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Hetuvyadhikar Roga in Ayurveda: Menstruation Irregularity Associated with Type 2 Diabetes – A Case Study

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Abstract

Introduction:

In Ayurveda, the concept of *Hetuvyadhikar Roga* refers to the development of a secondary condition (*Paratantra Vyadhi*) as a consequence of a primary disease (*Swatantra Vyadhi*). This case study explores the clinical application of this Ayurvedic principle in the management of a female patient suffering from irregular and heavy menstruation, diagnosed with hypermenorrhoea (*Asrigdara*, specifically *Kapha-Pittaja* type), along with newly diagnosed type 2 diabetes mellitus (T2DM).

Methods:

A 38-year-old female presented with irregular and excessive menstruation, diagnosed as *Asrigdara* (*Kapha-Pittaja* type), and was concurrently diagnosed with T2DM. Diagnostic work-up, including laboratory tests and ultrasonography, revealed PCOD morphology. Ayurvedic treatment was focused on the *Dosha Pratyhanika* and *Vyadhi Pratyhanika* approaches, beginning with *Vamana* (therapeutic emesis), followed by oral administration of Ayurvedic formulations such as *Avipattikara Churna*, *Kutki Churna*, and *Ashokarishta*. The patient was also advised on a *Pitta-pacifying diet* and lifestyle changes.

Results:

Over the course of one year, the patient demonstrated significant improvement in menstrual regularity and reduced bleeding intensity. The use of sanitary pads decreased from 27–28 pads per cycle to 10 pads. HbA1c levels improved from 12.2% to 8.3%, and fasting glucose levels reduced from 180 mg/dL to 106.5 mg/dL. Menstrual cycles normalized within six months of initiating treatment.

Discussion:

This case study highlights the efficacy of treating *Asrigdara* (hypermenorrhoea) as the primary disorder, which led to favorable outcomes in the secondary condition of T2DM. The interrelationship between PCOD, menstrual irregularities, and metabolic disturbances underscores the Ayurvedic concept of *Nidānarthakara Roga*. The holistic approach to managing both conditions concurrently, using classical Ayurvedic principles, demonstrates clinical relevance in treating complex metabolic and reproductive disorders.

Keywords:

Ayurveda, *Hetuvyadhikara Roga*, hypermenorrhagia, diabetes mellitus, *Asrigdara*, *Madhumeha*, case study.

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Introduction

Ayurveda, the ancient science of life, describes a variety of fundamental principles for diagnosing and treating diseases. One such principle is *Nidanarthakara Roga*, where Acharya Charaka states that one disease can lead to the development of another, where the primary disease (*Swatantra Vyadhi*) acts as the causative factor for the development of a secondary disease (*Paratantra Vyadhi*).

Nidanarthakara Vyadhi is further divided into two types: *Ekarthakara Vyadhi* and *Ubhayarthakari Vyadhi*[1]. *Ekarthakara Vyadhi* occurs when the symptoms of the primary disease relapse, but only the symptoms of the associated condition are present. *Ubhayarthakari Vyadhi*, on the other hand, occurs when the primary disease persists along with the associated disease.

Acharya Vagbhata mentions in the same context that treating the primary disease often results in the resolution of the secondary condition[2]. Acharya Charaka provided several examples of *Nidanarthakara Roga*: *Pratisyaya* (coryza) can act as a causative factor for *Kasa* (cough), which may further lead to *Kshaya* (tuberculosis). Similarly, untreated *Jvara* (fever) can lead to *Raktapitta* (hemorrhagic disorder), and *Plihavridhi* (splenomegaly) can lead to *Udara Roga* (ascites)[3].

In the present era, individuals frequently present with multiple coexisting lifestyle and metabolic disorders, making the identification

of a definitive diagnostic condition increasingly challenging. Disorders such as **obesity** and **diabetes** often coexist, potentially predisposing individuals to or indicating more profound systemic derangements. Prior studies have related obesity as a *Nidanarthakara* factor for **diabetes, HTN, PCOD**, etc[4].

Acharya Bhavapraksha drew a connection between the etiopathogenesis of ***Prameha*** (diabetes) and ***Rajodosh*** (menstrual disorders). Bhavapraksha also mentioned that females with regular menstruation have fewer chances of developing ***Prameha***[5]. A prospective cohort study of 75,546 women shows that women with menstrual irregularities are at a higher risk of developing diabetes. The risk increases with **obesity, less physical activity**, and a **low-quality diet**[6]. The frequency of **oligomenorrhea** before the diagnosis of diabetes was nearly two-fold higher in women with **type 2 diabetes** than in the control group[7].

In modern times, **PCOD** (Polycystic Ovarian Disease) has emerged as one of the major causes of menstrual irregularities. The incidence of PCOD is increasing among women of reproductive age. Moreover, women affected by PCOD are at a higher risk of developing **diabetes mellitus**, due to associated **hormonal imbalances** and **insulin resistance**[8].

In this study, we will explore how the

principle of *Nidanarthakara Roga* was applied in the case of a patient with menstruation irregularities and diabetes, leading to favorable outcomes in both menstruation and blood sugar levels.

Patient Information

A 38-year-old married female presented to the **Outpatient Department (OPD)** of the **National Institute of Ayurveda (NIA)** on **25th March 2023** with complaints of prolonged menstrual cycles lasting 40-50 days, heavy bleeding with large clots, abdominal pain during the bleeding phase, and myalgia. The patient had been suffering from this condition for the past year. She got married at the age of 26, and her **Gravida history** was **G2P2L2A0** with a 3-year interval between two deliveries.

History of Present Illness

The patient had been getting regular periods with a cycle of 28-30 days. Her past and present menstrual history is provided in **Table 1**.

The patient missed her periods in early

June 2022 and, upon testing with an HCG detection card, the result was negative. She later got her period at the end of **July 2022**, with an interval of 48 days. Initially, the bleeding was normal for two days, but on day 3, heavy bleeding (8-10 fully soaked pads) and large clots began, which persisted for the next three days. After that, bleeding reduced (1 pad per day) but continued for the next five days.

She experienced lower abdominal pain during the first five days, which hampered her daily activities to the extent that she could not get out of bed. The patient also suffered from myalgia and fatigue throughout the entire bleeding phase.

Subsequent cycles became delayed and increasingly painful.

There was no family history of **diabetes mellitus**. The patient also had no previous history of diabetes. She was diagnosed with **type 2 diabetes** for the first time after her blood sugar tests were conducted at NIA.

Table 1 : Past and present menstrual history

No.	Menstrual History	Present history With duration	Past history (before 2022)
1.	Duration of menstrual bleeding	10 Day	4-5 Day
2.	Interval between two cycles	45-50 Day	24-28 Day
3.	Regularity of Menstrual cycle	Irregular	Regular
4.	Amount of loss (Total no. of pads used in one cycle)	Excessive	Moderate

5.	Intensity of flow (maximum no. of pads used in one day)	5Pads/cloth/1 st day 5Pads/cloth/2 nd day 4Pads/cloth/3 rd day 3Pads/cloth/4 th day 1Pads/cloth/5 th - 10 days	2Pads/cloth/1 st day 7 Pads/cloth/2 nd day 5Pads/cloth/3 rd day 2 Pads/cloth/4 th day 1Pads/cloth/5 th day
6.	Character of flow	With large clots	With tiny clots
7.	Colour	Bright Red	Dark red
8.	Pain	Intence, Lower abdomen	Moderate, Lower back
9.	Foul smell	No	No
10.	Stickyness	Absent	Absent
11.	Burning sensation	Absent	Absent

Clinical Findings

- **Per Abdomen:**
- **Inspection:**
Umbilicus: Centrally placed, inverted
- **Palpation:**
Soft, no tenderness observed
No organomegaly observed
- **Percussion:**
Tympanic
- **Auscultation:**
Normal bowel sounds heard
- **Gynaecological Examination**

Pelvic Examination:

- **Examination of Vulva:**
 - *Pubic Hair:* Normal
 - *Clitoris:* Normal
 - *Labia:* Normal
 - *Discharge:* Nil

Laboratory Findings

Laboratory tests revealed elevated **fasting blood glucose** (180 mg/dL), **postprandial glucose** (353 mg/dL), and **HbA1c** (7.8%), confirming **diabetes**

mellitus. **Thyroid function tests** were unremarkable.

Radiographical Findings

Abdominal ultrasonography showed a bulky uterus with a heterogeneous echotexture. The endometrium was normal in size, centrally placed, with a thickness of 9.4 mm. Both ovaries were slightly bulky and showed multiple follicles distributed peripherally with relatively echogenic stroma.

- **Right ovary:** 10–12 non-dominant follicles, 3–9 mm
- **Left ovary:** 9–11 dominant follicles, 3–7 mm

Presence of immature follicles indicates **Polycystic Ovarian Disease (PCOD)** morphology.

Ayurveda Perspective

In Ayurveda, abnormal menstrual bleeding can be correlated with *Asrigdara*. *Asrigdara* is a *rakta pradoshaja vyadhi* (blood-related disorder)[9,10]. There are four

types of *Asrigdara*, and excessive bleeding with bright red blood is a feature of *Pittaja Asrigdara*[11]. Large clots, termed in Ayurveda as *Granthibhuta Artava*, suggest *Kapha-Vata* features[12]. Additionally, myalgia, fatigue, and vertigo are common symptoms of *Asrigdara*[13].

Based on the clinical and laboratory features, the patient was diagnosed with **Pitta-Kapha dominant Asrigdara** as the *Pradhan Vyadhi* (primary disorder) and **Diabetes Mellitus** as the *Anubandha Vyadhi* (secondary disorder). Diabetes was diagnosed for the first time, and the patient was unaware of her condition.

Therapeutic Interventions

The treatment protocol was selected based on Ayurvedic principles, incorporating *Vyadhipratyanika* and *Dosha Pratyanyika*[14] actions of the drugs.

- **Dosha Pratyanyika (To break pathogenesis and neutralize Doshas)**

Shodhana Karma:

- **Vamana** (therapeutic emesis) was administered to eliminate vitiated **Pitta** and **Kapha**.

As *Asrigdara* is to be treated as **Raktapitta**[15], the treatment followed the **Charaka Samhita's** recommendation for **Vamana** in cases of **Adhogata Raktapitta** (bleeding from the uterus or rectum)[16].

Shamana Aushadha:

1. **Avipattikara Churna (5 g), BD** before

food:

Avipattikara Churna is indicated in **Pittaja** disorders, all twenty types of **Prameha** (diabetes), as well as in conditions like **Vibandha** (constipation) and **Agnimandya** (digestive impairment)[17]. In this case, it was chosen to pacify aggravated **Pitta** and enhance the digestive fire (**Agni**), preventing the formation of **Ama** (toxic metabolic by-products). By promoting digestion and metabolism, it helps form **Nirama Ahara Rasa**, which nourishes the **Dhatus** (body tissues) in a balanced way.

2. **Kutki Churna (1 g)** after food with **Munakka** and **Dhaga Mishri**:

Kutki has purgative actions and eliminates vitiated **Pitta** and **Kapha** from the body, purifies the blood, and improves overall health. Due to its properties, **Kutki** was chosen as a **Dosha Pratyanyika** medicine[18].

3. **Nagkesar Churna (1 g) + Kaharwa Pishti (500 mg) + Sphatika Bhasma (500 mg), BD** after food:

Nagkesar exhibits multiple therapeutic actions: **Pachana** (digestive), **Raktastambhana** (hemostatic), **Swedaghna** (reduces sweating), **Kandughna** (relieves itching), **Dourgandhyanashana** (removes foul odor), **Jwaraghna** (antipyretic),

Trushnaghna (relieves thirst), and *Kusthaghna* (useful in skin disorders). ***Kaharwa Pishti*** (Amber *Pishti*) is widely used in Ayurvedic medicine for its cooling, hemostatic, and rejuvenating properties.

Sphatika Bhasma, made from purified alum, is known for its hemostatic, antimicrobial, and astringent properties. It is commonly used in conditions like *Asrigdara*, *Raktapitta*, nasal bleeding, and ***Shweta pradara*** (leucorrhoea).

Hence, the combination is beneficial in treating ***Kapha-Pitta Asrigdara***, especially in cases of irregular and excessive uterine bleeding.

- ***Vyadhi Pratyhanika*** (To reduce symptoms)

1. ***Ashokarishta***: 20 mL twice daily (BD) after food:

Ashokarishta is indicated in conditions such as *Asrigdara*, *Rakta Pitta*

(bleeding disorders), and ***Prameha*** (urinary disorders), as well as in managing pain during menstruation.[19]

Dietary and Lifestyle Modifications

A ***Pitta-pacifying diet*** was prescribed, excluding spicy, oily, and fermented foods while incorporating cooling, astringent items (e.g., pomegranate, coconut water, cumin water). ***Pranayama*** and ***yoga*** were recommended for stress management.

Follow-up and Outcome

The patient was followed up regularly every fifteen days. Significant improvement in menstrual health and blood sugar levels was observed. The situation gradually improved with each menstrual cycle. Pain and clotting reduced after the first menstrual cycle, and the menstrual cycle became regular after 6 months of continuous treatment. A reduction in heavy bleeding was recorded, with the number of sanitary pads used during the cycle shown in **Table 2**.

Table 2. Progressive reduction

LMP	Pads used
10/03/2023	27-28 Pads/ cycle
25/04//2023	20-25 Pads/cycle
02/06/2023	16 Pads/cycle
02/07/2023	10-12 Pads/cycle
05/08/2023	10 Pads/cycle

Table 3: Progressive Impact on DM: Blood sugar was measured at every 3 month.

Date	Test	result
13/04/23	Glucose random	229.6 mg/dl
	HbA1c	12.20%
09/06/23	Glucose Fasting	191.4mg/dl
	Post prandial glucose	353.3 mg/dl
	HbA1c	12.20%
24/12/2023	HbA1c	9.50%
13/02/2024	HbA1c	10.0%
22/04/24	HbA1c	8.3%
	Post prandial glucose	134.7 mg/dl
	Fasting glucose	106.5 mg/dl

Table 4: Time line of events of case

Date	Event and Interventions
25 March, 2023	Patient came to opd with mentioned complaints, initial laboratory investigations done.
April 2023	HbA1c done as found suspected for diabetes mellitus due to elevated sugar levels in previous report.
	Treatment protocol started with diagnosis of asrigdara associated with diabetes mellitus type 2
	Vamana karma and sansarjana krama was done. Shamana medicines started after 10 days of vamana karma.
June 2023	Relief in pain during periods, bleeding reduced, cycle improved. No significant improvement in laboratory investigations of blood sugar. Same treatment was continued.
December 2023	Cycle was regular from previous 3 cycles. Significant improvement was in menstruation symptoms.
	Investigation revealed improvement in HbA1c levels.
April 2024	Cycle was regular, Bleeding days reduced
	HbA1c was decreased to 8.3 %

Discussion

The principle of *Hetuvyadhikar Roga* proved effective in this case. The imbalance of *Pitta* and *Vata* in *hypermenorrhoea* contributed to metabolic disturbances, which exacerbated *Madhumeha (diabetes)*. By addressing *hypermenorrhoea*, the underlying metabolic imbalance was corrected, leading to significant improvements in *blood sugar*

levels.

Ultrasonography (USG) revealed the presence of multiple immature follicles in both ovaries, suggesting *Polycystic Ovarian Disease (PCOD)* morphology. *PCOD* is associated with an increased risk of metabolic disorders, including a significantly higher likelihood of developing *diabetes mellitus*.

This observation aligns with the

*Ayurvedic concept of *Nidānarthakara Roga*, wherein a primary disorder (in this case, *PCOD*) acts as a causative factor for the development of another disease, such as *Prameha (diabetes)*. In Ayurveda, diagnosis is primarily based on *clinical symptoms (lakshanas)*, reinforcing the idea that interconnected imbalances should be addressed together.

This case highlights Ayurveda's holistic approach, which does not treat diseases in isolation but addresses interconnected imbalances. By treating the root cause of the disease (*hypermenorrhoea*), the associated condition (*diabetes*) showed significant improvement, thus validating the classical Ayurvedic principle that treating the primary disease often results in the spontaneous resolution of associated conditions.

Conclusion

This case study underscores the

clinical relevance of the *Hetuvyadhikar Roga* principle in modern practice. By treating *hypermenorrhoea* as the primary disorder, significant improvements were observed in both *menstrual health* and *diabetes management*.

The patient exhibited classical signs and symptoms consistent with *Asrigdara (abnormal uterine bleeding)*, as outlined in Ayurvedic texts. Based on these findings, the diagnosis of *Asrigdara* was confirmed, and treatment was tailored accordingly.

Further research and clinical studies are essential to validate these findings, as they will help integrate Ayurvedic principles into mainstream healthcare, bridging traditional wisdom with modern medical practice.

Conflicts of Interest: Nil

Patient's Consent: Written informed consent was obtained from patient for the publication of this case report.

References:

1. *Carakasamhita, Nidana Sthana, Apasmara Nidanam 5/104. Available from: <http://niimh.nic.in/ebooks/ecaraka> (Accessed on 3 January 2025).*
2. *Ashtanga Hridaya, Sutrasthana, Doshabhediya Adhyayam 12/62. Available from: <http://niimh.nic.in/ebooks/ehrudayam> (Accessed on 3 January 2025).*
3. *Carakasamhita, Nidana Sthana, Apasmara Nidanam 8/16-19. Available from: <http://niimh.nic.in/ebooks/ecaraka> (Accessed on 12 Jan 2025).*
4. Shivaranjani J Kantharia, SN Gupta, M. V. Patel, Kalapi B. Patel Understand the Concept of Nidanarthakara Roga w.s.r. to Obesity International Journal of Ayurveda and Pharma Research. 2023;11(4):31-34. <https://doi.org/10.47070/ijapr.v11i4.2762>
5. Bhavpraksha of Bhavamishra with vidhyotini Hindi commentary by Pandit shri Brahmshankhar Mishra, 2022 madhyama khanda o8/23, Page no 400
6. Wang, Y. X., Shan, Z., Arvizu, M., Pan, A., Manson, J. E., Missmer, S. A., Sun,

- Q., & Chavarro, J. E. (2020). Associations of Menstrual Cycle Characteristics Across the Reproductive Life Span and Lifestyle Factors With Risk of Type 2 Diabetes. *JAMA network open*, 3(12), e2027928. <https://doi.org/10.1001/jamanetworkopen.2020.27928>
7. Shim U, Oh JY, Lee HJ, Hong YS, Sung YA. Long Menstrual Cycle Is Associated with Type 2 Diabetes Mellitus in Korean Women. *Diabetes Metab J*. 2011;35(4):384-389.
8. Agrawal, A., 4th, Dave, A., & Jaiswal, A. (2023). Type 2 Diabetes Mellitus in Patients With Polycystic Ovary Syndrome. *Cureus*, 15(10), e46859. <https://doi.org/10.7759/cureus.46859>
9. *Sushruta Samhita, Sutra Sthanam, Vyadhisamuddeshiya Adhyaya 24/9. Available from: <http://niimh.nic.in/ebooks/esushruta> (Accessed on 3 January2025).*
10. *Carakasamhita, Sutra Sthana, Vividhaashitpitiya adhyaya 28/11. Available from: <http://niimh.nic.in/ebooks/ecaraka> (Accessed on 3 January2025).*
11. *Sushruta Samhita, Sharira Sthanam, Shukra-Shonita Shuddhi Shariram 2/19. Available from: <http://niimh.nic.in/ebooks/esushruta> (Accessed on 3 January2025).*
12. *Sushruta Samhita, Sharira Sthanam, Shukra-Shonita Shuddhi Shariram 2/14. Available from: <http://niimh.nic.in/ebooks/esushruta> (Accessed on 3 January2025).*
13. *Sushruta Samhita, Sharira Sthanam, Shukra-Shonita Shuddhi Shariram 2/19. Available from: <http://niimh.nic.in/ebooks/esushruta> (Accessed on 3 January2025).*
14. *Carakasamhita, Vimana Sthana, Rogabhishakajitiya adhyaya 8/13. Available from: <http://niimh.nic.in/ebooks/ecaraka> (Accessed on 3 January2025).*
15. *Carakasamhita, chikitsa Sthana, Yonivyapadachikitsa adhyaya 30/228. Available from: <http://niimh.nic.in/ebooks/ecaraka> (Accessed on 3 January2025).*
16. *Carakasamhita, Nidana Sthana, Raktapitta nidanam 2/16. Available from: <http://niimh.nic.in/ebooks/ecaraka> (Accessed on 3 January2025).*
17. Bshhajya Ratnavali of Kairaj Govind das sen edited with Siddhiprada Hindi Commentry by Prof. Siddhi Nandan Mishra Publsihed vy Chaukhambha Surbharti Prakashan, 53/24-28 Page No. 903
18. Bhavprakash nighantu of Bhavmishra commentary by Padmshru prof. K.C. Chunekar, Edited by Late Dr. G.S. Pandey, Published by Chaukhambha Bharati Academy, Haritkyadi Varga 1/151-152 Page no. 37.
19. Bshhajya Ratnavali of Kairaj Govind das sen edited with Siddhiprada Hindi Commentry by Prof. Siddhi Nandan Mishra Publsihed vy Chaukhambha Surbharti Prakashan, 66/111-114 Page No. 1038.