

**EFFECT OF AYURVEDIC INTERVENTIONS IN ASRIGDARA
(ABNORMAL UTERINE BLEEDING): A SINGLE CASE REPORT****^{1*}Dr. Dimpal Chouhan, ²Prof. K. Bharathi, ³Dr. Hetal H Dave, ⁴Dr. Sonu****¹PG Scholar, ²Professor & HOD, ³Associate Professor, ⁴Sr. Assistant Professor,
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Article Published on 16 May 2026,<https://doi.org/10.5281/zenodo.20205394>***Corresponding Author****Dr. Dimpal Chouhan**PG scholar, Dept. of Prasuti Tantra
Evum Stree Roga, NIA Jaipur.**How to cite this Article:** 1Dr. Dimpal Chouhan, 2Prof. K. Bharathi, 3Dr. Hetal H Dave, 4Dr. Sonu. (2026). Effect Of Ayurvedic Interventions In Asrigdara (Abnormal Uterine Bleeding): A Single Case Report. World Journal of Pharmaceutical Research, 15(10), 999-1006. This work is licensed under Creative Commons Attribution 4.0 International license.**ABSTRACT**

Asrigdara, as described in Ayurveda, refers to abnormal uterine bleeding characterized by excessive and/or prolonged menstrual flow, often associated with dysmenorrhoea and low backache. It significantly affects the physical and psychological well-being of women and can be correlated with various gynecological conditions in contemporary medicine.^[1] This paper presents a case of a 40-year-old female who reported severe pain during menstruation along with excessive menstrual bleeding for 2-3 years. Ultrasonographic findings revealed a bulky uterus with chronic cervicitis. In modern medical practice, hysterectomy is often considered a definitive treatment for such conditions. However, in this case, the patient was managed following Ayurvedic principles of Asrigdara. The treatment protocol included Shamana (palliative measures), and

Matra Basti (therapeutic enema). The patient showed significant improvement in symptoms, including reduction in pain and menstrual blood loss, along with an overall enhancement in quality of life. This case highlights the effectiveness of Ayurvedic management in the treatment of Asrigdara and suggests a potential non-surgical approach for managing abnormal uterine bleeding.

KEYWORDS: *Asrigdara, Shamana.*

INTRODUCTION

Asrigdara, as explained in Ayurvedic texts, denotes a disorder of abnormal uterine bleeding characterized primarily by excessive or prolonged menstrual flow (Ati Rakta Pravritti), frequently accompanied by symptoms such as painful menstruation and low backache. This condition has a considerable impact on a woman's overall health and day-to-day functioning.

The present case involves a 40-year-old female who presented with complaints of intense menstrual pain and heavy bleeding persisting for the past 2–3 years. Long-standing symptoms of this nature can lead to significant physical discomfort and reduced quality of life. In contemporary medicine, such conditions are commonly managed with hormonal therapy, and in more severe or refractory cases, surgical options may be considered.

In this instance, the patient was treated according to Ayurvedic principles of Asrigdara, incorporating Shodhana (bio-purificatory measures), Shamana (symptom-relieving therapies), and Matra Basti (therapeutic enema). The intervention resulted in notable reduction in both pain and menstrual blood loss, along with an overall improvement in well-being, suggesting the effectiveness of Ayurvedic management in abnormal uterine bleeding.

Review of Literature

Excessive or abnormal discharge of Rajas (menstrual blood) is described as Asrigdara, which correlates with abnormal uterine bleeding in contemporary understanding. General Etiology and Pathogenesis The excessive intake of Lavana (salty), Amla (sour), Guru (heavy), Katu (pungent), and Vidahi (irritant or burning-inducing) food items, along with unctuous substances, meat of domestic and aquatic animals, curd, Sukta (fermented preparations), Mastu (buttermilk derivatives), and alcohol, leads to the aggravation of Vata Dosha. The vitiated Vata, in association with impure Rakta (blood), causes obstruction and dysregulation in the Rajovaha Siras (channels carrying menstrual blood). This results in an increase in both the quantity and abnormal flow of Rajas, manifesting as excessive uterine bleeding.

Abnormal Uterine Bleeding (AUB)

According to D.C. Dutta's Textbook of Gynecology, abnormal uterine bleeding (AUB) is defined as any deviation from the normal menstrual pattern in terms of regularity, frequency, duration, or amount of bleeding. The causes are broadly classified into organic (such as uterine fibroids, polyps, and malignancy), functional (mainly ovulatory dysfunction, especially anovulatory cycles), systemic (including thyroid disorders and coagulation

defects), and iatrogenic factors (like hormonal medications). The underlying pathology commonly involves hormonal imbalance, particularly unopposed estrogen stimulation leading to excessive endometrial proliferation and irregular shedding. Clinically, it presents with heavy, prolonged, frequent, or irregular menstrual bleeding, often associated with symptoms of anemia in long-standing cases.^[2]

CASE STUDY

A 40-year-old woman, with no known history of diabetes, hypertension, or thyroid disorders, attained menarche at 14 years of age. Her menstrual cycles were initially regular, occurring at intervals of 28–30 days, with a duration of flow lasting 4–5 days and moderate blood loss without clots or significant dysmenorrhea. She got married at 20 years of age. Her obstetric history includes one spontaneous abortion at 2.5 months at age 20, followed by two full-term normal vaginal deliveries of male children at ages 21 and 22, and one induced abortion at 1.5 months at age 23. She remained asymptomatic for several years thereafter. However, for the past one and a half years, she has experienced alterations in her menstrual pattern characterized by reduced cycle interval (approximately 21–24 days), prolonged duration of bleeding (7–10 days), and excessive menstrual blood loss with passage of clots, associated with severe lower abdominal pain and lower backache suggestive of dysmenorrhea. These symptoms have significantly interfered with her daily activities. She has been using analgesics for temporary relief and has consulted multiple gynecologists without satisfactory improvement, following which she presented to the PTSR OPD at the National Institute of Ayurveda, Jaipur for further management.

Clinical Findings

On per abdominal examination, the abdomen appeared flat on inspection, with a centrally placed and inverted umbilicus. Palpation revealed a soft abdomen with tenderness present in the suprapubic region and right iliac fossa, and no organomegaly was detected. Percussion produced a tympanic note, and auscultation revealed normal bowel sounds. On gynecological examination, inspection of the vulva showed normal pubic hair distribution, with normal clitoris and labia, and no abnormal discharge. On palpation, no masses were felt. Per vaginal examination revealed that the cervix was soft in consistency, mobile, and its movement elicited pain, though there was no bleeding on touch. The lateral fornices were free and non-tender, while tenderness was noted in the posterior fornix. On bimanual examination, the uterus was found to be anteverted and anteflexed, normal in size, firm in consistency, and mobile, with associated tenderness. Ultrasonographic findings revealed a bulky uterus with chronic

cervicitis.

Treatment plan

- 1- Yashtimadhu-arjuna ksheerpaka BD with milk BF (from DOC-1st to 2 consecutive cycles)
- 2- Dashmoola taila matra basti OD just after meal on alternate days(from DOC 9th to 21st)
- 3- Mruttika application on lower abdomen OD after evacuation of bowel and bladder (from DOC 22nd TO 28TH)

RESULT

TIME INTERVAL	HEAVY MENSTRUAL BLEEDING	LOWR ABDOMINAL PAIN	BACK PAIN	GENERAL WEAKNESS	OTHER SYMPTOMS(FATIGUE,IRRITABILITY,CLOTS)
Day 0 (Baseline)	Severe bleeding with frequent pad changes, presence of clots	Moderate to severe, continuous dull aching	Moderate, aggravated during menses	Marked weakness	Fatigue, irritability, disturbed routine
Day 15	Slight reduction in bleeding intensity and duration	Noticeable reduction in pain intensity	Mild improvement	slightly reduced	Mild improvement in fatigue and irritability
Day 30 (After 1 Month)	Moderate reduction; fewer clots, improved cycle regularity	Significant reduction; pain occasional	Marked improvement	Energy levels improving	Fatigue reduced, better daily activity
Day 45	Mild bleeding approaching normal amount	Minimal pain, only occasional discomfort	Very mild or absent	Strength regained considerably	Most associated symptoms resolved
Day 60 (After 2 Months)	Bleeding normalized (near physiological limits), no clots	No abdominal pain	No back pain	No weakness; patient feels healthy	Complete relief from associated symptoms

DISCUSSION

Mode of Action of Yashtimadhu–Arjuna Ksheerpaka in Asrigdara

Yashtimadhu–Arjuna Ksheerpaka is a classical Ayurvedic formulation prepared with milk, which enhances the sheeta (cooling), madhura (nourishing), and pitta-shamaka properties of

the drugs. It is particularly beneficial in Asrigdara (excessive uterine bleeding), which is predominantly associated with Pitta and Rakta Dushti along with Apana Vata vitiation.

Yashtimadhu (*Glycyrrhiza glabra* Linn)

Yashtimadhu possesses madhura rasa, sheeta virya, and vata-pitta shamaka properties. It acts as a Raktaprasadaka (blood purifier) and Raktastambhaka (hemostatic), helping to control excessive bleeding. Its anti-inflammatory and soothing effects stabilize the endometrial lining and reduce irritation. Modern pharmacology attributes these effects to glycyrrhizin, which has corticosteroid-like and anti-inflammatory activity, thereby reducing uterine inflammation and excessive bleeding.

Arjuna (*Terminalia arjuna* Roxb.)

Arjuna is known for its kashaya rasa and sheeta virya, making it highly effective in Rakta Stambhana (arresting bleeding). It strengthens blood vessels and improves vascular integrity due to its astringent and hemostatic properties might be helping to reduce bleeding through reduction of pelvic congestion. Arjuna also acts as a Balya (strengthening agent) for uterine musculature and enhances proper uterine tone, thereby helping to regulate menstrual flow.^[3]

Ksheerpaka (Milk-based preparation)

The use of milk as a medium adds sheetala, snigdha, and brimhana guna, which help in pacifying aggravated Pitta and nourishing Rakta Dhatu. It also reduces irritation in the reproductive tract and supports tissue healing.^[4]

Combined Effect

The combination works synergistically to: Pacify Pitta and Rakta Dushti, the primary causative factors in Asrigdara, Promote Rakta Stambhana (control excessive bleeding), Strengthen uterine musculature and improve tone, Reduce inflammation and stabilize endometrial function, Nourish and restore Rakta Dhatu Thus, Yashtimadhu–Arjuna Ksheerpaka acts through Pitta shamana, Rakta stambhana, and Balya effects, leading to normalization of menstrual blood flow and relief in Asrigdara.

Mode of Action of Dashmoola Taila

Dashmoola Taila Matra Basti plays an important role in the management of Asrigdara, particularly where Apana Vata vitiation is involved along with Pitta and Rakta dushti. Since Basti is considered the prime therapy for Vata, administration of Dashmoola Taila through

Matra Basti directly regulates the function of Apana Vata, which is responsible for the control of menstrual flow. By normalizing the direction and function of Apana Vata, it helps in reducing excessive and irregular uterine bleeding. Dashmoola, being a combination of ten roots, is predominantly Vata-shamaka, Shothahara (anti-inflammatory), and Vedanasthapana (analgesic). Drugs like Bilva, Agnimantha, Shyonaka, and Gambhari possess significant anti-inflammatory and analgesic properties, which help in reducing uterine inflammation and relieving spasmodic pain. Brihati and Kantakari exhibit antispasmodic action, thereby reducing uterine contractions that contribute to excessive bleeding. Shalaparni and Prishnaparni act as Balya and restorative agents, improving tissue strength and aiding in the normalization of uterine function. Gokshura provides a nourishing and mild toning effect on pelvic organs.^[5]

From a pharmacological perspective, Dashmoola contains bioactive constituents such as flavonoids, alkaloids, tannins, and saponins, which contribute to its anti-inflammatory, antioxidant, and smooth muscle stabilizing actions. These effects help in stabilizing the endometrial lining, reducing capillary fragility, and controlling excessive bleeding indirectly. The Taila base enhances Snigdha and Vata-shamaka properties, while Matra Basti ensures sustained absorption through the rectal mucosa, exerting both local and systemic effects. This route also influences the pelvic organs through the enteric and autonomic nervous system, thereby improving uterine tone and function.

Thus, Dashmoola Taila Matra Basti acts by correcting Apana Vata, reducing inflammation and uterine irritability, strengthening uterine musculature, and stabilizing endometrial function, ultimately leading to control of excessive menstrual bleeding in Asrigdara.

Mode of Action of application of Mrittika

Application of Mrittika (mud) on the lower abdomen is a classical Naturopathy–Ayurveda modality which exerts its effect mainly through Sheeta (cooling), Stambhana and Pitta-shamana actions. Since Asrigdara is predominantly a disorder of Pitta and Rakta dushti, local application of mud helps in controlling excessive uterine bleeding.

From an Ayurvedic perspective, Mrittika possesses Sheeta guna which directly pacifies aggravated Pitta in the pelvic region. The cooling effect reduces Rakta srava (excess bleeding) by causing Stambhana (constriction) of local channels (srotas). It also helps in calming Apana Vata, thereby regulating the abnormal expulsion of menstrual blood. The

local application over the lower abdomen acts on Garbhashaya sthana, improving uterine stability and reducing irritability.

From a modern scientific viewpoint, mud therapy (pelotherapy) acts through thermal, mechanical, and chemical mechanisms. Application of mud packs provides sustained cooling or mild thermoregulation, which leads to vasoconstriction of superficial and pelvic blood vessels, thereby reducing excessive blood flow.^[6]

Mud contains various minerals such as magnesium, calcium, iron, zinc, and silica, which may get absorbed transdermally in small amounts and contribute to anti-inflammatory and tissue-healing effects. These minerals and bioactive components help in reducing local inflammation and stabilizing tissues.^[7]

Research on mud therapy suggests that it has anti-inflammatory, analgesic, and circulatory-modulating effects, which can improve local blood circulation balance and reduce congestion. Additionally, mud therapy has been described as a natural modality rich in nutrients that supports overall health and gynecological well-being.^[8]

The cooling and pressure effect of the mud pack over the abdomen also influences the autonomic nervous system, leading to relaxation of pelvic musculature and reduction in uterine hyperactivity. This helps in decreasing excessive endometrial shedding.

Thus, application of Mrittika on the lower abdomen acts by

- Pacifying Pitta and Rakta dushti
- Producing local vasoconstriction → reduces excessive bleeding
- Reducing inflammation and uterine irritability
- Regulating Apana Vata and stabilizing uterine function
- Providing soothing and analgesic effect

CONCLUSION

Asrigdara is a common gynecological disorder predominantly involving Pitta, Rakta dushti, and vitiation of Apana Vata, leading to excessive and prolonged menstrual bleeding. The present study highlights a comprehensive Ayurvedic approach integrating Shodhana, Shamana, and Sthanik Chikitsa. In the current case study patient was suffering with chronic Asrigdara before treatment. During treatment patient was given two cycles of matra basti with dashmoola taila on alternate days for 7 days. Internally Yashtimadhu-Arjuna ksheerpaka

was administered regularly for two months and udara mruttika lepana was done before the menstruation for 7 days. Therapies like Dashmoola Taila Matra Basti effectively regulate Apana Vata, improve uterine tone, and reduce inflammation, thereby controlling abnormal uterine bleeding. The use of Yashtimadhu–Arjuna Ksheerpaka contributes through its Pitta-shamaka, Rakta-stambhaka, and uterine strengthening properties, helping in stabilization of endometrial function. Additionally, local application of Mruttika (mud) on the lower abdomen provides Sheeta, anti-inflammatory, and vasoconstrictive effects, aiding in reduction of excessive bleeding and uterine irritability.

The combined effect of these therapies works holistically by correcting the underlying Dosha imbalance, enhancing Rakta dhatu, stabilizing uterine function, and relieving associated symptoms like pain and weakness.

Thus, this integrative Ayurvedic management proved effective in reducing excessive menstrual bleeding, alleviating associated symptoms, and improving the overall quality of life in patients with Asrigdara, indicating a safe and beneficial alternative approach in its management.

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