

## UNDERSTANDING ASRIGDAR THROUGH THE EYE OF AYURVEDA

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### ABSTRACT

The female body is uniquely designed to perform the vital functions of reproduction and nurturing life. Due to cyclical hormonal variations and physiological changes occurring at different stages of life, women are particularly prone to various disorders related to the reproductive system. In the present era, changing lifestyle patterns, occupational stress, unhealthy food habits, and lack of adequate self-care have significantly affected women's health. The pressure of fulfilling both family and professional responsibilities often results in physical and psychological strain, thereby increasing the prevalence of gynecological ailments and negatively impacting the quality of life. Menstrual health is a crucial indicator of women's overall well-being. In Ayurveda, Artava refers to menstrual blood and also the female reproductive system. Any abnormality in Artava in terms of colour, quantity, smell, timing and associated

symptoms like generalized body ache, weakness and fatigue etc is called Artava Dushti. The incidence of Asrigdara among menstrual disorders is increasing rapidly. In Ayurveda, Asrigdara is characterized by excessive or prolonged or intermenstrual bleeding resulting from vitiation of Vata, Pitta, and Kapha doshas, particularly aggravated Vata and Pitta. Factors such as improper dietary habits, sedentary lifestyle, mental stress, and hormonal

imbalance disturb the normal functioning of the Rituchakra (menstrual cycle) and lead to disruption of the Hypothalamic-Pituitary-Ovarian (HPO) axis.

**KEYWORD:** Asrigdar, Artavadushti, Rituchakra.

### **AIM AND OBJECTIVES**

To study Asrigdara and understand its clinical importance in Streeroga.

### **MATERIAL AND METHODS**

All the information regarding Asrigdara and are collected from ancient Ayurvedic and modern literature, related journals, research and review articles.

### **INTRODUCTION**

Regular menstruation depends on the proper coordination between the endometrium and the factors regulating the menstrual cycle. In the present era, changes in lifestyle and dietary habits have increased the incidence of excessive and irregular menstrual bleeding. Due to excessive bleeding, many women are unable to perform their routine activities properly. This condition affects not only physical health but also the social, emotional, psychological well-being and overall quality of life of women.

Acharya Charaka has described Asrigdara as an independent disease along with its management in the Yonivyapad Chikitsa Adhyaya. He also included it under Raktaja Vikara and Pitta Avrita Apana Vayu. Acharya Sushruta explained Asrigdara separately in Sharira Sthana under Shukra Shonita Shuddhi Sharira Adhyaya. He further described it under Pitta Avrita Apana Vayu and Rakta Doshaja Vikara. In Ashtanga Sangraha, the term Raktayoni is mentioned and Asrigdara and Pradara are considered its synonyms. Ashtanga Hridaya mentions Raktayoni, while Asrigdara and Pradara are explained at some places under the term Rakta Pradara.

The term “Asrigdara” is derived from two words - Asrik meaning menstrual blood and Dara meaning excessive flow or discharge. Due to excessive excretion of Raja, the condition is termed as Pradara. Similarly, excessive discharge of Asrik is known as Asrigdara. Thus, excessive or prolonged bleeding during menstrual or intermenstrual periods is termed Asrigdara, and Pradara is considered synonymous with it.

**In modern science**, the term Abnormal Uterine Bleeding (AUB) is defined as any deviation from the normal menstrual pattern, including changes in regularity, frequency, duration and amount of menstrual blood loss. Earlier terms such as menorrhagia and dysfunctional uterine bleeding are no longer commonly used. Nearly one-third of women experience AUB at some stage of life, especially during menarche, reproductive age and perimenopause. A normal menstrual cycle occurs at an interval of 28 days  $\pm$  7 days, lasts for 2-7 days and involves blood loss of about 20-80 ml (Avg 35 ml) any variation in these parameters is considered AUB.

AUB significantly affects the physical, emotional, sexual and professional life of women, thereby reducing their quality of life. In 2011, the International Federation of Gynecology and Obstetrics (FIGO) introduced the PALM-COEIN classification system for causes of AUB. This system helps in better understanding, diagnosis and management of the condition. PALM refers to structural causes including Polyp, Adenomyosis, Leiomyoma and Malignancy, whereas COEIN includes non-structural causes such as Coagulopathy, Ovulatory dysfunction, Endometrial causes, Iatrogenic causes and causes Not yet classified. This classification is applied after excluding pregnancy-related causes of bleeding.

Approximately 10–20% of women of reproductive age experience abnormal uterine bleeding (AUB) at some point in their lives. It is commonly observed during adolescence, the reproductive phase, the postpartum and lactational period, and the perimenopausal phase. Recent studies report that nearly 19% of adolescent girls experience abnormal uterine bleeding, primarily due to immaturity of the hypothalamic–pituitary–ovarian axis, which results in anovulatory cycles. In most adolescents, regular ovulatory menstrual cycles become established within 18 months to 2 years after menarche. Abnormal uterine bleeding is also frequently observed in premenopausal women, and a large proportion of cases are associated with anovulatory cycles.

### **Clinical Features**

Clinical presentation of AUB may vary from mild irregular spotting to severe vaginal bleeding. Alterations may occur in frequency, regularity, duration and volume of bleeding. Patients may also complain of excessive cramping, spotting after sexual intercourse, intermenstrual bleeding and prolonged menstruation lasting more than seven days. Bleeding may occur in regular or irregular cycles. Dysmenorrhea is generally absent in anovulatory

cycles. Excessive blood loss can lead to anemia. Proper evaluation is essential to exclude other causes of abnormal uterine bleeding before initiating hormonal therapy.

### Nidana.

1. Aaharaja Nidana	2. Viharaja Nidana	3. Mansika Nidana	4. Others
<p>(a) <b>Charaka Samhita</b> - Lavana, Amla And Katu Rasa, Snigdha, Guru, Vidahi Gunas. Mamsa, Krishara, Payasa, Dadhi, Shukti, Mastu, Sura and Madya.</p> <p>(b) <b>Madhava, Bhavaprakash and Yogaratnakar</b>- Viruddha Bhojana, Atimadya Sevan, Adhyashana and Ajeerna.</p>	<p><b>Madhava, Bhavaprakash and Yogaratnakar</b> - Atimaitihuna, Atiyana, Atimarga Gamana, Atibharvahana and Diwaswapna.</p>	<p><b>Madhava, Bhavaprakash and Yogaratnakar</b> – Shoka</p>	<p>(a) <b>Madhava, Bhavaprakash and Yogaratnakar</b> - Garbha Prapata &amp; Abhighata</p> <p>(b) <b>Bhela Samhita</b> Vitiated Apatya Marga</p> <p>(c) <b>Harita</b> – ksheeram cha na bhavet</p>

### Nidana Factor Responsible For Dosha Vitiation In Asrigdara.

Nidana	Dominant Mahabhuta / Guna	Effect On Dosha And Dhatu
Lavana rasa	Jala + Agni	Pitta prakop, Rakta vardhak
Amla Rasa	Prithvi + Agni	Pitta vriddhi, Rakta Dusti, Mamsavidaha
Guru Annapan	Prithvi+Jala	Kledakara, Kapha Prakopa
Katu Ras	Agni + Vayu	Raktasravaka, shonitasamghatabhedana
Vidahi Annapan	Agni + Vayu	Pitta prakopak
Snigdha Annapan	Prithvi+ Jala	Kledakarak, kapha prakopak
Pishitaanna	Abhishyandi	Kaphabhishyandi
Krishra	Guru	Kaphpitta prakopak
Payas, dadhi, gramyaudak medyani	Guru vishtambhi	Kapha medvriddhi
Shukta, Mastu, Sura	Amlata	Pitta prakopak
Atimaitihuna, Atiyana, Atimarga Gamana, Atibharvahana	-	Vata prakopak
Diwaswapna	-	Kapha prakopak
Shoka	-	Vata prakopak
Vitiated Apatya Marga	-	Tridosh prakopa

### PATHOGENESIS

Asrigdara develops due to improper dietary habits, unhealthy lifestyle, mental stress, and disease-related factors. Excessive intake of spicy, sour, salty, heavy, oily, and incompatible





**Pittaja Asrigdara** - Excessive intake of Amla, Ushna, Lavana, and Kshara substances aggravates Pitta Dosha along with Rakta, causing Sthanasamshraya in the Garbhashaya-gata Siras and leading to Pittaja Asrigdara.

The clinical features of Pittaja Asrigdara include

Neela (bluish), Peeta (yellowish), or Asita (blackish) Rakta Strava – discoloured menstrual bleeding, “Kimshukodaka-Samkasha” – discharge resembling the washings of Palasha Pushpa, Sheetala (cold) and Atyushna (hot) Rakta Strava, Nitya Rakta Strava (continuous bleeding), Muhur-Muhur Rakta Strava (recurrent or repeated bleeding), Arti (pain) and Daha (burning sensation), Raga (redness over the body), Trishna (excessive thirst), Moha (mental confusion).

**Kaphaja Asrigdara** - Excessive intake of Guru Ahara-Vihara and other Kapha-aggravating factors leads to the vitiation of Kapha Dosha along with Rakta. This causes Sthanasamshraya in the Garbhashaya-gata Sira, resulting in the manifestation of Kaphaja Asrigdara. The clinical features of Kaphaja Asrigdara include.

Pichhila (slimy), Guru (heavy), and Snigdha (unctuous) Rakta Strava, Pandu Varna Raktastrava (pale coloured bleeding), Sheetala Raktastrava (cold bleeding), Ghana (thick), Manda (slow), and Rujakara (painful) Rakta Strava, Chhardi (vomiting), Arochaka (anorexia/loss of appetite), Hrilasa (nausea), Swasa (dyspnoea), Kasa (cough).

**Sannipataja Asrigdara** - In Sannipataja Asrigdara, features of all three Doshas are observed simultaneously. Consumption of Tridosha Prakopaka Ahara-Vihara by a Vyadhi Pidita and Rakta Kshaya Pidita Stree aggravates the Doshas, leading to abnormal discharge through the Yoni.

The clinical features include

Durgandha (foul smelling), Pichhila (slimy), and Vidagdha Rakta Strava (vitiating bleeding), Peeta Rakta Strava (yellowish discharge), Sarpi, Majja, and Vasa Rakta Strava resembling Ghrita, fat, and marrow, Vegasravi (forceful discharge), Nirantara Strava (continuous bleeding), Trishna (thirst), Daha (burning sensation), and Jwara (fever).

## UPADRAVA

Daurbalya, Brhma, Murcha, Tama, Daha, Pralap, Panduta, Tandra, Vataja roga like Akshepaka.

## **SADHYA–ASADHYATA**

Among the various types of Asrigdara, the prognosis of Sannipataja Raktapradara is considered comparatively poor due to the simultaneous vitiation of all three Doshas. The condition becomes more difficult to manage when excessive and prolonged uterine bleeding leads to significant depletion of Dhatus, particularly Rakta Dhatu.

The disease is characterized by *Atyartava*, i.e. excessive per-vaginal bleeding, which gradually results in generalized weakness and deterioration of the patient's overall health status. Common associated clinical manifestations include.

Angamarda (generalized bodyache), Daurbalya (weakness and fatigue), Trishna (excessive thirst), Daha (burning sensation), Bhrama (dizziness or giddiness), Murchha (episodes of unconsciousness), Tandra (drowsiness or lethargy), Jwara (fever).

Continuous and excessive blood loss ultimately leads to Raktanyunata (anemic condition) due to depletion of Rakta Dhatu. Therefore, timely diagnosis and appropriate management are essential to prevent complications and improve the prognosis of the disease.

## **CHIKITSA SIDDHANTA OF ASRIGDARA**

In Ayurveda, the management of Asrigdara is primarily aimed at correcting the vitiated Doshas, arresting excessive bleeding, improving the quality of Rakta, and restoring the normal menstrual rhythm. The treatment approach includes both Shodhana and Shamana Chikitsa along with appropriate dietary and lifestyle modifications. The line of management is planned according to the predominance of Doshas and the condition of the patient.

### **General Principles of Treatment**

- Nidana Parivarjana
- Pathya Ahara-Vihara
- Dosha Shodhana
- Dosha Shamana
- Rakta Sangrahana and Rakta Sthapana
- Agni Deepana and Dosha Pachana

#### **1. Nidana Parivarjana**

Avoidance of etiological factors helps in preventing further vitiation of Doshas and progression of disease.

Excessive intake of spicy, sour, salty, heavy, oily, and heat-producing food articles should be avoided. Consumption of fermented food, alcohol, excessive meat preparations, incompatible diet, and unhealthy lifestyle practices is also contraindicated. Mental stress, suppression of natural urges, excessive physical exertion, day sleep, and irregular dietary habits should be restricted.

Proper observance of Rajaswala Paricharya is advised to maintain the physiological balance of menstruation and reproductive health.

### **Pathya Ahara and Vihara**

#### **Ahara**

- Light and easily digestible diet
- Use of Shali Dhanya, barley preparations, milk, and Ghrita in suitable quantity
- Intake of Pitta-pacifying and Rakta-stabilizing food articles
- Adequate hydration and nutritious diet to prevent weakness and anemia

#### **Vihara**

- Adequate rest and proper sleep
- Avoidance of excessive exercise and stress
- Maintenance of personal hygiene
- Avoidance of day sleep and excessive sexual activity during menstruation

## **2. Dosha Shodhana**

Shodhana Chikitsa plays an important role in expelling vitiated Doshas from the body and reducing the chances of recurrence.

Virechana - As Pitta predominance is commonly observed in Asrigdara, Virechana Karma is considered beneficial for eliminating vitiated Pitta and purifying Rakta. It helps in restoring the normal function of Artavavaha Srotas and maintaining hormonal balance.

Basti - In conditions associated with Vata predominance, Basti Chikitsa is indicated. Basti helps in regulating Apana Vata, improving uterine functions, and correcting menstrual

abnormalities. In selected cases, Uttara Basti may also be considered under proper supervision.

### 3. Dosha Shamana

After purification therapy, Shamana Chikitsa is administered to pacify the remaining vitiated Doshas and maintain normal physiological functions.

Drugs possessing the following properties are preferred in the management of Asrigdara -

- Pitta-shamaka
- Rakta-stambhaka and Rakta-prasadana
- Balya
- Garbhashaya-balakaraka

### 4. Rakta Sangrahana and Rakta Sthapana

Excessive and prolonged bleeding may lead to Rakta Kshaya and generalized weakness. Therefore, therapies and drugs having Rakta Sangrahana and Rakta Sthapana properties are administered to control bleeding and restore the quality and quantity of Rakta.

Supportive measures for improving haemoglobin and overall strength are also essential during treatment.

### 5. Agni Deepana and Dosha Pachana

Correction of impaired Agni is an important aspect of treatment. Medicines having Deepana and Pachana properties help in improving digestion and metabolism, thereby preventing further Dosha vitiation.

Use of Tikta Rasa dominant drugs is beneficial because they:

- Pacify Pitta Dosha
- Promote Agni Deepana and Ama Pachana
- Help in Rakta purification
- Exhibit Lekhana action

### 6. Supportive and Rejuvenative Measures

Along with the main line of treatment, supportive therapies are advised to improve the general health of the patient and prevent recurrence of the disease.

- Maintenance of healthy lifestyle practices

- Psychological reassurance and stress management
- Iron-rich and nutritious diet
- Use of Rasayana drugs

Thus, the treatment of Asrigdara in Ayurveda is aimed not only at controlling excessive bleeding but also at correcting the underlying Dosha imbalance, improving reproductive health, and preventing recurrence of the disease.

## DISCUSSION

In Ayurvedic classics, most gynecological disorders are described under the broad category of Yonivyapada. Asrigdara is an important disorder characterized by excessive or prolonged menstrual bleeding and can be correlated with abnormal uterine bleeding in modern medicine. Acharya Vagbhata described Rakta Yoni, while Acharya Sushruta mentioned Lohitakshara Yonivyapada, both of which include excessive uterine bleeding as a major clinical feature.

According to Ayurveda, excessive intake of Ruksha Ahara-Vihara and other etiological factors leads to vitiation of Pitta, Vata, and Rakta. These vitiated Doshas affect the Garbhashaya and its vessels, resulting in excessive menstrual bleeding. Prolonged blood loss further aggravates Vata Dosha and produces complications such as weakness, dizziness, fatigue, dyspnea, burning sensation, anemia, drowsiness, and mental confusion. If not treated properly and in time, Asrigdara may become severe and life-threatening.

Prevention of Asrigdara mainly depends upon avoidance of causative factors (Nidana Parivarjana). In its management, drugs having predominance of Kashaya Rasa and Tikta Rasa are commonly used because of their Stambhana and Pitta-Shamaka properties, which help in controlling excessive bleeding. Along with hemostatic treatment, restoration of blood loss and improvement of haemoglobin levels are also important; therefore, Raktasthapana and Raktavardhaka drugs are recommended.

Maharshi Kashyapa emphasized the role of Virechana Karma in the management of Asrigdara. Since Virechana is the best therapy for pacifying Pitta Dosha and Rakta shares similar qualities with Pitta, it helps in correcting Rakta Dushti and breaking the pathogenesis of the disease. Various Ayurvedic classics such as Charaka Samhita, Sushruta Samhita, Bhava Prakasha, and Yoga Ratnakara have also described formulations beneficial in Pradara Roga,

which act by correcting the Atipravritti type of Srotodushti and controlling excessive discharge.

## CONCLUSION

Asrigdara, described in Ayurveda as excessive or prolonged menstrual bleeding with or without intermenstrual bleeding, can be closely correlated with abnormal uterine bleeding described in modern medicine due to the similarity in clinical manifestations such as excessive bleeding, pain, weakness, and body ache. According to Ayurvedic principles, indulgence in various Nidanas leads to the vitiation of Doshas, predominantly Vata and Pitta associated with Rakta Dushti. The aggravated Vata carries the vitiated Rakta towards the Rajovaha Siras of the uterus, resulting in excessive discharge of Raja (menstrual blood).

A comprehensive review of Ayurvedic classics and contemporary studies reveals that the management of Asrigdara aims not only at controlling excessive bleeding but also at correcting the underlying Dosha imbalance and improving overall health. The line of treatment primarily includes Nidana Parivarjana, Dosha Shamana, Shodhana Chikitsa, Rakta-Sthapana, and Rakta-Sangrahana therapies. Drugs possessing Kashaya Rasa, Tikta Rasa, Raktasthapana, and Raktavardhaka properties play a major role in reducing excessive menstrual flow and restoring hemostatic balance. Among Shodhana procedures, Virechana helps in alleviating vitiated Pitta and Rakta Dosha, while Basti therapy effectively regulates aggravated Vata, thereby improving the condition at its root level.

Furthermore, Balya Chikitsa and measures promoting proper nutrition, personal hygiene, and general health are essential in strengthening the reproductive system, preventing recurrence, and enhancing the quality of life of patients. Thus, Ayurvedic management offers a holistic, safe, and effective approach to the prevention and treatment of Asrigdara by addressing both the etiological factors and associated clinical manifestations comprehensively.

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