

## ROLE OF SHUNTHI-LODHRA CHURNA AND UDUMBERAADI TAILAM IN THE MANAGEMENT OF ABNORMAL YONI SRAVA

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### ABSTRACT

Woman's health is receiving more attention these days. The significance of woman's Health cannot be over emphasized as it is basis for good family life . *Yonigata srava* (abnormal vaginal discharge) is the most common gynecological problem faced by women at one time or another in their life. The WHO estimated that there are 333 million new cases of curable Vulvovaginal infections (VVI) per year. A study in India has shown that the prevalence of reproductive tract infections was 37.0% based on symptoms and 36.7% by laboratory investigations, including 31% Candidiasis, 2% Trichomoniasis and 45% Bacterial vaginosis.

**KEYWORDS:** *Yonigata srava*, Vulvovaginal.

### INTRODUCTION

Healthy women, Healthy world embodies the fact that as custodians of family health, women play a critical role in maintaining the health & well being of their communities.

([www.unfpa.org/swp/2005/pdf/en\\_swp05.pdf](http://www.unfpa.org/swp/2005/pdf/en_swp05.pdf)).

*Acharya Manu* has quoted that for happiness of the human society, women needs proper care & respect. However, often women itself ignore & delay self-care as they pay more attention towards the care of their family. Because of this negligence towards their health, women often suffers with health problems.

In *Ayurveda Stree Rogas* are described under *Yoni Vyapada*, *Artva Dushti* and *Yoni rogas*. *Yonigata Srava* is found as a symptom in most of the *Stree Rogas*. The word *Yonisrava* has

appeared in many ayurvedic literature, as a symptom of various *Yonivyapada*, and *Pradara roga*, but it is not described as a separate disease entity in *Ayurvedic* classics.

### Selection of patients

Total 31 patients were selected for the present study that fulfilled the criteria of inclusion and gave consent for the trial. All the selected patients were studied randomly under two groups and the drug was given to all the patients in the dose and formulation stated ahead. Out of 31 patients, 4 patients dropped out while 27 turned for the follow up.

### Group- I

- ❖ *Shunti-lodhra Churna* - 3 gms b.i.d.
- ❖ *Anupana* - *Ghrit and Sharkara*

### Group- II

- ❖ *Shunti-lodhra Churna orally* - 3 gms b.i.d
- ❖ *Anupana* - *Ghrit and Sharkara*
- ❖ *Udumbaradi tailum picchu* - 5 - 10 ml b.i.d

**Duration of trial** - 15 days

**Mode of Administration:** Oral, Local

### Follow up

- ❖ 2 follow ups after 7 days interval during trial.
- ❖ 1 follow up after completion of trial on 7<sup>th</sup> day.

### Inclusion and exclusion criteria

#### Inclusion criteria –

- ❖ Patients (married) of age Group- 21-60 years.
- ❖ Patients presenting with the signs and symptoms of abnormal vaginal discharge as a cardinal symptoms or associated symptoms.
- ❖ Patients suffering from non sexually transmitted vaginal discharges.

#### Exclusion Criteria

- ❖ Abnormal discharges due to malignancy and other systemic illnesses i.e. STDs, Diabetes mellitus were excluded.

**Investigation**

1. Hb gm%, TLC, DLC, ESR, FBS
2. Urine - Routine  
- Microscopic
3. VDRL
4. HIV
5. Wet mount microscopic examination
6. Pap smear

**Selection of Drugs**

*Yoni srava* is *Kapha Pitta pradhana tridoshaja* symptom. Drugs which have *Kapha Pitta shamaka* properties as well as *yoni vishodhan*, property we should take them for treating different types of *yoni sravas*.

The *Shunthi-lodhra churna* is *tridosha shamak shrotoshodhana, agnideepana, amapachana* and static property, which given orally and *Udumbaraadi tailam* have *Kapha Pittashamaka, Stambhana, Dahashamaka, Kanduhara, Krimighana* and *yoni vishodhan* property which apply locally in the form of *picchu*.

**Criteria of Assessment**

To assess the efficacy of drug following criteria were laid down

**Gradation on Yonigata Lakshana****Yoni Srava (White discharge per vagina)**

- |   |   |
|---|---|
| ❖ No c/o discharge  | 0 |
| ❖ Mild discharge<br>Occasional discharge, Only vulval moistness                               | 1 |
| ❖ Moderate discharge<br>Staining of undergarments but area of staining less than 10 cm square | 2 |
| ❖ Severe discharge<br>Staining area more than 10-20 cm square or patient needs to use pad     | 3 |

**Smell**

- |                 |   |
|-----------------|---|
| ❖ Non-offensive | 0 |
|-----------------|---|

- ❖ Foul smell is felt only while performing p/s 1
- ❖ Foul smell felt from a short distance 2
- ❖ The observer is unable to stand near the patient 3

**Consistency**

- ❖ No discharge 0
- ❖ Mild 1

Thin transparent watery discharge, flows on speculum easily

- ❖ Moderate 2

Discharge flows on speculum blade but not as watery flow

- ❖ Severe 3

Static and does not flow on speculum.

**Yoni Kandu (Itching vulva)**

- ❖ No itching 0
- ❖ Occasional 1
- ❖ Mild, 2

Feeling of irritability, no need of medicine

- ❖ Moderate 3

Disturbs daily routine, need of medicine and relief after medicine Increases after specific time (Menstruation, Micturition)

- ❖ Severe 4

Affects routine activity, no relief after taking medicine

**Yoni Daha**

- ❖ Absent 0

- ❖ Mild,  
Occasional feeling of burning sensation, no need of medicine

- ❖ Moderate 2

Disturbs daily routine, need of medicine and relief after medicine

- ❖ Severe 3

Severe, affects routine activity, no relief after taking medicine

**Yoni Vedana ( pain in vagina)**

❖ No pain	0
❖ Occasional Feeling of pain only during movement, but no pain during rest	1
❖ Moderate pain Feeling of pain even during rest .	2
❖ Severe pain Continuous feeling of pain, radiating & not relieved by rest	3

**Gradation on associated symptom****Katishoola (Low backache)**

❖ No pain	0
❖ Occasional Only feeling of discomfort	1
❖ Mild pain At special time of menses, with excessive work load, during intercourse.	2
❖ Moderate pain Continuous, interference with daily routine	3
❖ Severe pain No relief after taking medicine Interference with daily routine	4

**Udara Shoola (Pelvic pain)**

❖ No pain	0
❖ Occasional or mild	1
❖ Moderate	2
❖ Severe	3

**Mutradaha (Burning micturition)**

❖ Absent	0
❖ Occasional	1
❖ Moderate	2
❖ Severe	3

**Gradation on gynaecological examination finding****Local tenderness during examination**

❖ Absent	0
Mild	1
Only with compression	
❖ Moderate	2
With deep compression	
❖ Severe (by touch)	3
Patient resists during gynaecological examination	

**Vulvitis**

❖ Absent	0
Vulva is not red and temperature is normal	
❖ Mild	1
Vulva slightly red and temperature slightly raised	
❖ Moderate	2
Vulva red and temperature raised	
❖ Severe	3
Vulva deeply red and temperature markedly raised	

**Vaginitis**

❖ Absent	0
❖ Mild	1
❖ Moderate	2
❖ Severe	3

**Cervicitis**

❖ Absent	0
❖ Mild	1
❖ Moderate	2
❖ Severe	3

**Gradation on wet smear finding****Based on Epithelial cell**

❖ 0-5 /hpf	0
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❖ 6-25 /hpf	1
❖ 26-50 /hpf	2
❖ 51-100 /hpf	3
❖ >100 pus/hpf	4

**Based on pus cells**

❖ 0-5 pus/hpf	0
❖ 6-25 pus/hpf	1
❖ 26-50 pus/hpf	2
❖ 51-100 pus/hpf	3
❖ >100 pus/hpf	4

**Based on fungal hyphae**

❖ No fungal hyphae	0
❖ Few	1
❖ Many	2
❖ Plenty	3

**Based on Trichomonas vaginalis organism**

❖ No organism seen/field	0
❖ 1-5 organisms seen/field	1
❖ 5-10 organisms seen/field	2
❖ More than 10 organisms seen/field	3

**Statistical analysis**

Statistical analysis was carried out by paired and unpaired “*t*” test. The level of P between 0.05 to 0.01, and  $P < 0.001$  was considered as statistically significant and highly significant respectively.

Overall results were established in terms of percentage relief obtained in sign and symptoms and criteria of assessment.

Complete remission	-	100% relief
Cured	-	>75%(75-99%)
Highly improved	-	50%-75%

Moderately improved - 50%-25%

Unimproved - <25%

### Effect of therapy

#### Comparison between yonigat lakshana of Group-I and Group-II

Yonigata Lakshana	% Relief Gp-I	% Relief Gp-II	% Relief diff.	S.D.	S.E.	T	P	Result
Yoni srava	30.7	74	43.28	0.616	0.233	4.599	<0.001	HS
Yoni Dargandhya	35	61	26	0.50	0.46	3.452	<0.005	HS
Consistency	33	67	34.3	0.96	0.37	2.3	<0.05	S
Yoni kandu	35	77	42	0.66	0.27	1.98	<0.05	S
Yoni daha	33	77	44.4	0.514	0.26	3.9	<0.005	HS
Yoni vadana	33	72	39	0.578	0.313	0.383	>0.25	NS

#### Comparison between associated symptoms of Group-I and Group-II

Associated symptoms	% Relief Gp-I	% Relief Gp-II	% Relief diff.	S.D.	S.E.	T	P	Result
Kati shool	40	75	35	0.48	0.19	3.0	<0.05	S
Udarashool	37	60	22.5	0.41	0.21	-0.04	>0.050	NS
Mutradaha	30	60	29	0.69	0.31	2.32	<0.050	S

#### Comparison between Gyenecological examination of Group-I and Group-II

Gynecological Examination	% Relief Gp-I	% Relief Gp-II	% Relief diff.	S.D.	S.E.	T	P	Result
Vulvitis	37	66	36.2	0.49	0.27	2.337	<0.05	S
Vaginitis	41	77	36.2	0.707	0.30	2.4	<0.05	S
Cervicitis	33	65	32	0.64	0.26	2.4	<0.05	S
Local tenderness	33	64	31.4	0.55	0.25	2	<0.05	S

#### Comparison between Wet vaginal smear of Group-I and Group-II

Wet vaginal smear	% Relief Gp-I	% Relief Gp-II	% Relief diff.	S.D.	S.E.	T	P	Result
Fungal hyphae	28	60	32	0.20	0.11	2.12	<0.05	S
Epi cells	47	68	21.4	0.62	0.25	1	>0.10	NS
Clue cells	27	68	41	0.43	0.21	2.2	<0.05	S
Bacilli cocci	35	77	30	0.65	0.43	1.85	<0.05	S
Pus cell	46	68	42	0.60	0.25	2.2	<0.05	S



**Overall effect of therapy****Comparison of Overall Effect of Therapy in Both Groups (27 patients)**

Results	Group-I (n=12)		Group II(n=15)	
	No. of Patients	%age	No. of Patients	%age
Cured	0	0	5	33.3%
Highly Improved	5	41.6%	10	73.3%
Moderately Improved	7	58.33%	0	0
Unchaged	0		0	

**DISCUSSION**

Leucorrhoea is a physiological excessive discharge and in ayurved it considers vata kapha pradhan vyadhi. Bt in present study we taken pathological excessive vaginal discharges which is caused by different type of microorganism, and we found that pathological vaginal discharge (especially caused by bacteria) are kapha pitta pradhana. So In *Yoni srava, yonivishadhana*, suppression of vitiated doshas and *Aama-pachana* is very essential.

**CONCLUSION**

Overall effect of therapy revealed that, out of 27 patients, five patients cured in Group-II while no. of cured patients in Group-I was nil. Ten patients were found highly improved in Group-II, while it was only in five patients of Group-I. In Group-II no patient showed moderately improvement, while in Group-I seven patient were moderately improved.

In present study no one patient remained unchanged in both groups. In this study both trial drugs shown remarkable results in individual groups. But the internal use of *Shunthi-lodhra churna* along with local application of *Udumbaraadi tailam picchu* had shown better effect than only internal application.

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