



MANAGEMENT OF ASRUGADARA THROUGH AYURVEDIC THERAPEUTICS: A CASE REPORT

Dr. Priyanka Singh¹, Dr. Neethu Rachel²

¹Assistant Professor, Department of PTSR, Shri Babu Singh Jay Singh Ayurvedic Medical College and Hospital, Farrukhabad, U.P.

²Assistant Professor, Department of PTSR, Shri Babu Singh Jay Singh Ayurvedic Medical College and Hospital, Farrukhabad, U.P.

Corresponding Author - Dr. Priyanka Singh, Assistant Professor, Department of PTSR, Shri Babu Singh Jay Singh Ayurvedic Medical College and Hospital, Farrukhabad, U.P.

Abstract

Background: *Asrughada* is described in *Ayurveda* as excessive or prolonged uterine bleeding occurring during or between menstrual cycles. It is mainly caused by vitiation of *Pitta Dosha* with involvement of *Rakta Dhatu* and *Artavavaha Srotas*. Clinically, it can be correlated with abnormal uterine bleeding in modern gynecology. If not managed timely, it may lead to *Rakta Kshaya*, *Daurbalya*, and reduced quality of life. **Case Presentation:** A 32-year-old female patient presented with complaints of excessive menstrual bleeding for the last 6 months, prolonged duration of menses lasting 9–10 days, passage of clots, lower abdominal pain, fatigue, and dizziness. Based on clinical features and *Ayurvedic* assessment, the condition was diagnosed as *Asrughada*. **Intervention:** The patient was managed with internal *Ayurvedic* medications having *Rakta Sthambhaka*, *Pitta Shamana*, and *Artava Niyamaka* properties, along with appropriate *Anupana* and dietary advice. Treatment was continued for 45 days with regular follow-up.

Outcome Measures: Assessment was done based on duration of bleeding, amount of menstrual blood loss, presence of clots, associated pain, and general symptoms like weakness and fatigue. **Results:** After completion of therapy, the duration of menstrual bleeding reduced to 5 days, menstrual flow became moderate, clots were absent, and associated symptoms like pain and fatigue showed marked improvement. No adverse effects were observed during the treatment period. **Conclusion:** This single case study suggests that *Ayurvedic* management is effective and safe in the treatment of *Asrughada*. The therapy helped in normalizing menstrual pattern and improving overall well-being. Further clinical studies with larger sample size are recommended to validate these findings.

Keywords: *Asrughada*, Abnormal uterine bleeding, *Rakta Dhatu*, *Pitta Dosha*, *Ayurvedic* management, Case study

INTRODUCTION

Asrughada is a gynecological disorder described in *Ayurveda* under *Striroga*, characterized by excessive, prolonged, or frequent menstrual bleeding beyond the normal limits. The term *Asrughada* is derived from *Asruk* meaning blood and *Dara* meaning excessive flow. Classical texts describe it as an abnormal increase in menstrual blood loss occurring either during the regular menstrual period or in between cycles. This condition mainly involves vitiation of *Pitta Dosha* along with *Rakta Dhatu*, leading to disturbed function of *Artavavaha Srotas*.¹

According to *Ayurveda*, the normal menstrual cycle depends upon the balance of *Dosha*, proper nourishment of *Dhatu*, and integrity of *Srotas*. Excessive intake of *Pitta-vardhaka Ahara* such as spicy, sour, salty foods, mental stress, irregular lifestyle, and suppression of natural urges are important etiological factors for *Asrughada*. These factors aggravate *Pitta Dosha*, which in turn vitiates *Rakta Dhatu*, resulting in increased uterine bleeding. If untreated, the condition may lead to *Rakta Kshaya*, *Daurbalya*, and impairment of reproductive health.²

From the modern medical perspective, *Asrughada* can be correlated with abnormal uterine bleeding, which is a common gynecological complaint among women of reproductive age. It significantly affects physical health, mental well-being, and daily activities. Conventional management often includes hormonal therapy, antifibrinolytic drugs, or surgical interventions, which may provide temporary relief but can be associated with adverse effects and recurrence on discontinuation.³

Ayurvedic management of *Asrughada* focuses on treating the root cause by pacifying *Pitta Dosha*, stabilizing *Rakta Dhatu*, and regulating *Artava*. Drugs possessing *Rakta Sthambhaka*, *Pitta Shamana*, and *Balya* properties are commonly advised along with appropriate *Anupana* and dietary modifications. The present single case study is undertaken to highlight the effectiveness of *Ayurvedic* intervention in the management of *Asrughada* and to demonstrate its role as a safe and holistic approach in menstrual disorders.⁴

CASE REPORT

A 32-year-old female patient presented to the OPD with complaints of excessive menstrual bleeding for the last 6 months. She reported prolonged menstrual flow lasting 9–10 days with passage of clots, increased frequency of pad usage, and associated lower abdominal pain. The patient also complained of generalized weakness, fatigue, dizziness, and irritability during

and after menstruation. Her menstrual cycles were regular at intervals of 28–30 days. There was no history of hormonal therapy, intrauterine device usage, or systemic illness. General examination revealed mild pallor, while systemic examination was within normal limits. Based on the clinical features and *Ayurvedic* assessment, the condition was diagnosed as *Asrughadara*.

On *Ayurvedic* examination, *Pitta* predominance with *Rakta Dhatu Dushti* was observed, and involvement of *Artavavaha Srotas* was noted. The patient was treated with internal *Ayurvedic* medications possessing *Rakta Sthambhaka*, *Pitta Shamana*, and *Artava Niyamaka* properties, along with suitable *Anupana*. Dietary advice emphasizing *Pitta Shamana Ahara* and lifestyle modifications were also advised. The treatment was continued for 45 days with regular follow-up. Gradual reduction in duration and amount of menstrual bleeding was observed, with complete relief from associated symptoms such as pain, fatigue, and dizziness by the end of treatment. No adverse effects were reported during the course of therapy.

Chief Complaints

- Excessive menstrual bleeding 6 months
- Prolonged duration of menses (9–10 days) 6 months
- Passage of clots during menstruation 6 months
- Lower abdominal pain during menses 6 months
- Generalized weakness and fatigue 4–5 months
- Occasional dizziness during menstruation 3 months

Personal Information

Parameter	Details
Age	32 years
Gender	Female
Marital Status	Married
Occupation	Homemaker
Socio-economic Status	Middle class
Diet	Mixed

Appetite	Reduced
Bowel Habit	Regular
Micturition	Normal
Sleep	Disturbed during menses
Addiction	Nil

Vital Examination

Vital Parameter	Observation
Pulse	78/min
Blood Pressure	110/70 mmHg
Respiratory Rate	18/min
Temperature	Afebrile
Height	158 cm
Weight	54 kg
BMI	21.6 kg/m ²

Systemic Examination

System	Findings
Cardiovascular System	S1 S2 normal
Respiratory System	Bilateral air entry normal
Gastrointestinal System	Soft, non-tender abdomen
Central Nervous System	Conscious and oriented
Musculoskeletal System	No abnormality detected

Past History

The patient had no history of diabetes mellitus, hypertension, thyroid disorder, tuberculosis, or any chronic systemic illness. There was no history of previous gynecological surgery or hospitalization.

Previous Medication History

The patient had taken oral iron supplements and analgesics intermittently for weakness and pain. She had not received any hormonal therapy or long-term medication for menstrual complaints.

Menstrual History

Parameter	Observation
Age of Menarche	13 years
Cycle Interval	28–30 days
Duration of Flow	9–10 days
Amount of Flow	Excessive
Clots	Present
Color of Blood	Dark red
Pain	Present (lower abdomen)
Pads Used per Day	6–7
Associated Symptoms	Fatigue, dizziness
Diagnosis	<i>Asrugdara</i>

Gynecological and Obstetric History

Parameter	Details
Gravida	G2
Para	P2
Abortions	Nil
Living Children	2
Mode of Delivery	Full-term normal vaginal delivery
Last Childbirth	5 years back
Contraceptive Use	None
Gynecological Complaints	Excessive menstrual bleeding

TREATMENT PLAN

Sr. No.	Medicine	Dosage Form	Dose	Frequency	Anupana	Duration
1	<i>Ashokarishta</i>	Liquid	20 ml	Twice daily	Lukewarm water	45 days
2	<i>Lodhra Churna</i>	Powder	3 g	Twice daily	Honey	45 days
3	<i>Praval Pishti</i>	Powder	250 mg	Twice daily	Milk	30 days
4	<i>Amalaki Churna</i>	Powder	3 g	Once daily	Lukewarm water	45 days
5	<i>Punarnava Mandura</i>	Tablet	250 mg	Twice daily	Lukewarm water	45 days

FOLLOW-UP PLAN

Follow-Up Date	Day	Pulse (/min)	BP (mm Hg)	Weight (kg)	Duration of Bleeding (days)	Amount of Flow	Clots	Pain	Fatigue	Remarks
01-02-2025	Day 0 (Baseline)	78	110/70	54	9-10	Excessive	Present	Moderate	Severe	Diagnosed as Asrughada
16-02-2025	Day 15	76	112/72	54	7-8	Moderately excessive	Reduced	Mild	Moderate	Initial improvement noted
02-03-2025	Day 30	74	114/74	55	6-7	Moderate	Absent	Mild	Mild	Good response to treatment
17-03-2025	Day 45	72	116/76	55	5	Normal	Absent	Absent	Absent	Symptoms relieved
17-04-2025	Post-treatment	72	118/76	56	5	Normal	Absent	Absent	Absent	No recurrence observed

Results and Findings

- The duration of menstrual bleeding reduced from 9–10 days at baseline to 5 days after completion of treatment.
- The amount of menstrual blood flow changed from excessive to normal by the end of 45 days of therapy.
- Passage of clots, which was present at baseline, was completely absent after 30 days of treatment.
- Lower abdominal pain during menstruation reduced gradually and was completely relieved by the end of treatment.
- Associated symptoms such as generalized weakness, fatigue, and dizziness showed marked improvement.
- Vital parameters including pulse rate and blood pressure remained within normal limits throughout the treatment period.
- Body weight showed a mild improvement, indicating better general health status.
- No recurrence of excessive menstrual bleeding was observed during the post-treatment follow-up period.
- No adverse drug reactions or complications were reported during or after the treatment.
- Overall menstrual pattern became regular with improvement in quality of life.

DISCUSSION

Asrughada is described in *Ayurveda* as a disorder primarily caused by vitiation of *Pitta Dosha* with involvement of *Rakta Dhatu* and *Artavavaha Srotas*. Excessive menstrual bleeding occurs due to increased *Drava Guna* of *Pitta* and loss of *Rakta Sthiratva*. In the present case, the patient had classical features such as prolonged menstrual duration, excessive flow, passage of clots, pain, and associated weakness, which clearly indicated *Pitta-Rakta Dushti*. The chronicity of symptoms suggested sustained aggravation of *Pitta*, leading to functional disturbance of uterine hemostasis.⁵

The line of treatment focused on *Pitta Shamana*, *Rakta Sthambhana*, and regulation of *Artava*. Medicines like *Ashokarishta* and *Lodhra Churna* help in stabilizing uterine bleeding due to their *Kashaya Rasa* and cooling properties. *Praval Pishti* and *Amalaki* act as *Pitta Shamana*

and support *Rakta Dhatu*, while *Punarnava Mandura* improves strength and corrects associated weakness due to chronic blood loss. Along with internal medication, advice on *Pathya Ahara* helped in reducing further aggravation of *Pitta*, supporting sustained therapeutic response.⁶

Gradual and consistent improvement in menstrual parameters such as duration, amount of flow, and absence of clots reflects effective correction of underlying *Dosha* imbalance rather than symptomatic suppression. Relief from associated symptoms like pain, fatigue, and dizziness further indicates restoration of systemic balance and improved *Dhatu Poshana*. Stability of vitals and absence of adverse effects highlight the safety of *Ayurvedic* management. Although this is a single case, the findings suggest that *Ayurvedic* therapy can be a safe and effective approach in the management of *Asrughada*, warranting further studies with larger sample size for validation.⁷

CONCLUSION

This case study demonstrates that *Ayurvedic* management is effective and safe in the treatment of *Asrughada*. The planned intervention helped in reducing the duration and amount of menstrual bleeding, eliminated passage of clots, and relieved associated symptoms such as pain, fatigue, and weakness. Improvement was achieved through correction of *Pitta Dosha* and stabilization of *Rakta Dhatu* rather than symptomatic suppression. The absence of adverse effects and sustained improvement during follow-up indicate the holistic and patient-friendly nature of *Ayurvedic* therapy. Although based on a single case, the outcome suggests that *Ayurvedic* treatment has promising potential in managing *Asrughada*, and further controlled clinical studies are recommended for validation.

CONFLICT OF INTEREST -NIL

SOURCE OF SUPPORT -NONE

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