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A REVIEW ON THE THERAPEUTIC ROLE OF CHANDANADI VATI AND BALA TAILA MATRA BASTI IN ASRIGDARA W.S.R. TO MENORRHAGIA

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ABSTRACT

Menorrhagia is characterized by excessive menstrual bleeding which may interfere with the physical, social and emotional well-being of a woman. Its clinical corilatation in Ayurveda it can be Correlated with Asrigdara, a condition characterized by excessive and prolonged bleeding during menstruation, indicating a predominance of Doshas with involvement of Rakta and Artavavaha Srotas. The two interventions selected for the clinical study, Chandanadi Vati and Bala Taila Matra Basti, are discussed in the present review. Chandanadi Vati contains Chandan, Mustaka, Lodhra, Rasanjana and other ingredients and is described as having Stambhana, Grahi, Pittahara and Raktaprasadana actions. Bala Taila is prepared with Bala and other ingredients along with Tila Taila as per Sneha Paka Vidhi. Matra Basti given during the appropriate period provides Snigdha, Balya and Vata-Shamaka effects and helps in the proper regulation of Apana Vata. The oral formulation works along with Matra Basti, as Chandanadi Vati helps through its Stambhana, Grahi and Raktaprasadana actions, while Bala Taila Matra Basti provides Sneha and Vata management. Based on the available evidence, Chandanadi Vati and Bala Taila Matra Basti may be useful in the management of Asrigdara with special reference to Menorrhagia; however, further clinical trials are needed to confirm their effectiveness when used together.

KEYWORDS: Asrigdara, Menorrhagia, Chandanadi Vati, Bala Taila, Matra Basti, Abnormal Uterine Bleeding, Ayurveda.

INTRODUCTION

Asrigdara is an important clinical condition described under the disorders of Artava in Ayurvedic classics and is characterized by excessive and prolonged menstrual bleeding. The condition is associated with increased quantity and duration of Raja during its normal period. The involvement of Doshas, particularly Vata and Pitta, along with Rakta and Artavavaha Srotas, plays an important role in the manifestation of Asrigdara. Disturbance of Apana Vata may also affect the normal physiological functioning of the reproductive system.[1]

The management of Asrigdara is based on the assessment of Dosha, Dushya, Srotas and the nature of bleeding. Various therapeutic measures are described in Ayurveda for controlling excessive bleeding and restoring normal physiological functions. Drugs possessing Stambhana, Grahi, Pittahara and Raktaprasadana properties are considered relevant in the management of excessive bleeding. Proper management of Vata, particularly Apana Vata, is also important for maintaining the normal functioning of the reproductive system.[2]

Chandanadi Vati is an Ayurvedic formulation containing multiple herbal ingredients with different Rasa, Guna, Virya, Vipaka and Doshaghnata properties. Its Stambhana, Grahi, Pittahara and Raktaprasadana actions may contribute to controlling excessive menstrual flow and maintaining the normal state of Rakta.[3]

Bala Taila is a classical Ayurvedic Sneha preparation described in Bhela Samhita. It is prepared using Bala, Tila Taila and Ksheera according to the principles of Sneha Paka. Bala Taila possesses Balya, Brimhana and Vatashamaka properties. Bhela Samhita specifically mentions its utility in Asrigdara along with Raktapitta, Yonivyapada, Kshatakshaya and other disorders. Administration of Bala Taila in the form of Matra Basti

provides a Sneha-based approach for the management of Vata and supports the proper functioning of Apana Vata.[4]

In modern gynaecology, excessive menstrual bleeding is described under the clinical spectrum of Heavy Menstrual Bleeding. It may adversely affect the physical, social and emotional well-being of a woman and may also be associated with iron deficiency anaemia, weakness and fatigue. The clinical presentation of Asrigdara therefore shows resemblance with excessive menstrual bleeding described in modern gynaecology, although the concepts arise from different systems of medicine.[5,6]

Considering the Ayurvedic principles and therapeutic properties of the selected interventions, Chandanadi Vati and Bala Taila Matra Basti provide a complementary approach in the management of Asrigdara with special reference to Menorrhagia. The present review discusses their classical basis, Ayurvedic properties, therapeutic rationale and probable mode of action in the management of Asrigdara.

AIMS AND OBJECTIVES

AIM

To review the therapeutic role of Chandanadi Vati and Bala Taila Matra Basti in Asrigdara with special reference to Menorrhagia.

OBJECTIVES

- To review the Ayurvedic concept of Asrigdara and its correlation with Menorrhagia. To review the classical properties, ingredients and therapeutic actions of Chandanadi Vati.
- To review the classical properties, ingredients and therapeutic actions of Bala Taila.
- To understand the therapeutic significance of Matra Basti with Bala Taila in the management of Asrigdara.
- To discuss the probable mode of action of Chandanadi Vati and Bala Taila Matra Basti in Asrigdara with special reference to Menorrhagia.

MATERIAL AND METHODS

The present review was prepared by collecting and reviewing the available Ayurvedic and modern literature related to Asrigdara with special reference to Menorrhagia. Classical Ayurvedic texts, Ayurvedic Nighantus, Dravyaguna literature and relevant modern textbooks were consulted for understanding the disease, its clinical features and management principles.

The available literature related to Chandanadi Vati and Bala Taila was reviewed with emphasis on their classical references, ingredients, method of preparation, Rasa Panchaka, Dosha Karma, Karma, Rogaghnata and therapeutic relevance in Asrigdara. Literature related to Matra Basti was also reviewed to understand its therapeutic basis and role in the management of Vata, particularly Apana Vata.

Relevant published research articles and review articles related to Asrigdara, Menorrhagia, Chandanadi Vati, Bala Taila and Matra Basti were also considered. The collected information was reviewed and organized systematically to discuss the Ayurvedic concept, modern correlation, therapeutic rationale and probable mode of action of Chandanadi Vati and Bala Taila Matra Basti in Asrigdara with special reference to Menorrhagia.

LITERARY REVIEW

Asrigdara is described in Ayurveda as Pradirana, meaning excessive discharge of Raja (menstrual blood). It is called Pradara because of increased menstrual flow, and since there is excessive excretion of Asrik (blood), it is specifically termed Asrigdara.[7] The term Asrigdara includes conditions of prolonged, cyclic or even irregular excessive menstrual bleeding, where both the quantity and quality of menstrual fluid are disturbed. In modern medical terminology, it can be correlated with Abnormal Uterine Bleeding.

According to the International Federation of Gynecology and Obstetrics (FIGO), Heavy Menstrual Bleeding (HMB) means menstrual bleeding that is heavy enough to affect a woman's physical, social, emotional and/or material quality of life. It may occur alone or along with other symptoms. The effect of bleeding on a woman's daily life is therefore an important part of HMB, rather than considering only the amount of blood loss. HMB is commonly seen in women with Abnormal Uterine Bleeding (AUB) and can be caused by structural as well as non-structural conditions, which are described in the FIGO PALM–COEIN classification.[8]

Therefore, the excessive and prolonged menstrual bleeding described in Asrigdara can be clinically correlated with Heavy Menstrual Bleeding, although the Ayurvedic and modern concepts are based on different systems of understanding disease.

NIDANA (Etiology)

The Nidana of Asrigdara mainly includes factors which cause vitiation of Doshas and Rakta. Excessive intake of Amla, Lavana, Katu and Ushna Ahara, Vidahi and Raktaprakopaka foods, along with improper dietary habits and lifestyle, may contribute to the development of Asrigdara. These factors may disturb the normal function of Doshas, Rakta and Artavavaha Srotas and result in excessive and prolonged menstrual bleeding.[9,10]

SAMPRAPTI (Pathogenesis)

According to Acharya Charaka, excessive indulgence in Aharaja and Viharaja Nidana leads to vitiation of Vata and Pitta Dosha. These vitiated Doshas affect Rakta Dhatu and Artava, while increased Rasa Dhatu further contributes to the increase of Rakta Dhatu. The vitiated Rakta reaches the Rajovaha Siras of Garbhashaya, where

it mixes with Raja and results in excessive and prolonged menstrual bleeding. This condition is described as Asrigdara (Raktapradara). Thus, the Samprapti of Asrigdara mainly involves Vata and Pitta Dosha, Rakta Dushti and increased Artava, resulting in excessive menstrual bleeding.[11]

Samprapti ghatak

Factor	In Asrigdara
Dosha	Vata (especially Apana Vata), Pitta
Dushya	Rakta, Rasa, Artava
Agni	Jatharagni and Dhatvagni Vaishamya
Srotas	Artavavaha Srotas, Raktavaha Srotas
Srotodushti	Atipravritti
Udbhava Sthana	Amashaya / Pakwashaya (Dosha Udbhava)
Adhisthana	Garbhashaya
Roga Marga	Abhyantara
Vyakta Sthana	Garbhashaya

Bheda

According to Acharya Charaka, Asrigdara is classified into four types:[12]

1. Vataja Asrigdara
2. Pittaja Asrigdara
3. Kaphaja Asrigdara
4. Sannipataja Asrigdara.

LAKSHANA (Symptoms)

Acharya caraka has described the only symptom i.e. presence of excessive bleeding during menstruation.[13] Acharya sushruta says, that when same menstruation comes in excess amount, for pro-longed period, and/or even without normal period of menstruation (during menstruation in excessive amount and for prolonged period, but in intermenstrual period even scanty and for a short duration), and different from the features of normal menstrual blood or denoting the features of specific doṣa is known as asrgdara. All types of asrgdara have association of bodyache and pain.[14]

MANAGEMENT OF ASRIGDARA

Acharya charaka says Just like raktayoni, here also hemostatic drugs should be used giving due consideration to the association of dosas diagnosed on the basis of colour and smell of the blood. Treatment prescribed for vatala etc. gynecologic disorders should also be used in respective asrgdara. Treatment prescribed for Raktatisara (diarrhoea with blood), raktapitta (bleeding diathesis), raktarsha (bleeding piles), guhyaroga (diseases of reproductive system) and abortions is also useful.[15]

The management of Asrigdara mainly aims at controlling excessive bleeding and correcting the vitiated Doshas. Treatment is selected according to the Dosha involved, the nature of bleeding and the condition of the patient. Drugs having Stambhana, Grahi, Pittahara and Raktaprasadana properties are useful in excessive bleeding, along with measures for proper management of Vata, particularly Apana Vata.

CHANDANADI VATI

Chandanadi churna (in the form of vati) is a classical Ayurvedic formulation described in *Bhaishajya Ratnavali*, Pradara Roga Chikitsa Adhyaya (66/20–24), The formulation comprises 24 ingredients in equal proportion, possessing predominantly Kashaya-Tikta Rasa, Sheeta Virya and Pittashamaka properties. The Ayurvedic pharmacological profile of its ingredients is presented in the following chart. These properties support its use in Raktapradara by helping to pacify vitiated Pitta and Rakta and control excessive bleeding.[16]

Sr. No.	Name	Botanical Name	Family	Ras	Guna	Virya	Vipak	Doshaghnata
1.	Rakta Chandan	Pterocarpus santalinus	Leguminosae	Tikta, Madhur	Guru Ruksha	Sheet	Katu	Kaphpittaghna
2.	Nalad	Nardostachys Jatamansi	Caprifoliaceae	Tikta, Kashay, Madhur	Snigdha, Laghu	Sheet	Katu	Tridoshaghna
3.	Lodhra,	Symplocos racemosa	Symplocaceae	Kashay Tikta	Laghu, Ruksha	Sheet	Katu	Kaphpittaghna
4.	Usheer	Vetiveria zizanioidis	Graminae	Tikta, Madhur	Ruksha, Laghu	Sheet	Katu	Kaphpittaghna
5.	Padam Keshar	Nelumbium speciosum	Nymphaeaceae	Kashay Tikta, Madhur	Picchil, Snigdha, Laghu	Sheet	Madhur	Kaphpittaghna

6.	Nagkeshar	Mesua ferrea	Guttiferrea	Kashay, tikta	Laghu, Ruksha	Ushna	Katu	Kaphpittaghna
7.	Bilwa twak	Aegle marmelos	Rutaceae	Kashay, Tikta	Laghu, Ruksha	Ushna	Katu	Vatkaphaghna
8.	Mustak	Cyperus rotundus	Cyperaceae	Tikt,katu Kashay	Laghu, Rukhsa	Sheet	Katu	Kaphpittaghna
9.	Sharkra	Saccharum officinarum	Graminae	Madhur	Guru, Snighdh	Sheet	Madhur	Vatpittaghna
10.	Netrabala	Pavonia odorata	Malvaceae	Tikta	Ruksha,Laghu	Sheet	Katu	Kaphpittaghna
11.	Patha	Cissampelos pareira	Menispermaceae	Tikta	Laghu, teekshna	Ushna	Katu	Tridoshaghna
12.	Indrayav	Holarrhena antidysenterica	Apocynaceae	Tikta, Kashay	Laghu, Ruksha	Sheet	Katu	Kaphpittaghna
13.	Kutaj twak	Holarrhena antidysenterica	Apocynaceae	Tikta, Kashay	Laghu, Ruksha	Sheet	Katu	Kaphpittaghna
14.	Shunthi	Zingiber officinale	Zingibiraceae	Katu	Laghu, Snigdha	Ushna	Madhur	Vatkaphaghna
15.	Ativisha	Aconitum heterophyllum	Ranunculaceae	Tikta, Katu	Riksha, Laghu	Ushna	Katu	Tridoshaghna
16	Dhatki	Woodfordia fruticosa	Lytheraceae	Kashay	Laghu, Ruksha	Sheet	Katu	Kaphpittaghna
17.	Rasanjan	Berberis aristata	Berberidaceae	Tikta, Kashay	Laghu, Ruksha	Ushna	Katu	Kaphpittaghna
18.	Aam Majja	Mangifera indica	Anacardiaceae	Kashay	Riksha, Laghu	Sheet	Katu	Kaphpittaghna
19.	Jambu Majja	Syzygium cumini	Myrtaceae	Kashay,	Laghu, Ruksha	Sheet	Katu	Kaphpittaghna
20.	Mochras	Bombax ceiba L.	Bombaceae	Kashay	Snigdha,, Grahi	Sheet	Katu	Kaphpittaghna
21.	Neelkamal	Nymphaea nouchali	Nymphaeaceae	Madhur, Kashay, Tikta	Laghu, Snigdha Picchil	Sheet	Madhur	Kaphpittaghna
22.	Manjishth	Rubia cordifolia	Rubiaceae	Tikta, Kashay, Madhur	Guru, Ruksha	Ushna	Katu	Kaphpittaghna
23.	Chhoti Elaichi	Elettaria cardamomum	Zingibiraceae	Katu, Madhur	Laghu, Ruksha	Sheet	Madhur	Tridoshaghna
24.	Anardana	Punica granatum	Punicaeceae	Madhur, Kashay, Amla	Laghu, Snighdh	Anushna	Madhur/ Amla	Tridoshaghna

BALA TAILA MATRA BASTI

Bala Taila is a classical medicated oil preparation described in *Bhela Samhita* (Chikitsa Sthana Vatavyadhi Chikitsa adhyaya), prepared with Bala (*Sida cordifolia* Linn.), Tila Taila (*Sesamum indicum* Linn.) and Ksheera. It is characterized by Balya, Brimhana and Vatashamaka properties. Administration through Matra Basti is considered relevant for supporting the normal function of Apana Vata and promoting tissue nourishment. Therefore, Bala Taila Matra Basti was selected as the second therapeutic intervention in Asrigdara.[17]

Sr. No.	Name	Botanical Name	Family	Ras	Guna	Virya	Vipak	Doshaghnata	Used Part
1.	Balamoola for Kalka	Sida cordifolia	Malvaceae	Madhur	Snigdh	Shita	Madhur	Tridoshaghna	Mool
2	Bala mool For Kwath	Sida cordifolia	Malvaceae	Madhur	Snigdh	Shita	Madhur	Tridoshaghna	Mool
3.	Til	Sesamum indicum	Pedaliaceae	Madhura Kashay	Guru, Snigdha	Ushna	Madhur	Tridoshaghna	Tail

PROBABLE MODE OF ACTION

In Asrigdara, vitiation of Pitta and Rakta along with involvement of Apana Vata contributes to excessive and prolonged uterine bleeding. The combined use of Chandanadi Vati and Bala Taila Matra Basti is aimed at correcting these Dosha and Dushya disturbances.

Chandanadi Vati, owing to its predominantly Kashaya-Tikta Rasa, Sheeta Virya, Pittashamaka and Raktastambhaka properties, may help in pacifying vitiated Pitta and Rakta and controlling excessive bleeding. Bala Taila Matra Basti, through its Balya, Brimhana and Vatashamaka properties, may support the normal functioning of Apana Vata and promote tissue nourishment. Thus, the combined therapy may act through Pitta-Rakta shamana, Rakta stambhana, Apana Vata anulomana and Brimhana, thereby helping to restore the normal physiology of Artava and reduce the severity of Asrigdara.

DISCUSSION

Asrigdara is mainly related to vitiation of Pitta and Rakta along with involvement of Apana Vata. The main feature is excessive and prolonged menstrual bleeding. Therefore, treatment should aim to reduce excessive bleeding and maintain the normal function of Doshas and Artava.

Chandanadi Vati is a classical formulation described in *Bhaishajya Ratnavali* for Pradara Roga. It contains 24 ingredients in equal proportion. Most of its ingredients have Kashaya and Tikta Rasa along with Sheeta Virya and Pittashamaka properties. These properties may help to control vitiated Pitta and Rakta and reduce excessive menstrual bleeding. The Raktastambhaka and Grahi actions of the ingredients may also support control of excessive discharge.

Bala Taila is a classical medicated oil prepared with Bala, Tila Taila and Ksheera. Bala is known for Balya, Brimhana and Vatashamaka properties. These properties may help in providing nourishment and strength to the tissues. As Apana Vata has an important role in the normal functioning of the reproductive system, its proper regulation is also important in Asrigdara.

Matra Basti provides a suitable route for the administration of Bala Taila in Vata-related conditions. The Snigdha and Brimhana properties of Bala Taila may help to support Apana Vata and maintain the normal function of the reproductive system. Thus, Bala Taila Matra Basti may complement the action of Chandanadi Vati by addressing the Vata component along with providing nourishment. The two treatments therefore have different but related actions. Chandanadi Vati mainly helps in controlling excessive bleeding and balancing Pitta and Rakta, whereas Bala Taila Matra Basti mainly supports Apana Vata and tissue nourishment. Their combined use may therefore be helpful in managing the different factors involved in Asrigdara.

The Ayurvedic understanding of Asrigdara and the clinical presentation of Menorrhagia show a similarity in terms of excessive menstrual bleeding. However, both concepts are based on different systems of understanding disease. Hence, the therapeutic role of Chandanadi Vati and Bala Taila Matra Basti should be understood mainly on the basis of their classical properties and their probable actions in Asrigdara.

REFERENCES

1. Agnivesha, Charaka, Dridhabala. Charaka Samhita. Vidyotini Hindi commentary by Kashinatha Shastri, Gorakha Natha Chaturvedi. Part 2. Varanasi: Chaukhamba Bharati Academy, 2019; Chikitsa Sthana, Yonivyapat Chikitsa, 30/204-224.
2. Aradhana G, et al. Ayurveda standing management of Asrigdara in relation to Abnormal Uterine Bleeding: a systemic review. J Ayu Int Med Sci., 2026; 11(4): 483.
3. Kaviraj Govind Das Sen. Bhaishajya Ratnavali. Vol. 2. Edited with Siddhiprada Hindi commentary by Prof. Siddhi Nandan Mishra. Varanasi: Chaukhambha Sanskrit Sansthan; 2017. Pradara Roga Chikitsa.
4. Bhela. Bhela Samhita. Krishnamurthy KH, Sharma PV, editors. 1st ed. Varanasi: Chaukhambha Visvabharati. Chikitsa Sthana, Vatavyadhi Chikitsa adhyaya 24/14-18.
5. National Institute for Health and Care Excellence. Heavy menstrual bleeding: assessment and management. NICE guideline NG88. London: NICE, 2018; Updated 2021.
6. International Federation of Gynecology and Obstetrics. FIGO statement: iron deficiency and anaemia in women and girls. London: FIGO, 2023.
7. Lakshmi V. Ayurvedic approach of menorrhagia: Asrigdara. Int J Ayu Pharm Res., 2017; 5(6).
8. Munro MG, Critchley HOD, Fraser IS; FIGO Menstrual Disorders Committee. The two FIGO systems for normal and abnormal uterine bleeding symptoms and classification of causes of abnormal uterine bleeding in the reproductive years: 2018 revisions. Int J Gynaecol Obstet., 2018; 143(3): 393-408.
9. Agnivesha, Charaka, Dridhabala. Charaka Samhita. Vidyotini Hindi commentary by Kashinatha Shastri, Gorakha Natha Chaturvedi. Part 2. Varanasi: Chaukhamba Bharati Academy, 2019; Chikitsa Sthana, 30/205–206.
10. Jain Khushbhu. Critical analysis of Nidanas of Asrigdara in the pathogenesis of the disease. Ayushdhara, 2021; 8(2): 3220–3224.
11. Agnivesha, Charaka, Dridhabala. Charaka Samhita. Vidyotini Hindi commentary by Kashinatha Shastri, Gorakha Natha Chaturvedi. Part 2. Varanasi: Chaukhamba Bharati Academy, 2019; Chikitsa Sthana, 30/207–209.

12. Agnivesha, Charaka, Dridhabala. Charaka Samhita. Vidyotini Hindi commentary by Kashinatha Shastri, Gorakha Natha Chaturvedi. Part 2. Varanasi: Chaukhamba Bharati Academy, 2019; Chikitsa Sthana, 30/210.
13. Agnivesha, Charaka, Dridhabala. Charaka Samhita. Vidyotini Hindi commentary by Kashinatha Shastri, Gorakha Natha Chaturvedi. Part 2. Varanasi: Chaukhamba Bharati Academy, 2019; Chikitsa Sthana, 30/209.
14. Sushruta. Sushruta Samhita. Ayurveda-Tattva-Sandipika Hindi commentary by Kaviraja Ambikadatta Shastri. Varanasi: Chaukhamba Sanskrit Sansthan. Sharira Sthana, 2/18–19.
15. Agnivesha, Charaka, Dridhabala. Charaka Samhita. Vidyotini Hindi commentary by Kashinatha Shastri, Gorakha Natha Chaturvedi. Part 2. Varanasi: Chaukhamba Bharati Academy, 2019; Chikitsa Sthana, 30/227–228.
16. Kaviraj Govind Das Sen. Bhaishajya Ratnavali. Vol. 2. Edited with Siddhiprada Hindi commentary by Prof. Siddhi Nandan Mishra. Varanasi: Chaukhambha Sanskrit Sansthan; 2017; Pradara Roga Chikitsa, 66/20-24.
17. Bhela. Bhela Samhita. Edited by Girijadayalu Shukla. Varanasi: Chaukhambha Bharati Academy, 2006; Chikitsa Sthana Vatavyadhi Chikitsa Adhyaya, 24/1. 4-18.