

**LITERATURE REVIEW OF ASRIGADARA WITH SPECIAL
REFERENCE TO ABNORMAL UTERINE BLEEDING**

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ABSTRACT

Asrigdara is a well-documented gynecological condition in Ayurvedic literature, marked by excessive or irregular vaginal bleeding. The name originates from the Sanskrit terms “*Asrik*” (blood) and “*Dara*” (Excessive flow), denoting abnormal menstrual discharge. It bears similarity to modern clinical conditions such as menorrhagia, metrorrhagia, and abnormal uterine bleeding (AUB). The disorder typically results from the imbalance of *Tridoshas* —mainly *Pitta* and *Rakta*—leading to dysfunction in the *Artavavaha Srotas*, the channels responsible for menstrual flow. Contributing factors include unhealthy dietary habits, stress, faulty lifestyle, and frequent childbirth. Common clinical features include profuse bleeding, weakness, lower abdominal discomfort, and a sensation of heat or burning. Ayurvedic treatment aims to restore Dosha balance through *Shamana* (palliative) and *Shodhan* (detoxifying) therapies, supported by proper diet and lifestyle regulation. A thorough understanding of *Asrigdara* from both

traditional and contemporary viewpoints is crucial for effective diagnosis and holistic management, particularly given the rising prevalence of menstrual disorders in women.

KEYWORDS: *Asrigdara*, *Artavavaha Srotas*, menorrhagia, metrorrhagia, abnormal uterine bleeding *Shamana*, *Shodhan*.

INTRODUCTION

Since the dawn of life in the universe, women have held a revered position due to their unique ability to give birth, earning them the status of *Janani*—the life-giver. Motherhood is considered one of the most sacred and significant gifts bestowed upon women by nature. This journey of motherhood begins with puberty and concludes at menopause.

In Ayurveda, *Asrigdara* is a condition characterized by excessive or prolonged menstrual bleeding, including intermenstrual bleeding. References to this condition date back as early as 1400 BCE in classical Ayurvedic texts, with mentions also found in the writings of Hippocrates. Any disturbance in the natural rhythm of menstruation (*Ritucharya*) can lead to abnormal uterine bleeding, referred to as *Asrigdara* in Ayurvedic literature.

Comprehensive descriptions of *Asrigdara* can be found in both the *Brihatrayee* and *Laghutrayee* texts. Ayurveda provides detailed insights into its *Nidana* (etiology), *Lakshana* (symptoms), *Prabheda* (classifications), and *Samprapti* (pathogenesis). The current study aims to explore and validate the theoretical framework of *Nidana* and *Samprapti* of *Asrigdara*.

From a modern medical perspective, according to **the International Federation of Gynecology and Obstetrics (FIGO)**, **Abnormal Uterine Bleeding (AUB)** is defined as bleeding from the uterine corpus that is abnormal in volume, regularity, and/or timing and has been present for the majority of the last six months. This condition may arise from identifiable organic or systemic disorders, iatrogenic factors, or disruptions in the coordination of the hypothalamic-pituitary-ovarian (HPO) axis.

AIM AND OBJECTIVES

To study the critical aspects of *Asrigdara* with special reference with abnormal uterine bleeding (AUB)

METHOD AND MATERIAL

1. ARTAVA

Ārtava refers to the monthly reproductive discharge in females, commonly identified as menstrual blood. It is said to originate from *Rasa Dhātu* and flows naturally through the vaginal orifice without discomfort, usually for three days every month.

“मासि मासि रजः स्त्रीणां रसजं स्त्रवति त्र्यहम्।”

(A. H. Sū 1/7)

It is also used to denote ovum or female reproductive essence in broader contexts. Synonyms include: *Raja*, *Shonita*, *Rakta*, *Ashrika*, *Pushpa*, *Lohita*, *Rudhira*.^[3]

2. Ārtava Pravṛtti and Nivṛtti Kāla

The onset of menstruation (*Rajo Darśana*) generally begins around 12–16 years of age. Āchārya Kāśyapa suggested that ideal menarche occurs at 16 years, influenced by nutrition (*Āhāra*) and health (*Ārogya*)^[4]

Menstruation ceases by around 50 years (*Ārtava Nivṛtti*), marking menopause.

“तद्वर्षाद्द्वादशात् काले वर्तमानमसृक् पुनः ।

जरापक्वशरीराणां याति पञ्चाशतः क्षयम् ॥”

(Su. Sū. 3/11)

3. Śuddha Ārtava Lakṣaṇa

a) Colour (Varṇa)

Described as red like *Gunja*, *Padma*, *Alaktaka*, or *Indragopa*. It may also resemble *Laksha Rasa* or have a slightly dark (*Iṣat Krishna*) hue.^[6]

b) Smell (Gandha)

Possesses a mild fragrance (*Madhugandhi*) or a slightly unpleasant odour due to Pitta dominance (*Visragandhitva*).^[6]

c) Quantity (Mātrā)

Approximately four *Anjali Pramāṇa*, though this varies with region, diet, lifestyle, and body constitution.^[5]

स्त्रीणां रजसो अञ्जल्यः चत्वारः । (A. Sa. Sa. 7/97)

d) Composition (Saṅgathana)

Formed from the *Mahābhūtas*—mainly *Prithvi* (earth), *Jala* (water), and *Tejas* (fire), supported by *Ākāśa* (space) and *Vāyu* (air) for flow and lightness.

e) Function (Kārya)

Supports fertility by preparing the uterus (*Garbhāśaya*) for conception and sustaining embryonic development.^[4]

“रक्तलक्षणमार्तवं गर्भकृच्च गर्भो गर्भलक्षणम्।”

(Su. Sū .15/5)

4. Causes of Formation (Ārtava Utpatti Hetu)

According to classical texts, the formation of Ārtava is governed by the following:

- 1. Kāla (Time):** Manifestation aligns with age and seasonal body maturation (*Yauvana*). Like *Śukra*, Ārtava develops gradually.
- 2. Dhātu Paripūrṇatā (Maturity of Tissues):** As the body matures, especially reproductive organs, *Rasa* converts into *Ārtava*.
- 3. Karma (Activity):** Just as fire needs effort to be produced from wood, reproductive secretions emerge due to physiological action and maturity.
- 4. Svabhāva (Natural Instinct):** It is a natural event, occurring spontaneously as part of a woman's biological design.
- 5. Vāyu (Especially Apāna and Vyāna)**
 - Apāna Vāyu* helps in downward elimination and excretion.
 - Vyāna Vāyu* governs the coordination of contraction and relaxation, enabling proper flow.

5. Source of Origin (Utpatti Sthāna)^[2,3,5,6]

Different Āchāryas describe its origin from:

- Rasa Dhātu* – (Charaka, Suśruta, Aṣṭāṅga Hṛdaya)
- Rakta Dhātu* – (Aṣṭāṅga Samgraha)
- Āhāra Rasa* – (Arunadatta)
- Upadhātu of Rakta* – (Bhāvaprakāśa)

Chakrapāṇi notes Ārtava as *Saumya* (cool, calming) in formation due to *Rasa*, and *Āgneya* (fiery) at the time of excretion due to transformation.

RITU CHAKRA (Menstrual Cycle)

The menstrual cycle is divided into three main phases over approximately one month:

1. Rajasrava Kāla (Menstruation Phase)^[3,5]

Duration: 3–5 days

Dominated by *Vāta Doṣa*. *Vāta*'s movement initiates the excretion of *Ārtava*.
Classical opinions vary:

- 3 days (A. H., A. S.)
- 5 nights (Charaka)
- Up to 7 days (Bhela, Harita)

2. Ritu Kāla (Ovulation/Fertile Phase)^[4]

Duration: 12–16 days Dominated by *Kapha*. The period of maximum fertility and ovum release.

- 12 nights (Suśruta)
- 16 nights (Bhāvaprakāśa, Harita)
- Full month (Some texts)

3. Rituvyatita Kāla (Post-ovulatory Phase)

Dominated by *Pitta*. The uterus starts to prepare for either pregnancy or next cycle. If conception doesn't occur, rising *Vāta* leads to menstruation onset again.

ASRIGDAR^[6,8,1]

Niruktri

The name originates from the Sanskrit terms “*Asrik*” and “*Dara*”, denoting abnormal menstrual discharge

- *Asrig* refers to blood
- *Dara* refers to Excessive flow

Paribhasha

Charaka

रजः प्रदीर्यते यस्मात् प्रदरस्तेन स स्मृतःII

(Ch.Sa.Chi 30/209)

Charaka defines *Asrigdara* as a condition marked by abnormally excessive discharge of menstrual blood.^[8]

Sushruta

तदेवातिप्रसङ्गेन प्रवृत्तमनृतावपि ।

(*Su.sh. Sha* 2/18-19)

Vagbhata

अतिप्रसङ्गेनानृतावतौ वा॑ तदेव असुगदरं प्रदरं व्यापदं च रक्तयोनि संज्ञा लभते ।।

(As.Sam.Sha.1/11)

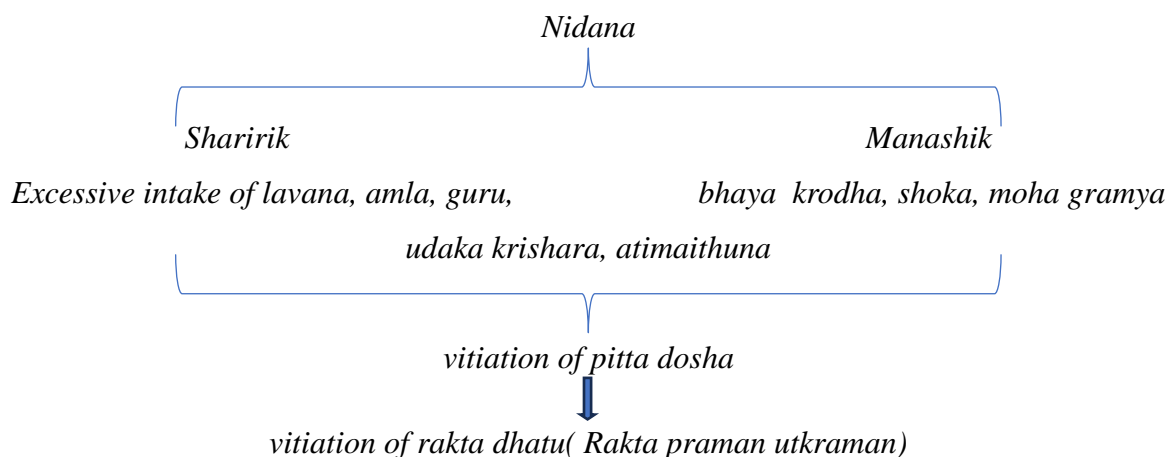
Madhava

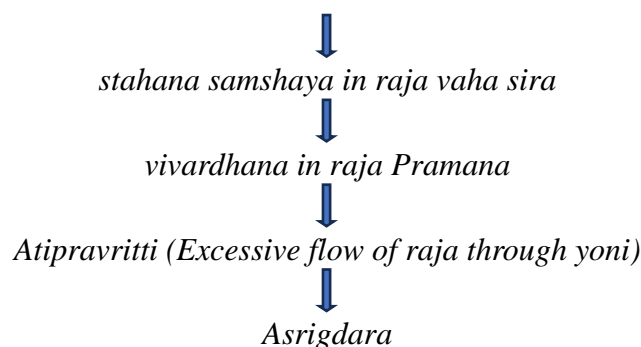
- Madhava identifies the condition as excessive, painful vaginal bleeding.

NIDANA

Charaka	Sushruta	Vagbhatta	M.N./BP/Y.R
<ul style="list-style-type: none"> • <i>Mithyachar</i> (abnormal Diet & mode of life) • <i>Pradustaartava</i> (Abnormalities of artava) • <i>Bijadosha</i> (Abnormalities of bija) • <i>Daivakopa</i>(curse or anger of god) 	<ul style="list-style-type: none"> • <i>Mithyachara</i> • <i>Pradustaartava</i> • <i>Bijadosha</i> • <i>Daivakopa</i> • <i>Atimaithuna</i> with a pravridhdhalingapurush by a ruksha & durbala nari. 	<ul style="list-style-type: none"> • <i>Dustabhojan</i> • <i>Bisamangashayan, bhrisamaithuna</i> • <i>Dustaartava</i> • <i>Apadravyaprayoga</i> • <i>Bijadosha</i> • <i>Daivata.</i> 	Followed Charak Samhita.

SAMPRAPTI^[2,4,6,8]





Samprati Ghatak^[4,3,6]

<i>Dosha</i>	<i>Pitta pradhan tridosha</i>
<i>Dushya</i>	<i>Rakta, Artava</i>
<i>Agni</i>	<i>Jatharagni and Dhatwagni mandya</i>
<i>Srotasa</i>	<i>Rakta-vaha and Raja-vaha Srotas</i>
<i>Srotodushti</i>	<i>Atipravritti and Vimargagamana</i>
<i>Udbhava Sthana</i>	<i>Amashaya-Pakvashaya</i>
<i>Sthana Samshraya</i>	<i>Garbhashaya and Rajovaha Sira</i>
<i>Vyakti Sthana</i>	<i>Yoni and apatya marga</i>

CLASSIFICATION OF ASRIGDARA

Various classical scholars have offered different systems of classification for Asrigdara:

- **Charaka, Madhava, Sharangadhara, Bhavaprakasha, and Yogaratnakara** have grouped Asrigdara into four primary doshic types:

1. *Vataja*
2. *Pittaja*
3. *Kaphaja*
4. *Sannipataja*

- **Sushruta** did not explicitly classify Asrigdara. However, **Dalhana**, in his commentary, described seven varieties based on doshic combinations:

1. *Vataja*
2. *Pittaja*
3. *Kaphaja*
4. *Vata-Pittaja*
5. *Pitta-Kaphaja*
6. *Vata-Kaphaja*
7. *Sannipataja*

- **Vagbhata** does not provide a direct classification but includes types during treatment guidelines, aligning with *Vataja*, *Pittaja*, and *Kaphaja* varieties.

- Dalhana's commentary introduces *Dwi-doshaja* (dual dosha-involved) types, thus accounting for a total of *seven types* of Asrigdara.

Purvarupa

No specific *Purvarupa* for *Asrigdara* are explicitly described in the classical texts.

Rupa

- The term *Rūpa* refers to the clearly observable signs and symptoms of a disease, as outlined in the *Vyakti* stage of *Satkriyakala*. These symptoms fluctuate depending on the doshic predominance and stage of progression. In the case of *Asrigdara*, the primary clinical sign is:
- **Excessive uterine bleeding**—characterized by increased flow, duration, frequency, or bleeding at irregular intervals (intermenstrual).

Upadrava^[6,8]

According to authorities like **Sushruta**, **Madhava**, and **Bhavamishra**, if left untreated or improperly managed, *Asrigdara* may lead to:

- *Daurbalya* (generalized weakness)s
- *Bhrama* (vertigo)
- *Mada & Murcha* (confusion, fainting)
- *Daha* (burning sensations)
- *Pralapa* (delirium, irrational speech)
- *Pandutva* (anemia)
- *Tandra* (lethargy, drowsiness)
- Manifestation of multiple Vata-dominant disorders

CHIKITSĀ (Treatment Principles)

Treatment aims to eliminate the causative factors and restore the equilibrium of doshas, ensuring long-term well-being without inducing secondary disorders.

Chikitsā Sūtra

सर्वव्यापत्सु मतिमान्महायोन्यां विशेषतः।

नहि वातादृते योनिर्नारीणां सम्प्रदुष्यति॥

शमयित्वा तमन्यस्य कुर्यादोषस्य भेषजम्।

(Ch.Sa.Chi 30/115)

Vāta is the root of all Yoni disorders; thus, its pacification should be the first line of therapy.^[8]

रक्तयोन्यामसृग्वर्णैरनुबन्धं समीक्ष्य च।

ततः कुर्याद्यथादोषं रक्तस्थापनमौषधम्।

(Ch.Sa.Chi 30/86)

- *Asrigdara* should be managed following the protocols for *Vatala Yoni Vyapad*, *Raktapitta*, *Raktatisara*, and *Raktarsha*, employing *Raktastambhaka* medications.^[8]

क्षीणं प्रागीरितं रक्तं सलक्षणचिकित्सितम्।

तथाऽप्यत्र विधातव्यं विधानं नष्टरक्तवत् ॥ (Su. Sa. Sh 2/22)

- *Raktapitta-nigraha vidhi* should be applied in treating *Asrigdara*^[6]
- Charaka also suggests that *virechana* (therapeutic purgation) is beneficial in Yoni and Artava disorders.
- Furthermore, no substance is considered more effective than oil (*Sneha*) in pacifying Vata Dosha.
- Chakrapani comments that *Asrigdara* therapy should be aligned with the management of *Raktapitta*.

Treatment Approach

1. *Nidana Parivarjana*

2. *Shamana*

- *Darvadi kwatha*
- *Pushyanuga Churna*
- *Pradarantaka Lauha*
- *Mahatikta ghrita*
- *Khanda Kusmanda avaleha*
- *Patranga asava*
- *Lodhra asava*
- *Pradari Pura*
- *Trivanga Bhasma*

- *Dugdha Pashan*
- *Bolabaddha Rasa*
- *Bol Parpati*
- *Durva Swarasa*

3. *Shodhana*

- a. *Virechana for Pitta*
- b. *Basti for Vata*
 - *Chandandi / Rashnadi niruha basti*
 - *Madhukadi anuvasan basti*
 - *Mustadi yapan basti*

- 4. ***Raktastambhana***– Use of herbs and formulations that help stop excessive bleeding and promote uterine health.

Pathya

Ahara (Diet)

- *Shita jala* (cool water) – boiled and cooled
- *Mudga yusha* (green gram soup)
- *Dadima* (pomegranate)
- *Draksha* (raisins/grapes)
- *Amalaki* (Indian gooseberry)
- Sugarcane juice (*Ikshu rasa*)
- Ghee prepared with herbs like *Lodhra*, *Musta*, and *Daruharidra*
- Rice gruel (*Peya*, *Manda*) with herbs like *Musta*, *Lodhra*
- Cow milk – cold and fresh
- *Shatavari*, *Ashoka*, *Lodhra* decoctions
- Red rice (*Raktha Shali*)
- Pumpkin, bottle gourd – cooling and easy to digest

Vihara (Lifestyle)

- Adequate physical rest
- Staying in cool, calm environments
- Regular mental relaxation / stress-free routines
- Avoiding exertion and intercourse during bleeding

- Use of *sheetala dravyas* (cooling substances) in lifestyle

Apathya

These aggravate *Pitta*, *Rakta*, and *Vata*, worsening bleeding.

Ahara (Diet)

- Spicy, hot, oily, and salty foods
- Excessive sour items (e.g., tamarind, vinegar)
- Fermented, stale, or processed foods
- Meat of domestic or aquatic animals (*Guru*, *Rakta vriddhikara*)
- Heavy, oily sweets (e.g., fried sweets, jaggery in excess)
- Alcoholic beverages
- Black gram, sesame seeds, jaggery (in excess) – *Rakta dushtikara*

Vihara (Lifestyle)

- Day sleep (*divaswapna*) especially in spring or Kapha time
- Night awakening
- Excessive physical activity or lifting weights
- Exposure to heat or sun
- Mental stress or anger
- Coitus during menstruation

Sādhya-Asādhya

- **Curable (*Sādhya*)**: When the bleeding is moderate, intermittent, and the woman is otherwise healthy.
- **Difficult (*Krichra Sādhya*)**: When accompanied by mild systemic symptoms but still within manageable parameters.
- **Incurable (*Asādhya*)**: When bleeding is continuous and profuse, accompanied by symptoms such as:
 - *Trishna* (excessive thirst)
 - *Daha* (burning sensation)
 - *Jwara* (fever)
 - In a woman who is *Ksina Rakta* (blood-depleted) and *Durbala* (physically weak)

Such conditions often lead to serious complications and are categorized under **Asādhya Roga**

Review of the Disease: Abnormal uterine bleeding^[13,14]**Definition**

According to the International Federation of Gynecology and Obstetrics (FIGO), AUB is defined as bleeding from the uterine corpus that is abnormal in volume, regularity, and/or timing and has been present for the majority of the last six months.

Epidemiology

AUB affects 10–25% of women during reproductive years, with peaks during puberty, postpartum, and perimenopause. Factors like low socioeconomic status and limited health access can increase risk.

Risk Factors

- Early menarche, perimenopause
- Obesity, smoking, alcohol
- Nulliparity
- Stress, psychiatric illness
- Endocrine disorders (e.g., thyroid)
- IUCD or hormonal contraceptives
- Anticoagulants or antipsychotics

Causes of AUB***Systemic***

- Bleeding disorders (e.g., thrombocytopenia, von Willebrand disease)
- Thyroid dysfunction
- Infections like tuberculosis

Local Pelvic Pathology

- Fibroids, adenomyosis, polyps
- Endometrial hyperplasia
- PCOS, endometriosis

Iatrogenic

- IUCD (5–10% cause bleeding)
- Hormonal pills
- Post-sterilization bleeding

Idiopathic

- Up to 50% have no identifiable cause.

Classification (PALM–COEIN – FIGO)**Structural (PALM)**

- Polyp
- Adenomyosis
- Leiomyoma
- Malignancy/Hyperplasia

Non-Structural (COEIN)

- Coagulopathy
- Ovulatory dysfunction
- Endometrial causes
- Iatrogenic
- Not yet classified

Clinical Features

- Menorrhagia: Excessive or prolonged menstrual bleeding (>80 mL or >7 days) at regular intervals.
- Metrorrhagia: Irregular, frequent bleeding between menstrual periods.
- Menometrorrhagia: Prolonged or excessive bleeding occurring at irregular intervals.
- Polymenorrhea: Bleeding occurring at intervals of less than 21 days.

Associated Symptoms

- Pelvic pain or cramping (dysmenorrhea), especially with heavy bleeding.
- Lower abdominal discomfort or pressure.
- Fatigue or weakness, due to anemia from chronic blood loss.
- Dizziness or shortness of breath in cases of severe anemia.
- Pallor, brittle nails, or tachycardia (signs of iron-deficiency anemia).

Investigations

- CBC, RBS
- TSH
- Coagulation profile

- Pelvic USG
- Hysteroscopy
- Endometrial biopsy (>35 yrs or risk of malignancy)

Treatment Options

Medical

- **Progestins:** Cyclic/continuous (e.g., Norethisterone, MPA)
- **COCs:** For ovulatory bleeding (contraindicated in smokers >35)
- **Tranexamic Acid:** For acute episodes
- **NSAIDs:** Reduce flow and pain
- **Ormeloxifene:** Non-hormonal, long-term use
- **GnRH Agonists:** Short-term use only

Intrauterine

- **LNG-IUCD (Mirena):** Reduces bleeding by 80–90%

Surgical

- **Polypectomy:** For endometrial polyps
- **Endometrial Ablation:** If fertility not desired
- **Hysterectomy:** For unresponsive or malignant cases

DISCUSSION

In Ayurvedic literature, all gynecological disorders are grouped under the broad term *Yonivyapada*. Among these, *Asrigdara* is considered a serious and potentially life-threatening condition if not managed promptly and effectively. Its complications include weakness, dizziness, mental confusion, blackout sensations, breathlessness, thirst, burning sensations, delirium, anemia, drowsiness, convulsions, and other Vata-related disorders caused by excessive vaginal bleeding.

Prevention of *Asrigdara* primarily involves avoiding the causative factors of *Raktapradara*. The therapeutic approach includes the use of formulations predominantly containing *Kashaya* (astringent) and *Tikta* (bitter) *rasa*, both known for their *Stambhana Guna* (hemostatic property), which helps arrest bleeding.

Subsequently, the focus shifts to restoring blood volume and hemoglobin levels using *Raktasthapana* (blood-promoting) drugs. Acharya Kashyapa recommends *Virechana*

(therapeutic purgation) as part of treatment, as it is the most suitable Panchakarma therapy for pacifying *Pitta* and *Rakta Dosha*, which share similar properties. Thus, *Virechana* proves effective in managing disorders caused by vitiated *Rakta*.

CONCLUSION

Asṛgdāra refers to prolonged and excessive menstrual bleeding or intermenstrual bleeding, often accompanied by pain and generalized body ache. According to Ayurvedic understanding, vitiated *Vāta* obstructs the normal flow of *Rakta* (blood), which, when further aggravated due to the continuous intake of causative factors (*Nidana Sevana*), leads to an increase in *Rakta*. This aggravated blood then reaches the *Raja Vaha Srotas*—the channels responsible for carrying menstrual blood (i.e., the branches of the ovarian and uterine arteries)—and causes an abnormal rise in *Raja* (menstrual flow). Based on a review of various Ayurvedic classics and research studies, the general line of management for bleeding per vaginum includes the principles, Removal of the causative factors, *Doṣa Shodhana*, *Doṣa Śamana*, *Rakta-sthāpana*, *Rakta-saṅgrahaṇa*. The therapeutic use of *Tikta Rasa* (bitter-tasting drugs) plays an important role in controlling excessive menstrual flow, strengthening the reproductive system, and restoring balance. Among the *Śodhana* therapies, *Virechana* (therapeutic purgation) is particularly effective in pacifying vitiated *Rakta* and *Pitta doṣa*, while *Basti Chikitsā* (medicated enema) is beneficial due to its direct action on *Vāta doṣa*, helping to regulate and alleviate the symptoms of *Asṛgdāra*. Ayurvedic approach to *Raktapradara/Asṛgdāra* emphasizes not only symptom relief but also root-cause management. The interventions discussed in classical texts and supported by research are found to be safe, reliable, and effective for managing this condition holistically.

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