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The classical ayurvedic perspective on *Raktapradar* (menorrhagia): an evaluation of etiology, pathogenesis and therapeutic strategies.

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ABSTRACT

Introduction: ***Raktapradar***, often equated with menorrhagia in modern gynecology, is a common menstrual disorder marked by excessive and prolonged bleeding during the reproductive years. In India, it accounts for 15–20% of gynecological cases, predominantly affecting women aged 20 to 40. The condition can lead to anemia, weakness, and severe systemic symptoms like dizziness and unconsciousness, impacting both physical and psychosocial health.

Aim: This review aims at evaluating and discussing the various aspects of ***Raktapradar*** considering etiology and pathogenesis as per ***Brihatrayi*** and ***Laghutrayi***.

Objective: Is to elaborate on the *Ayurveda* management of ***Raktapradar***.

Material and method: The study is based on a comprehensive review of classical *Ayurvedic* texts, including ***Brihatrayi*** and ***Lagutrayi***, along with their commentaries, etc., and other relevant databases were analyzed to gain a deeper understanding of the etiology, pathogenesis, clinical features and management of ***Raktapradar***. These sources outline various etiological factors contributing to ***Raktapradar***, such as *Aharaja Hetu*, *Viharaja Hetu*, *Manasika Hetu*, trauma, and systemic imbalances. The pathogenesis involves the vitiation of the three *Doshas*—*Vata*, *Pitta*, and *Kapha*—which disrupt the normal flow and quality of menstrual blood (*Raja*), resulting in abnormal bleeding patterns.

Discussion: *Ayurvedic* treatment of ***Raktapradar*** centers on avoiding *Nidan Parivarjan*, *Shodhan*, *Shaman*, and *Raktasthapana*. Remedies are tailored to the dominant *Dosha* using specific herbs.

Compared to modern hormonal or surgical options, *Ayurveda* offers a gentler, holistic approach with fewer side effects.

Conclusion: *Ayurvedic* management provides a natural, minimally invasive solution for ***Raktapradar***. It controls bleeding, restores *Dosha* balance, and enhances overall health, making it a promising alternative for menstrual care.

Keywords: ***Raktapradar***, Menorrhagia, ***Asrigdara***, ***Shodhan***, ***Shaman***, ***Raktastambhan***

INTRODUCTION

Women are important for the overall growth of society and the world. Therefore, prioritizing their health is necessary. The reproductive life of women starts with puberty and ends with menopause. A normal menstruation denotes a healthy state of the female reproductive system. Menstruation is a natural and normal physiological process leading to generative life in females. Normal Menstruation occurs after 21 to 35 days and lasts for 3–5 days, with a normal blood loss of 35–80 ml[1]. Women in their reproductive life have many gynecological problems; one of the most common is ***Raktapradar***. *Pradirana* (excessive bleeding) of *Raja* (menstrual blood) is known as *Raktapradara*[2]. Cyclic, regular menstrual bleeding which is excessive in amount and duration is considered Menorrhagia. ***Raktapradar*** can be correlated with menorrhagia. As per modern science, menorrhagia is defined as cyclic regular bleeding which is excessive in amount (>80ml) or duration (>7 days) or both[1]. In India, heavy menstrual bleeding or menorrhagia (***Raktapradara***) constitutes about 15% to 20% of all gynecological admissions in an institution. Of these, 43% of patients are aged 20–40 years[3]. This condition is worsening because of the high prevalence of anemia among Indian women. Menorrhagia can have a significant impact on women's lives.

AIM

This review aims at evaluating and discussing the various aspects of ***Raktapradar*** considering etiology and pathogenesis as per ***Brihatrayi*** and ***Laghutrayi***.

OBJECTIVE

Is to elaborate on the *Ayurveda* management of ***Raktapradar***.

MATERIAL AND METHOD

Classical *Ayurvedic* texts, such as the ***Brihatrayi***, ***Laghutrayi*** and their commentaries, etc., and other relevant databases were analyzed to gain a deeper understanding of the etiology, pathogenesis, clinical features and management of ***Raktapradar***.

Modern Aspect

According to Howkins and Bourne Shaw's Textbook of Gynecology (16th edition), Menorrhagia refers to cyclic and regular menstrual bleeding that is excessive in either amount or duration. It is usually caused by conditions affecting the uterus or its vascular structure, rather than disturbances in the function of the hypothalamic-pituitary-ovarian (*H-P-O*) axis. When the endometrial surface of the uterus is enlarged, the area available for bleeding increases, which leads

to excessive menstrual blood loss. In menorrhagia, the duration of menstruation exceeds 7 days, and the volume of blood loss exceeds 80 ml per cycle. During normal menstruation, platelet aggregation helps in clot formation at sites of vascular injury. Additionally, *Prostaglandin F2α* (*PGF2α*) induces myometrial contractions, which constrict the endometrial blood vessels. By the third or fourth day of menstruation, the repair process begins, with epithelial regeneration occurring through the proliferation of epithelial cells from the open endometrial glands, supported by factors such as vascular endothelial growth factor (*VEGF*), epidermal growth factor (*EGF*), and fibroblast growth factor (*FGF*). In cases of excessive bleeding with regular menstrual cycles, the hypothalamic-pituitary-ovarian (*H-P-O*) axis remains intact, but there are alterations in the endometrial changes. It has been observed that in such conditions, the level of *PGE2* (Prostacyclin), which acts as a local vasodilator, is increased in the endometrial tissue compared to *PGF2α*, leading to excessive bleeding.

Ayurvedic Literature Review

Acharya Charaka explained *Pradar* (*Asrigdara*) as a separate disease with its management in *Yoni vyapat Chikitsa*. According to him, when the menstrual cycle turns to be due to excessive excretion of *Raja*, it is known as *Pradar*[4].

Acharya Sushruta has explained it as a separate disease in *Shukra Shonita*. According to him, heavy menstrual bleeding during, before, and after the menstrual period, which is different from the features of normal menstrual blood, is called Asrugdar[5].

In *Ashtanga Sangraha Sharirasthana*, *Raktayoni* is explained, and *Asrigdara* and *Pradara* are said to be its synonyms.

According to *Dalhana*, it is due to an increase in the amount of blood (*Ativriddhi of Rakta*).

According to *Acharya Bhel*, in *Pradara* disease there is a presence of *Shonita* / bleeding coming out from a wrong passage which leads to *Shosa*.

Hence, generalized consideration on the basis of *Ayurveda* (***Brihatrayi*** and ***Laghutrayi***) includes *Asrigdara* or ***Raktapradar*** as excessive flow and prolonged duration of menses during the menstrual cycle, with or without inter-menstrual bleeding. ***Raktapradara*** has associated symptoms like *angamard savedana* and *adhodharshul*.

Raktapradar Nidan[6,7,8]

The general etiology or causative factors of ***Raktapradar*** are described by *Acharya Bhavamisra*, *Acharya Yogaratnakar*, and *Acharya Madhav*. *Maharishi Sushruta* explained that ***Raktapradar*** is characterized by an increased amount of blood loss during the intermenstrual period. *Acharya Charak* emphasized that the primary cause of this disease is related to dietary factors. Additionally, *Acharya Madhav* elaborated on the local contributory factors that play a role in the development of ***Raktapradar***.

Table 1: *Aharaj Hetu*

Aharaja	*Rasa*	*Guna*	*Virya*	*Vipaka*	*Dravya*
	Amla, *Lavan*, *Katu*	*Guru*, *Snigdha*, *Ushna*, *Sara*, *Sukshma*	*Ushna*	*Katu*	*Gramya* and *Oudaka*, *Mamsa*, *Dadhi*, *Payasa*, *Sukta*, *Mastu*, *Sura*, *Krushra*, *Virudhaahaa*

Table 2: ***Viharaja Hetu***

Vataja	*Pittaja*	*Kaphaja*	**Others**
Atimaithun, *Atiyana*, *Atiadhva*, *Atikarshan*, *Bharvahan*, *Garbhaprapata*	*Atap sevan*, *Diwa Swapna*, *Ativyayam*	*Diwa Swapna*	*Madhya Adhyasan*, *Ajirna*

Manasika Hetu - *Shoka*, *Krodha*, *Bhay* ***Anya Hetu*** - *Abhighataja*. **Clinical Conditions** - *Pitta Vriddhi*, *Pittajartava Dushti*, *Pittavruta Apana Vata*, *Kunapagandhi Artavadushti*, *Asruja*, *Lohitakshara*, *Rakta Yoni*, *Paripluta*.

Samprapti[9,10,11]

Hetu sevan Factors vitiating *Vata* Factors vitiating *Pitta* & *Kapha* Increase in *Sara* and *Drava guna* of *Pitta* Increase in volume of *Rakta* Reaches *Garbhashayagata Rajovaha sira* Increases amount of *Raja Apana vayu* expels the increased *Raja* ***RAKTAPRADAR***

Classification[12,13]

According to the principles of *Dosha*, *Acharyas Charak*, *Madhav Nidan*, *Sarangadhara*, *Bhavaprakash*, and *Yogaratnakar* have described four common types of ***Raktapradar*** (*Asrigdara*) based on the predominant *Dosha* involved[13]:

1. *Vataja Raktapradar* / *Asrigdara*
2. *Pittaja Raktapradar* / *Asrigdara*
3. *Kaphaja Raktapradar* / *Asrigdara*
4. *Sannipataja Raktapradar* / *Asrigdara*

However, *Acharya Vagbhat* and *Acharya Sushruta* did not classify ***Raktapradar*** in any specific way. In the chapter on venesection, the commentator *Acharya Dalhana* described that the special clinical features of ***Raktapradar*** depend on the physical properties of the blood, along with the common clinical symptoms.

Moreover, for *Doshaja Asrigdara* / ***Raktapradar*** (excluding *Sannipataja* type), *Acharya Charak* has specifically recommended particular treatments and formulations, tailoring the therapy according to the dominant *Dosha*. The commentator *Indu*, similar to *Acharya Dalhana*, has stated that *Asrigdara* should be classified according to the involvement of *Doshas*.

Acharya Dalhana has classified *Asrigdara* into seven types:

1. *Vataja* 2. *Pittaja* 3. *Kaphaja* 4. *Vatapittaja* 5. *Pittakaphaja* 6. *Vatakaphaja* 7. *Sannipataja*

Upadrava[14]

Source	Description / Symptoms / Views
Sushruta, *Madhav*, *Bhavamisra*, *Yogaratnakar*	When a patient is affected by ***Raktapradar***, the following symptoms may develop: - *Atyartav* (continuous vaginal bleeding) - *Tama* (blurred vision) - *Pralap* (delirium) - *Raktanyunata* (anemia or loss of blood in the body) - *Angamard* (body ache) - *Daurbalya* (generalized weakness) - *Trishna* (excessive thirst) - *Daha* (burning sensation all over the body) - *Bhram* (dizziness) - *Murcha* (unconsciousness) - *Tandra* (drowsiness) - *Jwara* (fever) - Other *Vatajanya Vikara* such as *Akshepakadi* (neurological and brain disorders).
Charaka	Stated that ***Raktapradar*** is one of the etiological factors responsible for *Sotha* (oedema), because continuous bleeding leads to anemia, which in turn can cause oedema development.

Sadhyasadhyata[15]

All the classics consider *tridoshaja Asrigdar* as *Asadhya* and the following are the *Asadhya Principles of Treatment for* ***Raktapradar***

lakshanas: *Shashvat Sravanti*, *Trushna*, *Daaha*, *Jwara*, *Ksheena rakta*, *Durbal*.

Acharya / Commentator	Principle / Recommendation
Charak	***Raktastambhak chikitsa***, use of *Raktastambhak* drugs which are prescribed for *Raktayoni chikitsa*. The same line of treatment is mentioned in *Raktatisara* (diarrhea with blood), *Raktapitta* (bleeding diathesis), *Raktarsa* (bleeding piles), *Guhyaroga* (diseases of **the** reproductive system), and abortion, where ***Raktastambhak Chikitsa*** is applied similar to Raktapradar[16]. *Agnisandipan*, *Doshapachan Chikitsa* is also described[17].
Dalhana	***Raktapradar*** should be treated the same as *Adhoga Raktapitta*[18].
Kashyap	All menstrual disorders should be managed by *Virechana* (purgation)[19]. *Chakrapani* Management of ***Raktapradar*** runs parallel to **the** treatment of *Raktapitta*.

Acharya Charak has specified the treatment based on the Predominant *Dosha*:

- *Vataja Yoniroga* - *Snehan*, *Swedana*, and *Basti Chikitsa*.
- *Pittaja Yoniroga* - Use of *Sheeta* drugs along with treatment protocols of *Raktapitta* to control and stop excessive bleeding.

- *Kaphaja Yoniroga* - Application of *Ushna* and *Ruksha* substances to balance the *Kapha Dosha*.
- *Sannipataja Yoniroga* - Treatment should be determined based on the predominance of a particular *Dosha*, and a combined therapy may be applied accordingly.

Acharya Sushruta has mentioned in the treatment of *Yoni Roga* regarding *Snehana* and *Basti* according to the *Dosha*, which is predominant. The main and basic principles for treatment of any *Roga* for a complete and better cure (including ***Raktapradar***) can be divided into the following types:

1. *Nidan Parivarjanam*

This is a fundamental principle of treatment, which emphasizes the identification and immediate removal of all types of causative factors responsible for the disease development, such as *Aharatmak Hetu*, *Viharatmak Hetu*, and *Manasika Hetu*. Unless these causative factors are properly eliminated, a complete cure cannot be achieved. Ignoring these factors during treatment increases the risk of disease recurrence.

2. *Dosha Shodhan*

One of the key pillars of *Ayurvedic* treatment methodology is *Shodhan Chikitsa* (Detoxification Therapy). The primary goal of *shodhan* is to eliminate all accumulated toxins in the body that cause *Dosha* imbalance, thereby restoring equilibrium without relapse. Generally, *Shodhan Chikitsa* is performed using *Panchakarma* Therapy, along with *Purvarupa*. However, this intensive therapy is contraindicated in weak individuals and delicate women, since in cases like ***Raktapradar***, there is already excessive blood loss causing profound weakness. Because blood is a vital component of the body, the natural purificatory measures are limited in such patients. Therefore, therapies involving *Lekhana Karma* are also recommended in managing the condition.

Vaman: As mentioned earlier, ***Raktapradar*** should be managed following the principles of *Adhoga Raktapitta*, as per the classical dictum, '*Pratimarg Haranam Raktapitte Vidhiyate*'. *Vaman* may help to normalize the function and flow of *Apana Vata*, thereby assisting in the management of the disease. However, there is no direct classical reference specifically mentioning its indication or contraindication in ***Raktapradar***.

Virechan: *Virechan* is specifically indicated in the treatment of ***Raktapradar***. Since *Pitta Dosha* is predominant in this condition, *Virechan* is considered the most effective *Shodhan Chikitsa*. *Acharya Charak* recommends the use of *Mahatiktaka Ghrita* for performing *Virechan* in cases of ***Raktapradar***.

Basti: It is well-established that no *Yoni Roga* occurs without the involvement of vitiated *Vata Dosha*. Therefore, pacification and regulation of the vitiated *Vata Dosha* is essential in treatment. Classical texts advise the use of both *Niruh Basti* (decoction-based enema) and *Anuvasan Basti* (oil-based enema) in the management of ***Raktapradar***.

Uttar Basti: *Acharya Charak* and *Ashtang Hrudaya* have emphasized the importance

and efficacy of *Uttar Basti* in ***Raktapradar*** treatment. According to *Vagbhat*, the use of 2 or 3 *Asthapan bastis* followed by *Uttarabasti* is beneficial. In *Charak chikitsa stan* 30th chapter, he has explained the use of *Kashmarya Kutaja kwatha siddha ghrita Uttar basti* in the management of *Raktayoni*.

Nasya: In *bruhatrayis*, there is no reference to the use of *nasya* in ***Raktapradar***. But *Kashyap* quotes that *nasya* should not be given during *rajastrava kala*[20].

3. *Dosha Shaman*

Doshas which are in *vruddha avastha* (increased state) are brought down to normal by inducing different methods of *shamana* line of treatments.

4. *Rakta Sthapana*

The treatment is given to stop the bleeding. *Charak* has mentioned a long list of drugs for *Raktasthapana*.

Brief Review of the drugs & yogas indicated in **Raktapradar*

For *Asthapan basti*: *Chandanaadi/Rasnaadi niruh basti* (Cha.si.3/A.H.ka.4) *Kushadi Asthapan* (Su.chi.37) *Rodhradi Asthapan* (Su.chi.38) *Mustadi yapana basti* (A.sa.ka.5)

For *Anuvasana basti*: *Madhukoshikadi* (Su.chi.37) *Shatapushpa taila* (Ka.sa.ka.24,25)

For *Virechan*: *Mahatiktaka ghrita* especially in *Pittaja Asrigdar*.

For *Uttar basti*: *Kahmarya kutaj kwath siddha ghrita*.

Drugs for External use: *Vyaghranakhi*: (*Solanum surattense*) grown in the northern direction and uprooted during *Uttarphalguni Nakshatra*; the root tied around the waist cures Rakstapradara[21].

Formulations - *Kashayas*: *Darvaadi kashaya*. (*Yo. Ra. Pradara chi.*) *Dhataki poogi kusum Kashaya* (*Yo. Ra. Pradara chi.*)

Kalka & Choorna: *Bhoomyamalaki choorna* with *Tandulodaka* (*Yo. Ra. Pradara Chi.*) *Tunduleeyaka mool* with honey (*Yo. Ra. Pradara Chi.*) *Rasanjana* with *Laksha choorna* (*Yo. Ra. Pradara Chi.*) *Bala mool choorna* with milk (*B. P. Chi. 68*) *Indrayava choorna* (*Yo. Ra. Pradara Chi.*) *Pushyanug choorna* with *madhu* & *tandulodaka* (*Cha.chi.30/90*)

Ksheera prayoga: *Ksheera prayog* with *Ashok valkala siddha ksheerapaka* (*B. P. Chl. 68*)

Modak: *Alabu phala modak* (*B. P. Chi. 68*), *Malaya phala modak* ((*Yo. Ra. Pradar Chi*).

Avaleha: *Kooshmandavaleha* (*B. P.Chi.68*), *Jeerakaavalenar* (*Yo, Ra. Pradar Chi*)

Ghrita: *Bruhat Shatavari ghrita* (*Ch.Chi.30*), *Shalmali ghrita*, *Sheeta kalyanaka ghrita* (*Yo. Ra. Pradar Chi*), *Shatavari ghrita*, *Mahatiktaka ghrita* (*Sha. S. M. 9*)

Ras Aushadhi: *Pradararipu rasa*, *Bolaparpatee rasa* (*Yo. Ra. Pradar Chi*)

Gutika: *Gokshur Guggul* (*Sha. S. M. 7*), *Chandraprabha gutika* (*Sha. S. M. 7/40-48*)

DISCUSSION

In ***Raktapradar***, patients present with varying *Dosha Dushti*, *Lakshana*, *Samprapti*, and *Doshanubandha*. Treatment is planned based on *Samprapti Vighatana* (breaking the disease process) and *Avasthika Chikitsa* (stage-wise therapy). Generally, *Asrigdara* is treated using *Raktasthambhak* (hemostatic), *Raktasthapak* (blood stabilizing), *Dipan-Pachana* (digestive), *Bruhaniya* (nourishing), and *Balya* (strength-promoting) therapies, mainly involving *Madhur* (sweet) and *Tikta* (bitter) *Kashaya Rasas*. *Vata* predominant cases use *Madhur*, *Amla*, *Lavana*, *Snigdha*, *Guru*, *Ushna*, and *Anulomana* medicines (e.g., *Taila*, *Tila*, *Madhu*, *Ela*) along with *Basti* (medicated enemas). *Pitta* predominant cases focus on *Pitta Shamaka* drugs with *Kashaya*, *Madhur*, *Sheeta* properties and *Virechan* (therapeutic purgation) with *Ghrita* formulations. In *Pitta* predominant ***Raktapradar***, due to the close relationship between *Pitta* and *Rakta*, *Virechan Chikitsa* shows good results. *Kapha* predominant cases start with *Aama Pachana* (digestion of toxins), followed by *Pitta-Katu Kashaya*-based medicines and *Vaman* (therapeutic emesis). Herbs like *Triphala*, *Lodhra*, and *Nimba* are effective.

CONCLUSION

Raktapradar is one of the common *Artav Vikara* (menstrual disorders) that significantly impacts women's health. The clinical presentation of ***Raktapradar*** is largely similar to menorrhagia. In modern medical science, various treatment methods such as hormonal therapy, anti-prostaglandins, anti-fibrinolytic drugs, and surgical interventions are commonly used for the management of menorrhagia. After reviewing the *Ayurvedic* perspective on ***Raktapradar*** (*Asrigdara*), it is evident that *Ayurveda* offers effective, safe, and reliable treatment options. Many herbal and herbo-mineral preparations, *Shodhan* and *Shaman Chikitsa* as per *Rugnabal* are mentioned in *Ayurveda* to cure ***Raktapradar*** and related symptoms which can be used as per *Anubandha Dosha* and *Lakshana*. The therapeutic measures discussed in this article demonstrate a well-established approach to managing the condition, aiming for holistic correction of *Dosha* imbalance with minimal side effects.

Note: The following content was provided in the sources as the reference list and is retained here as part of the original article text, although typically formatted separately.

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