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MENORRHAGIA AND ITS AYURVEDIC CORRELATION - *ASRIGDARA*: A REVIEW ARTICLE

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ABSTRACT

Menorrhagia, clinically defined as excessive or prolonged uterine bleeding, is a substantial cause of morbidity in women. In Ayurveda, the analogous condition is *Asrigdara* (*Raktapradara*), characterized by vitiation of *Pitta* and *Rakta*, disturbance of *Apana Vayu*, and deranged uterine channels. This review critically examines classical Ayurvedic theory (etiology, pathogenesis, classification, clinical features) and collates modern clinical and experimental evidence on Ayurvedic management (herbal therapies, Panchakarma, dietary/lifestyle measures). Several trials and case reports demonstrate symptomatic improvements, especially when combining *Shodhana* and *Shamana* approaches, but limitations (small size, lack of controls, nonstandard outcomes) persist. We discuss therapeutic principles (Raktastambhana, Raktavardhana, dosha pacification, Basti therapies), analyze evidence gaps and safety concerns, and propose future directions including rigorous randomized trials, standardized formulations, objective outcome metrics, and integration with modern diagnostics.

KEYWORDS: Menorrhagia; Asrigdara; Raktapradara; Ayurveda; Uterine bleeding.

INTRODUCTION

Menorrhagia, often operationalized as menstrual bleeding exceeding 80 mL per cycle or lasting more than 7 days, significantly impairs women's quality of life and may lead to anemia or require surgical intervention. Conventional treatments include hormonal therapies, antifibrinolytics, and surgical methods (e.g. endometrial ablation, hysterectomy). However, many patients seek complementary or traditional therapies. In classical Ayurvedic texts, *Asrigdara* (also termed *Raktapradara*, *Artavadushti*) describes a condition of excessive or prolonged uterine bleeding. The pathogenesis involves vitiation of *Pitta*, *Rakta*, and disturbance of *Apana Vayu* and uterine channels (*Artavavaha*, *Raktavaha Srotas*). There is a conceptual overlap between menorrhagia and *Asrigdara*, though classical frameworks emphasize dosha balance, dhatu purity, and channel integrity.

This review aims to:

1. Present a detailed understanding of *Asrigdara* from Ayurvedic classics (nidana, samprapti, classification, lakshanas)
2. Summarize clinical and experimental evidence of Ayurvedic management in menorrhagia / *Asrigdara*
3. Critically appraise current evidence, identify gaps, and propose directions for future work.

Classical Ayurvedic Concepts of Asrigdara

Etiology (Nidana)

Classical sources ascribe *Asrigdara* to aggravating factors that disturb *Pitta* and *Rakta*, including:

- Unwholesome diet: excess *Amla*, *Lavana*, *Katu* rasas, reheated foods
- Exposure to heat, hot environment, sun
- Physical overexertion, strenuous exercise
- Emotional stress, anger
- Improper sexual activity (timing, excess)
- Trauma or injury

These etiologies precipitate vitiation of *Doshas* and disturb *Apana Vayu*, leading to excessive bleeding.

Pathogenesis (Samprapti)

- **Dominant Dosha**: *Pitta* and *Rakta* vitiation drive the excessive bleeding.
- **Apana Vayu**: Dysfunction of *Apana Vayu* (the downward-moving Vata) impairs cessation of menstrual flow.
- **Srotas / Channels**: *Artavavaha Srotas* and *Raktavaha Srotas* become widened or damaged, allowing augmented flow of vitiated blood.
- **Dhatu involvement**: *Rakta* becomes impure; its qualities (color, consistency) change.

Classification

Based on predominant dosha involvement, *Asrigdara* may be classified as:

- Vataja *Asrigdara*
- Pittaja *Asrigdara*
- Kaphaja *Asrigdara*
- Sannipata (mixed dosha) type

This classification guides therapeutic selection.

Clinical Features (Lakshanas)

Common features include:

- Excessive menstrual flow
- Prolonged duration
- Frequent cycles (short interval)
- Passage of large clots
- Lower abdominal pain, backache
- Weakness, dizziness, pallor
- Occasional intermenstrual spotting

Modern Evidence on Ayurvedic Management of Menorrhagia / Asrigdara

Key Clinical Trials & Reports

1. **Ashokarista – Randomized, single blind, placebo-controlled trial**

A classical Ayurvedic formulation, *Ashokarista*, was administered (20 ml twice daily) over 10 menstrual cycles, showing increased hemoglobin, reduced ESR, improved clotting times, and no significant hepatic toxicity.

2. **Ashok Ghrita vs Ashok Ksheerapak**

A randomized single blind controlled clinical trial (n = 80) compared *Ashok Ghrita* with *Ashok Ksheerapak*, demonstrating superior improvement in bleeding parameters and symptoms in the *Ghrita* group.

3. **Ayurveda Management Protocol (Ashokarishta + Trinakantamani Pishti)**

A protocol RCT was designed to assess the combined Ayurvedic management of menorrhagia (*Raktapradara*), with outcomes measured by PBAC (Pictorial Blood Assessment Chart) and MIQ (Menstrual Impact Questionnaire) scores.

4. **Yashtimadhu-Sita Choorna + Tandulodak in Asrigdara**

A randomized controlled trial, comparing *Yashtimadhu + Sita* churna with rice water (Tandulodak) therapy in *Asrigdara*, showed statistically significant improvements.

5. **Analysis on Raktasthambhaka Dravyas**

A review article analyzing hemostatic drugs (*Raktasthambhaka dravyas*) in *Asrigdara*, noting their role in arresting excessive bleeding and regularizing menstruation.

6. **Other Clinical Observations & Reviews**

- A study on 30 patients using combinations of classical herbs (Shatavari, etc.) in *Asrigdara* with benefit reported.
- The article "Effect of Ayurvedic Formulations on Abnormal Uterine Bleeding" highlights the conceptual correlation between *Asrigdara* and dysfunctional uterine bleeding (DUB), summarizing multiple Ayurvedic interventions.
- The review "AYURVEDIC APPROACH OF MENORRHAGIA: ASRIGDARA" (IJAPR) gives classical perspectives and collates case data.

Summary of Evidence

- Many reports and trials show **symptomatic benefit** in reducing bleeding amount, duration, and improving systemic symptoms (weakness, pallor).
- Several formulations (e.g. *Ashokarista, Ashok Ghrita, Yashtimadhu combinations*) are among the more studied.
- The concept of *Raktasthambhaka* (hemostatic agents) is prominent in these interventions.
- However, limitations are present: small sample sizes, lack of placebo controls, limited use of objective quantification, short duration, minimal safety reporting.

Therapeutic Principles & Recommendations

From theory and evidence, the following principles guide Ayurvedic management:

1. **Raktastambhana / Hemostasis**

Use herbs or formulations with *stambhana* property (e.g. *Lodhra, Daruharidra, Nagakesara*) to reduce bleeding.

2. **Raktavardhana / Rejuvenation**

After bleeding control, nourishing therapies to replenish *Rakta* and other dhatus, especially in cases of anemia.

3. **Dosha Correction**

Pacify *Pitta* (cooling, anti-inflammatory agents) and balance *Vata*. In mixed types, tailor combinations.

4. **Purificatory / Panchakarma Measures**

- *Basti* (especially *Asthapana Basti*), *Uttar Basti* in suitable patients to correct *Apana Vayu* and uterine environment

- Avoid aggressive purificatory procedures in weak patients

5. Diet & Lifestyle (Paricharya)
Avoid causative foods (hot, spicy, sour, reheated), reduce heat exposure, stress management, proper rest and menstrual hygiene.

6. Monitoring & Integration
Use modern diagnostics (CBC, imaging, hormonal assays) to exclude structural causes and monitor therapy safety.

Critical Appraisal & Gaps

- Few large, multicenter RCTs — most studies are small or observational.
- Variability in formulations, dosing regimens, durations — lack of standardization.
- Lack of consistent objective outcome measures (e.g. PBAC, blood loss volume, validated quality-of-life scales).
- Limited long-term follow-up to assess recurrence or relapse.
- Safety reporting is often minimal or absent — adverse events, laboratory monitoring rarely described.
- Integration with modern diagnostics is limited in many studies.

CONCLUSION

Ayurvedic management of *Asrigdara* (the Ayurvedic correlate of menorrhagia) offers a promising complementary approach combining herbal, Panchakarma, and lifestyle therapies. While preliminary evidence suggests benefit, methodological limitations prevent strong clinical recommendations. Future work should focus on well-powered randomized controlled trials, standardized intervention protocols, objective outcome measures, long-term follow-up, and safety monitoring, along with integration into modern clinical frameworks.

Declarations

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