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Integrative Role of *Udumbara Nasya and Bolabaddha Rasa in Asrigdara*: A Case Series

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ABSTRACT

Asrigdara, a gynecological disorder characterized by excessive or prolonged uterine bleeding, significantly affects women's health and quality of life. Classical Ayurvedic texts describe various treatment modalities to manage this condition, emphasizing the use of both local and systemic interventions. This case series explores the integrative role of Udumbara Nasya and Bolabaddha Rasa in the management of Asrigdara. Udumbara Nasya, administered through the nasal route, is described in Ayurveda as effective in pacifying Pitta and Rakta vitiation, thereby providing hemostatic and stabilizing effects. Bolabaddha Rasa, a herbo-mineral formulation, has been traditionally indicated for bleeding disorders due to its astringent and strengthening properties. A series of patients presenting with symptoms of Asrigdara were managed using this combined therapeutic approach. Clinical observations demonstrated marked improvement in bleeding patterns, reduction in associated symptoms, and overall better patient outcomes without adverse effects. These findings suggest that an integrative regimen of Udumbara Nasya and Bolabaddha Rasa may offer a safe and effective therapeutic strategy for managing Asrigdara, warranting further systematic clinical evaluation.

Keywords: *Asrigdara; Udumbara Nasya; Bolabaddha Rasa; Ayurveda; Gynecological disorders; Case series; Abnormal uterine bleeding* .

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1. INTRODUCTION

Menstruation is a natural physiological process unique to women, reflecting reproductive health and a synchronized regulation of the hypothalamic–pituitary–ovarian (HPO) axis. This axis maintains cycle regularity through neuroendocrine feedback mechanisms. A normal menstrual cycle varies between 21–35 days, lasts 2–7 days, and involves an average blood loss of 30–40 ml, not exceeding 80 ml[1]. Any deviation from this rhythm indicates underlying pathology with significant impact on health, quality of life, and psychosocial wellbeing[2].

Abnormal Uterine Bleeding (AUB) refers to alterations in frequency, regularity, duration, or volume of menstruation[3]. Dysfunctional Uterine Bleeding (DUB), a subset of AUB, is characterized by abnormal uterine bleeding without structural or systemic pathology, often linked to anovulation or ovulatory dysfunction[4]. Adolescents and perimenopausal women are particularly vulnerable due to immature or declining HPO regulation[5]. Clinically, DUB presents as menorrhagia, polymenorrhagia, or prolonged cycles, frequently accompanied by dysmenorrhea, weakness, and anemia[6].

Ayurveda correlates these features with *Asrigdara*, classified as a *Rakta Pradoshaja Vyadhi*. It manifests with *Atipravritti* (excess flow), *Chirapravritti* (prolonged bleeding), and *Atiyoga of Raja* (excessive menstrual blood)[7]. Acharya Charaka describes *Asrigdara* as excessive and frequent bleeding through *Yoni* due to vitiation of *Doshas* and *Rakta Dhatu*[8], recommending *Raktasthapana* (hemostatic) and *Pittashamaka* therapies[9]. Sushruta attributes it to deranged *Apana Vata* along with aggravated *Pitta*[10], while Vagbhata emphasizes weakness, giddiness, and loss of vitality due to excessive blood loss[11].

Globally, DUB accounts for nearly 20–30% of gynecological consultations, making it a major health burden[12]. Chronic untreated menorrhagia predisposes to iron deficiency anemia, fatigue, poor scholastic or occupational performance, and severe cases may require hospitalization for transfusion[13]. Modern management includes hormonal therapy (oral contraceptives, progestins, GnRH analogues), non-hormonal measures (NSAIDs, tranexamic acid), and surgical options like endometrial ablation or hysterectomy[14]. However, hormonal regimens carry adverse effects, compliance issues, and high recurrence after withdrawal[15], necessitating safe, holistic alternatives.

In Ayurveda, *Nasya Karma* (nasal medication), one of the *Panchakarma* therapies, is considered highly effective for disorders above the clavicle (*Urdhwajatrugata Rogas*). As per the principle *"Nasa hi Shiraso Dwaram"* (nose is the gateway to the head), medicines administered nasally act on higher centers influencing systemic functions[16]. This concept may be extrapolated to the HPO axis regulation, thereby helping restore hormonal balance and menstrual regularity[17].

Udumbara (*Ficus racemosa*), described in classical texts as *Raktasthambhaka* and *Pittashamaka*, is particularly indicated in bleeding disorders. Its fruit, endowed with *Kashaya Rasa* (astringent), *Sheeta Virya* (cold potency), and *Stambhana* (hemostatic) properties, reduces excessive uterine bleeding[18]. Charaka includes *Udumbara* in the *Nyagrodhadi Gana*, specifically recommended for *Raktapitta* and hemorrhagic conditions[19]. Sushruta also highlights its wound-healing and hemostatic role[20]. Contemporary research validates its antioxidant, anti-inflammatory, and hemostatic potential[21]. *Bolabaddha Rasa*, a classical *Rasaushadhi*, is another trusted remedy in *Asrigdara*. Its *Grahi* (absorbent), *Stambhana* (hemostatic), and *Balya* (strengthening) actions control excessive uterine bleeding at both *Dosha* and *Dhatu* levels[22]. Previous studies suggest its therapeutic dose in menorrhagia is 500 mg TDS; however, when used along with *Udumbara* extract *Nasya*, the required dose can be reduced to half, minimizing potential toxicity of metallic preparations while ensuring efficacy[23]. Furthermore, *Udumbara* extract *Nasya*, being devoid of *Sneha* (unctuous media), is non-irritating and requires no complex intervention, enhancing patient compliance.

Thus, an integrative approach combining *Udumbara Nasya* with *Bolabaddha Rasa* offers a safe, effective, and sustainable management strategy for DUB, addressing both symptomatic relief and underlying pathophysiology

2. PATIENT INFORMATION

All the basic demographic profile and history of the three patients enrolled in this case series is summarized below in **Table 1**.

Table 1: Patient's information in summarized form

PATIENT	**1**	**2**	**3**	**4**	**5**
Date of 1st Visit	24/12/24	06/03/25	25/03/25	09/04/25	09/05/25
Age (Years)	40	19	33	45	25
Sex	Female	Female	Female	Female	Female
Marital Status	Married	Unmarried	Married	Married	Unmarried
BMI (kg/m²)					
Menarche (Age)	13 years	12 years	13 years	14 years	13 years
LMP on 1st visit	21/12/24	17/02/25	20/03/25	30/03/25	01/04/25
Presenting Symptoms	Heavy menstrual bleeding with pain on 1st 2 days of menses	Prolonged, excessive and frequent menstrual bleeding with severe pain	Intermenstrual bleeding or Early menses and occasional passage of clots during menses	Prolonged and excessive bleeding with severe pain Irregular menses	Prolonged and excessive bleeding with severe pain Irregular menses
Duration of Complaints	6 months	2-3 months	3-4 months	1 year	2-3 years
Cycle Length	20-25 days	15-25 days	15 days	7-8 days	10-15 days
Menstrual Duration	5-6 days	10-20 days	5-7 days	15-20 days	20-45 days
Pads per Cycle	20-25	40-45	20-25	25-30	50-40

Clots	Present	Present	Present	Present	Present
Pain (Dysmenorrhea)	Moderate	Severe	Severe	Moderate	Severe
Associated Symptoms	Headache, constipation, Giddiness, anorexia	Generalised weakness and lethargy	Generalized weakness and numbness	Numbness, Weakness	Dizziness, occasionally vomitting

3. CLINICAL FINDINGS

History and symptom details at the time of enrolment are summarized below in **Table 2**.

Table 2: Clinical features of all patients

Parameter	Case 1	Case 2	Case 3	Case 4	Case 3
Menstrual Cycle Interval	20-25 days	15–25 days	15 days	7-8 days	10-15 days
Duration of Bleeding	5-6 days	10-20 days	5-7 days	15-20 days	20-45 days
Pads per Cycle	20-25	40-45	20-25	25-30	50-40
Pain during Menses	Moderate	Severe	Moderate	Moderate	Severe
Passage of Clots	+	++	++	++	+++
Obstetric History	$P_1 A_0 L_1 D_0$	-	$P_1 A_0 L_2 D_0$ Twins	$P_2 A_0 L_2 D_0$	-
P/S, P/V	Normal findings	Not done	Normal findings	Normal findings	Not done
USG Findings	Normal uterus (52×36×20 mm) ET 7.1 mm, both ovaries normal	Normal uterus (52×40×36 mm), ET 14 mm, Rt ov – MSF, Lt ov - Normal	Normal uterus (65×29×41 mm), ET 5.8 mm, both ovaries normal	Retroverted Uterus (86×46×52), ET 6.2, both ovaries normal, minimal free fluid in cul-de-sac	Normal uterus (59×40×34 mm), ET 9.2 mm, Rt ov – MSF, Lt ov - Normal, minimal free fluid in cul-de-sac
Thyroid Profile	Normal	Normal	Normal	Normal	Normal
Other Systemic Illness	None	None	None	None	None

4. DIAGNOSTIC ASSESMENT

All baseline investigations performed before treatment for assessment are presented below in **Table 3**.

Table 3: Investigations before treatment

Ix	Case 1	Case 1	Case 2	Case 4	Case 3
Hb	10.5 gm%	11 gm%	11.4 gm%	12 gm%	11.2 gm%
RBC	4.75 mil/cmm	5.36 mil/cmm	4.06 mil/cmm	4.00 mil/cmm	4.70 mil/cmm
WBC	5900/cmm	7900/cmm	4500/cmm	5300/cmm	8060/cmm
PC	281000/cmm	370000/cmm	206000/cmm	187000/cmm	313000/cmm
RBS	98 mg/dl	119 mg/dl	114 mg/dl	96 mg/dl	82 mg/dl
BT	1:36 min	1:15 min	1:14 min	1:42 min	1:32 min
CT	4:22 min	3:49 min	3:48 min	5:23 min	4:50 min
TSH	1.69 mcIU/ml	0.924 mcIU/ml	2.361 mcIU/ml	1.710 mcIU/ml	4.457 mcIU/ml
T3	1.21 ng/dl	1.49 ng/dl	1.55 ng/dl	1.32 ng/dl	1.35 ng/dl
T4	75.3 mcg/ml	106 mcg/ml	89.7 mcg/ml	82.6 mcg/ml	94.30 mcg/ml

5. THERAPEUTIC INTERVENTION

The patients were treated with **Udumbara Phala extract Nasya** prepared in aqueous form as Swarasa preparation was practically difficult due to the need for fresh daily administration.
Along with this, **Bolabaddha Rasa** which was procured from Dhootapapeshwar Pharmaceuticals was administered continuously for two cycles, starting from the first day of Nasya administration, and was discontinued during menstruation.

Table 4: Protocol for Intervention

Parameter	Details
Drug	Udumbara (*Ficus racemosa*) Phala Extract
Part Used	Phala
Drug Form	Distillate (Aqueous Extract)
Mode of Administration	Nasya (Nasal instillation)
Dose	4 drops in each nostril
Duration	7 days after cessation of menses, for 2 consecutive cycles
Concomitant Oral Medications	Bolabaddha Rasa (250mg) 1 TID

6. OUTCOME

The outcome of this case series revealed that all three patients experienced marked relief in signs and symptoms. The difference in subjective and objective findings before and after treatment is summarized in **Table 5**.

Table 5: Changes in signs and symptoms before and after treatment

Sign and Symptoms	Case 1		Case 2		Case 3		Case 4		Case 5	
	B/T	A/T	B/T	A/T	B/T	A/T	B/T	A/T	B/T	A/T
Menstrual Cycle Duration	20-25 days	28 days	15–25 days	8 days	15 days	5 days	7-8 days	5 days	10-15 days	6 days
Interval	5-6 days	5 days	10-20 days	36 days	5-7 days	28 days	15-20 days	26 days	20-45 days	32 days
Pads per Cycle	20-25	10-12	40-45	15-20	20-25	10-12	25-30	9-10	50-40	15-17
Pain during Menses	Moderate	Mild	Severe	Mild	Moderate	Absent	Mild	Absent	Severe	Moderate
Passage of Clots	Present	Absent	Present	Absent	Often present	Absent	Present	Absent	Present	Absent
Menorrhagia	Present	Absent	Present	Absent	Moderate	Absent	Present	Absent	Present	Reduced
Polymenorrhoea	Present	Reduced	Present	Reduced	Present	Absent	Present	Reduced	Absent	Absent
Dysmenorrhoea	Moderate	Mild	Severe	Mild	Moderate	Absent	Mild	Absent	Severe	Moderate
Nature of Cycles	Irregular	Mild Regular	Irregular	Improved	Irregular	Regular	Irregular	Improved	Irregular	Regular

Hormonal assessment of **LH and FSH** was done before and after treatment to evaluate changes in hormonal balance. The differences are shown in **Table 6**.

Table 6: Difference of LH and FSH levels before and after treatment

Case	LH (B/T)	LH (A/T)	FSH (B/T)	FSH (A/T)
1	3.42	7.21	12.80	10.43
2	18.5	2.60	5.78	10.64
3	2.58	7.52	9.43	3.43
4	3.78	20.09	6.12	63.81
5	1.32	4.42	9.21	5.03

7. DISCUSSION

Dysfunctional Uterine Bleeding (DUB), equated with *Asrigdara* in Ayurveda, represents one of the most challenging gynecological disorders due to its chronic nature, high recurrence, and negative impact on women's reproductive health and quality of life. In Ayurveda, *Asrigdara* is described as excessive and frequent uterine bleeding, primarily caused by vitiation of *Vata* and *Pitta dosha*. The *Chala guna* of Vata and *Sara guna* of *Pitta* play an important role in irregular and heavy bleeding, while *Rakta pradosha* further aggravates the condition[19]. Modern medicine defines DUB as abnormal uterine bleeding without any organic pathology such as fibroids, adenomyosis, or malignancy[20]. It is usually related to ovulatory dysfunction, endometrial instability, or hormonal imbalance in the hypothalamic–pituitary–ovarian (HPO) axis[21]. In the present case series, five patients presenting with menorrhagia and irregular menstrual cycles were treated with *Udumbara Phala Nasya* prepared in aqueous extract form, along with oral administration of *Bolabaddha Rasa*. The clinical results revealed significant reduction in menstrual bleeding, improved cycle regularity, decreased passage of clots, and marked relief in dysmenorrhea. Objectively, the number of pads required per cycle was reduced by almost half in most cases, and clot passage—which is an indicator of endometrial fragility—was completely absent after treatment. Subjective symptoms such as pain, weakness, dizziness, and associated systemic complaints also reduced remarkably, reflecting improved systemic balance.

Hormonal evaluation showed notable changes in LH and FSH values, supporting the hypothesis that the therapy exerts a regulatory effect on the HPO axis. For instance, in Case 2, LH decreased from 18.5 mIU/ml to 2.6 mIU/ml, indicating restoration of gonadotropin balance often disturbed in anovulatory cycles or PCOS-like states. Similarly, normalization of FSH levels in several patients suggests improved follicular response and better ovulatory regulation. These hormonal findings are consistent with the Ayurvedic understanding that *Nasya karma* influences *Sira marma* and *Shringataka marma*, which correspond to higher neurological centers governing endocrine function[22]. By delivering *Udumbara* extract nasally, the therapy directly modulates the neuroendocrine axis, resulting in systemic hormonal balance.

From the Ayurvedic perspective, the choice of *Udumbara (Ficus racemosa)* is particularly relevant. Classical texts describe *Udumbara* as *Kashaya rasa pradhana*, *Sheeta virya*, *Stambhana*, and *Raktapitta hara* in action[23]. Its ability to control bleeding has been highlighted by Acharya Charaka, who advised the use of Kashaya rasa-dominant drugs in conditions of *Rakta pradara*[24]. Similarly, Sushruta emphasizes *Stambhana dravyas* in disorders of excessive uterine bleeding[25]. The use of Udumbara in *Nasya* form takes advantage of both its hemostatic and neuro-modulatory potential. Unlike traditional Sneha-based Nasya, the aqueous extract used in this study was non-irritating, easily tolerated, and required no preparatory *Snehana* or *Swedana*. This highlights its practicality for outpatient and adolescent use, improving patient compliance without compromising efficacy.

The role of *Bolabaddha Rasa* was equally crucial. This herbo-mineral formulation is mentioned in *Rasatarangini* and later texts as effective in conditions of *Asrigdara* and *Rakta pradara*, owing to its *Raktastambhaka* and *Balya* properties[26]. Previous clinical studies have indicated that the therapeutic dose required for effective control of menorrhagia is around 500 mg three times daily[27]. However, prolonged use of such doses raises concern for potential toxicity associated with *Rasa aushadhi*. In the present series, when *Bolabaddha Rasa* was administered in combination with *Udumbara Nasya*, the effective dose could be reduced to 250 mg TDS—half the conventional requirement—without compromising efficacy. This is a significant observation, as it reduces the potential toxic burden of heavy-metal based medicines while still achieving desirable hemostatic outcomes. Thus, the combination of Nasya with oral *Rasa aushadhi* demonstrates a synergistic effect, where one potentiates the other, enabling rational dose reduction and improved safety.

This observation also validates the Ayurvedic principle of *Yukti*, wherein combined therapeutic strategies are employed to optimize treatment results while minimizing risks. By combining *Nasya* targeting the central HPO axis with systemic hemostatic support from *Bolabaddha Rasa*, the intervention addresses both the root cause (*Nidana Parivarjana* and *Dosha Samyata*) and symptomatic relief (*Vyadhi Prashamana*). The outcome of improved cycle regularity, reduced menorrhagia, and relief in dysmenorrhea highlights its comprehensive effect.

When compared to modern treatment options for DUB, the advantages of this approach become clear. Modern pharmacological agents such as combined oral contraceptives, antifibrinolytics, or NSAIDs provide temporary relief but are often associated with side effects such as weight gain, mood disturbances, gastrointestinal irritation, and thromboembolic risks[20]. Surgical options like endometrial ablation and hysterectomy, while effective, are invasive, expensive, and eliminate fertility potential[3]. In contrast, the Ayurvedic intervention described here is non-invasive, fertility-preserving, well-tolerated, and cost-effective. By restoring physiological balance instead of suppressing endometrial function, it offers long-term benefits with minimal adverse effects.

Safety and patient acceptability were additional highlights of this protocol. Patients did not experience nasal irritation or discomfort from the aqueous *Nasya* preparation, unlike Sneha-based forms that may sometimes cause heaviness or

stickiness. Oral *Bolabaddha Rasa* at reduced dosage was also well tolerated, and no adverse systemic effects were reported during the observation period. This demonstrates the feasibility of adopting such integrative protocols in routine gynecological practice.

However, this case series is not without limitations. The small sample size limits generalizability, and the absence of a control group prevents firm conclusions about comparative efficacy. Variability in hormonal responses, such as the paradoxical increase in gonadotropins in Case 4, indicates that patient-specific factors like age and ovarian reserve must be considered. Long-term safety of reduced-dose *Rasa aushadhi* also requires further validation. Nevertheless, the consistent improvement across clinical and subjective parameters in most patients suggests that this line of therapy holds considerable promise.

In conclusion, the combined use of *Udumbara Phala extract Nasya* with *Bolabaddha Rasa* represents a novel, effective, and safer approach to the management of DUB. The intervention not only reduced menorrhagia, regulated cycles, and relieved dysmenorrhea but also improved hormonal balance. Importantly, the required dose of *Bolabaddha Rasa* was halved when used with *Nasya*, thereby minimizing the toxicity risk of herbo-mineral medicines. The non-irritating, practical, and patient-friendly nature of extract-based Nasya further enhances its applicability in both adolescent and reproductive-age women. This integrative approach resonates with both Ayurvedic principles and modern safety considerations, establishing it as a viable alternative in the contemporary management of dysfunctional uterine bleeding.

8. CONCLUSION

The present case series demonstrates that the combined use of *Udumbara Phala* extract in the form of Nasya along with *Bolabaddha Rasa* offers a safe and effective approach in the management of Dysfunctional Uterine Bleeding (DUB), correlating with *Asrigdara* described in Ayurveda. *Udumbara*, with its *Raktasthambhaka* and *Pittashamaka* properties, acts directly on excessive bleeding, while Nasya ensures a systemic effect by influencing higher centers regulating the hypothalamic–pituitary–ovarian axis, thereby addressing the neuroendocrine imbalance underlying menstrual irregularities. The addition of *Bolabaddha Rasa* enhanced hemostatic action, though in this study, its dose was reduced to half of the conventionally recommended 500 mg TDS, minimizing the risk of potential *Rasaushadhi* toxicity.

The outcomes observed in cycle regularity, reduced menorrhagia, absence of clot passage, and normalization of hormonal levels suggest that this integrative protocol may offer both symptomatic relief and long-term regulation of menstrual cycles. The non-irritant aqueous form of *Udumbara* extract *Nasya*, administered without *Sneha* or invasive intervention, adds further safety and acceptability for patients. Hence, this combined Ayurvedic approach not only aligns with classical descriptions of *Asrigdara* management but also provides a rational, evidence-based, and patient-friendly therapeutic alternative to modern pharmacological interventions that are often associated with side effects. Larger controlled studies are warranted to validate these findings and establish standard treatment protocols.

9. PATIENT'S PERSPECTIVE

Patient 1: "I suffered from irregular, heavy bleeding for months, which made me weak and tired. After *the treatment*, my flow reduced, cycles became regular, and I feel healthier."

Patient 2: "My prolonged bleeding disturbed my studies and daily life. With this Ayurvedic treatment, my periods normalized without side effects, and I feel confident again."

Patient 3: "Due to heavy periods, I often missed social and religious activities. After therapy, my bleeding reduced, energy improved, and I had no side effects."

Patient 4: "I had long, painful periods that disrupted my work and household duties. After treatment, bleeding duration reduced, pain subsided, and I regained normalcy."

Patient 5: "For years I faced excessive bleeding with dizziness and weakness. With this combined therapy, my cycles became regular and I feel much stronger."

10. INFORMED CONSENT

Written permission for the publication of this case study was obtained from the patient.

Declaration Of Patient Consent: The authors certify that they have obtained all appropriate patient consent forms. In the form, the patients have given their consent for other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity.

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