, Rakta
Upadhatu- Raja, Aartava

Srotas- Aartavavaha Srotas
Sroto dusti - Atipravrtti
Asaya - Garbhasaya
Agni - Dhatuvagni
Dusyata - Pittavrt Apan Vayu

Chikitsa Siddhant

1. Nidana parivarjana
2. Dosha shaman
3. Dosha shodhana
4. Use of Basti is beneficial
5. Treatment was prescribed for Raktapitta, Rakta-taatisara, and Raktarsa.
6. Virechana cures menstrual disorders

Pathya-Apathya

Pathya- Godhuma (wheat), Shashtika shall (swastika rice), Jangalamansa rasa (desert animals), Pakwa kushmanda, Tanduleeyaka, Dry grapes, Pomegranate, Date fruits, Amla, Ghee, Honey and Milk

Apathya- Spicy, Sour and Salty food, Kshara Dravya, Fish, Alcohol, Spicy food, Black gram, Tila (sesame), Kulattha (horse gram), Sour Dadhi (curd).

Upadrava: Daurbalya, Brhma, Murcha, Tama, Daha, Pralapa, Panduta, Tandra, Vataja roga like Akshepa-ka.

Prognosis:

Incurable: Sannipataja and if there are features of continued bleeding Trushna Daha Jwara Daurbal-yata Tama Swasa Vataja roga.

Aim: The aim is to evaluate and discuss Asrigdarits management.

Objective: To evaluate and discuss Asrigdara with Ayurveda Management.

Materials And Methods: The present study was conducted in SDMT's Ayurvedic Medical College, Terdal and Padma Ayurvedic Hospital, Terdal. Informed and written consent was obtained from the subject, and the case was recorded, considering all points of history taking, physical examination, lab investigations and fulfilling inclusion criteria.

Inclusion criteria :

1. Patients aged between 18-45 years, with complaints of excessive bleeding per vagina during menstruation either in amount or in duration or both or the intermenstrual period for consecutive menstrual cycles.
2. Patients who are using neither oral contraceptive pills nor IUCD for contraception or hormonal treatment.

Menstrual History: Irregular 3-5 days
Clots +

Exclusion criteria:

1. Patient suffering from DUB.
2. All patients expected to have no organic involvement can be labelled DUB.
3. The patient has no infections such as candidiasis, trichomoniasis, or any other form of vulvovaginitis and pelvic congestion.
4. Patients having no systemic illness like TB, diabetes, hypertension, etc.

Case study:

A married patient aged 29 years attended the OPD and Padma Ayurvedic Hospital, Terdal, on 25/8/2021. Her LMP was 17/8/2021. Her menstrual history reveals spotting p/v during the intermenstrual period associated with clots, which affected her daily routine as well. On enquiry, she said that the duration of menses was 3-5 days with clots for the initial first and second days. The bleeding was heavy on the first day. The pain was spasmodic and associated with generalised weakness.

Past medical history reveals that she used to take analgesics for Dysmenorrhoea.

The patient's history revealed normal appetite, sleep, micturition, and bowel habits. There was no relevant history of hypertension, thyroid disorder, diabetes mellitus history of surgical intervention of tubectomy two years back.

Obstetric History-

G₃P₃L₃A₀D₀

G₁- Male baby FTND in our hospital eight years back.

G₂- Female baby FTND in our hospital five years back.

G₃- Male baby FTND in our hospital two years back.

ML- 9 years (consanguineous marriage)

LD – 2 years, 4-5 pads/day.

30 days No

foul smell

Age of menarche- 14 years L.M.P- 17/8/2021.

Clinical Findings:

General examinations:

Afebrile
 Built – Normal
 Weight –42 Kgs
 BMI-18.42
 Pallor-Absent,
 Pulse- 90/min
 BP- 100/70 mmHg
Ashta vidha pariksha
 Nadi – 90/min
 Mutra – 5-6 times/day
 Mala – twice /day
 Jihwa – normal
 Shabda – Samanya
 Sparsha – Ushna
 Drika – Malina
 Aakriti – Krisha
Dashvidha pariksha:
 Prakriti – Vatapittaj
 Vikriti – Vikriti visham samavaya

Sara – Madhyama
 Samhanana- Avara
 Pramana – Madhyam
 Satmya – Mishra ras
 Satva –Madhyam
 Vaya – Yuvati
 Vyayamshakti – Madhyam
 Aharashakti –Madhyam
 Jarana shakti – Madhyam
 Vyayama shakti – Tikshna
Systemic Examination: On Systemic Examination, no significant abnormality was noted.

Investigation:

Treatment:

A patient came to the hospital at the follow-up time, and her symptoms were reduced.
 C/o
 – Feels better.
 – Bleeding p/v stopped.
 – Cycle due (16/9/2021)
 – Gaseous distension

Date & Duration of treatment	Name of medicine	Anupana	Dosage	Aushadh sevankala
August 25, 2021 X 15 days	<ul style="list-style-type: none"> ✓ Tab Amystop G ✓ Tab Pradarantaka loha ✓ Pushyanuga Churna ✓ Cap M2 tone ✓ Shatavari kalpa 	Warm Water Warm Water Warm Water Rice water Warm Water	BD BD ½ tsf BD BD 1 tsf BD	AC AC AC AC AC
September 22, 2021 X 15 days	<ul style="list-style-type: none"> ✓ Cap M2 tone ✓ Syp Manoll ✓ Hinguwashtaka churna 	Warm water Warm water Warm water	BD BD ½ tsf	AC AC AC

DISCUSSION

Shudha artava is one of the most crucial components for a healthy progeny. *Asrigdara* is defined as excessive uterine bleeding during menstruation or intermenstrual phases. It has been associated with uterine bleeding malfunction. Herbal *ayurveda* drugs are used to treat *Asrigdara* and its effects. *Raktasthambhak*, *Raktasthapak*, *Dipan*, *Pachan*, and *Bruhan* are all names. *Vata Pradhan asrigdara* is treated with *Madhur*, *Amla*, *Lavana*, *Snigdha*, *Guru*, *Ushna*, *Anuloman*, *Aushadhi*, and *Basti chikitsa*. *Pitta Pradhan asrigdara* was treated with *Madhur*, *Tikta*, *Kashaya*,

Snigdha, *Shita*, *Stambhan*, *Dipan*, *Pachan*, *Aushadhi*, and *Virechan chikitsa*. *Tikta*, *Katu*, *Kashaya*, *Laghu*, *Stambana*, *Aushadhi*, and *Vaman chikitsa* were used to treat *Kapha pradhan asrigdara*, followed by *Tikta*, *Katu*, *Kashaya*, *Laghu*, *Stambana*, *Aushadhi*, and *Vaman chikitsa*. *Virechan* by *Samanya Chikitsa* is apt. *Asrigdara* is traditionally used to cure *Pitta dushti*.

CONCLUSION

Based on many indications and symptoms, *Asrigdara* might be classified as DUB. We can provide symptomatic alleviation by recommending rest, assurance, and symptomatic management. We can utilise medi-

cations such as Kashaya rasa, shothar, and Raktavardhak in treating DUB. Modern treatment is based on hormone replacement therapy and surgical treatments⁵, both of which have adverse side effects. Considering the side effects and undesirable consequences, *ayurvedic* therapy can be recommended as a safer and more efficient method of treatment.

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