

Efficacy of Bharangyadi Kalka in Sutika Makkalla (Puerperal After Pains) - A clinical trial

Received: 22 October 2022, **Revised:** 19 November 2022, **Accepted:** 28 December 2022

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Keywords:

sutika, makkalla, bharanagaydi kalka, shudha hingu

Abstract

Sutika Makkalla is a postpartum ailment that affects women rather regularly. It is connected to blood accumulation in the uterus for a variety of causes. The drugs Bharangyadi Kalka and Shuddha Hingu are having properties like garbhashya shodhaka, sula prasamana, rakta shodhaka, vatakapha hara, vedana sthapana, anulomanan, deepana, pacana, stanya shodhaka and shotha hara. The same are the desired effects of the study. The dry powders of Bharangi, Nagara, Devadaru was collected from local markets whereas Hingu was collected from Shri Vijay Mahantesh Ayurvedic Medical College. 30 patient of Makkalla was selected for study from among the IPD and OPD of Shri Vijay Mahantesh Ayurvedic Medical College. Selected patient were segregated into 2 group, 15 patients in each group. Group A patients were given Bharangyadi Kalka 6 grams BD for 5 days on empty stomach and 15 patients were administered shudha Hingu with ghee 125 mg for 5 days BD in Group B. The given drugs in both groups showed good result in the pain parameter with Shuddha Hingu showing better results as compared to Bharangyadi Kalka. There were no significant results in the other parameter included in the study but also no undue complications were seen in the study period. Both the drug groups showed good improvement in increasing the bala of the sutika thus favored other parameters as may be physiological and can be advised in sutika for the said parameter.

1. Introduction

Pregnancy and child birth remain as a wonderful gift of God to bless women. Complaints of a Post-delivery patient are mainly Sutika Makkalla which is detailed in Sushrut Samhita (Shastri 2009). The blood does not flow out after delivery but instead returns because of

dhatukshinata, vayu prakropa, dryness of the body, due to unavailability of drugs required for the garbhashya shodhana or remnants of placental products causes the obstruction of pathway. As a result, the uterus becomes stretched, resulting in extreme discomfort, pain below the umbilical and bladder regions, abdomen and cardiac region. Sometimes the pain is so intense that a

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prickling sensation is present along with a risk for bowel perforation or rupture. These are associated with flatulence and retention of urine. This condition is generally referred to as the Makkalla, sometimes this accumulated blood gets infected and abscess may be formed.

Puerperium after pains are the irregular spasmodic pain felt in the lower abdomen after delivery for a varied length of 4-5 days. When blood clots or remnants of the afterbirth are present, the uterus contracts hypertonically in an effort to push them out. Prevalence rate of after pains of delivery is 80% (Croft 2003). This is due to hard work done by different uterine muscles to clamp the opened blood vessels at functions of clamping of the open blood vessels at the placental site for minimizing the loss of blood after birth. Different formulations are given in classic for this condition (Tiwari 2003). This also includes Shudha Hingu and Bharangyadi Kalka (Shastri 1993; Gupta 2011). These are having vedanastapana garbhashaya shodhana, sulaparsama, rakta shodhna, vatahara and anulomana properties. The aim of the study was to find out the combination of Bhrangi Nagara Devadaru in this condition as compared to Shuddha Hingu

2. Materials and Methods:

Source of Data

Thirty patients of 18-30 years of age delivered normal and diagnosed as Sutika Makkalla were selected for the study from the Outpatient and Inpatient Departments of Prasooti Tantra and Stree Roga. The medicines used, dry powder used in this study, were collected from local markets and drug store of Shri Vijaymahantesh Ayurvedic Medical College.

Inclusion criteria:

Women who have undergone vaginal delivery.

Sutika having classical signs and symptoms of makkalla sula.

Preterm and postdated vaginal delivery

Sutika complaining of makkalla shoola from the time of delivery upto 5 days.

Exclusion Criteria :

Sutika having undergone L.S.C.S Assisted delivery (vacuum, forceps delivery)

Sutika with severe anaemia (less than 8 gm %) HTN, DM, APH, PPH, prolonged labour.

Sutika undergone any lower abdominal surgeries in past.

Sutika having any ovarian or uterine pathology, Retained or manual removal of placenta

Grouping and posology

Patients were divided into 2 groups (A and B) of 15 each. Patients in Group A were given Bharangyadi Kalka with ushna jala 6 grams twice a day for 5 days on empty stomach (Shastri 1993) and in Group B patients were given Shudha Hingu 125 mg with ghee twice a day in empty stomach for 5 days (Gupta 2011) and parameters assessed were pain in abdomen, stanya pravartana, uterine involution and lochia.

The study continued for thirty days with follow up on 6th, 15th, 30th day of treatment.

3. Results:

In the present study, it was noted that, group A showed significant result ($p=0.041$) in decreasing Udarashoola on day 15 when compared with group B. when assessed for Stanyapravartana among the participants of the study, both the groups were not significant statistically but improvement was seen clinically in both the groups. There was no statistically significant improvement seen in involution of uterus in both the groups. There was no statistically significant improvement seen in lochia in both the groups.

4. Discussion

Mortality and morbidity of the mother is one of the most challenging problems of our country. Health care providers give less attention to post-natal and post-partum period of women than her pregnancy and child birth. In day to day life we come across the female patient's complaining of various ailments such as pain in abdomen, backache, anaemia, joint pain and they are prone to get infection if no care taken during puerperal

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period. Our patients were given either Bharandyadi or Shuddha Hingu (Tewari 2003). In this study we did not observe any complication with dosage of drug. The use of shuddha hingu for sutika makkalla is better in comparison to bharangyadi kalka, showing that anti-spasmodic activity. There are other formulations available and prescribed in similar cases (Tewari 2003). The drugs having properties like vata hara, sula hara, sthota hara, vedanasthapana, garbhashaya shodhana relieve the spasmodic contraction, establishing good uterine contraction and retraction favouring proper involution of uterus and normal discharge and also relieve pain (Sharma 2007). In Postnatal care, attention was given to both mother and new born baby in general, mental and physical wellfareness. The treatment given to mother prevents sutika roga and its complications. Among the most common and distressing complications in the puerperal period is Sutika Makkalla ("after pains") in multi as well as in primi paras. Painful breast engorgement is usually experienced in primi para (Dutta 2004). After-pain can be avoided by taking calcium supplements, 550 mg twice day, during the third trimester of pregnancy and the postpartum period (Croft 1999). Similarly, taking magnesium supplements to manage pregnant hypertension, early uterine contractions, or leg cramps lowers the frequency of postpartum discomfort and lowers the need for postpartum analgesics (Croft 1999). Since olden days after delivery a lady is advised to follow the diet and regimes according to their culture tradition. Apart from internal medication external Treatment included abhyanga, parisheka, avagha and others which help in the mitigation of the vata dosha (Narve 2005). Abhyanga may be sthanika or sarvadiahika and has advantages such as, it is jara hara, pushti kara, shrama hara, vata hara, klesha sahatwa, abhigata sahatwa, dhadyakrith, which will strengthen her to tolerate the after effects of labour, induces good sleep and ayush kara (Narve 2005). Shodhana procedures are not advised in sutika avastha since there is no bahu dosha avastha in lady after giving birth. Normal health shall be regained by following the samanya sutika

paricharya (Trikamji 2001). It essential in Puerperal management in a patient to observe proper aseptic care, perineal wound dressing by observing the involution and lochial discharge. She may require minimum of 3-5 days of hospital stay. Analgesics is prescribed for the relief from after pains in puerperium (Ruth 2001).

5. Conclusion:

In conclusion, in this study we observed powder of shuddha hingu has gave better results in sutika makkalla when compared to that of bharangyadi kalka.

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