

Clinical study of *Yogaratanakarokta daruharidra ghana* and *ashoka twak churna* orally in *shwetapradara*

¹⁾Dr.Surekha J. Dewaikar

MD,PhD (HOD and Professor) Prasuti tantra and Stri Roga department R.A.Podar medical college,Worli
Mumbai

²⁾Dr.Prachi S. Prabhukhanolkar

Final year P.G Scholar Prasuti tantra and Stri Roga department R.A.Podar medical college,Worli Mumbai

Abstract-

Leucorrhoea or shwetapradara is a very common gynaecological disorder, found mainly in women in reproductive age. Leucorrhoea is commonest complaints of women in gynaecological day to day practice. Leucorrhoea is termed as excessive normal vaginal discharge. It often found that it is excessive in amount but it is non purulent, non-offensive, non irritants in nature. Due to excessive vaginal discharge female gets prone to so many other associated minor ailments such as backache, itching in vulval region, burning micturation, bodyache ,pain at calf muscles. In Ayurvedic classical text , all the gynaecological disorders are mentioned under the 'yonivyapada' which can be associated with anatomical and functional abnormality of female reproductive system. According to ayurvedic science, shwetapradara is mainly caused by vitiation of kapha and vata dosha. In classical ayurvedic texts in yogaratanakarokta reference he mentioned that daruharidra ghana and ashoka twak churna with tandulodaka and madhu is used as treatment modalities in shwetapradara found best treatment.

Keywords- shwetapradara , leucorrhoea, vaginal itching, yonivyapada, ashok twak, daruharidra ghana

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I. Introduction

Leucorrhoea is commonly seen in women of reproductive age in gynaecological set up. It is defined as excessive amounts of normal vaginal discharge. The normal vaginal discharge is watery in nature, white in colour, non odorous and having pH around 4.0. Microscopically, it is consist of squamous epithelial cells and some bacteria⁽¹⁾.

The term leucorrhoea should comprise of following criteria-

- 1) Discharge which is excessive amount and needs to wear vulval pad
- 2) Non purulent and non offensive
- 3) Non irritants and never leads to pruritus.

In classical ayurvedic texts, all gynaecological disorders are taken under yonivyapada. The term 'yoni' has its widest aspect towards entire female reproductive system and it also includes anatomical and physiological factors of reproductive system. Shwetapradara is not explained in detailed in ayurvedic text but treatment of its is well explained.

Aetiology⁽³⁾-

For any yonivyapada to occur in female, there are 4 essential causative factors explained in classical ayurvedic text.

- 1) *Mithya aachar* - It includes abnormal diet(*mithya aahar*) and abnormal mode of life (*mithya vihar*).

❖ *Mithya aahar*- In *charak samhita chikitsa sthan*, he has quoted that disturbed dietary habits leads to metabolic disorders in human body. *Agnimandhya* and *agni vikriti* is responsible factors for vitiation of dhatu and upadhatu. Mal or inadequate food as well as congenial, unwholesome, unhygienic food leads to various gynaecological conditions. Diet is responsible for metabolism of *dosha* and *dushya* in body.

❖ *Mithya vihar*- In the century of globalisation ,women life has been taken to lifestyle modifications. Sedentary lifestyle is part and parcel of today women. Lifestyle changes has direct correlation with reproductive dysfunction.

- 2) *Dushta artava*- The world artava is very comprehensive in terms of menstrual cyclic physiology in which ovarian hormones, ovum and menstrual blood flow. Menstrual hormones are responsible for menstruation

physiology of female reproductive system. It reflects all the physiological processes in body which occurs at cellular level. Dysfunction of all above explained factors is leading to *rasa dhatu dusthi*. *Mala rup kapha* is formed from *rasa dhatu* which leads to *shwetapradara*.

3) *Beej dosha*- Due to anatomical deformities in female reproductive organs, leads to dysfunction of *artava vaha srotas*. In this chromosomal and genetic abnormality are taken into consideration for reproductive dysfunction.

4) *Daiva*- *Charak* has quoted that all the explained factors may be normal but sometimes the cause of dysfunction is unknown. Due to eternal or idiopathic cause the etiology remains unexplained.

Pathophysiology⁽²⁾-

The physiology involved in normal vaginal secretion is dependent on endogenous estrogen levels in body. With the rise in estrogen level, increase in secretory activity of endocervical gland and superficial vaginal epithelial tissue which is rich in glycogen.

Excessive vaginal discharge is due to following reasons-

1) Physiological -

- During puberty
- During menstrual cycle - around ovulation and in premenstrual phase.
- During pregnancy
- During sexual excitement

2) Pathological -

Cervical causes-

- Cervical ectopy
- Chronic cervicitis
- Mucous polyp
- Ectropian

Vaginal causes-

- Uterine prolapse
- Chronic pelvic inflammation disease
- Contraceptive pill use
- Vaginal adenosis

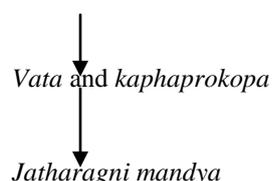
Associated symptoms -

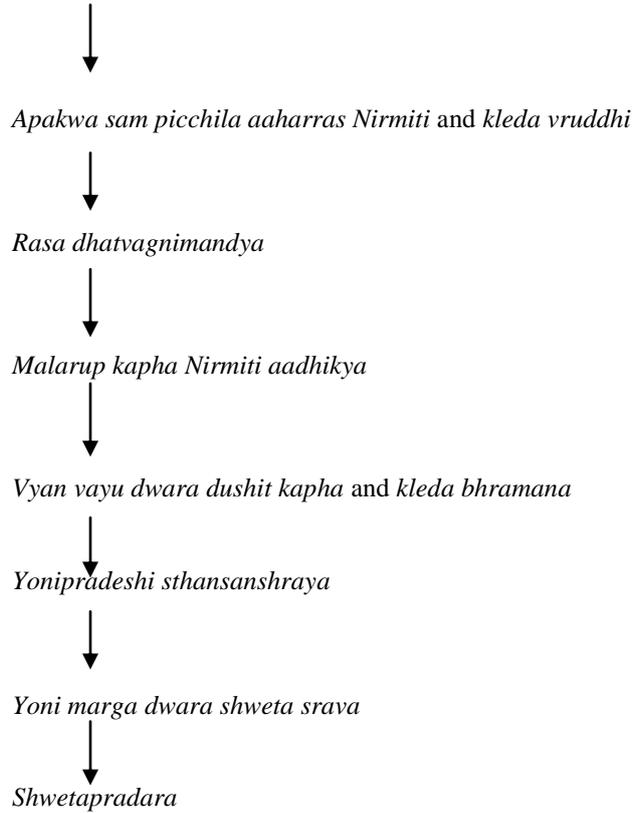
Shwetapradara is mainly caused by vitiation *vata* and *kapha dosha* dominance hence associated symptoms of *vata - kapha dushti* were observed generally. Symptoms includes cervical erosion, dyspareunia, cervical hypertrophy, vaginal itching, burning at vulval region, pain at vulval region, bodyache, pindikodwestan, backache, constipation, loss of appetite, fever and fatigue.

Samprapti ghatak-

- *Dosha- vata ,kapha(vata predominance)*
- *Dushya- rasa dhatu (jaleeya tatva)*
- *Sthanasanshraya- yoni pradasha (tryavarta yoni)*
- *Srotas dushti- Rasavaha srotas, aanavaha srotas, aartava vaha srotas*
- *Marga - Abhyantar*
- *Agnidushti- dhatvagni, kossthagni*
- *Sang- vimargagaman*

Samprapti –
Hetusevana





II. Materials And Methods-

For present study 30 patients were selected from outdoor and indoor patient departments of our respective college .

Inclusive criteria-

- Women with complaints of excessive vaginal discharge
- Women of reproductive age 21 to 45 years
- Women from OPD and IPD of our department

Exclusive criteria-

- Uterine fibroid
- Uterine carcinoma
- Unmarried women
- Diabetes
- ANC patients
- Tuberculosis
- Hb less than 7gm%
- HIV and Hbsag positive women
- Gonorrhoea, syphilis or VDRL positive women

Preparation of drugs⁽⁴⁾-

Ingredients-

- *Daruharidra Ghana*- 2gm
- *Ashoka twak churna* -2gm
- *Madhu* -5ml
- *Tandulodaka (anupana)*- 100ml

Kala- *Apaan kala* (2 times a day before meal)

Duration-15 days

Administration of drug-

To administer a suitable liquid media is required is known as *anupana* hence *tandulodaka* was selected.

Pathyapathya-

All the patients advised to avoid used of foods which exabrate *vata* and *kapha dosha* in body.

Follow up-

The patients were also advised for follow ups at regular interval of 15 days for 1month.

PROPERTIES OF DRUGS⁽⁵⁾-

Table no.1

Sr.no	Rasa	Virya	Vipaka	Doshaghната	Karma	Guna
Daruharidra Ghana	Tikta, kashaya	Ushna	Katu	Tridoshaghna	Kandughna, lekhaniya	Laghu, ruksha
Ashoka twak	Kashaya, tikta	Sheet	Katu	Kapha pitta shamak	Stambhana, shothahar	Laghu, ruksha
Madhu	Madhur, kashaya	Anushmasheet	Madhur	Tridosha prashman	Shodhana, ropan, sukshmasrotogami	Ruksha, sheet, laghu
Tandulodaka	Kashaya	Sheet	Katu	Vatakaphahara	Stambhana, shoshana	Laghu,ruksha

Mode of action-

- *Kapha* is considered as main causative *dosha* and its vitiated by its *snigdha* and *pichhila* property.
- *Acharya Charak* has quoted that any kind *yonivyapada* (vaginal disease) does not occurs without vitiation of *vata dosha* in body .
- All the above drugs specifically *ashoka twak* is *tikta* and *kashaya rasa* dominance hence helps absorption of *kleda* and *malarup kapha* and restrains *srava* (secretion). *Sheet virya* helps in *stambhana, shoshana* of vaginal secretion.
- *Daruharidra Ghana* and *madhu* are *tridosha prashman* which helps to pacify vitiated all three body humors. Above mentioned drugs are *krimighna* (carminative or germicidal) , *kandughna* (cures itching) ,*stambhana* (stops secretion),*shoshana* (absorbent), *sangrahi*(ceases secretion), *kledaghna*(ceases harmful kapha), *kaphaghna*(destroy excessive kapha), *rasayana*(rejuvenates healthy tissue), antimicrobial, antifungal, antibacterial, antiviral,antioxidant.

Assessment criteria-

The parameters which were assesd was amount of vaginal discharge ,backache, *pindikodwestan*,pain in abdomen , constipation, dyspareunia, loss of appetite, *yonikandu* ,fever, bodyache.

III. Discussions

In ayurveda, all the gynaecological disorders are described under broad segment of *yonivyapada*. In all *ayurvedic* classical text direct reference of *shwetapradara* are not available but some reference of white discharge from vagina are mentioned under headings of *yonivyapada*. According to sign and symptoms of *shwetapradara* and etiological factors, this condition is due to vitiation of *vata* and *kapha dosha* dominance.

General observation-

- 1) It is observed maximum patients are observed of age group 20-40 years of reproductive age.
- 2) It is observed that 94% female having habits of *vidahi, abhishyandi* , and *ushna aahar sevana*.
- 3)It is observed that 70% female having habits of *katu- aamla- lavana aahar sevana*.
- 4) It is observed that 70% patients were having mixed diet .
- 5)Contraceptive History-

Table no.2

Sr.no	No.of patient	Method of contraception
1)	4	Cu-T insertion
2)	4	Oral contraceptives pills
3)	19	Tubectomy
4)	13	Barrier method

6) It is observed history of abortion or MTP found in 11 patients.

7) *Prakruti* of patients-

Table no.3

Sr.no	<i>Prakruti</i>	No.of patients
1)	<i>Vata - pitta</i>	60%
2)	<i>Pitta- kapha</i>	27%
3)	<i>Vata- kapha</i>	13%

Specific Observations-

Table no.4

Sr. No	Associated symptoms	Percentage of presence in patients
1)	Cervical erosion	70%
2)	Dyspareunia	80%
3)	Cervical hypertrophy	27%
4)	Vaginal itching	80%
5)	Burning at vulval region	60%
6)	Pain at vulval region	23%
7)	Haemoglobin concentrations <ul style="list-style-type: none"> ▪ 7-9 gm% ▪ 9-11 gm% ▪ Above 11gm% 	50% 47% 3%
8)	Backache <i>Pindikodwesthan</i> Body ache Vaginal discharge	100%
9)	Constipation Loss of appetite Pain in abdomen	80%
10)	Fever	43%

Clinical assessment of parameters-

All these clinical outcomes are subjected to Paired ‘t’ test to evaluate level of significance of treatment and effectiveness through ‘p’ value.

IV. Results

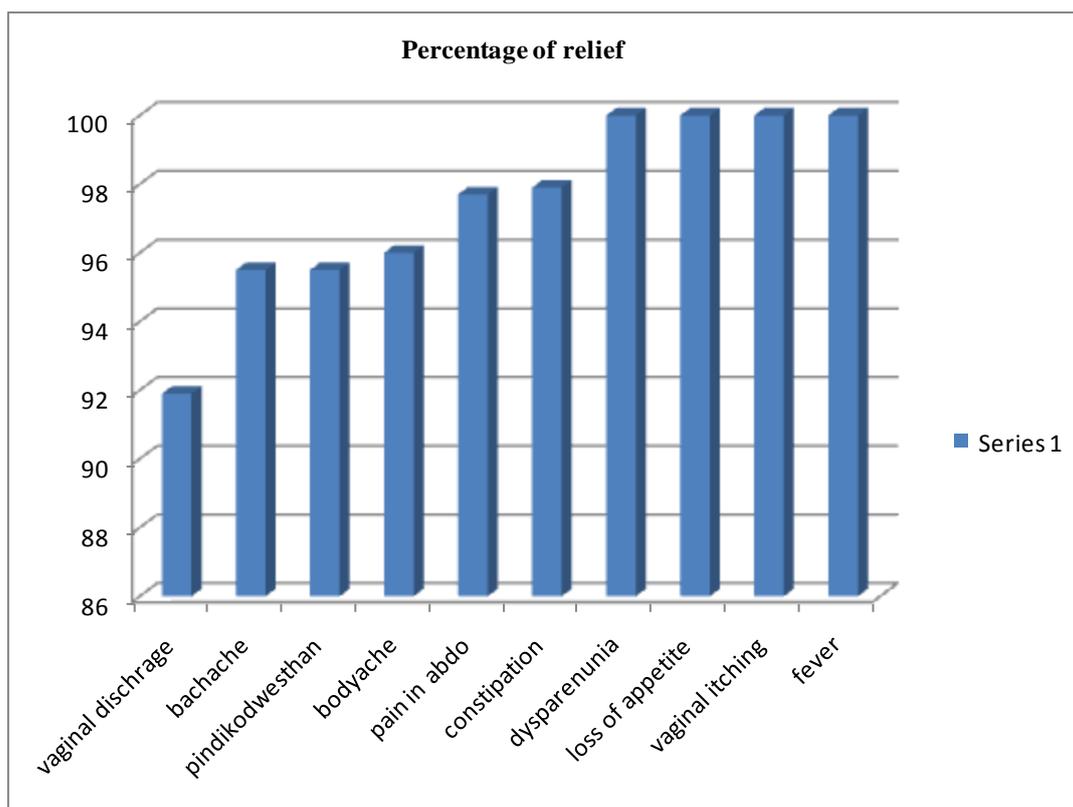
Observations and conclusions were drawn using paired ‘t’ test to statistical data. This statistical analysis shows *daruharidra ghana* and *ashok Twak churna* administration is highly significant in the treatment of *shwetapradara* or leucorrhoea. It also seemed beneficial in all associated symptoms of *shwetapradara* such as vaginal itching, constipation, fever, backache, burning at vulval region. In all observation the ‘p’ value of level of significance found less than 0.001.

Table no.5

Sr.no	Associated symptoms	P value	Level of significance
1)	<i>Shwetrasrava</i>	< 0.001	Highly significant
2)	<i>Katishul</i>	< 0.001	Highly significant
3)	<i>Pindikodwesthan</i>	< 0.001	Highly significant
4)	<i>Udarshool</i>	< 0.001	Highly significant
5)	Constipation	< 0.001	Highly significant
6)	Dyspareunia	< 0.001	Highly significant
7)	Loss of appetite	< 0.001	Highly significant
8)	<i>Yonikandu</i>	< 0.001	Highly significant
9)	<i>Angamard</i>	< 0.001	Highly significant
10)	Fever	<0.001	Highly significant

Table no.6 (Percentage of relief in each symptom)

Sr.no	Associated symptoms	Percentage of relief
1)	Vaginal discharge	91.9%
2)	Backache	95.5%
3)	<i>Pindikodwesthan</i>	95.5%
4)	Bodyache	96%
5)	Pain in abdomen	97.7%
6)	Constipation	97.9%
7)	Dyspareunia	100%
8)	Loss of appetite	100%
9)	Vaginal itching	100%
10)	Fever	100%

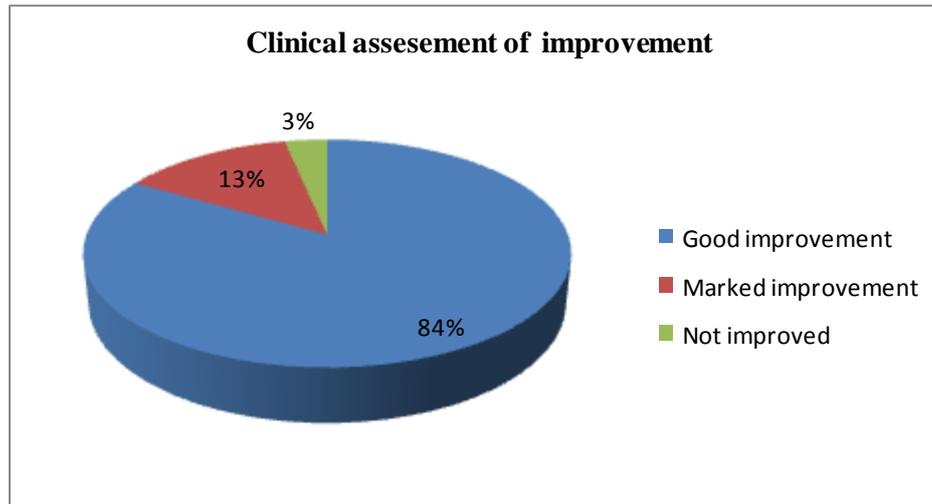


Total effect of therapy-

From all the above statistical data collected , we had concluded as follows –

Table no.7

Sr.no	Clinical assessment of improvement	Percentage of patients
1)	Good improvement	83.4%
2)	Marked improvement	13.3%
3)	Not improved	3.3%



V. Conclusion

Shwetapradara or leucorrhea is more common disease in females of reproductive age between 20-40 years and having poor nutritional status with underweight females. Psychological disturbances and inadequate , irregular diet were observed as exabrating factors of disease. In this study drug was given to 30 patients of *shwetapradara* and all patients were from outdoor and indoor patient departments. Drug was proven extremely beneficial in the treatment of leucorrhea.

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