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Review Article

A Comprehensive Analysis of Ayurvedic Treatments for *Asrigdara* (Heavy Menstrual Bleeding)

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ABSTRACT

Objectives: To assess the effectiveness and safety of Ayurveda treatment for managing *Asrigdara* (Heavy menstrual bleeding). **Materials and Methods:** Electronic databases for published research articles, and doctoral thesis works were searched from inception till Dec 2023. Only randomized clinical trials were considered of the reproductive age group, receiving Ayurveda interventions regardless of forms, dosages, and ingredients were included. **Results:** 68 research articles were identified, of which 08 randomized clinical trials met inclusion criteria. In five studies, combined *shodhana* (purifying) and *shamana* (pacifying) therapy was found statistically more effective compared with *shamana* therapy in reducing excessive menstrual blood loss. The trial formulation was found more beneficial than the comparative drug in two studies, while in one study, the trial formulation was less effective than the comparator. **Conclusion:** Although individual studies appeared to produce positive results. Additional well-designed trials are needed to investigate the safety and efficacy of Ayurveda interventions for the treatment of *Asrigdara* (Heavy menstrual bleeding).

Keywords: Asrigdara, Heavy menstrual bleeding, Ayurveda medicines, Ayurveda therapy.

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INTRODUCTION

The Hypothalamic-Pituitary-Ovarian (H-P-O) axis is considered physiologically intact when menstrual cycles are regular. A basic reproductive process, normal menstruation entails the periodic breakdown and shedding of an upper functional zone while maintaining a basal zone next to the myometrium. Excessive menstrual blood loss (during multiple consecutive cycles) that significantly impairs a woman's quality of life is referred to as Heavy Menstrual Bleeding. Blood loss above 80 mL each menstruation is the objective definition of Heavy Menstrual Bleeding. One in three women who are of reproductive age get heavy menstrual bleeding. Significant morbidity and a negative impact on quality of life are caused by the complaint of heavy menstrual flow. HMB can develop from structural uterine pathology such as endometrial polyps or submucosal leiomyomas, or it might be iatrogenic or related to a systemic condition. Nevertheless, 50% of HMB cases happen without this known pathology.[1] Under these conditions, a disruption of local endometrial processes that causes greater flow and/or prolonged bleeding is likely to cause HMB.[2] *Asrigdara* (prolonged and/or heavy menstrual bleeding) is the term used in Ayurveda to describe the majority of menstrual illnesses. *Asrigdara*, or excessive, prolonged, and irregular uterine bleeding, is caused by mainly, any irregularity in the diet and lifestyle which are the main cause for *dosha* (body humoral) vitiation. A number of *Yonivyapadas*, such as *Pittaja Yonivyapad, Asrija Yonivyapad, Lohit-kshara Yonivyapad, Paripluta Yonivyapad, Rakta-yoni,* and *Artava-dushti*, including *Kunapa-Gandhi* and *Pittaja Artava-dushti*,[3] are also said to exhibit *Asrigdara* as a symptom. Because *Pittavritta Apana Vayu* vitiates *Rakta Dhatu*,[4] it is a *Rakta-Pradoshaja Vikara. Dourbalya* (emaciation), *Bhrama* (giddiness), *Murcha* (fainting), *Tamas* (blackouts), *Daha* (burning feeling), *Pralapa* (irrelevant conversation), *Panduta* (anemia), *Tandra* (lethargy), and *Vata* problems brought on by excessive blood loss are complications linked to *Raktapradar*.[5] The shedding and subsequent scarless restoration of the functional upper layer of the endometrium depend heavily on hypoxia, inflammation, hemostasis, and angiogenesis. Heavy menstrual bleeding has been linked to abnormal prostaglandin synthesis, increased plasminogen, and disruption of local glucocorticoid metabolism.[6] Prostaglandin synthetase inhibitors, anti-fibrinolytic drugs, hormone therapy, endometrial ablation, and hysterectomy[7] are the possible pharmacological and surgical treatments. *Shodhan*a and *shamanachikitsa* are two examples of the many herbs and formulas

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used in Ayurveda to treat irregular menstruation. Therefore, the purpose of this study was to assess the safety and effectiveness of Ayurvedic treatments for *Asrigdara* (heavy menstrual bleeding), including *shodhana* (purifying), *shamana* (pacifying), and a combination of the two.[8]

MATERIALS AND METHODS

Sources of data

In order to assess the Randomized Clinical Trials (RCTs) that employed ayurvedic medications and treatment modalities to treat *Asrigdara* (Heavy Menstrual Bleeding), the current study team did a systematic search. The parameters that were taken into consideration for the study were decided by the team. These characteristics were taken into consideration when conducting the current investigation. From January 2014 to December 2023, we looked for English-language content using PUBMED, Google Scholar, Shodh Ganga, and the AYUSH portal. *Asrigdara, Raktapradar, Raktayoni, Atyartava*, Ayurvedic medications, Ayurvedic treatment, herbal medicine, and Indian traditional medicine were among the terms that were used either singly or in combination.

Eligibility criteria

RCTs that treated *Asrigdara* (HMB) in women by administering ayurvedic medications and therapies were taken into account. The comprehensive review did not include studies on women with *Asrigdara* (HMB) after using hormone medications or after gynecological conditions such as ovarian cysts, uterine fibroids, endometriosis, pelvic inflammatory illnesses, adenomyosis, or other comparable conditions. Any ayurveda single herb, an ayurvedic formulation made of several herbs, or ayurvedic *Chikitsa karma* (therapeutic techniques) were all used in the experimental interventions. There were no limitations on how the medications, such as *Churna, Kwath, Avaleha, Vati, Ghrita*, or oil, might be administered, formulated, or prepared. Every clinical trial that satisfied the aforementioned requirements was deemed qualified. Excluded were studies that did not use random allocation.

The main results were reduction in excess menstrual blood loss > 80 mL, and improvement in other indicators such as shorter intermenstrual interval and menstrual duration longer than seven days. Improvements in other symptoms, such as pain, burning, anemia, and other laboratory tests, were the secondary results.

The literature search was carried out by the investigators. Both subjects evaluated studies pertaining to eligibility and entry requirements independently, and contentious inclusion situations were reexamined. The final study data, such as the study's time and location, author, methodology, ayurvedic preparation, and therapeutic procedure, were then extracted. These included information about comparisons between treatment regimens, treatment and follow-up durations, participant characteristics, the number of randomized participants, the number of participants lost during follow-up, primary and secondary outcomes, and stated adverse events.

RESULTS

Figure 1 displays a flow chart that illustrates the research selection procedure. Using the keywords listed in the previous texts, 68 articles in all were retrieved from the databases. After removing duplicate entries, there were 64 articles left. A closer look at the abstracts of 64 papers led to the exclusion of 47 of them, of which 17 were case studies, 23 were reviews, 6 were single-group studies, and 1 was not carried out in India. Only eight articles met the study's inclusion requirements after a thorough review of the entire texts of the remaining fourteen papers.

Research design

This evaluation comprised eight randomized clinical studies with 406 participants. According to these RCTs, participants with *Asrigdara* were randomly assigned to receive one Ayurvedic medication and another Ayurvedic medication orally or by another route, such as the nasal passages (*Nasya*), the rectal passages (*Basti*), or the cervix (*Uttar basti*). The language of these articles is English. These studies were all carried out in India. Pharmaceutical corporations did not provide any funding for these investigations. Females of reproductive age who were having *Asrigdara* (HMB) and had no underlying medical conditions or gynecological pathologies were the subjects of seven trials. Teenage girls between the ages of 13 and 19 who had puberty menorrhagia and no prior medical conditions or gynecological disorders were the subjects of one study. Table 1 displays the characteristics of every study that was considered.

Comparing *Darvyadi Kasaya* and *Darvyadi Taila* Uttar Basti

Mishra Sarita *et al*., (2018) conducted this study, randomly assigning 120 *Asrigdara* patients to one of three groups that received *Darvyadi Kasaya, Darvyadi Taila Uttar Basti*, or both. *Darvyadi Kasaya* has been described by *Acharya Bhavprakash* for the management of *Asrigdara*. Because *Darvyadi Kasaya's* genuineness has been directly demonstrated in ancient scriptures. In order to determine the additional effects of Uttar Basti when given in conjunction with *Darvyadi Kasaya*, the first trial group received oil processed with *Darvyadi Kasaya* intrauterine through the cervix (Uttar Basti), while the second trial group received *Darvyadi Kasaya* orally and intrauterine administration of *Darvyadi oil*. In the first (control) group, *Darvyadi Kasaya* (20 mL) was given continuously with honey for three months; in the second group, *Darvyadi Taila Uttar Basti* was given progressively from 3 to 5 mL for three days following the end of menstruation for three consecutive cycles; and in the third group, both treatments were given. *Darvyadi Kasaya* was less successful in treating bleeding linked to brief intermenstrual

intervals, although it did improve the amount and duration of bleeding. Short intermenstrual intervals could be corrected with *Darvyadi Taila Uttar Basti*, but the amount and length of bleeding could not be reduced. Statistically more significant (p<0.001) was the combination of both therapies, which was found to be most successful in reducing the volume and duration of bleeding as well as rectifying the short intermenstrual periods. In all three groups, no patient suffered any negative effects. According to the study, *Darvyadi Kasaya* and *Darvyadi Taila Uttar Basti* (intrauterine administration) are more successful when taken in conjunction than when taken alone for the treatment of *Asrigdara*.

In comparison to Shatavari oil Uttar Basti, Shatavari Churna

In the Ramchandani *et al*., (2018) randomized clinical trial, 42 women between the ages of 18 and 45 who had experienced three or more cycles of heavy menstrual bleeding prior to the intervention and who did not have any gynecological or chronic illnesses were split into two groups at random and given either *Shatavari Churna* or *Shatavari Churna* and *Shatavari oil Uttar Basti*. *Shatavari* (*Asparagus recemosus*) has been recommended by *Acharya Kashyapa* for menstruation disorders in *Shatpushpa Shatavari Kalpadhyaya*. *Shatavari* (*Asparagus recemosus*) possesses astringent qualities and *Raktapitta Shamaka*. *Rasa Shastra* and *Bhaisajya Kalpana*'s section prepared themedication, drug identification and analysis were carried out in the departments of botany and chemical engineering and technology at Banaras Hindu University. Group A received 3 g of *Shatavari Churna* orally twice a day for three months in a row, whereas Group B received 3 g of *Shatavari Churna* orally twice a day for three months, along with *Shatavari Taila Uttar Basti* on the ninth, tenth, and eleventh days of menstruation for three consecutive months. When comparing the two groups, Group B performed better, although both groups shown substantial results (p<0.05) in reducing bleeding and other symptoms including discomfort and bad odor. This study demonstrated that the combination of oral and intrauterine medication treatment was more effective than oral administration alone.

Comparing Ashoka TwakChurna with Yastimadhu-Sita Churna with Tandulodaka

In a randomized controlled trial conducted by Jarange MB *et al*., (2018), 60 female patients between the ages of 15 and 45 who complained of heavy or protracted menstrual bleeding were randomly assigned to one of two groups to receive *Ashok TwakChurna* or *Yastimadhu-Sita Churna* with *Tandulodaka*. In *Bhavprakash, Yastimadhu-Sita Churna* is explained for *Pradara Roga Chikitsa*. Group 1 received 5 g of *Yastimadhu-Sita Churna* with *Tandulodaka* orally twice a day before meals, whereas Group 2 received 5 g of *Ashok Twak Churna* with *Tandulodaka* in the same way. Both *Ashok Twak Churna* and *Yastimadhu-Sita Churna* showed highly significant (p<0.0001) reductions in duration, body discomfort, lower stomach pain, low backache, and blood

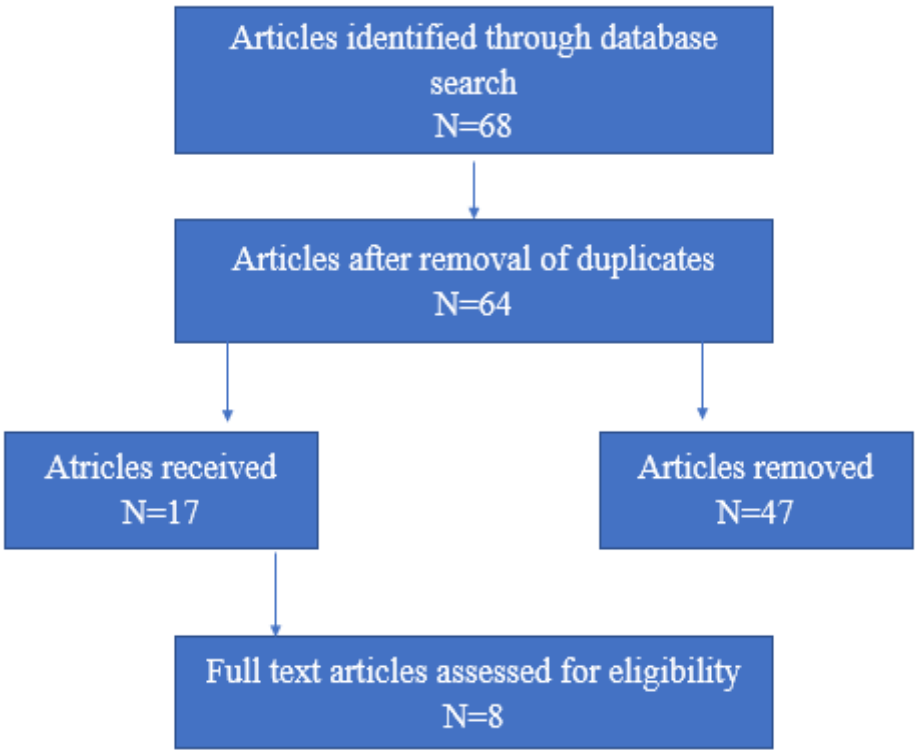

Figure 1: Study Flow Chart.

loss. However, *Ashok Twak Churna* was judged to be marginally superior.

Madhuka Anuvasana Basti is comparable to Drakshadi Churna

Ray *et al*., (2019) conducted this randomized comparative clinical experiment in the PG department of *Prasuti Tantra* and *Striroga*, NIA, Jaipur. A total of thirty-five *Asrigdara* patients were chosen and split into three groups at random. *Acharya Sushruta* describes *Drakshadi Churna* and *Madukadi Anuvasana Basti* in the care of *Asrigdara.* The trial had been finished by 30 patients. Beginning on the first day of the menstrual cycle, Group A received 1.5 g of *Drakshadi Churna* twice daily with cold water before meals. Group B received 60 mL of *Madhuka Anuvasana Basti* once daily for seven days, beginning on the day after the menstrual bleeding stopped, and Group C received a two-month course of treatment consisting of both *Drakshadi Churna* and *Madhuka Anuvasana Basti*. Every group demonstrated statistically significant results (p<0.01) in lowering the amount of menstrual blood. In terms of related complaints including unpleasant odor, menstrual blood color, and period discomfort, all three groups likewise demonstrated notably positive outcomes. This study demonstrated the great efficacy of these traditional treatments in treating *Asrigdara* without any negative side effects or complications.

A comparison between Bhoomyamalaki Churna and Indrayavadi Yoga

40 girls between the ages of 13 and 19 who were experiencing puberty menorrhagia and had no prior medical conditions or gynecological pathologies were randomly assigned to one of two study groups to receive either *Bhoomyamalaki Churna* or*Indrayavadi Yoga* in the randomized comparative clinical trial conducted by Patil *et al*., (2020). *Bhoomyamalaki Churna* has *Madhura, Tikta*, and *Kashaya* property, whereas *Indrayavadi Yoga* has *Tikta* and *Kashaya* property. At SMDT Ayurvedic Medical College in Danigond, the *Rasa Shastra* and *Bhaisajya Kalpana* departments prepared the *Indrayavadi Yoga* and *Bhoomyamalaki Churna*. It was recommended that the patients consume *Hima* (cold decoction) of *Indrayavadi Yoga*. 3 g of *Indrayava Churna* were combined with 20 mL of water to make a 20-mL cold decoction, which was then left for 24 hr. After that, the water was drained, and 6 g of *sharkara* (sugar) were added. For two cycles, from the first to the tenth day of the menstrual cycle, Group A received 20 mL of cold decoction twice a day. 3 g of *Bhoomyamalaki Churna* were given to Group B twice a day prior to meals. Both Group A and Group B displayed noteworthy outcomes (p<0.001). Overall, *Bhoomyamalaki* was more successful than *Indrayava* in treating *Asrigdara*. Group B showed a somewhat greater improvement in the volume of blood loss and the length of bleeding when compared to Group A.

Comparing Kutajashtaka Aveleha and Yastimadhu Ghrita Matra Basti with Kutajashtaka Avleha

An open-level, double-arm, randomized clinical trial including 56 female patients of reproductive age with *Asrigdara* was reported by Sharma Stuti *et al*., (2020). *Acharya Sharangdhara* describes *Kutajastaka Aveleha* for the management of *Asrigdara*, while *Acharya Sushruta* suggests *Madhuyasti Ghrita Matra Basti* for the administration of *Adhoga Raktapitta*. A pharmacy with GMP certification produced both medications. Based on whether they experienced heavy and protracted menstrual bleeding or intermenstrual bleeding, all of the patients were split into two groups. For three months, Group A received *Kutajashtaka Aveleha* 5 g twice daily after meals with water. *Kutajashtaka Aveleha* 5 g twice a day and *Yastimadhu Ghrita Matra Basti* were given to Group B in three consecutive cycles after meals via the rectal method as a 60 mL dosage after the seventh day of the menstrual cycle for seven days. Based on the PBAC score, group B experienced a statistically significant decrease in both the duration and volume of blood loss when compared to the other group (<0.05). Overall, this study demonstrated that *Kutajashtaka Avaleha* oral alone and a combination of *Matra Basti* with *Yastimadhu Ghrita* and *Kutajashtaka Avaleha* oral both gave highly significant results (p<0.001) in the management of *Asrigdara*, with better results when treatment was combined. Group B experienced a statistically significant improvement in low backache and abdominal pain based on the VAS scale.

Comparing PhaltrikadiKwath to *Bala Taila Nasya*

30 women of reproductive age who had experienced excessive bleeding during the previous two menstrual cycles prior to the intervention, without any gynecological pathology or prior illnesswere randomly assigned to one of two groups in the randomized clinical trial conducted in India by Sharma Manbi *et al*., (2021) to receive either *Phaltrikadi Kwath* or *BalaTaila Nasya* and *Phaltrikadi Kwath*. For three consecutive cycles (D1 to D7), 40 mL of *Phaltrikadi Kwath* was taken orally twice daily before meals for seven days. In group A, eight drops of *BalaTailaNasya* were placed in each nostril for five days following the end of menstruation during the same cycle. For three consecutive cycles (D1-D7), Group B was given 40 mL of *Phaltrikadi Kwath* orally twice a day before meals. In both groups, there was a notable decrease in the volume of bleeding, the length of the bleeding, the intermenstrual period, bodily aches, and burning feeling. However, group A had more findings, which was highly significant (p<0.001).

A comparison between Kusha Mula Churna and Bhumyamalaki Churna

According to Maheshwari *et al*., (2023), 30 women with *Asrigdara* (excessive and extended menstrual bleeding) in the 18-45 age range participated in a randomized clinical study. In *Bhaisajya Ratnavali* and *Chakradutta, Bhumyamalaki* (*Phyllanthus niruri*)

Table 1: Characteristics of the included research articles.

Sl. No.	Author and Year	Age group	Sample size	Type of Study	Intervention (experimental and control)	Study period	Outcome measures	Adverse reaction	Dropouts
1.	M. Sarita *et al*., (2018)	Married women of reproductive age group	120	Randomized clinical trial	1. *Darvyadi Kasaya* 20 mL with 10 mL honey twice a day orally 2. *Darvyadi Taila Uttar Basti* (intrauterine instillation) 3-5 mL3. *Darvyadi Kasaya* orally along with *Darvyadi Taila Uttar Basti.*	4 months	Serum biomarker VEGF-A, Scoring system for the number of pads used per day to assess menstrual blood loss	NA	0
2.	Pratibha Ramachandani *et al*., (2018)	18-45years	42	Randomized clinical trial	*Shatavari Churna* 5 g twice a day*Shatavari Churna* 5 g twice a day along with *Uttar Basti* with *Shatavari Taila* on 9th, 10th and 11th day of menstrual cycle.	4 months	Amount of blood loss, Se. Oestradiol, Endometrial thickness	NA	2
3.	Jarange M.B. *et al*., (2018)	15-45	60	Randomized clinical trial	*Yastimadhu-Sita Churna* 5 g with *Tandulodak Ashok Valkala Churna* 5 g with *Tandulodaka.*	90 days	Number of pads and duration of menstrual bleeding	No mentioned	0
4.	R. Anita *et al*., (2019)	12-50	35	Randomized clinical trial	*Drakshadi Churna* 1.5 g twice a day with cold water start from first day of menses *Madhuka Anuvasana Basti* 60 mL once a day for 7 days, starts from the next day following the stoppage of bleeding *Drakshadi Churna* orally with *Sheetala Jala* and *Madhuka Anuvasana Basti.*	2 months	Duration, amount of bleeding, Intermenstrual period, Hb%, BT, CT		5
5.	P.A.Shrimani *et al*., (2020)	13-19	40	Randomized clinical trial	*Indrayavadi Yoga* 20 mL with 6 g *Sharkara* twice a day from 1st day of the cycle to 10th day *Bhoomyamalaki Churna* 3 g twice a day before a meal with *Tandulodaka* from 1st day of the cycle to 10th day.	2 cycles	Duration and amount of bleeding, Abdominal pain, low backache	NA	
6.	Sharma s. *et al*., (2020)	18-45	62	Randomized clinical trial	*Kutajastaka Avaleha* 5 g twice with water every day *Kutajastaka Avaleha* 5 g twice with water every day and *Yastimadhu Ghrita Matra Basti* 60 mL daily for 7 days after cessation of bleeding.	3 months	PBAC score, Duration and interval of menstrual bleeding	NA	06

7.	Sharma M *et al*., (2021)	Menarche to menopause	30	Randomized clinical trial	*Phaltrikadi Kwath* 40 mL twice a day with honey before meal for 7 days (D1-7) and 8 drops of *Bala* oil in each nostril for 5 days after cessation of menses *Phaltrikadi Kwath* 40 mL twice a day with honey before meal for 7 days (D1-7).	3 cycles	Amount of blood loss, duration and Interval of menstrual period, severity of Pain, Se LH, FSH, Oestradiol	NA	0
8.	Maheshwari danappagoudara *et al*., (2023)	18-45	30	Randomized clinical trial	*Bhumyamlaki Churna* 6 g orally twice a day before meal from 4th day of cycle for 3 days *Kushamoola Churna* 6 g orally twice a day before meal from 4th day of cycle for 3 days.	2 cycles	PBAC score, Heamoglobin	NA	0

Churna and *Kusha* (*Desmostachyabipinnata) Moola Churna* were cited under *Shamana Chikitsa* for *Asrigdara*, respectively. Both possess *Rakta Stambhana* and *Pitta Shamana* qualities. Beginning on the fourth day of the menstrual cycle and continuing for three days for two consecutive cycles, the participants in Group 1 were given 6 g of *Bhumyamalaki Churna* orally twice a day before meals with *Tandulodaka.* Group B was administered *Kusha Moola Churna* in the same way. Both group's PBAC scores showed a statistically significant decrease in the volume and duration of blood loss.

DISCUSSION

Several Ayurvedic treatments are described in the ancient Indian medical book. A few have been examined to produce scientific proof of their effectiveness. The eight herbs that make up *Darvyadi Kwath* are: *Rasanjana* (a *Berberis aristata* extract), *Kiratatikta* (*Swertia chirata*), *Mustaka* (*Cyperus rotandus*), *Bilva* (*Aegle marmelos*), Vasa (*Adhatodavasica*), *Chandana* (*Pterocarpus santalinus*), and *Daruharidra* (*Berberis aristata*). The qualities of most of these drugs, such as *Pittakapha Shamaka*(pacifier) and *Shodhaka* (purifier), *RaktaShodhaka* (blood purifier) and *Stambhaka* (hemostatic), *Garbhasaya Balya* (uterine tonic), *Vatanulomana*(carminative),and *Shothahara*(anti-inflammatory) properties, are effective in treating *Asrigdara. Daruharidra, Kiratatikta, Mustaka, Chandan, Arka*, and *Bilva* exhibit anti-inflammatory[9-14] and antioxidant[15-20] properties; *Vasa* exhibits uterotonic qualities;[21] *Daruharidra, Vasa, Mustaka*, and *Chandana* exhibit anti-microbial activity;[22-25] *Mustaka* controls the oozing of tissue fluid caused by inflammation;[26] *Daruharidra* inhibits vascular permeability;[27] and *Kiratatikta* exhibits immunomodulatory action.[28] *Darvyadi Kwatha*'s acts are the result of these traits. These herbs used in the form of *Darvyadi Taila Uttar Basti*, help to regulate both local and systemic *Dosha vitiation. Uttar Basti* also reduces vascular permeability, has anti-inflammatory and antioxidant properties, acts locally (in the endometrium), and corrects local mediator effects on vascular contractility, permeability, and fragility. Phytoestrogens found in *Shatavari* (*Asparagus racemosus*) compete with oestrogen for oestrogen receptors. *Shatavari* is effective in both situations (lower or higher levels of oestrogen) because it exhibits an anti-oestrogenic effect by occupying the same estrogenic levels in the case of excess estrogenic levels and phytoestrogens occupy vacant receptors and stimulate the action of oestrogen in the case of low estrogenic levels.[29] It works through its antidepressant,[30] anti-secretory,[31] anti-ulcerogenic,[31] and astringent[32] properties. In *Uttarbasti* medications directly affect the endometrium and are absorbed by the blood arteries that supply it. Following absorption, they work on the ovaries and influence the HPO axis, which stimulates the endometrium's receptors.[33] Additionally, there is *Til Taila*, which enhances the therapeutic benefits by allowing *Sukshma* and *Sneha Guna* to enter vessels and contains flavonoids, phenols, and saponins[34] that nourish and activate endometrial receptors. In *Yashtimadhu* (*Glycyrrhiza glabra*), *Sita* (sugar) and *Tandulodaka* (cold rice decoction) have hemostatic properties (*Shonita-Sthapana*) and anti-hemorrhagic properties (*Rakta-Stambhaka Karma*).[35] Glycyrrhiza root extract contains anti-inflammatory, antioxidant, antispasmodic, estrogenic, and ulcer-healing qualities.[36] It is therefore a useful plant for treating menstruation issues. However, *Ashoka* (*Saracaashoka*) *Twaka* (bark) possesses anti-inflammatory (*Garbhashaya Shothahara*), anti-spasmodic (*Vednasthapaka*), and hemostatic (*Raktastambhaka*) qualities.[37] Additionally, *Ashoka* (*Saracaashoka*) has anti-menorrhagic qualities.[38] Consequently, it successfully decreased *Rajasravapraman* (bleeding amount), *Rajatrava kala* (bleeding time), *Angamarda* (body discomfort), *Adhoudarashula* (lower abdominal pain), and *Katishoola* (low backache), while also improving *Rajasravaswarupa* (menstrual blood appearance) in *Asrigdara. Vata-Pitta Shamaka, Rasayana* (rejuvenating), *RaktaSangrahi* (hemostatic), *RaktaShodhaka*

(blood purifier), and *Rakta Vardhaka* (hematinic) are among the qualities of *Drakshadi Churna* and *Madhuka Anuvasana Basti* (*Matra Basti*). The *Shodhana* of *Dushita Pitta* and *Rakta* is performed by Madhuka Anuvasana Basti (Matra Basti) and DrakshadiChurna. Additionally, the medications contain *Garbhashaya Shodhana* (uterine detoxification), *Ropana* (healing), and *Shotharahara* (anti-inflammatory), which lessen uterine congestion, inflammation, and endometrial capillary fragility and aid in their toning. Menstrual blood loss, dysmenorrhea, pelvic congestion, metabolic correction, and hormonal imbalance are all lessened by anti-inflammatory action.[39] *MadukatailaMatra Basti* acts on small blood vessels, corrects follicular, ovulatory, and luteal phases, corrects hormonal imbalances, acts as a uterine stimulant, increases myometrial and endometrial activity, and has anti-oestrogenic properties.[40] By combining the benefits of *Indrayava* (*Holarrhenaantidysenterica*) and *sharkara* (sugar), *Indrayavadi Yoga* helps to lessen the severity and duration of bleeding.[41] It has *PittakaphaShamaka, Rakta-Pittahara*, Dhatu Shodhaka, *Grahi, Shleshmahara*, and *Rakta-Pittahara* characteristics. By acting on uterine blood vessels, *Bhoomyamalaki* (*Phyllanthus niruri*) *Churna*rectifies hormone imbalances. *Bhoomyamalak*i's astringent properties provide tonicity[42] to the uterine muscles. The qualities of *Deepana-Pachana, Rakta-Sangrahana, Rakta-Sthapana, GarbhashayaBalya, Vatanulomana, Shothahara*, and *Grahi*[43] are displayed by *Kutajastakavaleha* and *Madhuyastighrita*, which are *Kashaya*, Tikta, and *Madhura rasa*. For *Matra Basti, YashtimadhuGhrita* was employed. The attributes of *Yashtimadhu*[44] (*Glycyrrhiza glabra*) include *Madhura Rasa, Madhura Vipaka, SheetaVirya, GarbhashayaBalya*, and *Shothahara. Purana Goghrita* helps with intoxication[45] and problems of the female vaginal tract. In order to lessen the duration of intermenstrual bleeding, *Kutaja* (*Holarrhenaantidysenterica*), *Ativisha* (*Aconitum heterophyllum*), *Dhataki* (*Woodfordiafruiticosa*), Mocharasa (*Bombax ceiba*), and *Bilva* (*Aegle marmelos*) exhibit *Stambhana, Grahi*, and *Upshoshana* qualities. Additionally, *Yashtimadhu*'s (*Glycyrrhizaglabra*) Madhura Rasa and *SheetaVeerya* are in charge of shortening the duration of bleeding and intermenstrual bleeding, respectively. *Mocharasa* (*Bombax ceiba*), *Musta* (*Cyperus rotundus*), and *Kutaja* (*Holarrhenaantidysenterica*) all have analgesic effects on lower backache and lower abdominal pain. Additionally, vitiated *Vata Dosha* can be calmed by *Guru* and *Snigdha Guna*, which relieves lower backache and lower abdominal pain. The anti-inflammatory qualities of *Musta* (*Cyperus rotundus*), Lajjalu (*Mimosa pudica*), *Patha* (*Cissampelos pareira*), and *Yashtimadhu* (*Glycyrrhiza glabra*) diminish uterine artery congestion and, consequently, blood loss. The properties of *Rakta-Pitta Shamaka* belong to *PhaltrikadiKwath. BalaTailaNasya* works in two ways: in premenopausal individuals, FSH levels are decreased and kept at the appropriate levels while also improving quality.[46] In teenagers, FSH levels are raised after *Nasya Karma* counteracts the prolonged hypoestrogenic levels. reduces the menstrual blood's intensity as a result. Through their *Samgrahi* and *Stambhaka* actions, *Tikta* and *Kashaya Rasa*, which make up *PhaltrikadiKwath*, support *Shleshma Rakta-Pitta Prashamana* and *Raktasangrahana.* It might be beneficial for *Dushita Pitta* and *Rakta Shodhana*. Additionally, since a fall in oestrogen levels leads to a decrease in endometrial growth, which in turn reduces the amount of bleeding,[47] elevated FSH levels have also contributed to a subsequent dip in oestrogen levels. *BalaTailaNasya* restores the menstrual cycle to normal by reducing vitiated *Vata Dosha. Phaltrikadi Kwath's Shothahara, Ropana*, and *Vedanasthapana* activities, which reduce inflammation and uterine congestion, may be the cause of the Srotoshodhana and *Garbhashaya Shodhana*. Sandhaniya and Vrana-Ropana properties help to tone endometrial capillaries by lessening their fragility. Its *Sheeta Veerya* lessens the scorching sensation. Body pain and bleeding are reduced by *Bala Taila Nasya's* reduction of *Vata Dosha* and *Phaltrikadi Kwath's* demonstration of *Vednasthapana, Garbhashaya-shothahara*, and *Garbhashaya-balya* action. *Pitta* is placated by *Kusha* (*Desmostachyabipinnata*) through *Madhura Rasa*, whereas *Stambhana* is performed by *Snigdha Guna* and *Sheeta Veerya*. It exhibits anti-oxidant and anti-spasmodic properties.[48] Because of its *Madhura, kashaya rasa*, and *sheetavirya, tandulodaka* (cold rice decoction) performs *Rakta-Stambhana*, nourishes *Rasa Dhatu*, normalizes estrogen metabolism, and enhances artery endothelial function, all of which help to reduce excessive bleeding.

CONCLUSION

It can be concluded from the aforementioned clinical investigations that Ayurvedic treatment are safe and effective to treat *Asrigdara* (HMB). Since Ayurvedic management significantly improves a number of subjective and objective parameters, including the patient's quality of life. *Asrigdara* can be managed with a variety of therapies, such as oral medications, medications administered via the rectal route, medications administered via the vaginal route, and medications administered via the nasal route.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

REFERENCES

1. National institute for health and care excellence. Heavy menstrual bleeding: assessment and management. Clinical guideline CG44. London: NICE; 2007. Availabl e from: https://www.nice.org.uk/guidance/CG44.
2. Maybin JA, Critchley HO. Menstrual physiology: implications for endometrial pathology and beyond. Hum Reprod Update. 2015; 351: h4887.
3. Tewari PV, Stri Roga APTE, Ch. 2. Reprint, Varanasi, Chaukhambha orientalia. 2nd ed. Vol. 2; 2017. p. 183.
4. Tewari PV, Stri Roga APTE, Ch. 2. Reprint, Varanasi, Chaukhambha orientalia. 2nd ed. Vol. 2; 2017. p. 177.
5. Tewari PV, Stri Roga APTE, Ch. 2. Reprint, Varanasi, Chaukhambha orientalia. 2nd ed. Vol. 2; 2017. p. 195.
6. Critchley HO, Maybin JA. Molecular and cellular causes of abnormal uterine bleeding of endometrial origin. Semin Reprod Med. 2011; 29(5): 400-9. doi: 10.1055/s-0031-1 287664, PMID 22065326.

7. Konar H, editor, Ch. 15. New Delhi: Jaypee Brothers Medical Publishers. In: DC Dutta's textbook of gynecology. 8th ed; 2020. p. 160-2.
8. Tewari PV, StriRoga APTE, Ch. 2. Reprint, Varanasi, Chaukhambha orientalia. 2nd ed. Vol. 2; 2017. p. 196-7.
9. Fukuda K, Hibiya Y, Mutoh M, Koshiji M, Akao S, Fujiwara H. Inhibition by berberine of cy clooxygenase-2 transcriptional activity in human colon cancer cells. J Ethnopharmacol. 1999; 66(2): 227: 233.
10. Kumar IV, Paul BN, Asthana R, Saxena A, Mehrotra S, Rajan G. *Swertia chirata* mediated modulation of interleukin-1beta, in terleukin10, interferon-gamma and tumor necrosis factor-alpha in arthritic mice. Immunopharmacol Immunotoxicol. 2003; 25(4): 573-83. doi: 10.1081/iph-120026442, PMID 14686799.
11. Biradar S, Kangralkar VA, Mandavkar Y, Thakur M, Chougule N. Anti-inflammatory, Anti-Arthritic, analgesic and Anticonvulsant activity of Cyperus essential oils. Int J Pharm Pharm Sci Ences. 2010; 2(4): 112-5.
12. Joshi SG. Medicinal plants. New Delhi; Oxford and IBH publishing Co. Pvt. Ltd. 2003; 24: 157-8.
13. Rao KM, Carey MW, Kumar KM, Kumar E, Gopinath C. A review on pharmacological importance of *Santalum album* Linn. JPRD. 2013; 2(2): 170-3.
14. Zafar I, Muhammad L, Abdul J, IJOD, 2013, 1.
15. Ju HS, Li XJ, Zhao BL, Han ZW, Xin WJ. Scavenging effect of berbamine on active oxygen radicals in phorbol ester-stimulated human polymorphonuclear leukocytes. Biochem Pharmacol. 1990; 39(11): 1673-8. doi: 10.1016/0006-2952(90)90110-7, PMID 2160816.
16. Scartezzini P, Speroni E. Re view on some plants of Indian traditional medicine with anti-oxidative activity. J Ethnopharmacol. 2000; 71: 23 43.
17. Yazdanparast R, Ardestani A. *In vitro* Antioxidant and free radical scavenging activity of *Cyperus rotundus*. J Med Food. 2007; 10(4): 667-74. doi: 10.1089/jmf.2006.090, PMID 18158839.
18. Guo Shi-Kui, Chen KJ, Weng WL, Zhang WQ, Yu YQ. Immediate Effect of KuanXiong Aerosols in the treatment of Anginal attack. Planta Med. 1983; 47(2): 116. PMID 6844452.
19. Uddin G, Rauf A, Akhtar S. Studies on chemical constituents, phytochemical profile and pharmacological action of Datura alba, middle-east journal of medicinal plants research. 2012; 1(1): 14-8.
20. Sharmila S, Devi PA. J Pharm Res. 2011; 4: 720-2.
21. Claeson UP, Malmfors T, Wikman G, Bruhn JG. Adhatodavasica: a critical review of ethnopharmacological and toxicological data. J Ethnopharmacol. 2000; 72(1-2): 1-20. doi: 10.1016/s0378-8741(00)00225-7, PMID 10967448.
22. Amin AH, Subbaiah TV, Abbasi KM. Berberine sulfate: antimicrobial activity, bioassay, and mode of action. Can J Microbiol. 1969; 15(9): 1067-76. doi: 10.1139/m69-190, PMID 4906191.
23. Patel VK, Venkatakrishna BH. *In vitro* study of antimicrobial activity of *Adhatodavasika* Linn. (Leaf extract) on gingival inflammation a preliminary report. Indian J Med Sci. 1984; 38(4): 70-2.
24. Sharma SK, Singh AP. Antimicrobial investigations on rhizomes of *Cyperus rotundus* Linn. Pharm Lett. 2011; 3(3): 427-31.
25. Rao KM, Carey MW, Kumar KM, Kumar E, Gopinath C. A review on pharmacological importance of *Santalum album* Linn. JPRD. 2013; 2(2): 170-3.
26. Puratchikody A, Nithya Devi C, Nagalakshmi G. Wound healing activity of *Cyperus rotundus* linn. 2006; 68(1): 97-101.
27. Zhang MF, Shen YQ. [Anti diarrheal and anti-inflammatory effects of berberine]. Zhongguo Yao Li Xue Bao. 1989; 10(2): 174: 176.
28. Kumar IV, Paul BN, Asthana R, Saxena A, Mehrotra S, Rajan G. Swertia chirata mediated modulation of interleukin-1beta, in terleukin10, interferon-gamma, and tumor necrosis factor-alpha in arthritic mice. Immunopharmacol Immunotoxicol. 2003; 25(4): 573-83. doi: 10.1081/iph-120026442, PMID 14686799.
29. Sharma K, Bhatnagar M. Asparagus racemosus (shatavari): A versatile female tonic. Int J Pharm Biol Arch. 2011; 2: 855-63.
30. Negi JS, Singh P, Joshi GP, Rawat MS, Bisht VK. Chemical constituents of asparagus. Pharmacogn Rev. 2010; 4(8): 215-20. doi: 10.4103/0973-7847.70921, PMID 22228964.
31. Bhatnagar M, Sisodia SS. Antisecretory and antiulcer activity of *Asparagus racemosus* wild. Against indomethacin plus phyloric ligation-induced gastric ulcer in rats. J Herb Pharmacother. 2006; 6(1): 13-20. PMID 17135157.
32. Singh GK, Garabadu D, Muruganandam AV, Joshi VK, Krishnamurthy S. Antidepressant activity of *Asparagus racemosus* in rodent models. Pharmacol Biochem Behav. 2009; 91(3): 283-90. doi: 10.1016/j.pbb.2008.07.010, PMID 18692086.
33. Wahi M, Attri V. Uttarbasti in females a Scientific review, international journal of applied ayurved research;2(6), Mar-Apr2016: 773-8.
34. Jawanjal P. Tilataila A review, world J Pharm Med. Resources. 2018; 4(10): 76-8.
35. Chunekar KC. Bhavaprakash Nighantu: HaritakyadiVarga Varanasi: Chaukhambha Bharti Academy; reprint; 2015. p. 62.
36. Paul B. Glycyrrhiza: licorice as a liver herb, Medical Herbalism. 1994; 6(1): 6-7.
37. Pandey GS, editor: Ch. 23. Hindi commentary of KrishnachandraChunekar, on Bhavaprakasha nighantu of Bhavamishra, Pushpa Varga; Ashoka. In: Verse. reprint ed. Vol. 48. Varanasi: Chaukhamba Bharati Academy; 2006. p. 500.
38. Pradhan P *et al.* Saracaasoca (Ashoka): a review. J Chem Pharm Res. 2009; 1(1): 62-71.
39. Database on Medicinal Plants used in Ayurveda and Siddha, Vol. 1-8, published by Central Council.
40. Kar PK. Mechanism of panchakarma and its module of investigation. 1st ed. Delhi: Choukhamba Sanstrit Pratishthan; 2013.
41. Sharma PV, DravyagunaVijnyan, Ch. 5, Varanasi: Chaukhamba Bharati Academy. Vol. 2. p. 463.
42. Mishra PK, *et al.* An ayurvedic drug review of Bhoomi Aamalaki (Phyllanthus Niruri). Vol. 25; Aug 2022. p. 54-61.
43. Dr. Tripathi B. Commentary: Dipika Hindi commentary on Sharangadhara Samhita, Madhyama khanda. Vol. 8(45). Varanasi: Chaukhamba Subharti Prakashan [reprint]; 2014.
44. Prof. Dr. Ali Esmail Al-Snafi. Glycyrrhiza glabra: A phytochemical and Pharmacological Review. IOSR J Pharm. Jun 2018; 8(6): 1-17.
45. Pt. Kashinath Shastri. Dr. Gorakhnath Chaturvedi, Vidyotini Hindi commentary on Charaka Samhita of Agnivesha. Volume- 1, Sthana S, 13/14. Varanasi: Chaukhamba Bharti Academy [reprint] 2013.
46. Stuti R *et al.* Role of Nasya Karma in gynecological and obstetrical conditions. Int Ayurvedic Med J. 2022: 1250-4.
47. Kumar V. A critical review of phaltrikadikwathwsr to liver disorders. World J Pharm Med Res. 2017; 3(6): 100-5.
48. VithalraoBhimashyaKhyade. Novel Sacrificial Medicinal Repositories Haf grass, *Demostachyabipinnata* (L.), and Cogan grass, *Imperata cylindrica* (L.). WSN. 2018: 35-50.

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