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# RAKTAPRADAR A CASE STUDY WSR MENORRHAGIA

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## ABSTRACT

Raktapradar is a frequently encountered gynecological disorder characterized by excessive uterine bleeding occurring either during the menstrual period or at times unrelated to the normal menstrual cycle. In Ayurveda, it is categorized into Artava Atipravrutti (heavy menstrual bleeding), Deerghakala Pravritti (prolonged menstrual bleeding), and Anrutakala Pravritti (bleeding between menstrual cycles). This condition can adversely influence a woman's physical health, emotional well-being, and psychological status, thereby affecting her overall quality of life. The increasing prevalence of Raktapradar highlights the importance of identifying safe and effective management strategies that avoid hormonal therapy and surgical intervention. Classical Ayurvedic literature describes several treatment approaches for this condition. The present article reports the case of a 27-year-old female patient who presented with symptoms of Raktapradar. Administration of Kutajashtak Avaleha resulted in significant improvement in the patient's clinical symptoms, indicating its potential effectiveness in the management of Raktapradar.

**KEYWORDS:** Raktapradar, Kutajashtak avaleha, Streeroga, Ayurveda.

## INTRODUCTION

The prevalence of irregular and excessive uterine bleeding has been increasing in recent years, largely due to unhealthy dietary practices, sedentary lifestyles, and changing living patterns. In Ayurveda, this condition is described as **Asrugdara** or **Raktapradar**. It can affect women at different stages of life, including puberty, menarche, the reproductive period, menopause, and the postmenopausal phase.

The term **Raktapradar** denotes an excessive discharge of menstrual blood. According to **Charaka**, abnormal or profuse bleeding resulting from excessive elimination of *Raja* (menstrual blood) is known as **Asrugdara** or **Raktapradar**. This condition is characterized by excessive vaginal bleeding caused by increased discharge from the endometrial lining.

**Sushruta** classified Raktapradar under **Raktapradoshaja Vyadhi**, indicating that it develops due to the vitiation of *Rakta Dhatu*. Classical Ayurvedic literature describes numerous herbal, polyherbal, and mineral formulations for the effective management of this disorder.

In contemporary medicine, the treatment of excessive menstrual bleeding primarily involves hormonal therapy, while iron and folic acid supplementation is commonly prescribed for patients with associated anemia. When conservative treatment fails to provide adequate relief, surgical procedures may become necessary. However, these interventions can have implications for uterine integrity and future reproductive health, emphasizing the need for safe, effective, non-hormonal therapeutic alternatives.

Classical Ayurvedic texts, including **Ashtanga Sangraha** and **Ashtanga Hridaya**, also describe this condition under the name **Raktayoni**, considering it synonymous with **Raktapradar**. These texts recommend the use of **Raktasthambaka** (hemostatic) and **Raktasthapaka** (blood-stabilizing) therapies for its management. Furthermore, **Dalhana** has suggested that the principles of treatment used for **Adhoga Raktapitta** can also be applied in the management of Raktapradar.

From the modern medical viewpoint, excessive cyclic menstrual bleeding of prolonged duration is commonly referred to as **menorrhagia**. According to Ayurvedic principles, excessive consumption of salty, sour, pungent, and *Vidahi* (irritant) foods, along with frequent intake of meat, curd, *Mastu*, and alcohol, aggravates **Vata** and **Pitta Dosha**. The aggravated

Doshas subsequently vitiate **Rakta**, resulting in increased menstrual blood flow through the uterine channels.

The pathogenesis of **Raktapradar** mainly involves the vitiation of **Vata**, **Pitta**, **Rasa**, and **Rakta**, along with **Agnimandya** (diminished digestive and metabolic fire). The formulation selected for the present study possesses therapeutic properties that help arrest excessive uterine bleeding while restoring the physiological balance of the affected Doshas and Dhatus.

## AIMS AND OBJECTIVES

1. To evaluate the therapeutic efficacy of **Kutajashtak avaleha** in the management of **Raktapradar**.
2. To study the classical and contemporary literature related to **Raktapradar**, including its etiology, pathogenesis, and management as described in Ayurvedic texts.

## MATERIALS AND METHODS

A **single case study** was conducted to evaluate the effectiveness of Ayurvedic management in a patient diagnosed with **Raktapradar**. The treatment protocol included administration of **Kutajashtak avaleha**, along with iron supplementation to manage associated anemia and improve the patient's overall health status.

## CASE REPORT

A 27-year-old married woman presented to the Outpatient Department (OPD) of **Prasutitantra and Streeroga** at Shree Eknath Rugnalaya Pmt's Ayurved College on **14 February 2026** with complaints of prolonged vaginal bleeding following menstruation. The patient reported excessive bleeding requiring **6-7 sanitary pads per day**, associated with **moderate lower abdominal pain, generalized weakness, and body aches**. Ultrasonography of the abdomen revealed **Endometrial Hyperplasia** with **endometrial thickness (ET) of 8 mm**.

### History of Present Illness

The patient had a history of taking Oral Contraceptive Pills for heavy menstrual bleeding over the past one and half year but did not experience satisfactory relief from the treatment. Therefore, she sought further management at the Ayurvedic OPD.

### Past History

No significant past medical or surgical history was reported.

**Personal History**

- **Diet:** Non-Vegetarian
- **Bowel habits:** Once daily
- **Appetite:** Good
- **Micturition:** 4–5 times per day

**Menstrual History**

- **Last Menstrual Period (LMP):** 2 January 2026
- The patient experienced **per vaginal bleeding for 15 days**.
- Menstrual cycles were regular with an interval of **28-30 days**, but associated with **heavy menstrual flow (6-7 pads per day)** lasting **10–15 days**.
- The condition was accompanied by **mild lower abdominal pain** for the past **6 months**.

**Past Menstrual History**

- Cycle duration: **5–6 days**
- Cycle interval: **28–30 days**
- Flow: Normal

**Ashtavidha Pareeksha (Eightfold Examination)**

- **Nadi (Pulse):** 74 beats per minute
- **Mala (Stool):** Once daily
- **Mootra (Urine):** 4–5 times per day, occasionally at night
- **Jiwha (Tongue):** Alpa Sama (mild coating)
- **Shabda (Speech):** Spashta (clear)
- **Sparsha (Touch):** Anushnasheeta (normal temperature)
- **Drika (Eyes):** Shwetabh (slightly pale)
- **Akriti (Body build):** Madhyama (moderate)

**Dashavidha Pareeksha (Tenfold Examination)**

- **Prakriti:** Kapha-predominant with Vata association
- **Vikriti:** Pitta
- **Sara:** Madhyama (moderate tissue quality)
- **Samhanana:** Madhyama (moderate body compactness)
- **Pramana:** Madhyama (moderate body measurements)
- **Satmya:** Madhyama (moderate adaptability)

- **Satva:** Madhyama (moderate mental strength)
- **Ahara Shakti:** Madhyama (moderate digestive capacity)
- **Vyayama Shakti:** Alpa (low exercise tolerance)

**General Examination**

- **Built:** Moderate
- **Nourishment:** Moderate
- **Temperature:** 97.6°F
- **Respiratory Rate:** 19/min
- **Pulse Rate:** 86/min
- **Blood Pressure:** 110/70 mmHg
- **Weight:** 63 kg
- **Tongue:** Coated

**Systemic Examination-**

- **Cardiovascular System (CVS):** S1 and S2 heart sounds heard normally
- **Respiratory System (RS):** Normal breathing pattern
- **Central Nervous System (CNS):** Conscious and well oriented
- **Per Abdomen (P/A):** Soft, Non tender
- **Per Vaginal (P/V):** Not performed as the patient was unmarried

**Investigation**

- **Hemoglobin (Hb):** 7 g/dL.
- **Total Leukocyte Count (TLC):** 3900/cu mm.
- **Red Blood Cells (RBC):** 4.99mil/cu mm.
- **Ultrasonography (Pelvis):** Presence of **Endometrial Hyperplasia** with endometrial thickness of **8 mm.**

**Treatment Plan**

Based on the clinical findings, Ayurvedic management was planned with the principles of **Deepana–Pachana (improving digestion and metabolism), Raktavardhaka (blood-promoting therapy), and Raktasthambhaka Chikitsa (hemostatic therapy)** for the management of **Raktapradar**.

Considering the patient's low hemoglobin level and risk of anemia, the condition and potential complications were explained to the patient's parents. The patient was then started on the following oral medications.

**Initial Treatment**

1. **Kutajashtak avaleha- 20 gms Bd daily with plain water for one month**
2. **Ashokarishta** – 15 ml twice daily with water.
3. **Navayas Loha** – 2 tablets twice daily for one month.

**Follow-up and Outcome**

**First Follow-up**

At the first follow-up, the patient reported partial relief in symptoms. The duration of **per vaginal bleeding reduced to 7 days**, with the use of **3-4 sanitary pads per day**. Further treatment was continued with the following medications.

1. **Kutajashtak avaleha- 20 gms Bd daily with plain water for one month**
2. **Pradaradi Lauha** – 250 mg, 1 tablet three times daily for 10 days.
3. **Shankha Vati** – 250 mg, 2 tablets twice daily for 5 days.
4. **Ashokarishta** – 15 ml twice daily with water for one month.

**Second Follow-up**

During the second follow-up, the patient showed **complete relief from excessive bleeding**. Menstrual bleeding occurred for **4 days with normal flow**, requiring **2–3 pads per day**.

The same treatment regimen was continued for the next month. Overall, the patient received treatment for **three months**, resulting in **significant improvement and excellent clinical outcome**.

**DISCUSSION**

**Disease Discussion**

In the present case of **Raktapradar**, the likely causative factors included frequent intake of spicy, fast, and junk foods, along with excessive physical exertion, **Ratri Jagarana** (sleep deprivation due to night awakening), and mental stress.

According to Ayurvedic concepts, these etiological factors aggravate **Vata** and **Pitta Dosha**. The vitiated **Vata**, especially **Apana Vayu**, disrupts the normal functioning of the female reproductive system. This imbalance leads to the vitiation of **Rasavaha** and **Raktavaha**

**Srotas**, which subsequently affects the **Artavavaha Srotas** responsible for the regulation of menstrual flow.

As a result of this pathological process, excessive menstrual bleeding (**Atyartava**) develops, accompanied by associated symptoms such as lower abdominal pain, low backache, and generalized weakness.

The therapeutic formulation administered in this study possesses **Deepana** (digestive stimulant), **Pachana** (metabolic enhancer), **Raktasthambhaka** (hemostatic), and **Raktavardhaka** (blood-enriching) properties. These pharmacological actions help arrest excessive uterine bleeding, restore the balance of the vitiated Doshas, improve digestive and metabolic function, and enhance overall strength and hemoglobin levels. Consequently, these effects contributed to marked symptomatic relief in the patient with **Raktapradar**.

## CONCLUSION

The findings of this case study indicate that an Ayurvedic approach can be beneficial in the management of **Raktapradar**, effectively reducing excessive menstrual bleeding while improving the patient's overall health. The administration of classical Ayurvedic formulations, namely **Pradaradi Lauha**, **Kutajashtak Avaleha**, and **Ashokarishta**, resulted in marked clinical improvement.

These formulations were effective not only in controlling excessive per vaginal bleeding but also in improving anemia and promoting regularization of the menstrual cycle. Their therapeutic efficacy may be attributed to their **Raktasthambhaka** (hemostatic), **Raktavardhaka** (blood-enhancing), and **Deepana–Pachana** (digestive and metabolic enhancing) properties, which help restore normal physiological functions.

Along with medicinal therapy, strict adherence to **Pathya** (recommended diet and lifestyle) and avoidance of **Apathya** (unwholesome dietary and lifestyle practices), as advocated in classical Ayurvedic literature, also contributed significantly to the positive clinical outcome.
Overall, this case suggests that Ayurvedic management offers a safe, effective, and non-hormonal therapeutic option for the treatment of **Raktapradar**.

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