



Review Article

THE PATHOGENESIS AND INDIGENOUS MANAGEMENT OF ASRGDARA W.S.R TO MENORRHAGIA**Rashmi Saini^{1*}, Anita Sharma², Vinod Kumar Ghothecha³, Sharad M. Porte⁴, Deepak kumar⁵**

¹P.G Scholar, ²Associate Professor, ³Professor, ⁴Lecturer, PG department of Agada Tantra, National Institute of Ayurveda, Amer Road, Jaipur, India.

⁵Lecture, Motherhood Ayurved Medical College, Haridwar, Uttarakhand.

KEYWORDS: *Asrgdara*, Menorrhagia, Abnormal uterine bleeding.

ABSTRACT

Menorrhagia is a very common complaint among females in recent years. The World Health Organization reports that 18 million women aged 30-55 years perceive their menstrual bleeding to be exorbitant. Reports show that only 10% of these women experience blood loss severe enough to cause anaemia or be clinically defined as menorrhagia.

Asrgdara means heavy vaginal bleeding during or before or after menstrual period. Though the menorrhagia is not directly described in any textbook of Ayurveda but it is quite similar to *Asrgdara* having uterine bleeding other than menstrual bleeding among other causes. Menorrhagia is not new for Ayurveda which is described under the heading of the *Asrgdara*. The main clinical feature of both menorrhagia and *Asrgdara* is uterine bleeding along with its other complications. The main types of *Asrgdara* are *Vataja*, *Pittaj*, *Kaphaj*, and *Sannipataj Trividhpariksha* also helps to diagnose the disease by means of *Darshan* (inspection), *Sparshan* (palpitation) and *Prashan* (questioning). There are so many generic and patent drug available in Ayurveda like *Raktapradarharyog*, *Ashokaristha*, *Pradarantakras*, *Pradrariras* may helpful to stop the bleeding and also able to cure the complications of *Asrgdara*. Thus Ayurvedic treatment may have strong ability of breaking down the pathogenesis of *Asrgdara* and its management also.

Address for correspondence*Dr Rashmi Saini**

P.G Scholar

P.G department of Agada Tantra,
National Institute of Ayurveda,
Amer Road, Jaipur, 302002

Email:

rashmisaini0089@gmail.com

Phone: 09680826823

INTRODUCTION

Asrgdara means heavy vaginal bleeding during or before or after menstrual period. *Pradirana* (excessive excretion) of raja (menstrual blood), is named as *Asrgdara* and since, there is *Dirana* (excessive excretion) of *Asrk* (menstrual blood) hence, it is known as *Asrgdara*.^[1] According to modern aspect *Asrgdara* is correlated to Menorrhagia. Menorrhagia denotes cyclic regular bleeding which is excessive in amount or duration. The main types of *Asrgdara* are *Vataja*, *Pittaj*, *Kaphaj*, and *Sannipataj*.^[2] Menorrhagia is a common complaint. While menorrhagia remains a leading reason for gynaecologic office visits, only 10-20% of all menstruating women experience blood loss severe enough to be defined clinically as menorrhagia. Approximately 5% of females seek medical attention for this condition. In recent years, there has been increased recognition of the scope and significance of gynaecological problems experienced by poor women in developing countries. The World Health Organization reports that 18 million women aged 30-55 years perceive their menstrual bleeding to be exorbitant. Reports show that only 10% of these women experience blood loss severe enough to cause anaemia or be clinically defined as menorrhagia.^[3] In Ayurvedic text the

etiological factors, pathogenesis of *Asragdar* has been mentioned. The management and prevention of *Asragdara* also found in Ayurveda. For the management of *Asragdara* various herbal, polyherbal, minerals and herbo minerals drugs has been suggested in Ayurveda. Hence this research article will highlight, about menorrhagia with special reference to *Asragdara*.

AIMS AND OBJECT

1. To evaluate and discuss the *Asrgdara*/ *Rakta Pradar*.
2. To elaborate and discuss the aetiology, pathogenesis and Ayurvedic method of *Asragdara*.
3. To elaborate the management of *Asragdara*.

MATERIAL AND METHOD

Material related to *Asragdar*/*RaktaPradar* is collected from Ayurvedic text including *Brhatryi*, *Laghutryi*, *Bhelsamhita*, *Bhaisajya Ratnavali*, *Hareet samhita*, and text book of modern medicine respectively. The available commentary of Ayurvedic samhitas has also referred to collect relevant matter. The index, non index medical journals has also referred to collect information of relevant topic.

CONCEPTUAL STUDY**Definition of *Asragdara* according to Ayurveda**

According to Charak due to *Pradirana* (excessive excretion) of *Raja* (menstrual blood), it is named as *Pradar* and since, there is *Dirana* (excessive excretion) of *Asrk* (menstrual blood) hence, it is known as *Asragdara*.^[4]

According to Sushruta the *Asragdara* means heavy vaginal bleeding during or before or after menstrual period.^[5]

Definition of *Asragdara* according to Morden

Menorrhagia is Greek word, men means menses and rrhagia means burst forth. Menorrhagia denotes cyclic regular bleeding which is excessive in amount or duration. It is generally caused by conditions affecting the uterus or its vascularity, rather than any disturbance of function of the hypothalamic-pituitary-ovarian axis.^[6]

General aetiology and pathogenesis according to Ayurveda

Charak says that women who consumes excessive salty, sour, heavy, *Katu*, *Vidahi* (producing burning) and unctuous substances, meat of fatty domestic and aquatic animals, *Krsara*, (oil made of rice **General aetiology of menorrhagia**^[13]

and pulses), *Mastu* (curd water) and wine, her aggravated *Vayu*, withholding the *Rakta* (blood) vitiated due to above causes increases its amount and then reaching *Raja* carrying vessels (branches of ovarian and uterine arteries) of the uterus, increases immediately the amount of *Raja* (*Artava* or menstrual blood), in others words the increase in amount of *raja* is due to relative more increase of *rasa* (plasma contents). Because of increase in the amount of blood the expert of this treatise named it *Asragdara*.^[7]

Harita says that milk carrying channels of infertile women are failed with *Vata*, thus she has absence of milk secretion, besides she also suffers from excessive menstrual bleeding.^[8]

Bhel opines that if body blood goes to abnormal passage, the woman suffers from *Pradar*.^[9]

Madhava nidana^[10], Bhavprakasa^[11] and yogratnakar^[12] have mentioned that use of incompatible diet and wine, eating before the previous meal is digested, indigestion, abortion, excessive coitus, riding, walking, grief, emaciation, weight lifting, trauma and day-sleeping are the causes of *Asragdara*.

Table 1: General ethology of menorrhagia

S.N.	General causes	Pelvic causes	Contraceptive use	Hormonal/DUB
1.	Blood dyscrasia	PID, pelvic adhesions	IUCD	Ovulatory-irregular ripening or irregular shedding
2.	Coagulopathy	Adenomyosis	Post-sterilization tubal	An ovulatory-Resting endometrium
3.	Thyroid dysfunction	Feminizing tumour or the ovary	Progestogen-only pills	Metropathiahaemorrhagia
4.	Genital TB	Endometriosis		
5.		Pelvic congestion		
6.		Uterine fibroid		

Pathogenesis of Menorrhagia

Endometrium normally produces prostaglandins from arachidonic acid which is a fatty acid. Of these, PGE₂ and PGI₂ are vasodilators and anti-platelet. PGF_{2α} and thromboxane A₂ cause vasoconstriction and platelet aggregates. In ovulatory cycles, the absence of progesterone and thereby of PGF_{2α} causes menorrhagia. In some cases, tissue plasminogen activator (TPA) which is a fibrinolytic enzyme is increased thereby causing menorrhagia.^[14]

Classification of *Asragdara/Pradar* as per Ayurveda-**There are 4 types of *Asragdara***

1. *Vataj Asragdara*- Sushruta have mentioned that blood vitiated by *Vata* is frothy, reddish or blackish in colour, rough, thin, limp, flows quickly, does not clot, has aftertaste as *Kashaya* (astringent), smells like iron and is cold.

2. *Pittaj Asragdara*- Sushruta have mentioned that the blood vitiated by *Pitta* becomes blue, yellow, green, blackish or resembles the water mixed with smoke or *Rasanjan* or cow urine in colour, has musty or fishy smell, being bitter (*Katu*) in taste is not liked by ants or flies, does not coagulate because it is hot (*Ushan*), if put in water spreads like moon-light (all of a sudden, evenly and all around).

3. *Kaphaj Asragdara*- Sushruta says that the blood vitiated by *Kapha* resembles water mixed with red ochre, is unctuous, cold, thick and slimy, is excreted very slowly and gets clotted like a muscle (fibres joined together).

4. *Sannipataja Asargdara*- Sushruta says that blood vitiated with *Sannipataja* has the features of all the three *Doshas*, resembles *Kanji* in colour and foul smells.

Table 2: types of *Asragdara*

S.N	Types	Charak ^[15]	Sushruta	Vagbhatt ^[16]	Madhavnidan ^[17]	Yogratnakar ^[18]
1.	<i>Vataja</i>	✓	-	✓	✓	✓

2.	Pittaja	✓	-	✓	✓	✓
3.	Kaphaja	✓	-	✓	✓	✓
4.	Sannipataja	✓	-	✓	✓	✓

Clinical features of Asragdara according to Ayurveda

Charak has described the only symptom i.e. presence of excessive bleeding during menstruation. [19] Sushruta says, that when same menstruation comes in excess amount, for prolonged period and /or even without normal period of menstruation (during menstruation in excessive amount and for prolonged period, but in inter menstrual period even scanty and for a short duration), and different from the features of normal menstrual blood is known as *Asragdara*. All types of *Asragdara* have association of body ache and pain. [20]

Dalhana has described clinical features of *Asragdara* as burning sensation in lower portion of groin, pelvic region, beck region of kidney and flanks and severe pain in uterus. Explaining about the repetition of clinical features has said that physicians accepting these clinical features. [21]

Vagbhata says that excessive bleeding during menstrual or inter menstrual period is known as *Asragdara*, *Pradara* or *Raktayoni*.

Madhava nidana[22], Bhavprakasa[23] and Yogratanakar[24] have mentioned that in all types of *Asragdara* body ache and pain are present.

Clinical features of menorrhagia according to Modern-

A normal menstrual blood loss is 50ml to 80ml, and does not exceed 100ml. In menorrhagia, the menstrual cycle is unaltered but the duration and quantity of the menstrual loss are increased. Menorrhagia is essentially a symptom and not in itself a disease. [25]

Causes of abnormal uterine bleeding-

Abnormal uterine bleeding can have many causes. They include the following-

Pregnancy, Miscarriage, Adenomyosis, use of some birth control methods, such as an intrauterine device (IUD) or birth control pills, Infection of the uterus or cervix, fibroids, Problems with blood clotting, Polyps, Endometrial hyperplasia, Certain types of cancers such as, cancer of uterus, cervix, vagina, polycystic ovarian syndrome. [26]

Prognosis of Asragdara

Sannipataja asragdara is incurable. Charak, Madhava nidana, Bhavprakasa and Yogratanakar have recapitulated few signs/symptoms of *Sannipataja asragdara* described by Charak as features of incurability, i.e. the women having continuous bleeding, suffering from thirst, burning sensation, fever, anaemia, and weakness is incurable.

Harita has mentioned that the women suffering from fever, having very short inter menstrual period and continuous bleeding is incurable.

Complications of Asragdara-

Table no.3 Complications of Asragdara-

S.N.	Complications	Charak	Sushruta ^[27]	Vagbhata ^[28]	Madhavnidan ^[29]	Yogratanakar ^[30]
1.	<i>Daurbalaya/</i> Weakness	-	✓	-	✓	✓
2.	<i>Bhram/</i> Giddiness	-	✓	-	✓	✓
3.	<i>Murchha/</i>	-	✓	-	✓	✓
4.	<i>Tama/</i> feeling of darkness	-	✓	-	✓	✓
5.	<i>Trishna/</i> thirst	-	✓	-	✓	✓
6.	<i>Daha/</i> Burning sensation	-	✓	-	✓	✓
7.	<i>Pralap/</i> delirium	-	✓	-	✓	✓
8.	<i>Pandu/</i> anaemia	-	✓	-	✓	✓
9.	<i>Tandra/</i> Drowsiness	-	✓	-	✓	✓
10.	<i>Aksepa/</i> convulsions	-	✓	-	✓	✓
11.	Disorder of <i>vata</i>	✓	-	✓	-	-
12.	<i>Shotha/</i> oedema	✓	-	✓	-	-

Trividha Pariksha of Asragdara

Ayurveda has suggested *Trividha pariksha* having *Darsan*, *Sparsan*, *Prashan*. Which is unique and it will play major role to diagnosis and disease.

Darshan (Inspection)

The *Darshan pariksha* is included in the inspection which is done by *Darshanindriya* (eyes) of

physician. It is nothing but visible signs of patients in *Asrkdara* /*Raktapradar* are anaemia (*Pandu*), bleeding tendency (*Raktsrava*) are major signs which is found in *Asrkdara*, which will be evaluate by inspection.

Sparshan (Palpitation)- It have major role and included in palpation of the abdomen to detect any organomegaly (liver/kidney).

Parshan (Questioning)- it is done by questionings about symptoms which is found in patient in *Asrkdara* are painful body ache, Weakness, giddiness, fainting, darkness before the eyes, thirst, feeling of burning sensation, delirium, stupor and disease of *Vata* origin will manifest.^[31]

Investigation

1. Complete Haemoglobin
2. BT and CT
3. Thyroid profile indicated
4. Pelvicsonography
5. Diagnostic hysteroscopy
6. Diagnostic laparoscopy
7. Endometrial study by ultrasound and curettage
8. Sonosalpingography can delineate a submucous fibroid clearly
9. Pelvic angiography is required when the cause of menorrhagia is not detected by other means.^[32]

MANAGEMENT AS PER AYURVEDIC MEDICINE

Drugs for external use

North-wards situated root of *Vyaghranaki* (*Solanum surattense*) grown in a sacred place, uprooted during *Uttaraphalguni nakshatra* (specific period of a day) and tied in the waist cures *raktapradara*.^[33]

Use of *Satpushpa* (*Foeniculum vulgare*) oil in the form of inhalation and massage is beneficial.^[34]

Symptomatic ayurvedic management of *Asrkdara* /*RaktaPradar*

For Bleeding

Rakta Pradehar Yog- Having *Kashthodember* (*Ficus hispida*) 25ml, mixed with 10grm honey then this is given in *Qvath* form.^[35]

Ashokaristha- *Dhatkipusp* (*Woodfordia fruticosa*), *krishanjeera* (*Carumbulbocastanum*), *nagarmotha* (*Cyperus rotundus*), *Soth* (*Zinziber officenalis*), *Daruharida* (*Berberis aristata*), *NeelKamal* (*Nymphaea stellata*), *Amalki* (*Emblica officinalis*), *Haritki* (*Terminalia chebula*), *Bheda* (*Terminalia bellerica*), *Aamrasthimajja* (*Mangifera indica*), *Jeera* (*Cuminum cyminum*), *Vasa* (*Adhatoda vasica*), *Shwet Chandan* (*Santalum album*). This is given 12-25 ml.^[36]

Madhukaadhyawleh- Having content *Yasthimadhu* (*Glyceriza globra*), *Lal Chandan* (*Pterocarpus santalinus*), *Laksha* (*Rasa centifolia*), *Rakta Kamal* (*Nelumbo nucifera*), *Rasanjan* (*Berberis aristata*), *Kusthmool* (*Saussurea lappa*), *Khas* (*Vetiveria zizanioidis*), *Balamool* (*Sida cordifolia*) *Vasa mool* (*Adhatoda vasica*), *Badriphal majja* (*Zinziphus mauritiana*), *Musta* (*Cyperus rotundus*), *Bilvaphalmajja* (*Aegle marmelos*), *Mochras* (*Salmalia malabarica*), *Daru Haridra* (*Berberis aristata*),

Dhatkipushpa (*Woodfordia fruticosa*), *Ashok twak* (*Saraca asoca*). *Draksa* (*Vitis vinifera*), *Japapushpakali* (*Hibiscus rosa-sinesis*), *Amrapatra* (*Mangifera indica*), *Jamunpatra* (*Syzygium cumini*), *Komalkamalpatra* (*Nelumbo nucifera*), *Shatavari* (*Asparagus racmosus*), *Vidarikand* (*Pueraria tuberosa*), *Rajatbhasm* (*Silver*), *Loh bhasam*, *Abhrak Bhasm* (*Mica*). This is given 3-6 *Masha* orally.^[37]

Pradrantak Ras: Having content *Sudha Parad* (mercury), *Sudha Gandhak* (sulphur), *Vang bhasm* (tin), *Kharpar Bhasm*, *Kodi Bhasm*, these all are 1-1 part and *Loh Bhasm* 12 part. This is given 250mg along with *Madhu*.^[38]

Pradrari Ras: Having content *Vang Bhasm* (tin), *LohBhasm* (iron), *Sudha Afeem* (*Papaver somnifrum*), *Shadgungandhakjerna parad*, *Rakta Kamal Churn*, *Rakta Chandan* (*Pterocarpus santalinus*). This is given 250 mg along with *Madhu*.^[39]

Pandu along with bleeding

Pradrari Loh: having content *Kutajtwak* (*Holarrhena antidysentrica*), *Manjistha* (*Rubia cordifolia*), *Semal Mool* (*Salmalia malabrica*), *Patha* (*Cissampelos pareira*), *Bilvaphal majjas* (*Aegle marmelos*), *Nagar motha* (*Cyperus rotundus*) *Dhatkipuspa* (*Woodfordia fruticosa*), *Atees* (*Aconitum heterophyllum*), *Abharak Bhasm* (*mica*), *Loh Bhasm* (iron). This is given 1-3 grm. along with *Madhu* and *Kushamool swaras*.^[40]

Shilajatu Vatika: Having content *Sudha Parad* (mercury), *Sudha Gandhak* (sulphur), *Sudha Shilajatu* (*Asphalatumjunabinum*), *Sugar*, *VanshLochanChurn* (*Bambusa arundinacea*), *PiperChurn* (*Piper longume*), *AmlaChuran* (*Emblica officinalis*), *KakdaSingi* (*Pistacia integerrima*), *Kantkari Phal* (*Solanumsurrtese*), *Dalcheeni* (*Cinnamomn Zeylanium*), *Chotiela* (*Elettaria cardimomum*) *Tej Ptara* (*Cinnamomnm zeylanicum*), *Madhu* (*Honey*). This is given 1gram along with cow milk.^[41]

Navayas Loh: *Soth* (*Zinziber officenalis*), *Piplli* (*Piper longum*), *Marich* (*Piper nigrum*), *Harad* (*Terminalia chebula*) *Amalki* (*Emblica officinalis*), *Vibhitki* (*Terminalia bellerica*), *Nagar Motha* (*Cyprus rotundus*), *VayaVidang* (*Embelica ribes*), *Chitrakmool* (*Plumbago zeylanica*), and *Loh Bhasm* (iron). This is given 2-2 *Ratti* (250mg) along with honey.^[42]

Rasayan Therapy

Ratanprabhavtika- *Swaran Bhasam* (gold), *Moti Bhasm*, *Abhark Bhasm* (mica), *Nag Bhasm* (lead), *Vang Bhasm* (tin), *Pital Bhasm* (brass), *Swarnmaksik Bhasm* (copper pyrite), *Rajahasm*, *Hirak Bhasam* (Diamond), *Loha Bhasm* (iron), *Sudha Hartal* (orpiment), *Kharper Bhasm*. This is given 125mg.^[43]

Pain

Pradrari Ras- having content *Vang Bhasm* (tin), *Loh Bhasm* (iron), *Sudha Afeem* (*Papaver somnifrum*), *Shadgungandhak jerna parad*, *Rakta Kamal Churn* (*Nelumbo nucifera*), *Rakta Chandan* (*Pterocarpus santalinus*). This is given 250 mg along with *Madhu*. It will also helpful to relive pain in the hypochondrium, pain due to endometrium cancer.^[44]

DISCUSSION

Asrgdara is a Sanskrit word which literally means bleeding from vagina during menses Or intermenstrual. *Pradirana* (excessive excretion) of *raja* (menstrual blood), is named as *Pradar* and since, there is *Dirana* (excessive excretion) of *Asrk* (menstrual blood) hence, it is known as *Asragdara*. Acharya Charak classified it in to 4 types including *Vataja*, *Pittaja*, *Kaphaj*, *Sannipataja*. Ayurveda has also mentioned the menorrhagia under the heading of *Asrgdara*. Menorrhagia is a common complaint. While menorrhagia remains a leading reason for gynaecologic office visits, only 10-20% of all menstruating women experience blood loss severe enough to be defined clinically as menorrhagia. Approximately 5% of females seek medical attention for this condition. In recent years, there has been increased recognition of the scope and significance of gynaecological problems experienced by poor women in developing countries. The World Health Organization reports that 18 million women aged 30-55 years perceive their menstrual bleeding to be exorbitant. Reports show that only 10% of these women experience blood loss severe enough to cause anaemia or be clinically defined as menorrhagia. The clinical manifestations like uterine bleeding and its complications are similar, both in menorrhagia and as well as *Asragdara*. There are so many complications are described in Ayurveda like *Daurbalaya*/weakness, *Bhram*/giddiness, *Tama*/feeling of darkness, *Trishna*/thirst, *Daha*/Burning sensation *Pralap*/delirium etc. In Ayurveda there is no such specific diagnostic test was found to rule out *Asragdara*. Ayurveda has *Trividha pariksha* which will help to rule out the disease physically. As the main objective of Ayurveda is to maintain the health by means of prevention and manage the patients to cure the diseases. Ayurveda has maintained that prevention (*Swasthyarakshanam*) and cure (*Vikarprashamanam*) is the aim and object of Ayurveda.^[39] Certain polyherbal or herbal or Ayurvedic compound drugs useful to reduce bleeding and complication. *Raktpradar yog*, *Ashokarishat*, *Madhukaadhya awleh*, *Pradrantak ras*, *Pradrari ras* may be useful to manage the bleeding and *Pradarai loah* will be useful for anaemia along with bleeding.

CONCLUSION

Menorrhagia is a common complaint present in the women world-wide. *Asragdara* correlate to menorrhagia. As we seen, patient have heavy uterine bleeding along with its complications which should be need to manage instantly to stop the further complication. Ayurveda have number of herbal and compound drugs useful to manage this bleeding disorder. In my opinion, the Ayurvedic drugs will become a boon to treat the menorrhagia patients and its complication also.

REFERENCES

1. Pandit kashinath shastri Charak samhita chikitsasthan (30\210-223), edition reprint Chaukhambha Publication, Varanasi 2011;868-870.
2. Pandit kashinath shastri Charak samhita chikitsasthan (30\210-213) edition re print Chaukhambha Publication, Varanasi 2011;869.
3. Dr.Kiranmai Gottapu et.al. A Study of Demographic Profile and Evaluation of Menorrhagia Academy of Medical Sciences, Eluru- 534005, http://www.worldwidejournals.com/ijar/file.php?val=January_2014_1389605495_9c452_133.pdf.
4. Pandit kashinath shastri Charaksamhita chikitsasthan reprint Chaukhambha publication, varanasi 2011;868-870.
5. Ambikadattsahastri Sushrutasamhita, Nidansthan (11/3), Reprint Chaukhambha Publication , Varanasi 2011;350.
6. Howkins \$ Bourne Shaw's textbook of Gynecology, 15thedition, VG Padubidri, MS, FROCG. et. al. Published by Elsevier, a division of Reed Elsevier India private limited;419.
7. Pandit kashinath shastri Charak samhita chikitsasthan (30\210-223) edition re print Chaukhambha Publication, Varanasi 2011;868-870.
8. Pandit hariprasad Tripathi Hareet samhita prathamsthan (8/10) edition, Re print Chaukhambha Publication, Varanasi 2011;60
9. Shri Abhyakatyayan Bhel Samhita sharirsthan (5/6) edition, Re print Chaukhambha Publication, Varanasi 2011;223-224
10. Shri Krishna Das Madhavnidan (61/2)edition, Re print Chaukhambha Publication, Varanasi 2011; 630
11. Shri Bhram Shankar Shastri Bhavprakash Chikitsa (68/3)edition, Re print Chaukhambha Publication, Varanasi 2011;430
12. Dr.Indradevtriplathi and Dr. Daya Shankar Tripathi Yogratanakar Strirogadhikar edition, Re print Chaukhambha Publication, Varanasi 2011;802
13. Howkins \$ Bourne Shaw's textbook of Gynecology, 15thedition, VG Padubidri, MS, FROCG. et.al. Published by Elsevier, a division of Reed Elsevier India private limited;
14. Howkins \$ Bourne Shaw's textbook of Gynecology, 15thedition, VG Padubidri, MS, FROCG. et. al. Published by Elsevier, a division of Reed Elsevier India private limited;301
15. Pandit kashinath shastri Charaksamhita chikitsasthan (30\210-213) edition re print Chaukhambha Publication, Varanasi 2011;869
16. Vaidha Anantdamodaraathvle Asthang Sanghrauttartantra (39/58-60), Reprint edition Chaukhambha Orientalia, 2007: 737
17. Shri Krishna Das Madhav nidan (61/2)edition, Re print Chaukhambha Publication, Varanasi 2011;479
18. Dr.Indradev tripathi and Dr.Daya Shankar Tripathi Yogratanakar strirogadhikar, Reprint Chaukhambha Publication, Varanasi 2011;802
19. Pandit kashinath shastri Charak samhita chikitsasthan (30\208) reprint Chaukhambha Publication, Varanasi 2011;174

20. Ambika datt sahastrī Sushrutāsāmhita sharer sthān (2/18), edition, Reprint chaukhambha publication, Varanasi 2011;16.
21. Ambika datt sahastrī Sushruta sāmhita utter tantra (45/44), edition, Reprint Chaukhambha Publication, Varanasi 2011;16.
22. Shri Krishna Das Madhav nidān (61/2)edition, Re print chaukhambha Publication, Varanasi 2011;479
23. ShriBhram Shankar shāstrī Bhavprakash Chikitsa (68/2)edition, Reprint Chaukhambha Publication, Varanasi 2011;431.
24. Dr.Indradev tripathī and Dr. Daya Shankar Tripathī Yogrātnakar strīrogādhikar edition, Reprint Chaukhambha Publication, Varanasi 2011;802
25. Oxford American handbook of obstetrics and gynecology Errol R. Norwitz et.al. 1st edition 2007 publishers.642
26. Abnormal uterine bleeding, The American college of obstetricians and Gynecologists, available from www.acog.org/~media/for%20patients/fag095.pdf.
27. Ambika datt sahastrī Sushrutāsāmhita sharer sthān (2/19-20), edition, Re print chaukhambha Publication, Varanasi 2011;16.
28. Proffesor Banwari lal Gaur Asthanghradhya nidānsthān (13/27), Reprint edition Chaukhambha Orientalia, 2007:365.
29. Shri Krishna Das Madhav nidān (61/2) edition, Re print chaukhambha Publication, Varanasi 2011;631.
30. Dr.Indradev tripathī and Dr.Daya Shankar Tripathī Yogrātnakar strīrogādhikar edition, Re print chaukhambha Publication, Varanasi 2011;803.
31. Proffesor Banwari lal Gaur Asthanghradhya. Sutrāsthān (1/21), Reprint edition Chaukhambha Orientalia, 2007: 12.
32. Howkins \$ Bourne Shaw's textbook of Gynecology, 15thedition, VG Padubidri, MS, Frocg. et.al. Published by Elsevier, a division of Reed Elsevier India private limited;302.
33. Shr iBhram Shankar shāstrī Bhavprakash Chikitsa (68/12)edition, Re print chaukhambha Publication, Varanasi 2011;431.
34. Nepal raj guru napandithemraj bhishagaachaarya Kashayāpsāmhita kalpsthān (5/23)edition, Re print chaukhambha Publication, Varanasi 2011;185.
35. Kaviraj Govind Das Sen Bhaisajya Ratnavali 66/5 Edited by Prof. Siddhi Nandan Mishra, Chaukhambha Surbharati Prakashan 2005;1029.
36. Kaviraj Govind Das Sen Bhaisajya Ratnavali 66/5 Edited by Prof. Siddhi Nandan Mishra, Chaukhambha Surbharati Prakashan 2005;1038.
37. Kaviraj Govind Das Sen Bhaisajya Ratnavali 66/111-114 Edited by Prof. Siddhi Nandan Mishra, Chaukhambha Surbharati Prakashan2005;1031.
38. Kaviraj Govind Das Sen Bhaisajya Ratnavali 66/60-64 of Edited by Prof. Siddhi Nandan Mishra, Chaukhambha Surbharati Prakashan2005;1034
39. Kaviraj Govind Das Sen Bhaisajya Ratnavali 66/54-58 Edited by Prof. Siddhi Nandan Mishra, Chaukhambha Surbharati Prakashan2005;1033.
40. KavirajGovind Das Sen Bhaisajya Ratnavali 66/71-75 Edited by Prof. Siddhi Nandan Mishra, Chaukhambha Surbharati Prakashan2005;1034.
41. Kaviraj Govind Das Sen Bhaisajya Ratnavali 66/65-70 of Edited by Prof. Siddhi Nandan Mishra, Chaukhambha Surbharati Prakashan2005;1034.
42. Pandit kasha nath shāstrī Charak sāmhita chikitsāsthān (16/70-71) edition re print Chaukhambha Publication, Varanasi 2011;491.
43. Kaviraj Govind Das Sen Bhaisajya Ratnavali 66/60-64 of Edited by Prof. Siddhi Nandan Mishra, Chaukhambha Surbharati Prakashan2005;1034.
44. Kaviraj Govind Das Sen Bhaisajya Ratnavali 66/54-58 Edited by Prof. Siddhi Nandan Mishra, Chaukhambha Surbharati Prakashan2005;1033.

Cite this article as:

Gupta Sudesh, Madhu Bala, Thapa Anuradha, Gupta Bhawana. Agnikarma- A Trenchant Technique For Catholicon of Kadara w.s.r to Corn. AYUSHDHARA, 2016;3(1):553-558.

Source of support: Nil, Conflict of interest: None Declared