

ANTI-INFLAMMATORY EFFECT OF “*AHTOO - SI - HSEI:*” FOR ACUTE INFLAMMATION OF JOINT DUE TO TRAUMA

Chan Mya Thu

ABSTRACT

This present study was aimed to find out the effect of “*Ahtoo - Si - Hsei:*” on the management of acute traumatic joint inflammation as external application. The study was to undertake for conceptual and scientific study of acute traumatic joint inflammation by Myanmar Traditional Medicine. The objective of this study was to evaluate the anti-inflammatory effect of “*Ahtoo - Si - Hsei:*” for acute traumatic joint due to trauma and study design was hospital based quasi experimental study. Total 54 subjects after obtaining informed consent from OPD in 100 bedded Traditional Medicine Teaching Hospital (TMTH), Mandalay were selected according to signs and symptoms that were diagnosed as *Agantuja Shopha* on big joints. The effectiveness of treatment was assessed by pain, color changes, tenderness, swelling, heat and joint function. Observation of effects of treatment was made to compare before and after treatment. Statistical analysis on *Paired T-Test* was done by using SPSS statistics (version 21). It was evidenced that mean effect on *Agantuja Shopha* was statistically significance ($p = 0.000$). Effect of Myanmar Traditional Medicine “*Ahtoo - Si - Hsei:*” on *Agantuja Shopha* as external application on pain relieved 66%, color changes 42%, tenderness 30%, swelling 49%, joint function 59% and overall effect 59% after treatment.. Above all pairs were significant ($p < 0.000$). Strongly significant result was found on acute traumatic joint inflammation patients. Based on the finding results, it can be stated that there is serial improvement by providing external application of the drug in the management of *Agantuja Shopha*.

Key word - *Ahtoo - Si - Hsei:*, acute traumatic joint inflammation

COMPARATIVE STUDY OF ANTIBACTERIAL ACTIVITY OF CASSIA SIAMEALAM. (MEZALI) AND ANA-KJE-HSEI-WA-JEI IN-VITRO

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ABSTRAT

Chronic wounds are a serious spublic health issue. Although traditional medicine practitioners used Ana-kje-hsai-wa-jei (TMF-57)for various kinds of chronic wounds according to their experiences, but there isnoscientific data. Ana-kje-hsai-wa-jei(TMf-57) contains extract of Cassiasiamea Lam.(Mezali)and sulphur. It is derived from experience of Myanmar traditional medicine practitioners before the year of 1972. This formulation can be used to clean abscess and to promote formation of tissues in various kinds of ulcers. For evidence-based traditional medicine, antimicrobial activities of aqueous extract of root of Cassia siamea Lam.(Mezali) and Ana-kje-hsai-wa-jei (TMF-57)were studied in-vitro by using agardilution and disc diffusion methods. The ested bacteria were control strains of Staphylococcusaureus, Pseudomonas aeruginosa and Escherichiacoli which arethemost common wound causing bacteria in this country.The standard antibiotic used was cefotaxime. Agar dilution method demonstrated that both aqueous extract of root of CassiasiameaLam. (Mezali)andAna-kje-hsai-wa-jei(TMf-57)hadnoantibacterialactivityat the concentration of 50mg/ml on Saureus, Ecoli and Paeruginosa. The findings from disc diffusion method indicated that both aqueous extract of root of Cassia siamea Lam.(Mezali)and Ana-kje-hsai-wa-jei (TMF-57) had no antibacterial activity at the concentration of 1000µg/disconSaureus,EcoliandPaeruginosa.

EFFECT OF TRADITIONAL MEDICINE FORMULATION-25 (MA-TE-MJIN-MUO-KOUN-HSEI) IN THE TREATMENT OF DYSMENORRHOEA

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ABSTRACT

Dysmenorrhoea or painful menstruation is one of the most frequent gynecological complaints. According to Traditional Medicine, dysmenorrhoea is due to influence of functional property of *Sitta Tezo* and deficiency of *Vayu* elements and aggravated by *Abandhana Apo*. According to Ayurveda, menstruation is controlled and governed by *Vata* and specifically the *Apana vayu*, due to movement of natural urges in reverse direction, the aggravated *Apana vayu* moving in reverse direction fills the uterus, resulting dysmenorrhoea and associated symptoms. The present study was under taken to evaluate the efficacy of TMF-25 in the treatment of dysmenorrhoea. It was done by a quasi experimental study in University of Traditional Medicine, Mandalay, from July 2014 to August 2015. Total 45 subjects with dysmenorrhoea were included. Data were analyzed using SPSS software version 21 and improvement of symptoms score were compared using Pair Sample T-test and *p value* was <0.05 considered as significant. The common age subjects was < 20 years (57.8%). It was observed that TMF-25 relieved from pain intensity 49.7% ($p<0.000$), duration of pain before menstruation 46.1% ($p<0.000$), duration of pain during menstruation 55.6% ($p<0.000$), fatigue 51.3% ($p<0.000$), headache 21.5% ($p<0.021$) and breast tenderness 39.5% ($p<0.000$). After completion of treatment 18 subjects (31.1%), out of 45 subjects, have marked improvement, 28 subjects (62.2%) have moderate improvement. It was highly significant in improvement ($p<0.0001$) of dysmenorrhoea symptoms by treating with TMF-25. Therefore TMF-25 was significantly effective ($p<0.0001$) on dysmenorrhoea. Therefore, it could be proved that TMF-25 was significantly effective on subjects with dysmenorrhoea.

Keywords; TMF-25, dysmenorrhoea

EFFECT OF *JANU BASTI* USING POLYHERBAL MEDICATED OIL IN THE MANAGEMENT OF KNEE PAIN DUE TO *SANDHIGATA VATA*

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Abstract

This study was done to evaluate the effect *Janu basti* using polyherbal medicated oil in knee pain due to *sandhigata vata* by hospital based quasi-experimental design from 1st September 2014 to 31st August 2015. Total 41 subjects after obtaining informed consent from IPD and OPD in 100 bedded TMTH, Mandalay were selected according to signs and symptoms diagnosed as knee pain due to *sandhigata vata*. Radiological assessment (X-ray of knee joint) was carried out in patients of knee pain for diagnosis purpose. The subjects were performed detailed procedure of *Janu basti*. The procedure of *Janu basti* was given for five consecutive days, and the subject took a rest on every 6th day. This schedule was repeated for three times. The assessment of signs and symptoms were done on day 0, day 5, day 11 and day 17. The signs and symptoms of knee pain due to *sandhigata vata* was analyzed with General Linear Model, Paired *t* test by SPSS software version 21. The *Janu basti* therapy significantly relieved in pain (57 %), ROM (55 %), tenderness (56 %), gait (33 %), crepitus (42 %) and inflammation (34 %) by ($p<0.001$). After completion of treatment, 3 patients (7.8%) were marked improvement, 21 patients (50.4%) were moderate improvement, 15 patients (37%) were mild improvement and 2 patients (4.8%) were unchanged. It was found that *Janu basti* therapy relief in signs and symptoms of knee pain due to *sandhigata vata*. Therefore, it was proved that *Janu basti* using polyherbal medicated oil will provide for the treatment in signs and symptoms of knee pain due to *sandhigata vata*.

Keywords; *Janu basti*, polyherbal medicated oil, knee pain, *sandhigata vata*

MODIFIED PILES THERAPY

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ABSTRACT

This present study was aimed to find out Effectiveness of Modified Piles Therapy admitted to Ulcer and Sore Therapy Ward, Traditional Medicine Teaching Hospital, Mandalay. Study design of this study was hospital based clinical trial carried out from September 2014 to August 2015. Medicines used in this study were produced from TMTH, Mandalay. In the present study, 30 cases with piles were studied for Effectiveness of Modified Piles Therapy. Statistically, Modified Piles Therapy was found to be significant and effective management. The observations revealed that maximum advantages like no bleeding during or after operation, no post-operative anal stenosis, a low cost-effective and more acceptable to different categories of people, etc. Overall effects of Modified Piles Therapy are showing results with moderated improvement on 22 out of patients (71.0%) which is statistically significant. It shows Modified Piles Therapy is effective in treating in piles patients. Effectiveness in individual signs and symptoms such as constipation, prolapsed and discomfort on defecation showed significant results but no non-significant relief was found in bleeding, pain and mucus discharge in this study. It can be concluded that Modified Piles Therapy is a standard treatment modality in the 3rd and 4th degrees of piles, which is a low cost, effective and affordable treatment for all classes of people in the society.

EFFECTIVENESS OF MYANMAR MASSOTHERAPY IN THE MANAGEMENT OF SHOULDER PAIN (*AMSA SHULA*) DUE TO *SANDHIGATA VATA*

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ABSTRACT

The study was aimed to be undoubted in treating shoulder pain due to *sandhigataavata* by being applied Myanmar massotherapy. Shoulder pain due to *sandhigataavata* is a common condition noticed by many individual over 50 years in their daily life. And it's also common clinical problem in traditional medicine. The design of this study is hospital based quasi-experimental study. The study period was started from 1st September 2014 to 31st August 2015. Total 40 subjects after getting informed permit from IPD and OPD in 100 bedded TMTH, Mandalay who were chosen according to the inclusion criteria, exclude by using radiological assessment. Myanmar massotherapy in this study is pressing manipulation, kneading manipulation and grasping manipulation that are performed by the thumb with index and middle fingers. The treatment duration of this study for each patient was 21 days and registered patients were prescribed for oral administration of TMF 33 in tablet form (2 g) two times per day with warm water after having meal. The effectiveness of Myanmar massotherapy was measured with pain, nerve pain, tenderness, crack, inflammation and range of movements by using goniometer on day 7, day 14 and day 21. Statistical analysis on paired t-test and General Linear Model method was done by using SPSS statistics (version 21). Effect of Myanmar massotherapy had relieved from pain 62% ($p = 0.000$), nerve pain 48% ($p = 0.000$), tenderness 61% ($p = 0.000$), inflammation 33% ($p = 0.000$), abduction 56% ($p = 0.000$), flexion 52% ($p = 0.000$), external rotation 50% ($p = 0.000$) and internal rotation 45% ($p = 0.000$). There was no significant in crack. Out of 40 patients after completion of treatment 2 (5%) patients were marked improvement, 31(77.5%) patients were moderate improvement and 7 (17.5%) patients were mild improvement. There were not any patients in cure and unchange improvement level. Base on the finding results, it can be stated that Myanmar massotherapy can be provided to get better outcome in the management of shoulder pain due to *sandhigataavata*.

Keywords : Myanmar massotherapy, shoulder pain, *sandhigataavata*

ACUTE AND SUB-ACUTE TOXICITY OF *THWAY- TOE- KYA- HSEI* (AHD-9) OF TRADITIONAL MEDICINE TEACHING HOSPITAL, MANDALAY, IN RATS

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ABSTRACT

The present research was determined the safety profile of *Thway-Toe-Kya-Hsei* (AHD-9) of Traditional Medicine Teaching Hospital, Mandalay by acute and sub-acute toxicity studies in rats. It prepared from leaves, roots and barks of nine medicinal plants used for the treatment of hypertension. Though it has been widely used for years, no scientific report was available on its safety. In this study, acute and sub-acute toxicity studies were performed following OECD test guidelines 425 and 407, respectively. In acute toxicity, rats were administered at 5000 mg/kg body weight and observed for toxic signs at 1/2, 1, 2, 24 hours for 14 days and gross pathology was performed at the end of the study. In sub-acute toxicity, animals were assigned four groups and administered at distilled water, 500, 1000 and 2000 mg/kg body weight per day. In acute toxicity study, there was no death or toxic sign observed in rats at 5000 mg/kg body weight. It was revealed that the LD₅₀ of drug is greater than 5000 mg/kg body weight. In the repeated dose study, there was no significant difference of body weight, clinical biochemistry, histopathology and gross necropsy examinations between controlled and treated groups and no observed adverse effect level of drug is up to 2000 mg/kg in rats. Therefore, it was concluded that *Thway-Toe-Kya-Hsei*(AHD-9)was non-toxic in the tested doses and experimental condition.

Keyword: *Thway-Toe-Kya-Hsei*(AHD-9),OECD guidelines, Acute Toxicity, Sub-acute toxicity

Association between *Prakriti* of Lactating Mothers with Their Breast Milk

ABSTRACT

Ayurveda describes *Vata*, *Pitta* and *Kapha* or *Tridoshas* (*Ayurvedic* biological constituents) as main determinants of *Prakriti*. And *Ayurveda* also ascribes the breast milk pattern is changed according to the dominated *doshas* in breast milk when it drop into water. Breast milk composition is analyzed to find out for any difference with the *Prakriti* groups of lactating mothers. The present study was taken up with the objective to find out the association of *Prakriti* of lactating mothers with their breast milk. The design of this study is cross-sectional analytical study. The study period was started from 1st September 2014 to 31st October 2015. Total 400 subjects after obtaining informed consent from Aung-Myay-Tharsan Township, Mandalay were selected to conduct the study. Subjects were examined for *Prakriti* with close-ended questionnaires. And then water test on breast milk was done. The breast milk pattern in the water was observed. It was then taking photo-record with camera. Then, subjects were requested to collect breast milk (25 ml) for analysis. The breast milk samples were collected in the sterile containers with code numbers and carried in an ice-box from the site of sample collection to the laboratory of Myanmar Dairy Industries Ltd. to analyze breast milk composition. Protein, fat, lactose, water and Solids-Non-Fat in breast milk was analyzed by Lactoscan. pH of breast milk was also be examined by pH meter. There was significant of mean difference of pH level of *Pitta Prakriti* and *Vata-kapha Prakriti*, *Pitta* and *Vata-pitta-kapha Prakriti* ($p<0.05$). The significant difference of SNF percent between *Pitta Prakriti* and the other three, *Kapha Prakriti*, *Vata-Kapha Prakriti* and *Vata-Pitta-Kapha Prakriti* ($p<0.05$) was found. There was significant difference of Protein percent between *Pitta* and *Kapha Prakriti*, *Pitta* and *Vata-pitta-kapha Prakriti* ($p<0.01$), and then *Vata Prakriti* and *Pitta Prakriti*, *Kapha* and *Vata-pitta Prakriti* ($p<0.05$). There is no statistically association between *Prakriti* of lactating mother with their breast milk pattern.

STUDY OF PROCESS OF DIGESTION IN MYANMAR TRADITIONAL MEDICINE

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ABSTRACT

This study was aimed to study on the process of digestion in Myanmar Traditional Medicine. Study Design of this study was descriptive study. According to methods for this study, literatures were reviewed and experienced Myanmar Traditional Medicine Physicians were discussed. The results from (27) treatises and points of view of ten experienced Myanmar Traditional Medicine Physicians on process of digestion in Myanmar Traditional Medicine were collected and analyzed. Logical sequences of *Desananaya* and *Bhesajjanaya* concept of digestion were also analyzed. These results were stated three parts such as the process of digestion according to *Desananaya*, the process of digestion according to *Bhesajjanaya* and features of normal digestion *Desananaya* and *Bhesajjanaya*. In the process of digestion according to *Desananaya*, *Pacakatejo* from the four kinds of *Tejo* digests the food and other three *Mahabhuta* also support respectively. In the process of digestion according to *Bhesajjanaya*, *Jatharagni*, *Bhutagni* and *Dhatwagni* digest the food and other doshas also support respectively. These results of this study concluded that *Lakkhana* (characteristics), *kicca* (function), *paccupatthan* and *padatthan* (proximate cause) of four kinds of *Mahabhuta* according to *Desananaya* as well as location, properties and function of *tridosha* according to *Bhesajjanaya* were performed in the digestive system respectively.

Keyword: process of digestion in Myanmar Traditional Medicine