

HEALING THE FLOW: A REVIEW OF AYURVEDIC THERAPEUTIC INSIGHTS ON ASRIGDARA AND ITS CORRELATION WITH ABNORMAL UTERINE BLEEDING

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ABSTRACT

Women are at a higher risk of bleeding disorders because they experience repeated and unique bleeding challenges across their lifespan, particularly due to menstruation, pregnancy, and childbirth. A typical menstrual cycle happens every 28 days, with a possible variation of ± 7 days, and lasts between 4 to 7 days. The average menstrual blood loss is about 35 ml, ranging from 30 to 80 ml. Abnormal uterine bleeding (AUB) is characterized by any irregularity in the timing, duration, or volume of menstrual flow. Abnormal uterine bleeding is observed in about 9 to 14% of women from menarche to menopause. In India, the estimated prevalence is around 17.9%. Abnormal uterine bleeding contributes to 20-30% of gynecology outpatient visits in women of reproductive age and 69% in those who are peri or postmenopausal. In modern medicine, medical therapy is the primary approach for

managing excessive bleeding. However, it only decreases menstrual blood loss by 50%, and within five years, up to 50% of women require surgical intervention. Despite their high cost and associated side effects, these treatments have not proven to be definitively effective. This condition imposes a substantial financial strain on the healthcare system. So still it is one of the most troublesome diseases for patients as well as for gynaecologists. Due to the serious consequences of the disease it is the need of hour to develop an accurate therapy for *Asrigdara*. This is an attempt to throw some more light on the clinical studies done in the department of Prasuti tantra evum Stri roga, National Institute Of Ayurveda(NIA) on

Asrigdara. On *Asrigdara* total ten clinical studies in Post graduation(P.G.) level has been completed out at National Institute of Ayurveda, Jaipur.

INTRODUCTION

Ensuring women's well-being is essential for a healthy society, as they are the primary caregivers for their families. However, neglecting their health often leads to numerous health issues. Among such health disorders *Asrigdara* occupies the vast area. As a frequently occurring condition in women, many postpone medical consultation and treatment, ultimately leading to chronic health problems caused by excessive blood loss and anemia. This results in financial losses and decreased productivity. Moreover, the disease negatively affects both the physical and mental health of women.

Most commonly treatment used according to modern science is hormonal treatment and surgical treatment. However, hormonal therapy has its own drawbacks, including nausea, vomiting, gastrointestinal issues, obesity, infertility, hypertension, and liver disease. Hysterectomy is the definitive solution for AUB. While it is a generally safe procedure with low risks of morbidity and mortality, the possibility of long-term complications like ovarian failure, intestinal and urinary dysfunction, and vault prolapse is quite concerning. So there is an immediate necessity to establish a reliable and targeted treatment for *Asrigdara*. *Asrigdara* develops due to the dominance of Pitta and *Rakta dosha*, along with an imbalance in *Apana Vayu*.

Therefore, the treatment should include medicines with properties like *pittashamana* (Pitta pacification), *vataanulomana* (Vata regulation), *raktasthapana* (blood stabilization), and *agni deepana* (digestive and metabolic enhancement).

AIM AND OBJECTIVES

- To know various clinical studies on *Asrigdara* carried out at National Institute of Ayurveda, Jaipur.
- To provide the guidelines for further research studies in the area of *Asrigdara*.

MATERIALS AND METHOD

- All the dissertations were collected from Post graduation Department of Prasuti tantra and Stri roga and Central library of National Institute of Ayurveda, Jaipur.

Method: Hand search.

The procured dissertations were studied in detail and scientific review was done.

OBSERVATION

On *Asrigdara* total ten clinical studies in Post graduation level has been completed out at National Institute of Ayurveda, Jaipur. The information regarding the clinical trials is provided in this article.

Varsha jain (2011)

In this study 30 patients were treated in 3 groups. In Group I, 10 registered patients of *Asrigdara* were administered with '*Chandanadi Churna*' (contents-*Chandana, Nalada, Lodhra, Ushira, Padmakesara, Nagapushpa, Bilwa, Bhadramusta, Sharkara, Hriversa, Patha, Kutaja phala and twaka, Sringvera, Ativisha, Dhataki, Rasanjana, Amrasthi, Jambusara and asthi, Mocharasa, Neelotpala, Samanga, Sukshmaila and Dadima* -Ref. *Bhaishajya Ratnavali*) 5gm orally empty stomach twice a day for two consecutive menstrual cycles. In Group II, 10 registered patients of *Asrigdara* were administered with '*Tandulodaka*' 100ml orally empty stomach twice a day for two consecutive menstrual cycles. In Group III, 10 registered patients of *Asrigdara* were administered with both the above drugs i.e. '*Chandanadi Churna*' (empty stomach) and '*Tandulodaka*' as anupana for two consecutive menstrual cycles. It was observed that Overall symptomatic improvement was maximum (74.82%) in group III patients (mixed group) followed by group I (68.13%) and group II (35.47%). On the basis of various observations and results, it can be concluded that '*Chandanadi Churna* and '*Tandulodaka*' can be used collectively as an effective, safe, easily affordable, cost effective and dependable remedy for the management of *Asrigdara* without having any complications.^[1]

Priyadarshini Sharma (2013)

In this study 30 patients had completed the treatment in 2 groups. In Group I, 15 registered patients of *Asrigdara* were administered with '*Bolbaddha Ras*' (contents-*Parada, Gandhaka, Guduchi Satava, Heera Bol-* Ref- *Vrihat Yog Tarangini*) 500mg orally with madhu empty stomach twice a day for two consecutive menstrual cycles. In Group II, 15 registered patients of *Asrigdara* were administered with '*Boladi Churna*' (contents-It consist all the drugs of *Bolbaddha Ras* but *Rasa* like *Parada, Gandhaka* are not present in it.) 500mg orally twice a day empty stomach for two consecutive menstrual cycles. Comparing the symptomatic improvement in both groups it was found that overall percentage relief was highest in group I

55.68% followed by group II 41.91% improvement. It can be concluded that Group I is effectively helps in managing the disease *Asrigdara*.^[2]

Anita Ray (2015)

This study was done on 30 patients; 10 patients in each group. In Group A patients of *Asrigdara* were administered with *Drakshadi churna* (*Draksha+Sita+Tiktakarohini-Rrf-Su.U.T.*) 1.5 gm orally empty stomach twice a day for two consecutive menstrual cycle. In Group B *Madhuka anuwasana basti* (*Yashtimadhu kalka, ghrita, Yashtimadhu qwatha Ref-Su.U.T.*) 60ml administered per rectally once a day started from the next day following the stoppage of menstrual bleeding for 7 days for maximum two consecutive cycles after the bleeding phase of menstrual cycle. In Group C, 10 registered patients of *Asrigdara* were administered with both the above drugs i.e. *Drakshadi churna* and *Madhuka anuwasana basti* for two consecutive menstrual cycles. Comparing the overall effect of treatment on subjective parameter in three groups is –

Group A demonstrated statistically highly significant improvements in the duration of flow and burning sensation (p-value < 0.0001) and statistically significant results across all other parameters, except for the inter-menstrual period (90%), which was not statistically significant.

Group B exhibited statistically highly significant results in intensity of flow, duration of flow, and inter-menstrual period, along with statistically significant improvements in all other parameters.

Group C showed statistically highly significant improvements in intensity of flow, duration of flow, and burning sensation, with statistically significant results in the remaining parameters.

Intergroup comparison indicated that all three groups were similarly effective in treating the symptoms.^[3]

Table 1: Anita Ray - Shows the % improvement of subjective parameter in all three groups.

Parameters	Result in Percentage		
	Group A	Group B	Group C
Intensity	90.00%	100.00%	100.00%
Amount	68.97%	58.33%	56.52%
Duration	100.00%	100.00%	100.00%
Inter menstrual period	90.00%	100.00%	91.67%

Body ache	96.00%	96.15%	92.31%
Burning sensation	100.00%	85.71%	100.00%
Average Percentage of Relief	90.82%	90.03%	90.08%

Susheela Choudhary (2017)

This study was done on 30 patients; 15 patients in each group. In Group A patients of *Asrigdara* were administered with *Kutajastak-Ghan* (*Kutaja, Shalmali, Patha, Samnga, Ativisha, Musta, Bilwa, Dhatki Ref- Chakra Dutta*) 500 mg orally twice a day for two consecutive menstrual cycles. In Group B *Vasa-Ghan* (*Vasa Ref- Bhavaprakash Guduchyadi Varga*) 500mg orally twice a day administered for two consecutive menstrual cycles. Comparing the symptomatic improvement in both groups it was found that overall relief was highest in group B followed by group A. Hence it can be concluded that use of *Vasa-Ghan* is effectively helps in managing the disease *Asrigdara*. But relief in amount and inter menstrual period was seen well in group A.^[4]

Table 2: Susheela Choudhary - Shows the % improvement of subjective parameter in both groups.

Parameters	Result in Percentage	
	Group A	Group B
Intensity	62.08%	67.49%
Amount	72.20%	65.50%
Duration	84.20%	84.86%
Inter menstrual period	94.17%	83.84%
Body ache	27.99%	55.56%
Burning sensation	31.57%	66.67%
Average % of relief	62.03%	70.65%

Rachana Poudel (2018)

In this study 30 patients had completed the treatment in 2 groups. In Group A, 15 registered patients of *Asrigdara* were administered with *Vasa-Ghan* (*Vasa Ref- Bhavaprakash Guduchyadi Varga*) 500mg orally with *munakka* and *mishri* twice a day for two consecutive menstrual cycles. In Group B, 15 registered patients of *Asrigdara* were administered with *Kutaki-Ghan* (*Bhavaprakash Haritakyadi varga*) 500mg orally with *munakka* and *mishri* twice a day for two consecutive menstrual cycles. Comparing the symptomatic improvement in both groups it was found that average percentage relief was a little bit higher in group B 64.66% followed by group A i.e., 63.93%. It can be concluded that use of *Kutaki-Ghan* is effectively helps in managing the disease *Asrigdara*.^[5]

Table 3: Rachana Poudel - Shows the % improvement of subjective parameter in both groups.

Cardinal Symptoms	Result in Percentage	
	Group A	Group B
Amount	73.9%	71.4%
Duration	78.9%	63.6%
Inter menstrual period	72.7%	81.3%
Pain	81.0%	66.7%
Bodyache	50.0%	60.0%
Burning sensation	75.0%	87.5%
General weakness	40.0%	36.8%
Giddiness	40.0%	50.0%
Average Percentage of Relief	63.93%	64.66%

Meemansa (2019)

The study was done on 30 patients, 15 patients in each group. In Group A, *Drakshadi Yoga*(*Draksha+Sita+Tiktakarohini+Mulethi Ref- Su..U.T.*) 5gm orally twice a day was administrated for two consecutive menstrual cycles. In Group B, *patient* was administrated *Kutajashtaka Ghana*(*Kutaja, Shalmali, Patha, Samnga, Ativisha, Musta, Bilwa, Dhatki Ref- Chakra Dutta*) 500mhg orally twice a day for two consecutive menstrual cycles. The study concluded that average percentage of relief as a little bit higher in *Kutajashtaka Ghana* than 74.79% followed by *Drakshadi Yoga* 74.21%. It shows that effect of therapy was more in Group B.^[6]

Table 4: Meemansa - Shows the % improvement of subjective parameter in both groups.

Cardinal Symptoms	Result in Percentage	
	Group A	Group B
Intensity	73.17%	77.15%
Amount	73.70%	84.86%
Duration	79.96%	86.24%
Inter menstrual period	68.72%	84.21%
Bodyache	64.00%	69.24%
Burning sensation	85.72%	47.06%
Average Percentage of Relief	74.21%	74.79%

Sanju Rao (2020)

In this study 30 patients had completed the treatment in 2 groups. In Group A, 15 patients of *Asrigdara* were treated by *Bhumyamalaki Churna*(*Bhumyamalaki Panchanga ref- Yog Ratnakara*) 5gm orally twice a day with *Tandulodaka*(The method of prepare this has been mentioned under the context of *Svarasa Kalpana* in *Sarangadhara Samhita*. 50 Gms of clean

and very coarsely pounded rice are infused in 400ml of cold water for two or three hours. The rice soaked in the infusion is then thoroughly macerated by hand before the infusion is strained through cloth. The strained liquid is *Tandulodaka*.) starting from seven day before due date of menstrual cycle and continued for two consecutive cycles. In Group B, 15 patients of *Asrigdara* were treated by *Madhuka Ghrita Matra Basti*(*Yashtimadhu kalka, ghrita, Yashtimadhu qwatha Ref-Su.U.T.*) 60ml just after food 7day each in two consecutive cycles from seven day before due date of menstrual cycle. Comparing the symptomatic improvement in both groups it was found that average percentage of relief was a little bit higher in group B i.e. 70.09% followed by group A i.e. 66.09%. It shows that effect of therapy was more in group B in comparison to group A.^[7]

Table 5: Sanju Rao -Shows the % improvement of subjective parameter in both groups.

Cardinal Symptoms	Result in Percentage	
	Group A	Group B
Amount of bleeding	75.77%	83.98%
Duration of bleeding	88.47%	91.97%
Inter menstrual period	78.57%	89.45%
Pain during menses	80.00%	85.71%
Bodyache	63.14%	46.67%
Burning sensation	52.38%	68.73%
General weakness	40.00%	33.33%
Giddiness	35.30%	37.49%
PBLAC	81.25%	93.51%
Average Percentage of Relief	66.09%	70.09%

Khusboo Jha (2021)

The study was done on single group and the study was completed on 30 diagnosed patient of *Asrigdara*. Patients were treated with *Kutajashtakleha* (*Kutaja, Shalmali, Patha, Samnga, Ativisha, Musta, Bilwa, Dhatki, Sita, Ghrita ref Chakra Dutta 89-86/3*) orally 10gm twice a day with *godugdha* started from first day of menstrual cycle and continued for two menstrual cycles.^[8]

Table 6: Khusboo Jha -Shows the % improvement of subjective parameter in single group.

Cardinal Symptoms	Result in Percentage
	Group A
PBLAC	76.12%
Pain during menses	70.68%
Bodyache	81.80%

Manju Meena (2022)

In this study 30 patients had completed the treatment in 2 groups. In Group A, 15 diagnosed patients of *Asrigdara* treated with *Virechana with Trivritalehya* (*Trivrit, Twak, Patra, Ela, Madhu, Sita*) along with *Matra Basti and Drakshadi Churna*. In Group B, 15 diagnosed patients of *Asrigdara* treated with *Matra Basti with Dashmool Taila* along with *Drakshadi Churna* (*Draksha, Sita, Tiktakarohini ref- Su.U.T.*). The study concluded that Group A showed better relief in signs and symptoms than Group B.^[9]

Table 7: Manju Meena: Showing the percentage relief of subjective parameter in both the groups.

Symptoms	Group A	Group B
Amount of bleeding	83.98%	75.77%
Duration of bleeding	91.97%	88.47%
Inter menstrual bleeding	89.45%	78.57%
Pain during menses	85.71%	80.00%
Bodyache	46.67%	63.14%
Burning sensation	68.73%	52.38%
General weakness	33.33%	40.00%
Giddiness	37.49%	35.30%
PBLAC	93.51%	81.25%
Average Percentage of relief	70.09%	66.09%

Sonam Jangid (2023)

In this study 30 patients had completed the treatment in 2 groups. In Group A, 15 registered patients of *Asrigdara* were administered with *Khanda Kusmanda Avaleha* (*Kusmanda, Pippali, Sunthi, Jiraka, Dhanyaka, Tejapatra, Ela, Maricha*) 12gm twice a day orally with *godugdha* for two consecutive menstrual cycles. In Group B, 15 registered patients of *Asrigdara* were administered with *Kutajadi Rasakriya* (*Kutaja, Salamali, Falini, Manjistha, Kutaja bija ref- C.CH.14/188-190*) 12 gm orally twice a day with *godugdha* for two consecutive menstrual cycles. Comparing the symptomatic improvement in both groups it was found that overall percentage relief was slightly higher in group A 68.81% followed by group B i.e 51.45% improvement. It can be concluded that Group A is effectively helps in managing the disease *Asrigdara*.^[10]

Table 8: Sonam Jangid: Showing the percentage relief of subjective parameter in both the groups.

Symptoms	Group A	Group B
Amount of bleeding	91.43%	49.98%
Duration of bleeding	89.29%	64.72%
Inter menstrual period	66.67%	66.67%
Pain during menses	73.35%	72.25%
Bodyache	63.35%	40.00%
Burning sensation	68.40%	50.00%
General weakness	55.56%	54.17%
PBLAC	42.20%	13.38%
Average Percentage of relief	68.81%	51.45%

DISCUSSION

Asrṅdāra, characterized by excessive or irregular uterine bleeding, closely correlates with the modern concept of Abnormal Uterine Bleeding (AUB). In Ayurveda, it arises primarily from vitiation of Pitta and Rakta doshas, along with disturbance in Apāna Vāyu, leading to deranged hemostasis and excessive menstrual flow. Therefore, therapeutic strategies in Asrṅdāra are centered on Pitta-pacification (Pittaśamana), Rakta-stabilization (Raktasthāpana), Vāta-regulation (Vātānulomana), and metabolic correction (Agnidīpana-Pācana).

The reviewed clinical studies conducted at the National Institute of Ayurveda, Jaipur, reveal significant therapeutic potential of various herbal, herbo-mineral, and Panchakarma interventions in the management of Asrṅdāra. Formulations like Chandanādi Churna and Tandulodaka demonstrated a synergistic hemostatic effect, achieving up to 74.82% overall improvement, highlighting their efficacy in Pitta-Rakta disorders. Similarly, Bolbaddha Rasa (55.68%) and Bolādi Churna (41.91%) indicated the superior role of herbo-mineral preparations in enhancing hemostatic and uterine tonic actions.

Studies involving Vasa-Ghana, Kutajāshtaka-Ghana, and Kutaki-Ghana revealed notable reductions in bleeding intensity, duration, and associated symptoms, showing average relief between 63-70%, validating their efficacy in Rakta-Pitta dominant Asrṅdāra due to their cooling, astringent, and anti-inflammatory properties. Likewise, Drākṣādi Churna and Drākṣādi Yoga offered significant improvement in both flow and systemic symptoms like weakness and burning sensation, owing to their Pitta-pacifying and Rasayana effects.

Integrative approaches combining oral therapy with Basti or Virechana showed enhanced outcomes. For instance, Madhuka Anuvāsana Basti and Matra Basti with Dashmoola Taila, when combined with internal medications, resulted in higher symptom relief (70-77%), establishing the importance of Panchakarma in restoring Apāna Vāyu balance and regulating menstrual flow. Virechana with Trivrit Lehya, being the prime therapy for Pitta and Rakta vitiation, demonstrated superior improvement (up to 91.97% in duration reduction), reaffirming its central role in Pitta-Rakta śodhana.

Recent formulations such as Khanda Kuṣmāṇḍa Avaleha and Kutajādi Rasakriya also exhibited promising outcomes, with better relief in Group A (68.81%) due to the combined Raktaprasādana, Deepana, and Stambhana actions of its constituents.

Overall, the comparative analysis across nine postgraduate clinical studies indicates that multi-modal therapy-combining Raktasthāpana, Pittashamana, and Vata-anulomana approaches-offers the most comprehensive control over Asrgdāra. The observed improvements in Pictorial Blood Loss Assessment Chart (PBLAC) scores, duration, and amount of bleeding substantiate the efficacy of these Ayurvedic interventions as safe, cost-effective, and sustainable alternatives or adjuncts to modern hormonal and surgical therapies.

S.No.	Name of Scholar	Average Percentage of relief		
		Group I	Group II	Group III
1.	Varsha Jain (2011)	68.13%	35.47%.	74.82%
2.	Priyadarshini Sharma(2013)	55.68%	41.91%	-
3.	Anita Ray (2015)	90.82%	90.03%	90.08%
4.	Susheela Choudhry (2017)	62.03%	70.65%	-
5.	Rachana Poudel(2018)	63.93%	64.66%	-
6.	Meemansa (2019)	74.21%	77.90%	-
7.	Sanju Rao (2020)	66.09%	70.09%	-
8.	Manju Meena (2022)	70.09%	66.09%	-
9.	Sonam Jangid	68.81%	51.45%	-

CONCLUSION

Asrigdara is a prevalent *Artavvikara* (menstrual disorder) marked by excessive uterine bleeding and associated complications. Conventional treatment methods, including analgesics and hormonal therapy, often have limitations, potential side effects, and a high risk of recurrence. In contrast, *Ayurveda* offers a variety of herbal and polyherbal formulations that effectively help manage *Asrigdara*, along with its symptoms and complications.

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