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 30th adhyaya that if pregnant woman takes excess of Kaphakaraaharvihar and if suppresses urges of chhardi 1 (vomiting)&shwas(expiration), then kapha & vata gets vitiated, vata brings kaphato yoni & causes shwetsrava (white mucoid discharge) ,kandu (itching),vedana (pain)in yoni(prathamaaavart).*(I)*

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 kaphadominant 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 & ruksha methods (3)(4).

Various kaphaghana drugs have properties of ushana, ruksha &tikta, katurasa. For treatment of yonivyapada, Ayurveda provide sthanikkhitsa and sarvadehikkhitsa. 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**-

<table>
<thead>
<tr>
<th>GRADE</th>
<th>PRAMANA OF SRAVA</th>
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<tbody>
<tr>
<td>0</td>
<td>No srava.</td>
</tr>
<tr>
<td>+</td>
<td>Wet sensation.</td>
</tr>
<tr>
<td>++</td>
<td>Spot on inner clothes.</td>
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<tr>
<td>+++</td>
<td>Wetness of inner clothes.</td>
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<td>++++</td>
<td>Use of pad.</td>
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2) **KANDU**-

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<tr>
<th>GRADE</th>
<th>PRAMANA OF KANDU</th>
</tr>
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<tbody>
<tr>
<td>0</td>
<td>No kandu.</td>
</tr>
<tr>
<td>+</td>
<td>Evening only.</td>
</tr>
<tr>
<td>++</td>
<td>Whole day.</td>
</tr>
<tr>
<td>+++</td>
<td>Hamper activity but controlled.</td>
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<tr>
<td>++++</td>
<td>Uncontrolled.</td>
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3) **VEDANA**

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<th>GRADE</th>
<th>PRAMANA OF VEDANA</th>
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<tr>
<td>0</td>
<td>No any pain.</td>
</tr>
<tr>
<td>+</td>
<td>Occasionally.</td>
</tr>
<tr>
<td>++</td>
<td>Frequently.</td>
</tr>
<tr>
<td>+++</td>
<td>Hamper activity but controlled.</td>
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<tr>
<td>++++</td>
<td>Uncontrolled.</td>
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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, Histopathological 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.
**Srava Pramana**

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.
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 garbhimavihasta, Slaishmik aahar vihar, chhardi vegadharana, nishwas vegadharana and unhygienic condition are the main causative factors of ‘Upapluta Yonivyapada’

As main hetu of ‘UpaplutaYonivyapada’ 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. Vitiation of doshas & of vyadhi occurs in second & third trimester due to suppression of Chhardi Vega. Incidence of ‘UpaplutaYonivyapada’ 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 Albicance, Candida Krusie are the organisms present in upaplutayonivyapada in yoni. Along with the Jatipatra Gel local application, internal medicinal treatment is also required.

REFERENCES


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