

Assessment of Kadhalipoo Rasayanam in Menorrhagia in Siddha Hospital

Padmavathi R

Medical Officer, Yaadhmagi Siddha And Yoga Clinic, Thanjavur, Tamil Nadu, India

Abstract- A prospective, observational study was conducted in 1 year duration in Chennai arignar anna government siddha medical college outpatient ward. A total of 20 prescriptions were randomly collected and the Data collection form was administered for the collection of demographic, Socioeconomic and past medical history from study patients. The collected data were analyzed by using SPSS –software. The study results that, the prolonged and excessive bleeding was the most common disorder followed by menorrhagia. The Prescription drug kadhalipoo rasayanam was fall excessive bleeding in 100% prolonged bleeding in 100%. The majority of Prescription rate was found in female patients in the age group between 36 – 45 years.

Keywords- Menorrhagia, Prescription pattern, Kadhalipoo Rasayanam.

I. INTRODUCTION

Totally 30% of world wide population having heavy menstrual blood loss. Among them around 5% seek medical care for excessive blood loss. And 50% have no organic pathological cause and diagnosed as dysfunctional uterine bleeding. Other common causes are hormonal imbalance, bleeding disorders or stress related disorders.

In India, about 20% of DUB cases are seen among adolescent girls and 40% of cases among women above 40 years of age.¹

World Health Organization defines, the Drug utilization study is defined as a study of Marketing, distribution, Prescription and uses of drugs in a Society highlighting on the resulting medical, Social and economic consequences. The development and monitoring of Prescription pattern was necessary for Pharmaceutical care, rational drug use and Cost effective treatment to the patients. The drugs utilization studies improve the appropriate drug therapy and reduce the Economic burden and adverse drug reaction. Kadhalipoo Rasayanam should be closely monitor for cost, safety and potency. Bleeding disorder is one of the major causes of morbidity and mortality. Hence, the periodic review of prescription drug helps to improve the safety and

cost effective treatment to the patients. With this aim the study was carried out in tertiary care hospital.²

II. MATERIALS AND METHODS

STUDY DESIGN

The open clinical trial on menorrhagia was conducted at the opd section of post graduate, pothu maruthuvam department attached to arignar anna hospital of indian medicine, chennai-106,during the period 2013-14.

The study was approved by Institutional Ethics Committe (IEC) and the approved number is GSMC –CH – ME -2/012/2013. The study was registered in Clinical Trials Registry – India (CTRI) and the reference no is REF/2014/06/007125.

SAMPLE SIZE

20 patients in the age group 15-50 years.

STUDY DRUG

Kadhalipoo Rasayanam – 5 gm BD with Milk for 3 Consecutive Cycles.³

SELECTION CRITERIA

The population of menorrhagia patients with the following signs and symptoms are taken into the clinical trial. Excessive menstruation, Prolonged menstruation, Lower abdomen pain, Giddiness during menstruation, Headache during menstruation, USG report with fibroid uterus or PCOD or Ovarian cyst.

EXCLUSIVE CRITERIA

Pelvic causes, Diabetes mellitus, Hypertension, Patient having IUCD, Abortion, Thrombocytopenic purpura, Coagulopathy, Severe anaemia (<6 gm), Hypothyroidism, Vulnerable populations such as HIV positive, TB affected individuals, Diabetes mellitus.

III. RESULT

A total of 20 prescriptions were included in this study. The patients were classified as age distribution and further categorized on the basis of medical history. 15% of patients were in the age group 46-50, 35% of patients were in the age group 36-45, 30% of patients were in the age group 26-35 and 20% of patients were in the group of 16-25. This was represented in Figure-1.

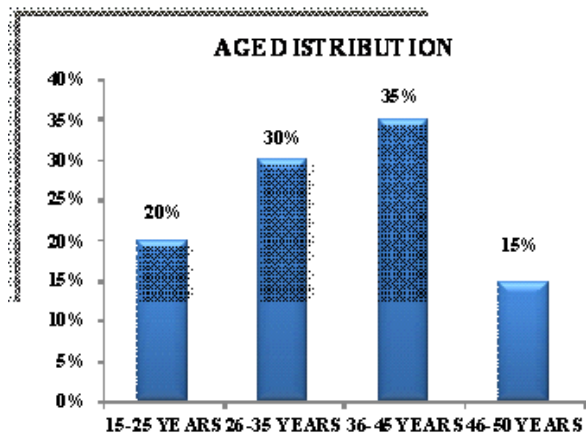


Fig.1: Age distribution

The food habits of patients assessed and results that 75% of patients belong to mixed diet habit and 25% of patients belong to vegetarian diet habit And was represented in Figure-2.

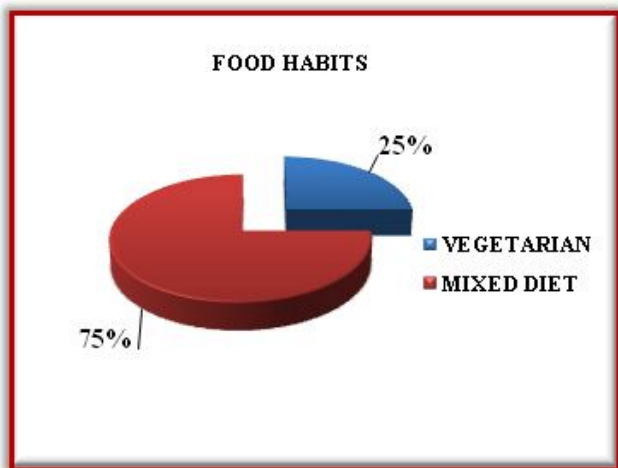


Fig. 2: Food habits

The study also found that Before treatment and after treatment of excessive menstruation present about 100% and 0%, prolonged menstruation about 80% and 0%, lower abdominal pain about 70% and 0%, low back ache about 40% and 30%, tiredness about 100% and 30%, giddiness about 60% and 0%, head ache about 10% and 0% respectively This was shown in figure-3.

and 0%, head ache about 10% and 0% respectively This was shown in figure-3.

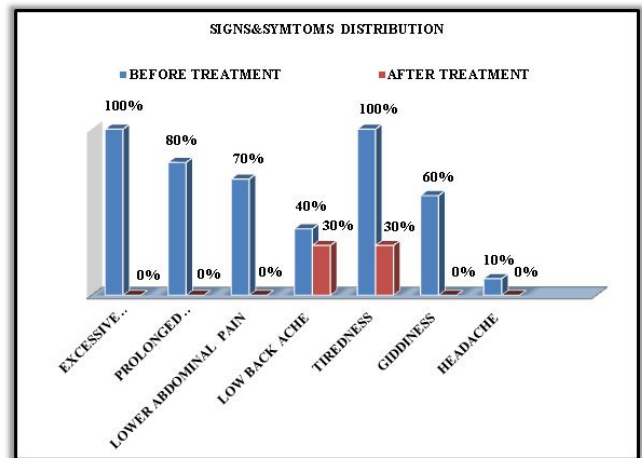
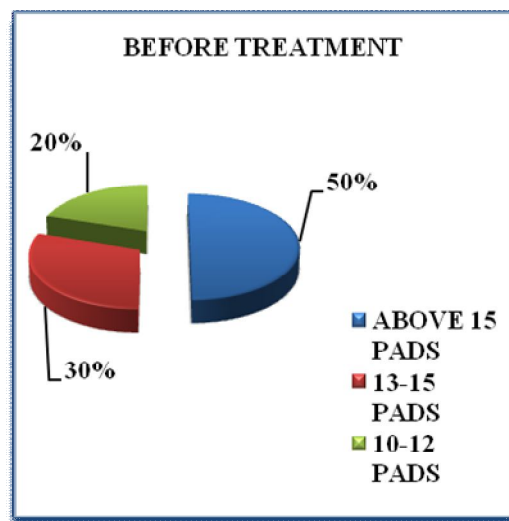


Fig.3: Signs and symptoms distribution

The study patients were assessed for their menstrual pads found that After treatment, patients using 10-12 pads were 60%, the patients using 13-15 pads were 25% and the patients using above 15 pads were 15%. This was shown in figure -4.



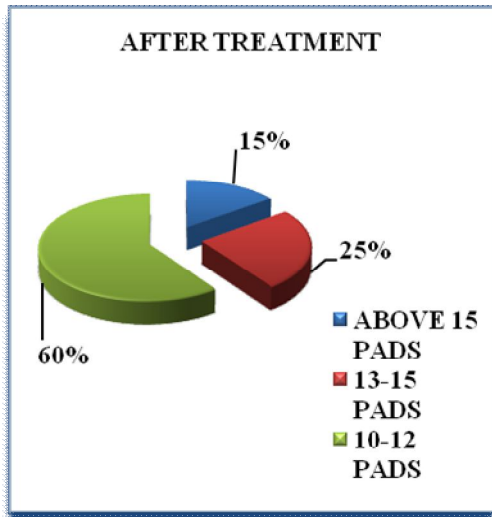


Fig.4: No of menstrual pads

The study also found that good response of treatment was about 80% and moderate response of treatment was about 20%.this was shown in figure-5.

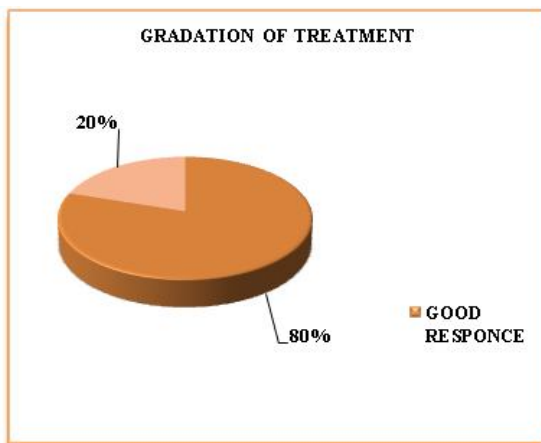


Fig.5: Gradation of treatment

IV. DISCUSSION

The burden of menorrhagia illness leads to public health problem. The peak incidence of pitha perumbadu was found to be in 36-45 years Among dietary patterns, 75% patients consume Mixed diet. Among 20 patients, 80% of cases showed good result and 20% of cases showed moderate result in menorrhagia.Among the total 20 patients all were improved both subjectively and objectively.The clinical trial study showed significant clinical improvement in certain clinical manifestations of Pittha Perumbadu Rogam such as excessive menstruation (100%), Prolonged menstruation (100%), Lower abdominal pain (100%) and Giddiness (90%) were relieved. Some of the treated patients were observed for next menstrual cycle that shows no occurrence of

symptoms.This is due to the Clinical efficacy and Safety of styptic drug kadhaliipoo rasayanam

REFERENCES

- [1] Journal of obstetrics and gynaecology, May2013
- [2] Sarumathy S, Menaka K, Samuel Gideon George P and Ravichandiran V. A study on drug use pattern and adverse drug reactions of Anti-psychiatric Medications in a Psychiatry specialized hospital. International journal of pharmacy and pharmaceutical sciences. 2014;6(6):332-334.
- [3] V.Ayothiya dasa kavirasa pandithar, Boghar-700, B.Rathina Nayagar & Sons, Pg-16.