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A clinical comparative study to evaluate the efficacy of rajah pravartani vati in comparison with chandraprabha vati in udavarta yonivyapada w.s.r. spasmodic dysmenorrhoea

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Abstract:

Udavarta yonivyapad is one among the 20 yonivyapads and mainly *vata* predominant. *Vata* get aggravated due to *vegadharana* and moves in reverse direction. *Raja pravrutti* is regulated by *Apana vayu* since it plays a vital role in *dharan* and *nishkraman* of *raja*, vitiation of *Apana vayu* therefore leads to *Udavarta yonivyapada*. Todays stressful modern life style, food habits, frequent intervention of female genital tract affects the uterine environment, which leads to higher incidence of *dysmenorrhoea. Rajah Pravartanivati* and *Chandraprabhavati* contains drugs which are *vata shamaka* and *vata anulomaka*, so considering all these factors an effort has been done to evaluaate the efficacy of *Rajah pravartanivati* and *Chandraprabha vati* in the management of *Udavarta yonivyapada*. Finally, Mann – Whitney test reveals that, *Chandraprabha vati* provides better relief than *Rajah pravartanivati* in *adhodar shool*, *vedana kalavadhi* and *katishool* (backache) symptoms of *Udavarta yonivyapad*.

Keywords: *Udavarta yonivyapad, Rajah pravartani vati, Chandraprabha vati.*

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INTRODUCTION:

Udavarta yonivyapad is one among the 20 *yonivyapadas* and mainly *vata* predominant. *Vata* get aggravated due to *vegadharana* and moves in reverse direction.[4] Then it settles in *yoni* and produces the pain. Initially *aartava* pushes in upward direction and then discharges it with difficulty. This condition is known as *Udavarta yonivyapad* or *Kashtartava*. The definition of dysmenorrhoea is painful menstruation of sufficient magnitude.[6] Dysmenorrhoea is extremely common among women and causing great distress every month which incapacitate day to day activities. The severity of this pain is to such an extent that it interferes with their routine life and they are not able to do the routine work and have to take rest. *Rajah Pravartanivati*[1] and *Chandraprabhavati*[2] contains drugs which are *vata shamaka* and *vata anulomaka* so considering all these factors an effort has been done to evaluate the efficacy of *Rajah pravartanivati* and *Chandraprabha vati* in the management of *Udavarta yonivyapada*.

The null Hypothesis H_0 :

The effect of treatment of *Rajah pravartanivati* (Group A) is significant than *Chandraprabha vati* (Group B) in *Udavarta yonivyapada*.

The alternate Hypothesis H_a :

The effect of treatment of *Rajah pravartanivati* (Group A) is not significant than *Chandraprabha vati* (Group B) in *Udavarta yonivyapada*.

AIM:

To study the efficacy of Rajah Pravartanivati in comparison with chandraprabhavati in udavarta yonivyapada.

OBJECTIVES :

1. To compare the symptomatic relief by them on *udavarta yonivyapada*.
2. To carry out a comprehensive literary study of *udavarta* yonivyapada & Spasmodic dysmenorrhoea.

MATERIAL AND METHODOLOGY:

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Materials:

1) Diagnosed patients of *Udavarta yonivyapada*

2) Drugs: *Rajah pravartanivati*, *Chandraprabha vati*

Methodology:

This was an open randomized controlled trial design.

60 diagnosed patients of *Udavarta yonivyapada* were selected random sampling method.

Sampling methoid:

1) Group A (Trail): 30 patients were given *Rajah pravartanivati*

2) Group B (Control): 30 patients were given *Chandraprabha vati*

Table no.1

	Group A	**Group B**
NO of Patients	30	30
Drug	*Rajah pravartanivati*	*Chandraprabha vati*
Matra	250 mg (2 tablets)	250 mg (2 tablets)
Anupan	Water	water
Duration	8 days	8 days
Sevankal	Twice a day	Twice a day
Follow-up	After next menstrual cycle.	After next menstrual cycle.
No. of follow – ups	3	3

Inclusion criteria:-

- Patients willingly participated in the trial and giving consent form.
- Female patients of age from menarche to 35 years.
- Both unmarried & married women.
- The patients of *sashulartavapravrutti* in *udavarta yonivyapada* were included in the study. Diagnosis was be made according to ayurved literature.

Exclusion criteria:-

Patients unwillingly participated & associated with other complications such as,

- Patients with systemic disorders like DM, HTN, TB, Asthma.
- Pelvic inflammatory disease.

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- Polycystic ovarian disease.
- Fibroids (cervical or uterine)
- Cervical stenosis.
- Irregular menstrual cycle, metrorrhagia, menorrhagia.
- Antenatal & post natal.
- Patients taking any hormonal therapy.
- Endometriosis.
- Endometrial hyperplasia.

Table no.2

Sr. no.	Sign & symptoms		Score
1.	*Adhodarshoola*	No pain Mild Moderate Severe	0 1 2 3
2.	Vedana *kalawadhi*	No pain Mild Moderate Severe	0 1 2 3
3.	*Rajah strav*(*praman*)	No pain Mild Moderate Severe	0 1 2 3
4.	Associated symptoms. 1. Backache 2. Weakness	+, ++, +++ +, ++ , +++	

Statistical analysis: [5]

The null Hypothesis H_0 :

The effect of treatment of *Rajah pravartanivati* (Group A) is significant than *Chandraprabha vati* (Group B) in *Udavarta yonivyapada*.

The alternate Hypothesis H_a :

The effect of treatment of *Rajah pravartanivati* (Group A) is not significant than *Chandraprabha vati* (Group B) in *Udavarta yonivyapada*.

All the values in following tables are calculated by using Mann – Whitney test for every symptom separately.

Table no.3

1) *Adhodarshool*

Symptom	Adhodharshoola
N	53
Mean of Group A	1.578
Mean of Group B	1.778
S.D(±), B.T.	0.643
S.D(±), A.T.	0.698
S.E.(±), B.T.	0.126
S.E.(±), A.T.	0.134
U	296.5
U ‘	405.5
P	>0.001

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Table no.4

1) *Vedana Kalavadhi*

Symptom	**Vedana Kalavadhi**
N	53
Mean of Group A	1.792
Mean of Group B	1.482
S.D(±), B.T.	0.779
S.D(±), A.T.	0.574
S.E.(±), B.T.	0.159
S.E.(±), A.T.	0.106
U	275.5
U ‘	420.5
P	>0.001

Table no.5

2) *Rajstrav*

Symptom	**RAJSTRAV**
N	40
Mean of Group A	1.625
Mean of Group B	1.25
S.D(±), B.T.	0.71
S.D(±), A.T.	0.447
S.E.(±), B.T.	0.145
S.E.(±), A.T.	0.111
U	138
U ‘	246
P	<0.01

Table no.6

3) Backache (*Katishool*)

Symptom	**Backache (*katishool*)**
N	49
Mean of Group A	1.571
Mean of Group B	1.429
S.D(±), B.T.	0.504
S.D(±), A.T.	0.597
S.E.(±), B.T.	0.095
S.E.(±), A.T.	0.13
U	246
U ‘	342
P	>0.01

Table no.7

4) Weakness

Symptom	**Weakness**
N	46
Mean of Group A	1.593

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Mean of Group B	1.263
S.D(±), B.T.	0.636
S.D(±), A.T.	0.453
S.E.(±), B.T.	0.122
S.E.(±), A.T.	0.103
U	186
U ‘	372
P	<0.01

Comparative analysis shows the effect of treatment for adhodarshool, *vedanakalavadhi* and backache symptoms, *Chandraprabha vati* (Group B) is significant than *Rajah pravartanivati* (Group A) in *Udavarta yonivyapada* i.e. Spasmodic dysmenorrhoea.

Overall effect of therapy for subjective criteria on 60 patients of *Udavarta yonivyapada*:

Result	**Group A**		**Group B**	
	No. of pts	**%**	**No. of pts.**	**%**
Complete remission (>75 %)	4	13.33 %	1	3.33 %
Marked improvement (51 – 75 %)	18	60 %	14	46.67 %
Moderate improvement (26 – 50 %)	5	16.67 %	11	36.67 %
Mild improvement (< 25 %)	3	10 %	4	13.33 %

In **Group A of *RAJAPRAVARTANI VATI*** out of 30 patients, marked improvement (51 to 75 % relief) was noted in 18 patients i.e. 60 %, while moderate improvement (26 to 50 % relief) was noted in 5 patients i.e. 16.67 %, Complete remission was noted in 4 patients i.e. 13.33 % and mild improvement (< 25 % relief) was noted in 3 patients i.e. 10 %.

In **Group B of *Chandraprabha Vati*** out of 30 patients, marked improvement (51 to 75 % relief) was noted in 14 patients i.e. 46.67 %, moderate improvement (26 to 50

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% relief) was noted in 11 patients i.e. 36.67 %, while mild improvement (< 25 % relief) was noted in 4 patients i.e. 13.33 %, whereas complete remission (> 75 % relief) was noted in 1 patient ie.e 3.33 %.

DISCUSSION

1) *Rajapravartani Vati*-[3]

It is Effective in *Aartava Vikar*.

Tankan,Hingu,Kasisa, Kumari are the main ingredients of *Rajapravartani Vati*

HINGU-

Hingu also *Shoolahara* property.

Hingu has *vatanulomana* property which helps in normalizing the function of *Apana Vayu*, which is main causative factor of *Udavarta yonivyapada* .

Hingu has anti-flatulent and digestive properties & counteracts spasmodic disorder.

Hingu ,tankan & *kasisa* are *Aartavajanana* drugs.

Hingu may probably excite the secretion of progesterone hormone.

KUMARI-

Kumari contains beeta-sitosterol & has the anti-prostaglandin activity.

KASISA-

Kasisa helps in *Rakat dhatu vriddhi* which improve the uterine blood circulation (Reduce blood circulation is cause of dysmenorrhoea)

*Balya(Hingu,kumari tankan,Kasisa),Rasayan (Kumari)*drugs are give Strength to uterie musculature for easy expulsion of raja.

TANKAN-

Takana is *garbhashaya sankochaka* drugs helps in normal harmonization during contraction.

2) *Chandraprabhavati*-[3]

- It is the drug of choice in case of *apana vayu dushti.*
- The main contents are *shilajit,guggulu, swarnamakshika bhasma, lavana* & *kshara* all having key role to play in the action of drug.
- It is having *tridoshahara, balya, vrushya* properties does the action on *kaphaavruta vata*, relieves the *avruta apana vayu* & maintains the poteney

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to normal flow of *arthava* & also helps in relieving pain also having *medhya* & *smitivardhak* action this corrects the pituitary function & maintains the LH & FSH levels**.**

- Maximum numbers of drugs have *ushna veerya,snigdha guna,kapha-vatahara,dipana,pachana* properties helps in *amapachan*.Improves *Agni* & relieves pain.
- *Trikatu* improves *Agni*,thereby formation of *dhatus* &improve general health.
- *Pippali* is anti-spasmodic.
- *Shunthi,Pippali* have anti-infiammatory activity.
- *Shunthi* has *vatanulomaka* & *shoolprashaman* property.

CONCLUSION

On the basis of the study, following conclusions can be drawn:

Symptom	**Percentage Relief**	
	Group	**Group**
	A	**B**
Adhodarshool	57%	77.81 %
Vedana Kalavadhi	60%	76%
Raja Strav (*Praman*)	75%	66%
Katishool	65%	78%
Daurbalya (Weakness)	80%	71%

- From the above table we can say that, *Chandraprabha Vati* shows relatively better relief than *Rajapravartani vati* in *Udavarta yonivyapada* but *Rajapravartani vati* has provided relatively better relief than *Chandraprabha Vati* in *Rajahstrav* and *Daurbalya* symptom of *Udavarta yonivyapada*.
- *Chandraprabha Vati* can be used instead of *Rajapravartani vati* in the management of *Udavarta yonivyapada*. Because *Chandraprabha Vati* shows

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better results than *rajah pravartani vati* in *Udavarta yonivyapad*.

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