

## EVALUATION OF ASHWAGANDHADI YOGA ON SPECIFIC AND NON-SPECIFIC VAGINAL DISCHARGES-A CLINICAL STUDY

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### ABSTRACT

Health of female determines prosperity and growth of family. It is index of growth of the nation. The health issue of female is a big challenge in developing nation like India. Despite of utmost importance provided to *Stree Roga*, there is not much literature pertaining to disorders of females in Ayurvedic Samhitas. The two major divisions of *Stree Roga* are *Yoni Vyapada* and *Aartva Dushti*. *Yonigata Srava* is found as symptom in *Yoni Rogas* and is most distressing and commonly encountered gynecological problem by Indian women at a time or another in their life time with no permanent and complete cure. Aiming this, present study was carried out to find therapeutically safe, highly potent and cost effective alternate. A unique herbomineral combination was selected from *Sidha Yoga Sangraha* namely *Ashwagandhadi Yoga*<sup>1</sup> containing *Ashwagandha mool*, *Vidhara beej*, *Vrihad Ela beej*, *Mishri*, *Kukkutand twaka bhasma* and *Vanga bhasma* and its effect was studied on specific and non specific vaginal discharges. There was a single trial group with 32 patients. Drug was given orally with *Godugdha* as *Anupana* and the duration of trial was one month. The *Ashwagandhadi yoga* gave highly significant results statistically with 60% patients highly improved and significant effects were also observed in associated symptoms and hematological profile.

**Keywords:** Yoni Roga, Aartva Dushti, Yonigata Srava, Anupana, Sweta-Pradara

## INTRODUCTION

Ayurveda has become one of the oldest systems of health care dealing with both the preventive and curative aspects of life in a most comprehensive way and presents a close similarity to WHO's concept of health propounded in the modern era. The health issue of female is a big challenge. A woman during her lifespan may have besides pathophysiological bleeding, other types of vaginal discharges. The complaint of discharge depends very much on ideas, power of observation, tolerance and perception of individual woman.<sup>2</sup> Vulva and vagina are normally moistened by secretion. Women who are over-anxious, apprehensive or suffering from fear of venereal disease and cancer tend to exaggerate this into some pathological state.<sup>3</sup> Normal vaginal discharge is watery, whitish, non-odorous with pH- 4.0 (Average) or (4.5-5). Any deviation in colour, smell or consistency turns it into abnormal vaginal discharges which can be non infective and infective both.<sup>4</sup>

### Non-Infective Discharges

These are non purulent, non irritant and do not have offensive smell. These are further subdivided into 3 categories<sup>5</sup>

**a) Physiological excess:-** Leucorrhoea is strictly defined as an excessive normal vaginal discharge. Excessive leucocytes are not present when the discharge is examined under the microscope and the discharge is macroscopically and microscopically non-purulent.

**b) Excessive Cervical secretions:-** Mucous discharge from the endocervical glands increases in conditions such as chronic cervicitis, cervical erosion, mucous polyp and ectropion.

**c) Excessive Vaginal secretions:-** It is seen when the discharge originates in the vagina itself as a transudation through the vaginal walls due to local congestive states of the pelvic organs such as uterine prolapse, acquired retroverted uterus, chronic pelvic inflammations, pill usage and vaginal adenosis.

### Infective Discharges

These may be divided into two subcategories Specific and Non Specific, depending upon the type of Specific and Non specific type of organism involved.

#### a) Specific Discharge:

It occurs due to the presence of specific type of pathogen e.g

- **Candida-vaginalis (Moniliasis):** It is a fungal disorder caused by candida albicans, Patient presents with Thick, Curdy white and in flakes vaginal discharge, with intense vulvovaginal pruritus.
- **Trichomonas- vaginalis (Trichomoniasis):** It is most common and important cause of vaginitis in child bearing period caused by protozoa Trichomonas vaginalis .patient complains of sudden, profuse, greenish yellow, creamy frothy, offensive discharge per vaginum often dating from last menstrual period.<sup>6</sup>
- **Chlamydial Vaginitis:** It is a Common sexually transmitted disease caused by Chlamydia trachomatis .Often infection is silent and woman is asymptomatic but Irritant mucopurulent vaginal discharge may develop with dysuria and increased frequency of micturition

**Table 1:** Characteristics/Differential Diagnosis of Specific Vaginal discharges

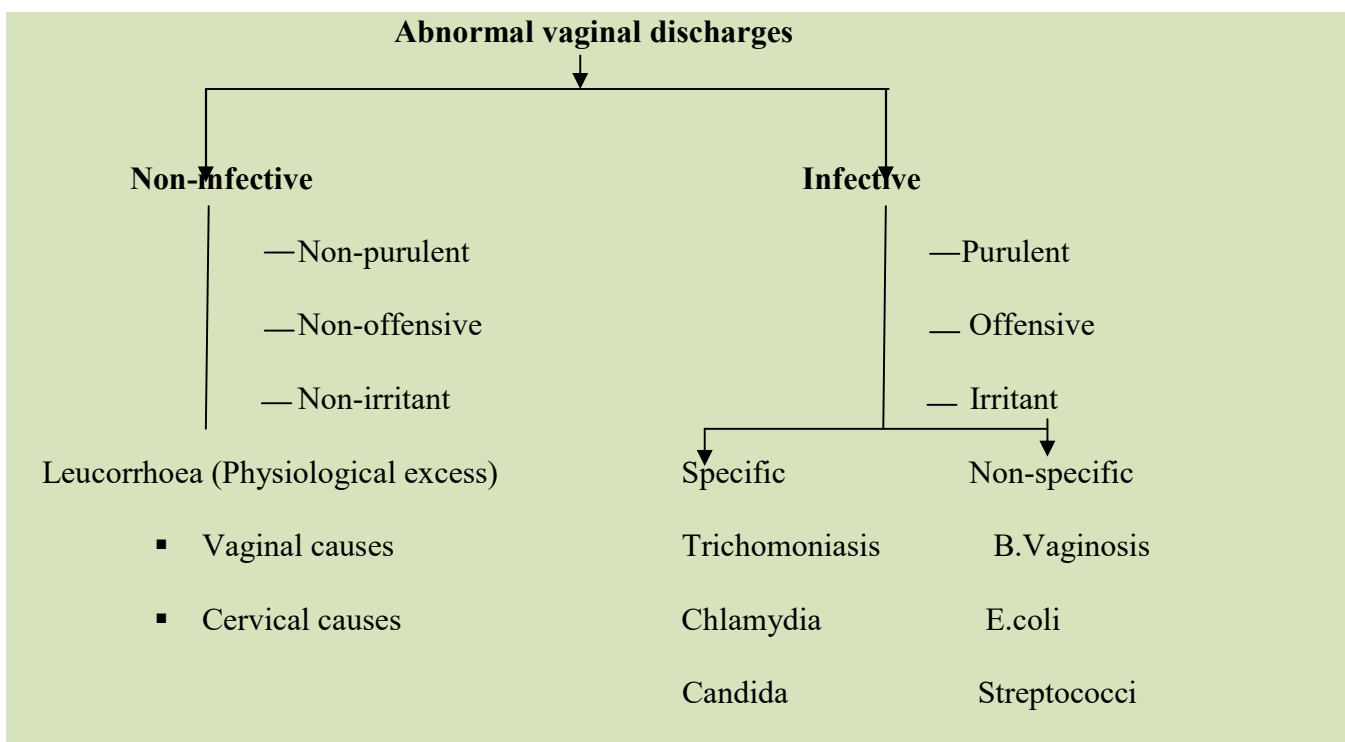
Characteristics	Trichomoniasis	Candidiasis	Chlamydia
Colour	Greenish yellow	Curdy white	Mucopurulent yellow white.
Consistency	Thin, frothy	Thick	Thick
Whiff test	Negative	Negative	Negative
pH	> 5	< 4.5	< 4.5
Pruritus	+++	++	—
Diagnosis (Saline wetmount microscopy)	Motile trachomona	Hyphae.	Chlamydia DNA by PCR.

**Non Specific Discharge**

During reproductive period when vaginal defense is lost, local pathogens attack and produce acute discharge. It is caused by. Staphylococcus Streptococcus. Haemolyticus. E. Coli etc.

Bacterial vaginosis:- It is caused by Gardnerella vaginalis along with anaerobic organism such as

Bacteroids sp., Peptococcus sp. Patient presents with Malodorous vaginal discharge (Fishy smell). Presence of clue cells in vaginal discharge smear is diagnostic of Bacterial Vaginosis.



Sweta-Pradara as an independent disease entity is not available in Vrihattriye .Although, the term; Sweta-Pradara is not used but the words

Sweta-srava or Yonisrava have been used for the symptoms of white discharges in various Yoni Vyapada, aartava dushti and various other

pathological conditions like *yoniarsh*. The etiological factors i.e *Abhishyandakaraka ahara vihara, aartava Dushti, beej dosh*, consumption of congenial and non congenial types of *Rasas* together, excessive coitus etc are responsible for the vitiation of *kapha*, this vitiated excessive *kapha* present in *yonis* results in excessive *Sweta, Pichhila, Sheetala srava* and *Ama Samprakata Srava*.<sup>7</sup> Thus among the vaginal discharges mentioned in our texts *Sweta pradara* may be

related to *pandu, pichchhila* and white discharge per vaginum – a feature mentioned in various *yonis vyapadas*. *Yonigat srava* is commonly associated with other symptoms like headache, backache, dyspareunia, abdominal pain, lethargy etc.

Characteristics of different types of vaginal discharges present in different pathological conditions can be tabulated as follows:

**Table 2:** Pathological conditions associated with vaginal discharges

Characteristic of discharge	Pathological conditions
Purulent vaginal discharge/ <i>Puya yukta Yonisrava</i>	a) <i>Pittaja artava Dushti</i> b) <i>Paripluta Yonivyapada</i> <sup>8</sup>
Thick and Foul smelling discharge	a) <i>Rakta gulma</i> <sup>9</sup>
<i>Raktabha</i> /Blood mixed unctuous discharge	a) <i>Yoniarsha</i> b) <i>Karnini Yonivyapada</i> c) <i>MahaYoni Yonivyapada</i>
<i>Pandu / Pichhila /Shleshmala/ Mucoid</i> discharge	a) <i>Shleshmala Yonivyapada</i> b) <i>Tridoshaja Yonivyapada</i> c) <i>Acharana:</i> d) <i>Aticharana</i> <sup>10</sup> e) <i>Karinini</i> f) <i>Upapluta</i> g) <i>Atyananda</i>
<i>Tanu / Thin watery</i> discharge	a) <i>Parisruta Jataharini</i> <sup>11</sup> b) <i>Sweta Pradara</i>

## MATERIAL AND METHODS

### Aims and Objectives

The present study has been undertaken with the following aims and objectives:

1. To evaluate the efficacy of *Ashwagandhadi yoga* on Specific & Non specific vaginal discharges.
2. To study the effect of drug on other associated systemic symptoms.
3. To study the complication or any adverse effect of drug, if any during the course of treatment.

**Selection of patients:** The patients were selected irrespective of caste, race and religion. Total 32 patients were selected for the present clinical trial; out of them 7 patients did not turn up for follow up. They were considered dropped out from the study. Remaining 25 patients completed the whole trial.

### Inclusion Criteria

- All female patients in Age group 20-60 were selected.
- Patients suffering from excessive physiological vaginal discharge were included.

- Patients suffering from Candidiasis (Moniliasis) and Trichomoniasis were included in Specific vaginal discharge and bacterial infections (Cocci and bacilli) were studied under Non Specific discharges.

### Exclusion Criteria

- Patients not fulfilling the inclusion criteria.
- Abnormal discharges other than Trichomonal and Monilial infection among the Specific vaginal discharges were excluded.
- Abnormal discharges due to pregnancy, malignancy and other systemic illnesses i.e. Diabetes mellitus were excluded.

### Study Methodology<sup>12</sup>

**Group:-**After taking detailed history as per the History Performa, only single trial group was formed.

**Consent:-**Written informed consent was taken and patient was made aware about the duration and nature of trial.

**Drug Administration:-** Ashwagandhadi Yoga containing *vang bhasma 1part, kukkutand twak bhasma 2 part, vrihad ela 2 part, ashwagandha mool, vidhara beej and mishri 8 parts* each was used as a trial drug. *Vang bhasma* and *Kukkutandtwak bhasma* were prepared by classical method using *puta*<sup>13</sup>. Herbal drugs were grounded and all contents were mixed in pro-

portion to textual reference and capsulated in 500mg capsule<sup>14</sup>. The route of drug administration was Oral.

**Dosage:** 2gm per day i.e 2 capsules twice a day with *godugdha anupana as per textual reference of sidhha yoga sangrah*

**Duration:** The duration of trial was one month but depending upon the condition of patient, it was extended up to two months in several cases.

**Follow Up:-**The patients were examined after every 15 days.

### Laboratory Investigations

1. **Blood** : Haemoglobin, T.L.C., D.L.C., E.S.R., S. creatinine, B. urea, S.G.O.T., S.G.P.T
2. **Urine Examination** : Routine and Microscopic examination
3. **Stool examination** : For Ova and Cyst
4. **U.S.G.** : To rule out any pelvic pathology i.e. to exclude cases of P.I.D
5. **Wet Film preparation and examination under Microscope done by author**
6. **Vaginal swab culture and Pap smear test** was advised in selected cases to rule out Gonorrhoea or any other STDs and malignancy respectively. pap smear was done in every patient to distinguish inflammatory with malignant smear. Vaginal swab culture was not done.

### Criteria of Assessment

To assess the efficacy of drug following criteria were laid down

#### Symptoms

#### 1. Amount of Vaginal discharge

	Scoring
Normal Moistening	0
Mild (Feeling of wetness of U.Gs but doesn't require changing in 24 hrs.)	1
Moderate (Requires changing of U.Gs within 24 hrs.)	2
Severe (Requires frequent changing of U.Gs within 24 hrs.)	3

## 2. Characteristic of Vaginal discharge

Normal Moistening	0
Any discharge without Foul smell & Itching	1
Any discharge with either Foul Smell & Itching	2
Any type of discharge with both Foul Smell & Itching	3

## 3. Per Speculum Finding

### Congestion

Absent	0
Mild	1
Moderate	2
Severe	3

## 4. Per Vaginum Finding

### Tenderness

Absent	0
Mild	1
Moderate	2
Severe	3

## 5. Wet Film Examination

Only Epithelial cells were present.	0
Presence of either Specific (Candidas, Trichomonas) or Non specific (Bacilli, Cocci) without pus cells.	1
Presence of both Specific (Candidas, Trichomonas) and Non specific(Bacilli,Cocci)without pus cells.	2
Presence of either Specific (Candidas, Trichomonas) or Non specific (Bacilli, Cocci) with pus cells.	3
Presence of both of both Specific (Candidas, Trichomonas) and Non specific(Bacilli,Cocci) with pus cells.	4

## OBSERVATIONS

### RESULTS

The total effect of therapy was assessed and results were compiled by determining the percentage of grade reduction.

- Cured Above 75% improvement
- Highly Improved Between 50%-75% improvement
- Improved Between 25-50% improvement
- Unimproved Below 25% improvement

### 1. Effect of therapy on amount of vaginal discharges

Mean B.T.	Mean A.T.	% change	±SD	±SE	t	P
1.52	0.32	78.9	0.5	0.1	12	<0.001

The Mean value of amount of vaginal discharge before treatment was 1.52 which was reduced to 0.32 after the treatment, with a percentage

decrease of 78.9% with t=12 which was highly significant statistically at the value of P <0.001<sup>15</sup>.

## 2 . Effect of Ashwagandhadi Yoga on Characteristic of Vaginal discharges

Mean B.T.	Mean A.T.	% change	±SD	±SE	T	P
2.04	0.6	70.58	0.7118	0.1423	10.11	<0.001

The Mean value of characteristic of vaginal discharge before treatment was 2.04 which was reduced to 0.6 after the treatment with percentage decrease of 70.58% which was highly statistically significant at t value 10.11 and the value of P <0.001.

## 3. Effect of Ashwagandhadi Yoga on Per Vaginal tenderness

Mean B.T.	Mean A.T.	% change	±SD	±SE	T	P
1.32	0.56	57.57	0.7447	0.148	5.135	<0.001

The Mean value of Per vaginal tenderness before treatment was 1.32 which was reduced to 0.56 after the treatment, with a percentage decrease of 57.57% which was highly significant statistically at the value of t=5.135 and P <0.001.

## 4. Effect of Ashwagandhadi Yoga on Vaginal congestion (Per Speculum Examination)

Mean B.T.	Mean A.T.	% change	±SD	±SE	T	P
0.52	0.2	57.69	0.5588	0.1116	2.509	<0.05%

The Mean value of Per vaginal congestion before treatment was 0.52 which was reduced to 0.2 after the treatment, with a percentage decrease of 57.69% which was highly significant statistically at the value of t=2.509 and P <0.05%.

## 5. Effect of Ashwagandhadi Yoga on Wet Film Examination

Mean B.T.	Mean A.T.	% change	±SD	±SE	T	P
3.16	1.44	54.44	0.8304	0.1660	11.164	<0.001%

Effect of Ashwagandhadi Yoga on the Mean value of wet film examination before treatment was 3.16 which was reduced to 1.44 after the treatment, with a percentage improvement of 54.44% which was highly significant statistically at the value of t=11.164 and P<0.001%.wet film was made on 23 patients as 2 were unmarried.

## 6. Percentage relief in associated symptoms

Associated Symptoms	Mean B.T.	Mean A.T.	Percentage Relief
Backache	1.76	0.36	79.5
Headache	1.08	0.84	77.77
Irritability	0.8	0.2	75
Abdominal pain	0.92	0.24	73.9
Constipation	0.44	0.04	90.9
Lethargy	1.28	0.08	93.75
Dyspareunia	0.52	0.12	57.69
Burning Micturition	0.48	0.04	91.66
Body aches	1.36	0.24	82.35



Initially backache was present in 21 patients and after completing the trial 16 patients were relieved giving 75.9% relief. Before treatment headache was present in 18 subjects and afterwards it was left in only 4 patients and the rest 14 patients were relieved. Irritability was present in 12 patients before starting treatment which was relieved in 9 patients with a relief of 75% Abdominal pain was present in 13 patients at the beginning of trial, which was further reduced to only 10 patients after completing the trial. Constipation was present initially in 6 patients and 90.9% relief was obtained after completion of the trial. Letharginess was associated in 18 patients before treatment and after the treatment it was left in only 1 subject and rest 17 were relieved. Initially dyspareunia was present only in 10 patients which were relieved in 6 patients after the therapy thus giving 57.69% relief. Burning micturition was present in 9 pa-

tients out of 25 patients before treatment and was left in only 1 patient after completing the trial. 16 patients complained of body aches and after treatment 82% were relieved leaving the symptom behind in only 3 subjects.

### 7. Effect of therapy on Hematological and Biochemical parameters.

Due to the presence of metal *Vanga* and *Hingula* as the starting material<sup>16</sup>, it became necessary to study the effect of medicine on renal profile and liver functions after completing the trial. Thus to observe any changes in renal functions and liver functions, Blood urea, serum creatinine and SGOT and SGPT values were compared before and after the trial and any untoward effect was excluded as there was no significant statistical change, thus absolute safety was recorded. Rather there was slight rise in Hb, TLC etc.

### Overall Effect of therapy

	No. of Patients	Percentage
Cured	0	0%
Highly Improved	15	60%
Improved	10	40%
Unimproved	0	0%

Drug did not show any Complication or any adverse effect during the course of treatment.

## DISCUSSION

The word Specific and Non Specific vaginal discharge indicates the etiopathogenesis behind it. Leucorrhoea strictly excludes infectious discharges. To widen the range of study, Specific and Non Specific vaginal discharges were included. Majority of patients i.e. 76% complained of white colored discharge which may be due to the presence of candida; or due to associated vaginitis in Uterine prolapse and 4% patients had greenish colored discharge that

might be indicative of Trichomonal infection. Mucoid consistency had the highest incidence i.e. 36% which might be due to bacterial infection. Next in incidence was thick character found in 20% subjects might be due to Candidiasis, followed by watery discharge in 16% patients and curdy discharge in 12% which were also indicative of Candidiasis. Usually the infections are of Mixed nature consisting of both types of infections and this fact was supported by the data generated i.e. 40% patients present-



ed with Mixed type of infection and Non infective cases were only 8% suggesting the major role of microbes in producing disease.

Effect of therapy on local vaginal symptoms after the trial: After the completion of trial, 78.9% improvement was achieved in symptom of amount of vaginal discharges and the patient profile revealed 17 were cured and 8 showed high improvement. Similarly 70.58% decrease was calculated in characteristic of vaginal discharge and 23 patients were highly improved and 2 patients were improved. Per Vaginal tenderness was reduced to 57.57% and 14 patients exhibited this sign initially, out of them 3 were cured fully, 8 were highly improved and 3 were improved. The percentage relief in vaginal con-

gestion was 57.69% with 50% patients cured and 50% highly improved. There was significant improvement in wet film examination to 54.44% and in 23 patients assessment was made, out of them 16 were highly improved, 3 showed moderate improvement and remaining 4 showed mild improvements.

Overall the drug proved efficacious with high improvement i.e. more than 75% in 15 patients and 50-75% improvement in 10 patients. High effectiveness of *ashwagandhi yoga* in specific and non specific vaginal discharges can be attributed to properties of each *ghatak dravyas*.

Mode of action of *yoga* acc. to specific karma of each *ghatak dravya*

<b>Ashwagandha</b> <sup>17</sup>	<i>Vednasthapaka</i> <i>Garbhashya Shotha hara</i> and <i>Yoni Shoolhara</i> <i>Balya, Brinhana, Rasayana</i> <i>Mastishka vikara shamaka : Bhrama and Anidranashak</i>
<b>Vidhara beeja</b>	<i>Garbhashya sothhara, balya, Mastishka daurbalyahara. and rasayana</i> hence is used in <i>Shweta pradara</i>
<b>Vrihad ela</b>	<i>Durgandha nashaka guna</i> checks foul smell. <i>Shoolahara</i> and <i>Vranaropana</i> <i>Vednasthapaka</i> By virtue of its <i>ruksha guna</i> , it attains the property of <i>kaphanashana</i> and absorbs the fluids and checks the discharge.
<b>Vang bhasma</b> <sup>18</sup>	<i>Krimighnam</i> : It accounts for the antimicrobial action of <i>Vanga Bhasma</i> due to <i>Kapha-vaata shamaka</i> property. <i>Balya</i> : It increases body immunity. <i>Dhatu sthauyakarma</i> : It gives nutrition to Dhatus thus improves health. <i>Sarvaprmehapaham</i> : Cures all types of Urinary tract infections. <i>Shweta asrignashnam</i> : Cures white discharge per vagina. <i>Garbhashyachyutiharam</i> : May cause strengthening of supports of uterus and thus protects Utrine prolapse. ( <i>Rasa Tarangini</i> ).
<b>Kukkutandtwak bhasma</b> <sup>19</sup>	<i>Sweta pradarahar</i> <i>Hrdya-paushtik Rasayan</i> <i>Balya</i> <i>Mansa vardhak</i> <i>Vaajekaran</i> <i>Shukra vikaarhara</i>
<b>Mishri</b>	<i>Vrishya</i> <i>Sara</i> <i>Sarvadaahanashaka</i>

On the account of abovementioned properties of individual content the yoga as a whole provided high relief in different characteristic of discharges along with associated local and general symptoms.

All types of *yonigat sraav* can be treated by virtue of *ras*, *guna*, *veerya*, *vipaka* and *prabhav* of the compound as a whole which can be tabulated as follows

<b>RAS</b>	Katu  Tikta  Kashaya	sneha nasha and kleda nasha and kaphashamak...hence checks secretions  vishaghna, krimighna ,upshoshaka of kleda,also kapha shamaka  ropana promotes healing,sangrahe, shoshaka, stambhaka,shareerakledasyaupyokta(dries kleda of body).
<b>GUNA</b>	Laghu  Ruksha  Sar  Snigdha pichhila	Produces lightness and kaphshamaka in action  Ruksha guna is responsible for absorption of fluid motile property causes <i>Malapravartana</i>  <i>Srishtavinmutrata</i>  <i>dhatuwardhaka,balya</i> and promotes vitality
<b>VEERYA</b>	Ushan veerya Sheet veerya	<i>Srishtavinmutrata</i> It causes Sankocha(tonoing of muscles), thus tones uterus and muscles of reproductive tract
<b>VIPAK</b>	Katu Madhur	Katu vipaka causes Sroto shodhana and is kaphashamaka <i>Srishtavinmutrata</i> makes stool soft and thus promotes easy defaecation.
<b>DOSHA PRABHAV</b>	Kapha-Vata shamaka	Kapha-vata shamaka prabhav attributes to the antimicrobial effect by reversing the favorable environment in which krimi multiplies or survives.
<b>SPECIFIC PHARMACOLOGICAL ACTION</b>	<b>Ashwagandha</b>  <b>Vidhara</b>  <b>Vrihadela</b>  <b>Kukkutand twak bhasma</b>	<ul style="list-style-type: none"> <li>• <i>Shothahara</i></li> <li>• <i>Vednasthapaka</i></li> <li>• <i>Garbhashya Shotha hara and Yoni Shoothara</i></li> <li>• <i>Balya,Brinhana,Rasayana</i></li> <li>• <i>Mastishka vikara shamaka : Bhrama and Anidra</i></li> <li>• <i>Garbhashya sothhara,balya,Mastishka daurbalyahara. and rasayana</i> hence used in <i>Shweta pradara</i></li> <li>• <i>Durgandha nashaka</i></li> <li>• <i>Shoolahara and Vranaropana</i></li> <li>• <i>Vednasthapaka</i></li> <li>• <i>Shwet pradar</i></li> <li>• <i>Hrdya-paushtik Rasayan</i></li> <li>• <i>Balya</i></li> <li>• <i>Mansa vardhak</i></li> <li>• <i>Vaajekaran</i></li> <li>• <i>Shukra vikaar</i></li> <li>• <i>Vrishya</i></li> <li>• <i>Sara</i></li> </ul>

<p><b>Mishri</b></p> <p><b>Vang bhasma</b></p>	<ul style="list-style-type: none"> <li>• <i>Sarvadaahanashaka</i></li> <li>• <i>Krimighnam</i> : It accounts for the antimicrobial action of bhasma due to Kapha-vaata shamaka property.</li> <li>• <i>Balya</i> : It increases body immunity</li> <li>• <i>Dhatu sthauyakarma</i> : It gives nutrition to Dhatus thus improves health.</li> <li>• <i>Sarvaprmehapaham</i> : Cures all types of Urinary tract infections</li> <li>• <i>Shweta asrignashnam</i> : Cures white discharge per vagina.</li> <li><i>Garbhashyachyutiharam</i> : May cause strengthening of supports of uterus and thus thus protects Utrine prolapse</li> </ul>
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## CONCLUSION

*Ashwagandhadi yoga* gave highly significant results in both specific and non specific vaginal discharges statistically with 60% patients highly improved and 40% improved. The percentage decrease in mean value of amount of vaginal discharge was 78.9% with  $t=12$  which was highly statistically significant at the value of  $P < 0.001$ . The percentage decrease in mean value of Characteristic of vaginal discharge was 70.58% which was highly statistically significant at  $t$  value 10.11 and the value of  $P < 0.001$ . The percentage decrease in per vaginal tenderness was 57.57% which was highly statistically significant at the value of  $t=5.135$  and  $P < 0.001$ . The percentage decrease in per vaginal congestion was 57.69% which was statistically significant at the value of  $t=2.509$  and  $P < 0.05\%$ . The percentage improvement in Wet film examination was 54.44% which was highly statistically significant at the value of  $t=11.164$  and  $P < 0.001\%$ . Also significant effects were observed in improvement of associated symptoms, thus the drug proved to be highly effective and safe with overall improvement in specific local symptoms as well as systemic relief and well being by virtue of *Katu*, *Tikta*, *Kashya* and *madhura ras*, *Laghu*, *Ruksha*, *Sara*, *Snigdha*, *Pichhila guna*, cumulative effect of *usan* and *sheet veerya*, Predominantly *Katu* and

*madhura vipak* making it *Kapha-vata shamaka* in action which accounts for antimicrobial activity of compound.

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**Source of Support: Nil**

**Conflict Of Interest: None Declared**

How to cite this URL: Meenakshi Sharma Et Al:  
Evaluation Of Ashwagandhadi Yoga On Specific And Non  
Specific Vaginal Discharges-A Clinical Study.  
International Ayurvedic Medical Journal {online} 2017  
{cited December, 2017} Available from:  
[http://www.iamj.in/posts/images/upload/26\\_37.pdf](http://www.iamj.in/posts/images/upload/26_37.pdf)