A Clinical Study over the Role of ‘LUCOMYN’ in the Treatment of True Dysmenorrhoea

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ABSTRACT: A clinical study has been performed on the role of Lucomyn, an Ayurvedic uterine tonic in the treatment of an important gynaecological problem i.e - True dysmenorrhoea. The result of said study is really very encouraging because about 64% patients relieved excellently, 25% patients got average response and only 11% patients got poor effect, With the treatment of said tonic in the dose of 1 tablespoonful (15 ml) twice daily for 10 weeks.

INTRODUCTION:

Dysmenorrhoea means painful menstruation but the term is often used loosely to cover two essentially different symptoms (1), these are i) True dysmenorrhoea, ii) Congestive dysmenorrhoea. A pain which is of uterine origin and directly due to menstruation, this is true dysmenorrhoea (2) and is also described as primary spasmodic intrinsic essential and functional. A pain which arises in an organ or tissue other than the uterus and which is merely associated with menstruation, this includes congestive dysmenorrhoea (2) synonyms; secondary extrinsic, organic Probably 5 -10 percent girls in their late tens and women of early twenties use to suffer from true dysmenorrhoea, which interrupts patients educational, social and economic life, the definite cause of pain is still unknown but some important factors like obstructive, hypoplasia, muscle ischaemia, neurogenic, Psychological, social, constitutional and endocrine are help to be responsible. Some modern management like use for analgesics, antiprostaglandin antispasmodic and hormonal therapy which are frequently used in this problem are not considered as safe treatment, in the long term use. Ayurveda considered a lot of herbal, mineral and erbomineral compound in the treatment of said problem for a long past. Now-a-days Ayurvedic uterine tonic prepared with extract of saeaca indica, Abroma augusta, sida cordifolia, Berberis Asiatic, Indian sarsaparilla, Mesu roxburghii, withanam somnifera, Avena sativa, Podo phyllum, Terminalia chebula Emblica officinalis, terminalia berlerica, terminalia arjuna, Aloe India, senna leaf and purified ferrisulphas, saraca indica bark (3) is a strong astringent and uterine sedative. Acts directly on the muscular fibres of the uterus and also as a stimulating effect on the endomatrium and ovarian tissue. The root bark of abroma augusta (4) has a tonic contractile action on the uterus and it’s use is, there fore indicated before the menses, to help the uterine contraction to bring about proper flow of menstrual blood (4). The fresh viscid juice of the root bark is useful in the congestive
and neuralgic varieties of dysmenorrhoea (5). The other ingredients which are present in this product have some role over improvement of general health, regulation of bowel and correction of anaemia as per the reputed text, Indian material Medica of Dr. K. M. Nadkarni and Indian Medicinal plants of Kirtikar and Basu. As low general health Irregular bowel habit and anaemia are the added factors of the disease so these ingredients have been taken in said products for the supportive therapy of the same. The present clinical study may be called as a effort towards exploring of the disease true dysmenorrhoea with n Ayurvedic uterine tonic.

MATERIALS AND METHOD

After clinical and pathological assessment only 48 patients were selected from t M.O.P.D and I.P.D of S.V.S.P hospital, 294/3/1 A.P.C. Road, Calcutta- 700 009 as the established case of true dysmenorrhoea. Selection Criterias of the patients were mostly depend on history of the patients and ten signs.

i) History of painful mens in female usually of age 14 to 24 years.
ii) History of pain 1-2 hours ;before the onset of mens and usually continues for the first 12-24 hours and gradually gets less.
iii) Type of pain is colicky and cramp like, occurs in the hapogastric region and radiates to the thighs.
iv) Low Backache may or may not be present.
v) Intermenstrual period is free from pain.
vi) Nausea, Vomitting, diarrhea and some times fainting ma be present along with painful mens

Sings like:

i) Poor state of health
ii) On palpation per abdomen were no abnormalities detected.
iii) P/V or P/R Examination in case of young virgin, were uterus felt normal.

TREATMENT WERE GIVEN AS PER FOLLOWING:

Total 48 patients were randomly Categorised into the following 2 groups irrespective of their age, religion, occupation, residence and dietary habits.

Group A: 36 patient were treated in this group with syrup ‘L’ (i.e Lucomyn) 3 teaspoonful or 15 ml twice daily after principal meal with equal amount of water for 10 weeks. All these patients were under observation of another 4 weeks (11to 14 weeks) without any medicine.

Group B: 12 patient were treated in this group with syrup ‘L’ (i.e Placebo – distilled water with sugar, preservative and colour) 2 teaspoonful or 15 ml twice daily after meal for 10 weeks. From 11 weeks to 14 weeks all the patients were under supervision without any medicine.

Syrup “L” (Lucomyn) each 10 ml contains saraca India, Abroma augusta, 100 mg each. Sida cordifolia, berberis asiatica, Indian sarcaparilla, Mesu roxburghii, withania sominfera Avena sativa, Podo phyllum, purified ferrisulphas and terminalia arjuna each 50 mg triphala (Terminalia chebula, Emblica officinalis and terminalia belerica) 60mg., Aloe indica and senna leaf each 10 mg., excipients q.s.

Assessment of result done through subjective parameter. Te following imaginary scoring system has been employed over the cardinal complaints
before and after treatment to evaluate the efficacy of the drug over the disease.

Pain present before the onset mens

|                             |     |
|-----------------------------|-----|
| No Pain                     | 0   |
| Mild to moderate, 2 hrs. or less | -1  |
| Moderate to severe, 2 hrs, or less | -2  |
| Mild to moderate more than 2 hrs | -3  |
| Moderate to severe more than 2 hrs. | -4  |

Duration of Painful mens

|                             |     |
|-----------------------------|-----|
| No Pain                     | 0   |
| Mild to moderate, 12 hrs. or less | -1  |
| Moderate to severe, 12 hrs, or less | -2  |
| Mild to moderate 12 hrs.or more | -3  |
| Moderate to severe 12 hrs.or more | -4  |

Low Backache during of before mens

|                             |     |
|-----------------------------|-----|
| Absent of Pain              | 0   |
| Mild to moderate before mens | -1  |
| Moderate to severe before mens | -2  |
| Mild to moderate before & during mens | -3  |
| Moderate to severe before & during mens | -4  |

Nausea & Vomitting

|                             |     |
|-----------------------------|-----|
| No Nausea & Vomitting       | 0   |
| Only nausea                 | -1  |
| Only vomitting              | -2  |
| Nausea & Vomitting          | -3  |

Diarrhoea

|                             |     |
|-----------------------------|-----|
| Normal bowel                | 0   |
| Mild diarrhoea              | -1  |
| Moderate to severe diarrhoea | -2  |

Fainting

|                             |     |
|-----------------------------|-----|
| No fainting                 | 0   |
| 1or 2 times a day           | -1  |
| More tan 2 times a day      | -2  |
RESULTS:

Calculation done through scoring before and after treatment. The symptomatic relief which has been found are as follows:-

| S. No | Symptoms                        | Group -A | Group -B |
|-------|---------------------------------|----------|----------|
|       | Before treatment | After treatment | % of relief | Before treatment | After treatment | % of relief |
| 1     | Pain in relation to onset mens  | 3.36     | 0.78     | 76.78          | 3.41           | 3.25       | 4.92       |
| 2     | Duration of painful mens        | 3.02     | 1.00     | 66.95          | 3.25           | 3.16       | 2.76       |
| 3     | Low Backache                    | 3.16     | 1.02     | 67.72          | 3.08           | 3.16       | 2.6        |
| 4     | Nausea & Vomitting              | 2.16     | 0.55     | 74.53          | 1.58           | 1.66       | 5.06       |
| 5     | Diarrhoea                       | 1.19     | 0.47     | 60.5           | 1.25           | 1.33       | 6.4        |
| 6     | Fainting                        | 1.02     | 0.42     | 58.8           | 1.33           | 1.26       | 6          |

Curing responses of treatment over both group are as follows:

| Group A | %     | Group B | %     |
|---------|-------|---------|-------|
| Excellent | 23   | 63.9   | 0     | 0     |
| Good     | 9    | 25     | 2     | 16.66 |
| Poor     | 4    | 11.1   | 10    | 83.33 |

DISCUSSION:

From above results it is evident that in case of symptomatic relief ‘Lucomyn’ sowed excellent effect after 10 weeks treatment, whereas in placebo therapy few symptoms increased after 10 weeks of treatment and few symptoms showed very negligible reduction between the scoring of before and after treatment. In case of curing response we found that about 89% (64% excellent, 25% good). Patients got satisfactory effect for 10 weeks treatments. Where as in placebo therapy only 16.66% patient showed moderate response. But it is evident from above result the ‘Lucomyn’ cure the patient of said problem very much satisfactorily because in 11 to 14 weeks observation where no medicines were taken by the patients than no evidence of relapsing of the symptoms found to the group A patients, whereas group B patients exerted a lot of complaints in this period. 16.66% patients of group B so got moderate effect probably due to mental satisfaction because in true dysmenorrhoea some psychogenic causes takes place. No adverse effect found during the therapy of syrup ‘L’ & Syrup ‘P; in Group A & B patients respectively.

CONCLUSION

From above study we could concluded that ‘Lucomyn’ syrup is effective in the
treatment of true dysmenorrhoea. The usual dose and regimen of syrup Lucomyn is 3 teaspoonful or 15 ml twice daily after principal meal with equal amount of water for 10 weeks. No adverse effect would be found in the said therapy.

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