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An Attempt to Understand the Abnormal Uterine Bleeding in Ayurveda: A Review

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ABSTRACT

Abnormal uterine bleeding (AUB) characterised by inconsistencies in the menstrual cycle including the characteristics of frequency, regularity, length, and volume of flow outside of pregnancy in women of reproductive age. Severe monthly loss is a hallmark of abnormal uterine bleeding, and it has an impact on women's physical, emotional, sexual, and professional well-being. In situations of acute and severe bleeding, women may require rapid care, including fluid replenishment and the prescription of haemostatic medications. In some unique situations, surgery could be required when it is longer-lasting and more challenging. In order to facilitate the diagnosis and appropriate management of AUB, FIGO developed the PALM-COEIN classification, which groups the possible causes of AUB into the following structural and non-structural categories. In Ayurvedic aspect the term is given by Acharyas is "*Raktapradara* or *Asrigdara*" are terms used to describe the excessive excretion (*Pradirana*) of menstrual blood. *Asrigdara*, in contrast to regular menstruation, is defined by *Acharya Sushruta* as profuse and protracted bleeding during the menstrual cycle or even during the intermenstrual phase. Modern medicine offers a variety of treatment techniques for the control of severe menstrual bleeding, including hormone therapy, antiprostaglandins, antifibrinolytic drugs, and surgical procedures. Ayurvedic treatment is a safer, more practical, and more successful treatment for AUB when side effects and unfavourable consequences are taken into consideration.

Keywords: Abnormal Uterine Bleeding, *Asrigdara*, Ayurveda Management

INTRODUCTION

A woman's menstrual health is correlated with her overall health. A healthy woman's typical ovarian, physiological, and hormonal cycles are reflected in her regular menstruation.

Additionally, it plays a vital role in preserving a woman's physical, emotional, and psychological health. Menstruation is a monthly occurrence that includes a variety of sporadic stages. When conception fails, the endometrium that prepared for it during the secretory phase sheds material known as menses. A typical menstrual cycle lasts two to seven days and involves 20 to 80 millilitres of blood loss. While the hypothalamo-pituitary-ovarian axis determines the menstrual cycle, uterine health determines the quantity of blood loss. Abnormal uterine bleeding is a deviation from any of the aforementioned. The prevalence of AUB is almost 50% in postmenopausal women and 9–30% in premenopausal women[1]. In 2015, the frequency was at 17.9% in India[2]. Patients may be treated as emergencies or as outpatients due to the fact that AUB can be either acute or chronic[3]. Unlike chronic AUB, which indicates that aberrant amounts, regularities, and/or timing of leakage have largely occurred over the past six months, acute AUB need prompt management[4]. It is acknowledged that acute and chronic AUB in non-pregnant women are not officially distinguished in the literature currently in publication. FIGO classification system[5] (PALM-COEIN) for causes of abnormal uterine bleeding in non-gravid women of reproductive age. This age range is not covered by most guidelines, which makes diagnosis and therapy challenging.

Epidemiology

Worldwide, it is believed that between 3% and 30% of women in their reproductive years have AUB, with a greater frequency around menarche and perimenopause. According to some surveys, 9–14% of women experience AUB between menstruation and menopause[6]. The frequency of AUB is around 17.9% in India[7]. Menorrhagia (severe or extended), uterine bleeding (irregular bleeding between cycles), polymenorrhea (less than 24 days of menstruation), and menstrual bleeding (increased menstrual cycle) were descriptive terminology used to describe AUB patterns[8].

Etiology of AUB

The International Women's Founded Obstetrics and Gynaecology Association FIGO introduced the new system in 2011 under the acronym PLAM-COEIN. The PALM-COEIN classification, established by FIGO, organizes the potential causes of AUB into the following structural and non-structural categories, which aids in diagnosing and managing AUB effectively:

Structural etiologies[9]

- **Polyp (P):** Endometrial or endocervical polyps are focal outgrowths of tissue that may be asymptomatic or cause intermenstrual bleeding. While most are benign, they occasionally carry a malignancy risk.

- **Adenomyosis (A):** This condition involves the presence of endometrial tissue within the uterine muscle and is often associated with heavy, painful, or prolonged menstruation and may result in uterine enlargement.

- **Leiomyoma (L):** Commonly known as fibroids, these benign smooth muscle tumors can lead to heavy or prolonged menstrual bleeding, particularly if large or submucosal. Many leiomyomas are asymptomatic.

- **Malignancy and hyperplasia (M):** These include endometrial hyperplasia and cancers, often presenting with unpredictable bleeding. Risk factors include prolonged estrogen exposure without opposition by progesterone.

Non-structural etiologies

- **Coagulopathy (C):** Systemic bleeding disorders, eg, von Willebrand disease, are common causes of heavy menstrual bleeding, particularly in adolescents and young adults.

- **Ovulatory dysfunction (O):** Conditions like polycystic ovary syndrome (PCOS), hypothalamic disorders, or thyroid dysfunction can lead to infrequent, irregular, heavy, or prolonged bleeding due to inconsistent ovulation.

- **Endometrial disorders (E):** These involve localized issues in the endometrium's ability to control bleeding, possibly due to inflammation, infection, or vasoconstriction abnormalities.

- **Iatrogenic (I):** Medications (eg, hormonal contraceptives, anticoagulants, or tamoxifen) or surgical injury (eg, Asherman syndrome) can induce abnormal bleeding. Notably, AUB linked to anticoagulants has been reclassified under this category.

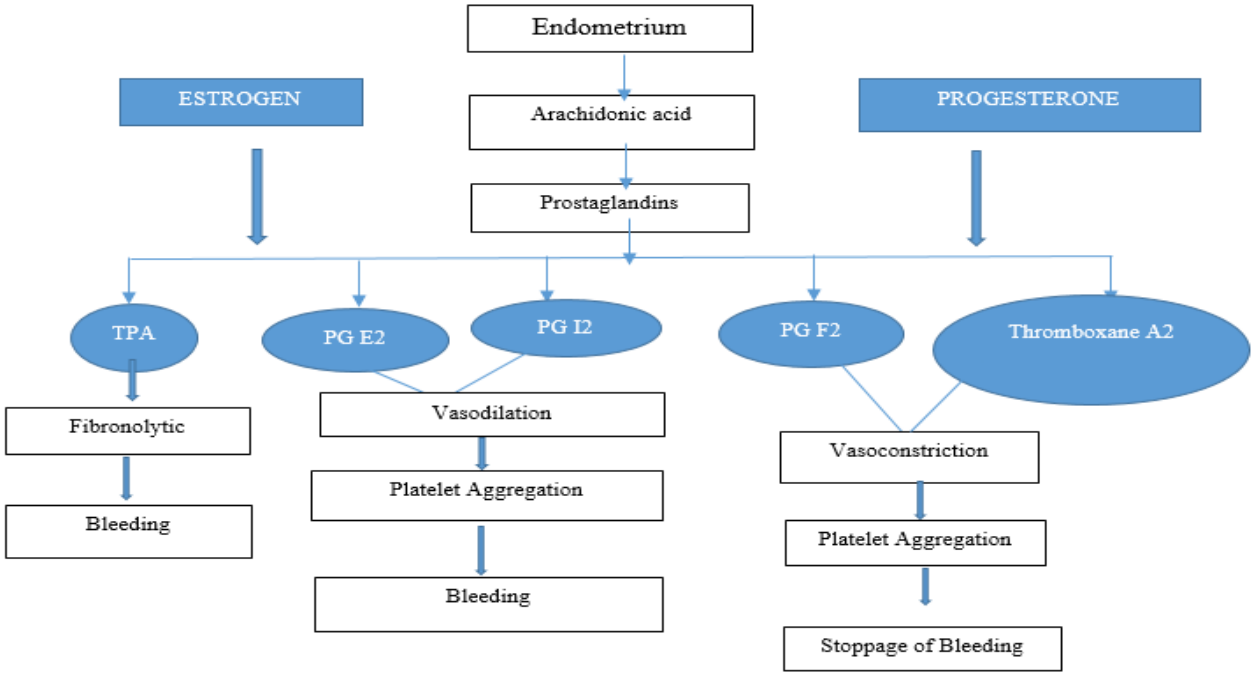
- **Not otherwise classified (N):** Rare or poorly understood causes comprise this group, including arteriovenous malformations, chronic endometritis, or caesarean scar defects.

Pathophysiology

The complex interactions between the endometrial endocrine, immunological, and circulatory systems are reflected in the pathophysiology of AUB; abnormalities in these processes can result in irregular menstrual bleeding. Progesterone withdrawal at the conclusion of the menstrual cycle is a normal part of menstruation and sets off a well-coordinated series of endometrial alterations. These include matrix metalloproteinase activation, inflammatory mediator release, and epithelial and stromal apoptosis, all of which promote endometrial shedding and eventual healing. Spiral arteriole constriction, clot formation, and tissue regeneration are necessary for effective haemostasis. These pathways are dysregulated in people with AUB, which results in excessive or erratic bleeding. On the other hand, endometrial dysfunction is associated with compromised haemostatic and vascular responses, frequently including aberrant endometrial repair and reduced hypoxia signalling[10].

Progesterone and oestrogen both activate the prostaglandin pathway in the pathogenesis of AUB. In addition to activating prostaglandin E2 (PGE2) and prostaglandin I2 (PGI2), which have vasodilation qualities and promote platelet aggregation, oestrogen also promotes tissue plasminogen activator (TPA), a fibrinolytic that can result in bleeding. Progesterone increases the vasoconstrictor chemicals PG F2 and thromboxane A2, which promote platelet aggregation and halt bleeding[2].

Figure No 1. Showing Pathophysiology of AUB



Management of AUB

Table No. 1 Management of AUB in contemporary medicine[11]

Sr No	Causes	Management
1.	**P- Polyps**	• Hysteroscopic removal
2.	**A- Adenomyosis**	• Dienogest • GnRH Agonist • Combined OC pills • Danazol
		• Aromatose inhibitors like Letrozole,anastrozole • Gestrionone • Mirena insertion
3.	**L- Leiomyoma**	• Tranexamic acid • SPRM like Ulipristal and Mifepristone • GnRH Agonist

		• Hysterectomy
4.	**C- Coagulopathy**	• Rule out and treat the cause- Thrombocytopenic purpura, Aplastic anaemia,Leukaemia, von Willebrand's disease, Christmas disease etc.
5.	**O- Ovulatorydysfunction**	• Prostaglandin synthetase inhibitors • Antifibrinolytic agents • Tranexamic acid • Combined OC pills
6.	**I- Iatrogenic**	• Counselling and assurance • Discontinuing COC or LNG- IUS • Symptomatic treatment
7.	**E- Endometrial causes**	• Hysteroscopic guided therapeutic D and C biopsy

AIM

To study the Role of *Asrigdara* w.s.r to Abnormal uterine bleeding.

OBJECTIVES

- To compile and study all references about *Asrigdara* and AUB from *Ayurvedic* texts and Modern Literature.
- To analyze the effect of *Asrigdara* on associated symptoms of menstrual cycle.
- A comparative study about Abnormal uterine bleeding and Asrigdar carried out and the resulting observations have been put forth.

Methodology

The literary study is done with the help of Ayurvedic texts i.e., *Charaka Samhita, Sushruta Samhita, Ashtanga Sangraha* and *Ashtanga Hridaya* as well as the internet-based journals, PubMed, Google Scholar.

Ayurveda aspect of AUB

According to Ayurveda, abnormal uterine bleeding is associated with *Asrigdara*. "*Dirana*" (excessive secretion and excretion) of "*Asrik*" (menstrual blood) is the definition of the term "*Asrigdar*." Excessive or prolonged uterine bleeding, which may or may not be associated with menstruation, is known as *Asrigdara*. According to *Charak Acharya* and *Chakrapani*, more *Rakta* mixes with *Raja*, increasing the amount of *Raja*. According to *Dalhana's* explanation of general clinical aspects, *Asrigdara* is defined as excessive and/or extended blood loss during menstruation or even little blood loss throughout the intermenstrual phase.

Definition

Acharya Charaka

Asrigdara is found to be analogous with menorrhagia or AUB. excessive excretion (*Pradirana*) of menstrual blood is called as *Rajapradara* or *Asrigdara*[12].

Acharya Sushrut

Excessive and prolonged bleeding during menstruation or even in intermenstrual period, which is unlike normal menstruation is called *Asrigdara*[13].

Etiology

Excessive sour, salty, spicy, *Guru*, *Vidahi* food consumption. Like- Oily spicy food, Chinese food, etc. *Gramya*, *Audak*, *Meda Mansa*. Like boiler chicken etc. *Krushara*, *Payas*, *Dadhi*, *Shukta*, *Mastu Sura* etc. like *Dahiwada*, etc.

Pathology

The aforementioned factors will ultimately result in *Rakta Dushti* and *Vata Prakopa*. *Rakta* will be impacted by vitiated *Vata*, which will raise its quantitative value. This will lodge in *Rajovaha Sira* of *Garbhashaya* and raise *Raja*, which would ultimately result in *Rajopradara*. *Harita Acharya* claims that an infertile woman's milk-carrying ducts are full with *Vata*, which prevents her from secreting milk and causes her to have heavy monthly bleeding[14].

Common Symptoms According to *Acharyas*

Table No. 2 Showing Symptoms according to *Acharyas*

Acharya	***Symptoms***
Charaka	Excessive uterine bleeding
Sushrut	Menstruation in same amount for prolonged period and/ or intermenstrual bleeding in excessive amount and for prolonged period showing deviation from normal menstrual pattern.
Dalhana	1. Burning sensation in lower portion of groin, pelvic region, back, region of kidney and flanks. 2. Severe lower abdominal pain.

Dosha-*Dushya* involved in *Asrigdara*

Dosha

1. ***Vata*** - The main event in *Asrigdara* is *Vata Dushti*. The process of excretion of *Raja* is the *Karma* of *Apana Vayu*. Because of *Vata Dushti*, normal karma of *Vata* is altered and there is excessive excretion of *Raja* through vagina.

2. ***Pitta*** - *Rakta* is produced by the action of *Ranjaka Pitta* on *Rasa*. In *Asrigdara* there is *Pitta Dushti* which leads to excessive production of *Rakta* quantitatively which is excreted by the body as menstrual blood.

3. ***Kapha***: Comparatively there is little *Kapha Dushti* in the *Asrigdara* disease. *Avalambak Kapha* plays a minor role to deteriorate the pathogenesis.

In this way, *Apana* & *Vyana Vayu*, *Ranjaka Pitta* & *Avalambak Kapha* all are vitiated in *Asrigdara*.

Dushya in *Asrigdara* there is *Dushti* of –

· *Rajovaha Strotas*

· *Rakta Dhatu*

· *Raja – Upadhatu*

Table No. 3 Showing symptoms according to involvement of *Doshas*

Sr. No	Type	Symptoms
1.	***Vataja***	Menstrual blood- frothy, thin, blackish red and resembling washings of flower of *Palash* in color, with without pain. Severe pain in sacral, groin and cardiac region, flanks, back and pelvis.
2.	***Pittaja***	Menstrual blood- blue, yellow or blackish red, hot, comes in profuse amount and with pain. Associated with burning sensation, redness, thirst, mental confusion, fever and giddiness.
3.	***Kaphaja***	Menstrual blood- slimy, pale, heavy, unctuous, cold, mixed with mucus and thick and discharged with mild pain. Vomiting, anorexia, nausea, dyspnea and cough occasionally.
4.	***Sannipataja***	Menstrual blood- foul smelling, slimy, yellow and thirst. Burning sensation, fever, anemia and weakness.

Management of *Asrigdara*

Treatment protocols

1. Treatment similar to *Raktatisar* and *Raktarsha*.

2. Basti Chikitsa- Mentioned by *Sharangdhar*.

3. *Virechana Chikitsa*- Mentioned by *Kashyap*.

Samanya Chikitsa

Table No. 4 Showing medications in *Asrigdara*

Internal Use	External Use
1. *Nasya/ Abhyanaga: Shatapushpa taila* *2. Basti-* · *Chandanadi Niruha* · *Rasnadi Niruha* · *Mustadi Yapan* · *Shatapushpa Taila Basti*	· *Darvyadi Kwath* · *Nyagrodhadi Kwath* · *Khanda Kushmanda Avaleha* · *Shalmali Ghrita* · *Shatavari Ghrita* · *Bol Parpati* · *Pradiripu Ras* · *Chandraprabha Vati* · *Lashun Kalpa.*

Role of *Virechana* in *Asrigdara*

The particular remedy for controlling *Pitta* and *Kapha Samsargaja Pitta* is *Virechana Karma*. Apart from this, *Asrigdara* is a *Rakta-Pradoshaja Vikara* according to *Acharya Charaka*. In *Rakta-Prodoshaja Vikara* a *Virechana* is the best of all in the therapy. According to *Kashyapa*, *Virechana* treatment preserves the health of *Aamashaya*, *Pakwashaya*, and *Garbhashaya* while reducing vitiated *Pitta* and *Rakta Doshas*. It is a bio cleaning technique designed to remove the *Srotas* blockage. *Pitta Dosha* conditions are normalised by *Virechana*.

Various *Acharyas* mentioned that *Virechana* plays a main role in management of many menstrual *Asrigdara*:

- In all *Samhita Grantha*, *Virechana* is indicated in *Yonidosha* / *Yoniroga1*[15].
- In *Charaka Samhita, Virechana Karma* is suggested for *Yonivyapada Sammanya Chikitsa Siddhant* (line of treatment for Menstrual and other Gynaecological disorders).[16]
- *Virechana* has been indicated where in *Charaka* has suggested the use of *Mahatiktaka Ghrita* for *Snehapan* and then *Virechana* in *Pittaja* type of *Asrigdara*[17].
- According to *Kashyapa, Asrigdara* should be treated by *Virechana*[18].
- The predominant *Dosha* in *Asrigdara* being *Pitta* and also *Raktadushti* is there, *Virechana* serves as the best *Shodhana* therapy[19].
- According to *Acharya Bhela, Virechana* should be used in *Sannipatika* condition of morbidity, so it will be effective in all types of *Asrigdara*.
- *Apanavritta Pitta* is one of the main cause leading to *Asrigdara* and *Virechana* helps to pacify the *Apana Vayu*[20].

DISCUSSION

Abnormal uterine bleeding (AUB) refers to bleeding from the uterus occurring in reproductive-aged women that is abnormal in terms regularity, frequency, volume, or duration. AUB is a common condition that significantly impacts the quality of life. AUB affect the quality of life of women, yet it is a very curious topic which is affects the life of women, physically as well as emotionally. There is need to diagnose the condition early and manage the ailment. But in contemporary medicine system there is hormonal like conjugated estrogen, LNG-IUD etc, non-hormonal like tranexamic acid and supportive treatment to prevent the nausea, vomiting and other complication. These management can provide temporary relief to the patient but with many side effects like uterine fibroid, polyp etc. In Ayurveda the AUB condition can be correlates to the symptoms of *Asrigdara*, in which *Raja* comes out from *Yoni* in large amount. Excessive and prolonged bleeding during menstruation or even in intermenstrual period, which is unlike normal menstruation.

Asrigdara result in *Dushti Rakta Dhatu* and *Vata Dosha Prakopa*. *Rakta* will be impacted by vitiated *Vata*, which will raise its quantitative value. In the management of *Asrigdara* the *Rakatatisara* and *Raktarsh* treatment principle can be applied due same vitiation of *Dosha* and *Dushya*. Medicine like *Darvyadi Kwath, Nyagrodhadi Kwath, Khanda Kushmanda Avaleha, Shalmali Ghrita, Shatavari Ghrita, Bol Parpati, Pradiripu Ras, Chandraprabha Vati, Lashun Kalpa,* etc. *Pachkarma like Basti* can be given to normalise the *Vata Dosha*. *Basti* like *Niruha Basti* of *Chandanadi*, *Rasnandi*, *Sarshapa Taila Anuvasana Basti* and *Mustadi Yapna Basti*, these *Basti* do *Vata Anulomana* of vitiated *Vata*. *Nasya* can also be given. *Virechana* is the other cleansing procedure it is remedy for *Pitta Sansargaja Dosha*. *Agnisthana* is directly impacted by *Virechana Karma* (vitiated *Raja* is caused by a number of reasons, including impeded *Agni*). It eliminates vitiated excessive *Pitta* and pacifies vitiated *Kapha* and *Vata Dosha*, hence performing *Rakta Shodhan*. It performs the *Srotovishodhana* quality. Therefore, rather than providing short-term respite from *Asrigdara,* it will aid in eliminating the disease from its source.

CONCLUSION

Abnormal uterine bleeding is serious issue among reproductive aged women because women plays the most important in the society. There is need to concentrate on the condition with the proper management in Ayurveda, to provide a permanent relief from the problem without any complications and changes in the hormonal status in body. Management through Ayurveda with *Sanshaman Aushadi* and *Sanshodhana* procedures can be very helpful in rejuvenating the health of women and increase their reproductive life.

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