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ORIGINAL ARTICLE

A PROSPECTIVE STUDY ON  
EFFECTIVENESS OF PAREIRA BRAVA IN CASES OF URINARY  
INCONTINENCE- A RONDONIZED SINGLE BLIND CONTROLLED  
TRIAL

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Abstract

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**Key Word-** Urinary  
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**Background-** Urinary incontinence (UI) is defined by the international continence society as “a condition in which involuntary loss of urine is objectively demonstrable and is a social and hygiene problem. It is a common and distressing medical condition severely affecting quality of life (QOL). Lesser known homeopathic drug Pareira brava can be beneficial for such conditions **Aim-** To ascertain the effectiveness of Homoeopathic Medicine Pareira brava in cases of Urinary incontinence. **Methodology-** Perspective, Experimental, Randomized single blind controlled trial. 60 cases were selected, 30 cases for each group by using simple random sampling method. Group A (30 cases): received Pareira brava. Group B (30 cases): Controlled cases- received Placebo. ‘Sandvik Severity Index for Urinary incontinence’

was used for the assessment of improvement. **Results-**Before treatment and after treatment scores were compared statistically using statistical tool paired t-test and difference mean of t-test. At 58 df the highest obtainable value of ttabulated 5% level of significance is 2.00 where tcalculated is 6.86 which is much higher than the highest 2.00 obtainable by chance. Thus null hypothesis stands rejected. The difference is real in mean of two groups. **Conclusion-** This study proved that intervention of Homoeopathic medicine *Pareira brava* can be significantly effective in the treatment and management of Urinary Incontinence as compared to placebo.

## INTRODUCTION

Urinary incontinence (UI) is one of the priority health issue recognized by WHO. Urinary incontinence (UI) is defined by the international continence society as “a condition in which involuntary loss of urine is objectively demonstrable and is a social and hygiene problem. It is a common and distressing medical condition severely affecting quality of life (QOL). The prevalence of UI in men has been noted to be lower than women; however, the age-related trend is similar. A systematic review of 21 studies showed a prevalence of 3%–5% in young and middle-aged men and 11%–34% in older men. Potential risk factors for UI include increasing age, increasing parity, vaginal deliveries, obesity, pelvic surgery,

diabetes mellitus, depression, constipation, chronic respiratory problems. UI is generally classified into three subtypes: stress, urgency, and mixed UI. This condition impacts on the economically active population representing a significant healthcare cost burden, as it is associated with restricted daily activity and/or hospitalization. The Homoeopathic medicines have been found effective in treating various complaints of Urinary system. There are many well proved homoeopathic medicines available to treat Urinary incontinence like *Lycopodium*, *Berberis vul.*, *Sarsaparilla* etc. Lesser known homeopathic drug *Pareira brava* can also be beneficial for such conditions but this drug is not well proved, So, this study is aimed to provide a gentle, non-

invasive, on other hand inexpensive approach to health by stimulating the self-regulatory mechanism and improving the susceptibility to Urinary incontinence by using homoeopathic medicine Pareira brava.

### **AIM**

To ascertain the effectiveness of Homoeopathic Medicine Pareira brava in cases of Urinary incontinence.

### **OBJECTIVES**

- To assess the scope of homoeopathic management in cases of Urinary incontinence by therapeutic application of Pareira brava using Sandvik Severity Index for Urinary incontinence.
- To evaluate the causative factors relevant to the Urinary incontinence.
- To conduct a comparative study in effectiveness of Pareira brava versus Placebo in cases of Urinary incontinence.

### **MATERIAL & METHODOLOGY**

**Study Design & Setting-** This was a Perspective, Experimental, Randomized single blind controlled trial. The study was conducted at Sri Ganganagar Homoeopathic Medical College, Hospital and Research Institute, Sri Ganganagar, Rajasthan. Study duration was one year.

#### **Inclusion criteria-**

- All the cases of Urinary incontinence coming to the O.P.D. of Sri

Ganganagar Homoeopathic Medical College, Hospital and Research Institute, Sri Ganganagar, Rajasthan.

- Patients of all age group and of all sex were included.

#### **Exclusion Criteria-**

- Cases that required surgical intervention.
- Cases diagnosed with other systemic disorders along with Urinary incontinence.
- Pregnant women were excluded.

**Sample Size** - 60 cases were selected, 30 cases for each group by using simple random sampling method.

- Group A (30 cases): received Pareira brava
- Group B (30 cases): Controlled cases- received Placebo.

**Intervention-** Randomly selected cases for Group A and Group B were given Homoeopathic medicine Pareira brava and Placebo, respectively.

**Assessment of Progress** - Detailed case taking for every screened case after randomization was done on especially designed case taking proforma. All the cases were reviewed at the interval of 7-15 days using assessment scale 'Sandvik Severity Index for Urinary incontinence' and data were recorded for minimum 6 follow-ups. The before treatment and after treatment symptom scores were compared

applying appropriate statistical techniques paired t-test and difference mean of t-test.

**Outcome assessment & Result:** Changes of scores from before treatment and after treatment were calculated as below:

$$\% = \frac{\text{Before treatment Score} - \text{after treatment Score} \times 100}{\text{Before treatment Score}}$$

Outcome of the treatment was measured in gradation as

- Marked Improvement =  $\geq 75\%$ -100%
- Moderate Improvement =  $>40\%$ - $<75\%$
- Mild Improvement = upto 40%
- Status quo = 0%
- Worse = increase in symptoms score

**Statistical Analysis** was done through applying appropriate statistical tests on Pre and post treatment scores.

**Research hypothesis-**

- **Null (H0)** – Pareira brava has no significant role in treating the cases of Urinary incontinence than Placebo.
- **Alternate (H1)**- Pareira brava has a significant role in treating the cases of Urinary incontinence than Placebo.

At 5% level of significance.

**OBSERVATIONS & OUTCOME-**

The data obtained was recorded in especially designed case taking proforma,

and sorted out in the form of different tables and charts as below:

**Age Distribution** - Out of 60 cases of Urinary Incontinence maximum cases have been observed in age group 40-50 years i.e. 21 cases (35%), whereas 13 cases (21.67%) were observed in age group 60-70 years, 11 cases (18.33%) were observed in age group 30-40 years, 9 cases (15%) were observed in age group 50-60 years, 5 cases (8.33%) were observed in age group 20-30 years, and minimum cases i.e. 1 case (1.67%) was observed in age group 10-20 yrs.

**Sex Distribution –**

**SEX INCIDENCE**

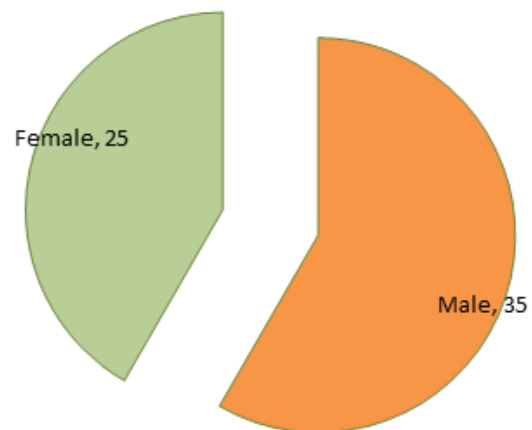


Fig 1 Sex Incidence

As shown in above graph out of 60 cases maximum cases of Urinary Incontinence were observed in males i.e. 35 cases (58.33%), whereas 25 cases (41.67%) of Urinary Incontinence were observed in females.

**Family History –**

**F/H OF URINARY INCONTINENCE**

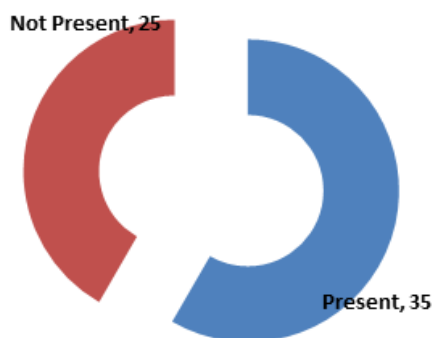


Fig 2 Family History

As shown in above graph out of 60 cases of Urinary Incontinence in maximum cases i.e. 35 cases (58.33%) Incontinence was present in their family history, whereas in 25 cases (41.67%) urinary incontinence was not present in their family history.

**Urinary Incontinence According To Their Diagnosis.**

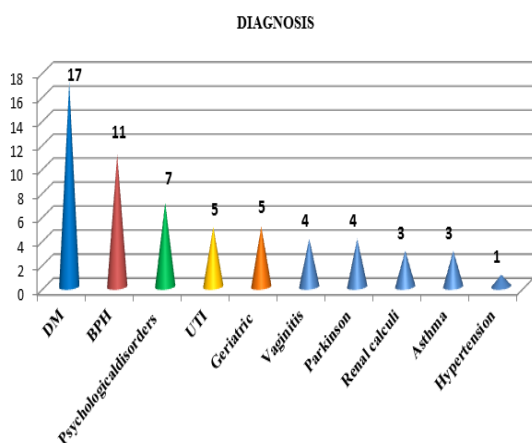


Fig 3 Based on Diagnosis

As shown in above graph out of 60 cases of Urinary Incontinence maximum cases i.e. 17 cases (28.33%) diagnosed for

Diabetes mellitus Type-2, BPH was diagnosed in 11 cases (18.33%), Psychological disorders were diagnosed in 7 cases (11.67%), UTI and Geriatric disorders were diagnosed in 5-5 cases respectively (8.33% each), Vaginitis and Parkinson were in 4-4 cases (6.67% each) respectively, Renal calculi and Asthma were diagnosed in 3-3 cases (5% each) respectively, whereas Hypertension was diagnosed in minimum cases i.e. 1 case (1.67%).

**Type of Incontinence**

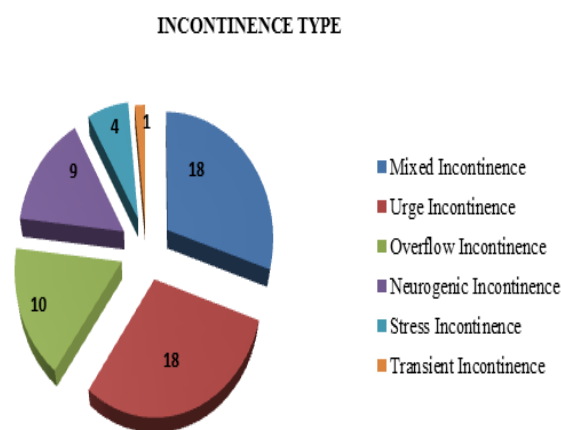


Fig 4 Type of incontinence

As shown in above graph out of 60 cases of Urinary Incontinence Mixed and Urge Incontinence was found in maximum cases i.e. 18-18 cases (30%-30% each), Overflow Incontinence was found in 10 cases (16.67%), Neurogenic Incontinence was found in 9 cases (15%), Stress Incontinence was found in 4 cases (6.67%), whereas Transient Incontinence was found in minimum cases i.e. 1 case (1.67%).

## Outcome

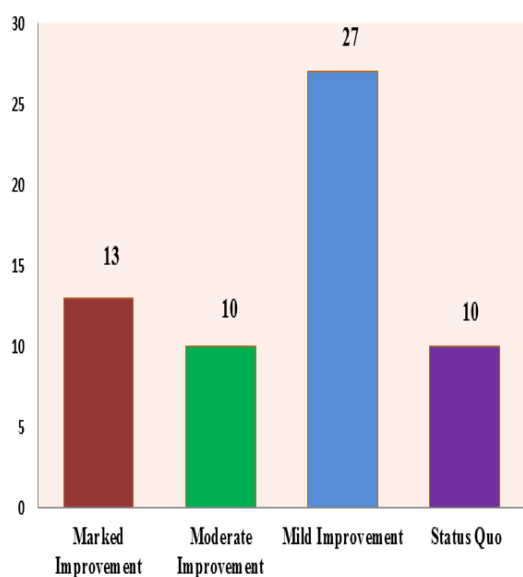


Fig 5 Outcome

As shown in above graph, out of 60 cases of Urinary Incontinence maximum cases i.e. 27 cases (45%) have shown Mild Improvement, whereas 13 cases (21.67%) have shown Marked Improvement, 10 cases (16.67%) have shown Moderate Improvement, and 10 cases (16.67%) have shown no change (Status quo) in their symptom score.

## STATISTICAL ANALYSIS AND RESULT

The data analysis was done on the basis of symptom score before treatment and after treatment using the assessment scale 'Sandvik Severity Index' for Urinary incontinence. Before treatment and after treatment scores were compared statistically using statistical tool paired t-test and difference mean of t-test. Scores were compared to find out the effect

of different intervention on Urinary incontinence in Group A-*Pareira brava* and Group B- Placebo. At 58 df the highest obtainable value of tabulated 5% level of significance is 2.00 where t-calculated is 6.86 which is much higher than the highest 2.00 obtainable by chance. Thus null hypothesis stands rejected. The difference is real in mean of these two groups. So, Homoeopathic medicine *Pareira brava* is found significantly effective in cases of Urinary incontinence in comparison to placebo at 5% level of significance.

## Discussion-

The discussion on various aspects observed and recorded in the study has been given below: The available literature suggested that old age population is commonly affected, but this study does not support this statement. The higher incidence was observed in 40- 50 yrs. of age group which might be due to the increased stress in life during present time. Male population was observed highly affected in comparison to female. This might be due to the increased sedentary life. In this study out of 60 cases of Urinary Incontinence in maximum cases i.e. 35 cases (58.33%) Incontinence was present in their family history, whereas in 25 cases (41.67%) urinary incontinence was not present in their family history. This study also favours the previous studies that in cases of UI family history of

Incontinence is usually present. In this study out of 60 cases of Urinary Incontinence in maximum cases i.e. 35 cases (58.33%) Incontinence was present in their family history, whereas in 25 cases (41.67%) urinary incontinence was not present in their family history. This study also favours the previous studies that in cases of UI family history of Incontinence is usually present. In this study out of 60 cases of Urinary Incontinence maximum cases i.e. 27 cases (45%) have shown Mild Improvement, whereas 13 cases (21.67%) have shown Marked Improvement, 10 cases (16.67%) have shown Moderate Improvement, and 10 cases (16.67%) have shown no change (Status quo) in their symptom score. Results suggests that maximum cases have shown improvement in their severity level whereas no adverse reaction identified in this study and the subjects did not experienced any unfortunate incidence.

To assess the improvement Sandvik Severity Index was used. Before treatment and after treatment scores were compared statistically using statistical tool unpaired t-test. At 58 df the highest obtainable value of ttabulated 5% level of significance is 2.00 where tcalculated is 6.86 which is much higher than the highest 2.00 obtainable by chance. Thus null hypothesis stands rejected. The difference is real in mean of these two groups. So,

Homoeopathic medicine Pareirabrava is found significantly effective in cases of Urinary incontinence in comparison to placebo at 5% level of significance.

## CONCLUSION

Urinary incontinence (UI) is one of the priority health issue recognized by W.H.O. It is a common and distressing medical condition severely affecting quality of life (QOL). So, this study is aimed to provide a gentle, non-invasive approach to affected population. This was a randomized single blind controlled trial with positive results. This study proved that intervention of Homoeopathic medicine Pareira brava can be significantly effective in the treatment and management of Urinary Incontinence as compared to placebo. However, these results need further validated by conducting clinical trials with sufficiently large sample size.

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