THE PATHOGENESIS AND INDIGENOUS MANAGEMENT OF ASRGDARA W.S.R TO MENORRHAGIA

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KEYWORDS: Asrgdara, Menorrhagia, Abnormal uterine bleeding.

ABSTRACT

Menorrhagia is a very common complaint among females in recent years. The World Health Organization reports that 18 million women aged 30-55 years perceive their menstrual bleeding to be exorbitant. Reports show that only 10% of these women experience blood loss severe enough to cause anaemia or be clinically defined as menorrhagia. Asrgdara means heavy vaginal bleeding during or before or after menstrual period. Though the menorrhagia is not directly described in any textbook of Ayurveda but it is quite similar to Asrgdara having uterine bleeding other than menstrual bleeding among other causes. Menorrhagia is not new for Ayurveda which is described under the heading of the Asrgdara. The main clinical feature of both menorrhagia and Asrgdara is uterine bleeding along with its other complications. The main types of Asrgdara are Vataja, Pittaj, Kaphaj, and Sannipataj Trividhpariksha also helps to diagnose the disease by means of Darshan (inspection), Sparshan (palpation) and Prashan (questioning). There are so many generic and patent drug available in Ayurveda like Raktapradarharyog, Ashokarista, Pradarantakras, Pradaririas may helpful to stop the bleeding and also able to cure the complications of Asrgdara. Thus Ayurvedic treatment may have strong ability of breaking down the pathogenesis of Asrgdara and its management also.

INTRODUCTION

Asrgdara means heavy vaginal bleeding during or before or after menstrual period. Pradirana (excessive excretion) of raja (menstrual blood), is named as Asrgdara and since, there is Dirana (excessive excretion) of Asrk (menstrual blood) hence, it is known as Asrgdara. According to modern aspect of Asrgdara is correlated to Menorrhagia. Menorrhagia denotes cyclic regular bleeding which is excessive in amount or duration. The main types of Asrgdara are Vataja, Pittaj, Kaphaj, and Sannipataj. Menorrhagia is a common complaint. While menorrhagia remains a leading reason for gynaecologic office visits, only 10-20% of all menstruating women experience blood loss severe enough to be defined clinically as menorrhagia. Approximately 5% of females seek medical attention for this condition. In recent years, there has been increased recognition of the scope and significance of gynaecological problems experienced by poor women in developing countries. The World Health Organization reports that 18 million women aged 30-55 years perceive their menstrual bleeding to be exorbitant. Reports show that only 10% of these women experience blood loss severe enough to cause anaemia or be clinically defined as menorrhagia. In Ayurvedic text the etiological factors, pathogenesis of Asrgdara has been mentioned. The management and prevention of Asrgdara also found in Ayurveda. For the management of Asrgdara various herbal, polyherbal, minerals and herbo minerals drugs has been suggested in Ayurveda. Hence this research article will highlight, about menorrhagia with special reference to Asrgdara.

AIMS AND OBJECT

1. To evaluate and discuss the Asrgdara/ Rakta Pradar.
2. To elaborate and discuss the aetiology, pathogenesis and Ayurvedic method of Asrgdara.
3. To elaborate the management of Asrgdara.

MATERIAL AND METHOD

Material related to Asrgdara/RaktaPradar is collected from Ayurvedic text including Bhatriyi, Laghutryi, Bhelsamhita, Bhaisajya Ratnavali, Hareet samhita, and text book of modern medicine respectively. The available commentary of Ayurvedic samhitas has also referred to collect relevant matter. The index, non index medical journals has also referred to collect information of relevant topic.
CONCEPTUAL STUDY

Definition of Asragdara according to Ayurveda

According to Charak due to Pradrīra (excessive excretion) of Raja (menstrual blood), it is named as Pradrīra and since, there is Dirana (excessive excretion) of Āskṛ (menstrual blood) hence, it is known as Asragdara. [4]

According to Sushruta the Asragdara means heavy vaginal bleeding during or before or after menstrual period. [5]

Definition of Asragdara according to Morden

Menorrhagia is Greek world, men means menses and rrhagia means burst forth. Menorrhagia denotes cyclic regular bleeding which is excessive in amount or duration. It is generally caused by conditions affecting the uterus or its vascularity, rather than any disturbance of function of the hypothalamic-pituitary-ovarian axis. [6]

General aetiology and pathogenesis according to Ayurveda

Charak says that women who consumes excessive salty, sour, heavy, Katu, Vidahi (producing burning) and unctuous substances, meat of fatty domestic and aquatic animals, Kṛsara (oil made of rice and pulses), Māstu (curd water) and wine, her aggravated Vāyu, withholding the Rakta (blood) vitiated due to above causes increases its amount and then reaching Raja carrying vessels (branches of ovarian and uterine arteries) of the uterus, increases immediately the amount of Raja (Artava or menstrual blood), in others words the increase in amount of raja is due to relative more increase of rasa (plasma contents). Because of increase in the amount of blood the expert of this treatise named it Asragdara. [7]

Harita says that milk carrying channels of infertile women are failed with Vāta, thus she has absence of milk secretion, besides she also suffers from excessive menstrual bleeding. [8]

Bhel opines that if body blood goes to abnormal passage, the woman suffers from Pradrīra. [9]

Madhava nidana [10], Bhavprakasa [11] and yogratnakar [12] have mentioned that use of incompatible diet and wine, eating before the previous meal is digested, indigestion, abortion, excessive coitus, riding, walking, grief, emaciation, weight lifting, trauma and day-sleeping are the causes of Asragdara.

Table 1: General ethology of menorrhagia

<table>
<thead>
<tr>
<th>S.N.</th>
<th>General causes</th>
<th>Pelvic causes</th>
<th>Contraceptive use</th>
<th>Hormonal/DUB</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Blood dyscrasia</td>
<td>PID, pelvic adhesions</td>
<td>IUCD</td>
<td>Ovulatory-irregular ripening or irregular shedding</td>
</tr>
<tr>
<td>2.</td>
<td>Coagulopathy</td>
<td>Adenomyosis</td>
<td>Post-tubal sterilization</td>
<td>An ovulatory-Resting endometrium</td>
</tr>
<tr>
<td>3.</td>
<td>Thyroid dysfunctions</td>
<td>Feminizing tumour or the ovary</td>
<td>Progestogen-only pills</td>
<td>Metropathia haemorrhagia</td>
</tr>
<tr>
<td>4.</td>
<td>Genital TB</td>
<td>Endometriosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Pelvic congestion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Uterine fibroid</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Pathogenesis of Menorrhagia

Endometrium normally produces prostaglandins from arachidonic acid which is a fatty acid. Of these, PGE₂ and PGJ₂ are vasodilators and anti-platelet. PGF₂α and thromboxane A₂ cause vasoconstriction and platelet aggregates. In ovulatory cycles, the absence of progesterone and thereby of PGF₂α causes menorrhagia. In some cases, tissue plasminogen activator (TPA) which is a fibrinolytic enzyme is increased thereby causing menorrhagia. [13]

Classification of Asragdara/Pradrīra as per Ayurveda

There are 4 types of Asragdara

1. Vataj Asragdara- Sushruta have mentioned that blood vitiated by Vata is frothy, reddish or blackish in colour, rough, thin, limpid, flows quickly, does not clot, has aftertaste as Kashaya (astringent), smells like iron and is cold.

2. Pittaj Asragdara- Sushruta have mentioned that the blood vitiated by Pitta becomes blue, yellow, green, blackish or resembles the water mixed with smoke or Rasanjana or cow urine in has musty or fishy smell, being bitter (Katu) in taste is not liked by ants or flies, does not coagulate because it is hot (Ushan), if put in water spreads like moon-light (all of a sudden, evenly and all around).

3. Kaphaj Asragdara- Sushruta says that the blood vitiated by Kapha resembles water mixed with red ochre, is unctuous, cold, thick and slimy, is excreted very slowly and gets clotted like a muscle (fibres joined together).

4. Sannipataja Asargdara- Sushruta says that blood vitiated with Sannipataja has the features of all the three Doshas; resembles Kanji in colour and foul smells.
Clinical features of Asragdara according to Ayurveda

Charak has described the only symptom i.e. presence of excessive bleeding during menstruation. [19] Sushruta says, that when same menstruation comes in excess amount, for prolonged period and /or even without normal period of menstruation (during menstruation in excessive amount and for prolonged period, but in inter menstrual period even scanty and for a short duration), and different from the features of normal menstrual blood is known as Asragdara. All types of Asragdara have association of body ache and pain. [20]

Dalhana has described clinical features of Asragdara as burning sensation in lower portion of groin, pelvic region, beck region of kidney and flanks and severe pain in uterus. Explaining about the repetition of clinical features has said that physicians accepting these clinical features. [21]

Vagbhatta says that excessive bleeding during menstrual or inter menstrual period is known as Asragdara, Pradara or Raktayoni.

Madhava nidana [22], Bhavprakasa [23] and Yogratnakar [24] have mentioned that in all types of Asragdara body ache and pain are present.

Clinical features of menorrhagia according to Modern-

A normal menstrual blood loss is 50ml to 80ml, and does not exceed 100ml. In menorrhagia, the menstrual cycle is unaltered but the duration and quantity of the menstrual loss are increased. Menorrhagia is essentially a symptom and not in itself a disease. [25]

Causes of abnormal uterine bleeding:
Abnormal uterine bleeding can have many causes. They include the following.

Pregnancy, Miscarriage, Adenomyosis, use of some birth control methods, such as an intrauterine device (IUD) or birth control pills, Infection of the uterus or cervix, fibroids, Problems with blood clotting, Polyps, Endometrial hyperplasia, Certain types of cancers such as, cancer of uterus, cervix, vagina, polycystic ovarian syndrome. [26]

Prognosis of Asragdara

Sannipataja asrgdara is incurable. Charak, Madhava nidana, Bhavprakasa and Yogratnakar have recapitulated few signs/symptoms of Sannipataja asrgdara described by Charak as features of incurability, i.e. the women having continuous bleeding, suffering from thirst, burning sensation, fever, anaemia, and weakness is incurable.

Harita has mentioned that the women suffering from fever, having very short inter menstrual period and continuous bleeding is incurable.

Complications of Asragdara-

Table no.3 Complications of Asragdara-

<table>
<thead>
<tr>
<th>S.N.</th>
<th>Complications</th>
<th>Charak</th>
<th>Sushruta</th>
<th>Vagbhatt</th>
<th>Madhavnidan</th>
<th>Yogratnakar</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Daurbalaya/Weakness</td>
<td>-</td>
<td>✓</td>
<td>-</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>2.</td>
<td>Bhram/Giddiness</td>
<td>-</td>
<td>✓</td>
<td>-</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>3.</td>
<td>Murchha</td>
<td>-</td>
<td>✓</td>
<td>-</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>4.</td>
<td>Tama/feeling of darkness</td>
<td>-</td>
<td>✓</td>
<td>-</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>5.</td>
<td>Trishna/thirst</td>
<td>-</td>
<td>✓</td>
<td>-</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>6.</td>
<td>Daha/Burning sensation</td>
<td>-</td>
<td>✓</td>
<td>-</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>7.</td>
<td>Pralap/delirium</td>
<td>-</td>
<td>✓</td>
<td>-</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>8.</td>
<td>PANDU/anaemia</td>
<td>-</td>
<td>✓</td>
<td>-</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>9.</td>
<td>Tandra/Drowsiness</td>
<td>-</td>
<td>✓</td>
<td>-</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>10.</td>
<td>Aksepa/convulsions</td>
<td>-</td>
<td>✓</td>
<td>-</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>11.</td>
<td>Disorder of vata</td>
<td>✓</td>
<td>-</td>
<td>✓</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>12.</td>
<td>Shotha/oedema</td>
<td>✓</td>
<td>-</td>
<td>✓</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
Trividha Pariksha of Asragdara

Ayurveda has suggested Trividha pariksha having Darsan, Sparsan, Prashan. Which is unique and it will play major role to diagnosis and disease.

Darshan (Inspection)

The Darshan pariksha is included in the inspection which is done by Darshanindriya (eyes) of physician. It is nothing but visible signs of patients in Asragdara /Raktapradar are anaemia (Pandu), bleeding tendency (Raktsrava) are major signs which is found in Asragdara, which will be evaluated by inspection.

Sparshan (Palpitation)- It have major role and included in palpation of the abdomen to detect any organomegaly (liver/kidney).

Prashan (Questioning)- it is done by questionings about symptoms which is found in patient in Asragdara are painful body ache, Weakness, giddiness, fainting, darkness before the eyes, thirst, feeling of burning sensation, delirium, stupor and disease of Vata origin will manifest. [31]

Investigation
1.Complete Haemoglobin
2.BT and CT
3.Thyroid profile indicated
4.Pelvicsonography
5.Diagnostic hysteroscopy
6.Diagnostic laparoscopy
7. Endometrial study by ultrasound and curettage
8. Sonosalpingography can delineate a submucous fibroid clearly
9. Pelvic angiography is required when the cause of menorrhagia is not detected by other means. [32]

MANAGEMENT AS PER AYURVEDIC MEDICINE

Drugs for external use

North-wards situated root of Vyaghranakhi (Solunum surattense) grown in a sacred place, uprooted during Utargraphuluni naksatra (specific period of a day) and tied in the waist cures Raktapradara.[33] Use of Satpushpa (Foeniculum vulgare) oil in the form of inhalation and massage is beneficial.[34]

Symptomatic ayurvedic management of Asragdara /Raktapradar

For Bleeding
Rakta Pradehar Yog Having Kashthodember (Ficus hispida) 25ml, mixed with 10grm honey then this is given in Qvath form.[35]

Ashokarisha- Dhatkipusp (Woodfordia fruticosa), Krishanjeera (Carumbulbocastanum), nagarmotha (Cyperus rotundus), Soth (Zinibera officinalis), Daruharida (Berberis aristata), NeelKamal (Nymphaea stellata), Amalki (Emblica officinalis), Haritiki (Terminalia chebula), Bheda (Terminalia bellerica), Aamrasthmijaa (Manjifera indica), Jeera (Cuminum cuminum), Vasa (Adhatoda vasica), Shwet Chandan (Santalum album). This is given 12-25 ml. [36],

Madhukaadhyawlehe- Having content Yasthimadhu (Glyceriza globra), Lal Chandan (Pterocarpus santalinus), Laksha (Rasa centifolia), Rakta Kamal (Nelumbo nucifera), Rasanjan (Berberis aristata), Kusthmool (Sausurea lappa), Khas (Vetiveria zizanoidis), Balamool (Sida cordifolia) Vasa mooll (Adhatoda vasica), Badrilppal majaa (Zinziphus mauritiana), Musta (Cyperus rotundus), Bilvaphalmajaa (Aegle marmelos), Mochras (Salmania malabarica), Daru Haridra (Berberis aristata), Dhatkipushpa (Woodfordia fruticosa), Ashok twak (Saraca asoca). Draksa (Vitis vinifera), Japapushpakali (Hibiscus rosa-sinesis), Amrapatra (Manjifera indica), Jamunapatra (Syzygium cumini), Komalkamalapatra (Nelumbo nucifera), Shatatvari (Asparagus racmosus), Vidarikund (Pueraria tuberosa), Rajatbhasam (Silver), Loh bhasam, Abhrak Bhasam (Mica). This is given 3-6 Masha orally. [37]

Pradrantak Ras: Having content Sudha Parad (mercury), Sudha Gandhak (sulphur), Vang bhasam (tin), Kharpar Bhasam, Kodi Bhasam, these all are 1-1 part and Loh Bhasam 12 part. This is given 250mg along with Madhu. [38]

Pradari Ras: Having content Vang Bhasam (tin), LohBhasam (iron), Sudha Afeem (Papaver sominfrum), Shadgungandhajenparad, Rakta Kamal Churn, Rakta Chandan (Pterocarpus santalinus). This is given 250 mg along with Madhu. [39]

Pandu along with bleeding

Pradari Loh: having content Kutajtwak (Holarrheena antidysentrica), Manjistha (Rubia cordifolia), Semal Mool (Salmania malabarica), Patha (Cissampelos pareira), Bilvaphal majaa (Aegle marmelos), Nagar motha (Cyperus rotundus) Dhatkipusp (Woodfordia fruticosa), Atees (Aconitum heterophyllum), Abharak Bhasam (mica), Loh Bhasam (iron). This is given 1-3 grm. along with Madhu and Kusامool swaras. [40]

Shilajatu Vatika: Having content Sudha Parad (mercury), Sudha Gandhak (sulphur), Sudha Shilajatu (Asphalatum punjabinum), Sugar, Vansh Lochan Churn (Bambusa arundinaceae), Piper Churn (Piper longume), AmlaChuran (Emblica officinalis), Kakda Singi (Pistacia integerrima), Kantkari Phal (Solunum surtense), Dalcheeni (Cinnamommm Zeylanium), Chotiela (Elettaria cardinonum) Tey Patra (Cinnamommm zeylanicun), Madhu (Honey). This is given 1gram along with cow milk. [41]

Navayas Loh: Soth (Zinibera officinalis), Pippli (Piper longum), Marich (Piper nigrum), Harad (Terminalia chebula) Amalki (Emblica officinalis), Vibhitki (Terminalia bellerica), Nagar Motha (Cyprus rotundus), VayAVidang (Embelica ribes), Chitrakmoool (Plumbago zeylanica), and Loh Bhasam (iron).This is given 2-2 Ratti (250mg)along with honey. [42]

Rasayan Therapy

Ratanprabhatvika- Swaran Bhasam (gold), Moti Bhasam, Abhark Bhasam (mica), Nag Bhasam (lead), Vang Bhasam (tin), Pital Bhasam (brass), Swarnmaksik Bhasam (copper pyrite), Rajahasm, Hirak Bhasam (Diamond), Loba Bhasam (iron), Sudha Hartal (orpinment), Kharpur Bhasam. This is given 125mg. [43]
Pain

Pradrari Ras- having content Vang Bhasm (tin), Loh Bhasm (iron), Sudha Afeem (Papaver somniferum), Shadungandhak jerna parad, Rakta Kamal Churn (Nelumbo nucifera)), Rakta Chandan (Pterocarpus santalinus). This is given 250 mg along with Madhu. It will also helpful to relive pain in the hypochondrium, pain due to endometrium cancer. [44]

DISCUSSION

Asragdara is a Sanskrit word which literally means bleeding from vagina during menses Or inter-menstrual. Pradrirana (excessive excretion) of raja (menstrual blood), is named as Pradar and since, there is Dirana (excessive excretion) of Askr (menstrual blood) hence, it is known as Asragdara. Acharya Charak classified it in to 4 types including Vataja, Pittaja, Kaphaj, Samnipataja. Ayurveda has also mentioned the menorrhagia under the heading of Asragdara. Menorrhagia is a common complaint. While menorrhagia remains a leading reason for gynaecologic office visits, only 10-20% of all menstruating women experience blood loss severe enough to be defined clinically as menorrhagia. Approximately 5% of females seek medical attention for this condition. In recent years, there has been increased recognition of the scope and significance of gynaecological problems experienced by poor women in developing countries. The World Health Organization reports that 18 million women aged 30-55 years perceive their menstrual bleeding to be exorbitant. Reports show that only 10% of these women experience blood loss severe enough to cause anaemia or be clinically defined as menorrhagia. The clinical manifestations like uterine bleeding and its complications are similar, both in menorrhagia and as well as Asragdara. There are so many complications are described in Ayurveda like Daurbalaya/weakness, Bhram/giddiness, Tama/feeling of darkness, Trishna/thirst, Daha/Burning sensation Pralap/delirium etc. In Ayurveda there is no such specific diagnostic test was found to rule out Asragdara. Ayurveda has Trividha pariksha which will help to rule out the disease physically. As the main objective of Ayurveda is to maintain the health by means of prevention and manage the patients to cure the diseases. Ayurveda has maintained that prevention (Swasthyyarakshanam) and cure (Vikarprashamanam) is the aim and object of Ayurveda.[39] Certain polyherbal or herbal or Ayurvedic compound drugs useful to reduce bleeding and complication. Raktrpadar yog, Ashokarishat, Madhukaadhiya awleah, Pradrantak ras, Pradrari ras may be useful to manage the bleeding and Pradrari loah will be useful for anaemia along with bleeding.

CONCLUSION

Menorrhagia is a common complaint present in the women world-wide. Asragdara correlate to menorrhagia. As we seen, patient have heavy uterine bleeding along with its complications which should be need to manage instantly to stop the further complication. Ayurveda have number of herbal and compound drugs useful to manage this bleeding disorder. In my opinion, the Ayurvedic drugs will become a boon to treat the menorrhagia patients and its complication also.

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