

Pradarantak Loha in the Management of Asrgdara – A Case Study

Dr. Disha Khimanandbhai Bheda¹, Dr. Dipak Kumar Goswami²

¹Pg scholar, Prasuti Tantra Evum Stree Roga

²Assistant professor, Prasuti Tantra Evum Stree Roga

Abstract

Asrgdara, described in Ayurveda as excessive or irregular uterine bleeding, corresponds to menorrhagia and abnormal uterine bleeding (AUB) in modern medical science. It primarily arises due to vitiation of Pitta and Rakta dosha, resulting in deranged uterine function and excessive menstrual flow. Conventional management of Menorrhagia involves hormonal or surgical interventions, which often carry potential side effects and limitations. In contrast, Ayurvedic formulations such as Pradarantak Loha- a classical Rasaushadhi indicated in Stree Roga - offer a promising and holistic alternative for safe and effective management of Asrgdara. It possesses Raktastambhaka, Pittashamaka, and Rasayana properties. With proper Anupan dravya and pathya-apathya, which collectively help in regulating menstrual bleeding, pacifying vitiated Pitta, and improving haemoglobin levels, thereby restoring overall general health and vitality.

Key words: Asrgdar, Menorrhagia, Abnormal uterine bleeding, Pradarantak loha, Anupan Streeroga

1. Introduction

Abnormal uterine bleeding (AUB) refers to menstrual bleeding that is irregular in timing, duration, or amount. It may present as heavier, lighter, or unpredictable bleeding patterns. In Ayurveda, a similar condition is described as Asrigdara, which closely resembles heavy menstrual bleeding (HMB). AUB and HMB affect a significant proportion of women of reproductive age and can adversely impact their physical, emotional, and social well-being.¹

According to Acharya Charaka, due to pradirana (excessive excretion) of raja (menstrual blood), it is named pradara, and since there is dirna (excessive excretion) of ask (menstrual blood); hence, it is known as Asrigdara.²

Dalhana, while explaining general clinical features, says that excessive and/or prolonged blood loss during menstruation or even scanty blood loss during the intermenstrual period is known as Asrigdara.³ Women who consume excessive salty, sour, heavy, katu (hot), vidahi (producing a burning sensation) and unctuous substances, the meat of domestic, aquatic, and fatty animals, krsara (a dish made with rice and pulses), payasa (rice cooked with milk and sweetened) curd, sukta (vinegar), mastu (curd water) and wine. Due to the above-said reasons, vata gets aggravated along with rakta. Vitiated vata and

rakta increase the raja (menstrual blood). This increase in raja is due to an increase in the amount of rasa (plasma contents). Because of the rise in raja, it is named Asrigdara.⁴

Modern management of HMB includes pharmacological options like antifibrinolytics, NSAIDs, and hormonal therapies. However, these treatments may produce side effects and are not always suitable for long-term use.⁵ Ayurveda offers a holistic approach using formulations with Pittashamak, Agnivaradhana, and Rakta-stambhana properties, which help correct the underlying pathology and provide effective management of Asrigdara.

Aim and Objectives:

- **Aim**
To evaluate the therapeutic efficacy of Pradarantak Loha in the management of Asrgdara.
- **Objectives**
 - To assess the reduction in duration and amount of menstrual bleeding
 - To evaluate improvement in associated symptoms
 - To observe changes in haemoglobin level
 - To assess the safety of the drug

Materials and Methods

- **Study Design:** Single case study
- **Place of Study:** OPD, Department of Prasuti Tantra & Stree Roga, GACH, Jalukbari, Guwahati, Assam, India
- **Case Report:** A 32-year-old female presented with complaints of
 - Excessive menstrual bleeding for 6 months
 - Menstruation duration is 8–10 days
 - Passage of clots
 - Fatigue and weakness
- **Menstrual History**
 - Age of Menarche: 13 years
 - LMP (Last Menstrual Period): 12/07/2025

Menstrual history	Present history	Past history
Duration of blood flow	8-10 days	3-4 days
Interval between two cycles	26-28 days	28-32 days
Regularity of the cycle	Regular	Regular
Amount of blood flow	5-6 pads/day (fully soaked)	3-4 pads/day (moderately soaked)
Character & colour of flow	Clots present & red colour	Clots occasionally present & red colour
Pain during menstruation	Mild present	Absent

- Obstetrics history: P2A0L2
 - P1 - 7 year old female child (FTND)
 - P2 – 4 years old Male child (FTND)
- Contraceptive history: None
- Medical and Surgical history: None

Examination

- Personal history
 - Appetite- Low
 - Bowel Movements- Regular
 - Micturition- Regular
 - Sleep- Disturbed
 - Diet- Non Vegetarian
 - Addiction- Consumes Tea Daily
- General examination
 - Pulse rate- 84 b/Min.
 - B.P.- 110/70 mm hg
 - R. R.- 18/min
 - Temperature- 98.8F
 - Pallor- Absent
 - Icterus- Absent
 - Cyanosis- Absent
- Systemic examination
 - Respiratory System- Bilateral Aereater clear
 - Cardiovascular System- S1S2 clearly heard.
 - Gastrointestinal Tract- P/A- Soft, non-tender.
 - Central Nervous System- The patient was Conscious and well-oriented
- Per Abdomen
 - Palpation: No mass & tenderness present
- Gynaecological examination
 - On Inspection Vulva - Normal and healthy, and on straining, no genital prolapse was observed.
 - Per speculum Vaginal examination
 - Cervix appearance - Congested
 - White discharge – Absent
 - Vaginal walls – Normal
 - Per Vaginal Digital examination

- Cervix-firm in consistency, mobile, tenderness absent
- No labial swelling was detected
- No abnormality detected on palpation of vaginal walls

➤ Bimanual examination

- Uterus - Anteverted, freely mobile, average in size, firm in consistency
- Bilateral Fornices – Free, nontender.

After a thorough check-up, the following investigations were done on the patient,

Investigations

- Haemoglobin: 9.2 g/dL (28/07/2025)
- TSH – 2.34 mIU/L (28/07/2025)
- USG(TVS) – Organs are within normal limits (30/07/2025)

Ayurvedic Examination

➤ Ashtavidh pariksha:

Nadi- Pitta Pradhan	Mutra- Samyak
Mala- Samyak	Jihwa- Ishatsama
Shabda- Spashta	Sparsha- Samsheetoshna
Drika – Samyak	Aakriti – Madhyam

➤ Dashvidh pariksha:

Prakruti	Vata pittaja
Vikruti	Vata, Pitta
Sara	Pitta Sara
Samhanan	Madhyama
Satva	Madhyama
Satmya	Katu Rasa Satmya
Ahara Shakti	Avara
Vyayama Shakti	Avara
Vaya	Madhyama
Pramana	Madhyam

Samprapti Ghatak:

- Dosha – pitta- vata dosha
- Dushya – Rakta & Artava
- Srotas - Artavavaha & Raktavaha
- Srotodushti – Atipravritti
- Agni – Mandagni

- Adhistan – Garbhashaya & Artavaha srotas
- Rogmarga – Abhyantara ⁶

Intervention:

- Pradarantakloha with Durva Swarasa^{7,8}

Participants were advised to follow a standardised dietary & lifestyle regimen (Pathya–Apathya) throughout the study to minimise confounding and support the drug's therapeutic efficacy.

Pathya:

Pathya Ahara (Wholesome Diet)

- Light and easily digestible food (Laghu ahara) such as Shali dhanya (rice) and Godhuma (wheat)
- Pulses like Mudga (green gram)
- Milk and milk products in moderate quantity
- Fresh fruits, particularly Dadima (pomegranate), banana, and apple
- Green leafy vegetables and minimally spiced preparations
- Adequate fluid intake, including water, coconut water, and cooling herbal drinks

Pathya Vihara (Wholesome Lifestyle)

- Adequate rest and proper sleep (Nidra)
- Stress management through relaxation techniques such as meditation and pranayama
- Maintenance of personal hygiene
- Engagement in mild to moderate physical activity
- Avoidance of excessive physical exertion

Apathya:

Apathya Ahara (Dietary Restrictions)

- Spicy, sour, salty, and oily foods (Katu, Amla, Lavana rasa)
- Fermented, fried, and processed food items
- Excessive intake of tea, coffee, and carbonated beverages
- Non-vegetarian diet, especially red meat
- Alcohol, junk food, and irregular eating habits

Apathya Vihara (Restricted Lifestyle Factors)

- Excessive physical activity and heavy exercise
- Day sleep (Diwaswapna) and late-night awaking (Ratrijagarana)
- Mental stress, anger, and emotional disturbances
- Exposure to excessive heat and sunlight
- Suppression of natural urges (Vega dharana)⁹

Drug	Dose	Anupana	Duration
Pradarantak Loha	250 mg BD	Durva Swarasa	60 days
(1/08/2025)	After food	15ml	

Assessment Criteria:

Parameter	Before treatment	After treatment
Duration of blood flow	8–10 days	4–5 days
Amount of blood flow	Excessive	Moderate
Clots	Present	Occasionally
Weakness	Severe	Mild
Hb%	9.2 g/dL	10 g/dL

Result:

A significant reduction in the duration and amount of menstrual bleeding was observed. Associated symptoms improved, and haemoglobin level showed a rise. No adverse drug reactions were reported.

Discussion:

- Ayurvedic Perspective: Asṛgdara is mainly caused by Pitta-Rakta prakopa leading to Artava atipravṛtti. Hence, treatment should include Rakta-stambhana, Pitta-shamana, and Dhatu-poshana.
- Probable Mode of Action of Pradarantak Loha: Pradarantak Loha acts through multiple mechanisms, such as
 - Rakta-Stambhaka Karma: The Kashaya and Tikta rasa of ingredients help in controlling excessive bleeding by stabilising Rakta dhatu.
 - Pitta-Shamana: Drugs like Amalaki and other cooling ingredients pacify aggravated Pitta, reducing excessive uterine bleeding.
 - Rakta-vardhaka & Pandu-hara: Loha Bhasma improves haemoglobin synthesis, corrects anaemia, and enhances tissue oxygenation.
 - Artavavaha Srotas Shodhana: The formulation normalizes uterine function and restores regular menstrual rhythm.
 - Rasayana & Balya Effect: Improves general strength, vitality, and reproductive health.

Durva Swarasa

Durvā (Cynodon dactylon) swarasa, when used as an anupāna, enhances the therapeutic efficacy of the primary formulation by facilitating its absorption and directing its action towards the uterus. Durvā possesses Kaṣāya and Madhura rasa, Laghu–Rūkṣa guṇa, Śīta vīrya, and Madhura vipāka, which impart significant Rakta-stambhaka and Pitta-śamana effects. The Kaṣāya rasa induces vasoconstriction and helps in controlling excessive uterine bleeding, while Śīta vīrya pacifies aggravated Pitta.

Additionally, its Raktaprasādāna property supports Rakta dhātu and helps prevent complications such as Pāṇḍu. Thus, Durvā swarasa acts synergistically as an effective anupāna in the management of Asṛgdara.

Pathya-Apathya:

The prescribed Pathya–Apathya regimen was aimed at minimizing confounding factors and enhancing the therapeutic efficacy of Pradarantaka Loha in Asṛgdara. As the condition is primarily associated with Pitta and Rakta dushti, a Pitta-shamaka and Rakta-stambhaka diet comprising Sheeta, Madhura, and Laghu ahara was advised to help reduce bleeding and maintain hemostatic balance. Avoidance of Katu, Amla, and Lavana rasa-dominant foods, along with fried and processed items, was essential due to their role in aggravating Pitta and worsening bleeding tendencies. Additionally, regulation of lifestyle factors such as stress, sleep, and physical activity may help maintain hormonal balance.

Thus, the Pathya–Apathya regimen likely acted synergistically with the drug, contributing to improved clinical outcomes in Asṛgdara.

Thus, Pradarantak Loha, with Durva Swarasa, followed Pathya-Apathya addresses both the cause and consequences of Asṛgdara.

Conclusion:

- Pradarantaka Loha administered with Durva Swarasa as anupana showed significant clinical improvement in the management of Asṛgdara. The treatment effectively reduced the duration and amount of menstrual bleeding, decreased the occurrence of clots, and relieved associated symptoms such as weakness. Improvement in haemoglobin levels further indicates its role in correcting blood loss–induced anemia and enhancing overall health status.
- The probable mode of action of the formulation can be attributed to its Rakta-stambhaka, Pitta-shamana, Rakta-varadhaka, and Rasayana properties. The Kashaya and Tikta rasa help control excessive uterine bleeding, while Sheeta virya and Madhura vipaka pacify aggravated Pitta and stabilize Rakta dhatu. Loha Bhasma contributes to hemoglobin synthesis and improves Pandu, whereas Durva Swarasa enhances the therapeutic efficacy through its hemostatic and cooling actions.
- Along with appropriate Pathya-Apathya, the formulation acted synergistically to restore menstrual balance and improve the patient’s general strength and reproductive health. Thus, Pradarantaka Loha can be considered a safe and effective therapeutic approach in the management of Asṛgdara. However, further large-scale clinical studies are required to validate these findings and establish its broader clinical applicability.

References

1. Lucy Whitaker, Hilary O.D. Critchley, Abnormal uterine bleeding, *Best Practice and Research Clinical Obstetrics and Gynaecology*, 2016; 34:54-65, DOI: <https://doi.org/10.1016/j.bpobgyn.2015.11.012>.

2. Agnivesha, Charaka, Dridhbala, Charaka Samhita, elaborated Hindi Commentary by Pt. Kashinatha Shastri, Part-2 Chaukhamba Sanskrit Sansthan, Varanasi, 2012; Chikitsa Sthana, Yonivyapat chikitsa, 30/209, p 777.
3. P V Tewari. Ayurveda prasuti tantram and Stree rogam. Varanasi: Chaukhamba Orientalia; 2000. Vol 2, p 176.
4. Maharshi Sushruta. Sushruta Samhita with Nibandha Samgraha commentary of Sri Dalhanacharya and nyaychandrika Panjika of Sri Gayadasacharya on Nidana Sthana, Sharira Sthana, Shukrashonitashuddhisharira Adhyaya 2/18, Varanasi; Chaukhamba Sanskrit Sansthan, 2013, p 346.
5. P V Tewari. Ayurveda prasuti tantram and Stree rogam. Varanasi: Chaukhamba Orientalia; 2000. Vol 2: p 196
6. P V Tewari. Ayurveda prasuti tantram and Stree rogam. Varanasi: Chaukhamba Orientalia; 2000, Vol 2, p 174
7. Bhavprakash Nighantu, commentary by Padsree Prof. Krushnachandra Chunekar, editor Dr Gangasahay Pandey, Chaukhamba Bharati Academy, reprint 2022, Guduchayadi Varga, Dravya number 86, vol.2, slok no 172-173, p 371
8. Bhaisajyaratnavali, commentary by Kaviraj Shri Ambikadatta Shastri Ayurvedacharya, editor Shri Rajeshwardatta Shastri Ayurvedshastracharya, Chaukhamba Sanskrit Bhavan, Varanasi 2004, vol.2, Chikitsa sthan, Pradarrog Chikitsa Prakaran 66, slok no 79-83, p 720
9. Apurva Joshi, Rashmi Sharma. An Ayurvedic approach in management of Asrigdara w.s.r. to Abnormal Uterine Bleeding. J Ayurveda Integr Med Sci 2023; 05: 83-89.
<http://dx.doi.org/10.21760/jaims.8.5.1>