REVIEW ARTICLE

Contemporary and Ayurveda Perspective of Asrigdara WSR to Dysfuctional Uterine Bleeding – A Review

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ABSTRACT
The interaction of endometrial elements causes regular cyclic menstruation. A change in one of these causes abnormal bleeding, which affects a woman’s quality of life physically, socially, and emotionally. Excessive, protracted menstrual, or intermenstrual bleeding is a hallmark of Asrigdara. In modern medicine, abnormal uterine bleeding or dysfunctional uterine bleeding is referred to as anomalies in the menstrual cycle concerning frequency, regularity, duration, and volume of flow outside of pregnancy. This condition is similar to Asrigdara. It significantly lowers the quality of life for women by having an impact on their personal, social, familial, and work lives. The psychological well-being of fertile women is impacted by allopathic treatment modalities such as hormone therapy, prostaglandin inhibitors, and anti-fibrinolytic drugs, which are known to have a variety of negative effects. In light of the foregoing information, this article aims to examine various research to provide straightforward, safe, and non-hormonal medications for Asrigdara patients as well as to examine the literature on Asrigdara that is available in classical texts and abnormal uterine bleeding that is available in contemporary texts.

1. INTRODUCTION
Inconsistencies in the menstrual cycle affecting frequency, regularity, duration, and volume of flow outside of pregnancy are referred to as “dysfunctional uterine bleeding” (DUB). Up to one-third of women will experience abnormal uterine bleeding at some point in their lives; the perimenopausal and menstrual cycles are when these irregularities most frequently occur. A normal menstrual cycle has a frequency of 24–38 days, lasts 2–7 days, and results in blood loss of 5–80 mL. Any variations in these four factors qualify as irregular uterine hemorrhage. It is preferable to use straightforward terminology to describe the nature of aberrant uterine bleeding rather than outdated ones such as oligomenorrhea, menorrhagia, and DUB. The International Federation of Obstetrics and Gynaecology (FIGO) updated the nomenclature first in 2007 and then again in 2011 and 2018. The FIGO systems provide an acronym for typical aetiologies after first defining abnormal uterine bleeding. These statements are true of nongestational and chronic AUB. Intermenstrual bleeding was included in 2018, and irregular bleeding was defined as bleeding that was outside the 75th percentile. Excessive, protracted menstrual, or intermenstrual bleeding is a hallmark of asrigdara. According to Acharyas, Asrigdara's Nidanas include Mithya Ahara, Vihara, Atishoka, and others. Asrigdara comprises all form of excessive bleeding. Various medicines that have stood the test of time and have been mentioned in Ayurvedic classics can be utilized to treat Asrigdara.

2. REVIEW OF LITERATURE
2.1. DUB
2.1.1. Definition
A change in volume, regularity, or timing that has persisted for 6 months or more is referred to as DUB. Menorrhagia (regular but heavy menses), metrorrhagia (bleeding between periods), polymenorrhea (regular bleeding more frequently than 21 days), and oligomenorrhea (bleeding at a frequency of more than 35 days) were once used as descriptive words to describe DUB. Any variations in these four factors qualify as irregular uterine hemorrhage. It is difficult to estimate the exact incidence since many women do not seek treatment for their symptoms.
and because some diagnostic criteria are objective while others are subjective.\(^1\)

### 2.1.3. Pathophysiology

The uterus receives blood from the uterine and ovarian arteries. These arteries develop into arcuate arteries, which subsequently release radial branches that nourish the functional and basal layers of the endometrium with blood. Menstruation is the result of this breakdown, which causes blood loss and sloughing. Blood loss is controlled by thrombin, functioning platelets, and vasoconstriction of the arteries to the endometrium. Any abnormality of the uterine structure, such as leiomyoma, polyps, adenomyosis, malignancy, or hyperplasia, abnormalities of the clotting pathways or disruption of the hypothalamic-pituitary-ovarian axis can affect menstruation and cause abnormal uterine bleeding.\(^2\)

### 2.1.4. Symptoms

There are numerous symptoms of irregular uterine bleeding. Here are several indicators that your bleeding might be unusual:\(^3\)

- **HMB** (formerly called menorrhagia)
- **Inconsistent menstrual cycles.**
- Unusually long periods (7 days or longer)
- Bleeding at unusual times (between periods, after intercourse)
- Body aches
- Painful periods
- Heavy sailing
- Inconsistently prolonged periods
- Unusually short periods

### 2.1.5. Diagnosis

A complete blood count, ferritin, a coagulation panel, thyroid function tests, gonadotropins, and prolactin are only a few examples of the types of tests carried out in laboratories. MRI, hysteroscopy, and transvaginal ultrasound are a few examples of imaging tests. Transvaginal ultrasonography does not expose the patient to radiation and can reveal ovarian abnormalities, endometrial thickness, adenomyosis, uterine size and form, and leiomyomas (fibroids). It is a crucial instrument that should be acquired as soon as irregular uterine bleeding is being investigated. When endometrial polyps are detected, transvaginal ultrasound pictures are unclear, or submucosal leiomyomas are observed, hysteroscopy and sonohysterography (transvaginal ultrasound with intrauterine contrast) can be beneficial. Even though endometrial tissue sampling may not be required for all AUB patients, it is recommended for those who are at a high risk of developing hyperplasia or cancer.\(^4\)

### 2.2. Asrigdara

#### 2.2.1. Definition

Any abnormality in rituchakra leads to excessive, prolonged, and irregular uterine bleeding, known as Asrigdara. Asrik and dara, the two words that make up the word Asrigdara, are combined. Dara denotes an abundant or continuous flow, while Asrik denotes a rakta or raja. Asrigdara is considered as a Raktapradoshaja vikara.\(^5\)

#### 2.2.2. Lakshan (symptoms)

Acharya Charaka only mentioned the profuse flow of raja, whereas Acharya Sushruta also mentioned intermenstrual bleeding and protracted menstruation as characteristics of Asrigdara.\(^6\) Body aches and pains are a symptom of all Asrigdara kinds. In his comments, Dalhana listed the clinical signs and symptoms of Asrigdara as having a burning sensation in the lower groyne, the pelvic area, the back, the renal angle, and severe uterine pain.\(^7\) Charaka only mentioned dietary factors that result in pelvic congestion. Aahara-viharaj and mansik were mentioned by Madhav Nidan, Bhava Prakash, and Yoga Ratnakara along with dietary reasons that result in vasomotor disturbances and create Asrigdara.\(^8\)

#### 2.2.3. Management of asrigdara through ayurveda

Asrigdara is considered to have an effective treatment strategy for raktaitisara, raktpitta, raktaarsa, guhyaroga, and garbhasthara. As a result, the management of Asrigdara incorporates the principles of treating these disorders, such as raktaishodhana, raktaastambhana, vatanulomana, pitta, and kapha shanama, and delivering bala to garbhasrava. Drugs such as deepinya and pachaniya, which are also prescribed for raktaarsa, are also effective in Asrigdara. When aahar is properly metabolized, samagni aids in the formation of samadhatus, which results in the formation of siddha artava. Vata is the cause or dosh in Asrigdara, and rakta is the vitiated dusya. The use of basti is effective for the treatment of vitiated vata. As aashra-aashryi bhava, pitta, and rakta naturally exacerbate each other for the same reasons. Virechan has been recommended by Acharya Kashyap for menstruation disturbances.\(^9\)

### 3. DISCUSSION

When used with preparations of lauh, ayurvedic medications with qualities like raktaastambhaka, Vata-pitta nashaka, svarodihaka, and raktaishodhana offer Asrigdara patients' significant comfort. Ashok having kashaya-tikta rasa, katu vipaka, and sheeta virya acts as garbhasrayasankochka, raktaastambhaka, raktaishodhana, shotihara, vedanashamaka, and pradaranashhaka. Sonithashapan gana and Sandhaniya gana both contain Lodhiha. It possesses kashaya rasa, sheeta virya, and laghu guna. Darvji is also a useful medication in Asrigdara patients, acting as garbhasthavashothahara, svarahara, and raktaastambhaka with qualities similar to raktaastambhana, raktaishodhana, garbhasrayasankochha, and svarahara. The raktaavikara and hemostasis benefits of Pradarari Rasa and Bola Parpati alleviate Asrigdara symptoms. Apana vayu performs the function of excreting mala, mutra, shukra, garbha, and artava in its natural state. The fundamental cause of Asrigdara pathophysiology is vitiated vata. Basti is therefore the most effective treatment for Asrigdara sufferers. Virechan karma aids in raktaishodhana and srutovishodhana and calms overactive pitta and kapha. As a result, it will aid in eliminating the disease at the source as opposed to only temporarily stopping the bloody flow.

### 4. CONCLUSION

The management of Asrigdara in Ayurveda is a better alternative to conventional hormonal therapy, providing significant improvement in both cardinal and associated symptoms of Asrigdara, according to all the literature and data studied regarding the condition.

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