



## Review Article

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### AN AYURVEDIC LITERATURE REVIEW OF CLINICAL STUDIES ON FORMULATIONS FOR THE TREATMENT OF ASRIGDARA

Diksha <sup>1\*</sup>, Meenu Kumar <sup>1</sup>, Vasudha Kaul <sup>1</sup>, Aditaya Nath Tewari <sup>2</sup>

<sup>1</sup> PG Scholar, Department of Roga Nidan Evam Vikriti Vigyan, Ch. Brahm Prakash Ayurved Charak Sansthan, Khera Dabar, Najafgarh, New Delhi, India

<sup>2</sup> Associate Professor, Department of Roga Nidan Evam Vikriti Vigyan, Ch. Brahm Prakash Ayurved Charak Sansthan, Khera Dabar, Najafgarh, New Delhi, India

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#### \*Corresponding author

E-mail: 29drdiksha@gmail.com

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#### ABSTRACT

Asrigdara is a common clinical entity that affects women's health on both physical and psychological levels. Any abnormality in the menstrual cycle leads to excessive, prolonged and irregular uterine bleeding, known as Asrigdara in classical texts. Asrigdara can be correlated with Abnormal uterine bleeding in modern medicine, which describes it as irregularities in the menstrual cycle involving frequency, regularity, duration, and volume of flow outside of pregnancy. It has a significant effect on the personal, social, family, and work-life of women, thereby reducing their quality of life. Allopathic treatment modalities like hormonal therapy, prostaglandin inhibitors and anti-fibrinolytic agents are known to cause various side effects, and surgical intervention like hysterectomy affects the psychological status of fertile women. Keeping in view of above facts, this article is aimed to explore different studies to provide simple, safe, non-hormonal drugs for the patients of Asrigdara as well as to explore the literature available about Asrigdara in classics and abnormal uterine bleeding in the modern text.

**Keywords:** Asrigdara, Abnormal uterine bleeding, Raktapradara, Dysfunctional uterine bleeding, Internet.

#### INTRODUCTION

Mensuration is a natural physiological phenomenon in females. When the same menstruation occurs in excess amount, for a prolonged period and/ or in an intermenstrual period (even scanty and for a short duration) and is different from the features of normal menstrual blood is known as Asrigdara<sup>1</sup>. In the context of modern medicine, it seems to be related to AUB (Abnormal uterine bleeding). Some studies reviewed here also infer Asrigdara or Raktapradara specifically as Dysfunctional uterine bleeding, a subtype of Abnormal uterine bleeding. It is described as uterine bleeding that is outside of average volume (20-80 ml), duration (4-5 days) and frequency (21-35 days)<sup>2</sup>. It is a debilitating condition with high direct and indirect costs. Disruption in menstrual cycles can have an adverse effect on the reproductivity of females. It is mainly responsible for iron-deficiency anaemia which can significantly impair quality of life and lead to fatigue, shortness of breath and impairments in work performance. This complication needs to be managed appropriately with iron supplements.

The primary aim of this article is to review Asrigdara described in ayurvedic texts along with clinical studies conducted for the management of Asrigdara till date.

#### REVIEW OF LITERATURE

Menstrual blood (Artava) is the visible manifestation of cyclic physiological uterine bleeding due to the shedding of endometrium<sup>3</sup>. Artava is considered as a updhātu of rasa dhātu<sup>4</sup>/rakta dhātu<sup>5</sup>. Characters of suddha artava include intermenstrual period of one month, duration of blood loss as five days, not associated with pain or burning sensation, excreted

blood is not unctuous, not very scanty or excessive in amount; the colour resembles the red juice of lac, red lotus flower or rabbit's blood<sup>6</sup>.

Any abnormality in rituchakra leads to excessive, prolonged and irregular uterine bleeding, known as Asrigdara. The word Asrigdara is made up of two words, i.e., asrik and dara. Asrik means rakta/raja, and dara means continuous/excessive flow. Asrigdara is considered as a Raktapradoshaja vikara<sup>7,8</sup>. Asrigdara is also called Raktapradara due to pradirana (excessive excretion) of raja<sup>9</sup>. While Acharya Charaka only described the excessive flow of raja, Acharya Sushruta has also included prolonged mensuration and inter-menstrual bleeding as features of Asrigdara. All types of Asrigdara are associated with body ache and pain<sup>10</sup>. In his commentary, Dalhana described clinical features of Asrigdara as a burning sensation in the lower part of the groin, pelvic region, back, renal angle and severe pain in the uterus<sup>11</sup>.

Charaka only included dietetic causes, which lead to pelvic congestion. Madhav Nidan, Bhava Prakash and Yoga Ratnakara included aahara-viharaj and manasik along with dietetic causes which produce vasomotor disturbances thus causing Asrigdara<sup>12</sup>.

It is one of the commonest gynaecological disorders in the present era, with irregularities most commonly occurring at extremes of the reproductive period. Nearly 30% of all gynaecological outpatient attendants suffer from abnormal uterine bleeding<sup>13</sup>. Modern treatment modalities like hormonal therapy, prostaglandin inhibitors and anti-fibrinolytic drugs provide only symptomatic relief and do not prove their definite efficacy in long term. Hormonal medications like oral progestogens are associated with irregular bleeding, headaches, and breast

tenderness. Combined oral contraceptive pills may cause hypertension, reduced glucose tolerance, changes in lipid metabolism, and impaired liver function. Non-hormonal drugs like tranexamic acid may cause GI side-effects, including nausea, vomiting, diarrhoea, dyspepsia, and disturbances in colour

vision<sup>14</sup>. Thus, there is a need to provide effective and safe alternative medicines for Asrigdara by exploring clinical research and trials conducted so far. As a last resort, women opt for surgical procedures like hysterectomy, which can be quite costly and results in complete loss of fertility.

**Table 1: Compilation of efficacy of formulations in Asrigdara**

Drug	Study Model	Duration	Sample Size	Result
Shunthi (2gm) + Lodhra churna (3gm) TDS after food <sup>23</sup>	Clinical trial	90 days	30	Effective in treating most of the symptoms of Asrigdara
Bolbaddha ras (500 mg TDS) <sup>24</sup>	Clinical trial	2 menstrual cycles	15	Very significant improvement in symptoms of Asrigdara
Nagakesara Churna (1 tablespoon BD) <sup>25</sup>	Clinical trial	1 month	20	Effective in treating most of the symptoms of Asrigdara
Lodhrasava (30ml TDS) & Pushyanug choorna (5gm TDS) <sup>26</sup>	Clinical trial	3 months	41	Highly significant (P<0.001) in reduction of uterine hemorrhage
Sphatikayuktha Rasa Sindoor [Rasa sindoor (60mg) & Sphatika (125mg)] with Lodhra Kashaya(48ml) <sup>27</sup>	Clinical trial	4 months	20	Effective in reducing the amount and duration of bleeding
Kutajastak-ghan (500 mg BD) <sup>28</sup>	Clinical trial	2 menstrual cycles	15	Extremely significant results were seen in symptoms of Asrigdara
2 or 3 asthapanbasti (erandmuladi kwath) followed by uttarbasti of ashokaghrita (5-10 ml) after completion of the menses for 3 days <sup>29</sup>	Clinical trial	2 menstrual cycles	30	The therapy proved to be better both statistically and symptomatically.

**Table 2: Comparison of efficacy of two or more formulations in Asrigdara**

Drug Groups	Study Model	Duration	Sample Size	Conclusion
<b>Group A:</b> Kutajastakavaleha avaleha -12 gm BD <b>Group B:</b> Khandkusmand avaleha -12 gm BD <sup>30</sup>	Comparative clinical trial	3 menstrual cycles	20 each	Significant improvement in symptoms of Asrigdara in both groups but Kutajastakavaleha showed good results in comparison with Khandkusmand avaleha
<b>Group A:</b> Darvyadi Ghana Vati - 2 Tab TDS 500 mg each <b>Group B:</b> Raktastambhaka Yoga (1-1part Majuphal & Gairika, 5 parts Sphatika & 15 parts Khadira)- 2 Tab TDS 500 mg each <sup>31</sup>	Comparative clinical trial	2 months	Group A- 11 Group B- 10	Darvyadi Ghanavati is a more stable and effective drug as compared with Raktastambhaka Yoga
<b>Group A:</b> Darvyadi Kwatha - 50 ml BD <b>Group B:</b> Bola Parpati - 375 mg powder BD <sup>32</sup>	Comparative clinical trial	3 months	20 each	Bola Parpati is a more stable and effective drug as compared with Darvyadi Kwatha
<b>Group A:</b> Bharangi -Sunthi churna [Bharangi churna (1.5 gm) + Sunthi Churna (1.5 gm)] + Tandulodaka (200 ml) <b>Group B:</b> Pushyanug churna - 3 gm <sup>33</sup>	Comparative clinical trial	90 days	30 each	Pushyanug churna has significant results as compared to Bharangi -Sunthi churna
<b>Group A:</b> Yashtimadhu-Sita Choorna with Tandulodak - 5 gm BD <b>Group B:</b> Ashok Twak choorna - 5 gm BD <sup>34</sup>	Comparative clinical trial	10 months	30 each	Both the drugs were found effective in Asrigdara but on comparison Ashoka twak choorna was found slightly better
<b>Group A:</b> Amalaki-ransanjana-haritaki choorna - 5 gm BD <b>Group B:</b> Ashok Twak choorna - 5 gm BD <sup>35</sup>	Comparative clinical trial	12 months	30 each	Both the drugs were found effective in Asrigdara but on comparison Ashoka twak choorna was found slightly better
<b>Group A:</b> Babool twak churna - 3 gm BD <b>Group B:</b> Kukundar panchang churna - 3 gm BD <b>Group C:</b> Babool twak & Kukundar panchang churna - 3 gm BD <sup>36</sup>	Comparative clinical trial	2 months	Group A- 8 Group B-10 Group C- 9	All drugs were effective in Asrigdara but on comparison Kukundar panchang churna was more effective than other drugs
<b>Group A:</b> Patrangasava (20 ml) and Nisha lauha (500 mg) BD <b>Group B:</b> Jeerakavaleha (10 gm) and Nisha lauha (500 mg) BD <sup>37</sup>	Comparative clinical trial	90 days	Group A- 16 Group B- 14	Group A patients showed more improvement than group B but intergroup comparison was non-significant
<b>Group A:</b> Darvyadi Kashaya – 20 ml BD <b>Group B:</b> Darvyadi Tail Uttarbasti (3-5 ml for 3 days in increasing dose after menses) <b>Group C:</b> Darvyadi Kashaya (20 ml BD) and Darvyadi Tail Uttarbasti (3-5 ml for 3 days in increasing dose after menses) <sup>38</sup>	Comparative clinical trial	3 months	40 each	Darvyadi Kashaya and Uttarbasti with Darvyadi Tail is effective in Asrigdara which is statistically more significant (p <0.001) than Darvyadi Kashaya and Darvyadi Tail Uttarbasti given alone
<b>Group A:</b> Kutajashtaka Avaleha - 5 gm BD <b>Group B:</b> Kutajashtaka Avaleha (5 gm BD) and Yashtimadhu Ghrita Matra Basti (60 ml for 7 days in 3 consecutive cycles after 7th day of menses) <sup>39</sup>	Comparative clinical trial	3 months	20 each	Combination of Yashtimadhu Ghrita Matra Basti and Kutajashtaka Avaleha oral gave more statistically significant results than Kutajashtaka Avaleha orally alone
<b>Group A:</b> Pathya <b>Group B:</b> Pathya + Pradararipu rasa capsule 250 mg TDS <sup>40</sup>	Comparative clinical trial	45 days	20 each	Both groups showed significant changes after treatment. In comparison, Group B showed better results than Group A.

Table 3: Role of Virechan in Asrigdara

Drug grouping	Study Model	Duration	Sample size	Result
<b>Group A:</b> Virechana with sansarjan karma during intermenstrual period & Ashok twak ksheerpaka (40 ml BD for 7 days during the menstrual period for 3 consecutive cycles) <b>Group B:</b> Ashok twak ksheerpaka (40 ml BD for 7 days during the menstrual period for 3 consecutive cycles) <sup>41</sup>	Comparative clinical trial	3 menstrual cycles	30 each	Virechana karma & Ashoka twak ksheerpaka therapy is more effective for Asrigdara than only giving Shamana therapy with Ashoka twak ksheerpaka
<b>Group A:</b> Virechana karma with Aragwadha phala majja kashaya <b>Group B:</b> Oral contraceptive pills 1 tab for 21 days <sup>42</sup>	Comparative clinical trial	3 months	15 each	Virechana karma with Aragwadha kashaya helps in reducing the symptoms, and it showed moderate improvement.

Treatment regimen prescribed for raktasisara, raktapitta, raktarsa<sup>15</sup>, guhyaroga<sup>16</sup> and garbhavrava<sup>17</sup> is said to be useful in Asrigdara.

Thus, treatment principles of these diseases like raktashodhana, raktastambhana, vatanulomana, pitta and kapha shamana and giving bala to garbhashaya are incorporated in management of Asrigdara. Deepaniya and pachaniya<sup>18</sup> drugs are also effective in Asrigdara as they are also indicated in raktarsa. Samagni helps in the proper metabolism of aahar, leading to the formation of samadhatus<sup>19</sup>, and thus suddha artava is formed. In Asrigdara, the causative factor or dosha is Vata and vitiated dusya is rakta<sup>20</sup>. For the treatment of vitiated Vata, use of Basti<sup>21</sup> proves to be beneficial. As pitta and rakta are aashrya-aashryi bhava, naturally the causes vitiating rakta will also aggravate pitta. Acharya Kashyap has indicated the use of Virechan in menstrual disorders<sup>22</sup>.

This article has been compiled from the description of Asrigdara in available texts like Charaka Samhita, Sushruta Samhita, Astanga Hridaya, Astanga Samgraha, Madhav Nidan, Kashyap Samhita and other Ayurvedic literature. Moreover, details of articles pertaining to the management of Asrigdara featuring different formulations available on the internet has been collected and analysed. Some of these articles describe drugs that show significant improvement in the symptoms of Asrigdara.

## DISCUSSION

Ayurvedic drugs with properties like raktastambhaka, Vata-pitta nashaka, sravarodhaka, raktashodhana used along with preparations of lauha provide a good relief in patients of Asrigdara. Ashok having kashaya-tikta rasa, katu vipaka and sheeta virya acts as garbhashayasankochka, raktastambhaka, raktashodhana, shothahara, vedanashamaka and pradaranashaka<sup>43</sup>. Lodhra is included in sonithasthapana gana and sandhaniya gana. It has laghu guna, sheeta virya and kashaya rasa. It acts as garbhasayasothahara, sravahara and raktastambhaka<sup>44</sup>. With similar properties to raktastambhana, raktashodhana, garbhashyashothahara and sravahara, darvyi is also an effective drug in patients of Asrigdara<sup>45</sup>. Pradararipu Rasa<sup>46</sup> and Bola Parpati<sup>47</sup> are useful in raktavikara and help in hemostasis, thus providing relief in symptoms of Asrigdara.

In its normal state, apana vayu performs the function of excretion of mala, mutra, shukra, garbha and artava<sup>48</sup>. The vitiated vata is the main factor in the pathogenesis of Asrigdara. Thus, Basti is the most useful therapy in patients of Asrigdara. Virechan karma pacifies vitiated pitta and kapha<sup>49</sup> and helps in raktashodhana and srotovishodhana. Therefore, it will help destroy the disease from its root rather than a temporary cessation of heavy bleeding.

## CONCLUSION

Considering all the literature and data studied regarding the treatment of Asrigdara, it can be said that the management of Asrigdara in Ayurveda is a better alternative to conventional hormonal therapy providing significant improvement in cardinal symptoms as well as associated symptoms of Asrigdara. Ayurvedic management appears to be safe as compared to the modern system of medicine as herbal formulations have no side effects and cures the disease with chances of minimal recurrence.

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