

“CLINICAL EVALUATION OF KRISHNA TILA KWATH IN THE MANAGEMENT OF NASHTARTAVA”

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ABSTRACT

Menstruation is a normal physiological process, when it accompanied with complete absence it is called Nashtartava. It is a common gynaecological condition and has substantial effect on the quality of life and general health of women. Sesame is a condiment which is used in every house hold for culinary, religious and medicinal purposes. The seeds of Tila (*Sesamum indicum* Linn.) has got emmenagogue property. Sesamin, a sesame lignan isolated from sesame seeds was reported to be converted by intestinal microflora to enterolactone a compound with estrogenic activity and also an enterometabolite of flax seed lignans, which are known to be phytoestrogens. It is mentioned that Sesame seeds can be used to treat Amenorrhoea. In the present study Krishna Tila and Shveta Tila are used in Nashtartava and it is assessed that statistically both are equally effective in the management of Nashtartava.

Keywords: Krishna Tila, Shveta Tila, Nashtartava, Amenorrhoea

INTRODUCTION

Women play multiple roles in balancing between work and home resulting in negligence of their personal health. Tight schedules, deadlines of work, pressure in and out, untimely food etc. are few reasons to alter life style and cause ailments. Stress at work leads to hormonal imbalances through the hypothalamo- pituitary-adrenal axis, causing alterations in ovarian hormones which may renders a woman susceptible to face menstrual disorders.

Menstruation has dual significance for women. From one perspective it defines the start and end of reproductive potential, an affirmation of womanhood. On the other perspective, it has socio-cultural significance. The menstruation is considered as a landmark of homeostatic condition of reproductive system. The same menstruation can create hell situation, if it is associated with absence menstruation as we are observing in cases of Nashtartava. Most women experience minor psychological and somatic changes for a few days preceding and during the days. Once the menstruation is over, these will disappear leaving behind an anxiety-free well-being. When she has absence menstruationful menstruation that is fully blown up, then it becomes difficult for her to be working. Nashtartava or absence menstruationful menstruation is one of the most frequent among gynecological complaints. The menstrual blood flow is mainly under the control of Apana vata. Vitiated vata dosha is the main causative factor of Nashtartava. Treatment of Amenorrhoea is of great importance for a practicing

physician. Majority of cases of Amenorrhoea fall in to the group of Primary Amenorrhoea and it is probable that nearly 50% of adult female population suffer from this.

In Ayurvedic classics all Gynecological problems are described under the umbrella of Yonivyapat. The disease 'Nashtartava' is not described in classics as an individual disease entity. Even then it is a symptom of various Yonivyapat's specially Udavarta, Vatala, and Sannipatika etc. It is a Tridoshaja Vyādhi with vata predominance. On analysis, one can make out that it is a result of vata vruddhi, Apana vata margavarodha, Arthava dushti and Dhathukshaya especially affecting rasa dhathu. Nashtartava being absence menstruation is commonly compared with the concept of Amenorrhoea in conventional science. In the present study Primary Amenorrhoea is selected as it is most common and relevant to the era of changing life styles. Krishna Tila and Shveta Tila are selected as the trial drugs in the present study.

Classics mention the prime modality of treatment for Yonivyapat is vatahara chikitsa. Tila (*Sesamum indicum* Linn.) belonging to Pedaliaceae family, is having vatahara, Bramhana, Artavajana, shulaprashmana etc properties, which may help in samprapti vighatana of Nashtartava. The treatment modalities in modern system of medicine are analgesics, antispasmodics, prostaglandin synthetase inhibitors, combined oral contraceptives and surgery. These medicines do not provide a long- lasting solution and have serious adverse effects. Hence there is a need to find a safe and effective solution for Amenorrhoea.

MATERIALS AND METHODS

The study is carried out in KVGAMC Sullia, dist-Dakshina Kannada, Karnataka.

Inclusion criteria

- Women between 12-30 years of age.
- Uncomplicated cases of primary Amenorrhoea.
- Patient presenting signs and symptoms of Amenorrhoea.

Exclusion criteria

Congenital anomalies leading to Amenorrhoea.

- Patients having pelvic inflammatory diseases.
- Patients with chronic general illness.
- Patients below 12 years & above 30 years of age are excluded.
- Patients those who are married are excluded.

Drugs used

Krishna Tila seeds Kalka and- Shveta Tila seeds Kalka in 10 gms dose, morning evening with sukhoshana jala.

CLINICAL ASSESSMENT CRITERIA

Effect on Activities Area of absence menstruation

Time period of absence menstruation Need of Analgesics Nausea

Vomiting Fatigue Diarrhoea

Suprapubic tenderness

CLINICAL ASSESSMENT

Grading

1. No symptom
2. Mild symptom
3. Moderate symptom
4. Severe symptom

Patient was observed for 3 months of treatment and after treatment for 2 months in follow up.

Statistical Analysis

The score of criteria of assessment were analyzed statistically in form of mean score B.T (before treatment), A.T.(after treatment), (B.T. – A.T.) difference of mean, S.D. (Standard Deviation), S.E. (Standard Error). Student paired 't' test was carried out at $p>0.05$, $p<0.01$ and $p<0.001$.

OBSERVATIONS & RESULTS

Effects of Krishna Tila Kalka (Group-A) Effects of Shveta Tila Kalka (Group-B)

Showing the Result of Group - A on Effect of Absence menstruation on activities during Menstruation.

Symptom	Mean score					%	S.D (±)	S.E (±)	t value	p value
	BT	AT	FU							
Effect of absence menstruation on activities	2.0	0.93	0.4	BT-AT	1.06	53	0.79	0.20	17.49	<0.001
				AT-FU	0.53	57	0.18	0.04	12.07	<0.001
				BT-FU	1.6	80	0.25	0.06	31.61	<0.001

Showing the Result of Group-B on Effect of absence menstruation on activities during menstruation.

Symptom	Mean score					%	S.D (±)	S.E (±)	t value	p value
	BT	AT	FU							
Effect of absence menstruation on activities	2.0	1.13	0.2	BT-AT	0.86	43	0.22	0.05	15.10	<0.001
				AT-FU	0.93	82	0.22	0.05	19.32	<0.001
				BT-FU	1.8	90	0.11	0.02	33.67	<0.001

Showing the Effect on Area of Absence menstruation in Group-A.

Symptom	Mean score					%	S.D (±)	S.E (±)	t value	p value
	BT	AT	FU							
Area of absence menstruation	2.13	1.13	0.46	BT-AT	1	46	0.22	0.05	17.21	<0.001
				AT-FU	0.66	58	0.22	0.05	13.36	<0.001
				BT-FU	1.66	78	0.17	0.04	24.81	<0.001

Showing the Effect on Area of absence menstruation in Group-B.

Symptom	Mean score					%	S.D (±)	S.E (±)	t value	p value
	BT	AT	FU							
				BT-AT	0.86	40	0.19	0.05	17.46	<0.001

Area of absence menstruation	2.13	1.26	0.26	AT-FU	1.00	78	0.18	0.04	17.20	<0.001
				BT-FU	1.86	87	0.12	0.03	3.87	<0.001

Showing the Effect on Time period of absence menstruation in Group-A.

Symptom	Mean score						S.D (±)	S.E (±)	t value	p value
	BT	AT	FU							
Time period	2.6	1.06	0.46	BT-AT	1.53	59	0.13	0.03	22.48	<0.001
				AT-FU	0.6	56	0.25	0.06	13.75	<0.001
				BT-FU	2.13	82	0.17	0.04	41.72	<0.001

Showing the Effect on Time period of absence menstruation in Group-B.

Symptom	Mean score						S.D (±)	S.E (±)	t value	p value
	BT	AT	FU							
Time period	2.66	1.6	0.2	BT-AT	1.06	39	0.13	0.03	26.13	<0.001
				AT-FU	1.4	87	0.16	0.04	27.66	<0.001
				BT-FU	2.46	92	0.11	0.02	69.71	<0.001

Showing the Effect on Need for Analgesics in Group-A.

Symptom	Mean score						S.D (±)	S.E (±)	t value	p value
	BT	AT	FU							
Need for analgesic	1.4	0.33	0.01	BT-AT	1.06	76	0.13	0.03	33.84	<0.001
				AT-FU	0.32	96	0.13	0.03	7.04	<0.001
				BT-FU	1.38	99	0.09	0.00	40.19	<0.001

Showing the Effect on Need for Analgesics in Group-B.

Symptom	Mean score						S.D (±)	S.E (±)	t value	p value
	BT	AT	FU							
Need for analgesic	1.46	0.4	0.06	BT-AT	1.06	72	0.17	0.04	19.38	<0.001
				AT-FU	0.33	83	0.13	0.03	9.920	<0.001
				BT-FU	1.4	95	0.06	0.01	27.66	<0.001

Showing the Effect on Nausea in Group-A.

Symptom	Mean score						S.D (±)	S.E (±)	t value	p value
	BT	AT	FU							
Nausea	0.93	0.26	0.66	BT-AT	0.66	71	0.068	0.017	19.84	<0.001
				AT-FU	0.2	75	0.111	0.028	7.04	<0.001
				BT-FU	0.86	92	0.070	0.018	36.06	<0.001

Showing the Effect on Nausea in Group-B.

Symptom	Mean score						S.D (±)	S.E (±)	t value	p value
	BT	AT	FU							
Nausea	0.8	0.66	0.13	BT-AT	0.13	16	0.110	0.02	5.538	<0.001
				AT-FU	0.53	80	0.130	0.03	15.06	<0.001
				BT-FU	0.66	83	0.093	0.02	19.84	<0.001

Showing the Effect on Vomiting in Group-A.

Symptom	Mean score						S.D (±)	S.E (±)	t value	p value
	BT	AT	FU							
				BT-AT	0.13	50	0.122	0.03	5.53	<0.001

Vomiting	0.26	0.13	0.06	AT-FU	0.06	50	0.093	0.02	3.75	<0.001
				BT-FU	0.2	75	0.068	0.01	7.04	<0.001

Showing the Effect on Vomiting in Group-B.

Symptom	Mean score					%	S.D (±)	S.E (±)	t value	p value
	BT	AT	FU							
Vomiting	0.4	0.33	0.13	BT-AT	0.06	16	0.135	0.00	3.75	<0.001
				AT-FU	0.2	60	0.130	0.03	8.44	<0.001
				BT-FU	0.26	66	0.093	0.02	9.92	<0.001

Showing the Effect on Fatigue in Group-A.

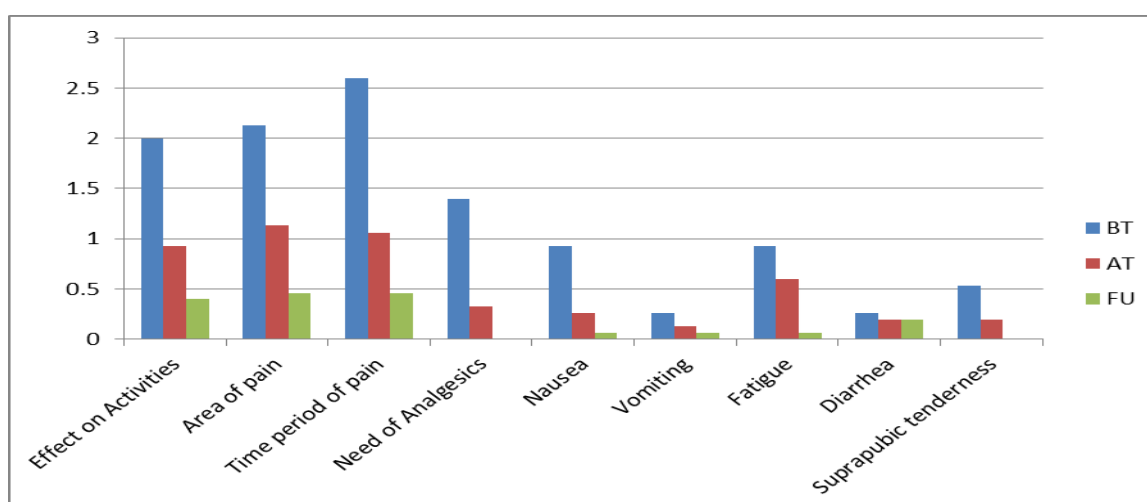
Symptom	Mean score					%	S.D (±)	S.E (±)	t value	p value
	BT	AT	FU							
Fatigue	0.93	0.6	0.06	BT-AT	0.33	35	0.06	0.01	9.92	<0.001
				AT-FU	0.53	89	0.13	0.03	15.06	<0.001
				BT-FU	0.86	92	0.06	0.01	36.06	<0.001

Showing the Effect on Fatigue in Group-B.

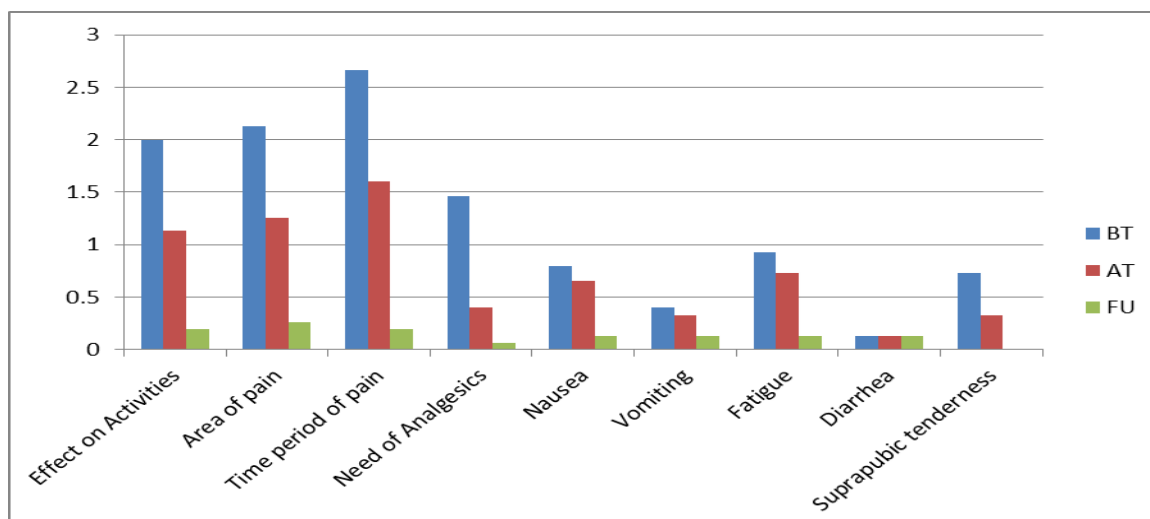
Symptom	Mean score					%	S.D (±)	S.E (±)	t value	p value
	BT	AT	FU							
Fatigue	0.93	0.73	0.13	BT-AT	0.2	21	0.06	0.01	7.041	<0.001
				AT-FU	0.6	81	0.13	0.03	17.21	<0.001
				BT-FU	0.8	85	0.09	0.02	28.16	<0.001

Showing the Effect on Diarrhoea in Group-A.

Symptom	Mean score					%	S.D (±)	S.E (±)	t value	p value
	BT	AT	FU							
Diarrhoea	0.26	0.2	0.2	BT-AT	0.06	24	0.122	0.031	3.75	<0.02
				AT-FU	0.0	0	0.110	0.028	0.00	1
				BT-FU	0.06	24	0.110	0.028	3.75	<0.02



Group-A



Group- B

DISCUSSION

As evident from the clinical outcome, the results of treatment are highly significant and majority of patients improved symptomatically. The probable mode of action of drug may be summarized on the basis of following criteria.

1. On the basis of Rasa: Katu, Tikta and madhura rasa present in Tila posses Vata shamaka property, therefore helpful in Nashtartava.
2. On the basis of Guna: Snigdha, guru and ushna guna present in Tila helps in Vata shaman of Nashtartava.
3. On the basis of Veerya: Ushna virya present in Tila cures vitiated Vata of Nashtartava
4. On the basis of Vipaka: katu vipaka of tila is helpful in Amapachana of Nashtartava.
5. On the basis of Dosha and Karma: It is vata kapha shamaka

Karma of Tila: Balya, Deepana, Snehana, Anulomana, Shodhana, Artava janana.

CONCLUSION

Through an extensive literary review, it was revealed that, the drug is having anti spasmodic, analgesic, anti-inflammatory and emmenagogue actions. Nashtartava is not mentioned as a specific disease entity in Ayurveda, instead it is a symptom in vatata, paripluta, mahayoni, and udavarta yonivyapads. On analysis the treatment principle should be vata hara, dhatu poshaka, anulomaka and Artava shodhaka.

Primary Amenorrhoea is spasmodic absence menstruation during menstruation which does not involve any pelvic pathology.

Clinical study shows that, both Krishana Tila and Shveta Tila are equally usefull in treating Primary amenorrhoea. When statistical values are compared, it reveals both the variety of Tila are equally effective in treating Nashtartava.

There is no any notable harmful effect found with the drug during the study, hence can be considered as a safer remedy for Nashtartava.

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