

Effect of *Raktapradarahara Choorna* and *Pushyanuga Choorna* in *Asrigdhara vis-à-vis* Abnormal Uterine Bleeding

Dr. Chandarani¹; Dr. Bhagyashree H. C.²; Dr. Usha D. T.³

^{1,2}Final Year PG Scholar, Department of PG Studies in Prasooti Tantra and Stree Roga

³Professor, Department of PG Studies in Prasooti Tantra and Stree Roga

^{1,2,3}JSS Ayurveda Medical College and Hospital

Publication Date: 2026/03/17

Abstract:

➤ *Background:*

In the rapidly advancing and globalized world, the number of working women is continuously increasing. Due to their busy lifestyle, many are unable to follow traditional Paricharyas described in the Ayurvedic classics, such as Rajaswala Paricharya and Sutika Paricharya. As a result, women are becoming more susceptible to various menstrual disorders. It is estimated that approximately one-fifth of women experience heavy menstrual bleeding at some point during their reproductive years. One such common condition is Menorrhagia.

Menorrhagia is defined as cyclic menstrual bleeding occurring at normal intervals but excessive either in amount (>80 ml), duration (>7 days), or both. Prolonged and heavy bleeding often leads to psychological disturbances such as discomfort during daily activities, lack of concentration, and emotional stress. Furthermore, Menorrhagia is a major contributing factor for iron deficiency and iron-deficiency anemia, which have significant adverse effects on women's health.

In Ayurveda, Acharyas have explained both Shamana Chikitsa and Shodhana Chikitsa for the management of Asrigdhara. Bhaishajya Ratnavali describe the use of Raktapradarahara Churna and pushyanuga Churna, as effective Shamana remedies. These drugs possess Kashaya and Madhura Rasa, Shita Virya, and Madhura Vipaka, contributing to their Pitta-shamana and Stambhana actions. As both herbs are easily available and affordable, they are selected for this study

➤ *Materials and Methods:*

The present study was Randomised clinical study where 40 subjects diagnosed with Asrugdhara was taken in 2 groups with 20 subjects in each group.

➤ *Conclusion:*

Raktapradarahara churna is found to be more effective in managing the Asrugdhara w.s.r. AUB.

Keywords: *Asrigdhara, Menorrhagia, Pradara, Rajaswala Paricharya, Sutika Paricharya.*

How to Cite: Dr. Chandarani; Dr. Bhagyashree H. C.; Dr. Usha D. T. (2026) Effect of *Raktapradarahara Choorna* and *Pushyanuga Choorna* in *Asrigdhara vis-à-vis* Abnormal Uterine Bleeding. *International Journal of Innovative Science and Research Technology*, 11(2), 3203-3207. <https://doi.org/10.38124/ijisrt/26feb318>

I. INTRODUCTION

Asrugdhara is one amongst the extensive range of occurrence. *Asrugdhara* indicates excessive and irregular bleeding per vagina. It comprises of all forms of excessive bleeding and abnormal uterine bleeding is one among them. Abnormal uterine bleeding encompasses patients of a variety of ages from adolescent to those nearing to menopause. The

incidence of abnormal uterine bleeding is 10-30% in reproductive age and it rises up to 50% in peri menopausal women due to various causes². There are several methods of treatment, but the choice of the right one which will benefit to the patient requires in depth knowledge of endocrinology, Hematology and surgery. According to statistics the hysterectomy is the second most frequently performed surgical procedure after caesarean section.³

➤ **AIM:**

To evaluate whether the Raktapradara Churna⁴ and Pushyanuga Churna⁵ have better effect in the management of Asrugdara w.s.r. to Menorrhagia.

➤ **Objective:**• **Primary Objective –**

To compare the efficacy of Raktapradarahara and Pushyanuga Choorna in Asrigdhara vis-à-vis Abnormal uterine bleeding.

• **Secondary Objective-**

To evaluate the efficacy of Raktapradarahara Choorna in Asrigdhara vis-à-vis Abnormal uterine bleeding.

To evaluate the efficacy of Pushyanuga Choorna in Asrigdhara vis-à-vis Abnormal uterine bleeding.

➤ **Study Design:**

A randomized open labelled comparative clinical study.

➤ **Selection of the Subject:**

The present study was carried out for the subjects from OPD & IPD, Dept. of Prasuti Tantra and Stree roga, JSS AMC & HOSPITAL.

II. METHOD OF COLLECTION OF DATA➤ **Inclusion Criteria:**

- Subjects fulfilling the diagnostic criteria.
- Subjects with H/O excessive bleeding during menstruation.
- Subjects with age group of 12 to 50 years.
- Subjects with haemoglobin ≥ 10 gms.

➤ **Intervention:**

Table 1 Intervention

	Group A	Group B
Number Of Subjects	20	20
Medicine	<i>Pushyanug Choorna</i>	<i>Raktapradarahara Choorna</i>
<i>Anupana</i>	<i>Tandulodaka</i>	<i>Tandulodaka</i>
Time Of Administration	After Food	After Food
Mode Of Administration	Oral Route	Oral Route
Dosage	12grms BD	12grms BD
Duration Of Medication	3 Consecutive Cycle (menstrual phase)	3 Consecutive Cycle (menstrual phase)

➤ **Plan of Study:**

Intervention and assessment period -Menstrual phase for 3 consecutive cycles.

- Total Duration of Study- 3 consecutive cycles.

➤ **Exclusion Criteria:**

- Subjects with IUCD.
- Subjects on oral Contraceptive pills.
- Subjects with pelvic pathology, endometriosis, PID, adenomyosis, chronic cervicitis.
- Benign and malignant growth in reproductive organs.
- Subjects with K/C/O metabolic and systemic disorders like Diabetes mellitus, Thyroid disorder etc., interfering with present study.
- Subjects with miscarriage/active bleeding followed by abortion.
- K/C/O Coagulation Disorder, H/O previous thrombosis.

➤ **Consent:**

Written informed consent and voluntarily willing patients was taken for this study.

III. MATERIALS AND METHODS

A detailed case Performa was prepared considering the *lakshana* explained in our classics in order to diagnose *asrigdhara*. 40 subjects fulfilling the inclusion criteria were taken from OPD and IPD of JSS ayurveda medical college and hospital. Mysuru, and other referrals including medical camps.

➤ **Drug Source:**

- *Pushyanug Choorna-*
Was procured from GMP certified pharmacy.
- *Raktapradarahara Choorna-*
Raw drugs was procured from convenient and available source, the drug was authenticated by Dept of PG Studies of *Dravyaguna* & preparation was carried out at JSS Ayur Pharma, Mysuru – (GMP certified pharmacy).

A. **Assessment Criteria:**➤ **Subjective Parameters:**

- *Amount of Bleeding*

Table 2 Grading Criteria for Assessment of Amount of Bleeding

NO. OF PADS	REMARKS	GRADING
Maximum soakage of 1-2 pads in 24 hours	Average	0
Maximum soakage of 3-4 pads in 24 hours	Mild excessive	1

Maximum soakage of 5-6 pads in 24 hours	Moderately excessive	2
Maximum soakage of 6-7 pads in 24 hours	Excessive	3
Maximum soakage of more than 7 pads in 24 hours	Highly excessive	4

- *Duration of Bleeding*

Table 3 Grading Criteria for Assessment of Duration of Bleeding

Duration in days	Remarks	Grading
2-3	Average	0
3-5	Mild prolonged	1
6-7	Moderately prolonged	2
8-10	Prolonged	3
>10	Very prolonged	4

- *Intermenstrual Period*

Table 4 Grading Criteria for Assessment of Intermenstrual Period

ABSENT	0
PRESENT	1

- *Pain*

Table 5 Grading Criteria for Assessment of Pain

ABSENT	0
PRESENT	1

- *Clots*

Table 6 Grading Criteria for Assessment of Clots

ABSENT	0
PRESENT	1

- *Observations:*

- Comparison: Amount of Bleeding

Table 7 Intergroup Comparison of Amount of Bleeding

Amount of bleeding	Mean Rank	Test statistic	P value
Group A	24.10	128.00	0.052
Group B	16.90		

- Comparison: Duration of Bleeding

Table 8 Intergroup Comparison of Duration of Bleeding

Duration of bleeding	Mean Rank	Test statistic	P value
Group A	23.72	135.500	0.081
Group B	17.28		

- Comparison: Intermenstrual Bleeding

Table 9 Intergroup Comparison of Intermenstrual Bleeding

Intermenstrual bleeding	Absent	Present	Test statistic	P value
Group A	15	5	3.137	0.077
Group B	19	1		

- Comparison: Pain

Table 10 Intergroup Comparison of Pain

Pain	Absent	Present	Test statistic	P value
Group A	20	0	1.026	0.311
Group B	19	1		

- Comparison: Clots

Table 11 Intergroup Comparison of Clots

Clots	Absent	Present	Test statistic	P value
Group A	20	0	5.714	0.057
Group B	15	5		

IV. RESULTS

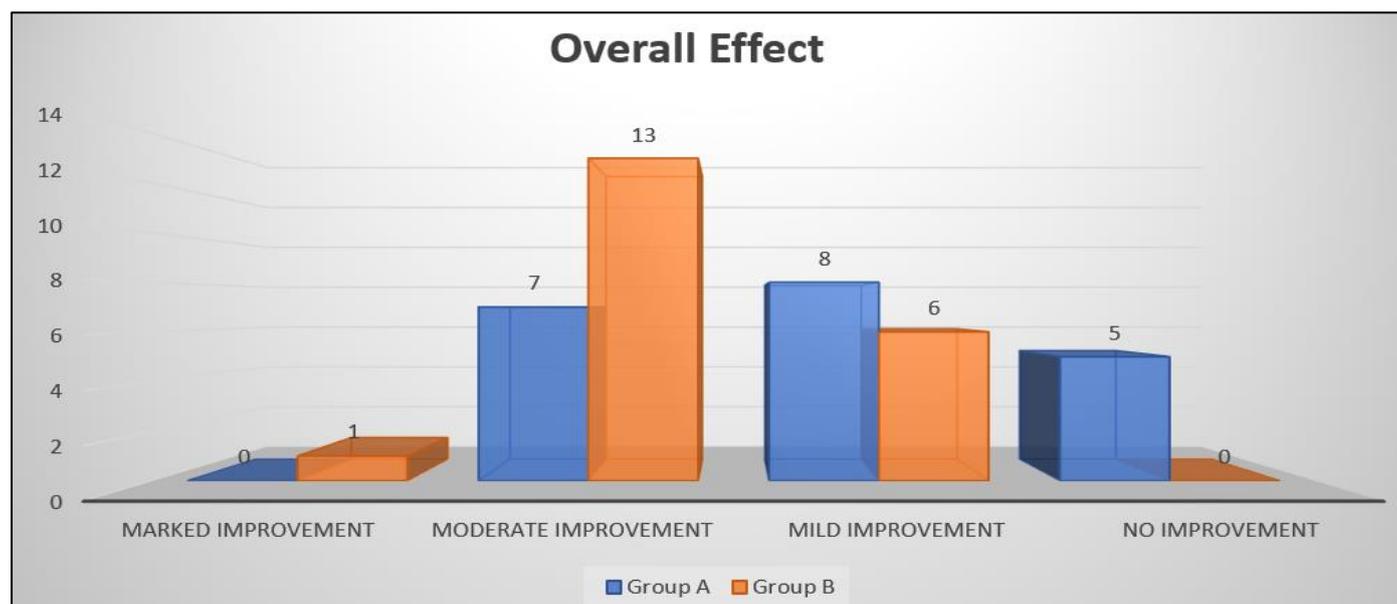


Fig 1 Overall Clinical Improvement in Group A and Group B

Figure 1 shows that in Group A, 35% of subjects showed moderate improvement, 40% showed mild improvement, and 25% showed no improvement, with none showing marked improvement. In Group B, 5% of subjects showed marked improvement, 65% showed moderate improvement, and 30% showed mild improvement, with no subjects showing no improvement.

So, it is clear that both groups are equally effective.

V. DISCUSSION ON PROBABLE MODE OF ACTION ON SUBJECTIVE PARAMETERS

➤ Amount of Bleeding

Most of the drugs like *Lodra, Ambrasti, Patha, jambu, samanga, bilwa, katphala, mocharasa* etc in *Pushyanuga choorna* -contains chemical composition like Symplocoside, tannins, flavonoids, saponins, proven anti-inflammatory and haemostatic action; it strengthens uterine musculature and reduces bleeding.

➤ Duration of Bleeding

Amalaki contains a key component like ellagic acid improve haematological parameters, quercetin induce thromboelastographic changes in the normal individual and

in several coagulopathies, quercetin -a bioflavonoid may help in menorrhagia reducing uterine cells proliferation and migration.

Rasanjana -a key component like Berberine, palmatine, berbamine Berberine-rich extract with antimicrobial and anti-inflammatory action, it helps prevent secondary infections in uterine bleeding.

➤ Intermenstrual Bleeding

Drug like *Kutaja* etc contains Conessine, holarrhenine, steroidal alkaloids Known for its *Grahi* and *Krimighna* properties, it prevents infection and supports uterine integrity.

Drug like *sariva* etc contains Hemidesmin, saponins, tannins, coumarins A *Rakta-pitta* pacifier, it cools and detoxifies the blood, reducing inflammatory bleeding.

➤ Pain

Drugs like *Rasanjana, Patha, Ambhastika, Lodra, Katphala* and *Katvanga* have anti-inflammatory properties hence reduce pain during menstruation.

Ativisha, -Aconitine(detoxified), atisine, heterophylline *Shodhita* root acts as *Deepana* and balances *Vata-Pitta*, preventing spasmodic uterine contractions.

➤ *Clots*

Gairika contains Ferric oxide (Fe_2O_3), trace minerals with potent *Sthambhana karma*, it directly arrests bleeding through vasoconstriction and coagulation support.

VI. CONCLUSION

Though there is improvement in the individual group on comparison, both group A and group B is equally effective in the management of *Asrigdara vis-a-vis* Abnormal uterine bleeding.

REFERENCES

- [1]. Vagbhata, Astanga Samgraha, Translated by K.R. Srikantha Murthy, Edited by Dr. Shivaprasad Sharma, Chaukamba Sanskrit Series Office, Edition-2008, Chapter2, Verse 40.
- [2]. Hoffman Et Al, Williams Gynecology, Edited By Schorge, Schaffer, Halvorson, Bradshaw, Cunningham, Published By Mc Graw Hill, United States Of America, Second Edition, In 2012, Pp-1401, Pg No-220
[Http://Www.Nhp.Gov.In/Disease/Gynaecology-And-Obstetrics/Abnormal-Uterine-Bleeding](http://www.nhp.gov.in/Disease/Gynaecology-And-Obstetrics/Abnormal-Uterine-Bleeding) Dated 8th July 2021.
- [3]. OBGYN.net. Abnormal uterine bleeding [Internet]. 2011 Jun 23 [cited 2021 Jul 8]. Available from: <https://www.obgyn.net>.
- [4]. Bhaishajya Ratnavali – Vidyotinni Tikka, Written By- Kaviraaj Shri Ambika Datt Shastri Ayurvedacharya, Chowkambha Prakashan Varanasi, Chapter-Pradararoga Chikitsa Prakaranam, Sholka No-17, Page No -1031(Reprint-2019).
- [5]. Bhaishajya Ratnavali – Vidyotinni Tikka, Written By- Kaviraaj Shri Ambika Datt Shastri Ayurvedacharya, Chowkambha Prakashan Varanasi, Chapter-Pradararoga Chikitsa Prakaranam, Sholka No-25-31, Page No -1032(Reprint-2019).