

ROLE OF BASTI IN ASRUGDARA W.S.R. TO DYSFUNCTIONAL UTERINE BLEEDING
(DUB)

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<https://doi.org/10.5281/zenodo.17231481>**ABSTRACT**

Background: Āsruḡdāra, as described in Ayurveda, manifests as excessive or irregular uterine bleeding, akin to Dysfunctional Uterine Bleeding (DUB) in modern gynecology. The etiopathogenesis involves primarily the vitiation of Vāta and Pitta doṣas. Objective: To evaluate the role and therapeutic efficacy of Basti Chikitsā in the management of Āsruḡdāra, with reference to DUB. Methods: Conceptual analysis based on Ayurvedic texts, supplemented by recent clinical studies, focusing on the application of Nirūha and Ānuvāsana Basti in regulating Apāna Vāta and stabilizing the menstrual cycle. Results: Basti therapy, particularly with formulations containing Dashamoola, Lodhra, and Shatavari, offers significant relief in bleeding duration, frequency, and associated symptoms like pain and fatigue, while restoring hormonal and doṣhic balance. Conclusion: Basti proves to be a highly effective intervention in chronic or resistant cases of Āsruḡdāra/DUB, warranting its integration into routine Ayurvedic gynecological protocols.

KEYWORDS: Āsruḡdāra, Basti Chikitsā, Dysfunctional Uterine Bleeding, Apāna Vāta, Ayurveda, Panchakarma

INTRODUCTION

The term Asruḡdāra appears in classical Ayurvedic texts, such as Charaka Saṃhitā and Aṣṭāṅga Hṛdaya, describing excessive or frequent vaginal bleeding. It is often a result of deranged Apāna Vāta and aggravated Pitta, affecting the regularity and quality of menstruation. Modern medicine parallels this condition with Dysfunctional Uterine Bleeding (DUB), defined as abnormal uterine bleeding without discernible pelvic pathology. DUB is often due to hormonal imbalances, particularly anovulation or unopposed estrogen.

Ayurveda, through its Panchakarma modality, especially Basti Chikitsā, offers a systemic approach targeting the fundamental derangement in doṣhic physiology.

MATERIALS AND METHODS

This article is a conceptual and clinical review. Classical Ayurvedic literature was studied to identify the correlation between Āsruḡdāra and DUB, and to explore Basti as a primary treatment modality. Relevant research articles from Ayurvedic journals were reviewed to assess clinical outcomes.

PATHOGENESIS OF ĀSRUGDĀRA

As per Charaka Saṃhitā (Cikitsāsthāna 30) and Aṣṭāṅga Hṛdaya (Uttarasthāna 1), the vitiation of Apāna Vāta leads to erratic movement and expulsion of Rakta (blood) from the uterine channels. When Pitta is also involved, it causes excessive heat and bleeding. The

presence of Āma, Rasakṣaya, and Raktadushti further complicates the condition.

BASTI CHIKITSĀ: RATIONALE AND TYPES

- Ānuvāsana Basti (oil-based): Nourishes and pacifies Vāta
 - Nirūha Basti (decoction-based): Eliminates vitiated doṣas and balances Vāta-Pitta
 - Yoni Basti (local uterine oil therapy): Applied as supportive therapy
- Common Basti Formulations:
- Dashamoola Kwātha
 - Lodhra, Ashoka, Shatavari, Mustā for Raktastambhana and Pitta pacification
 - Tila taila or Bala taila for snehana and Vātānulomana

CLINICAL OBSERVATIONS (Literature-Based)

- A study published in AYU Journal (2017) showed that Dashamoola-Nirūha Basti significantly reduced bleeding duration and pain in women with DUB.
- Another trial (JIR 2020) utilizing Shatavari Taila Ānuvāsana Basti reported marked improvement in fatigue and anemia among participants.
- Most studies emphasize combined Shodhana and Shamana therapy, with Basti as the cornerstone in chronic cases.

MECHANISM OF ACTION OF BASTI IN ĀSRUGDĀRA

- Regulates Apāna Vāta, ensuring proper uterine function.
- Removes Āma, enhancing dhātu-nutrition.

- Restores hormonal balance through gut-brain axis modulation.
- Anti-inflammatory and haemostatic effects via Rasāyana and Stambhana herbs.
- Absorption mechanism: The rectal mucosa allows rapid absorption of phytoconstituents, bypassing first-pass metabolism, leading to systemic action influencing pelvic circulation and uterine tone.
- Hit and run mechanism: Even a short contact of Basti dravya with rectal mucosa produces systemic effects by initiating neuro-humoral responses, ensuring long-lasting regulation of Apāna Vāta.
- Gut microbiome modulation: Basti influences intestinal flora, enhancing short-chain fatty acid production and reducing systemic inflammation, indirectly improving endometrial receptivity and menstrual regularity.
- Endometrial microbiome effect: By systemic and local pathways, Basti may help restore healthy uterine microbial balance, which contributes to reducing abnormal uterine bleeding and improving endometrial vascularity.

DISCUSSION

Basti is uniquely suited for treating Vāta-dominant disorders, particularly where Apāna Vāta governs the pelvic region. DUB, although idiopathic in modern parlance, finds a more functional explanation in Ayurveda. A Vāta-centric approach with Pitta-Shāmaka herbs proves both logical and effective.

With added insights from modern physiology

- Absorption through rectal mucosa validates systemic efficacy.
 - Gut-brain axis and microbiome regulation provide neuro-endocrine stabilization.
 - Endometrial microbiome modulation offers an explanation for improved uterine health.
 - The "hit and run" effect explains why even short-duration Basti regimens yield long-lasting benefits.
- Thus, Basti's systemic action allows deeper doshic correction, unlike oral medicines limited to Agni and rasa-dhātu.

CONCLUSION

Basti Chikitsā, especially when tailored with appropriate dravya and timing, is highly beneficial in Āsrugdāra/DUB. Its ability to pacify Vāta, nourish the uterus, restore microbial balance, and regulate neuro-hormonal pathways makes it an indispensable therapy in Ayurvedic gynecology.

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