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SUCCESSFUL AYURVEDIC MANAGEMENT OF *ASRIGDARA* (ABNORMAL UTERINE BLEEDING) WITH POSTCOITAL BLEEDING: A CASE STUDY

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ABSTRACT

Introduction: *Asrigdara* is a gynecological disorder characterized by excessive and prolonged menstrual bleeding and is described in classical Ayurvedic texts under *Raktaja Vikara*. It is mainly caused by vitiation of *Pitta*, *Vata* and *Rakta*, leading to abnormal uterine bleeding. Postcoital bleeding associated with *Asrigdara* significantly affects the physical and psychological well-being of women. Ayurveda describes various *Shamana*, *Shodhana*, *Raktastambhana* and *Yonishodhana* therapies for its management. **Aim and Objectives:** To evaluate the effectiveness of Ayurvedic management in a case of *Asrigdara* (Abnormal Uterine Bleeding) associated with postcoital bleeding correlated with *Asrigdara.* **Materials and Methods:** The study was conducted in the Outpatient Department of Government Ayurveda College and Hospital, Jaipur, Rajasthan. A 35-year-old married female patient presenting with irregular prolonged menstruation, postcoital bleeding, passage of clots, foul smell, and severe low back pain was treated with Ayurvedic interventions including *Pushyanuga Churna*, *Kaherwa Pishti*, *Gandhaka Rasayana*, *Rasa Manikya*, *Panchavalkala sitz bath* and *Jatyadi Taila* along with dietary and lifestyle modifications. **Observations and Results:** Significant improvement was observed in duration and intensity of bleeding, menstrual regularity, pain, foul smell, and postcoital bleeding. PBAC score reduced from 400 to 204 and SF-36 quality-of-life score improved from 54 to 76. No adverse effects or recurrence were observed during follow-up. **Discussion and Conclusion:** The combined Ayurvedic treatment protocol possessing *Raktastambhana*, *Pittashamana*, *Yonishodhana* and *Vranaropana* properties proved effective in managing abnormal uterine bleeding associated with postcoital bleeding. The treatment was safe, economical, and showed sustained clinical improvement without recurrence.

KEYWORDS: *Asrigdara*, Abnormal uterine bleeding, Postcoital bleeding, *Raktapradara*, Ayurveda.

INTRODUCTION

Asrigdara refers to a clinical condition characterized by excessive per vaginal bleeding.[1] The term is described in classical Ayurvedic texts including *Charaka Samhita*,[2] *Sushruta Samhita*,[3] *Ashtanga Hridaya*[4], and *Ashtanga Sangraha*[5]. Later texts such as *Sharangadhara Samhita*,[6] *Bhava Prakasha*,[7] and *Yoga Ratnakara*[8], along with Chakrapani's commentary, also use the term in the context of abnormal uterine bleeding.

Clinically, *Asrigdara* corresponds to menorrhagia; however, it is considered a symptom rather than an independent disease, as it may arise from various underlying conditions. In severe cases, excessive bleeding may dominate the clinical presentation, leading patients to seek treatment primarily for this complaint.[5]

Abnormal uterine bleeding (AUB), including menorrhagia, is one of the most common gynecological complaints among women of reproductive age. The prevalence of AUB is estimated to range between 10–30% globally and may rise to nearly 50% in perimenopausal women. Excessive menstrual bleeding significantly affects the quality of life, leading to anemia, fatigue, psychological stress, and reduced work productivity. In India, a considerable proportion of gynecological outpatient visits are related to heavy menstrual bleeding, making it an important public health concern.

From an Ayurvedic perspective, such excessive and prolonged menstrual bleeding can be correlated with *Asrigdara* due to vitiation of Doshas, particularly *Pitta* and *Vata*, affecting *Artava* and *Garbhashaya*.[5]

AIM AND OBJECTIVES

To evaluate the effectiveness of Ayurvedic management in a case of *Asrigdara* (Abnormal Uterine Bleeding) associated with postcoital bleeding correlated with *Asrigdara.*

MATERIALS AND METHODS

The study was conducted in the Outpatient Department of Government Ayurveda College and Hospital, Jaipur, Rajasthan. A 35-year-old married female patient presenting with irregular prolonged menstruation, postcoital bleeding, passage of clots, foul smell, and severe low back pain was treated with Ayurvedic interventions along with dietary and lifestyle modifications.

OBSERVATIONS AND RESULTS

Acharya Charaka.[2] has described *Asrigdara* as a distinct disease entity in *Yoni Vyapad Chikitsa Adhyaya* and classified it under *Raktaja Vikara*. *Acharya Sushruta*.[3] also recognizes it as a separate condition in *Sharira Sthana (Shukra Shonita Shuddhi Adhyaya)* and associates it with *Pitta vitiation*, *Apana Vayu dysfunction*, and *Rakta Dushti*.
Normal menstruation is described in Ayurveda with the following characteristics:[9-10]

- Occurs at regular monthly intervals
- Duration: 3–5 days (up to 7 days)
- Moderate quantity, neither scanty nor excessive
- Free from pain, burning sensation, or foul odor
- Color resembling red lotus, *Gunja phala*, *Indragopa*, or lac dye
- Does not leave a permanent stain after washing

Acharya Bhavamishra[7] explains that variations in menstrual blood color may occur due to individual *Prakriti*, while associated symptoms such as pain and burning indicate *Dosha vitiation*.

Definition- *Asrigdara* is defined as excessive discharge (*Dirana*) of menstrual blood (*Asrik*). It is also termed *Raktapradara* due to excessive excretion (*Pradirana*) of *Raja* (menstrual blood). Menstruation typically occurs between 12–50 years of age at monthly intervals, lasting 3–7 days.[1]

***Nidana* of *Asrigdara*-** *Nidana* plays a key role in the initiation of disease. Excessive intake of *Lavana, Amla, Katu, Guru, Snigdha,* and *Vidahi* substances, along with heavy diet (meat, Payasa, Dadhi, Mastu, Sura), contributes to Dosha vitiation and should be avoided.[2,3,4,5]

Table 1: *Nidana* and Their Effects on *Dosha* & *Dhatu*.[11-12]

Nidana	**Effects on *Dosha* and *Dhatu***
Lavana Rasa	*Pitta* aggravation, *Rakta* increase, *Dhatu kshaya*
Amla Rasa	*Pitta vriddhi, Rakta dushti, Mamsa vidaha*
Guru Ahara	*Kapha* aggravation, *Kleda* formation
Katu Rasa	Increased bleeding tendency, disintegration of *Rakta*
Vidahi Ahara	*Pitta* aggravation
Snigdha Ahara	*Kapha vriddhi, Kleda* increase
Mamsa (Abhishyandi)	*Kapha* obstruction
Krishara	*Kapha–Pitta* aggravation
Payasa, Dadhi	*Kapha–Meda vriddhi*
Mastu, Sura	*Kapha–Pitta* aggravation

Samprapti: Consumption of the above *Nidana* leads to vitiation of *Doshas*, particularly *Pitta* and *Rakta*. Aggravated *Vata* carries the vitiated *Rakta* to uterine vessels (*Rajovaha Srotas*), resulting in increased quantity of *Raja* (menstrual blood). This is further augmented by increased *Rasa Dhatu*, ultimately leading to excessive menstrual bleeding, termed *Asrigdara*.[10]

Lakshana

- *Charaka:* Excessive menstrual bleeding is the primary symptom.[2]
- *Sushruta*: Associated with body ache and pain.[3]
- *Dalhana:* Burning sensation in pelvis, groin, back, flanks, and uterine pain.[11]
- *Vriddha Vagbhata*: Excess bleeding during or between cycles.[4]
- Other classical texts (*Bhavaprakasha*.[7], *Yoga Ratnakara*.[8]describe similar features.

Classification- According to *Acharya Charaka, Asrigdara* is classified into four types-[2]

- *Vataja*
- *Pittaja*
- *Kaphaja*
- *Sannipataja*

Acharya Sushruta[3] described general features but did not provide specific classification.

Treatment- Management focuses on *Pitta–Vata shamana, Rakta-stambhana* and *Shodhana (Virechana, Basti)* with classical formulations.[9]

1. Principles of Treatment

- Follow management of *Raktayoni* and *Yonivyapad* using *Raktastambhaka* drugs based on Dosha.[13-15]
- Apply principles of *Raktapitta, Raktaatisara, Raktarsha* and *Guhyaroga*.[16-19]
- *Basti* and *Virechana* are key therapies.[20-22]

2. General Treatment

External:[23-28]

- *Shatapushpa Taila, Uttarbasti,* therapeutic *Basti*

Internal

- Formulations: *Pradararipu Rasa, Chandraprabha Vati, Ashokarishta, Lodhrasava*[29-32]
- Preparations: *Kwatha, Ghrita, Avaleha, Churna (e.g., Pushyanuga)*[33-36]
- Single drugs: *Ashoka, Nagakesara, Durva*.[37-39]

3. Evidence-based Support

- *Bhumyamalaki:* Reduces bleeding and regulates cycle.[40-41]
- *Bolbaddha Rasa:* Improves intensity and duration.[42]
- *Virechana & Srotomoola Chikitsa:* Reduce recurrence and improve outcomes.[43]

Case Presentation / Patient Information

A 35-year-old married woman attended the OPD on 08-07-2025. Her menstrual history revealed irregular menses for the past two months, characterized by intermittent bleeding lasting approximately seven days. On further enquiry, she reported experiencing postcoital bleeding per vagina. The bleeding was heavy, requiring the use of more than three pads per day. She also complained of severe low back pain, with no associated abdominal pain.

Table 2: Menstrual History of patient.

No.	Menstrual History	Present history	Past history
1.	Duration of menstrual blood flow	7–8 days (on and off)	3-4 Days
2.	Interval between two cycles if present then intermenstrual bleeding	Irregular cycle with intermittent bleeding present	Absent
3.	Regularity of Menstrual cycle	irregular (since 02 months)	Regular
4.	Intensity of flow (maximum no. of pads used in one day)	more than 3 pads/day	~3 pads/day
5.	Character of flow	history of clots	Without clots
6.	Colour	Red	Red
7.	Pain	Severe	Moderate
8.	Foul smell	Present	Absent

Past history: The patient has a past medical history of undergoing dilation and curettage (D&C) in July 2024 and reveals that she used to take analgesics for Dysmenorrhoea.

Family History: No known history of menstrual disorders.

Personal history: There was no relevant history of hypertension, thyroid disorder, or diabetes mellitus, and no history of any surgical intervention.

- **Diet:** Mixed (consumes vegetarian food approximately three times per week)
- **Appetite:** Decreased
- **Bowel:** Irregular
- **Micturition:** Regular (5–6 times/day)
- **Sleep:** Disturbed due to pain
- **Addiction:** No addictions

General Examination

- **Blood Pressure:** 110/70 mmHg
- **Pulse Rate:** 78 bpm
- **Respiratory Rate:** 18/min
- **Temperature:** 98°F
- **Pallor:** Absent
- **Icterus:** Absent
- **Cyanosis:** Absent
- **Clubbing:** Absent
- **Lymph Nodes:** Not palpable
- **Oedema:** Absent

Ashta vidha pariksha

- *Nadi* – 72/min
- *Mutra* – 5-6 times/day
- *Mala* – twice /day
- *Jihwa* – normal
- *Shabda – Samanya*
- *Sparsha – Ushna*
- *Drika – Malina*
- *Aakriti – Krisha*

Dashvidha pariksha

- *Prakriti – Vatapittaj*
- *Vikriti – Vikriti visham samavaya*
- *Sara – Madhyama*
- *Samhanana- Avara*
- *Pramana – Madhyam*
- *Satmya – Mishra ras*
- *Satva –Madhyam*

- *Vaya – Yuvati*
- *Vyayamshakti – Madhyam*
- *Aharashakti – Abhyavarana shakti – Madhyam*
- *Jarana shakti – Madhyam*
- *Vyayama shakti – Tikshna*

Systemic Examination: On Systemic Examination, there was no significant abnormality noted.

Ultrasonography-(08-07-25)– Anechoic simple cystic lesion (24x22mm) ET-9mm multiple Nabothian cyst.

Therapeutic interventions

Initially, *Nidana parivarjana* was recommended. The patient was instructed to avoid consuming curd, pickles, groundnuts, sesame, salty-fried foods and junk foods. Additionally, adherence to a regular *Dinacharya* (consistent diet and sleep routine) was advised. The treatment primarily involved *Shamana chikitsa* and *Shodhana Chikitsa* approaches.

Table 3: Details of the prescribed therapeutic interventions.

S. No.	Interventions	Routes	Doses	Adjuvants	Duration
1.	*Pushyanuga churna* 3 gm *Kaherwa pishti* 250 mg *Gandhaka Rasayana* 500 mg *Rasa manikya* 60 mg	Oral	Twice daily Before meals	01 teaspoon of honey	3 months
2.	Syp. M2 Tone-15 ml	Oral	Twice daily After meals	lukewarm water	3 months
3.	Hot sitz bath (water 1.5 litre)+ *Panchvalkal Kwath+* *Haridra (1 teaspoon) +* *Tanakana (½ teaspoon)*	local	Apply approximately 2-3 times daily	-	3 months
4.	Apply *Jatyadi taila (after Sitz Bath)*	Exter-nal appli-cation	Apply approximate-ly 2-3 times daily	-	3 months
5.	Trikatu Churna 1gm	Oral	Twice daily After meals	lukewarm water	Added at visit -02
6.	*Chandraprabha vati* 500mg *Pradarantaka lauh* 500 mg	Oral	Twice daily After meals	lukewarm water	Added at visit -03
7.	*Ashokarista* 15 ml *Dashmoolarista* 15 ml	Oral	30 mL of *Arishta* twice daily after meals	30 mL of lukewarm water	Added at visit -04

Timeline

In this case, the treatment was continued for 3 months. Following the active treatment phase, *Pathyahara* (strict dietary regimen) was maintained for 1 additional month to monitor recurrence.

Follow-up and Outcomes

Each follow-up visit documented the patient's progress, showing consistent improvement and reduction in symptoms, including stopping of Postcoital bleeding per vagina; normal menses. No adverse effects occurred during treatment, and no recurrence of symptoms was observed throughout the follow-up period.

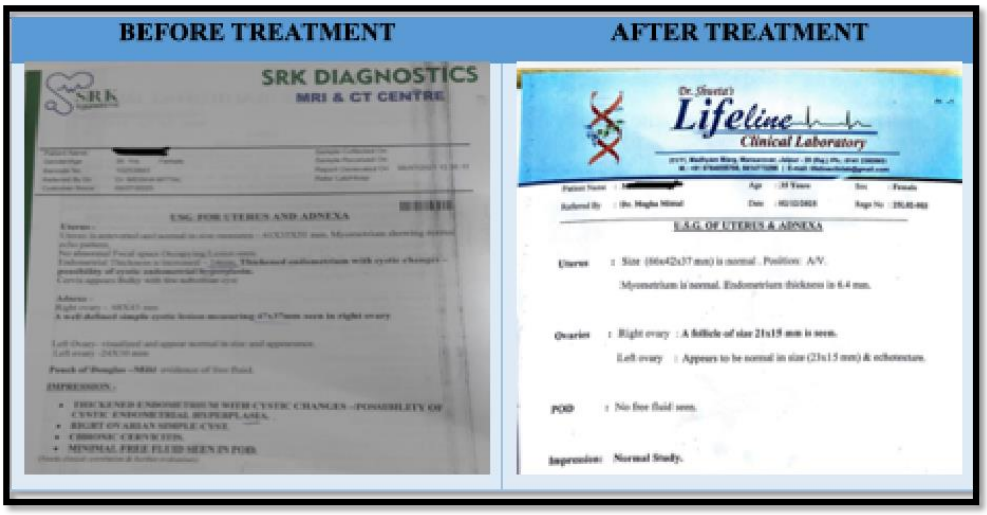
Table 4: Follow-up details with timeline and clinical outcomes.

Timelines	Clinical events and interventions	Clinical outcome
Since 02 months	irregular menses, characterized by intermittent bleeding lasting approximately seven days with experiencing postcoital heavy bleeding per vagina, requiring the use of about three pads per day; patient using modern medicines	Minimal symptomatic relief, but symptoms recur frequently.
Baseline visit-01 on 08-07-2025	Patient visited GAC outpatient department, Jaipur. Detailed history, clinical examination, and diagnosis confirmation performed. Ayurvedic treatment initiated as prescribed.	intermittent bleeding with experiencing postcoital heavy bleeding per vagina, requiring the use of about three pads per day.
Visit-02 After 15 days	Drug compliance assessed. Physical and clinical evaluations done. Treatment continued as prescribed and few additions done.	Significant reduction in postcoital bleeding per vagina
Visit-03 After 15 days	Drug compliance assessed. Physical and clinical evaluations done. Treatment continued as prescribed and few additions done.	Significant reduction in postcoital bleeding per vagina
Visit-04 After 15 days	Drug compliance assessed. Physical and clinical evaluations done. Treatment continued as prescribed.	Postcoital bleeding per vagina stopped completely
Visit-05 After 15 days	Drug compliance assessed. Physical and clinical evaluations done. Treatment continued as prescribed.	Postcoital bleeding per vagina stopped completely
Visit-06 After 30 days	Drug compliance assessed. Physical and clinical evaluations done. Sonographic assessment done.	Postcoital bleeding per vagina stopped completely
Follow-up After 30 days	Only dietary regimen continued.	Complete remission of symptoms; no recurrence normal menses.

Table 5: Effect of treatment on sign and symptoms present in the patient.

Parameters	Before treatment	After first follow up
Duration of menses	7–8 days (on and off)	5 days
Interval between two cycles if present then intermenstrual bleeding	Irregular cycle with intermittent bleeding present	Regular cycle
Regularity of Menstrual cycle	irregular (since 02 months)	Regular cycle
Intensity of flow (maximum no. of pads used in one day)	More than 3 pads/day	~3 pads/day
Character of flow	history of clots	Without clots
Pain	Severe pain continuous after administration of analgesics.	Menstruation was mild painful but daily activities are not affected, no need of analgesics.
Foul smell	Present	Absent
Score for pictorial blood loss assessment chart	400	204
SF-36 questionaire for quality of life	54	76

Image-01: Before and After treatment ultrasonography of patient.



DISCUSSION

The present case was diagnosed as abnormal uterine bleeding associated with postcoital bleeding, which can be correlated with *Asrigdara* in Ayurveda. The patient presented with irregular and prolonged menstrual bleeding, intermittent bleeding between cycles, passage of clots, foul smell, severe low back pain, and postcoital bleeding for the last two months. These symptoms indicate the involvement of mainly *Pitta* and *Vata dosha* along with vitiation of *Rakta dhatu.* The patient's *Vatapittaja prakriti,* irregular bowel habits, disturbed sleep, decreased appetite, and irregular lifestyle may have further aggravated the disease process.

Management was planned according to the principles of *Nidana Parivarjana, Raktastambhana, Pittashamana, Yonishodhana, Vranaropana* and *Vatahara chikitsa. Pushyanuga Churna,* due to its *Kashaya rasa* dominant property, acted as a potent hemostatic and helped in reducing excessive uterine bleeding. *Kaherwa Pishti* provided cooling and *Pittashamaka* action, thereby controlling *Rakta-Pitta dushti. Gandhaka Rasayana* and *Rasa Manikya* helped in reducing local inflammation and infection due to their antimicrobial and *Rasayana* properties. *Ashokarishta* and *Pradarantaka Lauha* acted as uterine tonics and improved menstrual regularity, while *Dashmoolarishta* reduced pain and *Vata* aggravation.

Local therapy played an important role in this case. Sitz bath prepared with *Panchavalkala Kwatha, Haridra* and *Tankana* helped in local cleansing, reduction of foul smell, inflammation and discharge. *Panchavalkala* possesses *Kashaya* and wound-healing properties, whereas *Haridra* acts as an anti-inflammatory and antimicrobial agent.

Application of *Jatyadi Taila* promoted healing of the cervical tissue and helped in cessation of postcoital bleeding.

Gradual and consistent improvement was observed during each follow-up. The patient showed reduction in duration and intensity of bleeding, disappearance of clots and foul smell, improvement in menstrual regularity and significant relief in pain without requiring analgesics. Postcoital bleeding stopped completely after treatment, and no recurrence was noted during follow-up. Objective assessment also showed improvement, as the PBAC score reduced from 400 to 204 and SF-36 quality-of-life score improved from 54 to 76. Thus, the combined Ayurvedic treatment approach proved effective in managing the condition and improving the patient's overall quality of life.

Probable Mode of Action

The therapeutic effect observed in this case can be explained through the combined action of the medicines and local therapies used.

- ***Raktastambhana* action:** *Pushyanuga Churna, Kaherwa Pishti, Ashokarishta* and *Pradarantaka Lauha* helped in controlling excessive uterine bleeding through their Kashaya rasa and hemostatic properties.
- ***Pittashamana* effect:** Most of the drugs possessed *Sheeta virya* and *Pittahara* properties, which helped in reducing *Rakta-Pitta dushti* responsible for excessive bleeding.
- ***Yonishodhana* and antimicrobial action:** *Panchavalkala Kwatha, Haridra, Tankana* and *Gandhaka Rasayana* helped in reducing local infection, foul smell, and inflammation.
- ***Vranaropana* action:** *Jatyadi Taila* and *Panchavalkala* promoted healing of cervical tissue and restoration of healthy mucosa, which may have contributed to stopping postcoital bleeding.
- ***Vatahara* and *Vedanasthapana* action:** *Dashmoolarishta* and supportive medicines reduced pain, pelvic discomfort, and low backache.

- ***Deepana-Pachana* effect:** *Trikatu Churna* improved Agni, digestion and metabolism, thereby reducing Ama formation and improving the overall therapeutic response.
- ***Rasayana* effect:** *Gandhaka Rasayana* improved tissue healing, immunity and overall strength of the patient.

The synergistic action of oral medicines, local therapies, dietary regulation, and lifestyle modifications helped restore normal menstrual function and prevent recurrence.

CONCLUSION

The present case demonstrates that Ayurvedic management can be effective in treating abnormal uterine bleeding associated with postcoital bleeding. The combined use of *Shamana chikitsa*, local therapies, and strict dietary and lifestyle modifications resulted in significant improvement in menstrual regularity, reduction in bleeding, relief in pain, and complete cessation of postcoital bleeding without any adverse effects. Improvement in PBAC score and quality-of-life assessment further supports the effectiveness of the treatment. The absence of recurrence during follow-up indicates the potential of Ayurveda as a safe, holistic, and cost-effective approach in the management of such gynecological disorders.

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