

AETIOPATHOLOGICAL AND THERAPEUTIC STUDY ON SHLESHMAJAYO-NIYAPADA W.S.R. TO INFECTIVE VAGINITIS

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ABSTRACT

Women being the original source of progeny, the ailments suffered by women definitely make an impact on the progeny also. Thus, women's health care should be a prime objective for the welfare of family, society and the nation. In Ayurveda .diseases of women have been given due importance. a specific group of the disease of women i.e. *Yonivyapada* has been mentioned in our ayurvedic classics out of which *Shleshmaja yonivyapada* is very common disease occurring in females hampering their lives in various ways. Present study is unique as it includes *Nidanatmaka* as well as *Upshayatmaka* study.

Key Words- *Nidanatmaka study, Upshayatmaka study*

INTRODUCTION

There are twenty *yonivyapadas* in Ayurveda. The twenty *yonivyāpadas* encompass almost the entire gamut of gynecological disorders. Out of which *Shleshmaja yonivyapada* is comparable to infective vaginitis(as the symptomatology are similar vis. *Kandu, picchilta or picchila srava and alpa vedna., Yonidaha, sheetalta* etc.) which may be either due to bacteria, candida or trichomonas.

AIMS AND OBJECTIVES

1. To study infective vaginitis in Ayurvedic perspective.
2. To develop an Ayurvedic aetiopathogenesis of infective vaginitis in terms of *shleshmaja yonivyapada*.
3. To study the therapeutic effects of '*Dhatakyadi taila*'(as *pichu*) and '*Dhatakyadi kwath*'(as vaginal douche)

in the treatment of *shleshmaja yoni vya-pada*(infective vaginitis).

4. To study the antimicrobial sensitivity of the drug.

MATERIALS AND METHODS

- **conceptual study**
- **clinical study**
 - *Nidanatmaka study(epidemiological)* 6 pts. of *shleshmaja yonivyapada*.
 - *Upshayatmaka study (clinical)* 31 cases chosen randomly from the 46 cases of

NIDANATMAKA STUDY

Ayurvedic drugs given in **group A** over 16 patients(treated with *Dhatakyadi Kwath* vaginal douche in 1.5 litre quantity regulated for continuous 10-15 minutes along with *Dhatakyadi taila pichu* 10 ml placed undisturbed for 12 hrs after vaginal douche for 15 consecutive days).Treatment

was started from sixth day of menstrual cycle.

And 15 patients in control study(treated with clotrimoxazole vaginal tablet for first six days along with Betadine vaginal tablets for 14 consecutive days)as **groupB**.

Trial duration of 15 days with advised abstinence.

Schedule for follow up-Daily in IPD patients and weekly in OPD pts.(who did the procedure at home).

Patients for the present study were selected from **OPD/IPD of Arogyashala, Madhav Vilas hospital, N.I.A., Jaipur**. Complete history recorded on proforma based on **Ayurvedic and Modern parameters** designed accodiing to **WHO pattern**.

Assessment Criteria-Patients were assessed before & after treatment according to the signs and symptoms ,findings of wet smear which includes clue cells,pus cells,presence of hyphae and Trichomonas,pH, Gram staining was assessed according to Nugent's

score, Spiegel score& Schnor grading for the candidal infection.

Other laboratory investigations i.e. Hb, TLC, DLC, ESR, VDRL, RBS, Urine routine and microscopic& sugar was also assessed before& after the completion of treatment & changes were noted.Culture of only aerobic bacteria & sensitivity of trial drugs are done(zone of inhibition measured& computed).

INCLUSION CRITERIA

1. Patients with signs and symptoms of shleshmaja yonivyapada w.s.r. to Infective vaginitis.
2. Age 20-40 yrs(child bearing age).
3. Married.
4. Diagnosis relevant lab. Investigations.

EXCLUSION CRITERIA

1. Pregnancy
2. Diabetic
3. Chronically ill
4. Menopausal women
5. Unmarried women
6. Other STD.

CONTENTS OF TRIAL DRUGS

1.Dhatakyadi taila(C.ch.30/78-81)-

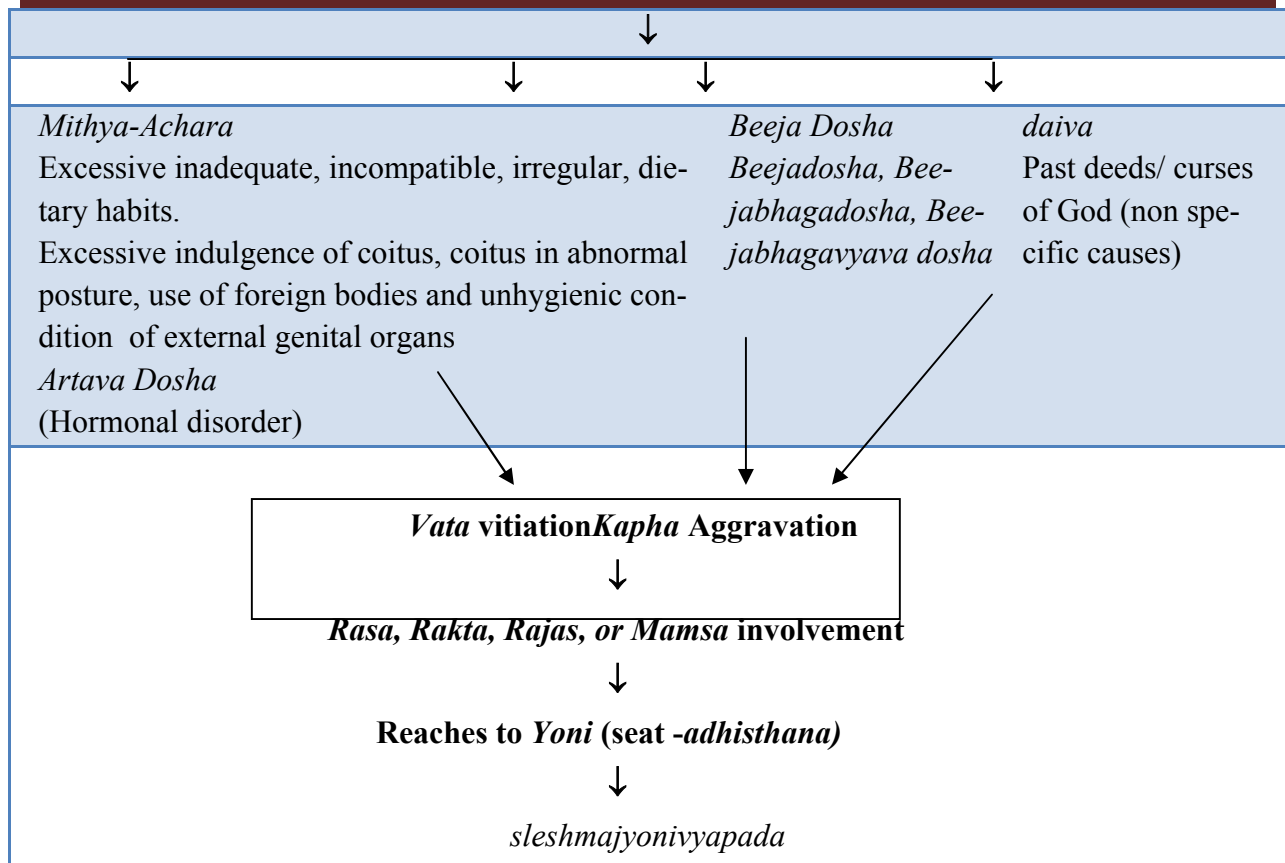
<i>Dhataki(Woodfordiafruiticosa)flower)Kaphapitta Raktahara, Stambhana, Shothahara</i>	<i>Amalaki(Emblia officinalis)-leaves</i>
<i>Rasanjana(ghanasatwa of Berberis aristata)vrana nahak, shothhar</i>	<i>Madhuka(Glycyrrhiza glabra)-roots</i>
<i>Utapala(Nymphaea nouchali)-seeds</i>	<i>Jambu(Syzygium cumini)-seeds</i>
<i>Amra(Magnifera indica)-seeds</i>	<i>Lodhra(Symplocos racemosus)-bark</i>
<i>Katphal(Myrica esculenta)</i>	<i>Dadima(Punica granatum)-bark</i>
<i>Udambara(Ficus glomerata)-fruits</i>	<i>Kasisa(Ferrous Sulphate)vatakaphnashak</i>
<i>Saurashtrika(Alum)Kandunashaka, Vranaropana</i>	<i>Aja mutra(goat urine)Tridoshnasak</i>
<i>Aja Dugdha(goat milk)Raktapitanashak</i>	<i>Tila taila(sesame oil)vatanashak</i>

2. Dhatakyadi kwath

Also contains the same ingredients except taila,Aja mutra and Aja dugdha.

OBSERVATIONS AND DISCUSSION

Etiopathogenesis of Yonivyapada



• **Discussion regarding mechanism of action of drug-**

On analysis of components of *dhatakyadi kwath & taila* most of drugs were *kapha-shamaka* & few are *vata shamaka* & *pitta shamak* too. All *dravya* with *kashaya rasa* & *katu* in *vipaka*. All drugs were *laghu guna* & few were *ruksha* and few are *snigdha* also. The contents of the drug have following properties due to their *bhuta guna* for the treatment of *Shleshmaja yonivyapada* (infective vaginitis). Those are-

1. *Shodhan karma* (purifying effects).
2. *Stambhan karma* (astringent effects)
3. *Yonisankochana karma* (constriction effects).
4. *Krimighana* (antimicrobial effects).
5. *Sothahara karma* (anti-inflammatory effects).
6. *Kandughana karma* (anti-pruritic effects)

7. *Shulaprashmana* (analgesic effects).

8. *Vranaropana karma* (healing effects).

9. *Tridoshara* especially *vata kaphashamak*

10. Acidifying effect i.e. the drug will help in restoring normal condition of vagina (pH of trial drug is 3)

The Hypothesis behind this selection is that the *douche* with *dhatakyadi kwath* will be able to wash away the pre existing discharges which are contaminated or infected with the organism growing in it and then the application of *dhatakyadi taila* in *pichu* form will have maximum effect on the wall of vagina resulting into its astringent, antiseptic, antimicrobial effect and the pH which was raised could be brought into normal range i.e. acidic pH(4.5)

Discussion regarding observations-

It was found that maximum no of patients were

Observations	Percentage of cases	Probably due to
1. Age group of 20-35yrs	82.86	Greatest sexual activity,child birth,abortions in reproductive age group.
2. Illiterate	47.82	Earlier marriages& belonged to rural areas.
3. Lower class	58.26	Bad nutritional state(vitamin deficiency),repeated abortion& child births,ignorance,poor hygienic conditions.high frequency of intercourse.
4. Housewives	78.26	Their carelessness regarding own health.
5. Married women	91.30	Coital history as causation of disease.
6. Multipara	63.04	Greater years of exposure to causes,low resistance due to repeated strain of pregnancy.
7. Normal mens.cyc le	67.39	No conclusion could be drawn from this data.
8. Normal sleep pattern	54.34	No conclusion could be drawn from this data.
9. Madhya kosta	39.13	-do-
10. Tea addiction	50	-do-
11. Kapha pradhan pitta prakriti	71.73	-do-
12. Madhyam satva	82.60	-do-
13. Madhyam samhanan	78.26	-do-
14. Aahara shakti	78.26	-do-
15. Madhyam sara	95.64	-do-
16. Vegetarian	63.04	-do-
17. Jangala desha	97.83	Study was conducted in Jaipur.
18. Recurrent vaginal infection	80.43	Most patients observed with in 10-15 days of married life due to frequency of excessive coitus.
19. Cervical erosion	52.17	Causative of excessive vaginal discharge
20. Abortion history	52.16	Plays an important role in causation of infection.
21. Aharaj nidan		Etiologies for Nija Sotha.
-Lavan	80.40	
-Kshara	69.56	
-Teekshana but sweet	54.34	
-Guru abhishyandi	63.04	
-Abhojana/dustabhojan	54	

22. Viharaj nidan -Deha-ashuddhi -ativyavaya -Mithyaupachara after deliveries or abortions -Vishamprasuti	54.47 58.69 23.91 10.86	-do-
23. Maithuna Asahishnuta	54.34	Dushti of Artava vaha srotas, site of khavagunya i.e. Kshubdha Yoni
24. Artava dosha	32.60	-do-
25. Pandu	34.78	Lower immunity predisposing cause for infections.
26. Krishta	58.69	-do-
27. Obesity	41.30	Excessive sweating responsible for dampness in external genitalia as causative of infection.
28. UTI	32.60	Closeness of vagina & urethral orifice.
29. Cardinal symptoms Vaginal discharge Yonidaurgandhya Yonisheetalta Yonikandu Yonidaha Yonisotha	-100 -65.21 -56.52 -36.95 -41.30 -19.56	-Srava as K-predominancy -Bacterial infection -K dosha involvement -Vulvo-vaginal Candidiasis -Itching & inflammation of ext. genitals - Vulvo-vaginal Candidiasis
30. Associated symptoms -Mild pain in lower Abd -Backache -Burning micturition -Cervical erosion -General weakness -Bacterial infection	-73.91 -71.73 -58.69 -52.17 -67.37 -80.43	-Pelvic congestion -irritation of nerves by chronic inflammation. -UTI -Alkaline environment favourable for organism to grow as excessive discharges from Cx which is alkaline in nature. -Fatigue, anemia, perpurium -Mostly due to Vaginosis then Candidiasis and Trichomoniasis.

RESULTS-(After Treatment)

Symptoms	Relieved % in Group A (Ayu)	Relieved % in Group B (mod.)
1. Cardinal Symptoms		
-Yoni paicchilya	-73.68	-73.33
-Yonidaurgandhya	-80.00	-70.00
-Yonisheetalta	-75.00	-71.43
-Yonikandu .	-53.00	-71.43
-Yonidaha	-75.00	-71.43
-Yonisotha	-83.33	-80.00

2. Associated symptoms		
-Mild pain in lower Abd	-76.92	-75.00
-Backache	-65.00	-37.50
-Burning micturition	39.29	-52.38
-Cervical erosion	83.33	-18.18
-General weakness	33.33	-33.33

Over all relief in symptoms of Group A(Ayu.) was 65.10% and Group B (Modern) was 56.71%. However changes in Hematological tests were insignificant in both groups probably due to no internal medications.

CONCLUSIONS

- The disease *Shleshmaja yonivyapada*(Ayu.) comparable to infective vaginitis(Modern). Its Cardinal symptoms are- excessive vaginal discharge, pruritis vulva-vaginal region, foul smell, *Yoni sheeta* or *daha*. Associated symptoms are- backache, pain in lower abdomen, *Yoni sotha*, cervical erosion etc.
- *Dosha-Kapha* predominant *Vata*
- *Nidana*(cause) basically *kaphaja Ahara-Vihar&deha-ashuddhi(krimi)* as well as *Nija sotha's Nidans*.
- *Prakriti*-females with *kapha pradhan pittaja* or *kapha pradhana vatika prakriti* are predominant.
- *Sthanika chikitsa*(local application) with *dhatakyadi taila pichu* is more applicable treatment as it balances the vaginal pH to restrict the bacterial infection.
- Culture is not the main tool for diagnosis of infection as infection causing organism & are normal inhabitants of vagina.
- In-vitro anti-microbial sensitivity study however did not show zone of inhibition against the pathogenic bacteria but it may be hypothesized that they may be

bacteriostatic instead of being bactericidal

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