



## Review Article

### CRITICAL ANALYSIS OF NIDANAS OF ASRIGDARA IN THE PATHOGENESIS OF THE DISEASE

Khushbu Jain

Assistant Professor, Department of Prasuti tantra evam Stree roga, MJF Ayurved Mahavidyalaya, Harota, Jaipur.

**KEYWORDS:** *Asrigdara, Nidana Parivarjan*, Abnormal uterine bleeding, *Nidana*.

#### ABSTRACT

Woman's health is point of concern for her family, society and culture because any physical or mental disturbance can disturb her normal menstrual cycle. *Asrigdara* is the common gynecological problem from menarche to menopause affecting her day to day activities. It is one of the *Raktadoshaja Vikara* manifesting as excessive menstrual bleeding or intermenstrual bleeding different from the features of normal menstrual blood. On the basis of its symptomatology, it can be compared with abnormal uterine bleeding. It is a debilitating disorder affecting the physical and psychological health of women which finally results in hysterectomy if not treated properly. *Nidana* is the main causative factor in initiating the *Samprapti* of the disease. In *Samprapti* of *Asrigdara*, various etiological factors such as *Lavana, Amla* and *Katu Rasa, Guru, Vidahi* and *Snigdha Annapana, Dadhi, Sukta, Mastu* etc leads to vitiation of *Vata Pitta Dosha* and *Rakta Dhatu* resulting in *Asrigdara Vyadhi*. In the present study an effort was made to analyse *Nidanas* in the pathogenesis of the disease on the basis of involvement of *Doshas* and *Dhatu*s. In Ayurveda classics, *Nidana Parivarjan* is mentioned as the first line of treatment for any disease. Understanding the *Nidanas* of *Asrigdara* plays a major role in the diagnosis, prevention and treatment of the disease.

#### \*Address for correspondence

**Dr. Khushbu Jain**

Assistant Professor,  
Department of Prasuti tantra  
evam Stree roga, MJF Ayurved  
Mahavidyalaya, Harota, Jaipur.  
Email: [khushbuayur@gmail.com](mailto:khushbuayur@gmail.com)  
Phone: 9414744475

#### INTRODUCTION

*Asrigdara* is the common gynaecologic complaint of reproductive aged women which affects her quality of life. *Asrigdara Vyadhi* is mentioned as one of the *Raktadoshaja Vikara*<sup>[1]</sup> and as a symptom of *Pitta Avrita Apana Vayu*.<sup>[2]</sup> *Asrigdara* is defined as excessive menstrual bleeding for prolonged duration and/or scanty intermenstrual bleeding for a shorter duration, different from the features of normal menstrual blood or denoting the features of specific *Dosha*.<sup>[3]</sup> It can be compared with abnormal uterine bleeding. Abnormal uterine bleeding and its sub group, heavy menstrual bleeding are common conditions affecting 14-25% of women of reproductive age and have a significant impact on their physical, social, emotional and material quality of life.<sup>[4]</sup> Upto 50% of women undergo surgical treatment within 5 years of their referral to a gynaecologist (Coulter *et al.*, 1991).<sup>[5]</sup> *Nidana* is the main causative factor in the development of disease process. *Acharya Charaka* has said that the woman who consumes excessive *Lavana, Amla, Guru, Katu, Vidahi, Snigdha, Gramya, Audaka, Medya Mamsa,*

*Krsara, Payasa, Dadhi, Sukta, Mastu* and *Sura*, her aggravated *Vayu* with holding the *Rakta* being accompanied by *Rasa* vitiated due to the *Nidana Sevana* carries it to the uterine vessels and increases the amount of *Raja*.<sup>[6]</sup> *Asrigdara* is the disease of vitiated *Rakta* and *Pittavrita Apana Vayu*. The *Chala Guna* of *Vayu* and *Sara, Drava Guna* of *Pitta* plays an important role in forming basic *Samprapti* of *Asrigdara*. It is a debilitating disorder leading to complications like *Pandu, Bhrama, Murchha, Tama, Daha, Vataja roga, Trishna* etc.<sup>[7]</sup> *Acharya Charaka* has said that it should be treated on the lines of *Raktatisara, Raktapitta* and *Raktarsha*.<sup>[8]</sup> According to line of treatment of *Raktarsha, Deepana, Pachana, Rakta Samgrahana*, and *Dosha Pachana* by *Tikta* and *Kashaya Rasa Pradhana Dravya* should be done.<sup>[9]</sup> *Acharya Sushruta* has mentioned *Nidana Parivarjan* as the first line of treatment for any disease.<sup>[10]</sup> Present study was done to understand the role of *Nidanas* in the *Samprapti* of *Asrigdara*. By understanding the *Nidanas* we can prevent the development of disease process in the initial stage.

**AIMS AND OBJECTIVES**

1. To analyse the role of *Nidanas* in the pathogenesis of *Asrigdara Vyadhi*.
2. To understand the *Nidanas* of *Asrigdara* in the light of modern science.

**MATERIALS AND METHODS**

For the present study, Ayurveda and modern text books, research articles and internet sources are explored.

**TABLE - 1: Nidana of Asrigdara as per Acharya Charaka**

<b>Nidana</b>	<b>Dosha Prakopa</b>
<i>Lavana Rasa (Jala + Agni)</i>	<i>Pitta Prakopa, Rakta Vardhana</i>
<i>Amla Rasa (Prithvi + Agni)</i>	<i>Pitta Vriddhi, Rakta Dushti, Mamsa Vidaha</i>
<i>Katu Rasa (Agni + Vayu)</i>	<i>Shonita Samghata Bhedana</i>
<i>Vidahi Annapana, Mastu, Sura</i>	<i>Pitta Prakopa</i>
<i>Snigdha and Guru Annapana (Prithvi + Jala)</i>	<i>Kledakara, Kapha Vriddhi</i>
<i>Gramya Mamsa, Krishara</i>	<i>Kapha Pitta Kara</i>
<i>Audaka Mamsa</i>	<i>Kapha Prakopa</i>
<i>Paayasa</i>	<i>Kapha Meda Vardhaka</i>
<i>Dadhi</i>	<i>Madhura - Kapha Meda Vardhaka Amla - Kaphapitta Kara, Raktadushti</i>
<i>Shukta</i>	<i>RaktaPittaKapha Prakopa</i>

**a) Excessive intake of Lavana and Amla Rasa**

*Lavana* and *Amla Rasa* aggravate *Pitta Dosha* due to *Ushna* and *Tikshna Guna* which further vitiates *Rakta*. *Lavana Rasa* increases *Drava Guna* of *Pitta* which causes *Dravata* in *Rakta*. Vitiated *Rakta* increases amount of *Raja* in *Rajovaha Sira* due to *Adhogati* of *Prithvi* and *Jala Mahabhuta* leading to *Asrigdara*.

**b) Excessive intake of Katu Rasa**

*Katu Rasa* aggravates *Vata* and *Pitta Dosha* which leads to vitiation of *Rakta*. It also leads to *Marga Vivrana* i.e vasodilatation of uterine blood vessels and *Shonita Samghata Bhedana* i.e., hamper aggregation of platelets which leads to excessive bleeding.

**c) Excessive intake of Vidahi Annapana, Mastu, Sura and Shukta**

All these lead to *Pitta Dosha Prakopa* which further vitiates *Rakta* due to similar origin of *Pitta* and *Rakta*.

**DISCUSSION**

*Acharya Charaka* has mentioned *Aaharaja Nidanas* of the *Asrigdara* in *Yonivyapat Chikitsa Adhyaya* i.e. excessive intake of *Lavana* (salt), *Amla* (sour) and *Katu Rasa, Snigdha, Guru Annapana, Audaka Mamsa, Paayasa, Vidahi Annapana* (producing burning sensation), *Mastu, Sura, Shukta* (vinegar) and *Dadhi* (curd) etc [Table 1].<sup>[6]</sup>

**d) Excessive intake of Snigdha, Guru Annapana, Audaka Mamsa, Paayasa**

All these aggravates *Kapha Dosha* resulting in *Rasavaha Strotodushti* and increases amount of *Artava* due to *Drava* and *Kledana* property of *Jala Mahabhuta*. They also increase *Meda Dhatu* which results in increased peripheral aromatisation to oestrone in adipose tissue leading to endometrial hyperplasia and produces excessive bleeding.

**e) Excessive intake of Dadhi**

*Dadhi* is having *Ushna Veerya* and *Amla Vipaka* which augments *Pitta*. Due to *Abhishyandi* and *Kapha Meda Vardhaka* property of *Madhura Dadhi* it causes *Rasavaha Strotas Avarodha* and leads to *Atipravritti Strotodushti*. *Amla Dadhi* directly causes *Rakta Dushti*.

According to *Acharya Madhava*, *Nidana* of *Asrigdara* can be categorized as follows (Table 2).<sup>[11]</sup>

**Table 2: Nidana of Asrigdara as per Acharya Madhava**

<b>S.No.</b>	<b>Category</b>	<b>Nidana</b>	<b>Dosha Prakopa</b>
1.	<i>Aaharaja</i>	<i>Viruddhashana, Ajeerna</i>	<i>Rakta Dushti</i>
		<i>Adhyashana</i>	<i>Vata Kapha Rakta Dushti</i>
		<i>Madya Sevana</i>	<i>Pittakara</i>

		<i>Atikarshana</i>	<i>Dhatu Kshaya</i>
2.	<i>Viharaja</i>	<i>Yana, Adhva, Bhara</i>	<i>Vata Dushti</i>
		<i>Atimaithuna</i>	<i>Vata Pitta Dushti</i>
		<i>Divaswapna</i>	<i>Kapha Dushti</i>
3.	<i>Manasika</i>	<i>Shoka</i>	<i>Pitta Dushti</i>
4.	<i>Anyā</i>	<i>Abhighata</i>	<i>Vata Rakta Dushti</i>
		<i>Garbhapata</i>	<i>Dhatukshaya, Vataprakopa</i>

#### a) *Ajeerna, Viruddhashana and Adhyashana*

All these lead to formation of *Ama Dosha* which is responsible for *Strotasa Avarodha*.

#### b) *Excessive intake of Madya*

It aggravates *Pitta Dosha* due to *Vidahi, Ushna, Tikshna Guna* and *Amla Rasa*. *Naveen Madya* is having *Guru Guna, Abhishyandi* and *Tridoshakara*. Due to *Abhishyandi* and *Sukshma* property, it causes *Strotoavarodha* and *Stroto Vivarana* i.e., vasodilatation respectively.

According to modern science, excessive intake of alcohol affects liver. Liver serves a primary role in the metabolism and excretion of sex hormones, and liver dysfunction is associated with high levels of circulating estrogens. In addition, there may be inappropriately low serum LH and FSH levels, indicating dysfunction of the HPO axis.<sup>[12]</sup>

#### c) *Atikarshana*

*Atiyoga of Langhana* causes *Dhatu Kshaya* which further vitiates *Vata Dosha* and resulting in *Asrigdara Vyadhi* due to *Shosha*. Tubercular endometritis in early stage results in menorrhagia or irregular bleeding due to ovarian involvement, pelvic congestion or endometrial proliferative lesion.<sup>[13]</sup>

#### d) *Atiyana, Adhva and Bhara Sevana*

All these lead to *Vata Prakopa*. Excessive physical activity increases blood pressure thereby also increases pressure in the uterine blood vessels leading to *Asrigdara*.

#### e) *Atimaithuna*

It leads to *Dhatu Kshaya* which further vitiates *Vata Dosha*. Excessive sexual intercourse leads to active or passive uterine congestion which may cause menorrhagia.

#### f) *Shoka*

*Shoka, Krodha* results in vitiation of *Pitta Dosha* which further aggravates *Rakta Dhatu* results in *Asrigdara Vyadhi*. Emotional and nervous disorders may cause excessive uterine bleeding. Factors i.e., changes in environment, anxiety, nervous tension, stress operate through the endocrine system which is influenced by the hypothalamus, but more probably through the autonomic nervous system which controls the blood vessels supplying the pelvic

organs. Active or passive congestion causes hypertrophy of the myometrium and endometrium.<sup>[14]</sup>

#### g) *Abhighata*

Trauma to the interior of the uterus, resulting from insertion of instruments or domestic articles causes bleeding. Perforation of the uterus may occur during dilatation and curettage, and MTP leading to excessive uterine bleeding. After tubal ligation, disruption of vascular network between ovary and uterus results in hormonal imbalance and prolonged oestrogen stimulation of uterus which leads to subsequent prolonged and heavy shedding of endometrium.

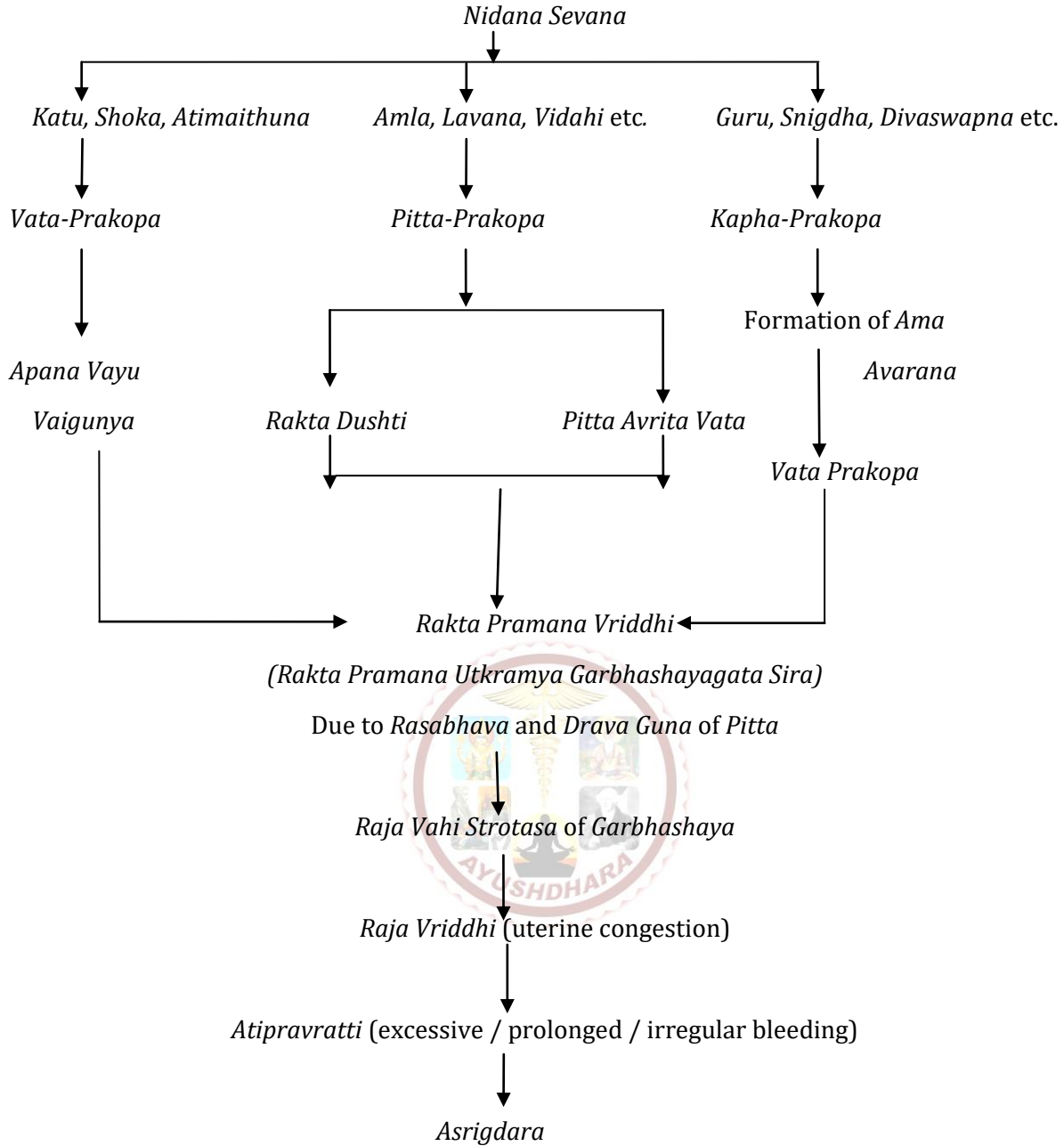
#### h) *Garbhapata*

After abortion the uterus is sometimes slowly involutes, so first few menstrual periods tend to be heavy. Moreover, retained products of conception after spontaneous or induced abortion leads to excessive or prolonged uterine bleeding with passage of large clots.

*Acharya Harita* said that milk carrying channels of breast in infertile women are filled with *Vata* hence absence of milk secretion is found. Besides she also suffers from excessive menstrual bleeding.<sup>[15]</sup> Most infertile women suffer from menstrual abnormalities. Synthesis of milk depends on the prolactin hormone secreted by adenohypophysis. Hypoprolactinemia leads to increased GnRH production thereby increased FSH and LH release which influences the ovary to release increased oestrogen and progesterone, which in turn may produce dysfunctional uterine bleeding.

*Acharya Bhela* stated that if *Rakta* goes to abnormal passage (i.e., genital tract), women suffers from *Pradara*.<sup>[16]</sup> Active or passive congestion causes hypertrophy of the myometrium and endometrium so that uterus can enlarge 2-6 times the normal in size. A similar vascular upset which involves the ovaries may make them cystic causing polymenorrhoea.<sup>[17]</sup> It can be correlated to the *Nidana* mentioned by *Acharya Bhela* i.e., *Shonita* goes into *Dushta Marga*.

Various etiological factors play an important role in the pathogenesis of *Asrigdara* which can be explained in the following manner:



**Samprapti Ghataka**

- Dosha – Vata Pitta Pradhana Tridosha
- Dushya – Rakta, Artava, Rasa
- Agni - Jathragnimandya
- Adhithana- Garbhashaya, Artavavaha Strotasa
- Strotasa – Artavavaha, Rasavaha, Raktavaha
- Stroto Dushti Prakara - Atipravritti
- Roga Marga – Aabhyantara

Looking into the pathogenesis of *Asrigdara*, it occurs due to vitiation of *Pitta* and *Rakta* with *Apana Vayu Vaigunya*. Due to *Agnimandya*, *Rasa Dhatu* didn't formed properly and improper *Rasa Dhatu* leads to improper *Rakta Dhatu* formation. Along this,

*Upadhatu* of *Rasa* i.e., *Artava* formation is also impaired. Thus, the main principle of the management of *Asrigdara* is *Agni Deepana*, *Dosha Pachana*, *Vata Anulomana*, *Pittashamana*, *Raktasthapana*, *Raktasamgrahana*, *Raktashodhana* and *Garbhashaya Balya Chikitsa*. It should be done by *Tikta* and *Kashaya Rasa Pradhana Dravyas*.

**CONCLUSION**

*Asrigdara* is a debilitating disorder affecting the physical and psychological health of women. If it is not managed properly, patients need surgical treatment like D & C and hysterectomy. *Nidana* plays a major role in initiating the pathogenesis of disease

which further develops a disease when not treated in the initial stages. In Ayurveda classics, *Nidana Parivarjan* is mentioned as the first line of treatment for any disease. Understanding the *Nidanas* of *Asrigdara* not only helps in the diagnosis of the disease but also in the prevention and cure of the disease.

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