ROLE OF SHUNTHI-LODHRA CHURNA AND UDUMBERAADI TAILAM IN THE MANAGEMENT OF ABNORMAL YONI SRAVA

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ABSTRACT

Woman’s health is receiving more attention these days. The significance of woman’s Health cannot be over emphasized as it is basis for good family life. Yonigata srava (abnormal vaginal discharge) is the most common gynecological problem faced by women at one time or another in their life. The WHO estimated that there are 333 million new cases of curable Vulvovaginal infections (VVIs) per year. A study in India has shown that the prevalence of reproductive tract infections was 37.0% based on symptoms and 36.7% by laboratory investigations, including 31% Candidiasis, 2% Trichomoniasis and 45% Bacterial vaginosis.

KEYWORDS: Yonigata srava, Vulvovaginal.

INTRODUCTION

Healthy women, Healthy world embodies the fact that as custodians of family health, women play a critical role in maintaining the health & well being of their communities. (www.unfpa.org/swp/2005/pdf/en_swpo5.pdf).

Acharya Manu has quoted that for happiness of the human society, women needs proper care & respect. However, often women itself ignore & delay self-care as they pay more attention towards the care of their family. Because of this negligence towards their health, women often suffers with health problems.

In Ayurveda Stree Rogas are described under Yoni Vyapada, Artva Dushti and Yoni rogas. Yonigata Srava is found as a symptom in most of the Stree Rogas. The word Yonisrava has
appeared in many ayurvedic literature, as a symptom of various *Yonivyapada,* and *Pradara roga,* but it is not described as a separate disease entity in *Ayurvedic* classics.

**Selection of patients**

Total 31 patients were selected for the present study that fulfilled the criteria of inclusion and gave consent for the trial. All the selected patients were studied randomly under two groups and the drug was given to all the patients in the dose and formulation stated ahead. Out of 31 patients, 4 patients dropped out while 27 turned for the follow up.

**Group- I**
- *Shunti-lodhra Churna* - 3 gms b.i.d.
- *Anupana* - Ghrit and Sharkara

**Group- II**
- *Shunti-lodhra Churna orally* - 3 gms b.i.d
- *Anupana* - Ghrit and Sharkara
- *Udumbaradi tailum picchu* - 5 - 10 ml b.i.d

**Duration of trial** - 15 days

**Mode of Administration:** Oral, Local

**Follow up**
- 2 follow ups after 7 days interval during trial.
- 1 follow up after completion of trial on 7th day.

**Inclusion and exclusion criteria**

**Inclusion criteria –**
- Patients (married) of age Group- 21-60 years.
- Patients presenting with the signs and symptoms of abnormal vaginal discharge as a cardinal symptoms or associated symptoms.
- Patients suffering from non sexually transmitted vaginal discharges.

**Exclusion Criteria**
- Abnormal discharges due to malignancy and other systemic illnesses i.e. STDs, Diabetes mellitus were excluded.
Investigation
1. Hb gm%, TLC, DLC, ESR, FBS
2. Urine - Routine
   - Microscopic
3. VDRL
4. HIV
5. Wet mount microscopic examination
6. Pap smear

Selection of Drugs
Yoni srava is Kapha Pitta pradhana tridhaja symptom. Drugs which have Kapha Pitta shamaka properties as well as yoni vishodhan, property we should take them for treating different types of yoni sravas.

The Shunthi-lodhra churna is tridosha shamak shrotoshodhana, agnideepana, amapachana and static property, which given orally and Udumbaraadi tailam have Kapha Pittashamaka, Stambhana, Dahashamaka, Kanduhara, Krimighana and yoni vishodhan property which apply locally in the form of picchu.

Criteria of Assessment
To assess the efficacy of drug following criteria were laid down

Gradation on Yonigata Lakshana
Yoni Srava (White discharge per vagina)
- No c/o discharge 0
- Mild discharge 1
  - Occasional discharge, Only vulval moistness
- Moderate discharge 2
  - Staining of undergarments but area of staining less than 10 cm square
- Severe discharge 3
  - Staining area more than 10-20 cm square or patient needs to use pad

Smell
- Non-offensive 0
- Foul smell is felt only while performing p/s  
- Foul smell felt from a short distance  
- The observer is unable to stand near the patient

**Consistency**

- No discharge  
- Mild

Thin transparent watery discharge, flows on speculum easily

- Moderate

Discharge flows on speculum blade but not as watery flow

- Severe

Static and dose not flow on speculum.

**Yoni Kandu (Itching vulva)**

- No itching  
- Occasional  
- Mild, Feeling of irritability, no need of medicine

- Moderate

Disturbs daily routine, need of medicine and relief after medicine Increases after specific time (Menstruation, Micturition)

- Severe

Affects routine activity, no relief after taking medicine

**Yoni Daha**

- Absent  
- Mild,

Occasional feeling of burning sensation, no need of medicine

- Moderate

Disturbs daily routine, need of medicine and relief after medicine

- Severe

Severe, affects routine activity, no relief after taking medicine
Yoni Vedana (pain in vagina)
- No pain
- Occasional
  - Feeling of pain only during movement, but no pain during rest
- Moderate pain
  - Feeling of pain even during rest.
- Severe pain
  - Continuous feeling of pain, radiating & not relieved by rest

Graduation on associated symptom
Katishoola (Low backache)
- No pain
- Occasional
  - Only feeling of discomfort
- Mild pain
  - At special time of menses, with excessive work load, during intercourse.
- Moderate pain
  - Continuous, interference with daily routine
- Severe pain
  - No relief after taking medicine, interference with daily routine

Udara Shoola (Pelvic pain)
- No pain
- Occasional or mild
- Moderate
- Severe

Mutradaha (Burning micturition)
- Absent
- Occasional
- Moderate
- Severe
Gradation on gynaecological examination finding

Local tenderness during examination

- Absent 0
- Mild 1
  - Only with compression
- Moderate 2
  - With deep compression
- Severe (by touch) 3
Patient resists during gynaecological examination

Vulvitis

- Absent 0
  - Vulva is not red and temperature is normal
- Mild 1
  - Vulva slightly red and temperature slightly raised
- Moderate 2
  - Vulva red and temperature raised
- Severe 3
  - Vulva deeply red and temperature markedly raised

Vaginitis

- Absent 0
- Mild 1
- Moderate 2
- Severe 3

Cervicitis

- Absent 0
- Mild 1
- Moderate 2
- Severe 3

Gradation on wet smear finding

Based on Epithelial cell

- 0-5 /hpf 0
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- 6-25 /hpf 1
- 26-50 /hpf 2
- 51-100 /hpf 3
- >100 pus/hpf 4

**Based on pus cells**
- 0-5 pus/hpf 0
- 6-25 pus/hpf 1
- 26-50 pus/hpf 2
- 51-100 pus/hpf 3
- >100 pus/hpf 4

**Based on fungal hyphae**
- No fungal hyphae 0
- Few 1
- Many 2
- Plenty 3

**Based on Trichomonas vaginalis organism**
- No organism seen/field 0
- 1-5 organisms seen/field 1
- 5-10 organisms seen/field 2
- More than 10 organisms seen/field 3

**Statistical analysis**
Statistical analysis was carried out by paired and unpaired “t” test. The level of P between 0.05 to 0.01, and P<0.001 was considered as statistically significant and highly significant respectively.

Overall results were established in terms of percentage relief obtained in sign and symptoms and criteria of assessment.

<table>
<thead>
<tr>
<th>Complete remission</th>
<th>-</th>
<th>100% relief</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cured</td>
<td>-</td>
<td>&gt;75%(75-99%)</td>
</tr>
<tr>
<td>Highly improved</td>
<td>-</td>
<td>50%-75%</td>
</tr>
</tbody>
</table>
Effect of therapy

Comparision between yonigat lakshana of Group-I and Group-II

<table>
<thead>
<tr>
<th>Yonigata Lakshana</th>
<th>% Relief Gp-I</th>
<th>% Relief Gp-II</th>
<th>% Relief diff.</th>
<th>S.D.</th>
<th>S.E.</th>
<th>T</th>
<th>P</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yoni srava</td>
<td>30.7</td>
<td>74</td>
<td>43.28</td>
<td>0.616</td>
<td>0.233</td>
<td>4.599</td>
<td>&lt;0.001</td>
<td>HS</td>
</tr>
<tr>
<td>Yoni Daugandhya</td>
<td>35</td>
<td>61</td>
<td>26</td>
<td>0.50</td>
<td>0.46</td>
<td>3.452</td>
<td>&lt;0.005</td>
<td>HS</td>
</tr>
<tr>
<td>Consistency</td>
<td>33</td>
<td>67</td>
<td>34.3</td>
<td>0.96</td>
<td>0.37</td>
<td>2.3</td>
<td>&lt;0.05</td>
<td>S</td>
</tr>
<tr>
<td>Yoni kandu</td>
<td>35</td>
<td>77</td>
<td>42</td>
<td>0.66</td>
<td>0.27</td>
<td>1.98</td>
<td>&lt;0.05</td>
<td>S</td>
</tr>
<tr>
<td>Yoni daha</td>
<td>33</td>
<td>77</td>
<td>44.4</td>
<td>0.514</td>
<td>0.26</td>
<td>3.9</td>
<td>&lt;0.005</td>
<td>HS</td>
</tr>
<tr>
<td>Yoni vadana</td>
<td>33</td>
<td>72</td>
<td>39</td>
<td>0.578</td>
<td>0.313</td>
<td>0.383</td>
<td>&gt;0.25</td>
<td>NS</td>
</tr>
</tbody>
</table>

Comparision between associated symptoms of Group-I and Group-II

<table>
<thead>
<tr>
<th>Associated symptoms</th>
<th>% Relief Gp-I</th>
<th>% Relief Gp-II</th>
<th>% Relief diff.</th>
<th>S.D.</th>
<th>S.E.</th>
<th>T</th>
<th>P</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kati shool</td>
<td>40</td>
<td>75</td>
<td>35</td>
<td>0.48</td>
<td>0.19</td>
<td>3.0</td>
<td>&lt;0.05</td>
<td>S</td>
</tr>
<tr>
<td>Udarashool</td>
<td>37</td>
<td>60</td>
<td>22.5</td>
<td>0.41</td>
<td>0.21</td>
<td>-0.04</td>
<td>&gt;0.050</td>
<td>NS</td>
</tr>
<tr>
<td>Mutradaha</td>
<td>30</td>
<td>60</td>
<td>29</td>
<td>0.69</td>
<td>0.31</td>
<td>2.32</td>
<td>&lt;0.050</td>
<td>S</td>
</tr>
</tbody>
</table>

Comparision between Gynecological examination of Group-I and Group-II

<table>
<thead>
<tr>
<th>Gynecological Examination</th>
<th>% Relief Gp-I</th>
<th>% Relief Gp-II</th>
<th>% Relief diff.</th>
<th>S.D.</th>
<th>S.E.</th>
<th>T</th>
<th>P</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vulvitis</td>
<td>37</td>
<td>66</td>
<td>36.2</td>
<td>0.49</td>
<td>0.27</td>
<td>2.337</td>
<td>&lt;0.05</td>
<td>S</td>
</tr>
<tr>
<td>Vaginitis</td>
<td>41</td>
<td>77</td>
<td>36.2</td>
<td>0.707</td>
<td>0.30</td>
<td>2.4</td>
<td>&lt;0.05</td>
<td>S</td>
</tr>
<tr>
<td>Cervicitis</td>
<td>33</td>
<td>65</td>
<td>32</td>
<td>0.64</td>
<td>0.26</td>
<td>2.4</td>
<td>&lt;0.05</td>
<td>S</td>
</tr>
<tr>
<td>Local tenderness</td>
<td>33</td>
<td>64</td>
<td>31.4</td>
<td>0.55</td>
<td>0.25</td>
<td>2</td>
<td>&lt;0.05</td>
<td>S</td>
</tr>
</tbody>
</table>

Comparision between Wet vaginal smear of Group-I and Group-II

<table>
<thead>
<tr>
<th>Wet vaginal smear</th>
<th>% Relief Gp-I</th>
<th>% Relief Gp-II</th>
<th>% Relief diff.</th>
<th>S.D.</th>
<th>S.E.</th>
<th>T</th>
<th>P</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fungal hyphae</td>
<td>28</td>
<td>60</td>
<td>32</td>
<td>0.20</td>
<td>0.11</td>
<td>2.12</td>
<td>&lt;0.05</td>
<td>S</td>
</tr>
<tr>
<td>Epi cells</td>
<td>47</td>
<td>68</td>
<td>21.4</td>
<td>0.62</td>
<td>0.25</td>
<td>1</td>
<td>&gt;0.10</td>
<td>NS</td>
</tr>
<tr>
<td>Clue cells</td>
<td>27</td>
<td>68</td>
<td>41</td>
<td>0.43</td>
<td>0.21</td>
<td>2.2</td>
<td>&lt;0.05</td>
<td>S</td>
</tr>
<tr>
<td>Bacilli cocci</td>
<td>35</td>
<td>77</td>
<td>30</td>
<td>0.65</td>
<td>0.43</td>
<td>1.85</td>
<td>&lt;0.05</td>
<td>S</td>
</tr>
<tr>
<td>Pus cell</td>
<td>46</td>
<td>68</td>
<td>42</td>
<td>0.60</td>
<td>0.25</td>
<td>2.2</td>
<td>&lt;0.05</td>
<td>S</td>
</tr>
</tbody>
</table>
Overall effect of therapy

Comparison of Overall Effect of Therapy in Both Groups (27 patients)

<table>
<thead>
<tr>
<th>Results</th>
<th>Group-I (n=12)</th>
<th>Group II(n=15)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. of Patients</td>
<td>%age</td>
</tr>
<tr>
<td>Cured</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Highly Improved</td>
<td>5</td>
<td>41.6%</td>
</tr>
<tr>
<td>Moderately Improved</td>
<td>7</td>
<td>58.33%</td>
</tr>
<tr>
<td>Unchanged</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

DISCUSSION

Leucorrhea is a physiological excessive discharge and in ayurved it considers vata kapha pradhan vyadhi. But in present study we taken pathological excessive vaginal discharges which is caused by different type of microorganism, and we found that pathological vaginal discharge (especially caused by bacteria) are kapha pitta pradhanaya. So in Yoni srava, yonivishadhana, suppression of vititiated doshas and Aama-pachana is very essential.

CONCLUSION

Overall effect of therapy revealed that, out of 27 patients, five patients cured in Group-II while no. of cured patients in Group-I was nil. Ten patients were found highly improved in Group-II, while it was only in five patients of Group-I. In Group-II no patient showed moderately improvement, while in Group-I seven patient were moderately improved.

In present study no one patient remained unchanged in both groups. In this study both trial drugs shown remarkable results in individual groups. But the internal use of Shunthi-lodhra churna along with local application of Udumbaraadi tailam picchu had shown better effect than only internal application.

REFERENCES

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