

AYUSCRIPT

International Journal for Empirical Research in Ayurveda

www.ayuscript.com

Volume: 2 | Issue: 2

April-June 2023

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“A Comparative Study to assess the effect of Nirgundyadi Kwath and Dashmool Kwath in Sutika Avastha.”

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Abstract:

Parturition is considered as a rebirth of female. The woman, after becoming mother changes herself emotionally as well as psychologically. To regain the health after delivery of baby, minimum 45 days care is necessary to revert the anatomical and physiological changes of female genital system to its normal state. In India, due to lack of education and medical facilities in remote areas, postpartum morbidity and mortality is more as compared to other developed countries. So perinatal and postnatal care for both mother and baby is a major task for Indian Medical System. Ancient Ayurvedic literature has emphasized the care of mother and child. Kashyap Samhita has given prime importance to the post partum diseases and care of newborn babies. Kashyap Samhita has given strict guidelines which help in early recovery of a woman from stress and strain after delivery. These guidelines are called Sutika Paricharya. Those guidelines described in Sutika Kaal (postnatal period) in ancient time are still effective in modern era. For study, Nirgundyadi kwath and Dashmool kwath were used as single blinded comparative trial. Among those trials, both kwath have found highly effective in different signs and symptoms in Sutika Kaal (Postpartum period).

Keywords: Sutika, Puerperium, Nirgundyadi kwath, Dashamool Kwath, Uterine involution

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How to cite article: Thorat R.R. “A Comparative Study to assess the effect of Nirgundyadi Kwath and Dashmool Kwath in Sutika Avastha.” AYUSCRIPT 2023;2(2):1-9

INTRODUCTION :

All Ayurvedic Samhitas has given a detailed account for Sutika. The woman is called Sutika who has just given birth to a baby and after Aparapatna¹.Sutika-kala means Puerperium. Puerperium is the period following childbirth during which the body tissues, specially the pelvic organs revert back approximately to pre-pregnant state both anatomically and physiologically.Except Acharya Charaka all other classics has given a definite period for specific diet and regimen management of Sutika. Acharya Sushruta and Vagbhatas said that of one-n-half month,some said that till reappearance of menstruation,four months or six months.Different procedures followed in Sutika-kala,including Aahara and Aachar for the purpose of Punar-naveekarna of Stree in SutikaParicharya.

There are amples of changes occuring in Garbhavastha and Prasavastha.The Doshas,Kleda, Raktastrav, Dhatukshayta and Shunyata of her body after stage of Sukha-Prasava makes SutikaAbala and more prone to Vata-prakopakAvastha. In ancient days females used to follow strict guidelines during early postpartum days which helps them early recovery but in modern era due to changing lifestyle,MithyaAahar and Vihar,Sutika is more prone to Vataprakopa. Hence Sutika needs a specific management due to loss of her Dhatu during labour as well as aggravation of Vata due to exhaustion and DhatuKshay.

It is a clinical study, where patients in Sutika-Avastha taken having anatomically and physiologically changes occuring in body.All Sutika's had same diet,oral Snehan,local Swedan,Yonidhupan,Pattabandana,use of boiled water².

AIM & OBJECTIVES: -**AIM: -**

To study the effect of Nirgundyadi Kwath and Dashmool Kwath in Sutika Avastha.

OBJECTIVES: -

1. To study and understand Sutika-avastha in details with Ayurvedic and modern references.
2. To assess the effect of Nirgundyadi Kwath in Sutika-kala.
3. To assess the effect of Dashmool Kwath in Sutika-kala .
4. To study the comparative effect of Nirgundyadi Kwath and Dashmool Kwath in Sutika-kala.

REVIEW OF LITERATURE: -

All the references of Sutika and its drugs studied from

1. Ancient Granthas of Ayurveda.
2. Modern Textbooks of Obstetrics.

MATERIAL & METHODS: -

Randomly selected 60 patients of Sutika Avastha attending the O.P.D and I.P.D department of Streeroga avum Prasutitantra were included in study and divided into 2 groups.

Group A and Group B:

All the patients fulfilling inclusion and exclusion criteria were selected with fully informed consent.

Group -A- Total 30 patients were given Nirgundyadi Kwath for 21 days and 3 follow up were taken.

Group-B- Total 30 patients were given Dashmool Kwath for 21 days and 3 follow up were taken.

Drug Introduction :-

Nirgundyadi Kwath:

Drug (part Used)	Botanical Name	Guna	Rasa	Virya	Vipaka	Karma
Nirgundi (Leaves)	Vitex negundo	Laghu	Katu	Ushna	Katu	Vata-kaphahara Krimighna Vranaropana Sutikaroghar
Lahasun (Kand)	Allium sativum Linn	Tikshna Guru Saar	Lavan Katu Tikta Kashay	Ushna	Katu	Vatashamak Shotahar Vedanashama k
Sunthi (Rhizom)	Zingiber officinale	Guru Ruksha Tikshna	Katu	Ushna	Madhur	Vatakaphahar a Deepana Bhedana
Pippali (Dry)(Fruit)	Piper longum Linn	Laghu Snigdha Tikshna	Katu	Ushna	Madhur	Vatakaphahar a Deepana Rasayana

Drug Preparation:

Good qualities of raw material were collected from genuine sources and standardization of drugs was done in an authentic lab. Drug was prepared at Rasashala of our college.

Method of Collection of Data: -

Patients delivered in Prasutitantra Avum Streerog department of our hospital and pts in OPD come on first day of Sutika(PNC). After through Physical examination and Obstetrical history, patients with FTND were included. 60 patients were included in study.

METHODOLOGY:

	Group A	Group B
No of Patients	30	30
Drug	Nirgundyadi Kwath	Dashmool Kwath
Matra	40ml	40ml
Anupan	Kaushana jala	Kaushana jala
Duration	45 days	45 days
Sevankal	Twice a day Adhobhakt	Twice a day Adhobhakt
No of Follow-up	3	3

SELECTION CRITERIA**BASELINE ASSESSMENT :-**

This included a detailed history including family history, personal history, obstetric history etc. Clinical examination including all Stroto-pariksha, Ashtavidh-pariksha and Artavahastrotas-pariksha were carried out.

INCLUSION CRITERIA :-

1. Age group between 20-40 years.
2. Delivered by Prakrut Prasava.

EXCLUSION CRITERIA :-

1. Delivered by CS
2. PPH/perineal third degree tear
3. Peurpural shock/IUD
4. Sutika with history of HIV/any infection(systemic or local infection).

SUBJECTIVE CRITERIA :-

1. Agni
2. Udar-shool

3. Kati-shool
4. Malavshtambha
5. StanyaPravartana

OBJECTIVE CRITERIA :-

1. Garbhashay Rrhas (Measurement of involution of uterus in relation of pubic symphysis in cms)
2. Yonigat Raktastrav Lochia (pad used and colour of flow)

ASSESSMENT CRITERIA :- GRADATION OF SYMPTOMS AGNI

0	Can digest heavy meal. (Time interval between two meals 4 to 6 hrs.)
1	Can digest mod heavy meal. (Time interval between two meals 6 to 8 hrs.)
2	Can digest mild heavy meal. (Time interval between two meals 8 to 10 hrs.)
3	Can not digest heavy meal. (Time interval between two meals 10 to 12 hrs.)

UDARSHOOL :-

0	No pain.
1	Mild pain, but can do routine work.
2	Moderate pain, can stable between two intermittent pains
3	Severe pain, can't do work (bed ridden).

KATISHOOL

0	No pain.
1	Mild pain, but can do routine work.
2	Moderate pain, can do work for some interval.
3	Severe pain, can't do work (bed ridden).

MALAVSHTAMBHA

0	Defecated without difficulty.
1	Mild, passes stool with difficulty.
2	Moderate, passes hard stool irregularly with difficulty.

3	Severe, not defecated stool.
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STANYAPRAVARTANA

0	Prakrut Strava.
1	Stream like flow.
2	Drop by drop flow.
3	No milk.

GARBHASHAYRRHASA (Involution of uterus in cm from pubis symphysis)

It was assessed clinically by noting the height of fundus in relation to pubic symphysis. Measurement was taken carefully at fixed time everyday. Bladder emptied before hand. Uterus was centralized and with measuring tape fundal height was measured above pubic symphysis. Following delivery fundus lies about 13.5cm above the pubis. During first 24 hrs the level remains constant there after, there is steady decrease in height by 1.25 cm in 24 hrs.

0	Not palpable per abdomen.
1	Just palpable(above pubis-symphysis).
2	Above 5 cm to 8cm.
3	9 to 14 cm.

YONIGATRAKTASTRAY (Lochia flow and colour)

Sterile pads of size 28x7x3 cm were provided to patient.

1 pad soaked = 40ml blood

0	No soaked.
1	1 Pads soaked and watery red.
2	2-3 pads soaked and brisk red or pale brownish.
3	3-4 pads soaked and red or dark red.

Withdrawal criteria: -

- Patients willing to discontinue trial.
- Patients absent for follow up.
- Patients develop any allergic condition.

INVESTIGATION: - as needed

- CBC,BT,CT.
- Urine<^R_M
- USG pelvis

ADVERSE DRUG REACTION: -Patients were instructed to report adverse drug reaction if any and they were given suitable treatment.

FOLLOW UP: -Every 7 Days.

ASSESSMENT CRITERIA: -

S.R.	EFFICACY OF TREATMENT	Relief in%	Score
1	Grade – 1 Cured	75-100% Relief	0 - 7
2	Grade – 2 Good Improved	50-75% Relief	8- 14
3	Grade – 3 Improved	25-50% Relief	15 - 21
4	Grade – 4 No relief	0-25% Relief	22 – 28

Analysis and Discussion :

The ingredients of both Nirgundyadi Kwath and Dashamool kwath has predominantly Katu Vipaka and Ushna Madhura Veerya so it helps in Aampachana and Kled Shoshana. Most of the drugs have Shothahar i.e anti-inflammatory property. Also Laghu Panchamool along with diuretic property shows Stanyashodhana karma. That is why involution of uterus and enhancement of quality breast milk production is encouraged with the ingestion of kwath in Sutikavastha with Vaat pacification. Statistical analysis was done using unpaired t test. All subjective and objective criteria in both groups were assessed. Overall comparative clinical effectiveness is shown in the following table.

Comparative Effectiveness of Therapy in Group A and Group B

Dashmoolakwath given in Sutika not only prevents her from puerperal diseases but also helps to get back all pre pregnancy energy and stamina to become healthy.

	Signs and Symptoms	Nirgundyadi Kwath (A) % Effectiveness	Dashamool Kwatha (B) % Effectiveness
1	Agniswaroopam	62.45	50.54
2	Stanyapravartana	97.37	95.3

3	Udarashula	91.87	96.15
4	Katishula	75	92.93
5	Yonivedana	83.65	91.57
6	Nidra	39.60	57.56
7	Purishpravartanam	40.52	43.72
8	Involution of uterus	100	100
9	Lochia amount	100	100
10	Lochia colour	100	100
11	Lochia Smell	100	100
12	Vranaropana	100	100

Discussion :

In Group A, Nirgundyadi Kwath showed significant results. It has shown good results in increasing the appetite of the Sutika, increasing and establishing adequate lactation, healing of Vitapa Chheda Vrana when compared to Group B. In Group B, Dashamool Kwath showed significant results in the parameters like Katishula, Udarshula, regularizing the bowel and micturition habits, normalizing Lochial discharge, Nidra, involution of uterus when compared to group A.

Conclusion:

The kwath given in both the groups, showed significant and satisfying results in most of the parameters during assessment. Overall, there are encouraging results of administration of kwath of each of the groups and can be advised in Sutika Paricharya with great confidence.

REFERENCES: -

- 1) In KashyapaSamhita, Khilasthana explained in details about SutikaParicharya in .Adhay.11.'Sutikopkramniya-Adhay'p.g no 304.
- 2) AcharyaSushruta has also explained SutikaParicharya in Sharirsthana, Adhay. 10.'Garbhini-Vyakarnam-Sharirm'p.g no 98.
- 3) In Yogaratnakar Uttarakadha Sutika-rogaadhikar p.g.no428.
- 4) In Bhavaprakash Uttarakadha, Adhay.70.'yonirogchikitsa'p.g.791.
- 5) Charak Samhita Sharirsthana, Adhay.8.'Jatisutriya-Shariraadhay' p.g.no788.
- 6) Kashyapa Samhita, Auth-Vruddha Jivaka, Chaukhamba Sanskrit Sansthan – 6th1998.

- 7) Sushruta Samhita, Kaviraj Ambikadatta Shashtri, Chaukhamba Sanskrit Academy-Reprint 2010.
- 8) CharakaSamhita, Ravidutt Tripathi, Chaukhamba Sanskrit Pratishtan-Reprint 2002.
- 9) Aashtanga Hrudaya, Kaviraj Atridev Gupta, Chaukhamba Prakashan-Reprint2011.
- 10)Aashtanga Sangraha, Kaviraj Atridev Gupta, Chuakhamba Kushandas Academy Varanasi-Reprint 2005.

Source of Support : None declared

Conflict of interest : Nil