



## Case Study

### AYURVEDIC MANAGEMENT OF ASRGDHARA

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#### ABSTRACT

*Asrgdhara* is a condition of '*Raja pradeerana*', that is excessive flow of *Raja* or *Arthava*. One who follows the *Nidana sevana* like *Lavana, Amla, Guru aharas, Snigdha aharas, Adhyashana, h/o Garbha pata* etc. can result in *Asrgdhara*. This can be correlated to abnormal uterine bleeding. Present case study is about a patient with heavy menstrual bleeding with dysmenorrhea and passage of clots after attaining menstruation following her delivery and irregular cycles since menarche. In modern she was suggested for hysterectomy since her family is completed but patient denied. Here, after taking a detailed menstrual and personal history, the *Doshas* involved were analysed as *Vata* and *Kapha*. Since *Asrgdhara* is a *Basti Sadhya vyadhi* and following the *Samanya chikitsa*, the treatment plan was done. Treatment plan included *Picha basti* and required internal medications. Patient had significant symptomatic relief with gradual reduction in clots to no clots, reduced dysmenorrhea and also the cycles became regular within 3 months of intervention. This case is a perfect example for conditions where even after suggesting surgical management, how Ayurveda helps in leading a healthy life by bringing the condition under complete control.

### INTRODUCTION

'*Raja pradheeryate yasmat pradarasthena sa smrtha*'<sup>[1]</sup>, the condition of excessive flow of *Raja* or *Arthava* is termed as *Asrgdhara* or *Pradara*. It can be caused due to many factors, *Acharya charaka* has mentioned the *Nidanas*<sup>[2]</sup> in detail (mainly *Aharaja nidanas*) i.e., women who indulges in excessive intake of *Lavana amla guru katu vidahi snigdha aharas, Gramya oudaka mamsa, Krshara, Payasa, Dadhi* etc will result in increase in amount of *Dushitha rakta* and it enters the *Garbhashayagata siras* by the involvement of *Prakupita vayu*. Once it enters it will increase the amount of *Arthava* (due to *Rasabhava* of *Arthava*) and is excreted out through vagina, hence results in *Asrgdhara*.

Apart from *Aharaja nidanas*, some *Viharaja nidanas* are told by *Madhava nidana, Bhavaprakasha* and *Yogaratanakara*. This includes *Garbha pata, atimaithuna, Ati yanavahana, Atibharavahana, Abhighataja* and *Divaswapna*. These *Aharaja* and

*Viharaja nidanas* are inevitable in this present era due to change in lifestyle and food habits.

**Based on *Doshas* involved *Asrgdhara* is divided into**<sup>[3]</sup>

*Charaka, M.N, B.P, Y.R:* 4 types- *Vataja, Pittaja, Kaphaja, Sannipataja*

*Susruta:* Not mentioned as types but mentioned it can be treated based on *Doshas* involved.

*Vagbhata* 1:3 types - *Vataja, Pittaja, Kaphaja*

*Acharyas* have considered *Asrgdhara* as a *Rakta pradoshaja vyadhi* and the *Dosha* involved as *Pitta avrutha Apana vayu*.

*Chikitsa* method is adopted based on the *Dosha* involved and with *Raktasthapana* as mode of action. *Acharyas* have also mentioned to follow, *Raktapitta chikitsa, Rakta atisara chikitsa* etc.

In modern, it can be correlated to abnormal uterine bleeding (AUB). Any uterine bleeding which is found to be outside the normal volume, duration, regularity or frequency is considered as AUB.

Causes of AUB includes under PALM-COEIN<sup>[4]</sup> classification. P - polyp, A- adenomyosis, L- leiomyoma, M- malignancy or hyperplasia, C- coagulopathy, O- ovulatory dysfunction, E- endometrial factors, I- iatrogenic, N- not yet identified. The pathology varies depends on the cause involved.

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**The patterns of AUB are:**

Menorrhagia– Excessive bleeding in amount or duration with regular cycles.

Polymenorrhea– Cyclic bleeding with duration less than 21 days.

Metrorrhagia– Irregular, acyclic bleeding

Oligomenorrhea– Bleeding occurs with a duration of more than 35 days.

Hypomenorrhea– Unduly scanty bleeding for less than 2 days.

The treatment options include: General correction of anemia or any other abnormalities, medical management with hormonal and non-hormonal medications, surgical correction by uterine curettage, endometrial ablation, hysterectomy.

**Case Study**

A 41 year old female patient came to the OPD of Prasutitantra streeroga department, Muniyal Institute of Ayurveda Medical Science, Manipal, in the month of October 2024 with complaints of heavy bleeding with clots and irregular cycles since 15 years (cycles after the delivery).

**History of present illness**

Patient had attained menarche at the age of 13 years but had only induced cycles during the initial few years. Later on, doing USG, she was diagnosed with PCOD and took treatment for the same. Her cycles started appearing naturally but was irregular with a gap of 2-3 months occasionally. Now, after her delivery in the year 2009, she started complaining of heavy and prolonged menstrual bleeding lasting upto 28-30 days with clots and dysmenorrhea. The bleeding stops only after taking hemostatic medications.

Patient is a k/c/o hypothyroidism since 15 years and is under thyronorm 25mcg 1OD, K/C/O overt diabetes after delivery and is under glycomet 1gm 1bd, diamicron 1OD, Jalra DP 10mg 1 OD, k/c/o Anemia and requires iron infusion occasionally since 2 years.

**History of past illness**

H/O PCOD and induced cycles after menarche

H/O D and C done twice for AUB in the year 2016

H/O Mirena insertion twice– last inserted on 2023- absent in the present scan on USG October 2024

**Personal History**

Diet -vegetarian– sweets, curd, pickles regularly, *Abhishyandi aharas* at night

Appetite – Good

Bowel – Regular

Sleep – Normal

Habit – *Divaswapna* +

Addictions - Nil

**Menstrual history**

LMP – 5/9/2024

P.LMP– 19/7/2024 (Stops only after taking Pause MF)

MC – 28-30 days/irregular

*Arthava dushti* – *Vata kaphaja*

Dysmenorrhea ++ clots ++ (*Mamsapeshiprabha*)

Bloating+ *Chirasravi* ++ (prolonged bleeding)

*Ruja at kati vankshana prshta* +

**Obstetric history**

P1L1A1D0

A1 – at 23 weeks – NVD due to cervical incompetence

L1 – Female – 15 years – LSCS at 7 months due to PV leaking -2.4kg

h/o cervical encirclage done on second conception

**Investigations**

Haemogram on 4/10/2024

HB – 8.3 gm%

Rest parameters – WNL

FBS – 156mg/dl

HBA1C – 6.6%

Urine sugar ++

LFT, RFT, Lipid profile – WNL

Coagulation profile – WNL

USG on 3/10/2024– Bulky uterus with fibroid on posterior wall Intramural to submucosal 3.1\*2.5cm

ET – 10.4mm

Few Nabothian cysts noted in the cervix. No linear echogenicity noted in endometrial cavity suggesting IUCD.

Ovaries– Simple cyst in both ovaries– left ovary- 3.2\*2.5cm and right ovary – 2.8\*1.7cm

**General examination**

Height – 166cm

Weight – 70 kg

BMI – 28

Built – slightly obese

**Systemic Examination - Genitourinary system**

P/S – cervix healthy, deviated to right side, small cervix

- Vagina healthy

- Bloodish discharge +, no active bleeding

- Grade 1 cystocoele

P/V – Uterus antverted, bulky

- Uterine tenderness – Absent

- CMT – Absent

- b/l fornices free

## MATERIALS AND METHODS

### Internal medications

Medicine	Remarks
<i>Sukumara Kashaya</i>	15ml BD with equal amount of water
<i>Hinguvashataka churna</i>	1 tsp BD along with <i>Kashaya</i> b/f
<i>Pushyanuga churna</i> – 200gm + <i>Amalaki churna</i> – 100gm+ <i>Yashtimadhu churna</i> – 100gm + <i>Pravala Bhasma</i> – 20gm	1 tsp BD with honey
<i>Lodhrasava</i>	15ml thrice daily with equal amount of water
<b>Duration – 3 months</b>	
<b>During heavy bleeding (only for next cycle)</b>	
<i>Chandrakala rasa</i> <i>Panchavalkala Kashaya</i> Continue above <i>Churna</i> combination	2-2-2 30ml 4 <sup>th</sup> hourly

### External treatments

Treatment given	Duration
<i>Abhyanga</i> with <i>Ksheerabala taila</i>	7 days
<i>Nadi swedana</i> with <i>Dashamula kwatha</i>	7 days
<i>Picha basti</i>	3 days
<i>Anuvasana basti</i> with <i>Guggulutiktaka ghrtha</i> – 60ml added with 5 crushed tablets of <i>Chandrakala rasa</i>	5 days

*Picha basti* ingredients: *Madhu*– 150ml *Saindhava* – 5gm *Sneha*– *Jatyadi taila* 50ml+*Nalpamaradi taila*- 50ml  
*Kashaya* – *Shalmali niryasa*- 250gm *Kalka* – *Yashtimadhu churna* and *Amalaki churna* – 25gm each

## RESULTS

### After the treatment

Menstrual cycle	Amount	Clots	Duration
November	Normal flow	Absent	Prolonged for 20days
December	Normal flow	Absent	7days

Patient has regular cycles further

## DISCUSSION

In this case study, it can be taken as *Vata Kapha Pradhana Asrgdhara* based on analysis of menstrual flow and the treatment method adopted is of *Vata Kapha Hara* and *Rakthasthapana chikitsa*<sup>[5]</sup>. Considering the pattern of menstrual flow, it can be termed as Menometrorrhagia due to leiomyoma in modern aspect. Since, no *Amalakshana* was seen, patient was directly allotted to *Panchakarma* treatment.

*Basti* is said to be beneficial in *Asrgdhara* (*Basti Sadhya Vyadhi*)<sup>[6]</sup>. Since this is a condition pertaining to *Apanavata* location, *Basti* is the best treatment of choice. Modified form of *Picha basti* mentioned in *Charaka Samhitha Chikitsasthana Atisara Chikitsa*<sup>[7]</sup>, is adopted here.

Mode of action of *Picha basti*: *Sothahara*, *Vranaropaka*, *Rakthasthambhaka*, *Agnideepana*, *Sangrahi* and *Pitta Shamaka*.

Ingredients used in *Picha basti* have:

- ***Shalmali niryasa***: *Laghu guna* pacifies *guru guna* of *Kapha* thus reduces the amount of clots during bleeding and *Snigdha*, *Pichila guna* will pacify *Ruksha guna* of *Vata* thereby reduces dysmenorrhea and abdomen pain. It is *Seeta veerya*, *Sangrahi*, *Rakthasthambhaka*, *Arthavarodhi Karma* which will help in reducing excessive bleeding and act as hemostatic agent. Also, it has *Lekhana guna* which provides a scraping effect and thus reduces the increased endometrial thickness and size of fibroid.
- ***Jatyadi taila***<sup>[8]</sup>: Most of the drugs included have *Tikta Kashaya rasa* which has *Sthambhana* action, *Laghu ruksha guna* which pacifies *Kapha* and helps in reducing clots during heavy bleeding.
- ***Nalpamaradi taila***: *Vata* *kapha* *hara* and *Pitta shamaka* and also being in *Taila* form given as *Basti* it helps in *Apanavata anulomana* thus reducing pain and at the same time pacifies prolonged and heavy bleeding as it is *Tridosahara*.



- **Amalaki churna:** It has Lavana varjitha pancharasa, Tridosahara, Seeta veerya and Shonithasthapana thus helps in reducing heavy and prolonged bleeding.
- **Yashtimadhu churna:** Pacifies Vata, Balya, Rakthaprasadaka
- **Madhu:** Kapha hara, effective in Raktapitta or bleeding disorders, Sandhana and Ropana thus has anti-inflammatory action also.
- **Saindhava:** Agnideepana, Pachaka, Seeta Virya, Tridosahara.

Anuvasana basti with Guggulutiktaka Ghrtha<sup>[9]</sup>: Vata Kapha Hara, Arbuda Gulmahara, Tridosha Shamaka– reduces size of fibroid and heavy bleeding.

### Oral interventions

Pushyanuga churna <sup>[10]</sup>– indicated in Yoni dosha, Rajo doshas, bleeding conditions.

Pravala Bhasma – Kashaya, laghu, Ruksha guna helps in pacifying Kapha, it is Seeta Virya, Pitta Shamaka thereby reduces heavy bleeding.

Sukumara Kashaya– indicated in Yoni sula, Vata rogas – provides relief in dysmenorrhea, flank pain– a suitable formulation for Apanavata anulomana.

Hinguvastaka churna– Jataragni vivardhana, pacifies Apana vata.

Lodhrasava –Lodhra is the main ingredient which is Tikta, Kashaya rasa and Seeta virya which can provide a Sthambhana action thus reducing the bleeding.

Chandrakala rasa– mentioned in Yogaratnakara. The term Chandrakala itself suggest the cooling effect of the drug. The main ingredients like Guduchi satva, Chandana, Usheera, Abhraka Bhasma, Tamra Bhasma etc provide Seeta virya and Sthambhana guna hence indicated in Abnormal uterine bleeding.

Panchavalka Kashaya– All 5 drugs have Kashaya rasa and Sthambhana guna, helps in arresting bleeding and also has anti-inflammatory properties.

### CONCLUSION

Abnormal uterine bleeding of any pattern is increased in this present scenario due to change in life style of women. It is an area where ayurveda can play a pivotal role by preventing the patient from moving for hysterectomy just by proper analysis of Doshas and Dushyas and giving apt treatment. In this case of

Asrgdhara, which is due to Vata Kaphaja Dosha Dushti, a proper plan of treatment with Basti and oral medication have provided good symptomatic relief for the patient within 3 months of intervention. Medications for anemia and diabetes were also given for the patient along with treatment and is under follow up.

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