

CLINICAL EVALUATION OF PANCHAVALKALA KASHAYA YONI PRAKSHALANAIN SWETHA PRADARA w.s.r VAGINITIS

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ABSTRACT

Achieving reproductive health is the key to a bright future. Reproductive health approach covers the whole life span of a woman and also of a man, and it has inter-generational implications. *Swetha Pradara* is not a disease, but a symptom of so many diseases, however sometimes this symptom is so severe that it overshadows symptoms of actual disease and women come for the treatment of only this symptom. Vaginitis is an inflammation of the vagina that can result in discharge, itching and pain. The cause is usually a change in the normal balance of vaginal bacteria or an infection. In such cases, topical local treatment prescribed in Ayurveda is found to be most effective. After proper diagnosis of the disease, a regular douching of the genital tract with the decoction of *panchavalkala* drugs has showed the dramatically result. This research work is a single blind clinical study with pretest and posttest design. 20 married female aged between 20 to 40 yrs. suffering from *SwethaPradara* (vaginitis) were taken for the study. The selected patients will be categorized into two groups Group A& Group B. These patients were treated with *Panchavalkala Kashaya* and lukewarm water yoni Prakshalana for 7 daysrespectively. Unpaired‘t’ test proved statistically highly significant in *kandu*, *srava*, and also in excoriation of skin of vulval region and signs of discharge. As outcome of study conducted as above, the result obtained is positive i.e. the drug has vital action in remission of the symptom like *yonisrava* and *kandu*. Thus the study gave the best curative effect of PanchavalkalaKashaya yoni *prakshalana*.

Keywords: *Swetha Pradara, Vaginitis, Panchavalkala Kashaya, Yoni Prakshalana*

INTRODUCTION

Women, right from her birth facing many diseases throughout her journey. To face the problem of diseases, Ayurveda has found and developed the medicine with the herbs, metals and minerals available in the nature. *Swetha Pradara* is one of the most common and burning problem faced by women all around the globe from menarche to menopause. Many of the gynecological disorders present *SwethaPradara* as the major complaint and vaginitis is one of them.

Results of various recent surveys on this regard, shows a clear picture that about 50% of women are suffering from vaginitis.

It is well noted thatthe lower genital tract infection may lead to pelvic inflammatory diseases, menstrual irregularities, infertility, and other obstetric complications like premature labour,premature rupture of membranes , intrauterine infection, small for date babies, prematurity, and perinatal complications.⁵

Vaginal douche^{1,2,3,4} represent a novel and effective for the treatment of the common types of vaginitis and it is also of value in the treatment of resistant vaginitis. Current treatment protocols advocate the use of metronidazole or synthetic hormone preparations.⁵ Though curative, they are not

free from side effects. Furthermore, issues of mutagenicity, carcinogenicity and the increasing resistance to these agents are of concern and outline the need for research into alternative therapies. The judicious use of *panchavalkala*⁷ drugs adds a new dimension in handling this perplexing problem.

Objectives: This study is undertaken with following Aim and Objectives

- To carry out conceptual study on Swetha Pradara.
- To evaluate the effect of yoni prakshalana with Panchavalkala Kashaya in Swetha Pradara.
- To evaluate the effect of yoni Prakshalana with lukewarm water in Swetha Pradara.
- To compare the Therapeutic effect of Panchavalkala Kashaya and lukewarm water in Swetha Pradara

MATERIALS AND METHODS

B. Exclusion Criteria:

1. Women below 20 years and after 40 years.
2. Unmarried women.
3. Cervical erosion.
4. PID
5. Cervicitis.
6. Pregnancy.
7. Systemic disorders.
8. Local skin lesions

C. **Assessment Criteria:** The patients were assessed on the basis of subjective and objective parameters before and after treatment.

a. Subjective parameters:

1. *Kandu* (Vaginal itching)
2. *Srava* (Vaginal Discharge)
3. *Mootradaha*
4. *Shoola*
5. *Maithuna Asahishnuta*

b. Objective Parameters

1. *Evidence of Pruritus*
2. *Per vaginal discharge*

Investigations:

This clinical study was carried out on 20 patients who attended the OP and IP sections of Prasooti Tantra and StreeRoga Department, SDM Ayurveda Hospital Udupi.

Source of data: Minimum 20 patients diagnosed as vaginitis attending OPD and IPD of SDM Ayurveda Hospital, Kuthpady, Udupi were taken for study.

Method of collection of data: It is a single blind comparative clinical study of vaginitis in married women with an age group of 20-40 years. The selected patients will be categorized into two groups. Unpaired-‘t’ test is to be used in statistical analysis.

Diagnostic Criteria: 20 patients were selected for the study as per the following diagnostic criteria, like yoniSrava and yoni-Kandu.

A. Inclusion Criteria:

1. Diagnosed vaginitis with thick vaginal discharge with or without pruritus.
2. Married women patients within the age group of 20-40 yrs.
 - Urine –Routine
 - Hb%,
 - Wet slide.
 - TLC, DLC, ESR, RBS, VDRL, HIV, Stool examination, USG, if necessary

Study Design: This research work is a single blind Comparative clinical study with pre-test and posttest design. 20 married female aged between 20 to 40 yrs. suffering from Swetha Pradara (vaginitis) were taken for the study. These patients were treated with 7 days yoni prakshalana. The signs and symptoms were observed before and after the treatment and these were compared.

Intervention: Diagnosed patients will be randomly categorized into two groups.

- **Group A:** is treated with Yoni Prakshalana with Panchavalkala kashaya, once in a day for 7 consecutive days.
- **Group B:** Control group treated with Yoni Prakshalana with Lukewarm water once in a day for 7 consecutive days.
- **Follow up** will be done weekly once for three consecutive weeks after the

completion of the treatment in both the groups.

Procedure:

Patient is made to lie on the table in lithotomy position. Sterilized douche nozzle or rubber catheter is attached to the douche can. About 2 inches portion of nozzle or catheter is inserted inside the vagina. A fluid is run from the douche can placed about 2 feet above the patient's buttocks. Douching with 1-2 liters of panchavalkala kashaya should be done. Then the douche nozzle is withdrawn and fluids inside the vagina should be expelled by asking the patient to strain in squatting position if the condition permits.

OBSERVATIONS

In the present study it was observed that the incidence ranging from 25-30 yrs. of age group were more followed by 35-40 yrs. that include 75% of the patients from Hindu community and 80% were house wives, 50% were of middle income group 75% were of mixed diet and 75% of patients had moderate nutritional status.

Among the study group, 75% of patients had 4-8 months of duration, 65% of patients were of multiparous, and 50% of patients were permanently sterilized followed by 35% using other methods.

Among patients of the study 45% each belongs to *vata*pitta and *pitta*kapha Prakruti.

RESULTS

Patients suffering from Swetha Pradara (vaginitis) were treated with **Panchavalkala Kashaya yoni Prakshalanain Group A** and **Lukewarm waterin Group Bin** this single blind, pre-test and post-test comparative clinical trial. The effect of the treatment following medication was assessed periodically in regards to objective parameters like *Srava* and *itching* as well as the Subjective Criteria like *Kandu*, *Srava*, *Yonishoola*, *Mootradaha* and *Maithuna Asahatwa* were scored before and after the trial period.

Follow up Study:

By the method of per speculum examination, the vagina was examined on 8th day, after the completion of 7 days treatment procedure. Then the patient were followed up once in a week for 3 consecutive weeks.

Statistical Assessment of results:

In each group, the mean \pm SEM before treatment of each signs and symptoms was compared with that of the after treatment. The Paired 't' test was used for the purpose of test of significance. Effect of treatment within the two groups were assessed by Unpaired 't' test.

70% are of *Madyama Sara*, 65% had *Madhyama Samhanana*, 60% had *Madhyama Satmya* 75% had *Madhyama Pramana*, 95% of *Madhyama Satva* and 100% are of *Madyama Ahara Shakti*. Among the 20 patients 80% had the symptom *Kandu*, 100% had *Srava*, 30% had *Shoola*, 25% had *Mootradaha* and 50% of the patients had *Maithuna Asahatwa*.

Among 20 patients 45% of patients showed mild degree of vaginal discharge, 40% had moderate and 15% showed severe degree of vaginal discharge. Among 20 patients about 35% of patients showed mild, 25% of moderate and 5% with severe degree of pruritus.

Statistical analysis was performed with Computer statistical package **SIGMASTAT (Version 3.5)**. Data was presented as **mean \pm SEM**. The results were analyzed for statistical significance using **Paired 't' test**. A P-value **<0.050** was considered significant. The details of the same with statistical analysis adapting paired 't' test is elaborated in **Table.nos.1,&2**.

SUBJECTIVE CRITERIA

Effect on Kandu

Panchavalkala Kashaya Prakshalana in Swetha Pradara was found to be significantly

effective in relieving the Kandu with mean difference of 1.000 whereas lukewarm water showed a mean difference 0.200. The differences in the mean values among the treatment groups A&B are greater than would be expected by chance; there is a statistically significant difference ($p= 0.013$). As the panchavalkala is having the specific functions like kaphahara and kandu is the kapha-*vridhdhilakshana*, kandu is subsided in majority of patients within 7 days of treatment.

Effect on Srava

Panchavalkala Kashaya Prakshalana showed highly significant improvement in Srava with a mean difference of 1.500. The change that occurred with the treatment is greater than would be expected by chance; there is a statistically significant change ($p<0.001$) whereas lukewarm water showed a result with mean difference of 0.632 which is not so significant. ($p= 0.168$). The differences in the mean values among the groups A&B are greater than would be expected by chance; there is a statistically significant difference ($p<0.001$). This is due to the kashaya rasa predominance of the drugs which are having the *sthambhana* and *rooksha* properties, it will dry the vaginal mucosal membrane.

Effect on Yoni Shoola

Panchavalkala Kashaya Prakshalana was found to be effective in pacifying the Yoni Shoola with a mean difference of 0.300 ($p=0.193$) whereas lukewarm water showed a result with mean difference of 0.000 values among the treatment groups are not great enough to exclude the possibility that significant difference ($p= 0.151$). As 7 days sexual intercourse was contraindicated during douche it was assessed after treatment i.e in the follow up period. As these drugs are having the anti-inflammatory properties it was found to be a significant.

OBJECTIVE CRITERIA

Effect on Pruritus

($p=1.000$). On comparison the differences in the mean values among the treatment groups are not great enough to exclude the possibility that the difference is due to random sampling variability; there is not a statistically significant difference ($p= 0.135$). These drugs are having anti-inflammatory actions, even though result is not significant in trail group may be because of less sample size could not found the effect of drug.

Effect on Mootradaha

Panchavalkala Kashaya Prakshalana was found to be effective in relieving Mootradaha with a mean difference of 1.000 ($p= 0.343$), whereas lukewarm water showed a result with mean difference of 0.000 ($p=1.000$). The differences in the mean values among the trial groups are not great enough to exclude the possibility that the difference is due to random sampling variability; there is not a statistically significant difference ($p = 0.331$). The panchavalkala drugs are having the *dahaharaproperty* and *pitthahara*, it is seen that in this sample some of the patients got relieved from this problem.

Effect on Maithuna Asahatwa

Panchavalkala Kashaya Prakshalana was found to be effective in relieving Maithuna Asahatwa with a mean difference of 0.200 ($p= 0.168$), whereas lukewarm water showed a result with mean difference of 0.000 ($p= 1.000$). On comparison of both treatments, the differences in the mean the difference is due to random sampling variability; there is not a statistically significant difference ($p = 0.331$). The panchavalkala drugs are having the *dahaharaproperty* and *pitthahara*, it is seen that in this sample some of the patients got relieved from this problem.

Panchavalkala Kashaya Prakshalana was found to be very effective in relieving Itching with a mean difference of 0.800 ($p= 0.003$), whereas lukewarm water showed a result with mean difference of 0.200 ($p= 0.168$). On comparison the differences in the mean values among the trialgroups are greater than would be expected by chance; there is a statistically significant difference ($p = 0.022$). Due to the

krimihara and vranahara property it was found that the result is statistically significant.

Effect on Discharge

Panchavalkala Kashaya Prakshalana showed highly significant improvement in Srava with a mean difference of 1.400. The change that occurred with the treatment is greater than would be expected by chance; there is a statistically significant change ($p < 0.001$) whereas lukewarm water showed a result with mean difference of 0.300 which is not so significant. ($p = 0.018$). The differences in the mean values among the groups A&B are greater than would be expected by chance; there is a statistically significant difference ($p < 0.001$). These drugs have specifically kaphahara properties and due to rooksha, sthambhana it showed the very good effect in cessation of the vaginal white discharge. As told earlier it is having the astringents (tannins) it will constrict the vaginal mucous membrane and helps in reducing inflammation and discharge per vaginum.

DISCUSSION & CONCLUSION

Vaginitis is an inflammation of the vagina that can result in discharge, itching and pain. The cause is usually a change in the normal balance of vaginal bacteria or an infection. Vaginitis can also result from reduced oestrogen levels after menopause. The most common types of vaginitis are Bacterial vaginosis, Yeast infections and Trichomoniasis⁶. In such cases, topical local treatment prescribed in Ayurveda is found to be most effective. After proper diagnosis of the disease, a regular douching of the genital tract with the decoction of panchavalkala drugs has showed the dramatical result.

Douching with lukewarm decoction keeps the vaginal tract healthy and clean³. *Vata*, *Udumbara*, *Aswatha*, *Plaksha* and *Parishat* the bark of all the 5 drugs contain the kashaya rasa⁸ as predominance. The kashaya rasa is nothing but the astringent. Astringents may be equated with tannins. The bark of all the 5 drugs contains tannins as the major chemical constitu-

ents. Astringent is a substance that “causes contraction of body tissues” Astringents are topically anti-inflammatory, can be used for all inflammations of the skin and mucous topically. They also shrink any inflamed tissues, because as tanning agents, they remove moisture from tissues. Tannins are non-nitrogenous characterized by astringent action upon mucous membranes. They precipitate proteins from the cells of the mucous membrane, thus exerts a protective action.

Various herbal formulations are known to have beneficial effect in gynecological disorder but unfortunately the benefits have not been exploited scientifically. In the present study, an attempt is made to evaluate the efficacy of *panchavalkala kashaya yoni prakshalana* in Swetha Pradara w.s.r vaginitis. Based on result of present study, it can be concluded that panchavalkala kashaya is of immense value in the treatment of vaginitis of varied etiology. It provides symptomatic relief within 7 days of the treatment. Panchavalkala kashaya has proved to be effective against candidia, trichomonas vaginitis and other non specific organism. It is found to be statistically significant. There were no untoward manifestation associated with the use of panchavalkala kashaya yoni prakshalana and it was found to be helpful in maintaining vaginal flora and good acceptability by all treated patients.

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Table.1 Effect of treatment in Groups A& B

Criteria	Group	Mean - BT	Mean-AT	D	SD	SEM	t	P
Kandu	Group A	1.400	0.400	1.000	0.816	0.163	3.354	0.008
	Group B	1.400	1.200	0.200	1.135	0.359	1.500	0.168
Srava	Group A	2.000	0.500	1.500	1.500	0.167	6.708	<0.001
	Group B	1.400	1.200	0.200	0.632	0.200	1.500	0.168
Yoni Shoola	Group A	0.400	0.100	0.300	0.316	0.1000	1.406	0.193
	Group B	0.100	0.100	0.000	0.316	0.100	0.00	1.000
Mootradaha	Group A	0.200	0.100	1.000	0.316	1.000	1.000	0.343
	Group B	0.300	0.300	0.000	0.483	0.153	0.000	1.000
Maithuna Asahatwa	Group A	0.500	0.300	0.200	0.153	1.500	1.500	0.168
	Group B	0.500	0.500	0.000	0.527	1.67	0.000	1.000
Pruritus	Group A	1.000	0.200	0.800	0.422	0.133	4.00	0.003
	Group B	1.000	0.800	0.200	0.919	0.291	1.50	0.168
Vaginal Discharge	Group A	1.800	0.400	1.400	0.516	0.163	8.573	<0.001
	Group B	1.600	0.300	0.300	0.483	0.153	1.964	0.081

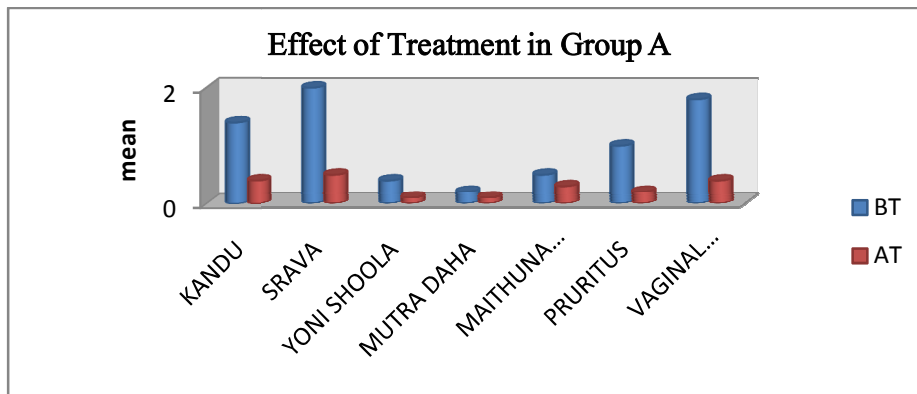


Fig.1 Effect of Panchavalkala Kashaya Kshalana

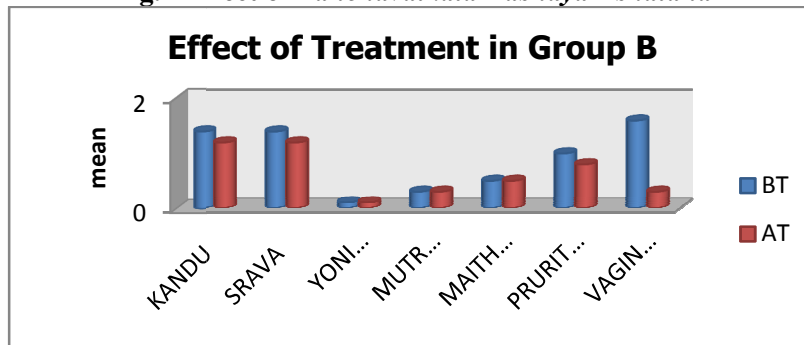
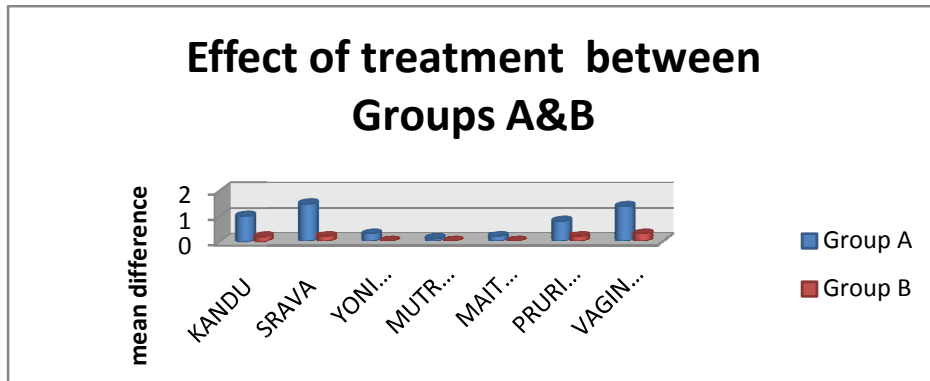


Fig.2 Effect of Ushnodaka Kshalana

Table.2 Effect of treatment between Groups A&B

Criterion	Group	Mean-BT	Mean-AT	D	SD	SEM	F	P
Kandu	Group A	1.4	0.4	1.000	0.816	0.258	7.579	0.013
	Group B	1.4	1.2	0.200	0.422	0.133		
Srava	Group A	2	0.5	1.500	0.707	0.224	24.934	<0.001
	Group B	1.4	1.2	0.200	0.422	0.133		
Yoni Shoola	Group A	0.4	0.1	0.300	0.516	0.163	2.455	0.135
	Group B	0.1	0.1	0.000	0.316	0.100		
Mootradaha	Group A	0.2	0.1	0.100	0.316	0.100	1.000	0.331
	Group B	0.3	0.3	0.000	0.000	0.000		
Maithuna Asahatwa	Group A	0.5	0.3	0.200	0.422	0.133	2.250	0.151
	Group B	0.5	0.5	0.000	0.000	0.000		
Pruritus	Group A	1.0	0.2	0.800	0.632	0.200	6.231	0.022
	Group B	1.0	0.8	0.200	0.422	0.133		
Vaginal Discharge	Group A	1.8	0.4	1.400	0.516	0.163	24.200	<0.001
	Group B	1.6	1.3	0.300	0.483	0.153		



Effect of treatment between Groups A&B

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