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"Effect of phalakalyana ghrita on prajanana swasthya and vandhyatwa in females"

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ABSTRACT

The Noble idea of giving priority of maintaining good health besides eradicating diseases has established "*Ayurveda*" as top among "*Amruta*" described.

Woman is the power of universe and the empowerment is due to her capacity to reproduce. During her reproductive era she is always prone to ill health.

Vandhyatwa is one of serious gynaecological problems during the reproductive age. Ayurvedic approach to treatment of various gynaecological disorders including vandhyatwa is reflected in indications of phalakalyana ghrita which has been recapitulated in present clinical study.

Hence a randomized study of case control with 45 no. of patients has been carried out with 'Phalakalyana Ghrita' administered in different routes in three divided groups of patients.

Phalakalyana Ghrita provided significant results after treatment of 3 consecutive months by regulating menstrual irregularities like duration of flow. Interval between two cycles, amount

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of menstrual blood loss and pain associated with menstrual flow besides alleviating infertility conditions.

KEY WORDS: *Amruta, vandhyatwa, phalakalyana ghrita*, reproductive age, menstrual irregularities.

Introduction :

Fertility is sign of womanhood and revolves around the regularity of menstrual cycle. Disorders of menstruation are amongst the commonest of gynaecological complaints A single deviation in menstrual cycle which may be excessive or low creates anxiety; which is not away from the facts of infertility.

Ayurveda has advocated various do's and don't's to maintain healthy conditions i.e. to remain 'swastha'. The very popular description of swastha described by sushrut emphasizes on proper functioning of 'dosa' dhatu, Mala, Agni, Atma-indiya, Mana etc. Showing the importance of maintaining a healthy condition Acharya Bhabaprakash has described that One should observe Dinacharya, Ratricharya & Rtucharya to remain swastha, Otherwise one may not be able to remain healthy. The prajanana swasthya is thus advised to be maintained by observing various 'charyas' during various phases of reproductive age V.I.Z Rajahkala, Rtukala. Rtu vyatita kala, Garvakala and Sutika Kala etc. According to W.H.O the definition, Reproductive health is a state of complete physical, Mental and social wellbeing and not merely the absence of disease or infirmity in all matters relating to the reproductive system and to it's functions and processes.

In a true sense health and disease lie along a continuum and there is no single cut oft point, The lowest point on the health disease spectrum is death and highest point corresponds to W.H.O definition of positive health. There fore measurement of health have been framed in terms of illness or lack of health, the consequence of illness (i.e., morbidity or disability). Prajanana swasthya can also be measured in terms of common illness of reproductive system in women such as "Raja Dosa, Yoni Dosa, parisravi Yoni

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and vanthyatwa, the most badly affecting consequence of reproductive system .

Ayurvedic approach to treatment of yonivyapat and artavavyapat are always concentrated on dosic factors, The yonivyapats are always due to vata and pitta dosa predominance for which 'Goghrita' is supposed to be the best preparations. It is more over not necessary to mention that the drugs contained in Phalakalyana ghrita have tridosa samak properties besides ' Garvasaya sodhana, Yoni sulahara and stanyajanak properties. When analyzed scientifically, it is known that cell membrane are lipoprotein by nature, more over lipid soluble substances get an earlier and faster entry to the cells and produce their effects potentially. As phalakalyan ghrita is a medicated fat, so the active principles, those are soluble in fat (lipid) is available in the compound. That is why it becomes able to produce the action by local application (Uttaravasti) also.

AIMS & OBJECTIVES –

1- Review of literature regarding reproductive health, infertility and about phalakalyana ghrita.

2- Therapeutic evaluation of phalakalyana ghrita & it's effects.

3- Clinical assessment and statistical assessment of results in terms of fruitful outcome from vandhyatwa and other common ailment vitiating reproductive health in females.

MATERIAL AND METHODS

This is a study of case control. The study was carried out on women having vitiated conditions of reproductive health & vandhyatwa. The study included patients having Rajadosa, Yonidosa, parisraviyoni and vandhyatwa after fifing the selection criteria.

a) Study Design -

This is case controlled single blind clinical trial. 45 number of patient were taken by multiphase random sampling and were distributed into three different groups. The Group-I

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was administered phalakalyana ghrita is oral route. Group-II was administered by uttaravasti and Group-III by both the routes.

b) Duration of Study -

All 45 cases were administered with phalakalyana ghrita in different routs for 3 consecutive months and specially in case of uttaravasti for 3 consecutive days in each month after cessation of menstrual bleeding .

C) Drug & Dose

Phalakalyana ghrita

Dose – Oral – 5 ml/Twice daily

Uttaravasti – 3 - 5 ml/day

RESULTS :

TABLE – NO- 1

OBSERVATIONS & DESCUSSION :

In the study group the dominant proportions of patients were between 26-30 yrs of age group (55.55%) with 23no. of patients (51.11%) of nulliparous conditions. Among total no of patients, 30 (66.66%) have irregularity in duration of menstrual period, 25 (55.55%) have backache, 21 (46.66%) have swetapradara and irregularity in interval between two menstrual periods, 15 (33.33%) have alpartava, 18(40%) have vandhyatwa, 09 (20%) have raktapradara and 06 (13.3%) have got history of repeated abortion as their chief complains.

These observations substantiate the proper reproductive age group and the commonest complaints encountered during one reproductive era of females.

Showing the percentage of patients got improvement after treatment compaired with before treatment for different signs & symptoms.

Signs & Symptoms	Group – I		P* %	Group – II		P* %	Group – III		P* %
	B.T	A.T3		B.T	A.T3		B.T	A.T3	
Interval of	08	01	87.5	07	02	71.42	06	00	100

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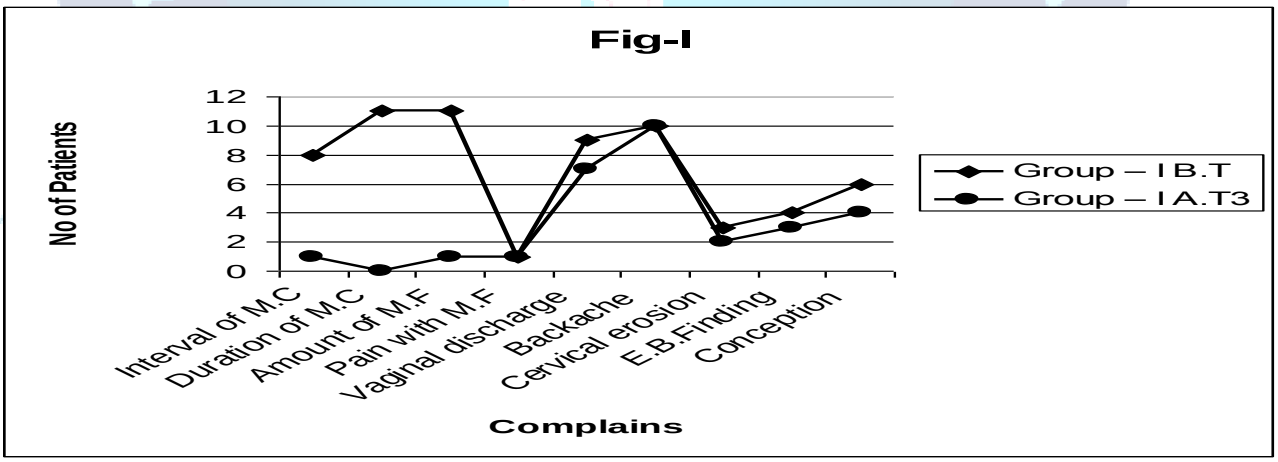
M.C									
Duration of M.C	11	00	100	09	00	100	10	00	100
Amount of M.F	11	01	90.90	09	03	66.66	12	00	100
Pain with M.F	01	01	0	03	02	33.33	02	00	100
Vaginal discharge	09	07	22.22	09	06	33.33	09	06	33.33
Backache	10	10	0	10	07	30	08	04	50
Cervical erosion	03	02	33.33	04	01	75	02	00	100
	B.T	**F.U3**		**B.T**	**F.U3**		**B.T**	**F.U3**	
E.B.Finding	04	03	25	02	00	100	02	00	100
Conception	06	04	33.33	06	04	33.33	06	02	66.66



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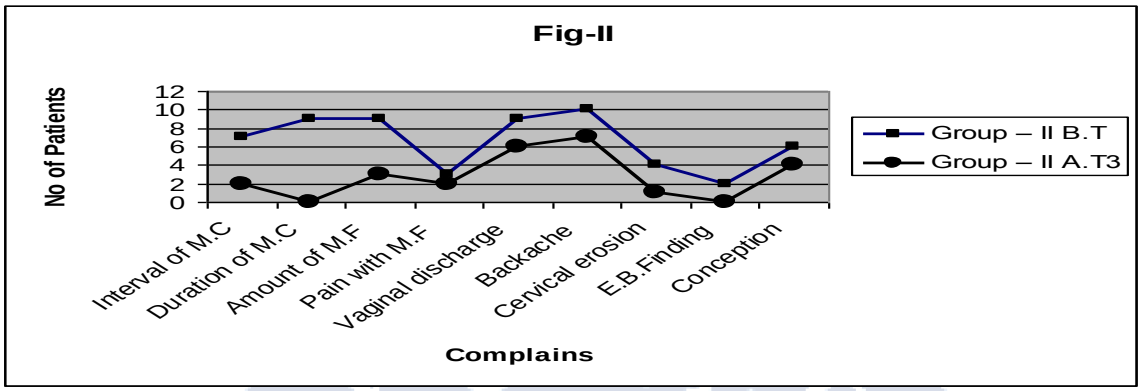

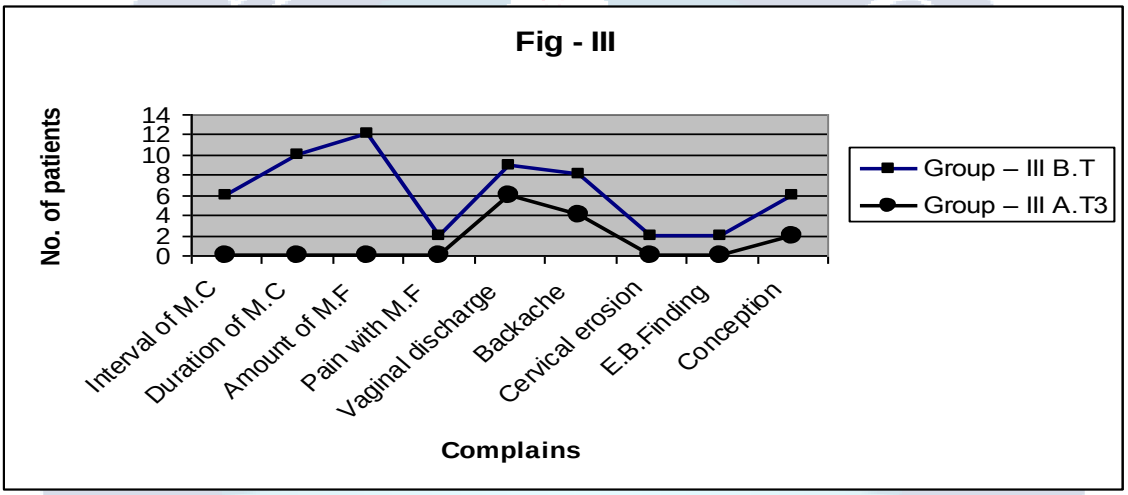

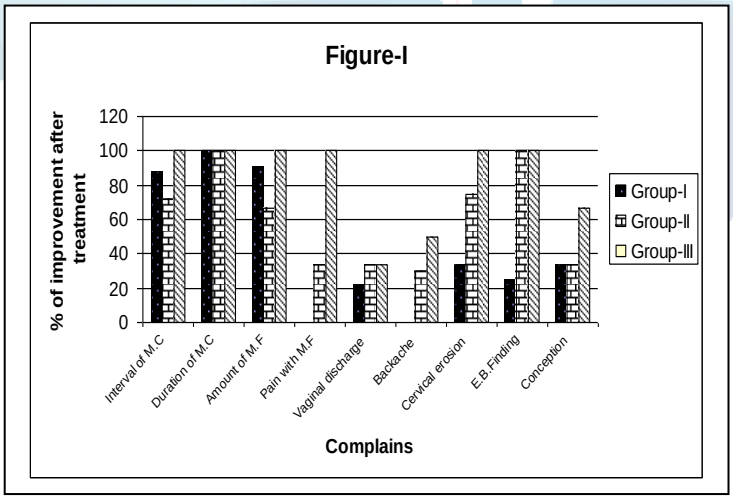

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TABLE – NO – 2

Showing the statistical summary of clinical profile .

Sings & symptoms		B.T	A.T3	' t '	d.f.	p-value
		Mean + S.D	Mean + S.D			
Interval of M.C	Gr-I	2.125 + 0.83	0.25 + 0.70	6.35	07	<0.001
	Gr-II	1.85 + 1.06	0.42 + 0.78	4.80	06	<0.005
	Gr-III	1.5 + 0.87	0.16 + 0.40	6.36	05	<0.001
Duration of M.C	Gr-I	1.36 + 0.50	0 + 0	9.13	10	<0.001
	Gr-II	1.44 + 0.52	0 + 0	8.30	08	<0.001
	Gr-III	1.9 + 0.87	0 + 0	6.90	09	<0.001
Ament of M.F	Gr-I	1.81 + 0.75	0.09 + 0.30	8.89	10	<0.001
	Gr-II	2.11 + 0.78	0.44 + 0.72	9.96	08	<0.001
	Gr-III	1.91 + 0.66	0 + 0	10.01		<0.001
Pain C M.F	Gr-I	2.0+ 0	1.0 + 0			
	Gr-II	2.0 + 1.0	0.66 + 0.57	4.03	2	>0.05
	Gr-III	1.0 + 0.0	0 + 0		01	
Vaginal discharge	Gr-I	1.77 + 0.44	0.77 + 0.44	6.0	08	<0.001
	Gr-II	2.11 + 0.33	0.66 + 0.50	8.30	08	<0.001
	Gr-III	2.00 + 0.50	0.77 + 0.44	8.31	08	<0.001
Backache	Gr-I	1.9 + 0.31	0.7 + 0.48	4.6	09	<0.005
	Gr-II	1.9 + 0.56	0.9 + 0.73	4.78	09	<0.001
	Gr-III	2.00 + 0	0.5 + 0.53	7.98	07	<0.001
Cerkcal erassion	Gr-I	1.66 + 0.57	0.66 + 0.57			
	Gr-II	1.75 + 0.50	0.25 + 0.50	5.26	03	<0.025
	Gr-III	2.00 + 0.0	0 + 0		01	
E.B Findings	Gr-I	1.0 + 0.0			03	
	Gr-II	1.0 + 0.0			01	
	Gr-III	0.0 + 0			01	
Conception	Gr-I	1.0 + 0	0.66 + 0.51	1.57	05	<0.05
	Gr-II	1.0 + 0	0.66 + 0.51	1.57	05	<0.05
	Gr-III	1.0 + 0	0.33 + 0.51	3.15	05	<0.05

S.D = Standard deviation

B.T = Before Treatment

$A.T_3$ = After 3 Months Treatment

$F.U_3$ = After 3 Months follow-up

T = Test of Significance

P = Probability

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< = Less than

> = Greater than

P* = Percentage of patents got improvement

Discussion –

The clinical Study with the trial drug 'Phalakalyana ghrita' on different complains shows effectiveness by regulating the interval of menstrual cycle, duration of menstrual period and amount of menstrual flow in all the three groups. While analyzed for other symptoms like pain associated with menstrual flow, it is less effective but for the other symptoms like excessive vaginal discharge, backache, cervical erosions it was quite effective enough during the 3 months of treatment by different routes. Among 8 cases of vandhyatwa with non secretory endometrium shown by E.B., 6 patients have improved and the E.B done after 6 months showed secretory changes which indicates towards the indirect of evidence of ovulation. Probably the effect is due to the soothing effect of phalakalyana ghrita. Among 18 cases of infertility 8 have conceived at the end of 3rd month of treatment and total of 8 cases have been reported to conceive after 3rd month of follow-up after treatment.

Statistical analysis of the present clinical study reveals that trial drug is highly effective in regulating interval of menstrual cycle with P value <0.001 in all three groups after 3 months of treatment. It is also highly effective in controlling duration of menstrual period and amount of menstrual flow with P-Value <0.001. in all three groups after 3 months of treatment. Regarding the pain during the menstrual flow, statistically the value is insignificant though clinical improvements were observed probably due to less number of patients with the complaint. While considering about vaginal discharge the drug is highly effective with P' value <0.001 in all three groups. After 3rd month of treatment for the complain of backache the drug is also highly effective with P' Value <0.001 after 3rd month of treatment for the complain of cervical erosion the drug is not effective when given orally so

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in Group-I the P-Value is >0.05 suggesting insignificant result, But in case of Group-II & Group-III where the drug is applied by uttaravasti and oral as well, the results are significant with a P-Value of <0.010. In cases of E.B., reports the statistical values are insignificant suggesting no effectiveness of trial drug for inducing ovulation, statistically.

Regarding the trial drug on complains of infertility the drug has shown insignificant results in Group-I and Group-II, with P-value >0.05. But in Group-III where the drug is administered by both the routes shows significant results with the P-Value <0.050 after 3rd month of treatment.

CONCLUSION –

However the overall effectiveness of trial drug phalakalyana ghrita proved highly significant in cases of morbid conditions of reproductive health. In infertility patients it is significant when used in oral as well as uttaravasti forms combined. This study is supposed to focus a ray of light on the path towards the goal of international society fixed to be achieved till 2015.

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