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 combact lakshanas of Shleshmala Yoni Vyapath. Study was carried out on 32 subjects where there was a highly significant result in relieving PicchilaSrava, SheetaSraava, 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

Shleshmala 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 yoni dushti (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 krimi utpatti and again aggravate the symptoms.²

The main factors which influence Kapha Vriddi 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 Vriddi 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. These 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 Sushrutha was selected  

The above mentioned drugs are having Katu, Tikta Rasa, Ushna Veerya, Rooksha Guna, Kushthagha, Jantughna and Kandughna properties 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 combating 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.

<table>
<thead>
<tr>
<th>Parameters</th>
<th>Grade 0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Picchilasrava</td>
<td>absent</td>
<td>Mild-moistening present</td>
<td>Moderate—wets undergarments completely but don’t require pad</td>
<td>Severe – requires pad</td>
</tr>
<tr>
<td>Sheetasrava</td>
<td>absent</td>
<td>Mild-moistening present</td>
<td>Moderate—wets undergarments completely but don’t require pad</td>
<td>Severe – requires pad</td>
</tr>
</tbody>
</table>
### 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:
1<sup>st</sup> follow up – after 7 days of treatment; 2<sup>nd</sup> 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

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

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.

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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 Vata Pitta Prakriti; 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 sraava from 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.

### Results

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

Due to today’s food habits, changing lifestyle 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. 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 predisposing factors leading to Vulvo Vaginal Candidiasis.

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 Pradeshha.

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. 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 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 ShoolaNashaka. 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 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 Pratyaniika 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.

REFERENCES

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