

A SINGLE CASE STUDY ON THE EFFECT OF *USHEERASAV* IN THE MANAGEMENT OF *ASRIGDARA* W.S.R. TO MENORRHAGIA

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ABSTRACT

Background: *Asrigdara* is a common gynaecological disorder characterised by excessive or prolonged menstrual bleeding, significantly impacting the quality of life of women in their reproductive years. It is described in Ayurvedic classics as a *Raktadoshaja Vikara* manifesting as *pitta Avritaapana vayu*. Contemporary medicine correlates this condition with menorrhagia, defined as cyclic bleeding with blood loss exceeding 80 ml or duration beyond 7 days. *Usheerasav*, a fermented polyherbal formulation, is traditionally indicated in *Raktapitta* and bleeding disorders due to its *Sheeta* (cooling), *Kashaya* (astringent) and *Raktastambhak* (haemostatic) properties. **Case Presentation:** A 32-year-old married female, para-2, presented with complaints of heavy menstrual bleeding lasting 8–9 days per cycle, requiring 22–24 sanitary pads per cycle, with passage of clots, and intermenstrual interval of 21

days for the past 6 months. She also reported associated symptoms of generalised weakness, fatigue, and low backache. Her haemoglobin was 9.2 g/dL. Ultrasonography of the lower abdomen revealed no structural abnormalities. Based on the presenting features, the condition was diagnosed as *Asrigdara* (menorrhagia). **Intervention:** The patient was administered *Usheerasav* 20 ml with 20 ml of water as *Anupana*, twice daily after meals (*Paschatbhakta*) for 60 days. **Assessment:** Clinical assessment was done at baseline, on the 30th day, 60th day, and one month after completion of treatment using subjective parameters

(number of pads used per cycle, duration of bleeding, amount of flow, intermenstrual period) and objective parameter (haemoglobin estimation). **Results:** At the end of 60 days of treatment, the patient showed marked improvement: pad usage reduced from 22–24 to 12–14 per cycle, bleeding duration decreased from 8–9 days to 5 days, flow became moderate without clots, and the intermenstrual interval normalised to 28 days. Haemoglobin improved from 9.2 g/dL to 11.4 g/dL. No adverse drug reactions were observed. **Conclusion:** *Usheerasav* demonstrated significant efficacy in the management of *Asrigdara* (menorrhagia) by reducing menstrual blood loss, normalising bleeding duration and cycle regularity, and improving haemoglobin levels. The drug was found to be safe and well-tolerated.

KEYWORDS: *Asrigdara*, Menorrhagia, *Usheerasav*, Abnormal Uterine Bleeding, *Raktapitta*.

INTRODUCTION

Asrigdara is one of the most prevalent gynaecological disorders affecting women from menarche to menopause. The term *Asrigdara* is derived from *Asrig* (blood) and *Dara* (excessive excretion), indicating excessive discharge of menstrual blood.^[1] Acharya Charaka has described *Asrigdara* as a separate disease entity with its management in *Yoni Vyapad Chikitsa Adhyaya*.^[2] According to Acharya Charaka, *Asrigdara* is a *Raktadoshaja Vikara* and manifests as a symptom of *Pitta Avrita Apana Vayu*.^[3] Acharya Sushruta explained it as a separate disease in *ShukraShonita Adhyaya* in *Sharirasthana* and also mentioned it under *Rakta Pradoshaja Vyadhi*.^[4,5] Aṣṭāṅga Saṅgraha described *Raktayoni* and mentioned *Asrigdara* and *Pradara* as its synonyms,^[6] while Aṣṭāṅga Hṛdaya also deals with *Raktayoni* in the context of *Rakta Pradara*.^[7]

The contemporary correlate of *Asrigdara* is menorrhagia or heavy menstrual bleeding (HMB), defined as cyclic bleeding at normal intervals with blood loss exceeding 80 ml or duration more than 7 days, or both.^[8] The prevalence of HMB is estimated at 53 per 1000 women.^[8] The condition adversely affects the quality of life, leading to anaemia, fatigue, decreased productivity, and psychological distress.

Acharya Charaka has enumerated *Aaharaja Nidanas* (dietary causative factors) of *Asrigdara* including excessive intake of *Lavana* (salt), *Amla* (sour) and *Katu Rasa*, *Snigdha*, *Guru Annapana*, *Audaka Mamsa*, *Paayas*, *Vidahi Annapana*, *Mastu*, *Sura*, *Shukta* (vinegar) and

Dadhi (curd).^[2] These factors vitiate Pitta and Rakta, leading to excessive menstrual bleeding.

Usheerasav is a traditional fermented Ayurvedic formulation primarily containing *Ushir* (*Vetiveria zizanioides*) along with other herbs like *Netrabala*, *Kamal Root*, *Gambhari*, *Neelkamal*, and *Priyangu*. It possesses *Kashaya Rasa*, *Sheeta Veerya*, and *Raktastambhak* properties.^[9,10] It is traditionally indicated in *Raktapitta* (bleeding disorders), *Pandu* (anaemia), and conditions associated with *Pitta aggravation*.^[9,11] The formulation has been reported to be effective, well-tolerable, and safe in managing abnormal uterine bleeding.^[12,13]

This case study aims to evaluate the effect of *Usheerasav* in the management of *Asrigdara* w.s.r. to menorrhagia.

CASE REPORT

Patient Demographics

- Name: Mrs. X (name withheld for confidentiality)
- Age: 32 years
- Gender: Female
- Occupation: Housewife
- Socio-economic Status: Middle class
- Religion: Hindu
- Diet: Mixed (non-vegetarian occasionally)

Chief Complaints

- Heavy menstrual bleeding requiring 22–24 sanitary pads per cycle for the past 6 months
- Prolonged menstrual bleeding lasting 8–9 days per cycle
- Passage of clots during menstruation
- Intermenstrual interval of 21 days
- Generalised weakness and fatigue
- Low backache during menstruation

History of Presenting Illness

The patient was apparently healthy 6 months back when she gradually developed heavy menstrual bleeding. She noticed that her menstrual flow had increased significantly, requiring

change of pads every 2–3 hours during the first 3 days of menstruation. The bleeding duration had prolonged from her usual 4–5 days to 8–9 days. She also reported passage of dark-coloured clots. The intermenstrual interval had reduced from 28–30 days to 21 days. She experienced associated symptoms of low backache, body ache, and fatigue. There was no history of intermenstrual spotting, post-coital bleeding, or bleeding per vaginum outside menstrual periods. She had consulted a local practitioner and took iron supplements but did not get significant relief.

Menstrual History

- Menarche: 13 years
- Cycle Length: 21 days (previously 28–30 days)
- Duration of Flow: 8–9 days
- Amount of Flow: Heavy (22–24 pads/cycle)
- Dysmenorrhoea: Present (low backache)
- Clots: Present
- LMP: 1st June 2024

Obstetric History

- Gravida: 3
- Para: 2
- Living Issues: 2
- Abortions: 1 (spontaneous, 4 years back)
- Mode of Delivery: Both vaginal

Past History

- No history of hypertension, diabetes mellitus, or thyroid disorders
- No history of tuberculosis, HIV, or other chronic illnesses
- No history of surgery
- No history of blood transfusion

Personal History

- Appetite: Normal
- Sleep: Disturbed during menstruation
- Bowel Habits: Regular

- Bladder Habits: Normal
- Addictions: None
- Diet: Mixed

Family History

No significant family history of bleeding disorders, gynaecological malignancies, or hormonal disorders.

General Examination

- Built and Nutrition: Average
- Pallor: Present
- Icterus: Absent
- Cyanosis: Absent
- Clubbing: Absent
- Oedema: Absent
- Lymphadenopathy: Absent

Vital Signs

- Pulse: 84/min, regular
- Blood Pressure: 110/70 mmHg
- Respiratory Rate: 18/min
- Temperature: Afebrile

Systemic Examination

- Cardiovascular System: S₁S₂ normal, no murmurs
- Respiratory System: Clear breath sounds, no adventitious sounds
- Abdomen: Soft, non-tender, no organomegaly
- Central Nervous System: Intact

Per Speculum Examination

- Cervix: Healthy, no erosions or growths
- Vagina: Healthy, no discharge
- Os: Closed

Per Vaginal Examination

- Uterus: Anteverted, normal size, non-tender
- Adnexa: Bilateral free and non-tender

Ayurvedic Assessment (*Nidāna Pañcaka*) Table No. 1.

<i>Nidāna</i>	Excessive intake of <i>Amla</i> , <i>Lavana</i> , <i>Katu Rasa</i> ; sedentary lifestyle; mental stress
<i>Pūrvarūpa</i>	Weakness, fatigue, low backache
<i>Rūpa</i>	<i>Pravṛtti</i> (excessive bleeding), <i>Ativṛtti</i> (prolonged duration), <i>Srava</i> (continuous flow), <i>Klama</i> (fatigue)
<i>Samprāpti</i>	<i>Pitta Prakopa</i> → <i>Rakta Duṣṭi</i> → <i>Apāna Vāyu Vikṛti</i> → <i>Asrigdara</i> ^{2,3,5}
<i>Doṣa Predominance</i>	<i>Pitta</i> and <i>Vāta</i>
<i>Duṣya</i>	<i>Rakta</i> , <i>Artava</i>
<i>Adhiṣṭhāna</i>	<i>Artavavaha Srotas</i>
<i>Agni</i>	<i>Mandāgni</i> (mild)
<i>Prakṛti Pitta</i>	<i>Kapha</i>

Investigations- Table No. 2.

Investigations	Baseline	Post Treatment (60 days)
Haemoglobin (Hb%)	9.2 g/dL	11.4 g/dL
Total RBC Count	3.8 million/cmm	4.4 million/cmm
Total WBC Count	7,200/cmm	7,500/cmm
Platelet Count	2.8 lakhs/cmm	2.9 lakhs/cmm
Ultrasonography (Lower Abdomen)	Normal study; no fibroids, polyps, or adenomyosis	Not repeated

Diagnosis

Based on the history, clinical examination, and investigations, the patient was diagnosed as a case of *Asrigdara* w.s.r. to Menorrhagia.^[8]

INTERVENTION

- Intervention Drug: *Usheerasav*
- Reference: *Bhaiṣajya Ratnāvalī*, *Raktapitta Chikitsā Adhikāra* -162-166.^[9]
- Composition: *Usheerasav* is a fermented polyherbal formulation containing:
- *Uśīra* (*Vetiveria zizanioides*) – Main ingredient, *Netrabala* (*Pavonia odorata*), *Kamal* root, (*Nelumbo nucifera*), *Gambhārī* (*Gmelina arborea*), *Nīl Kamal* (*Nymphaea stellata*), *Priyaṅgu* (*Callicarpa macrophylla*)

Properties:^[9,10]

- *Rasa*: *Kaṣāya* (astringent)

- *Guṇa*: *Laghu* (light), *Rūkṣa* (dry)
- *Vīrya*: *Śīta* (cooling)
- *Vipāka*: *Kaṭu*
- *Karma*: *Raktapittahara*, *Stambhana*, *Tridoṣahara* (especially *Pittahara*)

Dosage and Administration^[9]

- Dose: 20 ml
- Anupāna: 20 ml of water
- Frequency: Twice daily
- Duration: 60 days
- Auśadhi Sevana Kāla: Paścādbhakta (after meals)

Mode of Action

The *Kaṣāya Rasa* and *Śīta Vīrya* of *Usheerasav* help in *Pitta Śamana* and *Rakta Stambhana*.^[3,10] The formulation acts on *Rakta Dhātu* and *Artavavaha Srotas*, normalising excessive menstrual bleeding. Its *Raktapittahara* property addresses the underlying *Pitta-Rakta* vitiation.^[2,9]

RESULTS

ASSESSMENT CRITERIA

The patient was assessed at baseline, on the 30th day, 60th day, and one month after completion of treatment (90th day) using the following parameters.^[8,13]

- Number of sanitary pads per cycle (standard Whisper Large pads)
- Duration of menstrual bleeding (days)
- Amount of flow (graded as normal, moderate, heavy, or with clots)
- Intermenstrual period (days)
- Haemoglobin (Hb%)

Subjective Parameters

Table No. 3.

Parameters	Baseline	Day 30	Day 60	Day 90 (Follow Up)
Pads/Cycle	22-24	18-20	12-14	12-14
Duration (Days)	8-9	7	5	5
Amount of flow	Heavy with clots	Heavy (reduced clots)	Moderate (no clots)	Moderate
Intermenstrual Period	21 Days	23 Days	28 Days	28 Days

Objective Parameters Table No. 4.

Parameter	Baseline	Day 60 th
Haemoglobin (Hb%)	9.2 g/dL	11.4 g/Dl

Grading of Symptoms Table No. 5.

Parameter	Grade	Baseline	Day 30	Day 60	Day 90
Pads/Cycle	3 (Severe: >25)	-	-	-	-
	2 (Moderate: 20–25)	+	+	-	-
	1 (Mild: 15–20)	-	-	+	+
	0 (Normal: <15)	-	-	-	-
Duration	3 (Severe: >9 days)	-	-	-	-
	2 (Moderate: 7–9 days)	+	+	-	-
	1 (Mild: 5–7 days)	-	-	+	+
	0 (Normal: <5 days)	-	-	-	-
Flow	3 (With clots)	+	-	-	-
	2 (Heavy)	-	+	-	-
	1 (Moderate)	-	-	+	+
	0 (Normal)	-	-	-	-
Intermenstrual	3 (<15 days)	-	-	-	-
	2 (15–19 days)	-	-	-	-
	1 (20–24 days)	+	+	-	-
	0 (25–28 days)	-	-	+	+

Improvement in Haemoglobin

The patient's haemoglobin improved from 9.2 g/dL (mild anaemia) to 11.4 g/dL (near normal) at the end of 60 days. This improvement can be attributed to the reduction in menstrual blood loss and the *Raktaprasādana* and *Panduhara* properties of *Usheerasav*.^[10,13]

Associated Symptoms Table No. 6.

Symptom	Baseline	Day 60
Weakness/Fatigue	Severe	Mild
Low Back Ache	Moderate	Absent
Body Ache	Moderate	Absent
Sleep Disturbance	Present	Absent

DISCUSSION

Asrigdara is a significant gynaecological disorder that affects women's physical, social, and psychological well-being. In Ayurveda, it is considered a *Raktapitta*-like condition where there is vitiation of *Pitta* and *Rakta* leading to excessive menstrual bleeding.^[2,3,4] Acharya Charaka has advised that *Asrigdara* should be treated on the lines of *Raktatisāra*, *Raktapitta*, and *Raktārśa*.^[2]

The present case demonstrates the efficacy of *Usheerasav* in managing *Asrigdara*. The formulation acts through multiple mechanisms:

- *Raktastambhana* (Haemostatic Action): The *Kaṣāya Rasa* and *Śīta Vīrya* of *Usheerasav* exert a *Stambhana* effect.^[10] The primary ingredient *Uśeera* possesses *Raktastambhak* properties; *Priyaṅgu* and *Lodhra* enhance this action.^[9,10]
- *Pitta Śamana* (Cooling Action): *Usheerasav* has a strong Pitta-pacifying action due to its *Śīta Vīrya*. This is relevant in *Asrigdara* where Pitta vitiation is primary.^[3,5]
- *Rakta Prasādana* (Blood Purification): The formulation corrects vitiated *Rakta Dhātu*,^[2,9] addressing the *Rakta Duṣṭi* central to pathogenesis.
- Improvement in Haemoglobin: Reduction in menstrual loss, *Raktavardhaka* action, and improved *Agni* contributed to Hb rise from 9.2 to 11.4 g/dL.
- *Vāta Anulomana*: *Usheerasav* helps normalise *Apāna Vāyu*, restoring cycle regularity – evidenced by the intermenstrual period correction from 21 to 28 days.

Correlation with Contemporary Understanding

Menorrhagia is managed with hormones, tranexamic acid, NSAIDs, or surgery; these have side-effects, recurrence, and invasiveness. *Usheerasav* offers a safe, non-hormonal, and cost-effective alternative with no adverse effects in this case.

CONCLUSION

Usheerasav demonstrated significant therapeutic efficacy in the management of *Asrigdara* (menorrhagia) in this case study. The patient showed marked improvement in all subjective parameters – reduction in menstrual blood loss (from 22–24 pads to 12–14 per cycle), normalisation of bleeding duration (from 8–9 days to 5 days), cessation of clot passage, and restoration of normal intermenstrual period (from 21 days to 28 days). The objective parameter of haemoglobin improved from 9.2 g/dL to 11.4 g/dL. No adverse drug reactions were observed. The *Kaṣāya Rasa*, *Śīta Vīrya*, and *Raktastambhak* properties of *Usheerasav* effectively address the *Pitta-Rakta* vitiation and *Apāna Vāyu* derangement that underlie the pathogenesis of *Asrigdara*. The formulation provides a safe, effective, and non-hormonal alternative for the management of menorrhagia.

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