

CLINICAL EVALUATION OF NAAGKESHAR IN THE MANAGEMENT OF SHWETA PRADARA (LEUCORRHOEA) – A CLINICAL STUDY

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ABSTRACT

Gynecology is the medical practice dealing with the health of the female reproductive system, literally means "the science of women". All women have experienced some sort of vaginal discharge in their life span. White vaginal discharges along with the other symptoms like feeling of weakness, pain in the back and calves, loss of vital fluids, pruritis on and around the vulva, thighs and thigh joints etc. comes under the heading of Leucorrhoea, which is described as *shweta pradara* in Ayurvedic classics. So, people are expecting solution from Ayurveda. Considering it as a challenge, we selected 30 patients from the OPD of Shubhdeep Ayurved Medical College and Hospital and treated with *Naagkeshar churna* Dose- 5 gm bid after meal with *Anupana Takra* for Study duration for 45 days. On the basis of statistical tests of significance, *Naagkeshar* has highly significant (Moderate Improved 63.33%) in subjective criteria and objective criteria as well in the *pradara*.

Keywords: *Pradara*, Leucorrhoea, *Naagkeshar*, *Takra*, Reproductive system.

INTRODUCTION

The term leucorrhoea is strictly defined as an excessive vaginal discharge more than normal. The term leucorrhoea should be restricted to those patients in whom the normal vaginal secretion is increased in amount¹. In such patients there will be no excess of leucocytes present when the discharge is examined under the microscope, and the discharge is macroscopically and microscopically non-purulent.

Purulent discharge is due to specific infections such as gonorrhoea, trichomoniasis and moniliasis, to ulcerated growths of the cervix and vagina². The symptom of excessive is a subjective one with indi-

vidual variation. To decide it to normal and not an infective, one requires clinical and laboratory investigations.

The *Shweta pradara* is described in *Sharangdhar samhita*, Bhav prakash, *Yogaratanakar* and in commentary on *Charaka Samhita (Charak samhita 30/116 chakrapani.tika)*³ by *Chakrapani Shweta pradara* is a disease with various symptoms like excessive vaginal discharge, weakness, lumbar pain, and itching as mentioned in Ayurvedic classics. Sometime, patients don't give proper history of their ailment and these symptoms become severe and it

over-shows the other symptom of actual disease and patient come to OPD (Out Patient Department) for the treatment of only these symptoms.

Naagkeshar is one such unique medicine mentioned in (*Bhavprakash chikitsa* 69/11)⁴ for the management of *shweta pradara*.

AIM & OBJECTIVES:

1. To Establish the Clinical Effect of *Naagkeshar churna* In the Management of *Shweta pradara*.
2. To evaluate the concept of *shweta pradara*.

MATERIALS AND METHODS:

1. **Literary source:** All the relevant literatures about *naagkeshar churna* and *shweta pradara* were studied thoroughly and data were collected.
2. **Procurement & authentication:** *Naagkeshar* were collected from recognized authentic sources.
3. **Clinical study:** Patients of *Shweta pradara* with confirmed diagnosis was taken from OPD, IPD of Shubhdeep Ayurveda Medical College and Hospital, Indore.

STUDY DESIGN:

Study type- Interventional

Purpose - Treatment

Masking - open level

No of group - 1

Sample size - 30

Time line - 45 days

Inclusion criteria:

1. Age between 20 to 50 years
2. Chronic leucorrhoea
3. Cervical erosion without any infection.

Exclusion criteria:

1. Abnormal uterine bleeding
2. Local gynecological causes like ovarian cyst, prolapsed, fibromyoma, polyps
3. Systemic disease including severe anemia and HIV

4. Patients with STD
5. pelvic inflammatory disease
6. pregnancy
7. All infections

DRUG REVIEW: *Naagkeshar* (*Bhavprakash chikitsa* 69/ 11)

Properties of *Naagkeshar*⁵:

Ras: Tikta, kashay

Guna: Ruksha, Laghu

Virya: Ushna

Vipak: Katu

DIIESEASE REVIEW:

According to *Madhav Nidana*⁶ - *shweta pradara* is described as the *pandu srava* in *kaphaja Asragdara lakshans*, No specific reference is available regarding *shweta pradara*.

Chakrapani- It is clearly mentioned the *lakshana & chikitsa* of *Shweta pradara*. He mentioned *pradeerana* (excessive flow) *srava* from *yonis* is *shweta pradara* and in *chikitsa kashya dravyas* are used.

*Sharangdhar samhita*⁷ – Specific reference are not available but he mentioned the *Yoniroga* and *shweta pradara chikitsa*.

Bhavprakash – There is detail explanation of *pradara* under *stree rogadhikar* and *pandu srava* is mentioned in *Kaphaja pradara* along with all type of *pradara* is also explained.

Yogratnakar – Detail explanation of *pradara* in that *pandu srava* is mentioned in *kaphaja pradara*. In *chikitsa* also he indicated *shweta pradara chikitsa* while explain all types of *pradara chikitsa*.

ASSESSMENT CRITERIA:

Data was collected before during and after completion of treatment and were selected for analysis:

1. **Subjective criteria:** Patients were assisted before, after and during of treatment with clinical assessment scale.

Table 1: Show clinical features

Grading According symptoms:

No – 0, Mild (occasional) – 1, Moderate (frequent) – 2, Severe (always) – 3

2. Objective criteria:

YONI SRAVA	YONI VEDANA	VRANA	YONI DOURGANDHYA	YONI KANDU	KATI SHOOL
No Dis-charge	No pain	No Ulceration	No smelling	No itching	No
Mild	Mild pain	Ulcers with discharge	Occasional Foul Smelling	Occasional itching	Mild
Moderate	Moderate		Persistent foul smelling	Mild itching	Moderate
Severe	Severe pain			Moderate	Severe

1. CBC
2. ESR (If Required)
3. Urine microscopic Examination ((If required)
4. Vaginal Swab Test (If Required)

OBSERVATION AND RESULT

Table 2: TOTAL EFFECT OF THERAPY

Symptoms	Mean		% of Relief	SD	SE	T	P
	BT	AT					
<i>Yoni kandu</i>	2.06	0.7	66.35	0.889	0.162	8.41	<0.0001
<i>Yoni Srava</i>	2.33	0.7	70.08	0.668	0.122	13.38	<0.0001
<i>Yoni Vrana</i>	2.56	0.833	67.69	0.583	0.106	16.28	<0.0001
<i>Yoni vedna</i>	2.53	0.833	67.19	0.466	0.085	19.98	<0.0001
<i>Dourgandhya</i>	2.63	0.9	68.44	0.664	0.121	14.84	<0.0001
<i>Kati shool</i>	2.53	0.833	67.19	0.466	0.085	19.98	<0.0001

Table 3: Overall Effect of Therapy In The Patients

Gradation	Total	Percentage
Complete remission	0	0
Marked remission	7	23.33
Moderate Improved	19	63.33
Mild Improved	4	13.34
No Improvement	00	0

RESULT: Effect of treatment

Symptoms observed in 30 patients of Shweta pradara (Leucorrhoea) Patients:

Out of 30 patients of *Shweta pradara*, 100% patients had *Srava*, *Yoni vedana*, *Vrana*, *Kandu*, *Dourgandhya*, *Katishool*.

Above table shows that the relief in *Yoni Kandu* was 66.35%, which is statistically significant (P<0.0001). Relief in the other symptoms like *Yoni vedna* 67.19%

(P<0.0001), in amount of *Yoni srava* 70.08% (P<0.0001), Relief in the other symptoms like *kati shool* 67.19% (P<0.0001) in character of *Yoni vrana* 67.69% (P<0.0001) which are all statistically highly significant. Relief in *Dourgandhya* was 68.44%.

DISCUSSION

Shweta pradara is one of the major health problems of India. Increased westernized life style is contributing to it. Its etio-pathogenesis, clinical manifestations have been critically analyzed in the review of literature part. Due to excessive indulgence of dietetic and behavioral regimen capable of vitiating *Vata*, *Pitta* and *Kapha*, a woman may suffer from specific gynaecological disorders having vaginal discharge (leucorrhoea) as a symptom.

The management of leucorrhoea can be done in two ways.

1. *Nidana Parivarjana* and the management of disease in which leucorrhoea is found management of leucorrhoea itself. *Nidana Parivarjana* is the base of the management of all disease. In *Shweta pradara* the causative factors should be avoided in order to get permanent relief.
2. Management of leucorrhoea depends upon the causative factor, *Prakriti* of the patient's, involvement of *Doshas* etc. Usually leucorrhoea is a curable disease, but recurrence is common due to causative factors like coitus etc. *Kapha* is main causative *Dosha* in *Shweta pradara* vitiation of *Vata* occurs chiefly by its *Chala* & *Sheeta Guna* Most of the *Shweta pradara* are the consequence of urogenital infections and thus, vitiation of *Pitta* should also be given due attention. Researches reveal that the people who are in active reproductive age group, who fall under low economic status, who observe poor sanitation, and individuals with poor nutrition, inadequate, irregular diets are more prone to this disease.

MODE OF ACTION BY NAAGKESHAR

Probable action on *Dosha*: *Shweta pradara* is a *Kaphaj Vyadhi*.

Ashtang hridaya has given treatment as – Administration of *ruksha* and *Ushana aushadhi* for the treatment of *shweta pradara*.

The drug *Naagkeshar* its Properties:

Guna - *Ruksha, Laghu*

Veerya - *Ushna*

The *naagkeshar anupan* with *takra* mainly acts on *Kapha* by virtue of its *kaphahar*, *vatakar* and *lekhnaya karma*. It also exhibits *Pittahar* properties.

As known *Siddhanta* is the principle which is tested by several examiners in different angles using different testing techniques and confirmed to be right at all times. Hence, the *Chikitsa Siddhanta (ashtang hridaya 34/50)*⁸ true for *Shweta pradara*.

CONCLUSION

All the patients were suffering from classical symptoms of *shweta pradara*. From above observation it can be concluded that these classical symptoms generally affect all the females suffering from *shweta pradara*.

Overall effect observed in patients of *naagkeshar churna* with *anupan* of *takra* therapy on all criteria of assessment showed that the therapy is proved better statistically & symptomatologically.

After a prompt theory and clinical study on *naagkeshar churna* with the special reference to Leucorrhoea (*Shwet Pradar*), a clinical study, following conclusion are drawn.

Shweta Pradara correlates with modern disease Leucorrhoea on the basis of symptomatology. Apart from the one of the symptom in *yonni vyapat Shweta pradara* is considered as a *swatantra vyadhi* as differentiated in the aspect of *srava*, *varna* and *chikitsa*. One more thing that results of this study are encouraging, still trial should be conducted for longer duration to provide much better results to patients.

REFERENCES

1. Datta D.C., Text Gynecology & Contraception, 3rd ed. Culcutta, New central book Agency 2001, P.503-505
2. Shaws Text book of Gynaecology, B.I.Churchill living stone Pvt Ltd, New Delhi. 11th edition 1994, pp130, 131, 139.
3. Shastri Kashinath (Part 2) Chakrapani Coments on *Charaka Samhita* of Agnivesha of Chakrapani Datta, 8th Edition 2004. Varanasi Choukhamba Sanskrit Sansthana, shloka 30/116

4. Mishra Sri Brahmashankar *Bhavaprakash* of Sri Bhava Mishra, By Chaukhamba Sanskrit Series, Varanasi.
5. Sharma Prof. Priyavart, *kaiyadevanighantu, Amradi varga sloka* 435 – 437, 1ed. Varanasi Choukambha orientalia, 1978, P.80.
6. *Madhava Nidana* of Sri Madavakara, By Sri Sudharshana Shastri, (Part -2) 31st Edition, 1997.
7. Tripathi Dr Brahmananda *Sharangadhara Samhita*, By 1st Edition Pratama Kanda 1990 Choukamba Surabharati Prakashana, Varanasi.
8. Murthy Prof K.R. Srikantha, *Ashtanga Hrudaya*, shloka 34/50 By Krishna Das Academy, Vol 2nd Edition, 1997,

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