

COMPARATIVE STUDY OF KATI BASTI AND ABHYANGA – NADI SWEDA IN THE MANAGEMENT OF GRIDHRASI (SCIATICA)

MaungMaungThet(2012)

ABSTRACT

Gridhrasi has been considered as a major problem to the physicians since long. The chance of occurrence is expected to be increasing through the coming year due to changes of sedentary lifestyle which is pointed by several studies. In the etiology of chronic low back pain or Gridhrasi includes mechanical factors such as prolong wrong postures leading to wasting and weakness of postural muscles and chronic muscles spasm resulting from psychological stress. According to traditional medicine, Gridhrasi is one of the vatavyadhi which is caused by aggravated vatadosha. In this disease ruka (pain) starts from hip and gradually come down to the back, thigh, knee, calf and foot affects these parts with stiffness, pricking pain, throbbing pain. As per modern medicine, Gridhrasi can be correlated with sciatica due to its similarity in the symptom of pain along the course of sciatic nerve. There are various treatment regimen in traditional medicine based on the concept of hetuvyadhi or lakshanas. The present study was taken up with the objective of evaluating the efficacy of katibasti and abhyanganadisweda and also comparative study of these two methods. The study was performed after obtaining Ethics Committee approval and patients' written informed consent. Forty cases presenting with classical features of Gridhrasi were selected. The management of Gridhrasi by katibasti and abhyanganadisweda was conducted by including the patients in two groups namely Group A (non-expose group) and Group B (expose group). The data obtained from the results were subjected for statistical analysis and conclusions were drawn. Observations of effects of treatment in two groups were made to compare overall effect of the treatment. The obtained results of both groups cannot be proved statistically because the results obtained in both groups are approximately similar in ANOVA, t-Test. But on the basis of percentage of relief on signs and symptoms of disease can be compared as following.

V In Kati Basti Group out of 20 patients after the completion of treatment 2 (10%) were cured and in Abhyanga&NadiSweda Group, out of 20 patients after the completion of treatment 5 (25%) were cured. Marked improvement was found 7 (35%) in KB group and 5 (25%) patients were moderate improvement and 6 (30%) patients were reported as mild improvement. None of the patient was found unchanged.

Abhyanga and Nadisweda Group: In this group out of 20 patients after the completion of treatment 5 (25%) were cured, 5 (25%) patients were marked improvement, 8 (40%) patients were moderate improvement and 2 (10%) patients were reported as mild improvement. None of the patient was found unchanged. Results of Abhyanga-NadiSweda on the basis of cardinal symptoms are relief from Ruka(77.58%), Toda (77.21 %), Spandana (68.18 %), Stambha (47.74 %), SLR test (33.45%) in AN group. This was statistically significant. Results of Kati Basti on the basis of cardinal symptoms are relief from Ruka (69.84%), Toda (69.47 %), Spandana(33.34 %), Stambha (60.09 %), SLR test (39.74 %) in KB group. This was statistically significant. Both therapeutic procedures have effect on Gridhrasi (sciatica). Although Kati Basti showed good results, local Abhyanga&Nadisweda has better percentage of relief of the cardinal signs and symptoms.

A STUDY ON COMBINED EFFECTS OF TMF-27 AND TMF-35 ON PATIENTS WITH TYPE 2 DIABETES MELLITUS

Win Myint(2012)

ABSTRACT

Diabetes Mellitus type 2, formerly non-insulin-dependent diabetes mellitus (NIDDM) or adult on set – diabetes is a metabolic disorder that is characterized by high blood glucose in the context of insulin resistance and relative insulin deficiency. In Traditional Medicine Teaching Hospital (100 Bedded) under the University of Traditional Medicine, Mandalay, thirty-four patients were screened for type 2 diabetes mellitus. These patients who gave informed consent for participation were conducted phase-2 clinical trial according to objectives of determining antihyperglycemic effect of combined drug TMF-27 and TMF-35 and its side effects. Before trial, fasting blood sugar, liver function tests (SGOT, SGPT), serumcreatinine and ECG were done. Thirty four patients took four tablets (1 g/tablet) three times per day with meal after getting diet control and regular physical exercise advice. Fasting blood sugar was measured on day 0 before trial. Then fasting blood sugar was measured on day 7, day 14, day 21 and day 28. Blood sugar level of 2 HPP (two hours post prandial blood sugar) was measured on day 7 only. At the completion of trial, fasting blood glucose levels reduced significantly from day 0 (246.76 mg/ dl) to day 28 (148.471 mg/ dl) and “ p ” value is 0.00002. There was no side effect like severe hyperglycemic or hypoglycemic attack during study period. It was observed that there were no changes in ECG, serum bilirubin and creatinine. The present study indicated that combined drug TMF-27 and TMF-35 had significant antihyperglycemic effect on type 2 Diabetes Mellitus (Madhumeha) patients.

THE EFFECTIVENESS OF MYANMAR TRADITIONAL MEDICAL THERAPIES ON *BĀLA PAKKHĀGHĀTA*

THAN OHN(2012)

ABSTRACT

Objective: This present study is to determine the effectiveness of Myanmar Traditional Medical Therapies on *BālaPakkhāghāta* admitted to child ward Traditional Medicine Teaching Hospital, Mandalay. **Materials and Method:** Study design of this study was hospital based clinical trial carried out at child ward and outpatient ward (OPD) at Traditional Medicine Teaching Hospital, Mandalay from January 2012 to October 2012. Medicines used in Myanmar Traditional Medical Therapies System were produced from Myanmar Traditional Medicine Factory, Mandalay. **Result:** In the present study, the effect of Myanmar Traditional Medical Therapies System was investigated on 25 cases with *BālaPakkhāghāta*. It was also evidence that mean effective was on *BālaPakkhāghāta* was statistically significance($p < 0.001$). So, there was statistically significant for the treatment of *BālaPakkhāghāta* by Myanmar Traditional Medical Therapies System. In the present study, the mean value of signs and symptoms of *BālaPakkhāghāta* in day 0 was 17.96 and that of day 60 was 4.36. The mean value of signs and symptoms of *BālaPakkhāghāta* was significantly decreased in this study. It was found that the effectiveness Unha and Sita was not significantly difference($p = 0.05$). **Conclusion:** It was observed that findings from this study were potential to the health benefits for patients with *BālaPakkhāghāta*. Traditional Medical Therapies used in this study was cost effective, easily available and less side effect. Therefore, the *BālaPakkhāghāta* should be treated by the procedures of Myanmar Traditional Medical Therapies used in this study

COMPARISM BETWEEN TMF-16+TMF-21 COMBINATION AND *TRIPHALA* FOR THE TREATMENT OF *SWETA PRADARA*

Yin YinThi (2012)

ABSTRACT

OBJECTIVES: This study was to compare the effect of Traditional Medicine Formula 16 + Traditional Medicine Formula 21 and Triphala on Swetapradara. **MATERIALS & METHODS:** The study was carried out as a hospital based comparative study design at Out Patient Department & In Patient Department in Mandalay Traditional Medicine Teaching Hospital during January 2012 to October 2012 to compare the effectiveness of TMF-16 + TMF-21 and Triphala on 32 Swetapradara patients. Symptoms of Swetapradara such as itching, foul odour, pain suprapubic area and burning sensation, stiffness, watery discharge, mild curdy, palpitation were analysed in this study. The high vaginal swabs were taken from all patients and were sent to the Central Women Hospital laboratory for wet preparation, Gram-staining and culture and sensitivity tests. **RESULTS:** The effect of Triphala was as effective as TMF-16+ TMF-21. It is statistically significant (p.value 0.000) in perfect with both signs and symptoms, and bacterial count on 32 SwetaPradara patients during study period. **CONCLUSION:** According to this study, although TMF-16 + TMF-21 and Triphala has equal effect on Swetapradara, advantages of Triphala were more cost effective and easier available than TMF-16 + TMF-21.

STUDY ON THE EFFECTIVENESS OF *KSHARASUTRA* THERAPY ON *BHAGANDARA* (FISTULA- IN- ANO)

Aung Kyaw Min(2012)

ABSTRACT

Bhagandara (Fistula-In-Ano) is a common disease effecting people in the prosperous societies and prevalent all over the world. The purpose of the present study was to determine the effectiveness of Ksharasutra Therapy on Bhagandara. The hospital based clinical study design was conducted on 25 cases with Bhagandara in Ulcer and Sore Therapy Ward of Traditional Medicine Teaching Hospital, Mandalay from December 2011 to November 2012. 25 patients with FIA were taken history taking and then physical examination applied of Ksharasutra. The effectiveness of KT on FIA patients was 92% of recovery rate among study cases. The duration of KT on FIA was taken for minimum duration 5 weeks and maximum duration was 12 weeks. The numbers of application of KT on FIA patients were minimum 6 times and maximum 12 times. Besides, there was statistically significance in the management of FIA with KT because of $p < 0.001$. The present study was significantly effective with evidenced of less pain, with rapid wound healing time and less complication during study period.

STUDY ON ANTIHYPERTENSIVE EFFECT OF MODIFIED TMF-28 IN UNCOMPLICATED HYPERTENSIVE PATIENTS

Win Naing (2012)

ABSTRACT

OBJECTIVE: The objective of this study was to find out the anti-hypertensive effect of Myanmar traditional medicine formulation number 28 (modified TMF-28) in uncomplicated hypertensive patients. **MATERIALS & METHODS:** The study was randomized clinical trial conducted at Kyaung Htai Monastery Training School, Sanbuddhe Monastery, Dammawiharri Monastery, Mandalay Aung Myay Thar San Township. Study period was 2 weeks and 3 days for each patient, covering the period from May to October, 2012. Blood pressure was measured at Day 0 (baseline), Day 7, 13 and 14. The mean SBP and mean DBP of Day 7, 13 and 14 were compared with those of Day 0. **RESULT:** In this study, a total of 22 patients with uncomplicated hypertension were studied. In this trial, the patients were newly diagnosed hypertension without complications or those did not take proper treatment in the past. Both mean SBP and mean DBP were reduced on Day 7 and Day 13, from 134.48 mmHg (Day 0) to 121.14 mmHg, $p < 0.01$ (day 7) and 123.31 mmHg, $p < 0.01$ (Day 13) for mean SBP, from 94.01 mmHg (Day 0) to 83.32 mmHg, $p < 0.01$ (Day 7) and 84.68 mmHg, $p < 0.01$ (Day 13) for mean DBP respectively. Similarly, both mean SBP and mean DBP were reduced on Day 14 (122.55 mmHg, $p < 0.01$ and 82.83 mmHg, $p < 0.01$) respectively. Thus, modified TMF-28 had significant blood pressure reducing effect in newly diagnosed hypertensive patients without complications.