Clinical Study of Sutika-Dashmoolaa Kwatha in well being of Sutika
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Abstract: “It is the woman who procreates children and propagates the human species. Dharma (righteousness), Artha (wealth), Lakshmi (auspiciousness), and Loka (the entire universe) are represented in every woman”. Ayurveda regards the woman as she is the very foundation of society. Sutika is not a Rogi, the Paricharya explained to Sutika in Prasavottara Kaala is like Dinacharya, Ritucharya as explained for Swashta. This makes the necessity of particular mode of life in order to attain puerperium pre pregnancy health and to rejuvenate. A Sutika’s Sharir is thought to be empty after delivery due to exertion of labor pains & excretion of moisture (Kleda) & blood. The mother become very tired after delivery and hence needs to be given extra care. As well as during Sutika-Kaala the Sutika is prone to many diseases which developing either in normally delivered woman or in a woman having undergone a difficult labour are not dealt in much detail by most of the Acharyas. There is a need of proper Ayurvedic treatment which not only improves her physiological condition but also protect her from the upcoming diseases. Total 20 clinically diagnosed patients were registered for the present study and study was completed in 18 patients. Sutika Dashmoolaa Kwatha showed satisfying results statistically.

Keywords: Sutika, Sutika Dashmoolaa Kwatha, Paricharya, Puerperium

INTRODUCTION
There is a proverb “God made mother because he could not be everywhere at the same time”. This shows the importance of mother. It is also said that “Of all the rights of women, the greatest is to be a mother”.

Ayurveda regards woman and her ability to reproduce and care for children as the basis of family life. She is the very foundation of society. These qualities can only be manifested in a society, if women are safe and protected [1].

Ayurveda, as usual being explicit, describes this condition as Sutika Avastha. That is even the corner stone of women’s life, is also considered here. Of course Sutika is not a Rogi, the Paricharya explained to Sutika in Prasavottara Kaala is like Dinacharya, Ritucharya as explained for Swashta. There are ample changes occurring in Garbhavastha and Prasavastha. A Sutika’s Sharira is thought to be Shoonya-Sharira after delivery due to exertion of labour pains & excretion of moisture (Kleda) & blood [2].

According to Acharya Charaka, Acharya Sushruta and Acharya Vagbhat what so ever diseases afflict the Sutika, are difficult to cure or may become incurable because all the Dhatu of Sutika become languid or unsteady due to development of foetus. As far as Sutika-Kaala is concerned, all the Acharyas have given their specific opinion. Acharya Sushruta & Acharya Vagbhat [3] has given it a time period of 1½ months/ until she restarts her menstrual cycle again. According to Acharya Kashyap, Sutika-Kaala is upto 6 months [4] and Acharya Bhavprakash, is upto 4 months.

Acharya Charaka has given a schedule of 5-7 days in Ch. Sha, 8/48 for Sutika in which he has mentioned the management of early puerperium including Snehpana, Abhyanga, Udareshana, Yavagupana etc. by which he has indicated that early puerperium (Sadya-Prasutakaala) is the time period in which a Sutika needs extra special care until she returns to her normal physiology progressively.

Puerperium is defined as the time from the delivery of the placenta through the first few weeks after the delivery. This period is usually considered to be 6 weeks in duration. By 6 weeks after delivery, most of the changes of pregnancy, labour, and delivery have resolved and the body has reverted to the non pregnant state. This can be divided, for the purpose of management [5], into-

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• Immediate puerperium: First 24 hours after delivery
• Early puerperium: First week after delivery
• Remote puerperium: From 2nd – 6th weeks post-delivery

Need of study
According to Acharya Charaka the Sharira of Sutika is empty (Shoonya) due to exertion of labour pains & loss of Kleda and Rakta & there is a profuse Dhatukshaya due to development of foetus. That’s why her body is prone to several diseases. So there is a need of proper Ayurvedic treatment which not only improves her physiological condition but also protect her from the upcoming diseases.

Along with this we can give her a safe, cheap, side-effect free alternative Ayurvedic management in form of Sutika-Dashmoola Kwatha [6].

Aims & Objectives
Present research work was undertaken with following objectives:
• Conceptual and clinical study of Sutika.
• To study Sutika and its Paricharya in Ayurvedic perspectives, it’s possible management and preventive aspects of Sutikagat Vyadhi.
• To evaluate the effect of Sutika Dashmoola Kwatha in Sadya Prasuta regarding her physical, mental & functional condition.
• To provide more effective, safe, cheap & side-effect free management to the Prasuta.

MATERIALS AND METHODS
Criteria for Selection of Patients
• The trials were conducted on 20 patients, randomly selected from IPD & OPD of PG Dept. of Prasuti-Stree Roga, NIA, Jaipur, irrespective of caste & religion.
• Complete description regarding the details of each research case was recorded in a pre-designed proforma.
• Proper consent in a pre-designed proforma was taken from every patient before the trial started.

Inclusion criteria:
• Puerperal woman of age 20-35 years were selected for trial.
• Women who will be delivered without any significant surgical procedure were under inclusion criteria.
• Women without any previous or present infection up to delivery were selected for trial.

Exclusion criteria:
• Women of age < 20 years or >35 years of life.
• Women with a delivery by any surgical procedure.
• Women having any fibroid along with pregnancy.
• Women having complications during delivery.
• Women having any infection during pregnancy.
• Women having any systemic disorder.

Withdrawal criteria
If any woman developed any complication, she was withdrawn from the trial.

Clinical assessment of the Disease
Documentation and analysis of symptoms of patients before and after trial was done on the basis of non-parametric and parametric criteria as follow:
• Non-parametric criteria: Assessment of subjective/ clinical parameters was done on 3 bases– Physical parameter, physiological parameter and psychological parameter like Pallor, fatigue, backache, pain lower abdomen, oedema (Physical), mental stress, feel of healthiness, emotional instability (Psychological), temperature, anorexia, sleep, bowel (GIT), micturition, uterine involution, bleeding p/v and lactation (physiological).
• Parametric criteria: Hb, TLC, ESR, Urine RBCs, Urine WBCs. Urine epithelial cells. Protein in urine was also investigated but due to its amount in traces, it was not included in the criteria.

Criteria for the clinical assessment of overall effect of therapy
The data generated from the above parameters before and after the therapy were utilized for the purpose of overall effect of therapy on the basis of following scale:
• Complete Improvement - 100 % relief in clinical symptoms
• Marked Improvement - 75 - 100 % relief in clinical symptoms
• Moderate Improvement - 50 - 75 % relief in clinical symptoms
• Mild Improvement - 25 - 50 % relief in clinical symptoms
• No improvement - 0 - 25 % relief in clinical symptoms.

Further the effect of the treatment of signs and symptoms were analyzed statistically by Mean, SD, SE, ‘paired Wilcoxon signed rank test’ and ‘unpaired Mann-Whitney test’ for non-parametric study and ‘paired t-test’ and ‘unpaired t-test’ for parametric study. The result was interpreted as-
• p > 0.05 - non significant result,
• p < 0.05 - shows significant result,
p < 0.001 - shows highly significant result.

RESULTS

Various observations studied include-incidence of age, religion, educational status, marital status, socio-economic status, family type, occupation, habitat, past histories, diet habits, status of appetite, bowel and urine habits, addiction, sleep patterns, type of Kostha, Agni, past menstrual history, parity, Prakriti, Sattva, Samyama, Samhunan, Vyayam Shakti, Vaya, term of delivery and type of delivery. Incidences of different symptoms of Sutika-kaala, studied in the present study, are also presented in the form of table and column diagram. Results assessed on symptoms showed highly significant and significant statistically (Table 1), whereas in lab study (parametric) results were non-significant statistically. 66.67% patients showed marked improvement and 33.33% moderate improvement (Table 2).

### Table 1: Results assessed on symptoms

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Symptoms</th>
<th>N</th>
<th>Mean</th>
<th>% Relief</th>
<th>S.D.</th>
<th>S.E.</th>
<th>w</th>
<th>P</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Pallor</td>
<td>10</td>
<td>1.50</td>
<td>0.70</td>
<td>0.80</td>
<td>53.33</td>
<td>0.89</td>
<td>0.25</td>
<td>&lt; 0.05</td>
</tr>
<tr>
<td>2</td>
<td>Fatigue</td>
<td>18</td>
<td>1.67</td>
<td>0.33</td>
<td>1.33</td>
<td>80.00</td>
<td>0.49</td>
<td>0.11</td>
<td>171</td>
</tr>
<tr>
<td>3</td>
<td>Backache</td>
<td>18</td>
<td>1.67</td>
<td>0.28</td>
<td>1.39</td>
<td>83.33</td>
<td>0.50</td>
<td>0.12</td>
<td>171</td>
</tr>
<tr>
<td>4</td>
<td>Pain lower abdomen</td>
<td>18</td>
<td>1.39</td>
<td>0.11</td>
<td>1.28</td>
<td>92.00</td>
<td>0.46</td>
<td>0.11</td>
<td>171</td>
</tr>
<tr>
<td>5</td>
<td>Edema</td>
<td>09</td>
<td>1.44</td>
<td>0.44</td>
<td>1.00</td>
<td>69.23</td>
<td>0.50</td>
<td>0.17</td>
<td>36</td>
</tr>
<tr>
<td>6</td>
<td>Mental stress</td>
<td>11</td>
<td>1.36</td>
<td>0.73</td>
<td>0.63</td>
<td>46.67</td>
<td>0.67</td>
<td>0.20</td>
<td>21</td>
</tr>
<tr>
<td>7</td>
<td>Feel of healthiness</td>
<td>18</td>
<td>1.11</td>
<td>0.17</td>
<td>0.94</td>
<td>85.00</td>
<td>0.24</td>
<td>0.06</td>
<td>153</td>
</tr>
<tr>
<td>8</td>
<td>Emotional instability</td>
<td>13</td>
<td>1.31</td>
<td>0.38</td>
<td>0.92</td>
<td>70.59</td>
<td>0.28</td>
<td>0.08</td>
<td>78</td>
</tr>
<tr>
<td>9</td>
<td>Temperature</td>
<td>03</td>
<td>0.67</td>
<td>0.33</td>
<td>0.33</td>
<td>50.00</td>
<td>1.15</td>
<td>0.67</td>
<td>02</td>
</tr>
<tr>
<td>10</td>
<td>Anorexia</td>
<td>14</td>
<td>1.14</td>
<td>0.29</td>
<td>0.86</td>
<td>75.00</td>
<td>0.53</td>
<td>0.14</td>
<td>66</td>
</tr>
<tr>
<td>11</td>
<td>Sleep</td>
<td>18</td>
<td>1.22</td>
<td>0.39</td>
<td>0.83</td>
<td>68.18</td>
<td>0.38</td>
<td>0.09</td>
<td>120</td>
</tr>
<tr>
<td>12</td>
<td>Bowel (GIT)</td>
<td>06</td>
<td>1.33</td>
<td>0.50</td>
<td>0.83</td>
<td>62.50</td>
<td>0.98</td>
<td>0.40</td>
<td>15</td>
</tr>
<tr>
<td>13</td>
<td>Micturition</td>
<td>06</td>
<td>1.17</td>
<td>0.50</td>
<td>0.67</td>
<td>57.14</td>
<td>0.52</td>
<td>0.21</td>
<td>10</td>
</tr>
<tr>
<td>14</td>
<td>Uterine involution</td>
<td>18</td>
<td>3.00</td>
<td>0.83</td>
<td>2.17</td>
<td>72.22</td>
<td>0.38</td>
<td>0.09</td>
<td>171</td>
</tr>
<tr>
<td>15</td>
<td>Bleeding P/v</td>
<td>18</td>
<td>2.11</td>
<td>0.22</td>
<td>1.89</td>
<td>89.47</td>
<td>0.32</td>
<td>0.08</td>
<td>171</td>
</tr>
<tr>
<td>16</td>
<td>Lactation</td>
<td>18</td>
<td>1.56</td>
<td>0.28</td>
<td>1.28</td>
<td>82.14</td>
<td>0.46</td>
<td>0.11</td>
<td>171</td>
</tr>
</tbody>
</table>

### Table 2: Improvement

<table>
<thead>
<tr>
<th>Criteria</th>
<th>No. of patients</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete Improvement</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>Marked Improvement</td>
<td>12</td>
<td>66.67</td>
</tr>
<tr>
<td>Moderately Improvement</td>
<td>06</td>
<td>33.33</td>
</tr>
<tr>
<td>Mild Improvement</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>No Improvement</td>
<td>00</td>
<td>00</td>
</tr>
</tbody>
</table>

DISSCUSSION

Sutika Dashmoola Kwatha showed satisfying results statistically. Sutika Dashmoola Kwatha contains drugs like Laghu Panchamoolo, Sahchara, Prasarini, Vishwa, Guduchi and Mustaka. Laghu Panchamoolo has Vata-Pitta Shamaka, Brihmana, Balya properties. In Sutika, there is Vata Prakopa with Dhatu Kshaya which leads to Dosha Vaisamya and Daurna. Laghu Panchamoolo may pacify Vataadi Doshas, enhance the Dhatu Poshana and improves the physical strength of Sutika. The Matrika effect of Gokshura [7] favours regaining normal diuresis during puerperium, normalizes the frequency of micturition and helps in getting the sensation for urge of micturition. It is also believed to be useful in kidney, bladder, urinary tract and uro-genital related conditions, where it is said to act as a diuretic. An early evacuation of bladder decreases the chances of atonicity of uterus, constipation and so helps in perfect involution of uterus. Anti-oxidant property of Sutika Dashmoola may help to improve the mental stress and other inflammatory changes. Immuno-modulating property of Amrita is well known. Due to Dhatu Kshaya, Sutika gets prone to many infections because of low immunity. Guduchi being a Rasayanaya may help to improve immune system by enhancing Dosha-Dhatu Samyata and Dhatu Poshana [8-10]. Shunthi due to its Deepana, Paachana and Vatahara properties may facilitate Dhatu-Poshana. Shunthi is well known drug which is generally supplemented to Sutika to cope up the puerperal disorders. Mustaka has Anti-inflammatory, analgesic, anti-pyretic, anti-diarrhoeal, anti-arthritis, anti-convulsing, tranquilizing and anti-bacterial properties [11-15]. It may help to improve the physiological status of Sutika. Musta is also prescribed as Deepana, Paachana drug.
CONCLUSION

- No correlation between religion, marital status, education, socio-economic status, family, habitat, diet, parity, term of delivery, type of delivery and Daulik Prakriti with the improvement/decrement of well being of Satika could be established in the present study.
- Effect of the trial drugs showed improvement in physical, physiological and psychological parameters of Satika.
- Improvement in objective parameters like Hb %, TLC, ESR, Urine RBCs, Urine WBC, Urine Epi. Cells and Urine Protein was studied by comparing their BT and AT values. Results were statistically analyzed. But results were not very significant except on few parameters in Group A. But these parameters showed no relevancy with well being of Satika during the trial.
- No adverse effect or complication produced with the use of this treatment. The treatment was safe, economic, non surgical, very effective and can be progressively used during puerperium for Satika well being.

REFERENCES