CLINICAL STUDY ON PANCHVALKAL KWATHA PRAKSHALANA IN THE MANAGEMENT OF SHWETA PRADAR W.S.R TO LEUCORRHOEA

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ABSTRACT

Leucorrhoea is an abnormal excessive vaginal discharge often associated with irritation. It is symptom of underlying pelvic pathology. It is common condition that has been experienced by most women in all ages especially in child bearing or reproductive age group. Shweta Pradara (leucorrhoea) is commonest problem encountered by gynaecologist in today’s practice and incidence becomes higher with degree of civilization. Various treatments prescribed in modern medicine like antifungal, antibiotic agents have not proved their definite efficacy, in spite of high price and side effect. This clinical study was performed on 60 patients selected randomly, age group 18-60 years in two groups, based on the drug for the clinical trial, 30 patients in each group. Group 1 Panchvalkalkwatha Prakshalana, Group 2 Betadine douche. The Clinical assessment was done on the basis of grading criteria with specific symptomology of Shweta Pradara like discharge, duration, itching, pain, ill health and mean scores levels of these symptoms before and after the treatment of all groups were subjected for student paired ‘t’ test for statistical analysis. Conclusion: The results were statistically and clinically significant not only to cure Shweta Pradara but also in improving general health of women.

Key words: leucorrhoea, Shweta Pradara, Panchwalkal Kwatha, Prakshalana

INTRODUCTION

Abnormal vaginal discharge is a frequent complaint of women seen in the gynaecological clinic. The discharge may range from excess of normal. It is one of the common problems that women have to face in their lifetime. Sometimes this symptom is so severe that, it over shadows actual disease and women seek the treatment of only this symptom1-3. Leucorrhoea is physiological when associated with various phases of menstrual cycle. It is considered that changes in the vaginal epithelium; changes in the normal bacterial flora and pH of the vaginal secretion predispose to leucorrhoea. But, when it turns into pathological condition it produces associated problems like low backache, itching and burning sensation of vulva, poor appetite, discomfort, general weakness, pain in both legs etc. Chronic illness, fatigue, malnutrition,
emotional disturbances, unhygienic condition, improper diet, constipation and chronic retroverted uterus are responsible for leucorrhea. Some time it is associated with infection like Trichomonasvaginalis, Candida albicans or mixed bacterial infections, gonococcal, monilial infections, vulvo-vaginitis, lesions of the vaginal wall and cervix have all been associated with leucorrhoea. The word ShwetaPradar is not mentioned in great trios of Charak, Sushruta and Vagbhattasamhitas. Commentator Chakrapani, and books Sharangdharsamhita, Bhawprakash and Yogaratnakar have used the word ShwetaPradar for white discharge. Leucorrhoea is not a disease, but symptom of actual disease and women come for the treatment of only this symptom. Leucorrhoea may also be noticed without any evident disease. Kapha, aggravated due to its own vitiating factors, influence or vitiates Rasadhatu of reproductive system, already influenced by excessive coitus, abortions, improper mode of life and dietetics during menstruation along with non-cleanliness and then produces white and painless vaginal discharge due to dominance of its liquid property.

Methodology:
The present study was conducted in the department of PrasutiTantra & StriRoga of GangasheelAyurvedic Medical College, Bareilly during 2016. The study consisted of 60 women of age between 18-60 years with complaint of white discharge per vaginum. The detailed history regarding the age, complaint and its associated symptoms was interrogated and recorded. The collected data was analysed statistically.

Inclusion criteria
• Age group 18 -60years
• All women complaining of leucorrhoea

Associated symptoms:
• Irritability
• Low Backache
• Dyspareunia
• Vulval Itching
• Generalised weakness

Exclusion criteria
• Any pre-existing psychological disorder
• Diabetes mellitus
• Pregnancy

Drugs
Group 1: PanchavalkalaKwatha - Vata (Ficusbengalensis), Udumbara (Ficusglomerata), Ashwatha (Ficusreligiosa), Parisha (Thespesiapopulnea), and Plaksa (Ficuslacor).

Group 2: Betadinesolution

Investigation
All the selected patients were subjected to routine investigation, which included the following
• Blood haemoglobin (Hb%)
• Urine routine and microscopic examination
• Biochemical examination Fasting blood glucose

Grouping:
• In the present study, all the selected patients were given Panchvalkalkwatha douching p/v 2 times in a day and group 2 was given Betadine douche p/v 2 times in a day.
Follow up study
- After completion of the treatment the patients were asked to attend the OPD at interval of 7 days to ascertain whether the relief provided was sustained.

Criteria of assessment
- Detailed history was taken through various physical examinations
- The result was assessed on the basis of improvement in the symptoms of Shweta Pradar.

Criteria for overall assessment of therapy
The obtained results were measured according to the grades given below:
- Complete remission: 100% relief
- Marked improvement: >75% - <100%
- Moderate improvement: >50% - 75%
- Mild improvement: >25% - 50%
- Unchanged: Up to 25%

Statistical analysis
- The values were expressed as percentage of relief and mean, data were analysed by student “t test”.

Observation and Results
Out of 60 patients registered, maximum patients 83.3% were between age group of 18-38 years, religion wise 98% were Hindu, occupation wise 81.7% were housewives, 65% were from upper-middle class, 40% were graduates, 13.3% were high school, 100% were married. 100% patients reported about irritability due to vaginal discharge, 86.7% having backache, 79% having complaint of dyspareunia, 87% patient having itching per vaginum and 69.2% complained about generalised weakness due to vaginal discharge.

Table 1: Effect of Panchvalkal Kwatha in Group 1

<table>
<thead>
<tr>
<th>Signs and Symptoms</th>
<th>Mean BT</th>
<th>SD±</th>
<th>SE±</th>
<th>‘t’</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irritability</td>
<td>2.3</td>
<td>.50</td>
<td>1.11</td>
<td>.20</td>
<td>8.09</td>
</tr>
<tr>
<td>Backache</td>
<td>2.1</td>
<td>.93</td>
<td>.79</td>
<td>.14</td>
<td>8.07</td>
</tr>
<tr>
<td>Dyspareunia</td>
<td>1.3</td>
<td>1.0</td>
<td>.85</td>
<td>.15</td>
<td>4.08</td>
</tr>
<tr>
<td>Vulval itching</td>
<td>2.4</td>
<td>.37</td>
<td>.98</td>
<td>.17</td>
<td>11.55</td>
</tr>
<tr>
<td>Generalised weakness</td>
<td>1.8</td>
<td>.53</td>
<td>1.25</td>
<td>.22</td>
<td>5.5</td>
</tr>
</tbody>
</table>

Table 2: Effect of Betadine wash in Group 2

<table>
<thead>
<tr>
<th>Signs and Symptoms</th>
<th>Mean BT</th>
<th>SD±</th>
<th>SE±</th>
<th>‘t’</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irritability</td>
<td>2.3</td>
<td>1.8</td>
<td>.56</td>
<td>.10</td>
<td>4.1</td>
</tr>
<tr>
<td>Backache</td>
<td>1.3</td>
<td>1.1</td>
<td>.50</td>
<td>.09</td>
<td>2.5</td>
</tr>
<tr>
<td>Dyspareunia</td>
<td>1.1</td>
<td>1.0</td>
<td>.73</td>
<td>.13</td>
<td>3.7</td>
</tr>
<tr>
<td>Vulval itching</td>
<td>1.1</td>
<td>.66</td>
<td>.86</td>
<td>.15</td>
<td>3.3</td>
</tr>
<tr>
<td>Generalised weakness</td>
<td>1.5</td>
<td>1.3</td>
<td>.59</td>
<td>.10</td>
<td>1.5</td>
</tr>
</tbody>
</table>

Effect of therapy:
Effect of Panchvalkal Kwatha Prakshalana in Group 1:

In the 30 patients who has given the Panchvalkal Kwatha Prakshalana showed the reduction in the symptoms including associated symptoms after 7 days of treatment, Irritability shown improvement of 86.34%, 88.88% in
backache, dyspareunia 84.24% with p value <.001, vulval itching 87.12% improvement with p value < .001 is significant, generalised weakness shown 82.3% of improvement with p value< .001.

Effect of Betadine Wash in Group 2

In the 30 patients who were advised to douche p/v with Betadine solution, for 7 days, considerable reduction was found in symptoms like irritability shown improvement of 60.1%, 40.2% in vaginal itching, dyspareunia 6.1% with p value .17, backache 4.54% improvement with p value < .01 is not significant, generalised weakness does not shown any improvement.

In comparison to Betadine Group, **Panchvalkal group** shown better results.

### Table 3: Probable mode of **Panchvalkal Kwatha**

<table>
<thead>
<tr>
<th>Drugs</th>
<th>Rasa</th>
<th>Guna</th>
<th>Virya</th>
<th>Vipaka</th>
<th>Doshkarma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vata⁸(Ficus bengalensis),</td>
<td>Kashaya</td>
<td>Guru ruksha</td>
<td>Sheeta</td>
<td>Katu</td>
<td>Kaphapittahara</td>
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<td></td>
<td></td>
<td>Garbhashayashothhara</td>
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<td></td>
<td></td>
<td>Vranaropana</td>
</tr>
<tr>
<td>Ashwatha⁹(Ficus religiosa),</td>
<td>Kashayamadhura</td>
<td>Guru ruksha</td>
<td>Sheeta</td>
<td>Katu</td>
<td>Kaphapittahara</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Vranaropana</td>
</tr>
<tr>
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<td></td>
<td></td>
<td>Shothahara</td>
</tr>
<tr>
<td>Udumbara¹⁰(Ficus racemosa),</td>
<td>Kashaya</td>
<td>Guru ruksha</td>
<td>Sheeta</td>
<td>Katu</td>
<td>Pittakaphahara</td>
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<td></td>
<td></td>
<td>Garbhashayashothhara</td>
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<td></td>
<td></td>
<td></td>
<td>Vranaropana</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>Shothahara</td>
</tr>
<tr>
<td>Parisha¹¹(Thespesia populnea),</td>
<td>Kashaya</td>
<td>Laghusnigdha</td>
<td>Sheeta</td>
<td>Katu</td>
<td>Kaphapittahara</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yonidoshahara</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Shothahara</td>
</tr>
<tr>
<td>Plaksa¹²(Ficus lacor).</td>
<td>Madhura, kashaya</td>
<td>Sheeta</td>
<td></td>
<td>Katu</td>
<td>Kaphahara</td>
</tr>
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<td></td>
<td></td>
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<td>Pittahara</td>
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<td>Shothahara</td>
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<td></td>
<td></td>
<td>Vranaropana</td>
</tr>
</tbody>
</table>

**DISCUSSION**

### Vata:

a. It is likely that it elicits its anti-inflammatory response by inhibiting the synthesis and release of prostaglandins, proteases and lysosomal enzymes like non-steroidal anti-inflammatory drugs.

b. Anti-inflammatory activity of MEFB is due to its multiple effects on mediators of inflammation.

c. The aqueous extract of the aerial roots of F. bengalensis was evaluated for its effect on both specific and nonspecific immunity¹³.

### Ashwatha:

a. Aqueous and ethanolic extracts of leaves showed antibacterial effect against *staphylococcus aureus*, *Escherichia coli*¹⁴.

### Udumbara:

a. Antibacterial activity: Different extracts of leaves were tested for antibacterial potential against *Escherichia coli*, *Bacillus pumitis*, *Bacillus subtilis*, *Pseudomonas auereus*.

b. Out of all extracts tested, petroleum ether extract was the most effective extract against the tested microorganism.

c. The 50% methylene chloride in hexane flash column fraction of the extract of the leaves
of Ficus racemosa was found to have antifungal activity\textsuperscript{15}.

\textbf{Parisha:}

a. Aqueous, methanol and chloroform extracts showed the growth of many fungi, yeasts, bacteria and viruses was inhibited by tannins.

b. Tannins contribute the property of astringent activity i.e. faster the healing of wounds and inflamed mucous membrane\textsuperscript{16}

\textbf{Plaksha:}

Plaksha is astringent, cooling, heals ulcers, and cures diseases of female external organs. Plaksha diminishes burning sensation, diseases of pitta, kapha and blood. Plaksha is useful in edema and hemorrhages.

PanchavalkalaKwatha phyto-chemically dominant in phenolic group components like tannins, flavonoids, b-sitosterol which are mainly responsible for its excellent activities antiseptic, anti-inflammatory, immune-modulatory, antioxidant, antibacterial, antimicrobial and wound purifying and healing. These drugs act through their immune-modulatory, anti-inflammatory and astringent properties. ShwetaPradar is a symptom of all the gynaecological disorder developing due to vitiation of Kapha and Vata-Kapha. The main rasa of PanchvakkalKwatha is Katu, Tikta, Kashaya rasa, Laghu, Ruksha, Katuvipaak and Kapha-pittaghna properties of drugs that are responsible to break the samprapti of shwetapradar disease.

\section*{CONCLUSION}

Leucorrhoea is the most common and certainly the most annoying problem confronting the gynaecologist in practice. 1/4th patients among gynaecopd suffered with this problem. In such contemporary paradigm when mainstream treatment fails to give relief of leucorrhoea without it’s recurrence, the Ayurveda’s principle based therapy and it’s medicine ‘PanchvakkalKwatha’ plays a pivotal role to give a complete relief to the sufferer. However, in fact there is a strong need for creating community awareness about health care facilities and self-concern in women for their own health needs.

\section*{REFERENCES}


Source of Support: Nil

Conflict Of Interest: None Declared