

MANAGEMENT OF DYSFUNCTIONAL UTERINE BLEEDING BY BHUMYAMLAKI

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ABSTRACT

Dysfunctional uterine bleeding is one of the most important cause of menorrhagia which is synonymous to *Asrigdara* in Ayurveda. Normal menstruation denotes the healthy state of female reproductive system. Menses lasting longer than 7 days or exceeding 80 ml of blood loss is considered as menorrhagia. DUB is major health problem in the world due to alteration of food habits dynamic and busy lifestyle of females. DUB is most common gynaecological problem found in *prasuti tantra* OPD. DUB is termed as *Asrigdara* means excessive discharge of blood per vaginum. Backache pain in lower abdomen and weakness are also present in this disease. All the gynaecological disorders comes under the heading of *yonivyapadas* in ayurvedic classics. Most of *yonivyapad* have characteristics features of DUB such as *Raktayoni*, *Rudhirkashara*, *Putraghani*, *Apraja* etc. Among *Astha-Artvadáshti raktaja artava dushti Asrigdara* is mainly due to vitiation of vatta and pitta dosha hence treatment should be based on use of drugs which are having property of *kashaya rasa* and *pitta shamak*. *Kashaya rasa* is known as best astringent. And because of this property *kashaya rasa* play important role in relieving bleeding discharges due to its *stambhana* action. There is lose of blood so drugs and diet which increase the *Rakta dhatu* in body are also effective. Therefore, treatment mainly based on concept of *Raktastambhaka* as well as *raktvardhaka*.

KEYWORDS: *Asrigdara*, menorrhagia, *yonivyapad*, *artavadáshti*.

INTRODUCTION

Dysfunctional uterine bleeding, one of the most frequently encountered gynaecological disorder, is defined as a state of abnormal uterine bleeding without any clinically detectable organic, systemic and iatrogenic cause. Despite rarely being life-threatening, DUB has significant effect on personal, social, family and work life of women and thereby reduce their quality of life. Dysfunctional uterine bleeding is largely responsible for iron deficiency anemia which has negative effect on woman's health. It is considered to be the most significant cause of ill health in women.

So, keeping in view the above said facts, this study was planned to provide simple, safe, non hormonal drug for the patients of *Asrigdara* as well as to explore the literature available pertaining to *Asrigdara* in classics and DUB in modern text. In *Ayurvedic* text many preparations are described to treat *Asrigdara*, out of which a comparative study was performed between *bhumyamlaki churna and kwath* and *pusyanug churna*.

Human life is constantly influenced by rhythmic phenomenon operating in the universe. The female menstrual cycle involves the shedding of endometrium

The length of menstrual cycle is usually 28 to 30 days .A deviation of 2-3 days from monthly rhythm is also quite common. The duration of bleeding is about 5 days and estimated blood loss is 20 to 60 ml.

Heavy menstrual bleeding is medical term for menstrual periods with abnormally heavy or prolonged bleeding. Although heavy menstrual bleeding is common concern, most women don't experience blood loss severe enough to be defined as menorrhagia.^[1] International federation of Gynaecology and obstetrics [FIGO] Menstrual disorders working group has proposed abandoning the use of common term, dysfunctional uterine bleeding [DUB], while continuing to use the terms abnormal uterine bleeding [AUB], and heavy menstrual bleeding [HMB]`2`.

It affects 30% of women during their reproductive years.^[3]

The disease *Asrigdara* explained in ayurveda may be correlated with condition heavy menstrual bleeding. According to Acharya charak if menstrual cycle turns to be abnormal due to *pradirana* [excessive secretion of *raja*] it is termed *pradara*.^[4] Acharya sushruta says

excessive and prolonged bleeding during menstruation or even in intermenstrual periods, different from features of normal menstrual blood is called Asrigdara.^[5]

Raktapradar or abnormal uterine bleeding regular or irregular with alteration in amount or duration of menstrual loss, commonly implies to excessive irregular menstrual bleeding or essential menorrhagia.

The *nidanans* responsible for asrigdara as described by Acharya Charak are mostly pittavardhak.^[6] Without the influence of vata Dosh Yoni never gets vitiated so all the yoni vyapadas and artava vyapadas are because of vata dosha.^[7] The vayu after vitiated increases the quantity of raja that comes out through Rajovaha siras and causes raktpradar.^[8]

Various conditions which resembles dysfunctional uterine bleeding are termed as follows in ayurvedic text -

- Raktpradar
- Asruja yonivyaapad
- Lohitksharayonivyaapad
- Pittaj rajodushti
- Asrigdara etc.

Etiology

Acharya charak - women who excessively consumes salty [lavana],sour [amla], heavy [guru],pungent [katu], unctuous[snigdha],food and meat of domestic ,aquatic and fatty animals, wine [Madhya],whey[mastu]etc are prone to vitiation of vata and rakta Thus rakta increases in its quantity [pramana] and reaches the garbhashya through rajovaha srotas The vitiated Vata expels out the vitiated rakta in form of raja.^[9] The condition is characterisedwith excessive bleeding.

Acharya sushruta- pittavritta apana vayu,^[10] He adds bodyache and pain along with it. If asrigdara is not treated in time, it may lead to dourbalya , bhrama,murcha tama daha,pralapa,panduta, tandra and akshepaka vata roga.

Harita samhita;- milk carrying channels of infertile women are filled with vata,

Kasyapa samhita ; -pittavritta apana vata and ativridhi of rakta

According to modern concept, the abnormal bleeding is most likely due to some disturbances in endometrial blood vessels and capillaries, these are probably related with alteration in the ratio of endometrial prostaglandins, which are dedicately balanced menstruation. this may be secondary to disturbance in hypothamo-pituitary ovarian axis.

Acc to Modern

Dysfunctional uterine bleeding is medical term for menstrual periods with abnormally heavy or prolonged bleeding.

CAUSES.^[11]

Common cause include

- HORMONE IMBALANCE - In normal menstrual Cycle, a balance between the hormones estrogen and progesterone regulates the build up of lining of uterus [endometrium], which is shed during menstruation develops in excess and eventually sheds by way of heavy menstrual bleeding.
- A number of conditions can cause hormone imbalances, including polycystic ovary syndromes [pcos], obesity, insulin resistance and thyroid problems.
- Dysfunction of ovaries - if ovaries don't release an egg [ovulate] during menstrual cycle [anovulation], then progesteron hormone not release result in DUB.
- Uterine fibroids – uterine fibroids may cause heavier than normal or prolonged menstrual menstrual bleeding.
- Polyp- Small benign growths on the lining of uterus may cause heavy or prolonged menstrual bleeding.
- Adenomyosis – when endometrium become embedded in uterine muscle, cause heavy and painful menstrual bleeding.
- Intrauterine device – DUB side effect of using nonhormonal intrauterine device.
- Uterine and cervical cancer can cause excessive menstrual bleeding.
- Pregnancy complication –A single heavy late period may be due to miscarriage.
- Medication – certain medications, like anti inflammatory medications such as estrogen and progestins, and anticoagulants such as warfarin or enoxaparin can contribute to heavy or enoxaparin, can contribute to heavy or prolonged menstrual bleeding.

Samanya Lakshana

According to *Acharya Charaka* the presence of excessive bleeding during menstruation is the cardinal symptom of *Asrigdara*.^[41]

Acharya Sushruta said that when the menstruation is excess in amount and for prolonged period of time during menstruation and/or for short period of time or scanty during intermenstrual period is the symptom of *asrigdara*. *Acharya Sushruta* also said that this menstrual blood has different features from normal blood. All types of *asrigdara* is associated with *angamarda* and *vedana*.^[42] Commentator *Dalhana* described burning sensation in lower portion of groin, pelvic region, back, kidney region, and flanks and severe pain in uterus.^[43]

Acharya Madhava, Bhavamishra, Yogratnakara have mentioned that all types of *asrigdara* is associated with *angamarda*, and *vedana*.^[44]

Bheda

Acharya Charaka has classified the *asrigadara* into four types.^[45] Also *Acharya Charaka* explained the treatment of *pittavataja asrigdara* i.e he also accepted *dwandaja*

asrigdara also.^[46] Acharya Sushruta in spite of mentioning 'all types of *asrigdara*' did not explain any types. Similarly Acharya Vagbhata did not give any classification but explained treatment of *vataja*, *pittaja*, and *kaphaja asrigdara*.^[47] Acharya Madhava, Bhavaprakash, Yogatarnakar, Shrangdhara divided into four types.^[48] Commentator Dalhana and Indu have classified it into seven types.^[49]

1. *Vataja asrigdara*
2. *Pittaja asrigdara*
3. *Kaphaja asrigdara*
4. *Vata-pattaja asrigdara*
5. *Sannipattaj asrigdar*

Vyavachhedaka Nidana (Differential Diagnosis)

Asrigdara should be differentiated from all the condition which leads to bleeding per vaginum. So the main disorder from which *asrigdara* should be differentiated are- *adhoga raktapitta*, *pittala yonivyapada*, *artava ativridhi*, *rakta yoni*, *putraghni*, and *asrija yoni*.

Chikitsa

Chikitsa siddhanta

- *Nidana parivarjana*- Base of all treatment it include identification and eradication of cause.
- Haemostatic (*raktasthapana*) drugs should be used giving due consideration to association of *doshas* diagnosed on the basis of colour and smell of blood. For *rakta vardhan* drugs of *shonitasthapana kashaya* should be used. Acharya Sushruta said that *nati sheeta*, *snigdha*, *laghu dravyas* are used for

rakta vardhana. *Jeevaniya*, *bhrinhaniya* drugs could be used as haemetenics

- Treatment prescribed for *vatala* etc *yonivyapada* should be used for respective *asrigdara*^[71].
- Treatment prescribed for *raktatisara*, *raktapitta*, *raktarsa*, *ghuhyaroga* and *garbhastrava* are useful.
- A young women taking congenial diet, having less complication should be treated on line of *adhogaraktapitta*.^[72]
- Use of *vasti* is beneficial,^[73] The vitiation of *vata* is the main etiological factor in *asrigdara* and *vasti* is regarded as the best treatment for *vata vikara*. *Vasti* should be given during *ritukala* (period which follows menstrual phase). However it may be given at any time in emergency condition.

Various *vasti* given for treatment of *asrigdara* are-

- (1). *Chandanadi or rasnadi niruha vasti*
- (2). *Madhukadi anuvasana vasti*
- (3). *Kushadi asthapana vasti*, *rodhradi asthapana vasti*
- (4). *Rasnadi asthapana vasti*
- (5). *Mustadi yapana vasti*
- (6). *Shatpushpa oil as vasti*

➤ *Bahya prayogartha aushadh*

1. Root of *vyaghranakhi* grown in sacred place, uprooted during *uttara phalguni nakshatra* should be tied in the waist of women suffering with *rakta pradara*. (*bh.pr.,yoga ratnakara*)

2. Use of *shatpushpa tail* in form of *nasya* and *abhyanga*. (*kashyapa*)

➤ *Abhyantara Aushadh prayoga*

➤ *Virechan*^[74]

➤ *Aushadh prayoga*

S.NO.	Name of preparation	Anupana	Reference
1.	KALKA AND CHURNA		
	<i>Bhumyamalaki mula churna/kalka</i>	<i>Tandulodaka</i>	<i>Y. R. Pradar Chikitsa</i>
	<i>Rasanjana and/or Laksha churna</i>	<i>Goat milk</i>	<i>Ch. Chi-30/16</i>
	<i>Bharangi, Nagara churna</i>	<i>Tandulodaka</i>	<i>Bh.Chi.-68</i>
	<i>Kusha mula churna</i>	<i>Tandulodaka</i>	<i>Bh.Chi.-68</i>
	<i>Bala mula kalka</i>	<i>Dugdha</i>	<i>Y.R.Pradar Chikitsa</i>
	<i>Pushyanuga churna</i>	<i>Tandulodaka and madhu</i>	<i>Ch.chi-30/89-94</i>
2.	KWATHA		
	<i>Darvyadi kwatha</i>		<i>Sha.M-2/112</i>
	<i>Dhataki pugi kwatha</i>		<i>Y. R. Pradar Chikitsa</i>
	<i>Nyagrodhadi kwatha</i>		<i>Sha.M-2/113-116</i>
3.	AVALEHA		
	<i>Jeerakavaleha</i>		<i>Y.R.Pradar Chikitsa</i>
	<i>Khandakushmanda avaleha</i>		<i>Bha. P.Chi.-9/49-57</i>
	<i>Khandamalaka</i>		<i>Y.R.Pradar Chikitsa</i>
	<i>Kutajashtakavaleha</i>		<i>Bha.P.Chi.-2/36-39</i>
	<i>Kushmandavaleha</i>		<i>H.S</i>
	<i>Brihat Kushmandavaleha</i>		<i>Bha. P.Chi.-9/58-63</i>

Bhumyamlaki Churna

60 patients being diagnosed with asrigdara acc. to inclusion and exclusion criteria were divided in 2 groups of 30 each. Group 1 -30 patients were treated with BHUMYAMLAKI CHURNA . Group 2 – 30 patients were treated with placebo. All the patients were assessed by different parameters like colour , consistency, and interval of menstrual cycle before and after treatment . the result was analysed statistically before and after treatment ,at end of 3 cycles , 15 patients are completely cured and 15 patients are improved . None of patients are unchanged. During treatment no side effects were observed . BHUMYAMLAKI is having an astringent property that's why it improve uterine tonicity. It is sheeta virya which help in reducing blood flow. It have deepana pachana and pitta shamak property.

It corrects metabolic disorders of body and balances the hormonal disturbances. BHUMYAMLAKI is excellent remedy Asrigdara proved by the present study.

BHUMYAMLAKI gives better results in dysfunctional uterine bleeding . BHUMYAMLAKI effects in excessive or prolonged uterine bleeding by curtailing duration and amount of blood loss, relief in pain and improvement in consistency of blood. BHUMYAMLAKI has anti inflammatory and analgesic properties, which may influenced vascularity of reproductive system.

CONCLUSION

The following conclusion can be drawn after scrutinizing the study regarding *Asrigdara*.

- *Asrigdara* is a menstrual disorder characterized by excessive and/or prolonged duration of bleeding per vaginum or bleeding in between the menstrual cycle.
- *Asrigdara* is caused by vitiation of three doshas with predominance of *vata* and *pitta*.
- *Adrigdara* has very close resemblance with Dysfunctional uterine bleeding i.e any abnormal uterine bleeding without any clinically detectable organic, systemic and iatrogenic cause. The etiology of the disease is mainly hormonal. It is usually met in extremes of age – menarche or perimenopausal.
- The main principles of management of *Asrigdara* is *Tridosha shamana* especially *vatanulomana*, *pitta shamana*, *Raktashodhana*, *raktastambhana*, and *deepana*, *pachana*.
- The drugs of BHUMYAMLAKI possess the above said qualities and helps in management of *Asrigdara*.
- The medicine administered showed reduction in almost all symptoms and associated features of *Asrigdara*.
- It was observed that patients could tolerate the treatment quite well and there was no adverse effect noted during the course of trial.
- Group I patients showed more improvement than group II but intergroup comparison was non significant.

- Thus it can be concluded that drugs can be given to patients of *Asrigdara*, for better management of the disease.

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