

**RAKTPRADAR A CASE STUDY WSR MENORRHAGIA**¹Dr. Janhavi Ratan Jadhav, ²Dr. Prakash Rambhau Kanade¹PG Scholar Dept. of Prasutitantra Streeroga, PMT'S Ayurved College Shevgaon, Dist -Ahilyanagar, Maharashtra.²HOD, Professor Dept. of Prasutitantra Streeroga, PMT'S Ayurved College, Shevgaon, Dist -Ahilyanagar, Maharashtra.***Corresponding Author: Dr. Janhavi Ratan Jadhav**

PG Scholar Dept. of Prasutitantra Streeroga, PMT'S Ayurved College Shevgaon, Dist -Ahilyanagar, Maharashtra.

DOI: <https://doi.org/10.5281/zenodo.23828848>**How to cite this Article:** ¹Dr. Janhavi Ratan Jadhav, ²Dr. Prakash Rambhau Kanade (2026). Raktpradar A Case Study Wsr Menorrhagia. World Journal of Pharmaceutical and Medical Research, 12(11), 265–268.

This work is licensed under Creative Commons Attribution 4.0 International license.

Article Received on 19/09/2026

Article Revised on 09/10/2026

Article Published on 01/11/2026

ABSTRACT

In day-to-day life, Raktapradar is a common gynecological condition characterized by excessive uterine bleeding, which may occur during menstruation or even outside the normal menstrual cycle. It is further classified as Artava Atipravrutti (excessive menstrual flow), Deerghakala Pravritti (prolonged bleeding), and Anrutakala Pravritti (intermenstrual bleeding). This condition significantly affects a woman's daily life physically, mentally, and psychologically. There is a growing need for effective treatment options that are non-surgical and non-hormonal to reduce the incidence and severity of Raktapradar. Various therapeutic modalities are described in classical Ayurvedic texts. This article presents a case study of a 28-year-old woman who presented with complaints of Raktapradar. In the present study, treatment with Yashtimadhu Churna and Boladi Vati provided noteworthy relief in the symptoms of Raktapradar.

KEYWORDS: Raktapradar, Boladi Vati.**INTRODUCTION**

There is an increasing incidence of irregular and excessive uterine bleeding due to changes in dietary habits, lack of physical exercise, and alterations in lifestyle. In Ayurveda, this condition is commonly described as Asrugdara or Raktapradar. It is a disorder that may occur during different stages of a woman's life, including puberty, menarche, menopause, and post-menopausal phases.

The term Raktapradar refers to excessive discharge of menstrual blood. According to Charaka, excessive discharge of Raja (menstrual blood) is termed Asrugdara or Raktapradar, which indicates abnormal or profuse bleeding per vagina due to the rupture or excessive discharge from the endometrial layer.

Similarly, Sushruta described Raktapradar as a Raktapradoshaja Vyadhi (a disease caused by vitiation of blood). Various herbal, polyherbal, and mineral formulations are described in classical Ayurvedic texts for its management.

Modern medical management of excessive menstrual bleeding mainly includes hormonal therapy and iron-folate supplementation in cases associated with anemia.

In some patients who do not respond to medical treatment, surgical interventions may be required, which may adversely affect the uterus and reproductive health. Therefore, there is a need for safe, effective, and non-hormonal treatment options.

In classical Ayurvedic texts such as Ashtanga Sangraha and Ashtanga Hridaya, the condition is also described as Raktayoni, which is considered synonymous with Raktapradar. For its management, Raktasthambaka (hemostatic) and Raktasthapaka (blood-stabilizing) therapies are recommended. According to the commentator Dalhana, Raktapradar can also be managed in a manner similar to Adhoga Raktapitta.

From the modern perspective, excessive cyclic menstrual bleeding with prolonged duration is referred to as Menorrhagia. According to Ayurvedic principles, excessive intake of salty, sour, pungent, and vidahi (irritant) foods, along with consumption of meat, curd, mastu, and alcohol, aggravates Vata and Pitta Dosha. This leads to vitiation of Rakta and increased flow of menstrual blood through the uterine vessels.

The main factors involved in the pathogenesis of Raktapradar include Vata, Pitta, Rasa, Rakta, and

Agnimandya (impaired digestive fire). The drugs used in the present study possess properties that help control excessive bleeding and restore physiological balance.

AIMS AND OBJECTIVES

1. To evaluate the therapeutic efficacy of **Yashtimadhu Churna** and **Boladi Vati** in the management of **Raktapradar**.
2. To study the classical and contemporary literature related to **Raktapradar**, including its etiology, pathogenesis, and management as described in Ayurvedic texts.

MATERIALS AND METHODS

A **single case study** was conducted to evaluate the effectiveness of Ayurvedic management in a patient diagnosed with **Raktapradar**. The treatment protocol included administration of **Yashtimadhu Churna** and **Boladi Vati**, along with iron supplementation to manage associated anemia and improve the patient's overall health status.

CASE REPORT

A 28-year-old married woman presented to the Outpatient Department (OPD) of **Prasutitantra and Streeroga** at Government Ayurvedic College Dharashiv on **13 February 2025** with complaints of prolonged vaginal bleeding following menstruation. The patient reported excessive bleeding requiring **7–8 sanitary pads per day**, associated with **moderate lower abdominal pain, generalized weakness, and body aches**. Ultrasonography of the abdomen revealed **Endometrial Hyperplasia** with **endometrial thickness (ET) of 8 mm**.

History of Present Illness

The patient had a history of taking Oral Contraceptive Pills for heavy menstrual bleeding over the past one year but did not experience satisfactory relief from the treatment. Therefore, she sought further management at the Ayurvedic OPD.

Past History

No significant past medical or surgical history was reported.

Personal History

- **Diet:** Vegetarian
- **Bowel habits:** Once daily
- **Appetite:** Good
- **Micturition:** 4–5 times per day

Menstrual History

- **Last Menstrual Period (LMP):** 1 January 2025
- The patient experienced **per vaginal bleeding for 18 days**.
- Menstrual cycles were regular with an interval of **30–32 days**, but associated with **heavy menstrual flow (7–8 pads per day)** lasting **10–15 days**.

- The condition was accompanied by **mild lower abdominal pain** for the past **6 months**.

Past Menstrual History

- Cycle duration: **5–7 days**
- Cycle interval: **28–30 days**
- Flow: Normal

Ashtavidha Pareeksha (Eightfold Examination)

- **Nadi (Pulse):** 70 beats per minute
- **Mala (Stool):** Once daily
- **Mootra (Urine):** 4–5 times per day, occasionally at night
- **Jiwha (Tongue):** Alpa Sama (mild coating)
- **Shabda (Speech):** Spashta (clear)
- **Sparsha (Touch):** Anushna (normal temperature)
- **Drika (Eyes):** Shwetabh (slightly pale)
- **Akriti (Body build):** Madhyama (moderate)

Dashavidha Pareeksha (Tenfold Examination)

- **Prakriti:** Kapha-predominant with Pitta association
- **Vikriti:** Pitta
- **Sara:** Madhyama (moderate tissue quality)
- **Samhanana:** Madhyama (moderate body compactness)
- **Pramana:** Madhyama (moderate body measurements)
- **Satmya:** Madhyama (moderate adaptability)
- **Satva:** Madhyama (moderate mental strength)
- **Ahara Shakti:** Madhyama (moderate digestive capacity)
- **Vyayama Shakti:** Alpa (low exercise tolerance)

General Examination

- **Built:** Moderate
- **Nourishment:** Moderate
- **Temperature:** 98.6°F
- **Respiratory Rate:** 20/min
- **Pulse Rate:** 84/min
- **Blood Pressure:** 110/80 mmHg
- **Weight:** 65 kg
- **Tongue:** Coated

Systemic Examination-

- **Cardiovascular System (CVS):** S1 and S2 heart sounds heard normally
- **Respiratory System (RS):** Normal breathing pattern
- **Central Nervous System (CNS):** Conscious and well oriented
- **Per Abdomen (P/A):** Soft
- **Per Vaginal (P/V):** Not performed as the patient was unmarried

Investigation

- **Hemoglobin (Hb):** 6 g/dL
- **Total Leukocyte Count (TLC):** 3800/cu mm
- **Red Blood Cells (RBC):** 8,500/cu mm

- **Ultrasonography (Pelvis):** Presence of **Endometrial Hyperplasia** with endometrial thickness of **8 mm**

Treatment Plan

Based on the clinical findings, Ayurvedic management was planned with the principles of **Deepana–Pachana (improving digestion and metabolism), Raktavardhaka (blood-promoting therapy), and Raktasthambhaka Chikitsa (hemostatic therapy)** for the management of **Raktapradar**.

Considering the patient's low hemoglobin level and risk of anemia, the condition and potential complications were explained to the patient's parents. The patient was then started on the following oral medications.

Initial Treatment

1. **Bolbaddha Ras** – 250 mg, 1 tablet three times daily with normal water for 5 days.
2. **Yashtimadhu Churna** – 5 g twice daily with normal water.
3. **Ashokarishta** – 15 ml twice daily with water.
4. **Navayas Loha** – 2 tablets twice daily for one month.

Follow-up and Outcome

First Follow-up

At the first follow-up, the patient reported partial relief in symptoms. The duration of **per vaginal bleeding reduced to 7 days**, with the use of **4–5 sanitary pads per day**. Further treatment was continued with the following medications.

1. **Bolbaddha Ras** – 250 mg, 1 tablet twice daily for 5 days.
2. **Pradaradi Lauha** – 250 mg, 1 tablet three times daily for 10 days.
3. **Shankha Vati** – 250 mg, 2 tablets twice daily for 5 days.
4. **Ashokarishta** – 15 ml twice daily with water for one month.

Second Follow-up

During the second follow-up, the patient showed **complete relief from excessive bleeding**. Menstrual bleeding occurred for **5 days with normal flow**, requiring **2–3 pads per day**.

The same treatment regimen was continued for the next month. Overall, the patient received treatment for **three months**, resulting in **significant improvement and excellent clinical outcome**.

DISCUSSION

Disease Discussion

In the present case of **Raktapradar**, the probable etiological factors identified in the patient included frequent consumption of **spicy foods, fast food, and junk food**, along with **physical exertion, ratri jagaran (night awakening), and psychological stress**.

According to Ayurvedic principles, these causative factors lead to the **vitiation of Vata and Pitta Dosha**. The aggravated **Vata**, particularly **Apana Vayu**, disturbs the normal physiological functions of the reproductive system. This disturbance results in **Dushti (vitiation) of Rasavaha and Raktavaha Srotas**, which subsequently affects the **Artavavaha Srotas** responsible for menstrual flow.

Due to this pathological process, excessive discharge of menstrual blood occurs, manifesting clinically as **Atyartava (excessive menstrual bleeding)** along with associated symptoms such as **lower abdominal pain, low backache, and generalized weakness**.

The medications used in this study possess properties such as **Deepana (improving digestive fire), Pachana (enhancing metabolism), Raktasthambhaka (hemostatic), and Raktavardhaka (blood-promoting)** actions. These therapeutic properties help in **controlling excessive bleeding, correcting doshic imbalance, and improving overall strength and hemoglobin levels**, thereby providing relief in the symptoms of **Raktapradar**.

CONCLUSION

The present case study demonstrates that the Ayurvedic management of **Raktapradar** can be effective in controlling excessive menstrual bleeding and improving the overall health of the patient. The treatment approach using classical Ayurvedic formulations such as **Pradaradi Lauha, Bolbaddha Ras, and Ashokarishta** showed significant clinical improvement in the patient.

These formulations not only helped in reducing excessive **per vaginal bleeding** but also contributed to the **correction of anemia and regulation of the menstrual cycle**. The therapeutic effects may be attributed to their **Raktasthambhaka (hemostatic), Raktavardhaka (blood-enhancing), and Deepana–Pachana properties**, which help restore physiological balance.

In addition to pharmacological management, adherence to appropriate **Pathya (wholesome diet and lifestyle)** and avoidance of **Apathya (unwholesome diet and habits)**, as described in classical Ayurvedic texts, played an important role in achieving a successful outcome.

Thus, Ayurvedic treatment can be considered a **safe and effective non-hormonal approach** in the management of **Raktapradar**.

REFERENCES

1. Charaka Samhita. Agnivesha. Revised by Charaka and Dridhbala with Ayurveda Dipika commentary of Chakrapanidatta. Edited by Acharya Yadavji Trikamji. Varanasi: Chaukhamba Sanskrit Sansthan; Reprint, 2006; p.635.
2. Sushruta Samhita. Sushruta. With Nibandha Samgraha commentary of Dalhana and

Nyayachandrika of Gayadas on Nidanasthana. Edited by Acharya Yadavji Trikamji. Varanasi: Chaukhamba Krishnadas Academy; Reprint, 2004; p.114.

3. Ashtanga Samgraha. Vriddha Vagbhata. With Shashilekha commentary of Indu. Edited by Dr. Shivprasad Sharma. Varanasi: Chaukhamba Sanskrit Series Office; 3rd ed, 2012; A.S. 11/11, p.5.
4. Ashtanga Samgraha. Vriddha Vagbhata. With Shashilekha commentary of Indu. Edited by Dr. Shivprasad Sharma. Varanasi: Chaukhamba Sanskrit Series Office; 3rd ed, 2012; A.S. Uttara Sthana 38/45, p.830.
5. Ashtanga Hridaya. Vagbhata. With commentaries of Arundatta and Hemadri. Edited by Hari Sadashiv Shastri Paradkar. Varanasi: Chaukhamba Surbharati Prakashan; Reprint, 2010; A.H. Uttara Sthana 33/43, p.896.
6. Charaka Samhita. Agnivesha. Revised by Charaka and Dridhbala with Ayurveda Dipika commentary of Chakrapanidatta. Edited by Kashinath Shastri and Gorakhnath Chaturvedi. Varanasi: Chaukhamba Bharati Academy; Reprint, 2012; Chikitsa Sthana 30/277.
7. Sushruta Samhita. Dalhana commentary. Edited by Thakral Kewal Krishna. Varanasi: Chaukhamba Publications; Reprint, 2017; Su.Sa. 2/20–21.
8. Bhaishajya Ratnavali. Kaviraj Vinod Lal Sen. Edited by Kaviraj Pulinkrishna Sen Kavibhushan. Varanasi: Krishnadas Academy, Chaukhamba Publications; Reprint, 2001; p.817.
9. Bharat Bhaishajya Ratnakar. Shri Nagindas Chaganlal Shah (Rasvaidya). With Bhavprakashika commentary by Vaidya Gopinath Bhishagratna. New Delhi: B. Jain Publishers Pvt. Ltd.; 1st ed., Reprint, 1999; Part 3, p.606–607.
10. Rasendra Sara Sangraha. Shri Gopal Krishna. With Satyarth Prakashika Hindi commentary by Vaidya Satyarth Prakash. Varanasi: Krishnadas Academy, Oriental Publishers & Distributors; 1st ed, 1992; p.397.
11. Bhaishajya Ratnavali. Kaviraj Vinod Lal Sen. Edited by Kaviraj Pulinkrishna Sen Kavibhushan. Varanasi: Krishnadas Academy, Chaukhamba Publications; Reprint, 2001; p.822.