



Conceptual Review on Taruni Asrugdar with Special Reference to Puberty Menorrhagia.

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ABSTRACT

Taruni Asrugdar, described under Raktapravritti (excessive uterine bleeding) and Yonivyapad (gynecological disorders) in Ayurvedic texts, can be correlated with puberty menorrhagia, which is commonly seen in adolescent girls. During puberty, immaturity of the hypothalamic–pituitary–ovarian axis often leads to anovulatory cycles and results in excessive menstrual bleeding¹. According to Ayurveda, this condition is mainly due to vitiation of Pitta and Rakta (blood), along with Agnimandya (impaired digestive fire) and formation of Ama (metabolic toxins), leading to Atipravritti of Artava (excessive menstrual flow)². Classical texts such as Charaka Samhita, Sushruta Samhita, and Kashyapa Samhita describe the Nidana (causes), Lakshana (symptoms), and Chikitsa (management) of Asrugdar³. *Drugs like Lodhra (Symlocos racemosa), Ashoka (Saraca asoca), Shatavari (Asparagus racemosus), and Nagakesara (Mesua ferrea)* are commonly used to control bleeding and maintain Pitta–Rakta balance⁴. In modern medicine, management includes reassurance, iron therapy, NSAIDs, and hormonal treatment when required⁵. This review attempts to correlate the Ayurvedic concept of Taruni Asrugdar with puberty menorrhagia to provide a better understanding and support an integrative approach to management.

Keywords: Puberty menorrhagia, Taruni Asrugdar, Artava Vyapad (menstrual disorders), Pitta Rakta Dushti (vitiation of Pitta and blood), Adolescence, Ayurvedic gynecology.

INTRODUCTION

Puberty is a transitional phase from childhood to reproductive maturity, during which the hypothalamic–pituitary–ovarian axis gradually becomes functional. Due to neuroendocrine immaturity in this period, adolescents often experience anovulatory cycles and abnormal uterine bleeding, including puberty menorrhagia¹. Excessive menstrual loss at this stage can commonly lead to iron deficiency anemia, poor academic performance, emotional stress, and reduced quality of life². In Ayurveda, a similar condition is described as Taruni Asrugdar, which is included under Raktapravritti (excessive uterine bleeding) and Artava Vyapad (menstrual disorders). Excessive menstrual bleeding is mainly attributed to vitiation of Pitta and Rakta (blood), along with Agnimandya (impaired digestion), accumulation of Ama (metabolic toxins), and dysfunction of Artavavaha srotas (channels carrying menstrual blood)³. As adolescence is considered a Pitta-dominant phase of life and the body tissues (Dhatu—body tissues) are not fully developed, young girls are more susceptible to such bleeding disorders⁴. Understanding this condition through both Ayurvedic principles and modern gynecological concepts can help in providing a more comprehensive and safe approach to the management of adolescent menstrual problems.

AIM

- To critically analyze the Ayurvedic concepts of Taruni Asrugdar and correlate them with puberty menorrhagia in modern gynecology.

OBJECTIVES

1. To review Ayurvedic etiopathogenesis, samprapti and chikitsa of Taruni Asrugdar.
2. To correlate this condition with adolescent menorrhagia in modern science.
3. To analyze Ayurvedic drugs in management.
4. To propose an integrative and scientific management approach.

MATERIAL AND METHODOLOGY

This narrative review is based on:

Classical Ayurvedic texts (Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, Kashyapa Samhita, Bhavaprakasha)

Nighantus and commentaries

Peer-reviewed research articles

Modern gynecology textbooks

ACOG and FIGO guidelines

Online resources including PubMed, Google Scholar and AYUSH Research Portal.

REVIEW OF LITERATURE

Ayurvedic View

Etiopathogenesis (Samprapti Vijnana – pathogenesis)

Taruni Asrugdar (adolescent menorrhagia) primarily arises due to aggravation of Pitta (heat principle) and Rakta (blood), precipitated by improper dietary habits, faulty lifestyle practices, psychological stress, and the physiological instability characteristic of Taruni (adolescent girl). This stage is inherently Pitta-dominant, and the relative immaturity of body tissues (Dhatu – structural elements) increases susceptibility to vitiation of Rakta (blood) and abnormal menstrual flow⁶. A relevant reference is described in Sushruta Samhita, where Acharya Sushruta highlights the occurrence of Rakta–Pitta disorders in young females:

“तरण्या हितसेविन्याः सम्यगुपेतं भिषक्।
रक्तपित्तावधानं यथावत् सम्प्रपचारयेत्॥”

(Sushruta Samhita, Sharira Sthana 2/20)

This verse indicates that when a Taruni (adolescent girl) develops disorders related to Rakta (blood) and Pitta (heat), the physician should manage the condition carefully with appropriate therapeutic measures and a wholesome regimen. It also reflects the increased susceptibility of young females to bleeding disorders due to the predominance and vitiation of Rakta and Pitta. Impaired digestive fire (Agnimandya – reduced digestive capacity) leads to the formation of Ama (toxic metabolic by-products), which contaminates Rasa (nutritive fluid) and Rakta Dhatu (blood tissue). This results in obstruction (Srotorodha – blockage of channels) in the Artavavaha Srotas (channels carrying menstrual blood), ultimately leading to excessive menstrual discharge.

The sequence of pathogenesis is as follows:

Nidana (causative factors) → Pitta-Rakta Dushti (vitiation of heat and blood) → Agnimandya (impaired digestion) → Ama (toxic metabolites) → Rakta Dushti (vitiation of blood) → Srotorodha (channel obstruction) → Atipravritti of Artava (excessive menstrual flow) → Asrugdar (abnormal uterine bleeding) Classical texts such as Charaka Samhita, Sushruta

Samhita, and Ashtanga Hridaya describe Asrugdar under Raktapravritti (bleeding disorders) and Artava Vyapad (menstrual disorders), with emphasis on Pitta-induced excessive bleeding⁷

Nidana (Causative Factors)

Aharaja Nidana (dietary factors)

Excess intake of spicy, sour, salty, and deep-fried foods
Fermented foods, bakery items, and junk food
Excess consumption of tea, coffee, and other stimulants

Viharaja Nidana (lifestyle factors)

Overexertion and strenuous physical activity
Inadequate rest and night awakening
Exposure to excessive heat, sunlight, and stress

Manasika Nidana (psychological factors)

Anxiety and academic stress
Emotional disturbances, fear, and psychological strain
These factors vitiate Pitta (heat) and Rakta (blood), impair the function of Srotas (body channels), and lead to excessive menstrual bleeding⁸.

Purvarupa (Premonitory Symptoms)

Generalized fatigue prior to menstruation
Mild spotting
Heaviness in the lower abdomen
Sensation of heat or burning in the body

Rupa / Lakshana (Clinical Manifestations)

Excessive or prolonged menstrual bleeding
Reduced interval between cycles
Profuse, thin, or non-clotted menstrual flow
Fatigue, pallor, and dizziness
Features of Pandu (iron-deficiency anemia) such as breathlessness and tachycardia⁹

Samprapti Ghataka (Components of Pathogenesis)

Dosha: Pitta and Rakta predominance

Dushya (affected tissues): Rasa, Rakta, Artava

Srotas (channels): Artavavaha and Raktavaha Srotas

Srotodushti (channel pathology): Atipravritti (excessive flow)

Agni (digestive/metabolic fire): Jatharagni and Dhatvagni Mandya (reduced metabolic activity)

Rogamarga (pathway of disease): Bahya (external pathway)

Adhithana (site of disease): Garbhashaya (uterus)

Correlation with Modern Perspective

Considering the similarity in clinical features—such as excessive menstrual bleeding, involvement of Rakta Dhatu (blood tissue), and predominance of Pitta Dosha (heat principle)—the Ayurvedic condition Asrugdar can be correlated with puberty menorrhagia described in modern gynecology. This correlation supports the application of Ayurvedic principles and therapeutic approaches in the management of abnormal uterine bleeding in adolescent girls.

Ayurvedic Drug Review⁴³

Table No 1:

Drug/ Formulation Asrugdar	Rasa / Guna / Virya	Main Actions (Karma)	Role in Taruni Asrugdar
<i>Lodhra (Symplocos racemosa)</i>	Kashaya, Sheeta	Raktastambhana, Garbhashaya sankochan	Controls heavy bleeding, tones uterus
<i>Ashoka (Saraca asoca)</i>	Kashaya, Tikta, Sheeta	Artava sangrahana, Pitta shamak	Regulates menstrual bleeding
<i>Shatavari (Asparagus racemosus)</i>	Madhura,sheeta, Snigdha	Rasayan, Balya, stanyavardhak	Nourishes dhatus improves HPO axis
<i>Nagakesara (Mesua ferrea)</i>	Kashaya, Tikta	Raktastambhana, Rakta prasdana	Reduces blood loss
<i>Daruharidra (Berberis aristata)</i>	Tikta, Kashaya, Laghu	Pitta shamak, Rakta shodhak	Purifies blood, reduces bleeding tendency
<i>Yashtimadhu (Glycyrrhiza glabra)</i>	Madhura, Guru, Sheeta	Pitta shamak, healing rasayana	Supports endometrium & hormones

Modern View

Definition

Puberty menorrhagia refers to heavy (>80 mL) or prolonged (>7 days) menstrual bleeding occurring during early post-menarcheal years without any structural uterine pathology¹⁰.

Etiology

- Immaturity of hypothalamic–pituitary–ovarian axis (most common)
- Estrogen breakthrough bleeding / anovulation
- Thyroid disorders
- Coagulation disorders (e.g., von Willebrand disease)
- Psychological stress and emotional factors
- Obesity, Polycystic ovarian syndrome
- Nutritional deficiency, especially iron

Modern Clinical Presentation

- Heavy menstrual flow or prolonged bleeding
- Passage of clots
- Fatigue, dizziness, pallor
- Low hemoglobin and academic decline
- Iron deficiency anemia¹¹

Management

1. Reassurance (Primary Approach)

Since most cases result from temporary hormonal immaturity, the first line of treatment is reassurance and psychological support. This includes:

Explaining normal pubertal physiology

Encouraging menstrual tracking

Counseling parents and patient

Stress management

Avoiding unnecessary medications

This approach parallels Manasika chikitsa and is considered a form of chikitsa purva karma in Ayurveda¹².

2. General Measures

Iron-rich diet & supplementation

Adequate rest, hydration

Avoiding late nights, excessive exertion

Reducing spicy and acidic food intake

3. Medical Management

Ayurvedic Approach

Therapeutic goals:

Pitta-Rakta Shamana

Rakta Stambhana

Agni Deepana & Ama Pachana

Rasayana therapy

Srotoshodhana

Procedures:

Virechana in Pitta-Rakta Dushti

Raktamokshana in specific conditions

Pitta-shamaka Basti in recurrent cases

Modern Approach

Iron therapy-Oral/IV iron for anemia

NSAIDs-Mefenamic acid, Ibuprofen

Antifibrinolytics-Tranexamic acid

Hormonal therapy-Cyclic progesterone, OCPs (if needed)

Etiological treatment-Thyroid correction, coagulation disorders

Comparison of Ayurvedic and Modern Management of Taruni Asrugdar

Table No 2: -

Aspect	Ayurveda	Modern
Cause	Pitta-Rakta Dushti (vitiation of heat & blood), Agnimandya (poor digestion)	Immature HPO axis → anovulation

Pathology	Ama formation, Artava Atipravritti (excess bleeding)	Hormonal → imbalance irregular endometrial shedding
Initial Approach	Diet, lifestyle, Satvavajaya (counseling)	Reassurance and observation
Treatment	Agni Deepana, Rakta Stambhana, Pitta Shamana	NSAIDs, Tranexamic acid, hormones
Drugs	<i>Lodhra (Symplocos racemosa)</i> , <i>Ashoka (Saraca asoca)</i> , <i>Shatavari (Asparagus racemosus)</i>	Antifibrinolytics, OCPs, progesterone
Focus	Root cause + holistic balance	Symptomatic + hormonal control
Safety	Generally safe long-term	Effective but hormonal side effects possible

DISCUSSION

Taruni Asrugdar (adolescent menorrhagia) is described in Ayurvedic literature as excessive menstrual bleeding in young girls resulting from vitiation of Pitta (heat principle) and Rakta (blood). The adolescent phase is considered a period of physiological instability in both Ayurveda and modern medicine. In contemporary gynecology, puberty menorrhagia is mainly attributed to an immature hypothalamic–pituitary–ovarian axis, leading to anovulatory cycles and irregular endometrial shedding¹⁴. Ayurveda explains this condition in terms of Agnimandya (impaired digestion), formation of Ama (toxic metabolites), and Atipravritti of Artava (excessive menstrual flow), reflecting a comparable understanding of the same clinical entity. Classical texts such as Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya describe excessive uterine bleeding under Raktapravritti (bleeding disorders) and Artava Vyapad (menstrual disorders). The sequence of Pitta-Rakta Dushti (vitiation of heat and blood), Rakta Vikshepa (displacement of blood), and Srotorodha (channel obstruction) shows conceptual similarity to estrogen breakthrough bleeding observed in adolescents¹⁵. These parallel highlights the coherence between Ayurvedic pathogenesis and modern endocrinological mechanisms. The initial approach in modern management, which includes reassurance and counseling, corresponds to Satvavajaya Chikitsa (psychological therapy) and Chikitsa Purva Karma (preparatory measures) described in Ayurveda¹⁶. Ayurvedic formulations containing drugs such as *Lodhra (Symplocos racemosa)*, *Ashoka (Saraca asoca)*, *Shatavari (Asparagus racemosus)*, *Nagakesara (Mesua ferrea)*, *Daruharidra*

(*Berberis aristata*) are known to help control uterine bleeding, support endometrial stability, improve Agni (digestive and metabolic function), and reduce recurrence¹⁷. These formulations are considered suitable for adolescents, particularly in view of the limitations and adverse effects associated with prolonged hormonal therapy. Based on the available classical and contemporary evidence, an integrated approach that includes reassurance, appropriate dietary guidance, correction of Agni (digestive strength), use of Pitta-Rakta Shamak (pacifying heat and blood) therapies, and selected modern interventions appears to be a rational and holistic strategy for the management of Taruni Asrugdar (puberty menorrhagia).

CONCLUSION

Taruni Asrugdar (adolescent menorrhagia) represents the Ayurvedic description of excessive menstrual bleeding in young females and closely corresponds to puberty menorrhagia in modern gynecology. From an Ayurvedic perspective, the condition develops due to Pitta-Rakta Dushti (vitiation of heat and blood), Agnimandya (impaired digestion), and obstruction of the Artavavaha Srotas (channels carrying menstrual blood). In contrast, modern physiology explains it mainly as a result of hormonal immaturity, anovulation, and an unstable endometrial response¹⁸. The similarity in these explanations provides a sound basis for an integrative approach to management. Ayurveda describes a structured line of treatment that includes Agni Deepana (enhancing digestive fire), Rakta Stambhana (control of bleeding), Pitta Shamana (pacification of heat), Rasayana (rejuvenative therapy), and strengthening of the uterus. Commonly used drugs include *Lodhra* (*Symplocos racemosa*), *Ashoka* (*Saraca asoca*), *Shatavari* (*Asparagus racemosus*)¹⁹. Reassurance and counseling form an essential part of management in adolescents, along with appropriate dietary regulation, lifestyle modification, and the use of pharmacological support when necessary²⁰. An integrated approach that combines classical Ayurvedic principles with modern clinical management can offer a safer, more holistic, and cost-effective option for managing puberty menorrhagia. Further clinical studies, pharmacological evaluation, and development of standardized treatment protocols are required to validate these approaches and strengthen the evidence base for integrative care in adolescent menstrual disorders.

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