

## AYURVEDIC MANAGEMENT OF ASRIGDARA WITH UDAVARTINI YONIVYAPAD IN A CASE OF ADENOMYOSIS: A CASE REPORT

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### ABSTRACT

Menorrhagia, characterized by excessive or prolonged menstrual bleeding, is a prevalent gynecological disorder that adversely affects the physical and psychological health of women. When associated with dysmenorrhea (painful menstruation), the condition becomes more distressing, leading to significant impairment in daily activities and quality of life. Conventional management includes hormonal therapy and analgesics, which often provide symptomatic relief but may be associated with side effects and recurrence. In Ayurveda, Menorrhagia can be correlated with Asrigdara and dysmenorrhea with Udavartini Yonivyapad, primarily involving vitiation of Pitta and Vata dosha, along with dushti of Rakta dhatu and Artava vaha srotas.<sup>[1,5]</sup> The management principles focus on dosha shamana, rakta stambhana, vedana shamana, and restoration of normal artava pravritti.<sup>[2]</sup> This case report

describes a 34-year-old multiparous female presenting with menorrhagia of six months' duration and dysmenorrhea for one year. Detailed clinical assessment, including thorough menstrual history, was carried out for diagnostic evaluation. An integrative management approach was adopted with emphasis on individualized therapy. The findings highlight the importance of personalized treatment planning and demonstrate the potential role of cyclic therapy in regulating menstrual patterns and reducing symptom severity.

**KEYWORDS:** Asrigdara, Udavartini Yonivyapad, Adenomyosis, Yashtimadhu Ghrita Uttarbasti, Matrabasti, Heavy menstrual bleeding, dysmenorrhea.

## 1) INTRODUCTION

A considerable proportion of women perceive their menstrual flow as excessive, with approximately 28% reporting the need to modify their daily and social activities in accordance with their menstrual cycles. Epidemiological data suggest that nearly 9–14% of women in the reproductive age group experience menstrual blood loss exceeding 80 ml per cycle. Furthermore, a multicentric study conducted by the World Health Organization reported that the prevalence of severe menstrual bleeding persisting for at least three months ranges from 8% to 27%.

Menstrual disturbances characterized by excessive, prolonged, painful, or irregular bleeding patterns often reflect underlying pathological conditions and represent a major contributing factor to anemia and dysmenorrhea among women.

In the Ayurvedic classical texts, abnormal uterine bleeding is described under the entity *Asrigdara*, which denotes excessive menstrual discharge that may present as prolonged, cyclical, or acyclical bleeding.<sup>[3]</sup> Acharya Sushruta has described *Asrigdara* as a condition involving excessive and prolonged uterine bleeding associated with pain and generalized body discomfort.<sup>[3]</sup>

*Asrigdara* is considered to be associated with various *Yonivyapadas*, including *Pittaja Yonivyapad*, *Asrija Yonivyapad*, *Lohitkshara Yonivyapad*, and *Paripluta Yonivyapad*, as well as conditions such as *Rakta Yoni* and *Artava Dushti* (e.g., *Kunapagandhi* and *Pittaja Artava Dushti*). It also shows clinical correlation with entities like *Parisravi Jatharini* and *Raktarbuda*.

From a pathophysiological perspective, *Asrigdara* is classified under *Rakta Pradoshaja Vikara*, arising due to vitiation of *Rakta Dhatu* in association with *Pittavritta Apana Vayu*.<sup>[2]</sup> Classical treatises such as *Ashtanga Sangraha* equate *Asrigdara* with terminologies like *Raktayoni* and *Pradara*.<sup>[5,8]</sup>

In contemporary medical practice, heavy menstrual bleeding is managed through pharmacological interventions, which may be associated with adverse effects, and in resistant cases, surgical procedures are employed. This highlights the need for therapeutic modalities that are safe, effective, economical, and patient-compliant.

Ayurvedic literature describes a wide range of formulations indicated in the management of *Asrigdara*, possessing pharmacodynamic properties such as *Pitta-Kapha Shamana*, *Rakta*

Shodhana, Stambhana, Garbhashaya Balya, and Vatanulomana. The principal aim of treatment is Samprapti Vighatana (interruption of the pathogenic process), thereby facilitating effective management and potential cure.<sup>[1]</sup> Based on these principles, appropriate therapeutic interventions were selected for the present study.

Udavartini Yonivyapad described in Ayurveda closely correlates with dysmenorrhoea, particularly primary dysmenorrhoea, which is commonly observed in young, unmarried women with sedentary lifestyles. Its prevalence varies with factors such as age, occupation, and socioeconomic status, with differing incidence noted among students, industrial workers, and women in physically demanding professions. Clinically, dysmenorrhoea is classified into primary (from menarche) and secondary (developing after previously painless cycles), with pain originating from uterine activity during menstruation. In Ayurvedic terms, Udavartini is characterized by vitiation of Apana Vata, leading to reverse (udavritta) movement of menstrual blood (Raja).<sup>[5]</sup> This abnormal Vata movement causes obstruction and painful expulsion of menstrual flow, often preceded by upward displacement and followed by relief after discharge. Associated features include difficult menstruation, frothy discharge, and systemic Vata symptoms such as body ache and malaise.

## 2) METHODS

### 1. Objectives

- a) To evaluate the efficacy of Ayurvedic management in Asrigdara and Udavartini Yonivyapad.
- b) To assess improvement in symptoms like menstrual flow, pain, and associated complaints.

## 2. CASE REPORT

A 34yrs old female patient came with chief complaints of heavy menstrual bleeding with passage of clots since 6 months and painful menstrual bleeding with lower backpain since 1yr to Prasutitantra Strirog OPD of Seth R.V.Ayurvedic Hospital. A detailed clinical history was obtained, and all necessary clinical examinations were conducted. The patient had received treatment from different healthcare facilities but did not achieve satisfactory relief. Therefore, she chose to undergo Ayurvedic treatment.

### History of Past Illness

The patient had no significant past medical illness and was apparently healthy prior to the onset of symptoms.

**History of Surgery**

Tubal Ligation (TL) done 8 years back.

**Family History**

No significant family history of gynecological disorders.

**Diet History**

Mixed diet, with probable intake of Pitta and Vata aggravating Ahara.

**Occupation**

Housewife (sedentary lifestyle contributing to Dosha imbalance).

**Clinical Examination**

Temp: 98 °F	Agni: Tikshna
Pulse: 82/min	Koshtha: Madhyam
RR: 20/min	Mala: Prakrut
BP: 116/70 mm of Hg	Mutra: Prakrut

**Menstrual History**

LMP: 04/05/2024

Cycle: Regular (30–32 days) Duration: 6–7 days

Flow: Heavy (6–7 pads/day) Clots: Present

Pain: Severe dysmenorrhea

**Obstetrics History**

P2 L2 A0 D0

P1: Male child 11 years, FTND

P2: Male child 8 years, FTND

**Per Abdomen Examination**

Soft, non-tender abdomen with no palpable mass.

**Per Speculum (PS) Examination**

Healthy cervix, no abnormal discharge.

**Per Vaginal (PV) Examination**

Uterus – AV / Bulky / SFM

Fornices - Clear

Mild tenderness noted.

### Investigation

Ultrasonography (USG):

Uterus – Anteverted, Bulky uterus (8.2\*5\*3.5cm)

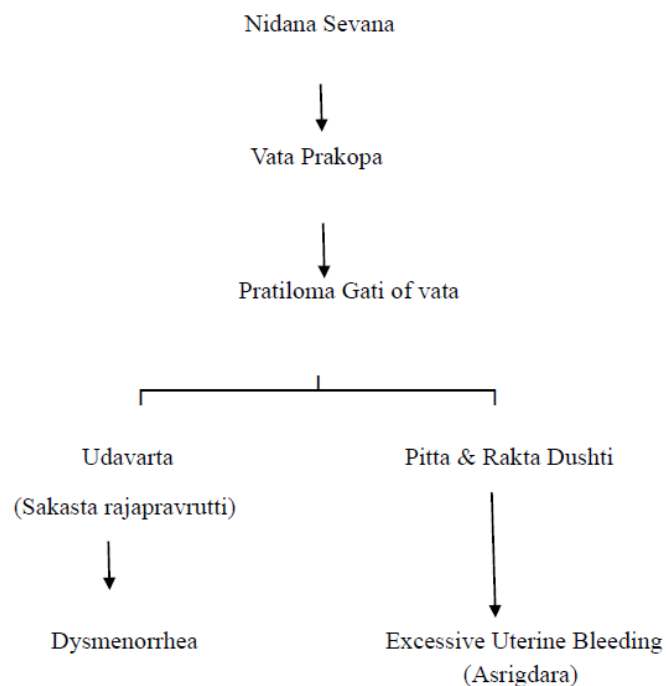
An approx. 2.4\*2.2 cm ill- defined heterogeneously hypoechoic is seen in the anterior wall of uterus s/o focal adenomyosis, ET – 6.3mm

Both ovaries are normal in size

CBC: Hb- 10.2 gm%, WBC- 8830/cumm, Platelets-3.10 lakhs/cumm

Urine: NAD, T3, T4, TSH: Normal BSL (R): 102mg/dL BT, CT: Normal HbA1C: 5.2%

### Samprapti (Pathogenesis)



### Assessment Criteria

#### 1) Amount of menstrual blood flow

- 0 - < 3 pads fully soaked per day
- 1 - 3 to 4 pads fully soaked per day
- 2 - 5 to 7 pads fully soaked per day
- 3 - 7 or more pads fully soaked per day

**2) Duration of menstrual blood flow**

- 0- less than 5 days
- 1- 6 to 7 days
- 2- 8 to 9 days
- 3- more than 9 days

**3) Pain in abdomen**

- 0- No pain (0 in VAS)
- 1- Mild (1-3 in VAS)
- 2- Moderate (4-7 in VAS)
- 3- Severe (8-10 in VAS)

**4) Low Backache**

- 0 - No pain (0 in VAS)
- 1- Mild pain (1-3 in VAS)
- 2- Moderate (4-7 in VAS)
- 3- Severe (8-10 in VAS)

**5) Passage of clots**

- 0- Absent
- 1- Present

**Treatment Protocol****A) Panchakarma Therapy - (Day 6 – day 10 of LMP for 3 cycles)**

- |   |   |        |
|---|---|--------|
| <ul style="list-style-type: none"> <li>1) Sarvanga Snehan with Til Tail</li> <li>2) Sarvanga Swedan with Dashmool Kwath</li> <li>3) Matrabasti with Sahachar Tail (60ml)</li> <li>4) Yonidhavana with Triphala Kwath</li> </ul> | } | 5 Days |
| <ul style="list-style-type: none"> <li>5) Uttarbasti with Yashtimadhu Ghrita - 3 days</li> </ul>  |   |        |

**Mode of Action****1) Sarvanga Snehan with Tila Taila**

Tila Taila possesses Snigdha, Guru, and Ushna properties, making it highly effective in

pacifying aggravated Vata Dosha, especially Apana Vata.<sup>[1]</sup> Snehan facilitates Srotoshodhana (channel lubrication) and softens accumulated Doshas, preparing them for elimination. Helps correct Vata vitiation, thereby reducing dysmenorrhea (Udavartini) and supporting normal menstrual flow.

## 2) Sarvanga Swedana with Dashamoola Kwatha

Dashamoola Kwatha is Vata-Kapha hara and acts as a potent Shothahara (anti-inflammatory) formulation.<sup>[1]</sup> Swedana induces Sweda (sweating), leading to the mobilization of Doshas from peripheral tissues to the core.

Enhances the effect of Snehan and helps in relieving pelvic congestion and pain.

## 3) Matrabasti with Sahachar Taila

Sahachar Taila is indicated in Vata disorders affecting the pelvic region. Matrabasti directly acts on Apana Vata<sup>[5]</sup>, normalizing its direction (Anulomana).

Corrects Pratiloma Gati of Apana Vata, thereby reducing pain and regulating menstruation.

## 4) Yonidhavana with Triphala Kwatha

Triphala Kwatha has Kashaya Rasa, Lekhana, and Shodhana properties, useful for local cleansing and healing of Yonimarga.<sup>[1]</sup>

Helps in maintaining local uterine and vaginal health, indirectly supporting reduction in abnormal bleeding.

## 5) Uttarbasti with Yashtimadhu Ghrita

Yashtimadhu Ghrita is Madhura, Sheeta, and Pitta-shamaka, with Vrana Ropana (healing) and Rakta-Pitta pacifying properties. Uttarbasti delivers the drug directly to the Garbhashaya (uterus).<sup>[1]</sup>

Acts locally on adenomyotic changes, reducing bleeding and improving uterine integrity.

## B) Oral Medications

### 1. Gairika Churna (250 mg BD)

Mode of Action: Rakta Stambhaka, Pitta Shamana<sup>[11]</sup>

Gairik is natural hematite mineral. It has cooling and antibilious activity. It prevents hemorrhage. It can be used in bleeding disorders, menorrhagia, metrorrhagia.<sup>[14]</sup>

### 2. Lodhra + Amalaki + Nagkeshar Churna (3 gm BD) Mode of Action

Lodhra: Kashaya Rasa, Stambhana<sup>[10]</sup> Amalaki: Pitta Shamana, Rasayana<sup>[10]</sup> Nagkeshar:

Hemostatic, Deepana.<sup>[10]</sup>

### 3. Shankhavati (1TDS)

Mode of Action: Agni Deepana, Amapachana, Vata Anulomana

The drug was administered during Apana Kala (before meals) for a duration of two month, along with Normal water as Anupana.

#### Pathya-Apathya

Pathya - Laghu, Pitta-shamaka diet, Green vegetables, fruits, Takra, Adequate rest Apathya - Spicy, oily, fermented food, Excessive physical exertion, Stress and irregular sleep.

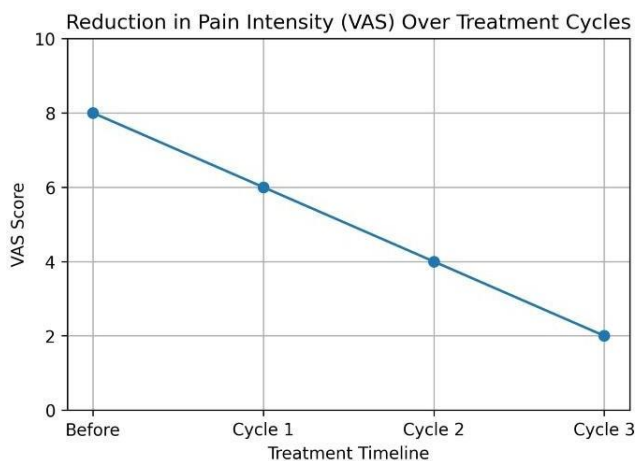
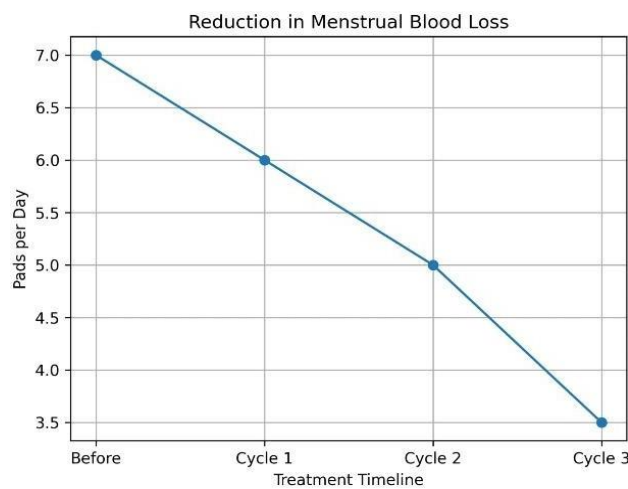
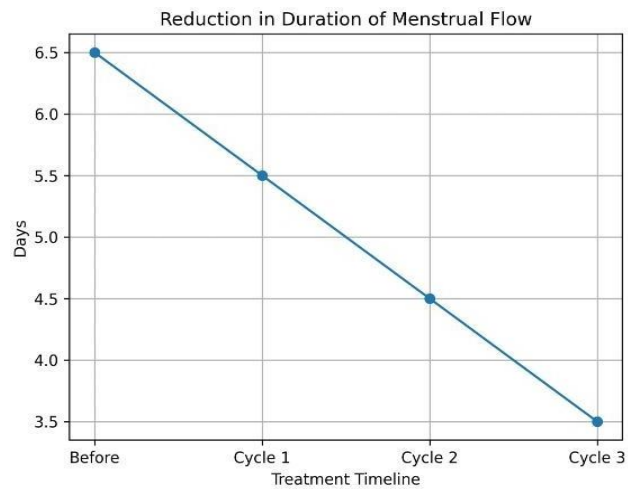
#### Assessment of Clinical Parameters Before and After Treatment

Parameter	Before Treatment	After Treatment (3 Cycles)	% Improvement
Amount of menstrual blood flow	6–7 pads/day	2-3 pads/day	~65 –70%
Duration of menstrual blood flow	6–7 days	3-4 days	~50 – 60%
Pain in abdomen	8 (Severe)	2 (Mild)	~75%
Low Backache	8 (Severe)	1 (Mild)	~90%
Passage of clots	Present	Absent	100%

### RESULT AND DISCUSSION

After completion of three consecutive treatment cycles, the patient showed marked improvement. The menstrual cycle normalized to 30–32 days with duration reduced to 3–4 days and flow decreased to 3–4 pads/day. Passage of clots was completely absent. Pain during menstruation significantly reduced as per VAS scale. Fatigue was also minimized.

The treatment worked by correcting Apana Vata, reducing Pitta and Rakta Dushti, and strengthening the uterine musculature. Panchakarma procedures played a key role in Dosha Shodhana, while internal medicines provided symptomatic relief and improved overall reproductive health.



## CONCLUSION

This case demonstrates that Ayurvedic management, including Panchakarma and Shamana Chikitsa, is effective in treating Asrigdara and Udavartini Yonivyapad associated with adenomyosis. It offers a safe, non-hormonal, and holistic approach with significant symptomatic relief and improved quality of life.

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