

EFFICACY OF NISHAADI MALAHARA IN THE MANAGEMENT OF SHLESHMALA YONI VYAPATH W.S.R TO CANDIDA ALBICANS

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ABSTRACT

Shleshmala yoni vyapath is a common condition in present days which can be co related with Vulvo Vaginal Candidiasis which stands as second most commonest infection worldwide. A vaginal smear was taken in every screened subject fulfilling inclusion criteria to assess Candida species. Acharya Sushruta has quoted *poorana* and *dhoopana* with *kalka* of *Brihati Phala*, *Haridra* and *Daru Haridra* in the management of *Yoni Kandu*. As *malahara* form will be easy mode of administration and acts very quickly by faster absorption through mucosal area. Hence *malahara* was prepared with petroleum jelly and *tila taila* as base. All drugs possess *Vipareeta Guna* to *Shleshma Guna* to combat *lakshanas* of *Shleshmala Yoni Vyapath*. Study was carried out on 32 subjects where there was a highly significant result in relieving *PicchilaSrava*, *SheetaSrava*, *Yoni Kandu* and *Yoni Vedana* as well in combating Candidal Species. *Lepa* of *malahara* was done twice daily with dose of 2 gms for 7 days. Follow up vaginal smear was taken after treatment to assess presence of Candida Species. Thus *Nishadi Malahara* was found highly effective in the management of *Shleshmala Yoni Vyapath* wsr to *Candida albicans*.

Keywords: Shleshmala Yoni Vyapath, Candida Albicans, Srava, Kandu, Vedana

INTRODUCTION

Authentic Ayurveda texts have emphasized the concept of healthy *Yoni* as one of the pre requisites for conception in the form of *Kshetra*. Any pathology to this *kshetra*, causes its *dushti* which have been explained under the concept of *Yoni Vyapad*.¹

Sleshmala Yoni Vyapath is one such condition which occurs when there is *Kapha vriddhi* all over body and moves towards the *Yoni* as there is *kha vaigunya* leading to *yonidushti* (in turn causes disturbance of the vaginal flora). This pathology exhibits itself in the form of *PicchilaSrava*, *Sheeta Srava*

and *Yoni Kandu*. Further it may lead to *krimipattin* and again aggravate the symptoms.²

The main factors which influence *Kapha Vriddhi* in day to day life-like indulging in *Abhishyadhi Ahara-Dadhi*, Excessive Sweet and Cold stuff, *Tila*, *Guda*, *Ghee*, Milk and Milk Based Products and *Kapha Kara Vihara* like *Divaswapna* have become almost unavoidable in every woman's life. This causes *srotodushti* and leads to *Kapha Vriddhi* causing symptoms to occur at a large rate.

VulvoVaginal Candidiasis is the second most common infection among

vaginitis caused by Candida albicans and the symptoms are pruritus, vaginal soreness and abnormal vaginal discharge.³These can be related to the lakshanas seen in Shleshmala Yoni Vyapad.

As the dosha involved here is kapha- a formulation with combination of drugs like Brihatiphala, Haridra and Daruharidra in the form of poorana and dhoopana in Yoni kandu in the context of Kaphaja Yoni Vyapaths explained by Acharya Sushruta was selected⁴.

The above mentioned drugs are having Katu, Tikta Rasa, Ushna Veerya, Rooksha Guna, Kushtaghna, Jantughna and Kandughna properties^{5,6,7}and also acts on Candida Albicans organism.As Poorana and Dhoopana procedures may be practically difficult for the patient, a Malahara form was opted with the above said combination. Lepa of Nishadi Malahara in Yoni Pradesha plays a role in combacting symptoms and maintain vaginal flora healthy.

Objective of the study: To evaluate the clinical efficacy of Nishaadi malahara in the management Of Shleshmala Yoni Vyapath with special reference to Candida Albicans

Materials and Methods:32 diagnosed patients of Shleshmala Yoni Vyapath (Vulvovaginal Candidiasis) who fulfilled the inclusion criteria and willing to sign the informed consent form were selected from

the in and out patients of Department of Prasuthi Tantra and Stree Roga ,the SDM College of Ayurveda & Hospital, Hassan and studied as a single group. Institutional Ethical Committee (IEC) clearance was obtained prior to the study Ref. **IEC NO: SDMACAH/IEC/44/13-14 Dated 10th April 2013.** Duration of the study was for 1 week. Assessment was done before and after the study period.

Inclusion criteria of patient: Married women, Age -20-40 years, Clinical signs & symptoms of Sleshmala Yoni Vyapath, Microscopically positive for Pseudohypae.

Exclusion criteria of patient: Unmarried, Post-menopausal, Cervical erosion, Pregnancy, STD's, Diabetes mellitus, Anemia, Under prolonged use of antibiotics, Local skin lesions, PID

General investigations:Hb% ; TC ,DC ;ESR; R.B.S; HIV , HbSAg ,VDRL, Urine Routine and Microscopic examination was carried out in all the patients .Vaginal wet smear- before & after treatment.

Criteria for assessment:

Subjective criteria:The improvement in the patient was assessed mainly on the basis of relief in the signs and symptoms of the disease. To assess the effect of therapy, all the signs and symptoms were given scoring depending upon their severity.

Parameters	Grade 0	1	2	3
<i>Picchilasrava</i>	absent	Mild–moistening present	Moderate–wets undergarments completely but don't require pad	Severe – requires pad
<i>Sheetasrava</i>	absent	Mild – moistening present	Moderate–wets undergarments completely but don't require pad	Severe – requires pad

Yoni kandu	absent	Mild - present without scratch	Moderate - relief by scratch, without excoriation	Severe -unrelieved by scratching ,restlessness, excoriations
Yoni vedana	absent	Mild – localized feeling of pain during movement only but not felt during rest	Moderate – localized feeling of pain even during rest but not disturbing the sleep	Severe – localized continuous feeling of pain ,radiating & disturbing sleep
Quantity of discharge	covers 25% cervix - scattered presence	50% cervix – does not settle in speculum	75% -settles at posterior blade of speculum	100 %-covers entire cervix
Vaginal smear	Negative	Positive		

Criteria for diagnosis:Diagnosis was done on the basis of the local signs and symptoms of *Sleshmala Yoni Vyapath* as described in the texts: *Picchilasrava, Sheetasrava, Kandu, Alpavedana*. Wet Vaginal Smear Positive *Candida Albicans* were taken for the study.

Criteria for selection of patient: Single group exploratory study, patients were selected on the basis of convenience sampling and treated with *Lepa* of *Nishaadi malahara* in *Yoni Pradesha* with 2 gms/day, twice daily for a period of 7 days.

Selection of Drugs:Ingradients used in *Nishaadi malahara* are been quoted by *Acharya Sushrutha* in the context of *chikitsa of Yoni kandu* . Therefore a *Malahara* was prepared at the *Department of Bhaishajya Kalpana, SDM college of Ayurveda, Hassan*.

Method of administration of Malahara: Patient was advised to empty the bladder. Then asked to lie on her back with thighs flexed and *lepa* of *Malahara* was done in

Yoni Pradesha .After 1 hour patient was advised to perform *yoni prakshalana* with *SukhoshnaJala* .

Advice: Abstinanace during the course treatment ,To maintain hygiene, To wear clean sun dried undergarments, To Wash the vaginal area with warm water after *lepa* every time , To avoid spicy, fried, bakery items and fermented items and over eating, To avoid mental stress, To take green leafy vegetables, simple food and milk.

Follow up:1st follow up –after 7 days of treatment; 2nd follow up –after 15 days of treatment to ascertain if the relief provided was sustained.

Statistical Analysis: Statistical analysis was done using SPSS VER.20.

Friedman’s test was applied to analyze the significance of the change in subjective parameters. Wilcoxon’s signed rank test was applied for post hoc which showed

significance in Friedman's test, to interpret the time of significant change.

OBSERVATION: A total of 37 patients were registered, out of which 32 completed the study and 5 were drop outs due to poor family support and economic constraints.

The observation was done on 37 patients in which maximum patients (33) 90% were between the age group of 26-35 years. It was seen from the present study that (35) 94.6 % patients were Hindus; Among which (30) 81.1 % were educated and 18 (54.3%) were from Middle Socio Economic Status.; It was observed that maximum patients (28) 75.7 % had a past history of Vulvo Vaginal Candidiasis at least once in their lifetime; (20) 54.1 % had taken medical advice for Vaginitis ; About (20) 54% were sedentary workers ;maximum subjects i.e (22) 59.5 % had poor hygiene; maximum subjects i.e (23) 62.2 % used synthetic undergarments; 43.2%(16) subjects were parous; 35.1 % (13) subjects used condoms; (10)27% subjects were of *VatapittaPrakriti* ; maximum subjects (30) 81.1% were having *vatakapha dosha pradhanya vikriti*; Among 37 subjects –(27) 73% subjects had curdy white discharge ;(8) 21.6 % subjects had *picchila srava* from

Results

Signs & symptoms	Mean Score		% of reduction in mean score	p- value
	BT	AT		
<i>Picchilasrava</i> (n=27)	1.92	1.08	43.75	<0.001
<i>Sheetasrava</i> (n=26)	1.90	1.04	45.26	<0.001
<i>Yoni kandu</i> (n=28)	1.94	1.06	45.36	<0.001
<i>Yoni vedana</i> (n=27)	1.92	1.08	43.75	<0.001
<i>Quantity of discharge</i> (n=30)	1.98	1.02	48.48	<0.001
<i>Vaginal smear</i> (n=32)	2	1	50	< 0.001

20-24 months; (12) 32.4% subjects had *sheeta sraava* about 5-9 months; (18) 48.6% subjects had *yoni kandu* for 0-14 months ; (10) 27% subjects had *yoni vedana* for duration of 0-4 months; (16) 43.2 % subjects had *mild picchilasraava*;(16)43.2% subjects had *mild sheetasraava* ;(24) 64.8% subjects had *mild kandu*;(16)43.2% subjects had *mild vedana*

Among 32 subjects who completed the study, maximum patients 32 (100%) had *vaginal smear positive of candidial species* a predominant criteria , 30 patients (81.08%) had *thick curdy discharge which was excessive in nature* as a second major symptom, 28 patients(75.67%) had *yoni kandu*, 27 patients (72.97%) had *picchilasrava* and *yoni vedana* respectively 26 patients (70.27%) had *sheetasrava*.

Among 32 patients the symptoms like *picchilasrava*, *sheetasrava*, *yoni kandu*, *yoni vedana*, quantity of thick curdy discharge and candidial species each reduced by 44.75 % with p <0.001.

In the present study it was observed that the combination drug have anti-fungal action on candida species which was evident through vaginal smear. Highly Significant changes were seen in rest parameters too.

DISCUSSION

Due to today's food habits, changing life style and especially due to continuously nagged and accepted as an essential feature of womanhood with vaginal discharge, itching in vulval region has emerged out as commonest reproductive health problem of women.⁸ which are the *pratyatma lakshanas* of *Shleshmala Yoni Vyapath*. Reproductive age group, lower middle class, Un hygiene, use of synthetic undergarments, Multiparous women, Sedentary life style, use of condoms, Cu-T contraceptive methods are found to be pre disposing factors leading to Vulvo Vaginal Candidiasis⁹.

Yoni Prakshalana is one of the best ways to treat vaginal infections. In this present study, *Yoni Prakshalana* was done with *Sukhoshna Jala* before and after application of *Malahara* in the *Yoni Pradesha*.

A topical application of these drugs will help to provide better availability and quicker target oriented action both on the pathogen and the *Kaphadosha*. Presence of Anti-Oxidants improves the vaginal defense mechanism by immunomodulatory effect.¹⁰ One of the reason behind the selection of this *Yogais* that its drugs are easily available in sufficient quantity, are non-controversial, economical and also effective by experience.

Probable mode of action of *malahara*:

Drug administration in the form of *Malahara* can prove to be an effective and easy mode of treatment due to *Antifungal*, *Antibacterial*, *Anti-Inflammatory Actions* of extracts of *Brihati Phala*, *Haridra* And *Daru Haridra*^{11,12,13} which helps to clear and restore the vaginal flora. *Tila taila* used for

base - with its *Sookshma*, *Vyavaayi*, *Ushna Guna*, *Ushna Veerya* does *Yoni Vishodhana*, *Garbhashaya Shodhana* and acts as *Yoni Shoola Nashaka*.¹⁴ *Haridra* has property of bio-availability enhancer, which explains the ability of the drug to permeate through the vaginal mucosa and exhibit target specific action. *Sukshma* property of *Tila Taila* and semi-solid consistency of Petroleum jelly makes *Malahara* in semi-solid consistency which provides quick absorption with more bio availability.

The local application of *Nishaadi malahara* acts as a hygroscopic substance thereby providing quick relief in symptoms of vaginitis when compared to oral treatment dose of two grams application of *Malahara* twice daily proves effective as it is left to retain for 1- 2 hours allows sufficient time for absorption and become more effective in reliving symptoms. The *Candida (krimi)* being a stubborn organism requires such effective intervention is achieved as all three drugs are having *Krimighna (Anti-Fungal, Anti-Microbial Property)* And *Kaphaghna Action*.

CONCLUSION

Overall it can be concluded from the statistical analysis and clinical evaluation, all the symptoms relieved by 7 days. The hygroscopic property and pH of 4.7 of *Nishadi Malahara* helps to restrain the *Srava* and provide instantaneous relief from itching. Thus *Vyadhi Pratyhanika Chikitsa* is achieved.

As there are less availability of *Malahara* preparations to manage this condition an attempt was made to fulfill the same by its lubrication, Rapid rate of absorption and deep penetration property. No vaginal irritation /burning can be

appreciated and is comfortable to the patient for application.

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