

## THE THERAPEUTIC EFFICACY OF *MUDGAADYA GHRITA* IN MANAGEMENT OF *ASRIGDARA*

**\*Dr. Chethana Kumari A.**

Associate Professor, Sri Kalabyraveshwara Swamy Ayurvedic College Hospital and Research  
Center, Bengaluru.

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**\*Corresponding Author**

**Dr. Chethana Kumari A.**

Associate Professor, Sri  
Kalabyraveshwara Swamy  
Ayurvedic College Hospital  
and Research Center,  
Bengaluru.

### ABSTRACT

The slogan 'Healthy Women, Healthy World' embodies the fact that as custodians of family health, women play a critical role in maintaining the health and well-being of their communities. Apart from social and professional commitments a woman is committed to her role as wife and mother. This added strain in her physical and psychological framework can prove deleterious unless proper care is taken. The weak link in this chain and the one which is most likely to get disturbed is the menstrual rhythm and the fertility. Menstrual cycle is a unique phenomenon in the body which includes monthly change in the hormones, which ends finally with the shedding of the endometrium. If there is any change in these phenomena, it leads to menstrual irregularities. *Asrigdara* is a broad term and includes most of the diseases with cardinal symptom of excessive per vaginal bleeding. It is highly prevalent gynaecological disease and can be co-related to Dysfunctional uterine bleeding. The health of a woman to a large

extent depends on the normalcy of her menstrual cycle. As *Asrigdara* is a debilitating disorder which ends up with physical and psychological upsets disturbing her daily routine, the woman requires safe and effective treatment. Ayurvedic texts have described a variety of treatment options in the management of "*Asrigdara*". So the present study is under taken to evaluate the efficacy of *Mudgaadya ghrta*.

**KEYWORDS:** dysfunctional uterine bleeding, *Asrigdara*, *Mudgaadya ghrta*.

## INTRODUCTION

Life of a modern woman is subjected to comparatively more stress and strain than a male counterpart. She, not only is required to fulfill her role as a wife and as a mother but also very often, modern woman is a professional engaged in variety of activities which was the prerogative of male members. Thus the increased stress disturbs the delicate rhythm of endocrine system in female, resulting in variety of disorders.

In healthy women, menstruation sets in approximately between the ages of 12-14 yrs, and persists throughout reproductive life. During active reproductive period, menstruation occurs at the interval of 28 days and the duration most often varies from 3-6 days, and duration more than this is considered as abnormal.

In Ayurvedic classics, *Asrigdara* is mentioned as a condition which is characterized by abnormal menstruation with excessive, prolonged menstrual with or without intermenstrual bleeding.

Dysfunctional uterine bleeding (DUB) is excessive abnormal uterine bleeding for which organic causes or pelvic pathology cannot be found.<sup>[1]</sup> The bleeding may be abnormal in frequency, duration or amount or combination of these three. It affects about 50% of menstruating women and has an incidence of about 10% amongst the new patients attending the outpatient. Nearly 6% of women between the ages of 25-44 years consult their General practitioners for excessive menstrual loss every year, of which 35% of them are referred to hospitals and 60% will have a hysterectomy within the next 5 years.

Various treatment modalities in Allied science like HRT (Hormone Replacement Therapy), Antifibrinolytic agents etc have not proved their efficacy in spite of high price and side effects. So there is necessity of proper treatment, which corrects the pathology, improving the general health of the woman through the time tested Ayurvedic drugs.

Classics have explained variety of treatment options in the management of *Asrigdara*. Among which *Mudgaadya ghruta*<sup>[2]</sup> is selected in the present study with the prime aim of benefiting the ailing community.

### ➤ Study Design

This research work is an observational clinical study with pre test and post test design. 30 patients suffering from *Asrigdara* were randomly selected from OPD and IPD, Dept. of

*Prasooti Tantra Evam Stree Roga*, S K A M C, H & R C, Bangalore and treated for a period of 40 days with follow up for next 3 menstrual cycles.

## OBJECTIVES

- A conceptual study on *Asrigdara*.
- To assess the efficacy of *Mudgaadya Ghrita* in *Asrigdara*.

## Diagnostic criteria

- Patients having *pratyatma lakshana* of *Asrigdara*.

## Inclusion Criteria

- Patients aged between 20 to 50 years.
- Patient with *pratyatma lakshana* of *Asrigdara*.

## Exclusion Criteria

- Patients with Intra Uterine Contraceptive Device, Pelvic Inflammatory Disease(PID), Sexually Transmitted Disease, Polyp, Uterine fibroid, Endometrial carcinoma, Cervical carcinoma.
- Incomplete Abortion.
- Thyroid dysfunction.
- Systemic diseases like Diabetes Mellitus, Hypertension, Koch's.
- Coagulatory defects.

## Intervention

- 30 diagnosed *Asrigdara* patients were selected.
- *Hrasiyasi Matra* of *ghrita* was given to each patient. Time taken to digest was observed.
- Depending on the above, *Shamana Sneha Matra* is determined for that patient.
- Same *Snehana* is given on empty stomach, when the patient is feeling hunger, with hot water.
- The medication is continued for 40 days.
- **Follow up:** next 3 Menstrual Cycles.

## ASSESSMENT CRITERIA

The parameters of assessment were graded as follows.

- Amount of menstrual bleeding/ *Artava Pramana* (Assessment by Pad)

- Normal – 2-3 pads/day – 0
  - Mild – 4 – 5 pads/day – 1
  - Moderate – 5 – 7 pads/day – 2
  - Severe – more than 7 pad/day – 3
- Duration of bleeding/ *Artavasrava Avadhi*
    - Normal – 2-5 days – 0
    - Mild - 6 –10 days – 1
    - Moderate – 10 – 15days – 2
    - Severe – more than 15 days. – 3
  - Intermenstrual bleeding/ *Anruta kala*
    - Normal – 28 -35 days -0
    - Frequent – once in 20 days -1
    - Inter menstrual – In between 2 cycles -2
    - Continous bleeding or with a gap of 1- 2 days -3
  - Consistency of bleeding
    - Watery –0
    - Watery + small clots –1
    - Smaller clots –2
    - Bigger clots –3
  - Intensity of pain
    - Nil - no pain - 0
    - Mild – pain able to tolerate, routine work will not affect -1
    - Moderate – pain during work -2
    - Severe – Not able to do routine work, forced to take the rest. -3
  - Body ache
    - Nil - No Pain - 0
    - Mild Pain – doesn't hampers routine work – 1
    - Moderate Pain – Sometimes hampers routine work – 2
    - Severe Pain – Not able to do routine work – 3

- Low backache
  - Nil - no pain – 0
  - Mild - Only feeling of discomfort -1
  - Moderate – Pain with excessive work, No interference with daily routine - 2
  - Severe – Continuous pain, interfere with daily routine – 3
- Giddiness
  - Nil – No giddiness - 0
  - Mild – Rarely with some movements or changing position -1
  - Moderate – Always with some movement -2
  - Severe – Continuous giddiness irrespective of movement -3
- **Laboratory investigations / Prayoga shaleena pareeksha**
  - 1) Hb - gm
  - 2) Thyroid Profile :
    - T3 -
    - T4 -
    - TSH-
  - 3) Platelet Count - cu/mm
  - 4) VDRL-
  - 5) RBS - mg/dl
  - 6) BT - min
  - 7) CT- min
  - 8) Ultrasonography – Pelvis
  - 9) Endometrial biopsy (if necessary)
  - 10) Pap smear (if necessary)

## OBSERVATIONS

### Distribution of patients based on Age

In the present study of 30 patients, 26.7% belonged to 20 – 25 yrs of age group, 20% were between 26- 30 yrs, 16.7% were between 31-35yrs and 36.6% were between 36-40yrs.

### Distribution of patients based on Religion

In the study of 30 Patients, 66.7% were Hindus and 33.3 % were Muslims.

**Distribution of patients based on Marital Status**

In the present study, 73.33% of patients were married & 26.67% were unmarried.

**Distribution of patients based on Education**

In the present study of 30 patients, 30% had completed high school education, 30% were graduates, 30% completed secondary education, 3.3% completed primary education, and 6.7% were uneducated.

**Distribution of patients based on Occupation**

Among the patients taken for the study, 6.7% were unemployed, 56.7% were housewives, 16.7% were students, 6.7% were Labourers and 13.3% of them were in service (teacher, clerks, tailor).

**Distribution of patients based on Socio economic Status**

In the study, 23.3% belonged to upper middle class, 73.3% to middle class & 3.3% to lower middle class.

**Distribution of patients based on *Desha***

In the study of 30 Patients, 33.3% were Sub-urban and 66.7 were belonged to Urban.

**Distribution of patients based on Mode of Onset of the disease**

In the present study of 30 Patients, 63.3% had Sudden onset and 36.7% of Patients had Gradual onset.

**Distribution of patients based on Odour of bleeding**

In the present study 60% of patients didn't have any kind of odour in their menstrual bleeding, but 40% of patients had complained of fishy odour.

**Distribution of patients based on Dietary habits**

In the study of 30 patients, 13.3% of the patients were vegetarians and 86.7% of the patients were having mixed diet.

**Distribution of patients based on *Pradhana rasa of Ahara***

In the present study, 63.3% of patients were habituated to katu rasa, 6.7% to katu, tikta rasa, 6.7% to lavana rasa, 13.3% to madhura rasa, 10% to madhura, katu rasa.

**Distribution of patients based on Mental stress**

In the present study, 70% patients were suffering from mental stress and 30% had no such incidence.

**Distribution of patients based on Duration of bleeding during Previous Menstrual History**

In the present study, 13.3 % of patients had 3 days cycle, 50% had 4 days cycle and 36.7% had 5 days cycle previously.

Note: Prior to onset of the disease i.e., 3 months prior.

**Distribution of patients based on Interval between Menstrual Cycle in Previous Menstrual History**

In the present study, 66.7% of patients had 28 days cycle, 33.3% had 30 days cycle previously.

Note: Prior to onset of the disease i.e., 3 months prior.

**Distribution of patients based on Parity**

In the present study, 8 patients were Unmarried and out of 22 married patients, 6.67% patients had single parity, 43.33% had 2 parity, 13.34% were of 3 parity and remaining 10% had 4 parity.

**Distribution of patients based on Abortion**

In the present study, 8 patients were Unmarried and out of 22 married patients, 36.67% had history of one Abortion, 16.67% had history of 2 Abortion and remaining 23.33% had no such history.

**Distribution of patients based on Contraceptive History**

In the present study, 16.6% of patients were using Safe method, 26.7% had Abdominal tubectomy, 30% had Laproscopic tubectomy and 26.7% of patients were Unmarried.

**Distribution of patients based on Prakruti**

In the Present study, 30% were of Pittakapha Prakruti, 50% were of Vata-pitta prakruti and remaining 20% of Vata-kapha prakruti.

**Distribution of patients based on Samhanana**

In the present study, all patients were of Madhyama Samhanana.

**Distribution of patients based on Pramana**

In the present study, all patients were of Madhyama Pramana.

**Distribution of patients based on Satva**

In the present study, all patients were of Madhyama Satva.

**Distribution of patients based on Abhyavarana shakti**

In the present study, all patients were of Madhyama Abhyavarana Shakti.

**Distribution of patients based on Jarana shakti**

In the present study, all patients were of Madhyama Jarana Shakti.

**Distribution of patients based on Vyayamashakti**

In the present study, all patients were of *Madhyama Vyayama Shakti*.

**Distribution of patients based on Pallor**

In the present study, Pallor is absent in all patients.

**Distribution of patients based on USG - Impression**

In the present study, 43.3% were having Bulky uterus, 53.3% were having Normal uterus and 3.3% of patients were having Mildly Bulky uterus in the Ultrasonographic impression.

**RESULTS**

Statistically highly significant results were observed in all the criteria of assessment in treating *Asrigdara*. ( $P < 0.001$ ).

**DISCUSSION****Nidana**

*Acharya Charaka* has explained many *nidanas* in classics like *Ruksha*, *Lavana*, *Amla*, *Guru*, *Katu*, *Vidahi*, *Pishita*, *Gramya-ouduka mamsa*, *Medhya*, *Krushara*, *Paayasa*, *Shukta*, *mastu*, *soora*.<sup>[3]</sup> *Bhava prakasha*, *yogaratnakara*, *Madhava nidana* enumerates *Ati maithuna*, *Shoka*, *Viruddha bhojana*, *Madya sevana*, *Adhyashana*, *Ajeerna*, *yana sevana*, *Atyadhika marga gamana*, *bhara*, *Abhigata*, *Diwaswapna*, *Garbhapata*, *Atikarshana* as *nidanas*.<sup>[4-5]</sup>

The *nidanas* which are found predominantly in the present study are explained in detail as, ***Ruksha guna***: *Ruksha guna yukta ahara* intake leads to *vata* dosha vitiation as *ruksha guna*



is one among the *lakshanas* of *vata dosha*. The vitiation of *apana vata* initiates the pathophysiology of *Asrigdara*.

**Guru guna yukta ahara:** Which does kapha vitiation causing *agnimandya* resulting in improper *rasa dhatu* formation, inturn affects *artava*.

**Diwaswapna:** It increases the *snigdhatva* in the body, therby vitiating *kapha*, along with vitiated *vata* causing *kha vaigunya* in *artava vaha srotas*, lead to *ati pravrutti* of *raja*.

**Lavana yukta rasa, Vidahi:** Having *ushna veerya* increases *pitta* which inturn vitiates *rakta* as they are in *ashraya ashrayi bhava*, leading to *atipravrutti* of *Artava*.

**Katu rasa guna yukta ahara:** Has more of *katu vipaka* which propogates *vata dosha*.

**Gramya-oudoka mamsa:** Which is guru in nature leads to *agnimandya* leading to *rasa dushti*, which affects the *rasa dhatu* formation with the improper formation of *upadhatu* and *uttarottara dhatu* manifesting *Asrigdara*.

**Garbhapata:** In adequate uterine involution after Abortion and D&C, increases the surface area of the endometrium resulting in excessive blood loss.

**Ati Yana, Atyadhika marga gamana:** (Excessive travelling and walking long distances) Primarily causes *vata* vitiation and also can cause passive or active congestion. So that uterus enlarges from its normal size, due to which there will be pressure over the uterine vessels and endometrial apparatus leading to *Asrigdara*.

**Ativyavaya:** may cause the *vata dosha* aggravation. As the *sthana* of *apana vayu* is *adhobhaga*, *apana vayu* gets vitiated, thereby leading to excessive local congestion in the genitalia, i.e., *sthanika pitta dushti* with pain abdomen and lowback ache, as the primary dosha involved here is *vata*, it will initiate *Artava atipravrutti* which results in *Asrigdara*.

**Shoka:** Changes in environment, tension, anxiety, stress situation vitiates *vata* and produces *Asrigdara*.

These are the few *nidana*'s enumerated which have had more influence in causing the *Asrigdara* in the present study.

**Samprapti:**

Vata prakopa (apana vata) + Rakta prakopakara ahara vihara



Pramanatah vrudhi of Rakta



Reaches Artava vaha srotas under the influence of prakupita vata



causes Kha vvaigunya in Artava vaha srotas



Sroto dushti leading to Artava ati pravrutti



Asrigdara

***Samprapti Ghatakas***

***Dosha:*** Vata pradhana tridosha

***Dushya:*** Rasa, Rakta

***Upadhatu:*** Artava

***Srotas:*** Rasa vaha, Rakta vaha, Artava vaha

***Agni:*** Jatharagni, Dhatvagni

***Ama:*** Dhatvagni mandya janya ama

***Sroto dushti prakara:*** Atipravrutti

***Srotodushti lakshana:*** Artava ati pravrutti, Angamarda, vedana

***Vyadhi Udbhava sthana:*** Pakwashaya

***Sanchara sthana:*** Sarva sharira

***Vyakta sthana:*** Garbhashaya

***Sadhyaasadyata:*** Sadhya

***Lakshana***

Charaka and vagbhata have enumerated one major symptom of Asrigdara as deerana of Asrig. Susruta has quoted that there will be Artava ati pravrutti and bleeding in anruta kala

for which *dalhana* commented that it will be of *ati matra* and *deergha kaalanu bandha*.<sup>[6]</sup> Estrogen is required to build up the uterine lining and progesterone supports it, as progesterone is growth limiting hormone, which if absent can lead to abnormal thickening of endometrium. After abnormal endometrial growth, there will be lack of support to the spiral arterioles, resulting in break through bleeding.

*Angamarda* enumerated as a symptom is due to *vata vikruti*. As there will be excess loss of the *artava* and impairment in the formation of *rasa dhatu* leads to *angamarda*.

*Ativedana* will be present in the patient due to excess excretion of the menstrual blood along with the impairment of the local causes like congestion and tension to the nerve endings of the uterus.

As the disease is characterized by excess flow of blood out of the body & *Rakta* is known to be a vital substance of the body (*Jeevana*) hence *Rakta sthambhaka chikitsa* is beneficial. *Charaka* explains the treatment to be as *Rakta yoni* ie *rakta sthapana* after giving due consideration to the association of the doshas. He says it to be treated on the lines of *Raktaatisara*, *Shonita pitta* & *Raktarshas*.

## TREATMENT

The aim of the treatment of *Asrigdara* should be

- To correct the *Agni*
- To correct the *sroto dushti*
- To cease the excessive bleeding
- Maintain general health
- Prevent complications
- Considering this aspect, only such a treatment which can fulfill the basic criteria's i.e. *Raktastambaka*, *Raktapittahara* and *Bhrumhana* effects are desired in the treatment as explained in classics.

## Discussion on Drugs selected in the Study

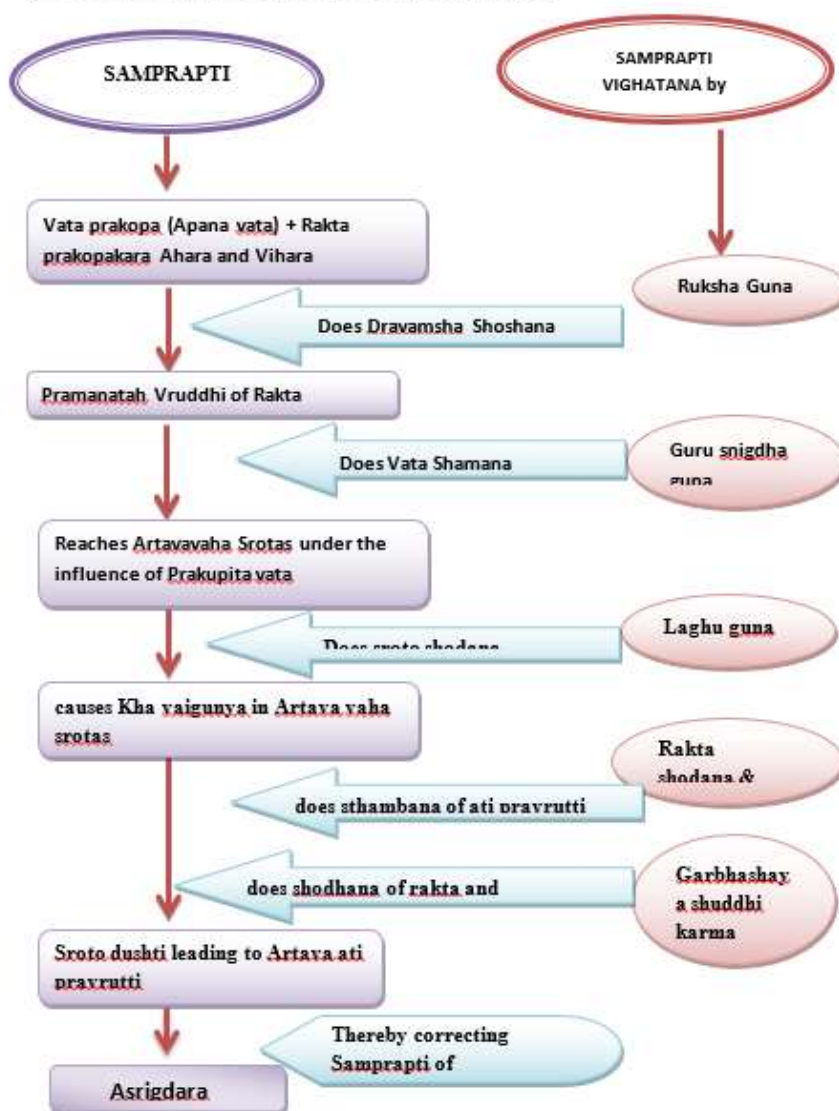
- The yoga which is selected in the study is a reference from *Yogaratanakara*, wherein he described the *Phalashruti* of *Mudgaadya ghrita* as “*Shrestam Asrigdare*”.

And the drugs mentioned in the *Mudgaadya ghrita* are as follows,

- **Mudga:** It has *madhura kashaya rasa, laghu ruksha guna, sheeta veerya, madhura vipaka*,  
Has Karma like *Grahi, Kaphapittahara*.
- **Maasha:** It has *madhura rasa, guru snigdha guna, Ushna veerya, madhura vipaka*,  
Has Karma like *Balya, Vata shaamaka, Bruhmana*.
- **Rasna:** It has *katu tikta rasa, guru teekshna guna, Ushna veerya, katu vipaka*,  
Has Karma like *Vatakaphahara, rakta shodaka, rasayana*.
- **Chitraka:** It has *katu tikta rasa, ruksha laghu guna, Ushna veerya, katu vipaka*,  
Has Karma like *agnivardaka, graahi, kaphanaashaka*.
- **Mustaka:** It has *katu rasa, snigdha guna, Ushna veerya, madhura vipaka*,  
Has Karma like *vatakaphanaashaka, agnivardhaka, garbhashaya shuddhi*.
- **Pippali:** It has *katu rasa, snigdha guna, Ushna veerya, katu vipaka*,  
Has Karma like *vatakaphanaashaka, agnivardhaka, rasayana, garbhashaya shuddhi*.
- **Bilwa:** It has *katu tikta kashaya rasa, snigdha teekshna laghu guna, Ushna veerya, madhura vipaka*,  
Has Karma like *deepana pachana, tridosahara, graahi, sthambaka*.
- **Ghrita:** It has *Madhura rasa, guru snigdha guna, sheeta veerya, Madhura vipaka, Vata pitta shaamaka, rasayana, Agnivardhaka, rasavardhaka, balya*.
- **Probable mode of action of these drugs on Asrigdara**
- The innate properties of the drugs have been enlisted in the drug review. Looking into these properties, the probable mode of action can be assessed. An attempt is made to analyse the mode of action based on *rasa panchaka*'s.
- **Laghu ruksha guna** of *Mudga* and *bilwa* helps in *sroto shodana*, thereby relieving the congestion in the uterus, which is one among the causes of *Asrigdara*.
- **Deepana pachana and agnivardaka** properties of *chitraka*, *mustaka*, *pippali* and *ghrita*, by virtue of which it increases the *jatharagni* and *dhatwagni*, correcting the *rasa dushti* and helps in proper formation of *artava*. It brings the vitiated dosha to equilibrium form, thus correcting the *artava dushti* which lead to *Asrigdara* and improves the general health of the female.
- **Kashaya rasa** of *bilwa* and *mudga* reduces blood loss.
- **Graahi** karma of *mudga*, *chitraka* and *bilwa* helps to absorb the liquid content, reduces the *jala tatva*.

- **Balya and rasayana** property of *ghrita*, *pippali* and *rasna* does *vata shamana* and relieves *lakshana*'s like *angamarda*, *vedana* and helps to tone up the whole reproductive system.
- **Rakta shodaka, Rakta sthambaka and garbhashaya shuddhi** properties of *rasna*, *pippali*, *musta* and *bilwa* thus helps to correct the vitiated *rakta*, ceases excessive flow and does *garbhashaya shuddhi* with *srotoshodana* and relieves foul smell.
- **Ghrita** has *samskaarasyaanuvartanat* and *yogavaahi guna*, as it increases the potency of the drugs it carries along with it and it also has *agnivardhaka* property. It corrects *agnivaishamya* is *balya* and has *rasayana* property giving strength to the *garbhashaya* and *deha durbalata* will be corrected. It does *dhatu vardhana*. *Vatapittashamaka karma* helps in correcting *apana vata dushti* and *pitta vaishamya*.<sup>[7]</sup>

#### SAMPRAPTI VIGHATANA BY MUDGAADYA GHRITA



## CONCLUSION

In the present study patients between 20-50 years of age were selected. The highest incidence was seen between 36-40 years of age, belonging to middle socio-economic class, majority were Hindus, most of them were having mixed diet, maximum patients were house wives and 50% were of *vata kapha prakriti*, 73.3% were married & maximum patients had undergone tubal ligation.

There was marked reduction in signs and symptoms as analyzed by all the parameters of assessment following treatment i.e. duration of bleeding, amount of blood loss, consistency, odour, staining, pain & associated symptoms like body ache, low back ache and giddiness. These were statistically highly significant.

*Mudgaadya ghrta* being *tridosahara*, does *vata shamana* by its *guru snigdha guna*, does *sroto shodana*, *rakta shodana* and *sthambana* by its *garbhashaya shuddhi karma* hence, by correcting *samprapti* of *Asrigdara*.

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