



## A COMPREHENSIVE REVIEW STUDY OF ASRIGDARA IN RELATION TO MENORRHAGIA

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**How to cite this Article:** Vd. Minal N. Narkhede\*<sup>1</sup>, Dr. Rachana V. Pawar<sup>2</sup>, Dr. Surekha P. Hiwale<sup>3</sup>, Dr. Atul L. Chaudhari<sup>4</sup> (2026). A COMPREHENSIVE REVIEW STUDY OF ASRIGDARA IN RELATION TO MENORRHAGIA. World Journal of Advance Pharmaceutical Sciences, 3(3), 130-133.



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<p><b>Article Info</b></p> <p><b>Article Received:</b> 19 January 2026, <b>Article Revised:</b> 08 February 2026, <b>Article Accepted:</b> 28 February 2026.</p> <p><b>DOI:</b> <a href="https://doi.org/10.5281/zenodo.18850742">https://doi.org/10.5281/zenodo.18850742</a></p>	<p><b>ABSTRACT</b></p> <p>Ayurvedic medicine is among the oldest medical systems globally and continues to be a traditional healthcare system in India. Any irregularity in the menstrual cycle (<i>Rituchakra</i>) results in excessive and irregular uterine bleeding, referred to as "<i>Asrigdara</i>" in classical literature. The complex interplay between the hypothalamus, pituitary gland, ovaries, and endometrium, along with the psychological impact on the hypothalamus and its subsequent effects on the pituitary and ovaries, complicates the identification of the precise abnormality or underlying cause of the condition. These instances are subsequently categorized as DUB or <i>Asrigdara</i>. Numerous reports indicate that between 30% and 50% of women of reproductive age experience excessive and prolonged uterine bleeding due to various underlying factors. Modern medical treatments such as hormone therapy, ant prostaglandins, and antifibrinolytic agents are commonly prescribed. This study provides a comprehensive understanding of <i>Asrigdara</i>.</p> <p><b>KEYWORDS:</b> <i>Asrigdara</i>, <i>Rakta Pradara</i>, <i>Rituchakra</i>, Menorrhagia.</p>
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### INTRODUCTION

In the universe, women have been placed in a position of extreme reverence due to their power of *Janani*. The divine has endowed females with the invaluable gift of motherhood. The journey towards motherhood begins with puberty and concludes with menopause. *Asrigdara*, characterized by excessive and prolonged menstrual or intermenstrual bleeding, was documented around 1400 BC in ancient literature. Any irregularity in *Ritucharya* (menstrual rhythm) can lead to excessive and irregular uterine bleeding, referred to as "*Asrigdara*."<sup>[1]</sup> Ayurveda

provides an in-depth analysis of the *Nidana*, *Lakshana*, *Bheda*, and *Samprapti* of *Asrigdara*. The current study aims to validate the theoretical components of *Nidana* and *Samprapti* related to *Asrigdara*. Menorrhagia is defined as cyclical bleeding occurring at normal intervals, where the bleeding is either excessive in volume (greater than 80 ml), lasts more than 7 days, or both, due to any clinically identifiable organic system, iatrogenic causes, or abnormalities in the coordination of the hypothalamic-pituitary-ovarian axis.<sup>[2]</sup>

### ✚ Concept of Asrigdara

*Ritukala* is noted to last either 12 days or, according to some, 16 days.<sup>[3]</sup> It is suggested that the seeds deposited during this timeframe are likely to result in conception, which is why it is referred to as *Ritukala*.<sup>[4]</sup> Considering this perspective, the emphasis on conception, along with the specified duration of 12 or 16 days, may indicate a description of ovulation. *Raktapradara* is a condition characterized by excessive vaginal bleeding. This ailment has been recognized since the era of the *Vedas* and *Puranas*. *Charaka* described *Raktapradara* as a distinct disease, detailing its treatment within *yonivyapad chikitsa*, and categorized it as one of the *raktapradoshaja vikara* associated with *pittavruta apana vayu*.<sup>[5,6]</sup> *Acharya Sushruta* also identified it as a separate disease in the *shukra shonita adhyaya of shareerasthana*<sup>[7]</sup>, noting its relation to *pittasamyuktaapana*.<sup>[8]</sup> Additionally, he referenced it in the context of *rakta pradoshaja vyadhi*.<sup>[9]</sup> The *Ashtanga Sangraha* discussed *raktayoni* and identified *Raktapradara* and *Pradara* as synonymous terms.<sup>[10]</sup> Meanwhile, the *Ashtanga Hridaya* described *raktayoni* but did not provide any information regarding *Raktapradara* or *Pradara*.<sup>[11]</sup>

### Definition

The excessive flow of menstrual blood is referred to as *Asrigdara*. This condition arises from excessive excretion (*Pradirana*) of Menstrual Blood (*Raja*), leading to its designation as *Pradara*. Furthermore, due to the excessive excretion (*Pradirana*) of Menstrual Blood (*Asrak*), it is also known as *Asrigdara*.<sup>[12]</sup>

### Etiology & pathogenesis

*Charaka*, in his discussion on the etiology of *Pradara*, noted that women who consume excessive amounts of *Lavana*, *Amla*, *Guru*, *Katu*, *Vidahi* (which produce a burning sensation), unctuous substances, meat from domestic, aquatic, and fatty animals, *Kshara*, *Payasa*,

*Dadhi*, *Sukta* (vinegar), *Mastu* (curd water), and *Sura*, can cause vitiation of *Rakta* (Blood). This vitiation occurs due to the aforementioned factors, with the aggravated *Vayu* transporting these elements to the vessels carrying *Raja* (the ovarian and uterine arteries), thereby increasing the immediate volume of *Raja*. As a result of this increased blood volume, experts in this field refer to it as *Asrigdara*. In this condition, the excessive fluid discharge is why it is termed *Pradara*.<sup>[12]</sup> *Acharya Harita* mentions that in infertile women, the milk-carrying channels of the breast are filled with *Vata*, leading to a lack of milk secretion. Additionally, these women experience excessive menstrual bleeding.<sup>[13]</sup> *Maharishi Bhela*, while discussing pathological conditions, states that if *Rakta* travels through an abnormal passage (i.e., the genital tract), the woman suffers from *Pradara*.<sup>[14]</sup> *Madhava Nidana*, *Bhavaprakasha*, and *Yogaratanakar*; in their respective texts, have identified the causes of *Asrigdara* as *Virudhha bhojana*, *sura*, eating before the previous meal has digested, *ajirna*, *garbhapata*, and others.<sup>[15]</sup> *Asrigdara* is also classified as one of the blood disorders (*shonitaja vyadhi*), characterized by the condition of *Pittavruta apana Vayu* (*Apana Vayu* covered with *Pitta*), an increase in blood volume (*Ati vrudhi* of *rakta*), and complications associated with *yonirogas*.

### Classification

*Asrigdara* is categorized into four types: *Vataja*, *Pittaja*, *Kaphaja*, and *Sannipataja* as noted in *Charak Samhita*, *Madhava Nidana*, *Sarangadhara Samhita*, *Bhava Prakasha*, and *Yogaratanakar*.<sup>[12,15]</sup> Although *Acharya Sushruta* acknowledged all types of *Asrigdara* within general clinical features, he did not provide a specific classification. Instead, he indicated that treatment should be approached similarly to *Raktapitta*, tailored to the predominant *dosha*.<sup>[16]</sup>

Sr no	Classification	Lakshanas
1	<i>Vataja Asrigdara</i>	<i>Artava -&gt; Phenila, Tanu, Ruksha, Shyava-Aruna, Saruja / Niruja Deha -&gt; Kati Vankshana Hrit Parshva Pristha Shroni Vedana</i>
2	<i>Pittaja Asrigdara</i>	<i>Artava -&gt; Saneela, Peeta, Ati-ushna, Asita, Rakta, Srava, Arti Deha -&gt; Daha, Raga, Trishna, Moha, Jvara, Bhrama</i>
3	<i>Kaphaja Asrigdara</i>	<i>Artava -&gt; Picchila, Pandu, Guru, Snigdha, Sheeta, Ghana, Mandaruja Deha -&gt; Chardi, Arochaka, Hrillasa, Shvasa, Kasa</i>
4	<i>Sannipataja Asrigdara</i>	<i>Tridoshaja Lakshana</i>

### Sign & symptoms

The chief symptom is excessive bleeding per vagina. It is accompanied by *angamardana* and *vedana*. If the bleeding is severe, *bhrama*, *chaitanya*, *trishna*, *daha*, delirium and pallor are also been observed.<sup>[17]</sup> *Madhava* characterized the increase in temperature as a related symptom.<sup>[18]</sup> *Charak* described the presence of excessive bleeding as the only symptom.<sup>[12]</sup> *Madhava Nidana*, *Bhavaprakasha* and *Yogaratanakar* have mentioned that all types *Asrigdara* has a general feature of *Angamarda* and *Vedana*.<sup>[15]</sup>

### Treatment Approach

- **Nidana Parivarjana:** first approach of treatment is avoiding causative factors.
- **Aushadi Proyoga: Just like Rakta yoni,** here also hemostatic drugs should be used giving due consideration to the association of doshas, diagnosed on the basis of colour and smell of the blood.<sup>[19]</sup>
- **Treatment prescribed for Raktatisara, Raktapitta, Raktarsha,**<sup>[20]</sup> *Guhyaroga*<sup>[21]</sup>, and *Garbhavrata* is also useful.
- **Basti Proyoga** is beneficial.<sup>[22]</sup>
- **Virechana** cures menstrual disorders.

**Nidana Parivarjana**

Base of all the principles of treatment, it includes identification and abolition of the cause.

**Aushadi Proyoga: (Medications)**

- **Medications for Internal Use:** Various formulations of drugs are administered based on the *doshik* predominance. Options include medicated milk, pastes and powders, sweet meat or balls, *Avaleha*, *Ghrita*, *Rasa*, *Vati*, *Aasava*, *Arista*, and others.
- **Medications for External use:** Some drugs can use externally like North wards situated root of *Vyaghranakhi* grown in a sacred place, uprooted during *Uttara Phalgun Nakshatra* and tied in the waist cures *Raktapradara*.<sup>[15]</sup> and some oil like Use of *Satapushpa* oil in the form of inhalation and massage is beneficial.<sup>[23]</sup>
- **Rakta Stambhana Chikitsa:** In this treatment *Stambhana* and *Sangrahika* drugs are used to stop the excessive flow of blood. *Rakta Stambhaka* drugs can be used in two ways.
- **Raktavardhaka Chikitsa:** This disease creates a condition of anemia in the patient So, along with *Rakta Stambhana chikitsa*, *Raktavardhaka chikitsa* is also necessary. Various Ayurvedic preparations can be given orally to treat anemia in patients of *Raktapradara* like *Pradarantaka Lauha*, *Punarnava Mandoor*, *Dhatri Lauha*, *Navayasa Lauha*, *Swarnamakshika bhasma* etc.

**Application of Basti**

The disturbance of *Vata* is regarded as the primary causative factor of *Raktapradara*. Since *Basti* is regarded as the treatment of choice for *Vata*, so is for *Raktapradara*. All the three *Acharyas* give the concept of *Shodhana basti*. This should be given during the period of *Rutukala*. However, during emergency this *basti* can be used at any time.

**Application of Virechana**

*Acharya Kashyapa* states that *Mridu Virechana* effectively treats menstrual issues caused by imbalanced *Pitta* and *Rakta*. *Acharya Charaka* recommended the use of *Mahatiktaghrita* as a *snehapana* for *virechana karma* in cases of *Pittaja-Rakta Pradara*.

**Modern concept: Menorrhagia / AUB**

Abnormal uterine bleeding represents a major concern, accounting for 20% of all gynecological consultations. It is a symptom rather than a standalone disease. Regular menstrual cycles are the result of a well-coordinated interaction between the endometrium and its regulatory factors. Any alterations in these components often lead to abnormal bleeding. Potential causes for this bleeding include neoplastic growths, hormonal imbalances, trauma to the reproductive tract, infections, coagulopathies, and pregnancy-related complications. Consequently, abnormal uterine bleeding is a prevalent gynecological issue that can impact women of all ages.

**Menstrual Cycle Abnormality**

Abnormal bleeding can present in various forms. Menorrhagia refers to cyclic bleeding occurring at regular intervals, characterized by either an excessive volume (>80 ml) or prolonged duration (>7 days), or both. The term menotaxis is commonly used to describe extended bleeding. Metrorrhagia is defined as any amount of bleeding that is a cyclical, occurring irregularly or continuously between normal cycles.<sup>[24]</sup> Women may often report experiencing both types of bleeding, known as Menometrorrhagia. In some cases, the menstrual cycle may shorten to 2-3 weeks and maintain that frequency, a condition referred to as Polymenorrhoea; if this is accompanied by heavy flow, it is termed Polymenorrhagia. Additionally, when menstrual bleeding is unusually light and lasts for only two days, it is called Hypomenorrhoea. Normal menstruation typically occurs every 28 days, with a variation of  $\pm 3$  days. Cycles with intervals exceeding 35 days are classified as Oligomenorrhoea. Lastly, Withdrawal bleeding is the predictable bleeding that often occurs following the sudden cessation of progestin.<sup>[25]</sup>

**Prevalence & Clinical evaluation**

- Abnormal uterine bleeding affects 10 to 30 percent of reproductive-aged women and up to 50 percent of perimenopausal women.
- First, it is essential to verify the source of uterine bleeding, as it can also originate from the lower reproductive tract, the gastrointestinal system, or the urinary tract. This verification becomes more challenging in the absence of active bleeding. In such cases, conducting a urine analysis or stool examination can serve as useful supplementary tools alongside a comprehensive examination.

**Treatment**

- Women require timely, safe, and effective solutions for their menstrual concerns.
- The primary treatment should always be medical for individuals without evident pathology.
- Dysfunctional Uterine Bleeding (DUB) can be managed through General Management, non-hormonal medical management, Hormonal treatments, and Surgical options.

**DISCUSSION**

One of the key elements for ensuring a healthy offspring is *Shuddha Artava*. Excessive bleeding from the uterus during menstruation or between periods is known as *Asrigdara*. This condition has been associated with dysfunctions in uterine hemorrhage. Herbal Ayurvedic treatments, such as *Raktastambhaka*, *Raktavardhaka*, *Dipana*, *Pachana*, and *Brihana*, are utilized to address *Asrigdara* and its effects. Various formulations of these medications are administered based on the dominant *dosha*, including medicated milk, pastes and powders, sweet meats or balls, *Avaleha*, *Ghrita*, *Rasa*, *Vati*,

*Aasava*, and *Arista*, among others, to effectively treat *Asrigdara*.

## CONCLUSION

*Asrigdara* is a condition that affects many women throughout their lives. We can offer symptomatic relief by recommending rest, providing reassurance, and managing symptoms effectively. Medications with properties such as *Kashaya Rasa*, *Shothahara*, and *Raktavardhaka* can be utilized in the treatment. In contemporary medicine, treatment typically involves hormone replacement therapy and surgical procedures, each with their own set of complications. Ayurvedic management is suggested as a safer and more effective approach to treating abnormal uterine bleeding.

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