



Asrigdara in Ayurveda: A Comprehensive Review w.s.r. to Dysfunctional Uterine Bleeding

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ABSTRACT

The onset of menarche marks the beginning of a woman's reproductive journey, characterized by cyclic menstruation that continues until menopause. These menstrual cycles are not only fundamental to reproduction but also reflect a woman's overall health and physiological resilience. Disruptions in menstrual regularity often manifest as Abnormal Uterine Bleeding (AUB), a condition with a reported prevalence of approximately 17.9% among Indian women of reproductive age. Dysfunctional Uterine Bleeding (DUB), a subtype of AUB, occurs in the absence of identifiable organic pathology and significantly impacts women's physical, emotional, and social well-being.

In Ayurvedic literature, DUB correlates closely with *Asrigdara*, a condition characterized by excessive or prolonged menstrual bleeding, with or without intermenstrual episodes. Classical texts provide detailed descriptions of its etiology (*Nidana*), clinical features (*Lakshana*), and pathogenesis (*Samprapti*). Contemporary management of DUB typically includes hormonal therapy, prostaglandin inhibitors, antifibrinolytics, and surgical interventions such as endometrial ablation and hysterectomy—modalities that are often associated with adverse effects and high treatment costs.

Ayurveda offers a comprehensive and holistic approach to managing *Asrigdara*, emphasizing causative factor avoidance (*Nidana Parivarjana*), dosha management (*Doshanubandha*), and pathogenesis disruption (*Samprapti Vighatana*). These therapies are non-hormonal, non-surgical, and generally well-tolerated, presenting a viable and effective alternative in the clinical management of DUB.

KEYWORDS: *Asrigdara*, Ayurveda, Dysfunctional Uterine Bleeding, PBAC Scoring, Menstrual Disorders.

INTRODUCTION

Dysfunctional Uterine Bleeding (DUB) refers to abnormal uterine bleeding in the absence of any identifiable organic, systemic, or structural pathology of the pelvis [1]. The irregularity may present in terms of frequency, duration, volume, or a combination of these factors. Under normal physiological conditions, menstruation typically lasts 4–5 days, occurs every 21–35 days, and involves an average blood loss of 20–80 mL. DUB is most frequently observed in women of reproductive age and is often associated with hormonal imbalances arising from disruptions in the hypothalamic-pituitary-ovarian (HPO) axis. Stress and lifestyle factors are recognized contributors to this dysregulation.

In Ayurvedic literature, DUB can be correlated with *Asrigdara*. Acharya Charaka describes *Asrigdara* as the excessive excretion (*Pradirana*) of *Raja* (menstrual blood) [4], while Acharya Sushruta expands the definition to include excessive, prolonged, or intermenstrual bleeding [5]. According to the World Health Organization, women aged 30–55 frequently report heavy menstrual bleeding as burdensome, significantly affecting their physical, emotional, social, and psychological quality of life.

This review aims to explore *Asrigdara* through the lens of Ayurveda, focusing on its causative factors (*Nidana*), clinical presentation (*Lakshana*), pathogenesis (*Samprapti*), and therapeutic approaches (*Chikitsa*), with the intent of integrating traditional knowledge into the broader context of menstrual health management.

AIM AND OBJECTIVE

The primary aim of this study is to conduct a detailed literary review of *Asrigdara* as described in classical Ayurvedic texts and correlate it with the modern clinical entity of Dysfunctional Uterine Bleeding (DUB). The objective is to gain an in-depth understanding of *Asrigdara*, including its etiopathogenesis, clinical features, and conceptual relevance in the context of contemporary gynecological disorders.

MATERIALS AND METHODS

This study is a conceptual review based on a comprehensive analysis of classical Ayurvedic texts and contemporary literature. Primary sources include the *Bṛhatrayī* (Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya), *Laghutrayī*, and other relevant Ayurvedic treatises. Supplementary information was obtained from published research articles, peer-reviewed journals, and contemporary clinical literature relating to DUB.

Conceptual Understanding of *Asrigdara*

According to Acharya Charaka and Acharya Sushruta, *Asrigdara* is classified under *Raktapradoṣaja Vikāra*—disorders caused by vitiation of blood. It is broadly described as *Pradara*, or excessive uterine bleeding. Acharya Vagbhata attributes the condition to the obstruction of *Apana Vata* by *Pitta dosha*, which disrupts the natural flow of menstrual blood [6].

Various Acharyas describe *Asrigdara* as presenting with excessive, prolonged, or irregular menstrual bleeding, which may also include intermenstrual spotting or scanty bleeding unaccompanied by a normal menstrual cycle. Associated symptoms commonly include generalized body ache and lower abdominal pain during menstruation [7,8]. According to Dalhana, *Asrigdara* is also characterized by burning sensations in the lower abdomen, pelvic region, lower back, and renal area.

Nidana (Table No 1)^[9,10,11]

Aharaja	Katu, Amla, Lavana, Guru, Vidahi, Snigdha, Ruksha, Mamsa, Krishara, Viruddha, mithya sevana, Adyasana Dravyas like Payasa, Dadhi, mastu, Madya
Viharaja	Ati maithuna, Ati karshana, Atimarga gamana, Diva Swapna, Baara, Adhva-Yana, Abhigatha
Manasika	Shoka, Bhaya, Krodha
Anyā	Garbha Pata, Vata puritha ksheera nadi, Vitiation of apatya marga

Etiopathogenesis of *Asrigdara* as per Classical Ayurvedic Texts^[9,10,11]

Acharya Charaka, in his exposition on the etiology of *Pradara* (a term often synonymous with *Asrigdara*), attributes the condition to the excessive consumption of certain aggravating substances. These include foods that are *Lavana* (salty), *Amla* (sour), *Guru* (heavy), *Katu* (pungent), and *Vidahi* (causing burning sensation), along with unctuous foods, the meat of domestic, aquatic, and fatty animals, *Kshara* (alkaline substances), *Payasa* (milk preparations), *Dadhi* (curd), *Sukta* (fermented foods or vinegar), *Mustu* (curd water), and *Sura* (alcoholic beverages) [9]. These dietary habits result in the vitiation of *Rakta* (blood). The vitiated *Vata* then transports the aggravated *Rakta* to the vessels associated with *Raja* (menstrual blood)—interpreted anatomically as branches of the ovarian and uterine arteries—leading to an abnormal increase in *Raja*. This pathophysiological state is referred to as *Asrigdara* due to the excessive discharge of menstrual fluid. The term *Pradara* is applied to describe the profuse and unrestrained outflow characteristic of the condition.

Acharya Harita provides an additional perspective, stating that in infertile women, the *Stanya Vaha Srotas* (milk-carrying channels) are often dominated by *Vata*, leading to an absence of lactation. This is commonly accompanied by excessive menstrual bleeding [10].

Maharshi Bhela further elaborates that when *Rakta* is misdirected to abnormal channels, particularly the genital tract, it manifests as *Pradara* [11]. This highlights the involvement of displaced or misrouted *Rakta* in the pathogenesis of the disorder.

Texts such as *Madhava Nidana*, *Bhavaprakasha*, and *Yogaratanakara* enumerate additional etiological factors for *Asrigdara*, including *Viruddha Bhojana* (incompatible food combinations), consumption of alcohol (*Sura*), eating before the digestion of a previous meal (*Ajirna*), recurrent indigestion, and complications following miscarriage (*Garbha-pāta*) [11].

Asrigdara is thus recognized as a multifactorial disorder. It is classified under *Shonitaja Vyadhi* (blood-borne disorders), and often involves *Pittāvṛta Apāna Vāyu* (Apana Vayu obstructed by Pitta), *Ati Vriddhi of Rakta* (excessive increase in blood), and is sometimes viewed as a complication of *Yoni Roga* (gynecological disorders). These interwoven pathologies provide a comprehensive framework for understanding the condition from a classical Ayurvedic standpoint.

Classification of Asrigdara in Classical Texts (Table No. 2)^[8,9,10,11]

The classical Ayurvedic texts offer varying perspectives on the classification of *Asrigdara*, aligning it with the dominance of specific *Doshas* involved in the pathogenesis.

Acharya Charaka and the author of *Yogaratanakara* categorize *Asrigdara* into four types based on *Dosha predominance*: **Vataja**, **Pittaja**, **Kaphaja**, and **Sannipataja Asrigdara**. Each type is characterized by distinct clinical features corresponding to the qualities of the aggravated *Dosha*.

Acharya Sushruta, while elaborating on the general clinical presentation of *Asrigdara*, does not offer a specific *Dosha*-based classification. However, he provides a comprehensive description of the signs and symptoms associated with the condition, emphasizing the importance of clinical assessment in diagnosis and treatment. *Madhava Nidana* aligns with Charaka's and *Yogaratanakara*'s approach, delineating four types of *Asrigdara*—**Vataja**, **Pittaja**, **Kaphaja**, and **Sannipataja**—based on the predominant *Dosha* involved in the disorder's manifestation.

This *Dosha*-based classification serves as a foundational framework for individualized diagnosis and therapeutic strategies in Ayurvedic practice, ensuring treatment is tailored to the patient's unique constitution and disease etiology.

S. no.	Symptoms	Vataja	Pittaja	Kaphaja	Sannipataja
1.	<i>Pramana</i>	<i>Alpa</i>	<i>Nitanta raktam / muhur muhur</i>	<i>Chira sravi</i>	<i>Sravayath sravi</i>
2.	<i>Varna</i>	<i>Shyava/ aruna, Kimshukodak a</i>	<i>Nila/ peeta/haritha Shyava</i>	<i>Pandu/ garikodaka</i>	<i>Sarpi/vasa/majj a kanji/kamsya, haritala</i>
3.	<i>Guna</i>	<i>Phenila/ thanu, Ruksha</i>	<i>snigdha</i>	<i>Pichila/ guru/ Snigdha</i>	<i>pichila</i>
4.	<i>Gandha</i>	<i>Loha</i>	<i>Visra /ama</i>	<i>Vasa</i>	<i>Durgandha</i>
5.	<i>Clotting (skandi)</i>	<i>Askandi</i>	<i>Askandi</i>	<i>Ghana/ manda/tantuyukta / Vrana dwara</i>	<i>Bahuvega/ sravayath sravi</i>
6.	<i>srava</i>	<i>Sheetalam</i>	<i>Atiushnam</i>	<i>Sheetalam</i>	--
7.	<i>Rasa</i>	<i>Kashaya</i>	<i>Katu</i>	<i>Lavana</i>	--
8.	<i>Anubandha vedana</i>	<i>Kati parshwa vankshana hrut vedana</i>	<i>Daha raga trushna moha jwara brama</i>	<i>Alpa vedana</i>	<i>Trushna daha jwara dourbalya</i>

Upadrava^[11]

Daurbalya, Bhrama, Murcha, Mada, Trishna, Daha, Pralapa, Panduta, Tandra, and different types of vata vikaras.

Chikitsa

Ayurvedic texts have explained a variety of treatment options for the management of *Asrigdara*, which can be classified into

- Nidana Parivarjana
- Shodhana
- Shamana

Nidana parivarjana

Causative factors (Hetu) contributing to the progression of *Asrigdara*—whether dietary (Ahāratmaka), lifestyle-related (Vihāratmaka), or psychological (Mānasika)—should be carefully identified, categorized, and systematically eliminated as the first step in effective management. This approach aligns with the principle of Nidāna Parivarjana (removal of causative factors), which is considered fundamental in Ayurvedic treatment protocols.

Shodhana & Shamana (Table No 3)^[8,9,11]

		Vataja	Pittaja	Kaphaja	Sannipataja
1.	Shodhana	Basti	Virecana	Vamana	Combined therapies
2.	Shamana	*choorna of sauvarcala + jiraka + maduka + nilotpala with madhu *tila choorna with dadhi + Ghrita + phanita + madhu. *nagara + madhuka, tila, sita, dadhi Nagara madhuka + taila + sita + dadhi	*ela + amshumati + draksha + ushira + tikita rohini + sauvarcala lavana + candana + sariva + lodhra with madhu *nimba + guduchi with Madya *tanduliyaka mula with Madhu *powdered rasanjana with tandulodaka *laksha with aja-dugdha	*swarasa of nimba patra or guduchi or rohitaka twak or kakodambara *kakajangha mula swarasa + lodhra churna with madhu	*triphala + shunti + Daruharidra kwatha + lodhra choorna + honey. *rasaanjana + Tandulodaka mula choorna + honey + Tandulodaka *bharangi + shunti choorna with tandulodaka

Common shamana aushadi used in day-to-day practice:

In Choorna & Aristhta yogas^[12, 15, 14, 13] - Pushyanug Choorna, Laksha Choorna, Ashoka Choorna, Ashoka Arista

In Ghrita yogas^[16, 17, 18, 19, 20] - Shalmali Ghrita, Sita Kalyanka Ghrita, Mahatiktaka Ghrita, Shatavari Ghrita, Ashoka Ghrita

In Vati yogas^[21,22,23,24] - Pradarantak Rasa, Bol parpati, chandrakal rasa, Bolbaddh Rasa

Dysfunctional Uterine Bleeding is broadly categorized into two types:

1. Ovulatory DUB, associated with regular but abnormal cycles due to corpus luteum insufficiency or luteal phase defects.
2. Anovulatory DUB, more common, characterized by irregular, unpredictable bleeding due to the absence of ovulation and unopposed estrogen stimulation.

Overview of Abnormal and Dysfunctional Uterine Bleeding

Any uterine bleeding that deviates from the normal parameters of menstrual volume, duration, regularity, or frequency is classified as Abnormal Uterine Bleeding (AUB). Among its subtypes, Dysfunctional Uterine Bleeding (DUB) specifically refers to abnormal bleeding that occurs in the absence of any identifiable organic, systemic, or iatrogenic cause.

A normal menstrual cycle typically lasts 4–5 days, recurs every 21–35 days, and involves an average blood loss of approximately 20–80 mL. When bleeding exceeds or falls short of these norms—whether in frequency, amount, duration, or a combination thereof—it is considered abnormal. Clinical presentations may include polymenorrhagia (frequent, heavy bleeding), menorrhagia (excessive bleeding at regular intervals), menometrorrhagia (prolonged or excessive bleeding at irregular intervals), and oligomenorrhea (infrequent menstruation).

Classification^[1]

Primary - pathology in endometrium or HPO axis. It is of 2 types

- Ovulatory bleeding
- Anovulatory Bleeding

Secondary - Pathology outside HPO axis like Vascular diseases, Liver diseases, Haematological Diseases etc.

Iatrogenic - Caused due to irregular intake of drugs like hormonal pills, IUCD's etc.

Ovulatory bleeding

Cycle is ovulatory but has inadequate luteal phase or poor and inadequate formation of corpus luteum. Two types

Irregular shedding of endometrium: -

This is due to incomplete withdrawal of Luteinizing Hormone leads to persistent corpus luteum and insistent secretion of progesterone leading to irregular shedding.

Irregular ripening of endometrium: -

This is due to corpus luteum insufficiency leading to inadequate secretion of Estrogen and Progesterone causing breakthrough bleeding before the actual bleeding which is in the form of Spotting.

Anovulatory Bleeding

Anovulatory bleeding occurs when ovulation does not take place, resulting in a lack of progesterone production. In such cases, endometrial development remains under the continuous influence of unopposed estrogen throughout the menstrual cycle. This hormonal imbalance leads to abnormal endometrial proliferation and irregular shedding.

Anovulatory bleeding manifests in two principal forms:

1. Menorrhagia:

In the absence of progesterone, unopposed estrogen induces excessive proliferation of the endometrial lining without subsequent secretory transformation. The lack of structural stability within the endometrium leads to heavy, prolonged, and irregular uterine bleeding, clinically presenting as menorrhagia.

2. Cystic Glandular Hyperplasia:

This condition is frequently observed in perimenopausal women. It results from persistently elevated estrogen levels unopposed by progesterone, coupled with diminished negative feedback on follicle-stimulating hormone (FSH). This hormonal dysregulation causes sustained endometrial proliferation.

Eventually, when estrogen levels decline, the thickened endometrium undergoes withdrawal bleeding, often heavy and irregular in nature.

Understanding the pathophysiology of anovulatory bleeding is crucial for accurate diagnosis and effective therapeutic intervention, especially in age-specific presentations such as perimenopausal abnormal uterine bleeding.

Assessment of Menstrual Blood Loss Using PBAC Scoring

According to the recommendations of the Federation of Obstetric and Gynaecological Societies of India (FOGSI), the assessment of Abnormal Uterine Bleeding (AUB) should include the use of the Pictorial Blood Loss Assessment Chart (PBAC)—a semi-quantitative, validated tool designed to estimate menstrual blood loss [26].

The PBAC score is calculated based on multiple parameters, including the number and degree of soiling of sanitary products (pads or tampons) used per day, the number and size of blood clots passed, and the frequency of flooding episodes. Each sanitary item is scored based on its saturation level:

- Lightly soiled item: 1 point
- Moderately soiled item: 5 points
- Fully soaked tampon: 10 points
- Fully soaked pad: 20 points

Clots are scored as follows: small clots receive 1 point, while large clots receive 5 points.

A cumulative PBAC score exceeding 100 is considered indicative of heavy menstrual bleeding, as this corresponds approximately to 80 mL of blood loss—the clinical threshold for menorrhagia.

The PBAC method offers a practical, patient-friendly, and relatively accurate alternative to laboratory-based assessments, aiding in both diagnosis and monitoring of treatment outcomes in cases of AUB & DUB.

NAME: _____		SCORE: _____							
DAY START: _____		DAY							
TOWEL		1	2	3	4	5	6	7	8
									
									
									
CLOTS/ FLOODING									
TAMPON		1	2	3	4	5	6	7	8
									
									
									
CLOTS/ FLOODING									
scores		• A lightly stained towel will score 1 point, • a moderately stained towel 5 points, • A towel which is saturated with blood will score 20 points. • A lightly stained tampon will score 1 point, • a moderately stained tampon 5 points. • A tampon that is fully saturated will score 10 point. • A clot the size of – 1p scores 1 point, – a 50p sized clot scores 5 points and – flooding also scores 5 points.							
results		Once you have finished your period total up your scores. A score of 100 or greater may indicate that you have heavy periods and you should seek advice from your doctor. However if your score is less than 100 and you have concerns about your period you should always consult your GP.							

Management of Dysfunctional Uterine Bleeding (DUB)

The management of Dysfunctional Uterine Bleeding (DUB) involves a stepwise approach, beginning with conservative measures and progressing to interventional procedures when necessary. Initial management includes patient **reassurance** and **medical therapy**, which typically involves:

- **Hormonal therapy** to regulate menstrual cycles and stabilize the endometrium
- **Antiprostaglandin agents** (e.g., NSAIDs) to reduce menstrual blood loss and alleviate pain

- **Antifibrinolytic agents** (e.g., tranexamic acid) to minimize bleeding by inhibiting fibrinolysis

In cases unresponsive to medical treatment, **surgical interventions** may be considered, such as **uterine curettage, endometrial ablation, or hysterectomy**, depending on the patient's age, reproductive goals, and severity of symptoms.

Ayurvedic Dietary and Lifestyle Guidelines (Pathya–Apathya)

Ayurveda emphasizes the importance of **Pathya-Apathya** (wholesome and unwholesome diet and lifestyle) in the management of *Asrigdara* (correlated with DUB).

Apathya (To Be Avoided):

- **Dietary factors:** Excess intake of *Lavana* (salty), *Katu* (pungent), *Guru* (heavy), *Amla* (sour), *Vidahi* (irritant), and oily substances; consumption of meat from domestic, aquatic, and fatty animals; fermented and incompatible foods (*Viruddha Bhojana*), *Sura* (alcohol), *Payasa* (milk preparations), *Dadhi* (curd), *Sukta* (vinegar), *Mastu* (curd water).
- **Lifestyle factors:** Excessive travel (*Ati Marga Gamana*), daytime sleep (*Divaswapna*), continuous sitting (*Adhyasana*), grief or stress (*Shoka*), and alcohol abuse (*Ati Madya Sevana*).

Pathya (To Be Followed):

- **Dietary recommendations:** Light, unctuous, and cooling foods such as *Shastika Shaali* (medicinal rice), *Mudga Yusha* (green gram soup), *Masura*, *Yavagu* (gruel), *Patola* (*Trichosanthes dioica*), and meats like *Kapota* (pigeon), *Paravata* (wild bird), and *Santhānika*. Use of *Madhu* (honey) and *Sharkara* (raw sugar), *Navaneeta* (fresh butter) with sugar, *Ksheerapāna* (milk consumption) with *Jeevaniya* and *Brimhanīya* herbs, *Laaja Churna* (puffed rice powder), and *Karjura* (dates) is beneficial.
- **Lifestyle practices:** Regular exercise (*Vyayama*), mental calmness (*Achinta*), and adequate, restful sleep (*Sukha Nidra*).

These interventions aim not only to manage the symptoms but also to correct the underlying doshic imbalance, promote endometrial stability, and improve overall reproductive health.

Discussion-

Menstruation is a natural physiological process in women, governed by a finely regulated interaction of hormonal and neuroendocrine mechanisms. Any deviation from its normal pattern is indicative of an underlying disturbance and, in Ayurvedic parlance, is often categorized as *Asrigdara*—a common gynecological disorder with manifestations on both physical and psychological levels.

Asrigdara is particularly prevalent among women in the reproductive and perimenopausal age groups. It frequently results from the disruption of the **hypothalamic-pituitary-ovarian (HPO) axis**, often aggravated by the intake of **Apathya Ahara and Vihara** (unwholesome dietary and lifestyle habits). This dysregulation leads to irregular ripening and shedding of the endometrial lining, manifesting clinically as **Raja Atipravṛtti** (excessive menstrual flow), **Dīrgha Kālanubandhī** (prolonged bleeding), and **Anṛtukāla or Alpamapi Raja Srava** (bleeding at irregular times or in scanty amounts).

If left untreated, the condition can progress and lead to a range of systemic complications, including **Daurbalya** (weakness), **Bhrama** (giddiness), **Murchā** (fainting), **Madā** (intoxication-like state), **Tṛṣṇā** (excessive thirst), **Dāha** (burning sensation), **Pralāpa** (delirium), **Pāṇḍutva** (pallor or anemia), **Tandrā** (lethargy), and various **Vāta-vikāras** (neurological or musculoskeletal disturbances), significantly impairing the woman's quality of life.

Given that abnormal uterine bleeding is a debilitating condition, prompt, safe, and effective management is essential. A thorough understanding of the **Nidāna Pañcaka** (fivefold diagnostic approach) in *Asrigdara*—including *Nidāna* (causative factors), *Pūrvārūpa* (prodromal symptoms), *Rūpa* (clinical features), *Upasāya* (therapeutic tests), and *Samprāpti* (pathogenesis)—enables accurate categorization and appropriate treatment planning.

The classical Ayurvedic approach emphasizes **Nidāna Parivarjana** (elimination of causative factors), *Doṣānubandha* (understanding doshic involvement), and *Samprāpti Vighatana* (breaking the pathogenesis). Depending on the **Rogibala** (patient's strength) and **Rogabala** (disease severity), *Shodhana* (detoxification therapies) and *Shamana* (palliative treatments) are judiciously selected. This individualized and holistic treatment approach may help to avoid reliance on hormonal or surgical interventions, thereby preserving the patient's physical integrity and daily functionality.

Conclusion-

Asrigdara is a gynecological condition primarily characterized by excessive uterine bleeding. If left unaddressed, it may lead to a range of systemic complications including anemia, fatigue, and disruptions in daily functioning. While contemporary medical management—including hormonal therapies, analgesics, and surgical interventions—can offer symptomatic relief, these approaches are often associated with limitations such as recurrence, side effects, and impact on long-term reproductive health.

A comprehensive review of *Asrigdara* through the lens of Ayurvedic classics, focusing on its Nidāna (etiology), Lakṣaṇa (clinical features), Samprāpti (pathogenesis), and Cikitsā (treatment), provides a nuanced understanding of the disease. Emphasis on Pathya Ahāra (wholesome diet) and Vihāra (regulated lifestyle) further aids in correcting the underlying *Doṣic* imbalances.

This individualized, *Doṣa*-based approach not only facilitates targeted treatment but also offers a safe, holistic, and sustainable alternative to conventional therapies. Understanding the disease through Ayurvedic principles allows for both prevention and effective management, thereby improving the patient's overall quality of life.

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