



Research Article

A CLINICAL STUDY TO EVALUATE EFFICACY OF KVGAP'S FEMICARE SYRUP ON RAKTAPRADARA W.S.R TO DYSFUNCTIONAL UTERINE BLEEDING

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ABSTRACT

Dysfunctional uterine bleeding (Raktapradara) is the commonest gynecological disorder affecting the quality women's life of reproductive age group. A clinical study was conducted with KVGAP'S Femicare Syrup on 28 patients of DUB. KVGAP'S Femicare syrup is a polyherbal Ayurvedic formulation prepared from ingredients like Ashoka, Ashwagandha, Gokshura, Guduchi, Shatavari, Manjhistha, Usheera, Kumari, Sariva, Pippali, and Shilaiathu. The parameters assessed were number of bleeding episodes, excessive bleeding, investigators global assessment scale, VAS for pain, participants overall assessment scale, clot and interval (number of days of the cycle). Patients were assessed at the beginning of the trail, after 1 month and after 2 months. 56.52%, 73.08%, 77.6%, 85%, 81.93%, 100% improvement were observed in the clinical parameters assessed (number of bleeding episodes, excessive bleeding, investigators global assessment scale, VAS for pain, participants overall assessment scale, clot) respectively. Results were statistically significant. Interval didn't show any changes. Out of 28 patients in this study, 1 patient shown mild improvement, 11 patients (39%) were shown moderate improvement and 16 patients (57%) had marked improvement. Overall effect of the treatment was 77.31%. This study showed that KVGAP'S Femicare syrup showed promising results in treating DUB. Hence it can be concluded that KVGAP'S Femicare Syrup is effective and safe in the management of dysfunctional uterine bleeding.

INTRODUCTION

Menstruation denotes healthy state of female reproductive system, but if the cycle turns to be abnormal with excessive, prolonged bleeding, associated with pain during the intermenstrual period suggestive of underlying pathology. The natural phenomenon of regular cyclic menstruation reflects the relationship between the endometrium and its regulatory factors. DUB (Dysfunctional Uterine Bleeding) is one of the commonest gynecological problems encountered in day today practice. DUB can be defined as "abnormal uterine bleeding without any clinically detectable organic pelvic pathology- tumor, inflammation or pregnancy.[1]

inflammation or pre	gnancy. ^[1]
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Bleeding may be abnormal in frequency, amount or duration or combination of any three^[2]. Ninety percent of DUB is anovulatory. The prevalence varies widely but an incidence of 10 percent amongst new patients attending the outpatients seems logical.^[3] *Raktapradara* described in Ayurveda can be best correlated with DUB. Ayurveda has effective combination of drugs by which management of *Raktapradara* can be effectively done. In the light of above, it may be worthwhile to explore the potential of KVGAP'S Femicare Syrup in *Rakta Pradara*.

OBJECTIVE

To evaluate the efficacy of KVGAP'S Femicare Syrup in *Rakta Pradara.*

METHODOLOGY

An open non-randomized clinical trial has been conducted in 30 patients selected from and Outpatient Department of KVG Ayurveda Medical College and Hospital, Ambateadka, Sullia, with the help of various Ayurveda physicians. 2 patients dropped out during the trail

Inclusion Criteria

- Women: 18 years or older
- With diagnosis of dysfunctional uterine bleeding without organic pathology
- With at least one of the following symptoms: painful, prolonged, frequent or excessive bleeding.

Exclusion Criteria

• The use of estradiol valerate, steroidal oral contraceptives, or any drug that could alter oral contraception metabolism will be prohibited during the study.

• Women having history of endometrial ablation or dilatation or curettage within 2 months prior to study start.

Trial Drug

> KVGAP'S Femicare Syrup

Preparation of the Trial Drug

KVGAP'S Femicare Syrup was manufactured in KVG Ayurveda Pharma and Research centre, Sullia, adhering to strict GMP guidelines.

The composition of KVGAP'S Femicare Syrup is as per the table.

Composition: Each 5ml contains

Table 1: Showing composition of KVGAP'S Femicare Syrup

S.No	Botanical Name- Sanskrit Name	Part Used	Forms of Ingredient	Qty	UoM	Reference	Page No
1	Saraca ashoka - Ashoka	Bark	Aqueous Extract	813.0000	mg	API	14
2	Withania Somnifera - Ashwagandha	Root	Aqueous Extract	407.0000	mg	API	15
3	Tribulus terrestris - Gokshura	Fruit	Aqueous Extract	407.0000	mg	API	40
4	Tinospora Cordifolia - Guduchi	Stem	Aqueous Extract	407.0000	mg	API	41
5	Asparagus racemosus - Shatavari	Root	Aqueous Extract	407.0000	mg	API	122
6	Rubia cordifolia - Manjistha	Stem	Aq <mark>ueous</mark> Extract	407.0000	mg	API	169
7	Vetivera Zizanoides - Usheera	Root	Aqu <mark>eou</mark> s Extr <mark>act</mark>	407.0000	mg	API	219
8	Aloe vera - Kumari	Leaf	Aqueous Extract	407.0000	mg	API	62
9	Hemidesmus indicus - Sariva	Root	Aqueous Extract	1220.0000	mg	API	107
10	Piper longum - Pippali	Fruit	Aqueous Extract	8.1300	mg	API	91
11	Asphaltum - Shilajatu - Shodita		Powder	4.0400	mg	CR	50
12	Sugar - Sharkara		Powder	3250.0000	mg		0

Preservatives and Excipients

S. No	Excipient Name	Quantity	UoM	Used As
1	Sodium benzoate	0.0200	gm	Preservative
2	Methyl paraben	0.0060	gm	Preservative
3	Propyl paraben	0.0006	gm	Preservative

Method of Preparation: Coarse powders of all the ingredients were prepared and sufficient quantity of RO/UV treated potable water was added to it and reduced to $1/4^{th}$, filtered and sugar candy was added, stirred well till it attains syrup consistency. Sufficient quantity of permitted preservatives: (Sodium Benzoate- 0.53%, Methyl paraben- 0.13%, Propyl paraben- 0.013%) were added and after cooling packed in air tight containers.

Treatment Schedule

KVGAP'S Femi care syrup was administered at the dose of 10ml twice daily orally for 2 months. Patients were advised to restrict themselves to the KVGAP'S Femicare Syrup as the only treatment for their complaints and resort to no other active treatment intervention during the study period was allowed.

Assessment Criteria

The cases were assessed by subjective and objective parameters, before and after 1 month and 2 months of treatment. The parameters assessed were number of bleeding episodes, excessive bleeding, investigators global assessment scale, VAS for pain, participants overall assessment scale.

Assessment Scale

To estimate the severity of the disease and to record the clinical outcome, the following pattern of scale was prepared and used.

No. of Bleeding Episodes

G₀ - No Bleeding episode

 G_1 – Bleeding episode < 4 days.

G₂ – Bleeding episode 4-7 days

 G_3 – Bleeding episode > 7 days

Excessive bleeding: Number of pads used per day

VAS for pain: 10cm scale was adopted

Investigators Global Assessment scale: 5 point measurement scale was adopted.

Participants Overall Assessment Scale: 5 point scale was adopted.

Clot

 G_0 – Absent

 G_1 – Present

Interval: Number of days of cycle.

RESULTS

In the present study, 28 patients suffering from DUB fulfilling the inclusion criteria were studied and were randomly selected. Observation of each patient was done thoroughly. Necessary charts and graphs were made accordingly.

Table 2: Showing Effect of KVGAP'S Femicare Syrup on Number of bleeding episodes in DUB

Cymptom	M	Measures Mandillane in a 4				SD	SE	t	р
Symptom	Cycle 1- Baseline	The state of the s		10	%	(+/-)	(+/-)	value	value
No. of Bleeding	2.46	Month 1	1.64	0.82	33.33	0.670	0.129	6.49	< 0.05
episodes	2.46	Month 2	1.07	1.39	56.52	0.875	0.168	8.42	< 0.05

Effect of KVGAP'S Femi care Syrup on Number of Bleeding Episodes

This study consisting of 28 patients of DUB with no. of bleeding episodes revealed the result of it as shown in the table No 02. Statistical analysis showed that the mean score which was 2.46 before treatment, was reduced to 1.64 after 1 month of treatment and reduced to 1.07 after 2 months with 56.52% improvement, and there is a statistically significant change. (P<0.05)

Figure 1: Results are Graphically Represented

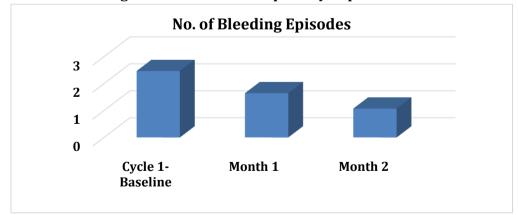


Table 3: Showing Effect of KVGAP'S Femicare Syrup on Excessive Bleeding in DUB

Cymptom	M	leasures			0/	SD	SE	t	р
Symptom	Cycle 1-Baseline				%	(+/-)	(+/-)	value	value
Excessive	2.78	Month 1	1.57	1.21	43.59	0.568	0.109	11.31	< 0.05
Bleeding	2.70	Month 2	0.75	2.04	73.08	0.793	0.153	13.59	< 0.05

Effect on Excessive Bleeding

This study consisting of 28 patients of DUB with excessive bleeding revealed the result of it as shown in the table No 03. Statistical analysis showed that the mean score which was 2.78 before treatment, was reduced to 1.57 after 1 month of treatment and reduced to 0.75 after 2 months of treatment with 73.08% improvement, and there is a statistically significant change. (P<0.05)

Excessive Bleeding

Cycle 1- Baseline Month 1 Month 2

Figure 2: Results are Graphically Represented

Table 4: Effect of KVGAP'S Femicare Syrup on Investigators Global Assessment Scale in DUB

Cumntom	M	easures			%	SD	SE	tvoluo	р
Symptom	Cycle 1-Baseline				70	(+/-)	(+/-)	t value	value
Investigators		Month 1	1.43	1.61	52.94	0.567	0.109	15.00	<0.05
Global Assessment Scale	3.04	Month 2	0.68	2.36	77.65	0.621	0.120	20.07	<0.05

Effect on Investigators Global Assessment Scale

This study consisting of 28 patients of DUB with Investigators Global Assessment Scale revealed the result of it as shown in the table No 04. Statistical analysis showed that the mean score which was 3.04 before treatment, was reduced to 1.43 after 1 month of treatment and reduced to 0.68 after 2 months of treatment with 77.65% improvement, and there is a statistically significant change. (P<0.05)

Investigators Global Assesment Scale

4
3
2
1
0
Cycle 1- Baseline Month 1 Month 2

Table 5: Effect of KVGAP'S Femicare Syrup on VAS for Pain in DUB

Symptom	N	Measures			%	SD	SE	t	р
Symptom	Cycle 1-Baseline				70	(+/-)	(+/-)	value	value
VAC for Dain	2.86	Month 1	1.36	1.50	52.50	0.694	0.134	11.44	< 0.05
VAS for Pain	2.00	Month 2	0.43	2.43	85.00	1.034	0.199	12.43	< 0.05

Effect of KVGAP'S Femicare Syrup on VAS for Pain

This study consisting of 28 patients of DUB with VAS for pain revealed the result of it as shown in the table No 05. Statistical analysis showed that the mean score which was 2.86 before treatment, was reduced to 1.36 after 1 month of treatment and reduced to 0.43 after 2 months of treatment with 85% improvement, and there is a statistically significant change. (P<0.05)

VAS for pain

Cycle 1Baseline

Month 1

Month 2

Figure 4: Results are graphically represented

Table 6: Effect of KVGAP'S Femicare Syrup on Participants Overall Assessment Scale in DUB

Crimitan	M	%	SD	SE	t	р			
Symptom	Cycle 1-Baseline				90	(+/-)	(+/-)	value	value
Participants Overall	2.96	Month 1	1.39	1.57	53.01	0.634	0.122	13.11	<0.05
Assessment Scale	2.90	Month 2	0.54	2.43	81.93	0.836	0.161	15.38	<0.05

Effect on Participants Overall Assessment Scale

This study consisting of 28 patients of DUB with Participants Overall Assessment Scale: Revealed the result of it as shown in the table No 06. Statistical analysis showed that the mean score which was 2.96 before treatment was reduced to 1.39 after 1 month of treatment and reduced to 0.54 after 2 months of treatment with 81.93% improvement, and there is a statistically significant change. (P<0.05)

Partcipants Overall Asssesment Scale

3
2
1
Cycle 1- Month 1 Month 2
Baseline

Table 7: Effect of KVGAP'S Femi care Syrup Clot in DUB

Symptom	N	leasures			%	SD	SE	t	р
Symptom	Cycle 1-Baseline				70	(+/-)	(+/-)	value	value
Clot	0.61	Month 1	0.18	0.43	70.59	0.504	0.097	4.50	<0.05
Giot	0.01	Month 2	0.00	0.61	100.00	0.497	0.096	6.46	<0.05

Effect on Clot

This study consisting of 28 patients of DUB with clot revealed the result of it as shown in the table No 07. Statistical analysis showed that the mean score which was 0.61 before treatment was reduced to 0.18 after 1 month of treatment and reduced to 0.00 after 2 months of treatment with 100% improvement, and there is a statistically significant change. (P<0.05)

Figure 6: Results are Graphically Represented

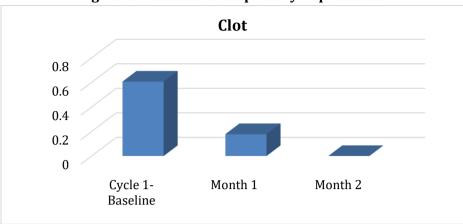


Table 8: Effect of KVGAP'S Femi care Syrup on Interval (No of days of Cycle) in DUB

Cymntom	M	leasures			0/	SD	SE	t	р
Symptom	Cycle 1-Baseline				%	(+/-)	(+/-)	value	value
Interval (No of	28.68	Month 1	28.89	-0.21	-0.75	3.745	0.721	-0.30	>0.05
days of Cycle)	20.00	Month 2	28.64	0.04	0.12	5.066	0.975	0.04	>0.05

Effect on Interval (No. of days of Cycle)

This study consisting of 28 patients of (disease name) with interval (no of days of cycle) revealed the result of it as shown in the table No 08. Statistical analysis showed that the mean score which was 28.68 before treatment was increased to 28.89 after 1 month of treatment and reduced to 28.64 after 2 months of treatment with 0.12% improvement, and there is a statistically no significant change. (P>0.05)

Interval (No. of days of Cycle)

28.9
28.8
28.7
28.6
28.5

Cycle 1Baseline

Month 1

Month 2

Figure 7: Results are Graphically Represented

Table 9: Overall Effect of Treatment

Overall Effect of Treatment		
Grading	Relief in Percentage	Relief in Patients
No improvement	0 - 25%	0
Mild improvement	26 - 50 %	1
Moderate improvement	51 - 75 %	11
Marked improvement	76 - 100 %	16

In overall effect of treatment in DUB, out of 28 patients in this study, 11 patients (39%) were getting moderate improvement and 16 patients (57%) were getting marked improvement.

Overall effect of the treatment is 77.31%.

Figure 8: Overall Effect of Treatment

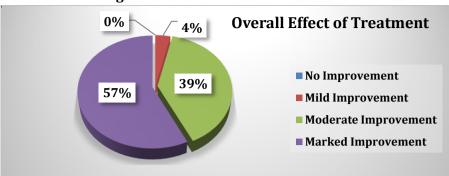


Table 10: Effect of KVGAP'S Femi care Syrup on Overall Effect of Treatment

ВТ	One Month	Two Months			t Value	P Value
2.45	1.26	0.58	0.381	0.073	19.12	< 0.05

The overall effect of treatment, statistical analysis showed that the mean score which was 2.45 before treatment was reduced to 0.58 after follow up, and there is a statistically significant change. (P<0.05)

Overall Effect of Treatment

3
2

Month 1

Month 2

Cvcle 1-

Baseline

Figure 9: Results are Graphically Represented

DISCUSSION

Dysfunctional uterine bleeding is serious health concern in women affecting their quality of life. interfere their social, emotional and physical life. This study was done on 28 patients of DUB, with KVGAP'S Femicare Syurp observed a significant reduction in the mean scores of excessive bleeding condition and subjective evaluation revealed remarkable improvement. Observed good result of KVGAP'S Femicare Syrup, might be due to haemostatic, antispasmodic action of its ingredients, and Sthambhaka in quality. Ashoka has got anti hemorrhagic property.[4] Ashwagandha extract proved to improve luteinizing hormone and follicular stimulating hormone balance^[5]. Gokshura is reported to have analgesic effect. Study revealed that Analgesic effect of extract of Tribulus terrestris is lower than morphine and higher than acetylsalicylic acid (aspirin) in both tests.[6] Tinospora is effective immunomodulator.[7] racemosus contain saponins which hinder the oxytocic activity on uterine musculature, thereby maintaining the spontaneous uterine motility, confirming its utility dysmenorrhea which comprises of painful menstruation without significant pelvic pathology^[8]. Clinical study done on Manjistha showed statistically significant results in dysmenorrheal.[9] Anxiolytic

property of *Usheera*^[10] helps to relieve the stress associated with DUB. Aloe vera inhibits the cyclooxygenase pathway and reduces prostaglandin E2 production from arachidonic acid, thus exhibiting anti inflammatory activity.[11] Sariva is reported of having analgesic[12] and anti-inflammatory analgesic activity [13]. Pippali acts as bioavailability enhancer.[14] Shilajith has got ovulation inducing activity.[15] Overall effects of these drugs, helps in relieving clinical features of the DUB. The aetieopathology of Raktapradara, involves Pitta and Vata as main Doshas and Rakta as Dhooshva. Dominant drugs have got Sheeta veerya, Kashaya Tikta madhura rasa which might have acted as Pitta shamana, Raktaprasadana thereby removing Pittavarana achieving Samprapthi Vighatana. The aggravated Vata might have been alleviated by the Madhura, Snigdha properties of Gokshura and Shatavari. Majority of ingredients are having Sthambhaka property. Thus drug action can be explained on the basis of Ayurvedic parlance. There were no clinically significant adverse reactions either reported or observed during the entire study period and overall compliance to the treatment was excellent.

CONCLUSION

KVGAP'S Femi care Syrup was found to be effective in dysfunctional uterine bleeding. Out of 28 patients in this study, 1 (4%) patient showed mild improvement, 11 patients (39%) had moderate improvement and 16 patients (57%) had marked improvement. Overall effect of the treatment was 77.31%. This study showed promising results in treating DUB. Hence it could be concluded that KVGAP'S Femicare Syrup is effective and safe in the management of dysfunctional uterine bleeding.

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