

Clinical Researches

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

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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 *Artavakshaya*. 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 *Oligomenorrhoea*³, *Hypomenorrhoea*⁴ and upto some extent *Secondary amenorrhoea*⁵.

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 *Kala*⁶, *Dhatu paripurnata*⁷, *Karma*⁸, *Swabhava*⁹ and *Vayu*¹⁰. According to all Ayurvedic classics *Artava* is *Upadhatu* of *Rasa*¹¹.

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*.

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- (2) *Purvarupa*-It does not described in *Ayurvedic* classic.
- (3) *Rupa* - *Yathochit kale adarshanam, Yonivedana, Alpata.*
- (4) *Samprapti* - Vitiation of *Vata Kapha* and *Pitta Kapha* is mainly seen in *Artavakshaya*. *Kshaya* of *Rasa* and *Rakta Dhatu* also play part in *samprapti*. *Dosha prakopa* and *Dushya vaishamya* finally result into *Artavakshaya*.
- (5) *Chikitsa*- Principles of treatment of *Artavakshaya* are as follows
 - i) The *Samshodhana* therapy¹³ particularly the *Uttarbasti*.
 - ii) The use of *Agrneya dravyas*' are recommended¹⁴.
 - iii) The use of *Swayoni vardhaka dravyas* i.e. having the same seat of origin on basis of *dravya, guna* and *karma*.
 - iv) The drugs capable of increasing the *Rakta* (menstrual blood) should be used.

On the above basis *Arkapushpa taila Uttarbasti*¹⁵ and *Krishna tila kwatha*¹⁶ was administered for getting good result.

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, alpata, 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

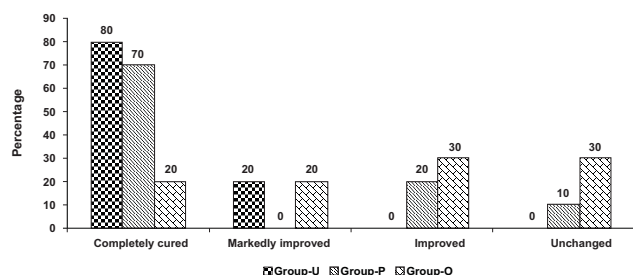


Figure 1: Overall effect of therapy

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 (*KrishnaTila 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 Arkapushpa 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 *Arkapushpa 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 Bhisagacharya, Chukhambha Sanskrit Sansthan, Varanasi, 8th Edition, Sharir sthan 5/4 (Jatisutriyasharir), 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, Commentetor Dr. Bhasker Ghaneke, Reprint March 2006, Published by Mehrchand Lachmandas Publication, New Delhi, Sharir sthan 3/10, pp. 80.
11. Ashtanga Hridaya with Sarvangasundara, Arundutta, Published by Chukhambha 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 I pp.13.
16. Yogaratnakar (Uttarardh) Commentetor-Vaidya Shree Laxmipatishashtri Edited by Shree Bhrahmashankershashtri, Yonirogadhikar-Yonivyapadroganam Chikitsa, Reprint-2005, Published by Chaukhambha Sanskrit bhavan Varanasi, pp. 403.

हिन्दी सारांश

आर्तवक्षय की चिकित्सा में कृष्ण तिल और अर्कपुष्प तैल उत्तरबस्ति का प्रभाव

ऋजुता त्रिवेदी, राकेशकुमार मिश्रा एवं मीरा पण्ड्या

आयुर्वेद में शुद्ध आर्तव को महत्त्व दिया है, क्योंकि आर्तवदुष्टि वंध्यत्व का एक कारण माना गया है। प्रस्तुत अध्ययन में आर्तवक्षय के ३७ रूग्णों को पंजीकृत करके तीन समूहों में बाँटा गया। प्रथम समूह में अर्कपुष्प तैल उत्तरबस्ति और कृष्ण तिल क्वाथ, द्वितीय समूह में केवल कृष्ण तिल क्वाथ और तृतीय समूह में प्लेसीबो चूर्ण दिया गया। प्रथम समूह की चिकित्सा से आर्तवक्षय में उत्साहवर्धक परिणाम देखे गये।