

A CLINICAL STUDY TO EVALUATE EFFICACY OF TREIVREITA-SNEHA ANUVASAN-BASTI ON KASHTARTAVA WSR TO PRIMARY DYSMENORRHOEA

Diksha Khathuria ¹, Khushwant Joshi², Pushpalatha ³, Sushila Sharma⁴

¹PG Scholar, ³Lecturer, ⁴Associate Professor, HOD; Department of Prasuti Tantra and Stree Roga, NIA, Jaipur, Rajasthan, India

²P.G. Scholar, Department of KayaChikitsa, Govt MMM Ayurveda College, Udaipur, Rajasthan, India

ABSTRACT

Dysmenorrhoea is the most common gynaecological problem faced by women during their adolescence which causes significant discomfort & anxiety for the women. It may create the emotional distress brought on by the pain and may result in missing work or school, inability to participate in sports or other activities. In modern medicine dysmenorrhoea is treated by oral contraceptive pills, non-steroidal anti-inflammatory drugs, antispasmodic, analgesics etc. Long term use of these causes side effects. So, it is a great scope of research to find out safe, potent, cost effective remedy from *Ayurveda* for its management. Pain is the main feature of *Kashtartava*, so it has strong relation with *Vata Dosha*. Keeping this point in view, the present clinical trial, A Clinical Study to Evaluate Efficacy Of *Treivreita-Sneha Anuvasan-Basti* On *Kashtartava* W.S.R to Primary Dysmenorrhoea was taken. The selected drug is *Vatashamaka* mentioned by the classics. *Treivreita* (=So`r)-*Sneha Anuvasan-Basti*, due to the action (*karma*) of *Anulomana* and *Vatahara* may it effectively brings down the *Pratiloma gati vata* which is mentioned in *Charaka chikitsa* 30 for *Udavartini Yonivyapad*¹. Which is one of the main disease conditions comes under *Kashtartava* (Primary Dysmenorrhoea). And results were assessed on the basis of improvement in the subjective parameters. The study reveals that patients of *Kashtartava* after treatment showed significant improvement in chief complaints, from the above trial it is clear that “*Treivreita-Sneha Anuvasan-Basti* can be used as a safe and effective ‘Therapeutic Agent’ in the management of *Kashtartava*.”

Keywords: Dysmenorrhoea, *Kashtartava*, *Vata Dosha*, *Anulomana*, *Pratiloma gati vata*.

INTRODUCTION

With the advent of new millennium and the herald of high-tech era, Women’s status was expected to reach new horizons both socially and physically. But some of the physiological things trouble the lady to make her slow down the race. *Kashtartava* is one of the important diseases among them. *Kashtartava* is among the few diseases which can be attributed to

changed life styles. Not less than 50% of women are said to experience some discomfort in relation to menstruation², and 5-10% of girls in their late teens and early twenties are incapacitated for several hours each month³. For the present study, only primary dysmenorrhoea is taken with *Kashtartava* to exclude the pathological cases. Pain is the main feature of

Kashtartava, so it has strong relation with *Vata Dosha*. The selected drug is *Vatashamaka* mentioned by the classics. *Treivrita (=So`r)-Sneha Anuvasan-Basti*, due to the action (*karma*) of *Anulomana* and *Vatahara* may it effectively brings down the *Pratiloma gati vata* which is mentioned in *Charaka chikitsa* 30 for *Udavartini Yonivyapad*⁴. Which is one of the main disease conditions comes under *Kashtartava* (Primary Dysmenorrhoea).

NEED OF PRESENT STUDY:

In modern medicine dysmenorrhoea is treated by oral contraceptive pills, non-steroidal anti-inflammatory drugs, antispasmodic, analgesics etc. Long term use of these causes side effects like hepatotoxicity, nephrotoxicity, headache, dizziness, vertigo, depression, skin rashes etc⁵ So, it is a great scope of research to find out safe, potent, cost effective remedy from *Ayurveda* for the management of aforesaid lacuna. The above mention *Ayurvedic* formulation has been found to be useful in treating *Kashtartava* and Promoting health of women. The present study is being undertaken to scientifically study and validate the efficacy and safety of this *Ayurvedic* regimen.

DRUG USED FOR PRESENT STUDY:

For present study *Treivrita (=So`r)-Sneha Anuvasan-Basti* was used. *Sneha* was prepared according to '*Sneha Paka Vidhi*' mentioned in *Sharangadhara Samhita Madhyama Khanda - 9 /1-8* at pharmacy of N.I.A. Jaipur.

DOSE:

60 ml/day (*Matra Basti*) per rectal for 7 alternate days started 14 days before onset of menstrual cycle

DESIGN OF THE STUDY:

The method adopted in present study is Randomized, Clinical, Open study.

AIMS & OBJECTIVES:

1. To study etiopathogenesis of *Kashtartava* and to explore the clinical consequences.
2. To assess the efficacy of trial drug in the management of Dysmenorrhea.

MATERIAL AND METHODS:

Total 25 clinically diagnosed and confirmed cases of Primary Dysmenorrhoea were registered from the O.P.D. / I.P.D. N.I.A. Hospital, Jaipur after taking informed consent.

❖ Inclusion Criteria:

1. Subjects coming with chief complaint of *Kashtartava* with scanty or average amount of menses along with associated symptoms.
2. Subjects in age group of 16 to 30 years.
3. Subjects with H/O using analgesics during menses.
4. Subjects suffering with *Kashtartava* for more than 2 consecutive cycles.

❖ Exclusion Criteria:

1. Subjects suffering from Secondary Dysmenorrhea.
2. Subjects suffering from Systemic diseases such as D.M., T.B.
3. Subjects using intra uterine contraceptive devices.
4. Subjects having pain abdomen associated with menorrhagia, metrorrhagia.
5. Subjects with H/O hypothyroidism and hyperthyroidism with DUB.

❖ Criteria for withdrawal

1. The participant may be withdrawn from the trial if She develops any serious adverse effect (necessitating hospitalization)
2. Non-compliance of the treatment regimen.

❖ Investigations:

Laboratory investigations of blood, urine and USG were carried out before treatment

to rule out any other pathological conditions.

❖ **Criteria of assessment:** A special scoring pattern was applied in symptoms and associated complaints.

❖ **Statistical Evaluation of results:** Further the effect of the treatment of signs and symptoms were analysed statistically by Mean, SD, and SE, 'paired Wilcoxon signed rank test 'and' unpaired Mann-Whitney test for non-parametric study.

OBSERVATIONS:

Most i.e. 42.00% of the patients included in trial were in the age group of 16-20 years; 66.00% patients were belongs to Hindu religion, 26.00% patients were Graduate, 46.00% patients were house wives, 56.00% patients were from lower economic class, 52.00% of patients were married, and 84.00 % of patients were

RESULTS:

Table 1: Shows the pattern of clinical recovery in various Associated Symptoms of kashtartava in 25 patients treated with Treivreita(=So`r)-Sneha Anuvasan-Basti per rectally –by Wilcoxon matched-pairs signed-ranks test

S.No	Symptoms	Mean		Dif.	% of Change	SD	SE	W	P	Results
		BT	AT							
1.	Nausea	1.00	0.35	0.65	65.22%	0.49	0.10	136	< 0.003	H.S.
2.	Vomiting	1.00	0.10	0.90	90.00%	0.32	0.10	55	< 0.02	S
3.	Fatigue	1.00	0.57	0.43	43.48%	0.51	0.11	55	< 0.020	S.
4.	Headache	1.00	0.26	0.74	73.91%	0.45	0.09	171	< 0.001	H.S.
5.	Fainting	1.00	0.25	0.75	75.00%	0.46	0.16	21	< 0.07	IS.
6.	Sweat	1.00	0.22	0.78	77.78%	0.44	0.15	36	< 0.03	S.
7.	Diarrhea	1.00	0.00	1.00	100.00%	0.00	0.00	21	< 0.07	I.S.
8.	Constipation	1.00	0.00	1.00	100.00%	0.00	0.00	105	< 0.005	H.S.
9.	Vaginal Discharge	1.00	0.14	0.86	85.71%	0.36	0.10	91	< 0.007	H.S.
10.	Breast Tenderness	1.00	0.11	0.89	88.89%	0.33	0.11	45	< 0.028	S.

❖ Highly significant results are shown on Nausea, Headache, Constipation and

from urban area. Pertaining to personal history it is found that; 60.00% patients with the habit of vegetarian diet, 72.00% addicted to Tea, 46.00 % with disturbed sleep and 52.00% of patients with constipated bowel habit. From menstrual history it is observed that, in 38.00 % of the patients Menarche onset was in the age of 13 yrs., 92.00 % had regular menstruation, 84.00 % patients had normal amount of blood loss, 32.00 % of patients were having 5 days of duration of menses and 56.00% of patients were having 30 days of interval of menstrual cycle. From pain wise history, it is observed that, in 50.00% of the patients' pain was at lower abdomen and lower backache, 48.00% of patients were having spasmodic type of pain and 66.00% of patients were having 5-6 days of duration of pain

Vaginal discharge. Significant results obtained on Vomiting, Fatigue, Sweat and Breast tenderness. Results on

Fainting and Diarrhoea were insignificant.

treated with Treivreita (=So`r)-Sneha Anuvasan-Basti per rectally – by Wilcoxon matched-pairs signed-ranks test

Table 2: Shows the pattern of clinical recovery in various Subjective Parameters of Kashtartava in 25 patients

S No	Symptoms	Mean		Dif.	% of Change	SD	SE	W	P	Results
		BT	AT							
1.	Pain Intensity	2.60	1.08	1.52	58.46%	0.59	0.12	300	< 0.001	H.S.
2.	Pain Duration	2.68	1.00	1.68	62.69%	0.69	0.14	325	< 0.001	H.S.
3.	Nature of Pain	2.68	1.08	1.60	59.70%	0.71	0.14	276	<0.001	H.S.
4.	Flow Duration	2.16	2.08	0.08	3.70%	0.49	0.10	7	0.5	I.S.
5.	Flow Amount	1.40	1.60	- 0.20	- 14.29%	0.65	0.13	-20	< 0.2	I.S.
6.	Associated Symptoms	2.16	0.68	1.48	68.52%	0.51	0.10	225	< 0.001	H.S.
7.	VAS Scale	2.96	1.24	1.72	58.11%	0.54	0.11	325	< 0.001	H.S.
8.	FLACC Scale	2.40	0.68	1.72	71.67%	0.68	0.14	325	< 0.001	H.S.
9.	Wong Baker Scale	2.92	1.20	1.72	58.90%	0.61	0.12	325	< 0.001	H.S.

❖ Highly significant results are shown on Pain Intensity, Pain Duration, Nature of Pain, Associated symptoms, VAS Scale, FLACC Scale, Wong Baker

Scale. Results on Flow Duration and Flow Amount were insignificant.

EFFECT OF THERAPY

S. No.	Effect OVERALL of therapy	Result	Patients	
			No.	%
1	No relief	(0%)	00	0.00%
2	Mild	(1 to 25%)	00	0.00%
3	Moderate	(>25 to 50%)	04	16.00%
4	Significant	(>50 to 75%)	18	72.00%
5	Excellent	(>75%)	03	12.00%

DISCUSSION

• It may be due to fact that Ingredients of “Treivreita(=So`r)-sneha” are mainly madhura (sweet) rasa, ushna virya and having sukshma (fine),

snigdha (unctuous) and vikasi guna which are the properties of Vatanulomana (facilitator of downward movement of vata),

Shoolaprashamana (colic pain reliever) and *Vedanasthapana*.

- Spasm caused by vitiated *Apana Vayu* causes obstruction in the flow of menstrual blood is the general underlying pathology of Dysmenorrhoea. *Sneha by anuvasan basti* enters into the *Srotas* and remove the *Samkocha* by virtue of its *Madhura* (sweet) *rasa* and *sukshma* (fine), *Vikasi guna*. Thus enable normal flow of menstrual blood and reduces the pain resulting due to spasm. *Basti* having best efficacy in the treatment of *Vatika* disorder; is considered here to be most beneficial in curative, preventive and rejuvenate aspects of *Basti* as a whole.
- *Sneha* in general is *Vatahara*, produces softness in the body and it destroys the compactness of mala and removes the obstruction in the *Srotas*, i.e., *malaanam vinihanti sangham*. As it is having *Balya* (strength promoting) property might have help to increase the strength of *Dhatu*s, thus increases pain threshold.
- *Ghrita, taila and vasa* are main ingredients of *Treivreita Sneha Ghrita* has one property *Samskaranuvartanum*. It is *Yogavahi* so it carries active principles of the drugs to increases the potency of the compound drug. The lipophilic nature of *Ghrita* facilitates entry of the formulation into the cell and its delivery to the mitochondrion, microsomal and nuclear membrane. *Goghrita* has *Rochana* (relishing), *Deepana* (stomachic), *Rasayana* (rejuvenate), *Vrishya* (aphrodisiac) properties so it regulates *Tridoshas* and help to destruct the *Samprapti* of *kashtartava*. *Tila taila*⁶ is having Anti-bacterial, Anti-fungal, Anti-inflammatory, Hypolipidemic,

Hypoglycemic activity. *Vasa* have potent properties of *Vata shaman*.

- Spasm caused by vitiated *Apana Vayu* causes obstruction in the flow of menstrual blood is the general underlying pathology of Dysmenorrhoea. *Sneha* enters into the *Srotas* and remove the *Samkocha* by virtue of its *Madhura*(sweet) *rasa* and *sukshma* (fine), *Vikasi guna*. Thus enable normal flow of menstrual blood and reduces the pain resulting due to spasm. On the other hand it causes *Lekhana* of *Avarana* (*Kapha-Pitta*) by virtue of its *Tikshna* (sharp), *Ushna* (hot), *Sukshma* (fine), *Sara* (unstable) and *Vyavayi Gunas* and thus allow normal movement of *Apana Vayu* and reduces pain.

CONCLUSION

- ❖ Therapeutic Effect of (“*Treivreita-Sneha Anuvasan-Basti*” per rectally) Patients of this group showed relief by improvement in 58.46% in pain intensity, 62.69% in pain duration, 59.70% in nature of pain, 3.70% in menstrual flow duration, - 14.29% in menstrual flow amount, 68.52% in associated symptoms and 58.11%, 71.76% and 58.90% in VAS scale, FLACC scale and WONG BAKER scale respectively.
- ❖ Results prove that “*Treivreita-Sneha Anuvasan-Basti*” proved to be an effective & dependable remedy in the management of *Kashtartava*.
- ❖ Patients took “*Treivreita-Sneha Anuvasan-Basti*” very well with no complaints of any side effects/ toxic effects.

REFERENCES

1. Agnivesha, 2004, *Charaka Samhita*, eds R.K.Sharma, Bhagwan Dash, Chowkhamba Sanskrit Series Office, Varanasi. Vol.5, pp.36(Ch./chi./30/115)

2. Berek & Novak's Gynaecology, 14th edition, edited by Jonathen S. Berek, Lippincott William & Wilkins Publishers.
3. Jeffcoate's Principles of Gynaecology, 2014, eds. Kumar P. and Malhotra N. Jaypee Brother Medical Publishers (P) Ltd, New Delhi., 8th Edition-2014 page.no.80
4. Agnivesha, 2004, *Charaka Samhita*, eds R.K.Sharma, Bhagwan Dash, Chowkhamba Sanskrit Series Office, Varanasi.Vol.5,pp.36(Ch./chi./30/115)
5. Jeffcoate's Principles of Gynaecology, 2014, eds. Kumar P. and Malhotra N. Jaypee Brother Medical Publishers (P) Ltd, New Delhi., 8th Edition-2014 page.no.80
6. Database of medicinal plant used in *Ayurveda* ; CCRAS ; Vol - 3

CORRESPONDING AUTHOR

Dr. Diksha Khathuria

Email: diksha.khathuria@gmail.com

Source of support: Nil

Conflict of interest: None Declared