

## EFFICACY OF JATIPATRA GEL APPLICATION IN UPAPLUTA YONIVYAPAD

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### ABSTRACT

*Upaplutayonivyapad* is described in *Charaksamhita*, which occurs in pregnancy. Main symptoms of it are per vaginal mucoid discharge, *yonigattodvatvedana*, *yoni kandu*. In this study total 30 patients were divided in two groups, A) Trial group treated with application of *Jatipatra* gel in vagina for 7 days & B) Control group treated with Clotrimazole vaginal pessary for 7 days. This was single randomized clinical comparative study. In both groups, significant result was seen for these symptoms.

**Keywords:** *Upapluta Yonivyapad, Jatipatra gel.*

### INTRODUCTION

Per vaginal white discharge is the common symptom in various gynecological disorders. When this discharge occurs in pregnancy, it causes great discomfort to woman, hampering her normal activities. *Per vaginal white mucoid discharge accompanied with itching & pain occurs in pregnancy is called as Upaplutayonivyapad.*

*Charakacharya says in chikitsasthan 30<sup>th</sup> adhyaya that if pregnant woman takes excess of Kaphakaraaharvihar and if suppresses urges of chhard I (vomiting) & shwas (expiration), then kapha & vata gets vitiated, vata brings kaphato yoni & causes shwetsrava (white mucoid discharge), kandu (itching), vedana (pain) in yoni (prathamaaavart). (1) Pregnancy is condition in which the Rasdhatu increases in amount for fulfillment of fetal growth & development. As the Kapha is the mala of rasadhatu, Kapha is also increased in*

*pregnancy. In this situation, if pregnant lady consumes a kapha dominant diet, kapha gets aggravated.*

In the first trimester, most pregnant women have symptoms of *chhardi*. When this *chhardi* is excessive, patients hold *chhardivega* due to which *vatadosha* starts to vitiate.

According to contemporary science all these symptoms occur in *moniliasis* (candida vaginitis). This infection is due to a Gram positive fungus *candida albicans* which flourishes in an acid medium with an abundant supply of carbohydrate. It is, therefore, common in pregnancy. (2)

Ayurveda gives prime importance to *vatadosha*, because *yonivyapada* cannot occur without *vatadosha*. In *Upaplutayonivyapada*, *kapha* and *vatadosha* play main role so *kaphaghna* and *vataghna* treatment is required.

To treat *vatadosha snehana*, *swedana*, *basti*, *vataghana* treatment is used and to treat *kaphadosha ruksha*, *ushana*, *kaphaghana* treatment is used. As vaginal discharges are mainly due to *kaphadosha*, it is advised to use *ushana & ruksa* methods (3)(4).

Various *kaphaghana* drugs have properties of *ushana*, *ruksha & tikta*, *katurasa*. For treatment of *yonivyapada*, Ayurveda provide *sthanikchikitsa* and *sarvadehikchikitsa*. In management of *Upaplutayonivyapada* Charakacharya offers only *sthanikchikitsa* but in pregnancy if *ushana*, *ruksha* drugs given orally, it can harm the fetus.

So, while treating *Upaplutayonivyapada*, first local *snehana* and *swedana* to *yoni* and then *snehapichu* into the vagina is recommended.

But in today's world, application of these formulations like *pichu* is inconvenient for patients and consultant, as it involves patient's cooperation hence these applications are lagging behind and new modified preparations are opted, one of them is gel formulation.

Considering these circumstances, we decided to observe the effect of *jatipatra* gel on *Upaplutayonivyapada*.

### MODE OF ACTION OF DRUG

*Jati* (*Jasminum officinale*) has *kaphaghna*, *vataghna*, *kandughna* and *kledaghna* properties due to *tikta*, *katurasa*, *ushana* and *laghuguna* (5). Due to all *Jati* has *lekhana karma* on *upalep* (plaster) of *kapha* present in the *yoni*. It reduces *vata* as *yoni* is *vatasthana* which causes *sthaniksampraptivigathana*. It also causes *pachana* of *srava* after that *vilayan* of *srava* and *shoshan* of *srava* and thus reduces *srava*. *Lekhana* and *ropan karma* of *Jati* facilitates in *sampraptibhanga* acting as antimicrobial, antifungal and antibacterial (6). Hence, *Jati* may give result on *Upaplutayonivyapada*.

For the treatment, *Jatipatra* gel prepared for local application in vagina is similar to *pichudharana* for convenience of patient and consultant. Absorption rate of gel is more rapid and it acts locally like *pichu*.

In this study, gel of *Jatipatra* was formulated without changing basic principles and adopting modern techniques in local Research lab, under all aseptic precautions and then used for treatment.

### AIM

1. To study clinically, the role of "*Jatipatra Gel*" in treatment of "*UpaplutaYonivyapada*" as local application.

### OBJECTIVES

1. To study literary aspects of "*UpaplutaYonivyapada*" and "*Jati*" according to Ayurveda.
2. To note adverse reactions of the *Jatipatra* formulation.
3. To prepare *Jatipatragel*.

### MATERIAL AND METHODOLOGY

#### MATERIAL

- Collection of *Jatipatra* done from local market.
- Authentication of *Jati* done at *Puna University Botany Department*
- Preparation of *Jatipatra Gel* from local pharmacy by standard method.
- Standardization of drug done at *Indian Drug Research Institute, Pune*.
- Patients were selected from *OPD & IPD* from *BVMF's Ayurved Hospital, Pune*

**Form of drug-** Gel Form.

**Route of administration-** Vaginal local application

**Dose** – 2 ml twice a day for 7 days.

Histo-pathological reports of five patients provided evidence of organisms: *Candida Albicance* and *Candida Krusie* in the per vaginal swab.

#### SELECTION OF CASES-

A single blind randomized comparative study was conducted in the *P.G Department of Prasutitantra*, from *BVMF's Ayurved Hospital, Pune*. A regular record of the assessment of all patients was maintained.

Total 30 antenatal females with *Upapluta yonivyapad*, having symptoms of per vaginal *shwetsrav*, (white mucoid discharge), *yonigat todvat vedana* (pain), *yonikandu* (itching), in the age group of 18-40 years from all parity were included in this study. Patients having any other severe disorder like PIH, Cervical Malignancy, Diabetes, discontinuing the treatment were excluded from the study. Total 30 patients were distributed into two groups consisting of 15 cases each.

Women in group A- (Trial Group) were given Jatipatra gel for local application. 2 ml twice a day for 7 days. Women in Group B-(Control Group) were given Clotrimazol vaginal pessary for 7 days. Each patient was thoroughly examined, assessed for 7 days.

**ASSESSMENT PARAMETERS**

Each patient was assessed for following criteria and gradation was done as follows

- a) Yonisravapramana, kala,swaroop.
- b) Yonivedana.
- c) Yonikandu.

1) *SRAVA PRAMANA-*

GRADE	PRAMANA OF SRAVA
0	No srava.
+	Wet sensation.
++	Spot on inner clothes.
+++	Wetness of inner clothes.
++++	Use of pad.

2) *KANDU-*

GRADE	PRAMANA OF KANDU
0	No kandu.
+	Evening only.
++	Whole day.
+++	Hamper activity but controlled.
++++	Uncontrolled.

3) *VEDANA*

GRADE	PRAMANA OF VEDANA
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0	No any pain.
+	Occasionally.
++	Frequently.
+++	Hamper activity but controlled.
++++	Uncontrolled.

4) *VARNA-* Varna of srava was assessed by *Prashnapariksha & Darshana*

5) *KALA-* Kala of srava was assessed by no. of days the srava persist

**OBSERVATIONS:**

In the present study, cases selected in both groups were comparable in terms of age, occupation, parity, *prakruti*, gestation, causes (*hetu*).

Mean age of antenatal women included in our study was 20-25yrs, mean occupation was housewives, mean *prakruti* was *Kaphavata*, mean parity was 1or2 or mean gravidity was 1to2,mean gestation was 2 & 3trimester.

As the causes (*hetus*) described in *Upaptuta yonivyapad* are consumptions of *Kaphakar aahar-vihar*, to hold *chardi* (vomiting), & *nishswas* (expiration). Among these causes majority of cases consumed *kaphakar aahar vihar*, held the vomiting & expiration respectively, & one more cause found was unhygienic condition.

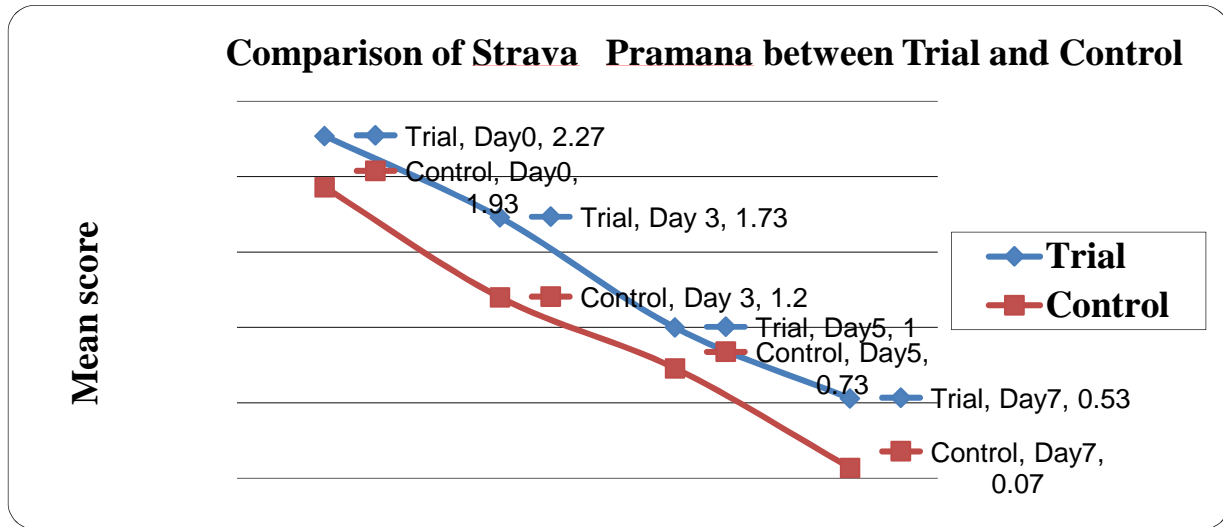
In a pilot study of five patients, Histo-pathological examination reported 4 patients were having Candida Albicance i. e. (80 %) and 1 patient Candida Krusie i.e. (20%) infection.

**RESULT:**

After collecting data from all study work, for representation in statistical method following tests were used,

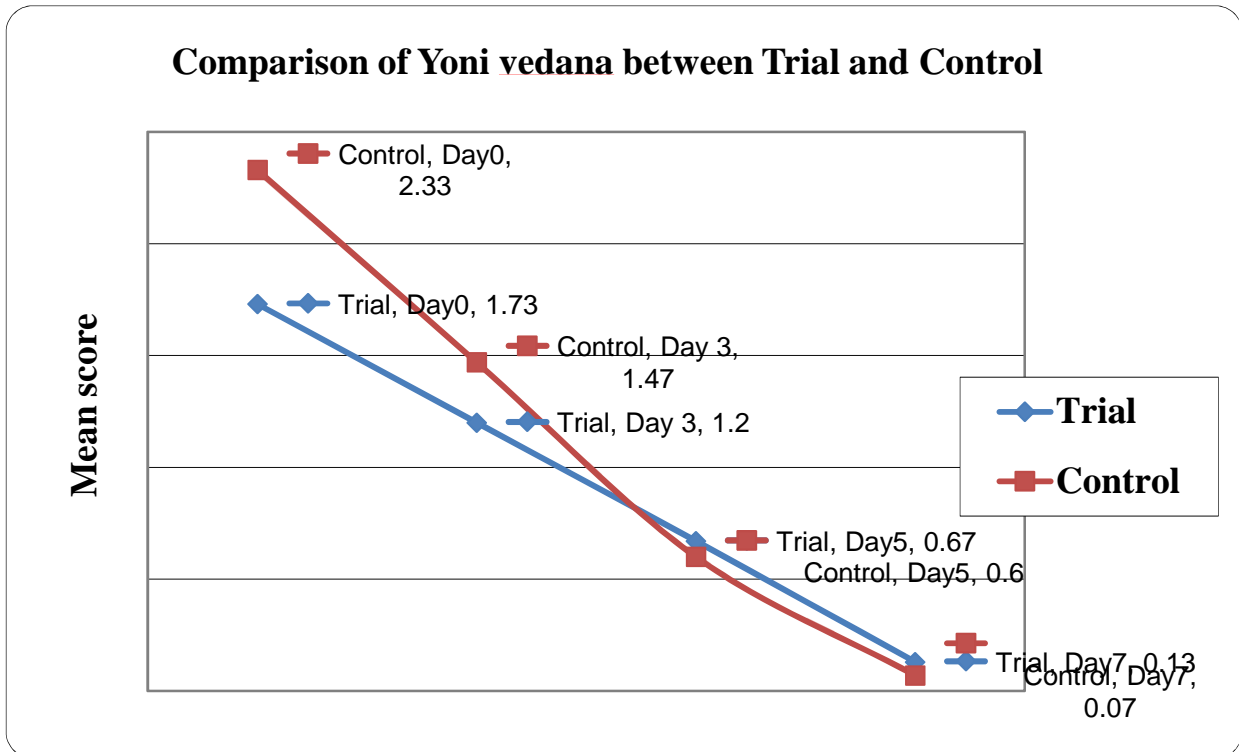
- ‘Z’ cal test.
- ‘Unpaired T ’ test.
- ‘Paired T’ test.

**SravaPramana**



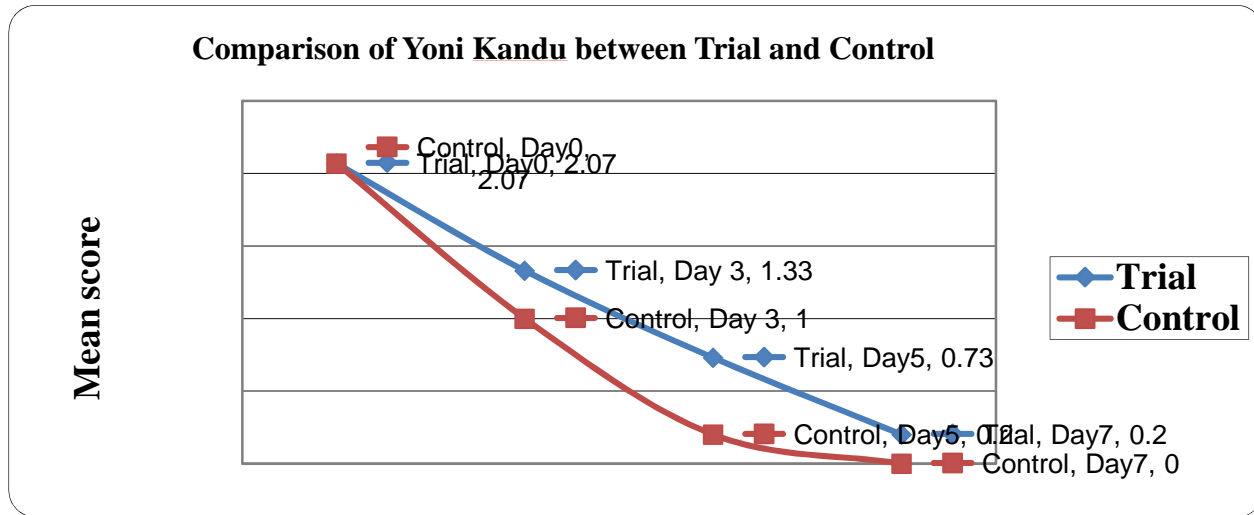
Both groups showed significant decrease in *srava pramana* between before and after treatment. But control group showed highly significant results than trial group.

**Yoni Vedana**



Both groups showed highly significant decrease in *yonigat todvat vedana pramana* between before and after treatment.

## Yoni Kandu



Both groups showed highly significant decrease in yoni *kandupramana* between before and after treatment. But control group shows more significant results than trial group.

## DISCUSSION

60% of patients were found in between 21-25 year's age group, since this is an ideal age of child bearing. 50% of patients were found *Kaphapradhana prakruti* as *doshapradhanya in upaplutayonivyapada is Kapha and Vatadosha*. In *garbhiniavastha*, *Slaishmik aahar vihar, chhardi vegadharana, nishwas vegadharana* and unhygienic condition are the main causative factors of 'Upapluta Yonivyapada'

As main *hetu* of 'Upapluta Yonivyapada' is suppression of *Chhardi Vega*, 48% of patients were found in second trimester & 50% in third trimester. Due to *agnimandhya*, only *sanchay of doshas* occurs in first trimester. Vitiating of *doshas* & of *vyadhi* occurs in second & third trimester due to suppression of *Chhardi Vega*. Incidence of 'Upapluta Yonivyapada' was more in primipara than in multi-para. Because in pregnancy, some physiological changes occur, these are not get easily accepted in *primi* rather than multipara. 46% were because their daily routine is more prone for *Kaphaparakopa* like

excessive diet, sleeping at day time etc. {*Srava in Upapluta Yonivyapada* is thick *picchil* (mucoid) in nature, after treatment *srava* becomes *tanu & drav*, due to *tikshan & ushan gune of Jatipatra*, then *vilayan* of *srava* occurs. After that due to *kashaya rasa of Jati*, *shoshan* of *srava* happens and *sampraptivighatan* happens.}

## CONCLUSION

*Jatipatra* Gel formulation instead of *pichu* is significantly effective in the management of 'Upapluta Yonivyapada' and can be used in treatment. *Candida Albicans*, *Candida Krusie* are the organisms present in *upaplutayonivyapada* in yoni. Along with the *Jatipatra* Gel local application, internal medicinal treatment is also required.

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