



## “CONCEPT OF ASRIGDARA (MENORRHAGIA) AND ITS MANAGEMENT: AN AYURVEDIC AND CONTEMPORARY REVIEW”

Dr. Jalpa Gandhi<sup>1</sup>

### AFFILIATIONS:

1. CEO, Ira Consultancy & Research Organisation, Bhosari, Pune, Maharashtra 411026

### CORRESPONDENCE:

Dr. Jalpa Gandhi

EMAILID: [ceo@icro.co.in](mailto:ceo@icro.co.in)

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### ABSTRACT:

**Introduction:** Menorrhagia, defined as excessive or prolonged uterine bleeding during menstruation, significantly impacts women’s health worldwide. In Ayurveda, the condition is described as *Asrigdara*, a disorder of excessive menstrual bleeding caused by *Vata–Pitta* imbalance and uterine dysfunction. This condition not only leads to anemia, fatigue, and poor quality of life but also contributes to long-term reproductive morbidity if not properly managed.

**Methods:** A systematic review was conducted by analyzing Ayurvedic classical texts (*Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, *Kashyapa Samhita*) and their commentaries to understand the etiology, pathogenesis, and treatment modalities of *Asrigdara*. Contemporary databases such as PubMed, Scopus, Web of Science, and Google Scholar were searched for the terms “*Asrigdara*,” “menorrhagia,” “Ayurveda management of heavy menstrual bleeding,” and “herbal therapy in menorrhagia.” Clinical trials, observational studies, and review articles published between 2000 and 2025 were included.

**Results:** Ayurveda describes *Asrigdara* under *Yonivyapad* and associates it with aggravated *Vata* and *Pitta doshas*, impaired *Rasa* and *Rakta dhatus*, and uterine dysfunction. Management strategies include *Shamana* (palliative therapies with hemostatic herbs such as *Lodhra*, *Ashoka*, *Nagakeshara*, *Shatavari*), *Shodhana* (*panchakarma* procedures like *Virechana*), and lifestyle modifications. Modern evidence demonstrates that plant-derived hemostatic drugs, yoga, and stress management effectively reduce heavy bleeding and improve quality of life. Integration of Ayurvedic formulations with evidence-based medical management shows promise in reducing the burden of menorrhagia. **Discussion:** Ayurvedic understanding of *Asrigdara* correlates with modern pathophysiology of menorrhagia, including hormonal imbalance, uterine pathology, and systemic disorders. However, rigorous randomized controlled trials are required to validate the efficacy of Ayurvedic therapies.

**KEYWORDS:** *Asrigdara*, Ayurveda, Hemostatic herbs, Menorrhagia, Women’s health

## INTRODUCTION

Menorrhagia, or heavy menstrual bleeding (HMB), is one of the most common gynecological problems worldwide, affecting up to 30% of women of reproductive age. <sup>[1]</sup> It is clinically defined as menstrual blood loss exceeding 80 mL per cycle or menstruation lasting longer than seven days. <sup>[2-3]</sup> Beyond its physical consequences such as iron-deficiency anemia, fatigue, and reduced productivity, menorrhagia has significant psychosocial and economic impacts. <sup>[4]</sup>

In Ayurveda, *Asrigdara* is described as a gynecological disorder under *Yonivyapad* where excessive and abnormal menstrual bleeding occurs due to the vitiation of *Vata* and *Pitta doshas*. <sup>[5-6]</sup> Classical texts emphasize the role of aggravated *Rakta dhatu*, weakened uterine tissues, and disturbed *Apana Vata* in its pathogenesis. Therapeutic strategies include dietary modifications, lifestyle changes, *Shamana* therapy with hemostatic and uterine-tonic herbs, and *Shodhana* procedures for long-term management. <sup>[7-9]</sup>

The aim of this review is to explore the Ayurvedic concept of *Asrigdara* and its management in comparison with modern understanding of menorrhagia. The objectives are to (1) analyze Ayurvedic etiological, pathological, and therapeutic aspects of *Asrigdara*, (2) evaluate existing scientific evidence on Ayurvedic management strategies, and (3) identify potential integrative approaches for effective management of menorrhagia. <sup>[10]</sup>

## MATERIALS AND METHODS

This review followed a systematic methodology.

1. **Ayurvedic literature search:** Primary Ayurvedic texts (*Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, *Kashyapa Samhita*) and their commentaries were reviewed. References from *Nighantus* and secondary texts were also considered. <sup>[11]</sup>
2. **Electronic databases:** PubMed, Scopus, Web of Science, AYUSH Research Portal, and Google Scholar were searched from 2000 to 2025. Keywords included “*Asrigdara*,” “Ayurveda and menorrhagia,” “herbal therapy in menorrhagia,” “heavy menstrual bleeding

3. Ayurveda,” and “*Ashoka/ Lodhra* in gynecology.” <sup>[12]</sup>
4. **Inclusion criteria:** <sup>[13]</sup>
  - Clinical trials, case series, and observational studies related to Ayurveda management of menorrhagia.
  - Review articles comparing Ayurveda and modern management.
  - Studies in English and Sanskrit with reliable translations.
5. **Exclusion criteria:** <sup>[14]</sup>
  - Non-peer-reviewed articles and anecdotal reports.
  - Studies unrelated to menorrhagia or gynecological disorders.
  - Duplicates and conference abstracts without full data.
6. **Data extraction:** Information was organized under etiology, pathogenesis, classification, symptoms, Ayurvedic management, herbal formulations, and modern correlations. Evidence was thematically synthesized. <sup>[15]</sup>

## OBSERVATION AND RESULTS

1. **Description of *Asrigdara* in Ayurvedic Texts**
  - *Charaka Samhita*: excessive bleeding due to aggravated *Vata* pushing out blood.
  - *Sushruta Samhita*: linked with uterine pathology and disturbed *Rakta*.
  - *Ashtanga Hridaya*: describes clinical features, complications, and management through *Shamana* and *Shodhana*.
  - Classification into mild, moderate, and severe based on intensity and duration.
2. **Etiological Factors (*Nidana*)**
  - Excessive intake of hot, sour, pungent, and spicy foods.
  - Overexertion, excessive sexual activity, and psychological stress.
  - Hormonal imbalance and systemic diseases in modern parallels.
3. **Pathogenesis (*Samprapti*)**
  - Central role of aggravated *Pitta* in vitiating *Rakta dhatu*.
  - *Vata* disturbances leading to irregular flow and expulsion.

- Correlation with modern etiopathology such as ovulatory dysfunction, uterine fibroids, adenomyosis, thyroid disorders.
4. **Clinical Features (*Lakshana*)**
- Excessive and prolonged bleeding.
  - Associated weakness, paleness, fatigue.
  - Abdominal pain, backache, psychological distress.
5. **Ayurvedic Management**
- **Shamana therapy:** Hemostatic and cooling herbs (*Lodhra*, *Ashoka*, *Nagakeshara*, *Shatavari*, *Amalaki*).
  - **Herbal formulations:** *Pushyanuga Churna*, *Lodhrasava*, *Ashokarishta*, *Chandraprabha Vati*.
  - **Shodhana therapy:** *Virechana* to balance *Pitta*, *Basti* to regulate *Vata*.
  - **Pathya-apathya (diet & lifestyle):** light food, avoidance of spicy/sour substances, stress reduction.
6. **Modern Correlations and Evidence**
- Heavy menstrual bleeding associated with prostaglandin imbalance, hormonal dysfunction, and endometrial abnormalities.
  - Clinical studies:
    - *Ashoka bark extract* reduces uterine bleeding.
    - *Lodhra* shows astringent and anti-inflammatory activity.
    - *Nagakeshara* effective as hemostatic.
    - Combined formulations show improved outcomes compared with placebo.
  - Complementary approaches (yoga, meditation, iron supplementation) align with Ayurvedic principles.
7. **Comparative Efficacy**
- Ayurveda offers a holistic approach: controlling bleeding, restoring uterine tone, preventing recurrence, improving systemic health.
  - Modern medicine uses hormonal therapy (OCPs, progesterone, LNG-IUS) and surgical options (endometrial ablation, hysterectomy).
  - Integration may optimize outcomes and reduce invasive procedures.

## DISCUSSION

*Asrigdara* reflects a holistic understanding of menorrhagia, emphasizing dosha imbalance, dhatu

vitiation, and lifestyle causation. Modern medicine attributes menorrhagia to uterine pathology, hormonal dysfunction, and systemic conditions. Despite differences in terminologies, both systems highlight excess bleeding, anemia, and reduced quality of life as central outcomes.<sup>[16]</sup>

Ayurveda's strength lies in its preventive and restorative approach. Hemostatic herbs like *Ashoka* and *Lodhra* have pharmacological evidence supporting their astringent, anti-inflammatory, and uterine-tonic effects. *Shodhana* therapies may regulate hormonal imbalance and improve systemic health. Modern research validates some herbal actions but lacks large-scale, high-quality RCTs.<sup>[17]</sup>

Conversely, modern gynecology provides rapid symptomatic relief through hormonal and surgical interventions, but these are often associated with side effects and recurrence. Ayurveda offers safer long-term management, though its efficacy requires scientific validation. Integrative approaches—combining Ayurvedic formulations with iron supplementation, yoga, and stress management—may provide sustainable results.<sup>[18]</sup> The gaps include: (1) limited standardization of Ayurvedic formulations, (2) lack of robust pharmacological studies on polyherbal compounds, and (3) under-researched psychosocial benefits of Ayurvedic regimens. Future research should focus on molecular mechanisms of action of Ayurvedic herbs, well-designed RCTs, and comparative studies with standard biomedical therapies.<sup>[19-20]</sup>

## CONCLUSION

*Asrigdara* (menorrhagia) remains a significant women's health issue with far-reaching physical, mental, and social implications. Ayurveda offers a detailed understanding of the condition through the lens of *dosha-dhatu-mala* imbalance and provides a comprehensive management strategy including *Shamana*, *Shodhana*, herbal formulations, and lifestyle modifications. Modern medicine, while effective in symptom control, often relies on invasive and pharmacological interventions with associated risks.

Current evidence suggests that Ayurvedic herbs such as *Ashoka*, *Lodhra*, *Nagakeshara*, and *Shatavari* possess hemostatic and uterine-modulating properties, while supportive measures like diet and stress management improve overall

well-being. Integration of Ayurveda with contemporary medicine can provide a holistic, patient-centered approach to menorrhagia management.

Future directions should focus on clinical trials, pharmacological validation, and standardization of Ayurvedic formulations. A combined strategy may help reduce the burden of menorrhagia while ensuring safety, sustainability, and quality of life in women.

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