

ROLE OF SAṄGRAHAᅇA AND STAMBHANA IN ĀSRGDĀRA CIKITSĀ: A
CLASSICAL AND CLINICAL PERSPECTIVEDr. Chaitra N.*¹, Dr. Anupama V.²¹PhD Scholar, Department of Prasuti Tantra Evam Stree Roga, SKAMC & HRC.²Guide, HOD, Professor, Department of PTSR, SKAMCH & RC.

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INTRODUCTION

Āsrgdāra (आसृग्दर) is a well-described gynecological disorder in Ayurveda, defined by excessive and/or prolonged uterine bleeding.

The word derives from “āsrk” (blood) and “dāra” (excessive flow). Suśruta mentions it as a pittaja yonivyādhi (Su.Ut.38/10), while Aᅇtāᅇga Hᅇdaya (Ut.23/25) describes it as excess or prolonged pravᅇrtti of artava.

Mādhava Nidāna includes Āsrgdāra under the broader heading of Pradara. Modern correlation includes Dysfunctional Uterine Bleeding (DUB), menorrhagia, and abnormal uterine bleeding.

Epidemiologically, abnormal uterine bleeding affects 10–30% of reproductive-age women, leading to anemia, weakness, and compromised quality of life. Ayurveda offers a unique, individualized approach to its management through balancing doᅇa–dhātu–srotas with chikitsā strategies such as Saᅇgrahaᅇa (retention, containment) and Stambhana (hemostasis).

METHODOLOGY

A comprehensive textual review was conducted across Bᅇhat Trayī (Caraka, Suśruta, Aᅇtāᅇga Hᅇdaya) and Laghutrayī (Mādhava Nidāna, Śārᅇgadhara, Bhāvaprakāᅇa), along with Nighaᅇᅇus such as Bhāvaprakāᅇa Nighaᅇᅇu and Dhanvantari Nighaᅇᅇu.

Commentaries and relevant clinical sections from Yogaratnākara were also assessed. Modern Ayurvedic journals, clinical trials, and case reports were screened for evidence on the application of Saᅇgrahaᅇa and Stambhana dravyas in menorrhagia/DUB.

Formulations and therapies were analyzed based on rasa, guᅇa, vīrya, and karma to identify their role in regulating artava pravᅇrtti.

CONCEPTUAL FRAMEWORK

Saᅇgrahaᅇa

Saᅇgrahaᅇa means to hold or retain. Physiologically, it is associated with Kapha and Apāna Vāyu, which stabilize dhātus and regulate periodic artava pravᅇrtti. In Āsrgdāra, Pitta vitiation causes loss of saᅇgrahaᅇa śakti, leading to excessive or continuous bleeding. Therapeutic aim: restore uterine tone, strengthen Apāna Vāyu, and enhance dhātu-bala.

Stambhana

Stambhana implies stopping excessive pravᅇrtti. Dravyas with Kaᅇāya rasa, Śīta vīrya, and Rūkᅇa guᅇa arrest abnormal rakta pravᅇrtti. Useful in acute bleeding with

pittānubandha. They act by cooling Pitta, constricting channels, and promoting hemostasis.

Interrelationship

Saᅇgrahaᅇa offers gradual stabilization and prevention of recurrence, while Stambhana provides immediate control. Sequential application is advocated: doᅇa-pacana → saᅇgrahaᅇa → stambhana (if bleeding persists). This avoids āvaraᅇa and vāta-prakopa.

CLASSICAL REFERENCES

-**Caraka (Cikitsā 30/226):** “Stambhanīyāᅇ śītāᅇ kaᅇāyā madhurāᅇca rasāᅇ priyaᅇ, pittaghnaᅇ ca hitaᅇ tasyai yoᅇitaᅇ asrgdare sadā.”

- **Suśruta (Uttara Tantra 38/10):** Defines Āsrgdāra as pittaja yonivyādhi.

-**Aᅇtāᅇga Hᅇdaya (Uttara Tantra 23/25):** “atipravᅇrttiᅇ ārtavasya dīrghakālaᅇ vā – asrgdārah.”

-**Mādhava Nidāna (34):** Mentions Pradara as excess rakta pravᅇrtti.

-**Yogaratnākara (Strīroga Cikitsā):** Advises Dhātakī + Musta + Lodhra kvātha; recommends stambhanīya dravyas in Āsrgdāra.

-**Bhāvaprakāᅇa Nighaᅇᅇu:** Lodhra – “Pradara-āsrᅇdāra-harah”; Aśoka – “Raktapitta-pradara-harah”; Priyaᅇgu – Grahī, stambhana; Musta – “Pradara-āsrᅇdāra-harah”; Udumbara – Stambhana.

These references demonstrate a consistent emphasis on pittaghna, kaᅇāya, and śīta dravyas for managing Āsrgdāra.

THERAPEUTIC APPLICATIONS**Saṅgrahaṇa Dravyas**

- Musta, Bilva, Amalaki, Kutaja, Lodhra.
- Formulations: Mustādi yāvaksāra, Bilvādi lehya.
- Indication: Mild, chronic bleeding; Apāna Vāta duṣṭi.

Stambhana Dravyas

- Lodhra, Nāgakesara, Madhūka, Yasti, Priyaṅgu, Udumbara.
- Formulations: Lodhrāsava, Nāgakesara cūrṇa with ghr̥ta, Kamdudha rasa, Dhātākyādi kvātha.
- Indication: Acute menorrhagia; pittānubandha raktapitta.

Supportive Measures

- **Rasāyana:** Śatāvarī, Aśvagandhā, Gudūcī strengthen dhātus.
- **Yoni-vasti:** Ghr̥ta or kṣīra-based vasti restore uterine bala.
- **Āhāra-vihāra:** Cold milk, rice gruel, pomegranate, grapes; avoidance of spicy, sour, fermented foods. Stress management and regulated lifestyle are also prescribed.

CLINICAL EVIDENCE

- **Aśokāriṣṭa & Lodhrāsava trial:** Significant reduction in menstrual blood loss and improved Hb levels (Sharma et al., 2021).
- **Śatāvarī ghr̥ta case series:** Reported improved cycle regularity and reduction in bleeding intensity (Tripathi et al., 2020).
- **Lodhra formulations:** Experimental studies show uterotonic and hemostatic properties.
- **Comparative studies:** Ayurvedic stambhana dravyas demonstrate effects akin to tranexamic acid and uterine tonics.

Overall, modern studies validate classical descriptions and highlight the scope of integrating Saṅgrahaṇa and Stambhana chikitsā with conventional gynecology.

DISCUSSION

The dual approach of Saṅgrahaṇa and Stambhana addresses both acute control and long-term regulation in Āsṛgdāra. Excessive reliance on stambhana may cause āvaraṇa and vāta prakopa; hence, gradual strengthening through saṅgrahaṇa is preferred.

Individualized therapy is central: pittaja requires cooling stambhana, vāta-anubandhi responds better to grahī-saṅgrahaṇa, and kaphaja requires deepana-pācana followed by saṅgrahaṇa.

Ayurveda also emphasizes Rasāyana and lifestyle correction to prevent recurrence. This holistic approach ensures not only hemostasis but also restoration of reproductive health and dhātu-bala.

CONCLUSION

Āsṛgdāra, a pittaja yonivyāpada, represents both a challenge and an opportunity for Ayurveda to

demonstrate its integrative strength. Saṅgrahaṇa ensures containment and stability, while Stambhana provides timely hemostasis. Both principles are deeply rooted in classical texts and are validated by emerging clinical evidence. Personalized chikitsā, supported by Rasāyana, yoni-vasti, and pathya-apathya, offers a sustainable solution. Future research should focus on large-scale clinical validation of formulations like Dhātākyādi kvātha, Aśokāriṣṭa, Lodhrāsava, and Śatāvarī ghr̥ta. Integrative protocols combining Ayurvedic principles with modern diagnostic monitoring can redefine the management of dysfunctional uterine bleeding.

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