



Ayurved Darpan - Journal of Indian Medicine

A Peer Reviewed Journal

Review Article

A REVIEW ON MENORRHAGIA WITH ITS AYURVEDIC PERSPECTIVE.

Rachana S. Pandey¹, Kavita C. Mule², T. Vishala³, Umesh Agawane⁴

P. G. Scholar¹, Associate Professor^{2,4}, Professor and H.O.D.³,
Department of Prasutitantra and Streeroga, Yashwant Ayurvedic College P.G.T. & R.C., Kodoli, Kolhapur.

*Corresponding Author: Dr. Rachana S. Pandey, email: drachnapandey27389@gmail.com

Article Received on: 19/10/2016

Accepted on: 20/12/2016

ABSTRACT:

Menorrhagia is now a day's big problem amongst women with increased prevalence rate of it. As it affects 30% of women in reproductive age. It is a cause for many female health issues and responsible for their health risks. Menorrhagia is menstrual blood loss which interferes with a woman's physical, emotional, social and material quality of life. Any intervention should aim to improve her quality of life. A normal menstrual blood loss is 50-80ml, and does not exceed 100ml. In menorrhagia the menstrual cycle is unaltered but the duration and quantity of the menstrual loss are increased. So it is a need of time to review menorrhagia with its Ayurvedic perspective. An attempt regarding has been made here.

KEY WORDS: Menorrhagia, dysfunctional uterine bleeding, menstrual loss, abnormal uterine bleeding, progesterone, HMB(Heavy menstrual bleeding).

INTRODUCTION:

Menorrhagia is essentially a symptom and not in itself a disease. The average menstrual cycle has a blood loss for seven days of a cycle of between 21 and 35 days. Menstrual loss is heaviest for the first few days and becomes much lighter. Menorrhagia affects 30% of women in reproductive age. The underlying causes of it are described below with its brief info.

Other definitions of menorrhagia:

- Oligomenorrhoea – Bleeding occurring more than 35 days and remains constant at the frequency.
- Metrorrhagia – Irregular, acyclic bleeding from the uterus.
- Menometrorrhagia - frequent and excessive flow.

- Polymenorrhoea–cyclic bleeding where cycle is reduced to limit of less than 21 days.
- Hypomenorrhoea- bleeding is scanty and lasts for less than 2 days.
- Dysfunctional uterine bleeding (DUB) - abnormal uterine bleeding without any clinically detectable organic, systemic and iatrogenic causes.

The National Institute for Health & Care Excellence defines heavy menstrual loss as excessive blood that interferes with a woman's physical, social, emotional or quality of life.

Causes:-

- 1) General diseases are:-

- Blood dyscrasias: leukemia, coagulopathy, thrombocytopenic purpura, severe anemia.
- Thyroid dysfunction, genital tuberculosis.

2) Local causes are:-

- Uterine fibroids, fibroid polyp, chocolate cyst, PCOD, endometriosis, adenomyosis,
- PID, salpingo-oophoritis, genital TB, immediate puerperal, post abortal periods.

3) Iatrogenic cause: - Administration of estrogen and progesterone especially mini-pill.

4) Use of IUCD.

Diagnosis of Menorrhagia:

- A history of the onset, duration and amount of bleeding; its character and cyclic features, use of IUD, recent delivery abortion, drug therapy and sterilization operation.
- General examination: - full blood count to assess anemia, special reference to thyroid dysfunction.
- General appearance and BMI.
- Examination of the abdomen always precedes pelvic examination; otherwise, large pelvic masses can be missed.
- Internal examinations may not be done in adolescents. In that case rectal examination is to be done to exclude any palpable pelvic pathology.
- Bimanual examination to inspect- bulky or grossly enlarged uterus, fixation of uterus or tenderness.
- USG to exclude pelvic pathology.
- Hysterosalpingogram: - is done for both diagnostic and therapeutic purpose.

Treatment of Menorrhagia - Depends on several factors:

- 1) Age of the patient, her fertility and her desire for children. Below 40yrs treatment is essentially conservative.
- 2) Degree of Anemia.
- 3) Response to curettage- may be therapeutically beneficial.

➤ General treatment :-

- Rest, reassurance and sedatives should not be neglected.
- If bleeding is not heavy and patients Hb% is normal, observation and maintenance of menstrual chart should be maintained.
- Anemia should be corrected by oral iron therapy.
- Blood transfusion is needed in severe anemia.

➤ Medical treatment :-

a) Hormonal treatment :-

- Progestin's: To stop bleeding and regulate cycle Norethisterone 5mg tds from 5th to 25th day for 3 consecutive cycles.
Continuous progestin's: Progestins also inhibit pituitary gonadotropin secretion and ovarian hormone production. Medroxy progesterone acetate 10mg tds daily and continued for at least 90days, Injections, DMPA, implants may be used.
- Estrogen: used where bleeding is acute and severe, conjugated estrogen 25mg is given IV. It helps rapid growth of denuded endometrium and promotes platelet adhesiveness.
- Levonorgestrel intrauterine system (LNG-IUS) -reduces blood loss in 97% cases and is effective for 5yrs. It is considered as medical hysterectomy.
IUS is recommended as a 1st line therapy for a woman with HMB in the absence of any structural or histological abnormality.
- Use of GnRH antagonists.

b) Non hormonal treatment :-

- This includes Antifibrinolytic agents like tranexamic acid, NSAIDs such as mefenamic acid (prostaglandin synthetase inhibitor). NSAIDs may be used as second line medical treatment.

➤ Surgical treatment :-

- Uterine curettage: - It is diagnostic tool for elderly women, it has got hemostatic and therapeutic effect by removing the necrosed and unhealthy endometrium. If bleeding is acyclic and endometrial pathology is suspected, curettage should not be done.
- Endometrial Ablation/Resection:-
Indications: - Failed medical treatment, small uterine fibroids <3cm, women who want to avoid longer surgery, who prefers to preserve her uterus, woman who do not wish to preserve menstrual or reproductive system.
- Hysterectomy.

AYURVEDIC PERSPECTIVE:

रजः प्रदीर्यतेयस्मात्प्रदरस्तेनसस्मृतः ।
प्रदीर्यतेइतिप्रदरं: विस्तारितोभवति
"असृग्दर्यितेयस्मिन्नितेअसृग्दर्"॥
च. चि . ३०/२०९

According to above definition, the disease *Asrugdara* appears to be analogues to Menorrhagia. *Acharya Charak* says that, due to *pradirana* (excessive excretion) of *raja* (menstrual blood), it is named as *pradar* and since, there is *dirana* (excessive excretion) of *asruk* (menstrual blood) hence, it is known as *Asrugdara*. *Charak* had described only one symptom i.e. presence of excessive bleeding during menstruation.

Hetu:-

याऽत्यर्थंसेवतेनारीलवणाम्लगुरुणिच।
कटुन्यथविदहीनिस्निग्धानिपिशितानिच ॥
ग्राम्यौदकानिमद्यानिकृशरांपायसंदधि ।
शुक्तमस्तुसुरादीनिभजन्याःकुपितोनिलः॥
च. चि. ३०/२०५, २०६

Aharhetu: Excessive consumption of salty, sour, heavy, katu (hot), vidahi (producing burning sensation) and unctuous substances, eating meat of domestic, fatty animals, *payasa*, *krsara*, curd, *sukta*, *mastu* and wine, aggravates *vayu*.

Viharhetu: Repeated abortions, Excessive indulgence, Excessive travelling- walking or by other modes, Excessive grief, Severe wasting, Doing work in excess of one's capacity, *Diva swap* - Sleeping during day time.

Types:

Asrudara is classified under 4 groups i.e *Vataja*, *Pittaja*, *Kaphaja* and *Sannipataj*.

Clinical features of Asrugdara:-

"तदेवातिप्रसंगेनप्रवृत्तंअनृतावपि।
असृग्दरंविजान्यातक्तलक्षणात्॥
असृग्दरोभवेतसर्वःसांगमर्दःसवेदनः॥
सु.सं.शा. 2 / 18. 19

Acharya Sushruta says that, *Asrugdara* is when menstruation comes in excess amount for prolonged period and or even without normal period of menstruations & different from the features of normal menstruation blood. All types of *Asrugdara* have association of bodyache and pain.

By *Acharya Charak*: presence of excessive bleeding during menses.

Samprapti:

Due to above causes i.e *ahar*, *vihar sevan*, *vayu* gets aggravated withholding the *rakta* vitiated due to the above causes increases its amount and then reaching *raja* carrying vessels (branches of uterine and ovarian arteries) of the uterus, increases immediately amount of *raja* (*artava* or menstrual blood). Because of increase in amount of blood it is named as *Asrugdara*.

CHIKITSA:-

(1)NIDAN PARIVARJAN :(Eradication of cause):

संक्षेपतः क्रियायोगोनिदानपरिवर्जनम् ।

NidanParivarjan is the chief treatment in Ayurved. *Asrugdara* is a disease; hence the curative treatment for any type of disease is to remove the underlying cause. She should be educated about *Pathya* & *Apathyakar Ahara-Vihara*.

(2) CHIKITSA:

शोधनंशमनंचेतिसमासात् औषधे द्विधा ॥

There are two types of treatments mentioned in Ayurveda first Shodhana and second Shamana. Shodhana treatment is known as *Panchakarma*.

Shaman chikitsa:

नशोधयतियद्दोषान् समान्नोदिरयत्यपि ।

समिकरोतिविषमान्शमनंतच्च.....॥

अ.हु.सु.१४/६

As Shodhana Chikitsa is described in *Asrugdara* but, can be used in limited cases as it can be given in *Balavan Rugna* only. For this *Vaman & Virechan* is described. But the main *Chikitsa is Shaman*, because the *Rugna is Hinabala* because the *Dhatu Rakta* flows per vaginally, which can prove fatal if not controlled.

From different Granthas, we can conclude that *Chikitsa of Asrugdara* should be:

Vatashamak, Pittashamak, Raktasangrahanatmak, raktastambhak, Agnisandipaniya, TiktaRasatmak, Panchaniya, Dravyas should be *Madhur and SheetaGunatmak*.

REFERENCES:

1. D.C.Dutta; Dysfunctional uterine bleeding. Sixth edition chapter-14,page-187
2. Howkins and Bourne- Shaw's Textbook of Gynaecology 12th edition Chapter-17, page-229
3. P.V Tiwari, Ayurvediya Prasuti-tantraevum Striroga part-2 Chapter-2, page- 172
4. Heavy menstrual bleeding;NICE Clinical Guideline (January2007)

Cite this article as:

[Rachana S. Pandey, Kavita C. Mule, T. Vishala, Umesh Agawane, A Review On Menorrhagia With Its Ayurvedic Perspective, Ayurved Darpan - Journal of Indian Medicine, October - December 2016, Vol. 1 Issue 4](#)