

**A COMPARATIVE CLINICAL STUDY OF *PUSHKARMOOLADI KWATHA PAN* AND
APPLICATION OF *PUSHKARMOOLA SIDDHA TAILA* IN THE MANAGEMENT OF
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ABSTRACT

Post-natal Back Pain is very common problem in the postpartum period. *Acharya Kashyapa* and all other classics have given a definite period for specific dietetic management of *Sutika* which can be considered as normal period of puerperium. *Apatarpana*, exhaustion of mother during labour and *Sutika-kala*, causes *Vata Vriddhi* which is responsible for *Vata vyadhis* like Low Backache in women. In Ayurveda, *Kashyap Samhita* mentioned 64 *Sutika* diseases which includes *Sutika Parshwashoola* as a *Sutika* Diseases. There is involvement of *vatadi doshas* along with *manas doshas* for various types of *sutika vyadhies*. It can either occur as a disease alone in *sutika* or can manifest as a symptom in many other diseases of different systems with differences in their pathophysiology.

KEYWORDS: *Sutika, Parshwashoola, puerperium, normal labour, aavi.***INTRODUCTION**

Ayurveda says a healthy mind in healthy body is a great achievement so both mind and body should be considered for betterment of life. And that to the health of women is of prime importance.

The psychological and physical health of a woman is important for the happiness of the home and the society also. That is why it is necessary to pay specific attention to prevent and cure diseases in women. By balancing the state of all *doshas* as well as *indriya*, the *Swastha avastha* could be maintained.^[1]

Woman plays a multifaceted role in life from birth to death. She plays a role of daughter, sister, a wife and an affectionate mother. While doing all these duties perfectly she can't pay attention towards her health. That's why healthy women is a need of this era.

अपत्यानां मुलं नार्यः परं बृणां।^[2]

च.चि.३०/०५

प्रजनार्थः स्त्रियाः सृष्टाः संतानार्थः च मानवः।

मनुस्मृति ९

Mortality and morbidity are most challenging problems of our country most of maternal deaths are take place during or after delivery due to many of the complications. Frequent Postpartum morbidity and its

association with adverse perinatal outcome suggest for Postpartum care in the developing country, for avoiding such problems, to maintain health and equilibrium of *doshas*, *Sutika Paricharya* is explained in *Ayurveda* classics for *Sutika*.

In *Ayurveda* the period after delivery i.e *prasava* is called as *Sutikavastha*.

सुतिका परिभाषा-

सूतायाश्चापि तत्र स्याद् अपरा चेन्न निर्गता।^[3]

प्रसूताऽपि न सूता स्त्री भवत्येव गते सति ॥

का.सं.खि११/६

सूतिका कालावधी

षडभिः मासैः प्रसूताया धातवो रूधिरादयः॥७२॥^[4]

प्रत्यागच्छन्त्यरोगाया यथास्वं परिसंस्थितिम्॥

का.खि.११/५२

Puerperium is the period following childbirth that is delivery of a child during which all body tissues revert back to a pre pregnant state.^[5] All *Ayurvedic Samhita* has given a detailed *paribhasha* and *paricharya* of *sutika* but exact definition of *sutika* is given by *Acharya kashyapa*.

Women are not considered sutika until the placenta is removed following Childbirth Except *Aacharya charaka*, all other classics have given a definite period for specific dietetic management ok *sutika* which can be considered as normal period of puerperium. Woman goes from many stages like *Rajaswala*, *Garbhavastha*, *Sutikavastha*, among all these *Sutikavastha* is such a delicate condition in which she becomes exhausted.

गर्भवृद्धिक्षयितशिथिलसर्वधातुत्वात्,
प्रवाहणवेदनाक्लेदनरक्तनिःसृति विशेषशून्यशरीरत्वाच्च;
तस्मात्तां यथोक्तेन विधिनोपचरेत्।^[6]

च.शा.८/४९

Due to the foetus's development during pregnancy, all of the *dhatu*s decreases and becomes languid or unstable.

In *sutikavastha*, all the *doshas* are in increased state especially *vata*dosha which is due to-

- 1) *Pravahan*
- 2) *Dhatukshay*
- 3) *Avakashjanya*

In *sutika*, the common symptoms seen are *Jwar*, *Kampa*, *Pipasa*, *Gurugatrata*, *Shotha*, *Shool*, and *Atisara*. These are mainly due to *dhatukshayjanya vataprakopa* and *vataprakopjanya agnimandya*.

“अंगमर्दो ज्वरः कम्पः पिपास गुरुगात्रता ।^[7]

शोफशुलातिसारोश्च सुतिका रोग लक्षण” ॥

यो.र

In fact, one cannot forget that in this country due to suppression, orthodox, low literacy standard, low nutritional status & low socio-economic condition, parturition is the most strenuous event in women's life. The written treatise by *kashyapa* is well known today as *kashyap samhita*. He stated that,

“एकपादो यमकुले पाद एक इह स्थितः ।^[8]

दृष्टा दुःख स्त्रियस्तथा इत्येव ब्रुवते मिथः ॥

का.स. जातीसुत्रिय

To avoid all these cycles, our texts have laid a path. They have described thoroughly about total expected lifestyle of a mother in puerperal period. They tell us very carefully about what to eat, how to behave, what to think and everything called as '*sutika paricharya*'. As *sutika* follows the rules, it is beneficial for her. The *paricharya* suggested by *ayurveda* is according to *doshik* condition of body during post-partum period to minimize the complication of parturition.

1. To clean and clear uterus.
2. To increase and regulate appetite and Digestive power. (i.e. *jaranshakti*)
3. To minimize the blood loss.
4. To strengthen her body.
5. Balances the vitiated *vata dosha*.

For the successful treatment of any health problem the aim is to re-establish the balance of three *doshas*. The balance of three *doshas* is state of good health and imbalance is considered as *Vyadhi* or ill health.

“सुतिकारोगशान्तरथं कुर्यात् वातहरिक्रियां”।^[9]

भा.प्र.म.ख. सुतिका.चि. अ. ३५

Considering the above factor, it is necessary to normalise the *vata dosha*.

Hence for *Parshwashoola*, *aacharya Yog Ratnakar* told

— सहचर कुलत्थ पुष्कर दारुनिशा दारुवेतसक्वाथः।^[10]

पीतः सहिंगु लवणः शमयति शुलज्वरौ सुत्या । I

यो.र.सिरोग.चि

Acharya Yog Ratnakara have mentioned the use of *Pushkarmooladi kwatha* with *hingu* and *lavan* as *prakshepa* internally helps to relieve pain as *pushkarmoola* having *parshwashoolaghna* properties along with it is useful in indigestion and flatulence. *Hingu* also have *Shoolaghna* and *vatanuloman*, *agni deepan*, and *garbhashaya shodhan* properties.

AIM

To study the efficacy of *Pushkarmooladi kwatha pan* in *sutika parshwashool*.

INCLUSION CRITERIA

- Patient willing for the treatment.
- Normal delivery patient complaining of backache.
- Patient delivered with caesarean section but who had normal labour pains for example obstructed labour, prolonged labour, etc.
- Age between 18 to 35 yrs.

EXCLUSION CRITERIA

- Planed Caesarean section patients.
- Patient not willing for treatment.
- Complications like PPH, puerperal sepsis, etc.
- Blood coagulopathy.
- Patients having Immunocompromised disease.
- Covid 19 positive patients.
- Patient having congenital anomaly of reproductive system.

WITHDRAWAL CRITERIA

- Patient refuses to continue treatment.
- Patient who missed two or more follow ups.
- Patient develops any adverse effects of drugs.

ASSESSMENT CRITERIA

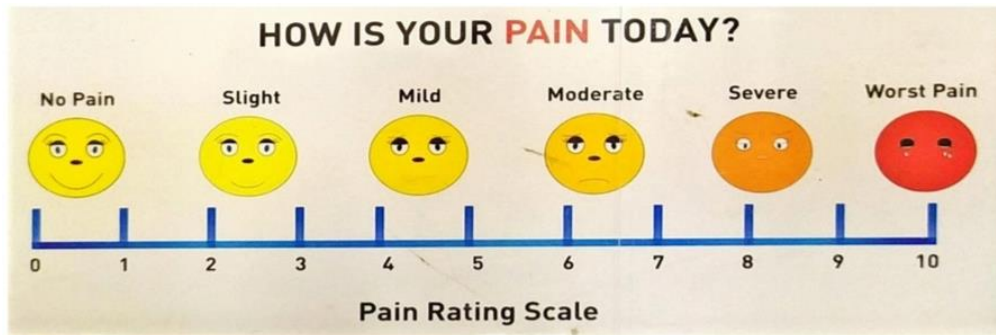
The following criterias will be used to evaluate the treatment's effectiveness:

- 1) *Vedana*
- 2) *Yonigata Rakstasrava*
- 3) *Garbhashay Hras*

- 4) *Malapravritti*
5) *Agnideepana*

1. **VEDANA (INTENSITY OF PAIN)**- will be assessed using VAS¹⁵⁰
Grading of VAS (Visual Analog Scale)

- 0-1=No pain
2-3= Slight pain
4-5= mild pain
6-7= moderate pain
8-9 =severe pain
10= worst pain



2. **YONIGATA RAKTATASTRAVA:- P/V BLEEDING QUANTITY**

Sanitary pads of same size were given to all patients and advised to collect the well soaked pads within 24 hours. The numbers of collected soaked pads were examined and following observations was done.

Grade 0 – 1 Pad per day

Grade 1 – 2-3 Pads per day

Grade 2 – 4 or more pads per day

A) *Praman* – number of pads in 24 hours

B) *Varna* – *Araktata, Krishna, Rakta*, Reddish yellow, Yellow

C) *Gandha* – *Vigandhi, Dushtgandhi*

D) *Swarup* – *Granthil, Dravit, Pichchhil*.

3. **GARBHASHAYA HRAS (INVOLUTION OF UTERUS)**

Distance from pubic symphysis to fundus of uterus.

Grade 0 -< 0cm

Grade 1- 0 – 4 cm

Grade 2 – 4 – 8 cm

Grade 3- 8 -12 cm

Grade 4 - >12 cm

• **Per abdomen uterine involution**

The rate of involution of uterus was clinically assessed by noting the regression of fundal height to symphysis pubis. The measurement was taken carefully at fixed time everyday. Bladder and bowel was emptied before measurement. After the uterus was centralized, the measurement was taken with measuring tape. Score was given as per abdomen uterine involution from symphysis pubis in cm.

4. **MALAPRAVRITTI (DEFECATION)** -Bristol Stool Chart^[151]

Grade 0 – Separate hard lumps (Severe Constipation)

Grade 1 – Lumpy and sausage like (mild constipation)

Grade 2 – A Sausage shaped with cracks on surface. (Normal).

Grade 3 -Like a smooth sausage or snake (Normal)

Grade 4 – Soft blobs with clear cut edges (Lacking fibre)

Grade 5 - Mushy consistency with ragged edges (Mild diarrhoea)

Grade 6 – Liquid consistency with no solid pieces. (Severe Diarrhoea)

5. **AGNIDEEPAN**

Grade 0-Absent / No appetite

Grade 1-mild appetite

Grade 2-moderate appetite wants to eat food

Grade 3-severe appetite wants to eat vigorously

Pre and Post Interventional assessment will be done.

Improvement will be judged on the basis of relief in signs and symptoms of disease depending on their severity.

Pain at *parshwa* and *kati* (back) are the cardinal symptoms will be assessed on severity and persistence of duration.

Data will be analysed statistically with relevant statistical tests such as Wilcoxon signed Rank Test, Mann Whitney Test and/or any other appropriate test.

MATERIALS AND METHODS

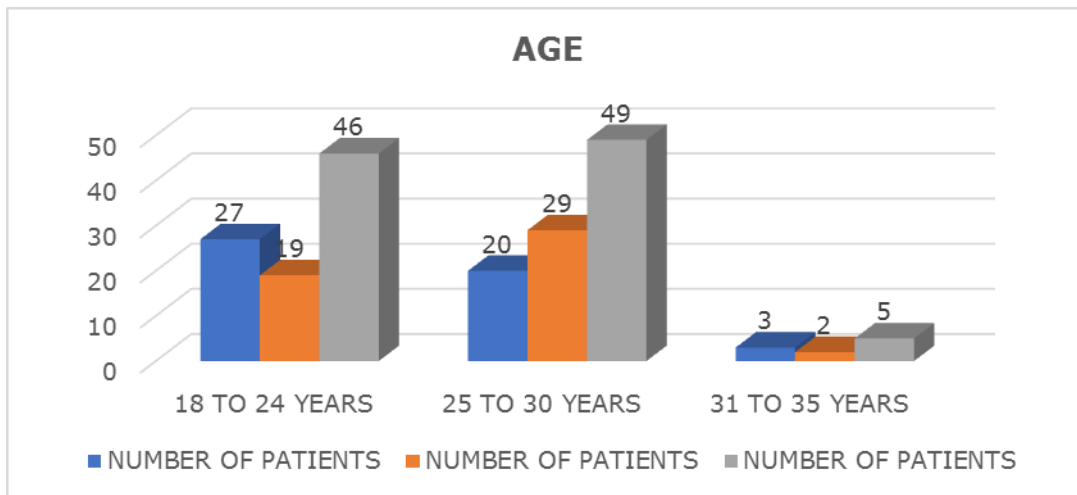
- Literature – Available in all Ayurvedic samhitas and modern textbook
- Study centre – Ashtang Ayurved Hospital pune, 30.
- No. of patients – 50 in each group
- Type of Study: It was an open labelled, Randomised, controlled, prospective study.

Group	No.of subjects	Planning	Duration
Group A	50	<i>Pushkarmooladi kwatha</i> pan 40 ml BD	10 days
Group B	50	Application of <i>Pushkarmoola siddha taila</i> over <i>parshwa</i> daily	10 days

OBSERVATIONS AND RESULT

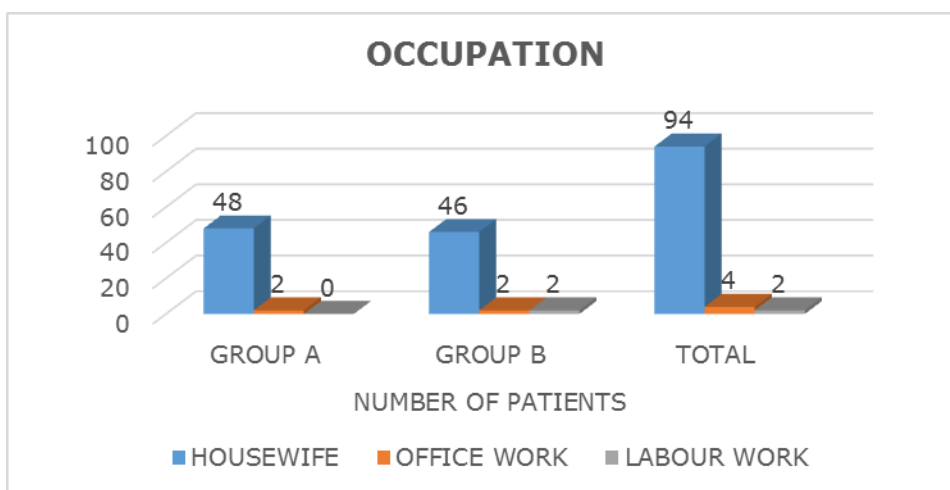
1. AGE

SR.NO	AGE	NUMBER OF PATIENTS		
		GROUP A	GROUP B	TOTAL
1	18 TO 24 YEARS	27	19	46
2	25 TO 30 YEARS	20	29	49
3	31 TO 35 YEARS	3	2	5
	TOTAL	50	50	100



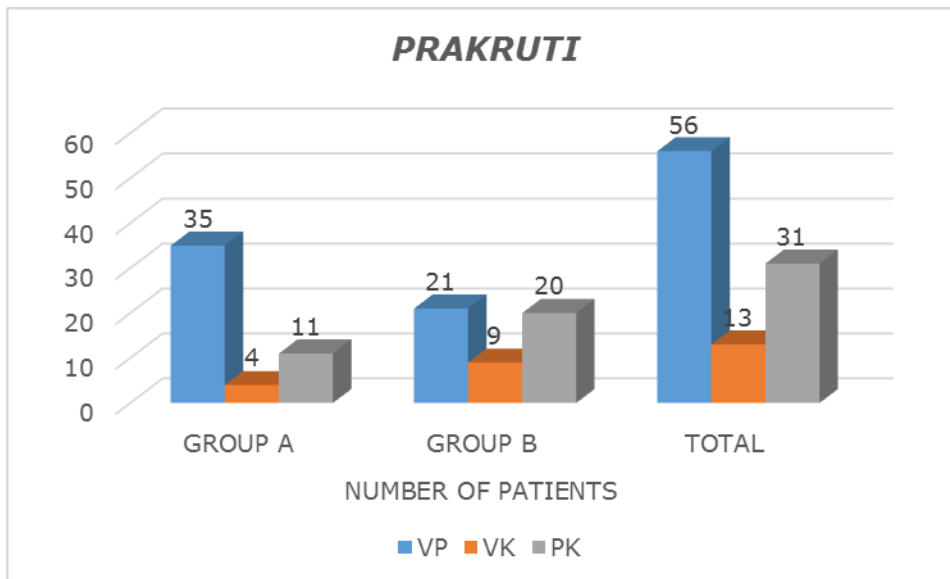
2. OCCUPATION

SR.NO	OCCUPATION	NUMBER OF PATIENTS		
		GROUP A	GROUP B	TOTAL
1	HOUSEWIFE	48	46	94
2	OFFICE WORK	2	2	4
3	LABOUR WORK	0	2	2
	TOTAL	50	50	100



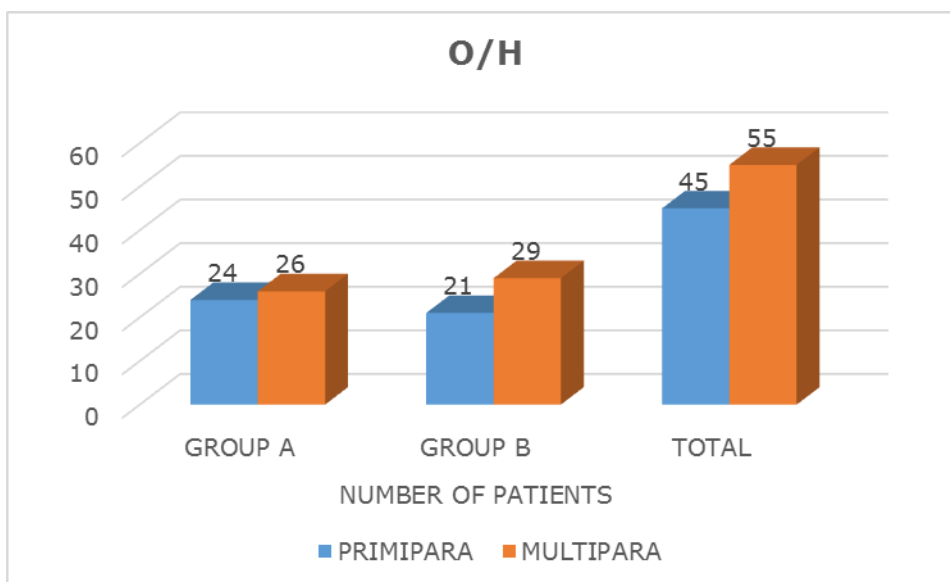
3. PRAKRUTI

SR.NO	PRAKRUTI	NUMBER OF PATIENTS		
		GROUP A	GROUP B	TOTAL
1	VP	35	21	56
2	VK	4	9	13
3	PK	11	20	31
	TOTAL	50	50	100



4. O/H

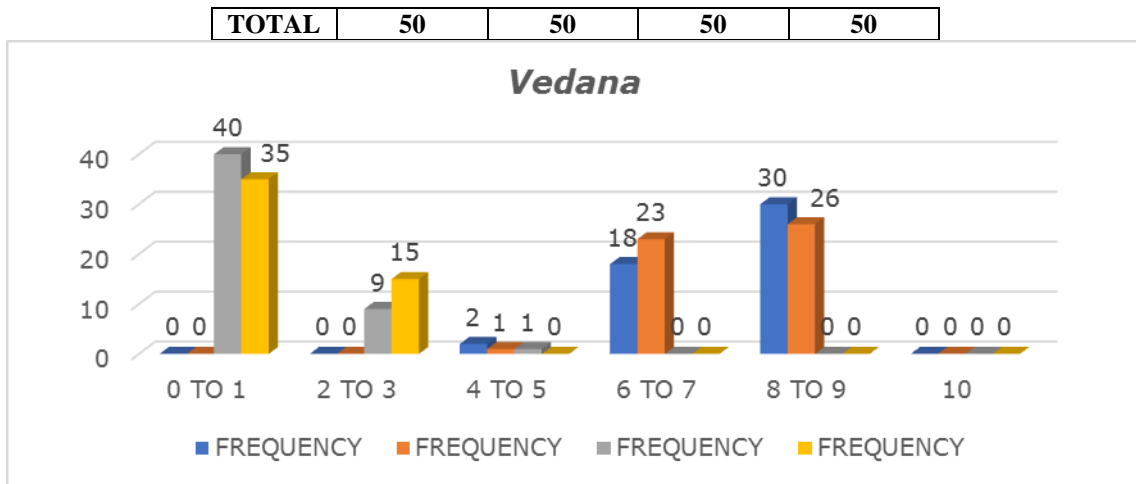
SR.NO	O/H	NUMBER OF PATIENTS		
		GROUP A	GROUP B	TOTAL
1	PRIMIPARA	24	21	45
2	MULTIPARA	26	29	55
	TOTAL	50	50	100



B) CLINICAL OBSERVATIONS

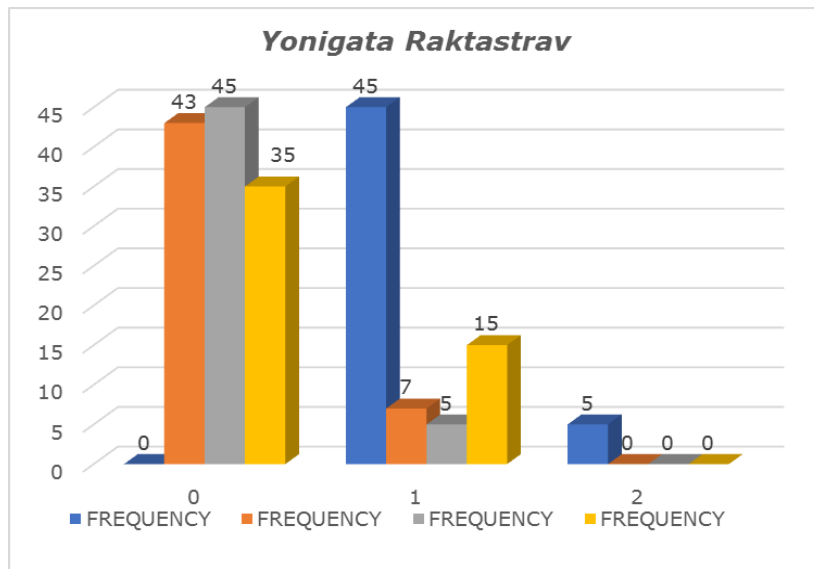
1. Vedana

GRADE	Vedana			
	FREQUENCY			
	BT		AT	
	GROUP A	GROUP B	GROUP A	GROUP B
0 TO 1	0	0	40	35
2 TO 3	0	0	9	15
4 TO 5	2	1	1	0
6 TO 7	18	23	0	0
8 TO 9	30	26	0	0
10	0	0	0	0



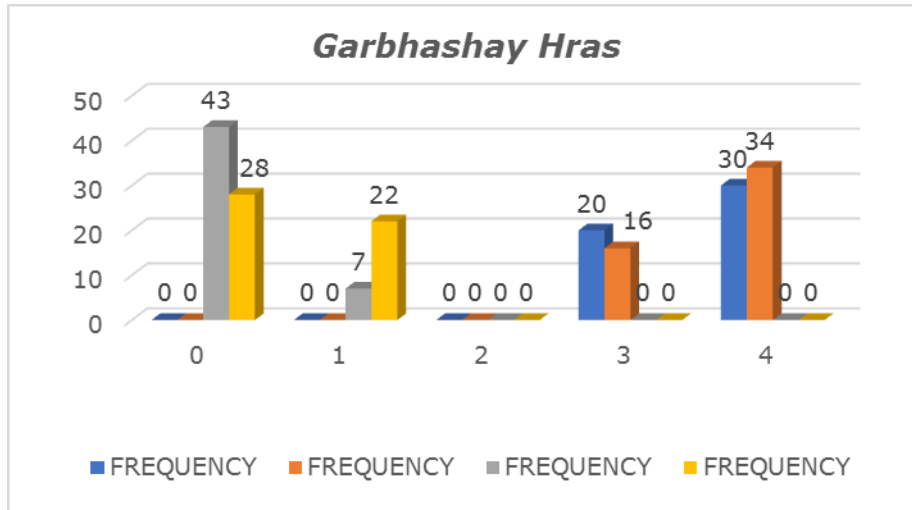
2. Yonigata Raktastrav

Yonigata Raktastrav				
GRADE	FREQUENCY			
	BT		AT	
	GROUP A	GROUP B	GROUP A	GROUP B
0	0	43	45	35
1	45	7	5	15
2	5	0	0	0
TOTAL	50	50	50	50



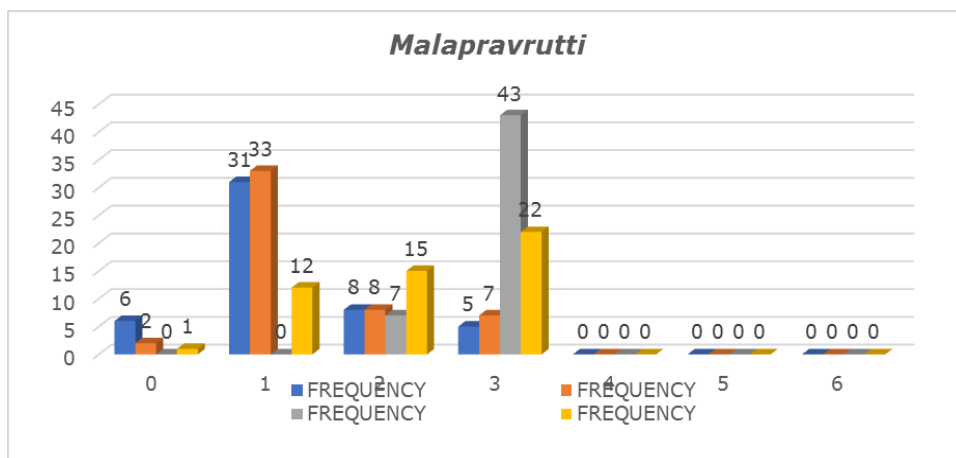
3. Garbhashay Hras

Garbhashay Hras				
GRADE	FREQUENCY			
	BT		AT	
	GROUP A	GROUP B	GROUP A	GROUP B
0	0	0	43	28
1	0	0	7	22
2	0	0	0	0
3	20	16	0	0
4	30	34	0	0
TOTAL	50	50	50	50



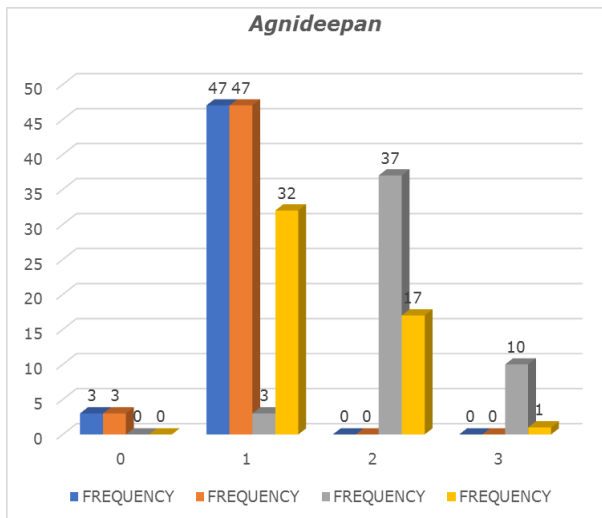
3. *Malapavrutti*

<i>Malapavrutti</i>				
GRADE	FREQUENCY			
	BT		AT	
	GROUP A	GROUP B	GROUP A	GROUP B
0	6	2	0	1
1	31	33	0	12
2	8	8	7	15
3	5	7	43	22
4	0	0	0	0
5	0	0	0	0
6	0	0	0	0
TOTAL	50	50	50	50



4. *Agnideepan*

<i>Agnideepan</i>				
GRADE	FREQUENCY			
	BT		AT	
	GROUP A	GROUP B	GROUP A	GROUP B
0	3	3	0	0
1	47	47	3	32
2	0	0	37	17
3	0	0	10	1
TOTAL	50	50	50	50



DISCUSSION

A) Age

Maximum patients (49) were observed in age group 25 to 30 years and followed by (46) patients in age group between 18 to 24, and 5 patients in age group 31 to 35 years.

B) Occupation

Majority of patients (94) are Housewives, And some (4) office workers and (2) labour workers.

C) Prakruti

Maximum patients were observed (56) of *Vata pittaj prakruti* followed by (31) patients of *Pitta Kaphaj prakruti* and some patients (13) of *vata Kaphaj Prakruti*.

D) O/H (Obstetric History)

Maximum patients were observed (55) having multiparity followed by patients (45) of Primipara.

Assessment of symptoms was done by standard methods and results obtained are as follows-

A. Veadna

Pain such as *Parshwashoola*, *Adhoularshool*, *Katishool* and *Angamarda* causing daily activity disturbance was assessed by functional activity. After treatment, it is observed that, there are 40 (80%) and 35 (70%) patients from trial and control group respectively got complete relief from pain (Grade 0-1) i.e no pain.

This result might be because of *Pushkarmoola* has property of *Vata Shamana*. As *Vata* is main *Dosha* causing *Shoola*, by *Vatashamana* property of *Pushkarmoola* drug by its *usnha guna* and other properties of *hingu* like *usnha* and *snigdha guna*, it helps in decreasing *Shoola*.

B. Yonigata Raktastrav

After treatment it is observed that, there were 45 (90%) & 35 (70%) patients have reduction in *yonigata raktastrava* of Grade 0 i.e. 1 pad/day *yonigata raktastrav* in trial group and control group respectively.

After treatment due to *vatanulomana* marked reduction in *yonigata raktastrav* occurs in trial group as compared to control group, this is may be due to *vatashamak* property of *pushkarmoola* as well as *garbhashay shodhan* and *anuloman* property of *hingu*.

C. Garbhashaya Hras

After treatment it is observed that, there were 43 (86%) and 28 (56%) patients of better involuted uterus of Grade 0 i.e. with <0 cm distance from pubic symphysis to fundus of uterus in trial group and control group respectively.

From above data it is observed that after treatment there is marked reduction in size of uterus i.e. involution in trial group than that of control group, this is because of *anuloman* property of *pushkarmoola* with *strotoshodhan* i.e. *garbhashay shodhan* property of the drugs *hingu* and *saindhav* is *strotoshodhan* as well as having *vyavayi* and *vikasi guna* which helps in action of other drugs to act.

D. Malapravrutti

After treatment it is observed that, there were 43 (86%) and 22 (44%) patients are having normal *malapravrutti* of Grade 3 i.e. with like a smooth sausage or snake (normal) in trial group and control group respectively.

Thus, after treatment there is marked improvement in *malapravrutti* in trial group, it is due to *deepan*, *pachan*, *anuloman* properties of all drugs including *pushkarmoola* along with *hingu* and *saindhav*.

E. Agnideepan

After Treatment it is observed that there are 37 (74%) and 17 (34%) patients of Grade 2 i.e. with moderate appetite wants to eat food in trial group and control group respectively.

After treatment significant number of patients showed better results in improvement of *Agnimandya* in trial group. *Hingu* has *Agnideepan* property with *ushna*, *tikshna guna* which helps in reducing *Agnimandya* as used internally in the form of *kwatha*.

CONCLUSION

In treatment of *sutika parshwashoola* it is necessary to do *vatashaman* as *vata* get aggravated in *sutika awastha*, *Sutika Parshwashoola* has *vata* dominance which can be evident by observing it's signs and symptoms. When *vayu* gets vitiated during *aavi* and *pravahana* it causes pain at various places and *vatashaman* is achieved with *pushkarmooladi kwatha* and with *pushkarmoola siddha taila* also.

➤ Further from the present study we can conclude that incidence is higher in:-

- 1) Age group= 18-24 years
- 2) Multipara women
- 3) *Vata-pradhan prakruti*

- From results, it can be concluded that Application of *Pushkarmoola siddha taila* is effective in *Sutika Parshwashoola* but only some symptoms are relieved with it, as *Pushkarmoola*, *hingula* and *saindhava* acts mainly on basic pathogenesis it shows better results than control group as they are used internally in the form of *kwatha*. Hence, *Pushkarmooladi kwatha pan* is more effective than Local Application of *Pushkarmoola siddha taila*.

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