

A Comparative Clinical Evaluation of Eranda Taila Matra Basti with Combination of Mefenamic Acid and Dicyclomine in the Management of Udavartini W.S.R to Primary Dysmenorrhea

Dr. Tejashwini C¹, Dr. Doddabasayya², Dr. Manisha Khandade³

¹PG Scholar, Department of PG Studies in Panchakarma,

²Professor, Department of PG Studies In Panchakarma,

³Associate Professor and HOD, Department of Prasuti Tantra and Streeroga,

^{1,2,3}Taranath Govt. Ayurvedic Medical College and Hospital, Ballari, Karnataka, India

ABSTRACT

Udavartini is a Vataja yonivyapad, where vitiated apana vata along with raja moves in upward direction (Urdhwagamana) thereby causing pain during menstruation.

It can be correlated to primary dysmenorrhea- characterized by painful menstruation of sufficient magnitude so as to incapacitate day-to-day activities. Pain is attributed to myometrial contractions due to increased levels of prostaglandins.

Dysmenorrhea is the most common gynecological conditions regardless of age and race. Primary dysmenorrhea is widely prevalent; more than 50% of teenagers and 30-50% of menstruating women suffers from varying degrees of discomfort. Severe incapacitating type affects 5-15% of the population. And is responsible for the highest incidence of absenteeism, resulting in loss of work hours and economic loss.

Modern interpretation in dysmenorrhea includes use of Non addictive analgesics, anti-inflammatory drugs and oral contraceptives.

Mefenamic acid and Dicyclomine - an analgesic, antispasmodic respectively, relieves abdominal pain but has adverse effects like-diarrhea, epigastric distress, skin rashes, dizziness, blurred vision, constipation, palpitation.

Without Vata there cannot be pain, and Artava nishkramana is one of the functions of Apana vata and Udavartini occurs due to pratiloma gati of Apana vata so, the intervention which corrects the vikruta vata is always beneficial in vataja yonivyapad.

Hence, Basti- the best therapeutic procedure to alleviate vata dosha, which is considered as Ardhachikitsa adopted in present study in the form of Matra basti (a form of Snehabasti), helps in pacifying vata dosha (Vataraganut) i.e., it regularizes the gati of apana vata.

Eranda is Anilanashana, Eranda taila is Yonishodhaka, Adhobhaga doshahara' Shoolaghna by its property, altogether help in relieving painful menstruation, effective in Udavartini yonivyapad (primary dysmenorrhea).

How to cite this paper: Dr. Tejashwini C | Dr. Doddabasayya | Dr. Manisha Khandade "A Comparative Clinical Evaluation of Eranda Taila Matra Basti with Combination of Mefenamic Acid and Dicyclomine in the Management of Udavartini W.S.R to Primary Dysmenorrhea" Published in

International Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-8 | Issue-1, February 2024, pp.461-468,

URL: www.ijtsrd.com/papers/ijtsrd63427.pdf



IJTSRD63427

Copyright © 2024 by author (s) and International Journal of Trend in Scientific Research and Development Journal. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (CC BY 4.0) (<http://creativecommons.org/licenses/by/4.0>)



KEYWORDS: Udavartini, Primary Dysmenorrhea, Matrabasti, Eranda taila

INTRODUCTION

With the emergence of new millennium and the start of high-tech era, women's status is about to reach new horizons. Her health is the primary factor to be considered for well being of family, society and

culture. Reproduction is the noblest and should be the most reverent of all human powers. Motherhood is the cherished desire deep down in the heart of every woman as it adds a new meaning to her life and

existence. In order to achieve this, women needs shuddha artava as it is one of the essential factors for conception. Onset of artava marks the starting of reproductive life of women and it should be devoid of shoola, daha, picchilata and should not be excessive or scanty in matra and is considered as Shuddha Artava. Abnormalities in artava leads to many diseases like Yonivyapad, Artavavyapad, etc. which may result into complications like Infertility. Udavartini Yonivyapad is one among them described in Ayurveda Samhitas. Although menstruation is an important indicator of women's reproductive and endocrine health and a natural event as a part of the physiological process of reproductive life in females, the same menstruation can cause problems if it is associated with unbearable pain causing dysmenorrhea.

Dysmenorrhea is the Greek terminology defined as painful menstruation of sufficient magnitude so as to incapacitate day to day activities¹. It may be categorized into two types- Primary Dysmenorrhea & Secondary dysmenorrhea.

Primary dysmenorrhea is painful menses in women with normal pelvic anatomy usually begins during adolescence. It is characterized by crampy pelvic pain beginning shortly before or at the onset of menses and lasting 1-3days. The pain is spasmodic and confined to lower abdomen; may radiate to the back and Medial aspect of thighs. Systemic discomfort like nausea, vomiting, fatigue, giddiness, diarrhea, headache may be associated. In Ayurveda, primary dysmenorrhea can be correlated with Udavartini Yonivyapad.

Udavartini is derived from Udavarta, that is upward direction of vayu. Acharya Charka first described Udavartini in Vataja nanatmaja diseases. He also elaborated the same in chikitsasthana- Rajas gets pushed in upward direction (Urdhwagamana) by the aggravated apana-vayu causing pain during menstruation². According to Ayurveda pain is an indication of vata- vikruti. Apana-vayu has been given prime importance in gynecological disorders. The normal menstruation is function of Apana-vayu³, so painful menstruation is considered to Apana-vayudushti. Vyana vayu has control over these muscles which brings about the action as contraction, relaxation etc. For production of Artava, vyana and Apana work in coordination with each other. The contraction and relaxation of uterus and its related organs is the function of vyana vayu, after which the Artava is expelled out by Anulomana kriya of Apana Vayu.

Secondary dysmenorrhea is commonly seen in PID, IUCD wearers, pelvic endometriosis, fibroids and women having varicosity of pelvic veins. Menstrual

pain of primary dysmenorrhea is mostly encountered in gynecological practice.

Dysmenorrhea is the most common gynecological conditions regardless of age and race. Primary dysmenorrhea is widely prevalent; more than 50% of teenagers and 30-50% of menstruating women suffers from varying degrees of discomfort. Severe incapacitating type affects 5-15% of the population⁴. And is responsible for the highest incidence of absenteeism, resulting in loss of work hours and economic loss⁴.

Today's stressful modern life style and food habits affects the uterine environment, which leads to higher incidence of dysmenorrhea. Even though primary dysmenorrhea is not a real threat of life but can affect the quality of life by interrupting patient's personal, economic and social life and in case of severity it might lead to disability and inefficiency. More ever dysmenorrhea can cause mental illness resulting in their loneliness and reduced participation in different social activities.

With the advent of oral contraceptives and NSAID's, there is marked relief of the symptoms⁵. But a long-term use of these drugs causes other systemic side effects.

So, its promising treatment without any side effects is needed in the present scenario. So, it is a great scope of research to find out safe, potent, cost effective, easily available remedy from Ayurveda for the management of aforesaid lacuna. An attempt has been made to treat this condition with Ayurvedic system of medicine.

Without Vata there cannot be pain⁶ and Basti is said to be the best therapeutic procedure to alleviate vata dosha⁷ hence, Matrabasti with Eranda taila- which is Anilanashana⁸, Yonishodhaka, Adhobhaga doshahara⁹ and Shoolaghna¹⁰ has been chosen for the study to compare its efficacy with the combination of Mefenamic acid and Dicyclomine.

OBJECTIVES

- To evaluate the efficacy of matra basti in udavartini with special reference to Primary dysmenorrhea.
- To evaluate the efficacy of eranda taila matrabasti in udavartini with special reference to Primary dysmenorrhea.
- To evaluate the efficacy of eranda taila matrabasti in udavartini in comparison with Mefenamic acid and Dicyclomine.

MATERIALS AND METHODS

Literary source:

Literary aspect of the study is collected from Ayurveda classics, relevant research articles and Journals in pub med, and from other the internet sources.

Sample source:

The patients who are diagnosed with Udavartini yonivyapad (Primary dysmenorrhea) were selected from the OPD & IPD of Taranath Govt. Ayurvedic Medical College and Hospital, Ballari and by conducting special camps.

Drug source:

The required raw drugs are collected under the guidance and proper identification by Dravyaguna experts and trial medicines are prepared as mentioned in Bhaishajya Ratnavali.

Sample size: 40 patients (20 patients in each group)

Group A -

Intervention: Eranda taila matrabasti

Dose: 72 ml

Duration: 8 days in each menstrual cycle, for 3 consecutive menstrual cycles.

Group B -

Intervention: Mefenamic acid and dicyclomine

Dose: 250mg+10mg

Duration – 1-3 days SOS for 3 consecutive menstrual cycles.

Followup – after 1 month, 1st day of each succeeding cycle for 3 consecutive menstrual cycles.

DIAGNOSIS:

The diagnosis of dysmenorrhea is usually made on a medical history of menstrual pain that interferes with daily activities. There is no universally accepted standard for quantifying the severity of menstrual pain.

INCLUSION CRITERIA

The patients coming with the chief complaint of painful menstruation, age group from - 18 to 25 yrs and who are fit for Basti are included.

EXCLUSION CRITERIA

1. Patients with chronic systemic illness like CVD, Uncontrolled HTN.
2. Any uterine pathology– Uterine fibroid, adenomyosis, endometriosis, uterine malformations.

ASSESSMENT CRITERIA:

The results are assessed in terms of reduction in severity of pain, reduction in duration of pain, changes in artava pramana and rutukala avadhi. Pain is classified into mild, moderate, severe and worst

pain based on patient complaints, interference with daily activities, need to take analgesics etc.

OBSERVATIONS AND RESULTS

40 patients of dysmenorrhea were selected randomly from OPD and IPD of Taranath govt. Ayurvedic medical college and hospital Ballari as per the inclusion and exclusion criteria.

Patients of Group A were given with combination of Mefenamic acid and Dicyclomine and patients of Group B with eranda taila matrabasti for 3 consecutive menstrual cycles. The observations and results were as follows.

INCIDENCE OF DYSMENORRHEA BASED ON AGE

In Group A 10(50%) patients belong to the age group of 18-20 yrs, 10(50%) patients belong to the age group of 21-25 yrs.

In Group B 12(60%) patients belong to the age group of 18-20 yrs, 8(40%) patients belong to the age group of 21-25 yrs.

TABLE NO. 1. SHOWING INCIDENCE OF DYSMENORRHEA BASED ON AGE

Sl. No.	AGE	GROUP A	GROUP B
01.	18-20 Yrs	10 (50%)	12 (60%)
02.	21-25 Yrs	10 (50%)	8 (40%)

INCIDENCE OF DYSMENORRHEA BASED ON EDUCATIONAL STATUS

In Group A 4(20%) patients belong to Secondary Educational Status, 7(35%) patients belong to Preuniversity and 9(45%) patients belongs to Degree Educational Status.

In Group B 5(25%) patients belong to Secondary Educational Status, 6(30%) patients belong to Preuniversity and 9(45%) patients belongs to Degree Educational Status.

TABLE NO. 2. SHOWING INCIDENCE OF DYSMENORRHEA BASED ON EDUCATIONAL STATUS

Sl. No.	EDUCATION	GROUP A	GROUP B
01.	PRIMARY	-	-
02.	SECONDARY	4 (20%)	5 (25%)
03.	PUC	7 (35%)	6 (30%)
04.	DEGREE	9 (45%)	9 (45%)

INCIDENCE OF DYSMENORRHEA BASED ON MARITAL STATUS

In Group A 16(80%) patients are Unmarried, 4(20%) patients are Married.

In Group B 16(80%) patients are Unmarried, 4(20%) patients are Married.

TABLE NO. 3. SHOWING INCIDENCE OF DYSMENORRHEA BASED ON MARITAL STATUS

Sl. NO.	MS	GROUP A	GROUP B
01.	UNMARRIED	16 (80%)	16 (80%)
02.	MARRIED	4 (20%)	4 (20%)

INCIDENCE OF DYSMENORRHEA BASED ON OCCUPATION

In Group A 13(65%) patients are Students, 7(35%) are Howse wives.

In Group B 14(70%) patients are Students, 5(25%) are Howse wives, and 1(5%) patient is Employee.

TABLE NO. 4. SHOWING INCIDENCE OF DYSMENORRHEA BASED ON OCCUPATION

Sl. NO.	OCCUPATION	GROUP A	GROUP B
01.	STUDENT	13 (65%)	14 (70%)
02.	HOWSEWIFE	7 (35%)	5 (25%)
03.	EMPLOYEE	-	1 (5%)

INCIDENCE OF ARTAVA PRAMANA (FLOW QUANTITY)

In Group A 6(30%) patients were having Artava Pramana of 3-4 pads/day, 12(60%) patients were having Artava Pramana of 2-3 pads/day, 2(10%) patients were having Artava Pramana of 1pad or Spotting /day.

In Group B 2(10%) patients were having Artava Pramana of 3-4 pads/day, 15(75%) patients were having Artava Pramana of 2-3 pads/day, 3(15%) patients were having Artava Pramana of 1pad or Spotting /day.

TABLE NO. 5. SHOWING INCIDENCE OF ARTAVA PRAMANA (FLOW QUANTITY)

Sl. NO.	ARTAVA PRAMANA	GROUP A	GROUP B
01.	3-4 PADS/DAY	6 (30%)	2 (10%)
02.	2-3PADS/DAY	12 (60%)	15 (75%)
03.	1PAD/SPOTTING	2 (10%)	3 (15%)

Table No. 7: Comparison within the Group A and Group B at different assessment levels i.e., BT, DT1, DT2 and follow-up (AF) on Severity of pain by Wilcoxon matched pairs test.

Groups	BT		Follow-ups	Mean	SD	Z-value	p-value
	Mean	SD					
Group A	3.40	0.50	DT1	3.30	0.470	-0.816	0.41, NS
			DT2	3.25	0.444	-1.13	0.25, NS
			AF	3.20	0.523	-1.26	0.20, NS
Group B	3.45	0.51	DT1	3.000	0.324	-3.00	0.003, S
			DT2	2.700	0.470	-3.21	0.001, S
			AF	1.250	0.444	-3.99	0.0001, HS

NS--> Nonsignificant, S--> significant, HS --> highly significant

INCIDENCE OF DURATION OF PAIN

In Group A 1(5%) patient was having pain upto6-12 hrs,13(65%) patients were having pain upto 12-24 hrs, and 6(30%) patients were having pain >24 hrs.

In Group B 6(30%) patients were having pain upto 12-24 hrs, and 14(70%) patients were having pain >24 hrs.

TABLE NO. 6. SHOWING INCIDENCE OF DURATION OF PAIN

Sl. NO.	DURATION OF PAIN	GROUP A	GROUP B
01.	0-6 HRS	-	-
02.	6-12 HRS	1 (5%)	-
03.	12-24 HRS	13 (65%)	6 (30%)
04.	>24 HRS	6 (30%)	14 (70%)

RESULTS

EFFECT OF TREATMENT ON SEVERITY OF PAIN

GROUP A

> In Group A, combination of Mefenamic acid and Dicyclomine was given SOS, 1-3 days in each cycle for 3 consecutive menstrual cycle. 7 patients were having worst pain, 13 patients were having Severe pain.

> Statistical analysis revealed that the mean score of Severity of pain which was 3.40 before treatment reduced to 2.95 after treatment in the Group A. The change was found to be statistically significant at the level of p-value- 0.0077.

GROUP B

> In Group B, Murchita Eranda taila matrabasti was given for 8 days in each cycle for 3 consecutive menstrual cycle. 4 patients were having worst pain, 16 patients were having Severe pain.

> Statistical analysis revealed that the mean score of Severity of pain which was 3.20 before treatment reduced to 0.05 after treatment. The change was found to be statistically Highly significant at the level of p-value- 0.0001.

COMPARISON BETWEEN THE GROUP A & B

- According to statistical data Group B is statistically significant than Group A.
- If compared to the mean value in Group B, there is more reduction of mean value than Group A.
- Statistically Group A is also significant, but Group B is statistically highly significant.

So, can say that Group B is having more significance in reduction of severity of pain during menstruation.

Table 8: Comparison between Group A and Group B on Severity of pain at different assessment levels i.e., BT, DT1, DT2 and Follow-up (AF) by Mann- Whitney U test.

Time	Group A			Group B			U-value	Z-value	P-value
	Mean	SD	Mean rank	Mean	SD	Mean rank			
BT	3.40	0.503	20	3.450	0.5104	21	190.00	-0.316	0.752, NS
DT1	3.30	0.470	23.35	3.000	0.3244	17.65	143.00	-2.219	0.027, S
DT2	3.25	0.444	25.25	2.700	0.4702	15.75	105.00	-3.280	0.001, S
AF	3.20	0.523	30.38	1.250	0.4443	10.63	2.500	-5.633	0.0001, HS

NS--> not significant, HS --> highly significant

EFFECT OF TREATMENT ON DURATION OF PAIN**GROUP A**

- In Group A out of 20 patients 5 patients were having pain which lasts for > 24 hrs, 12 patients were having pain which lasts for 24 hrs, and 3 patients were having pain which lasts for 12 hrs.
- When statistically analyzed, the mean value which was 3.10 before the treatment reduced to 2.75 after the treatment. The change was found to be statistically significant at the level of p- value- 0.0180.

GROUP B

- In Group B out of 20 patients 11 patients were having pain which lasts for > 24 hrs, and 09 patients were having pain which lasts for 24 hrs.
- When statistically analyzed, the mean value which was 3.60 before the treatment reduced to 0.50 after the treatment. The change was found to be statistically Highly significant at the level of p- value- 0.0001.

Table 9: Comparison within the Group A and Group B at different assessment levels i.e., BT, DT1, DT2 and follow-up (AF) on Duration of pain by Wilcoxon matched pairs test.

Groups	BT		Follow-ups	Mean	SD	Z-value	p-value
	Mean	SD					
Group A	3.45	0.51	DT1	3.40	0.503	-1.00	0.31, NS
			DT2	3.35	0.489	-1.41	0.15, NS
			AF	3.30	0.470	-1.73	0.08, NS
Group B	3.60	0.50	DT1	3.000	0.000	-3.46	0.001, S
			DT2	2.300	0.470	-4.09	0.0001, HS
			AF	0.550	0.510	-4.05	0.0001, HS

S--> significant, HS --> highly significant

COMPARISON BETWEEN THE GROUP A & B

- According to statistical data Group B is statistically significant than Group A.
- If compared to the mean value in Group B, there is more reduction of mean value than Group A.
- Statistically Group A is also significant, but Group B is statistically highly significant.

So, can say that Group B is having more significance in reduction of duration of pain during menstruation.

Table 10: Comparison between Group A and Group B on Duration of pain at different assessment levels i.e., BT, DT1, DT2 and Follow-up (AF) by Mann- Whitney U test

Time	Group A			Group B			U-value	Z-value	P-value
	Mean	SD	Mean rank	Mean	SD	Mean rank			
BT	3.45	0.510	19.00	3.60	0.5026	22.00	170	-0.938	0.348, NS
DT1	3.40	0.503	24.50	3.000	0.0000	16.50	120	-3.122	0.002, S
DT2	3.35	0.489	28.55	2.300	0.4702	12.45	39	-4.737	0.0001, HS
AF	3.30	0.470	30.50	0.550	0.5104	10.50	0	-5.634	0.0001, HS

NS--> not significant, HS --> highly significant

EFFECT OF TREATMENT ON ARTAVA PRAMANA / MENSTRUAL FLOW QUANTITY

GROUP A

- In Group A out of 20 patients 15 patients were having flow quantity of 2-3 pads /day, and 5 patients were having flow quantity of 3-4 pads/ day.
- When statistically analyzed, the mean value was 0.70 before and after the treatment. There is no difference found in the mean values. The p-value obtained is 1.0000 which is statistically Non-significant.

GROUP B

- In Group B out of 20 patients 2 patients were having flow quantity 1pad/spotting /day, 1 was having flow quantity 2pads/day, 11 patients were having flow quantity of 2-3 pads /day, and 6 patients were having flow quantity of 3-4 pads/ day.
- When statistically analyzed, the mean value was 0.95 before the treatment has reduced to 0.50 after the treatment. The change was found to be statistically significant at the level of p-value- 0.0117.
- 2 patients having flow quantity spotting-1pad/day were found improvement in their flow quantity up to 2-3 pads/day.
- 1 patient had the history of menstrual flow associated with clots, which was reduced to normal menstrual flow after the treatment.

Table 11: Comparison within Group A and Group B on ARTAVA PRAMANA/QUANTITY at different assessment levels i.e., BT, DT1, DT2 and Follow-up (AF) by Wilcoxon matched pairs test.

Groups	BT		Follow-ups	Mean	SD	Mean Diff.	SD Diff.	% of change	Z-value	p-value
	Mean	SD								
Group A	0.70	0.47	DT1	0.70	0.47	0.00	0.00	0.00	0.0000	1.0000, NS
			DT2	0.70	0.47	0.00	0.00	0.00	0.0000	1.0000, NS
			AF	0.70	0.47	0.00	0.00	0.00	0.0000	1.0000, NS
Group B	0.95	0.89	DT1	0.80	0.70	0.15	0.37	15.79	1.6036	0.1088, NS
			DT2	0.50	0.51	0.45	0.69	72.25	2.3664	0.0180, S
			AF	0.45	0.51	0.50	0.69	72.45	2.5205	0.0117, S

NS--> not significant, S --> significant

COMPARISON BETWEEN THE GROUP A & B

- According to statistical data Group B is statistically significant than Group A.
- If compared to the mean value in Group B, reduction of the mean value is seen in before and after the treatment, whereas in Group A there is no difference found in the p-values.
- And statistically Group A is Non-significant.
- So, it's very clear that Group B has significance over improving Artava Pramana/flow quantity in the patients.

Table 12: Comparison between Group A and Group B on ARTAVA PRAMANA/QUANTITY at different assessment levels i.e., BT, DT1, DT2 and Follow-up (AF) by Mann-Whitney U test

Time	Group A			Group B			U-value	Z-value	P-value
	Mean	SD	Mean rank	Mean	SD	Mean rank			
BT	0.70	0.47	19.45	0.95	0.89	21.55	179.00	-0.5545	0.5792, NS
DT1	0.70	0.47	19.95	0.80	0.70	21.05	189.00	-0.2840	0.7764, NS
DT2	0.70	0.47	22.50	0.50	0.51	18.50	160.00	1.0685	0.2853, NS
AF	0.70	0.47	23.00	0.45	0.51	18.00	150.00	1.3390	0.1806, NS

NS--> not significant

EFFECT OF TREATMENT ON RUTUKALA/ MENSTRUATION PERIOD.

GROUP A

- In Group A out of 20 patients 6 patients had menstrual flow up to 3days every menstrual cycle and 14 patients had 5 days of menstrual flow in each menstrual cycle.
- When statistically analyzed, the mean value was 0.25 before and after the treatment. There is no difference found in the mean values. The p-value obtained is 1.0000 which is statistically Non-significant.

GROUP B

- In Group B out of 20 patients 1 patient had menstrual flow up to 1day every menstrual cycle, 7 patients had 3 days of menstrual flow in each menstrual cycle, and 12 patients had 5 days of menstrual flow in each menstrual cycle.

- When statistically analyzed, the mean value was 0.45 before the treatment reduced to 0.15 after the treatment. The change was found to be statistically Non-significant at the level of p-value- 0.0587.
- Although Group B is statistically Non-significant, on comparison of p-values difference can be seen before and after the treatment, this shows that Murchita Eranda taila matrabasti has effect over the improvement of Rutukala.
- 1 patient with menstruation for 1-2 days improved up to 3-4days/ menstrual cycle.
- 7 patients with menstruation for 2-3 days improved up to 5days/ menstrual cycle.

Table 13: Comparison within Group A and Group B on RUTUKALA/ MENSTRUATION PERIOD at different assessment levels i.e., BT, DT1, DT2 and Follow-up (AF) by Wilcoxon matched pairs test

Groups	BT		Follow- ups	Mean	SD	Mean Diff.	SD Diff.	% of change	Z-value	p-value
	Mean	SD								
Group A	0.25	0.44	DT1	0.25	0.44	0.00	0.00	0.00	0.0000	1.0000, NS
			DT2	0.25	0.44	0.00	0.00	0.00	0.0000	1.0000, NS
			AF	0.25	0.44	0.00	0.00	0.00	0.0000	1.0000, NS
Group B	0.45	0.60	DT1	0.25	0.55	0.20	0.41	44.44	1.8257	0.0679, NS
			DT2	0.15	0.67	0.30	0.57	126.94	1.8904	0.0587, NS
			AF	0.15	0.67	0.30	0.57	126.94	1.8904	0.0587, NS

NS--> not significant

COMPARISION BETWEEN THE GROUP A & B

- According to statistical data both Group A & Group B are statistically Non-significant.
- If compared to the mean value in Group B, reduction of the mean value is seen in before and after the treatment, whereas in Group A there is no difference found in the p-values.
- So, can say that Group B has efficacy over improving the Rutukala.

Table 14: Comparison between Group A and Group B on RUTUKALA/ MENSTRUATION PERIOD at different assessment levels i.e., BT, DT1, DT2 and Follow-up (AF) by Mann-Whitney U test.

Time	Group A			Group B			U-value	Z-value	P-value
	Mean	SD	Mean rank	Mean	SD	Mean rank			
BT	0.25	0.44	18.88	0.45	0.60	22.13	167.50	-0.8656	0.3867, NS
DT1	0.25	0.44	20.88	0.25	0.55	20.13	192.50	0.1894	0.8498, NS
DT2	0.25	0.44	22.38	0.15	0.67	18.63	162.50	1.0009	0.3169, NS
AF	0.25	0.44	22.38	0.15	0.67	18.63	162.50	1.0009	0.3169, NS

NS--> not significant

DISCUSSION:

- As per Ayurveda there is no pain without Vata and in this condition vitiated Vata is the main culprit which takes Ashraya in Yoni and produces pain.
- Basti is the best line of treatment told in classics for Vata dosha, and is considered as Ardhachikitsa.
- Snehana is the first line of treatment mentioned for Vataja disorders.
- Eranda taila owing to its properties like-Madhura, Snigdha, Ushna it is said to be Vataprashamaka, Vata-kaphahara, Srotovishodhaka, Yoni vishodhaka, Adhobhaga doshaharam², Shula-anilapaham⁵.

Based on results:

Subjective parameters:

1. Severity of pain
- Group B i.e., Eranda taila matrabasti is having statistically highly significant effect in reducing

Severity of pain than that of Group A i.e., combination of Mefenamic acid and Dicyclomine.

2. Duration of pain

- Group B is having statistically highly significant effect in reducing Duration of pain than that of Group A.

Objective parameters:

1. Artava Pramana

- Group B is having statistically highly significant effect in reducing Severity of pain than that of Group A.
- There are no Significant results of both the groups in improving Artava Pramana, if on considering mean values and observations Group B i.e., Eranda taila matra basti is effective in improving Artava Pramana.

2. Rutukala:

- There are no Significant results of both the groups in improving Artava Pramana, if on considering mean values and observations Group B i.e.,

Eranda taila matra basti is effective in improving Artava Pramana.

So, in total Group B i.e., is Eranda taila matrasthi is found to be effective than that of combination of Mefenamic acid and Dicyclomine.

- There is both Karmataha nad Gunataha effect, as Guda is the moola of shareera, the basti administered through guda marga normalizes Apana vata.
- Basti acts through both systemic and local effect.
- Eranda taila acts based on its Madhura, Snigdha, Tikshna, Ushna in alleviating Vata dosha, and is said to be Vataprashamaka, Vata-kaphahara, Srotovishodhaka, Yoni vishodhaka, Adhobhaga doshaharam, Shula-anilapaham.
- On Observation it has been found that, in patients of Group B, improvement in overall strength, improvement in Nidra, agnivaradhana, regularity of menstrual cycle, improvement in bowel movement has been achieved.
- Panchakarma can yield best results.

CONCLUSION

It can be concluded that the trial with Eranda taila matrasthi is highly effective than that of combination of Mefenamic acid and dicyclomine in Udavartini Yonivyapad.

There are no major side effects found during the treatment, and treatment for few more cycles is needed in mildly improved cases.

REFERENCE

- [1] D C Dutta- Textbook of Gynecology, Edited by hiralal konar, Jaypee publications, 6th edition, 2013, 13th Chapter; pp- 178-183.
- [2] Acharya Agnivesha- Charaka samhita, elaborated by Charaka and Drudhabala with Vaidyamanorama hindi commentary by Acharya Vidyadhar shukla, foreward by Acharya Priyavrat Sharma, Choukhamba Sanskrit pratishthan Delhi, 2015, Charaka samhita Chikitsa Sthana, 30th Chapter verse 25-26, pp- 757.
- [3] Shri Vagbhatavirachitah- Astanga Sangraha, Hindi vyakhya by Kaviraj Atrideva Gupta, Choukhamba Krishnadas academy, Varnasi, 2016, Asthanga sangraha Strasthana, 20th Chapter verse 4, pp-160.
- [4] Howkins and Bourne- Shaw's Textbook of Gynecology, Edited by VG Padubidri and SN Daftary, 16th edition, 2015, 36th Chapter, pp- 471
- [5] D C Dutta- Textbook of Gynecology, Edited by hiralal konar, Jaypee publications, 6th edition, 2013, 13th Chapter, pp- 171.
- [6] Acharya Sushruta- Sushruta samhita, elaborated by Acharya Sushruta, with Ayurveda Tatwa Sandeepika hindi commentary by Kaviraj Ambikadutta Shastri, Choukhamba Sanskrit Sansthan, Varnasi, 2017, Sushruta Samhita Sutra sthana 17th Chapter verse 12, pp- 94.
- [7] Acharya Agnivesha- Charaka samhita, elaborated by Charaka and Drudhabala with Vaidyamanorama hindi commentary by Acharya Vidyadhar shukla, foreward by Acharya Priyavrat Sharma, Choukhamba Sanskrit pratishthan Delhi, 2015, Charaka samhita sutrasthana 25th Chapter verse 40, pp- 337.
- [8] Dr BK Dwiwedi- Dhanwantari Nighantu, Vyakhya by Pandith Hriprasadev Tripathi, Choukhamba Krishnadas Academy, Varnasi, 2008, Dhanwantari Nighantu, Guduchyadi prathama sargah verse 287, pp- 71.
- [9] Acharya Sushruta- Sushruta samhita, elaborated by Acharya Sushruta with Nibandha Sangraha Commentary by Dalhana Edited by Acharya Priyavrat Sharma, Choukhamba orientalia Varnasi, 2008, Sushruta Samhita Sutrasthana 45th Chapter verse 114; pp- 205.
- [10] Yogaratnakara, with Vaidyaprabha hindi Commentary by Dr Indradev Tripathi and Dr Daya Shankar Tripathi, Choukhamba Krishnadas Academy, Varanasi, 4th Edition, 2013, Yogaratnakara Tailagunah, Eranda tailasya gunah verse 2, pp- 84.