



Review Article

AN AYURVEDIC OVERVIEW OF *RAKTAPRADAR*- A CONCEPTUAL APPROACH

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ABSTRACT

Reproductive capability in a young woman begins at the point of menarche, which is the beginning of cyclic uterine bleeding in the anatomically and physiologically normal female. Menarche marks the beginning of an important stage in a young woman's physical reproductive maturation and development. Even before the onset of this entirely natural but potentially disturbing function, a young woman's early psychological reactions to menstruation, and probably also her lifelong view, can be influenced by the accuracy of her information and the degree of empathy with which this knowledge has been conveyed to her. Many women, perhaps appropriately, conclude that any departure from their personal menstrual experience is abnormal, and they will seek treatment for these departures. Conversely, some women accept or perhaps ignore even significant variations in their menstrual function, sometimes to the extent that serious health impairment occurs (e.g., severe iron-deficiency anemia). Therefore in this study an effort has been put forth to make a conceptual study covering almost all the aspect of *Raktapradar* as per Ayurvedic and modern.

KEYWORDS: Ayurveda, Menstruation, *Raktapradar*, Abnormal uterine bleeding.

INTRODUCTION

According to Indian philosophy, woman is considered to be superior to heaven as creation of a being takes place inside her womb. Women perpetuate the human race by creating and nourishing children. The health of family, society and culture that revolve around woman depends upon woman's health to a great extent.

Acharya Charak mentioned that *Garbha* (new progeny) can be resides only in *Suddha yoni*^[1]. That is why Ayurveda has explained woman's health in details and emphasized on all the preventive as well as curative measures to preserve it in the healthiest state. For this, different gynecological disorders are discussed vividly in Ayurvedic classics under the common headings of *Yonivyapad* and *Artavavyapad*.

Raktapradar, the abnormal uterine bleeding, which is not found directly among twenty *Yoni Vyapad* and eight *Artava Vyapad*, is a common problem of the females specially in there productive age group; has got a detailed pathophysiology and treatment in the classical literature of Ayurveda. As the symptoms of *Raktapradar*, excessive excretion of menstrual blood, either in quantity or in duration, has been explained in *Charaka Samhita* and *Madhava Nidan* appears to be analogous to abnormal menstrual bleeding.

Abnormal uterine bleeding is defined as any variation from the normal menstrual cycle, and includes changes in regularity and frequency of menses, in duration of flow, or in amount of blood loss^[2]. It is a problem mostly prevalent in reproductive age group worldwide and affects quality of life. It has got different detrimental effects on individual and community.

Menorrhagia is essentially a symptom and not itself a disease. It affects 20-30% woman at sometime or other with significant adverse effect on the quality of life in terms of anaemia, cost of sanitary pads and interference in day-to-day activities.^[3] Several causes may prevail in a few cases, and attribute to excess bleeding. In excessive bleeding with regular cycle, H-P-O axis is intact, but endometrial changes get altered. It is observed that in these cases, PGI₂ (prostacyclin), which is a vasodilator is increased as compared to PGF_{2a} (carboprost) in endometrial tissue.^[3]

Almost all Ayurvedic classics emphasized the concept of *Raktapradar* which highlights the importance given to the subject. This study aimed at systematic compilation, analysis and interpretation of the concepts of *Raktapradar* with the contemporary science and understanding the

concepts of abnormal uterine bleeding from an Ayurvedic perspective.

AIM AND OBJECTIVE

To study about the literary review of *Raktapradar* with Abnormal Uterine Bleeding in detail.

MATERIAL AND METHOD

This conceptual study is made after reviewing all the available Ayurvedic classics as well as modern book thoroughly.

DESCRIPTION

Definition

Menorrhagia is defined as cyclic bleeding at normal intervals which is either excessive in amount (>80ml) or duration (>7days) or both. (D.C. Dutta).

The term 'Dysfunctional Uterine Bleeding' was specifically used for when menorrhagia is not associated with any genital tract abnormalities, general or endocrinological disease.

In this case, hormonal imbalance is considered the root cause of hyperplasia of endometrium that causes menorrhagia. This often happens in anovulatory cycles with excessive or unopposed influence of oestrogen on the endometrium. In some cases, abnormal endometrial haemostasis is the cause of abnormal excessive bleeding.

Ayurvedic View of the Disease *Raktapradar*

It is the disease which is characterised by excessive loss of blood during menstruation. The disease has been termed *Raktapradar*, *Pradar* etc at different places. Besides, *Asrigdara* few other conditions such as *Raktayoni*, *Raktaja artavadusti*, *Artava ativriddhi* having excessive cyclical or a cyclical bleeding have also been described in Ayurvedic classics. While diagnosing the *Asrigdar* it has to be differentiated from this different condition.

Definition

The ancient view regarding the disease is given below. The definition of the word *Raktapradar* or *Asrigdar* were given by various author are given below.

1. *Acharya Charak* said that *Pradar* is a disease in which blood comes in excess amount.
2. *Acharya Madhav* opined that *Asrik* or *Rakta* when discharged in excess amount per vagina the disease is known as *Asrigdar*.
3. *Acharya Vagbhatas* opined that when blood either during or in intermenstrual period comes it is called as *Asrigdara*, *Pradar* or *Raktayoni*.
4. According to *Dalhana*, even less amount of blood can be seen during intermenstrual period or

duration of intermenstrual period shortens, the disease is termed as *Asrigdara*.

5. According to *Bhela* when *Shonita* comes from wrong passages it is known as *Pradara*. It causes *Shosa* of female body.

It can be summarized that the disease in which the amount and or duration of bleeding increased or shortening of intermenstrual period occurs is known as *Raktapradar* or *Asrigdara*.

Classification

Acharya Charak, *Madhav Nidan*, *Sarangadhara*, *Bhavaprakash* and *Yogaratanakar* have classified *Raktapradar* into 4 types.

- 1) *Vataja*
- 2) *Pittaja*
- 3) *Kaphaja*
- 4) *Sannipataja*

Acharya Sushruta has not given any classification. However commentator *Dalhana* who explained its clinical features has also explained that special clinical features of *Raktapradara* depend upon the physical character of blood which is identical to those described in the chapter of venesection.

Vagbhat has not given any classification. However in the treatment he has specially mentioned the recipies for *Vataja*, *Pittaja* and *Kaphaja Asrigdara*. Commentator *Indu* just like *Dalhana* has adjusted that the *Asrigdara* should be divided according to association of *Doshas* which is to be judged on the basis of features of blood described in venesection.

In other word commentator *Dalhana* classify the *Asrigdara* into 7 groups

- 1) *Vataja*
- 2) *Pittaja*
- 3) *Kaphaja*
- 4) *Vatapittaja*
- 5) *Pittakaphaja*
- 6) *Vatakaphaja*
- 7) *Sannipataja*

Nidan

Acharya Madhav, *Bhavamisra* and *Yogaratanakar* have described only general etiology of all the types of *Raktapradar*. *Maharishi Sushruta* described there is only increased amount of blood loss during intermenstrual period in *Raktapradar*. *Acharya Charak* has stressed the importance of only dietetic substance in the cause of this disease. *Acharya Madhav* has explained local contributory factors for the disease.

General Etiology

The general causative factors of *Asrigdara* may be put forth in the following way in Table-1.

Table 1: The General Causative Factors of *Raktapradar*

Factors	Charak	BhavaPrakash	MadhavNidan	Yogaratkanar
1. Dietic Factors				
• Excessive use of <i>Lavana</i> (salty)	+	-	-	-
• Excessive use of acidic materials (<i>Amla</i>)	+	-	-	-
• Excessive use of <i>Guru</i> (heavy)	+	-	-	-
• Excessive use of <i>Katu</i>	+	-	-	-
• The substance which causes burning (hot)	+	+	+	+
• Meat of wild animal	+	-	-	-
Meat of aquatic animals	+	-	-	-
• Oleo (<i>Krusara</i>)	+	-	-	-
• Rice cooked with milk (<i>Payasa</i>)	+	-	-	-
• Curd (<i>Dahi</i>)	+	-	-	-
• <i>Sukta</i>	+	-	-	-
• <i>Mastu</i>	+	-	-	-
• Wine (<i>Sura</i>)	+	-	-	-
• Emaciation (<i>Atikrisata</i>)	-	+	+	+
2. <i>Vihara</i>				
• Excessive travelling (<i>Atiyana</i>)	+	+	+	+
• Excessive walking (<i>Atimarga Gamana</i>)	-	+	+	+
• Excessive weight lifting	-	+	+	+
• Sleeping in daytime	-	+	+	+
3. Local factors				
• <i>Garbhasava</i> (Abortion)	-	+	+	+
• <i>Atimathun</i> (Excessive coitus)	-	+	+	+
4. Psychological factors				
• <i>Shoka</i> (sorrow)	-	+	+	+
5. General factors				
• Digestive disorders (<i>Ajirna</i>)	-	+	+	+
• Injuries (<i>Abhighata</i>)	-	+	+	+
6. Unknown etiology	-	-	-	-

Samprapti (Pathogenesis)

The *Vayu* getting aggravated due to above mentioned causes reaches *Rajovahisiras* of *Garbhasaya* (capillary bed of uterus). This increased amount of *Rakta* within the vessels (congestion) mixes with the *Raja* (menstrual blood). Naturally the amount of *Raja* increases suddenly, this increase in amount is mainly its *Rasavaha* (Plasma contents). This increased *Raja* when excreted during menstruation comes in excess amount.

The pathogenesis clearly shows that irrespective of etiology, the pathology takes place in *Rajovaha siras* or endometrial vessels, the factor even realized today. In DUB the main pathology lies in vascular apparatus (Jeffcoate, 1975).

Samanya Lakshana

Charak says that excessive vaginal bleeding during menstruation is the only symptom of *Asrigdara*^[4]. According to *Acharya Sushrut*, there is body ache and pain present in all type of *Asrigdar* with excessive bleeding per vagina^[5]. *Dalhan* said in his commentary that burning sensation in lower portion of groin, pelvic region, back and flanks and severe pain in uterus as symptom present in *Asrigdar*^[6] *Vridhdha*. *Vagbhat* has described excessive bleeding during menstrual or intermenstrual period as symptom of *Raktapradar*^[7]. *Bhava prakash*, *Madhav nidan* and *Yogaratanakar* have described the same as in *Sushruta samhita* i.e., body ache and pain in *Raktapradar*.

Sadhya-Asadhyata (Prognosis)

Prognosis is bad in the cases of

- *Sannipataja Raktapradar* (accepted by all the *Acharya*).
- Continuous bleeding per vaginum
- Associated with thirst, Burning and fever etc.
- Less amount of blood in the body
- Weak ladies

Upadrava (Complication)

Acharya Susruta said when the patient is having excessive amount of bleeding per vaginum there is weakness, dizziness, unconsciousness, blurring of vision, thirst, burning sensations, delirium, anaemia, drowsiness and other *Vatik* disorders.

Same things are described by *Madhava*, *Bhavamishra* and *Yogaratanakar*. *Acharya Charaka* said that *Raktapradar* is also an aetiological factor of *Sotha*. This is a well known fact that continuous bleeding cause anaemia and oedema occurs due to anaemia.

Differential diagnosis of *Raktapradar*

- *Pittaja yonivyapad*- Menstrual blood is yellowish black in colour, excess in amount, hot, smell like dead body (*Kunapagandhi*) produce burning suppuration of the yoni and is associated with fever and heat. It maybe correlated to pyometra and early sign of endometrial carcinoma.
- *Asrija yonivyapad*- There is excessive bleeding per vagina even after conception.
- *Adhoga raktapitta*- There is excessive bleeding either through vagina, rectum or through urethra. This may be considered to be a cause of various bleeding disorder such as purpura, thrombocytopenia etc.
- *Lohitaksara yonivyapad*- There is insidious, sudden irregular bleeding. This can be correlated to cervical lesion like erosion, polyp, fibroid etc causing bleeding.
- *Paripluta yoni vyapad*- There is excessive bleeding with pain all over the pelvis. It occurs due to *Dushti* of *Pitta* and *Rakta dosha*. This condition can be correlated to chronic pelvic inflammatory disease.

Chikitsa Siddhanta (Principle of Treatment)

According to *Charak*^[8], like *Raktayoni*, here in *Raktapradar Raktastambhak* (hemostatic) drug should be used, on the basis of diagnosed *Dosas* by seeing the colour and smell of the blood. Treatment prescribed^[9] for *Vatala* etc gynaecological disorders should also be used in respective *Raktapradar*.

The treatment^[10] prescribed for *Raktatisara* (diarrhoea with blood) *Raktapitta* (bleeding diathesis), *Raktarsa* (bleeding piles) *Guhyaroga*

(diseases of reproductive system) and abortion is also useful in *Raktapradar*.

According to *Dalhana*^[11] management of *Raktapradara* should be done in the line of *Adhoga Raktapitta*. According to *Kashyap*, purgation cures menstrual disorders. According to *Chakrapani*^[12] the treatment of *Raktapradar* should be done in the line of management of *Raktapitta*.

Treatment

The treatment of *Raktapradar* depend upon the cause of bleeding and general condition of the patient, because the excessive bleeding per vagina lead to poor general condition and if general condition of patient is very poor, patient cannot tolerate vigorous treatment. So the aim of treatment is to control the bleeding immediately and remove the cause. While dealing the treatment of *Yoniroga*, *Acharya Charak* has specified the treatment according to predominance of *Dosas*.

- *Vataja Yoniroga*- *Snehan*, *Swedana* and *Basti Chikitsa*
- *Pittaja Yoniroga*- Use of *Sheeta* material with other treatment of *Raktapitta* to stop the bleeding
- *Kaphaja Yoniroga*- The hot and dry thing should be used.
- *Sannipataja Yoniroga*- Treatment should be given according to the predominance of *Doshas* or mixed therapy can be given.

Acharya Sushruta has mentioned in the treatment of *Yoni Roga* regarding *Snehana* and *Basti* according to *Doshas*, which is predominant.

The principles of treatment of *Raktapradar* can be divided into following types

- *Nidan Parivarjanam*
 - *Dosha Shodhan*
 - *Dosha Shaman*
 - *Rakta Sthapana*
1. ***Nidan Parivarjanam***- This is the main principle which include identification of cause and steps of its eradication.
 2. ***Dosha Shodhan***- It is very important part of *Ayurvedic Chikitsa*. Once *Shodhan* is done there is very remote chance of recurrence of disease. Normally the *Shodhan Chikitsa* is considered as use of *Panchakarma Chikitsa* with *Purvarupa*. But this therapeutic procedure is contraindicated in delicate women and weak person. The women suffering from *Raktapradar* usually become weak due to loss of vital substances mainly blood of the body. Naturally purifying measures are not prescribed. Another procedure termed as *Lekhana Karma* or curettage which is also a type

of cleansing measure has positive value in majority of the cases.

3. Dasha Shaman- In this process treatment is given according to predominance of *Dosas*. In other word it is a symptomatic treatment.

4. Rakta Sthapana- The treatment is given to stop the bleeding. *Charak* has mentioned a long list of drug for *Raktasthapana*.

Pushyanug Churna is one of the highly reputed drug for the treatment of *Raktapradar*. Similarly *Pradarantak Lauha, Prabal Bhasma, Dugdhasana, Salmali and Laksha Churna* can also be prescribed and is highly efficacious.

Modern Causes^[3]

The causes can be divided into:

- Pelvic-Uterine fibroid, Adenomyosis, Endometrial polyps, Pelvic infection including Chronic endometrial infection, Endometrial hyperplasia, Copper intrauterine contraceptive device, Uterine vascular malformation, Endometriosis
- Systemic-Coagulation disorder like Thrombocytopenia, Von Willebrand disease, Hypothyroidism, Hepatic, Renal and Cardiac disease.
- Iatrogenic-Person in Anticoagulation therapy, Intrauterine contraceptive device
- Functional-In 40-60% of women with Menorrhagia no underlying cause is found.

Classification

Abnormal uterine bleeding is of two types:

1. Anovulatory cycles (80%)
2. Ovulatory cycles (20%)

Abnormal Uterine Bleeding (AUB) in the Reproductive Age

FIGO (Federation of International of Gynecologists and Obstetricians) in 2011 came forward with the new nomenclature of AUB instead of dysfunctional uterine bleeding, and a new classification system to define its cause. This classification is named 'PALM-COEIN' system. It stands for Polyp, Adenomyosis, Leiomyoma, Malignancy and Coagulopathy, Ovulatory dysfunction, Endometrial cause, Iatrogenic and Non-classified.

The first four are related to visually objective structural uterine abnormalities that can be measured visually with imaging modalities and by histopathological study. The others are non structural and attributed to coagulation disorders and hormonal dysfunction. N stands for no cause detected.

Abnormal Uterine Bleeding in Premenopausal Women

The menstrual cycles are painless as most cases are anovulatory cycles. One point to be

emphasized here is that therapeutic D & C and endometrial study are important in premenopausal women to rule out endometrial carcinoma. In younger women, D & C is done when medical therapy fails. Instead of D & C, uterine aspiration or hysteroscopic biopsy is chosen by some to study the endometrial lining and to detect small polypi that can be missed on ultrasound and to diagnose tubercular endometritis.

Metropathia Haemorrhagica

It is a specialized form of anovulatory AUB, seen in women between 40 and 45 years. It is not related to parity. The symptoms are typical. The woman develops continuous painless vaginal bleeding, sometimes starting at the onset of menses, or preceded by 6-8 weeks of amenorrhoea. Occasionally, the woman reveals a history of menorrhagia prior to this. The uterus is slightly bulky. This condition may simulate abortion and ectopic pregnancy if amenorrhoea precedes bleeding, but pain is conspicuously absent.

Chronic Anovulation and Dysfunctional Uterine Bleeding

The state of chronic anovulation is the result of unopposed estrogen stimulation of the endometrium with consequent irregular breakdown and bleeding. Chronic anovulation syndrome is a "wastebasket" diagnosis for multiple endocrine etiologies.

Hyperthyroidism and hypothyroidism, hyperprolactinemia, hormone-producing ovarian tumors, and Cushing disease are all endocrine syndromes that can induce anovulation, but the primary etiology of DUB is chronic anovulation syndrome, often commonly described as the polycystic ovary or Stein-Leventhal's syndrome. Any imbalance in hypothalamic pulsatile release of gonadotropin-releasing hormone (GnRH), in pituitary synthesis or release of follicle-stimulating hormone (FSH) or luteinizing hormone (LH), or in ovarian follicular production of E2, androgens, or progesterone can upset the delicate balances that induce cyclic ovulation and normal menstrual function. Exogenous androgen production in the adrenal glands and estrone production in adipose tissue produce identical clinical pictures.

Abnormal Ovulation and Dysfunctional Uterine Bleeding

Although the most frequent cause of DUB is anovulation, histologic studies consistently show that 15% to 20% of DUB patients have secretors endometrium, indicative of at least intermittent, if not regular, ovulation^[5]. The differential diagnosis of abnormal bleeding with ovulation differs from that of anovulation. Ovulatory patients with abnormal

bleeding are more likely to have an underlying organic pathology and are not, therefore, true DUB patients by strict definition.

In addition to histologic confirmation of ovulation by the presence of secretor endometrium, ovulation can be documented by basal body temperature charting, urinary LH surge detection, or prospective hormonal evaluation.

Diagnosis

As Abnormal uterine bleeding is a diagnosis of exclusion, so a number of systemic, local reproductive and iatrogenic factor need to be ruled out. It is necessary to rule out a coagulation disorder in adolescent girl, pregnancy related bleeding in reproductive age group and malignancy in older women.

- Urine for pregnancy test should be done
- PAP Smear
- Routine blood examination and coagulation profile should be done
- USG of lower abdomen by transabdominal and transcervical route to rule out any pathology and to know the thickness of endometrium.
- Endometrial biopsy
- Endocrine study

Pathophysiology

The most common etiology for DUB is estrogen withdrawal or estrogen breakthrough bleeding in an anovulatory patient. In the absence of progesterone exposure to cause inhibition of DNA synthesis and mitosis, the estrogenic proliferative response causes stromal cell growth to exceed the structural integrity of its stromal matrix, and the endometrium breaks down with irregular bleeding. Unopposed estrogen results in vascular endometrial tissue with relatively scanty stroma, giving glands a back-to-back appearance. The endometrium is fragile and undergoes repetitive spontaneous breakdown. In the absence of normal control mechanisms to limit menstrual blood loss, bleeding can be prolonged and excessive. Other contributing factors are the lack of coordinated vasoconstriction and the release of lytic enzymes, which occurs in a normal progesterone-stimulated endometrium. The absence of progesterone stimulation of metalloendopeptidase increases endothelin-1 activity, which contributes to vasospasm. Lysosomal enzymes inappropriately released in the absence of progesterone stabilization of the lysosomal membrane further contribute to structural breakdown.

Hemostasis in a bleeding endometrium depend both on coagulation, with thrombus formation forming plugs in superficial blood vessels, and on vasoconstriction of spiral arterioles;

generalized endometrial collapse with compression of bleeding vessels can also contribute. The lack of coordinated vasoconstriction and the irregular structural collapse lead to irregular and often heavy bleeding. The amount of bleeding correlates directly with the level of estrogen stimulation. Unopposed estrogen stimulation can, over time, induce a hyperplastic response in the proliferating endometrium.

Treatment

Specific treatment for Menorrhagia is based on a number of factor such as age, parity, medical and surgical history, drug sensitivity, severity, etiology, diagnosis and response of the patient. Treatment of abnormal uterine bleeding includes- medical treatment and surgical treatment.

Medical Management

1. Hormonal

- Progestagens- Norethisterone, Medroxyprogesterone
- Oestrogen+progestagen- combined oral contraceptive pill(COCP)
- Levonorgestral releasing intrauterine system (LNG-IUS)
- Oestrogen: Parenteral conjugated equine oestrogen for acute control

- Androgen- Danazol
- GnRH analogues

2. Non hormonal

- NSAID(Non steroidal anti inflammatory drugs)- Mefenamic acid
- Antifibrinolytic drugs- Tranexamic acid

3. Selective oestrogen receptor modulators (SERMS)

- Clomiphene citrate
- Centchroman

4. Desmopressin, a selective analogue of arginine vasopressin can cause rapid increase in Von willebrand factor and factor VIII

5. Ethamsylate

Women with anovulatory cycle require therapy that includes a progestin. Regular, heavy menstrual bleeding can be successfully treated with both hormonal and non hormonal option.

a. Non hormonal

- Non steroidal anti inflammatory drug (NSAID)- Mefenamic acid
- Antifibrinolytic drug- Tranexamic acid

b. Hormonal

- Combined hormonal contraceptive
- Levonorgestral releasing intrauterine system
- Oral progestin
- Depot medroxyprogesterone acetate
- Danazol

- GnRH agonist

Surgical Treatment

1. Dilatation and curettage- in acute phase it is therapeutic as well as diagnostic.
2. Endometrial ablation by conventional resectoscope, microwave, bipolar electrodes, cryosurgery etc.
3. Hysterectomy (conventional or laparoscopic)

DISCUSSION

In Ayurveda *Raktapradar* can be correlated to Abnormal Uterine Bleeding. *Acharya Charak* explained *Raktapradar* as disease of vitiated *Rakta* and *Pittaavrit Vata* and *Apan Vayu*. Effect on *Doshas* are.

Vata Dosha- *Vyan Vayu* is responsible for alteration in the ratio of endometrial prostaglandin and disturbance in hypothalamus pituitary ovarian axis (H-P-O axis) to counteract above pathology *Katu Rasa* helps to normalize *Vayu* hence normalizing H-P-O axis and ratio of endometrial prostaglandin.

Pitta Dosha- Disturbance in endometrial blood vessel and capillaries may occur due to vitiation of *Pitta Dosha*. Drug having *Sheeta Virya*, *Kashaya Rasa* and *Pittaghna* properties help to normalize the *Pitta Dosha*, *Rajovaha Srotas* and normalizes the disturbance in endometrial blood vessels and capillaries. In the pathogenesis of *Raktapradar*, *Chala Guna* of *Vata Dosha*, *Sara* and *Drava Guna* of *Pitta Dosha* increases the amount of blood. Hence the drug example *Vasa*, *Lodhra* etc having *Ruksha*, *Laghu Guna* and *Kashaya Rasa* affect the *Sara* and *Drava Guna* of *Pitta Dosha* so these might be the reason in reducing the amount of bleeding.

CONCLUSION

The clinical condition of *Raktapradar* is more or less similar to Abnormal Uterine bleeding. Various treatment protocols mentioned in modern science like use of hormonal therapy, Antiprostaglandin, Antifibrinolytic drugs and surgical interventions are mentioned for treatment of abnormal uterine bleeding. Taking into account the adverse effect Ayurvedic intervention mentioned above can be

recommended as safer, feasible and effective therapy for management of *Raktapradar*.

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