

CLINICAL STUDY ON THE EFFICACY OF DASHAMULA KWATHA AS AN ANALGESIC IN SUTIKA AWASTHA SHULA

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ABSTRACT

Introduction: *Sutika* refers to the puerperal stage of the woman after strenuous sequential events till placental expulsion. Ayurvedic treatise depicts *kala* of *sutika* from placental expulsion up to 1 ½ month. In *sutika* the pain intensity is seen more in early 10 days due to sudden expulsion of fetus and rakta-kleda nisriti, thus hampering her day-to-day activities. Dashamula being Vatashamak, analgesic and anti-inflammatory and its chemical constituent acting as an antibiotic helps in pain reduction in *sutika*; thus, this work was carried out. This research paper emphasizes on the Ayurvedic management of pain/shula in *sutika awastha*. **Aim:** To evaluate the analgesia property of *Dashamula Kwatha* in *Sutika Awastha shula*. Methodology: 50 patients were enrolled irrespective of the parity and Caesarean section

patients were excluded. 4 types of pain were taken for the study via-episiotomy pain, after pains, backache and body ache. Assessment of pain was done with the help of VAS scale for consequent day 1 to day 5th during IPD stay and on day 10th of parturition. *Dashamula Kwatha* was administered 20 ml, orally, twice a day with equal amount of lukewarm water from the day of parturition till day 10. **Result:** Clinical research done by administering Ayurvedic Formulation “*Dashamula Kwatha*” showed effect in reducing the shula during *sutika awastha*. This formulation effectively reduced episiotomy pain, after pains, body ache, backache by the score of 4 on VAS scale to 0 on day 10th. **Conclusion:** Intake of *Dashamula Kwatha* found to be effective in alleviating the *shula* during *sutika awastha*.

KEYWORD: Sutika, Dashamula, Analgesic.

INTRODUCTION

- Sutika sharir being shunya due to prasav vedana, rakta kleda nisriti, sudden elimination of fetus leads in unequilibrium state of dosha, dhatu, mala as well as uterine involution yielding in pain.
- Sutika itself is a vata prakopak awastha and dhatukshay due to above said factors leads in more of vata prakop leading in dhatvagnimandya and unequilibrium state of dosha-dhatu-mala.
- Basic pathology of pain in sutika awastha reside in dhatukshay and vaat prakop and thus symptoms like episiotomy pain, after pain, body ache and backache is elicited in sutika.
- Treatise depicts as shula occurs due to vata; in sutika awastha shula is due to: Dhatukshay- Angamarda, Prishtha shula and due to Vata prakop- kukshihras, utkartana shula (episiotomy pain).
- Rasa-kleda nisriti leads to dhatukshay and shula thus, Angamarda and Prishthashula occurs.
- Sira sankoch during kukshihras leads to shula whereas in utkartana shula, muladhar chedan is done, from where pran vayu uptakes the stimulus to mastishka from where shula explicit in the affected area.
- Similarly, as per Modern Science, there is a sequential process of delivery wherein elimination of plasma and blood occurs, leading in decreased immune power and weakness and thus noxious stimuli producing in pain.
- Dashamula being vatashamak is significantly used in sutika as per treatise. Dashamula being exclusively 10 mula, comprises of Shalparni, Prishnaparni, Bruhati, Gokshura, Kantakari, Bilva, Agnimantha, Shyonak, Patla, Gambhari.
- Chemical constituent of Bilva, Agnimantha, Shyonak, Patala, Kashmarya, Shalparni, Prishnaparni acts as anti-inflammatory and Patala, Kantakari, Gokshura as a mutrala helps in sanchit sukshma kleda nirvahan as well as Shyonak, Bilva, Bruhati acts as an antibiotic.
- Marmalasin specifically acts on inflammatory changes occurring locally thus reducing the pain and Bilva being ushna veeryatmak helps in Pachan.
- Sterol inhibits production of prostaglandin as well as anulomak karma of Agnimantha helps in shaman of vata.
- Flavonoids being anti-inflammatory, Shyonak acts as vedanastahapak.
- Patala as well as Prishnaparni itself is tridosahara thus is potent analgesic by maintaining equilibrium state between doshas and further dhatu and mala.

- Alkaloid content of Gambhari and Shaliparni has anti-nociceptive property, therefore is Shothahara and vedanasthapak.
- Chemical constituent of kantakari has glycoalkaloids and steroids thus helps in vedanasthapan.
- Chemical composition of bruhati helps in controlling metabolism, inflammation, immune function, salt and water balance, the ability to withstand illness and injury.
- Gokshura being anulomak and vatahara, maintains equilibrium state of vata, which is increased during sutika awastha.

Aim

- To evaluate the analgesia property of *Dashamula Kwatha* in *Sutika Awastha shula*.

MATERIAL AND METHODOLOGY

- The data collected, at Bharati Ayurved Hospital, Prasuti evam Stri Roga department, Dhankawadi, Pune.
- Total number of patients recruited were 50.
- The study was carried out from January 2021 to October 2021 and was single arm uncontrolled clinical trial.
- Patients were recruited irrespective of parity and excluding Caesarean section patients.
- Mainly 4 types of pain was included in study via- episiotomy pain, after pain, body ache and backache.
- *Dashamula Kwatha* was administered 20 ml, orally, twice a day with equal amount of lukewarm water. Medicine was administered from day of parturition till day 10th.
- Patient was observed keenly from day 1st till day 5th during IPD stay after proper history taking, general examination, srotas parikshan as well as proper assessment of pain by VAS scale.
- The conclusion of respective patient regarding pain was drawn on 10th day in OPD. Lab investigations- hemogram and urine (routine and microscopic) was carried out.

Inclusion criteria

1. Vaginal Delivery
2. Single/Multi parity
3. IPD patients

Exclusion criteria

1. Caesarean Section
2. Puerperal Tubal Ligation

Discontinue criteria

1. Non-compliance of the patient
2. Voluntary withdrawal by the patient
3. Irregular follow-up of patient

Assessment criteria

a) Subjective criteria- Temperature

Pulse Rate

Blood Pressure

Pain (VAS scale)

✓ Gradation for Episiotomy pain, Back ache, Body ache:

Gradation	Assessment
0	No pain
1-3	Mild pain, doesn't limit activity
4-5	Nagging pain, can do most activity with rest period
6	Miserable distressing, unable to do some activity due to pain
7-9	Intense pain, unable to do most activity due to pain
10	Worst pain, unable to do any activity

✓ Gradation for afterpains

Gradation	Assessment
1	No pain
2	Mild
3	Moderate
4	Severe

b) Objective criteria- Hemogram

Urine (Routine and Microscopic)

Treatment details

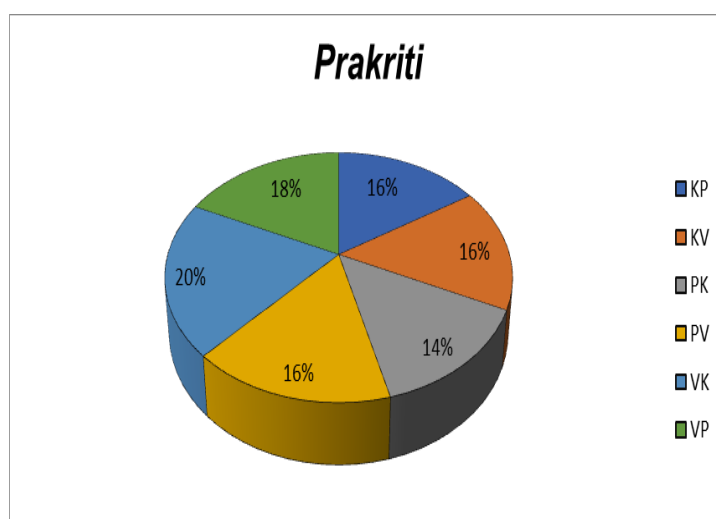
A.	Dose	20ml, 12 hourly
B.	Form	Kwatha
C.	Time	8 AM- 8PM
D.	Anupan	Equal amount of Water

E.	Follow up	Upto day 0 th of delivery
F.	Route	Orally
G.	Duration	1-10 th day

OBSERVATION

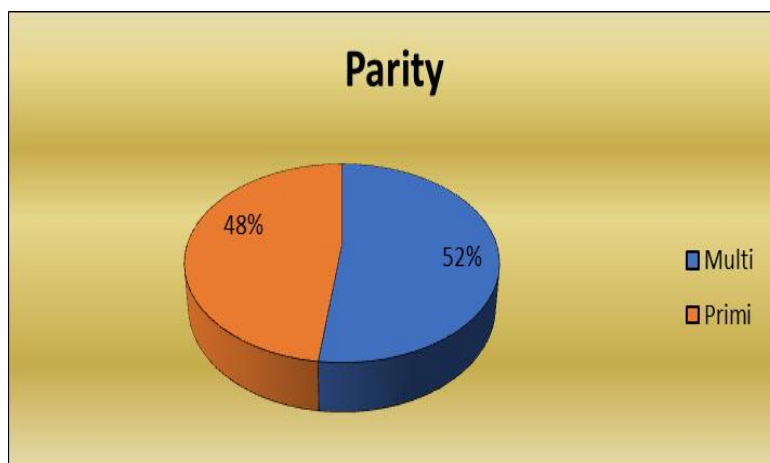
A) *Prakriti* wise distribution:

<i>Prakriti</i>	No of pts.
KP	8
KV	8
PK	7
PV	8
VK	10
VP	9

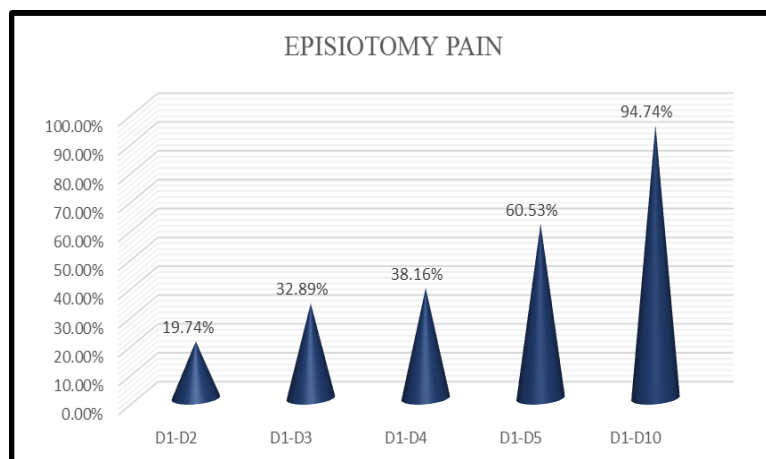


B) Parity wise distribution

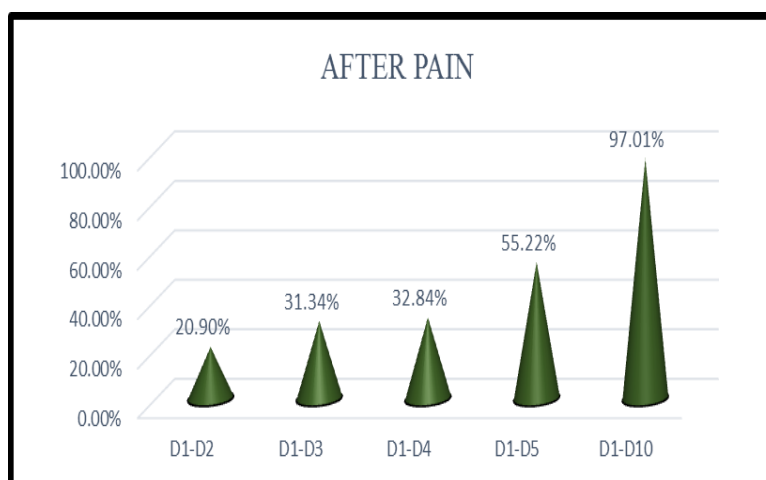
Parity	No of pts.
Multi	26
Primi	24
Total	50



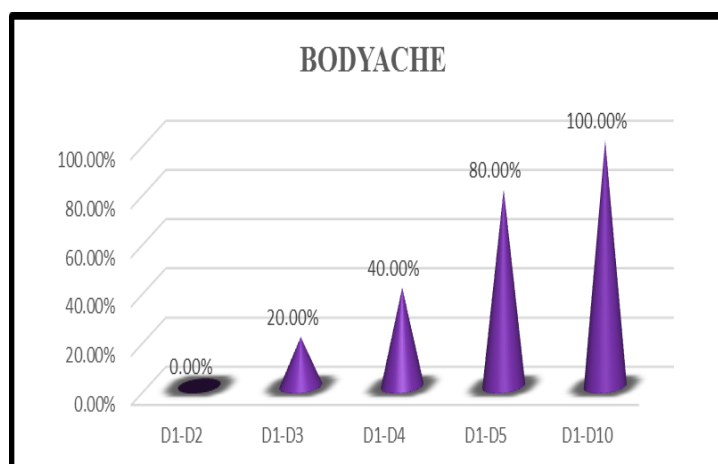
C) Effect of dashamula kwatha on Episiotomy pain



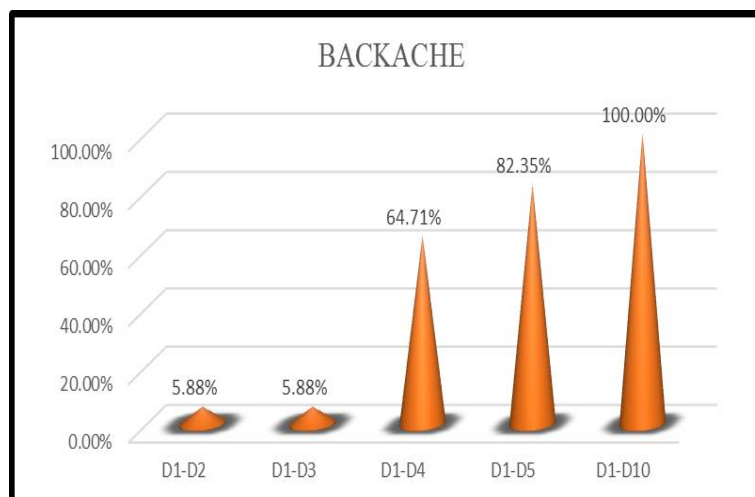
D) Effect of dashamula kwatha on After pain



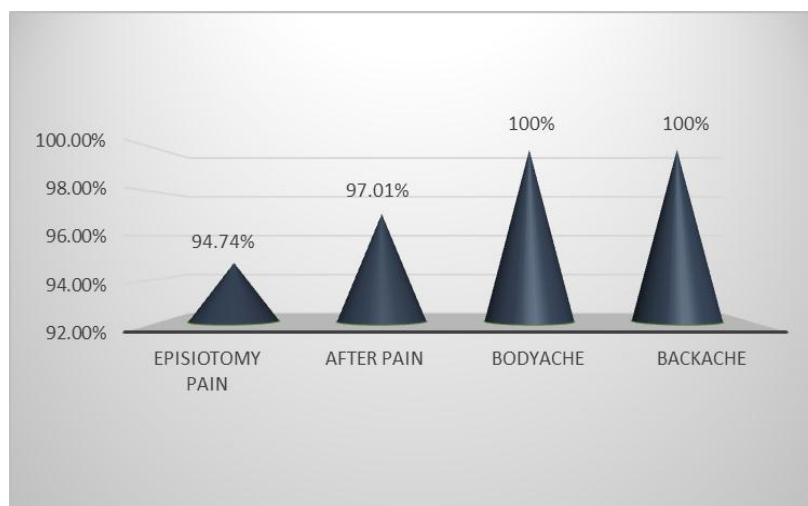
E) Effect of dashamula kwatha on Body ache:



F) Effect of dashamula kwatha on backache



G) Overall effect of dashamula on sutika shula

**DISCUSSION****a) Discussion on prakriti**

- Vatakaphaj prakriti patients were more, and these particular patients suffered from pain more due to predominance of vata dosha pradhanta in Vatakaphaj prakriti as well as sutika being vatapradhan awastha; dashamula being vatashamak and Shulahara reduced episiotomy pain, abdominal pain, backache as well as body ache significantly.

b) Discussion on parity

- Multi Parity found in maximum number of patients

Multi para patients elicited after pains more due to poor uterine muscle tone, less of episiotomy pain

Primi para patients complained of episiotomy pain more due to good muscles tone.

c) Discussion on episiotomy pain

- Episiotomy pain grade was 4th on day 1st which was reduced to grade 0 by 10th day in 47 patients out of 50 patients.
- Due to trauma of episiotomy wound, pain was elicited more on the day 1st of delivery which was reduced by 10th day by reducing shotha, shula due to anti-inflammatory and anti-bacterial effect of dashamula.
- Out of 50 patients 3 patients Hb% was below 9 gm% on 3rd day of delivery who complained of more episiotomy pain, due to less pain threshold level. These 3 patients were Anaemic in their ANC period and the grade on day 1st was 4 which was reduced to 1 on day 10th and in remaining 47 patients the grade was 4th on day 1 which was reduced to 0 on day 10th.

d) Discussion on after pains

- It was observed that during intrapartum period, the primi patients who were augmented with oxytocin suffered from after pains more.
- Out of 50 patients 5 primi para patients were augmented with oxytocin.
- After pains occurs due to ischemia and release of prostaglandins leading to more of after pains, dashamula being analgesic reduced the pain considerably.
- After pains was seen more in multi para patient due less uterine muscle tone.
- Uterine involution mechanism occurs due to myometrial contraction as well as indirect release of prostaglandin by paracrine route thus leading to after pains.
- Dashamula being analgesic acts on the after pain reducing the pain gradation from day 1st to day 10th

e) Discussion on body ache

- In this study Body ache was seen in primi patient more than multi para.
- Sutika sharir being shunya due to exertion of labour pain, elimination of kleda and rakta as well as sudden elimination of rakta and rasa, imbalance between dosha occurs leading to the angamarda or body ache. Dashamula being tridoshahara makes the equilibrium state of doshas and thus body ache is reduced to no body ache on day 10th

f) Discussion on backache

- Backache complaint was commonly observed in multi para patient than the primi para due to reduced muscle tone as well as profuse dhatukshay.

- Dashamula being potent analgesic and anti-nociceptive reduced backache from day 1st grade 3 to 0 on day 10th.

CONCLUSION

- The represented data in various presentation form shows, that the multiparity patient were more than compared to the primi patient.
- Prakriti wise data showed Vatakaphaj prakriti patient were more in the clinical research, kaphapittaj, kaphavataj, pittavataj prakriti patients were equally elicited in the study.
- Vatakaphaj prakriti showed more of episiotomy pain rather than after pain and body ache compared to other prakriti. Kaphapittaj prakriti patient showed equal gradation of every pain. Kaphavataj prakriti patient showed more of episiotomy pain than the other one, vatapittaj and pittavataj prakriti patient showed equal gradation of episiotomy pain as well as after pain. Pitta kaphaj patient showed more of after pain than any other.
- Episiotomy pain, after pain as well as body ache seen equally in Primi Para patient. Episiotomy pain is more elicited in the primi para patient because of the tonicity of the perineal muscles.
- After pain and backache were equally present in Multi Para. After pain were more elicited in multi para patient than in Primi Para because of laxity of the muscles.
- Among 50 patient 3 patients complained of episiotomy pain till 10th day of delivery varying from moderate to the mild grade in whom Hb% was reduced below 9 gm% on the 3rd day of delivery.
- Dashamula being anti-nociceptive, anti-inflammatory and analgesic reduced 4 types of pain via, episiotomy pain, after pain, body ache as well as backache considerably from the day of parturition till day 10th in multi para as well as primi para patients. Thus, Dashamula can be the best drug of choice in Sutika awastha shula.

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