

A Clinical Review of Ayurvedic Treatment Modalities for the Management of Heavy Menstrual Bleeding

Amrita Mishra¹, Subhash Marlewar², Seema Manoorkar³, Pradnya Palekar³

¹Assistant Professor, PhD.(Scholar), ²Associate Professor, ³MS(Scholar),
Department of Prastuti Tantra & Streeroga, R.A. Podar Medical College (Ayurvedic) Worli, Mumbai.

Corresponding Author: Amrita Mishra

ABSTRACT

The term Heavy Menstrual Bleeding is an excessive or prolonged flow of menses during the menstrual period or also in the intermenstrual which interfere a women's physical, mental, emotional and also social quality of life. Such women who do experience of abnormally and prolonged menstrual bleeding may have a condition called 'Menorrhagia'. Abnormal heavy menstruation account for upto 25-30% of women attending gynaecological OPD which are regular or irregular with alteration in amount and duration of blood loss. In *Ayurveda* different literature explains the heavy menses which can be correlated with '*Asrugdara*' '*Rektpradara*', *Raktyoni*, given by many *acharya* like *charaka*, *sushruta*, *vagbhata* etc. Different modern treatment modalities like vasoconstriction drugs, NSAIDS, antifibrinolytic drugs, hormonal therapy, surgical intervention are available for the Management of Heavy Menstrual bleeding but taking into consideration, side effects, complication and expensive treatment for common people, the ayurvedic management in the form of different proven regimen or drugs & *Panchakarma* therapy can be recommended as safe and effective for the management of Heavy Menstrual bleeding.

Keywords:- Heavy Menstrual bleeding, Menorrhagia, *Asrugdara*, *Pradarina*, *Raktapradar*, *Raktyoni*.

INTRODUCTION

Women's health is considered to be health of population. WHO stated that

today's women's health has become an urgent priority. Women's health can be affected by many factors like and unhygienic, stress, physical overexertion, hormonal imbalance and most important is her menstrual cycle. Women's menstrual cycle can tell lots of about her health. Period problems like, heavy menses, irregular or painful may be the signs of serious health problem. Medically menstruations [1] is the process of discharging blood and other material from the lining of uterus in a woman at monthly interval from puberty to menopause this discharging process is lost for about 3-5 days. The National institute for health and care Excellence (NICE) [2] in the United Kingdom proposed a definition of HMB as an excessive menstrual blood loss that interference with women's physical, emotional, social and material quality of life and this can occur along or in combination with other symptoms and with menstrual blood loss 80 ml. The FIGO [3] International Federation of Gynaecology and obstetrician committee for Menstrual disorder stated that AUB in the reproductive years, unrelated to pregnancy is set of symptoms not a disorder, while these symptoms are rarely life threatening and life altering particularly the symptoms of HMB. According to *Ayurveda*, the condition HMB can be correlated with *Asrugdara* and different terminologies used by different *acharya* for this condition. *Acharya Charaka* said that due to vitiated doshas,

there is increase in quantity of blood and came into *Rajovaha sira* which increases the quantity of *aartava* (*Pradirana of raja*) also and he gave *pradar* [4] concept for such heavy menses. *Acharya Sushrut* gave '*Asrugdara*' [5] term for HMB. He explained as excessive & prolonged bleeding during menstruation or in intermenstrual period, different from the features of normal menses. *Acharya Vagbhata* also explained same as like that of *Sushruta* but gives as a concept '*Raktayoni*' [6]

Modern Aspect of Heavy Menstrual bleeding (HMB): -

During the menstrual period many women experience symptoms like pain, cramps, irregularity and or heavy bleeding. A female who need to be changed sanitary pads or tampons more than every few hours. It is considered to heavy menses than normal and if it is affecting your everyday routine and making you feel physically weak then it is clearly Heavy Menstrual bleeding [7] which experience by 9 to 14 in every 100 of women. Healthy women organization [8] definition of HMB as it is a medical term for menstrual periods with abnormally heavy or prolonged bleeding. As it is a common concern most women did not experience blood loss severe enough to defined 'Menorrhagia'.

Cause of HMB: - [9]

Following are the etiological factor for Menorrhagia causing heavy menses.

1.General causes: - General causes includes Blood dyscrasia, coagulopathy, thyroid, dysfunction, Genital TB.

2.Pelvic causes: - PID, Pelvic adhesions, uterine fibroids, endometrial hyperplasia, adenomyosis, feminizing tumor, endometriosis, pelvic congestion are the common pelvic causes of HMB.

3.Contraceptive causes: - IUCD, post tubal sterilization, progesterone - only pills.

4.Hormonal /AUB: - There are two types of hormonal cause:

- 1) Ovulatory: It includes irregular ripening or irregular shedding.

- 2) Anovulatory: resting endometrium 80%
- 3) Metropathica haemorrhagica.

Signs & Symptoms: [10] Following are the Signs & Symptoms.

- 1) Menstrual flow that soaks one or more tampons & more pads for every hour.
- 2) Need to double up pads to control flow and need to change pads during night.
- 3) Menstrual periods for more than 7 days.
- 4) Menstrual flow with blood clots of large size.
- 5) Having constant pain in lower abdomen during abdomen.
- 6) Tired, lack of energy, Shortness of breath along with lack of doing her regular normal work.

Diagnosis: - [11]

Heavy menstrual bleeding due to any of the above etiological factor can be ruled out by following investigation –

- Complete haemogram
- BT, CT
- Thyroid Profile
- Pelvic Sonography
- Diagnostic hysteroscopy
- Endometrial Tissue Sampling by D & C or endometrial aspiration
- Diagnostic Laparoscopy
- Sonosalpingogram can be delineate a submerse fibroid clearly.
- Pelvic angiography is required when the causes of menorrhagia is not detected by other means.

Treatment according to Modern aspect [12]: -

According to modern view treatment aims at controlling symptoms and the cure being nearly always spontaneous. Following treatment should be recommended to control heavy menses according to underlying causes -

1)General: - When heavy bleeding is in progress, the patient should rest in bed i.e. complete bed rest and sedative may be given to relieve. Dietic errors and any causes for emotion upset should correct it possible.

2)Medical Management: - It includes –

- 1) Non – hormonal therapy
- 2) Hormonal therapy
- 3) Surgery

A. Non – Hormonal Method: -

- **Prostaglandin–synthetase inhibitor:** - Mefenamic acid 250 – 500 mg three times a daily is effective in reducing menstrual loss by 20-50 %, Diclofenac, ibuprofen and naproxen are also useful.
- **Antifibrinolytic drugs:** - Patient with heavy menses symptomatic treatment with antifibrinolytic agents can be given orally for 3-6 days which includes EACA (ε-amino caproic acid) 3g. 4-6 times daily or tranexamic acid 1gm 2-4 times a daily.

B. Hormones: -

1)Estrogens: - If the bleeding is very heavy either ovulatory or anovulatory and not responding to progestogens CEE (conjugated equine estrogen) 12.5 mg IV given and repeat after 12 hrs. Subsequent therapy starts with combined ocp's or progestins.

2)Estrogens & progesterone: - Combined OCP's are effective in heavy menses due to ovulatory cycle.

3)Progestogens: - Bleeding due ovulatory type it is preferable to give progesterone by injection or one of the synthetic progestogens orally. It converts hyperplastic endometrium into secretory phase and precipitated into normal shading when treatment stop.

4) Danazol :- In doses of 200-400 mg for 12 wks reduces the blood loss by 50%

5) Androgens: - Androgen will usefully control DUB of any type but are to be avoided due virilization effect.

6)GnRh analogue: - Along with adjuvant therapy for osteopenia, 50% of women and anovulatory and endometrial hyperplasia shows responses for this therapy.

C. Surgery: -

The place of surgery in the treatment of heavy menstrual bleeding varies with the age of patient. It should be last option in young girls and may be considered earlier in

women above the age of 40 yrs. Following are same name of surgeries done in HMB patient having different underlying causes.

- 1) Curettage
- 2) Endometrial ablation
- 3) Hysterectomy
- 4) Radiotherapy
- 5) Uterine artery embolization
- 6) Focused ultrasound surgery
- 7) Myomectomy
- 8) Endometrial Resection

Ayurvedic approach of Heavy Menstrual Bleeding: -

In *Ayurvedic* literature or *samhitas* various reference are given like in *sushrut samhita*, *Asrugdara* is explained in *sharir sthan* separately in *shukrashonit adhyaya*. In *charak samhita* it is described as separate disease its causes, pathophysiology and treatment in *yonivyapad chikitsa adhyay* of *chikitsa sthan*. *Ashtang Hridaya* explained *asrugdara* and *pradara* and *raktyoni* as a synonym in *sharir sthan*. *Madhav Nidaan* also explained etiology,sign, symptoms according to types and treatment in *adhyaya* 61.

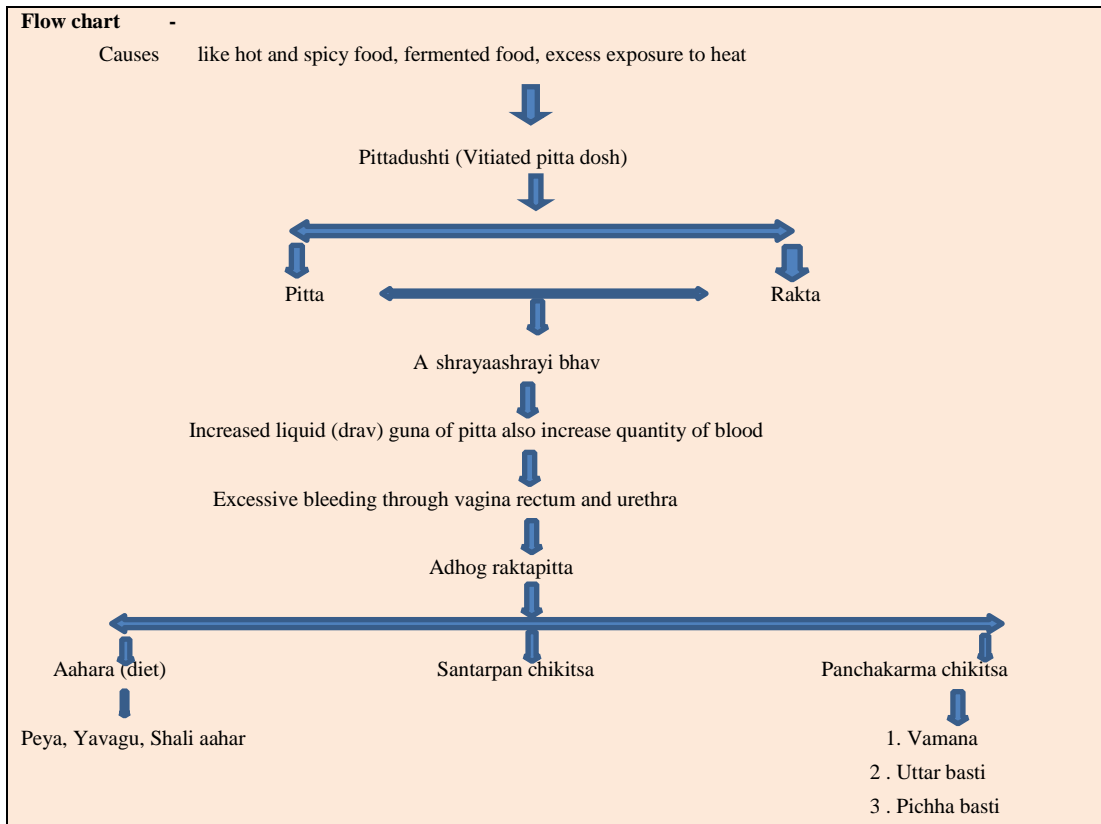
Differential Diagnosis of Asrugdara :

Following are the differential diagnosis of *asrugdara*-

1.Adhog Raktapitta: ^[13] In this bleeding can occurs either through rectum, vagina or through urethra. This may be considered to be causes of various bleeding disorder. As in *Ayurveda*, various causes described for the pathophysiology of *Adhog Raktapitta* like *ushna tikshna* (hot and spicy food),*amla* (sour), excessive exposure to heat may cause *pittadushiti*. As *pitta and rakta have aashrayaaashrayi bhav*,due to excess *ushna guna* (Heat) of *pitta*,it may increase in own quantity and also increase the quantity of *rakta* (blood),and such abnormal secretions flow through the rectum, vagina and urethra. This bleeding which occurs through various pathways may be in different colour like *Mechak* (dark blue), *anjan* (black) as described in *Ayurvedic* Various treatment modalities like *Santarpan Chikitsa*, *Peya* i.e. diet and also *panchkarma* like

'Vamana'(Induced vomiting by administration of drugs), *Uttarbasti* and *Picchabasti* gives an excellent results to stop bleeding.

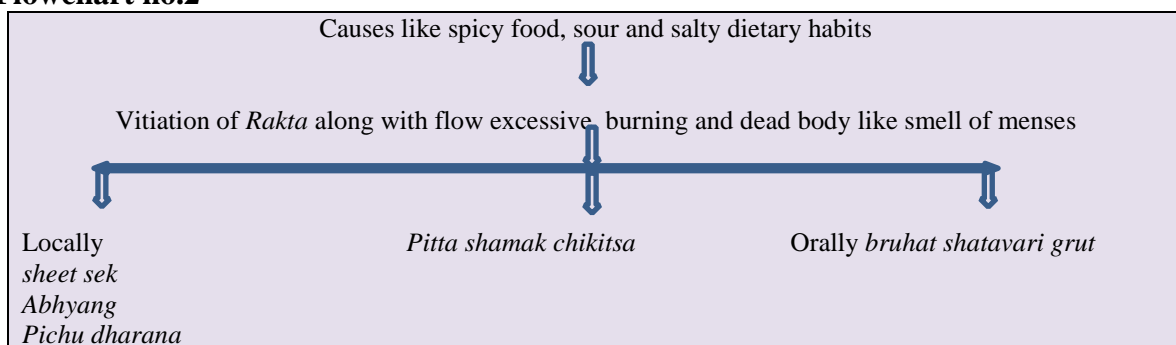
Flowchart no.1-



2.Pittaj Yonivyapad: [14]

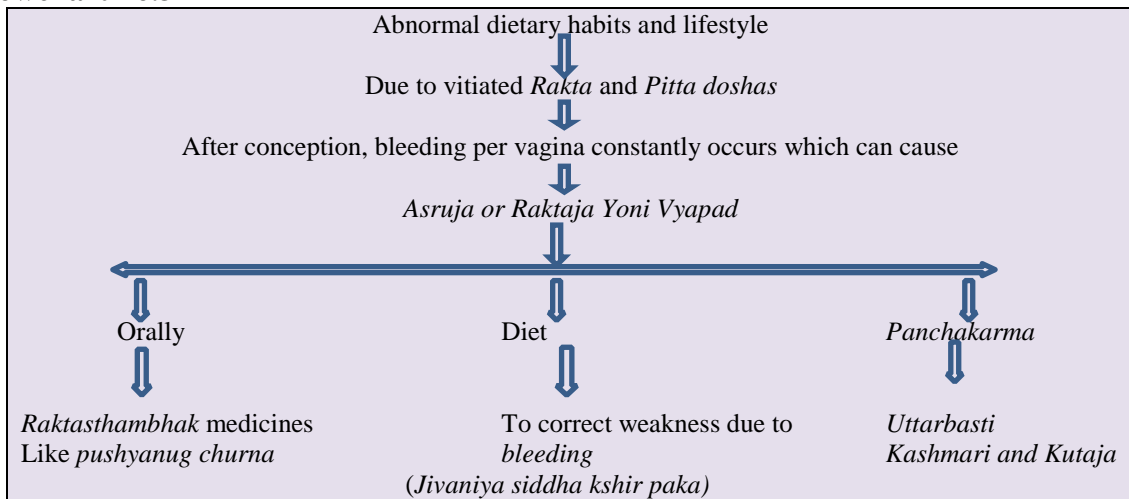
Due to various causes described in *Ayurvedic Samhita* like *katu* (spicy food), *amla* (sour), *kshar* (salty) diet frequently in day to day life, it may cause vitiations of *pittadosha* which ultimately vitiating the *Rakta*(blood), and can occur abnormal Bleeding *peet* (yellowish), *ushna* (hot), *ati* (excessive in amount). typically, in the *pittaj Yonivyapad* the smell of Bleeding is like dead body (*kunapgandhi*) along with burning sensation at vaginal orifices associate with fever. In some patient there is blackish discoloration of blood which is because of process of oxidation. *Pittashamak chikitsa* to normalize the *pittaj dosha*, orally *bruhatshtavari ghrut* and locally *abhyang*, *pichudharan*, *sheetsek* lowers the dead body like smell of menses and burning sensation at vaginal orifice due to vitiating of *pitta*. It is shortly described in following flowchart-

Flowchart no.2-



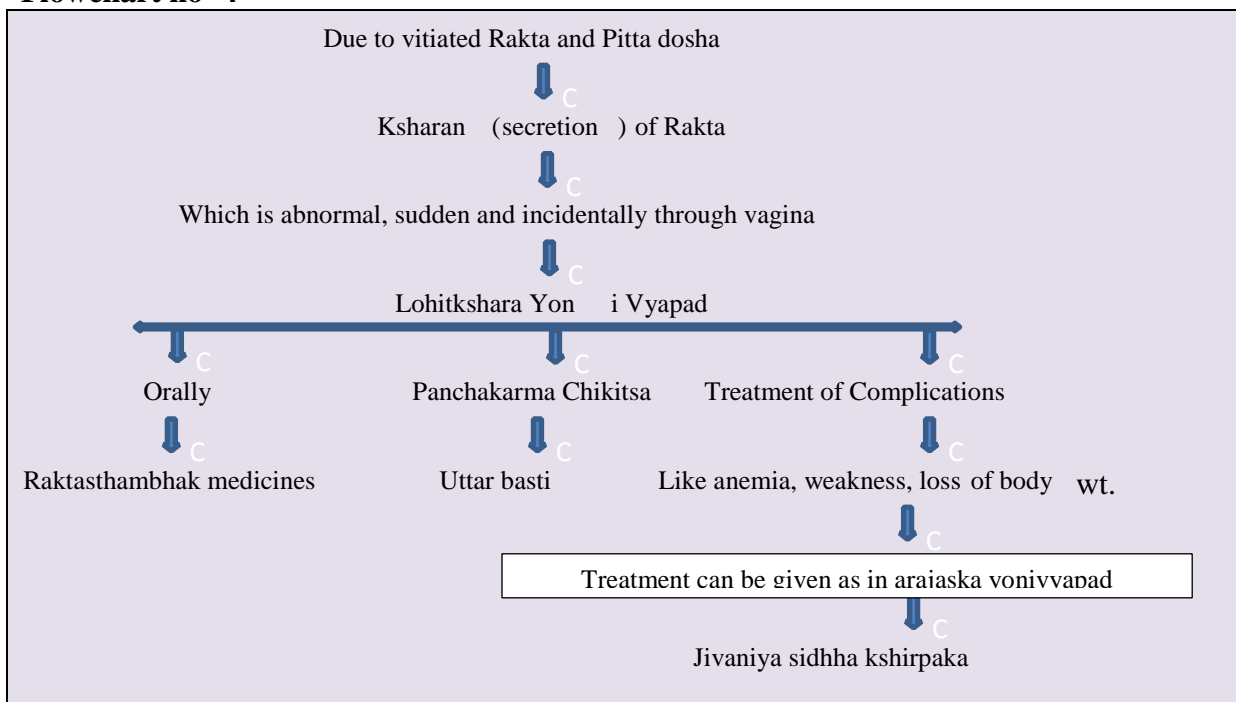
3. Asruja yonivyapad [15]: Due to various dietary habits, abnormal life style and other causes which vitiate the *pittaj* and ultimately *Rakta* may cause *Asruja yonivyapad* which can be typically differentiate with *Asrugdara* by a typical symptom like there is excessive and constant bleeding per vagina after conception of female. This can be correlated to early abortion where excessive bleeding present. Orally *Raktsthambhak* medication, *uttarbasti* by *kashmarya* and *Kutaja siddha ghrut* and diet like *Jeevaniyasiddha ksheerpan* to counteract the weakness is found to be effective. It is shortly described in following flowchart-

Flowchart no.3-



4. Lohitkshara yonivyapad [16]: There is sudden, insidious bleeding with *daaha* i.e. heating and burning sensation at vulval region. This can be correlated with cervical erosion, polyp etc. *Raktsthambhak* medication orally, *uttarbasti* and treatment of complications like anaemia, weakness, loss of body weight can be treated by treatment like *Jeevaniyasiddha ksheerpan* to the patient. It is shortly described in following

Flowchart no- 4



5.Paripulta Yonivyapad [17]: Heavy bleeding along with pain all over the pelvic region. *Pitta* along with *vaata* can cause severe pain even along with at abdomen. This condition can be correlated with chronic PID.

Etiological factors for Asrugdara :

Ahara: - [18]

Excessive consumption of: -

- 1) *Lavana* (salt), *amla* (Sour), *Katu* (spicy) Rasa
- 2) Food having characteristics such as *Guru* (heavy), *snigdha* (Oily), *vidaahi* (fermented).
- 3) Aquatic animal food like Fish, prawn crab etc. nonveg which contain excessive fats and proteins.

4) Milk products- Curd, *Krushra*, butter, paneer etc.

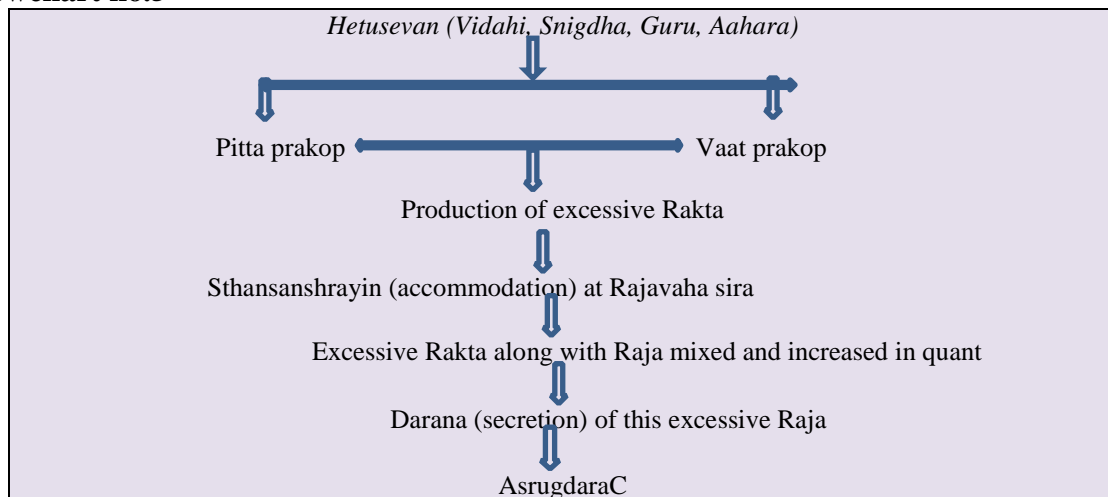
5) Beverages –alcohol like *Mastu*, *Shukta*, *Sura*.

6) Eating habits- *Viruddhasana*, *adhyshana*, *ajeernashana*

Vihhar Hetu: -

- 1) Excessive fulfillment of stomach
- 2) Severe wasting
- 3) Repeated abortions.
- 4) Over work of one's capacity.
- 5) *Diwaswap* – day time sleeping
- 6) *Samprapti* (Pathophysiology) of *asrugdara:* - [19]

Flowchart no.5-



Chikitsa (principal of treatment)

according is Ayurveda: -

From the different textbooks of *ayurvedic* literature following should be the principal of treatment for *asrugdara* :-

- 1) *Nidaan – parivarjan* (avoidance of etiological factors)
- 2) *Pitta – Vaastshamak*
- 3) *Dipan – Paachan*
- 4) *Raktashamabhak, Raktasangrahik*
- 5) *Tikta rasatmak*
- 6) *Sheetgunatmak chikitsa*

• *Acharya charaka* in their *chikitsa Stan:* [20]

In *Yonivyapad chikitsa adhyay* said that *pradara* treatment same like that of following diseases -

- 1) *Raktatisaar* (PR bleeding C diarrhoea)
- 2) *Adhog Rakrtapitta* (bleeding through Rectum, Vagina and wetwethral)
- 3) *Raktarsh* (bleeding piles)

• *Acharya Shushruta* gives four Measures for the prevention of Excessive blood loss which are as follows: [21]

- 1) *Sandhaan:* - *Kashay rastmak dravya* like *udumber, Khadir, ashok, Naagkeshar, Lodhra, Nyagrodha*, Allum is main used to stop bleeding.

- 2) *Skandana*: - It is a coagulation process which is done by *sheet veeryatmak* and *sheet gumatmak dravya*
- 3) *Paachana*: - Various *bhasmas* in *rasakalpa* is used for *pachana*.
- 4) *Dahana*: - for controlling blood loss cauterization of blood vessels done in *dahana karma*

Ayurvedic Management of HMB: -

• Standard doses of Ayurvedic preparation according to Acharya Sharangdhar :-

1. *Choorana* = 1 *karsha* = 10gm (approximately 5- 10 gm dose of any choorna must ne given to the patient) [Ref.sha.sa.madhyam khand 6/1,16)

2. *Swarasa* = 2 *karsha* = 1/2 *pala* = 20 ml
When the *swarasa* is prepared on heat the standard dose is 1 *pala* i.e.40 ml [Ref.sha.sa.madhyam khand 1/5,86]

3. *Aasava -aarishtha* = 1 *pala* = 4 *tola* = 40 to 50 ml [Ref.sha.sa.madhyam khand 10/2,164]

4. *Kwath* = 2 *pala* = 8 *tola* = 96-100ml [Ref.sha.sa.madhyam khand 2/3,90]

5. *Bhasma* = 1 *gunja* = 125 mg [Ref, sha.sa.Madhyam khand adhyay 11,175]

• Sthanik Chikitsa: -

- 1) *Udare gairik lepan* (local application of redore at lower abdomen to subside the pain & cramps)
- 2) *Shatdhaut ghrut lepan at udarpradesh.*
- 3) Locally hot water bag fomentation.

• Abhyantar chikitsa: -

- 1) *Pushyanug churna* 5 gm. twice a daily with *Tandulodak* (rice water) (Ref. cha. Chi. - 30/90-96)
- 2) *Lodharachooran* 1gm, *Nagkesharchoorna* 1gm, and *Praval bhasma* 250 mg twice a daily with *Tandulodak* (Ayurved prakash 37/58)
- 3) *Lodhrachooran* 1gm, *Jaharmohra pishti* 250mg

Twice a day with *tanduloak* (Ref. Siddhaya sangraha Jwaradhikaar)

- 4) *Vaasapatra swaras* + *Durva swaras* 40 ml twice a day. (Ref. Cha. Chi. adhya 3)
- 5) *Bhumyamalki churna* 2 gm C. *Tandulodak* twice a day. (Ref. Yogratanakar pradar chikitsa)
- 6) powdered root of *Bala* with milk 40ml twice a day. (Ref. Bhaishajya ratnavali adhya 66/6)
- 7) *Aamalki Choorana* 1 gm , *Haritaki Choorana* 1 gm, *Rasanjan* 250 mg twice a day (Ref. Bhaishajya ratnavali adhyay 66/17)
- 8) *Ashoktwak Ksheerpan* 40 ml twice a day.

• Panchakarma Chikitsa: - Following are the Panchakarma procedures for the treatment of heavy means: -

- 1) *Mahatikta ghrut virechana* 40 - 60 ml on the day of virechana along. Sips of Leukwarm water. (Ref. Cha. Chi. 30/99) [22]
- 2) *Kashmarya bharad+ Kutaja bharad kwath siddhaghrut* 6 - 10 ml Installation daily × 5 days. (Ref. Cha. Chi. 30/100)
- 3) *Shatavari Churna* orally 5 gm C Milk twice a day. (Ref. Charak Kalpasthan adhyay 5) [23]
- 4) *Picchabasti* followed by *prapaundirikadi ghrut anuvasan basti*. 40ml × 8 days. (Ref. Charak chi. adhyay 19/94) [24]
- 5) *Chandanadhya tail* or *Shatdhaut ghrut Picchabasti* at *Gudpradeshi* (Ref. Cha. Chi. adhyay 19/92). [25]

Pachakarma procedures used in the Management of HMB :-

In the different *ayurvedic samhitas* and textbooks, *panchkarma* therapy considered as soul of Ayurveda treatment. For the management of heavy and prolonged bleeding, various *panchkarma* procedure are done since ancient time. following some *panchkarma* procedure are described shortly to control and manage the heavy menses.

1.Virechana : Virechana is the famous treatment to control vitiated pitta along with Kapha and vaata also. compared to *vamana*, it is very convenient for the patient and physician also. Complications are also and these are manageable.

➤ **Indications** : Polyurea, Diabetes mellitus, piles, fistula, splenomegaly, tumor, cyst, epilepsy, pylori stenosis, anaemia, jaundice, skin diseases, bleeding disorders, Ascites, inguinal hernia, Gastroenteritis, cataract, burning at anal, urethral and vaginal region, infective wounds. anorexia, poisoning etc. these are some diseases indicated for Virechana procedure.

➤ **Contraindications:** Tuberculosis,epistaxis,CHD,loss of bowel control, excessive alcohol addiction, diarrhoea and dysentery,lock jaw,facial paralysis, indigestion are some diseases which are strictly contraindicated for Virechana.

➤ **Kaal(Period)** : In *ayurvedic* literature *virechana* should be given at *Sharad rutu* (Autumn),but it can be done at any time according to patients age, severity of disease and emergency.

➤ **Procedure** : The procedure of virechana is shortly described as follows –

1.Before starting actual *virechana*, *snehpana* of seven days and then 3 days *swedan*. Should be done by the patient to soften and lietning the body

2. On the day of *virechana*, *abhyang*(local massage) should done at early morning,by praying to the God,at sitting position the patient should take or administrate the drug in proper doses indicated for *Virechana*.

3.after one and half hour of administration,the patient start with *Vega*(loose motion) which can be recorded for *uttam* (30 *vega*),*madhyam* (20 *vega*), *heen*(10 *vega*) *shodhan* of body.

4.after stoppage of bouts, their will be weakness and lightening of body feel by the patient.

5.*sansarjan krama* (diet schedule) for 3,5 or 7 days according to *shodhan* is given to the patient and discharge the patient.

6.If any complications occurs, treatment should done accordingly.

2.Picchabasti : It is an enema procedure where drugs preparation in the form of *kwath,ghrut* is administrated per rectum.it is mainly done for vitiated *vaata dosha* which is main cause of various diseases.

➤ **Indication** : diarrhoea, dysentery,irritable bowel syndrome,per rectal bleeding, prolapsed rectum are some indiation for *Picchabasti*

➤ **Contraindications** : The diseases which are contraindicated for *Virechana* are also contraindicated for *picchabasti*.

➤ **Maatra(Dose)** : Nearby 650 ml.

➤ **Procedure** :

1.Patient should follow the protocol of *snehpana and swedan* as per said in *virechana*.

2.At the time of *basti* the patient should lying down on table in left lateral position with right leg folded from knee.

3.prepared drugs should administrate by the simple rubber catheter from the anal opening and ask the patient to take breathing.

4.slight massage on lower back, thing and on feet should done,wait for sometime, the patient have urgency for passing stool and vitiated doshas are thrown away out of body along with faeces.

➤ **Difference** : *picchabasti* is different from the other *basti* as,the drugs indicated and prepared for this is 'picchil' *gunatmak* i.e. sticky in consistency so the name given '*picchabasti*'.

3.Uttarbasti : In this ,prepared drugs in the form of *ghrut or taila* is administered per vaginally in female and through urinary tract in male.

➤ **Maatra (dose):**

1.A female before 25 year = 1 karsha =24ml

2.A female more than 25 year =1 pala=48 ml

➤ **Procedure** :

1.patient should follow the protocol of *snehan and swedan* before the actual procedure as per explained in *Ayurveda*.

2. *krama of anuvasan basti* then *niruh basti* and the *anuvasan basti* is given to the patient before *uttarbasti*.

3. Inj. atropine and inj cyclopam is given half hour before to avoid any complications.

4. patient is taken in labour room, the patient should lying down in lithotomy position.

5. Under all aseptic precaution, by using small feeding tube the *ghrut or taila* administrate per vaginally to the patient.

6. Head low given and rest the patient for 2 hours, tampon soaked with taila or ghrut is kept per vaginally under all aseptic precaution

7. after 2 hrs discharge the patient, follow up for next day.

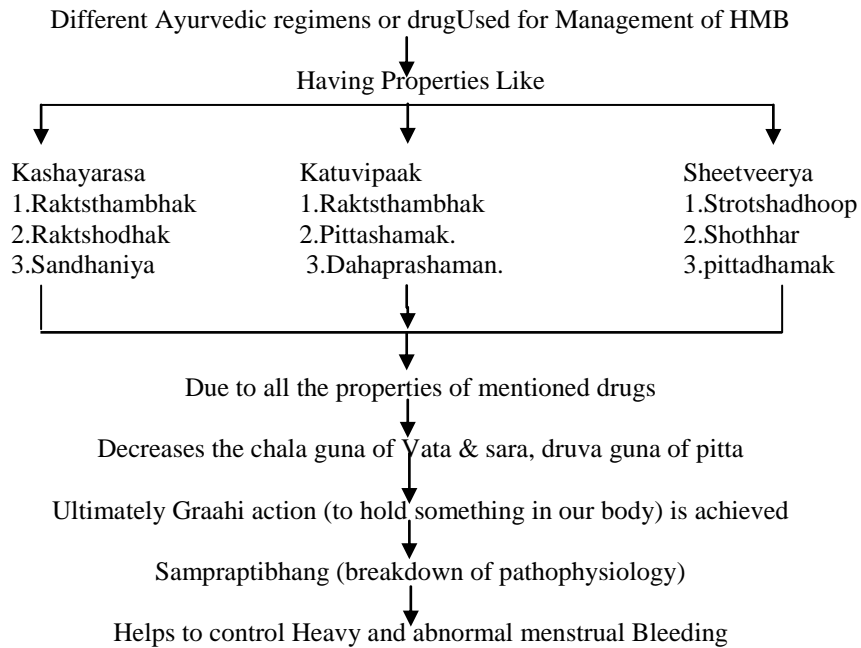
DISCUSSION

The NICE (National Institute for Health and Care Excellence) in the United Kingdom proposed a definition of HMB as an excessive menstrual blood loss that interferes with women's physical, emotional social quality of life and can occur alone or in combination with other symptoms. in *ayurveda* as it is correlate with *Asrugdara*, *acharya Charaka* explained as diseases of vitiated *Rakta* and *pittavrutta vata* and *apan vayu*. As in the pathogenesis of *Asrugdara*, *chalaguna of vaata, Sara* and *dravya guna of pitta* increase the amount of blood and mixed along with *raja*. (Menstrual blood). To stop Excessive secretion of this Menstrual flow, the treatment like *Raktsthambhak, Tikta rasatmak, deepan pachaniya* and *sheetgunatmak drugs* might have affect the *Sara* And *dravya guna of pitta*. Disturbances which may occurs in endometrial blood vessels and capillaries can normalize by this treatment to reduce the excessive menstrual bleeding by *Strotoshodhan* activity and a female can experience her normal Menstrual period with normal blood flow. Also in the *Adhog Raktapitta* where, abnormal and excessive bleeding through vagina, rectum and urethra due to increased *dravaguna of pitta* which can ultimately increase the blood quantity

also. in this pathogenesis, the treatment like panchkarma therapy in the form of *uttarbasti, vamana* and *picchabasti* gives strength to uterine and rectal muscles may help to normalize the internal environment of uterus, rectum and urethra. the diet in the form of *Santarpan Chikitsa, peya, yavagu* etc. helpful to compensate the complications occurs due to excessive and abnormal Bleeding.

In the *Pittaj yonivyapad*, there is vitiation of mainly *pitta dosha*, which can also cause vitiation of *rakta* along with excessive flow, burning and deadbody like smell of menses. as it is an abnormality mainly of *pitta*, *Pittashamak* treatment is mainly considered to be very effective. *Sek, anhyang, pichudharan* may compensate the burning sensation at vaginal orifices and deadbody like smell of menstrual flow. The bleeding per vaginum after conception, which can be correlate with early abortion in modern aspect, the *Asruja yonivyapad* had also same pathophysiology as per *ayurveda*, in this to avoid bleeding per vaginum after conception, *uttarbasti* like treatment give strength to uterine muscles and blood vessels to hold the conceptual material and avoid bleeding through vagina. orally *Raktsthambhak* medicine and diet management to compensate the complication like anaemia, weakness and weight loss of the patient. In short, most of the drugs of the above treatment have *kashay ras* having *Raktsthambhak, raktashodhak* and *sandhaniya* property, these drugs having *sheetveerya* property are *Raktsthambhak*, *Pittashamak* and *daahprashamn* property and the *vipaak katu* have *Strotoshodhan, aampachan* and *shothhara* property. Due to all these properties of drugs, *Grahi* action (means to hold something in our body) has been achieved which should be predominantly indicated in all bleeding conditions and also in management of HMB to control abnormal and Excessive bleeding. It is shortly described in following flowchart-

Flowchart no.6-



CONCLUSION

Different modern treatment modalities like vaso-constriction drugs, hormonal therapy, antiprostaglandins, antifibrinolytic agent and surgical intervention available for the management of HMB. Taking into account the side effect, complication and expensive treatment for common people, the ayurvedic management in the form different regimes, *panchakarma* therapy can be recommended as safe, effective and feasible for the patient in the management of HMB.

REFERENCES

1. www.medicinet.com, Charles Davis Medically reviewed on menstruation (menstrual cycle period) Published in 9/16/2019. P.No.2
2. NICE, Heavy Menstrual bleeding: assessment and management NG 88, March 2018. <https://www.nice.org.uk/guidance/ng>
3. FIGO committee for menstrual disorder, duration 2015-2021, p.no.1 <http://www.figo.org>
4. Shastry Rajeshwar, Charak samhita, chikista sthan 30/209 chaukhambha Bharti academy 2011. 868
5. Edited by Kaviraj Ambika Putta Shastri, sushrut samhita Shamir sthan 2/20, chaukhambha sankrit sansthan, 2009.16
6. Vd. Banarasidas M.Ashtang Haridayam Sharir Sthan 1/11 with Sarvang sundar vyakhya (Hindi) Publisher Pvt. Ltd., Delhi, 1st edition, 1990 .304
7. Informedhealth.org.(internet),cologne.Germ any : Institute for quality and efficiency in Health care, Heavy periods overview, 2006(updated of 2017) 1.
8. <http://www.healthywomen.org> external
9. Edited by Kumar Sunesh Howkin's & Bourne Shaw's textbook of gyanaeology 17th edition published by RELX India Pvt. Ltd 2018, P.No.129
10. Centre for disease control and prevention, Heavy Menstrual Bleeding accessed by 3/142018
11. Edited by Kumar Sunesh Howkin's & Bourne Shaw's textbook of gyanaeology 17th edition published by RELX India Pvt. Ltd 2018, P.No.131
12. Revised and updated by Kumar Gupta, Malhotra, Narendra, Jeffcoates principle of gyanaeology, Jaypee brothers medical publication, 7th international edition 2008, P.No 607.
13. Edited by Shastry Rajeshwar, charak Samhita, chikitsa sthan 4/6,12,32,55 chaukhambha Bharti Academy 2011, P.No. 220-230
14. Edited by Shastry Rajeshwar Charak Samhita Chikitsa sthan 30/12, chaukhambha Bharati academy 2011,p.no.1011

15. Edited by Shastry Rajeshwar Charak Samhita Chikitsa sthan 30/16, chaukhambha Bharati academy 2011,p.no.1011
16. Edited by kaviraj Ambika Datta Shastri, Sushrut Samhita uttartastra, 38/20, chaukhambha sanskrit sansthan 2009, 15
17. Edited by Shastri Rajeshwar, charak samhita chikitsa 30/24, chaukhambha Bharti Academy, 2011 , 1014
18. Edited by Rajeshwar Shastri, Charak Samhita, chikitsa sthan, 30/204-205 chaukhambha sanskrit sansthan 2009, 1044.
19. Edited by Rajeshwar Shastri, Charak Samhita, chikitsa sthan, 30/207-209 chaukhambha sanskrit sansthan 2009, 1045
20. Edited by Rajeshwar Shastri, Charak Samhita, chikitsa sthan, 30/228 chaukhambha sanskrit sansthan 2009, 1047
21. Edited by Kaviraj Ambika, D.Shastri, sSushruta samhita Sutra sthan 14/ 42-43 chaukhambha sanskrit sansthan 2009, 112
22. Edited by Rajeshwar Shastri, Charak Samhita, chikitsa sthan, 30/99 Chaukhamba sanskrit sansthan 2009 P.No. 1028
23. By Ramchandani P, Suman S. a clinical student on the effect of shatavari churna & shatavani taila uttarbasti in atyartara, IJGP, 2018, P. No. 1
24. Edited by Rajeshwar Shastri, Charak Samhita, chikitsa sthan, 19/94 Chaukhamba sanskrit sansthan 2009 P.No. 688
25. Edited by Rajeshwar Shastri, Charak Samhita, chikitsa sthan, 19/92 Chaukhamba sanskrit sansthan 2009 P.No. 688

How to cite this article: Mishra A, Marlewar S, Manoorkar S et.al. A clinical review of ayurvedic treatment modalities for the management of heavy menstrual bleeding. International Journal of Science & Healthcare Research. 2020; 5(4): 85-95.
