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Case Study

EVIDENCE BASED AYURVEDIC APPROACH IN THE MANAGEMENT OF DYSFUNCTIONAL UTERINE BLEEDING

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ABSTRACT

Abnormal uterine bleeding without intrinsic pathology is the hallmark of Dysfunctional Uterine Bleeding (DUB), a frequent gynaecological issue. Because of the vitiation of the *Vata* and *Pitta Doshas*, which affects the *Artava Vaha Srotas*, Ayurveda associates these diseases with *Asrigdara* or *Raktapradara*. **Main Clinical Finding:** A 37-year-old female patient presented with ultrasonography (USG) suggestive of Thickened endometrium with polycystic ovaries. The case was treated for 3 months with a combination of different Ayurvedic drugs to reduce symptoms and cure DUB. **Diagnosis:** The patient consulted the Ayurvedic OPD of M.M.M. Govt. Ayurveda College & Hospital Udaipur, with the complaint of heavy and prolonged menstrual bleeding, short cycle and generalised weakness since last 4 months. Her USG revealed thickened endometrium with polycystic ovaries and CBC revealed low haemoglobin. **Interventions:** This DUB patient received treatment with traditional Ayurvedic formulations, such as *Shunthyadi churna* taken orally and *Matra basti* with *Shatavari Taila* 60ml in follicular phase for three consecutive menstrual cycles with addition of *Pathya-Apathya.* **Outcome:** Investigations conducted after therapy revealed improvements in hemoglobin levels, endometrial thickness and clinical outcomes. **Conclusion:** This case demonstrates the potential of Ayurvedic therapy in managing DUB without hormonal intervention.

INTRODUCTION

Currently DUB is defined as a state of abnormal uterine bleeding following anovulation due to dysfunction of hypothalamo-pituitary-ovarian axis (endocrine origin). The bleeding may be abnormal in frequency, amount, or duration or combination of any three. The diagnosis is based with the exclusion of organic lesion.

Now, DUB term is replaced by AUB-O. It is mostly found in extremes of life i.e., in post-menarchal or perimenopausal phase. In India, the prevalence is reported to be around 17.9%.

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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

Due to *Pradirana* (excessive excretion) of *Raja* (menstrual blood), it is named as *Pradara*, and since, there is *Dirana* (excessive excretion) of *Asrik* (menstrual blood) hence it is known as *Asrigdara*.

According to *Dalhana*

अतिप्रसंगेनेति 'दक अतिप्राचुर्येण दीर्घकालानुबन्धेन वा प्रवृत्तं सुतम् ।

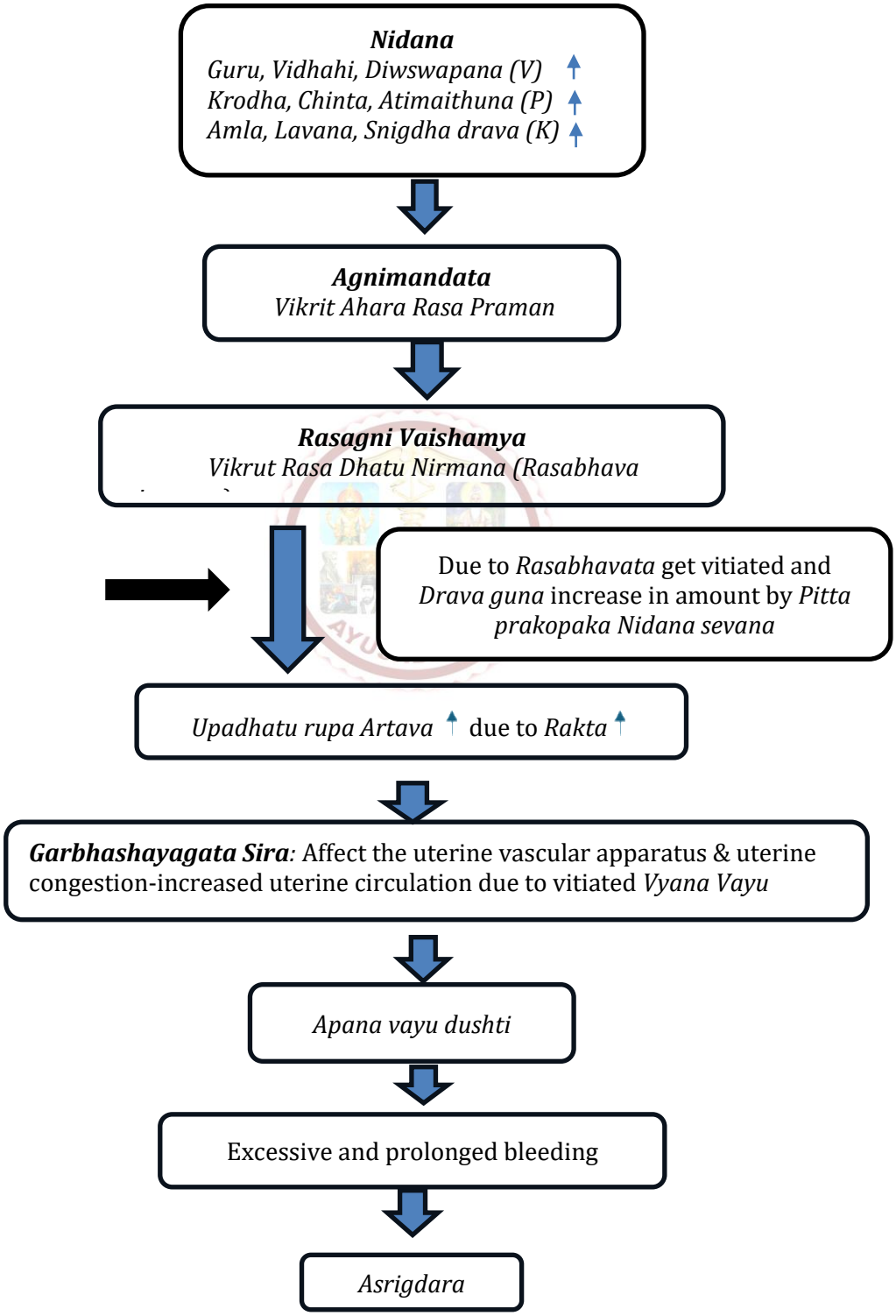
अनृतावपि 'दक अनृतावल्पमप्यदीर्घकालमपि प्रवृत्तं असृग्दरं विजानीयात् ।

अन्यद्रक्तलक्षणात् दक अन्यत् अन्याद्दक्लक्षणं फेनिलं शीघ्रमच्छम् इत्यादि..दोषानुबन्धं लक्षणात् ।

By the above definitions, it is clear that excess amount of bleeding during menstruation for prolonged duration and scanty flow in inter-menstrual period for short duration with specific feature according to the association of specific *Doshas*.

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 DUB.

Pathogenesis



Case Report

A 37-year-old married female patient, housewife by occupation, approached the OPD of the Prasuti tantra Evam Striroga Department of M.M.M. Govt. Ayurved College, Udaipur, on 22/01/25 with complaints of heavy and prolonged menstrual bleeding along with short cycle and generalised weakness since last 4 months.

For the same issue, she received OCPs before 8 months but it did not help.

She has also been using tranexamic acid to reduce menstrual bleeding for the past three cycles. She therefore sought Ayurvedic treatment at our hospital.

Marital Status	Active Married Life - 7 years.
Menstrual history	Age of Menarche -12 years
	LMP - 12 January 25
	Interval of cycle - varies from 20-24 days from last 4 months
	Duration - 10-12 days
	Amount - HMB, uses 9-10 pads/day on Day 1 to day 3 4-5 pads/day on Day 4 & 5, 2-3 pads/ day on Day 6 to till bleeding stops
	Passage of clots - present - big size
	Pain - Moderate during mensus

Obstetric History	**G2P1L1A1** Last delivery - 6yrs back FTLSCS (♀ child) A1= May 2024 -Spontaneous Abortion
Contraceptive History	Nil
Family history	Nil
Past Medical History	Nil No H/O DM, hypo/ hyper thyroidism, TB, psychiatric disorder, chronic illness.
Drug history	• Tranexamic acid - in last 3 cycles • OCP's for HMB - in 2024
Surgical History	LSCS
Personal History	Sleep - Disturbed Appetite - Reduced Bowel - Clear Bladder - Clear

Associated complaints – Generalised weakness

General examination

- Built - Obese
- Nourishment - Moderate
- Temperature - 98.4 F
- Respiratory rate -20/min
- Pulse rate - 78 bpm
- B.P - 128/ 80mm of hg
- Height -170cm
- Weight -87 Kg
- BMI- 30.1 kg/ m^2
- Tongue: Uncoated

Systemic examination

- CVS: S1 S2 Normal
- CNS: Well-oriented, conscious.
- RS: normal vesicular breathing, no added sounds

Per abdominal: NAD

Pelvic Examination

P/S Examination

Vagina- Healthy

Discharge – No discharge present

Cervix – Normal, Nabothian cyst present on anterior lip of cervix

Erosion – No erosion
Tenderness – Absent

P/V Examination

Vagina – Healthy
Uterus- Position – AVAF
Cervix – Mid posterior
Size- Normal
CMT- Absent
Mobility – Mobile
Bleeds on touch – Absent

Ashtavidha Pariksha	***Dashavidha Pariksha***
Nadi- 78/min *Mala- Samayak mala pravriti* *Mutra- Samayak mutra pravriti* *Jivha- Nirama* *Shabda- Spashtha* *Sparsham- Anushnasheeta* *Druk- Prakruta* *Akruti - Sthool*	*Prakriti - Vata-kaphaja* *Sara - Mansa sara* *Samhanana - Madhyam* *Pramana - Madhyam* *Satmya - Sarvarasa* *Satva - Madhyam* *Aharashakti - Alpa* *Vyayamashakti - Madhyam* *Vaya - Madhyam* *Jaranshakti - Madhyam*

Investigations

USG (23/12/2024)	**CBC on 01/02/2025**	**ESR on 01/02/2025**	**CT & BT on 01/02/2025**	**Urine test on 01/02/2025**
Normal size uterus with thickened endometrium ET- 14.2 mm -Thickened endometrium -Normal size ovaries with polycystic morphology - Cervical Nabothian cyst	Hb% - 7.6 gm/dl.	12mm/1st hr	CT= 4.10min BT=1.10 min	Normal study Pus cell- Absent Epithelial cell- Absent

Chikitsa

Based on symptoms, the treatment was carried out initially to stop heavy and prolonged menstrual flow and to regulate interval of cycle.

Treatment protocol

S.no.	**Medication**	**Dose**	**Route**	**Time**	**Duration**
1	*Shunthyadi churna*	3gms	Orally	Twice a day after food with *Ghrit* and *Sharkara*	3 months
2	*Shatavari Taila Matra basti*	60ml	Per rectum	5 days in follicular phase	3 months

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

Sr.no.	**LMP**	**P/M/H**	**Basti**
1.	**12/01/25**	Duration- 10-12days	1st *Basti* From-22 to 26 Jan 25
		Amount- 9-10pads/day	
		Interval- 20-24 days	
		Pain- Absent	
		Clots- ++	
2.	**08/02/25**	Duration- 6-7 days	2nd *Basti* From-13 to 17 Feb 25
		Amount- 4-5 pads/day	
		Interval- 28days	
		Pain- Absent	
		Clots- +	

3.	**07/03/25**	Duration- 4-5 days	3rd *Basti* From-11 to 15 March 25
		Amount- 4 pads/day	
		Interval- 28 days	
		Pain- Absent	
		Clots-+	
4.	**03/04/25**	Duration- 4-5 days	
		Amount- 3 pads/day	
		Interval- 28 days	
		Pain- Absent	
		Clots- Absent	

OBSERVATIONS

S.No.	Symptoms	Before Treatment	After treatment
1.	Duration of menstrual bleeding	10-12 days	4-5days
2.	Amount of menstrual bleeding	9-10 pads/day on day 1 to day 3 4-5 pads/day on day 4 & 5 1-2 pads/day on day 6 to last day of bleeding	3 pads/day on day 1 to day 3 1 pad/day on day 4 & 5
3.	Interval of cycle	20-24 days	28 days
4.	Cycle	Irregular	Regular
5.	Pain	Moderate	Mild
6.	Clots	Present (large size) + +	No clots
7.	Personal history	Sleep- Disturbed Appetite - Reduced Bowel - Clear Bladder - Clear	Sleep - Sound Appetite - Normal Bowel - Clear Bladder -Clear

S.No	Investigation	Before T/t	After T/t
1.	USG of lower abdomen	(on 23/12/2024) - Uterus is AVAF, Normal in size - 8.3 x 5.3 x 4.7 cm. ET-14.2 mm - Both ovaries normal in size shows multiple small follicles of 4-6 mm size at periphery. Rt ovary - 38x17x25mm, Vol-8.9cc Lt ovary - 34x18x25mm, Vol-8.2cc ➢ Normal sized uterus with cervical nabothian cysts. ➢ Bilateral polycystic ovaries. ➢ Thickened endometrium	(on 31/05/2025) - Uterus is AVAF, Normal in size - 7.9 x 4.1 x 4.8 cm. ET- 8.6 mm. - Both ovaries normal in size shows multiple small follicles at periphery. Rt ovary - Vol-6.5cc Lt ovary - Vol-7.1cc ➢ Normal sized uterus with cervical nabothian cysts. ➢ Bilateral polycystic ovarian morphology.
2.	CBC	(on 01/02/2025) Hb -7.6 g/dl	(on 31/05/2025) Hb -10.90 gm/dl
3.	ESR	(on 01/02/2025) 12 mm/hr	(on 31/05/2025) 13 mm/hr
4.	CT & BT	4.10 & 1.10	4.10 & 1.10
5.	Urine -R &M	Normal study (on 01/02/2025)	Normal study (on 31/05/25)

Patient consent

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

Pathya - Apathya

Pathya	*Apathya*
• Moong, arhar & masoor daal, wheat, barley, old rice • **Vegetables**- Patol, bathua, chaulai, spinach, bottle-gourd (lauki), coriander, green- leafy vegetables • **Fruits** - Apple, pomegranate, grapes, banana, coconut, beetroot, amla. • **Dry fruits**- Dry dates (chhuara), raisins munakka • **Dairy Product** - Goat & cow's milk, ghee and honey • **Cold substances**- Sugarcane juice, sugar, mishri etc. • Drink plenty of water • Proper rest, good sleep, happiness • Sit in cool breeze, sit in moonlight • Early morning walk in fresh air. • *Pranayam, Sheetali, Anulom-Vilom*	• Excessive salty, sour, *Guru* (heavy), *Katu* (hot), *Vidahi* (producing burning sensation), *Snigdha* (unctuous) and *Pittavardhaka* substances such as black gram, urad, kulthi, onion, garlic, brinjal. • Pickle, jaggery, oily and spicy food, sour curd • Meat, fish, egg, alcohol & smoking • Sugary foods- Sweets, chocolates, desserts, packaged juices, soda • Fried and processed foods- Chips, fast-food, samosa, burger, pizza, pasta • Avoid stress, anger, grief, sadness, trauma, day sleeping, night awakening • Excessive use of gadgets • Excessive exercise and sexual activity.

RESULT

- After 3 months of treatment, there was significant reduction in bleeding amount, duration and frequency. Patient felt improvement in generalised weakness.
- USG findings showed reduced endometrial thickness and Haemoglobin level got improved.
- No adverse effects were reported during the study period.

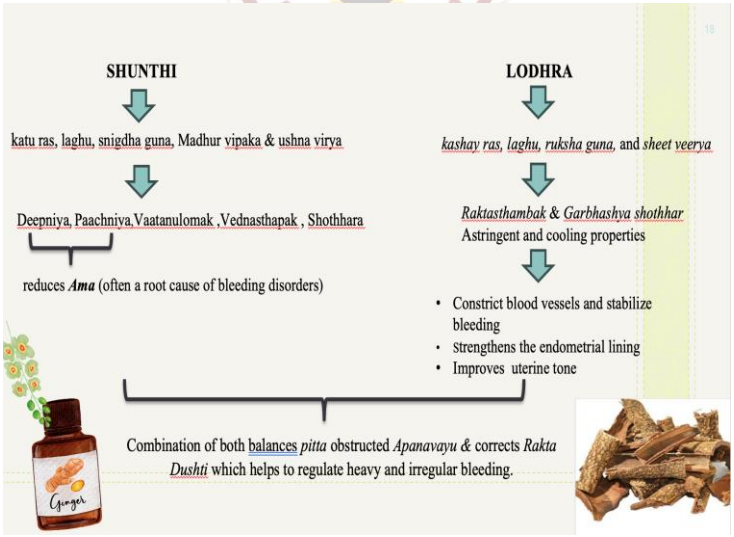
DISCUSSION

The combined regimen of *Shunthyadi Churna* and *Shatavari Taila Matra Basti* demonstrated positive outcomes in managing DUB, 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

1) *Shunthyadi churna*



2) *Shatavari taila Matra basti*

According to Ayurveda, *Apana vayu* is the motive force behind the function of elimination or retention of *Mala, Mutra, Artava*. Moreover, ovulation as well as menstrual bleeding is under the control of *Vata*. So, *Vata* plays key role in all types of menstrual disorders. There is no therapy other than *Basti* to regulate *apana vayu.*

बस्तिर्वातहराणाम । (च.सू. २५/४०)

Asrigdara is a *Basti-sadhya vyadhi* as there is *Pittavrita apanavayu* so there is need of the treatment which is *Vatanulomaka, Pittashamaka* and *Raktasthambak*.

Most of the contents of *Shatavari taila* have *Madhur, tikta, Kashaya rasa, Laghu-ruksha guna, Sheeta veerya, Madhura vipaka* due to which they have *Vata-Pittashamak, Raktastambhak, Garbhashya shothhar* and

Vednasthapak properties. It helps to control excess and prolonged menstrual bleeding and regulate menstrual cycle by working on ovulation in anovulatory cycles.

CONCLUSION

Asrigdara is now rising alarmingly in the modern era due to changing lifestyles which cannot be ignored. Timely diagnosis and management are the keys to prevent consequences like endometrial hyperplasia, anaemia, weakness, and even infertility. While modern treatments such as haemostatics, analgesics, hormonal therapy and hysterectomy have their own limitations and side effects. Ayurveda, by focusing on *Nidana* (causes) and *Samprapti* (pathogenesis) for *Samprapti Vighatana* (breaking the disease process), provides a holistic solution through herbal formulations. These therapies regulate excessive menstrual flow, restore the *Rituchakra* (menstrual cycle), strengthen the reproductive system, and enhances overall health. Hence, Ayurvedic management offers a safe, effective, and comprehensive approach to the prevention and treatment of DUB.

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