



Review Article

ASRIGDARA (MENORRHAGIA): A COMPARATIVE STUDY BETWEEN AYURVEDIC AND MODERN PERSPECTIVES

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ABSTRACT

Asrigdara, a condition described in Ayurveda under *Raktapradara Roga*, closely resembles menorrhagia described in modern gynaecology. This condition not only affects a woman's physiological balance but also impairs her mental, social, and reproductive health. Both conditions manifest as excessive or prolonged uterine bleeding independent of or associated with menstrual cycles. The condition leads to anemia, Fatigue and impaired quality of life. This article aims to correlate the Ayurvedic understanding of *Asrigdara* with modern concepts of menorrhagia, exploring their etiopathogenesis, clinical presentation, and management approaches. The Ayurvedic viewpoint underscores a holistic understanding based on *Dosha-Dhatu-Mala* interaction and *Srotodushti*, whereas modern medicine relies on evidence-based diagnostic tools, including ultrasonography, hormonal assays, and endometrial evaluation. Similarly, treatment in Ayurveda focuses on restoring balance through *Samana* and *Sodhana* therapies, herbal formulations such as *Asoka*, *Lodhra*, *Musta*, *Nagakesara*, and lifestyle modifications rooted in *Dinacharya* and *Ritucharya*. Modern therapy, in contrast, includes NSAIDs, antifibrinolytics, hormonal therapy, and surgical interventions like endometrial ablation or Hysterectomy depending on severity and underlying cause. A comprehensive review of classical Ayurvedic texts and contemporary gynaecological literature was conducted. Findings reveal that *Asrigdara* primarily results from vitiation of *Pitta* and *Rakta* and derangement of *Artavavaha Srotas*, while menorrhagia is due to hormonal imbalance, uterine pathology or systemic disorders. The study concludes that integrating Ayurvedic and modern approaches offers a holistic management strategy for menorrhagia.

INTRODUCTION

Women's reproductive health has always been a key area of focus in both Ayurvedic and modern medical sciences. Among the various gynaecological disorders, *Asrigdara*, commonly correlated with menorrhagia in contemporary medicine, holds significant clinical and academic importance due to its high prevalence, Impact on quality of life, and potential complications such as anemia, infertility, and systemic disturbances. Menstruation (*Rajas Pravriti*) is a

physiological process that reflects the balanced functioning of *Artavavaha Srotas* in women. When this natural rhythm is disturbed, and there is excessive or prolonged bleeding, it leads to pathological conditions like *Asrigdara*.

Modern science describes a similar condition under the term menorrhagia, defined as menstrual blood loss exceeding 80ml per cycle or lasting more than 7 days. Understanding the correlation between *Asrigdara* and menorrhagia provides a foundation for integrative therapeutic strategies combining both Ayurvedic and modern systems.

AIMS AND OBJECTIVES

- To establish a comprehensive correlation between the Ayurvedic concept of *Asrigdara* and the modern medical understanding of menorrhagia, with a view

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to integrating diagnostic and therapeutic insights from both systems for better management of the condition.

- To establish a correlation between Ayurvedic parameters (*Dosha–Dushya–Srotas* involvement, *Samprapti*) and modern pathological mechanisms (hormonal, vascular, and structural causes).
- To compare therapeutic principles in Ayurveda (*Rakta-stambhana*, *Pitta-Samana*, *Vata-anulomana*) with modern medical management (hormonal and surgical treatments).
- To propose an integrative understanding that bridges Ayurvedic and modern perspectives for comprehensive and effective management of *Asrigdara*/menorrhagia.

Literature review

A gynaecological condition called *Asrigdara* causes an excessive flow of blood via the vagina from the uterus. In *Yonivyapad Chikitsa Adhyaya*, Acharya Charaka discussed *Asrigdara* as a distinct illness and how to treat it. It was also mentioned by Acharya Charaka as one of the *Raktaja Vikara* and in *Pitta Avrita Apana Vayu*. In *Shukra Shonita Shuddhi Sharira Adhyaya*, Acharya Sushruta characterized it as a distinct illness in *Sharira Sthana*. In *Rakta Doshaja Vikara* and *Pitta Samyukta Apana Vayu*, Acharya Sushruta also made reference to *Asrigdara*. In describing *Raktayoni*, *Ashtanga Sangraha* used the synonyms *Asrigdara* and *Pradara*. *Raktayoni* was described by *Ashtanga Hridaya*, although *Asrigdara* and *Pradara* are not mentioned; as a result, it is sometimes regarded as a synonym for *Rakta Pradara*.

The terms *Asrik* (menstrual blood) and *Dara* (excessive excretion) are the roots of the word "*Asrigdara*." It is called *Pradara* because of the excessive excretion of *Raja* (menstrual blood), and *Asrigdara* because of the excessive excretion of *Asrik* (menstrual blood). According to the definitions given above, excessive or prolonged bleeding that occurs during the menstrual or intermenstrual phase is referred to as *Asrigdara*, and *Pradara* is a synonym for *Asrigdara*.

Nidana of Asrigdara

- *Aharaja* - *Amla*, *Lavan*, *Katu*
- *Viharaja* - *Atimaithun*, *Ati Yana*, *Atikarshan*, *Bharvahan*, *Garbhaprapata*
- *Manasika* - *Shoka*, *Krodha*, *Bhaya*
- *Anyā* - *Abhighataja*

Samprapti of Asrigdara

The aggravating *Vayu*, according to Acharya Charaka, increases the amount of *Rakta* (blood) that has been vitiated by *Nidana Sevana*. This increases the amount of *Raja* (*Artava* or menstrual blood)

immediately after it reaches *Raja* carrying vessels (branches of ovarian and uterine arteries) of the uterus; in other words, the increase in *Raja* is caused by its mixture with increased blood. Due to a proportionate rise in *Rasa* (plasma contents), menstrual blood has increased. It was given the name *Asrigdara* due to the rise in blood volume. *Pradara* is another name for this illness because of the profuse blood discharge.

Types of Asrigdara

I. *Vataja*: Menstrual blood is frequently discharged in tiny volumes and is either scarlet *Pishitodaksan kabha*, *Lohagandhi*, or frothy, thin, rough, blackish *kinshukodaksankasha*, evacuated with or without pain. severe *Vatika*-type discomfort in the flanks, back, pelvis, sacral groin, and cardiac area.

II. *Pittaja*: Menstrual blood is hot, blue, and yellow, and it is frequently and painfully ejected. *Katurasa*, *Gomutrabha*, *Aamgandhi*, *Gruhadhuma*, *Rasanjana sadrasa*, and *Katurasa* spread uniformly when submerged in water; they are disliked by ants and do not clot.

III. *Kaphaja*: Menstrual blood is slimy, pale, heavy, unctuous, and cold mucoid thick, released, and slightly painful. More bleeding, slower excretion of *Gairikodaka*, and clots such as *Mamsapeshi*, *Kovidar pushpasadrashya*, *Vasagandhi*, *Pulaktoypratimam*, and *Lavanrasa* linked to nausea, vomiting, lack of appetite, and *Kasa swasa*.

IV. *Sanipataja*: Menstrual blood is *Kanjikabham*, which is blue like bronze, yellow, and has an unpleasant odour. It flows like ghee, and *Vasa* and *Majja* are linked to a burning sensation of thirst, weakness, and anemia, all of which are signs of *Tridosha*.

Modern Aspect

- Excessive or extended menstrual bleeding that happens at normal menstrual intervals is known as menorrhagia. Among women of reproductive age, it is among the most prevalent gynaecological ailments.
- Menorrhagia affects 20–30% of women at some point in their reproductive lives.
- It has a substantial impact on psychological health, productivity, and quality of life.
- Typically, it is defined by:
 - Blood loss of more than 80 milliliters every cycle.
 - A menstrual cycle that lasts more than seven days.

Etiology (Causes)

Menorrhagia can be classified into structural and non-structural causes, summarized by the **FIGO PALM-COEIN classification**

Category	Description	Examples
P – Polyp	Endometrial or cervical polyps causing localized hyperplasia and bleeding	Endometrial polyp
A – Adenomyosis	Endometrial glands within the myometrium cause uterine enlargement and heavy bleeding	Adenomyosis
L – Leiomyoma	Uterine fibroids, especially submucous type	Myoma (fibroid uterus)
M – Malignancy and hyperplasia	Endometrial carcinoma, hyperplasia	Endometrial cancer
C – Coagulopathy	Bleeding disorders	von Willebrand disease
O – Ovulatory dysfunction	Hormonal imbalance causing anovulation	PCOS, thyroid disorders
E – Endometrial causes	Primary endometrial dysfunction without structural disease	Endometrial haemostasis defect
I – Iatrogenic	Drug-induced bleeding	Anticoagulants, IUDs
N – Not yet classified	Rare or unclassified causes	Arteriovenous malformations

Pathophysiology

- In normal menstruation, the endometrium proliferates under estrogen and stabilizes under progesterone.
- In menorrhagia, the imbalance between vaso-constrictors and vasodilators (such as prostaglandins, endothelins, and nitric oxide) leads to excessive endometrial shedding and bleeding.
- Anovulatory cycles cause continuous estrogen stimulation without progesterone opposition, leading to endometrial hyperplasia and heavy, irregular bleeding.

Clinical Features

- Excessive menstrual blood loss (>80 mL or lasting >7 days).
- Passage of large clots.
- Soiling of clothes/bedding due to heavy flow.
- Symptoms of anemia, fatigue, dizziness, pallor.
- Dysmenorrhea may or may not be present.
- Associated pelvic pain if due to fibroids or adenomyosis.

Correlative Aspect**Etiopathogenesis**

Aspect	Ayurvedic View	Modern View
Causative factors	<i>Ati-srama, Krodha, Atipana, Atisevana of Lavana, Amla, Ushna dravya, suppression of natural urges.</i>	Hormonal imbalance (anovulatory cycles), uterine fibroids, adenomyosis, endometrial hyperplasia, IUDs.
<i>Doshic involvement</i>	Predominantly <i>Pitta</i> and <i>Rakta</i> vitiation, <i>Vata</i> secondary.	Disturbance in Estrogen-Progesterone ratio.
<i>Srotas involved</i>	<i>Artavavaha Srotas dushti</i>	Uterine endometrial dysfunction

Clinical Presentation

- Asrigdara:** Excessive and prolonged *Raja pravṛtti*, bright red bleeding, burning sensation, weakness, and *Pittaja* symptoms.
- Menorrhagia:** Menstrual bleeding >80ml, >7 days duration, passage of clots, anemia, fatigue.

Pathogenesis (Samprapti)

- Nidana* → *Pitta-Rakta Dushti* → *Artavavaha Srotodushti* → *Ati-pravṛtti of Artava* → *Asrigdara*
- This aligns with excessive endometrial proliferation and vascular fragility due to estrogen dominance in modern pathology.

Management**Ayurvedic Management**

- 1. Nidana Parivarjana:** Avoid causative factors such as *Ushna, Amla, Lavana* diet, excessive exertion.
- 2. Samana Chikitsa**
 - **Drugs:** *Lodhra, Musta, Amalaki, Shatavari, Ashoka, Daruharidra, Yashtimadhu*
 - **Formulations:** *Ashokarishta, Lodhra churna, Chandraprabha vati, Praval pishti*
 - **Ghrita preparations:** *Shatāvari ghrita, Phalaghrita*
- 3. Rasayana Therapy:** *Amalaki Rasayana, Shatavari Rasayana* for uterine rejuvenation.
- 4. Panchakarma:** *Raktamokshana* and *Basti* in chronic cases with *Dosha avarana*.

Modern Management

- **Pharmacological:** NSAIDs, antifibrinolytics (tranexamic acid), hormonal therapy (OCPs, progesterone).
- **Surgical:** D&C, endometrial ablation, hysterectomy for resistant cases.

DISCUSSION

Ayurveda and modern science both aim to understand and manage excessive uterine bleeding, though they differ in terminology, pathophysiology, and treatment approach. The concept of *Asrigdara* described in classical Ayurvedic texts can be closely correlated with menorrhagia in modern gynaecology, as both conditions are characterized by excessive and/or prolonged menstrual bleeding. A correlative approach integrating Ayurvedic management with modern diagnostic tools can yield better outcomes. While modern medicine offers rapid symptomatic relief, Ayurveda provides long-term equilibrium of the hormonal and systemic functions through natural and holistic measures.

This integrated understanding encourages the exploration of Ayurvedic formulations as adjunct or alternative therapy in managing chronic menorrhagia, potentially reducing the need for invasive procedures.

CONCLUSION

Excessive uterine bleeding is a common feature of both menorrhagia and *Asrigdara*. The three main tenets of Ayurveda- *Dosha-samya, Rakta-stambhana*, and *Yoni-shodhana*- align with contemporary therapeutic concepts of hormonal management and hemostasis. With few adverse effects, combining Ayurvedic remedies like *Ashokarishta* and *Shatavari ghrita* with contemporary diagnostic and therapeutic instruments may improve patient outcomes. Many herbal and polyherbal compound medications used in Ayurveda are helpful in treating *Asrigdara* and its associated symptoms and consequences. Ayurvedic treatments need to be supported by more carefully planned clinical trials that use scientific, evidence-based methods.

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