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An Ayurvedic approach in management of *Asrigdara* w.s.r. to Abnormal Uterine Bleeding

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ABSTRACT

Asrigdara is a disease in which manifestation of excessive bleeding per vaginum takes place it is considered as one of the commonest leading gynaecological problems. *Ayurveda* texts have described a variety of treatment options in the management of *Asrigdara* including *Shodhana* and *Shamana Chikitsa*. Out of them, the efficacy of "*Shodhana Chikitsa*" is having prime importance as it expels out the vitiated *Dosha* from the body. *Vishesh Chikitsa* according to *Dosha* is being described. In modern medicine haemostatic, analgesic and hormonal therapies are advised for abnormal uterine bleeding, which includes hormonal therapy, ant prostaglandins & antifibrinolytic agents. These have not proven their definitive efficacy in spite of high costs; their side effects have led to hormonal imbalances hence it is need of time to have an integrated and comprehensive therapeutic intervention in *Ayurveda* to prevent recurrence & would overcome the modern medicine limitations. Many herbal & Herbo-mineral preparations, *Shodhan* & *Shaman Chikitsa* are mentioned in *Ayurveda* to cure *Raktapradar* and related symptoms which can be used as per *Anubandha Dosha* and *Lakshana*.

Key words: *Asrigdara, Sodhana, Shamana, Vishesh Chikitsa*

INTRODUCTION

Regular menstruation results from the balanced relationship between the endometrium and its regulating factors. In present time due to changing life style with food habits, incidence of excessive and irregular menstrual bleeding is increasing day by day because of which women need to take off from the work due to excessive bleeding as this excessive bleeding affects not just physical but also social,

emotional and psychological well-being and quality of life.

Asrigdara is a disease in which manifestation of excessive bleeding per vaginum is there. *Acharya Charaka* described *Asrigdara* as a separate disease along with its management in *Yonivyapad Chikitsa Adhyaya*. *Charaka* also described it, as one of the *Raktaja Vikara* and also in *Pitta Avrita Apana Vayu*. *Acharya Sushruta* described it as a separate disease in *Sharira Sthana* in *Shukra Shonita Shuddhi Sharira Adhyaya*. *Sushruta* also mentioned *Asrigdara* under *Pitta Samyukta Apana Vayu* and in *Rakta Doshaja Vikara*. *Ashtanga Sangraha* described *Raktayoni* and mentioned *Asrigdara* and *Pradara* as its synonyms. *Ashtanga Hridaya* described *Raktayoni*, but nothing is mentioned about *Asrigdara* or *Pradara* and hence it is explained under synonym of *Rakta Pradara* at some places.

The derivation of word "*Asrigdara*", is derived from two words, *Asrik*- Menstrual Blood and *Dara*- Excessive

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excretion. Due to *Pradirana* (excessive excretion) of *Raja* (Menstrual Blood), it is named as *Pradara*, and because there is *Dirana* (excessive excretion) of *Asrik* (Menstrual Blood) hence it is known as *Asrigdara*. According to above definitions it can be said that, Excessive or prolonged bleeding occurring in menstrual or inter-menstrual period is called *Asrigdara* and *Pradara* is the synonym of *Asrigdara*.

Modern Aspect

Abnormal Uterine Bleeding (AUB) is the term currently used for alteration in menstruation resulting from increased amount, duration, or frequency. Terms such as dysfunctional uterine bleeding or menorrhagia were abandoned. Abnormal Uterine Bleeding has great importance for its incidence, and because it negatively affects physical, emotional, sexual and professional aspects of the lives of women, worsening their quality of life. In 2011, professionals from the International Federation of Gynecology and Obstetrics (FIGO) proposed a classification for the disorders causing AUB that ease the understanding, assessment and treatment of this condition, and enabled comparisons among the data from the scientific literature. This scheme is known as PALM-COEIN, in which each letter indicates one of the etiologies of bleeding (uterine Polyp [P], Adenomyosis [A], Leiomyoma [L], precursor and Malignant lesions of the uterine body [M], Coagulopathies [C], Ovulatory dysfunction [O], Endometrial dysfunction [E], Iatrogenic [I], and Not yet classified [N]). The PALM-COEIN system is applicable after excluding the pregnancy-related causes of bleeding.!

About 10-15% of women have to face episodes of abnormal uterine bleeding (AUB) at some time during the reproductive years of their lives. It is common during the extremes of reproductive life, following pregnancy and during lactation. It has been shown that 55.7% of adolescent's experience abnormal menstrual bleeding in the first year or so after the onset of menarche because of the immaturity of the hypothalamic-pituitary-ovarian axis leading to anovulatory cycles. It generally takes 18 months to 2 years for regular cycles to be established. It is not

uncommon for a premenopausal woman to develop abnormal bleeding, and this is often due to anovulatory cycles in 80% cases.

Definition

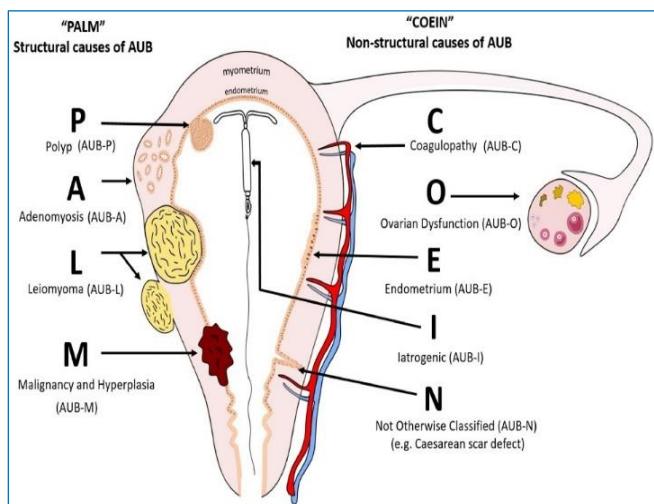
AUB may be defined as any variation from the normal menstrual cycle, including alteration in its regularity, frequency of menses, duration of flow, and amount of blood loss. Up to one third of women will experience abnormal uterine bleeding in their life, with irregularities most commonly occurring at menarche, reproductive age and perimenopause. A normal menstrual cycle has a frequency of 24 to 38 days, lasts 7 to 9 days, with 5 to 80 ml of blood loss. Variations in any of these 4 parameters constitute AUB.

Clinical Features

These may be associated with small amount of irregular spotting to heavy vaginal bleeding. The frequency, regularity, duration, or volume will vary and may or may not be accompanied with excessive cramping, bleeding after menopause, bleeding or spotting after sex, bleeding or spotting between periods, periods lasts longer than 7 days, It takes the form of heavy regular or irregular cycles. Dysmenorrhea is invariably absent in anovulatory cycles. Excessive blood loss may lead to Anaemia. The pelvic findings by ultrasound scanning are normal except in ovarian tumour. It is important to rule out other causes of abnormal uterine bleeding before instituting hormonal therapy.

Associated Symptoms

Frequently accompanied by physical and nervous disturbances, exercise induced fatigue, fainting, increased heart rate, dyspnoea, palpitations and syncope. It is estimated that only 20% of women are completely free from discomfort or upset and that only 03% of young nulliparous do not experience premenstrual molimina of some kind. The degree of disturbance depends on the individual's outlook towards this physiological process, and on her determination not to allow it to interfere with her normal life.



Nidana

All the *Nidana* of *Asrigdara* are grouped under four headings-

1. Aaharaja Nidana

(a) *Charaka Samhita* - *Lavana, Amla And Katu Rasa, Snigdha, Guru, Vidahi Gunas. Mamsa, Krishara, Payasa, Dadhi, Shukti, Mastu, Sura and Madya.*

(b) *Madhava, Bhavaprakash and Yogaratnakar-Viruddha Bhojana, Atimadya Sevan, Adhyashana and Ajeerna.*

2. Viharaja Nidana - *Madhava, Bhavaprakash and Yogaratnakar - Atimaithuna, Atiyana, Atimarga Gamana, Atibharvahana and Diwaswapna.*

3. Mansika Nidana - *Shoka (Madhava, Bhavaprakash and Yogaratnakar)*

4. Others - *Garbha Prapata & Abhighata (Madhava, Bhavaprakash and Yogaratnakar) Vitiated Apatya Marga (Bhela Samhita) and Vata-Purita Ksheena Nadi (Harita Samhita)*

Prakara

SN	Vataja	Pittaja	Kaphaja	Sannipataja
Etiology	Ruksha Ahara Vihara and other <i>Nidanas</i> will cause vitiation of <i>Vata</i> along with <i>Rakta</i> , there is <i>Sthanasanshraya</i> in <i>Garbhashaya Gata Sira</i> and it will leads to <i>Vataja Asrigdara</i> .	<i>Atyadhika Sevana</i> of <i>Amla, Ushna, Lavana</i> and <i>Kshara</i> will cause vitiation of <i>Pitta</i> along with <i>Rakta</i> ; there is <i>Sthanasanshraya</i> in <i>Garbhashayagata Sira</i>	<i>Guru Aahar</i> and <i>Vihara</i> will cause vitiation of <i>Kapha</i> along with <i>Rakta</i> , there is <i>Sthana-Sanshraya</i> in <i>Garbhashaya Gata Sira</i>	<i>Sannipataja Asrigdara, Lakshanas</i> of all the three <i>Doshas</i> are present. When <i>Vyadhi Pidita</i> and <i>Rakta Kshaya Pidita Stree</i> consumes <i>Tridosha Prakopa Ahara</i> and <i>Vihara</i> , then her <i>Atikupita Vata</i> with

Samprapti

According to *Charaka*, the aggravated *Vayu*, withholding the *Rakta* (blood) vitiated due to *Nidana Sevana*, increases its amount and then reaching *Raja* carrying vessels (branches of ovarian and uterine arteries) of the uterus, increases immediately the amount of *Raja* (*Artava* or menstrual blood), in other words, the increase in amount of *Raja* is due to its mixture with increased blood. This increase in menstrual blood is due to relative more increase of *Rasa* (plasma contents). Because of the increase in the amount of blood, the expert of this treatise named it *Asrigdara*. Since in this condition, excessive blood is discharged, hence it is also known as *Pradara*.

Samprapti Ghataka

- **Dosha** - *Vata-Pitta Pradhana,*
- **Dushya** - *Rakta (Pradhana) and Artava, Rasa*
- **Agni** - *Jathragnimandya*
- **Adhishtana** - *Garbhashaya, Artavavahi Strotasa*
- **Strotasa** - *Rakta Vahi, Artavavahi, Rasavahi*
- **Sroto Dusti Prakara** - *Atipravritti*
- **Roga Marga** - *Aabhyantara*

Samanya Lakshanas

1. *Raja Atipravruthi* (Excessive bleeding)
2. *Deerghakalanubandhi* (Prolonged menstruation)
3. Intermenstrual bleeding
4. Along with or without *Angamarda* (body ache) and *Vedana* (pain)

		and it will leads to <i>Pittaja Asrigdara</i> .	and it will leads to <i>Kaphaja Asrigdara</i> .	holding <i>Kapha</i> which is already <i>Vidagdha, Durgandha Yukta, Pichhila, Pita Varna</i> and having <i>Viprita Guna</i> due to <i>Teja Guna</i> of <i>Pitta</i> , discharges it through the <i>Yoni</i> along with <i>Vasa</i> and <i>Majja</i>
Clinical Features	<ul style="list-style-type: none"> ▪ <i>Phenila, Tanu, Ruksha Strava</i> - Frothy and thin menstrual bleeding. ▪ <i>Shyava</i> or <i>Aruna Varna Strava</i> - blackish or reddish bleeding. ▪ “<i>Kimshukodaka-Samkasham</i>”- Resembles of washing of <i>Palasha Pushpa</i> ▪ <i>Vedana</i> will be felt in <i>Kati, Vankshana, Hridaya Pradesha, Parshwa, Prishtha</i> and in <i>Shroni</i> - Pain in back, groin including Iliac, sacral, cardiac regions. ▪ <i>Teevra Vedana</i> - Pain is severe in nature. 	<ul style="list-style-type: none"> ▪ <i>Neela, Peeta, Asita Rakta Strava</i> - Blue, yellow or Blackish coloured bleeding. ▪ <i>Atyushna Rakta Strava</i> - Hot bleeding. ▪ <i>Nitya Rakta Strava</i> - Almost continuous bleeding. ▪ <i>Muhur-Muhur Rakta Strava</i> - Repeated bleeding per vagina. ▪ <i>Arti</i> - pain. ▪ <i>Daha</i> - Burning sensation. ▪ <i>Raga</i> - Redness all over body. ▪ <i>Trishna</i> - Thirst. ▪ <i>Moha</i> - Mental confusion. ▪ <i>Jwara</i> - Fever. ▪ <i>Bhrama</i> - Giddiness. 	<ul style="list-style-type: none"> ▪ <i>Pichhila, Guru, Snigdha Rakta Strava</i> - slimy, heavy, unctuous bleeding. ▪ <i>Pandu Varna Raktastrava</i> - Pale coloured bleeding. ▪ <i>Sheetala Raktastrava</i> - Cold bleeding. ▪ <i>Ghana, Manda Rujakara Raktastrava</i> - Thick mucoid painful bleeding ▪ <i>Chhardi</i> - vomiting ▪ <i>Arochaka</i> - Anorexia, ▪ <i>Hrillasa</i> - Nausea, ▪ <i>Swasa</i> -Dyspnoea, ▪ <i>Kasa</i> - Cough 	<ul style="list-style-type: none"> ▪ <i>Durgandha, Pichhila, Vidagdha Rakta Strava</i> - bleeding with foul smelling, slimy, burnt with pitta. ▪ <i>Peeta Rakta Strava</i> - Yellowish white discharge. ▪ <i>Sarpi, Majja, Vasa Rakta Strava</i> - Bleeding resembling <i>Ghrita, Vasa, Majja</i>. ▪ <i>Vegasravi</i> - Discharge with force. ▪ <i>Nirantara Strava</i> - continuous bleeding. ▪ <i>Trishna</i> - thirst ▪ <i>Daha</i> - burning. ▪ <i>Jwara</i> - fever.

Sadhya-Asadhyata

Prognosis is deprived in the type of - *Sannipataja Raktapradar*.

- *Atyartav* (Per Vaginum excessive bleeding).
- *Angamard* (body ache), *Daurabalya* (generalized weakness), *Trishna* (thirst), *Dah* (generalized Burning sensation), *Bhram* (dizziness), *Murcha* (unconsciousness), *Tandra* (drowsiness), *Jwara* (fever) etc. These are all associated common symptoms. Less amount of blood in the body.
- *Raktanyunata* (Anemia - Less amount of blood in the body).

Chikitsa Siddhanta

Ayurveda texts have described a variety of treatment options in the management of *Asrigdara* including *Shodhana* and *Shamana Chikitsa*. Out of them, the efficacy of “*Shodhana Chikitsa*” is having prime importance as it expels out the vitiated *Dosha* from the body.

The general principles of treatment of *Asrigdara* are as follows

- *Nidana Parivarjana*
- *Dosha Shodhana*
- *Dosha Shamana*

- *Raktasamgrahana - Rakta Shodhana - Rakta Sthapana*
- *Use of Tikta Rasa (Deepana-Pachana)*

1. *Nidana Parivarjana*

Nidana plays the prime role in the initiation of pathogenesis which proceeds towards the development of disease. Hence it is the chief principle of treatment in *Ayurveda* texts.

Excessive intake of salty, sour, heavy *Katu* (hot), *Vidahi* (producing burning sensation) and unctuous substances, meat of domestic, aquatic, *Payasa*, *Sukta*, *Mastu* & wine, are considered as *Nidana* and these should be avoided.

In context to maintain the normalcy of *Rajah* in any form or to avoid any kind of abnormality i.e., dysmenorrhoea, menorrhagia, oligomenorrhoea, the specific diet regimen is prescribed as *Rajasvalacharya*. As menstrual cycle is an effective monthly cleansing, thus it is necessary to support that cleansing process by doing *Rajasvalacharya* to rejuvenate the body, organs (uterus), *Doshas* and *Agni*.

Rajasvalacharya routine is a regimen of diet and work that a menstruating woman should adopt during first three days of cycle. It is as following:

- Vihara*:** To avoid day sleeping, bathing, anointing, massaging, laughing, talking too much, combing and excessive exercises. Woman should sleep on bed made with *Darbha* over ground. *Nasya*, *Vamana*, *Swedana* are contraindicated during these three days etc.
- Ahara*:** Eat *Havishya* (Sushruta) or *Yavaka Anna* with *Paysa* (Ashtanga Sangraha). In commentary *Dalhana* described *Havishya* as *Shali* rice with *Ghrita* and *Yavaka* as *Yava* (barley) with *Ksheera*.

Thus, this diet should be taken to get *Karshana* effect on female's body and *Koshtha Shodhana*. As it can be assumed that this regimen is having a deleting and purificatory effect on the old endometrium, therefore

giving the uterus a better environment to build up a healthy and proper endometrium from the fourth day.

2. *Dosha Shodhana*

Diseases treated with the *Shodhana Chikitsa* have negligible chance of recurrence because vitiated *Doshas* are totally expelled from the body. Those treated with *Shamana Chikitsa* are vulnerable for recurrence because subtle amount of vitiated *Doshas* left in the body which can get aggravated with the slightest opportunity.

- Virechana*:** *Virechana* has been indicated. The predominant *Dosha* being *Pitta*, *Virechana* serves as the best *Shodhana* therapy. *Acharya Charaka* has suggested the use of *Mahatikta Ghrita* for *Virechana* in *Pittaja Asrigdara*.
- Basti*:** *Asrigdara Vyadhi* occurs due to vitiation of *Vata* and *Basti* is said to be the best treatment for *Vata Dosha*. Classics have mentioned the use of *Uttar Basti* in *Asrigdara*. According to *Vagbhatta*, use of 2 or 3 *Asthapana Basti* followed by *Uttar Basti* is beneficial.

3. *Dosha Shamana*

Dosha which are increased brought down to normal by applying different methods of *Shamana Chikitsa*.

4. *Rakta Samgrahana and Rakta Sthapana Dravya*

This means the administration of drugs or other measures which causes *Rakta Stambhana*. In this disease excessive bleeding during menstrual and inter-menstrual period causes a condition of anaemia in the patient. *Raktavardhaka Chikitsa* is also necessary.

- Use of Tikta Rasa*** is advised with following purposes:
 - It pacifies the *Pitta Dosha*.
 - *Agni Deepana- Dosha Pachana* (To improve metabolism).
 - *Rakta-Samgrahana* (As a coagulant)
 - *Tikta Rasa* has *Lekhana Karma*

A brief review of some drugs in Asrigdara

SN		Drugs
1.	For Asthapana Basti	<ul style="list-style-type: none"> ▪ Chandanaadi Niruha Basti ▪ Rasnaadi Kalpa ▪ Kushadi Asthapana ▪ Mustadi Yapana Basti ▪ Lodhradi Asthapana
2.	For Anuvasana Basti	<ul style="list-style-type: none"> ▪ Madhukadi Taila Shatapushpa Taila
3.	Internal Medicines	<ul style="list-style-type: none"> ▪ Kashayas ▪ Darvyadi Kwatha ▪ Dhataki and Pugi Kusuma ▪ Pradarhar Kashya, Vasadi Kashya, ▪ Pathyamalakyadi Kashya, ▪ Vasa Kashya
4.	Kalka and churnas	<ul style="list-style-type: none"> ▪ Tanduleeyaka Moola Kalka with Madhu and Tandulambu . ▪ Rasanjana and Laksha Choorna with Aja Ksheera ▪ Bala Moola with milk ▪ Pushyanuga Choorna with Madhu and Tandulodaka
5.	Ksheera Prayoga	<ul style="list-style-type: none"> ▪ Ashoka Valkala Kwatha Siddha Ksheera
6.	Modaka	<ul style="list-style-type: none"> ▪ Alabu Phala Modaka ▪ Malaya Phala Modaka
7.	Avaleha	<ul style="list-style-type: none"> ▪ KhandaKushmandavaleha ▪ Jeerakavaleha ▪ Kutajshatakheha
8.	Ghrita	<ul style="list-style-type: none"> ▪ Shalmali Ghrita ▪ Sheeta Kalyanaka Ghrita ▪ Shatavari Ghrita ▪ Mahatikta Ghrita
9.	Rasaushadhi	<ul style="list-style-type: none"> ▪ Pradararipu Rasa

		<ul style="list-style-type: none"> ▪ Bolaparpati
10.	Gutikas	<ul style="list-style-type: none"> ▪ Gokshuradi Guggulu
11.	Asava and Arishta	<ul style="list-style-type: none"> ▪ Ashokarishta ▪ Patrangasava

DISCUSSION

In Ayurvedic classics, all gynecological disorders comes under a big heading 'Yonivyapada'. Asrigdara is very severe and life-threatening disease which may be fatal to the patient if not treated properly and timely. Complications of Asrigdara includes weakness, giddiness, mental confusion, feeling of darkness, dyspnoea, thirst, burning sensation, delirium, anaemia, drowsiness, convulsion and other disorders due Vata vitiation because of excessive bleeding per vaginum. Prophylaxis of asrigdara is possible only due the avoidance of all etiological factors causing Raktapradara. The drugs and formulations used in treatment of Asrigdara are mainly rich in Kashaya rasa and Tikta rasa because both of these rasas have the property of astringent i.e., Stambhana Guna in Ayurveda and thus due to astringent property, bleeding will be checked. Then next aim of treatment should be rising of blood i.e., haemoglobin level in body and for that, Raktasthapana drugs should be used. Maharshi Kashyapa has described use of purgation (Virechana) in treatment of Asrigdara because Virechana is most appropriate and superior therapy among Panchkarma for Pitta Dosh and Rakta Dosh have quality identical to Pitta Dosh, hence Virechana therapy will be also effective to treat the disease originated due to vitiation of Rakta Dosh.

CONCLUSION

Asrigdara is prolonged and excessive menstrual bleeding or intermenstrual bleeding along with pain and bodyache. Aggravated Vayu, withholding the Rakta (blood) vitiated due to Nidana Sevana, increases its amount and then reaching Raja carrying vessels (branches of ovarian and uterine arteries) of the uterus, increases immediately the amount of Raja (Menstrual blood). After reviewing different research articles and Ayurvedic classics, the general principles of

treatment of bleeding per vaginum are - Eradication of the cause, *Dosha Shodhana*, *Dosha Shamana*, *Rakta-Sthapana* & *Rakta Sangrahana* and Use of *Tikta Rasa*, these help in regulating the excessive menstrual flow, promotes the strength of the reproductive tract and by means of *Shodhana Chikitsa* i.e., *Virechana* is help in resolving vitiation of *Rakta* and *Pitta Dosha* and *Basti* improves the *Asrigdara* by its specific action on *Vata*. After the reviewing the aspect of *Raktapradar* or *Asrigdara* as per *Ayurveda* which intends to intervene and proves that the entities discussed in the article are safer, reliable and effective therapies.

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