

## CASE STUDY

# Understanding Asrigdara (AUB) Through the Lens of Ayurveda: A Case Report

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### ABSTRACT

*Abnormal uterine bleeding (AUB), particularly heavy menses with short cycle, is a frequent concern in perimenopausal women. Ayurveda offers a holistic and personalized approach using various therapies. This case study reports on a 44 years old female with complaints of heavy and short menstrual cycle for the past 3 to 4 cycles, occurring every 20-22 days and lasting 5 to 7 days, along with body ache and weakness. Based on Ayurvedic principles, the condition was diagnosed as Asrigdara (Raktapradar), with predominant vitiation of Pitta Dosha and Rakta Dhatu. The treatment included Samsamni Vati and Shatavari Vati along with Nagakesaradi Churna Yoga. Followed by eight weeks of treatment, the patient showed marked improvement in menstrual irregularity, bleeding intensity, and in associated symptoms. This case highlights the potential of Ayurvedic interventions in managing Asrigdara and suggests that classical formulations offer a safe and effective alternative.*

**Keywords:** Asrigdara, Ayurveda, Case study, Menorrhagia, Polymenorrhea, Samsamni, Shatavari.

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### INTRODUCTION

Abnormal uterine bleeding (AUB) is a broad clinical term used to describe deviations in menstrual cycle frequency, duration and volume in the absence of pregnancy. Among the most commonly observed forms of AUB are menorrhagia (excessive bleeding) and polymenorrhea (shortened cycle intervals), particularly prevalent during the perimenopausal period due to hormonal fluctuations. It is estimated that up to 30% of women experience AUB at some point during their reproductive years, with increased incidence during the menopausal transition [1]. This changes in menses can significantly affect a woman's physical health due to blood loss, anaemia, fatigue and also impact psychological well-being and quality of life. In Ayurvedic texts, conditions involving excessive or frequent menstruation are often classified under Asrigdara or Raktapradar, based on symptomatology. The underlying cause is typically attributed to the vitiation of Rakta Dhatu and Pitta Doshas, and occasionally Vata Dosha, leading to increased bleeding and shortened cycles. Management includes Raktastambhana (haemostatic), Pittahara (pitta-pacifying), and Rasayana (rejuvenative) therapies [2]. This case highlights the potential of integrative medicine in managing functional menstrual disorders, emphasizing not only relief of the symptom but also systemic balance. By presenting the outcome in a structured case format, this report contributes to the growing body of clinical evidence supporting the role of Ayurvedic interventions in women's health, especially in non-structural menstrual disturbances.

### CASE PRESENTATION

A 44 years old female visited the outpatient department with the chief complaint of heavy menses with short cycles for the past 3 to 4 cycles. She reported that her menstrual cycles had become irregular in terms of frequency and volume. Bleeding occurred every 20-22 days, lasting for 5 to 7 days, and was

characterized by increased volume and occasional passage of clots. The condition was gradually progressive, and over the past few months, it had started to significantly interfere with her daily activities due to fatigue and body ache.

**Table 1: Menstrual History**

Menstrual Pattern	Recent	Previous
Regularity	Irregular	Regular
Interval of cycle	20-22 days	30 ± 2 days
Duration of cycle	5 to 7 days	3 days
No. of pads/day	4-5 Pads (fully soaked)	1-2 Pads (fully soaked)
Pain	Mild Present	Absent
Consistency	Clots Present	Clots Absent
Colour	Dark Red	Red
Odour	No foul smell	No foul smell

**Obstetric History:**

G2 P2 L2 A0 D0

L1 – FCH/ 17 Years/ FTND with episiotomy

L2 – MCH/ 15 Years/ FTND

- She denied any history of intermenstrual bleeding, postcoital bleeding, or foul-smelling discharge. No complaints of fever, weight loss, or urinary symptoms were reported. No K/C/O any systemic illness i.e. HTN, DM or Thyroid.
- There was no history of hormonal therapy, intrauterine device use, or any surgical intervention.

**Table 2: Personal History**

Diet	Veg.
Appetite	Good
Bowel	Satisfactory (once in a day)
Micturition	5-6 times/day
Sleep	Sound
Addiction	No any

**General Examination:**

- Built – Average
- Blood pressure: 120/80 mmHg
- Pulse rate: 82/min
- Pallor: Mild
- Icterus - Absent
- Oedema - Absent
- Cyanosis - Absent
- Clubbing – Absent
- Lymphadenopathies – Absent
- Height: 162 cm
- Weight: 54 kg
- BMI: 20.6 kg/m<sup>2</sup>

**SYSTEMIC EXAMINATION:**

- 1) RS – Air entry bilateral equal, no added sounds
- 2) CVS – S<sub>1</sub>S<sub>2</sub> normal
- 3) CNS – Conscious and well oriented

**LOCAL EXAMINATION:**

**1. Per abdomen**

Inspection- No discolouration was observed.

Palpation- Soft, No tenderness, No organomegaly

Auscultation – bowel sounds present 1 in every 3-4 minutes

Peristaltic sounds were heard well.

**Table 3: Rogi Pariksha**

<b>Asthavidha Pariksha:</b>	<b>Dashvidha Pariksha:</b>
1. Nadi – Vata Pittaj	1. Prakriti – Pitta Vataj
2. Mala – Samyak	2. Vikruti – Vata, Pitta
3. Mutra – Samyak	3. Sara – Madhyam
4. Jihwa – Nirama	4. Samhanana – Madhyam
5. Shabda – Spashta	5. Satva – Pravar
6. Sparsha – Anushnasheetta	6. Satmya – Pravar
7. Drik – Prakrut	7. Aaahar Shakti
8. Aakriti - Madhyam	Abhyavarana Shakti – Madhyam Jaran Shakti – Madhyam
	8. Vyayam Shakti – Madhyam
	9. Pramana – Madhyam
	10. Vaya - Madhyam

**Investigations:**

Hb: 10.2 g/dL

Thyroid Function Test: within normal range

USG Abdomen-Pelvis: Pelvic ultrasonography showed normal uterine size, with no fibroids, polyps, or endometrial hyperplasia.

- Based on clinical evaluation and exclusion of structural abnormalities, the case was diagnosed as functional menorrhagia with polymenorrhea. In Ayurvedic terms, the condition was assessed as Asrigdara with Pitta and Rakta involvement.

**Sampraptighatak:**

Dosha – Pitta, Vata

Dushya – Rasa, Rakta, Artava

Srotas – Rasavaha, Raktavaha, Aartavavaha

Udbhavasthana – Pakvashaya

Vyaktisthana – Garbhashaya

**Samprapti** - Rakta and Pitta dushti leading to excessive bleeding and shortened cycle interval

**Vyadhi** - Asrigdara / Raktapradar

*Treatment Goals:*

- Normalize the menstrual cycle
- Reduce bleeding volume
- Improve general health and energy
- Prevent recurrence

**CHIKITSA/ TREATMENT ADOPTED:**

1) Samsamni Vati – 1 Tab. thrice a day, after food with water

2) Shatavari Vati – 1 Tab. thrice a day, after food with water

3) Nagkesharadi Churna Yoga – 1 teaspoon (approx. 3–4 grams) thrice a day, after food with water

**Contents:** Nagkeshar (2 parts) + Mochras (2 parts) + Lodhra (2 parts) + Pushyanug (2 parts) + Guduchi (2 parts) + Gairik (1/2 parts)

*DIET AND LIFESTYLE ADVICE:*

- Avoid Ushna (hot), Tikshna (spicy), and Amla (sour) food items.
- Include Sheeta, Madhura, Snigdha like Ghrita, rice, milk.
- Adequate sleep.
- Gentle Yoga and Pranayama advised.

*Duration of Treatment:*

- Patient followed up every 2 weeks.
- Total treatment protocol for 2 months.
- Evaluation was based on changes in cycle regularity, volume of flow, associated symptoms (body ache, fatigue), and general well-being.
- No other medicines or supplements were used during this period.

**RESULTS**

The patient was monitored over a period of 2 months with fortnightly follow-ups. Treatment with Samsamni Vati, Shatavari Vati, and the Nagkesharadi Yoga yielded notable improvements in menstrual and systemic symptoms. Observations during and after the course of therapy are summarized below:

**Table 4: Menstrual Changes**

<b>Parameter</b>	<b>Before Treatment</b>	<b>After Treatment</b>	
		<b>After 1<sup>st</sup> cycle</b>	<b>After 2<sup>nd</sup> cycle</b>
Cycle interval	20-22 days	26 days	28 days
Duration of flow	5-7 days	4-5 days	3-5 days
Flow intensity	Heavy with clots	Moderate, no clots	Moderate, no clots
Associated pain	Mild body ache	Relieved	Relieved Completely

The patient reported the improvement during the first cycle of menstruation after initiating treatment. The cycle interval increased, approaching a near-normal pattern (27-29 days), and the flow volume was significantly reduced. No clots were observed in the first & second cycles and also associated symptoms Markley improved.

## DISCUSSION

In Ayurveda, Rakta (blood) is considered the carrier of life and vitality. Vitiation of Rakta by Pitta dosha results in its qualitative and quantitative abnormalities, manifesting clinically as excessive or irregular bleeding. Pitta is responsible for metabolic processes and transformation, including blood formation and regulation of menstrual flow. When Pitta becomes aggravated, it causes hyperactivity of the blood channels, leading to excessive menstruation [3].

The Artavavaha Srotas (channels carrying menstrual fluid) are directly affected in Asrigdara. Additionally, Rasa dhata (plasma) involvement results in systemic symptoms such as weakness and body ache, as observed in this case.

### Rationale for Drug Selection:

The treatment focused on correcting the aggravated Pitta and Rakta and strengthening the reproductive tissues through Rasayana therapy.

- 1) Samsamni Vati is known for its Pitta-Rakta balancing properties. It is traditionally used to treat bleeding disorders and liver conditions, which are linked to blood purification and hormonal regulation. Modern studies highlight its antioxidant and anti-inflammatory effects, which may contribute to normalization of menstrual blood flow [4].
- 2) Shatavari (*Asparagus racemosus*) acts as a Rasayana and Balya herb, supporting hormonal balance and reproductive health. Its phytoestrogenic compounds help in regulating oestrogen levels, thus contributing to menstrual regularity and reduction in excessive bleeding. Shatavari also has uterine tonic properties, improving uterine health and reducing inflammation [5, 6].
- 3) The powdered combination containing Nagkeshar (*Mesua ferrea*), Mochras (*Salmalia malabarica*), Lodhra (*Symplocos racemosa*), Pushyanug Churna, Gairik (Red ochre), and Guduchi (*Tinospora cordifolia*) was selected for their haemostatic, astringent, and anti-inflammatory actions.
  - Nagkeshar is a classical Stambhana (haemostatic) herb that promotes clot formation and arrests bleeding [7].
  - Mochras possesses Sheeta (cooling) and Kashay rasa (astringent) qualities, useful in pacifying Pitta and reducing inflammation [8].
  - Lodhra is widely recognized for its Kashaya rasa (astringent) and Sthambhana properties, useful in controlling haemorrhage and healing mucosal tissues [9].
  - Pushyanug Churna is a time-tested formulation for controlling excessive uterine bleeding and promoting uterine health [10].
  - Gairik (red ochre) has excellent Raktastambhana (blood-stanching) properties and is often used in Pittaja disorders.
  - Guduchi acts as an immunomodulator and anti-inflammatory agent, promoting systemic balance and recovery [11].

## CONCLUSION

This case study demonstrates the successful management of heavy and early menses in a 44 years old female through an Ayurvedic regimen comprising Samsamni Vati, Shatavari Vati, and an herbal powder containing Nagkeshar, Mochras, Lodhra, Pushyanug, Gairik, and Guduchi. The treatment approach effectively regulated the menstrual cycle, reduced excessive bleeding, and alleviated associated systemic symptoms such as body ache and fatigue, without any reported adverse effects. The observed clinical improvements align with the traditional Ayurvedic understanding of Asrigdara as a manifestation of Pitta and Rakta dosha vitiation and highlight the value of targeted herbal interventions to restore doshic

balance and tissue health. Moreover, the pharmacological properties of the herbs used such as haemostatic, anti-inflammatory, and immunomodulatory effects may contribute to the biological mechanisms underlying symptom relief and cycle normalization.

Given the safety profile and patient satisfaction, this case supports the potential of Ayurvedic formulations as a complementary or alternative therapy for managing abnormal uterine bleeding, especially in perimenopausal women seeking natural and holistic treatment options.

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