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## “Clinical Correlation of Asrigdara with Abnormal Uterine Bleeding: A Comprehensive Review”

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### Abstract

Asrigdara, described in Ayurvedic classics, is a condition characterized by excessive and irregular uterine bleeding, closely correlating with Abnormal Uterine Bleeding (AUB) in modern medicine. AUB, is a growing global health concern among women due to altered food habits, stressful routines, and sedentary lifestyles. In Ayurveda, Asrigdara is primarily caused by the vitiation of Vata and Pitta doshas and is included under the broad category of Yonivyapadas. Conditions like Raktayoni, Rudhirkshara, and Apraja share clinical features with DUB.

Ayurvedic management emphasizes the use of Kashaya Rasa (astringent taste) and Pitta-shamaka drugs, which exhibit hemostatic (Raktastambhaka) action. Additionally, therapies and diets that enhance Rakta Dhatu (raktavardhaka) are employed to compensate for blood loss. Among Shodhana therapies, Basti Chikitsa is considered most effective for managing Asrigdara.

Modern treatment modalities include hormonal therapy, anti-fibrinolytics, and surgical interventions like hysterectomy, which may have side effects or psychological impacts. Ayurvedic interventions offer a safer, non-hormonal alternative. Clinical findings suggest that Ayurvedic therapies, especially Basti, provide sustainable relief and improve quality of life without adverse effects. This article aims to explore both classical Ayurvedic literature and modern research studies to establish safe and effective management strategies for Asrigdara.

**Keywords:** Asrigdara, Abnormal Uterine Bleeding, Ayurveda, Raktapradar, Dosha Shodhana, Rakta Shthapana, Hormonal Therapy, Tranexamic Acid

## Introduction:

Abnormal Uterine Bleeding (AUB) is a prevalent condition affecting women of reproductive age, characterized by irregularities in the amount, duration, or frequency of menstrual bleeding. The impact of excessive and irregular menstrual bleeding extends beyond the physical realm, significantly affecting the emotional, social, and psychological well-being of women. In the present era, changing lifestyles and food habits have contributed to a rise in AUB cases, leading many women to take time off from work due to the severity of the bleeding.

In classical Ayurvedic texts, abnormal uterine bleeding is referred to as Asrigdara, a term derived from the words "Asrik" (menstrual blood) and "Dara" (excessive excretion). It is seen as a condition in which there is an excessive discharge of menstrual blood, leading to a disruption in a woman's health. Both Acharya Charaka and Sushruta described Asrigdara as a separate entity within their texts, highlighting its association with imbalances in the Pitta and Apana Vayu doshas.

From a modern perspective, AUB is understood as a variation in normal menstrual flow, encompassing conditions like menorrhagia, metrorrhagia, and other abnormal bleeding patterns. The FIGO (International Federation of Gynecology and Obstetrics) has introduced a classification system for AUB known as PALM-COEIN, categorizing the causes into structural and non-structural factors, which helps in the understanding, assessment, and treatment of this condition.

The prevalence of AUB varies across regions, with approximately 10-15% of women experiencing episodes of abnormal uterine bleeding during their reproductive years. It is common during the extremes of the reproductive lifespan, such as adolescence and perimenopause, due to hormonal imbalances and anovulatory cycles. The physical, emotional, and social repercussions of AUB necessitate comprehensive management strategies to alleviate symptoms and improve the quality of life for affected women.

Character	Value
1. Length of cycle	• 24–38 days (Previously 21–35 days)
2. Volume of blood loss	• 20–80 mL
3. Number of bleeding days	• 4.5–8 days (Previously 2–8 days)
4. Cycle-to-cycle variation	• 2–20 days
5. Average duration of bleeding	• 4.5 days
6. Average blood loss per cycle	• 30–50 mL

## Abnormal Menses – Terminology

Terms	Interval	Duration	Amount
Menorrhagia	Regular	Prolonged	Excessive
Metrorrhagia	Irregular	Prolonged	Normal
Menometrorrhagia	Irregular	Prolonged	Excessive
Hypermenorrhea	Regular	Normal	Excessive
Hypermenorrhea	Regular	Normal or Less	less
Oligomenorrhea	Irregular or Infrequent	Variable	Scanty
Amenorrhea	Absent	No Menses for 90 days	Absent

From the Vedas to the Samhitas, Ayurveda describes a wide range of diseases, their causes, symptoms, prevention, and management.

Gynecological disorders are elaborately mentioned in Ayurvedic texts. Abnormal excessive vaginal bleeding is termed Asrigdara or Raktapradara.

**Asrigdara** = excessive discharge of Asrik (menstrual blood).

**Raktapradara** = excessive discharge of Rakta or Rajah (menstrual blood).

Various causative factors are described in the classics:

1. Dietary factors: Excessive use of salty, sour, spicy, heavy, oily, or incompatible foods; intake of rice gruel (Krisara), milk, curd, and buttermilk.

2. Lifestyle factors: Alcohol consumption, excessive sexual activity, severe emaciation, excessive exertion (walking/workout), trauma, day sleep, and mental stress.

- Pathogenesis: Pittavrita Apana Vayu increases the quantity of Rakta (blood). Mentioned by: Madhava Nidana, Bhava Prakash, and Yoga Ratnakar.
- Physiology of Menstruation (Artava)

Raja (menstrual blood) is formed from the Prasadbhag (essence) of Rasa Dhatu. It reaches the uterine cavity (Garbhakoshtha) via Rajovaha Shiras (uterine vessels). Vata is responsible for expelling menstrual blood each month through the vaginal orifice.

- Quantity: Four Anjali.
- Duration:
  1. 3 days – Vagbhata, Bhavamishra
  2. 5 days – Charaka
  3. 7 days – Harita, Bhela
- Complications of Asrigdara

If uncontrolled, excessive bleeding can cause:

- Daurbalya (weakness)
- Bhrama (giddiness)
- Murchchha (mental confusion)
- Tama (syncope/fainting)
- Trisha (thirst)
- Daha (burning sensation)
- Pralapa (delirium)
- Pandu (anemia)
- Tandra (drowsiness)
- Vata Vyadhi (convulsions/neurological disorders due to Vata imbalance)

- Management

First line: Avoidance of causative factors (dietary & lifestyle corrections). In mild cases, this alone can control the disease.

Therapeutic measures: Various formulations and Ayurvedic therapies are described to manage symptoms and control bleeding.

**Methods:**

This review is based on classical Ayurvedic literature, including Charaka Samhita, Sushruta Samhita, Ashtanga Sangraha, Kashyapa Samhita, and contemporary gynecological references such as D.C. Dutta's Textbook of Gynecology. The principles of Ayurvedic management (Nidana Parivarjana, Dosha Shodhana, Dosha Shamana, Rakta Sthapana, and Tikta Rasa Prayoga) are correlated with modern medical management strategies (hormonal therapy, antifibrinolytics, and surgical interventions).

**Etiological Factors (Nidana) of Asrigdara**

The causative factors of Asrigdara are classified into four major categories:

**1. Aaharaja Nidana (Dietary factors)****Charaka Samhita describes:**

Excessive consumption of Lavana (salty), Amla (sour), and Katu (pungent) tastes.

Intake of substances with Snigdha (unctuous), Guru (heavy), and Vidahi (irritant/burning) qualities.

Frequent consumption of meat, krishara (preparation of rice and pulses), payasa (milk pudding), curd, shellfish, whey, wine, and alcohol.

**Madhava Nidana, Bhavaprakasha, and Yogaratnakara further emphasize:**

Viruddha Ahara (incompatible dietary combinations).

Atimadya Sevan (excessive alcohol intake).

Adhyashana (repeated intake of food before the digestion of the previous meal).

Ajeerna (consumption of food during indigestion).

**2. Viharaja Nidana (Lifestyle factors)**

As per Madhava, Bhavaprakasha, and Yogaratnakara:

Atimaithuna (excessive coitus).

Ati-yana (excessive walking).

Ati-marga gamana (frequent traveling).

Ati-bhara vahana (carrying excessive weight or physical strain).

**3. Mansika Nidana (Psychological factors)**

Madhava, Bhavaprakasha, and Yogaratnakara highlight:

Shoka (excessive grief, sorrow, or emotional stress) as an important psychological contributor.

**4. Other etiological factors**

Madhava, Bhavaprakasha, Yogaratnakara:

Garbha prapata (miscarriage or abortion).

Abhighata (trauma or physical injury).

Bhela Samhita: Dushti (vitiation) of Apatya Marga (reproductive channels).

Harita Samhita: Vata-purita Ksheena Nadi (degeneration and weakening of uterine vessels aggravated by Vata).

**Definition**

AUB may be defined as any variation from the normal menstrual cycle, including alteration in its regularity, frequency of menses, duration of flow, and amount of blood loss. Up to one third of women will experience abnormal uterine bleeding in their life, with irregularities most commonly occurring at menarche, reproductive age and perimenopause. A normal menstrual cycle has a frequency of 24 to 38 days, lasts 7 to 9 days, with 5 to 80 ml of blood loss. Variations in any of these 4 parameters constitute AUB.

## Clinical Features:

Category	Details
Bleeding pattern	<ul style="list-style-type: none"> <li>- Irregular spotting to heavy bleeding</li> <li>- Variation in frequency, duration, or volume</li> <li>- Bleeding after menopause</li> <li>- Post-coital bleeding/spotting</li> <li>- Intermenstrual bleeding</li> <li>- Periods lasting &gt;7 days</li> <li>- Heavy regular or irregular cycles</li> </ul>
Relation to ovulation	<ul style="list-style-type: none"> <li>- Dysmenorrhea absent in anovulatory cycles</li> <li>- Excessive blood loss may lead to anemia</li> </ul>
Pelvic and imaging finding	<ul style="list-style-type: none"> <li>- Ultrasound usually normal</li> <li>- Ovarian tumor may be detected</li> <li>- Rule out other causes before starting hormonal therapy</li> </ul>
Associated symptoms	<ul style="list-style-type: none"> <li>- Physical &amp; nervous disturbances</li> <li>- Exercise-induced fatigue</li> <li>- Fainting, palpitations, syncope</li> <li>- Dyspnoea (shortness of breath)</li> <li>- Increased heart rate</li> </ul>
Premenstrual symptoms and statistics	<p>20% of women free from discomfort Only 3% of young nulliparous women without premenstrual symptoms</p> <ul style="list-style-type: none"> <li>- severity depends on individual outlook &amp; coping capacity</li> </ul>

**Physical Examination**

- The examination should focus on detecting signs of acute blood loss such as hypovolemia and anemia.
- It is essential to confirm that the bleeding originates from the uterus and not from other areas of the genital tract.
- Pelvic examination (speculum and bimanual):
- Assess for trauma to the genital tract.
- Identify vaginal or cervical pathology as possible bleeding sources.
- Evaluate the amount and intensity of bleeding.
- Detect uterine enlargement or irregularity, which may indicate a structural cause (e.g., leiomyoma).

**Pathogenesis (Samprapti) of Asrigdara**

According to Charaka, the pathogenesis of Asrigdara begins with the aggravation of Vata dosha. Due to dietary and lifestyle factors (Nidana sevana), Rakta dhatu (blood) becomes vitiated. The aggravated Vata, by obstructing and simultaneously increasing the vitiated Rakta, enhances its quantity. This excessive blood enters the uterine vessels (Rajovaha Srotas, branches of the ovarian and uterine arteries), leading to an abnormal rise in menstrual blood (Raja/Artava). The increase is attributed to a relative rise in the plasma fraction (Rasa dhatu). Because of this excessive discharge of blood, the condition is termed Asrigdara or Pradara.

**Samprapti Ghataka (Factors of Pathogenesis)**

- **Dosha:** Predominantly Vata and Pitta
- **Dushya (Affected tissues):** Rakta (primary), Artava, Rasa
- **Agni:** Jatharagni Mandya (impaired digestive/metabolic fire)
- **Adhishthana (Site):** Uterus (Garbhashaya), Artavavaha Srotas
- **Srotas (Channels):** Raktavaha, Artavavaha, Rasavaha
- **Sroto Dushti:** Atipravritti (excessive flow)
- **Roga Marga:** Abhyantara (internal pathway)

## General Clinical Features (Samanya Lakshana)

1. Raja Atipravritti – excessive menstrual bleeding
2. Deerghakalanubandhi – prolonged menstruation
3. Intermenstrual bleeding
4. With or without systemic symptoms such as body ache (Angamarda) and pain (Vedana)

## Types of Asrigdara and Clinical Features

### 1. Vataja Asrigdara

**Etiology:** Intake of dry, rough food (Ruksha Ahara) and irregular lifestyle factors causing vitiation of Vata with Rakta. Localization occurs in uterine vessels.

**Clinical Features:**

Frothy, thin, dry menstrual blood (Phenila, Tanu, Ruksha strava)  
Blackish or reddish discharge (Shyava/Aruna varna)  
Bleeding resembling washed Palasha flowers (Kimshukodaka samkasham)  
Severe pain in back, pelvis, groin, cardiac, sacral, and iliac regions (Teevra vedana)

### 2. Pittaja Asrigdara

**Etiology:** Excessive consumption of sour, hot, salty, and alkaline foods leading to Pitta-Rakta vitiation.

**Clinical Features:**

Blue, yellow, or blackish menstrual discharge (Neela, Peeta, Asita rakta)  
Hot bleeding (Atyushna strava)  
Continuous or recurrent bleeding (Nitya/Muhur-muhur strava)  
Burning sensation (Daha), redness (Raga), thirst (Trishna), fever (Jwara), giddiness (Bhrama), and confusion (Moha)

### 3. Kaphaja Asrigdara

**Etiology:** Intake of heavy, unctuous diet (Guru Ahara) and sedentary habits causing Kapha-Rakta vitiation.

**Clinical Features:**

Slimy, heavy, unctuous menstrual bleeding (Pichhila, Guru, Snigdha strava)  
Pale-colored, cold discharge (Pandu varna, Sheetala strava)  
Thick, mucoid bleeding with mild pain (Ghana, Manda-rujakara strava)

Associated systemic features: vomiting (Chhardi), anorexia (Arochaka), nausea (Hrillasa), dyspnea (Shwasa), and cough (Kasa)

### 4. Sannipataja Asrigdara

**Etiology:** Vitiation of all three doshas (Tridoshaja), seen in women with Rakta kshaya (blood depletion) who consume tridosha-aggravating food and lifestyle.

**Clinical Features:**

Foul-smelling, slimy, pitta-burnt discharge (Durgandha, Pichhila, Vidagdha rakta strava)  
Yellowish-white bleeding (Peeta rakta strava)  
Discharge mixed with fat, marrow, or resembling ghee (Sarpi, Majja, Vasa strava)  
Forceful and continuous bleeding (Vegasravi, Nirantara strava)

Associated symptoms: thirst (Trishna), burning (Daha), fever (Jwara)



## General Principles of Treatment of Asrigdara

**Chikitsa Siddhanta:** Ayurveda texts have described a variety of treatment options in the management of Asrigdara including Shodhana and Shamana Chikitsa. Out of them, the efficacy of “Shodhana Chikitsa” is having prime importance as it expels out the vitiated Dosha from the body.

The therapeutic approach to Asrigdara (Abnormal Uterine Bleeding, AUB) in Ayurveda is based on correction of the underlying pathophysiology, restoration of doshic balance, and prevention of recurrence. The general line of management includes:

### 1. Nidana Parivarjana (Elimination of Causative Factors):

Avoidance of dietary and lifestyle factors that aggravate Vata-Pitta and impair uterine function is the foremost principle. Excessive consumption of salty, sour, heavy, hot, unctuous, and irritant food substances, as well as fermented products such as Sukta, Mastu, and alcohol, should be restricted.

In this context, adherence to Rajasvalacharya (dietary and behavioral regimen during menstruation) is recommended for maintaining normalcy of menstruation and preventing pathological bleeding. This regimen includes rest, avoidance of strenuous activities, and consumption of light, easily digestible foods such as Havishya (rice with ghee) and Yavaka (barley with milk), which promote detoxification of the endometrium and ensure healthy regeneration.

### 2. Dosha Shodhana (Bio-purification Therapy):

Shodhana therapy is emphasized to expel aggravated doshas and minimize recurrence.

**Virechana (Therapeutic Purgation):** Considered the best modality for Pittaja Asrigdara, as it eliminates aggravated Pitta and purifies the Rakta. Mahatikta Ghrita is particularly recommended as a purgative formulation.

**Basti (Medicated Enema):** Since Vata plays a major role in pathogenesis, Basti is indicated. Uttar Basti (intrauterine enema) is specifically mentioned for uterine disorders. According to Vagbhata, a sequence of Asthapana Basti (decoction enema) followed by Uttar Basti provides significant benefit.

### 3. Dosha Shamana (Palliative Therapy):

When complete elimination of aggravated doshas is not feasible, palliative measures are employed to normalize doshic activity and reduce symptom severity.

### 4. Rakta-Samgrahana and Rakta-Sthapana (Hemostatic Measures):

Since excessive bleeding may cause anemia and systemic weakness, hemostatic and blood-restorative measures are crucial. Drugs possessing Rakta-Stambhana (hemostatic) and Raktavardhaka (hematopoietic) properties are employed.

### 5. Use of Tikta Rasa (Bitter-Tasting Substances):

Tikta Rasa is specifically recommended in Asrigdara due to its

- Pitta-pacifying effect
- Agni Deepana and Dosha Pachana (enhancement of digestion and metabolism)
- Rakta-Samgrahana (coagulant effect)
- Lekhana Karma (scraping and cleansing action)

## Formulations Used in Management of Asrigdara

### 1. Asthapana Basti (Decoction Enemas):

- Chandanaadi Niruha Basti
- Rasnaadi Kalpa
- Kushadi Asthapana
- Mustadi Yapana Basti
- Lodhradi Asthapana

**2. Anuvasana Basti (Oil Enemas):**

- Madhukadi Taila
- Shatapushpa Taila

**3. Internal Medicines:****Kashayas (Decoctions):**

- Darvyadi Kwatha,
- Vasadi Kwatha,
- Pradarhara Kashaya,
- Pathyamalakayadi Kashaya
- 

**Kalka/Churnas (Powders/Pastes):**

- Pushyanuga Churna,
- Rasanjana with Laksha Churna,
- Bala Moola with milk

**Ksheera Preparations:** Ashoka Valkala Kwatha Siddha Ksheera

**Modakas (Pills):** Alabu Phala Modaka, Malaya Phala Modaka

**Avaleha (Medicated Confections):**

- Khandakushmanda Avaleha,
- Jeerakavaleha,
- Kutajastaka Avaleha

**Ghrita (Medicated Ghee):**

- Shalmali Ghrita,
- Shatavari Ghrita,
- Mahatikta Ghrita

**Rasaushadhi (Herbo-mineral Preparations):**

- Pradararipu Rasa,
- Bolaparpati

**Gutikas:** Gokshuradi Guggulu

**Asava and Arishta (Fermented Preparations):**

- Ashokarishta,
- Patrangasava

## Management of Acute Abnormal Uterine Bleeding (AUB) in Nonpregnant Reproductive-Aged Women

**Goals**

1. Stop the current heavy bleeding.
2. Reduce blood loss in future cycles.

Medical treatment is preferred first. Surgery may be needed if the patient is unstable, bleeding is severe, or medical therapy fails.

Only one drug – IV conjugated equine estrogen – is FDA-approved for acute AUB.



## Medical Management

### 1. Hormonal Therapy (first-line)

#### **IV conjugated equine estrogen**

Stops bleeding in 72% within 8 hours.

Use cautiously in patients with heart or clotting risks.

#### **Combined Oral Contraceptives (OCs)**

High-dose, multiple times a day for 1 week.

Stops bleeding in ~88% within 3 days.

#### **Oral Progestins (e.g., medroxyprogesterone acetate)**

Similar regimen.

Stops bleeding in ~76% within 3 days.

(Check contraindications before starting.)

### 2. Non-Hormonal Options

- Tranexamic acid (oral/IV): Reduces bleeding by 30–55% in chronic AUB, likely helpful in acute AUB too.
- Intrauterine tamponade: Foley catheter with saline inside uterus can stop bleeding.

### 3. Long-Term Medical Options (after control of acute episode)

- Levonorgestrel intrauterine system (LNG-IUS)
- OCs (monthly or extended cycles)
- Progestins (oral or injection)
- Tranexamic acid
- NSAIDs (avoid in bleeding disorders)

If IV estrogen is used initially, always add progestin or switch to OCs.

Unopposed estrogen must not be used long-term.

### 4. Patients with Bleeding Disorders

Refer to hematologist.

Options: hormonal therapy, tranexamic acid, desmopressin (if responsive), clotting factor replacement.

Desmopressin: intranasal, IV, or SC. Use with caution (risk of water retention, low sodium). Avoid if patient is receiving large IV fluids.

Avoid NSAIDs (they worsen bleeding).

## Surgical Management

Considered if patient is unstable, bleeding is severe, or medical treatment fails.

### **Dilation & Curettage (D&C):**

Temporary effect. Better if combined with hysteroscopy (to detect/treat intrauterine causes).

**Polypectomy/Myomectomy:** for polyps or fibroids.

**Uterine artery embolization:** reduces blood supply to uterus, stops bleeding.

**Endometrial ablation:** destroys uterine lining.

Only if other options fail, woman doesn't want future pregnancy, and cancer is ruled out.

**Hysterectomy:** final, definitive option if nothing else works.

### **Sadhya-Asadhyata:**

Prognosis is deprived in the type of - Sannipataja Raktapradar.

Atyartav (Per Vaginum excessive bleeding). Angamard (body ache), Daurabalya (generalized weakness), Trishna (thirst), Dah (generalized Burning sensation), Bhram (dizziness), Murcha (unconsciousness), Tandra (drowsiness), Jwara (fever) etc. These are all associated common symptoms. Less amount of blood in the body.

Raktanyunata (Anemia - Less amount of blood in the body).

### **Discussion**

In Ayurvedic classics, all gynecological disorders comes under a big heading 'Yonivyapada'. Asrigdara is very severe and life-threatening disease which may be fatal to the patient if not treated properly and timely. Complications of Asrigdara includes weakness, giddiness, mental confusion, feeling of darkness, dyspnoea, thirst, burning sensation, delirium, anaemia, drowsiness, convulsion and other disorders due Vata vitiation because of excessive bleeding per vaginum. Prophylaxis of asrigdara is possible only due the avoidance of all etiological factors causing Raktapradara. The drugs and formulations used in treatment of Asrigdara are mainly rich in Kashaya rasa and Tikta rasa because both of these rasas have the property of astringent i.e., Stambhana Guna in Ayurveda and thus due to astringent property, bleeding will be checked. Then next aim of treatment should be rising of blood i.e., haemoglobin level in body and for that, Raktasthapana drugs should be used. Maharshi Kashyapa has described use of purgation (Virechana) in treatment of Asrigdara because Virechana is most appropriate and superior therapy among Panchkarma for Pitta Dosha and Rakta Dosha have quality identical to Pitta Dosha, hence Virechana therapy will be also effective to treat the disease originated due to vitiation of Rakta Dosha.

### **Conclusion**

Asrigdara, described in Ayurveda as prolonged or excessive menstrual bleeding with or without intermenstrual episodes, is understood to arise from vitiation of Vata and Pitta doshas along with Rakta. Classical principles of management emphasize Nidana parivarjana (removal of causative factors), Dosha shodhana (purification therapies), Dosha shamana (pacification therapies), Rakta sthapana (hemostasis), Rakta sangrahana (blood conservation), and the use of Tikta rasa drugs. Interventions such as Virechana for Pitta-Rakta vitiation and Basti for Vata regulation provide targeted therapeutic benefit. These measures not only help in controlling abnormal bleeding but also restore uterine health, improve systemic strength, and prevent recurrence.

From a modern perspective, heavy menstrual bleeding (HMB) is a major gynecological concern that adversely affects physical health, mental well-being, and quality of life. Untreated cases may progress to severe anemia and, in chronic situations, can become life-threatening. Thus, integration of Ayurvedic principles with evidence-based modern approaches can provide safe, reliable, and effective management strategies for women suffering from Asrigdara or abnormal uterine bleeding.

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