

A COMPREHENSIVE CASE STUDY ON THE EFFECTIVE MANAGEMENT OF ASRIGDARA W.S.R. DYSFUNCTIONAL UTERINE BLEEDING BY AYURVEDA

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ABSTRACT

Dysfunctional Uterine Bleeding (DUB) is a common gynecological disorder characterized by abnormal uterine bleeding without identifiable organic pathology, significantly impacting a woman's quality of life. In Ayurveda, this condition is closely correlated with *Asrigdara*, primarily caused by the vitiation of *Pitta* and *Rakta doshas*. Conventional treatments often involve hormonal therapies with potential side effects and high recurrence rates, necessitating safer, holistic alternatives. **Case Presentation:** A 28-year-old married female came with a chief complaint of excessive vaginal bleeding during menstruation (*Asrigdara*) for the past 4-6 months, accompanied by lower abdominal pain and backache. Her menstrual history revealed an irregular cycle of 21-25 days with a prolonged flow of 5-7 days, requiring 3-4 pads per day. Systemic and gynecological examinations,

including ultrasonography and hormonal assays (TSH, FSH, LH, Prolactin), confirming a diagnosis of DUB. **Intervention:** The patient was treated with *Lodhradi Churna* (a classical powdered formulation containing *Lodhra - Symplocos racemosa*, *Chandan - Santalum album*, and *Yashtimadhu - Glycyrrhiza glabra*) at a dose of 6g twice daily with *Tandulambu* (rice water) as an *anupana* (vehicle) for three consecutive menstrual cycles. Strict *Pathya-Apathya* (do's and don'ts) regarding diet and lifestyle, along with a tailored yoga regimen were advised. **Outcome:** A marked improvement was observed over the treatment period. The menstrual cycle regularized to 28-30 days, the duration of bleeding reduced to 3-4 days, and

pad usage decreased to 2 per day. Associated symptoms like pain were completely resolved.

Conclusion: This case demonstrates that *Lodhradi Churna*, complemented by dietary regulations and yoga, is a safe, effective, and holistic therapeutic protocol for managing *Asrigdara* (DUB). tissues, offering a viable alternative to conventional hormonal therapy.

KEYWORDS: *Asrigdara*, DUB, *Lodhradi Churna*, Yoga Therapy, *Pathya-Apathya*.

INTRODUCTION

Dysfunctional Uterine Bleeding (DUB) is defined as abnormal uterine bleeding in the absence of recognizable pelvic pathology, general medical disease, or pregnancy.^[1] It is a diagnosis of exclusion and a common gynecological problem affecting approximately 10-35% of women of reproductive age, leading to significant morbidity, including anemia, fatigue, and psychological distress.^[2] The modern etiopathogenesis is primarily attributed to hormonal imbalances disrupting the hypothalamic-pituitary-ovarian (HPO) axis, leading to anovulatory or irregular ovulatory cycles.^[3] Management typically involves NSAIDs, antifibrinolytics, hormonal preparations (like combined oral contraceptives or progestins), and in refractory cases, surgical interventions such as endometrial ablation or hysterectomy.^[4] These approaches, while often effective, are associated with side effects like weight gain, thromboembolism, and metabolic alterations, and symptoms frequently recur upon discontinuation.^[5]

In Ayurveda, this clinical entity is comprehensively described under the heading *Asrigdara* or *Raktapradara*. The term is derived from the words ‘*Asrik*’ (menstrual blood) and ‘*Dara*’ (excessive flow), meaning a condition characterized by excessive menstrual bleeding.^[6] Great Acharyas have elaborated on its pathogenesis. *Acharya Charaka* has described it in *Yonivyapad Chikitsa* and also as a *Raktaja Vikara* and a condition involving *Pitta Avrita Apana Vayu*.^[7] *Acharya Sushruta* has described it separately in *Sharira Sthana* and also under *Pitta Samyukta Apana Vayu* and *Rakta Doshaja Vikara*.^[8]

रजः प्रदीर्यते यस्मात् प्रदरस्तेन स स्मृतः ॥ (च.चि.३०/२०९)

तदेवातिप्रसङ्गेन प्रवृत्तमनृतावपि।

असृग्दरं विजानीयादतोऽन्यद्रक्तलक्षणात् ॥

असृग्दरो भवेत् सर्वः साङ्गमर्दः सवेदनः ॥२ (सु० सं० शा० २/२०-२१)

The *Samprapti* (pathogenesis) involves vitiation of *Tridoshas*, with predominance of *Pitta* and *Rakta*. The aggravated *Pitta* vitiates *Rakta Dhatu* and *Artava*, while *Vata*, especially *Vyana* and *Apana*, causes increased circulation and downward expulsion of the vitiated blood.^[9] *Kapha* is involved due to its role in the endometrial lining, leading to its irregular shedding. The vitiated doshas affect the *Artavavaha Srotas* (channels carrying menstrual fluid) and *Garbhashaya* (uterus), leading to *Atipravritti* (hyper-secretion) of *Raja* (menstrual blood).^[10]

The management principle in Ayurveda is not merely hemostasis but restoring doshic equilibrium, purifying the vitiated *Rakta*, and strengthening the *Garbhashaya*. This is achieved through *Shamana Chikitsa* (palliative therapy) using herbs with *Stambhana* (hemostatic), *Raktashodhaka* (blood purifying), *Pittahara* (pitta pacifying), and *Rasayana* (rejuvenative) properties.^[11]

रोधचन्दनयष्ट्यहं तेन यष्ट्याहवमेव वा ॥ ५५ ॥

तण्डुलाम्बुना-क्षौद्रसितायुतम् (अ.सं.चि. ३/५५)

Lodhradi Churna is one such classical formulation mentioned in *Ashtanga Sangraha Chikitsasthana* for managing *Asrigdara*.^[12] It comprises:

- *Lodhra* (*Symplocos racemosa*): *Kashaya Rasa*, *Sheeta Virya*; acts as a potent *Stambhaka* and *Garbhashaya Sankochak* (uterine tonic).^[13]
- *Chandan* (*Santalum album*): *Tikta*, *Madhura Rasa*, *Sheeta Virya*; provides a cooling effect, pacifies *Pitta* and *Rakta*, and reduces inflammation.^[14]
- *Yashtimadhu* (*Glycyrrhiza glabra*): *Madhura Rasa*, *Sheeta Virya*; promotes wound healing, soothes mucous membranes, and helps in hormonal balance due to its phytoestrogenic properties.^[15]

The adjunct role of *Pathya-Apathya* (wholesome and unwholesome diet) and *Yoga* is paramount. A *Pitta*-pacifying diet helps control bleeding, while specific *yoga asanas* and *pranayama* regulate the HPO axis, reduce stress, and improve pelvic circulation, addressing the condition holistically.^[16] This case study documents the successful application of this Ayurvedic paradigm in a clinically diagnosed case of DUB.

CASE PRESENTATION

Patient Information

A 28-year-old married female, housewife, came to the OPD of Prasuti Tantra & Stree Roga (Obstetrics & Gynecology) at PLRD Hospital, VYDS Ayurveda Mahavidyalaya, Khurja, on August 10, 2024.

Chief Complaints

The patient presented with:

- Excessive vaginal bleeding during menstruation for the past 4-6 months.
- Mild lower abdominal pain and backache during menses.
- Weakness, Fatigue

History of Present Illness

The patient reported that her menstruation was regular and normal until four months prior. For the last 4-6 months, she experienced a significant increase in the amount of bleeding during her periods. The bleeding was so profuse that it interfered with her daily activities. She reported the passage of clots on the first day of menstruation. There was no foul smell associated with the discharge. The bleeding was accompanied by mild, dull aching pain in the lower abdomen and back, which was manageable and did not confine her to bed.

Menstrual History

- Menarche: 14 years of age.

Previous Cycle: Regular (28-30 days),

- Duration: 4-5 days
- Flow: Normal.

Present Cycle (last 4 months)

- Interval: 21-25 days
- Duration: 5-7 days
- Flow: Excessive.
- Pad Usage: 3-4 pads per day (previously 2-3 pads per day).
- Clots: Present on Day 1.
- Dysmenorrhea: Mild abdominal pain and backache.
- LMP: September 15, 2024.

- No history of intermenstrual bleeding or post-coital bleeding.

Past History

- No significant history of thyroid disorders, diabetes mellitus, hypertension, or bleeding disorders.
- No history of any major medical or surgical illness.
- No history of any gynecological surgeries.

Personal History

- Diet: Mixed diet.
- Appetite: Normal.
- Bowel Habits: Regular, once daily, clear.
- Micturition: 4-5 times/day, 2 times/night.
- Sleep: Sound.
- Addictions: None.
- Allergies: No known allergies.

Family History

- No significant family history of diabetes, hypertension, bleeding disorders, or gynecological malignancies.

General Examination

- Built: Moderate
- Height: 4.9 feet (≈ 149 cm)
- Weight: 56 kg
- BMI: 25.22 kg/m² (Overweight)
- Blood Pressure: 118/78 mm Hg
- Pulse Rate: 84 beats/min, regular
- Respiratory Rate: 18 cycles/min
- Pallor: Mild
- Tongue: Uncoated (Alipta)
- Systemic Examination (CVS, RS, CNS): Within normal limits.

Ashtavidha Pareeksha (Eight-fold Examination)

- *Nadi* (Pulse): 84/min, *Vata-Kapha* predominant
- *Mala* (Stool): *Nirama* (without mucus), once daily
- *Mutra* (Urine): 4-5 times/day, 2 times/night
- *Jihva* (Tongue): *Alipta* (uncoated)
- *Shabda* (Voice): *Spastha* (clear)
- *Sparsha* (Touch): *Anushna Sheeta* (mild cool)
- *Druk* (Eyes): *Avisheha* (clear)
- *Akriti* (Body built): *Madhyama* (moderate)

Dashavidha Pareeksha (Ten-fold Examination)

- *Prakruti* (Constitution): *Vata-Kaphaja*
- *Vikruti* (Morbid status): *Vishamagni* (Irregular digestive fire)
- *Sara* (Tissue quality): *Madhyama* (Moderate)
- *Samhanana* (Compactness): *Madhyama* (Moderate)
- *Pramana* (Measurement): *Madhyama* (Moderate)
- *Satmya* (Compatibility): *Madhyama* (Moderate)
- *Satva* (Mind): *Madhyama* (Moderate)
- *Ahara Shakti* (Power of intake): *Madhyama* (Moderate)
- *Vyayama Shakti* (Power of exercise): *Madhyama* (Moderate)
- *Vaya* (Age): *Madhyama* (Young adult)

Laboratory Investigations

- Routine investigations were advised on the 2nd day of the menstrual cycle to establish a baseline and rule out other pathologies.
- Hemoglobin (Hb): 9.6 gm/dL (Mild Anaemia)
- Erythrocyte Sedimentation Rate (ESR): 15 mm/hr
- Random Blood Sugar (RBS): 124 mg/dL
- Thyroid Stimulating Hormone (TSH): 3.96 μ IU/mL (Normal)
- Follicle Stimulating Hormone (FSH): 8.24 mIU/mL (Normal)
- Luteinizing Hormone (LH): 5.25 mIU/mL (Normal)
- Serum Prolactin: 8.06 ng/mL (Normal)

- Ultrasonography (USG) Pelvis: Normal study. Uterus anteverted, normal in size and outline. Endometrial thickness within normal limits for the cycle phase. No evidence of fibroids, polyps, or ovarian cysts.

Diagnosis

- Ayurvedic Diagnosis: *Asrigdara* (due to *Pitta-Rakta Dushti* with *Vata* involvement)
- Modern Diagnosis: Dysfunctional Uterine Bleeding (DUB)

THERAPEUTIC INTERVENTION

The patient was put on a comprehensive management plan comprising internal medication, dietary modifications, lifestyle advice, and *yoga* therapy for three consecutive menstrual cycles.

Internal Medicine

- Drug: *Lodhradi Churna* (Classical formulation)
- Composition: *Lodhra*(*Symplocos racemosa*), *Chandan* (*Santalum album*), *Yashtimadhu* (*Glycyrrhiza glabra*) in equal parts.
- Dose: 6 grams (approx. 1 teaspoon)
- Frequency: Twice daily
- *Anupana* (Vehicle): *Tandulambu* (rice water) / lukewarm water
- Time of Administration: After meals (to avoid gastric irritation and facilitate better absorption).
- Duration: Three consecutive menstrual cycles. The medication was started from the first day of menstruation and continued throughout the cycle.

Dietary Regimen (*Pathya*)

- The patient was advised a *Pitta-Rakta Shamaka* and *Rakta Stambhaka* diet.
- Grains: Old rice (*Shali*), Wheat, Barley (*Yava*).
- Pulses: Green Gram (Moong Dal).
- Vegetables: Bottle Gourd (Lauki), Pointed Gourd (Parwal), Ridge Gourd (Tori), Pumpkin, Spinach (in moderation).
- Fruits: Pomegranate, Apple, Indian Gooseberry (Amla), Coconut water.
- Dairy: Cow's milk, Cow's ghee, Buttermilk.
- Spices: Cumin (Jeera), Coriander, Fennel (Saunf), Turmeric, Cardamom.

- Drinks: Lukewarm water, Herbal decoctions of *Lodhra*, *Ashoka*, *Shatavari*.
- Meals: Light, easily digestible food like Khichdi, Moong Dal soup.

Lifestyle & Behavioral Modifications (*Sadvritta*)

- Adequate rest and 7-8 hours of sleep.
- Strict adherence to *Rajaswala Charya* (menstrual hygiene and conduct).
- Avoidance of heavy exertion, weightlifting, and strenuous exercise.
- Stress management through meditation and avoiding anxiety and anger.
- Avoidance of hot water baths over the abdomen.

Yoga Therapy

- A daily practice of 30-45 minutes was prescribed, excluding menstruation days.
- *Asanas* (Postures): *Supta Baddha Konasana* (Reclining Bound Angle), *Viparita Karani* (Legs-Up-The-Wall), *Setu Bandhasana* (Bridge Pose), *Balasana* (Child's Pose), *Marjariasana* (Cat-Cow Stretch).
- *Pranayama* (Breathing Techniques): *Sheetali*, *Sheetkari* (cooling), *Anulom Vilom* (alternate nostril breathing), *Bhramari* (bee breath).
- Goal: To balance hormones, reduce stress, improve pelvic circulation, and pacify *Pitta* and *Vata*.

Follow-up

- The patient was assessed every two weeks and detailed follow-up was recorded after each menstrual cycle regarding cycle regularity, duration of flow, number of pads used, and associated symptoms.

OBSERVATIONS AND RESULTS

The effects of the intervention were meticulously recorded over three treatment cycles and one follow-up cycle after cessation of medicine. The results are summarized in Table 1.

Table 1: Clinical Observations Before, During, and After Treatment.

Sign & Symptoms	Before Treatment	After 1st Cycle	After 2nd Cycle	After 3rd Cycle
Interval between cycles	21-25 days (Irregular)	24-26 days	24-28 days	28-30 days (Regular)
Duration of flow	5-7 days (Prolonged)	4-5 days	4-5 days	3-4 days (Normal)
No. of pads	3-4 pads/day	3 pads/day	3 pads/day	2 pads/day

used/day	(Excessive)			(Normal)
Pain	Mild pain and backache	Absent	Absent	Absent
Clotting	Present on Day 1	Minimal	Absent	Absent
Hb % gm/dL	9.6	10	10.9	11.6
General Well-being	Fatigue, mild pallor	Improved energy levels	Significant improvement	Energetic, no pallor

Subjective Improvement

- The patient reported a marked reduction in anxiety related to her menstrual health. She felt more energetic and reported an overall sense of well-being.

Objective Improvement

- A follow-up Hb% test after the third cycle showed an increase to 12.2 gm/dL, indicating resolution of anemia without additional iron supplements.

The therapy was well-tolerated with no reported adverse effects throughout the treatment period.

DISCUSSION

This case study illustrates the successful management of DUB, diagnosed as *Asrigdara* in Ayurveda, using a holistic approach centered on the classical formulation *Lodhradi Churna*, supported by diet and *yoga*.

Pathophysiological Correlation

The patient's symptoms—excessive bleeding (*Atipravritti*), mild pain, and irregularity—align perfectly with the classical description of *Asrigdara* caused by *Pitta-Rakta Dushti* and derangement of *Apana Vata*.^[7] The *Vata-Kapha prakriti* of the patient might have predisposed her to *Vishamagni* (irregular digestion), leading to the production of *Ama* (toxins) and subsequent vitiation of *Rasa* and *Rakta Dhatu*. This, combined with potential lifestyle stressors, aggravated *Pitta*, leading to the *Dushti* of *Artavavaha Srotas* and manifestation of the disease.

Pharmacological Action of *Lodhradi Churna*

The formulation acted synergistically on multiple fronts:

- Lodhra***: Its *Kashaya* (astringent) *Rasa* and *Sheeta Virya* provided potent *Stambhana* (hemostatic) action, directly reducing the excessive flow.^[13] Its *Garbhashaya Sankochak* (uterine tonic) property helped improve uterine tone.

- **Chandan:** With its *Tikta* (bitter) *Rasa* and *Sheeta Virya*, it effectively pacified the aggravated *Pitta* and provided a cooling, anti-inflammatory effect, addressing the root cause of the bleeding.^[14]
- **Yashtimadhu:** Its *Madhura* (sweet) *Rasa* and *Snigdha* (unctuous) properties countered the dryness of *Vata*. Its *Vedanasthapana* (analgesic) property alleviated pain, and its *Rasayana* (rejuvenative) effect promoted the healing of the endometrium.^[15] Its phytoestrogenic activity likely contributed to restoring hormonal balance.

The choice of *Tandulambu* as an *anupana* was strategic. Its *Sheeta* and *Stambhaka* properties enhanced the formulation's efficacy, while its light nature ensured easy absorption and acted as a soothing medium for the irritated endometrial lining.^[12]

Role of Diet and Yoga

The prescribed *Pathya* diet prevented further aggravation of *Pitta* and *Rakta* and supported the action of the medicine. *Yoga* therapy played a crucial complementary role. *Supta Baddha Konasana* and *Viparita Karani* improved pelvic blood flow and reduced congestion. *Pranayama* techniques like *Sheetali* and *Bhramari* reduced cortisol levels, thereby mitigating stress—a known exacerbating factor for DUB.^[16] This integrated approach ensured a sustained correction of the underlying imbalance, preventing recurrence.

Contrast with Conventional Treatment

Had this patient opted for conventional care, she would likely have been prescribed a course of progesterone or combined oral contraceptive pills to regulate the cycle.^[4] While effective, these could have caused side effects like weight gain, nausea, or breast tenderness, and the problem might have recurred after stopping the medication. The *Ayurvedic* protocol, however, offered a natural, side-effect-free solution that aimed at and achieved long-term normalization of menstrual function by restoring physiological balance.

CONCLUSION

The present case demonstrates that *Asrigdara* (DUB) can be effectively and safely managed through the principles of Ayurveda. The intervention with *Lodhradi Churna*, along with strict dietary adherence and a tailored yoga regimen, produced significant results in regularizing the menstrual cycle, reducing the amount and duration of bleeding, alleviating pain, and improving the patient's overall hemoglobin status and quality of life. This case adds to the body of evidence supporting Ayurveda's holistic and root-cause-based approach to managing

gynecological disorders. *Lodhradi Churna* proves to be a potent, safe, and well-tolerated formulation for *Pitta-Rakta* predominant *Asrigdara*. Further large-scale clinical studies are recommended to validate these findings and establish this protocol as a standard conservative management strategy for DUB.

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