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LITERARY REVIEW ON RAKTAPRADAR

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ABSTRACT

Raktapradar is a common gynecological disorder described in Ayurveda, characterized by excessive or prolonged menstrual bleeding, with or without bleeding between menstrual cycles. It is referred to as Asrigdara or Raktapradar, where abnormal uterine bleeding occurs either during the menstrual period or in the intermenstrual phase. Menstrual health depends on a wellregulated ovulatory cycle, which governs the regularity, predictability, duration, and volume of menstrual flow through a coordinated sequence of endocrine events. When menstrual bleeding occurs regularly but exceeds the normal duration or quantity, it is considered Menorrhagia in modern medicine. The clinical features of Raktapradar closely resemble those of menorrhagia, which is defined as cyclic menstrual bleeding lasting more than seven days or involving blood loss greater than 80 mL per cycle. Menorrhagia is one of the most prevalent gynecological complaints affecting women worldwide and can significantly impact their physical, emotional, and social well-being. Conventional management primarily includes hormonal therapy, antifibrinolytic agents, analgesics, and antiprostaglandins. Although these treatments may provide symptomatic relief, their long-term efficacy remains limited, and they are often associated with adverse effects, including hormonal disturbances. Therefore, there is a growing need for safe, effective, and holistic therapeutic approaches. Ayurveda offers a comprehensive management strategy for Raktapradar through various Shodhana (purificatory) and Shamana (pacificatory) therapies, along with the use of herbal and herbo-mineral formulations. Treatment is individualized according to the patient's strength (Rugna Bala), associated doshic involvement (Anubandha Dosha), and presenting symptoms (Lakshana). These Ayurvedic interventions not only help control excessive bleeding but also aim to address the underlying pathology, prevent recurrence, and improve overall reproductive health.

KEYWORDS: Asrigdara, Raktapradar, Menorrhagia, Brihatrayi, Laghutrayi.

INTRODUCTION

Ayurveda, the ancient system of medicine, provides a detailed description of women's health under the branch of Stri Roga and Prasuti Tantra. It comprehensively explains the physiological and pathological changes that occur throughout different stages of a woman's life, including puberty, the reproductive period, and menopause. Each stage is associated with specific health concerns and disorders, for which Ayurveda offers preventive, promotive, and curative measures.

Among the various gynecological disorders described in Ayurvedic literature, Raktapradar is considered a significant condition affecting women of reproductive age. It is characterized by excessive or prolonged uterine bleeding, either during menstruation or between menstrual cycles. The term Raktapradar is derived from "Rakta" (blood) and "Pradirana" (excessive discharge), indicating an abnormal and excessive flow of menstrual blood.

According to Ayurveda, when vaginal bleeding becomes excessive due to vitiation of Doshas, particularly Pitta and Rakta, resulting in an increased discharge of Raja (menstrual blood), the condition is termed Raktapradar. Excessive bleeding reflects disturbance and damage to

the endometrial lining, leading to abnormal menstrual patterns and significant physical discomfort. Due to its high prevalence and impact on a woman's quality of life, Raktapradar remains an important area of study and management in both Ayurvedic and modern gynecology.

According to Acharya Charaka, the condition is termed Raktapradar due to the excessive discharge (Pradirana) of Raja (menstrual blood).[1] This disorder is characterized by an abnormal increase in the quantity of menstrual bleeding resulting from the vitiation of Doshas, particularly Pitta and Rakta. The detailed description of Raktapradar provided by Acharya Charaka highlights its clinical significance and the need for timely management to prevent complications.

AIM

The present review aims to evaluate and discuss the various aspects of Raktapradar, including its etiology (Nidana), pathogenesis (Samprapti), clinical understanding, and management as described in the classical Ayurvedic texts, namely Brihatrayi and Laghutrayi.

OBJECTIVE

To elaborate and critically analyze the Ayurvedic principles and therapeutic approaches for the effective management of Raktapradar, with special emphasis on preventive and curative measures described in the classical literature.

MATERIALS AND METHODS

This review is based on a comprehensive study of Ayurvedic literature, including references from Brihatrayi (Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya) and Laghutrayi. Relevant information regarding Raktapradar was collected, compiled, and critically analyzed. In addition, data from authentic electronic sources, published articles, journals, and other relevant literature were reviewed. The collected information was systematically organized under appropriate headings to facilitate better understanding, interpretation, and presentation of the subject.

DEFINITION OF RAKTAPRADAR IN AYURVEDA (Brihatrayi and Laghutrayi) The concept of Raktapradar has been elaborately described by various Ayurvedic Acharyas. Although the terminology and interpretation may vary slightly among different classical texts, all descriptions emphasize abnormal or excessive uterine bleeding as the hallmark feature of the disease.

1. Acharya Charaka

Acharya Charaka describes Raktapradar as a condition characterized by excessive per-vaginal bleeding occurring during every Ritu Chakra (menstrual cycle). The quantity of bleeding is significantly increased, indicating excessive shedding and damage to the uterine lining. The intensity of bleeding reflects profound disturbance of the reproductive system and excessive discharge of Raja (menstrual blood).

2. Acharya Madhava

According to Acharya Madhava in Madhava Nidana, Asrigdara or Raktapradar is a disease characterized by Atyartava, i.e., excessive discharge of Asrik (blood) or menstrual blood through the vaginal passage. Excessive bleeding is considered the principal feature of the disorder.

3. Acharya Vagbhata

Acharya Vagbhata discusses Asrigdara, Raktapradar, and Raktayoni under the same context. He explains that the condition may present either as excessive menstrual bleeding during each Ritu Chakra or as abnormal bleeding occurring between two menstrual cycles (intermenstrual bleeding). Thus, both increased quantity and abnormal timing of bleeding are considered important diagnostic features.

4. Acharya Dalhana

Acharya Dalhana presents a slightly different perspective on Asrigdara. According to him, abnormal vaginal bleeding occurring during the intermenstrual period may be considered Asrigdara even when the quantity of blood loss is comparatively less. However, such bleeding is usually of short duration and occurs outside the normal menstrual cycle.

5. Acharya Bhela

According to Acharya Bhela, Pradara is a condition characterized by the abnormal discharge of Shonita (blood) through an inappropriate or abnormal pathway. Persistent blood loss ultimately leads to Shosha (depletion and emaciation), indicating the systemic effects of prolonged bleeding on the body.

The descriptions provided by various Acharyas collectively indicate that Raktapradar is a disorder characterized by excessive, prolonged, or irregular uterine bleeding. The condition may manifest as increased menstrual flow, prolonged duration of bleeding, or intermenstrual bleeding, resulting in significant physical debility if left untreated.[3]

HETU[4,5,6,7]

Charak	Bhavaprakash	Madhav Nidan	Yogaratnakar
AHARAJ HETU 1. Excessive use of Lavana (salty). 2. Excessive use of acidic materials (Amla). 3. Excessive use of Guru (heavy). 4. Excessive use of Katu. 5. The substances which causes burning (hot). 6. Meat of wild animal and meat of Aquatic animals. 7. Oleo (Krusara). 8. Rice cooked with milk. (Payasa). 9. Curd (Dahi). 10. Sukta. 11. Mastu. 12. Wine (Suru). **VIHARAJ HETU** 1. ExcessiveTravelling (Ariyana).	**AHARAJ HETU** 1. The substance which causes burning (hot). 2. Emanciation (Atrikrisata). **VIHARAJ HETU** 1. ExcessiveTravelling (Ariyana). 2. Excessive Walking (Atimarga Gamana). 3.Excessive Weight 3. Lifting. 4. Sleeping in Daytime	**AHARAJ HETU** 1. The substance which causes burning (hot). 2. Emanciation (Atrikrisata). **VIHARAJ HETU** 1. ExcessiveTravelling (Ariyana). 2. Excessive Walking (Atimarga Gamana). 3.Excessive Weight 3. Lifting. 4. 4.Sleeping in Daytime	**AHARAJ HETU** 1. The substance which causes burning (hot). 2. Emanciation (Atrikrisata). **VIHARAJ HETU** 1. ExcessiveTravelling (Ariyana). 2. Excessive Walking (Atimarga Gamana). 3.Excessive Weight 3. Lifting. 4. Sleeping in Daytime

SAMPRAPTI OF RAKTAPRADAR

Nidana Sevana
(Pitta & Rakta Prakopaka Ahara-Vihara, Stress, Excessive Exercise, etc.)
↓
Agnimandya
↓
Pitta Dosha Prakopa + Apana Vata Vaigunya
↓
Rakta Dushti
↓
Vitiation of Artavavaha & Raktavaha Srotas
↓
Srotodushti
(Atipravritti & Vimargagamana)
↓
Increased Drava and Sara Guna of Pitta
Excessive Flow of Rakta/Artava from Garbhashaya
Raktapradar (Excessive Uterine Bleeding)

CLASSIFICATION OF RAKTAPRADAR[8,9]

Based on the predominance of Doshas, Acharya Charaka, Madhava, Sharangadhara, Bhavaprakasha, and Yogaratnakara have classified Raktapradar (Asrigdara) into four major types:

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

Acharya Vagbhata and Acharya Sushruta have not provided a separate classification of Raktapradar. However, the commentator Acharya Dalhana, while explaining the characteristics of blood in the context of venesection (Siravyadha), described the clinical features of Raktapradar according to Dosha predominance. Acharya Charaka also elaborated the specific treatment principles for Doshaja Raktapradar.

Similarly, commentator Indu suggested that Asrigdara should be classified based on the associated Doshas, which can be identified through the characteristics of the discharged blood. Accordingly, Acharya Dalhana classified Raktapradar into seven types:

1. Vataja
2. Pittaja
3. Kaphaja
4. Vata-Pittaja
5. Pitta-Kaphaja
6. Vata-Kaphaja
7. Sannipataja

This classification facilitates accurate diagnosis and helps in planning Dosha-specific treatment strategies.

NIDANA (Etiological Factors)

The etiological factors (Nidana) of Raktapradar have been described by various Ayurvedic scholars, including Acharya Bhavamishra, Acharya Yogaratnakara, Acharya Madhava, and Acharya Charaka. These factors primarily

involve the vitiation of Doshas, particularly Pitta and Rakta, leading to excessive uterine bleeding.

Acharya Charaka emphasized the role of improper dietary habits (Aharaja Nidana) as the major causative factor for the development of Raktapradar. Acharya Madhava further elaborated on local contributory factors responsible for the manifestation of the disease.

According to Acharya Sushruta, Raktapradar is characterized by excessive uterine bleeding, which may also occur during the intermenstrual period. Collectively, the classical texts highlight the importance of dietary, lifestyle, and local factors in the pathogenesis of Raktapradar.

SADHYA-ASADHYATA (Prognosis)[10,11]

According to the Ayurvedic Acharyas, the prognosis of Raktapradar depends upon the predominance of Doshas and the severity of the disease. Sannipataja Raktapradar, involving the simultaneous vitiation of all three Doshas, is considered difficult to treat (Asadhya or Krichrasadhya) and carries a poor prognosis.

Common manifestations indicating disease severity include Atyartava (excessive per-vaginal bleeding), Angamarda (body ache), Daurbalya (generalized weakness), Trishna (excessive thirst), Daha (burning sensation), Bhrama (dizziness), Murchha (loss of consciousness), Tandra (drowsiness), and Jwara (fever). Persistent blood loss may lead to Raktanyunata (anemia), resulting in further deterioration of health.

UPADRAVA (Complications)[12]

Acharya Sushruta described several complications of untreated or chronic Raktapradar. These include continuous excessive uterine bleeding (Atyartava), Tama (blurring of vision), Pralapa (delirium), Raktanyunata (anemia), Angamarda (body ache), Daurbalya (weakness), Trishna (thirst), Daha (burning sensation), Bhrama (dizziness), Murchha (unconsciousness), Tandra (drowsiness), Jwara (fever), and various Vataja Vikaras, including neurological manifestations such as Akshepaka (convulsive disorders).

Acharya Madhava, Bhavamishra, and Yogaratnakara have expressed similar views regarding the complications of Raktapradar. Acharya Charaka further states that chronic Raktapradar can act as a causative factor for Shotha (edema), as prolonged blood loss leads to anemia, tissue depletion, and subsequent fluid accumulation in the body.

CHIKITSA SIDDHANTA (Principles of Treatment)[13-17]

The primary aim of treating Raktapradar is to control excessive uterine bleeding, correct the underlying doshic imbalance, and prevent recurrence. According to Acharya Charaka, Raktastambhaka Chikitsa (hemostatic therapy) and Raktastambhaka Dravyas should be employed in the management of Raktapradar. The treatment principles are similar to those prescribed for Raktayoni, Raktapitta, Raktatisara, Raktarsha, Guhyaroga, and bleeding associated with abortion.

Acharya Dalhana advocated treating Raktapradar on the lines of Adhoga Raktapitta, while Acharya Kashyapa emphasized Virechana (therapeutic purgation) as an important modality in the management of menstrual disorders. Chakrapani also stated that the treatment of Raktapradar closely parallels that of Raktapitta.

The choice of treatment depends upon the patient's general condition, causative factors, severity of bleeding, and predominance of Doshas. Since prolonged bleeding may result in weakness and anemia, treatment should initially focus on controlling blood loss and improving the patient's strength before undertaking intensive therapies.

Dosha-wise Management

- Vataja Yoniroga: Snehana, Swedana, and Basti Chikitsa are recommended.
- Pittaja Yoniroga: Cooling (Sheeta) therapies along with treatment principles of Raktapitta should be employed to control bleeding.
- Kaphaja Yoniroga: Hot (Ushna) and dry (Ruksha) therapies are indicated.
- Sannipataja Yoniroga: Treatment should be planned according to the predominance of Doshas, often requiring a combination of therapeutic approaches.

Acharya Sushruta also emphasized the use of Snehana and Basti therapies according to the dominant Dosha involved.

Fundamental Principles of Treatment

The basic therapeutic principles for the effective management of Raktapradar include:

1. Nidana Parivarjana – Elimination of causative factors.
2. Dosha Shodhana – Purificatory therapies to eliminate vitiated Doshas.
3. Dosha Shamana – Pacification of aggravated Doshas.
4. Rakta Sthapana – Hemostatic measures to restore and stabilize normal blood flow.

These principles collectively help in controlling excessive bleeding, correcting the underlying pathology, and restoring reproductive health.

1. ***Nidana Parivarjana***

Nidana Parivarjana is the foremost principle of Ayurvedic management and refers to the identification and elimination of all causative factors responsible for the disease. These factors may be dietary (Aharaja), lifestyle-related (Viharaja), or psychological (Manasika). Removal of the etiological factors is essential for successful treatment, as persistence of the causative factors may hinder recovery and increase the risk of

disease recurrence. Therefore, effective management of Raktapradar begins with avoiding the factors that contribute to Dosha vitiation and abnormal uterine bleeding.

2. *Dosha Shodhana*

Dosha Shodhana is one of the fundamental pillars of Ayurvedic therapeutics. It aims to eliminate vitiated Doshas from the body and restore physiological balance through purification therapies. Shodhana Chikitsa, primarily performed through Panchakarma procedures, helps achieve longterm relief and minimizes the chances of recurrence.

However, in cases of Raktapradar, excessive blood loss often results in weakness, fatigue, and depletion of body tissues. Therefore, intensive purification therapies should be administered cautiously, especially in debilitated and delicate patients. The selection of Shodhana procedures should be based on the patient's strength (Rugna Bala), severity of disease, and Dosha predominance. In selected cases, mild purification measures and Lekhana Karma may be considered as part of the treatment strategy to correct the underlying pathology while preserving the patient's vitality.

Basti Prayoga

Among the Panchakarma procedures, Basti Chikitsa holds a prime position and is often referred to as Ardha Chikitsa (half of all treatment) due to its significant therapeutic value. It is primarily indicated for the management of Vata Dosha disorders and is administered in the form of medicated oil enemas (Anuvasana Basti) or decoction enemas (Niruha/Asthapana Basti).

In the management of Raktapradar, commonly recommended formulations include

- Rasnadi Asthapana Basti
- Chandanadi Niruha Basti

Vamana Prayoga

Vamana is an important Shodhana Chikitsa indicated in conditions involving Kapha Dosha predominance. It is a therapeutic emesis procedure performed using specific formulations to expel vitiated Kapha from the body.

Commonly used Vamana Yogas include

- Madanaphala, Saktu, Madhu, and Sharkara
- Madanaphala Mantha with Ikshurasa, Madhu, and Sharkara
- Madanaphala with Yastimadhu and Nagarmotha Kwatha

3. *Dosha Shamana*

Dosha Shamana refers to the pacification of aggravated Doshas through appropriate dietary measures, lifestyle modifications, and medicinal formulations. The treatment is selected according to the predominant Dosha and clinical presentation of the patient.

4. *Rakta Sthapana*

Rakta Sthapana aims at controlling excessive uterine bleeding and restoring normal menstrual flow. Acharya Charaka has described numerous Raktasthapaka drugs and formulations for this purpose. Among them, Pushyanuga Churna is considered one of the most effective formulations for the management of Raktapradar. Other commonly used formulations include:

- Pradarantaka Lauha
- Pravala Bhasma

Drugs for External Use

Vyaghranakhi (Solanum surattense): According to classical references, the root of Vyaghranakhi, collected under specific conditions and tied around the waist, is believed to be beneficial in managing Raktapradar.

Drugs for Internal Use

Kashaya (Decoctions)

1. Pradarahara Kashaya – Prepared from Khadira, Bala, Asana, Sariva, Vasa, Japa, Musta, Salmali Twak, and Amalaki; administered with honey and sugar.
2. Asrigdarahara Kashaya– Contains Musta, Guduchi, Madhuka, Chandana, Agnimantha, Chitraka, Mudga, Kulattha, and other ingredients; generally administered with honey.
3. Pathyamalakyadi Kashaya – A Pitta-pacifying and Rakta-purifying decoction containing Haritaki, Amalaki, Bibhitaki, Shunthi, Devadaru, and Haridra; commonly administered with honey and Lodhra Churna.

Kalka and Churna

- Rasanjana and Laksha Churna with goat's milk.
- Tanduliyaka Mula Kalka with honey or rice water.
- Pushyanuga Churna – A classical formulation containing Patha, Lodhra, Mustaka, Arjuna, Madhuka, and several other ingredients; widely used in Raktapradar.
- Vishveladi Churna – Composed of Shunthi, Ela, Kana, Musali, Gokshura, Vansha, and Sita.

Avaleha

The following Avaleha preparations are commonly recommended:

- Madhukadyavaleha
- Jirakavaleha
- Khanda Kushmandavaleha

These formulations help control excessive bleeding, improve strength, and support the overall management of Raktapradar.

DISCUSSION

Raktapradar is a multifactorial gynecological disorder in which each patient may present with varying degrees of Dosha Dushti, clinical manifestations (Lakshana), pathogenesis (Samprapti), and associated doshic involvement (Doshanubandha). Therefore, the management of Raktapradar should be individualized

based on the underlying pathophysiology and predominant Dosha. A thorough assessment of these factors helps in formulating an appropriate treatment strategy aimed at Samprapti Vighatana (breaking the pathogenesis) and correcting the doshic imbalance, which is referred to as Avasthika Chikitsa in Ayurveda.

The treatment of Asrigdara primarily focuses on controlling excessive bleeding through the use of Raktasthambhaka and Raktasthapaka therapies, along with Deepana, Pachana, Brimhana, and Balya measures. Drugs possessing predominantly Madhura, Tikta, and Kashaya Rasa are commonly employed to manage different types of Samprapti associated with Raktapradar. Several single-herb and polyherbal Ayurvedic formulations have been described in classical texts for reducing excessive uterine bleeding and preventing its complications.

In Vata-pradhana Raktapradar, treatment aims to pacify aggravated Vata through the administration of drugs possessing Madhura, Amla, and Lavana Rasa, along with Snigdha, Guru, and Ushna properties. Formulations containing Tila Taila, Madhu, Lavana, Ela, Nagara, and Mamsa Rasa are beneficial. Basti Chikitsa is considered particularly effective due to its direct action on Vata Dosha.

When Pitta Dosha predominates, vitiation of Rakta is commonly observed because of the Ashraya–Ashrayi Bhava relationship between Pitta and Rakta. In such cases, Pitta Shamaka therapies are indicated. Drugs and formulations possessing Kashaya and Madhura Rasa, along with Snigdha, Sheeta, Deepana, and Pachana properties, are preferred. Virechana Chikitsa and medicated Ghrita preparations are considered highly effective in eliminating aggravated Pitta and restoring hemostatic balance.

In Kapha-pradhana Raktapradar, the presence of Ama is frequently encountered. Therefore, Ama Pachana constitutes the initial step of management. Formulations having Katu and Kashaya Rasa, Laghu Guna, and Stambhana properties are recommended. Vamana Chikitsa may also be considered in suitable patients to eliminate aggravated Kapha. Classical drugs such as Triphala, Lodhra, and Nimba have shown significant efficacy in managing Kapha-dominant cases of Raktapradar.

Thus, Ayurvedic management of Raktapradar emphasizes a personalized treatment approach based on the predominance of Doshas and the stage of disease. By addressing the root cause, correcting doshic imbalance, and employing appropriate Shodhana and Shamana therapies, Ayurveda offers a comprehensive and holistic strategy for the effective management of Raktapradar and the prevention of its recurrence.

CONCLUSION

Raktapradar is one of the most common Artava Vikaras described in Ayurveda and has a significant impact on the physical, psychological, and reproductive health of women. The clinical presentation of Raktapradar closely resembles Menorrhagia described in modern medicine, which is characterized by excessive or prolonged menstrual bleeding. Contemporary management of menorrhagia includes hormonal therapy, anti-prostaglandin agents, antifibrinolytic drugs, and, in severe cases, surgical interventions. Although these modalities may provide symptomatic relief, they are often associated with limitations, adverse effects, and the possibility of recurrence.

A comprehensive review of Ayurvedic literature reveals that Raktapradar or Asrigdara is a welldefined disease entity with detailed descriptions of its etiology, pathogenesis, clinical features, and management. Ayurveda advocates an individualized treatment approach based on Dosha Dushti, Samprapti, and Doshanubandha. Various Shodhana and Shamana therapies, along with herbal and herbo-mineral formulations, have been described for effectively managing excessive uterine bleeding and its associated complications.

Thus, Ayurvedic management offers a holistic, safe, and patient-centered approach that not only controls excessive bleeding but also addresses the underlying causative factors, improves overall health, and helps prevent recurrence. The therapeutic principles and interventions discussed in this review highlight the potential of Ayurveda as a reliable and effective alternative or complementary approach in the management of Raktapradar.

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