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Research Article

AN OVERVIEW OF PATIENTS VISITED AT DEPARTMENT OF *STRI-ROGA* AND *PRASUTI TANTRA* AT DISTRICT AYURVEDA HEALTH CENTER KATHMANDU

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ABSTRACT

District Ayurveda Health Center, located in Sinamangal, deals with different branches such as Stri Prasuti, Kayachikitsa, Panchakarma, Physiotherapy, Acupuncture, and Acupressure. The majority of the patients who visited DAHC were females. In this retrospective analysis, Gynec patients who underwent treatment from Shrawan 2079 to Ashad 2080 were studied. **Objective:** The major objective of this study was to determine the treated disease pattern and the frequency of gynec patients who benefited from treatments and services provided in the OPD of DAHC. **Material and methods:** The study was analytically retrospective in nature, where an analysis of registered patient case records of Stri roga and Prasuti roga from the OPD of DAHC during the period 079-080 B.S. was conducted. **Result:** Despite a good number of patients visiting the OPD of DAHC and patients with different gynecological diseases being treated with Ayurvedic medications, *Sthanika chikitsa* (local in situ procedures), *Beejasanskara* (pre-conceptual care), *Garbhasanskara* (antenatal care), and *Sutika* (post-natal care), there is a lack of good publicity and awareness in the general population about the wide range of treatments available for various diseases at DAHC. The follow-up cases were also good. **Conclusion:** The study showed that DAHC provided services for various gynecological diseases, *Sthanika chikitsa* (local in situ procedures), *Beejasanskara* (pre-conceptual care), *Garbhasanskara* (antenatal care), and *Sutika* (post-natal care) facilities, benefiting females. Hence, improving the services and conducting awareness programs can provide better Ayurvedic health services to many needy people at the district level.

INTRODUCTION

District Ayurveda Health Center (DAHC) is located in Sinamangal and deals with different branches such as Stri prasuti, Kayachikitsa, Panchakarma, Physiotherapy, Acupuncture, and Acupressure. The majority of the patients who visited DAHC were female. Female patients received treatment with *Sthanika chikitsa* (gynecological procedures) along with *Shamana chikitsa*. Additionally, *Garbhasanskara* classes were offered to

pregnant females. Different programs have been running, including *Rajahswalaparicharya* and the distribution of *Shatavari* to the *Sutikas* (post-natal care). DAHC operates under the Bagmati province within the Ministry of Health and was established in 2008 B.S. It has been providing health facilities since then. Twenty-three medicines are distributed freely through the health services, including *Avipatkar churna*, *Hingwastak churna*, *Mahayograj Guggulu*, *Mahanarayan taila*, *Sitopaladi churna*, *Tankan bhasma*, *Pushyanug churna*, *Balamrita*, *Mrigmadasav*, *Sarpagandhaghan vati*, *Nimbadi churna*, *Gandhak rasayan*, *Khadiradi vati*, *Shadbindu taila*, *Yograj guggulu*, *Mahasudarshan churna*, *Mahasankha vati*, *Bilwadi churna*, *Jatyadi taila*, *Kaishore guggulu*, *Chandraprabha vati*, *Triphala churna*, and *Aswagandha churna*.

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The World Health Organization estimates that 80% of the population in developing countries relies on traditional medicines, primarily medicinal plant-based drugs, for their primary healthcare needs.

DAHC offers various services, including *Panchakarma* service (*Abhyanga*, *Swedana*, *Nasya*, *Shirodhara*, *Patra-pinda sweda*, *Akshitarpana*, *Shirodhara*, *Kativasti*, *Matra vasti*, etc.), Acupuncture service, physiotherapy service, Yoga-therapeutic service, Lab services, and importantly, *Garbhasanskara* facilities. Classes are conducted for pregnant women, with trimester-wise yoga and meditation demonstrations. Brochures are prepared and distributed to the patients, and general examinations and advice are provided to pregnant women. Similar programs are conducted for breastfeeding mothers, where breastfeeding techniques are taught, and medicines (*Shatavari*, *Jwano churna*, *Dashmool taila*) are distributed freely. The program is conducted monthly, benefiting more than 100 mothers each time. Continuous *Sthanika chikitsa* procedures (*Yoniprakshalana*, *Yonipichu*, *Yonipotali*, *Yoniswedana*, *Yonilepana*, *Yoniavachurna*, *Yonidhupan*) are also performed, and *Rajahswalacharya* brochures are distributed from the OPDs.

Female patients mainly visit with various gynecological diseases such as *Swetapradara* (leucorrhoea), *Katishool* (backache), *Nasartava* (PCOD), urinary problems, *Yonikandu* (itching vulva), *Asrigdara* (abnormal uterine bleeding), *Kastartava* (dysmenorrhoea), *Prasamsini yonivyapad* (pelvic organ prolapse), *Bandhyatwa* (infertility), uterine fibroids, *Stanyashool*, *Aratavdushti* (menstrual

abnormalities), *Anartava* (amenorrhoea), *Karnini yonivyapad* (cervical erosion), *Paripluta yonivyapada* (PID), endometriotic cyst, *Yonyarsha*, etc. These diseases are primarily treated with *Sthanika* and *Shamana chikitsa*, which generally include *Yoniprakshalana*, *Yonipichu*, *Yonipotali*, *Yonilepana*, *Yoni swedana*, *Yonivarti*, *Yonipurana*, *Yonidhupana*, *Yoniavachurna*, etc. Additionally, *Garbhasanskara* (diet regimen, lifestyle modification, trimester-wise yoga plan) has been implemented in this District Hospital, and Beejasanskar is an important part that couples coming to DAHC have benefited from.

OBJECTIVES

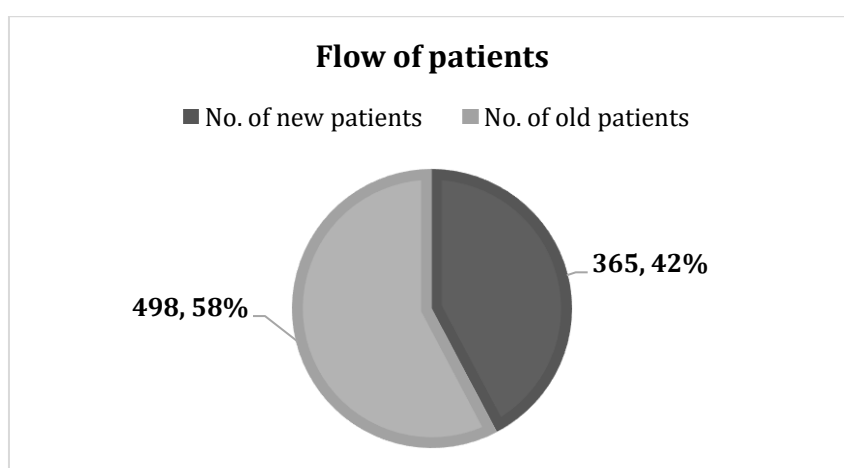
The main objective of the study was to explore the patterns of gynecology and obstetrics diseases, services provided, and the number of patients benefiting from the services at the District Ayurveda Health Center, Kathmandu.

MATERIALS AND METHODS

This study employed statistical and retrospective analysis. The OPD data record of DAHC for the year 079-080 B.S. was analyzed using Microsoft Excel and presented as frequency in tables, bar charts, and pie charts.

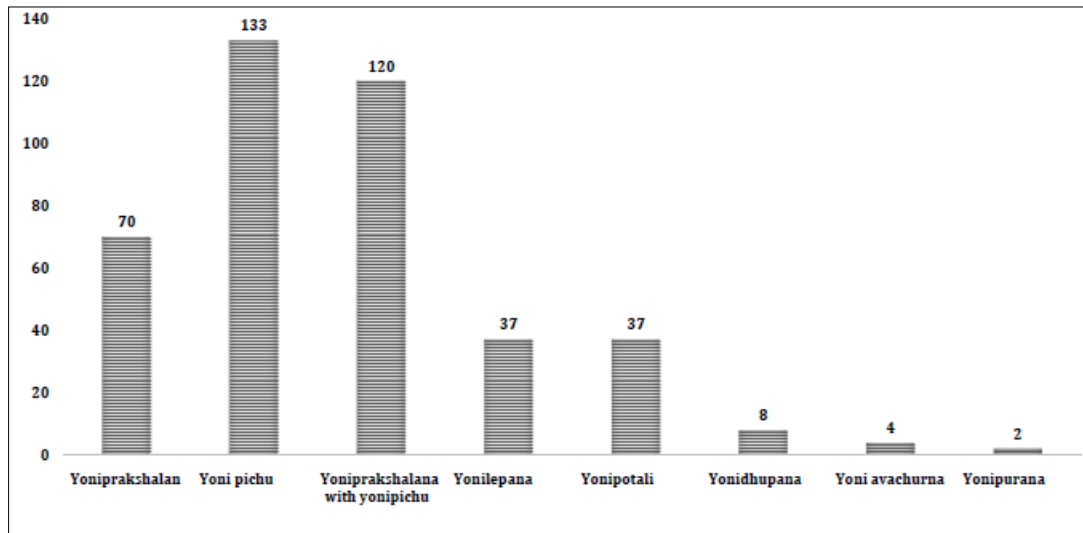
RESULTS

Patient Flow: During the period from Shrawan 2079 to Ashad 2080, a total of 19,006 patients visited the OPD of DAHC. Out of these, 11,600 were female patients who visited the OPD at District Ayurveda Health Center Kathmandu, Sinamangal. Among the female patients, the number of patients visiting for gynecological problems was 863.



Source- Outpatient record of DAHC, Kathmandu

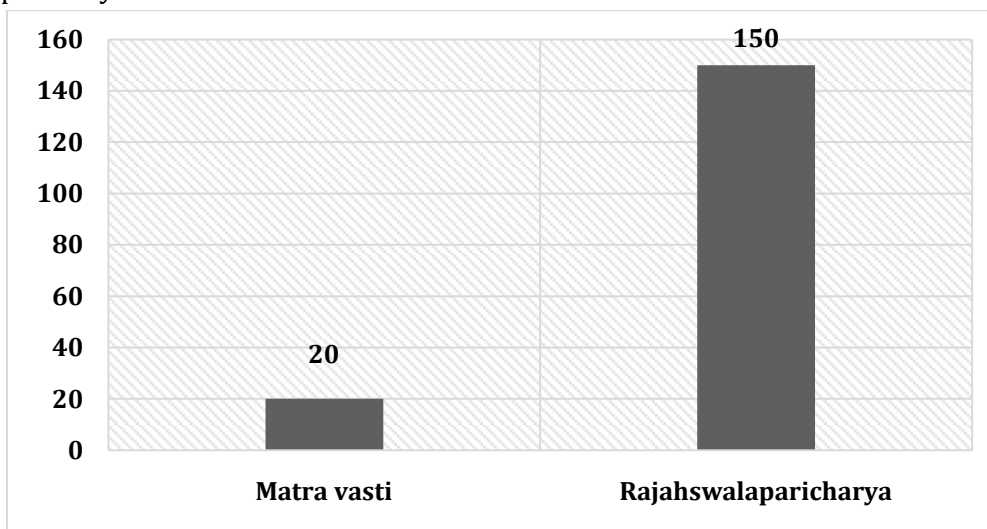
Out of the total 863 patients, 58% (n=498) were follow-up cases, and 42% (n=365) were new cases during the duration.



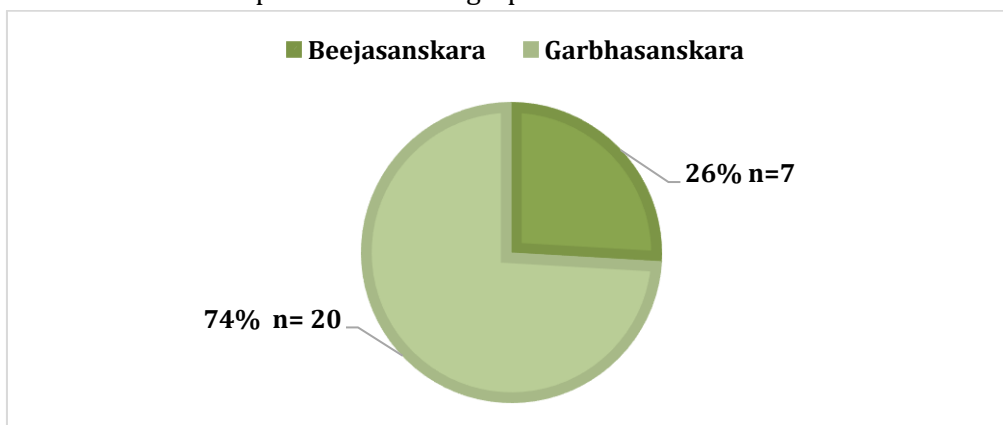
(Source: OPD Data of DAHC, Kathmandu)

Patients treated with procedure-based therapy at DAHC.

In total, 411 patients underwent procedure-based therapies at the OPD of DAHC. Among them, 17% (n=70), 32% (n=133), 30% (n=120), 9% (n=37), 9% (n=37), 2% (n=8), 0.97% (n=4), and 0.48% (n=2) were treated with *Yoniprakshalana*, *Yoniprakshalana with Yonipichu*, *Yonilepana*, *Yonipotali*, *Yonidhupana*, *Yoniavachurna*, *Yonipurana*, respectively.

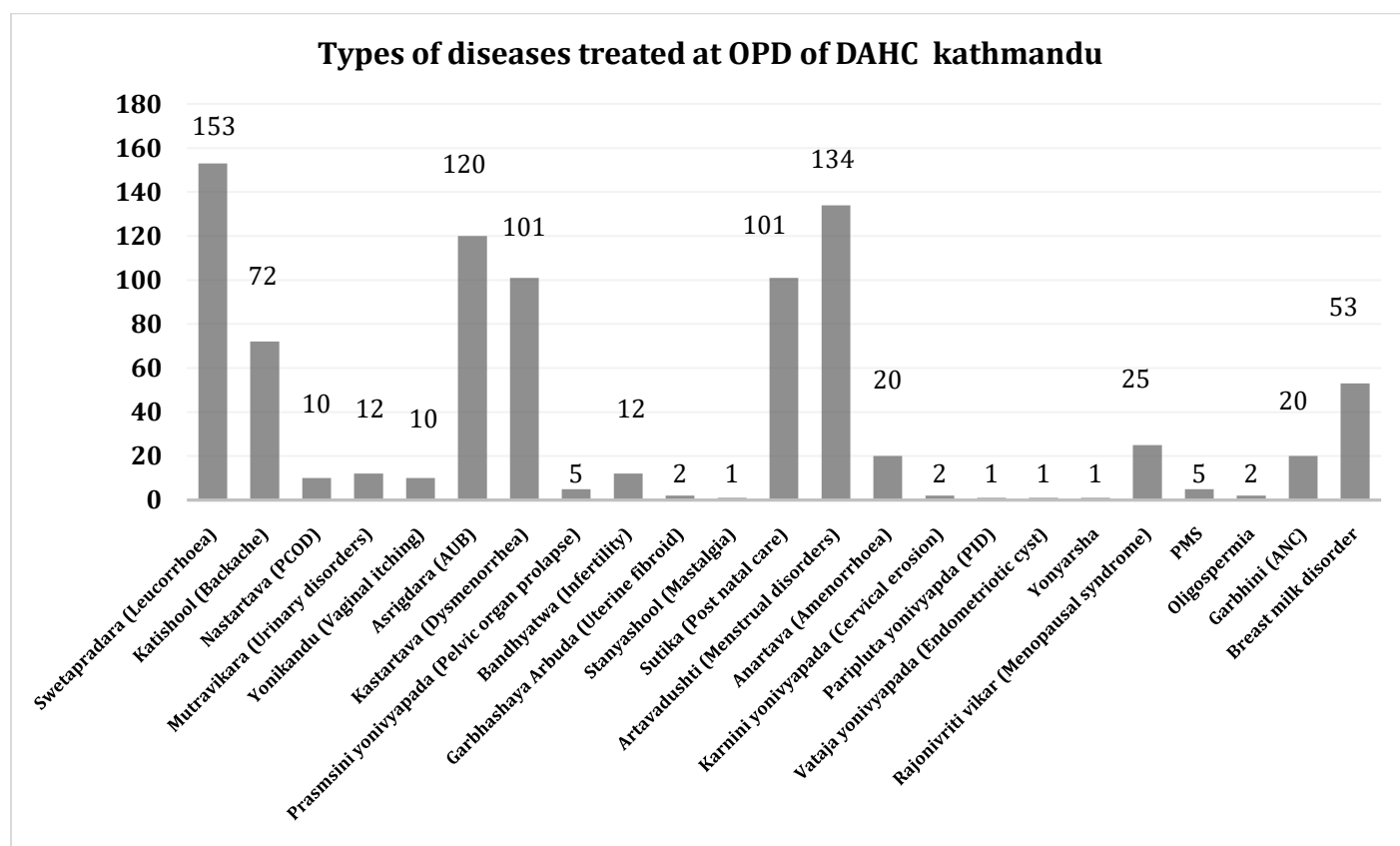


Rajahswalaparicharya (awareness about menstrual hygiene) program was conducted in different colleges and schools, and the data collected was presented in the graph.



Garbhasanskara and *Beejasanskara* done

26% (n=7) of patients underwent *Beejasanskara*, and 74% (n=20) of females underwent *Garbhasanskara*.



Source: Outpatient records of DAHC, Kathmandu

Swetapradara (leucorrhoea) n=153, *Katishool* (backache) n=72, *Nastartava* (PCOD) n=10, *Mutravikar* (urinary problems) n=12, *Yonikandu* (vaginal itching) n=10, *Asrigdara* (abnormal uterine bleeding) n=120, *Kastartava* (dysmenorrhoea) n=101, *Prasamsini yonivyapada* (pelvic organ prolapse) n=5, *Bandhyatwa* (infertility) n=12, *Garbhashaya arbuda* (uterine fibroid) n=2, *Sanyashool* (mastalgia) n=1, *Sutika* (post-natal care) n=101, *Artavadushti* (menstrual abnormalities) n=134, *Anartava* (amenorrhoea) n=20, *Karnini yonivyapada* (cervical erosion) n=2, *Paripluta yonivyapada* (pelvic inflammatory disease) n=1, *Vataja yonivyapada* (endometriotic cyst). n=1, *Yonyarsha* n=1, *Rajonivriti vikar* (menopausal syndrome) n=25, PMS n=5, Oligospermia n= 2, *Garbhini* (antenatal Care) n=20, Breast milk disorder n=53 were treated at the OPD of District Ayurveda Health Center. The most commonly treated cases were *Swetapradara*, *Katishool*, *Nastartava*, *Asrigdara*, *Kastartava*, and *Bandhyatwa*.

DISCUSSION

The Nepal government (Ministry of Health) has recently initiated Ayurveda Gynaec services at the District Ayurveda Health Center. The main objective is to promote Ayurvedic procedures, Ayurvedic management, antenatal care services, and postnatal care services. This article will help understand the challenges in creating awareness

about women's health problems and educating them about available Ayurvedic treatments and modalities. Among the diseases treated at the OPD, the most frequently reported complaint was *Swetapradara*. It was successfully treated with *Shamana* and *Sthanika chikitsa*. *Yoni-prakshalana* and *Yoni-pichu* procedures were performed in these cases. Sometimes, *Yonidhupana* procedures were done with *Nimba*, *Triphala*, and *Haridra* along with cow dung. The success rate for *Swetapradara* was high. For *Katishool*, local therapies (*Snehana* and *Swedana*) and *Kativasti* were done using *Panchakarma* therapies. PCOD is a prevalent issue, and for that, *Matra vasti* was performed along with *Shamana chikitsa*. Cervical erosion cases were treated with *Yoni-avachurna* in situ procedures. Dysmenorrhoea cases were treated with medications as well as *Rajahswalaparicharya*. Brochures were prepared, and programs were organized. Female patients also visited with urinary problems such as urinary incontinence, burning sensation, and foul smell from the urine. Pelvic organs prolapse, mostly first-degree and second-degree cases, were treated with *Yoni-potali* and *Swedana*. For *Bandhyatwa*, *Uttar vasti* could not be started due to a lack of facilities. However, one patient with bilateral tubal block was treated with conservative management as well as *Matra-vasti* and *Yoni-pichu*. After two consecutive cycles, an HSG was done, and her right tube spillage was observed. There

were fewer cases of PID, and they were planned accordingly. *Beejasanskara* processes have been ongoing for couples. To achieve progeny, both couples underwent *Beejasuddhi* through *Panchakarma* procedures. *Garbhasanskar* classes were conducted for pregnant women, including trimester-wise diet plans and yoga sessions. ANC investigations are planned. Delivery services have not yet started due to a lack of facilities, but they are planned for the near future. *Sthanika chikitsa* (*Yoni prakshalana, Yoni-pichu, Yoni-potali, Yoni-avachurna, Yoni-dhupana, Yoni varti, Yoni-dhupana, Yoni-purana*) have been running smoothly. One patient with an endometriotic cyst is undergoing *Shamana chikitsa* along with *Yoni-pichu* and *Matra vasti*. The size has neither decreased nor increased, so one more cycle is planned for the patient.

CONCLUSION

The results indicate that Ayurveda regimen can effectively manage conditions such as *Swetapradara*, pelvic inflammatory disease, polycystic ovarian disease, uterine fibroids, tubal block, cervical erosion, abnormal uterine bleeding, menopausal syndrome, and oligospermia. Following the norms of *Garbhasanskara* can help prevent maternal and child mortality rates, while *Garbhini paricharya* can prevent postpartum hemorrhage. Mother and child healthcare can be effectively managed, and follow-up patient numbers at DAHC were also good. Therefore, it is an opportune time to accept the services provided, as they are safe, effective, and affordable. This article will help identify strengths, challenges, and necessary strategies for further improvement. It will also contribute to creating awareness and planning for the future development of these services.

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