



“CLINICAL EVALUATION OF KRISHNA TILA KWATH IN MANAGEMENT OF ARTAVADUSHTI W.S.R TO NASHTARTAVA”

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ABSTRACT

Ashtartavadushti is one of the major problems in today's gynaecological practice out of which *Nashtartava* is one of the precursors resulting in infertility consequently, effecting the womanhood. In this study of treatment of *Nashtartava*, *Krishna Tila Kwath* have been selected for oral administration. In this study single group of 30 patients had been registered from NIA OPD. *Krishna Tila Kwath* with *Guda* has been given for the duration of 3 months. The effect of *Krishna Tila Kwath* on cardinal symptoms, on 30 patients is that Group n showed that maximum relief was achieved in pain or *Yonivedana* (47%), Amount of Menstrual blood (43%), Duration of menstrual cycle (30.3%) and in Interval between two cycles is only (3.84%).

KEYWORDS : *Artavadushti, Nashtartava, Infertility*

INTRODUCTION:

Women's hormonal cycles are not just a cyclical pain; they are our integral link to all the other cycles of life. They are so much more than hormones "raging" through their bodies. These hormone cycles earn her the right to be a healer, a spiritualist, and wise woman, respected by all.

Artavadushti is one of the major problems in today's gynaecological practice which is the precursor of problems like infertility consequently, affecting their womanhood. Menstruation disorders are also responsible for emotional, physical, behavioural and dietary practice changes. Menstrual disorders like secondary amenorrhoea, oligomenorrhoea etc require counselling with appropriate treatment. *Acharya Charaka* has not counted the *Artava Vaha Srotas* in list of the *Srotas* while discussing the *Srotas* in *Vimana Sthana* but has given some references about the *Rajovahi Siras*.

The term "*Artavakshaya*" consists of two words viz. "*Artava*" and "*Kshaya*". Similarly the word "*Nashtartava*" is formed of two words "*Nashta*" and "*Artava*". Here the word "*Kshaya*" as well as "*Nashta*" means one and the same thing.

The word "*Kshaya*" has been derived from "*Kshi*" *dhatu* which means "to cease" or to get reduced. The causes of *Artavakshaya* or *Nashtartava* have been divided into *Samanya Nidana* and *Vishesh nidana*. There are *Ativyayam, Anashana, Atichinta, Asatmya Ahara Sevana, Bhaya, Manahsantapa, Prajagaran, Vegavidharana, Adanakala* and *Bhutopghata*. *Vishesh nidana* has been broadly divided into *Aharajanya Hetu, Viharajanya Hetu, Manasika Hetu, Anya Hetu* and *Abhigata Janya hetu*. There are many processes and methods available in *ayurveda* classics to alleviate *Nashtartava* or *Artavakshaya*.

Hence for the present study of *Nashtartava*, *Krishna Tila Kwath* have been selected for oral administration.

Aims & Objectives Of Study:

- To evaluate the efficacy of *Krishna Tila Kwath* in the management of *Nashtartava*.

MATERIAL & METHODS:

Selection of Cases:

Total 30 patients were randomly selected and registered from the *Sharira Rachana* Dept OPD of NIA, Jaipur on the basis of history of *Nashtartava* (oligomenorrhoea, hypomenorrhoea and secondary amenorrhoea) and those fulfilling the inclusion criteria were enrolled for the clinical trial. Detailed history was taken and a special research case Performa was prepared and all the relevant points from both the *Ayurveda* and modern aspects were incorporated in it.

Inclusion Criteria:

- Nashtartava*/ Secondary amenorrhoea/ Oligomenorrhoea,

Hypomenorrhoea.

- Patient aged between 15yrs to 45 yrs.
- Patients willing to participate in the clinical trial.
- Patients not taking any other medicine for the disease.

Exclusion Criteria:

- Pregnancy.
- Patients with structural and congenital abnormalities.
- Patients suffering from primary amenorrhoea, chronic systemic diseases, infectious diseases like TB, HIV, STDs etc.
- Patients suffering from secondary amenorrhoea due to premature ovarian failure, pituitary factors and genetic causes.

Criteria For Withdrawal:

- Intolerance to therapy
- Unwillingness to continue with the study.
- Irregular patients.

Criteria For Diagnosis:

- Subjective parameters.
- Objective parameters.

A) Subjective Parameters:

If any one of the below condition is fulfilled:

- If the interval between two cycles exceed more than 35 days and amount is also less as described in our *ayurveda* classics.
- If the duration of the menstrual flow is 2 days or less.
- The quantity of menses is very less.
- Painful menstruation along with these symptoms.

B) Objective Parameters:

Lab Investigations

- CBC, RBS.
- USG (if required).
- Thyroid profile (T3, T4, TSH) (if required)
- Serum FSH, LH, Prolactin (if required)
- Serum Testosterone (if required)

Study Drug:

A classical drug "*Krishna Tila Kwath*" has been taken as a trial drug in the present study.¹

Procurement of The Drug:

Raw *Krishna Tila and Guda* was provided by the Rasa Shashtra Pharmacy, NIA Jaipur. *Tila and Guda* were packed in polythene packets and given to patients. Patients then prepare the *kwath* by themselves by the "*chaturavsheshansha method*" as explained to them.

Form of Trial Drug:

Kwath with *Guda* as a *prakshepa*.

Schedule Of Treatment:

Kwath was prepared by the patient in the morning and taken empty stomach from day 6 to day 24 of the menstrual cycle. The *kwath* was not taken prior to and during the menstrual bleeding phase.

Dose of Trial Drug:

Yavakuta of *Krishna Tila* was taken in quantity of 10 gm and then *kwath* was made of it.

Dose: 20 ml.

Route of Administration: Oral

Time of Administration: Once a day in morning empty stomach.

Diet: Normal home diet

Follow Up:

All patients were followed on an interval of 15 days i.e. on day 15, day 30, day 45, day 60, day 75, and day 90 after registration. A window period of ± 3 days was given to allow for holidays and weekends.

Duration of Clinical Trial: 3 Months or 90 days.

Criteria For Assessment:

The result of the clinical study was assessed on the basis of observation of subjective parameters and laboratory findings i.e. objective parameters only if required. Following parameters were mainly adopted for assessing the response of treatment.

Grading of Subjective Parameters:

After 3 months of treatment, disease was assessed on the basis of improvement in cardinal symptoms like quantity of menstrual flow, duration of menstrual cycle, interval between two cycles (inter menstrual period) and pain during menses.

On the basis of the severity and intensity of the above given symptoms, these were graded on the basis of the score system as below.

a) Duration of Menstrual Cycle

- 0- 4-7 days
- 1- 3 days
- 2- 2 days
- 3- 1 day

b) Interval between two cycles

- 0- 20 to 24 days
- 1- 24 to 34 day
- 2- 35 to 39 days
- 3- 40 to 45 days
- 4- above 45 days

c) Quantity of menstrual blood

- 0- 4 or more than 4 pad use / cycle
- 1- 3 pad use / cycle
- 2- 2 pad use / cycle
- 3- 1 pad use / cycle
- 4- Spotting without pads.

d) Pain during menses (*Yonivedana*)

- 0- No pain
- 1- Mild pain
- 2- Moderate pain
- 3- Severe pain

Pain is difficult to measure so here it was assessed by the verbal multidimensional scoring system.

- 0- Menstruation is not painful and daily activity is unaffected.
- 1- Menstruation is painful but seldom inhibits the normal activity analgesic are not required – Mild pain.
- 2- Daily activity affected. Analgesic drugs or therapies were needed but not as routine – Moderate pain.
- 3- Activity clearly inhibited. Poor effect of analgesic. She cannot do even here normal routine work .

Overall Effect of Therapy

It was assessed in terms of cured, markedly improved, improved and unchanged on the following grounds.

Percentage of Relief Effect

76 - 100 % Cured, 51 - 75 % markedly improved, 26 - 50 % Improved,

0 - 25 % Unchanged.

Statistical Analysis:

The information gathered on the basis of observation made about various parameters was subjected to statistical analysis in terms of Mean, Standard Deviation and Standard error (SE). In Stat Graph Pad 3 software was used & For Nonparametric Data Wilcoxon matched-pairs signed ranks test was used While for Parametric Data Paired 't' Test was used and results Calculated .

Interpretation of 'p' value

- >0.05 – Not significant (NS)
- <0.05 - Significant (S)*
- <0.01- Very significant (VS) **
- <0.0001 – Extremely significant (ES) **

Observations:

- Most of the patients 60% were in the age group of 25-35 yrs, 76.66% were unmarried, 93.33% were hindus and belong to middle income group, 70% were vegetarians, 50% were having difficulty in sleep, 70% were having addiction of tea, 40% were having irregular bowel habit.
- Mostly patients were having chief complaint of scanty menses (36.66%) and prolonged IMP (30%) or both complaints together and were having interval of 2-6 months 56.66%, 50% were having menarche age of 13 yrs.
- Around 40% patients were having menstrual period of 3-4 days and 33.33% of 1-2 days. Around 36.66% were having intermenstrual period of 24-34 days and 30% above 45 days.
- Mostly patients 53.33% were having scanty amount of menstrual bleeding and 60% were having irregular history of menstrual cycle and maximum number of patients 70% were experiencing pain during menstruation.

RESULTS

Table no.1 Showing effect of Therapy on subjective parameters) in group n (Wilcoxon Matched Paired signed ranked test)

C.F	B.T	A.T	Mean Diff	% Imp	SD±	SE±	P value	Remarks
1.Duratio n	1.10 0	0.766 7	0.3333	30.3	0.479 5	0.0875 4	0.0020	V.S
2.IMP	1.73 3	1.667 7	0.0666	3.84	0.253 7	0.0463 2	0.500	N.S
3.Amoun t	1.93 3	1.100	0.8333	43.1 0	0.4611	0.0841 9	<0.000 1	E.S
4.Pain	1.13 3	0.600 0	0.5333	47.0 6	0.507 4	0.0926	<0.000 1	E.S

Table no.2 Showing effect of Therapy on Lab Investigations (Objectives parameters) in group n:(Paired't' Test)

Lab. findin gs	Mean		Mea nDif f.	% Relie f	SD±	SE±	T	P	Inter preta tion
	BT	AT							
Haemoglobi n Level (gm/dl)(n=30)	10.62 7	11.55 7	0.93 00	8.75 %	0.74 29	0.135 6	6.857	<0. 000 1	E.S
Sr.Testoster one (n=30)	5.340	4.620	0.72 00	13.4 8	0.26 83	0.120 0	6.00	0.26 83	V.S
Sr.LH(n=30)	8.997	9.453	0.45 67	5.07	0.57 16	0.104 4	4.376	0.00 01	E.S
Sr.FSH(n=30)	3.920	4.157	0.23 67	6.02	0.39 17	0.071 52	3.309	0.00 25	V.S
ESR (mm 1st hour)(n=30)	23.16 7	18.26 7	4.90 0	21.1 5	2.69 5	0.492 1	9.957	<0. 000 1	E.S

Table No.3 Overall Effect of Therapy or Percentage of Relief Effect:

S.No	Percentage Relief/Overall Effect	No. Of Patients	%
1.	Completely Cured	2	6.67%
2.	Markedly Improved	5	16.67%
3.	Improved	13	43.33%
4.	Unchanged	10	33.33%

DISCUSSION:

In the present study in the review of disease we have observed that the word Nashtartava was primarily mentioned in Sushruta samhita is the progressive condition of Artavakshaya. Though Artavakshaya is described as a symptom in classics but in present scenario it appears like a disease. Vatashamakata, Ushna Virya of Krishna Tila is directly responsible for its Artavajanana property, removing the avarana of kapha in overweight ladies and decreasing its picchilata.

Guda is also having similar properties as Krishna Tila. It is Madhura rasa, Natishita, Snigdha guna, Ushna Virya and Madhura Vipaka, Vatapittashamaka.

On the clinical perspective incidence in particular age, marital status, education, occupation, bowel and sleeping habits may be due to stressful time period of life. Religion and addiction of tea does not have any relation with the disease but vegetarian diet women and overweight women were found to be more affected with the disease. Tila is a very good source of vitamins and minerals especially folic acid, niacin etc and folic acid is required in the formation of haemoglobin. The prakshepa used in the kwath also possess same qualities. All these reasons show an increase in haemoglobin level. ESR level decreased after treatment which may be due to vranaropana, jwarhara properties of tila. Tila is deepaniya, pachniya as well as amahara which eventually work at the level of dhatvagni which may be the reason for improvement in hormonal levels.

CONCLUSION:

- The effect of Krishna Tila Kwath on cardinal symptoms, on 30 patients is that Group n showed that maximum relief was achieved in pain or Yonivedana (47%), Amount of Menstrual blood (43%), Duration of menstrual cycle (30.3%) and in Interval between two cycles is only (3.84%).
- If we see Overall effect of Therapy we find maximum number of patients i.e 13(43.33%) improved, 5(16.67%) patients were markedly improved, 2(6.67%) patients were completely cured and 10(33.33%) patients remain unchanged.
- Finally the conclusion can be drawn that the Krishna Tila Kwath Therapy was found to be effective in treatment of Artavakshaya or Nashtartava.

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