



COMPARATIVE STUDY OF EFFICACY AND SAFETY PROFILE OF DROTAVERINE AND EPIDOSIN IN ACTIVE PHASE OF LABOUR.

Gynaecology

Dr. Divya Sinha

Dr. Sunita Lamba* *Corresponding Author

Dr. Aditi Choubey

ABSTRACT

Labour is a process leading to childbirth in which, Cervical dilatation, is an important factor, which can sometimes be improper despite of having good uterine contractions leading to prolonged labour¹. Hence considering various complications arising from prolonged labor, the use and efficacy of Drotaverine² and Epidosin is being studied. A comparative study of 100 pregnant women with singleton pregnancy without complications, with intact membranes and cervical dilatation of 3 cms and effacement of 50 % was done at Mata Chanan Devi hospital, New Delhi in the year 2015-2016, which were divided into two groups of 50 patients each. One group of patients were given Inj Drotaverine 40 mg I.M. with repeat dosage at 2hr interval and the other group were administered Inj Epidosin 8 mg I.M. with repeat dosage in 30 minutes. Maximum of 3 doses were administered in both the groups. The study shows that Drotaverine was more effective and safer in accelerating labour³ with fewer side effects.

KEYWORDS

Labour

INTRODUCTION-

Labour is an exhaustive process of childbirth which can be accelerated by using anti spasmotics like Drotaverine and Epidosin which act at specific sites and their musculotropic and anticholinergic activities can cause spasmolytic actions.

AIM AND OBJECTIVES-

- To compare the efficacy of Drotaverine and Epidosin on;-
 - Cervical dilatation⁴
 - Active phase of labour.
- To study the safety profile of Drotaverine and Epidosin.

MATERIAL AND METHODS -

The prospective study of comparison of Drotaverine and Epidosin was carried out at Mata Chanan Devi Hospital, New Delhi in the department of Obstetrics. A study of 100 pregnant women with singleton pregnancy, without pelvic pathology, with intact membranes and cervical dilatation of 3 cms and effacement of 50 % were carried out in the Labour ward. ,

There were 2 groups formed, with 50 subjects each, mainly, First group were administered Inj Drotaverine 40 mg .im. With repeat dosage at 2 hours apart of maximum 3 doses. Second group of subjects were administered Inj Epidosin 8 mg I.m. with repeat dosage at 30minutes for a maximum of 3 doses .

THE STUDY WAS DONE FOR THE FOLLOWING POINTS;-

- Cervical effacement.
- Instrumental delivery
- Duration of Active phase of labour
- Rate of cervical dilatation
- Side effects.

OBSERVATION AND CONCLUSION;-

In present study based on our inclusion criteria, the following results were observed;-

- The mean cervical effacement improved in Drotaverine group was 69.6% and the other group with Epidosin was 71.8 %.
- Around 4% patients required instrumental delivery from the Drotaverine group where as in patients with Epidosin group was 6%.
- The mean duration of active phase of labour was 205.74 minutes in Drotaverine group where as in Epidosin group it was 237.62 minutes.
- The rate of cervical dilatation in Drotaverine group was 2.39 cms per hour and 2.12 cms per hour in Epidosin group.
- As side effects, Headache was mainly noted in 12% patients in the first group where as in the Epidosin group 8% patients experienced palpitations but significant blood loss in third stage of labour & cervical tear were more seen with Epidosin.

Table showing various side effects

	Headache [n(%)]	Palpitation [n(%)]	Significant blood loss (>500ml)	Cervical Tear [n(%)]
Drotaverine	6(12%)	4(8%)	1(2%)	1(2%)
Epidosin	2(4%)	4(8%)	4(8%)	3(6%)

Table showing effects on Cervical Dilatation

Rate of Cervical Dilatation	Drotaverine	Epidosin	Tvalue	P value
Mean +SD	2.29	2.12	2.043	0.04 significant

REFERENCES

- Tripti N, Jyoti J. To compare & evaluate & safety of Drotaverine & Valethamate Bromide. J Obstet Gynecol India. July/August :2009;59:4:324-331.
- Sarabhjit K, Bajwa SK, Paramjit K, Surinder B. To compare the effect of Camylofin Dihydrochloride (Anafortan) with combination of Valethamate Bromide (Epidosin) & Hysocin Butyl-N-Bromide (Buscopan) on cervical dilatation. J Clin Diag Res:2013; Sept Vol 7(9): 1897-1899.
- Thapa M, Saha R, Pradhan A, Shreshtha S. Effectiveness of Drotaverine in progression of labour. NJ Obstet Gynecol. 2007; Nov-Dec:2:2:9-11.
- Patra .KK, Mukopadhyaya S, Guha S. Effect of drotaverine on first stage of labour & pregnancy outcome. J Indian Med association 2007; 105:8:450-452.