



INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

A Review Of Asrigdar With Special Reference To Dysfunctional Uterine Bleeding

Authors

1. **Dr. Archana Singh**– PhD Scholar, Department of Prasuti Tantra and Stree Roga, YMT Ayurvedic Medical College and hospital. P.G. Institute, Kharghar, Navi Mumbai, Maharashtra.
2. **Dr. Vishvender Singh**- PhD Scholar, Department of Kaumarbhritya, *Mahatma Gandhi Ayurved College Hospital and Research Centre*, Salod, Wardha, Maharashtra.
3. **Dr. Seema Mehre**- Professor & Head of Department, Department of Prasuti Tantra and Stree Roga, YMT Ayurvedic Medical College and hospital. P.G. Institute, Kharghar, Navi Mumbai, Maharashtra.
4. **Dr. Deepali Koli**- PhD Scholar, Department of Prasuti Tantra and Stree Roga, YMT Ayurvedic Medical College and hospital. P.G. Institute, Kharghar, Navi Mumbai, Maharashtra.
5. **Dr. Sourabh G. Deshmukh**- Professor, Department of Kayachikitsa, *Mahatma Gandhi Ayurved College Hospital and Research Centre*, Salod, Wardha, Maharashtra.

Corresponding Author

Dr. Archana Singh

PhD Scholar

Department of Prasuti Tantra and Stree Roga

YMT Ayurvedic Medical College and hospital. P.G. Institute, Kharghar, Navi Mumbai, Maharashtra, India

Abstract

Asrigdara, a condition described in Ayurveda, represents excessive and irregular uterine bleeding, analogous to modern dysfunctional uterine bleeding (DUB) and abnormal uterine bleeding (AUB). The condition, caused by vitiation of Doshas, primarily Pitta and Vata, is addressed through a holistic approach incorporating herbal formulations, Panchakarma therapies, and lifestyle modifications. This review examines the Ayurvedic understanding of Asrigdara, its pathology, management strategies, and its correlation with modern medical concepts of AUB, including hormonal imbalances and uterine structural abnormalities.

Introduction

Menstrual irregularities are a common gynecological concern. Ayurveda identifies Asrigdara as excessive, prolonged, or irregular menstrual bleeding, primarily caused by the vitiation of Pitta Dosha and Rakta Dhatu.¹ Modern medicine equates these symptoms to conditions like abnormal uterine bleeding (AUB), categorized based on the PALM-COEIN classification.² This article explores the

etiology, clinical features, and management of Asrigdara and its integration with modern medical understanding.

Ayurvedic Perspective on Asrigdara

Etiology and Pathogenesis

Asrigdara is described as an imbalance of Pitta and Vata Doshas, leading to increased Rakta Dhatu (blood) flow. Factors such as excessive intake of Pitta-aggravating foods, mental stress, and irregular lifestyle practices are cited as causative factors.^{3,4}

Pathogenesis involves:

- **Dosha involvement:** Vitiation of Pitta (heat and blood flow increase) and Vata (irregularity in flow and duration).
- **Dhatu involvement:** Rakta (blood) and Artava (menstrual blood) become vitiated, leading to excessive bleeding.⁵

Clinical Features

- Prolonged or excessive menstrual flow.
- Accompanying symptoms: fatigue, pallor, and low-grade fever due to Pitta vitiation.
- Secondary symptoms: irritability and lower abdominal pain.

Management of Asrigdara

Ayurveda emphasizes balancing Doshas and strengthening the reproductive system.⁶ Key management strategies include:

1. Herbal Remedies

- **Lodhra (*Symplocos racemosa*):** Astringent and hemostatic properties.⁷
- **Ashoka (*Saraca asoca*):** Uterine tonic, reduces bleeding.⁸
- **Mustaka (*Cyperus rotundus*):** Anti-inflammatory and anti-spasmodic.
- **Daruharidra (*Berberis aristata*):** Anti-inflammatory and hemostatic.⁹

2. Panchakarma Therapies

- **Virechana:** Eliminates vitiated Pitta from the body.
- **Basti:** Medicated enema to pacify Vata Dosha.

3. Dietary and Lifestyle Modifications

- Avoiding Pitta-aggravating foods like spicy and sour items.
- Practicing Yoga and Pranayama to reduce stress.

Modern Medical Perspective on Abnormal Uterine Bleeding (AUB)

Etiology and Classification

AUB in modern medicine includes structural (PALM: Polyp, Adenomyosis, Leiomyoma, Malignancy) and non-structural (COEIN: Coagulopathy, Ovulatory dysfunction, Endometrial, Iatrogenic, Not yet classified) causes.¹⁰

Pathophysiology

Hormonal imbalances, particularly of estrogen and progesterone, disrupt endometrial homeostasis, leading to excessive bleeding. Structural abnormalities like fibroids or polyps contribute to localized bleeding.¹¹

Clinical Features

- Heavy menstrual bleeding (≥ 80 mL per cycle).
- Intermenstrual bleeding.
- Symptoms like anemia, fatigue, and pelvic discomfort.¹²

Management of AUB

Modern treatment involves:

1. Pharmacological Approaches

- Hormonal therapy: Oral contraceptives, progestins.
- Non-hormonal therapy: NSAIDs, tranexamic acid.¹³

2. Surgical Interventions

- Endometrial ablation.
- Hysterectomy in severe cases.

3. Lifestyle Modifications

- Weight management and stress reduction.¹⁴

Comparative Analysis

Similarities

Both Ayurveda and modern medicine recognize the multifactorial etiology of excessive menstrual bleeding. Management focuses on regulating menstrual flow and addressing underlying causes.

Differences

Ayurveda emphasizes holistic treatment, incorporating detoxification (Panchakarma) and herbal remedies, while modern medicine relies heavily on pharmacological and surgical interventions.

Integrative Approach

Combining Ayurvedic and modern approaches may optimize treatment outcomes. For instance:

- Herbal remedies like Lodhra can complement hormonal therapies.
- Stress-reduction techniques like Pranayama can enhance medical management.

Conclusion

Asrigdara, analogous to AUB, remains a significant health concern. While modern medicine provides effective symptomatic relief, Ayurveda offers a holistic approach addressing root causes. Integrative therapies can bridge gaps, providing sustainable and patient-centric care. Future research should focus on clinical trials comparing Ayurvedic and modern treatments to validate efficacy.

References

1. Trikamji Y, Acharya R. Charaka Samhita. Sutra Sthana; 2015:21.
2. Munro MG, Critchley HO, Fraser IS. The PALM-COEIN classification of abnormal uterine bleeding. *Int J Gynecol Obstet*. 2011;113(1):3-13.
3. Sharma PV. Dravyaguna Vijnana. Chaukhamba Bharati Academy; 2016.
4. Srikantha Murthy KR. Vagbhata's Ashtanga Hridaya. Chaukhamba Krishnadas Academy; 2018.
5. Bhavaprakasha. Chaukhambha Sanskrit Sansthan; 2017.
6. Dash B, Sharma BK. Caraka Samhita: Text with English Translation. Chaukhambha Orientalia; 2011.
7. Symplocos racemosa. *Int J Res Ayurveda Pharm*. 2012;3(4):602-607.
8. Saraca asoca. *Pharmacogn Rev*. 2014;8(15):53-60.
9. Berberis aristata. *J Ayurveda Integr Med*. 2013;4(3):127-132.
10. Fraser IS, Langham S, Uhl-Hochgraeber K. Health outcomes in abnormal uterine bleeding. *Women's Health*. 2009;5(2):127-138.
11. Gompel A. Hormonal therapy and AUB. *Maturitas*. 2015;82(4):401-407.
12. Committee on Practice Bulletins. Management of AUB. *Obstet Gynecol*. 2012;120(1):197-206.
13. Bahamondes L, Ali M. Non-hormonal contraception. *Best Pract Res Clin Obstet Gynaecol*. 2020;66:59-70.
14. Lethaby A, Farquhar C, Cooke I. Hormone therapy in AUB. *Cochrane Database Syst Rev*. 2009;(1):CD001180.