

 International Journal of AYUSH	IJAYUSH International Journal of AYUSH AYURVEDA • YOGA • UNANI • SIDDHA • HOMEOPATHY https://internationaljournal.org.in/journal/index.php/ijayush/	ISSN: 2349-7025 OPEN ACCESS PEER REVIEWED MONTHLY
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Review Article	Volume 15 Issue 08	August 2026
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AYURVEDA PRINCIPLES AND TREATMENT MODALITIES OF RAKTAPRADARA (MENORRHAGIA): A REVIEW ARTICLE

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Abstract

Raktapradara, a condition characterized by excessive and prolonged uterine bleeding, remains one of the most prevalent gynaecological disorders affecting women of reproductive age. Correlating with menorrhagia in modern medicine, it significantly impacts physical health, emotional well-being, and quality of life. While contemporary management employs hormonal therapy, antifibrinolytics, and surgical interventions, these approaches carry limitations, including side effects and high costs. *Ayurveda* offers a comprehensive framework for understanding and managing *Raktapradara* through its unique etiopathogenesis. Among various herbal formulations, *Laksha* (*Laccifer lacca*), a resinous secretion with established haemostatic and astringent properties, has been traditionally indicated for bleeding disorders. This literature review synthesizes classical *Ayurvedic* knowledge with contemporary clinical evidence to evaluate the potential of *Laksha Choorna* in managing *Raktapradara*. The review

examines the etiopathogenesis, clinical features, and therapeutics of *Raktapradara* while critically analyzing the pharmacological properties, classical indications, and emerging clinical data on *Laksha*. The findings suggest that *Laksha Choorna*, with its *Kashaya Rasa* (astringent taste), *Sheeta Virya* (cold potency), and *Raktastambhaka* (haemostatic) action, presents a promising, cost-effective, and safe therapeutic option. However, rigorous randomized controlled trials are essential to generate scientific evidence and integrate this classical remedy into evidence-based gynaecological practice.

Keywords: *Raktapradara*, Menorrhagia, *Laccifer lacca*, Abnormal Uterine Bleeding.,

Introduction

Background: The World Health Organization has identified women's health as a global priority, driven by the rising prevalence of gynaecological disorders and their profound impact on quality of life. Among these, abnormal uterine bleeding (AUB) represents a significant public health challenge, affecting approximately 30-40% of women of reproductive age. In India, the reported prevalence of AUB is around 17.9%, with menorrhagia accounting for 15-20% of gynecological admissions, predominantly affecting women aged 20-40 years.

Raktapradara, as described in *Ayurvedic* classics, manifests as excessive, prolonged, or intermenstrual uterine bleeding. This condition has been recognized since the Vedic era, with systematic descriptions found in the *Brihatrayee*. *Charaka* explained *Pradara* as a distinct disease entity within *Yoni Vyapad Chikitsa* and also classified it as a *Rakta Pradoshaja Vikara*. *Sushruta* elaborated on it in *Shukra Shonita Shuddhi Shareera*, while *Ashtanga Sangraha* used the synonyms *Raktayoni*, *Asrigdara*, and *Pradara* interchangeably. *Vagbhata* described excessive bleeding during menstrual or intermenstrual periods as the cardinal feature of this condition.

The Therapeutic Gap and Rationale for Herbal Approaches

Contemporary medical management of menorrhagia employs a spectrum of interventions: haemostatic agents (tranexamic acid), non-steroidal anti-inflammatory drugs, hormonal therapies (progestogens, combined oral contraceptives), and surgical options including dilatation and curettage, endometrial ablation, and hysterectomy. However, these approaches have limitations: hormonal therapies carry side effects and contraindications, antifibrinolytics provide temporary relief, and surgical interventions are invasive, costly, and unsuitable for women desiring future fertility.

The limitations of conventional therapy have created a growing demand for effective, non-

hormonal, non-surgical alternatives with minimal side effects. *Ayurveda*, with its holistic framework and extensive pharmacopoeia of herbal formulations, offers a promising avenue. Among these, *Laksha* (*Laccifer lacca*), a natural resinous secretion with established haemostatic properties, has been traditionally indicated for bleeding disorders including *Raktapradara*. However, adoption of this classical knowledge into evidence-based practice requires rigorous scientific validation through clinical research.

Conceptual Framework: Understanding *Raktapradara*

***Nidana* (Aetiology)**

- The etiopathogenesis of *Raktapradara* involves multiple factors spanning diet, lifestyle, and psychological dimensions. Classical texts categorize causative factors as follows:
- *Aharaja Hetu* (Dietary Factors):
 - -Excessive consumption of *Amla* (sour), *Lavana* (salty), and *Katu* (pungent) tastes
 - Intake of *Guru* (heavy) and *Vidahi* (causative of burning sensation) foods
- Excessive consumption of meat and alcoholic beverages (*Sura, Madya*) *Viharaja Hetu* (Lifestyle Factors):
 - Physical strain and trauma
 - Irregular daily routines
 - Suppression of natural urges
- *Manasika Hetu* (Psychological Factors):
 - Stress, anxiety, and emotional disturbances
- The vitiation of *Vata* and *Pitta Doshas* through these factors forms the fundamental basis for the pathogenesis. According to *Charaka*, Pittavruta Apana Vayu, where *Apana Vata* is obstructed by vitiated *Pitta*, plays a crucial role in the development of *Raktapradara*. *Sushruta* similarly described it under *Pitta Samyukta Apana* (*Apana vata* obstructed by *Pitta*)

***Samprapti* (Pathogenesis):**

The pathogenesis of *Raktapradara* involves a complex interplay of dosha vitiation and *Dhatu* involvement. The vitiated *Vata*, due to its *Chala* (mobile) property, and vitiated *Pitta*, with its *Sara* (flowing) and *Drava* (liquid) properties, collectively contribute to excessive and abnormal bleeding.

The process can be understood as follows:

1. *Dosha* Vitiating: Dietary and lifestyle factors aggravate *Vata* and *Pitta* *Doshas*
2. **Srotas Involvement:** The aggravated *Vata* affects the *Raktavaha Srotas* (blood-carrying channels) and uterine vessels.
3. **Rakta Dushti:** The vitiated *Pitta* causes *Rakta Dushti* (blood vitiation), leading to qualitative and quantitative abnormalities in blood.
4. **Apana Vata Disturbance:** *Pittavruta Apana Vayu*, where *Apana Vata* is covered or obstructed by *Pitta*, disrupts the downward flow of *Artava* (menstrual blood).
5. **Excessive Bleeding:** The combined effect results in *Atipravrutti* (excessive flow), *Deergha Kala Pravrutti* (prolonged duration), and *Anruta Kala Pravrutti* (irregular timing) of menstrual bleeding

Lakshana (Clinical Features):

The cardinal feature of *Raktapradara* is excessive vaginal bleeding during menstruation. According to classical descriptions, the *Samanya Lakshana* (general features) include:

- *Ati Pravrutti*- Excessive amount of menstrual flow
- *Deergha Kala Pravrutti* -Prolonged duration of bleeding (>7 days)
- *Anruta Kala Pravrutti* -Irregular or intermenstrual bleeding
- *Angamarda*-Body ache
- *Shoola*- Pain
- *Daha*-Burning sensation in pelvic region, back, and flanks
- *Dalhana*, in his commentary on *Sushruta Samhita*, elaborated on associated symptoms including burning sensation in the lower groin, pelvic region, back, renal region, and severe pain in the uterus. *Bhavaprakasha*, *Madhava Nidana*, and *Yoga Ratnakara* similarly describe body ache and pain as associated features.

Correlation with Modern Medicine

Raktapradara closely correlates with menorrhagia in modern gynaecology. The term "Menorrhagia," derived from Greek words "Meno" (uterus) and "Rhegnunai" (to burst forth), is defined as cyclic bleeding at regular intervals that is excessive in amount (>80 mL per cycle) or prolonged in duration (>7 days).

According to Howkins and Bourne Shaw's Textbook of Gynaecology (16th edition), menorrhagia typically results from conditions affecting the uterus or its vascularity, rather than disturbances in the hypothalamic-pituitary-ovarian axis. In cases of anovulatory cycles (which constitute 80% of cases with excessive bleeding), the endometrial surface is enlarged, increasing the area for bleeding. The imbalance between prostaglandins, specifically increased PGE2 (prostacyclin, a local vasodilator) relative to PGF2 α -contributes to excessive bleeding.

Laksha: A Classical Hemostatic Agent

Botanical and Pharmaceutical Profile

Laksha is the scarlet resinous secretion of the female lac insect *Kerria lacca* (Family: Kerriidae), which feeds on the sap of various host trees including *Palasha* (*Butea monosperma*), *Ber* (*Zizyphus mauritiana*), *Babul* (*Acacia arabica*), *Khadira* (*Acacia catechu*), and *Peepal* (*Ficus religiosa*). The insect secretes this resin as a protective covering, which is then collected, processed, and purified for medicinal use.

Purification Process:

Crude lac is melted in a lamp flame, and the molten lac is collected in a hot water vessel. Waste products float to the surface while pure lac sinks to the bottom, which is then collected, dried, and used as *Laksha*. *Laksha* procured from the *Peepal* tree is considered the best in terms of medicinal quality.

Vernacular Names:

- Hindi: Laakh, Laai
- English: Lac, Shellac
- Kannada: Aragu
- Bengali: Gaala, Laaha
- Tamil: Araku

Pharmacological Properties According to *Ayurveda*

Classical Ayurvedic texts describe the following properties of purified *Laksha*: *Rasa* (Taste) *Kashaya* (Astringent) Promotes *Raktastambhana* (haemostasis) *Virya* (Potency) *Sheeta* (Cold) Pacifies *Pitta*, reduces burning sensation

Guna (Qualities) *Laghu* (Light), *Snigdha* (Unctuous)-Easy to digest, nourishing

Vipaka (post-digestive effect) *Katu* (Pungent)-Pacifies *Kapha* and *Vata* Effect on *Doshas Kapha-Pitta Shamaka* Balances *Kapha* and *Pitta doshas* Classical Indications

Ayurvedic texts enumerate a wide range of therapeutic applications for *Laksha*:

Bleeding Disorders (*Raktapitta*):

- Nasal bleeding (*Epistaxis*)
- Haemoptysis (spitting blood)
- Excessive menstrual bleeding
- Ulcerative colitis with bleeding
- Haemophilia

Musculoskeletal System:

- Bone fractures (*Bhagna*)-promotes healing and strengthens bones
- Chest injuries (*Urah Kshata*)

Respiratory and Digestive Systems:

- Hiccups (*Hikka*)
- Cough (*Kasa*)
- Fever (*Jwara*)

-Worm infestation (*Krimi*) Skin Conditions:

- Herpes (*Visarpa*)
- Skin diseases (*Kusta*)

-Melasma (*Vyanga*)-the fluid lac dye (*Alaktha* or *Alta*) is applied topically Other Indications:

- Improves complexion (*Varnya*)
- Promotes strength (*Balya*)
- Detoxification in poisoning and toxic conditions (*Visha*)

Pharmacological Actions and Modern Understanding

Contemporary pharmacological research has identified several active constituents and therapeutic actions of *Laksha*:

Chemical Composition:

- Resin
 - Dye (erythrolaccin, lacconic acid)
 - Wax
 - Albuminous matter
 - Mineral matter
 - Water
 - Resinoltannols of aleuritic acid
- Therapeutic Actions Identified:

1. Haemostatic: The astringent property promotes *Raktastambhana* (blood coagulation)
2. Anti-inflammatory: Reduces inflammation in various conditions
3. Anti-arthritis: Beneficial in joint disorders
4. Anti-dysenteric: Controls diarrhea and dysentery
5. Hepatoprotective: Protects liver function
6. Stomachic: Improves digestive function
7. Reproductive: Contraceptive and rejuvenative properties

Dosage and Administration

Dosage:

- Recommended dose: 1-3 grams per day
 - Can be taken once or twice daily
- Adjuvants (*Anupana*):
- Milk (especially indicated for menorrhagia)
 - Honey
 - Ghee

Contraindications and Precautions:

- Avoid in delayed periods and oligomenorrhoea
- Should be used with caution in women expecting to conceive due to probable contraceptive action.
- Excessive oral intake may irritate the stomach

- Allergic reactions should be checked before external application

Therapeutic Principles and Rationale

Ayurvedic Treatment Framework for *Raktapradara*

The management of *Raktapradara* in *Ayurveda* follows a comprehensive approach addressing the root cause and restoring *Dosha* balance. The general principles include:

1. *Nidana Parivarjana*: Avoidance of causative factors (dietary, lifestyle, and psychological)

2. *Shodhana Chikitsa* (Purification Therapy):

- *Vamana* (therapeutic emesis)
- *Virechana* (therapeutic purgation)
- *Basti* (medicated enema)

3. *Shamana Chikitsa* (Pacification Therapy):

- *Raktastambhaka* (haemostatic) herbs
- *Pittashamaka* (pitta-pacifying) herbs
- *Vatashamaka* (vata-pacifying) herbs

4. *Raktasthapana*: Restoring the quality and quantity of *Rakta Dhatu*

Since *Raktapradara* is primarily a *Pitta Pradhana Tridoshaja Vyadhi* (predominantly pitta-related with involvement of all three *Doshas*), the treatment emphasizes *Kashaya Rasa* (astringent) and *Pittashamaka* (pitta-pacifying) interventions. *Acharya Charaka* mentions that the treatment for *Raktapradara* should follow the same principles as for *Raktapitta* and *Raktarsha*.

Rationale for *Laksha Choorna* in *Raktapradara*

The selection of *Laksha Choorna* for *Raktapradara* is based on a sound pharmacological and pathophysiological rationale:

Haemostatic Action (*Raktastambhaka*):

Laksha's Kashaya Rasa (astringent taste) directly addresses the excessive bleeding by promoting vasoconstriction and blood coagulation. The haemostatic property is well-documented in Ayurvedic texts and supported by traditional practice.

Pitta Pacification (*Pittashamaka*):

The *Sheeta Virya* (cold potency) of Laksha counteracts the vitiated *Pitta*, which is central to the pathogenesis of *Raktapradara*. By pacifying *Pitta*, it reduces the *Drava* (liquid) and *Sara* (flowing) properties that contribute to excessive bleeding.

Kapha-Vata Balance:

While primarily *Pittashamaka*, *Laksha* also balances *Kapha* and *Vata* through its *Katu Vipaka* (pungent post-digestive effect).

4. Sandhaniya (Tissue-healing) Property:

Laksha promotes wound healing and tissue regeneration, which may be beneficial in restoring the endometrial lining and uterine vascular integrity.

Ease of Preparation and Availability:

Laksha Choorna is a cost-effective, easily available, and readily prepared formulation. Classical Formulations Containing *Laksha*

Several classical formulations incorporate *Laksha* for management of bleeding disorders and other conditions:

Formulation Indication Reference

Lakshadi Churna -Bleeding disorders (*Raktapitta*), menorrhagia - *Bhaishajya Ratnavali*

Lakshadi Guggulu- Bone fractures, musculoskeletal disorders -Classical texts

Laksha Choorna (single drug)-Excessive menstrual bleeding *Bhavaprakasha Nighantu*, *Priya Nighantu*

Clinical Evidence and Research Gaps Review of Existing Studies

A review of the literature reveals a growing body of clinical evidence supporting *Ayurvedic* interventions for *Raktapradara*, although studies specifically evaluating *Laksha Choorna* are limited:

Previous Studies on Ayurvedic Interventions:

Mohapatra et al. (2019) *Shunthi-Lodhra Churna*, Effective in reducing amount and duration of bleeding, normalizing intermenstrual period.

Narjary & Goswami (2020) *Vasadi Yoga*, Effective in reducing blood loss, normalizing cycle, and relieving pain.

Meemansa et al. (2021), *Drakshadi Yoga & Kutajashtaka Ghana*, Symptomatic improvement; 74.79% relief in Group B, 74.21% in Group A.

Sarita et al. (2022) | *Khandkusmand Avaleha*, Significant improvement in cardinal and associated symptoms of *Asrigdara*.

Umate & Chaudhari (2022), *Sharpunkha Mula Churna*, Case study, Controlled bleeding through *Raktashodhana* and *Raktastambhana* properties.

Pandya & Baraiya (2023), *Sarivadi Vati*, Clinical study revealed Highly significant in improving clinical features of *Asrigdara* (HMB, frequent and prolonged bleeding).

Kanaujiya & Deshmukh (2024), *Rakta Japapushpa* Decoction, Case study showed Effectively reduced per vaginal bleeding due to *Vatakaphashamana*, *Raktasangrahana*, and *Raktastambhana* properties.

Current Research on *Laksha Choorna*

- Evaluate the efficacy of *Laksha Choorna* in reducing the amount and duration of bleeding
- Assess improvement in clinical features of *Asrigdara*
- Compare with standard treatment protocols

Knowledge Gaps

Despite the classical reputation and emerging interest in *Laksha Choorna*, several knowledge gaps persist:

1. Limited High-Quality Clinical Evidence: While classical texts and traditional practice support its use, robust randomized controlled trials evaluating *Laksha Choorna* specifically for *Raktapradara* are scarce.
2. Comparison with Standard Therapy: Data on comparative efficacy of *Laksha Choorna* versus standard hormonal or haemostatic therapy is limited.
3. Dose Optimization: Evidence regarding optimal dosage, duration of therapy, and influence of adjuvant (*Anupana*) choices is lacking.
4. Safety Profile in Specific Populations: While generally considered safe, data on safety in pregnancy, lactation, and specific comorbidities are limited.
5. Mechanism of Action: Modern pharmacological studies elucidating the precise mechanism of the haemostatic action of *Laksha* are needed.

6. Integration with Other Therapies: Evidence on the role of *Laksha Choorna* in combination with other *Ayurvedic* interventions or integrative protocols is absent.

Discussion

The *Ayurvedic* understanding of *Raktapradara*, with its detailed etiopathogenesis and comprehensive therapeutic framework, offers a holistic approach to managing a condition that remains a significant public health challenge. The recognition of dietary, lifestyle, and psychological factors as contributory causes aligns with contemporary understanding of reproductive health.

The management approach, emphasizing *Nidana Parivarjana*, *Shodhana*, and *Shamana*-addresses the root cause rather than merely suppressing symptoms. This framework is particularly relevant given the limitations of contemporary medical interventions.

Laksha Choorna, as a classical haemostatic agent, appears well-suited to address the pathophysiology of *Raktapradara*. The pharmacological properties-*Kashaya Rasa* providing astringent action, *Sheeta Virya* pacifying the vitiated *Pitta*, and *Raktastambhaka* action directly addressing excessive bleeding-align with the therapeutic needs of this condition.

The multi-faceted classical indications-ranging from bleeding disorders to fracture healing-suggest broad therapeutic potential beyond its primary use. The documented safety profile, ease of preparation, and cost-effectiveness further strengthen its suitability for clinical application.

Bridging Traditional Knowledge and Evidence-Based Practice

The translation of classical *Ayurvedic* knowledge into evidence-based practice requires a systematic approach. The ongoing clinical trial of *Laksha Choorna* in *Asrigdara* represents a step in this direction. However, to establish *Laksha Choorna* as a credible therapeutic option, the following research priorities should be addressed:

1. Large-scale Randomized Controlled Trials: Well-designed trials with adequate sample size, appropriate controls, and standardized outcome measures
2. Comparative Effectiveness Studies: Head-to-head comparison with standard therapies (tranexamic acid, hormonal therapy)
3. Mechanistic Studies: Elucidation of molecular and cellular mechanisms underlying the haemostatic action.
4. Long-term Safety and Efficacy Studies: Assessment of long-term outcomes, recurrence rates, and safety in diverse patient populations.

5. Patient-Reported Outcomes: Evaluation of impact on quality of life, patient satisfaction, and acceptability.
6. Health Economic Analysis: Assessment of cost-effectiveness compared with existing interventions.

Quality of Life Significance:

Excessive menstrual bleeding significantly impacts women's physical, emotional, and social quality of life. Studies indicate that 10-15% of women employees require rest due to excessive bleeding. In India, 58% of women with menorrhagia reportedly have a history of anemia. The impact on reproductive function, psychological well-being, and occupational participation underscores the need for effective, accessible, and acceptable interventions.

Ayurvedic interventions, with their holistic approach and minimal side effects, offer the potential to address both the condition and its broader impact on women's lives. The cost-effectiveness and accessibility of herbal formulations like *Laksha Choorna* are particularly relevant in resource-constrained settings where surgical interventions may be unavailable or unaffordable.

Conclusion

Raktapradara, as a prevalent gynaecological disorder, poses significant health challenges for women worldwide. While contemporary medical management offers effective options, limitations including side effects, invasiveness, and high costs necessitate exploration of safe, effective, and accessible alternatives. *Ayurveda* provides a comprehensive framework for understanding and managing *Raktapradara* through its unique etiopathogenic principles and extensive pharmacopoeia. Among these, *Laksha*, with its well-documented *Kashaya Rasa*, *Sheeta Virya*, and *Raktastambhaka* properties-presents a promising therapeutic option that aligns with the pathophysiological requirements of this condition. The classical indications, pharmacological properties, and emerging clinical interest in *Laksha Choorna* provide a strong foundation for its therapeutic application. However, the transition from traditional knowledge to evidence-based practice requires rigorous clinical research. Ongoing trials and future studies should address the identified knowledge gaps through well-designed randomized controlled trials, mechanistic studies, and comparative effectiveness research. As the demand for safe, non-hormonal, and cost-effective interventions for menorrhagia grows, *Laksha Choorna* represents a valuable candidate within the *Ayurvedic* armamentarium. The integration of this classical remedy into contemporary gynaecological practice, supported by robust scientific evidence,

has the potential to expand therapeutic options and improve outcomes for women suffering from this distressing condition.

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