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Asrigdara (Abnormal Uterine Bleeding): An Ayurvedic and Contemporary Review of Etiopathogenesis, Diagnosis and Management

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Abstract

Abnormal Uterine Bleeding (AUB) is a common gynaecological condition characterized by abnormalities in menstrual frequency, regularity, duration or volume of blood loss. It significantly affects women's physical, reproductive and psychological health and may lead to iron deficiency anaemia and reduced quality of life. In Ayurveda, this condition is primarily correlated with *Asrigdara*, described as excessive or abnormal uterine bleeding, with particular involvement of *Vata*, *Pitta* and *Rakta Dhatu*. Classical Ayurvedic texts explain its etiopathogenesis through disturbances in *Artava* and *Rakta Vaha Srotas*, resulting from dietary, behavioural and physiological factors. This review aims to explore the Ayurvedic and contemporary perspectives of *Asrigdara* and AUB, focusing on their etiopathogenesis, clinical presentation, diagnostic approaches and management. The contemporary understanding is discussed through the FIGO PALM–COEIN classification, which categorizes structural and non-structural causes of AUB. Diagnostic approaches include menstrual history, clinical examination, laboratory investigations and pelvic ultrasonography. Management strategies encompass hormonal and non-hormonal therapies, iron supplementation and surgical interventions when indicated. Ayurvedic management emphasizes *Nidana Parivarjana*, *Shamana Chikitsa*, *Stambhana Chikitsa*, *Rakta Sthapana* and appropriate dietary and lifestyle modifications. By comparing both perspectives, this review highlights potential areas of integration while emphasizing the importance of clinical evidence, treatment safety and individualized care. It also identifies research gaps and the need for well-designed clinical studies to establish the efficacy and safety of Ayurvedic interventions in AUB management.

Keywords: *Asrigdara*, Abnormal Uterine Bleeding, *Rakta Dhatu*, Etiopathogenesis, PALM–COEIN, Integrative Management.

1. Introduction

Abnormal Uterine Bleeding (AUB) is one of the most common gynaecological problems among women of reproductive age. It refers to uterine bleeding that differs from normal menstruation in terms of frequency, regularity, duration or volume. AUB may present as heavy menstrual bleeding, prolonged menstruation, frequent bleeding or intermenstrual bleeding. It can occur due to various structural and non-structural abnormalities of the reproductive system and may significantly affect women's physical, reproductive and psychological well-being [1].

AUB is an important public health concern because excessive or prolonged menstrual blood loss may lead to iron deficiency anaemia, fatigue, reduced work capacity and impaired quality of life. Its causes vary according to age, hormonal status and reproductive stage. Therefore, appropriate clinical evaluation is essential to identify the underlying cause and determine suitable treatment [2].

In Ayurveda, the condition is primarily correlated with Asrigdara, which is characterized by excessive or prolonged menstrual bleeding. The term Asrigdara refers to excessive flow of Rakta during menstruation. Classical Ayurvedic texts describe this condition in relation to the involvement of Vata, Pitta and Rakta Dhatu. It is discussed in the context of disturbances affecting normal menstrual physiology and excessive uterine blood loss [3].

The Ayurvedic understanding of Asrigdara emphasizes the role of dietary habits, lifestyle factors and disturbances in physiological regulation. Classical descriptions provide information regarding its causative factors, clinical manifestations and therapeutic principles. These include Nidana Parivarjana, Shamana Chikitsa and other treatment approaches aimed at controlling excessive bleeding and restoring physiological balance [4].

In contemporary medicine, the FIGO PALM–COEIN classification provides a standardized framework for understanding the causes of AUB. It divides the causes into structural conditions, including polyps, adenomyosis, leiomyoma and malignancy or hyperplasia, and non-structural conditions such as coagulopathy, ovulatory dysfunction, endometrial disorders, iatrogenic causes and causes not otherwise classified [5].

The diagnosis and management of AUB involve detailed menstrual history, clinical examination, laboratory investigations and imaging techniques, particularly pelvic ultrasonography. Treatment depends on the underlying cause, severity of bleeding, age and reproductive requirements of the patient. Medical management, hormonal therapy and surgical interventions are considered according to clinical indications [6].

Considering the importance of both Ayurvedic and contemporary perspectives, a comparative understanding of Asrigdara and AUB may provide valuable insights into their etiopathogenesis, diagnosis and management. This review aims to discuss the classical Ayurvedic concepts alongside modern scientific knowledge and explore the potential role of an evidence-based integrative approach in women's reproductive healthcare.

2. Concept of Asrigdara in Ayurveda

2.1 Definition and Meaning

The term Asrigdara is derived from two Sanskrit words: Asrik, meaning blood, and Dara, indicating excessive flow or discharge. Thus, Asrigdara refers to excessive or abnormal uterine bleeding. In Charaka Samhita, the condition is described as excessive menstrual blood loss due to an increased quantity of Rakta mixing with Artava. The term Pradara is also used in classical Ayurvedic literature to describe excessive menstrual discharge [7].

2.2 Classical References

Acharya Charaka has described Asrigdara in Chikitsa Sthana, Chapter 30, under Yonivyapat Chikitsa, explaining its causative factors, pathogenesis and management. Acharya Sushruta has also discussed this condition in the context of female reproductive health. These classical descriptions establish Asrigdara as an important gynaecological disorder in Ayurveda [8].

2.3 Classification and Clinical Features

According to the classical description, Pradara is classified into four types based on the predominance of Vata, Pitta, Kapha and their combined involvement (Sannipataja). The clinical manifestations may vary according to the predominant factor and include excessive menstrual bleeding, changes in the characteristics of menstrual blood and associated pain. These descriptions provide a traditional framework for understanding variations in menstrual disorders [9].

2.4 Ayurvedic Understanding

The Ayurvedic concept of Asrigdara emphasizes the involvement of Rakta Dhatu, Artava and the physiological functions of Vata and Pitta. Its understanding highlights the importance of identifying causative factors and assessing individual clinical manifestations before selecting appropriate treatment. Although Asrigdara shares several clinical features with contemporary AUB, both conditions should not be considered completely identical

3. Etiopathogenesis of *Asrigdara* and Abnormal Uterine Bleeding

The etiopathogenesis of *Asrigdara* can be understood through two perspectives: the Ayurvedic explanation of disturbances in *Dosha*, *Dhatu* and *Srotas*, and the contemporary understanding of structural, hormonal and functional abnormalities of the female reproductive system.

3.1 Ayurvedic Perspective

According to Ayurveda, *Asrigdara* develops due to the disturbance of *Vata* and *Pitta*, along with the involvement of *Rakta Dhatu* and *Artava*. Excessive intake of *Amla*, *Lavana* and *Katu Rasa* dominant foods, along with improper dietary and lifestyle practices, may contribute to the development of the condition. These factors disturb the normal physiological regulation of menstrual blood and result in excessive bleeding [10].

The involvement of *Pitta* is associated with increased bleeding, while disturbed *Vata* may contribute to irregularity and pain. The involvement of *Rakta Dhatu* and *Artava* further explains the excessive menstrual discharge. Thus, the Ayurvedic pathogenesis involves disturbances in the normal functioning of reproductive physiology [11].

3.2 Contemporary Perspective

In modern medicine, AUB may result from structural abnormalities of the uterus, hormonal disturbances, ovulatory dysfunction, endometrial disorders and coagulation abnormalities. Dysfunction of the hypothalamic–pituitary–ovarian axis may cause irregular ovulation and altered progesterone exposure, leading to abnormal endometrial growth and shedding [12].

Structural conditions such as endometrial polyps, adenomyosis and uterine leiomyomas may also contribute to excessive or irregular uterine bleeding. Other causes include coagulation disorders, medication-related bleeding and endometrial dysfunction. The FIGO PALM–COEIN system provides a standardized classification of these causes [13].

3.3 FIGO PALM–COEIN Classification

The contemporary classification of AUB is summarized below:

Category	Cause	Description
P	Polyp	Endometrial or cervical polyps
A	Adenomyosis	Endometrial tissue within the myometrium
L	Leiomyoma	Uterine fibroids
M	Malignancy and hyperplasia	Endometrial hyperplasia or malignancy
C	Coagulopathy	Disorders of blood coagulation
O	Ovulatory dysfunction	Irregular or absent ovulation
E	Endometrial	Primary endometrial dysfunction
I	Iatrogenic	Medication or treatment-related bleeding
N	Not otherwise classified	Other uncommon causes

The PALM group represents structural causes, whereas the COEIN group represents non-structural causes of AUB [13].

4. Clinical Features and Classification

4.1 Ayurvedic Clinical Features

In Ayurveda, *Asrigdara* is characterized by excessive menstrual bleeding, prolonged menstrual flow and changes in the characteristics of menstrual blood. Depending on the predominance of *Dosha*, associated symptoms may include lower abdominal pain, burning sensation, weakness and discomfort. Excessive blood loss may also affect the general health and strength of the woman [14].

4.2 Contemporary Clinical Features

The clinical presentation of AUB varies according to its underlying cause. Common manifestations include heavy menstrual bleeding, prolonged menstruation, irregular menstrual cycles, frequent menstruation and bleeding between menstrual periods. Associated symptoms may include pelvic pain, fatigue, dizziness and anaemia [15].

4.3 Classification of AUB

According to FIGO, AUB can be classified into acute and chronic forms based on the duration and severity of bleeding [16].

Type	Description
Acute AUB	Excessive bleeding requiring immediate medical intervention to prevent further blood loss.
Chronic AUB	Abnormal uterine bleeding present for most of the preceding six months.

4.4 Comparative Clinical Features

Ayurvedic concept	Contemporary clinical presentation
Excessive *Artava Pravritti*	Heavy menstrual bleeding
Prolonged *Raja Pravritti*	Prolonged menstrual bleeding
Vata-associated symptoms	Menstrual pain and discomfort
Pitta-associated symptoms	Burning sensation and increased bleeding
General weakness due to excessive blood loss	Fatigue and anaemia

The clinical features of *Asrigdara* and AUB show considerable overlap, particularly in excessive and prolonged menstrual bleeding. However, their diagnostic frameworks differ and should be assessed according to their respective systems.

3.4 Comparative Understanding of Etiopathogenesis

The following table summarizes the major differences between the Ayurvedic and contemporary explanations of the condition.

Ayurvedic perspective	Contemporary perspective
Disturbance of *Vata* and *Pitta*	Hormonal and ovulatory disturbances
Involvement of *Rakta Dhatu*	Abnormal endometrial bleeding
Disturbance of *Artava*	Altered menstrual physiology
Involvement of *Rakta Vaha Srotas*	Vascular and haemostatic abnormalities
Dietary and lifestyle-related factors	Metabolic, endocrine and environmental factors

These perspectives provide different conceptual frameworks for understanding abnormal uterine bleeding. Their comparison may help identify areas for further research, although direct equivalence between individual Ayurvedic concepts and modern pathological mechanisms has not been established

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5. Diagnostic Approach

The diagnosis of *Asrigdara* and Abnormal Uterine Bleeding (AUB) involves clinical assessment, identification of causative factors and appropriate investigations. Both Ayurvedic and contemporary systems emphasize a detailed evaluation of menstrual history and associated symptoms.

5.1 Ayurvedic Diagnostic Approach

In Ayurveda, the diagnosis of *Asrigdara* is based on detailed history-taking and clinical examination. Assessment includes *Nidana*, *Dosha*, *Dushya*, *Prakriti*, *Agni* and *Srotas*. Particular attention is given to menstrual duration, frequency, quantity and characteristics of *Artava*, along with associated symptoms such as pain, burning sensation and weakness. This assessment helps in understanding the individual pattern of disease and planning appropriate treatment [17].

5.2 Contemporary Diagnostic Approach

The contemporary diagnostic approach begins with a detailed menstrual and medical history, including bleeding pattern, duration, severity, medication use and reproductive history. Physical and pelvic examinations are performed according to clinical requirements. Pregnancy should be excluded in reproductive-aged women presenting with AUB [18].

Laboratory investigations and imaging help identify the underlying cause and assess complications such as anaemia. Endometrial sampling is recommended in selected patients according to age, risk factors and clinical presentation [19].

5.3 Important Diagnostic Investigations

Investigation	Clinical significance
Pregnancy test (β-hCG)	Excludes pregnancy-related bleeding
Complete Blood Count (CBC)	Assesses anaemia and platelet abnormalities
Thyroid profile	Evaluates suspected thyroid dysfunction
Coagulation profile	Investigates suspected bleeding disorders
Pelvic ultrasonography	Identifies structural uterine abnormalities
Endometrial biopsy	Evaluates endometrial hyperplasia or malignancy when indicated
Hysteroscopy	Direct visualization of the uterine cavity when indicated

[20]

5.4 Diagnostic Considerations

The diagnostic findings should be interpreted in relation to the patient's age, reproductive status, severity of bleeding and suspected underlying pathology. AUB is a symptom rather than a single disease; therefore, identifying its specific cause is essential before initiating treatment. Ayurvedic assessment may complement clinical understanding but should not replace investigations required to exclude serious pathology

6. Management of *Asrigdara* and Abnormal Uterine Bleeding

The management of *Asrigdara* and AUB depends on the severity of bleeding, underlying cause, age and reproductive requirements of the patient. Both Ayurvedic and contemporary approaches aim to control excessive bleeding, prevent complications and improve quality of life.

6.1 Ayurvedic Management of *Asrigdara*

The Ayurvedic management of *Asrigdara* is based on the assessment of causative factors, involvement of *Dosha* and *Dhatu*, and severity of bleeding. The main objectives are to control excessive menstrual blood loss, correct associated physiological disturbances and improve the patient's general health. Classical treatment principles include the following:

1. *Nidana Parivarjana*

Avoidance of causative dietary and lifestyle factors is the first step in management. Excessive intake of *Amla*, *Lavana* and *Katu Rasa*, along with unsuitable dietary and behavioural practices, should be avoided.

2. *Stambhana Chikitsa*

Stambhana Chikitsa aims to control excessive bleeding. Medicines possessing *Kashaya Rasa*, *Madhura Rasa* and *Sheeta Virya* are traditionally considered in appropriate clinical conditions.

3. *Pitta* and *Rakta Shamana Chikitsa*

Since *Pitta* and *Rakta* are important in the pathogenesis of *Asrigdara*, treatment may include medicines traditionally described as *Pitta Shamaka* and *Rakta Prasadana*. Selection depends on the patient's clinical condition and associated symptoms.

4. *Rakta Sthapana*

The therapeutic approach also emphasizes maintaining the normal quantity and quality of *Rakta Dhatu*. Dietary support and appropriate medicines may be considered, particularly in patients experiencing weakness due to excessive blood loss.

5. *Pathya-Apathya*

A balanced diet, adequate rest and avoidance of factors that aggravate bleeding are important supportive measures. Nutritional support is particularly relevant in patients with associated anaemia.

6.1.1 Specific Ayurvedic Therapeutic Measures

Classical Ayurvedic literature describes several formulations and therapeutic preparations for the management of *Asrigdara*. Some commonly mentioned examples include:

Formulation / Medicine	Traditional therapeutic relevance
Pushyanuga Churna	Traditionally used in excessive uterine bleeding
Ashokarishta	Used in menstrual disorders
Pradarahara Kashaya	Described for *Pradara*
Lodhra	Traditionally used for its *Kashaya Rasa* properties
Shatavari Ghrita	Used in traditional gynaecological management
Ashoka (*Saraca asoca*)	Traditionally used in menstrual disorders

The selection of these formulations should depend on the patient's clinical condition and appropriate classical indications. Their efficacy and safety in AUB require further clinical evaluation [21].

6.1.2 Role of *Shodhana Chikitsa*

Classical descriptions also mention selected *Shodhana* procedures, including *Virechana* and *Basti*, according to the predominance of the involved *Dosha* and the patient's strength. These procedures are not routine treatments for every patient and should only be considered by qualified Ayurvedic physicians after appropriate assessment.

6.2 Contemporary Management

The treatment of AUB depends on its underlying cause, severity of bleeding and reproductive preferences. Medical management is generally preferred in clinically stable patients, while emergency intervention may be required in cases of severe bleeding or haemodynamic instability.

The major treatment options include:

- **Hormonal therapy:** Combined oral contraceptives and progestogens help regulate menstrual bleeding.
- **Antifibrinolytic agents:** Tranexamic acid reduces menstrual blood loss.
- **Non-steroidal anti-inflammatory drugs (NSAIDs):** Help reduce menstrual blood loss and associated pain.
- **Iron supplementation:** Recommended in patients with iron deficiency or anaemia.
- **Intrauterine therapy:** Levonorgestrel-releasing intrauterine system (LNG-IUS) is an effective option for suitable patients.
- **Surgical management:** Hysteroscopy, myomectomy, endometrial ablation and hysterectomy may be considered according to the underlying pathology and reproductive requirements [2].

6.3 Comparative Management Approach

Ayurvedic management	Contemporary management
Nidana Parivarjana	Modification of associated risk factors
Shamana Chikitsa	Pharmacological treatment
Stambhana Chikitsa	Measures to control excessive bleeding
Rakta Sthapana	Correction of anaemia and associated blood loss
Pathya-Apathya	Dietary and lifestyle modifications

Recent clinical research has evaluated Ayurvedic formulations such as *Pushyanuga Churna* and *Usheerasava* for AUB. A multicentre clinical study reported improvement in menstrual bleeding parameters; however, its uncontrolled design limits the strength of conclusions regarding efficacy [22].

Discussion

Asrigdara is an important gynaecological condition described in Ayurveda and shares several clinical manifestations with Abnormal Uterine Bleeding (AUB) in contemporary medicine. Both systems recognize excessive and prolonged menstrual bleeding as a significant health concern that may affect women's physical well-being and quality of life.

The Ayurvedic approach explains Asrigdara through the involvement of Vata, Pitta, Rakta Dhatu and Artava. It emphasizes the identification of causative factors, individual assessment and correction of physiological disturbances through Nidana Parivarjana, Shamana Chikitsa and other appropriate therapeutic measures. In contrast, contemporary medicine focuses on identifying the underlying structural, hormonal and functional causes using the PALM–COEIN classification and appropriate diagnostic investigations.

Although both approaches have different theoretical foundations, they share certain therapeutic objectives, particularly the control of excessive bleeding, prevention of complications and improvement of quality of life. Ayurvedic formulations and medicinal plants may offer potential complementary therapeutic options; however, their clinical effectiveness requires further scientific validation.

An integrative approach should prioritize accurate diagnosis, patient-specific treatment and safety. Ayurvedic interventions should not replace necessary conventional investigations or emergency treatment. Further well-designed randomized controlled trials with adequate sample sizes, standardized formulations and long-term follow-up are required to establish their efficacy and safety.

Overall, the comparative understanding of Asrigdara and AUB provides an opportunity to explore traditional Ayurvedic knowledge alongside contemporary gynaecological science and develop evidence-based approaches to women's reproductive healthcare.

Conclusion

Asrigdara described in Ayurveda shares several clinical features with Abnormal Uterine Bleeding (AUB) in contemporary medicine, particularly excessive and prolonged menstrual bleeding. Ayurveda provides a holistic approach based on the involvement of Vata, Pitta, Rakta Dhatu and Artava, emphasizing individualized assessment, dietary modifications and appropriate therapeutic interventions. Contemporary medicine offers a systematic approach through the PALM–COEIN classification, diagnostic investigations and cause-specific treatment.

An integrated understanding of both systems may provide broader perspectives for the management of AUB. Ayurvedic formulations and treatment principles have potential as complementary therapeutic approaches; however, their efficacy and safety need to be established through rigorous scientific research. Further well-designed clinical studies are essential to develop safe, effective and evidence-based treatment strategies for women suffering from AUB.

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