

A CLINICAL STUDY TO ASSESS THE EFFICACY OF DASAMOOLA TRIVRUTA TAILA IN UDAVARTHA YONIVYAPATH

¹Prasanna V N,

¹ Professor Dept. of Prasutitantra & Streeroga, Vaidyaratnam Ayurveda College Ollur, Thakkattussery, Thrissur.

ABSTRACT :

Udavartha is one among the *yonivyapath* described in *Ayurveda* and occurs due to vitiation of *Vata*. The main symptom of vitiated *Vata* is pain and in *Udavartha* pain occurs during menstruation. Most women tolerate dysmenorrhea but when symptoms are severe, it may disrupt her day to day activities. It is a nightmare to the women affected even though there are no structural abnormalities in the reproductive system. Various drugs have been mentioned in *Ayurveda* classics for the management of *Udavartha* and the accompanying pain. *Dasamoola Thivrth Tailam* is one among them and has the property of alleviating *Vata*. Different methods of its administration are mentioned, in the form of *pana*, *Anuvasana vasti* & *uthara vasti*. This study is mainly aimed at assessing the efficacy of the drug in this disease as well as the most effective mode of administration of *Dasamoola Thivrth Tailam*. The study was conducted at O.P & I. P of Government Ayurveda College Hospital for Women & Children, Poojappura, Thiruvananthapuram. Total 60 cases were selected for the study and divided into three groups (20 patients in each group) and given three types of therapies with *Dasamoola Thivrth Tailam*. Group – A- *Snehapanam*, Group – B- *Snehapana* & *Anuvasana*, Group-C – *Snehapana*, *Anuvasana* & *Utharavasthi*. *Anuvasana vasti* was preceded by *abhyanga* & *sweda*, *Utharavasthi* was preceded by all the purificatory methods. Out of these 60 patients 50% of Group C did not complete the course of therapy or regularly attend or report during follow up period and so observation of only 10 cases in that group could be presented in this study. The statistical analysis revealed that a highly significant ($P < .001$) degree of reduction without recurrence was observed in intensity of pain with 90% complete cure in Group C followed by 75% in Group A and 65% in Group B. So, this study shows that the drug *Dasamoola Thivrth Tailam* acts in suppressing and normalizing *Vata* administered in any form and the drug acts effectively and there by helps to reduce the pain.

Key words: *Udavartha*, *yonivyapath*, *Dasamoola Thivrth Tailam*, *vasthi*, *utharavasthi*, dysmenorrhea

INTRODUCTION: Pelvic pain remains the single most common indication for attending gynecological O.P for women generally. Among them one of the commonest one is pain associated with menstruation. It is a major cause of absenteeism from work amongst affected women thus decreasing efficiency and quality of life¹. The exact incidence of dysmenorrhea is not clearly established in

India. In recent times George and Badura concluded that dysmenorrhea is a common problem in India². It is estimated that 50% of menstruating women experience some discomfort in relation to menstruation and 5 -10 % of girls in their late teens and early twenties are incapacitated for hours each month.³ In Primary dysmenorrhea pain arises due to ischemia by means of myometrial contraction and so the nature

of pain was cramp like pain. *Peedana* of *apanaVata* is said to be the main pathology in *Udavartha*, by which pain that is *prapeedana* in nature occurs i.e. spasmodic. Pain of *Udavartha* occurs along with initiation of menstrual bleeding and it persists till proper flow is established⁴. This unique characteristic feature of *Udavartha* itself differentiates it from other types of *vatika yonivyapath*. As *Vata* is the causative factor for *Udavartha yonivyapath*, any drug or therapy to normalize *Vata* is the proper remedy for the disease *Udavartha*. Several drugs have been mentioned in *Ayurveda* for the management of *Udavartha*. *Dasamoola Thrivrth* is one such drug detailed in *Ashtanga sangraha utharasthana, yonivyapath cikitsa*.⁵ The drugs included in the compound have *Vatahara* properties. Taila is best for *Vata*⁶ vitiation because the *snigdhatva* of *taila* combats the excessive *rukshaguna* of *Vata*, its *gurutva* opposes *laghutva* and *ushnaguna* fights its *seetaguna*. Menstrual flow is under the control of *apanavata*.⁷ Vitiation of this *vayu* makes the flow of *arthava raktha* painful due to *pratiloma gathy* of *Vata* producing obstruction to the flow of menstrual blood.⁸ *Anuvasana vasthi* is one type of *vasthi* in which medicine is introduced into *pakwasaya*. Its effect is not only in *pakwasaya* but also in the entire body. It keeps *Vata* in equilibrium. In *yoniroga sthanasamsraya* is in *yonis*. *Utharavasti* is the main local therapy done in which medicine is introduced into the *yonis*.⁹ *Yoni* is one among *Vatasthana* and it is considered that chances of vitiation of *Vata* occurs most predominantly in conditions of derangement in the functions of *yonis*. As *utharavasthi* is introduced into the *yonis*, it has considerable effect in normalizing *Vata*. It should always be

preceded by *niruhavasthi*. Hence this study is an attempt to find out an effective therapy for permanent cure of *Udavartha*.

AIMS AND OBJECTIVES

1. To evaluate the effect of *Dasamoola Trivrth Tailam* in the treatment of *Udavartha*.
2. To find out a permanent cure for *Udavartha yonivyapath*.
3. To find out an effective and safe drug for curing *Udavartha*.

MATERIALS AND METHODS

Selection of cases: Patients visiting the Streeroga O.P & I.P of Government Ayurveda College Hospital for Women & Children Poojappura, Thiruvananthapuram diagnosed as *Udavartha* were selected for the study.

Methods of sampling: Random sampling method.

Inclusion criteria:

1. Patients with complaints of unbearable pain from the first day of menstruation.
2. Young and otherwise healthy women including teenage girls and women of reproductive age.
3. Patients with assured availability and regular visit in the O.P unit during study and follow up periods.

Exclusion criteria:

1. Patients having chronic systemic diseases such as tuberculosis, diabetes mellitus, hypertension, cardiac disease.
2. Patients with gynecological diseases such as DUB, fibroid uterus, ovarian cyst, oophores, endometriosis and venereal diseases.
3. Patients with structural and functional abnormality.
4. Patients with diseases which are contraindicated for *Anuvasana* as well as *utharavasthi*.

Diagnostic phase: Total 60 cases were selected for the whole study as per

inclusion criteria. All of them had cramp like pain. For study following parameters were adopted regarding the intensity of pain.

Mild: Able to bear without any drugs

Moderate : Able to bear with difficulty and relieved by taking analgesics or application of hot water bag on abdomen.

Severe: Unable to bear, with usual dose of analgesics and sometimes even in the form of injections.

Grouping of cases:

Total 60 cases fulfilling the inclusion criteria were selected randomly and was divided into three equal groups.

A – *Snehapana* with *Dasamoola Thrivrth Tailam*

B – *Snehapana* and *Anuvasana vasthi* with *Dasamoola Thrivrth Tailam*

C – *Snehapana*, *Anuvasana* and *utharavasthi* with *Dasamoola Thrivrth Tailam*.

Drug administration:

A - *Dasamoola Thrivrth Tailam* was administered as *achapana*. It was given in the following doses. 15ml, 30ml, 60ml, 120ml, 240ml, 480ml

B - *Achapana* with *Dasamoola Thrivrth Tailam*, *sarvangasweda*, *vamana* and *Anuvasanavasthi* with *Dasamoola Thrivrth Tailam*.

C - *Achapana* with *Dasamoola Thrivrth Tailam*, *sarvangasweda*, *vamana*, *Anuvasanavasthi* with *Dasamoola Thrivrth Tailam*, *yogavasthi* and *utharavasthi*.

Parameters for assessing result: The result was assessed based on the degree of relief obtained.

No change - No reduction of pain in any degree observed throughout the course of therapy.

Relieved - Relief in the intensity of pain was observed during the course of therapy with recurrence in the follow up period.

Improved - Marked relief or total relief of pain but recurrence during follow up.

Cured - Complete relief of pain with no recurrence at all during therapy and follow up period.

Assessment phase: Observed all the cases in terms of reduction in pain and associated symptoms every month following menstruation after administration of drug till three months. It was observed that there was remarkable reduction in the intensity of pain and complete absence of pain in 40% and 30% of cases in the month following administration in group A & B respectively while only 10% in group C. However, associated symptoms such as nausea, vomiting, headache etc were persisting among most of the cases even though it was reduced to 1/3rd in some cases. Follow up studies were done to find out the efficacy of the drug in all the three groups separately for three menstrual cycles and it was found that there was remarkable reduction with no recurrence in any of the follow up periods with 75% cure, 15% having mild form in group A. In group B, the cure rate was 65% and complete absence of pain was achieved among 90% cases in group C in the third follow up. Highly significant reduction in associated complaints was noted during follow up periods in all the three groups. The diarrhea and headache were found to be absent from 2nd follow up onwards in all the three groups.

The effectiveness of therapy was assessed statistically. Statistical analysis on effectiveness of drug during each follow up

	1st follow up			2 nd follow up			3 rd follow up		
	A	B	C	A	B	C	A	B	C
Mean	0.80	0.90	0.80	0.60	0.65	0.50	0.40	0.45	0.30
SD	1.00	1.07	0.63	0.90	1.03	0.97	0.82	0.94	0.95
Paired t value	9.50	8.77	11.00	11.40	10.09	8.33	14.20	12.14	9.00
P value	P < 0.001								

Comparison of effectiveness of treatment between group A & B

A vs B	1 st follow up	2 nd follow up	3 rd follow up
T value	0.29	0.16	0.18
P value	P > 0.05	P > 0.05	P > 0.05

No statistically significant difference between group A & B

Comparison of effectiveness of treatment between group A & C

A vs C	1 st follow up	2 nd follow up	3 rd follow up
T value	0	0.33	0.80
P value	P > 0.05	P > 0.05	P > 0.05

In these cases, also reduction of pain was not statistically significant between group A & C.

Comparison of effectiveness of treatment between group B & C

B vs C	1 st follow up	2 nd follow up	3 rd follow up
T value	0.367	0.47	0.50
P value	P > 0.05	P > 0.05	P > 0.05

While comparing pain reduction of group B with C again both the groups were found to be identical in effectiveness. However, there was minute difference in the reduction of pain in follow up studies i.e. group – C achieved maximum effect followed by group A & B. But while comparing statistically it was found that there was no significant difference in the effectiveness of treatment in between the groups. All the three groups got good result by using *Dasamoola Thrivrt Taila*, thereby confirming that the drug itself gives encouraging results due to its

Vatahara properties in *Udavartha yonivyapath*.

CONCLUSION: The disease *Udavartha* occurs due to vitiation of *Vata*. The main character of *Udavartha* is severe unbearable pain arising with initiation of menstruation. Etiopathogenetic and symptomatology of *Udavartha* simulates that of primary dysmenorrhea mentioned in modern science. In this study, it was found that *Dasamoola thrivrit taila* is equally effective in curing *Udavartha* in all types of administrations.

REFERENCES

1. Essentials of Gynecology – editors – Rajaratnam Arul Kumaran, V Sivanesaratnam, Alokendu Chatterjee, Pratap Kumar – Jaypee Brothers Medical Publishers (P) LTD, 2nd ed. 2011- ch - 7, page no – 68, 69
2. www. Ncbi.nlm.nih.gov. >PMC 2888348, 2010, Jan
3. Jeffcoat's Principles of Gynaecology – International edition – Revised and edited by Neeraja Bhatla, 5th ed - 2001, ch – 31, pg - 581
4. Agnivesa – Charaka Samhitha – edited by Vaidya Jadavji Trikamji Acharya, Choukamba Sanskrit Sansthan , Varanasi, 5th ed, 2001, chi. 30/25,26
5. Vagbhata, Astangasangraha, sasilekha, edited by Dr.Sivaprasad Sharma, Choukamba Sanskrit series office, Varanasi (uthharasthana, 39/29)
6. Vagbhata, Ashtangahridayam sarvangasundari, edited by Bhisagacharya Harisastrī Paradakara vaidya, Choukhamba Orientalia, Varanasi, 8th ed. 1998. (uth. 33/33)
7. Vagbhata, Ashtangahridayamsarvangasundari, edited by Bhisagacharya Harisastrī Paradakara vaidya, Choukhamba Orientalia, Varanasi, 8th ed. 1998. (su. 1/25)
8. Dr.(Km) Premavati Tewari, Ayurvediya Prasuti – Tantra Evam Strī – Roga – Part II– Stree roga , Choukhamba Orientalia, Varanasi, (2nd ed) 1996 (Ch – 1 , page- 14)
9. Susrutha – Susrutha samhitha , Dalhana com, edited by Vaidya Jadavji Trikamji Acharya, Choukamba Orientalia Varanasi, 6th ed. 1997, chi. 38/104.

Corresponding Author:

Dr. Prasanna V N, Professor Dept. of Prasutitantra & Streeroga, Vaidyaratnam Ayurveda College Ollur, Thaikattussery, Thrissur.

Email: prasanna.vn13@gmail.com

Source of support: Nil
Conflict of interest: None
Declared

Cite this Article as: Prasanna V N: A Clinical Study to Assess the Efficacy of Dasamoola Trivruta Taila in Udavartha Yonivyapath