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Review Article

Analysis of *Shonitasthapana Mahakashaya* in Management of *Asrigdara* (Abnormal Uterine Bleeding): A Critical Review

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ABSTRACT

Background: Abnormal uterine bleeding (AUB) is one of the most frequent gynaecological complaints, accounting for nearly 30% of outpatient consultations. In Ayurveda, this condition is conceptualised as *Asrigdara,* primarily attributed to pitta and *rakta* vitiation, with *vata* facilitating excessive expulsion. Charaka has recommended *Shonitasthapana Mahakashaya*, a group of ten agents, for managing bleeding disorders.

Methodology: This review critically evaluated *Shonitasthapana Mahakashaya* through classical Ayurvedic texts and modern biomedical literature. Each drug was assessed for Ayurvedic pharmacodynamics *(rasa, guna, veerya, vipaka)* and correlated with reported pharmacological actions relevant to haemostasis, anti-inflammatory activity, and uterine regulation.

Review Results: The ten agents, *Madhu, Madhuka, Rudhira, Mocharasa, Mrutkapala, Lodhra, Gairika, Priyangu, Sharkara, and Laja,* demonstrated significant *stambhana* (haemostatic) and pitta-shamaka activity. Contemporary research substantiates their bioactive effects: tannin-rich herbs *(Lodhra, Mocharasa, Priyangu)* showed anti-haemorrhagic and vascular-stabilising properties; saffron (Rudhira) and liquorice *(Madhuka)* exerted antioxidant, phytoestrogenic, and uterine-modulatory effects; mineral *Gairika demonstrated* styptic and hematinic activity. Collectively, these

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align with the Ayurvedic rationale of pacifying *pitta-rakta* imbalance and restoring haemostatic balance. Evidence supports the integration of *Shonitasthapana Mahakashaya* as adjuvant therapy in AUB management. While pharmacological studies affirm their mechanistic potential, robust clinical trials remain scarce.

Conclusion: *Shonitasthapana Mahakashaya* demonstrate promising therapeutic relevance for Asrigdara. Rigorous clinical validation could position them as integrative strategies in gynaecological care.

KEYWORDS

• Abnormal Uterine Bleeding • *Asrigdara* • *Ayurveda* • Haemostasis • *Shonitasthapana Mahakashaya*

INTRODUCTION

Human life is influenced by natural rhythmic cycles, and the female menstrual cycle is one such phenomenon involving monthly hormonal changes that affect both physical *(shareerika)* and psychological *(mansika)* states. Menstruation occurs with the periodic shedding of the endometrial lining of the uterus. A normal cycle ranges between 21–35 days, with 4-5 days of bleeding and an average blood loss of 35 ml (20-80 ml). Variations of 2-3 days are common.

Any deviation in the amount, duration, regularity or frequency of bleeding is termed abnormal uterine bleeding (AUB). Nearly 30% of gynaecological consultations are for AUB. Excessive or prolonged bleeding during menstruation corresponds to conditions like menorrhagia or menometrorrhagia, understood under the domain of Asrigdara in Ayurveda. The term is described by Acharya Charaka in *Chikitsa Sthana* under *Yonivyapad Chikitsa,*[1] as well as in *Sushruta Samhita, Ashtanga Hridaya, Ashtanga Sangraha, Sharangadhara Samhita,* and *Bhavarakasha.* According to Acharya Charaka, the predominant etiological factors *(nidana's)* are pitta-aggravating causes. However, vitiation of Vata is indispensable, as Vata governs the movement of *Rakta* through *artavavaha srotas.* When vitiated, Vayu increases Rakta, drives it into the *artavavaha siras* and causes excessive flow, manifesting as Asrigdara.[1]

The word *Asrigdara* arises from *Asrik* (blood/raja) and *Dara* (excessive flow). Classical texts list associated symptoms as fatigue, weakness, giddiness, burning, dyspnoea, delirium, anaemia and even convulsions due to excessive blood loss. Charaka emphasizes dietary causes leading to emaciation or obesity with pelvic congestion, while *Madhava* and *Bhavaprakasha* also note psychological and lifestyle factors causing chronic inflammation and vasomotor imbalance during menstruation. Thus, *Asrigdara* is primarily a *Pitta-prakopa* disorder influencing *Rakta* with *Vata* providing the forceful expulsion of vitiated blood, leading to abnormal uterine bleeding.

METHODOLOGY

The data for the review has been gathered from the classical Ayurveda texts of *Charaka Samhita, Sushruta Samhita* and *Nighantus* (lexicons) especially *Bhavaprakasha Nighantu,* and the Ayurvedic Pharmacopoeia of India (API). The contemporary and pharmacological review has been dealt from textbooks of biomedical medicine and the peer reviewed scientific research journals available on Google Scholar, PubMed, Elsevier, Scopus, and alike relevant databases using keywords like AUB AND *Ayurveda,* AUB AND *Asrigdara* and *Asrigdara* AND *Ayurveda.* Further, each drug from the group has been evaluated for its Ayurveda properties (the pharmacodynamic attributes) along with pharmacological actions in *Asrigdara.*

RESULTS

In the management of *Asrigdara,* the therapeutic principle is to administer substances possessing *rasa, guna,* and *veerya* opposite to those of the vitiated *doshas* involved. Since *Pitta* and *Rakta,* along with *Vata,* are the primary factors in this condition, drugs that pacify these *doshas* and simultaneously exert *stambhana karma* (haemostatic action) form the line of treatment. Acharya Charaka, in *Sutra Sthana,* has recommended the *Shonita-Sthapana*

Mahakashaya, which serves as an effective group of formulations for controlling excessive uterine bleeding.[2] The pharmacological properties and their actions are described in Table 1.

Table 1: Pharmacological Properties and Actions of *Shonita-Sthapana Mahakashaya*

Dravya	Botanical Name	Rasa	Guna	Veerya	Vipaka	Karma
Madhu	*Apidae corbiculata*	*Madhura Kashaya Anurasa*	*Rukhsha Sheeta*	*Ushna*	*Madhura*	*Tridosha-shamaka*
Madhuka	*Glycyrrhiza glabra Linn.*	*Madhura*	*Guru Snigdha*	*Sheeta*	*Madhura*	*Vata-Pitta Shamaka*
Rudhira	*Crocus sativa Linn.*	*Katu Tikta*	*Snigdha*	*Ushna*	*Katu*	*Tridosha-shamaka*
Mocharasa	*Resin of Salmali Bombax ceiba Linn.*	*Kashaya*	*Laghu Snigdha*	*Sheeta*	*Madhura*	*Pitta-Kaphashamaka*
Mrutkapala	-	-	-	-	-	*Pittashamaka*
Lodhra	*Symplocos racemosa Roxb.*	*Kashaya Tikta*	*Laghu Rukhsha*	*Sheeta*	*Katu*	*Pitta-Kaphashamka*
Gairika	*Fe2O3 Ferrum hematite*	*Kashaya Madhura*	*Rooksha*	*Sheeta*	*Madhura*	*Pitta-Kaphashamka*
Priyangu	*Callicarpa macrophylla*	*Tikta Kashaya Madhura*	*Laghu Rukhsha*	*Sheeta*	*Katu*	*Kapha-Pittashamka*
Sharkara	*Saccharum officinarum Linn.*	*Madhura*	*Sheeta Snigdha Guru*	*Sheeta*	*Madhura*	*Pittashamka*
Laja	*Oryza sativa Linn.*	*Madhura*	*Laghu*	*Sheeta*	*Madhura*	*Pitta-Vatashamka*

Figure 1: Shonitasthapana Mahakashaya

In *Vataja Asrigdara, Madhuka* having *madhura rasa, guru snigdha guna* and madhura vipaka helps in normalising the vitiated vata. Similarly, *Laja,* with its *madhura rasa* and *madhura vipaka,* works effectively in balancing the aggravated vata. In *Pittaja Asrigdara, Madhuka* with its madhura rasa, sheeta veerya and *madhura vipaka* helps to pacify the vitiated *pitta*. *Mritkapala,* owing to its *sheeta guna* and the *sanskara* with *sheeta dravyas,* acts as a strong *pitta shamaka*; this property is attributed to *Mrutika,* which is considered the *yoni* of *ghata*. *Sharkara*, being an *ikhshu vikara*, is highly effective against *pitta* due to its madhura rasa, sheeta guna, sheeat veerya and *madhura vipaka*. Likewise, *Mocharasa* with its *sheeat veerya* and *madhura vipaka* balances vitiated *pitta* in the *samprapti* of *paitika Asrigdara*. *Gairika*, too, with its *sheeta veerya* and *madhura vipaka*, contributes in pacifying aggravated *pitta* in *paitika Asrigdara*. In *Kaphaja Asrigdara*, *Lodhra* having *katu kashaya* rasa, *laghu rukhsha guna* and *katu vipaka* proves useful in balancing *kapha*. Similarly, *Priyangu*, with *tikta kashaya rasa*, *laghu rukhsha guna* and *katu vipaka*, effectively counteracts the vitiated *kapha*. Also, in *Sannipatika Asrigdara, Madhu* and *Rudhira* with their *tridosha shamaka* properties play an important role in pacifying all three *doshas*, making them highly effective in restoring balance.

Madhu: *Madhu* possesses *ruksha* and *sheeta guna*, which are opposite to the qualities of *pitta* and *rakta*. It is endowed with *madhura* and *kashaya rasa*, both of which are considered *pitta shamaka rasa*. The presence of *kashaya rasa* makes *madhu* an excellent *stambhaka dravya*, as kashaya rasa inherently has strong stambhana properties. Furthermore, *madhu* has *madhura vipaka*, enabling it to pacify pitta, *rakta* and *vata dosha*. Classical texts have mentioned *madhu* in *ShonitaSthapana Mahakashaya* as well as in *Sandhaniya Mahakashaya*, highlighting its therapeutic importance. Additionally, *madhu* can function as a *yogvahi dravya*, which means that when administered with other medicines, it acquires and enhances the properties of those medicines. Thus, *madhu* proves to be a rational choice in conditions of vitiated *pitta, rakta* and *vata dosha*, while it's *stambhaka* action provides a counteractive effect against *rakta srava*.[3]

Madhuka: *Madhuka*, also known as "sweet root," possesses *madhura rasa* along with *guru* and *snigdha guna*, which are opposite to the qualities of *pitta*, *rakta* and *vata*. It's *sheeta veerya* further counteracts the properties of pitta and rakta. In addition, the presence of *madhura vipaka* makes this drug highly effective against all three major factors—*pitta, rakta* and *vata*. Thus, through the synergy of its *rasa, guna, veerya* and *vipaka, madhuka* efficiently pacifies these three vitiated factors that are primarily responsible for excessive bleeding from the *yoni marga*.[4]

Rudhira: *Saffron*, often hailed as the "magical herb" or the "golden crop," holds significant medicinal value. *Rudhira*, with its *snigdha guna* and *ushna veerya*, helps balance the vitiated *vayu*. Moreover, rudhira possesses tridosha shamaka karma, making it highly applicable in conditions like *asrigdara*. Unlike mere *shonitsthapana* action, it also exerts *raktaprasadana* properties owing to its *tridosha shamaka* effect. Additionally, saffron is widely regarded as a blood purifier with notable anti-inflammatory potential, further enhancing its therapeutic role.[4]

Mocharasa: *Mocharasa,* the gum resin obtained from the *Salmali* tree, is a highly valued medicinal substance. It possesses *kashaya rasa*, which imparts strong *stambhaka* action, making it an effective agent in controlling bleeding. With its *sheeta veerya* and *madhura vipaka*, mocharasa acts as an efficient *pitta, rakta* and *vata shamaka dravya*. Furthermore, it serves as a potent haemostatic agent owing to its *raspanchaka* attributes and the presence of tannin as a key chemical constituent.[4]

Mrutkapala: *Mrutkapala* refers to the broken pieces of an old clay pot. A clay pot (*mritika*) is prepared by subjecting clay to direct heat at very high temperatures. Traditionally, and even today in rural parts of India, such earthen pots are widely used to store milk, butter and other substances for long durations. According to the samskara concept of Ayurveda, *mrutkapala* acquires the properties of these stored substances, all of which are known to possess *pitta shamaka* qualities. Thus, *mrutkapala* itself is considered to have pitta *shamaka* property and plays a significant role in *shonitasthapana*.[5]

Lodhra: *Lodhra* contains *kashaya rasa* (astringent taste), which makes it highly potent in *stambhana*. Due to its *ruksha guna*, *lodhra* effectively pacifies aggravated *pitta* and *rakta dosha*. Its sheeta veerya further counteracts the ushna qualities of pitta and rakta, making it especially useful in bleeding

disorders. Preparations made from its bark are therapeutically important, as the bark also contains tannin, a compound contributing to its haemostatic action. Moreover, *lodhra* possesses *grahi* property, which makes it particularly beneficial in conditions of excessive bleeding. It is one of the well-recognized drugs for controlling haemorrhage, commonly used to check bleeding, oozing and abnormal secretions.[6]

Gairika: Generally, *Swarna Gairika* is used from a therapeutic point of view. *Swarna Gairika* (Red Ochre) is a natural oxide of iron (Fe_2O_3) and can be administered as a medicine only after undergoing proper *shodhana* (purification). For the ***shodhana*** of ***gairika,*** the powdered form is triturated three times with an adequate quantity of *godugdha* (cow's milk). The purified form, *shuddha gairika,* having kashaya and madhura rasa, pacifies *pitta* and *rakta dosha* and acts as a *stambhaka dravya* due to its inherent *kashaya rasa*. Furthermore, it's *sheeta veerya* and *madhura vipaka* enhance its efficacy in balancing aggravated pitta and *rakta dosha*.[7]

Priyangu: *Priyangu* possesses *tikta, kashaya* and *madhura rasa*, all of which are recognised as *pitta shamaka rasa*. With its *sheeta veerya*, it effectively pacifies the vitiated *pitta dosha*. Owing to these combined properties, *priyangu* alleviates all three *doshas*, with a pronounced effect on vata and *pitta*. Since *pitta* and *rakta* are *sadharmi* (similar in nature), *priyangu* proves especially useful in blood disorders arising from *pitta* vitiation. Hence, it is considered beneficial in the management of *asrigdara*.[4]

Sharkara: *Sharkara* is an *ikshuvikara,* meaning it is derived from sugarcane juice. It possesses *madhura rasa*, which helps pacify *pitta*, *rakta* and *vata*. It's sheeta, snigdha and *guru guna* contribute significantly to its therapeutic action: the sheeta and *guru guna* pacify vitiated *pitta* and *rakta dosha*, while the *snigdha* and *guru guna* help in calming aggravated *vata dosha*. According to *Acharya Charaka*, all types of *sharkara* possess *raktapitta shamana* properties. Hence, *sharkara* plays an important role in the management of *asrigdara*, which is primarily a manifestation of *raktapitta*.[8]

Laja: *Laja* is endowed with *madhura rasa*, which is antagonistic to the properties of *pitta, rakta* and *vata*. It's *sheeta veerya* further pacifies aggravated *pitta* and *rakta dosha*. In addition, the presence of *madhura vipaka* reinforces its *pitta, rakta* and *vata shamaka* properties, making *laja* highly effective in restoring balance among these vitiated factors.[4]

DISCUSSION

Asrigdara, a menstrual abnormality disorder is characterized by abnormal and increased menstrual bleeding. This Abnormal uterine bleeding (AUB), including menorrhagia and metrorrhagia, is a significant gynaecological concern. Many traditional Ayurvedic modalities are described as "*stambhana*" (haemostatic) and "*pitta-shamaka*" in context of *asrigdara*. Modern evidence based research has begun to validate the pharmacological relevance of these substances for controlling blood loss, regulating menstrual cycles, and improving endometrial function. Following are described the Evidence-based data for *Shonitasthapana Mahakashaya* indicated in *asigdara* in context to Menorrhagia and Abnormal Uterine Bleeding.

Madhu (Honey) contains phospholipase and melittin. It also shows Antithrombotic action which helps to increase blood clotting time and shows inhibitory effect on platelet aggregation & blood coagulation.[9] It also possesses antioxidant, anti-inflammatory, and wound-healing effects. Its high flavonoid and polyphenol content provides haemostatic properties by enhancing platelet aggregation and reducing free radical activity. Studies suggest honey accelerates wound contraction and aids in haemostasis, supporting its role in bleeding disorders[10], hence utilised in *Asrigdara* spectrum. Glycyrrhizin, a main constituent of *Madhuka,* is a plant based inhibitor of thrombin. It prolongs thrombin and fibrinogen clotting time.[11] It increases plasma re-calcification duration and inhibits platelet aggregation and shows anticoagulant activity.[12] Glycyrrhizin also exhibits anti-inflammatory, antioxidant and estrogen-modulatory effects. Experimental studies have shown it to reduce uterine oxidative stress, modulate prostaglandins, and improve endometrial environment.[13] This supports its use in menorrhagia, where prostaglandin imbalance contributes to heavy bleeding.

Saffron as an antioxidant as it contain Carotenoids, phenolics, & flavonoids.[14] Its bioactive constituents, particularly crocin and safranal, have been documented to

regulate uterine contractions, improve endometrial receptivity, and modulate bleeding. Animal models demonstrate its ability to influence uterine smooth muscle tone and exert hematinic effects,[15] aligning with its Ayurvedic claim as "*raktaprasadana*." *Mocharasa*, gum contains tannins, flavonoids, and gallic acid, which have astringent and haemostatic activity. Pharmacological studies highlight its role in reducing vascular fragility and controlling mucosal bleeding,[16] substantiating its "*stambhana*" utility in heavy menstrual bleeding. Though clinical research is limited, studies on clay minerals indicate their adsorptive and binding properties, potentially reducing local inflammation and bleeding tendency. Their cooling effect may also support pitta-reducing activity relevant to menorrhagia physiology.[17]

Lodhra, contains 3-monoglucofuronoside of 7-methyl leucopelagonidin, which makes it glycosidic in nature, exerts vaso-constrictive action and reduces the permeability of cell membrane. Ethanolic extract from bark acts as an anti-fibrinolytic activity analgesic, anti-inflammatory and antioxidant. Another study reported the hepato-protective effect of *Symplocos racemosa Roxb*, showed normalizing the conjugation and metabolism of female hormones, which results in maintaining a normal menstrual cycle. The main component of *Lodhra* is large amount of loturine alkaloid and a-spinosteral. It is suggested that *Lodhra* might have influenced the endometrial prostaglandin apparatus, thereby acting effectively in the control of dysfunctional uterine bleeding.[18] *Lodhra* bark extract, rich in tannins and flavonoids, has demonstrated significant anti-hemorrhagic and anti-inflammatory activity. Clinical and preclinical studies in gynaecology confirm its utility in AUB, where it reduces endometrial vascularity and excessive discharge, validating its astringent action.[19]

Shuddha Gairika is an astringent and haematinic. It increases haemoglobin level because rich sources of iron. *Gairika* was found to be effective in controlling heavy menstrual blood flow & in improving general condition. It is also concluded that single drug *Gairika* can effectively be used for controlling bleeding instead of combination of multiple drugs or hormonal treatment by its astringent & styptic properties.[20] Its iron content may contribute to both anti-haemorrhagic and hematinic effects, particularly in women with anaemia secondary to menorrhagia.[21]

In animal experiments, *Priyangu, Callicarpa macrophylla* showed the effect of promoting blood coagulation by increasing platelet count, vasoconstiction. Priyangu seeds are reported to contain flavonoids and tannins conferring astringent effects. Experimental studies suggest its extracts reduce vascular permeability and inflammation, thereby supporting its use in menorrhagia.[22] Sugarcane derivatives exert cooling and demulcent properties. In biomedical research, sugar solutions have demonstrated wound-healing, osmotic antibacterial, and anti-inflammatory activity.[23] Indirectly, these properties may promote mucosal healing in AUB patients. Laja has cooling, nutritive, and light qualities. While clinical evidence is sparse, its pitta-shamaka and supportive nutritive properties may complement recovery in women with heavy bleeding, preventing debility associated with chronic menorrhagia.[24]

With these scientific evidences available for the *Shonitasthapana Mahakashaya* and their effectiveness in AUB and *asrigdara* spectrum, the said ten drugs can be utilised to manage *asrigdara* spectrum of menstrual disorders and achieve positive outcomes.

CONCLUSION

Modern scientific literature provides growing pharmacological and clinical evidence in support of several Ayurvedic agents for AUB. Herbs containing tannins *(Lodhra, Mocharasa, Priyangu),* phytoestrogens (Liquorice, Saffron), and minerals (*Gairika*) demonstrate haemostatic, anti-inflammatory, and uterine-modulatory activities consistent with *Ayurvedic stambhana* and *pitta-shamana* concepts. Although more robust clinical trials are required, these substances present promising adjuvant interventions for menstrual bleeding and *asrigdara* spectrum of disorders.

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