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Analysis on action of *Shaman* and *Shodhan Chikitsa* in *Asrugdara* with special reference to Heavy Menstrual Bleeding

Renu Yadav¹, Preeti², Trapti Agarwal³, Aditaya Nath Tewari⁴

^{1,2}Post Graduate Scholar, Dept. of Rog Nidan evum Vikruti Vigyan, Chaudhary Brahm Prakash Ayurved Charak Sansthan, New Delhi, Delhi, India.

³Assistant Professor, Dept. of Prasuti Tantra and Stree Roga, Chaudhary Brahm Prakash Ayurved Charak Sansthan, New Delhi, Delhi, India.

⁴Associate Professor, Dept. of Rog Nidan evum Vikruti Vigyan, Chaudhary Brahm Prakash Ayurved Charak Sansthan, New Delhi, Delhi, India.

ABSTRACT

Rakta is a crucial component of the human body and is considered vital. *Sthambhana*, a term from the *Shadvidopakrama* therapies, involves preventing mobility or obstruction, and is an integral part of *Chaturvidha Chikitsa* as described by *Acharaya Susruta*. *Raktasthambhana* specifically aims to arrest excessive blood flow, particularly in cases like *Atyaadhika Raktasrava* (excessive menstrual bleeding), which can be life-threatening and requires hemostatic interventions. *Asrigdhara*, defined as prolonged and heavy menstrual bleeding with or without bleeding between periods, is often caused by imbalances in *Tridoshas* affecting *Garbhashaya Gata Siras* and *Artavavaha Srotas*, leading to *Artava Atipravrutti*. Abnormal uterine bleeding, a common gynecological issue with diverse causes and pathophysiological origins, can significantly impact daily activities, well-being, and societal efficiency due to excessive menstrual bleeding. This condition can also lead to anemia due to continuous blood loss during menstrual and intermenstrual periods. Based on the aforementioned details, this article aims to investigate various studies to identify straightforward, safe, non-hormonal medications for patients suffering from *Asrugdara*. Additionally, it seeks to review the classical texts for insights into *Asrugdara* and compare these findings with modern literature on abnormal uterine bleeding.

Key words: *Rakta*, *Raktasthambhana*, *Asrigdhara*, *Abnormal uterine bleeding*, *Atyaadhika Raktasrava*.

INTRODUCTION

Mensuration is a natural physiological process in females. Menstruation refers to the regular monthly cycle of bleeding from the uterus in women of reproductive age. The menstrual flow consists of whole blood containing red blood cells and white blood cells, along with tissue from the endometrium and a clear fluid called endometrial transudate. When menstruation

begins and tissue sheds and bleeding occurs, achieving local clotting depends on various factors. Local narrowing of blood vessels (vasoconstriction) primarily ensures early clotting. Substances such as thromboxane (produced by blood vessel linings and platelets), endothelin-1, and PGF2 α each contribute to causing spasms in the spiral arteries of the endometrium. When menstruation occurs excessively, for a prolonged period, or outside the regular menstrual cycle (even if scanty and brief), and differs from normal menstrual blood characteristics, it is referred to as *Asrugdara*.^[1] In modern medical terms, it appears to correspond to Abnormal Uterine Bleeding (AUB). This condition involves uterine bleeding that deviates from the average in terms of volume (20-80 ml), duration (4-5 days), and frequency (21-35 days).^[2] *Asrugdara* is a debilitating condition with significant direct and indirect costs. Irregular menstrual cycles can adversely affect female reproductive health. It is primarily responsible for iron-deficiency anemia, which can greatly impact quality of life and lead to symptoms

Address for correspondence:

Dr. Renu Yadav

Post Graduate Scholar, Dept. of Rog Nidan evum Vikruti Vigyan, Chaudhary Brahm Prakash Ayurved Charak Sansthan, New Delhi, Delhi, India.

E-mail: renyuyadav2736@gmail.com

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such as fatigue, shortness of breath, and reduced work performance. Management typically involves appropriate iron supplementation.

The main focus of this article is to review *Asrugdara* as described in Ayurvedic texts, along with clinical studies conducted to date on its management.

AIMS AND OBJECTIVES

1. To analyze the efficacy of *Shodhan Chikitsa* in *Asrugdara* (Heavy Menstrual Bleeding).
2. To analyze the efficacy of *Shaman Chikitsa* in *Asrugdara* (Heavy Menstrual Bleeding).

MATERIALS AND METHODS

Various Ayurvedic texts, databases such as PubMed, Scopus, DHARA, Google Scholar, and related research works were thoroughly searched and reviewed to establish an understanding of *Asrugdara* and its treatment protocols.

REVIEW OF LITERATURE

In Indian philosophy, women are revered for their role in creation, as they are seen as superior even to heaven due to their ability to conceive and nurture life within their womb. They play a crucial role in perpetuating the human race by bearing and nurturing children. The health and well-being of families, societies, and cultures are deeply intertwined with women's health. Ayurveda, which has eight branches, including *Bala (Kaumarabhritya Tantra)* specifically focuses on the health of women and children.^[3] According to the fundamental principle of reproduction, known as *Kshetra Beeja Nyaya*, *Kshetra* (field) is one of the four essential factors necessary for *Garbhotpatti* (conception and pregnancy). The female body is considered *Kshetra*, emphasizing the importance of the reproductive system, particularly the *Garbhashaya* (uterus), which plays a crucial role in menstrual flow and the implantation of fertilized ova. For females, menstruation is a vital indicator of normal uterine function, and regularity in the monthly menstrual cycle is essential for achieving and maintaining fertility. The overall health of a woman is greatly influenced by the regularity and health of her menstrual cycle. Thus, in

Indian philosophical and Ayurvedic perspectives, women are celebrated for their reproductive capabilities, which are central to the continuity of life and the health of communities.

According to classical Ayurvedic texts, any disruption in the menstrual rhythm, known as *Rutuchakra*, can lead to excessive and irregular uterine bleeding, referred to as *Asrugdara*. *Charaka Samhita* explains that when there is excessive excretion of menstrual blood (*Raja*), it is termed as *Pradara*, and when there is excessive excretion of *Asrik* (menstrual blood), it is known as *Asrugdara*.^[4] *Sushruta* mentions *Asrugdara* as menstruation that occurs excessively in amount, duration, and differs in characteristics from normal menstrual blood.^[5] *Charaka* describes *Asrugdara* as a *Pittaavrita-Apana Vayu* (a type of Vata associated with downward movement) and *Rakta Pradoshaja Vikar*.^[6] *Sushruta*, on the other hand, associates *Asrugdara* with *Pitta Yukta Apanavayu*.^[7] *Astanga Sangraha*^[8] considers *Asrugdara* and *Pradara* as synonyms and describes *Raktayoni* as a related condition.^[8] According to *Charak*, After consumption of *Pitta Prakopaka Nidan*, aggravated *Vayu*, withholding the *Rakta* gets vitiated due to *Nidan Sevan*, increases its amount and then reaching *raja* carrying vessels of the uterus, increases immediately the amount of *Raja*. This increase in menstrual blood is due to relative more increase of *Rasa*, Because of increase in the amount of blood it is named as *Asrugdara*.^[9] *Charaka* primarily identifies dietary factors contributing to pelvic congestion as the causative factors. *Madhava Nidan*, *Bhava Prakash*, and *Yoga Ratnakara* expand on *Charaka's* perspective by including dietary habits (*Aahara*), lifestyle (*Vihara*), and mental factors (*Manasika*) that can disturb the vasomotor functions, thereby contributing to the manifestation of *Asrugdara*.^[10] The *Ashraya-Ashrayi Bhava* concept explains that *Rakta* (blood) and *Pitta* share similar properties, making *Rakta Dhatu* easily susceptible to vitiation by *Pitta Dosha*. The *Chala Guna* (mobile nature) of *Vata Dosha*, and the *Sara* (liquid) and *Drava Guna* (oily) properties of *Pitta Dosha* increase *Rakta*, while the *Guru* (heavy) and *Picchila Guna* (Slimy) qualities of *Kapha Dosha* lead to excessive proliferation of the endometrial lining, causing

irregular shedding and ripening. Acharya Charaka mentioned ten *Shonithasthapana Gana Dravyas* as effective in managing *Asrigdhara*: *Madhu, Madhuka, Nagakeshara, Mocharasa, Mritkapala, Lodhra, Gairika, Priyangu, Sharkara, and Laja*.^[11,12] According to Acharya Sushruta, there are four types of therapies (*Upakramas*) for managing excessive blood loss: *Sandhana* (constriction), *Skandana* (ligation), *Dahana* (cauterization), and *Pachana* (digestion).^[13] The fundamental principles of treatment described for conditions like *Raktarsha* (bleeding disorders), *Raktatisara* (bloody diarrhea), *Raktapitta* (bleeding disorders involving Pitta), *Yonivyapat* (gynecological disorders), and *Garbhasrava* (uterine bleeding in pregnancy) can all be applied effectively in the treatment of *Asrigdhara*.^[14] Overall, *Asrugdara* in Ayurveda is understood as a disorder involving abnormal menstrual bleeding, influenced by disturbances in *Doshas* (especially *Pitta* and *Vata*), *Rakta*, and factors affecting vasomotor functions.

Heavy menstrual bleeding refers to menstrual periods that involve abnormally heavy bleeding (more than 80 ml) or prolonged bleeding (more than 7 days), which significantly impacts a woman's physical, emotional, social, and maternal quality of life.^[15] The International Federation of Gynecology and Obstetrics (FIGO), Menstrual Disorders Working Group suggested discontinuing the use of the term "Dysfunctional Uterine Bleeding," while endorsing the terms "Abnormal Uterine Bleeding" and "Heavy Menstrual

Bleeding."^[16] This system is called PALM-COEIN, where each letter represents a cause of uterine bleeding: Polyp (P), Adenomyosis (A), Leiomyoma (L), precursor and malignant lesions of the uterine body (M), Coagulopathies (C), Ovulatory dysfunction (O), Endometrial dysfunction (E), Iatrogenic (I), and Not yet classified (N). The PALM-COEIN system is used once pregnancy-related causes of bleeding have been ruled out. This condition affects 20-30% of women during their reproductive years and can lead to complications such as anemia, increased costs related to sanitary products, and disruption of daily activities.^[17] Modern treatments such as hormonal therapy, prostaglandin inhibitors, and anti-fibrinolytic drugs offer temporary relief from symptoms but lack proven long-term effectiveness. Hormonal medications like oral progestogens can lead to irregular bleeding, headaches, and breast tenderness. Combined oral contraceptives may cause hypertension, reduced glucose tolerance, changes in lipid metabolism, and liver function impairment. Non-hormonal drugs such as tranexamic acid may result in gastrointestinal side effects like nausea, vomiting, diarrhea, dyspepsia, and color vision disturbances. Therefore, there is a necessity to explore effective and safe alternative medicines for *Asrugdara* through comprehensive clinical research and trials conducted to date. As a final option, some women resort to surgical procedures like hysterectomy, which are expensive and result in complete loss of fertility.

RESULTS

Table 1: Role of Shaman Chikitsa in Asrugdara

Drugs	No. of patients	Duration	Type of study	Result
Group A: <i>Patrangasava</i> - 20 ml and <i>Nisha Lauha</i> 500 mg BD Group B: <i>Jeerakavaleha</i> - 10 gm and <i>Nisha Lauha</i> 500 mg BD ^[18]	Group A - 16 patients Group B - 14 patients	90 days	Randomized comparative clinical study	Group A patients showed more improvement than group B but intergroup comparison was non-significant
Group A <i>Shatavarigopakanyadi Kashaya</i> - 50ml BD with <i>Anupana</i> of <i>Sita</i> and <i>Madhu</i>	Total 40 -20 in each group	Two Consecutive menstrual Cycle	Randomized comparative clinical study	Both the groups showed statistically significant results for all assessment criteria.

Group B Vasaadi Kashaya 50ml BD with Anupana of Sita and Ghrit ^[19]				
Kutajashtakaleha - 10 gm BD with Goghrita. ^[20]	01	Two Menstrual Cycle	Case Report	Pbac score reduced from 400 to 222 and quality of life score improved from 53 to 75.
Ashoka Valkala Kshirapaka - 50 ml BD Musthamruthadi Kashaya - 50 ml TDS ^[21]	01	2 months	Case Report	Significant decrease in bleeding volume and duration of menstruation without clotting.
Group A Chandrakala Ras - 250 mg BD Ashoka Ksheera Paka - 48ml BD Group B Progesterone - 5mg BD ^[22]	Total 20 -10 in each group	30 days	Single Blind control clinical study	Patients in group A showed noticeable enhancement in symptoms and daily functioning compared to those in group B.
Group A Amalaki Rasanjana Haritaki Choorna - 5GM BD Group B Ashok Twak Choorna - 5GM BD ^[23]	Total 60 - 30 in each group	12 months	Randomized control trial	Amalaki-Rasanjana-Haritaki Choorna and Ashoka Twak Choorna both were equally effective.
Durva Swarasa 30 ml BD ^[24]	01	7 days	Case Report	The bleeding decreased from 6 pads per day to 2 pads per day within 3 days, and after 7 days, it ceased completely.
Khanda kushmanda Avleha – 12 gm OD ^[25]	40	30 days	Clinical Trial	Greater relief was noted in main complaints such as heavy bleeding, body aches, and overall weakness.
Kadali Pushpa Churna – 4gm OD ^[26]	20	3 Menstrual cycle	Clinical Trial	There was a gradual reduction in menstrual bleeding from cycle 1 to 3, with a t-value of 0.1525.
Group A Yashtimadhu Sita Churna - 5gm BD Group B Ashok Twak Churna - 5gm BD ^[27]	Total 60 -30 in each group	10 months	Randomized comparative clinical study	Both medications effectively reduced Rajasrava Pramana, Rajasrava Kala, Angamarda, Adho Udara Shula, and Katishula in patients with Asrugdara.
Group A Bharangi – Shunthi Churna 3gm BD Group B	Total 60 -30 in each group	90 days	Comparative clinical trial	Pushyanuga Churna has significant results as compared to Bharangi- Shunthi.

<i>Pushyanuga Churna</i> 3gm BD ^[28]				
Group A <i>Dandotpaladi yoga</i> 3gm BD	Total 40 - 20 in each group	3 months	Randomized comparative clinical study	Group A has significant result as compared to Group B
Group B <i>Pushyanuga Churna</i> 3gm BD ^[29]				

Table 2: Role of Shodhan Chikitsa in Asrugdara

Drug and therapy	No. of patients	Duration	Type of study	Result
<i>Virechana Karma</i> With <i>Trivit Modak</i> ^[30]	01	One month	Case Report	The menstrual duration decreased from 8-10 days to 4-5 days without clots, and the patient remained asymptomatic throughout this period.
Group 1 <i>Kushadi Asthapana Basti</i> - 1200ml once a day for two consecutive days on the third day <i>Kashmarya Kutaj Uttar Basti</i> - was given in dose of 4ml for three consecutive cycles after two days of clearance of menses	Total 40 - 20 in each group	Three consecutive Menstrual cycle	Comparative clinical trial	After a three-month drug-free follow-up period, it was observed that in Group 1, relief in assessment criteria and associated symptoms persisted in the majority of patients even after discontinuing the drug. However, in Group 2, relief in assessment criteria and associated symptoms did not persist after discontinuation of the drug in the majority of patients.
Group 2 Tab Ovral-L -(Levonorgestrel 0.15mg + Ethinylestradiol 0.03mg) ^[31]				
<i>Sadyovamana</i> conducted with <i>Ksheera</i> , <i>Yastimadhu Phanta</i> and <i>Saindhava Lavana Jala</i> followed by <i>Dhumpana</i> , <i>Kavala Gandusha</i> ^[32]	10 Patients	10 days	Single blind study	Out of the selected patients, 80% experienced complete cessation of vaginal bleeding on the second day of <i>Sadyovamana</i> , while 20% achieved cessation by the fourth day.
Group A: <i>Virechana</i> with <i>Sansarjan Karma</i> during intermenstrual period & <i>Ashok Twak Ksheerpaka</i> 40 ml BD for 7 days during the menstrual period	Total 60 - 30 in each group	3 Consecutive menstrual cycle	Comparative clinical trial	The combination of <i>Virechana karma</i> and <i>Ashoka Twak Ksheerpaka</i> therapy is more effective for treating <i>Asrigdara</i> compared to solely administering <i>Shamana</i> therapy with <i>Ashoka Twak Ksheerpaka</i> .
Group B: <i>Ashok Twak Ksheerpaka</i> 40 ml BD for 7 days during the menstrual period ^[33]				
Group A: <i>Virechana karma</i> with <i>Aragwadha Phala Majja Kashaya</i>	Total 30 -15 in each group	3 months	Comparative clinical trial	The use of <i>Virechana karma</i> with <i>Aragwadha Kashaya</i> helps in alleviating symptoms and demonstrated moderate improvement.
Group B:				

Oral contraceptive pills 1 tab for 21 days ^[34]				
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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 *Asrugdara*. Many substances such as *Patranga*, *Khadira*, *Vasa*, *Shalmali*, *Japa*, *Amrasthi*, *Dhataki*, *Vanshaja*, and *Lodhra* acted as blood purifiers and astringents, promoting purification of contaminated pitta and blood, thereby aiding in hemostasis. Their anti-inflammatory, wound-healing, and tissue-strengthening properties reduced uterine congestion and the vulnerability of uterine blood vessels, contributing to their strengthening. Their digestive and metabolism-correcting properties rectified digestive sluggishness and menstrual irregularities. Additionally, the rejuvenating, strengthening, blood-enhancing, and anemia-correcting effects of these remedies improved overall health, replenished blood loss, and addressed anemia.^[18] *Kutajashtakavleha* having *Deepan*, *Pachan*, *Raktastambhana*, *Raktasangrahi*, *Raktaprasadana Balya* Activites is an effective formulation in *Asrugdara*.^[20] *Ashoka Valkala Kshirapaka* and *Musthamruthadi Kashaya* aid in strengthening the uterine muscles, addressing excessive bleeding, irregular shedding, and abnormal ripening of the endometrium during menstruation, owing to their astringent properties (which cause vasoconstriction).^[21] *Chandrakala rasa* and *Ashoka* have properties that contract the uterus, stop bleeding, and nourish tissues. The liquid extract from *Ashoka* bark is highly astringent, contains beta-sitosterol, and directly affects uterine muscle fibers, stimulating the endometrium and ovarian tissue.^[22] *Aamalaki Rasanjana Churna* is also effective in *Asrugdara* by reducing excessive menstrual flow and its duration, as well as alleviating body pain, lower abdominal and lower back pain, weakness, and thereby increasing hemoglobin levels.^[23] *Durvaswarasa* acts as a detoxifier, is alkaline, readily absorbed into the bloodstream, coagulant, and

strengthens the uterus due to its *Madhur Ras*. It acts as a *Garbhayashodhaka* due to its *Tikta* and *Kashaya Rasa* and reduces endometrial hyperplasi.^[24] *Kushmanda* is a very good *Brimhana Dravya*, helps in subsiding *Pitta* and elevates the *Rakta Dhatu*.^[25] *Yashtimadhu Sita Choorn* is *Raktastambhaka*, *Vata-Pittanashak*, *Rakta-Pittanashak*, *Jivaniya* hence reduces the *Rajasrava Pramana*. *Rajsravakala* and *Angamarda*.^[27] *Pushyanug Churna* having *Tikta* and *Kashaya Ras* acts as *Grahi*, *Sravahar* and *Stambhaka*, due to *Sheeta veerya* it acts as *Pittahara* and due to its *Laghuruksha Guna* it acts as *Kaphanashak*. It has some ingredients which are *Yonidoshahara*, *Rakta Shodhak*, *Asragdushtihar*, *Dipana*. Presence of *Garbhasthaniya*, *Raktasthapaka*, *Shothahara Dravya*, improves Uterine condition and reduce inflammation.^[28] *Dandotpaladi Yoga* has anti-inflammatory and decongestant properties. It aids in halting bleeding by narrowing blood vessels and encouraging clot formation. The *Udumbara's Dahaprashmana* quality assists in alleviating symptoms resulting from blood loss such as burning sensation, weakness, dizziness, fainting, and thirst.^[29]

Virechan Karma helps in *Asrugdara* by clearing blockages (*Margavarodha*) and expelling excessive toxic substances (*Kledamsha*) downwards, primarily due to the predominance of *Prithvi* and *Jala Mahabhuta*, leading to pacification of *Pitta* and *Kapha*, and facilitation of *Vata* movement.^[30] *Basti* generally oversees nervous control, while *Uttar Basti* specifically regulates the autonomic nervous system that governs pelvic organs.^[35] This process provides accurate feedback to the hypothalamus, which controls the H-P-O axis. By doing so, it aids in regulating both the follicular and secretory phases and eliminates hormonal imbalances, a key cause of abnormal uterine bleeding (AUB). Additionally, it helps balance vitiated *Dosha*, *Malas*, and *Apanavayu*.^[31] The line of treatment in *Asrugdara* is same as *Raktapitta* and since *Asrugdara* can be considered as a *Adhogataktapitta Vyadhi* being *Kapha Pradhan Vyadhi Sadyovaman* is advised.^[32]

CONCLUSION

Raktastambhana plays a crucial role in preventing excessive menstrual blood flow and the complications that arise from it. Untreated, excessive menstrual bleeding with irregularity can significantly impact a woman's quality of life and, if severe, may even become life-threatening, potentially necessitating a hysterectomy. The substances involved primarily exhibit *Kashaya* and *Tikta* tastes, are characterized by *Laghu* (light) and *Ruksha* (dry) qualities, and possess *Sheeta* (cooling) potency. These properties aid in blood coagulation (*Shonithasthapana*), while also enhancing the quality (*Raktashodhana*) and quantity (*Raktavardhaka*) of blood, all without causing any side effects. Based on the comprehensive literature and data reviewed regarding the treatment of *Asrugdara*, it can be concluded that Ayurvedic management offers a superior alternative to conventional hormonal therapy. Ayurvedic treatments demonstrate significant improvements in both the primary symptoms and associated manifestations of *Asrugdara*. Moreover, Ayurvedic management is perceived as safer compared to modern medical approaches because herbal formulations are free from side effects and have the potential to cure the condition with minimal chances of recurrence.

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