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NAVIGATING THE ENIGMA: A COMPREHENSIVE CASE STUDY ON ASRIGDARA WITH SPECIAL EMPHASIS ON ABNORMAL UTERINE BLEEDING

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ABSTRACT

The complicated and multidimensional gynecological issue of abnormal uterine bleeding (AUB) has a substantial negative influence on the health and well-being of women. *Asrigdara*, in the *Ayurvedic* classics, offers a unique viewpoint on menstruation diseases within the larger context of AUB. This research explores the complex interactions between variables that lead to irregular uterine bleeding, with a focus on the *Ayurvedic* notion of *Asrigdara*. The study intends to improve our knowledge of the cause, diagnosis, and treatment of irregular uterine bleeding by examining both conventional and traditional points of view. This will promote a more comprehensive approach to women's reproductive health.

Methodology- A 49-year-old woman reported to the Parul Ayurved Hospital's OPD with complaints of protracted and profuse menstrual bleeding and dragging pain in the lower abdomen over the past 6-7 months, as well as persistent spotting for the past 15 days. The patient was evaluated before and after therapy, and successful alleviation of fibroid was obvious in the sonography, as well as symptomatic improvement in her menstruation.

Conclusion- Abnormal Uterine Bleeding due to fibroid is one of the leading indications for hysterectomy which leads to surgical menopause and results in menopausal symptoms.

Ayurvedic management with the help of *Shodhana* and *Shamana Aushadhi* helps in managing the fibroid the prolonged and excessive bleeding caused by fibroid. With *Ayurvedic* management prevalence of surgical intervention can be reduced by conservative management.

Keywords: *Ayurveda, Asrigdara, Benign tumors, Granthi, leiomyomas, Virechana*

INTRODUCTION & BACKGROUND

According to *Charaka Samhita*, *Pradara* is caused by *Pradirana* (excessive excretion) of *Raja* (menstrual blood) [1]. According to *Acharya Charaka*, it falls under both *Pittaavruta Apana Vayu* [2] and *Rakta Pradoshaja Vikara* [3]. It is mentioned by *Acharya Sushruta* in *Rakta Pradoshaja Vyadhi* [4] and *Pitta Samyukta Apana* [5]. According to *Ashtanga Sangraha*, *Raktayoni* is synonymous with *Asrigdara* and *Pradara* [6]. *Raktayoni* has been described by *Ashtanga Hridaya*, however neither *Asrigdara* nor *Pradara* are mentioned [7].

According to *Charaka*, the aggravated *Vayu* increases the amount of vitiated *Rakta* (blood) by withholding it from the uterus. Once it reaches the *Raja* carrying vessels (branches of the ovarian and uterine arteries), it immediately increases the amount of menstrual blood, or *Artava*. Put another way, the reason for the increase in *Raja* is that it is mixed with more blood. This rise in menstrual blood is caused by a comparatively greater increase in plasma contents, or *Rasa*. *Charaka* called it *Asrigdara* due to the increase in blood volume. This disorder is also known as

Pradara since it causes excessive blood to be expelled [8].

When the disordered *Tridosha* (bio humors) vitiates the *Mamsa* (fleshy/muscles), *Asrik* (blood), and *Meda Dhatu* (fat/adipose tissue) in conjunction with *Kapha*, it results in *Granthi* (nodular/glandular growth) [9].

Samprapti Ghataka

- *Dosha - Vata-Pitta Pradhana*
- *Dushya - Rakta (Pradhana) and Artava, Rasa*
- *Agni - Jathragnimandya*
- *Adhishthana - Garbhashaya, Artavavahi Strotasa*
- *Strotasa - Rakta Vahi, Artavavahi, Rasavahi*
- *Sroto Dusti Prakara - Atipravritti*
- *Roga Marga-Aabhyantara*

The prevalent and crippling illness known as abnormal uterine bleeding (AUB) has significant direct and indirect expenses. Fibroids and AUB often coexist, but little is known about their association, and in many women, the discovery of fibroids may come as a result of a menstrual bleeding issue. Accurate diagnosis and informed treatment options can be achieved by employing a systematic method to determine the cause

using the Fédération International de Gynécologie et d'Obstétrique (FIGO) PALM-COEIN (Polyp, Adenomyosis, Leiomyoma, Malignancy (and hyperplasia), Coagulopathy, Ovulatory disorders, Endometrial, Iatrogenic, and Not otherwise classified) classification system. Increasingly sophisticated imaging and office hysteroscopy will help provide solid evidence for the underlying reason.

A 49-year-old woman reported to the Parul Ayurved Hospital's OPD with complaints of prolonged and profuse menstrual bleeding

and dragging pain in the lower abdomen over the past 6-7 months, as well as persistent spotting for the past 15 days.

Chief complaints with durations

1. Prolonged and excessive Menstrual bleeding for 6-7 months
2. Dragging pain in lower abdomen for 6-7 months
3. Spotting per Vaginum for 15 days

Past medical history- No history of any chronic illnesses

Family history – no family history of any chronic illnesses

PERSONAL HISTORY

Diet:	Vegetarian
Appetite:	Good
Bowel:	Regular and well formed
Micturition:	4-5 times/ day, 0-1 times/ night
Sleep:	Sound
Dietary habits:	Vishamashana, Viruddhashana
Physical activity:	Active

MENSTRUAL & OBSTETRICAL HISTORY

Previous LMP: 27/06/2023

LMP- 25/07/2023

Duration:	10-15 days
Interval:	28-30 days
Regularity:	Regular
Color:	Blackish red
Consistency:	Clots present
Amount:	2-3 pads per day
Odor:	No foul smell
Pain:	Present

P4A0L4- All were full term normal deliveries at 2 at home and last two at hospital, last delivery was 19 years back.

CONTRACEPTIVE HISTORY- Tubal ligation done 25 years back

GENERAL EXMINATION

Height:	169 cm
Weight:	95 kg
Cyanosis:	Absent
Pallor:	Absent
Icterus:	Absent
Lymph nodes:	No palpable lymph nodes
Clubbing:	Absent
Blood pressure:	120/70 mm of hg
Pulse rate:	90/ minute
Temperature:	Afebrile

SYSTEMIC EXAMINATION

Respiratory:	No scar mark or discoloration, Bilateral airway entry clear, no added sounds
Cardiovascular system:	No discoloration/precordial bulging, dull note over precordium, S ₁ S ₂ normal, no added sounds
Per abdomen	Pendulous, striae present, no discoloration or tenderness
CNS:	Patient conscious and well oriented
Loco-motor:	Normal range of motion in all joints,

Asthavidha pariksha:*Nadi: Pittapradhan Kapha**Mala: Prakruta**Mutra: Samyak**Jihwa: Nirama**Sabda: Spashta,**Sparsha: Anushna Sheeta**Drik: Prakrita**Akriti: Sthula***Inspection:** No discoloration or scar mark present, no abnormal discharges present.**PS examination:** Cervix hypertrophied, mildly inflamed, no abnormal discharges present.**PV examination:** Uterus retroverted, bulky, freely mobile and non-tender.**GYNECOLOGICAL AND LOCAL DIAGNOSIS: Asrigdara EXAMINATION****TREATMENT**

Date	S. No.	Medicine	Dosage
10/08/2023	1.	<i>Chitrakadi Vati</i>	2 BD Before food
	2.	<i>Agnitundi Vati</i>	1 TID Before food
16/08/2023	1.	<i>Panchtikta Ghrita</i>	30 ml Empty stomach early morning
	2.	<i>Udvartan with Yava Churna followed by Vashpa Sweda</i>	
17/08/2023	1.	<i>Panchtikta Ghrita</i>	60 ml Empty stomach early morning

	2.	<i>Udvartan with Yava Churna followed by Vashpa Sweda</i>		
18/08/2023	1.	<i>Panchtikta Ghrita</i>	90 ml Empty stomach early morning	
	2.	<i>Udvartan with Yava Churna followed by Vashpa Sweda</i>		
19/08/2023	1.	<i>Panchtikta Ghrita</i>	120 ml Empty stomach early morning	Soft skin and stool
	2.	<i>Udvartan with Yava Churna followed by Vashpa Sweda</i>		
20/08/2023	1.	<i>Panchtikta Ghrita</i>	150 ml Empty stomach early morning	Soft skin and loose stool
	2.	<i>Udvartan with Yava Churna followed by Vashpa Sweda</i>		
21/08/2023	1.	<i>Sarvang Abhyanga</i>	<i>Bala Tail</i>	3 days
	2.	<i>Vashpa Sweda</i>		3 days
23/08/2023	1.	<i>Sarvang Abhyanga</i>	<i>Bala Tail</i>	
	2.	<i>Vashpa Sweda</i>		
	3.	<i>Trivrut Avaleha 80 gms</i>	50 ml <i>Triphala Kwatha</i>	One dose
24/08/2023 Oral regimen for 1 month	1.	<i>Varunadi Kwatha</i>	15 ml with 60 ml warm water before food	15 days
	2.	<i>Kanchnaar Guggulu</i>	2 BD with <i>Kwatha</i>	1 month
	3.	<i>Musta + Shunthi + Haritaki Churna</i>	100 ml <i>Kashaya</i> before food	15 days (After completing <i>Varunadi Kwatha</i>)

Patient got Total No. of Vega- 17 which indicates *Madhyama Shuddhi*, mild weakness was present after the *Virechana Karma*, patient followed *Samsarjana Karma*

for 5 days along with it *Shamana Aushadhi* was started.

RESULTS

Investigations showing size difference in fibroid before and after treatment

S. No.	DATE	INVESTIGATION	IMPRESSION
1.	04/08/2023 Before Treatment	USG Abdomen+ Pelvis	Uterus- 82×52×49 mm Endometrial Thickness- 10 mm Left Ovary- 21×19 mm Right Ovary- 19 × 15 mm Bulky hypoechoic uterus seen with Intramural Fibroid of 50 × 42 mm at fundus. 9 mm Nabothian cyst in endocervix.
		Hemoglobin	11 gm%
		Random Blood Sugar	130 mg/dl
2.	06/10/2023 After Treatment	USG Abdomen+ Pelvis	Uterus- 70×41×45 mm Endometrial Thickness- 5.7 mm Left Ovary- 21×19 mm Right Ovary- 19 × 15 mm Intramural Fibroid of 15 × 12 mm at fundus As compared to previous USG on 04/08/2023 there's no evidence of endo-cervical cyst in current scans.
		Hemoglobin	12.7 gm%
		Random Blood Sugar	135 mg/dl

Menstrual History after treatment

Duration:	5-6 days
Interval:	30-32 days
Regularity:	Regular
Color:	Dark red
Consistency:	Clots present
Amount:	2 pads per day
Odor:	No foul smell
Pain:	Present

DISCUSSION:

The most prevalent type of tumor in women is called a fibroid, or leiomyoma; by the time they are 50 years old, nearly 70% of white women and more than 80% of black women will have at least one fibroid [10]. The majority of women who seek gynecological treatment do so with AUB and related iron-deficiency anemia. Everyday life is frequently affected for women suffering with uterine fibroids, and fibroids continue to be a primary rationale for hysterectomy [11].

There has been indication of *Virechana*. Since *Pitta* is the major *Dosha*, the most effective *Shodhana* therapy is *Virechana*. *Mahatikta Ghrita* has been recommended by *Acharya Charaka* as a treatment for *Virechana* in *Pittaja Asrigdara*.

With no negative side effects and a low recurrence risk, *Ayurvedic* management is an excellent substitute for hormonal therapy. There is decreased likelihood of the illness returning after *Shodhana* is finished. *Virechana Karma* was recommended based on the patient's overall state, since *Pitta Dosha* vitiation is present in *Raktapradara*

also. *Acharya Kashyapa* has also mentioned that excessive menstrual bleeding might be managed with purgation [12].

The current study aims to discover *Ayurvedic* treatment for uterine fibroids using *Shodhana Karma*. As a result, *Virechana* was chosen for the study. The origin, categorization, pathophysiology, and therapy of *Granthi/Arbuda* are all covered in depth in *Ayurvedic* scriptures. *Mamsja Granthi/Arbuda* uterine fibroid is a *Bahu Dosh Janya* condition that affects the *Astamaashaya (Grabhashya)* and deep *Dhatus* in the body [13]. *Granthi* has the *Bahudosajavyadhi (Bahu Doshajanaya Vikara)*. *Virechana Karma* is the finest for vitiated *Pitta* since it contains *Raktaprasadana Karma*. *Samshodhana Karma* will aid in the removal of *Dusyadosha* from the body and *Granthi* by *Samshodhana* management. *Ayurvedic* classics have suggested *kaya Virechana*.

1. **Varunadi Kwatha:** *Varunadi Kwatha* has been indicated in *Gulma* and *Abhyantara Vidradhi, Kapha-Medahara* by *Acharya Sushruta* [14]. It's *Raktadoshahar*,

Vidhradhihar actions are mentioned in *Dhanvantari Nighantu* [15].¹ In *Raja Nighantu* (1500 A.D.): *Varun* is grouped under *Prabhadradi Varga*. Its *Raktadoshahar*, *Vidhradhihar* actions are mentioned [16].

2. **Musta + Shunthi + Haritaki**

Churna Kashaya: The tastes of the medicine are mostly astringent (*Kashaya*), pungent (*Katu*), and bitter (*Tikta*), which stand for *Hiritaki*, *Shunthi*, and *Musta*, respectively. Recent studies showed positive results for CO₂ extract of *Terminalia chebula* (*Haritaki*) against breast cancer cell line cancer MDA-MB-231 [17]. 6-Gingerol has been shown by Kim *et al.*, 2005a to have anti-tumor-promoting properties. Its unique anti-angiogenic action was documented both in vivo and in vitro. 6-gingerol caused cell cycle arrest in the G1 phase and reduced the proliferation of human endothelial cells generated by bFGF and VEGF in vitro [18].

3. **Kanchnar Guggulu** [19]

The unique qualities of *Kanchnar Guggulu*, such as *Deepan* (appetizer), *Pachan* (digestion), *Lekhan* (scraping), and *Vata-Kapha Shamak*, are great in treating non-cancerous tumors (fibroids) and are

beneficial in treating cystic and glandular swellings.

CONCLUSION:

Menstrual bleeding that is protracted and heavy, or intermenstrual bleeding along with discomfort and body aches, is known as *Asrigdara*. When aggravated *Vayu* reaches *Raja* carrying vessels (branches of ovarian and uterine arteries) of the uterus, it quickly increases the amount of *Raja* (menstrual blood) by withholding the *Rakta* (blood) vitiated due to *Nidana Sevana*. The general principles of treating bleeding per vaginum, after reading through various research articles and *Ayurvedic* classics, are: eradicating the cause; *Dosha Shamana*, *Dosha Shodhana*, *Rakta-Sthapana* & *Rakta Sangrahana*; and using *Tikta Rasa*. These helps regulate the excessive menstrual flow, strengthen the reproductive tract, and use *Shodhana Chikitsa*, or *Virechana*, to help resolve the vitiation of *Rakta* and *Pitta Doshas*.

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