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Clinical efficacy of *Karanj Tail Yoni Pichu* in the management of *Shwetapradar* w.s.r. to Leucorrhoea

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ABSTRACT

Background: *Shwetapradar* is one of the most common of all gynaecological complaints. *Shwetapradar* (Leucorrhoea) is a condition characterized with excessive white vaginal discharge. It may be thick or viscid and foul smelling if it is caused by some infections. Inflammation of the womb, displacement of the uterus following childbirth and general weakness along with lack of cleanliness or infections may result as leucorrhoea among young females. In our text *Shwetapradar* is described directly or indirectly in many *Yonirogas* as a symptom. In the present study we have used *Karanj Tail Yoni Pichu* with the aim to validate the directives of classics on parameters of a systematic and scientific research work. **Aim:** Aim of the study is to evaluate the effects of *Karanj Tail Yoni Pichu* in the management of *Shwetapradar*. **Materials and Methods:** The method adopted in present study is clinical, open study. This study was done on 15 patients selected from OPD, having complaints of leucorrhoea and who fits in inclusion criteria. Patients were given *Karanj Tail Yoni Pichu*. All the patients result were assessed subjectively and objectively. **Conclusion:** This can be made out from the study that *Karanj Tail Yoni Pichu* is having *Kaphavata shamak*, *Krimighna*, *Kandughna*, *Shothahara*, *Yonidoshahrita*, *Vranasodhana*, *Vranaropana* etc. properties which successfully control & cure *Shwetapradar*.

Key words: *Shwetapradar*, *Leucorrhoea*, *Karanj Tail*, *Yoni Pichu*

INTRODUCTION

Shwetapradar is one of the most common of all gynaecological complaints.^[1] *Shwetapradar* (Leucorrhoea) is a condition characterized with excessive white vaginal discharge. It may be thick or viscid and foul smelling if it is caused by some infections. Inflammation of the womb, displacement of the uterus following childbirth and general weakness along with lack of cleanliness or infections may result as leucorrhoea among young females.

The prevalence of leucorrhoea in India is estimated to be 27.47%. Abnormal vaginal discharge also predisposes to significant morbidity in the form of pelvic inflammatory diseases, infertility, endometriosis, urethral syndrome, pregnancy loss, preterm labour etc. It could be embarrassing, painful and may cause lot of discomfort, stress and even affect the sexual preferences and libido. The affected women need reassurance, prevention of infection and counselling as they usually have abnormal psychological scores. Secretion produce by vaginal mucous membrane is acidic in nature helps in preventing infection. Any deviation of these secretions creates Leucorrhoea. It may be physiological, pathological, or may be stress induced.

In our classical text direct explanation regarding *Shwetapradar* is not mentioned. It is described as a symptom in various diseases like *Parisruta Jataharini*, *Asthi Srava* (calcium deficiency), *Somaroga*, *Kaphaja Asrigdara* and *Yonivyapad*^[2] like *Vatala*, *Pittala*, *Shleshmala*, *Sannipatiki*, *Acharana*, *Atyananda*, *Aticharana*, *Upapluta*, *Paripluta*, *Prasramsinee* and

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Phalinee. Commentator *Chakrapani* has explained *Pandura-Asrigdara*^[3] as *Shwetapradar*.

Vitiated *Kapha* reaches *Yoni* (vagina) by aggravated *Apana Vayu* and produce *Picchilata, Srava, Kandu* etc. in *Yoni*. All these are characteristic symptom of *Shwetapradar*.

Conventional medical treatments may help to relieve symptoms of leucorrhoea but they do not address the root of the problem. Therefore, the present study has been designed to analyze and evaluate the complete concept and etiopathogenesis of leucorrhoea vis-a-vis *Shwetapradar* based on clinical study. Drug chosen for the present study is having *Kaphavata shamak, Krimighna, Kandughna, Kushthaghna, Shothahara, Kaphaghna, Yonidosahrita, Vedanasthapana, Vranasodhana, Vranaropana, Raktaprasadana, Yakriduttejaka* properties which leads to *Samprapti Vighatana* and successfully control and cure *Swetapradar*. *Karanj Tail* has been selected for local application as *Yoni Pichu* as referred from *Bhav Prakash Nighantu (Guduchyadivarga)*.^[4]

AIM AND OBJECTIVES

1. To evaluate the efficacy of *Karanj Tail Yoni Pichu*.
2. To study the complication if any during and after treatment.

MATERIALS AND METHODS

Selection of cases

Total 15 clinically diagnosed and confirmed cases of *Shwetapradar* were registered for the present clinical trial. The cases were selected from the O.P.D. / I.P.D. of P.G. Department of *Prasuti & Striroga*, National Institute of Ayurveda (N.I.A.) Hospital, Jaipur.

Criteria for Selection of patients

Inclusion criteria

1. Patients complaining of *Shwetsrava* per vagina as a cardinal symptom.
2. Age group between 18 to 45 years.

Exclusion criteria

1. Female less than 18 yrs and more than 45 years of age.

2. Menopausal women, Pregnant women, Unmarried girls.
3. Patients suffering from any type of malignancy, cervical polyp.
4. Systemic disease, positive VDRL, HIV, HBsAg, hepatic disorders.

Dose and duration of trial

Dose: 10 ml for local application once in a day

Duration: *Yoni Pichu* apply after cessation of menses upto 3 weeks

Follow-up: Patients were followed daily during application of the drugs and after every 15 days and then final assessment was done after completion of 2 months.

Examination

General physical examinations

Height, weight, B.P., temperature, respiratory rate, pulse rate, pallor and oedema.

Gynaecological Examination

- a) **Local examination** - Local examination was carried out to exclude any disease of external genital organs.
- b) **Per speculum** - Examination of the vagina and cervix was done to find out condition of vaginal mucosa, any abnormality like mucosal inflammation or infection, special attention was given to characteristics of discharge coming out through it, and appearance of cervix like any laceration on cervix, oedema, erosion, hypertrophy, presence of any nabothian follicles / cyst or polyp was diagnosed by visual examination.
- c) **Bimanual examination** - Size, shape and position of uterus, approximate length of cervix

Investigations

Laboratory investigations were carried out before treatment to rule out any other pathological conditions.

1. Routine blood investigation: CBC, ESR, VDRL, HIV, HbsAg, LFT, RBS, RFT were advised to all the patients before commencement and CBC, ESR after completion of trial.
2. Complete urine examination
3. pH of vagina
4. Vaginal swab for wet mount and culture
5. Pap smear
6. Sonography (U.S.G): For uterine and adnexal study to rule out any pathology or lesion.

Method of application of Karanj Tail Yoni Pichu

After emptying bladder, patient was kept in Lithotomy position and painting and dapping done with all aseptic precaution then internal cleaning with sterilized gauze piece done. The *Pichu* was specially made of sterilized gauze piece wrapped over cotton ball. *Pichu* soaked with 10ml of *Karanj Tail* was kept deep in vagina and removed it by pulling out with the help of thread until she wants to void the urine thereafter daily, upto 3 weeks after cessation of menses. Patients advised to avoid sex during trial period.

Criteria of Assessment

Subjective parameters

| Shwetavrava per vagina | |
|---|-------|
| a) Amount | Grade |
| No Discharge | 0 |
| Slight discharge: occasional discharge, only vulval moistness | 1 |
| Moderate discharge: Need to change the undergarments frequently | 2 |
| Heavy discharge: Need to use an extra cloth or pad | 3 |
| b) Colour | Grade |
| Colourless | 0 |
| White / Creamy white | 1 |

| Blood mixed / pinkish colour | 2 |
|--|-------|
| Brownish colour | 3 |
| c) Consistency | Grade |
| No discharge | 0 |
| Thin transparent watery discharge flows on speculum easily | 1 |
| Discharge flows on speculum blade but not as watery flow | 2 |
| Static and does not flow on speculum | 3 |

| Vulval itching | Grade |
|--|-------|
| Absent | 0 |
| Occasional, Mild feeling of irritability | 1 |
| With moderate Excoriation, disturb daily routine | 2 |
| Constant, Severe with excoriation of vulvae | 3 |

| Foul smell | Grade |
|---|-------|
| Non offensive | 0 |
| Foul smell is felt only while performing p/s | 1 |
| Foul smell felt from a short distance | 2 |
| The observer is unable to stand near the patients | 3 |

| Backache | Grade |
|---|-------|
| No Pain | 0 |
| Mild: only feeling of discomfort | 1 |
| Moderate: no interference with daily activity | 2 |
| Severe: interference with daily activity | 3 |

| Pain in lower abdomen | Grade |
|--|-------|
| Absent | 0 |
| Mild pain throughout the day but relieved by rest | 1 |
| Moderate pain interfering physical activity & not relieved by rest | 2 |
| Pain interfering physical activity & relieved by taking analgesics | 3 |

| Local tenderness | Grade |
|---|-------|
| No tenderness | 0 |
| Pain during deep palpation | 1 |
| Pain during palpation but cooperative patient | 2 |
| Patient becomes non-cooperative during P/V examination. | 3 |

| General weakness | Grade |
|--|-------|
| No Weakness | 0 |
| Patient is able to involve in routine activity | 1 |
| Patient is slow to involve in routine activity | 2 |
| Patient feels exhausted to involve in routine activity | 3 |

Objective criteria

Wet vaginal smear scoring

| Based on cellular (Pus cell) | Grade |
|------------------------------|-------|
| 0-5/hpf | 0 |
| 6-10/hpf | 1 |
| 10-15/hpf | 2 |
| >15/ hpf | 3 |

| Based on Mycology | Grade |
|-------------------|-------|
| No | 0 |
| Occasional | 1 |
| Few | 2 |
| Many | 3 |

RESULTS

Showing the results on Subjective Parameters.

| Subjective Parameter | BT | AT | Diff | % Imp | S D | S E | P value | S i g |
|-------------------------------|------|------|------|--------|------|------|---------|-------|
| Shwetsrava per vaginum Amount | 2.33 | 0.53 | 1.80 | 77.25% | 0.86 | 0.22 | 0.0002 | E S |
| Consistency | 1.73 | 0.73 | 1.00 | 57.80% | 0.84 | 0.21 | 0.002 | V S |
| Colour | 1.07 | 0.40 | 0.67 | 62.26% | 0.81 | 0.21 | 0.156 | S |
| Vulval itching | 1.33 | 0.27 | 1.07 | 80.45% | 0.96 | 0.24 | 0.0020 | V S |
| Foul smell | 1.20 | 0.40 | 0.80 | 66.67% | 0.77 | 0.20 | 0.0039 | V S |
| Backache | 1.67 | 0.87 | 0.80 | 47.90% | 0.67 | 0.17 | 0.002 | V S |
| Pain in lower abdomen | 1.47 | 0.60 | 0.87 | 59.58% | 0.74 | 0.19 | 0.002 | V S |
| Local tenderness | 1.27 | 0.40 | 0.87 | 69.05% | 0.73 | 0.19 | 0.002 | V S |
| General weakness | 2.13 | 1.47 | 0.67 | 31.46% | 0.72 | 0.18 | 0.007 | V S |

Showing the results on Objective Parameters.

| Objective Parameter | Me an B.T. | Me an A.T. | Me an Dif. | % Imp. | S. D. | S. E. | T | P | R |
|---------------------|------------|------------|------------|--------|-------|-------|-------|-------|-----|
| Vaginal pH | 6.20 | 5.13 | 1.07 | 17.09% | 1.35 | 0.35 | 3.065 | 0.008 | V S |
| Hb gm% | 10.94 | 11.07 | 0.13 | 1.18% | 0.46 | 0.11 | 1.12 | 0.281 | N S |

| | | | | | | | | | |
|--------|------------|-----------|-----------|----------------|----------------|----------------|-------------------|-------------------|-------------|
| ESR | 12.8 0 | 18.0 6 | 4.73 | 20. 74 % | 6. 2 | 1. 61 | 2. 9 3 | 0. 0 1 0 | S |
| TLC | 6140 .0 | 6020 | 120. 0 | 1.9 5% | 54 0. 11 | 13 9. 45 | 0. 8 6 0 | 0. 4 0 4 | N . S |
| Neutro | 58.8 0 | 56.8 7 | 1.93 | 3.2 8% | 7. 7 | 1. 99 | 0. 9 7 | 0. 3 4 9 | N S |
| Lympho | 35.6 6 | 34.4 0 | 1.26 | 3.5 3% | 7. 47 | 1. 93 | 0. 6 5 6 | 0. 5 2 | N S |
| Eosino | 2.60 | 2.66 | 0.06 | 2.5 7% | 1. 38 | 0. 35 | 0. 1 8 8 | 0. 8 5 5 | N . S |
| Mono | 4.00 | 3.40 | 0.60 | 15. 00 % | 1. 12 | 0. 28 | 2. 0 7 | 0. 0 6 | N S |

DISCUSSION

In the present study *Karanj Tail* has been selected for local application as *Yoni Pichu* as referred from *Bhav Prakash (Guduchyadivarga)*.

Drug chosen for the present study are having *Kaphavatashamak, Yonidoshahrita Krimighna, Kandughna, Kushthaghna, Shothahara, Vedanasthapana, Vranasodhana, Vranaropana, Kaphaghna, Raktaprasadana*, as well as antimicrobial, antifungal, antibacterial, anti-inflammatory, wound healing and analgesic properties which lead to *Samprapti Vighatana* and successfully control & cure *Shwetapradar*. One of the reasons behind the selection of this drug is that drug is easily available in sufficient quantity, is noncontroversial, economical.

Probable mode of action *Karanj Tail Yoni Pichu*

According to *Acharya Sushruta, Karanj Tail* has *Katu Rasa, Laghu, Tikshna Guna; Ushna Virya; Katu Vipaka, Kaphavata Shamak, Krimighna* and *Kushthaghna* properties.

Karanj Tail have the properties like antimicrobial, antifungal, anti-bacterial, insecticidal, anthelmintic,

anti-inflammatory, wound healing cures the *Shwetapradar*. The Oil regularizes the vaginal pH.

So, Probable mode of action of *Karanj Tail Yoni Pichu* can be understood as:

Katu Rasa, Katu Vipaka, Kledanashak, reduce vaginal discharge.

Laghu, Tikshna Guna, Ushana Virya, Vatakapha Shamak - breakdown *Dosha Dushya Sammurchna*.

Sushma Vyavayi Vikasi Guna - easily absorb through vagina.

Yonishodan - clean the vagina.

Krimighna, Kushtagna - eliminate microorganism and reduce vulval itching.

Shothahar, Vedanasthapana - reduce local tenderness, backache lower abdominal pain.

Vranaropana, Vranashodhan - rejuvenate of epithelium

Pichu - Oil sustain in vagina for long time. *Pichu* makes the muscle soft and smooth and also enhances *Bala* and *Tanutva* (thinning action) so, muscles stretch very well. It lubricates the whole vaginal canal due to its unctuousness and thus prevents unnecessary friction.

CONCLUSION

Shwetapradara is a *Kapha-Vata Pradhana Tridoshaja Vyadhi*. *Karanj Tail Yoni Pichu* chosen for the present study is having *Kaphavatashamak, Yonidoshahrita, Krimighna, Kandughna, Kushthaghna, Shothahara, Vedanasthapana, Vranasodhana, Vranaropana*, as well as antimicrobial, antifungal, antibacterial, anti-inflammatory properties which lead to *Samprapti Vighatana* and successfully control & cure *Shwetapradar*. The overall relief was 61.38% in managing the disease *Shwetapradara*. *Karanj Tail Yoni Pichu* was found to be helpful in maintaining vaginal flora and good acceptability by all treated patients.

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