

REVIEW ARTICLE

Contemporary and Ayurveda Perspective of *Asrigdara* WSR to Dysfunctional 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.^[1] A normal menstrual cycle has a frequency of 24–38 days, lasts 2–7 days, and results in blood loss of 5–80 mL.^[2] 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 It is preferable to use straightforward terminology to describe the nature of aberrant uterine bleeding rather than outdated ones such as oligomenorrhea, menorrhagia, and DUB.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.^[3] 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.^[1] Excessive, protracted menstrual, or intermenstrual bleeding is a hallmark of *asrigdara*. According to Acharyas, *Asrigdara's* *Nidanas* include *Mithya*

Ahara, *Vihara*, *Atishoka*, and others.^[4] *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.^[5]

2.1.2. Prevalence rate

Between 3% and 30% of reproductive-aged women worldwide are thought to experience abnormal uterine bleeding, with menarche and perimenopause having the highest incidences. While irregular and intermenstrual bleeding are taken into account, the prevalence of heavy menstrual bleeding (HMB), which is the focus of many studies, increases to 35% or more.^[6] It is difficult to estimate the exact incidence since many women do not seek treatment for their symptoms

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and because some diagnostic criteria are objective while others are subjective.^[7]

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 basalis 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.^[8]

2.1.4. Symptoms

There are numerous symptoms of irregular uterine bleeding. Here are several indicators that your bleeding might be unusual.^[9]

- HMB (formerly called menorrhagia)
- Bleeding at unusual times (between periods, after intercourse)
- Unusually long periods (7 days or longer)
- Inconsistent menstrual cycles.

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.^[10]

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*.^[11]

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*.^[12] 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.^[13] Charaka only mentioned dietary factors that result in pelvic congestion. *Aahara-viharaj* and *manasik* were mentioned by Madhav Nidan, Bhava Prakash, and Yoga Ratnakara along with dietary reasons that result in vasomotor disturbances and create *Asrigdara*.^[14]

2.2.3. Management of asrigdara through ayurveda

Asrigdara is considered to have an effective treatment strategy for *raktasisara*, *raktapitta*, *raktarsa*, *guharyoga*, and *garbhasrava*. As a result, the management of *Asrigdara* incorporates the principles of treating these disorders, such as *raktashodhana*, *raktastambhana*, *vatanulomana*, *pitta*, and *kapha shamana*, and delivering *bala* to *garbhashaya*. Drugs such as *deepaniya* and *pachaniya*, which are also prescribed for *raktarsa*, are also effective in *Asrigdara*. When *aahar* is properly metabolized, *samagni* aids in the formation of *samadhatu*, which results in the formation of *suddha artava*. *Vata* is the cause or dosha in *Asrigdara*, and *rakta* is the vitiated *dusya*. The use of *basti* is effective for the treatment of vitiated *vata*. As *aashrya-aashryi bhava*, *pitta*, and *rakta* naturally exacerbate each other for the same reasons. *Virechan* has been recommended by Acharya Kashyap for menstruation disturbances.^[15]

3. DISCUSSION

When used with preparations of *lauha*, ayurvedic medications with qualities like *raktastambhaka*, *Vata-pitta nashaka*, *sravarodhaka*, and *raktashodhana* offer *Asrigdara* patients' significant comfort. Ashok having *kashaya-tikta rasa*, *katu vipaka*, and *sheeta virya* acts as *garbhashayasankochka*, *raktastambhaka*, *raktashodhana*, *shothahara*, *vedanashamaka*, and *pradaranashaka*.^[16] *Sonithasthapana gana* and *Sandhaniya gana* both contain *Lodhra*. It possesses *kashaya rasa*, *sheeta virya*, and *laghu guna*. *Darvyi* is also a useful medication in *Asrigdara* patients, acting as *garbhashyashothahara*, *sravahara*, and *raktastambhaka* with qualities similar to *raktastambhana*, *raktashodhana*, *garbhashyashothahara*, and *sravahara*.^[17,18] The *raktavikara* and hemostasis benefits of *Pradararipu Rasa* and *Bola Parpati* alleviate *Asrigdara* symptoms.^[19] *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 *raktashodhana* and *srotovishodhana* 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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11. DATA AVAILABILITY

This is an original manuscript and all data are available for only review purposes from principal investigators.

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