



Case Study

**AYURVEDIC INTERVENTION LEADING TO CONCEPTION IN ASRIGDARA (DUB): CLINICAL OUTCOMES OF SHUNTHYADI CHURNA AND SHATAVARI TAILA MATRA BASTI**

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ABSTRACT

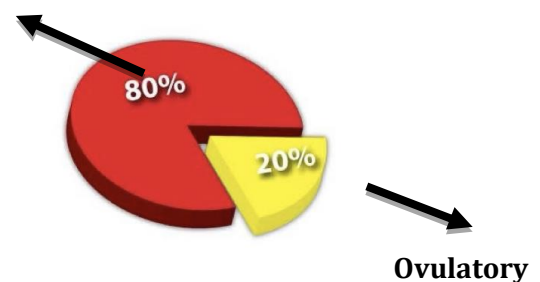
Dysfunctional Uterine Bleeding (AUB-O) refers to abnormal uterine bleeding occurring in the absence of any structural or organic disease and is a widely encountered gynecological concern. Ayurveda describes a similar presentation under the conditions of *Asrigdara* or *Raktapradara*, which result from the imbalance of *Vata* and *Pitta Doshas* and their subsequent disturbance of the *Artava Vaha Srotas*. **Main Clinical Finding:** A 30-year-old female patient presented with complaints of frequent menses along with painful menses since last 5-6 years. Also, she was trying to conceive from last 3 months. She was also suffering from generalised weakness and Low appetite from last 3-4 months. The case was treated for 3 months with a combination of Ayurvedic drugs and *Matra basti* to reduce symptoms and cure AUB. **Diagnosis:** The patient consulted the Ayurvedic OPD of M.M.M. Govt. Ayurved College & Hospital, Udaipur, with the complaint of polymenorrhea and painful menses. She has low appetite and generalised weakness since last 3-4 months. She brought USG which shows No abnormality & CBC revealed low hemoglobin. **Interventions:** The AUB-O (ovulatory dysfunction) patient was managed with traditional Ayurvedic therapies, including oral administration of *Shunthyadi Churna* and *Matra Basti* with 60ml of *Shatavari Taila* during the follicular phase for three consecutive menstrual cycles, along with appropriate *Pathya-Apathya* guidelines. **Outcome:** The patient experienced significant symptomatic relief after three months of treatment, with regulation of the menstrual cycle, reduction in menstrual pain, and improved appetite. Following therapy, she conceived naturally. Post-treatment investigations confirmed an intrauterine pregnancy along with improved hemoglobin levels and overall clinical status. **Conclusion:** This case highlights the effectiveness of Ayurvedic therapy in managing AUB-O without the need for hormonal intervention.


INTRODUCTION

Dysfunctional Uterine Bleeding (DUB) is currently described as abnormal uterine bleeding resulting from anovulation due to dysfunction of the hypothalamic-pituitary-ovarian axis, with no identifiable organic pathology. The bleeding may vary in frequency, volume, or duration, or present as a combination of these abnormalities. Diagnosis is made only after excluding structural or systemic causes. The term DUB has now been replaced by AUB-O (Abnormal

Uterine Bleeding due to Ovulatory Dysfunction). In India, its prevalence is estimated to be about 17.9%. Based on ovulatory status, DUB is classified into two types:

Anovulatory



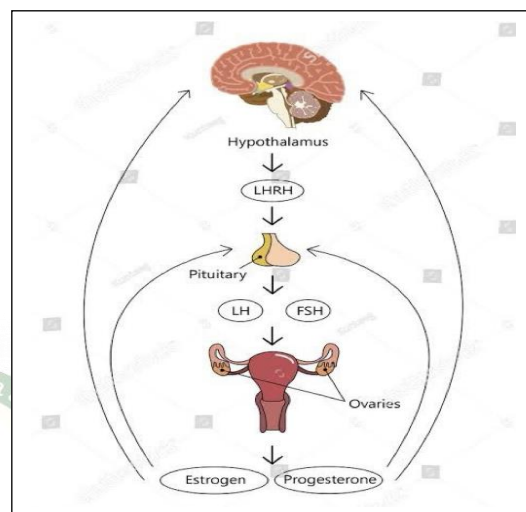
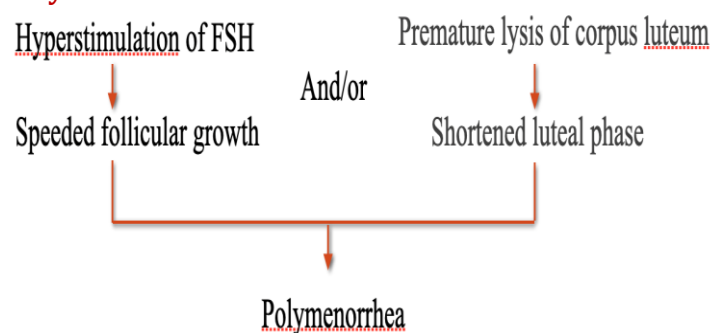
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Anovulatory DUB	Ovulatory DUB
a. Usually occurs in extremes of life.	a. Usually occurs well within the reproductive period
b. Bleeding is acyclical as it depends on unpredictable breakthrough from estrogen influence.	b. Bleeding is usually cyclical and regular & variable in duration/ amount.
c. Bleeding may be so severe as to threaten life	c. Bleeding is usually not so severe.
d. Mainly estrogen withdrawal bleeding.	d. Progesterone withdrawal bleeding.
e. Bleeding is always painless.	e. Bleeding is usually associated with pain and PMS

**Ovulatory DUB** may be present with Polymenorrhea or Oligomenorrhea or Functional menorrhagia.

In this case, Patient suffers from Polymenorrhea with painful mensus which can be included under Ovulatory bleeding.

**Polymenorrhea is due to**



Endometrium – secretory type

*Asrigdara* is a disease manifesting as excessive bleeding per vaginum.

The Terms: **Asrigdara** is given by - *Sushruta Pradara* (Cha.Su.24/12), *Asrigdara* (Cha.Su. 28/11) by - *Charaka*

*Raktapradara* by - *Sharangadhara*

रजः प्रदीर्यते यस्मात् प्रदरस्तेन स स्मृतः । च.चि. 30/209

*rnsokfrizlaxsu izo`Rreu`rkofi A vl`Xnja fotkuh;knrks-U;nzDry {k.kkr~ AA ¼lq-`kk 2@18½*

Because of *Pradirana* (immoderate excretion) of *Raja* (Menstrual Blood), it is known as *Pradara* and because of *Dirana* (immoderate excretion) of *Asrik* (Menstrual Blood), it is known as *Asrigdara*.

Based on these definitions, **Asrigdara** refers to excessive or prolonged bleeding during the menstrual or intermenstrual period and **Pradara** is considered a synonym of *Asrigdara*.

Modern treatments often involve hormonal therapies, which may have side effect. *Ayurveda* provides a natural and holistic approach by correcting **dosha dushti**, improving **agni**, and toning the **reproductive system**. The current case study evaluates the effect of Ayurvedic management using **Shunthyadi Churna** and **Matra Basti** with **Shatavari Taila** in a case of AUB.

**Case Report:**

A 30-year-old married female patient, housewife by occupation, approached the OPD of the *Prasuti tantra evum striroga* department of M.M.M. Govt. Ayurved College, Udaipur on 12/05/25 with complaints of frequent mensus & painful mensus since last 5-6 years. Also, she was trying to conceive from last 3 months. She was also suffering from generalised weakness and Low appetite from last 3-4 months. She therefore sought Ayurvedic treatment at our hospital.

<b>Marital Status-</b>	<b>Active Married Life - 4 years.</b>
<b>Menstrual history</b>	<b>Age of Menarche - 14 years</b>
	<b>LMP - 08 May 25</b>
	<b>Interval of cycle - varies from 17-18 days from last 5-6 years</b>
	<b>Duration - 5-6 days</b>

	<b>Amount</b> - uses 4-5 pads/day on Day 1 to day 3 1-2 pads/day on Day 4 to Day 6
	Passage of <b>clots</b> - present - big size
	<b>Pain</b> - Severe during menses (Takes painkiller on Day 1 of menses)

<b>Obstetric History -</b>	<b>G1P0L0A1</b> A1= 3.5 years back (GA -2.5 month) Induced Abortion Took MTP pills
<b>Contraceptive History</b>	Nil
<b>Family history</b>	Nil
<b>Past Medical History</b>	Nil No H/O DM, hypo/ hyper thyroidism, TB, psychiatric disorder, chronic illness.
<b>Drug history -</b>	Nil
<b>Surgical History -</b>	Nil
<b>Personal History -</b>	Sleep - sound Appetite - Reduced Bowel - Constipation on/off Bladder - WNF

**Associated complaints** – Generalised weakness

General examination	Systemic examination
<ul style="list-style-type: none"> <li>• Built - Moderate</li> <li>• Nourishment - Good</li> <li>• Temperature - 98.4 F</li> <li>• Respiratory rate -16/min</li> <li>• Pulse rate - 78 bpm</li> <li>• B.P - 110/ 70mm of hg</li> <li>• Height -158cm</li> <li>• Weight -57.2 Kg</li> <li>• Tongue: Uncoated</li> </ul>	<ul style="list-style-type: none"> <li>• CVS: S1 S2 Normal</li> <li>• CNS: Well-oriented, conscious.</li> <li>• RS: normal vesicular breathing, no added sounds</li> </ul>

**Per abdominal** : NAD

**Pelvic Examination**

P/S Examination-	P/V Examination
Vagina- Healthy Discharge – No discharge present Cervix – Normal Erosion – No erosion	Uterus- Position – AVAF Size- Normal Mobility – Mobile Tenderness – Absent Vagina – Healthy Cervix – Mid posterior CMT- Absent Bleeds on touch – Absent

<b>Ashtavidha Pariksha</b>	<b>Dashavidha Pariksha</b>
<b>Nadi</b> - 78/min <b>Mala</b> - constipation on/off <b>Mutra</b> - <i>Samayak mutra pravriti</i> <b>Jivha</b> - Nirama <b>Shabda</b> - <i>Spashtha</i> <b>Sparsham</b> - <i>Anushnasheeta</i> <b>Druk</b> - <i>Prakruta</i> <b>Akruti</b> - <i>Madhyam</i>	<b>Prakriti</b> - <i>Vata-pittaja</i> <b>Sara</b> - <i>Mansa sara</i> <b>Samhanana</b> - <i>Madhyam</i> <b>Pramana</b> - <i>Madhyam</i> <b>Satmya</b> - <i>Sarvarasa</i> <b>Satva</b> - <i>Madhyam</i> <b>Aharashakti</b> - <i>Alpa</i> <b>Vyayamashakti</b> - <i>Madhyam</i> <b>Vaya</b> - <i>Madhyam</i> <b>Jaranshakti</b> - <i>Madhyam</i>

### Investigations

<b>USG Pelvis (15/05/2024)</b>	<b>FSH &amp; LH (15/05/2024)</b>	<b>Follicular study (15/05/2024) On Day 12<sup>th</sup> of mensus (LMP-08/05/25)</b>
Uterus AVAF normal in size 66*33*46 mm with endometrial thickness <b>12.3 mm</b> -Dominant follicle in Rt ovary- 15*11mm in size - <b>Lt Ovarian hemorrhagic cyst.</b>	FSH -7.50 mIU/ml LH-7.00 mIU/ml	Rt.ovary - DF -20*17mm Lt ovary - <b>NMF</b>

<b>Thyroid profile (17/04/2025)</b>	<b>CBC on 17/04/2025</b>	<b>ESR on 17/04/2025</b>	<b>CT &amp; BT on 17/04/2025</b>	<b>Urine test on 17/04/2025</b>
TSH- 0.930 ng/ml T3 -1.52 ng/ml T4 -6.40 ng/ml	Hb% - <b>9.40</b> gm/dl.	5mm/Ist hr	BT- 1 min 50 sec CT- 3 min 55sec	Normal study

### Chikitsa

Based on symptoms, the treatment was carried out initially to regulate interval of cycle and subside pain during mensus.

### Treatment protocol

<b>Sr.no.</b>	<b>Medication</b>	<b>Dose</b>	<b>Route</b>	<b>Time</b>	<b>Duration</b>
1	<i>Shunthyadi churna</i>	3gms	Orally	Twice a day after food with <i>ghrit</i> and <i>sharkara</i>	3 months
2	<i>Shatavari Taila Matra basti</i>	60ml	Per rectum	5 days in follicular phase	3 months

**Basti schedule** - For 5 days in follicular phase for 3 consecutive menstrual cycle.

<b>Sr.no.</b>	<b>LMP</b>	<b>P/M/H</b>	<b>Basti</b>
1.	08/05/25	Duration-5-6days	1 <sup>st</sup> Basti From-12 to 16 May 25
		Amount- 4-5pads/day	
		Interval-17-18 days	
		Pain-++ (takes painkiller on Day1)	
		Clots- ++(big size)	
2.	31/05/25	Duration-5-6 days	2 <sup>nd</sup> Basti From-5 to 9 June 25
		Amount- 4pads/day	
		Interval-24days	

		Pain- +	
		Clots- +	
3.	27/06/25	Duration-6days	3 <sup>rd</sup> Basti From-9 to 13July 25
		Amount-2-3pads/day	
		Interval-28days	
		Pain- mild	
		Clots-+	
4.	24/07/25	Duration-4-5days	
		Amount-2-3pads/day	
		Interval-28days	
		Pain- mild	
		Clots- Absent	
5.	20/08/25	Duration-4-5days	
		Amount-2-3pads/day	
		Interval-28days	
		Pain- Absent	
		Clots- Absent	
6.	Next mensus got missed.		

**Observations**

S.N.	Symptoms	Before Treatment	After treatment
1.	Duration of menstrual bleeding	5-6days	4-5days
2.	Amount of menstrual bleeding	4-5pads/day	2-3pads/day
3.	Interval of cycle	17-18 days	28 days
4.	Cycle	Irregular	Regular
5.	Pain	Present ++ (takes painkiller on Day1)	Mild
6.	Clots	Present (large size) + +	No clots
7.	Personal history	Sleep -Sound Appetite - Reduced Bowel - Constipation on/off Bladder - WNF	Sleep -Sound Appetite - Normal Bowel - Clear Bladder -Clear

S.N.	Investigation	Before T/t	After T/t
1.	USG of Lower Abdomen	(on15/05/25) - Uterus AVAF normal in size 66*33*46 mm with endometrial thickness 12.3mm -Dominant follicle in Rt ovary-15*11mm in size - Lt Ovarian hemorrhagic cyst.	(on 03/10/2025) Single intrauterine pregnancy CRL with diameter 0.76cm corresponding to 7 weeks 0 days. Yolk sac seen Fetal pole seen Fetal cardiac activity is well seen Internal os is closed Cervical length -3.2cm There is evidence of subchorionic hemorrhage (2.0*0.8cm seen in

			fundus) EDD by LMP – 28/05/26 EDD by POG-22/05/26 ➤ Single live intrauterine gestation of 7 weeks ➤ Subchorionic hemorrhage
2.	CBC	(on17/04/25) Hb -9.40 g/dl	(on 23/10/25) Hb -9.50gm/dl
3.	ESR	(on 17/01/25) 5 mm/hr	
4.	CT & BT	1 min 50 sec 3 min 55sec	1 min 50 sec 3 min 55sec
5.	Urine -R &M	(on17/01/25) Normal study	(on23/10/25 ) Normal study

### Patient consent

Written consent of patient for publication of this case study in the journal was obtained.

### Result

- After 3 months of treatment menstrual cycle got regulated.
- Significant relief was observed in dysmenorrhea.
- Appetite improved with a marked reduction in generalised weakness.
- The patient successfully conceived following therapy.
- No adverse effects were reported throughout the study period.

### Discussion

#### 1. Regulation of FSH Hyperstimulation

<p><b>Shunthi</b> By improving <i>Agni</i>, nutrient absorption, and reducing inflammatory mediators, helps to stabilize hypothalamic-pituitary signaling. This leads to :</p> <ul style="list-style-type: none"> <li>• <b>More uniform GnRH pulsatility</b>, which is essential for balanced FSH and LH release.</li> <li>• Reduction in <b>FSH overshoot</b>, which normally occurs when the hypothalamus senses metabolic stress, inflammation, or low <i>Rasa Dhātu</i>.</li> <li>• Improved follicular maturation rather than rapid, uncoordinated recruitment.</li> </ul>	<p><b>Lodhra</b> It contributes by:</p> <ul style="list-style-type: none"> <li>• Reducing <b>Rakta-Pitta aggravation</b>, which influences estrogen-related endometrial overstimulation.</li> <li>• Modulating excessive follicular sensitivity to FSH through improved inflammatory balance</li> </ul>
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Together, they can help to **normalize FSH rhythm**, preventing early follicular acceleration that leads to shortened cycle length.

#### 2. Prevention of Premature Corpus Luteum Lysis

Premature luteolysis happens due to:

- Inflammation

The combined regimen of **Shunthyadi Churna and Shatavari Taila Matra Basti** demonstrated positive outcomes in managing AUB, improving both subjective and objective parameters.

This approach offers a safe, non-hormonal alternative for functional menstrual disorders and warrants further controlled studies.

#### Probable mode of action:-

##### A) SHUNTHYADI CHURNA (SHUNTHI+LODHRA)

Polymenorrhea commonly results from two key endocrine disturbances: Hyperstimulation of FSH & Premature lysis of the corpus luteum.

- Poor endometrial receptivity
- Deficient progesterone support
- *Vata-Pitta* aggravation causing early uterine shedding.

<b>Shunthi</b>	<b>Lodhra</b>
<p>It supports luteal stability through:</p> <ul style="list-style-type: none"> <li>• Anti-inflammatory action → reducing prostaglandins that trigger early luteolysis</li> <li>• Enhanced metabolic strength → supporting adequate progesterone synthesis</li> <li>• Regulation of <i>Vata</i>, which governs luteal phase duration and endometrial stability.</li> </ul>	<p>It strengthens luteal phase by:</p> <ul style="list-style-type: none"> <li>• Its <i>Garbhasthapaka</i> and <i>Raktastambhaka</i> properties, which stabilize the endometrium</li> <li>• Cooling and astringent actions → reducing premature endometrial breakdown</li> <li>• Supporting sufficient local hormonal responsiveness in the uterus.</li> </ul>

Together, they both helps to **maintain corpus luteum integrity**, ensuring an adequate luteal phase and preventing early menstruation. So, by

- Normalizing FSH secretion
- Improving LH–progesterone balance
- Preventing early luteal breakdown
- Supporting healthy endometrial stability
- Enhancing systemic and reproductive tissue nourishment.

**Shunthyadi churna** promotes restoration of the menstrual cycle length, preventing repeated early cycles characteristic of polymenorrhea.

### 1. Regulation of FSH Hyperstimulation

<p><b>a) <i>Vata</i> pacification restores GnRH rhythmicity</b>  <i>Apana Vata</i> governs all reproductive downward actions. When deranged, it disturbs hypothalamic GnRH pulses.  <i>Matra Basti</i> stabilizes:</p> <ul style="list-style-type: none"> <li>- GnRH oscillations</li> <li>- FSH release patterns</li> <li>- Pituitary responsiveness</li> </ul> <p>This <b>reduces FSH overshoot</b>, preventing too-rapid follicular recruitment.</p>	<p><b>b) <i>Shatavari</i> supports ovarian hormonal responsiveness</b>  <i>Shatavari</i> contains phytoestrogenic saponins that:</p> <ul style="list-style-type: none"> <li>- Improve follicular sensitivity to normal levels of FSH</li> <li>- Prevent exaggerated FSH-driven follicular acceleration</li> <li>- Support balanced estrogenic effects without overstimulation</li> </ul>
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**c) Reduction of inflammatory mediators**  
 Chronic pelvic inflammation can trigger hypothalamic hyperactivation of FSH.  
*Shatavari Taila's* anti-inflammatory and cooling actions help restore the **neuroendocrine environment**.

### 2. Prevention of Premature Luteal Lysis (Short Luteal Phase)

<p><b>a) Direct <i>Apana Vata</i> regulation</b>  <i>Matra Basti</i> nourishes and lubricates the colon and pelvic organs, directly stabilizes</p> <ul style="list-style-type: none"> <li>• Luteal function</li> <li>• Endometrial retention</li> <li>• Uterine tone</li> </ul> <p>Balanced <i>Apana Vata</i> prevents <b>early shedding</b> and supports the full luteal duration.</p>	<p><b>b) <i>Shatavari</i> enhances luteal hormone support</b></p> <ul style="list-style-type: none"> <li>• Increases luteal progesterone responsiveness</li> <li>• Supports corpus luteum survival</li> <li>• Reduces prostaglandin-mediated luteolysis</li> </ul> <p>This enhances luteal stability and</p>	<p><b>c) <i>Pitta</i> pacification and endometrial protection</b>  <i>Shatavari's Sheeta Virya</i> reduces:</p> <ul style="list-style-type: none"> <li>• endometrial hyperexcitability</li> <li>• luteolytic cytokines</li> <li>• <i>Pitta</i>-driven premature sloughing</li> </ul> <p>The endometrium becomes more stable and retains normal luteal</p>
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prevents early cycle termination.

integrity.

As a result, It helps in : Normalization of the menstrual interval

Regular ovulation timing  
Stabilization of luteal phase  
Prevention of frequent menses  
Thereby supports fertility

#### CONCLUSION

In today's era of rising lifestyle disorders, stress, and drug-induced complications, *Ayurvedic* modalities stand out as gentle yet powerful alternatives due to their safety, affordability, and long-term efficacy.

*Shatavari Taila Matra Basti* and *Shunthyadi Churna* offers a multidimensional approach to managing menstrual disorders and infertility compared to conventional allopathic treatment. While allopathy primarily focuses on symptomatic relief through hormonal therapy or cycle regulation which has its own side effects whereas Ayurvedic interventions work at the root level by restoring balance in HPO axis, normalizing *Vata-Pitta* functions, and improving *Agnibala*. It helps to regulate *Rituchakra*, strengthen the reproductive system, improve overall well-being of women thereby promotes fertility.

Thus, *Ayurvedic* management provides a safe & effective approach for both the prevention and treatment of AUB.

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