



A critical review to study *Ayurvedic* advancement in Dysfunctional Uterine Bleeding treatment w. s. r. to *Asrugdar*

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ABSTRACT -

DUB is the diagnosis given to women with Abnormal uterine bleeding in whom no clear etiology is detected. DUB is one of the important cause of Menorrhagia which is similar to *Asrugdar* in *ayurveda*. The prevalence rate in women is 10%, this problem has affected life of many women up to major extent that she is even not able to do her daily work therefore it becomes a major point of concern in women's life. In modern medicine several drugs are available for DUB treatment, but without satisfactory results and has unwanted side effects of the drugs and in most of the cases surgical intervention becomes the ultimate option of treatment. *Ayurveda* is defined as the science

of life and it provides a holistic approach in the management of DUB.

This Article deals with the study of different treatment modalities of *ayurveda* in DUB such as *Nidan Parivarjan*, *Shaman Chikitsa*, *Shodhan Chikitsa*, *Shonitsthapan Drugs*, *Raktavardhak Dravyas*, *Rasayan* etc. with the aim to control bleeding, correct anemias, prevent recurrence of DUB and improve the quality of life.

KEYWORDS - DUB, Menorrhagia, *Asrugdar*, *Rasayan*, *Shonitsthapan drugs*.

INTRODUCTION –

- In *Ayurveda* it can be correlated with *Asrugdara* or *Pradara*. due to excessive excretion of menstrual

blood i.e. *pradirana* of *Raja* it is named as *Pradara* or *Raktapradar* and since, there is *Dirana* (excessive excretion) of *Asrk* (menstrual blood) hence it is known as *Asrgdar*¹

- Dysfunction Uterine Bleeding (DUB) is a state of Abnormal Uterine Bleeding (AUB) without any clinically detectable organic, systemic, and iatrogenic cause. (pelvic pathology, e. g. tumor, inflammation or pregnancy is excluded). Heavy menstrual bleeding is defined as a bleeding that interferes with Women's physical, emotional, social and maternal quality of life. Incidence rate – 10% amongst new patients attending opd².
- Dysfunctional uterine bleeding (dub) is one of the most important causes of menorrhagia. It is more prevalent in pre-menopause and after abortions. Other causes of dub include obesity, excessive weight loss, stress, liver disorders, renal disorders, hormonal abnormalities such as hypothyroidism, raised prolactin levels. Hormonal therapy, Anti-prostaglandin, Antifibrinolytic agents and NSAIDS

has not proven efficacy and shows multiple side effects and also expensive. Hysterectomy becomes the ultimate treatment when medical therapy fails³

AIMS & OBJECTIVES –

1. To critically review the advancement in the treatment of *Asrugdar* i.e. DUB.
2. To study the Causes, pathogenesis and management of DUB and *Asrugdar*.
3. To review the various treatment modalities available in *ayurveda classical texts* in the management of *Asrugdar* (DUB).

MATERIAL AND METHODS –

1. Various Ayurvedic classical texts viz. *Bruhatrayee* and *Laghutrayee*, *Nighantus* were referred.
2. Different Research articles published regarding the topic in various medical and international journals.
3. Different text books related to Concerned subjects were referred.
4. Different online journals such as *Journal of Women's Health* from cdc etc. were referred.

Review of literature –

Aetio- pathogenesis of *Asrugdar* –

- According to *Acharya charak* due to excessive consumption of salty, sour etc. the

aggravated *vayu*, withholding the *rakta* vitiated due to above cause increases its amount and then reaches to *raja* carrying vessels of the uterus and increases immediately the amount of *raja*, this increase in the amount of blood is called as *asrugdar*.

- In *Ayurveda* Classics most of the Menstrual disorders have been described under the heading of *Ashtaartavadushti* and *Asrugdara*. Vitiated *Vata* increases *Raktadhatu*, increased *Rakta Dhatu* increases *Rajas*(*Artava*)in quantity. *Charak* has enumerated *Asrugdara* among Table no.1- Classification of *Asrugdar* ⁶ –

Apanaavrittavyanvay lakshana(symptoms) and *PittavrittaApanavayu lakshana*.⁴

Clinical features of *Asrugdar*⁵

Most of the authors including *bruhatrayee* and *laghutrayee* has mentioned excessive vaginal bleeding (*rakta atipravrutti*) and bodyache (*angamarda*) and pain (*vedana*) as clinical features of *Asrugdar*.

Sr.no	Samhita	Vataj	Pittaj	Kaphaj	Sannipataja
1	Charak	Kinshukodaka, Shyav,Arun,tanu, Phenil,Saruj,niruj kati,vanshan,hrit, parshwa,prishtha, shroni – vedana.	Neetant rakta, neel, Peet,asita, Atyushna, Muhurmuhur, Daha,raga etc	Pandu,shleshmala, Sheetal, Mandaruja, guru,snigdha,etc	Peeta,durgan dha,sarpimaj ja vasopama, vegavrana,vi dagdha, Pichhila.
2	Sushrut	Arun,krishna,tanu,phenil,parush,askandi,shighra.	Neel,peeta,harit,shyava,visra,askandi,pipeelika,peepalikamakshikam anishta.	Gairikodakpratikansha,snigdha,sheetal,bah al, Chirasravi.	Kanjikhaabh am, vishishtha durgandhi.
3	Vagbhat	Phenil,arun,shyav,sheet,lohagandhi,kashyarsa,askandi.	Gruhadhuma, Anjanodaka, Krushna, gomutrabha.	Kovidarpuspha,gairkodak,sheeta, skandi.	Kansaneelam akul, Durgandha.

Etiology of DUB -

1. Complication of pregnancy - (a)Intrauterine pregnancy (b)Ectopic pregnancy (c) Spontaneous abortion (d)Placenta previa

2. Infection – (a) Cervicitis (b) Endometritis
3. Malignant neoplasm - (a) Cervical (b) Endometrial
4. Benign pelvic infection - (a) Cervical polyp (b) Endometrial polyp.

5. Systemic diseases - (a) Hepatic, Renal Disease (b) Coagulopathy, Thrombocytopenia.
6. Medications – (a) Intrauterine devices (b) Hormones(oral contraceptives, estrogen, progesterone)

Classification of DUB -

1. Anovulatory – 90%
2. Ovulatory – 10%

1. Anovulatory DUB -

Anovulatory DUB results from a disturbance of the normal hypothalamic – pituitary ovarian axis and is particularly common at the extreme of reproductive years. when ovulation does not occur, no progesterone is produced to stabilize the endometrium, thus proliferative endometrium persists. bleeding episodes becomes irregular, and amenorrhea, metrorrhagia, and menometrorrhagia are common.

2. Ovulatory DUB -

In ovulatory dub, bleeding occurs cyclically, and menorrhagia is thought to

Table no.2 - General line of treatment of *Asrugdar* ⁸-

<i>Charak</i>	<i>Sushrut</i>	<i>Vagbhat</i>
1. Treatment of <i>Raktayoni</i> . 2. According to colour of <i>Rakta</i> . 3. <i>Raktasthapan chikitsa</i> . 4. According to the predominance of <i>doshas</i> . 5. Treatment of <i>Raktatisar</i> . 6. Treatment of <i>Raktapitta</i> . 7. Treatment of <i>Raktarsha</i> .	1. Treatment of <i>Raktapitta</i> . (<i>Adhokraktapitta</i>).	1. Treatment of <i>Raktapitta</i> . 2. Treatment of <i>Guhyaroga</i> . 3. <i>Uttarbasti</i> .

Table no.3 - Treatment of *Asrugdar* according to predominance of *doshas* ⁹ –

originate from defects in the control mechanisms of menstruation. there is increased rate of blood loss resulting from vasodilatation of the vessels supplying the endometrium due to decreased vascular tone, and prostaglandin have been strongly implicated. therefore these women lose blood at rates about 3 times faster than women with normal menses.

Treatment Of DUB –

Goal-

1. Control bleeding
2. Correct anemias
3. Prevent recurrence
4. Improve quality of life

• Management Of DUB-

- General - Rest, assurance, haematinics, blood transfusion.
- Medical- Hormones – Progestins (Norethisterone Acetate And Medroxyprogesterone Acetate) Etc.
- Surgical – 1. Uterine Curettage 2. Hysterectomy 3. Endometrial ablation⁷.

Chikitsa :

Vataj	Pitatj	Kaphaj	Sannipataj
<ul style="list-style-type: none"> • Anuvasan basti with bala taila • Uttarbasti with panchvalkal kashay, ghrut. • Nagkeshar, shunthi, • Bolaparpati, • loha parpati. 	<ul style="list-style-type: none"> • Uttarbasti with panchvalkal kashay, • Spatika jala, ashok, • Mochrasa, pravala, • Chandrakala, ushirasava Sarivadyasava. 	<ul style="list-style-type: none"> • Uttarbasti with panchvalkal kashay, • Lodhra, shubhra bhasma, sankha bhasma internally 	<ul style="list-style-type: none"> • According to dosha dushti, • Raktapitta, raktarsha, • Guhyarogava t Chikitsa.

Abhyantar chikitsa -

- Haemostatic (*Shonitsthapana*) drugs should be used giving due consideration to association of doshas Diagnosed on the basis of colour and smell of blood. For *Raktavardhan* drugs of *Shonitasthapana Mahakashay* should be used. Acharya Sushruta said that *Nati sheeta, snigdha, laghu dravyas* are used for *Rakta vardhana*. *Jeevaniya, bhrinhaniya* drugs could be used as haemetemics.
- Treatment prescribed for *Vatala etc yonivyapada* Should be used for respective *asrigdara*.
- Treatment prescribed for *Raktatisara, Raktapitta, Raktarsa, Ghuhyaroga And Garbhastrava* are useful.
- A young-women taking congenial diet, having less Complication should be treated on line of *Adhogaraktapitta*.
- Use of *Basti* is beneficial, the vitiation of *Vata* is the main etiological factor in *Asrigdara* and *Basti* is Regarded as the best treatment for *vata vikara*. *Basti* Should be given during *Ritukala* However it may be given at any time in emergency condition.

Virechan

- Various *basti* given for treatment of *Asrigdara* are-

(1). *Chandanadi or rasnadi niruha basti*

(2). *Madhukadi anuvasana basti*

(3). *Kushadi asthapana basti, rodhradi asthapana basti*

(4). *Rasnadi asthapana basti*

(5). *Mustadi yapana basti*

(6). *Shatapushpa oil as basti*

Bahya Prayogartha Aushadh-

1. According to *bhavprakash and yogratnakar* root of *Vyaghranakhi* grown in sacred place, uprooted during *uttara phalguni nakshatra* should be tied in the waist of women suffering with *Raktapradara*.
2. According to *Kashyap* use of *Shatpushpa tail* in the form of *Nasya* and *Abhyang*. *Aushadh prayoga*¹⁰

Table -4.

Sr. no.	Formulations	Anupana	Reference
1.	<i>KALKA AND CHURNA</i>		
	<i>Bhumyamalaki mula churna/kalka</i>	<i>Tandulodaka</i>	<i>Y. R. Pradar Chikitsa</i>
	<i>Rasanjana and/or Laksha churna</i>	<i>Goat milk</i>	<i>Ch. Chi-30/16</i>
	<i>Bharangi, Nagara churna</i>	<i>Tandulodaka</i>	<i>Bh.Chi.-68</i>
	<i>Kusha mula churna</i>	<i>Tandulodaka</i>	<i>Bh.Chi.-68</i>
	<i>Bala mula kalka</i>	<i>Dugdha</i>	<i>Y.R.Pradar Chikitsa</i>
	<i>Pushyanuga churna</i>	<i>Tandulodaka and madhu</i>	<i>Ch.chi-30/89-94</i>
2.	<i>KWATHA</i>		
	<i>Darvyadi kwatha</i>		<i>Sha.M-2/112</i>
	<i>Dhataki pugi kwatha</i>		<i>Y. R. Pradar Chikitsa</i>
	<i>Nyagrodhadi kwatha</i>		<i>Sha.M-2/113-116</i>
3.	<i>AVALEHA</i>		
	<i>Jeerakavaleha</i>		<i>Y.R.Pradar Chikitsa</i>
	<i>Khandakushmanda avaleha</i>		<i>Bha. P.Chi.-9/49-57</i>
	<i>Khandamalaka</i>		<i>Y.R.Pradar Chikitsa</i>

RESULTS -

After referring various *ayurvedic* classic texts, research articles journals, the holistic approach of DUB management through *Ayurveda* results in complete cure of DUB without recurrence.

DISCUSSION-

DUB is an alarming condition as well as it is highly stress causing condition. DUB can be related with *Asrugdar* in *Ayurveda*. In modern, the treatment. of the Disease is not successful

because of the reoccurrence rate of the disease. So, in *Ayurveda* we provide Cure and prevention of the disease. according to

ayurveda, vitiated *tridosha* are mainly responsible for causing any kind of pathogenesis or disease. we have seen the pathogenesis of *Asrigdar* that out of the three *dosha vata* was mainly vitiated and results in the DUB. *Basti* is the main treatment for vitiated *vata dosha*. *basti chikitsa* considered as supreme to subside vitiated *vata*. in *sanshaman-chikitsa*, various oral medications can also be given to the Patient.

CONCLUSION –

Etiology in *ayurveda* and modern science are one and the same, treatment protocol should be according to *samprapti* and involvement of *doshas*. *Basti chikitsa* along with oral medication is the best therapy which can be

used to treat DUB this treatment will reduce the complication arising from the excessive use of synthetic drugs. in addition, they are economical and cost-effective therapies.

REFERENCES:

1. Tiwari P.V. Ayurvediya Prasutitantra Evam Stiroga, Vol-2, 2nd edition, Chaukhamba Orientalia, 2009, pg No. 172.
2. Konar Hiralal, DC Dutta's Textbook of Gynecology 6Th edition, Jaypee Brothers Medical Publishers (P) Ltd, 2013, pg.187.
3. <https://ijapr.in/index.php/ijapr/article/view/89/76>. Ayurved management of dysfunctional uterine bleeding - a case report.
4. Tripathi Ravidutta, Vaidyamanorama Hindi Commentary, Charak Samhita Vol-II, Chikitsa Sthan, 30/207-208, Edition – 2013, Chaukhamba SurbharatiPrakaShan, Varanasi, Page no.779.
5. Tiwari P.V, Ayurvediya Prasutitantra Evam Stiroga, Vol-2, 2nd edition, Chaukhamba Orientalia, 2009, pg No.181.
6. V.N.KUsha, A Text Book of Gynaecology StreeRoga – Vijnan, 1st edition, ChaukhambaVidyabhawan, 2010, Pg no.152.
7. KonarHiralal, DC Dutta's Textbook of Gynecology, 6th Edition, Jaypee Brothers Medical Publishers (P) Ltd, 2013, pg.188. Shastri AD: ShukrashonitashudhiSharir, Chapter- 2 in Sharir Sthan of Sushruta Samhita, Vol 1, 1st edition. Editor: Shastri AD, Varanasi: Chaukhamba Sanskrit Sansthan. 2009, Pg. No. 225.
8. V.N. Kusha, A Text Book of Gynaecology StreeRoga – Vijnan, 1st edition, Chaukhamba Vidyabhawan, 2010, Pg no.165. Tiwari P.V, Ayurvediya Prasutitantra Evam Stiroga, Vol-2, 2nd edition, Chaukhamba Orientalia, 2009, pg No. 20

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