

A LITERARY AYURVEDIC REVIEW ON MANAGEMENT OF ASRIGDARA W.S.R. TO MENORRHAGIA

Dr. Neha Rai^{1*}, Dr. Priti Singh Verma²

¹P.G. Scholar, Dept. of Prasuti Tantra Evum Stree Roga, Sanskriti Ayurvedic Medical College & Hospital, Mathura, U.P.

²Guide, Professor & HOD, Dept. of Prasuti Tantra Evum Stree Roga, Sanskriti Ayurvedic Medical College & Hospital, Mathura, U.P.

Article Received on 05 July 2026,
Article Revised on 25 July 2026,
Article Published on 01 August 2026,

<https://doi.org/10.5281/zenodo.21773221>

*Corresponding Author

Dr. Neha Rai

P.G. Scholar, Dept. of Prasuti Tantra
Evum Stree Roga, Sanskriti
Ayurvedic Medical College &
Hospital, Mathura, U.P.



How to cite this Article: Dr. Neha Rai^{1*}, Dr. Priti Singh Verma². (2026). A Literary Ayurvedic Review On Management Of Asrigdara W.S.R. To Menorrhagia. World Journal of Pharmaceutical Research, 15(15), 2076–2089.

This work is licensed under Creative Commons Attribution 4.0 International license.

ABSTRACT

Asrigdara, a significant gynecological disorder in Ayurveda, manifests as excessive, prolonged, or intermenstrual uterine bleeding, correlating clinically with menorrhagia and abnormal uterine bleeding (AUB) in contemporary medicine. This literary review comprehensively examines the etiopathogenesis (Nidana and Samprapti), clinical presentation, and holistic management of *Asrigdara* as described in classical Ayurvedic texts—the *Brihatrayi* and *Laghutrayi*—while drawing parallels with modern understanding of heavy menstrual bleeding. The condition is primarily attributed to vitiation of *Rakta Dhatu* (blood tissue) and *Pitta Dosha*, with *Apana Vata* playing a pivotal role in its manifestation. Contemporary lifestyle factors, including dietary irregularities, psychological stress, and sedentary habits, are identified as significant contributors to the increasing prevalence of this disorder. This review synthesizes

classical therapeutic principles—*Nidana Parivarjana* (avoidance of causative factors), *Shodhana* (purificatory therapies), and *Shamana* (palliative therapies)—and evaluates their application through various formulations and treatment modalities, including single herbs (*Ekamoolika*), herbal-mineral preparations (*Rasoushadhies*), and Panchakarma procedures. Evidence from recent clinical studies supports the efficacy of combined *Shodhana* and *Shamana* approaches in managing *Asrigdara*. The review emphasizes Ayurveda's comprehensive, patient-centric approach that addresses not only symptomatic bleeding but

also the underlying systemic imbalances, offering a safe and effective alternative to conventional hormonal and surgical interventions.

KEYWORDS: *Asrigdara*, Menorrhagia, Abnormal Uterine Bleeding, *Raktapradara*, *Shodhana Chikitsa*, *Shamana Chikitsa*.

INTRODUCTION

Menstruation is a fundamental physiological process in a woman's reproductive life, serving as a key indicator of overall health and fertility. Normal menstruation, as defined in both Ayurveda and modern medicine, occurs at regular intervals (21-35 days), lasts 3-5 days, and involves blood loss of 20-80 ml per cycle.^[1,2] Any deviation from this pattern, particularly excessive or prolonged bleeding, significantly impacts a woman's physical, emotional, and social well-being.

Asrigdara, also referred to as *Raktapradara*, is one of the most common gynecological disorders described in Ayurvedic classics. The term *Asrigdara* derives from *Asrik* (menstrual blood) and *Dara* (excessive discharge), denoting an abnormally heavy or prolonged flow of menstrual blood.^[3,4] *Acharya Charaka* defines it as excessive excretion of *Raja* (menstrual blood), while *Acharya Sushruta* describes it as menstruation occurring with excessive amount, prolonged duration, and characteristics distinct from normal menstrual blood.^[4,5]

In contemporary medical terminology, *Asrigdara* correlates with menorrhagia—defined as cyclic menstrual bleeding that is excessive in amount (>80 ml per cycle) or duration (>7 days)—and more broadly with Abnormal Uterine Bleeding (AUB), a condition affecting 20-30% of women during their reproductive years.^[2,5] The global prevalence of AUB ranges from 3% to 30%, accounting for 30% to 70% of gynecological complaints among peri- and postmenopausal women.^[2] The International Federation of Gynecology and Obstetrics (FIGO) has classified AUB using the PALM-COEIN system (Polyp, Adenomyosis, Leiomyoma, Malignancy, Coagulopathy, Ovulatory disorders, Endometrial causes, Iatrogenic, Not classified), which provides a structured diagnostic framework.^[2,5]

While modern medicine offers various treatment modalities—including hormonal therapy (progestins, combined oral contraceptives, GnRH analogues), non-hormonal agents (NSAIDs, tranexamic acid), and surgical interventions (endometrial ablation, hysterectomy)—these approaches often provide temporary relief and are associated with

significant side effects and limitations.^[2,5] Hormonal treatments may cause irregular bleeding, weight gain, headaches, and breast tenderness, while surgical options are invasive and irreversible.^[5]

Against this backdrop, Ayurveda presents a comprehensive, time-tested approach to managing *Asrigdara*. Rooted in the principles of *Tridosha* (three bio-regulatory forces), *Dhatu* (tissues), and *Mala* (waste products), Ayurvedic management aims to address the root cause of the disorder by restoring systemic balance rather than merely suppressing symptoms. This approach involves dietary and lifestyle modifications (*Ahara-Vihara*), purification therapies (*Shodhana*), palliative medications (*Shamana*), and hemostatic measures (*Rakta Sthambhana*), offering a holistic and sustainable solution.^[1,4,5]

This literary review seeks to critically examine the etiopathogenesis, clinical features, and management principles of *Asrigdara* as delineated in classical Ayurvedic texts, and to evaluate their relevance and application in the contemporary context of menorrhagia and abnormal uterine bleeding.

AIM AND OBJECTIVES

Aim: To critically review and synthesize the classical Ayurvedic literature on the management of *Asrigdara* (w.s.r. to Menorrhagia), and to evaluate its correlation with contemporary medical understanding and treatment approaches.

OBJECTIVES

- To analyze the etiological factors (*Nidana*) of *Asrigdara* as described in major Ayurvedic texts (*Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, and other classics).
- To elucidate the pathogenesis (*Samprapti*) of *Asrigdara*, emphasizing the roles of *Dosha*, *Dhatu*, and *Srotas*.
- To systematically review the management principles—*Nidana Parivarjana*, *Shodhana*, *Shamana*, and *Rakta Sthambhana*—and evaluate specific Ayurvedic formulations and therapies.
- To correlate the Ayurvedic understanding of *Asrigdara* with the modern clinical concepts of menorrhagia and abnormal uterine bleeding.

Ayurvedic Perspective on Normal Menstruation

Ayurveda regards menstruation as a natural physiological process governed by the balanced action of *Vata*, *Pitta*, and *Kapha Doshas*, with *Rakta Dhātu* (blood tissue) and *Artava* (menstrual blood) playing central roles. The menstrual cycle is described as a reflection of the *Ritu Chakra* (cyclical rhythm), which depends on the harmonious functioning of the hypothalamic-pituitary-ovarian axis, a concept analogous to the modern understanding of the H-P-O axis.^[1,6]

Artava (menstrual blood) is considered *Upadhatu* (subsidiary tissue) of *Rasa Dhātu* (plasma/nutrient fluid) and is primarily controlled by *Apana Vata*, the downward-moving subtype of *Vata* located in the pelvic region. The normal menstrual flow is characterized by specific features: *Yatha Kala* (timely occurrence), *Yatha Pramana* (appropriate quantity), *Sthira* (stable for 3-5 days), *Alpa Vedana* (minimal discomfort), and *Prasanna Varna* (healthy color).^[1,3]

Acharya Vagbhata in *Ashtanga Hridaya* mentions that after the cessation of the menstrual period, the channels (*Srotas*) become clear, preparing the *Kshetra* (field) for fertilization and conception.^[1,2]

Definition of *Asrigdara*

The term *Asrigdara* is used in Ayurvedic classics to denote excessive or abnormal uterine bleeding. Different Acharyas have provided nuanced definitions.

- Charaka Samhita: Describes *Pradara* as the excessive excretion of menstrual blood (*Raja*). The condition is termed *Asrigdara* due to the excessive flow of *Asrik* (blood) from the *Garbhashaya* (uterus).
- Sushruta Samhita: Defines it as menstruation occurring with an excessive amount, for a prolonged duration, and with characteristics different from normal menstrual blood.^[5]
- Ashtanga Sangraha: Uses *Asrigdara* and *Pradara* synonymously and relates it to *Raktayoni* (a type of uterine disorder).
- Dalhana (Commentator): Attributes it to *Ativridhi* (excessive increase) of *Rakta* (blood).
- Harita Samhita: Mentions that *Asrigdara* is caused by *Vata* filling the milk-carrying channels of infertile women.
- Synonyms: *Asrigdara* is also known as *Raktapradara*, *Raktayoni*, *Atipravrutti Artava*, and is considered one of the *Yonivyapadas* (uterine disorders).

Etiological Factors (Nidana) of *Asrigdara*

Classical Ayurvedic texts elaborate on diverse causative factors for *Asrigdara*, which can be broadly categorized as dietary (*Aharaja*), lifestyle (*Viharaja*), psychological (*Manasika*), and traumatic (*Abhighataja*).

Dietary Factors (*Aharaja Hetu*)

The consumption of substances that vitiate *Pitta* and *Rakta* is a primary causative factor.^[3,6]

- Excessive intake of *Amla* (sour), *Lavana* (salty), *Katu* (pungent), and *Kshara* (alkaline) foods. Foods that are *Guru* (heavy), *Snigdha* (unctuous), *Ushna* (hot), *Sara* (mobile), and *Sukshma* (subtle). Consumption of *Dadhi* (curd), *Sukta* (vinegar), *Mastu* (whey), *Sura* (wine), *Payasa* (rice cooked with milk), meat of domestic and aquatic animals, and *Virudhahara* (incompatible foods).^[3,4,6]

Lifestyle Factors (*Viharaja Hetu*)

- Excessive sexual intercourse (*Atimathuna*), riding (*Atiyana*), walking (*Atiadhva*), exertion (*Atikarshana*), and abortion (*Garbhapata*). Exposure to excessive sunlight (*Atapa Sevana*), daytime sleeping (*Diwa Swapna*), and excessive physical exercise (*Ativyayama*). Daytime sleeping (*Diwa Swapna*). Suppression of natural urges, trauma (*Abhighata*), indigestion (*Ajirna*), and incompatible lifestyle habits.

Psychological Factors (*Manasika Hetu*)

Emotional disturbances such as *Shoka* (grief), *Krodha* (anger), and *Bhaya* (fear) are considered significant aggravators, contributing to the vitiation of *Vata* and *Pitta* through their effects on the hypothalamic-pituitary-ovarian axis.^[3,4]

Contemporary Lifestyle Correlates

Recent critical reviews have emphasized that while the fundamental *Nidanas* remain unchanged, modern lifestyle factors have significantly intensified their impact. Irregular eating habits, consumption of fast food, sedentary behavior, excessive screen exposure, sleep disturbances, and chronic mental stress are now recognized as major contributors to the prevalence and severity of *Asrigdara*.^[6] These factors lead to impaired digestive fire (*Agni*), hormonal imbalance, and disturbances in the physiological regulation of the menstrual cycle, accelerating the pathological cascade of *Samprapti*.

PATHOGENESIS (SAMPRAPTI) OF ASRIGDARA

The pathogenesis of *Asrigdara* involves a multi-step cascade of *Dosha* vitiation, *Dhatu* involvement, and *Srotas* obstruction.

SAMPRAPTI

Nidana Sevana: Continuous exposure to etiological factors (dietary, lifestyle, psychological) vitiates *Vata*, *Pitta*, and *Kapha Doshas*.

Dosha Dushti

- *Pitta Dushti*: Aggravated *Pitta* increases the *Drava* (liquid) and *Sara* (mobile) properties of the blood, leading to *Rakta Vriddhi* (increase in blood volume and liquidity).
- *Vata Dushti*: *Vata Dosha*, particularly *Apana Vata* (located in the pelvic region), gets obstructed (*Avarodha*) or aggravated, vitiating *Rakta Dhatu*.
- *Kapha Dushti*: Vitiating *Kapha* may contribute to excessive proliferation of the endometrial lining.
- *Rakta Dushti*: *Rakta Dhatu* (blood tissue) becomes vitiated due to its *Ashraya-Ashrayi* relationship with *Pitta* (similar properties), leading to its qualitative and quantitative increase.

Srotas Dushti: Vitiating *Doshas* and *Rakta* reach the *Rajovaha Siras* (blood vessels carrying menstrual blood) in the *Garbhashaya* (uterus), causing obstruction and increased vascularity.

Artava Atipravrutti: The increased and vitiated *Rakta* is expelled excessively by the aggravated *Apana Vata*, resulting in heavy and prolonged menstrual bleeding—the manifestation of *Asrigdara*.^[3,5,6]

Role of Pittavrita Apana Vata

Acharya Charaka and Sushruta emphasize the role of *Pittavrita Apana Vata*. The vitiated *Pitta* obstructs the downward movement of *Apana Vata*, causing it to forcibly expel the vitiated *Rakta* from the uterine vessels, leading to *Asrigdara*. This concept parallels the modern understanding of disturbed vasomotor functions and hormonal imbalance leading to AUB.

CLASSIFICATION OF ASRIGDARA

Classical texts classify *Asrigdara* based on the predominant Dosha involved. Acharyas Charaka, Madhava Nidana, Sharangadhara, Bhavaprakash, and Yogaratnakara have described four types.^[1,4,7]

Type	Predominant Dosha	Clinical Features
<i>Vataja</i>	<i>Vata</i>	Frothy, watery blood, reddish like Kimsuka flower, associated with lower back, pelvic, and chest pain; scanty but painful flow.
<i>Pittaja</i>	<i>Pitta</i>	Bluish, yellow, or blackish blood; associated with a burning sensation, inflammation, thirst, fever, and giddiness.
<i>Kaphaja</i>	<i>Kapha</i>	Pale, whitish, slimy (Picchila), thick, and unctuous blood; associated with heaviness, nausea, and sluggishness.
<i>Sannipataja</i>	<i>Vata, Pitta, Kapha</i>	Mixed features of all three Doshas, with blood having variable colors and consistencies; considered difficult to treat (Kastha Sadhya).

Associated Complications (*Upadrava*)

Continuous and excessive blood loss in *Asrigdara* leads to several complications, as described by Acharya Charaka.

- *Dourbalya* (generalized weakness and emaciation)
- *Bhrama* (giddiness)
- *Murcha* (fainting)
- *Tamas* (blackouts or syncope)
- *Daha* (burning sensation)
- *Pralapa* (irrelevant speech or delirium)
- *Panduta* (anemia/pallor)
- *Tandra* (drowsiness/lethargy)
- *Vata Vyadhi* (various *Vata* disorders due to depletion of *Rakta*)^{4,8}.

MANAGEMENT OF ASRIGDARA

The Ayurvedic approach to managing *Asrigdara* is comprehensive, addressing the root cause, purifying the body, pacifying vitiated *Doshas*, and providing symptomatic relief. The fundamental principle is *Nidana Parivarjana*—avoidance of etiological factors—followed by *Shodhana* (purification) and *Shamana* (palliation) therapies, with specific emphasis on *Rakta Sthambhana* (hemostasis).^[1,5,9]

Principles of Management

Acharya Charaka has laid down the foundational principles for treating *Asrigdara*, stating that it should be managed on the principles applied in *Raktatisara* (bloody diarrhea), *Raktapitta* (hemorrhagic disorders), and *Rakta Arsha* (bleeding piles). The therapeutic strategy involves.

- *Nidana Parivarjana*: Avoiding and eliminating all causative factors (dietary, lifestyle, psychological).
- *Samprapti Vighatana*: Breaking the pathogenic chain of events (*Samprapti*) to prevent further vitiation.
- *Shodhana Chikitsa*: Elimination of vitiated *Doshas* from the body through *Panchakarma* procedures.
- *Shamana Chikitsa*: Pacifying the remaining *Doshas* with internal medications.
- *Rakta Sthambhana*: Arresting excessive bleeding through specific hemostatic drugs and therapies.
- *Brimhana Chikitsa*: Nourishing and strengthening the body post-bleeding to counteract *Panduta* (anemia) and *Daurbalya* (weakness).

Shodhana Chikitsa (Purification Therapy)

Shodhana aims to expel the vitiated *Doshas* from the body, providing a long-term cure by addressing the root cause. For *Asrigdara*, the choice of *Shodhana* depends on the predominant *Dosha* and the patient's *Bala* (strength).

Vamana (Therapeutic Emesis): Recommended in *Kaphaja Asrigdara* to eliminate vitiated *Kapha* from the upper gastrointestinal tract.

Virechana (Therapeutic Purgation): Particularly useful in *Pittaja Asrigdara*, as it expels aggravated *Pitta* through the lower route, reducing inflammation and liquidity of blood.

Basti (Medicated Enema).

- *Anuvasana Basti* (Oil Enema): Used in *Vataja Asrigdara* to pacify aggravated *Vata*. Warm *Bala Taila* is often recommended.^[3]
- *Niruha Basti* (Decoction Enema): Used to eliminate *Vata* while also providing nutrition.
- *Uttara Basti* (Intrauterine Administration): Medicated oils or decoctions are administered through the vaginal route into the uterine cavity. Studies have shown that *Darvyadi Taila Uttar Basti*, when used in conjunction with oral *Darvyadi Kasaya*, is significantly more

effective in correcting short intermenstrual intervals and reducing bleeding than either therapy alone.^[8]

Shamana Chikitsa (Palliative Therapy)

Shamana involves the use of internal medications to pacify the vitiated *Doshas* and manage symptoms without eliminating them from the body.

Rakta Sthambhana Dravyas (Hemostatic Drugs)

Acharya Charaka mentioned ten *Shonitasthapana Gana Dravyas* (blood-stopping group of drugs) that are highly effective in managing *Asrigdara*.

- *Madhu* (Honey) – *Madhuca indica*
- *Madhuka* (Liquorice) – *Glycyrrhiza glabra*
- *Nagakeshara* – *Mesua ferrea*
- *Mocha Rasa* – *Salimalia malabarica*
- *Mritkapala* (Baked clay pot pieces)
- *Lodhra* – *Symplocos racemosa*
- *Gairika* (Red ochre) – *Ferric oxide*
- *Priyangu* – *Callicarpa macrophylla*
- *Sharkara* (Sugar)
- *Laja* (Parched grain)

Classical Formulations for *Asrigdara*

Darvyadi Kasaya

This formulation, described by Acharya Bhavaprakash for *Asrigdara* management, contains *Darvi* (*Berberis aristata*), along with other herbs.

Ashokarishta

A popular fermented formulation containing *Ashoka* (*Saraca asoca*) as the main ingredient, along with other herbs. *Ashoka* is traditionally used to regulate menstruation and stop excessive bleeding. It acts as a uterine tonic and *Raktapitta-Shamaka*.

Kutajashtaka Ghana

This formulation, taken from *Chakradutta (Atisaar Chikitsa)*, is indicated in *Asrigdara*.^[10]

Drakshadi Yoga

Referenced in Sushruta Samhita (*Uttara Tantra*) for *Raktapitta Chikitsa*.^[10]

Contains *Draksha* (*Vitis vinifera*) and other herbs, acting as a *Rakta-Prasadaka* and *Pitta-Shamaka*.

Ashoka Ghrita, Phala Ghrita, and Shatavari Ghrita

Medicated *Ghritas* (clarified butter preparations) are used for their *Vata-Pitta Shamaka*, *Rasayana*, and *Garbhashaya Balya* (uterine tonic) properties.

Single Drug Therapy (Ekamoolika Prayoga)

Simple, single-drug formulations can be used effectively and safely at the household level for initial management of *Asrigdara*.^[3]

- *Ashoka Bark Decoction*: *Saraca asoca* bark powder boiled in water, taken with sugar.
- *Lodhra*: *Symplocos racemosa* bark powder mixed with honey.
- *Nagakeshara*: *Mesua ferrea* powder with honey.
- *Mocharasa*: *Salmalia malabarica* gum with honey.
- *Pashanabheda*: *Bergenia ligulata* powder.
- *Utpala*: *Nymphaea nouchali* with sugar.
- *Shatavari*: *Asparagus racemosus* root powder with milk.

Rasa Chikitsa (Herbo-Mineral Preparations)

- *Pravala Pishti* (Coral compound)
- *Makshika* (Copper pyrite) preparations
- *Sutasekhara Rasa*
- *Chandrakala Rasa*
- *Bola Parpati*: A mineral preparation known for its hemostatic properties.
- *Loha Parpati*: Another mineral preparation used in bleeding disorders.

Dietary and Lifestyle Modifications (Pathya-Apathya)**Pathya (Wholesome Diet and Lifestyle)**

- **Diet**: Light, easily digestible, and cool foods. Old rice (*Purana Shali*), barley (*Yava*), wheat (*Godhuma*), moong dal (*Mudga*), and *Shashtika Shali* (rice variety) are recommended. Vegetables like bottle gourd, bitter gourd, and snake gourd are beneficial.
- **Fruits**: Pomegranate, apple, and banana.

- Liquids: Buttermilk, coconut water, and sugar cane juice (in moderation).
- Lifestyle: Adequate sleep (avoid daytime sleeping), light exercise, stress management, and regular mealtimes.

Apathya (Food and Lifestyle to Avoid)

Diet: Sour, salty, pungent, and hot foods; curd, vinegar, meat, alcohol, heavy and oily foods; incompatible food combinations (*Viruddha Ahara*).

Lifestyle: Suppression of natural urges, excessive physical exertion, daytime sleeping, exposure to sun and heat, and mental stress.

Modern Correlation: Asrigdara and Menorrhagia

- Menorrhagia: Defined as menstrual periods involving abnormally heavy bleeding (>80 ml per cycle) or prolonged bleeding (>7 days). The bleeding occurs at regular cyclical intervals.
- Abnormal Uterine Bleeding (AUB): A broader term encompassing any uterine bleeding that deviates from normal in terms of regularity, frequency, volume, or duration. It includes menorrhagia, metrorrhagia, menometrorrhagia, and intermenstrual bleeding.
- *Asrigdara*, with its description of excessive and prolonged bleeding with or without intermenstrual bleeding, encompasses both menorrhagia and the broader spectrum of AUB. The condition is one of the most common gynecological complaints, affecting approximately 15-20% of gynecological cases in India, predominantly in the 20-40 year age group.

Ayurvedic Concept	Modern Medical Correlate
<i>Pitta Vriddhi</i> (<i>Dravatva Guna</i>)	Increased endometrial vascularity and vasodilatation; imbalance of local prostaglandins (increased PGE2 causing vasodilatation and decreased PGF2 α causing reduced vasoconstriction).
<i>Vata Dushti</i> (<i>Apana Vata</i>)	Disturbed hypothalamic-pituitary-ovarian (HPO) axis function; anovulatory cycles with unopposed estrogen action leading to endometrial hyperplasia and irregular shedding.
<i>Rakta Vriddhi</i>	Increased endometrial thickness; increased uterine blood flow; higher blood volume in pelvic circulation.
<i>Srotas Dushti</i> (<i>Rajovaha Sira</i>)	Endometrial microvascular abnormalities; altered expression of angiogenic factors (VEGF, TGF- β) and matrix metalloproteinases.
<i>Kapha Dushti</i>	Increased endometrial proliferation leading to hyperplasia and polyp formation; chronic inflammation.
<i>Rakta Dhatu</i>	Disordered hemostasis; increased fibrinolysis (increased plasminogen

<i>Dushti</i>	activators); reduced platelet function.
<i>Dosha Vaishamya (Vata-Pitta-Kapha)</i>	Disruption of the normal hormonal balance; unopposed estrogen (<i>Kapha</i> -like proliferation) without adequate progesterone (<i>Pitta-Vata</i> regulated shedding and repair).

DISCUSSION

The literary review and analysis of classical Ayurvedic texts, supported by emerging clinical evidence, demonstrate that *Asrigdara* is a multifactorial disorder with complex etiopathogenesis. Its management requires a holistic, individualized approach that addresses *Aahara* (diet), *Vihara* (lifestyle), and *Manasika* (psychological) factors.

The classical *Nidanas* of *Asrigdara*—such as excessive intake of salty, sour, and hot foods, suppression of natural urges, and psychological stress—find remarkable resonance with modern lifestyle factors like consumption of processed foods, sedentary behavior, and chronic mental stress. This underscores the timeless relevance of Ayurvedic dietary and lifestyle principles.

The *Samprapti* (pathogenesis) highlights the central role of *Pittavrita Apana Vata* and *Rakta Dushti*, which parallels the modern understanding of vasomotor dysfunction, prostaglandin imbalance, and hormonal disruption underlying AUB. The *Ashraya-Ashrayi* relationship between *Pitta* and *Rakta* explains why blood vitiation is so prominent, as they share similar properties (*Ushna*, *Drava*, *Sara*).

The therapeutic strategy in Ayurveda is comprehensive.

- *Nidana Parivarjana*: This is the most crucial first step, aiming to remove the root cause.
- *Shodhana* (*Virechana*, *Basti*, *Uttar Basti*): Offers a long-term cure by eliminating the vitiated Doshas, a concept supported by recent clinical evidence showing superior results when combined with *Shamana*.
- *Shamana*: Provides immediate symptomatic relief and helps pacify *Doshas*. Formulations like *Darvyadi Kasaya*, *Ashokarishta*, and *Kutajashtaka Ghana* have shown significant efficacy.
- *Ekamoolika Prayoga* and *Rasa Chikitsa*: Offer safe, accessible, and rapidly acting options for acute and mild-moderate cases.

The modern therapeutic approach—hormonal therapy, NSAIDs, anti-fibrinolytics, and surgery—often provides temporary relief or is invasive, with significant side effects.

Ayurveda offers a safer, holistic, and cost-effective alternative. The success in managing perimenopausal AUB with Ayurveda without synthetic hormones or invasive procedures highlights its potential.

CONCLUSION

Asrigdara, corresponding to menorrhagia and AUB, is a significant gynecological disorder affecting millions of women. Ayurveda provides a comprehensive and time-tested framework for its understanding and management. The classical principles of *Nidana*, *Samprapti*, and *Chikitsa* offer profound insights into the etiology, pathogenesis, and treatment of excessive uterine bleeding. The vitiation of Pitta and Rakta, along with the role of *Pittavrita Apana Vata*, are central to the pathogenesis, paralleling modern understanding of hormonal and vascular imbalances.

Ayurvedic management, which includes *Nidana Parivarjana*, *Shodhana*, *Shamana*, *Rakta Sthambhana*, and *Rasayana*, not only controls excessive bleeding but also restores the *Tridosha* balance and strengthens the reproductive system. Evidence from recent clinical studies and case reports supports the efficacy and safety of Ayurvedic interventions, especially the combined approach of *Shodhana* and *Shamana*, in managing *Asrigdara*.

The holistic, patient-centric approach of Ayurveda, with its emphasis on dietary, lifestyle, and psychological well-being, offers a promising, safe, and sustainable solution for women suffering from heavy menstrual bleeding.

REFERENCES

1. Gupta, A., Verma, A., & Gakkhar, A. (2026). Ayurveda Standing Management of *Asrigdara* in Relation to Abnormal Uterine Bleeding a Systemic Review. *Journal of Ayurveda and Integrated Medical Sciences*, 11(4): 480-485.
2. Agrawal, T., Rathod, P., & Panigrahi, H. K. (2025). Management of Abnormal uterine bleeding in a perimenopausal woman through Ayurveda: An experience. *Journal of Ayurveda Case Reports*, 8(2): 99-103.
3. Swaminath, M., & Hiremath, R. S. (2023). *Asrugdhara* - A treatment approach through traditional Rasa Chikitsa and Ekamoolika Prayoga. *Journal of Ayurveda and Integrated Medical Sciences*, 8(5).

4. Vishwas, L. U., Walwatkar, P. J., & Jagtap, S. S. (2024). The classical ayurvedic perspective on Raktapradar (menorrhagia): an evaluation of etiology, pathogenesis and therapeutic strategies. *Ayurlog: National Journal of Research in Ayurved Science*, 12(03).
5. Yadav, R., Preeti, Agarwal, T., & Tewari, A. N. (2024). Analysis on action of Shaman and Shodhan Chikitsa in Asrugdara with special reference to Heavy Menstrual Bleeding. *Journal of Ayurveda and Integrated Medical Sciences*, 9(7).
6. Gurav, R. S., & Preeti. (2026). A Critical Review on Revisiting the Nidanas and Samprapti of Asrigdara (Menorrhagia) in context of Contemporary Lifestyle. *Journal of Ayurveda and Integrated Medical Sciences*, 11(4).
7. Tripathi, B. (2011). *Sharangadhara Samhita, Purva Khand, Kaladi Ch.5/28. DIPIKA Hindi commentary*. Varanasi: Chaukhamba Subharti Prakashan.
8. Agrawal, T., & Panigrahi, H. (2025). A Comprehensive Analysis of Ayurvedic Treatments for Asrigdara (Heavy Menstrual Bleeding). *Pharmacognosy Research*, 17(4): 1132.
9. Nayak, R., & Patil, V. (2024). Management of Asrgdara through ayurveda. *Ayurlog: National Journal of Research in Ayurved Science*, 12(03).
10. Meemansa, Saini, M. K., & Sharma, S. (2021). Management of Asrigdara with Drakshadi Yoga and Kutajashtaka Ghana with special reference to Dysfunctional Uterine Bleeding: A Comparative Clinical Study. *International Ayurvedic Medical Journal*, 9(1): 73-80.