Clinical Researches

Role of ‘Krishna Tila’ and ‘Arkapushpa Taila’ Uttarbasti in the Management of Artavakshaya

Rujuta Trivedi*, Rakesh Kumar Mishra**, M. A. Pandya***
Institute for Post Graduate Teaching and Research in Ayurveda, Gujarat Ayurved University, Jamnagar.

Abstract

Ayurvedic classics give importance to Shuddha Artava and mention that Artavadushti is one of the causative factors for infertility. Artavakshaya is not separately described as disease any where in Ayurvedic classics, of course, this doesn’t desecrate Artavakshaya. Because, Acharya Charaka has quoted in Charaka Nidana Sthana, first chapter that symptoms of a disease themselves also constitute as a disease. But sometime, because of their subordinate nature they are only symptoms and not disease. This quotation substantiates the stand of taking ‘Artavakshaya’ as disease in the present studies. There are many processes and methods available in Ayurvedic classics to alleviate Artavakshya. But it is yet, the on going research to find out a method of treatment, which is nearer to procurance of permanent cure without side effects. It is well known that Ayurvedic classics emphasize on both Shodhana and Shamana therapy. Since Vata plays key role in Yoniroga, Uttarbasti, being Vata shamana, is a specific treatment in diseased condition of Yoni. As Shamana therapy Kwatha preparation choose to evaluate its efficacy. In the present study total 37 patients were registered, out of them 6 patients were discontinued. One group of patients was administered Arkapushpa Taila Uttarbasti and Krishna Tila Kwatha simultaneously. It gave more significant result. Krishna Tila Kwatha was administered orally in other group. Placebo wheat powder was administered orally in third group. Uttarbasti and Kwatha were found highly effective when administered simultaneously.

Key words: Artavakshaya, Krishna Tila, Arkapushpa Taila, Oligomenorrhoea, Hypomenorrhoea, Secondary amenorrhoea.

Introduction

The word ‘Artava’ denotes two meanings one of them is Antah Pushpa and another one is Bahir Pushpa. Both Antah and Bahir Pushpa are interrelated. Bahir Pushpa is outward manifestation of appropriate work of Antah Pushpa which is necessary for conception. Here, the present studies deal with Bahir Pushpa that is Menstrual Blood. Artavakshaya is not separately described as disease any where in Ayurvedic classics, of course, this does not desecrate Artavakshaya. Because, Acharya Charaka has quoted in Charaka Nidana Sthana-first chapter that symptoms of a disease themselves also constitute as a disease¹. But sometime, because of their subordinate nature they are only symptoms and not disease. This quotation substantiates the stand of taking ‘Artavakshaya’ as disease in the present studies. Ratio of Menstrual disorder² is raising in gynaecological practice which precursor of infertility and other problems, so it requires more attention. ‘Artavakshaya’ can be correlated with Oligomenorrhoea³, Hypomenorrhoea⁴ and upto some extent Secondary amenorrhoea⁵.

As we know ‘Shuddha Artava’ is very important for conception. That’s why Artava Utpatti and properties of Artava is gathering importance to ponder. Artava Utpatti mainly depends upon Kalà⁶, Dhatu paripurnata⁷, Karma⁸, Swabhava⁹ and Vayu¹⁰. According to all Ayurvedic classics Artava is Upadhatu of Rasa¹¹.

It is known that disease is a combination of sign and symptoms. Thus in the same way following symptoms are likely to be found in Artavakshaya:Artavakshaya yathochit kale adarshanam yonivedana cha.¹² (Su.su.15/12)

Vyadhi is known by ‘Nidana Panchaka’. Nidana Panchaka of Artavakshaya is as follows

(1) Nidana - Nidana of Dhatukshaya are considered here as nidana of Artavakshaya.
also play part in samprapti.

16 was given orally in the dosage of 10gm/day.

15 i.e. having finally result into

13 there is no standard criteria of has selected. Routine haematological, 

5ml intrauterine menstruation. After the use of each pad its weight was 

54x61 during the menstrual period, starting the first day of the 

54x73 & Johnson) weighing (one Pad) 12.200 gms was used 

54x85 Vaginal pads:

54x97 of the patients, cases had been selected.Blood loss during 

54x109 blood loss has been taken, only on the basis of the history 

54x121 present study no fixed standards for quantity of menstrual 

54x134 So, for the 

54x156 objectives were to study the critical review 

54x178 and placebo is prepared 

54x190 of Ayurved and modern literature on 

54x202 Aims and objects were to study the critical review of Ayurvedic and modern science. Therapeutic efficacy of 

54x223 as follows 

54x245 The Samshodhana therapy particularly the 

54x267 ii) The use of ‘Agneya dravyas’ are recommended 

54x288 i.e. having the same seat of origin on basis of 

54x310 Krishna tila kwatha 

54x324 On the above basis 

54x346 Ayurvedic and modern science. Therapeutic efficacy of 

54x368 Material & Methods

The patients attending the OPD and IPD of Department of Kaumarabhritya, I.P.G.T. & R.A. have been registered for present study. The test drug “Krishna Tila Kwatha” and “Arkapushpa Taila Uttarbasti” and placebo is prepared in pharmacy of Gujarat Ayurved University, Jamnagar. The Aims and objects were to study the critical review of Ayurvedic and modern literature on Artavakshaya and detailed etiopathogenesis of the “Artavakshaya” according to Ayurvedic and modern science. Therapeutic efficacy of the drug was evaluated.

Criteria for selection of patients

1. The duration of menstrual flow is 2 days or less.
2. The quantity of menses is very less, which was decided by the weight of pads used. The pads used during the period were of the same company.
3. If interval between two cycle exceeds more than 35 days.
4. In Group of Uttarbasti, only married women as subjects were selected.

In Charaka samhita, there is no standard criteria of menstrual blood loss has been mentioned. So, for the present study no fixed standards for quantity of menstrual blood loss has been taken, only on the basis of the history of the patients, cases had been selected. Blood loss during menstruation was assessed by usages of vaginal pads.

Vaginal pads: A standard vaginal pads (Stayfree Johnson & Johnson) weighing (one Pad) 12.200 gms was used during the menstrual period, starting the first day of the menstruation. After the use of each pad its weight was measured on an electrical balance. Thus the total weight of all the pads used in that period was measured. The mean score of the total weight of the vaginal pads was calculated.

Criteria for diagnosis: Patients who were having symptoms of ‘Artavakshaya’ i.e. yathochitkale adarshanam, yonivedna has selected. Routine haematological, urine and stool examinations have been done prior to the treatment.

Management of the patients: All the selected patients fulfilling the criteria of selection were randomly divided into 3 groups viz. Group O- The Krishna Tila Kwatha was administered orally in the dose of 10gm/day for 2 months. In Group U, Arkapushpa taila uttarbasti 5ml intrauterine administered after completion of the menstruation for 3 consecutive days for 2 cycle. Along with these Krishna tila kwatha was given orally in the dosage of 10gm/day. Group P was treated by Placebo capsule 250mg filled with wheat powder was given in the dosage of 2 cap. BD for 2 months.

Criteria for assessment of results: The criteria for assessment of treatment are based on improvement in cardinal symptoms. They are shown by grading method -

1. Quantity of menstrual flow was assessed by usages of vaginal pads. 0 gradation was given when 4 or more than 4 pad used, 1 gradation for 3 pad used, 2 gradation for 2 pad used, 3 gradation for 1 pad used, 4 gradation for Spotting bleeding without pads given.
2. Duration of menstrual bleeding was assessed by numbers of days of menstruation. 0 gradation was given for 4-7 days of bleeding, 1 gradation for 3 days, 2 gradation for 2 days, 3 gradation for 1 day.
3. Interval between two cycles (inter menstrual period) was assessed by the length of intermenstrual period. 0 gradation for 24 to 34 days, 1 for 35 to 39 days, 2 for 40 to 45 days and 3 for Above 45 days.
4. Pain during menses - Pain is difficult to measure, so here it was assessed by the verbal multi dimensional scoring system. Score was given according to activeness of women during her daily routine work. Menstruation is not painful and daily activity is unaffected then 0 score was given, while for Mild Pain 1 score was given in which Menstruation is painful but seldom inhibits the women normal activity- analgesics are required. For Moderate pain 1 score was given in which daily activity affected, analgesic drugs or therapies were needed but not as routine. In severe pain, activity clearly inhibited, Poor effect of analgesics, she can not do even her normal routine work and was to be absent from class or office during menses. Somatic symptoms e.g. Headache, Tiredness, Nausea, Vomiting etc. 4 score was given.
Observations & Results

The effect of Therapy on Duration of Menstruation showed that Group U and Group O both had highly significant result at the level of p<0.01, while group P showed insignificant result. Percentage of improvement was high in Group U. In the effect of therapy on Yathochit Kale Adarshanam (Interval between two cycles), Group O and Group U showed significant result at the level of p<0.05, while Group P showed insignificant result at the level of p>0.01. In the effect of therapy on Amount of Menstrual Blood, Group O, Group P and Group U all showed highly significant result at the level p<0.01. In the effect of therapy on Yonivedana (Pain during Menstruation), Group U showed highly significant result at the level p<0.01 while Group O and Group P both showed significant result at the level p<0.05. Regarding overall results, in Group U 80% of patients were completely cured and 20% of patients were markedly improved. In Group O, 70% of patients were completely cured, 20% of patients were improved and 10% of patients were unchanged. In Group P, 20% of patients were completely cured and 20% of patients were markedly improved, while 30% of patients were improved and other 30% of patients were unchanged.

Discussion

Where the duration of menstruation is concerned, 76.16% increment was seen in Group - U (Arkapushpa Taila Uttarbasti + Krishna Tila Kwatha), while 64.00% increment was seen in Group O (Krishna Tila Kwatha). These results show that both the therapies were effective in increasing the duration of menstruation but Group-U was comparatively more effective than others. In Group-P (Placebo-Wheat powder), the results were insignificant, where the interval between two cycles concerned, 100% reduction was seen in Group-U (Arkapushpa Taila Uttarbasti + Krishna Tila Kwatha) and 76.92% reduction was seen in Group-O (Krishna Tila Kwatha). While 25.00% reduction was seen in Group-P (Placebo-Wheat Powder). These results show that all three therapies were effective in reduction in Interval between two cycles but Group-U was comparatively more effective than others. Where the amount of menstrual blood is concerned, 95.83% increment was seen in Group-U (Arkapushpa Tail Uttarbasti+ Krishna Tila Kwatha) and 75.00% increment was seen in Group-O (Krishna Tila Kwatha). While 46.15% increment was seen Group-P (Placebo Wheat Powder). All therapy had highly significant results. But Group - U was comparatively more effective than others. Where the pain during Menstruation subsided 100% in Group-O and 87.87% in Group-U, while 66.66% pain subsided in Group-P. The result was highly significant in Group-U and Significant in Group-P and Group-O.

Group-U, i.e. Uttarbasti of Arkapurusha Taila and Krishna Tila Kwatha Therapy was more effective in curing Artavakshaya than other two therapies it can be said that Samshodhana and Shamana both get more result than others. Group-U gets highly significant result in duration of menstruation, amount of menstrual blood and yonivedana. Group-O, Krishna Tila Kwatha is also very effective in curing Artavakshaya because Krishna Tila is Artavajanana, Group-O gets highly significant result in duration of menstruation and amount of menstrual blood. In Group-P only Placebo treatment was given to the patients to evaluate counseling effect on the disease. In contemporary era, physiological as well as psychological disturbances are very important for concentration because today’s women are always in stress and strain due to her social and familial responsibilities.

The 20% of patients were completely cured and 20% of the patients were markedly improved, while 30% of the patients were improved and other 30% of the patients were unchanged.

Conclusion

The over all effects of the therapies on Cardinal symptoms of Artava Kshaya showed that Arkapurusha Taila Uttarbasti with Krishna Tila Kwatha (Orally) is more effective to increase the duration of menstrual period, interval decrease between two menstrual cycles and increase in amount of menstrual blood.

References

1. Charaka Samhita, Ayurveda Dipika commentary by Chakrapani Dutta Chaukhambha Orientalia,Varanasi, 1989, Nidana sthana 4/4 pp. 631.
2. www.journals.elsevierhealth.com/periodicals/nut/artical.
3. Textbook of Gynaecology, Dr. D.C. Dutta, Published by New Centralbook agency Calcutta, 3rd Edition, pp.176.
4. Ibid. Textbook of Gynaecology, pp.177.
5. Ibid. Textbook of Gynaecology, pp. 421.
6. Kashyapa Samhita, Pt. Hemaraja Sharma with Vidhyotini Hindi Commentary by Shrisatyapal Bhishagacharya, Chaukhambha Sanskrit Sansthan,Varanasi, 8th Edition, Sharir sthan 5/4 (jatsuriyasharir), pp.79.
7. Ibid. (6), Khila sthan 9/19, pp. 287.
8. Ibid. (6), Sharir sthan 5/4 (Jatisutriyasharir) pp.79.
9. Ibid. (6), Khila sthan 9/19, pp. 287.
10. Sushruta Samhita, Commentator Dr. Bhasker Ghaneker, Reprint March 2006, Published by Mehrchand Lachmandas Publication, New Delhi, Sharir sthan 3/10, pp. 80.
11. Ashtanga Hridaya with Sarvangasundara, Arundutta, Published by Chukambha Orientalia, Varanasi, 7th Edition, Sharir sthan 1/7, pp. 363.
12. Ibid. (10), Sutra sthan 15/12, pp. 91.
13. Ibid. (10), Sutra sthan 15/12, pp. 91.
14. Ibid. (10), Sutra sthan 15/12, pp. 91.
15. Bharata Bhaishajya Ratnakar, Nagindas Shah Samgrahit, Reprint Aug. 1999, Published by B. Jain Publishers New Delhi, Part 1 pp. 13.
16. Yogaratnakar (Uttarardh) Commentator-Vaidya Shree Laxmipatishastri Edited by Shree Brhamshankershastri, Yonirodhikar-Yoniyapadrogranam Chikitsa, Reprint-2005, Published by Chaukhambha Sanskrit Bhavan Varanasi, pp. 403.

हिन्दी सारांश
आर्तवक्ष्य की चिकित्सा में कृष्ण तिल और अर्कपुष्प तेल उत्तरबस्ति का प्रभाव
ऋतुता विद्वेदी, राकेश कुमार मिश्रा एवं भीरा पणज्याय

आयुर्वेद में शुद्ध आर्तव को महत्व दिया है, क्योंकि आर्तवक्ष्यि वंध्यायि का एक कारण माना गया है। प्रस्तुत अध्ययन में आर्तवक्ष्य के 37 समूहों को पंजीकृत करके तीन समूहों में छूटा गया। प्रथम समूह में अर्कपुष्प तेल उत्तरबस्ति और कृष्ण तिल क्राथ, द्वितीय समूह में केवल कृष्ण तिल क्राथ और तृतीय समूह में प्लेसबो पीड़ित दिया गया। प्रथम समूह की चिकित्सा से आर्तवक्ष्य में उल्साहार्दङ्ग परिणाम देखे गये।