



Review Article

## CLINICAL ASPECT OF ASRIGDARA - AN AYURVEDIC REVIEW

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### Article info

#### Article History:

Received: 20-11-2025

Accepted: 19-12-2025

Published: 20-01-2025

#### KEYWORDS:

Asrigdara, AUB, Chikitsa Siddhanta, Nidana-Samprapti.

### ABSTRACT

Ayurveda is the science of life based on the principles of *Panchamahabhuta* and *Tridosha*. A balanced condition of *Dosha*, *Agni*, *Dhatu*, and *Mala* is considered health, while an imbalance in these entities results in disease. Therefore, diseases are attributed to imbalances in *Doshas*. *Asrigdara*, a condition characterized by excessive bleeding, is also a result of *Dosha* imbalance. There are four types of *Asrigdara* based on the predominance of *Dosha*: *Vataj*, *Pittaj*, *Kaphaj*, and *Sannipataj*. Since the types of *Asrigdara* have different aetiologies, the treatment protocols and principles also differ for each type. The treatment principle for *Vataj Asrigdara* will not be effective for *Pittaj* or *Kaphaj Asrigdara*, and vice versa. Therefore, accurate diagnosis and the application of the correct treatment principle are essential for curing *Asrigdara*. It is termed as AUB in the allopathic system of medicine, for which haemostatic agents, analgesics, and hormonal therapy are advised. However, these treatments are only symptomatic and have limitations. Different types of formulations are mentioned in the Ayurvedic classics for the management of *Asrigdara*, and these may not be equally effective for all types of *Asrigdara*. Only after evaluating the *Rasa-Guna-Karma* of the drugs present in each formulation and we have to select accordingly to achieve the desired result. This study aims to explore the clinical aspects of *Asrigdara* scientifically.

### INTRODUCTION

*Asrigdara* is a significant gynaecological disorder recognized in Ayurveda, formed from the Sanskrit words *Asrik* (meaning menstrual blood) and *Dara* (meaning excessive discharge), indicating an abnormal and increased menstrual flow. Classified under *Pradara*, *Asrigdara* specifically refers to the excessive outflow of *Raja*<sup>[1]</sup> (menstrual blood). In modern medical science, it aligns with the condition known as Abnormal uterine bleeding (AUB), characterized by any uterine bleeding outside the normal volume, duration, regularity or frequency<sup>[2]</sup>.

This disorder commonly may affect female of all ages and women of reproductive age<sup>[3]</sup> and has a profound impact on various dimensions of life-physical, mental, emotional, and social.

Ayurveda identifies multiple causative factors behind *Asrigdara*, particularly dietary and lifestyle habits. The consumption of heavy (*Guru*), sour (*Amla*), salty (*Lavana*), incompatible (*Viruddhahara*) foods, and substances like alcohol (*Sura*), fermented liquids (*Sukta*), and curd (*Dadhi*) disturb the digestive fire (*Agni*), causing *Rasa Dhatu Dushti* (vitiation of bodily fluids), which in turn leads to *Asrigdar*. If untreated, it may lead to complications such as weakness (*Daurbalya*), dizziness (*Bhrama*), anaemia (*Pandutwa*) and visual disturbances (*Tamodarshana*), affecting the quality of life and reproductive health.

Classical Ayurvedic texts have extensively discussed this condition. *Charaka* places *Asrigdara* under *Raktaja Vikara* and *Pitta Avrita Apana Vata*, while *Sushruta* refers to it under *Pitta Samyukta Apana Vayu* and *Rakta Doshaja Vikara*. The *Ashtanga Sangraha* and *Ashtanga Hridaya* equate it with *Raktayoni* and *Rakta Pradara*. The treatment principle centers around *Doshapratyaneeka Chikitsa*- the correction of the vitiated *Doshas*- using both herbal and herbomineral formulations. Considering the rising incidence due to contemporary lifestyle patterns, there

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<https://doi.org/10.47070/ayushdharma.v12i6.2428>

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is a vital need for safe, accessible, cost-effective Ayurvedic treatments that not only manage the symptoms but also restore systemic harmony and improve overall well-being.

#### AIM

The aim of this review is to analyse *Asrgdara* (abnormal uterine bleeding) through the lens of Ayurveda, focusing on its etiology and pathogenesis.

#### OBJECTIVE

The objective is to outline the Ayurvedic principles and methods used in the diagnosis and treatment of *Asrgdara*.

#### Etiological factors [4,5]

Vidhi	Rasa	Guna	Preparations	Materials
Viruddhashana	Lavana	Ati guru	Pishita	Madhya
Adhyashana	Amla	Snigdha	Krishara	Sura
Ajeernashana	Katu	Vidahi	Payasam	Sukta
Asatmya	Kshara	Teekshna	Parmannam	Gramya Anupa Audaka } Mamsa
		Ushna	Gudakritam	
			Dadhi	

Sleep	Activities	Mental	Complicating
Ratri jagarana	Yana	Mana: Santapat	Sagarbha patat
Diwa swapna	Adhwagamana	Krodhat	Abhighatat
Aswapna	Bhara bahana	Bhaya	
	Ati karshana	Chintanat	
	Vega vidharanat	Kamat	
	Vega udeeranat	Mada	
	Ati vyabaya		

Dosha	Aharaj	Viharaj
Vata	Shukta, Mastu, Sura	Aswapnat, Nishi chintanat, Ratrijagaran, Vega dharana, Aprapta vega udeerana, Abhighatat, Yaana adhwagamanat, Bhaara vahanat, Ati karshanat, Ati maithunat, Sa garbha patat
Pitta	Viruddha, Lavana, Amla, Katu, Kshara, Vidahi, Shukta, Suradi, Madyani	Mana: Sharira santapat, Krodhash, Bhaya
Kapha	Vishamashana, Adhyashana, Ajeernashana, Prakillnna anna, Gudakritam, Krishara, Payasam, Dadhi, Mandakam, Pishitani, Abhishyandi, Snigdhani, Anoop mamsa	Diwa swopna,

*Raktapradara* is also considered as the disorder of blood (*Raktapradoshaj*). According to Harita; The milk carrying channels in *Vandhya* is filled with *Vata*, hence there is absence of milk secretion, moreover, she suffers from excessive menstrual bleeding. *Bhela* opines that if body blood goes to abnormal passage, the women suffer from *Pradara*.

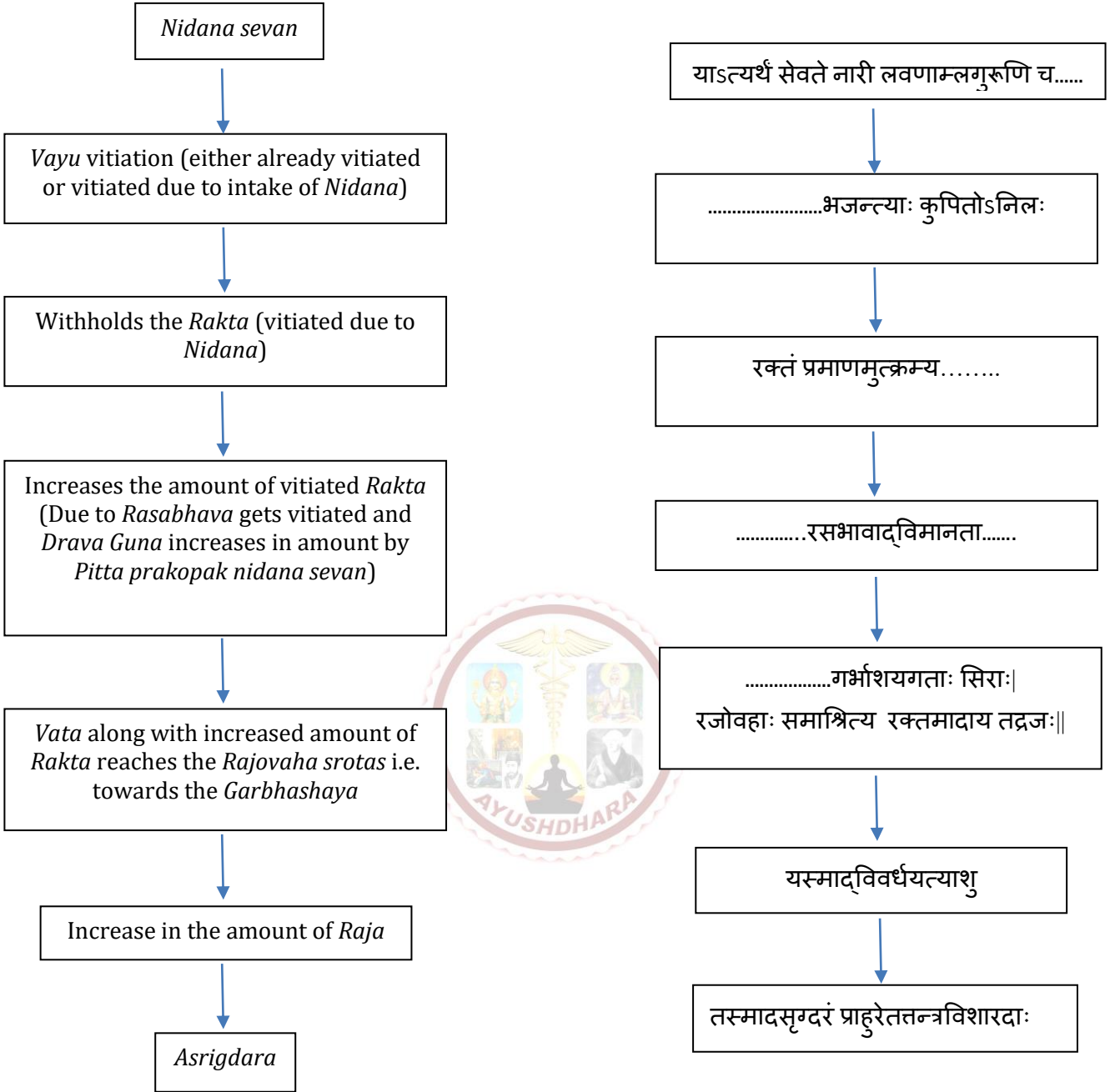
#### MATERIAL AND METHOD

Review of literature from *Brihatrayee* and other Ayurveda literatures related to *Asrgdara*, and from e-sources were compiled.

#### Conceptual study

Due to excessive expulsion/excretion (*Pradirana*) of rajas. It is termed as *Pradara*. There is excessive excretion (*Dirana*) of *Asrk*, hence it is termed as *Asrgdara*.

**Etiopathogenesis<sup>[6]</sup>**



According to Charaka, the aggravated *Vayu*, withholding the *Rakta* (blood) vitiated due to *Nidana Sevana*, 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 other words, the increase in amount of *Raja* is due to its mixture with increased blood. This increase in menstrual blood is due to relative more increase of *Rasa* (plasma contents). Because of the increase in the amount of blood, the expert of this treatise named it *Asrigdara*. Since in this condition, excessive blood is discharged, hence it is also known as *Pradara*.

**Classification**

Acharya Charaka mentions 4 types of *Asrigdara*- *Vataja*, *Pittaja*, *Kaphaja* and *Sannipataja*. While describing the treatment he mentions the management of *Pittavataja Asrigdara* which means that he accepts *Duidosaj Asrigdara*. Madhav Nidana, Bhavmishra and Yogaratnakar have described 4 types of *Pradara*- *Slesma*, *Pitta*, *Vata* and *Sannipata*. Sarangadhar has mentioned 4 types - *Vataja*, *Pittaja*, *Kaphaja* and *Sannipataja*. In general, while classifying diseases *Vataja* type is mentioned first, but in *Madhava Nidana*, *Kaphaja*

*ashrigdara* is mentioned first to emphasize the presence of pain in this type, while Bhavmishra mentions relatively more bleeding in this type as a reason.

**Signs and Symptoms according to Dosa<sup>[8,9,10]</sup>**

#### **Vataj Asrigdara**

<b>Symptoms</b>	
Repeated and scanty discharge (prolonged spotting)	<i>Alpam alpma</i>
Dysmenorrhea (present/absent)	<i>Sarujam wa nirujam</i>
Inter-menstrual bleeding/spotting	<i>Anritavapyevam bhutartavat - Chakrapani</i>
<b>Associated symptoms</b>	
Pain in sacral and groin region	<i>Kati, Vankshana Vedana</i>
Pain in cardiac region and flanks	<i>Hrit, Parswa Vedana</i>
Pain in back and pelvis.	<i>Prishtha, Shroni Vedana</i>
Other <i>Vataj</i> pain/symptoms	<i>Maruta vedana</i>
<b>Characteristics of menstrual blood</b>	
Frothy	<i>Phenila</i>
Diluted/thin	<i>Tanu</i>
Dry	<i>Ruksha</i>
Without clot	<i>Askandi</i>
Blackish red	<i>Aruna, Syava</i>
Cold to touch	<i>Shita</i>
Iron odour	<i>Loha Gandhi</i>
<i>Kashaya ras</i>	<i>Kashaya ras</i>

#### **Pittaj Asrigdara**

<b>Symptoms</b>	
Heavy and prolonged menstrual bleeding (gush of blood)	<i>Nitanta raktam sravati muhur-muhur</i>
Pain	<i>Artimat</i>
Inter-menstrual bleeding	<i>Anritavapyevam bhutartavat - Chakrapani</i>
<b>Associated symptoms</b>	
Generalized burning sensation	<i>Daha</i>
Redness all over the body	<i>Raaga</i>
Thirst	<i>Trisha</i>
Mental confusion	<i>Moha</i>
Fever	<i>Jwora</i>
Giddiness	<i>Bhrama</i>
Other <i>Pittaj</i> pain/symptoms	<i>Pittam vedana</i>
<b>Characteristics of menstrual blood</b>	
Blueish	<i>Nila</i>
Yellowish	<i>Pita</i>
Greenish	<i>Harita</i>
Blackish	<i>Shyava</i>
Cow urine color	<i>Gomutrabham</i>

#### **Clinical Features**

All types of *Asrigdara* are associated with body-ache and pain, excessive bleeding during menstrual and intermenstrual period<sup>[7]</sup>.

Without clot	<i>Askandi</i>
Hot	<i>Ushna</i>
Spreads evenly when dropped in water like moon light	<i>Sachandrakam</i>
Musty or fishy smell	<i>Visram, Matsya Gandhi</i>
<i>Katu ras</i>	<i>Katu ras</i>

***Kaphaj Asrigdara***

<b>Symptoms</b>	
Heavy menstrual bleeding with clot (excreted slowly)	<i>Atipravritti, Chirasravi, Skandi</i>
Mild pain	<i>Manda Rujakaram</i>
Inter-menstrual bleeding	<i>Anritavapyevam bhutartavat - Chakrapani</i>
<b>Associated symptoms</b>	
Vomiting	<i>Chhardi</i>
Anorexia	<i>Arochaka</i>
Nausea	<i>Hrillas</i>
Dyspnoea	<i>Swasa</i>
Cough	<i>Kasha</i>
<b>Characteristics of menstrual blood</b>	
Slimy	<i>Pichchhila</i>
Pale/whitish (like rice water)	<i>Pandu Varna</i>
Heavy/semi solid	<i>Guru</i>
Unctuous	<i>Snigdha</i>
Mucoid	<i>Sravatya asrik shleshmalam</i>
Thick	<i>Ghana</i>
Forms fibres	<i>Tantumad, Mamshapeshi prabham</i>
Fat Smell	<i>Vasa Gandhi</i>
Cold to touch	<i>Shitalam</i>
<i>Lavana Ras</i>	

***Sannipataj Asrigdara***

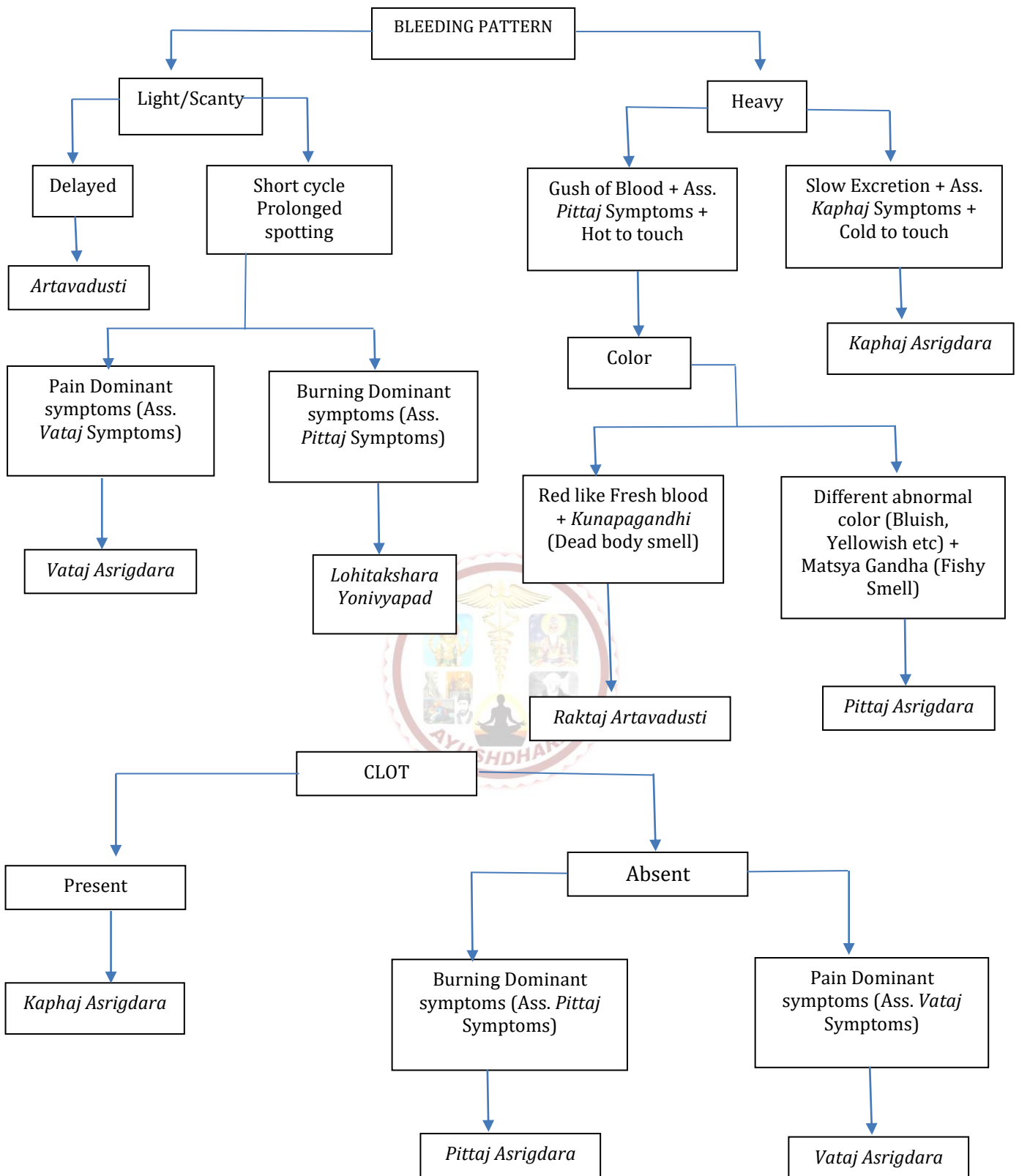
Clinical features of all *Tridoshas* are present. The menstrual flow resembles honey, ghee and *Harital* in color and resembles bone marrow and has putrid smell.

**Systemic clinical features**

Thirst, burning sensation, fever, anaemia, weakness. It is incurable.

***Dwidosaj Asrigdara:*** The clinical features of both the *Doshas* involved are present.

**Clinical approach to Asrigdara**



**Complications<sup>11</sup>:**

Excessive vaginal bleeding, general debility, vertigo, shock, lethargy, excessive thirst, burning sensation, hallucinations, anaemia, unconsciousness, diseases of deficiency, fever, oedema.

**Prognosis**

*Sannipataj Asrigdara* is incurable according to all the *Acharyas*.

## Principle of treatment

1. Just like *Raktayoni*, hemostatic drugs should be used giving due consideration to the association of doshas diagnosed on the basis of colour and smell of the blood.<sup>[12]</sup>
2. Treatment prescribed for *Vatala* etc. gynaecologic disorders should also be used in respective *Asrigdara*<sup>[13]</sup>.
3. Treatment prescribed for *Raktatisara* (diarrhoea with blood), *Raktapitta* (bleeding diathesis), *Raktarśa* (bleeding piles), *Guhyaroga* (diseases of reproductive system) and abortions is also useful<sup>[14]</sup>.
4. A young woman, using congenial diet, having less complications should be treated on the line of *Adhogaraktapitta*<sup>[15]</sup>.
5. Use of *Basti* is beneficial<sup>[16]</sup>.
6. Purgation cures menstrual disorders<sup>[17]</sup>.

## Shodhana Chikitsa

Diseases treated with the *Shodhana Chikitsa* have negligible chance of recurrence because vitiated Doshas are totally expelled from the body. Those treated with *Shamana Chikitsa* are vulnerable for recurrence because subtle amount of vitiated *Doshas* left in the body which can get aggravated with the slightest opportunity<sup>[18]</sup>.

**Basti Prayoga:** *Basti* therapy can be quite effective in managing conditions like *Asrigdara*. Typically, after administering 2-3 *Niruha Basti* treatments, *Uttar Basti* can be given. Ideally, *Uttar Basti* is performed during the *Rutukala* (the menstrual period) when the reproductive orifice is naturally more receptive, allowing for better absorption of the medicated oils or ghee. In urgent situations, however, *Basti* can be administered at any time. Depending on the predominance of dosha in *Asrigdara*, specific types of *Basti* can be selected for treatment. Some of them are:

1. *Chandanadi Niruha vasti*
2. *Rasnadi Niruha vasti*
3. *Kushadi Asthapana Vasti*
4. *Rodhradi Asthapana vasti*
5. *Rasnadi Asthapana vasti*
6. *Madhukadi Anuvasana Vasti*
7. *Shatapushpa Anuvasana vasti*
8. *Chandanabala lakshadi Matra vasti*
9. *Mustadi yapana vasti*
10. *Nalpamaradi Matra vasti*
11. *Shalmali Picchha vasti*

**Virechana:** *Virechana* is recommended as a treatment, particularly for conditions where *Pitta* is the dominant *Dosha*. It is considered the most effective *Shodhana* (purification) therapy in such cases. Acharya Charaka specifically advises the use of *Mahatikta Ghrita* for

*Virechana* when treating *Pittaja Asrigdara*, as it helps in balancing the aggravated *Pitta dosha*.

## Treatment principle according to Dosha<sup>[19,20,21]</sup>

### Vataj Asrigdara

- i. Powdered *Tila* should be taken with curd, *Ghritha*, treacle (*Phañita*), *Lard* and honey.
- ii. Soup of hog's fatty meat mixed with decoction of *Kulattha* is beneficial.
- iii. Curd mixed with sugar, honey, *Yastyahwa* and *Nagara* should be used.
- iv. Use of pestled leaves of *Rajadana* and *Kapittha* fried with *Ghritha* is beneficial.
- v. Powders of *Sauvarcala* salt, *Ajaji*, *Madhuka* and *Nilotpala* each two *Masas* mixed with four *Karsas* curd and eight *Masas* honey cures *Vataja asrigdara*.
- vi. Powders of *Nagara* and *Madhuka*, oil, sugar and curd all in equal quantity should be churned together and taken.
- vii. Powdered *Ela*, *Amśumati*, *Drakṣa*, *Usira*, *Tiktaroḥiṇi*, *Chandana*, black salt, *Sāriva* and *Lodhra* all in equal quantity should be taken with curd.

### Pittaj Asrigdara

- i. Powder or paste of *Payasya*, *Utpala*, *Saluka*, *Bisa*, *Kaliyaka* and *Ambuda* should be taken with milk, sugar and honey.
- ii. The treatment prescribed for *Raktapitta* should be used in *Pittaja asrigdara*.
- iii. Powdered *Madhuka*, *Triphala*, *Lodhra*, *Musta* and *Saurastrika* should be taken with honey.
- iv. *Nimba* and *Guduchi* should be used with wine.
- v. *Mahatikta ghrita* should be used for purgation. *Mahatikta ghrita* and *Vasa ghrithas* are beneficial.
- vi. Treatment, dietetics and mode of life prescribed for abortions should be used here also.
- vii. Either root of *Tanduliyaka* with honey or powdered *Rasañjana* with rice- water or powdered *Laksa* with goat milk should be used.
- viii. Use of powder or paste of *Ela*, *Amśumafī*, *Drakṣa*, *Uśira*, *Tiktaroḥini*, *Chandana*, black salt, *Sariva* and *Lodhra* (all in equal quantity) with honey cures *Pittaja asrigdara*.

### Kaphaj Asrigdara

- i. Powder of *Nimba* and *Guduchi* should be used with *Madhya*.
- ii. Fresh juice of any one out of *Nimba*, *Guduchi*, *Rohitaka* or *Malayu* should be used with *Madhya*.
- iii. Use of juice of root of *Kakajangha* mixed with powder of *Lodhra* and honey cures *Kaphaja asrigdara*.

### Sannipataj Asrigdara

*Sannipataj Asrigdara* is considered incurable, still Bhavamishra and Yogaratnakara have mentioned some formulations.

I. *Rasañjana* and *Mula* of *Tañḍuliyaka* (*Cur̥ṇa* or *Kalka*) is mixed with honey and taken with rice water.

II. *Kwatha* of *Pathya*, *Amalaki*, *Bibhitaka*, *Viśvausadhā* and *Darurajani* mixed with honey and *Lodhra cur̥ṇa*.

After analysing above *Doshaj* treatment principle we can clearly say that:

1. The drug having *Madhura ras* and *Vata shamak* property will act effectively in *Vataj Asrigdara*.
2. The drug having *Tikta ras/ Tikta* predominant *Kashaya ras* and *Pitta shamak* property will act effectively in *Pittaj Asrigdara*.
3. The drug having *Kashaya ras/ Kashaya* predominant *Tikta ras* and *Kapha shamak* property will act effectively in *Kaphaj Asrigdara*.

### Some formulation specific for *Asrigdara*

#### *Vataj Asrigdara*

1. *Kushmandavaleha*
2. *Madhuyesthyadi leha*
3. *Gokshuradi Guggulu*
4. *Pradarantak vati*
5. *Shatavari Ghrita*
6. *Mudgadya Ghrita*
7. *Shitakalyanak Ghrita*
8. *Yesthimadhu + Sarkara* with *Tandulodaka*
9. *Ghrita* medicated with paste and decoction of *Shatavari*.
10. *Draksha, Sarkara, Tiktrohini* powder with honey.
11. *Yesthimadhu, Sarkara, Sariva, Lodhra* powder with honey and *Ajaa dugdha*.
12. *Kharjura* powder with honey.
13. *Kashmari* powder with honey.
14. Cow milk boiled with drug of *Vidarigandhadi gana*.
15. Any one out of *Draksha, Bala, Gokshura, Jivaka, Rhishvak* powder mixed with *Ghrita* and sugar.

#### *Pittaj Asrigdara*

1. *Ushirasav*
2. *Chandanasav*
3. *Vasavaleha*
4. *Vasa Ghrita*
5. *Mahatikta Ghrita*
6. *Godanti Bhasma*
7. *Mukta Shukti Bhasma*
8. *Bolabaddha ras*
9. *Bola parpati*
10. *Pradarantak vati*
11. *Chandrakala ras*
12. *Nilotpaladi Ghrita*

13. *Shalmali Ghrita*

14. *Mudgadya Ghrita*

15. *Pushyanuga Churna*

16. Decoction of stem bark of *Darvi, Ushira* and *Nimba*

17. Decoction of *Atarushak, Mridvika* and *Pathya*

#### *Kaphaj Asrigdara*

1. *Pushyanuga churna*
2. *Ashokarishtha*
3. *Ashoka Ghrita*
4. *Ashokadi vati*
5. *Patrangasav*
6. *Pradarantaka vati*
7. *Bolbaddha ras*
8. *Bolaparpati*
9. *Chandrakala ras*
10. *Guduchi satwa*
11. *Vanga Bhasma*
12. *Mudgadya Grita*
13. *Panchavalkal Churna/Kwatha*
14. *Nyagrodhadi Kwath*
15. *Darvyadi kwath*
16. *Dhatakyadi kwath*
17. Decoction of stem bark of *Jambu, Arjun* and *Amra*

#### *Pathya-Apathya*<sup>[22]</sup>

*Nidana* plays a crucial role in the initiation of pathogenesis, as it triggers the sequence of events leading to the development of disease. Therefore, avoidance of causative factors is considered the primary principle of treatment in Ayurvedic texts. Excessive intake of salty, sour, heavy, pungent (*Katu*), *Vidahi* (burning), and unctuous foods, along with meat of domestic and aquatic animals, *Payasa, Sukta, Mastu*, and alcohol, are described as important etiological factors and should be avoided.

To maintain the normalcy of *Raja* and to prevent menstrual disorders such as dysmenorrhoea, menorrhagia, and oligomenorrhoea, Ayurveda prescribes a specific dietary and lifestyle regimen known as *Rajasvalacharya*. Menstruation is regarded as a natural monthly cleansing process; therefore, following *Rajasvalacharya* helps support this cleansing, rejuvenates the body and reproductive organs, and maintains the balance of *Doshas* and *Agni*.

*Rajasvalacharya* refers to the regimen of diet and daily activities that should be followed during the first three days of menstruation. The recommendations include:

**Vihara (lifestyle):** Daytime sleep, bathing, oil application, massage, excessive laughter, prolonged talking, combing of hair, and strenuous physical activity should be avoided. The woman is advised to

rest on a bed prepared with *Darbha* grass placed on the ground. Therapeutic procedures such as *Nasya*, *Vamana*, and *Swedana* are contraindicated during this period.

**Ahara (diet):** Intake of *Havishya*, as mentioned by Sushruta, or *Yavaka anna* with *Payasa*, as described in Ashtanga Sangraha, is recommended. According to Dalhana, *Havishya* refers to *Shali* rice prepared with *Ghrita*, while *Yavaka* denotes barley cooked with *Ksheera*. This dietary regimen produces a mild *Karshana* effect on the body and facilitates *Koshtha Shodhana*. It is presumed that such a regimen helps in the elimination and purification of the old endometrial tissue, thereby providing a favourable uterine environment for the formation of a healthy endometrium from the fourth day onwards.

## DISCUSSION

*Asrigdara* is one of the most important gynaecological disorders described in Ayurvedic classics and is broadly classified under *Pradara*. It denotes excessive or abnormal uterine bleeding and closely correlates with Abnormal Uterine Bleeding (AUB) described in modern gynaecology. However, the Ayurvedic understanding of *Asrigdara* is more comprehensive, as it is based on *Dosha*, *Dhatu*, *Srotas*, and *Agni* involvement rather than only uterine pathology.

The present review highlights that *Nidana* plays a pivotal role in the pathogenesis of *Asrigdara*. Excessive intake of *Lavana*, *Amla*, *Katu*, *Guru*, *Vidahi*, and *Abhishyandi ahara*, along with faulty lifestyle practices such as night awakening, mental stress, excessive physical exertion, and suppression of natural urges, leads to *Agnidushti* and subsequent *Rasa* and *Rakta Dhatu* vitiation. Vitiating *Vata*, particularly *Apana Vata*, when associated with *Rakta* and *Pitta*, reaches the *Rajovaha Srotas* and *Garbhashaya*, resulting in excessive excretion of *Raja*. This explanation clearly establishes *Asrigdara* as a *Dosha*-dominant and systemic disorder rather than a purely local uterine condition.

The detailed *Dosha*-wise classification of *Asrigdara* into *Vataja*, *Pittaja*, *Kaphaja*, *Dwandwaja*, and *Sannipataja* types provides a strong clinical framework for diagnosis. Each type presents with distinct characteristics related to the quantity, color, consistency, smell, temperature, and associated systemic symptoms of menstrual blood. For example, *Vataja Asrigdara* is dominated by pain, scanty or prolonged spotting, and frothy blood; *Pittaja* type shows profuse bleeding with burning sensation and hot blood; whereas *Kaphaja Asrigdara* presents with thick, slimy, clotted, cold menstrual discharge. Such classical descriptions aid clinicians in precise *Dosha*

identification, which is essential for effective management.

Ayurveda emphasizes *Doshapratyaneeka Chikitsa* in the management of *Asrigdara*. The selection of drugs is based on *Rasa*, *Guna*, *Virya*, *Vipaka*, and *Karma*. Drugs possessing *Madhura Rasa* and *Vata-shamaka* properties are effective in *Vataja Asrigdara*, *Tikta-Kashaya Rasa* and *Pitta-shamaka* drugs are useful in *Pittaja Asrigdara*, while *Kashaya-Tikta Rasa* and *Kapha-shamaka* drugs are preferred in *Kaphaja Asrigdara*. This principle explains why a single formulation may not be uniformly effective in all patients and highlights the importance of individualized treatment.

*Shodhana Chikitsa*, especially *Basti* and *Virechana*, plays a significant role in breaking the pathogenesis and preventing recurrence. *Basti* is particularly beneficial due to its direct action on *Apana Vata* and pelvic organs, while *Virechana* is highly effective in *Pittaja Asrigdara* by eliminating vitiated *Pitta* and *Rakta*. In contrast to modern medicine, which often relies on hormonal therapy and symptomatic control, Ayurvedic management aims at correcting the root cause and restoring systemic balance.

Dietary and lifestyle modifications form an integral part of management. *Rajasvalacharya* is uniquely emphasized in Ayurveda as a preventive and therapeutic measure, supporting physiological cleansing during menstruation and promoting healthy endometrial regeneration. Such regimens not only help in symptom control but also improve reproductive health and quality of life.

Overall, the classical Ayurvedic approach offers a holistic, individualized, and sustainable solution for *Asrigdara*, addressing both the physical pathology and underlying systemic imbalance.

## CONCLUSION

*Asrigdara* is a well-defined clinical entity in Ayurveda that closely corresponds to Abnormal Uterine Bleeding in modern medicine. Ayurvedic classics provide a detailed understanding of its etiology, pathogenesis, classification, clinical features, and management based on *Dosha* predominance. The disease primarily originates from improper diet and lifestyle leading to *Agnidushti*, *Rasa-Rakta Dushti*, and vitiation of *Apana Vata*.

Accurate *Dosha* assessment is the cornerstone of successful management. Ayurvedic treatment is not merely symptomatic but aims at correcting the underlying *Dosha* imbalance through *Doshapratyaneeka Chikitsa*, *Shodhana* therapies like *Basti* and *Virechana*, appropriate *Shamana* drugs, and strict adherence to *Pathya-Apathya* and *Rajasvalacharya*.

Compared to conventional management, Ayurveda offers a holistic, cost-effective, and individualized approach with minimal adverse effects and better long-term outcomes. Therefore, integrating classical Ayurvedic principles in the management of *Asrigdara* can significantly improve menstrual health, prevent recurrence, and enhance the overall well-being of women.

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### Cite this article as:

Suman Dhungel, Sulochana Arige, M. Lakshmi. Clinical Aspect of Asrigdara - An Ayurvedic Review. AYUSHDHARA, 2025;12(6):126-135.

<https://doi.org/10.47070/ayushdhara.v12i6.2428>

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

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