Summary & Conclusion
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Menstruation, ovulation, reproduction etc. are the main specific functions or phases specific to a women in her life discriminating her from the other genera. In many mammals or human being of this world, each of these processes or functions will naturally be associated with several discomforts or several inconveniences which at times will become intolerable or unbearable to the person who is affected.

Dysfunctional uterine bleeding which is felt in severe degree by many women. From menarche till the reproductive age or even afterwards is one among the main problems faced by women and gynaecologists throughout the world. Several methods, measures of management had been tried since time immemorial to alleviate the symptom and to make the phase of menstruation a comfortable and convenient process. Administration of hormone therapy, as well as application of therapies as endometrial ablation, or the fatal thing that is hysterectomy have been tried among such cases under modern medicine, but these all have been found to be resulting in producing several side effects or adverse effects which cannot be tolerated by every women. So it is in this context that oral administration of drugs prescribed in Ayurvedic classics was decided to be tried among such cases diagnosed to be having dysfunctional uterine bleeding or pradara.

Detailed description about the disease is available in classics along with etiopathogenesis, symptoms etc. which on critical assessment shows that it is one and same as dysfunctional uterine bleeding (DUB) in modern medicine.
Two hundred cases who attended out patient department of Vaidya Ratnam Ayurveda College, Ollur diagnosed clinically after detailed history taking and physical examinations as pradara were selected for the study. Whole cases were divided into two identical groups with equal parameters and criterias and on the basis of the drug given as Group A in whom the drug asoka kwadha was given in a doze of 50 ml twice daily for 3 months. In Group B where the cases whom musaleekhadiradi kwadham and certain criterias were included. They were cautioned about travel, exposure of environmental hazards, fumes, dust, hot air, and to take proper rest during menstrual periods, and congenial diet in proper timings etc. The observations were on the effectiveness of the drug were assessed and recorded.

Women between 20 to 40 years who were free from any chronic disease or structural abnormalities which can effect the course of therapy or effectiveness of therapy were only selected for the study. Maximum number of cases were found to be reproductive and perimenopared age group.

Majority of the patients belongs to rural areas from lower socio economic status, than from urban and higher class family. All were literate and majority were having moderate education in both groups. Number of married women were maximum acquiring 87.5%. Parous women was 78% in both groups. Majority have duration of bleeding 9-11 days interval 25-34 days, severe clots, excessive amount of bleeding (93.5%).

Almost equal and majority of cases were exposed to environmental hazards like outdoor and indoor air pollution, industrial exposure, agricultural hazards, natural toxins, addictions, food contaminants,
undergone D & C more than 3 times, 89.5 were under undergone hormone therapy for more than 3 years. 82% of them having pain in low back region associated symptoms like weakness (81%) body pain (82.5%) Back ache (59%).

Highly significant reduction in amount and duration of menstrual bleeding were found after the administration of Group B medicines. Incidence of weakness, body pain back ache were found to reduced in most of the cases of Group B.

Comparison between effectiveness of drug on both groups on the basis of controlling the amount of bleeding, duration, clot formation shows significant reduction among group B than Group A. The patients health status also improved. The toxic effect of liver was reduced and the hormones are properly metabolized as a total, all body functions came under normal limits.

A moderate reduction in the symptoms also observed in group A patients also. So it can be said that both the asoka kwadha, and musaleekhadiradi kwadha help in relieving the symptoms of pradara, or DUB with difference in action and effectiveness as asoka kwadha gives moderate effect where as musaleekhadiradi kwadham is a permanent effect with marked improvement in the general health of the patients.
CONCLUSION

From the whole research work the following concluding patients can be made out as.

1. Detailed descriptions about etiopathogenesis as well as symptoms and curative measure of pradara is available in Ayurvedic classics.

2. Pradara simulate dysfunctional uterine bleeding mentioned in modern science.

3. Irrespective of different age group of patients musaleekhadiradi is far superior in curing, and improving the conditions of pradara.

4. Most of the cases (70 per cent) were employed women and having moderate education was properly monitored under musaleekhadiradi kwadham and produced 90% were improvement.

5. Majority of patients (90 per cent) were married.

6. The average age of menarche was 14 years.

7. Multiparous women were highly affected by pradara.

8. Indoor and outdoor air pollution was analysed and found that it influences the incidence rate.

9. 85% of pradara affected patients had influence of wood stove.

10. As a whole coffee, and tea, intake of meat and poultry products from hormone fed animals, agricultural pesticides causes some influence on pradara.
11. The food contaminants also have effect on pradara.

12. Number of D & C also have influencing effect on pradara it is effectively managed by Group B medicines.

13. Hormone therapy was found to be one of the causative factor for pradara.

14. Musaleekhadiradi kwadham helps in curing pradara by removing the obstruction as well as normalizing vitiated vata thereby reducing bleeding or curing symptoms as well as associated symptoms.

15. This preparation is more effective, easily available, and easy to prepare which is easily acceptable also, which has no side effects or adverse effects.

16. The treatment regimen can be routinely prescribed to women who are affected with pradara. It gives encouraging results in curing the disease along with maintaining the normal health of person administered.