

AN OBSERVATIONAL CLINICAL STUDY TO EVALUATE SHONITADUSHTI NIDANA IN ASRIGDARA

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ABSTRACT

Asrigdara is a disease produced by *Dosha Prakopa* (vitiation of *Dosha*) along with *Rakta Dushti* (vitiation of blood components) primarily in *Artavaha Srotas* characterised by excessive excretion of menstrual blood where the increased *Rakta* mix with *Raja* (menstrual blood) thus, the quantity of *Raja* increases. It refers to all types of Abnormal Uterine Bleeding (AUB), in which *Asrigdara* is traditionally expressed as menorrhagia, metrorrhagia, polymenorrhoea etc. Up to 1/3rd of women is experiencing abnormal uterine bleeding most commonly in menarche and menopause. Still, the cure of *Asrigdara* is facing difficulty, which shows that the understanding of *Asrigdara* is still incomplete, and this motivates to determine further, the other risk factors or other pathology involved in *asrigdara*. **Objective:** This calls for an evaluation of the possible *Shonitha Dushti Nidana* in *Asrigdara* to identify more risk factors. **Methods:** In this cross-sectional observational study, 36 subjects diagnosed with *Asrigdara* were selected. The probable incidence of *Nidana* (causes), in patients, were assessed through a questionnaire developed for the study. The recorded data were analysed with descriptive statistics. **Results:** *Aharaja Nidanans* of *Asrigdara* acts as *Viprakraushta Hetu* (remote cause) causes *Dhatu Pradooshana* (vitiation of tissues) in the body. The *Nidana Viruddha Ahara* causes *Rakta Dushti* directly. The *Manasika Nidanans* such as *Krodha* (anger) is found to act as *Vyanjaka Hetu* (weak cause) in the manifestation of *Asrigdara*. **Conclusion:** *Bahya Hetu* (external

factors) triggers *Dosha Kopa* or causes *Dhatu Pradooshana*. In *Asrigdara* patients, *Pitta Pradhana Tridosha* and *Rakta* were vitiated to initiate the disease manifestation.

Keywords: *Asrigdara, Rakta, Abnormal uterine bleeding, Raja.*

INTRODUCTION

If we recall stability of the uterus depends upon the *Shuddha Rakta* supplied through *Raktavaha Dhama-ni*. For the normal physiology of *Ritukala* mainly *Rasa, Rakta* and *Artava* are essential and hence, any abnormality among them can result in different disorders and one among them is *Asrigdara*. In classics, *Rakta* is explained as one of the seven *Dhatu* where *Rasa* and *Rakta* are invariably involved in each other.¹ The *Rasa* and *Rakta* both nourish all other *Dhatu*s of the body and also, it's *Upadhatu Artava* which plays a major role in reproduction. Besides, Acharya Charaka and Sushruta have given much emphasis to *Rakta Dhatu* in causing disease, because of the involvement of *Rakta* in most of the diseases in comparison with other *Dhatu*s. Along with this while listing the diseases due to *Rakta Dushti* in *Vidhishonitiya Adhyaya*, Charaka has mentioned *Asrigdara*⁸ which manifests due to indulging in *Shonitadushti Nidana*.

The understanding of the pathology of AUB where no systemic or locally identifiable structural cause can be found has remained incomplete and they are termed as the unknown origin or unexplained. Charaka has explained specific *Nidana* for *Asrigdara* along with its *Chikitsa* in *Yonivyapat Chikitsadhyaya*. Still, the cure of *Asrigdara* is facing difficulty, which shows that the understanding of *Asrigdara* is still incomplete, and this motivates to determine further, the other risk factors or other pathology involved in *Asrigdara*. This calls for an evaluation of the possible *Shonitadushti Nidana* in the development of *Asrigdara* for the identification of more risk factors or causes.

Aim & Objectives: The present study clinically assesses *Shonitadushti Nidana* in patients of *Asrigdara*.

Materials & Methods

Source of Data: 36 patients diagnosed with *Asrigdara* attending OPD & IPD of Sri Dharmasthala Manjunatheshwara Ayurveda Hospital, Udupi were selected for the study.

Method of Collection - Study Design

It was an observational study on 36 patients diagnosed as *Asrigdara*, using the diagnostic parameters. A detailed history about their regular food habits and daily regimen was taken to assess the probable incidence of *Nidana* and the recorded data were analysed with descriptive statistics.

Inclusion Criteria

1. Patients between 12-50 yrs.
2. Patients having pratyatma Lakshana of *Asrigdara*.
3. Patients with abnormal uterine bleeding with localized pathology due to endometrial hyperplasia, fibroid uterus, PID, Endometriosis, Adenomyosis, HPO axis disturbances.
4. Patients with metropathia haemorrhagica.
5. Patients with endometrial malignancies.
6. Patients with genital infection.
7. Patients with coagulation pathology.

Exclusion Criteria

1. Patients with HIV, Hepatic Failure, Renal failure.
2. Bleeding due to pregnancy disturbances

Assessment Criteria

- Assessment of *Shonitadushti Nidana* in patients of *Asrigdara* was done using a questionnaire developed for the study.
- The frequency of each *Nidana* was assessed through a Likert-type scale.

Table 1: Likert Scale

Frequency		No of days/week
❖ Never	1	Never
❖ Rarely	2	1-2 times/semester
❖ Sometime	3	1-2 times/month
❖ Often	4	1-3 times/week
❖ Almost always	5	3+times/week

RESULTS

The observations and results obtained after the evaluation of *Shonitadushti Nidana* in *Asrigdara* patients are as follows.

Table 2: *Aharaja Nidana* of *Shonitadushti* in *Asrigdara* patients

<i>Aharaja Nidana</i>	Always	Often	Sometimes	Rarely	Never
<i>Ati Katu</i> (Spicy)	42 %	47.2%	8.3%	2.78%	0%
<i>Ati Lavana</i> (Salty)	2.8%	55.6%	33.3%	5.6%	2.8%
<i>Ati Kshara</i> (Alkali)	0%	30.6%	66.7%	2.8%	0%
<i>Ati Amla</i> (Sour)	2.78%	16.67%	72.22%	8.33%	0%
<i>Guru Ahara</i> (heavy to digest)	36.11%	61.11%	2.78%	0%	0%
<i>Vidahi Ahara</i> (food-producing burning sensation)	36.11%	61.11%	2.78%	0%	0%
<i>Masha</i> (Black gram)	55.56%	36.11%	0%	8.33%	0%
<i>Jalaja mamsa</i> (Aquatic animals)	13.9%	61.1%	5.6%	0%	19.4
<i>Anupa mamsa</i> (Marshy area animals)	13.9%	61.1%	5.6%	3.3%	19.4
<i>Snigdha Ahara</i> (unctuous)	0%	69.44%	25%	5.56%	0%
<i>Ruksha Ahara</i> (dry)	2.78%	0%	16.67%	80.56%	0%
<i>Krishara</i> (Khichdi)	0%	52.78%	47.22%	0%	0%
<i>Payasa</i> (sweet dish)	0%	13.89%	86.11%	0%	0%
<i>Viruddha Ahara</i>	0%	88.89%	8.33%	2.78%	0

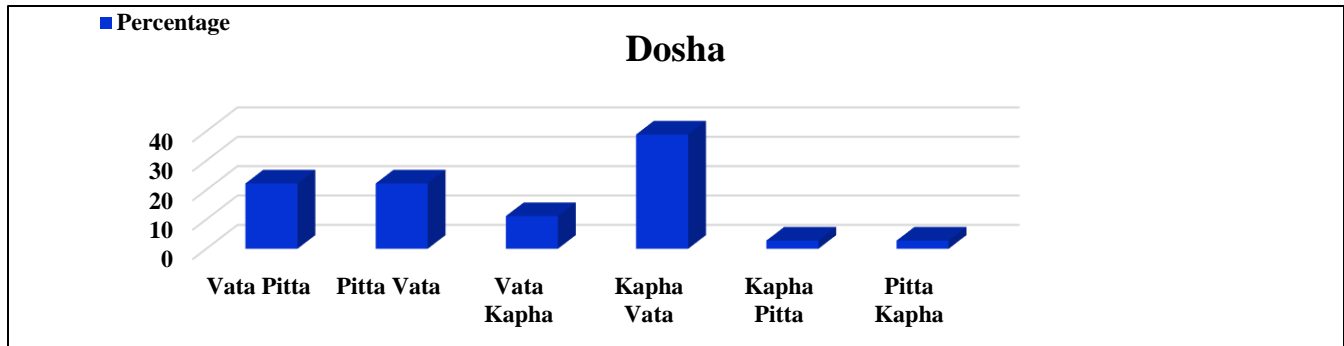
Table 3: *Viharaja Nidana* of *Shonitadushti* in *Asrigdara* patients

<i>Viharaja Nidana</i>	Always	Often	Sometimes	Rarely	Never
<i>Diwaswapna</i> (after taking <i>Drava</i> , <i>Snigda</i> , <i>Guru Ahara</i>)	25%	28%	11%	0%	25%
<i>Shrama</i> (Physical exertion)	0%	11%	31%	50%	8%

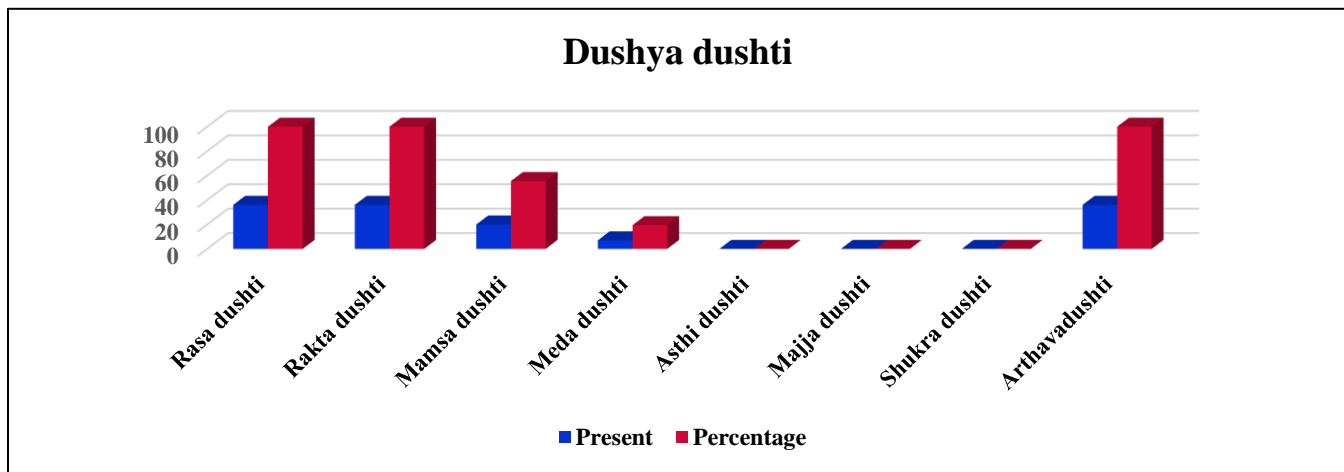
Table 4: *Manasika Nidana* of *Shonitadushti* in *Asrigdara* patients

<i>Manasika Nidana</i>	Always	Often	Sometimes	Rarely	Never
<i>Shrama</i> (Mental exertion)	0%	16.67%	30.56%	47.22%	5.56%
<i>Krodham</i> (Anger)	0%	5.56%	16.67%	50%	27.78%
<i>Chinta</i> (Worry)	0%	22.22%	36.11%	13.89%	27.78%
<i>Bhayam</i> (Fear)	0%	5.56%	8.33%	22.22%	63.89%
<i>Kama</i> (Desire)	0	0	2.78%	25%	72.22%

Graph 1: Dosha involvement



Graph 2: Dhatu affected



DISCUSSION

The *Nidana* can be understood as *Bahya* and *Abhyantara Hetu*. *Bahya Hetu* are *Aharaja*, *Viharaja*, *Manasika Nidanas* which causes *Dosha Dushti*. *Abhyantara Hetu* is *Dosha* and *Dooshya* involved in the disease. *Ati Katu*, *Guru*, *Vidahi*, *Ruksha Ahara*, *Masha*, *Jalaja* and *Anupa Mamsa* are described as *Nidana* of *Shonitadushti*. *Ahara* is having different types of *Rasa*, *Guna*, *Veerya*, *Vipaka* along with different *karma* and *prabhava* due to which mode of action of *Dravya* becomes unpredictable along with the numerous influencing factors. Even after *Sevana* of *Hita Ahara*, some persons will appear as *Rogi* and in some others who are involving in *Ahita Ahara* still, they will not suffer from any disease. This is because of different factors such as, all *Apathya Ahara* are not equally *Dosha Utpadaka*, all *Doshas* are not having equal

Bala and all *Sharira* will not be having the same *Vyadhi Kshamatva* (Immunity). Hence a *Vyadhi Ut-patti* depends upon *Desha*, *Kala*, *Samyoga*, *Veerya* and *Pramana*.³ The effect of *Apathya Ahara Vihara* is *Kalantara* in nature.⁴ For a *Dosha* to undergo *Prakopa*, the *Nidana* may be individual or combined, important is constant indulging in them; and the manifestation of *Vyadhi* not only depends upon individual *Guna* and *Karma* but rather it also depends on *Prabhava* of *Dravya*. *Katu Rasa* is having functions such as *Lekhana* (scraping) of *Mamsa*, *Bhinatti* of *Shonita Sanghata* (dissolution of blood clot) and mainly it brings about *Pitta Prakopa*. Similarly, *Amla* and *Lavana* are having *Pittakopa* and *Rakta Vardhana* nature. Hence, women who were having *Katu*, *Amla* and *Lavana Rasa* were observed as more prone to *Asrigdara*.

Naturally, *Guru Ahara* is having *Vidaha* property and both *Guru* and *Vidahi Ahara* are capable of resulting in *Pitta Prakopa* and *Rakta Dushti*. Even *Snigda* is having *Kledakaraka* property which aids in increasing the quantity of *Rakta*. Even Sushruta says, *Madhura*, *Amla* and *Lavana* are having *Guru* and *Snigda* quality.⁵ Hence, it shows that it may be any *Rasa Pradhana Dravya*, if they are taken excessively it will result in *Pitta Prakopa* and *Rakta Dushti* and further, it can result in *Asrigdara*. *Masha* is a *Shami Dhanya* having properties such as *Guru*, *Snigda* and it is *Pitta Prakopaka* in nature. In the preparations of food items like *dosa*, *idli* etc. *Masha* is added for fermentation and hence it is *Vidaha* in nature.

The subjects of *Asrigdara* selected for the study were consuming *Jalaja Mamsa* such as fish and *Anupa Mamsa* such as chicken, mutton and pork which are having *Snigda Guna*, *Ushna Veerya*, *Guru Guna* and *Mamsa Vardhaka* nature along with *Abhishyandi* quality. Hence all are oriented towards *Pitta Prakopa* and *Rakta Dushti*. As both *Krishara* and *Payasa* are *Guru* and *Vidahi* in nature, it is capable of resulting in *Pitta Prakopa* and *Rakta Dushti*. *Viruddha Ahara* can result in *Rasadi Dhatu Dushti* without any *Dosha Prakopa* because of its *Vishishta Shakti*.⁶ Sushruta also says that, along with *viruddha ahara*, even some *Hita Ahara* can also manifest *Rasadi Dhatu Vikaras* as they are having property of *Dosha Utklesha* but they cannot expel *Utkleshita Dosha* out of the body.⁷ Here, *Viruddha Ahara* is considered as *Utpadaka Hetu* because *Viruddha Ahara* can directly vitiate *Rakta* by their contradicting potency and they are bound to cause diseases related to *Shonita*. Among different *Viharaja Nidanas*, *Diwaswapna* after taking *Drava*, *Snigda* and *Guru Ahara* was followed by the subjects often and always. It is *Kapha Pradhana Tridosha Prakopaka Nidana* having predominantly *Guru* and *Snigda Guna* which are *Vidaha Janaka* and *Kledakaraka* in nature and thereby capable of producing in *Pitta Prakopa* and *Shonita Dushti*. This observation also shows that most subjects are taking less *Vishrama* in their routine life, maybe in the form of sitting and taking rest or rest in the form of sleep. Some subjects were homemakers involving in main-

taining home endlessly which can be considered as *Atiyoga of Karma* leading to *Vatadi Dosha Prakopa* and *Dhatu Dushti*. Some subjects were students especially students who were doing their graduation and postgraduation were involved in continuous field works, reading for exams without proper rest and sleep and during this period, these subjects were observed with heavy menstrual bleeding. The *Shareera* and *Manas* are interrelated with each other. Any changes in *Shareera* will affect *Manas* and vice-versa. Charaka while explaining *Shonitadushti Nidana*, has mentioned *Krodha* as one of the *Nidana* which can lead to *Pitta Prakopa*. He has also mentioned some of the *Manasika* factors which have to be kept under *Dharana* (control) such as *Shoka*, *Bhaya*, *Krodha* etc.⁸ As *Manas* is having relation with *Shareera* these *Manasika* factors can lead to *Dosha Prakopa* resulting in different *Shareerika Vyadhis*. Psychological or mental stress can cause changes in the menstrual cycle, which can range from irregular periods to heavy menstrual bleeding. A study has been carried out on this and the result obtained was, women with psychological distress at baseline were more likely to develop heavy periods 6 months later than women without distress.⁹ Though there is a description of *Tridoshas* in *Asrigdara Samprapti*, *Kapha Vata* involvement was noted more in this study. There is a requirement for further study with a larger sample size to check the involvement of *Tridoshas*. In *Asrigdara* mainly there will be *Dushti* of *Rasa* and *Rakta*, as *Rasa* and *Rakta* are invariably involved in each other. Similarly, *Artava* is the *Upadhatu Rasa*¹⁰ and *Rakta*¹¹ and hence due to the *Dushti* of above said *Dushyas* there was *Pradirana of Raja* (excessive menstrual bleeding). *Dushti* of *mamsa* and *meda* was observed in some of the patients, as they had fibroid uterus and PCOD, due to which patients had developed *Asrigdara*. *Shukra Dushti* can be inferred to be present in menstrual irregularities with the feature of anovulation or imbalance in estrogen and progesterone due to disturbance in the H-P-O axis.

CONCLUSION

On summarising, the study showed the involvement of *Bahya Hetu* predominantly in causing *Asrigdara*. Most of the *Dravyas* were having *Katu*, *Guru* and *Vidaha* nature and they were capable of resulting in *Pitta Prakopa* and *Rakta Vardhaka*. The *Asrigdara Samprapti* where *Pitta Pradhana Tridosha Prakopa* is leading to *Rakta Dhatu Vruddhi* and thereby leading to *Raja Pramana Vruddhi* in *Garbhashayagata Rajovaha Sira* explains the pathogenesis of even abnormal uterine bleeding. Clinical observation study concluded that there is a definite role of *Shonitadushti Nidana* and *Samprapti* in the better understanding of *Asrigdara Samprapti* along with AUB.

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