

Review on Raktapradara (Menorrhagia) and Its Management**AUTHORS****1.Dr. Shital Dattrao Budhwant, 2.Dr. Radha Phadnis**

1.Dr. Shital Dattrao Budhwant, PG Scholar, Prasuti tantra evum stri roga, Hon Shri Annasaheb Dange Ayurved Medical College, Ashta, Tal Walwa, Dist Sangli. Email- sdbudhawant111@gmail.com

2.Dr. Radha Phadnis, MS. (Prasuti tantra evum stri roga), Professor, Hon Shri Annasaheb Dange Ayurved Medical College, Ashta, Tal Walwa, Dist. Sangli. Email- radhakulkarni6@gmail.com

ORCID ID: 0009-0008-0673-4909**DOI No.:** <https://doi.org/10.5281/zenodo.21405666>**Date of Acceptance:** 15 Jun 2026**Date of Publication:** 20 Jun 2026**Abstract**

Raktapradara is an important gynecological disorder described in Ayurvedic classics, characterized by excessive or prolonged uterine bleeding beyond physiological limits. It shows close resemblance to heavy menstrual bleeding (HMB) described in contemporary gynecology. Classical treatises including Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya elaborate its nidana (etiology), samprapti (pathogenesis), and chikitsa (management), highlighting predominant vitiation of Pitta dosha and Rakta dhatu with Vata association [1–4]. Excessive intake of ushna, amla, and lavana ahara, psychological stress, suppression of natural urges, and garbhashaya dushti are major causative factors. Clinically, Raktapradara manifests as atipravritta artava (excessive bleeding), prolonged duration, daha (burning sensation), daurbalya (weakness), and panduta (pallor), often leading to anemia and infertility.

Management in Ayurveda emphasizes nidana parivarjana, Pitta-Rakta shamana, rakta stambhana, and dhatu poshana. Drugs such as Ashoka, Lodhra, Musta, and Nagakesara along with formulations like

Pushyanuga Churna and Ashokarishta are widely indicated [5,14]. Panchakarma procedures including Virechana and Uttarabasti are recommended in selected cases. Modern gynecology attributes HMB to structural and non-structural causes categorized under the PALM–COEIN system [8], yet Ayurveda offers a holistic, individualized therapeutic model.

This review critically analyzes classical descriptions and correlates them with contemporary concepts, highlighting integrative management strategies for effective and safe treatment of Raktapradara.

Keywords: Raktapradara, Menorrhagia, Artava Dushti, Pitta Prakopa, Rakta Stambhana, Ayurvedic Gynecology.

Introduction

Raktapradara is defined in Ayurvedic literature as excessive discharge of menstrual blood occurring either during the menstrual period or intermenstrual phase. The term combines “Rakta” (blood) and “Pradara” (excessive flow), denoting abnormal uterine bleeding beyond physiological limits. Classical texts identify it predominantly as a Pitta-pradhana vyadhi with Rakta dushti [1–4].

Acharya Charaka explains that indulgence in pitta-prakopaka ahara such as amla, lavana, katu, and ushna dravyas leads to vitiation of Pitta and Rakta, increasing dravata (fluidity) and srava (flow) within artavavaha srotas [1]. Sushruta emphasizes srotovaigunya and garbhashaya dushti as important pathological factors [2]. Vagbhata recommends sheeta and kashaya dravyas for management due to their stambhana and pittashamana properties [3,4].

In modern gynecology, heavy menstrual bleeding (HMB) is defined as blood loss exceeding 80 mL per cycle or bleeding that interferes with physical, emotional, or social quality of life [9,10]. The FIGO PALM–COEIN classification categorizes causes into structural and non-structural etiologies [8]. While contemporary medicine often focuses on hormonal and structural abnormalities, Ayurveda considers systemic dosha-dhatu imbalance as the fundamental pathology.

Etiology (Nidana)

Classical texts describe the following causative factors [1–4]:

- Excessive intake of spicy, sour, salty, and hot foods
- Alcohol consumption
- Excessive sexual indulgence

- Psychological stress and anger
- Suppression of natural urges
- Trauma or injury to reproductive organs
- These factors aggravate Pitta and vitiate Rakta, increasing its liquidity and flow, ultimately resulting in excessive uterine bleeding.

Clinical Features (Lakshana)

- Atipravritta Artava (excessive bleeding)
- Deerghakala Srava (prolonged duration)
- Rakta of bright red or dark discoloration
- Daha (burning sensation)
- Daurbalya (weakness)
- Bhrama (giddiness)
- Panduta (pallor)
- Trishna (excessive thirst)
- Severity may vary depending on dosha predominance and chronicity.

Complications (Upadrava)

- Untreated Raktapradara may result in:
- Pandu (iron deficiency anemia)
- Shotha (edema)
- Klaibya or Vandhyatva (infertility)
- Chronic fatigue
- Psychological distress
- Modern literature confirms that chronic HMB commonly leads to iron deficiency anemia and reduced quality of life [7,10].

Materials and Methods

This review is based on critical analysis of classical Ayurvedic texts including Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, Sharangadhara Samhita, and Bhaishajya Ratnavali [1–6]. Modern references were obtained from standard gynecology textbooks and peer-reviewed journals discussing abnormal uterine bleeding and its management [7–13]. Comparative evaluation was performed to correlate classical concepts with contemporary scientific understanding.

Observations and Management

Principles of Ayurvedic Management

- Nidana Parivarjana (elimination of causative factors)
- Pitta-Rakta Shamana
- Rakta Stambhana (hemostasis)
- Dhatu Poshana (tissue nourishment)
- Rasayana Therapy

Important Drugs and Their Pharmacological Actions

Ashoka (*Saraca asoca*)

Described as kashaya rasa and sheeta virya; acts as a uterine tonic and reduces excessive bleeding [14]. Clinical studies demonstrate its efficacy in dysfunctional uterine bleeding [13]. It exhibits anti-inflammatory and possible phytoestrogenic properties.

Lodhra (*Symplocos racemosa*)

Possesses strong astringent and anti-hemorrhagic action; promotes vasoconstriction and stabilizes endometrial lining [14].

Nagakesara (*Mesua ferrea*)

Known for its stambhana and hemostatic properties; reduces capillary fragility and excessive bleeding [5].

Musta (*Cyperus rotundus*)

Acts as Pitta-shamaka and regulates menstrual function; may influence prostaglandin synthesis and inflammatory pathways [14].

Classical Formulations

- Pushyanuga Churna [5]
- Ashokarishta [5]
- Chandrakala Rasa
- Bolabaddha Rasa

These formulations provide multi-targeted effects including hemostasis, hormonal balance, anti-inflammatory action, and hematinic support.

Panchakarma

- Virechana: Eliminates aggravated Pitta and purifies Rakta [1,3].

- Uttarabasti: Indicated in chronic or recurrent cases associated with uterine pathology.

Discussion

Raktapradara represents a multifactorial systemic disorder involving Pitta-Rakta dushti with Vata association. Increased ushna and drava guna lead to excessive uterine bleeding. Modern medicine attributes HMB to causes classified under PALM–COEIN [8], with treatment modalities including tranexamic acid, hormonal therapy, and levonorgestrel intrauterine system [11,12].

Pharmacological studies validate the anti-hemorrhagic and uterotonic effects of Ashoka and Lodhra [13,14]. Unlike single-target modern therapy, Ayurvedic formulations provide holistic management by correcting doshic imbalance, improving hemoglobin levels, strengthening endometrium, and enhancing reproductive health.

Integration of Ayurvedic management with modern diagnostics may offer safer long-term solutions, particularly in patients intolerant to hormonal therapy.

Conclusion

Raktapradara is not merely excessive menstrual bleeding but a systemic manifestation of Pitta-Rakta imbalance affecting reproductive vitality. Ayurvedic management offers a rational and individualized therapeutic approach focused on root-cause correction. Timely intervention with sheeta-kashaya dravyas, classical formulations, lifestyle modification, and Panchakarma can effectively restore menstrual balance and prevent complications such as anemia and infertility. Future interdisciplinary research with robust clinical trials is necessary to establish evidence-based integrative protocols for global management of heavy menstrual bleeding.

References

- Agnivesha, Charaka, Dridhabala. Charaka Samhita. Acharya YT, editor. Varanasi: Chaukhambha Orientalia; 2015.
- Sushruta. Sushruta Samhita. Acharya YT, editor. Varanasi: Chaukhambha Sanskrit Sansthan; 2014.
- Vagbhata. Ashtanga Sangraha. Sharma S, editor. Varanasi: Chaukhambha Sanskrit Series Office; 2012.
- Vagbhata. Ashtanga Hridaya. Paradkar HS, editor. Varanasi: Chaukhambha Orientalia; 2016.
- Sharangadhara. Sharangadhara Samhita. Vidyasagar PS, editor. Varanasi: Chaukhambha Orientalia; 2013.
- Bhatta GD. Bhaishajya Ratnavali. Shastri AD, editor. Varanasi: Chaukhambha Prakashan; 2011.
- Dutta DC. Textbook of Gynecology. 7th ed. New Delhi: Jaypee; 2016.

Munro MG, Critchley HOD, Broder MS, Fraser IS. FIGO classification system (PALM–COEIN). *Int J Gynaecol Obstet*. 2011;113(1):3–13.

Fraser IS, Critchley HOD, Munro MG, Broder M. Terminologies for menstrual bleeding abnormalities. *Hum Reprod*. 2007;22(3):635–43.

Higham JM, O'Brien PMS, Shaw RW. Assessment of menstrual blood loss. *Br J Obstet Gynaecol*. 1990;97(8):734–9.

Lukes AS, et al. Tranexamic acid treatment for HMB. *Obstet Gynecol*. 2010;116(4):865–75.

Kaunitz AM, et al. Levonorgestrel intrauterine system. *Obstet Gynecol*. 2009;113(5):1104–16.

Srivastava S, Lalchandani S, Dixit AK. Clinical evaluation of Ashoka in DUB. *AYU*. 2012;33(3):393–7.

Sharma PV. *Dravyaguna Vijnana*. Vol. 2. Varanasi: Chaukhambha Bharati Academy; 2013.

Tripathi KD. *Essentials of Medical Pharmacology*. 8th ed. New Delhi: Jaypee; 2019.

