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# A Review on *Raktavaha Srotodushti Nidana* in *Asrigdara*

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## ABSTRACT

Now a days along with change in lifestyle, menstrual irregularities have become common, impairing the quality of life of a woman. *Asrigdara* is a disease of *artava vyapath* manifested by the *dosha prakopa* with *rakta dushti* primarily in *artavaha srotas*, characterised by *dirana* (excessive excretion) of *asrik* (menstrual blood). It refers to all types of Abnormal Uterine Bleeding (AUB). In order to accept AUB universally, a newer classification of system was introduced known as “PALM-COEIN”. All acharyas have given much priority to *rakta dhatu* in causing the disease, because of the involvement of *rakta* in most of the diseases in comparison with other *dhatu*s. Hence, an attempt has been made to study and expand the *shonitadushti nidana* in *asrigdara*.

**Key Words** Shonitadushti; Abnormal Uterine Bleeding; Asrigdara; Menorrhagia; Raja

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## INTRODUCTION

In India several factors contribute to the health of women such as poor health, disparities in allocation of household resources and medical care, and increased burden of strenuous physical tasks. But now a days along with change in lifestyle, menstrual irregularities have become common, impairing the quality of life of a woman. Abnormal uterine bleeding (AUB) is estimated to effect upwards of 17.9%<sup>1</sup> of women during their lifetime and “heavy menstrual periods” given as a common reason for hysterectomy. This condition is explained as *Asrigdara* in our *samhita*. *Asrigdara* is characterised by excessive discharge

of menstrual blood in *ritukala* or *anritukala* along with variation in its appearance, color and properties. As per different authors *artava* is the *upadhatu* of *rasa*<sup>2</sup> as well as *rakta*<sup>3</sup>. *Asrigdara* is the result of *dosha prakopa* either alone or in combination, along with *rakta dushti*.<sup>4</sup> AUB describes irregularities in menstrual cycle involving frequency, regularity, duration and volume of flow except pregnancy. In order to create a universally accepted nomenclature to describe abnormal uterine bleeding, International Federation of Gynecology and Obstetrics (FIGO) and American College of Obstetricians and Gynecologists (ACOG) introduced newer system



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of terminology known as PALM-COEIN (FIGO-2011). It is used to classify the abnormal uterine bleeding on the basis of etiology.

The understanding of AUB has remained incomplete and they are termed as unknown origin or unexplained as no systemic or locally identifiable structural cause can be found. Charaka has explained specific *nidana* for *asrigdara* along with its *chikitsa* in *yonivyapat chikitsadhyaya*. Still the cure of *asrigdara* is facing difficulty, which shows that the understanding of *asrigdara* is still incomplete and this motivates to determine further, the other risk factors involved in *asrigdara*. *Rakta* is one of the *saptha dhatu* where *rasa* and *rakta* are invariably involved in each other<sup>5</sup> and they nourish all other *dhatu*s of the body with their *upadhatu artava*, plays a major role in reproduction. Besides, Acharya Charaka and Sushruta have given much emphasis to *rakta dhatu* in causing disease, because of the involvement of *rakta* in most of the diseases in comparison with other *dhatu*s and mentioned disease *asrigdara*<sup>6</sup> manifesting due to indulging in *shonitadushti nidana*.

In addition to this, when no treatment is able to cure a disease, then one should consider the vitiation of blood. Hence, it becomes mandatory to analyse the *shonitadushti nidanas* in *asrigdara* along with its own *nidanas* with the help of *Roganidana* principles and understand the pathophysiology involved in *shonithadushti nidanas* causing *asrigdara*.

## AIMS AND OBJECTIVES

This review attempts to critically analyse the *Shonitha dushti nidana* described in classical texts and to evaluate the *Shonitha dushti nidana* in *Asrigdara*.

## MATERIALS AND METHODS

### Methodology:

This conceptual study on *asrigdara* and its *shonitadushti nidana* was done by observing and analysing the information available in literature review of Ayurvedic texts along with commentaries, relevant data from articles, journals, periodicals, internet media and modern literature. The collected details were critically studied, analysed, discussed and conclusions were drawn.

### Raktavaha srotodushti nidana in Asrigdara

#### Samutthana vishesha

The *nidanas*, by which *dosha* undergoes *prakopa* and settles in different *sthana* of *shareera* leading to different *vyadhi* known as *samutthana vishesha*.<sup>7</sup> The word '*hetu vishesha*' refers to the different *nidanas* responsible for manifestation of disease.<sup>8</sup> Madhukosha also defines the *nidana* as different *ahitakara ahara vihara sevana* leading to *Vatadi doshas prakopa* followed by vitiation of *dushyas* leading to *vyadhi*.<sup>9</sup>

## DISCUSSION ON SHONITADUSHTI NIDANA

These *nidanas* have been classified under the framework of *saptavidha vyadhi*.<sup>10</sup>

### ADIBALA NIDANA



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There is no direct reference regarding the *beeja dushti* leading to *Asrigdara* but Charaka says that in which *beeja bhaga* or *beeja bhaga avayava* (chromosome), *dosha* undergoes *prakopa*, those *avayavas* (organs or tissues) will have abnormalities<sup>11</sup> during their formation or may show their abnormalities in the presence of other provocative factors in further life.

*Yakrit* (liver) and *pleeha* (spleen) is originated from *shonita*<sup>12</sup> and also, they are *moola* of *raktavaha srotas*<sup>13</sup>. When parents indulge in *shonitadushti nidana* leading to *shonitadushti* in *yakrit* and *pleeha*, this affect will be carried as a hereditary disorder, such as abnormality in coagulation leading to bleeding disorders such as menorrhagia (heavy menstrual bleeding). If we consider the deficiency of *skandana* (clotting) property, it will result in severe form of anaemia which makes the *siras* to undergo *Shithilatha* (become flaccid), even in *garbhashaya* and excess loss of blood through vagina than normally expected in *ritukala*. This can be considered as a reason behind the adolescent patients suffering from excessive menstrual bleeding since their menarche.

### JANMABALA NIDANA

Charaka has described different *janmabala nidana* and its impact on foetus in *garbhopaghatakara bhavas*. Here, *amlanitya* (regular intake of sour items by mother) is said to be the cause for *raktapitta* in the offspring.<sup>14</sup> Besides, the practice of etiological factors described for each disease by the pregnant woman can lead to the same disease in her child. Hence, the practice of *ahara* and

*vihara* mentioned as etiological factors in *raktapitta* by the pregnant woman can be considered as possible *janmabala nidana* for *Shonitadushti* leading to *Asrigdara* as these diseases share common pathological attributes. Most of the inherited coagulation disorders are due to qualitative or quantitative defect in coagulation factors such as von Willebrand's disease characterised by spontaneous bleeding from mucus membrane and excessive bleeding.

### DOSHABALA NIDANA

*Doshabala pravrutta rogas* are those disease which occur secondary to other disease (*Atankasamutpanna*) and those that occur due to improper diet and regimen (*mithya ahara achara kruta*).<sup>15</sup>

### Atankasamutpanna nidana

'*Atanka*' word refers to disease. Hence further *Atankasamutpanna* refers to disease caused due to another disease.

*Asrigdara* is a disease that come under the purview of various conditions described in classics. They can be considered as *vyadhi hetu*.

**Jwara-** In *dhatugata jwara* the *dushta doshas* when take *ashraya* in *rakta dhatu* produces *lakshanas* like '*sa rakta shteevana*' (haemoptysis) along with *daha* (burning sensation), *raaga* (redness), *mada* (intoxication) and *pralapa* (delirious speech).<sup>16</sup> Similarly, in *pitta vruddha*, *vata kapha heena* condition *rakta mishrita mala mutra* (blood mixed excretory products) is observed along with *daha*, *thrishna* (thirst), *balakshaya* (reduced strength) and *murcha* (fainting).<sup>17</sup>



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During *raja srava* of *rituchakra* (menstruation) if *rogi* is suffering from *jwara* then in severe condition due to the vitiation of *pitta* (*drava guna* of *pitta*) and *rakta* along with *santapa* of *jwara*, the *srava* may increase in quantity leading to *Asrigdara* as *srava* of *rakta* can occur from any part of the body. Dengue which is a tropical viral infection can result in bleeding due to severe thrombocytopenia.

**Pittavruta apana vayu-** When *apana vayu* gets *avrta* by *pitta* it produces *rakta Pradara* (*rajascha ativartana*-heavy menstrual bleeding).<sup>18</sup>

**Raktapitta-** Here the *pitta* which has undergone vitiation further vitiates *rakta*, as *pitta* is having *ashraya-ashrayi bhava* along with *rakta* and both are having similar *gandha* and *varna*<sup>19</sup>. By the *ushma* of *pitta* the *dravaamsha* of all *dhatu* mix with *rakta* leading to *vrudhhi* of *rakta* in quantity and further *rakta* starts to flow out through various openings of the body. Vagbhata says *rakta* comes out in *adhomarga* through *medra*, *guda* and *yonis*<sup>20</sup> where *srava* of *asrik* through *yonis* is considered as *Asrigdara*. Menorrhagia or heavy menstrual bleeding is the most common symptom of women with bleeding disorder experience.

**Rakta Gulma-** Here, the vitiated *vata dosha* enters the *yonis mukha* and does *avarodha* (obstruction) to the *artava* leading to excessive abnormal foul-smelling vaginal discharge (*daurgandhyam asrava* and *atipravruttam rudhiram*).<sup>21</sup> Approximately 60% of pelvic endometriosis cases were observed with excessive abnormal uterine bleeding such as menorrhagia, polymenorrhea and polymenorrhagia.

**Artava dushti-** In *kunapagandhi artavadushti* excessive bleeding per vagina is seen.<sup>22</sup> It can be considered as endometrial carcinoma having menometrorrhagia feature.

**Yonivyapad**<sup>23</sup>- In different *yonivyapath* conditions such as *pittaja yonivyapath*, *paripluta yonivyapath*, *asruja yonivyapath*, *raktayoni yonivyapath* and *lohitakshara yonivyapath* acharyas have mentioned the *lakshana* as excessive bleeding per vaginum.

**Parisruta Jataharini-** Here, when a *stri* gets affected by *parisruta jataharini*, she will become *krisha* (emaciated) and there will be continuous *srava* of *rakta* through *yonis*.<sup>24</sup> This condition can be analysed as metrorrhagia.

**Yoni Arshas-** When *prakupita doshas* reaches *yonis*, produces *sukumara*, *daurgandhayukta*, *picchila mamsaankura* (polyp) from where there will be continuous *raktasrava*.<sup>25</sup> Charaka says according to the location & clinical features, name and type of *shotha* varies. Hence the *granthi* and *arbuda* is considered as occurring even in *prajanana samsthana*. This is similar to endometrial polyps which often causes abnormal uterine bleeding due to vascular fragility or chronic inflammation or surface erosions.

**Rakta Arbuda-** Here the *dushta doshas* does the *pidana* of *rakta* and *sira* resulting in *sankocha* of *sira* leading to a *pindakara mamsa ankura* from where *dushita rudhira srava* occurs continuously.<sup>26</sup> This can be considered as malignancy and hyperplasia of endometrium. About 90% of women with endometrial carcinoma have abnormal uterine bleeding.



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**Pittaja Granthi-** Produces severe *daha, santapa, sheegra paka* and when *granthi* gets *bhinna* (split) it produces *ati raktasrava* (excessive bleeding).<sup>27</sup> Even *rakta granthi* is having similar features. This can be related with any benign uterine fibroids, the most common pelvic neoplasms in women having classical symptom of menorrhagia.

**Vatarakta-** Here, *Asadhya lakshana* shows *prasruta* (discharge) which is nothing but a *srava* having *pitta* and *rakta* predominance.<sup>28</sup> It can be considered as Systemic Lupus Erythematosus, where patients can develop abnormal uterine bleeding associated with different causal factors.

**Galaganda-** It can be considered as *apatarpanajanya* hypothyroidism. Thyroid hormones are required for the normal secretion of LH and FSH. Hypothyroidism may classically cause menorrhagia, probably as a consequence of anovulatory dysfunctional uterine bleeding, but clinically it is very rare.

Madhukosha comments that the vitiated *kapha* when mix with *rakta*, it can lead to *Asrigdara*.<sup>29</sup> Usually in hypothyroidism menorrhagia is visible rarely followed by oligomenorrhoea and amenorrhoea.

### **Mithyahara- achara krita**

Even after *sevana* of *hita ahara*, some will appear as *rogi* and in some other who involve in *ahita ahara*, will not suffer from any disease. This is because, all *apathya ahara* are not equally *dosha utpadaka* and all *sharira* are not having same *vyadhi kshamatva*. Hence a *vyadhi utpatti* depends upon *desha, kala, samyoga, veerya* and *pramana*. The *Shonitadushti nidana* mentioned by our

Acharyas are analysed for the manifestation of *Asrigdara*.

**Dosha hetu / Sannikrushta hetu:**<sup>30</sup> *Sharat kala svabhavath shonita sampradushana-* In *sharat kala* naturally there will be vitiation of *rakta* along with *pitta prakopa*. Chakrapani says, even after *virechana* if *pitta shamana* doesn't occur, then one should analyse that, along with *pitta* even *rakta* has undergone vitiation and should plan *Raktamokshana*.

**Madhya-** *Pradushta* refers to 'swa prakriti vipareetam' (opposite to own *prakriti*) with more quantity of *teekshna, ushna madhya*. Naturally *madhya* is having *amla paka*. *Amla rasa* produced results in *pitta vardhana, rakta dushana* and *vidaha* of *mamsa*.

### **Aharaja Dosha hetu / Vyanjaka hetu/ Viprkrushta hetu:**

Due to *vrudhhi* of *rasa rupi karana* there will be *rakta vrudhhi* and even *mamsadhi dhatu vrudhhi* results in *vrudhhi* of *rakta*.<sup>31</sup> To add on to this Sushrutha also says that, the excess intake of *vidahi* and *abhishyanda ahara* results in *dushti* of *rakta* and *kaphadi tridosha* leading to increased *kleda* in the *shareera* which acts as supportive cause for *rakta vrudhhi*.<sup>32</sup>

Excessive intake of *ahara* having *katu rasa* (*mamsa vilikhati, shonita sanghata bhinatti*), *amla rasa* (does *pittakopa, rakta vardhana*), *lavana rasa* (*pitta prakopa*, results in *raktapitta* and *vatarakta*) and *kshara* (*pumsatva upaghata*, it has been told to avoid *kshara* in *sharat ritu*) *rasa pradhana* along with *guru* (*guru ahara* are having *vidaha* property.), *vidahi, snigdha* and *ruksha guna*



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pradhana. In this way all these above *gunas* when taken excessively will end up in *pittadi tridosha* along with *dushana* of *rakta*, resulting in *rakta pradoshaja vikara* such as *Asrigdara*.

<u>Shami dhanya varga</u>	
<i>Kulattha</i>	<i>Amlapitta janana, pitta prakopa</i>
<i>Masha</i>	<i>Guru, snigda, pitta prakopaka</i>
<u>Shaka varga</u>	
<i>Nishpava (Rajashimbi)</i>	<i>Guru, prakopa of vata, pitta, dushana of rakta.</i>
<i>Pindalu</i>	<i>Vata pitta prakopa, guru.</i>
<u>Mamsa varga</u>	
<i>Jalaja</i>	The <i>mamsa</i> of animals which live in <i>jala</i> (water)
<i>Anupa</i>	Animals which live in marshy places
<i>Bila</i>	The animals which live in the burrows by digging inside the earth.
<i>Prasaha</i>	Those animals and birds which get their food forcefully by snatching it from others.
<b>All these varieties of <i>mamsa</i> are having <i>madhura rasa, snigda guna, ushna veerya, guru guna</i> and <i>mamsa vardhaka nature</i>. As <i>guru guna</i> dravyas are <i>vidahi</i> in nature, they are evident in acting as <i>shonita dushti nidana</i> and when taken excessively it results in <i>rakta pradoshaja vikara</i> like <i>Asrigdara</i>.</b>	
<u>Harita varga</u>	
<i>Mulaka</i>	<i>Guru, teekshna</i> and <i>tridosha prakopaka</i> .
<i>Harita</i>	<i>Pitta vruddhikara, ushna, teekshna</i> and <i>ruksha guna</i> ; and some <i>dravyas</i> are contraindicated in <i>pittaja vikara</i> .
<u>Gorasa varga</u>	
<i>Dadhi</i>	<i>amla vipaka, ushna veerya</i> , does <i>mamsa vruddhi</i> , contraindicated in <i>sharath ritu, raktaja vikara</i> and <i>pittaja vikaras</i> .
<i>Amlamastu (dadhi manda)</i>	Supernatant liquid portion of <i>dadhi</i> . having <i>amla vipaka</i> , one of the <i>shonitadushti nidana</i> .
<u>Krutanna varga</u>	
<i>Shukta</i>	<i>raktapitta, kapha</i> and <i>kleda karaka, anulomana</i> of <i>adhovayu</i> .
<u>Taila varga</u>	
<i>Tila taila</i>	<i>Guru, katu vipaka</i> , increases <i>kapha</i> and <i>pitta</i> .
<u>Other nidanas</u>	
<i>Upaklinna and puti bhakshana</i>	Refers to the <i>ahara</i> which has become <i>klinna</i> (moist) and having <i>puti</i> (putrid) nature.
<i>Krishara (thick gruel)</i>	It is prepared by adding rice with pulses and boiled in water made into a porridge, then added with <i>salt, ardraka</i> and <i>hingu</i> . <i>Krishara</i> is having <i>guru guna</i> and increases <i>pitta</i> and <i>kapha</i> .
<i>Payasa (kshirika, paramanna)</i>	It is difficult for digestion ( <i>durjara</i> ).
<u>Viharaja dosha hetu / Vyanjaka hetu:</u> <sup>33</sup>	
<b>Excessive exposure to Atapa &amp; Anala</b>	<i>Shrama</i> (Physical and mental exertion) produce <i>ayasa</i> (fatigue).
<b>Diwaswapna (after taking Drava, Snigda, Guru ahara)</b>	<i>Santapa</i> (burning sensation)
<b>all these results in <i>Vata</i> and <i>pitta prakopa</i> and also acts as <i>shonitadushti nidana</i>.</b>	
<u>Manasika dosha hetu:</u>	
<i>Krodha</i>	<i>Pitta</i> gets <i>prakopa</i> , <i>krodha</i> is a <i>dharaneeya vega</i> .
<u>Other nidana</u>	
<i>Chardi vega pratighata</i>	<i>dharana</i> of <i>chardi</i> results in <i>pitta prakopa</i> .
<i>Adhyashana</i> <sup>34</sup>	<i>Adhyashana</i> is <i>ajeerna bhojana</i> (taking meal before the digestion of previous meal)
<u>Dosha hetu / Utpadaka hetu:</u>	
<i>Viruddha ahara</i>	vitiates <i>rakta dhatu</i> and they are cause <i>Shonitadushti vikaras</i> .
<u>Pradhanika hetu:</u>	
<i>Abhighata</i>	Results in <i>dhatu kshaya</i> through excessive blood loss ( <i>sruta shonita</i> ) and it also results in <i>vata pitta prakopa</i> and <i>shonita dushti</i> .



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When a stri does *atisevana* of all these *ahara* and *vihara nidanas*, results in *pitta pradhana tridosha prakopa* preceding with *chaya avasta* as mentioned in *vyadhi kriyakala*. Further, *pitta* vitiates *rakta* (through *ashraya ashrayee bhava*), leading to increase in *rakta pramana* which progresses to *garbhashaya* in *rituvyateeta kala* (the phase of vascular and glandular changes in endometrium) and lead to *pradirana of raja* in *rajakala*.

### SANGHATABALA NIDANA

*Sanghatabala pravritta vyadhi* comprise exogenous diseases, may be caused by *shastra* (instruments) or *vyala* (fierce animals). *Artavavaha srotomoola viddha lakshana* includes *vandhyatva* (infertility), *maithuna asahishnutva* (dyspareunia) and *artavanasha* (amenorrhea)<sup>35</sup>. *Abhigata* can result in *shonita dushti nidana* which can induce *rakta pradoshaja vikaras* like *asrigdara*.

### KALABALA NIDANA

*Kalabala pravritta vyadhi* are the diseases that are caused due to *sheeta, ushna, vata, varsha, atapa* etc. *Atiyoga* of *kaala* in *shonita dushti nidana* is *ati vata atapa sevana* (exposure to sun and wind excessively), *shonita dushti* in *sharat ritu* etc. The pathological effect of *sharat ritu* depends on food habits and life style. In *sharat ritu*, naturally some women may observe slight increase in quantity of menstrual blood as there will be *pitta prakopa*. Normal season wise alterations of *tridosha* doesn't lead into disease always. Similarly, *ati vata atapa sevana* for long term leads to *pitta prakopa* and it can result in *asrigdara*.

### DAIVABALA NIDANA

*Daivabalapravritta vyadhi* are the one which are considered to be caused by supernatural powers. *Samsargaja vyadhi* occur due to close contact with affected individuals. Sushruta explains *Upadamsha roga*,<sup>36</sup> a sexually transmitted disease, where, he explains *nidanas* of *upadamsha* in relation to both *purusha* and *stri* and mentions one *nidana* as doing *maithuna* in *rajaswala* condition. The other causes mentioned are cleaning of *yoni* with dirty water. Even these *nidanas* are more applicable *stri* and it can be taken as one of the *nidana* for *vatadi prakopa* and *shonitadushti* in *stri*. As supportive to *shonitadushti nidana*, Acharyas also have mentioned the *lakshana* of *raktaja upadamsha* as *atyartha asrik pravritti* (excessive bleeding) from *yoni pradasha* and this *rakta* is having *pisitavabhasa* (*tamra varna* of *mamsa*).

Usually, *daivabala pravrutta vyadhi* can be understood as those conditions which are manifesting without any notable cause or where cause cannot be identified. One of such condition is Dysfunctional Uterine Bleeding (DUB). It is a state of abnormal uterine bleeding without any clinically detectable organic, systemic, and iatrogenic cause (pelvic pathology e.g., tumour, inflammation or pregnancy is excluded.)<sup>37</sup>

### SWABHAVABALA NIDANA

*Swabhavabala pravritta vyadhi* are conditions that manifest in an individual naturally with the passage of time such as hunger, thirst, manifestations of old age, sleep and death. Among these, the conditions that happen at the appropriate



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time are considered as *kalaja*, while those that happen at inappropriate time are called as *akalaja*. Menorrhagia in AUB is a part of the normal changes in the body of a woman that occurs during menarche and menopause. From such an angle, such manifestations of *Asrigdara* may also be considered as *akalaja vikara*.

## CONCLUSION

The etiology of *shonitadushti* can be understood as unique variant in *asrigdara* that manifests in women of reproductive age leading to menstrual abnormalities.

In *samutthana vishesha*, all *saptavidha vyadhi* classification are having more or less significance in explaining *asrigdara*, especially *doshabala nidana* in terms of *vyadhi hetu* and *dosha hetu*. All the *aharaja* and *viharaja nidana* mentioned in *shonitadushti nidana* were found to be having *ushna veerya*, *amla vipaka*, *guru guna*, *vidahi* and *kledakaraka* property. *Viruddha* is seen as direct cause of *rakta dushti* without doing *dosha prakopa*.

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