

## Addressing Asrugdara (Menorrhagia) with Holistic Ayurvedic Protocol: An Evidence-based Case Study

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### Abstract

Excessive menstrual bleeding, or *asrigdara*, is a serious gynecological condition that is described in great detail in ancient Ayurvedic texts. It is mostly associated with the vitiation of *Pitta*, *Rakta*, and *Apana Vayu*. It is defined as excessive or protracted menstrual blood loss, with or without intermenstrual bleeding<sup>12</sup>. This case study describes a 54-year-old female patient who presented with continuous bleeding for a duration of one year. She was clinically identified as a case of *Asrugdara*. The management plan involved an integrative Ayurvedic approach, primarily focusing on *Shamana Chikitsa*, along with necessary lifestyle modifications to support overall health and recovery. The treatment included *Pushyanuga Churna*, *Shatavari Ksheerpaka*, *Lodhra Asava*, *Bolbadha Rasa*, *Sutshekhara Rasa*, and *Satapuspa taila nasya*. After twenty one days of treatment, the bleeding reduced from 5–6 pads per day to mild spotting (Table 1), and associated symptoms such as weakness and abdominal pain improved significantly. This case demonstrates that an integrative Ayurvedic approach can effectively manage menorrhagia while enhancing the patient's quality of life, providing a safe and cost-effective option compared to conventional invasive treatments.

**Key words :** *Asrugdara*, *pradara*, Menorrhagia, abnormal uterine bleeding, Ayurvedic management.

The disease *asrigdara* appears to be analogous to menorrhagia. However, to understand the definition correctly, due consideration has to be given to the description of its pathogenesis and general clinical features. Charaka and Cakrapani say that increased *rakta* (blood) gets mixed with *raja* (menstrual blood), thus the quantity of *raja* (menstrual blood) increases. While explaining general clinical features says that excessive and/or prolonged blood loss during menstruation or even scanty blood loss during intermenstrual

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period is known as *asrgdara*. In short *asrgdara* refers to all types of irregular and abnormal uterine bleedings, however, on the basis of pathogenesis it is nearer to menorrhagia or polymenorrhagia.<sup>2</sup> Conventional management options such as hormonal therapy, endometrial ablation, and hysterectomy can help reduce bleeding; however, they are often associated with side effects, chances of recurrence, and increased financial cost. In contrast, Ayurveda adopts a holistic strategy that includes *Dochapratyanika chikitsa*, the use of *Raktastambhaka dravyas*, and *Rasayana* therapy, aiming not only at controlling symptoms but also at restoring overall systemic balance<sup>13-18</sup>. This case study highlights the clinical effectiveness of an integrative Ayurvedic approach in the management of *Asrugdara*.

#### *Etiology :*

The woman who consumes excessive

salty, sour, heavy, *katu* (hot), *vidahi* (producing burning sensation) and unctuous substances, meat of domestic, aquatic and fatty animals, *krsara* (olio made with rice and pulses), *payasa* (rice cooked with milk and sweetened curd), *sukta* (vinegar), *mastu* (curd water) and wine, her aggravated *vayu*, withholding the *rakta* (blood) vitiated due to above causes increases its amount and then reaching raja carrying vessels (branches of ovarian and uterine arteries) of the uterus, increases immediately the amount of raja (artava or menstrual blood), in other words the increase in amount of raja is due to its mixture with increased blood. This increase in menstrual blood is due to relative more increase of *rasa* (plasma contents). Because of increase in the amount of blood the expert of this treatise named it *asrgdara*. Since in this condition, excessive blood is discharged, hence, it is also known as *pradara*. These are general etiology and clinical features.<sup>3</sup>

#### **Complications**

**तस्यातिवृत्तौ दौर्बल्यं भ्रमो मूर्च्छा तमस्तृषा ॥ दाहः प्रलापः पाण्डुत्वं तन्द्रा रोगाश्च वातजाः ॥**

Susruta and MadhavaNidāna etc. have mentioned weakness, giddiness, ment confusion, feeling of darkness, dyspnea, thirst, burning sensation, delirium, anemia, drowsiness and convulsion etc. disorders of vata as complications of excessive bleeding.<sup>17-10</sup>

#### *Case report :*

A 54-year-old married woman (G3P2L2A1) visited Prasuti Tantra Evum Strī Roga OPD, with c/o prolonged menstruation since year. She reported passing reddish-brown blood with repeated gush of blood for

11–12 days per cycle, using 5–6 pads daily, with clots, foul odour, feeling of heat all over the body, weakness, and mild intermittent lower abdominal pain. After Periods had stopped for 6 months and menopause happened about a year ago, but then bleeding started again and gradually became heavier

#### **Past Illness History**

No any family, medical and surgical history.

#### **Menstrual History**

The menstrual history is presented in Table-1.

Table-1. Menstrual History

LMP -		
Parameter	Before Illness	Present Illness
Duration	6–7 days	10–11 days
Interval	30–35 days	25 days
Amount of bleeding	3–4 pads/day	5–6 pads/day
Clots	Absent	Present
Colour	Reddish brown	Reddish brown
Pain	Mild, occasional	Mild intermittent
Odour	Absent	Present (foul-smelling)

*Obstetrical History :*

The patient was gravida 3, para 2 with two living children. Both deliveries were full-term, vaginal, and without complications and one Spontaneous abortion in 2<sup>nd</sup> month.

*Astavidha Parīksā :*

Findings of *Astavidha parīksā* are summarized in Table-2.

Table-2. Astavidha Parīksā

Parameter	Observation
Nadi	Vāta-Pittaja
Mala	Regular
Mutra	Normal
Jihva	Alpa Sanlepa
Śabda	Prakrta
Sparsā	Anusna
Drk	Prakrta
Ākr̥tti	Madhyama

*Dasavidha Parīksā*

Findings of *Daśavidha parīksā* are summarized in Table-3.

Table-3. Dasavidha Parīksā

Parameter	Observation
Prakrti	Vata-Pittaja
Vikrti	Raktapitta Pradhāna
Sāra	Madhyama
Samhanana	Madhyama
Pramāha	Alpamāmsa, Madhya Meda
Satva	Madhyama
Satmya	Madhyama
Āhāra Śakti	Madhyama
Vyāyāma Śakti	Madhyama
Vaya	Vrddha (54 years)

*General Examination*

The findings are summarized in Table-4.

Table-4. General Examination

Parameter	Observation
Height	163 cm
Weight	53 kg
BMI	19.9 kg/m <sup>2</sup>
Pulse	78/min
Blood Pressure	110/70 mmHg
Temperature	Afebrile
Pallor	Present
Icterus	Absent
Cyanosis	Absent
Clubbing	Absent
Edema	Absent
Lymphadenopathy	Absent

*Systemic Examination*

The findings are summarized in Table-5.

Table-5. Systemic Examination

System	Observation
Respiratory	Normal vesicular
Cardiovascular	Normal S1, S2
Gastrointestinal	No abnormality
Central Nervous System	Intact
Locomotor	Normal

*Local Examination :*

**Per Speculum Examination:** The cervix appeared hypertrophied with bleeding per vagina and an open cervical os. Vaginal

walls were healthy.

**Per Vaginal Examination:** Uterus was anteverted, normal in size, and the fornices were free, with mild tenderness noted in the lower abdomen.

*Investigations :*

Haemoglobin -10.6 g/dl, RBC 3.4 million/cu.mm,  
WBC - 7900/cu.mm,  
Random blood sugar - 101mg/dl.  
Ultrasound abdomen and pelvis - Revealed uterus measuring 54 × 40 × 42 mm with endometrial thickness of 11.5 mm, no adnexal pathology noted.

*Treatment (Shaman) :*

The treatment plan focused on Shaman Chikitsa, using traditional Ayurvedic medicines along with proper diet guidelines to balance the doshas and reduce heavy bleeding. The treatment was carried out gradually, with regular follow-ups to monitor progress.

Visit	Complaints	Treatment given	Duration
Visit 1 <sup>st</sup>	Excessive bleeding p/v 5-6 Pads  Feeling of heat all over the body  Weakness Visit  Intermittent lower abdomen pain	1) <i>SatapuspaTtail Nasya</i> OD  2) <i>Pushyanuga + Nagkesara + Shatavari chura</i> 1tsf with <i>Tandulodak</i> OD A/F  3) <i>Bolbadha Rasa</i> 2 BD A/F  4) <i>Lodhra aasav</i> 3-3-3tsf with equal warm water A/F 5) <i>Shatavari ksheer paaka</i> 100ml BD B/F <i>Pathya-</i> : <i>Mudga yusha</i> 200ml BD B/F	7 days

Follow up 1	Mild bleeding 1-2 pads  Follow up 2	1) <i>SatapuspaTtail Nasya</i> OD 2) <i>Bolbadha Rasa</i> 2 BD A/F 3) <i>Lodhra aasav</i> 3-3-3tsf with equal warm water A/F 4) <i>Sutshekhar rasa</i> 2 BD A/F <i>Pathya</i> -: <i>mudga yusha</i> 200ml BD B/F	7 days
Follow up 2	Mild Spotting p/v	1) <i>Satapuspa Ttail Nasya</i> OD 2) <i>Lodhra aasav</i> 3-3-3tsf with equal warm water A/F 3) <i>Sutshekhar rasa</i> 2 BD A/F <i>Pathya</i> -: <i>Mudga yusha</i> 200ml BD B/F	7 days

In Ayurveda, *Asrugdara* refers to excessive uterine bleeding caused by an imbalance of *Vata* and *Pitta doshas*. It can be compared to modern conditions such as abnormal uterine bleeding (AUB) or menorrhagia<sup>12-2</sup>. Abnormal uterine bleeding (AUB) is a common gynecological issue globally, classified under the FIGO PALM–COEIN system<sup>12</sup>. It affects up to 14% of women of reproductive age, with an even higher occurrence among peri- and postmenopausal women<sup>10</sup>. Standard treatment options, including hormonal therapy, endometrial ablation, and hysterectomy, may relieve symptoms but are often linked to side effects, recurrence, and significant costs<sup>6-18</sup>. Therefore, there is a clear need for treatment approaches that are effective, safe, and more affordable.

In the present case, an integrative Ayurvedic protocol produced significant improvement within two weeks. *Pushyanuga Churna*, a traditional hemostatic formulation, has been reported to be effective in managing AUB

by promoting blood coagulation (*raktastambhana*) and balancing aggravated pitta<sup>13-18</sup>. *Lodhra* (*Symplocos racemosa*), the primary component, has been shown to possess uterotonic and astringent properties<sup>15</sup>, while *Shatavari* (*Asparagus racemosus*) demonstrates phytoestrogen-like effects that help maintain hormonal equilibrium and support endometrial health<sup>16</sup>. Additionally, the use of *Sutshekhar Rasa* contributed to restoring overall systemic balance in accordance with the Ayurvedic concept of *dosa–dusya sammurchana*<sup>4-1</sup>.

*Satpushpa* possesses *vāta–kapha pacifying* and *artava-regulating* properties, which help in maintaining normal menstrual function. *Nasya* (nasal administration) acts through the cranial pathways and is understood to influence neuroendocrine mechanisms, thereby helping to correct hormonal imbalance associated with excessive bleeding.<sup>10</sup>

The findings of this case indicate that an integrative Ayurvedic approach may serve

as a practical alternative to invasive treatments, particularly in postmenopausal women who face increased surgical risks<sup>11</sup>. However, since this observation is based on a single case, the results cannot be broadly applied. Further large-scale, well-controlled studies are necessary to establish the safety, effectiveness, and consistency of such treatment protocols

This case illustrates that a comprehensive Ayurvedic approach—using classical preparations such as *Pushyanuga Churna*, *Lodhra Asava*, and *Shatavari Ksheerpaka*, together with supportive therapy like *Satpushpa Taila Nasya*—can effectively manage menorrhagia and help restore overall balance in *Āsrugdara*. The prompt control of bleeding, relief from related symptoms, and improvement in daily functioning highlight Ayurveda's potential as a safe, affordable, and patient-oriented alternative to invasive procedures.

In contrast to conventional treatments for abnormal uterine bleeding, which often depend on hormonal or surgical methods, this case demonstrates that Ayurvedic interventions can address both the underlying cause and the patient's general well-being through their *doca*-balancing and hemostatic properties. This approach also lowers the risk of unwanted side effects while supporting long-term stability.

The observations from this case point toward the need for wider clinical use and more structured research to assess these therapies in larger groups. As interest in integrative healthcare continues to grow, Ayurveda offers a holistic and well-established

option for managing abnormal uterine bleeding, particularly in postmenopausal women where surgical interventions may carry greater risk.

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