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Review Article

CONCEPT OF ABNORMAL UTERINE BLEEDING IN AYURVEDA: A REVIEW

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ABSTRACT

Abnormal Uterine Bleeding is one of the most common problems seen in a gynecological OPD. It is characterized by excessive bleeding per vaginum in amount and duration both. *Asirgdhara* is a condition in which there is *Dirana* (excess excretion) of *Raja* (menstrual blood). Abnormal Uterine Bleeding is almost parallel to *Asrigdhar* mentioned in *Ayurvedic* classics. *Vata* and *Pitta Dosha* vitiation mainly leads to *Asrigdhar* hence drugs predominant in *Kashaya Rasa* and *Pitta Shamak* properties are used. *Kashaya Rasa* plays an important role in relieving bleeding due to *Stambhak* property. *Rakta Dhatu Poshak Ahar* should beadvised. Therefore, treatment line should be *Raktavardhaka* and *Raktasthambhak*. Hence this study aims in understanding what is Abnormal Uterine Bleeding, it's pathogenesis and treatment modalities according to both *Ayurveda* and modern science.

Keywords: Abnormal uterine bleeding, Asrigdhar, AUB, excessive bleeding.

INTRODUCTION

There are various gynecological problems in today's world prominently related to menstrual cycle, pregnancy, birth control and menopause. Abnormal uterine bleeding affects around 30% of women in their reproductive age.1 Normal menstrual bleeding is usually cyclic 3-5 days in duration and 50 -60ml. But when the same menstrual bleeding differs in reference to duration, amount, color and cycle, the condition is called as Artavadushti and Comparatively Asrigdhar is nearly correlated to Abnormal Uterine Bleeding. Abnormal Uterine Bleeding is defined as a state of abnormal uterine bleeding without any clinically detectable organic, systemic and iatrogenic cause. Around 10 -30% women from Reproductive age group² suffers from Abnormal uterine bleeding and up to 50% of premenopausal women suffers from the same.3 Asrigdhar term has been described in Brihatraya that is Charak Samhita, Sushruta Samhita, Ashtanga Hridaya and Ashtang Sangraha for excessive bleeding per vaginum, the word Asrigdhar has been described in Sharangdhara Samhita, Bhava Prakash, Yogratnakar and in commentary on Charak Samhita by Chakrapani.

DEFINITION

According to *Acharya Charak*, due to *Pradirna* (excessive excretion) of *Raja* it is named as *Pradar*.⁴ According to

Madhavnidan and Bhava Prakasha, the clinical entity characterized by excessive excretion of Asrig is called as Asrigdhar. According to Acharya Sushrut, excessive or prolonged blood loss during menstruation with or without bleeding during the inter-menstrual period is called as Asrigdhar.⁵

According to *Acharya Vagbhata*, excessive bleeding during menstrual and inter-menstrual period is described as main symptom.⁶

NIDANA

- Acharya Charak- Mithya Aahar Sevan, excessive intake of Krisara, Payasa, Dahi, Sukta, Mastu. Katu- Amla-Lavana Rasa, Guru-Vidahi-Snigdha Guna Padartha.⁷
- Madhava Nidan, Bhavprakasha, Yogratnakar- Aahar Sambandhi- Viruddha Bhojan, Madyadi, Vihar Sambandhi-Garbhaprapata, Atimaithun, Atikarshana, Adhva Yana, Bhaara Abhighata, Diwashayana, Mansik Karana - Shoka
- 3. Bhel Samhita- vitiated Apatyamarga
- 4. Harit Samhita Vatapurit Sheen Nadi

SAMPRAPTI

According to Acharya Charak, Ahara - Vihar Sambandhi

Nidana leads to the vitiation of Vata. This results in Garbhashaya Gat Seera Rakta Vriddhi. Rajovaha Stroto Vikriti occurs leading to Rajovriddhi causing Raktapradara/Asrigdhar.8

SAMANYA LAKSHANA

According to *Charak Samhita*, excessive vaginal bleeding during menstruation.

According to *Sushrut Samhita*, there are symptoms like body ache and pain present with excessive vaginalbleeding.⁹ According to Acharya *Dalhan*, burning sensation in lower portion of groin, pelvic region, back, renal region and flanks and severe pain in uterus are also present in *Asrigdhar*.¹⁰

TYPES AND THEIR LAKSHANAS

Acharya Charak has described four types of Asrigdhara i.e., Vataja, Pittaja, Kaphaja and Sannipataja.

Vataja Asrigdhar: Frothy, thin, dry, blackish or reddish bleeding resembling the washing of Palasha Pushpa.

Pittaja Asrigdhar: Blue, yellow or blackish coloured bleeding which is hot and almost continuous resembling water mixed with smoke or *Rasanjana*.

Kaphaja Asrigdara: Slimy, heavy, unctuous bleeding which is pale and cold resembling water mixed with red ochre and flower of Kovidara, clotted like muscle.

Sannipataja Asrigdhar: Foul smelling, slimy with yellowish white discharge resembling Ghrita, Vasa, Majja, Kanjika, bone marrow.

TREATMENT

Raktasthapak Dravyas should be used after assessing the involvement of Doshas based on color and smell of menstrual blood. Treatment prescribed as in Vataja, Pittaja, Kaphaja, Sannipataja yonivyapad can also be used for the same. Rakta-Atisar, Raktapitta, Raktarsha, Guhya Roga and Garbha Srava treatment is beneficial in Raktapradara. Use of Basti and Virechan is beneficial.

BAHYA CHIKITSA

- (1) Root of *Vyagranakhi* situated in North direction and sacred place is uprooted during *Uttarphalguni Nakshatra* and tied in the waist of patient.
- (2) Nasya and Abhyanga with Shatapushpa Taila is also beneficial in Asrigdhar.
- (3) Use of *Uttarbasti* is also beneficial. *Chandanadi Niruhabasti*, *Rasnadi Niruhabasti*, *Madhukadi Anuvasana basti*, *Kushadi Asthapanbasti*, *Lodhradi Asthapanbasti*, *Rasnadi Asthapanbasti* and *Mustadi Yapanbasti* are used in *Asrigdhar*.

KWATHAS: Darvayadi Kwatha, Dhataki -Pugi Kwatha, Eladi Kwatha

KALKA AND CHURNA: Talduliyaka Mula Kalka+Madhu+Rasanjana with tandulodaka, Rasanjan and Laksha with Mahesha Dughdha.

KSHEER PRAYOGA: Ashok Ksheerpaka

MODAKA: Alabu phala+Sharkara+Madhu.

AVLEHA: Kushmanda Avleha, Jeeraka Avleha, Khanda Khushmanda Avleha

GHRITAM: Brihat Shatavari Ghrita, Phala Ghrita, Shalmali Ghrita.

TAILA: Shatavari Taila, Shatapushpa Taila.

RASAUSHADHI: Pradar Ripu Rasa, Bol Parpati

EKA MULIKA PRAYOGA: Ashok, Durva, Swarna, Kutaj, Nagkeshar, Babool, Lodhra, Kamal.

MODERN ASPECT

Definition: A state of abnormal uterine bleeding without any clinically detectable organic systematic andiatrogenic cause (pelvic pathology) example- tumor (inflammation or pregnancy is excluded).

It is of two types- Anovulatory (80%), Ovulatory (20%). Threshold bleeding of irregular ripening- Puberty menorrhagia, irregular shedding- Metropathic hemorrhagia. Intra-uterine contraceptive device insertion Premenopausal Dysfunctional uterine bleeding- following sterilization operations.

ANOVULATORY

In this cycle, estrogen levels rise or are normal but progesterone level are low. Due to negative feedback, FSH levels fall with the fall of the estrogen level resulting in endometrial shedding and bleeding. In some cases, the shedding may be irregular causing excessive prolonged bleeding.

OVULATORY

In ovulatory cycles, there may be either inadequate function of corpus luteum or a persistent corpus luteum. Inadequate corpus luteum function, the luteal phase is shortened with the reduced estrogen and progesterone level. There is irregular ripening of the endometrium with irregular hormonal response of prolonged period of bleeding. In women with a persistence of corpus luteum function. The luteal cycle is prolonged and irregular shedding of the endometrium prolonged excessive bleeding.

PATHOGENESIS

Endometrium normally produces prostaglandins from arachidonic acid which is a fatty acid. Of these, PGE_2 and PGI_2 , are vasodilators and antiplatelet aggregators PGF_2 , Alpha and thromboxane A_2 , cause vasoconstrictions and platelet aggregators. Progesterone is responsible for secretion of PGF_2 Alpha. In anovulatory cycles, the absence of progesterone and thereby Prostaglandins causes menorrhagia. In some cases, tissue plasminogen activator (TPA) which is a fibrinolytic enzyme is increased thereby causes menorrhagia.

TREATMENT

First line medical therapy for abnormal uterine bleeding (for patients not known with bleeding disorders) are-

- (i) Combined oral contraceptive pills.
- (ii) Progesterone therapy (medroxyprogesterone acetatecyclic 2.5-10 mg daily for 10-14 days and continuous 2.5-10 mg daily)
- (iii) Conjugated estrogen
- (iv) Progestin, Local (IUCD) 20mg levonorgestrel daily

5yrs.

(V) Progestin

ANTIFIBRINOLYTICS: Tranexamic acid, Aminocaproic acid

NSAIDs: said to do vasoconstrictions, suppress prostaglandin synthesis example- Mefenamic acid, Ibuprofen.

SURGICAL MANAGEMENT: Dilatation and curettage, endometrial ablation, uterine artery embolization, Hysterectomy.

DISCUSSION

Asrigdara is considered as one of the Raktadoshaja Vikara. Gunas of Vata like Chala, Sara and Guna of Pittalike Dravya plays an important role in pathogenesis of Asrigdhara. Thus, Pittashamaka, Vataanulomaka, Raktastgapada, Raktsamgrahi, Raktaprasadka Chikitsa can be used for the management of Asrigdhar. Acharya Charak has said that line of treatment of Raktatisara, Raktapitta and Raktarsha should be followed.

LODHRA: Lodhra act as Kapha-Pitta Shamak and Raktastambaka as it is Kashaya and Sheeta Veeryatmaka. Systemic action of Lodhra is Vranoropana, Sankochana, anti-inflammatory.

BABOOL: *Babool* possesses *Kashaya Rasa* and *Sheeta Rasa* main chemical constituent of *Babool* is astringent as well as haemostatic in nature. *Kashaya Rasa* results in constriction of micro channels and vessels. Thus it reduces swelling and stops bleeding.

NAGKESHARA: Nagkeshara is Ruksha, Laghu in Guna, Kashaya Rasa, Katu Vipaka, Sheeta Veerya. It is said to be Vedanasthapana, Shonithsthapana, Kaphaghna, Mastishkabalya having Deepan Pachan activity. Due to the said properties it helps in relieving pain and stops bleeding. It may act on H-P-O axis as it is a brain tonic and improvises appetite by Deepana Pachana property.

CONCLUSION

Asrigdara is a disease of menstrual cycle characterized by excessive or prolonged bleeding per vagina during menses or even in between the menses different from the feature of Normal menstrual blood. Vitiation of all the three doshas occurs in Asrigdara especially there's predominance of Pitta dosha. Abnormal uterine bleeding has got close resemblance to Asrigdara where no organic or pelvic pathology is found but the etiology is mainly hormonal.

Raktashodhana and Vataanulomana, Raktasthambana is the main principle of management of Asrigdhar.Deepaniya and Pachaniya drugs are essential in the treatment of Asrigdara for proper Agni and helps in proper metabolism.

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