



Review Article

EFFECTIVENESS OF AYURVEDIC INTERVENTIONS IN THE MANAGEMENT OF *RAKTAPRADAR* (*ASRIGDARA*): A SYSTEMATIC REVIEW

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ABSTRACT

Asrigdara (*Raktapradar*) is a common gynaecological disorder described in Ayurveda, characterized by excessive or prolonged menstrual bleeding due to vitiation of *Rakta* predominantly associated with *Pitta* and *Vata Dosha*. It closely correlates with abnormal uterine bleeding (AUB) in contemporary medicine and significantly affects women's physical and psychological well-being. Although several clinical studies have explored the role of Ayurvedic interventions in the management of *Asrigdara*, the evidence remains dispersed across various sources. The present systematic review aims to evaluate and synthesize clinical evidence regarding the effectiveness of Ayurvedic interventions in the management of *Asrigdara* (*Raktapradar*). A comprehensive literature search was conducted using electronic databases including PubMed, Google Scholar, AYUSH Research Portal, and indexed Ayurvedic journals. Clinical studies such as randomized controlled trials, non-randomized trials, and single-arm studies were included for analysis. The reviewed studies demonstrated significant improvement in clinical outcomes, including reduction in menstrual blood loss and duration, improvement in menstrual regularity, and increase in haemoglobin levels. Ayurvedic interventions comprising *Shamana Chikitsa* with *Rakta-stambhaka* and *Garbhashaya-balya* formulations, along with *Shodhana Chikitsa* such as *Virechana* and *Basti Karma*, were found to be effective and well tolerated. The combined use of *Shodhana* followed by *Shamana* therapy showed better and sustained outcomes, particularly in chronic and recurrent cases.

INTRODUCTION

Asrigdara (*Raktapradar*) is a well-described gynecological disorder in Ayurveda, characterized by excessive or prolonged menstrual bleeding occurring at regular or irregular intervals. The term *Asrigdara* denotes excessive excretion of *Raja* (menstrual blood) beyond physiological limits^[1]. *Charaka Samhita* describes *Asrigdara* as excessive discharge (*Pradirana*) of *Raja* due to vitiation of *Rakta* predominantly associated with *Pitta* and *Vata Dosha*.^[2] *Sushruta Samhita* elaborates the pathology of *Asrigdara* by emphasizing the involvement of vitiated *Rakta* and *Pitta*, in excessive uterine bleeding and associated

systemic manifestations (*Sushruta Samhita, Sharira Sthana*.^[3] *Ashtanga Hridaya* ^[4] also describes *Asrigdara* under *Yonivyapad*, attributing its pathogenesis to deranged *Dosha-Dushya* interaction affecting the *Garbhashaya* and *Artavavaha Srotas* (*Ashtanga Hridaya, Uttara Sthana* 33).

In contemporary gynecology, *Asrigdara* closely correlates with abnormal uterine bleeding, particularly menorrhagia, which is defined as excessive menstrual blood loss (>80ml) or prolonged duration (>7 days) and significantly affects women's quality of life^[5]. Conventional management includes hormonal therapy, antifibrinolytics, and surgical interventions; however, these modalities may be associated with adverse effects, contraindications, and recurrence after treatment withdrawal^[6].

Ayurveda advocates a holistic approach through *Nidana Parivarjana*, *Shodhana* therapies such as *Virechana* and *Basti*, and *Shamana Chikitsa* employing *Rakta-stambhaka* and *Pitta-shamana*

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drugs^[2,4]. Although several clinical studies report favorable outcomes with Ayurvedic interventions in *Asrigdara*, the available evidence remains scattered across various sources^[7]. Therefore, the present systematic review aims to critically evaluate and synthesize the clinical evidence on the effectiveness of Ayurvedic interventions in the management of *Asrigdara (Raktapradar)*.

AIM

To systematically review and analyze the available published Ayurvedic clinical evidence regarding the management of *Raktapradar*.

OBJECTIVES

- To systematically collect and review published clinical studies, case reports, and clinical trials related to *Raktapradar*.
- To evaluate the effectiveness of various Ayurvedic treatment modalities used in the management of *Raktapradar*.
- To analyze the types of interventions (*Shamana*, *Shodhana*, herbal formulations, *Panchakarma* procedures) employed in different studies.
- To assess the clinical outcome measures used in the reviewed studies

MATERIALS AND METHODS

A comprehensive literature search was conducted using electronic databases such as Google Scholar, PubMed, and AYUSH Research Portal.

Relevant studies on Ayurvedic management of *Raktapradar* were screened based on inclusion and exclusion criteria.

Inclusion Criteria

1. Published clinical trials, observational studies, case series, and case reports related to *Raktapradar*.
2. Studies evaluating Ayurvedic interventions (*Shamana*, *Shodhana*, *Panchakarma*, herbal formulations).

Exclusion Criteria

1. Review articles, conceptual articles, editorials, and expert opinions.
2. Animal and in-vitro studies.

Search Terms Used

“Raktapradar”, “Asrigdara”, “Ayurvedic management of Raktapradar”, “Menorrhagia and Ayurveda”, “Abnormal uterine bleeding and Ayurveda”, “Asrigdara chikitsa”, “Raktapradar clinical studies.

RESULTS

In the present systematic review, a total of 20 studies were included for qualitative synthesis. The majority of the studies were case reports and observational in nature. *Shamana Chikitsa* was the most commonly employed therapeutic modality, followed by *Shodhana* and *Panchakarma* procedures. Most studies reported a reduction in menstrual blood loss and duration of bleeding, along with improvement in associated symptoms.

Observation During Study

S.No.	Authors	Research Design	Sample Size	Treatment Given	Duration	Outcome Measures	Results
1	Agrawal T. et al. (2024) ^[8]	RCT single-blind	92	Group 1: <i>Eladi Kasaya</i> 50 ml TDS (D1-D7) Group 2: Tranexamic Acid 500 mg TDS (D1-D7)	3 cycles	PBAC, VAS, Hb, MIQ	<i>Eladi Kasaya</i> is therapeutically equivalent to tranexamic acid.
2	Kaminey et al. (2021) ^[9]	Randomized comparative clinical trial	36	Group I: <i>Kushadi Asthapana Basti</i> (1200 ml) over 2 days per cycle + <i>Kashmarya Kutaj Uttar Basti</i> (4 ml) each cycle. Group 2: Standard therapy Ovrall-L From 5 th day	3 cycles	Bleeding, pain, Hb	Both groups showed significant improvement. Basti group showed sustained relief, while hormonal group showed quicker control of bleeding.
3	Swatirekha Mohapatra et al. (2019) ^[10]	Open-label clinical trial	30	<i>Shunthi Churna</i> (2 g) + <i>Lodhra Churna</i> (3 g) + <i>Sharkara</i> (5 g), TDS	3 cycles	Bleeding, pain, Hb	<i>Shunthi-Lodhra</i> with <i>Sharkara</i> is effective in managing <i>Asrigdara</i> (DUB) with significant clinical

							improvement.
4	Laxmita Gaiju, Seema Shukla (2025) [11]	Open-label randomized	30	Group 1: <i>Madhukadi Yoga</i> (oral) + <i>Madhukadi Tailam Matra Vasti</i> Group 2: <i>Madhukadi Yoga</i> (oral) only	3 cycles	Bleeding, symptoms	Combined therapy (oral medication with <i>Matra Vasti</i>) is more effective and safer in managing <i>Asrigdara</i> (AUB) than oral therapy alone.
5	Nikitha & Noor (2019) [12]	RCT	16	<i>Eladi Kwatha</i> 1 pala (48 ml) OD	2 cycles	Improvement in bleeding pattern, symptom relief.	<i>Eladi Kwatha</i> reported to provide very good results in reducing abnormal bleeding without complications.
6	Animesh Malti 2023 [13]	Comparative	60	Group 1: <i>Ashokarishta</i> 15ml BD Group 2: <i>Pradarantak lauha</i> 250 mg Pill TDS	3 cycles	Bleeding, pain	Both effective; <i>Lauha</i> better in anemia
7	Mule Rutuja Eknath et al. 2024 [14]	RCT, Comparative	40	Group 1: <i>Kushamoola Churna</i> 3 g, with <i>Tandulodaka</i> , TDS, from 5 th day Group 2: <i>Bala moola Churna</i> with <i>Sita</i> & <i>Tandulodaka</i> , TDS from 5 th day.	3 cycles	Bleeding, pain, cycle	<i>Kushamoola Churna</i> is more effective than <i>Balamoola Churna</i>
8	Sharma S., Pandey M. (2020) [15]	Open - Label RCT	56	Group 1: <i>Kutajashtaka Avaleha</i> (5 g BD) Group 2: <i>Kutajashtaka Avaleha</i> (5 g BD orally) + <i>Yashtimadhu Ghrita Matra Basti</i> (60 ml for 7 days in 3 cycles)	3 cycles	Bleeding, pain	Combination therapy was more effective than oral therapy alone.
9	Dr. Chethana Kumari A. 2025 [16]	Pre- Post clinical observation	30	<i>Mudgaadya Ghrita</i> orally	40 days	bleeding, pain, Hb	<i>Mudgaadya Ghrita</i> effective in <i>Asrigdara</i> with significant symptomatic improvement.
10	Sanju Rao et al 2022 [17]	RCT comparative	30	Group 1: <i>Bhumyamalaki Churna</i> 5 gm BD with <i>Tabduloda</i> Group 2: <i>Madhuka Ghrita Matra Basti</i> , 60 ml 7 days / cycle	60 days	Blood loss and bleeding duration	Both treatments effective in <i>Asrigdara</i> ; <i>Madhuka Ghrita Matra Basti</i> found comparatively more effective
11	Joshi A., Sharma R., 2023 [18]	Case Report	1	<i>Shodhana: Snehana</i> & <i>Swedana Virechana Karma Shamana:</i>	3 cycles	Menstrual duration, bleeding	Combined <i>Shodhana</i> and <i>Shamana</i> therapy was effective.

				<i>Shalmali Ghrita</i> 6ml BD (1 month after <i>Virechana</i>)		amount, clots, pain, cycle regularity.	
12	Maheshwari Danappagoudara, Savita S Patil (2023) ^[19]	Randomized Clinical Trial	30	Group1: <i>Bhumyamalaki Churna</i> 6 gm BD + <i>Tandulodak</i> Group 2: <i>Kusha Mula churna</i> 6 gm BD + <i>Tandulodak</i>	2 cycles	Menstrual bleeding, duration, associated symptoms	<i>Bhumyamalaki Churna</i> is more effective than <i>Kusha Mula Churna</i>
13	Vartak RV, Mehere S, 2019 ^[20]	Single case study	1	<i>Ashoka Ghrita</i> 1 tsp BD	6 months	Bleeding duration, cycle interval, blood loss, clots, pain	<i>Ashoka Ghrita</i> is effective in reducing symptoms.
14	Pradipkumar B. Giri, Jaimala Annasaheb Jadhav (2020) ^[21]	Case report	1	<i>Sharapunkha moola churna</i> 5 g BD + <i>Tandulodak</i>	7 days	Duration & amount of bleeding, number of pads, fever, fatigue	<i>Sharapunkha moola churna</i> with <i>Tandulodaka</i> showed potential haemostatic effect.
15	Viswambharan A.K. 2025 ^[22]	Case Report	1	<i>Guduchi Swarasa</i> 15ml BD (after food) + <i>Sadya Sneha + Avipathi Choorna</i> (preparatory cleansing)	15 days	Duration and quantity of menstrual bleeding, pad usage, Hb level, USG for fibroid	<i>Guduchi Rasayana</i> effectively reduced excessive uterine bleeding as a prophylactic intervention; simple, safe.
16	Sherkar Rohini Vikram 2025 ^[23]	Single case report	1	<i>Ashokarishta</i> 20mL BD	60 days	Menstrual duration/bleeding, symptoms, Hb	Improvement in bleeding & associated symptoms reported
17	Jainer & Anusha, 2018 ^[24]	Interventional clinical study (single-arm)	10	<i>Sadyo Vamana with ksheera, Yastimadhu phanta</i> and <i>Saindhava lavana jala</i>	-	Cessation of bleeding-Symptom relief (weakness, pain)- Flow quantity and frequency.	<i>Sadyo Vamana</i> showed effective and rapid cessation of bleeding in most patients with <i>Asrigdara</i> .
18	Deshmukh et al. 2023 ^[25]	Randomized Single-Blind Clinical Trial	80	<i>Ashok Ghrita</i> 10 ml BD with warm water 15 days for 3 cycles <i>Ashok kseerpak</i> 30 ml BD 15 days for 3 cycles	3 cycles	Menstrual bleeding, symptom improvement	<i>Ashok Ghrita</i> more effective in controlling menorrhagia compared to control.

19	Pashte S, Gaikwad R (2019) [26]	Open randomized comparative clinical study	60	Group 1: <i>Virechana + Ashok Twak Ksheerpaka</i> 40ml BD — 7 days — 3 cycles (<i>Shodhana + Shamana</i>) Group 2: <i>Ashok Twak Ksheerpaka</i> 40 ml BD — 7 days — 3 cycles (<i>Shamana</i> only)	3 cycles	Subjective: Excess bleeding, pain, clots, body ache Objective: Endometrial thickness, pad weight, Hb%	Combined <i>Shodhana (Virechana) + Shamana</i> therapy is more effective than <i>Shamana</i> alone.
20	Swapna Tadasad et al., 2018 [27]	RCT	30	Group 1: <i>Khanda Kushmanda Avaleha</i> 12 g OD with Milk Group 2: Placebo capsule 500 mg OD with milk	30 days	Duration of bleeding, Inter-menstrual interval, Amount of blood loss, Associated symptoms, Hb%, BT, CT	<i>Khanda Kushmanda Avaleha</i> is significantly more effective than placebo.

DISCUSSION

Asrigdara (Raktapradar) is a multifactorial gynecological disorder described in Ayurveda as excessive or prolonged uterine bleeding resulting from vitiation of *Rakta* along with *Pitta* and *Vata Doshas*. The present systematic review critically analyzed available clinical studies evaluating the effectiveness of Ayurvedic interventions in the management of *Asrigdara* and provides an evidence-based synthesis of therapeutic outcomes reported in the literature.

These outcomes support the classical Ayurvedic understanding of *Asrigdara* as a disorder of *Ati-pravr̥tti* of *Raja* caused by *Rakta-Pitta* vitiation and disturbed *Vata* function.

A majority of the reviewed studies employed *Shamana Chikitsa* using single or polyherbal formulations such as *Ashokarishta*, *Lodhra-based Kashaya*, *Nagakesara*, *Shatavari*, and other *Rakta-stambhaka* drugs

Ayurvedic drugs possessing properties such as *Rakta-stambhaka*, *Pitta-shamana*, *Vata-anulomana*, *Rakta-prasadana*, *Shothahara*, and *Garbhashaya-balya* were frequently employed in the reviewed clinical studies and provided significant relief in patients of *Asrigdara*. Drugs like *Lodhra*, *Ashoka*, *Nagakesara*, *Vasa*, *Shatavari*, *Amalaki*, *Kutaja*, and *Patranga* act primarily through their *Kashaya* and *Tikta Rasa* with *Sheeta Virya*, helping in pacification of aggravated *Pitta* and stabilization of *Rakta Dhatu*, thereby aiding in hemostasis.

Substances such as *Lodhra*, *Ashoka*, and *Nagakesara* act as blood purifiers and astringents, promoting *Rakta-stambhana* by causing

vasoconstriction of uterine blood vessels. Their anti-inflammatory, wound-healing, and tissue-strengthening properties reduce endometrial congestion and vulnerability of uterine vasculature, contributing to reduction in excessive bleeding. The *Kashaya Rasa* present in these drugs causes *Sankocha* of the uterine tissues and prevents abnormal endometrial shedding. *Ashoka* possesses *Madhura* and *Kashaya Rasa* with *Sheeta Virya*, which helps in regulating uterine contractions, correcting abnormal endometrial response, and restoring menstrual rhythm. The presence of phytoestrogenic compounds further aids in balancing hormonal fluctuations, thereby contributing to cycle regulation and reduction in bleeding.

Several studies included in the review evaluated the role of *Shodhana Chikitsa*, particularly *Virechana Karma* and *Basti Karma*. *Virechana*, indicated for *Pitta-Rakta Shodhana*, showed marked improvement in menstrual irregularities and reduction in bleeding, especially in patients with chronic or recurrent *Asrigdara*. The elimination of vitiated *Doshas* through *Shodhana* possibly corrects the underlying pathology rather than merely providing symptomatic relief.

Virechana facilitates elimination of vitiated *Pitta* and *Rakta* through the lower pathway, thereby addressing the root cause of excessive bleeding. It helps in clearing *Margavarodha*, pacifying *Apana Vata*, and restoring normal flow of *Artava*

Basti Karma, especially *Anuvasana* and *Uttarbasti*, *Niruha Basti* was effective in regulating

Apana Vata, which plays a crucial role in menstrual physiology. Restoration of normal Vata function contributes to regularization of menstrual flow and prevention of excessive bleeding

When compared with conventional hormonal therapy, Ayurvedic interventions demonstrated comparable efficacy in reducing menstrual blood loss without the adverse effects commonly associated with hormonal drugs. Hormonal therapies often result in side effects such as weight gain, nausea, mood disturbances, and recurrence of symptoms upon discontinuation. In contrast, Ayurvedic treatments were generally well tolerated, with minimal or no reported adverse effects, indicating better patient compliance and acceptability.

CONCLUSION

Ayurvedic formulations possessing *Rakta-stambhaka*, *Pitta-shamana*, *Vata-anulomana*, and *Garbhashaya-balya* properties play a pivotal role in controlling excessive uterine bleeding and strengthening uterine tissues. *Shodhana* procedures, particularly *Virechana* and *Basti Karma*, contribute to sustained clinical improvement by eliminating vitiated *Doshas*, correcting *Margavarodha*, and regulating *Apana Vata* and hormonal balance. The combined application of *Shodhana* followed by *Shamana* therapy offers better and long-lasting outcomes, especially in chronic and recurrent cases of *Asrigdara*.

Overall, the findings support the classical Ayurvedic view of *Asrigdara* as a *Rakta-pradoshaja* and *Adhogata Pitta Pradhana Vyadhi* and validate Ayurveda as a safe, effective, and holistic therapeutic approach for its management. However, further well-designed randomized controlled trials with standardized outcome measures are required to strengthen the existing evidence and establish definitive clinical guidelines.

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