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“To Study the Effect of *Hingwadi Taila Matra Basti* in *Rajakrichchhra-RCT.*”

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Abstract:

Rajakrichchhra which is mentioned as symptoms of many *Yonivyapadas* resembles to Dysmenorrhoea. It is the most common menstrual disorder. In India its prevalence was reported to be 84.2% in college going girls. Menstruation was generally taboo topic in India something that is rarely talked about openly. Movements like happy to bleed and movies like Padman highlighted it as normal physiological monthly event of women. Now they talk about it easily and freely on various social platforms. Menstruation was generally taboo topic in India something that is rarely talked about openly. As a result dysmenorrhoea is responsible for considerable economic losses due to cost of medication, medical care and decreased productivity, ultimately affecting women quality of life, work productivity and health care utilization. *Hingwadi Taila* contains *Hingu, Kasis, Saindhav, Shunthi, Chitrak* etc. which possess *Ushna, Tikshna* and *Vibandhar Guna* which are useful for *Sampraptibhanga* of *Rajakrichchhra*. Hence, *Hingwadi Taila Matra Basti* was selected for study. Total 30 selected patient was given matrasthi with hingwadi Taila 60 ml prior the menstrual cycle for 2 consecutive cycles for 7 days, follow up was taken after menses 1st and 2nd menses with therapy and after 3rd menstrual cycle without therapy. From this study it can be concluded that Hingwadi Taila matrasthi is statistically significant in patient of *rajakrichchhra*.

Keywords: *Rajakrichchhra, Dysmenorrhoea, Hingwadi Taila.*

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Introduction:

Rajakrichchhra which is mentioned as symptoms of many *Yonivyapadas* resembles to Dysmenorrhoea. Dysmenorrhoea is the painful menstruation of sufficient magnitude to incapacitate day to day activities. It is the most common menstrual disorder. In India its prevalence was reported to be 84.2% in college going girls. Despite of high prevalence, Dysmenorrhoea is often poorly treated and even disregarded by health professionals, pain researchers and women themselves. They all are accepting it as normal part of menstrual cycle. Due to Dysmenorrhoea individuals psychological status, health related quality of life is disrupted. Dysmenorrhoea is common cause of sickness absenteeism from both classes and workplaces by students and females in community. As a result dysmenorrhoea is responsible for considerable economic losses due to cost of medication, medical care and decreased productivity, ultimately affecting women quality of life, work productivity and health care utilization. Women with Dysmenorrhoea consumes NSAIDs routinely in every cycle. But pain relief is inadequate and side effects of it may not be tolerated by women. Hence, they are always in search of permanent Alternative Ayurvedic solution for Dysmenorrhoea. *Hingwadi Taila* contains *Hingu, Kasis, Saindhav, Shunthi, Chitrak* etc. which possess *Ushna, Tikshna* and *Vibandhar Guna* which are useful for *Sampraptibhanga* of *Rajakrichchhra*. Hence, *Hingwadi Taila* (Mentioned in *bhaishjya Ratnavali*) *Matra Basti* was selected for study. So, this article is focusing on results obtained in the trial of *Hingwadi tail matrabasti* in *Rajakrichchhra*.

MATERIALS AND METHODS:**1) MATERIALS-**

1) PATIENTS- Total number of 30 patients of *Rajakrichchhra* were selected as per selective criteria

A) INCLUSION CRITERIA

1) Married / unmarried patient with age group 14 – 35 yrs. suffering from *Rajakrichchhra* were included. USG pelvis and hemogram was done of each patient.

B) EXCLUSION CRITERIA

- 1) Patients with palpable uterine pathology.
- 2) Patient with IUCD .
- 3) Congenital anomalies of reproductive system.

Methodology:

- 1) Study Design : open labeled single arm study
- 2) Sample Size : Total 30

Total 36 patients were included in the study but 6 patients were dropped out as they didn't turn out for the follow up or not completed the treatment.

OBSERVATIONS AND RESULTS:

Observation: About 23.3 % population was from 15-20 yrs age group 26.71% care from 20-25 yrs , 33.3% were from 25-30%, 16-17 % from 30-35 yrs age group population noted. In study it was found that 50 % population was Housewife & 33.3 % pt. was doing job 16.7 % of students. Pt. were classified on basis of their prakruti obtained data shows that there are max. 36.7% pt. was VP prakruti .KP & KV prakruti pt.were 16.7% each. PV & VK prakruti Pt's was 13.3% of each, only 3.3% pt's was of PK Prakruti. Observation shows predominance of vatapradhan pitta prakruti for disease suggests vatapradhanya in Rajkrichchhra. From the Data analysis it is Found that Krura koshtha Pt. Were 10%, Mrudu Kotha Pt's was 30% and maximum Pt. Were with Madhyam kshotha i.e. 60%.

Table no. 1 Wilcoxon sign rank test applied

S. N.	Symptom	Diff.		Wilcoxon sign rank T	P Value	% Relief	Remark
		BT	AT				
1	Adhodarshoola	2	0	- 4.570 ^a	0.000	77.3	Significant
2	Katishoola	2	1	- 4.274 ^a	0.000	45.2	Significant
3	Rajstrav praman	1	1	- 2.828 ^a	0.005	35	Significant

Table no. 2 Overall improvement:

S.N.	Overall Result	Frequency	Percentage
1	Upshay	26	86.7 %
2	Alpa upshay	1	3.3 %
3	Anupshay	3	10 %

The study suggests that hingwadi Taila matra basti was statistically significant in reducing adhodarshoola, katishool, and increasing the rajastravapraman. In the overall

result 86.7 % patients having upshay, 3.3 % having alpa upshay and 10 % patients having anupshay.

Discussion:

The study suggests that hingwadi Taila matra basti was satisfically significant in reducing adhodarshoola, katishool, and increasing the rajastravapraman. During the study it was observed that there is decrease in the symptoms of PMS and dyspareunia and 3 patients conceived within period of 6 months after the treatment. Rajakrichchhra is mainly of vataprakopak vyadhi with apan-vayu vaigunya. During study the hetu of rajakrichchhra it is observed that changing lifestyle contribute more for vataprakopa. These are as following- (1)changed dietic pattern:- e.g junk food, irregular eating of food etc. (2)Increased travelling:- For job and other purposes leads to vata prakopa (3)Stress:- stress is main cause of psychological disturbances e.g anxiety, fear, etc which is the cause of vataprakopa.

Probable mode of action:-Hingwadi Taila Matra Basti:

Rajkrichchhra is mainly disease of vata dosha. Generalised vataprakopa and Apanvayu are the main factors responsible for Rajkrichchhra. Gativaishmya of apanvayu causes obstruction to normal flow of Rajasrava as normal anulomgati of apana become pratiloma due to vataprakopa. Hence line of treatment must be in following manner a. Vataprashaman b. Apanvayu Gatiniyaman c. Rajasravniyaman

1) Hingwadi Taila matra basti causes vatashamana as hingwadi Taila has ushna, snigdha, laghu properties. 2) Matra basti causes anulomana of apan vayu and vatprashamana as basti acts on pakwashaya. Pakvashaya is udbhavasthan of all vayu & sanchari sthan of Apan vayu. Due to vatashamna and anulomana obstructed rajastrava gets normalised and symptoms of rajakrichchhra gets relieved. From all the study of work project the other beneficial result was found i.e premenstrual symptoms such as breast discomfort, nausea, decreased significantly. Also it is effective for infertility as three patients of study, conceived after treatment. Patient having dyspareunia got reduction in symptoms after basti. Hingwadi Taila contains Hingu, Kasis, Kshartraya, Haridradvay, Shunthi, Chitrak etc ushna, tikshna dravyas are vata prashamana and raja strava niyamak dravyaswhich leads to normalization of the gati of raja. Observation shows predominance of vatapradhan pitta prakruti for disease suggests vatapradhanya in Rajkrichchhra. But withdrwal from the study was more in patients having Pitta pradhan prakruti. These patients developed pittaj lakshanas after

Hingwadi Taila matra basti. That may be due to all dravyas from hingwadi Taila are ushna, tikshna, katu.

Conclusion:

From the study of Hingwadi Taila matrabasti in rajakrichchhra' it can be concluded that Hingwadi Taila matrabasti is statistically significant in reducing Adhoudarshoola, katishoola in patient of rajakrichchhra. Hingwadi Taila matrabasti also increases the rajastrava pramana in rajakrichchhra patients. Marked improvement was observed in quality of life of rajakrichchhra patients.

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