IJBPAS, July, 2025, 14(7): 3803-3811

ISSN: 2277–4998

International Journal of Biology, Pharmacy and Allied Sciences (IJBPAS)

'A Bridge Between Laboratory and Reader'

www.ijbpas.com

THE EFFECTIVE MANAGEMENT OF HEAVY MENSTRUAL BLEEDING (AUB) BY SINGLE HERB THERAPY- CASE SERIES

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Received 20th March 2024; Revised 24th April 2024; Accepted 16th Aug. 2024; Available online 1st July 2025

https://doi.org/10.31032/IJBPAS/2025/14.7.9197

ABSTRACT

Abnormal uterine bleeding is defined as any change in the frequency of menstruation, duration of flow or amount of blood loss. In Ayurveda AUB can be correlated to *Asrigdara* and can be treated accordingly. AUB is responsible for 20-30% of the visits to Gynecology OPD amongst women in the reproductive age and 69% in a peri or postmenopausal age. It is more commonly experienced by women of 35-45 years of age. It is also commonly seen among young girls soon after attaining menarche. If this condition is not treated, can lead to life threatening complication. In the contemporary science as a treatment NSAID's are used, where they decrease the menstrual bleeding, but have no effect on the duration of menstrual bleeding. The other drugs like tranexamic acid and hormonal agents like OCP's have significant side effects such as breast cancer, liver disease, depression, thrombocytopenia etc. so in the present situation a herbal remedy which is effective and safe to use is in need. With the intension of fulfilling this an attempt has been made to find alternative medicine which can cease the heavy menstrual bleeding. In this study single herb therapy by using *Durva* granules, reduced amount of bleeding, duration of bleeding. Hence *Durva* granules administered to three patients of AUB with different aetiology was clinically effective.

Keywords: AUB, *Asrigdara*, Durva, Herbal therapy, Heavy menstrual bleeding

INTRODUCTION:

Abnormal uterine bleeding (AUB) is defined as any change in the frequency of menstruation, duration of flow or amount of blood loss. Dysfunctional uterine bleeding (DUB)is when palpable pelvic pathology or underlying medical causes have been excluded. AUB is responsible for 20-30% of the visits to gynaecology out patient department amongst women in the reproductive age group and 69% in a peri or postmenopausal age group **[1]**. Although woman of any age group can be affected with abnormal uterine bleeding (AUB). it is more commonly experienced by women of 35-45 years of age. It is also commonly seen among young girls soon after attaining menarche. There have been a number of classification systems to classify causes of AUB but recently International Federation Of Gynaecologist and Obstetricians has suggested newer classification popularly known as 'PALM-COEIN' classification to define cause of AUB (Polyp, Adenomyosis, Leiomyoma, Malignancy & hyperplasia - Coagulopathy, Ovulatory dysfunction, Endometrial, Iatrogenic, Not *yet* classified). Further, AUB is divided into acute and chronic AUB , depending on the duration of the problem persisting in the woman. Chronic AUB is defined as bleeding that is abnormal in volume, irregularity and/or timing for the past 6 months. It does not usually require immediate intervention. Acute AUB is an episode of heavy menstrual bleeding of sufficient quantity to require immediate intervention to prevent further loss **[2]**. It can be seen with existing chronic AUB. AUB and *Raktapradara* shows resemblance, so this can be treated by *Raktapradara chikitsa sutra*. Many drugs, formulation have been told to treat this condition which has certain common qualities such as *Rakta shodhaka*, *Pittahara*, *Rakta sthambaka* **[3]**. *Durva* (*Cynodon dactylon Pers)* of Poaceae family, which is Perrenial grass found all over India. It is having *Pittahara*, *Rakta shodhaka*, Antiviral, Haemostatic, Astringent, Diuretic action **[4]**. It is mainly used in diseases like *Trushna*, *Daha*, *Raktapitta*, *Visarpa* and *Raktapradara* **[5]**. In this case series three cases AUB due to different causes are discussed.

Case History

Case 1

An unmarried of 23years was apparently healthy 2 months back, She approached our hospital with complains of excessive menstrual flow with passage of clots since 2 months, associated with pain in lower abdomen 2-3 weeks. She approached several allopathy hospitals for same and were prescribed Eva-35, tranexamic acid, antibiotics and she is on Eva-35 (Cyproteron + Ethinyl estradiol) tablets 1 OD since 2 months but bleeding has not got

reduced. So she came to our hospital for ayurveda management on 14/12/23.

Case 2

A 24 years married female Patient was apparently healthy 2 months back, later she developed with prolonged menstrual bleeding associated with fatigue on exertion. Patient has h/o Cu-T insertion 3years back. In December bleeding duration was for 9 days so She consulted nearby hospital and took medication for same (details not known) but then bleeding got increased in the next cycle that is in the January, bleeding was there for 15 days Hence patient approached our hospital for better management on 29/1/24.

Case 3

A 27 years female Patient came to our hospital with complaining of anxious to conceive since 9 years. She got admitted in IPD on 18/01/2024 and planned for Virecahana, on the day 2nd of Snehapana she started bleeding PV (her LMP was 12days ago), due to which the Snehapana was withheld and planned to to control the bleeding first and then continue with Virechana.

Vayaktika vruttanta

Table 1: Vaiyaktika vruttanta of all three patients

Particulars	Case 1	Case 2	Case 3
Appetite	Reduced	Reduced	Good
Bowel	1-2times/ day	(5-6times/ day) since 1 week	1-2/ day
Micturition	4-5 times/day	3-4 times/day	3-4 times/day
Sleep	Sound	Sound	Sound

Rajo vruttanta

Table 2: *Rajo vruttanta* of all three patients

Particulars	Case 1	Case 2	Case 3
LMP	14/10/2023	15/01/2024	11/1/2024
Duration	60th day on flow	15th day on flow	4days
Interval	30-45day	28-30days	28-30days
Amount	2-3 pads/day	7-8 pads/day	3 pads/day
Dysmenorrhea	++	Absent	Present
Clots	++	+ Present	Absent
Foul smell	Absent	Absent	absent
AVD	Absent	Absent	Present

Prasava vruttanta

Table 3: *Prasava vruttanta* of all three patients

Case 1	Case 2	Case 3
Unmarried	P2L2A1 L1-8years/FTND/F L2- 3years/FTND/M A1- 7 years ago/ spontaneous/3rd month	Nulliparous

Ashta-vidha pariksha

Table 4: *Astavidha pareeksha* of all three patients

Particulars	Case 1	Case 2	Case 3
Nadi	98 bpm/ *pittavataja*	78 bpm/ *pittavataja*	72 bpm / *kapha-Pittaja*
Mala	*Prakruta* 1-2times/day	*Atipravrutti* (5-6times/day)	*Prakruta* 1-2times/day
Mutra	*Prakrutha* (3-4 times/day)	*Prakrutha* (3-4 times/day)	*Prakrutha* (3-4 times/day)
Jihwa	*Liptha*	*Aliptha*	*Aliptha*
Drik	*Prakrutha*	*Prakrutha*	*Prakrutha*
Shabda	*Prakrutha*	*Prakrutha*	*Prakrutha*
Sparsha	*Anushna sheeta*	*Prakrutha/Anushna sheeta)*	*Prakrutha/Anushna sheeta)*
Aakriti	*Madhyama*	*Krusha*	*Madhyama*

Dashavidha pariksha

Table 5: Dashavidha pareeksha of all three patients

Particulars	Case 1	Case 2	Case 3
Prakriti	*Pitta-Kapha*	*Vata-Pitta*	*Kapha-Pitta*
Vikriti	*Pitta pradhana vata*	*Pitta pradhana vata*	*Kapha-Pitta*
Satwa	*Madhyama*	*Madhyama*	*Madhyama*
Satmya	*Madhyama*	*Madhyama*	*Madhyama*
Ahara shakti	*Avara*	*Avara*	*Madhyama*
Vyayama shakti	*Madhyama*	*Madhyama*	*Madhyama*
Sara	*Madhyama*	*Madhyama*	*Madhyama*
Samhanana	*Madhyama*	*Avara*	*Madhyama*
Pramana	*Madhyama*	*Avara*	*Madhyama*
Vaya	*Madhyama*	*Madhyama*	*Madhyama*

General examination

Table 6: General examination of all three patients

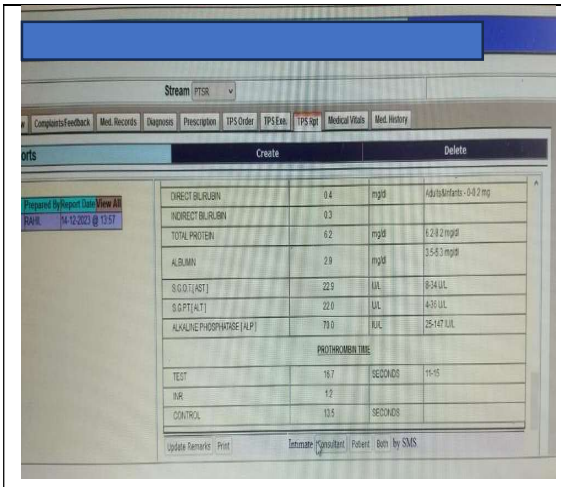
Particulars	Case 1	Case 2	Case 3
Built	Moderate	Lean	Moderate
Pallor	Present ++	Present +	Absent
Icterus, Clubbing, edema, lymphadenopathy	Absent	Absent	Absent
BP	110/70mmHg	110/80mmHg	110/80mmHg
Pulse	70bpm	80bpm	80bpm
Temparature	Afebrile	Afebrile	Afebrile
Respiration	18cpm	19cpm	19cpm
Wt	52.8kg	54kg	55.65kg
BMI-	19kg/m2	17kg/m2	20kg/m2

Systemic examination

Table 7: Systemic examination of all three patients

Particulars	Case 1	Case 2	Case 3
Respiratory system	B/L NVBS heard	B/L NVBS heard	B/L NVBS heard
Cardiovascular system	S1S2 heard, No murmurs	S1S2 heard, No murmurs	S1S2 heard, No murmurs
Musculo skeletal system	NAD	NAD	NAD
Per abdomen			
On Inspection	NAD	Stria albicans+, NAD	NAD
On Palpation	Soft, Tenderness in hypogastric and LIF	Soft, Non-tender.	Soft, Non-tender.
On Percussion	Resonance+	Resonance	Resonance
On Auscultation	Bowel sounds +	Bowel sounds +	Bowel sounds +
P/V	-	-	AV/NS/FF
P/S	-	-	Cx healthy mild white discharge p/v present

Investigations done-



DIRECT BILIRUBIN	0.4	mg/dl	Adults/Infants - 0-0.2 mg
INDIRECT BILIRUBIN	0.3		
TOTAL PROTEIN	6.2	mg/dl	6.2-8.2 mg/dl
ALBUMIN	2.9	mg/dl	3.5-5.3 mg/dl
S.G.O.T.[AST]	22.9	U/L	8-34 U/L
S.G.P.T.[ALT]	22.0	U/L	4-36 U/L
ALKALINE PHOSPHATASE [ALP]	79.0	IU/L	25-147 IU/L
PROTHROMBIN TIME			
TEST	16.7	SECONDS	11-15
INR	1.2		
CONTROL	13.5	SECONDS	

Figure 1: Blood investigatios of case 1.

SPARSH HOSPITAL

ULTRASOUND OF ABDOMEN & PELVIS

Hx: Menstrual irregularities.

FINDINGS:

LIVER is normal in size [CC measurement of 11.3 cm], outline and shown normal echotexture. No focal lesions. No evidence of I.H.B.D. Portal and hepatic veins are normal.

GALL BLADDER is well distended with normal wall thickness. No calculi/polyps/sludge seen. No pericholecystic fluid. Common bile duct is normal.

SPLEEN is normal in size, outline and echotexture.

PANCREAS is normal in size, outline and echotexture to the extent visualized. No MPD dilatation. No oncological evidence of calcification to the visualized extent.

KIDNEYS: Both kidneys are normal in size and contour. Parenchymal thickness and echotexture are normal. Corticomedullary differentiation is well maintained. No calculus. No hydronephrosis. Right Kidney: 10.0 x 3.2 cm. Left Kidney: 10.2 x 4.6 cm.

URINARY BLADDER is well distended with normal wall thickness. No calculi / mass lesion.

UTERUS is anteverted. Measures 10.5 x 6.3 x 4.5 cm. Normal in size, shape and echotexture. Myometrium is normal. No fibroids. Endometrium is trilaminar. Endometrial thickness measures 12.2 mm.

OVARIES:
Both ovaries are normal in size, shape and echotexture.
No adnexal mass. POD is clear.
No ascites.

RIF and LIF: No mass/collection. Appendix is profiled, appears normal. No evidence of bowel wall thickening/mesenteric inflammatory signs in RIF.
No signs of intestinal obstruction. Essentially normal peristalsis of bowel loops noted to both the quadrants of abdomen.

Visualized retro peritoneum is normal. No pre / para aortic lymphadenopathy.
No pleural effusion.

IMPRESSION:
No significant sonological abnormality detected.

DR.VIJAY S. RAJ.DMRD,DNB
CONSULTANT RADIOLOGIST

Figure 2: USG abdomen & pelvis of case 1.

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ULTRASOUND - ABDOMEN AND PELVIS

- **Liver**: Normal in size.and Echotexture. Measures 10.74cm, No focal lesion noted. Hepatic vein and portal vein are normal. CBD appears normal.
- **Gall bladder**: Normally distended. No wall thickening. No luminal lesions. No e/o calculus.
- **Pancreas:** Normal in size and echo pattern. No obvious focal lesion noted. PD not dilated. No peripancreatic collections.
- **Spleen:** Normal in size and echotexture. No focal lesion noted , measures 10.04cm .
- **Kidney** – Both Kidneys Normal in size and shape. Corticomedullary differentiation maintained. No e/o calculus.
- **Right Kidney**: Measures 9.68x2.19cm
- **Left Kidney**: Measures 10.02x1.90cm
- **Urinary bladder**: Well distended. Normal wall thickness ,with no e/o calculus or mass in the lumen.
- **Uterus**. Normal in size..and Echotexture -Measures 6.24x4.00cm,ET-6 mm thickness, IUCD- in-situ ,Myometrial echogenicity is normal. No focal lesion seen.
  ovary- both ovaries shows multiple enchoic lesion in the periphery with central echogenic area suggestive of bilateral polycystic ovaries
  Right ovary-2.37x2.52cm
  Left ovary-2.55x2.04cm shows dominent follicle of measuring 11mm
- Aorta, IVC, Portal and splenic vein are normal in caliber. No reteroperitoneal lymphadenopathy seen. No mass, no free fluid in the abdomen

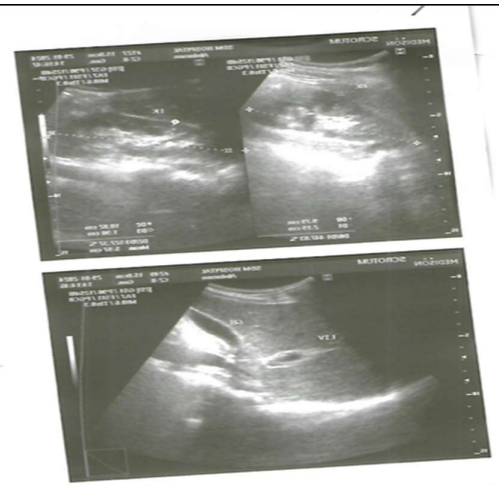
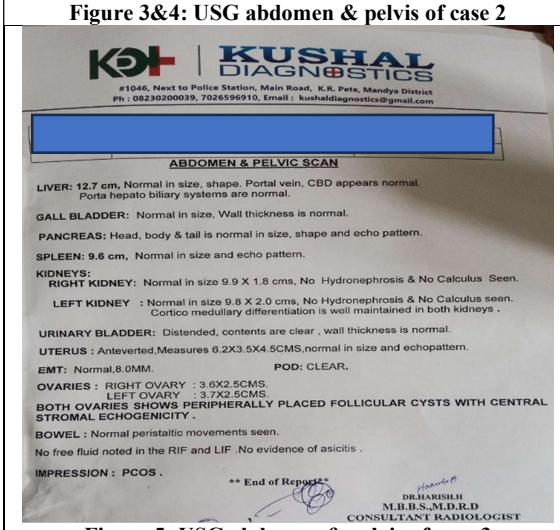


Figure 3&4: USG abdomen & pelvis of case 2



KUSHAL DIAGNOSTICS

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ABDOMEN & PELVIC SCAN

LIVER: 12.7 cm, Normal in size, shape. Portal vein, CBD appears normal. Porta hepato biliary systems are normal.

GALL BLADDER: Normal in size, Wall thickness is normal.

PANCREAS: Head, body & tail is normal in size, shape and echo pattern.

SPLEEN: 9.6 cm, Normal in size and echo pattern.

KIDNEYS:
RIGHT KIDNEY: Normal in size 9.9 X 1.8 cms, No Hydronephrosis & No Calculus Seen.

LEFT KIDNEY : Normal in size 9.8 X 2.0 cms, No Hydronephrosis & No Calculus seen. Cortico medullary differentiation is well maintained in both kidneys .

URINARY BLADDER: Distended, contents are clear , wall thickness is normal.

UTERUS : Anteverted,Measures 6.2X3.5X4.5CMS,normal in size and echopattern.

EMT: Normal,8.0MM. POD: CLEAR.

OVARIES : RIGHT OVARY : 3.6X2.5CMS.
LEFT OVARY : 3.7X2.5CMS.
BOTH OVARIES SHOWS PERIPHERALLY PLACED FOLLICULAR CYSTS WITH CENTRAL STROMAL ECHOGENICITY .

BOWEL : Normal peristaltic movements seen.

No free fluid noted in the RIF and LIF .No evidence of asicitis .

IMPRESSION : PCOS .

** End of Report**

DR.HARISH.H
M.B.B.S.,M.D.R.D
CONSULTANT RADIOLOGIST

Figure 5: USG abdomen & pelvis of case 3

Diagnosis-

Table 8: Diagnosis of all three patients

	Case 1	Case 2	Case 3
Diagnosis	**AUB (*Asrigdara*) due to Coagulopathy**	**AUB (*Asrigdara)* due to Cu-T**	**AUB (*Asrigdara*) due to Anovulation**

Treatment Given

Table 9: Treatment given all three patients

	Case 1	Case 2	Case 3
***Doorva* granules**	**5gm TID with 50ml of *Sheetajala*, before food for 3 days**	**12gm OD with 50ml of *Sheetajala*, before food for 3 days.**	**12gm OD with 50ml of *Sheetajala*, before food for 3 days.**

RESULTS

OBSERVATION – Case 1

Table 10 observations of case 1

Parameters	Before treatment	After treatment
Amount of bleeding	**2-3 pads/day**	**D2- 1 pad D3- no bleeding**
Duration of bleeding	**60days**	**- Stopped on 3rd day**
Consistency of bleeding	**Clots ++**	**D2- clots absent D3- no bleeding**
Pain abdomen	**Present**	**Absent**
Generalized weakness	**Present**	**D2-present D3- Improved**
PT - INR	**Test - 16.7 sec. INR 1.2 Control 13.5 sec**	**TEST - 14 sec. INR 1 Control 13.5**

OBSERVATION – Case 2

Table 11: observations of case 2

Prameters	Before treatment	After treatment
Amount of bleeding	**7-8 pads/day**	**D2- 3-4pads D3- no bleeding**
Duration of bleeding	**15days**	**-**
Consistency of bleeding	**Clots +**	**D2- clots absent D3- no bleeding**
Pain abdomen	**Absent**	**Absent**
Generalized weakness	**Present**	**D2-present D3- Improved**

OBSERVATION – Case 3

Table 12: observations of case 3

Prameters	Before treatment	After treatment
Amount of bleeding	**2-3 pads/day**	**D2- 1pads D3- no bleeding**
Duration of bleeding		**-**
Consistency of bleeding	**Absent**	**Absent**
Pain abdomen	**Absent**	**Absent**
Generalized weakness	**Present**	**Absent**

DISCUSSION

- Normal menstrual cycle is defined as occurring at an interval of 28 days (±7 days) with an average duration of 4 to 7 days and mean menstrual blood loss of 35 ml (range 31-80 ml) **[5]**.
- Once the menstrual bleeding starts, the platelet aggregation forms clots in the opened vessels.
- Prostaglandin *F2a* (PGF2a) causes myometrial contractions and constricts the endometrial vessels.
- The repair and epithelial regeneration begin on the third and fourth day of period, by the growth of epithelial cells from the open endometrial glands aided by the vascular, endothelial, epidermal and fibroblast growth factors.
- In excessive bleeding with regular menstrual cycles, the H- P-0 axis is intact, but endometrial changes get altered.
- It is observed that, in these cases, PC ~(prostacyclin), which is a local vasodilator; is increased compared to PGF2a in the endometrial tissue **[6]**.

DOORVA [4]-

- *Cynodon dactylon Pers.*
- Poaceae
- Perrenial grass found all over India
- Conch grass, dhub, doorva, garike
- Useful part-whole plant
- *Doshakarma- Pittahara*, *Rakta shodhaka*
- Pharmacological actions : Antiviral, Haemostatic, Astringent, Diuretic.
- *Rogaghnata* : *Trushna* , *Daha*, *Rakta*pitta, *Visarp*

Mode of action

- In the pathogenesis of *Pradara*, *Rakta*, *Pitta* and *Vata* are responsible, *Durva* acts on these Doshas.
- *Doorva* is called as *Shataveerya* and Sahasra veerya in ayurveda treatise.
- Research updates-Alkaloids present in *Durva* grass showed slowing of blood flow in mesentric capillaries of rats and mice.
- It also showed its effectiveness in bleeding and clotting time in adult rabbits at the dose of 2.5 mg/kg i.v (dutta 1974)
- Effect on amount of bleeding clinically it was reduced on first day itself.
- Effect on duration of bleeding- stopped completely by DAY 3
- Overall effect- all 3 patients were cured completely.
- Raktasthambhana is very much necessary, in acute AUB.

- Durva having Tikta Kashaya rasa, being indicated for Rakta, Pitta Doshaja Vikara.
- Phyto constituents like- ergovine, friedlin alkaloid & has haemostatic pharmacological action, it has been selected to treat this case **[7]**.
- Pathya, Apathya of Asrigdara was advised to avoid Nidana Sevana.
- Durva granules overall reduced amount of bleeding, duration of bleeding, there by improved patient condition. Hence Durva granules with sheethajala is clinically effective in AUB.
- Single herb therapy is effective remedy in acute conditions too.
- Acute, Major disease means doesn't always need big, compound medicine it can be simple with single herb too.

Figure 7 & 8: Preparation of *Durva* granules

Figure 9: *Durva* granules in sachets

ACKNOWLEDGEMENT

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