

## Sye Evetone – Monograph

### Ingredients

Each 10 ml contains

Saraca asoka (Ashok)2000mg

Symplococos racemosa ( Lodhra) 1000mg

Asparagus racemosus ( Shatavari) 1000mg

Boerhaavia diffusa( Punarnava) 200mg

Berberis aristata ( Daruharidra) 50mg

Triphala 500mg

### Indications –

Dysmenorrhoea

Menorrhagia

Metorrhagia

Menopausal Syndrome

Dysmenorrhoea

Leucorrhoea

### Main Activity

Estrogen regulatory activity

Adaptogenic activity

Potent antioxidant

Adaptogenic activity

Astringent activity

Anti bacterial activity

Effective Uterine relaxant; reduces the severity of Uterine contract.

- Prevents excessive menstrual loss.
- Stops muco-purulent discharges.
- Relieves dysmenorrhoea, pelvic pain, backache, leg cramps.
- Restores the function of ovary and endometrium.
- Relieves pain, burning sensation and itching.

Syrup Evetone is herbal preparation for functional gynaecological disorders. It is a rational combination of precious indigenous herbs which proven for their action as uterine relaxant and uterine tonic. Syp.Evetone by virtue of its marked relaxant, anti-inflammatory, antispasmodic, analgesic, antibiotic, disinfectant, demulcent, cooling, astringent and tonic action offers a comprehensive treatment to combat various gynaecological disorders. The composition of Syp Evetone is regarded as ideal for the treatment of leucorrhoea of varied etiology. The formulation also works for the patients of DUB . The formulation is so designed which can inhibit the symptoms and work on the causes of DUB and leucorrhoea.

Dysfunctional uterine bleeding (DUB) is irregular uterine bleeding that occurs in the absence of pathology or medical illness. It reflects a disruption in the normal cyclic pattern of ovulatory hormonal stimulation to the endometrial lining. The bleeding is unpredictable in many ways. It might be excessively heavy or light, prolonged, frequent, or random.

This condition usually is associated with anovulatory menstrual cycles but also can present in patients with oligo-ovulation. DUB occurs without recognizable pelvic pathology, general medical disease, or pregnancy. It is considered a diagnosis of exclusion.

Patients with dysfunctional uterine bleeding (DUB) have lost cyclic endometrial stimulation that arises from the ovulatory cycle. As a result, these patients have constant, noncycling estrogen levels that stimulate endometrial growth. Proliferation without periodic shedding causes the endometrium to outgrow its blood supply. The tissue breaks down and sloughs from the uterus. Subsequent healing of the endometrium is irregular and dyssynchronous.

Chronic stimulation by low levels of estrogen will result in infrequent, light DUB. Chronic stimulation from higher levels of estrogen will lead to episodes of frequent, heavy bleeding.

Single episodes of anovulatory bleeding generally carry a good prognosis.

Patients who experience repetitive episodes might experience significant consequences. Frequent uterine bleeding will increase the risk for iron deficiency anemia. Flow can be copious enough to require hospitalization for fluid management, transfusion, or intravenous hormone therapy. Chronic unopposed estrogenic stimulation of the endometrial lining increases the risk of both endometrial hyperplasia and endometrial carcinoma. Timely and appropriate management will prevent most of these problems.

Many individuals with dysfunctional uterine bleeding are exposed to unnecessary surgical intervention, such as repeated uterine curettage, endometrial ablative therapy, or hysterectomy, before adequate workup and a trial of medical therapy can be completed.

White discharge

As leucorrhoea is a symptom of various gynecological conditions, physiological as well as pathological, it is important to understand that the underlying factor in most of these conditions is congestion of the pelvic organs which inevitably results in an increased activity of the cervical, endometrial and vaginal epithelium to produce an excessive secretion. This excessive discharge may be physiological or pathological infective or non- infective:

- Causes itching
- Causes swelling
- Has a bad odor
- Is green, yellow, or gray in color
- Looks foamy or like cottage cheese

Ashoka has been described as astringent and bitter in taste and light and dry in effect. Ayurvedic texts explain the use of Ashoka for the treatment of a variety of ailments in which its stem bark is used as one of the main ingredients.

The herb stimulates the uterus, making helpful contractions more frequent and prolonged. Ashoka also has an astringent but stimulating effect on the endometrium and the ovarian tissues, and is useful in many gynecological problems, such as uterine bleeding associated with fibroids and the treatment of leucorrhoea.

Ashoka has been efficacious in regularizing menstrual disturbances without producing any side effects. Its effect on the ovarian tissue may produce an estrogen-like activity that enhances the repair of the endometrium and stops bleeding. It contains the estrogenic compound ketosterol to which the oestrogenic effect has been attributed. In metrorrhagia, in addition to decreasing the uterine bleeding, it regularizes the interval between two cycles. Besides treating the symptoms of fatigue and generalized weakness, the use of Ashoka provides immense relief from painful menses, the premenstrual syndrome, and non-specific white discharge. Ashoka has estrogenic effects; stimulates endometrium and ovarian tissues; enhances ovulation and controls excess bleeding.

Lodhra is especially useful in inflammation of the uterus and reduces leucorrhoea and menorrhagia. Decoction is used for douche in diseases of the uterus. Recommended in menorrhagia and leucorrhoea. Arrests abnormal uterine secretion. Its principal constituents are the three alkaloids, viz. loturine, loturidine and colloturine. The astringent bark is given for the treatment of diarrhea, dysentery and liver complaints. It is recommended in the treatment of menorrhagia and other uterine disorders. The stem bark is having anti-inflammatory property as well as hypothermic properties.

Antimicrobial and pharmacological actions of some fractions obtained from the bark of *S. Racemosa* have been investigated. A crystalline fraction is found to inhibit the growth of staphylococci, *E. coli*, enteric and dysenteric group of organisms. The alcoholic fraction B and fraction E reduce the frequency and intensity of the contractions in vitro of both pregnant and non-pregnant uteri of some species of animals, prolong the quiescent period and antagonise acetylcholine induced contraction.

Fraction B was also a spasmogen on the various parts of the gastrointestinal tract and could be antagonised by atropine. Blood pressure and respiration studies in dogs revealed the fractions A and B to be nonreactive at 10 mg/kg and these extracts were nontoxic to rats at 1 g/mg intraperitoneally.

**Asparagus Racemosus (Shatavari):** Promotes sexual vigor and is a good remedy for vaginal discharges like leucorrhoea and other uterine disorders.

Shatavari translated means “a women with hundred husbands”. It cleans the blood, rebuilds the nervous system, acts as a hormonal precursor for estrogen & progesterone and is as safe as effective. It both nourishes and cleanses the blood and the female reproductive organs. It is a good food for menopause or for those who have had hysterectomies, as it supplies many hormones to the female organs. The results show that Shatavari root extract significantly decreased force produced by all three mechanisms, in a dose dependent manner. However, the effects of the extract in pregnant rats were more potent compared to those of non-pregnant rats. The extract also significantly decreased force when oxytocin was added under depolarised conditions and when force was produced only by sarcoplasmic reticulum Ca release. Thus these data show that Shatavari is a potent uterine relaxant, decreasing force produced by both Ca-dependent and -independent pathways. The inhibition of uterine activity of Shatavari may be a useful source of uterine relaxant and its active ingredient on the uterus should be identified, as it may be helpful for dysmenorrhea, miscarriage and preterm labour.

Leucorrhoea, vaginal discharge is a universal problem of all women. No body escapes from this illness. Female genitals are very much prone to infections since they are moist, more sweaty and covered. The white vaginal discharge with foul smell makes it embarrassing to get into social gatherings and even engage in personal affairs. The affected women need reassurance, prevention of infection and some counseling as they usually have abnormal psychosomatic. Most secretions are regarding life style physiological and warrant no medical interventions. But it is significant if it is blood stained, profuse, foul smelling or with changes in its colour. Usually the normal secretions are slimy and slightly sticky. It is something like nasal secretion. Normally the quantity of vaginal secretions varies throughout the menstrual cycle, peaking at ovulation and also increasing when under emotional stress. This is catarrhal discharge from the mucus membrane of the female genital tract. It is commonly known as WHITE DISCHARGE. It may be due to any specific pathology or due to poor health & unhygienic condition of the female genital organ. This discharge may be varying from white to radish or thick and viscid with or without foul smells due type of infections persists. In normal cases it may be appear just before or after menstrual bleeding.

Triphala – Triphala is one of the important component of Syp.Evetone. Triphala is having a strong anti inflammatory , anti spasmodic and anti microbial activity. The phytochemical responsible for its antimicrobial activity is : Phyllemblin was found to have activity against Staph. aureus, Heali, Staph. typhosa, C albicans, Mycobacterium tuberculosis and Xanthomonas campestris.

#### ***Antibacterial activity***

The antibacterial activities of aqueous and ethanol extracts of Triphala and its individual components were tested against certain bacterial isolates (*Pseudomonas aeruginosa*, *Klebsiella*

*pneumoniae, Shigella sonnei, S. flexneri, Staphylococcus aureus, Vibrio cholerae, Salmonella paratyphi-B, Escherichia coli, Enterococcus faecalis, Salmonella typhi*) obtained from HIV infected patients using Kirby-Bauer's disk diffusion and minimum inhibitory concentration (MIC) methods. Most of the bacterial isolates were inhibited by the ethanol and aqueous extracts of *T. chebula* followed by *T. Belerica* and *E. officinalis* by both disk diffusion and MIC methods. This anti bacterial activity of Triphala helps in keep PID and leucorrhoea complains under control

## Summary