

TO EVALUATE THE EFFICACY OF AMALAKI BEEJA CHURNA IN THE MANAGEMENT OF SHWETAPRADARA W.S.R. TO LEUCORRHEA

Dr. Subhalakshmi Maity¹, Dr. Durbadal Majumdar², Dr. Sheela Halli³

¹P.G.Scholar, Dept. of Prasootitantra&Streeroga ²P.G.Scholar, Dept. of Shalyatantra,
³Associate Professor, Dept. of Prasootitantra & Streeroga, NKJAMC & P.G.Center,
Bidar

ABSTRACT

Yoni being the copulatory organ & delivery channel, if it gets vitiated, there is a fear of vitiation of entire kshetra. Shweta pradara is one of the most common & burning problem faced by women at all ages all around the globe. No women is an exception for this illness, because of moist & sweaty gentiles. Many of the gynaecological disorders present shweta pradara as the major complaint. If it is neglected, it may lead to ascending infections harming the general health & disturbing the women psychologically.

Leucorrhoea is strictly an excessive normal vaginal discharge which is evident from persistent vulvas moistness or staining of undergarments or need to wear a vulvas pad. It is non purulent, non offensive, non irritant & never causes purities. Considering the above factors this study is being selected with a hope to provide better results through the time tested ayurvedic formulations.

Key words: Shwetapradara, Leucorrhea, Excessive Vaginal Discharge

INTRODUCTION

The term "**shwetapradara**" [shweta-white, pra-dri to break, to tear to dispersed or scattered] is a clinical condition characterised by white vaginal discharge without any pain, burning sensation and

discomfort. The clinical picture of shwetapradara have some sorts of similarity with Leucorrhoea (Greek Leu-White, rrohea-discharge)¹.

Leucorrhoea, the abnormal vaginal discharge is quite frequently met in day to day gynecological practice.

Vaginal discharge was one of the commonest symptom reported by women in India. Leucorrhoea is a white discharge from the vagina. Normally, vaginal discharge occurs in regular variations of amount and consistency during the course of the menstrual cycle. A greater than usual amount is normal in pregnancy, and a decrease is to be expected after delivery, during lactation, and after menopause. It may be physiological or pathological. Physiological excess of vaginal discharge does not require any treatment. But, the pathological conditions which necessitate treatment are those involving many infections due to Candida, Trichomonas, Gram negative, Gram positive etc. organisms¹.

Although leucorrhoea neither causes mortality nor morbidity in susceptible women, but this complaint is liable to cause much mental stress, problem of sexual anxiety and even sometimes fear of carcinoma or failure to conceive. Apart from this, it also causes local inconvenience to the patient.

Leucorrhoea is a common symptom of genital tract infection in women. To

identify its source can be challenging, because a large number of pathogens cause vaginal and cervical infections and several infections may co-exist. So in present clinical study women those having mucopurulent discharge and pathogens like Trichomonas vaginalis and Candida in wet vaginal smear have been selected.

There are many other diseases in which Shwetapradara is described as a symptom like Parisruta Jataharini, Asthi Srava, Somaroga, Kaphaja Asrigdara and Yonivyapad like Vatala, Pittala, Shleshmala, Sannipatiki, Acharana, Atyananda, Aticharana, Upapluta, Paripluta, Prasramsinee, and Phalinee^{2,3}.

In day to day practice, Shwetapradara is one of the most common disorders. There are only few studies on the prevalence of Shwetapradara (vaginal discharge) in women from our country. So it is very necessary to do some effective work on this topic.

In Ayurveda system of medicine, the active principles are not used though active principles have quick action but are also considered to have more side effects. In crude forms of drugs, other ingredients counter act

the counter act the toxic effects of active ingredients. By the greater increase of synthetic drugs use in therapy, many side effects are constantly revealed. Consequently there is now a worldwide trend to adopt natural resources, mainly medicinal plants⁴.

For Chikitsa of Shwetapradara Acharya Charaka has mentioned to use Madhuyukta

Varti of Kashaya Rasa Dravyas. Kashaya Rasa by virtue of its Guna restrains Srava.

Acharya Charaka has mentioned Kashaya Rasa as having pharmacological properties like Stambhana and Kaphanashaka. So, in this way Kashaya rasa impedes Srava.

For the treatment of Shwetapradara due to having kashaya rasa amalaki beeja impedes srava acts as rasayan, vrishya & Madhu having its kasaya rasa hamper srava formation^{5,6,7,8}.

The aim of present study is to find out a method of treatment, which will give a Permanent, easy, effective cure and is with no or minimal side effect, which can be

easily administered, chief and accepted by the patient.

OBJECTIVES OF THE STUDY:-

To study the efficacy of Amalaki beeja churna in the management of Shweta Pradara.

MATERIALS & METHODS:

According to inclusion & exclusion criteria 40 patients were selected on the basis of simple randomized sampling procedure and taken under a single group. All 40 patients were administered with Amalaki beeja churna 3gm BD.

SOURCE OF DATA:

Patients were selected from OPD of P.G department of Prasuti Tantra & Stree Roga, N.K.J.A.M.C, Bidar.

OBSERVATIONS:

The progress was noted on the basis of assessment parameters (both subjective & objective) before & after the treatment in a specially prepared case sheet & these were compared.

Result & Interpretations:

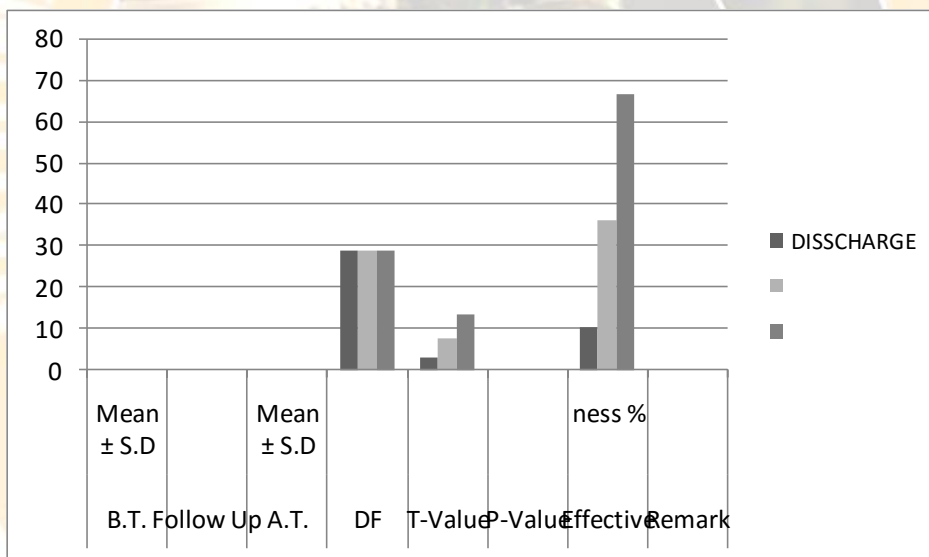
Maximum patients recovered to the given trial treatment without any complications. The present study showed highly significant result.

Difference between BT and AT

Table no: 1

	B.T. Mean ± S.D	Follow Up	A.T. Mean ± S.D	DF	T-Value	P-Value	Effective ness %	Remarks
DISSCHARGE	2.30±0.55	AT1	2.06±0.69	29	2.97	<0.0001	10.43	NS
		AT2	1.46±0.81	29	7.70	<0.0001	36.52	HS
		AT3	0.76±0.81	29	13.35	<0.0001	66.95	HS

Graph no: 1



DISCUSSION

Incidence according to Objective parameter:

Among 40 patients 12.5 % patients having grade 1. 57.5 % patients having grade 2 and 30% patients

having grade 3. This shows moderately.

Incidence according to observation of results of discharge before treatment:

Among 40 patients 0% having no discharge. 12.5% patients having

minimum discharge. 57.5% patients having moderate discharge. 30% patients need to use pad. With maximum percentage of patients suffering with long duration as they are not having awareness about Shwetapradara .And came when it is in moderate phase.

Incidence according to subjective parameters (After treatment):

Among 40 patients 17.5% patients having discharge and 82.33% patients not having discharge .Strongly it is showing maximum patients are cured and having best respond with given drugs.

EFFECT OF DRUG ON VAGINAL DISSCHARGE

Comparison between BT and AT

The mean score of the symptom which was 2.30 ± 0.65 before treatment, reduced to 2.06 ± 0.69 after first follow up, after second follow up it is reduced to 1.46 ± 0.81 , after third follow up the mean score of duration of discharge was reduced to 0.76 ± 0.81 . When these values were statistically analysed, it showed that the drug was highly significantly effective with p value < 0.001 .

Overall Result:

Research shows that 67.5% patients completely cured, maximum improvement was seen in 58.33% patients, and minimum improvement in 41.66% patients, 1patient had no improvement, no change.

CONCLUSION

Based on results of present study, it was found that Amalaki beeja churna due to its kashaya rasa property cleanses the inflammatory tissue and attack the malnutrition aspect of white discharge. Capable to combact all the causal factors of white discharge reviewed in the light of modern literature as well as balancing the tridoshas.

REFERENCES

- 1) Muller F.Max, The Hymns of the Rig-veda in the Samhita and pada Texts Reprinted from the edition princceps, with two texts on parallet pages in two volumes,Chaukhambha Sanskrita Samsthan, Edition:4th 1999,Charu Printer Varanasi-Ru.10/97/13
- 2) Shree Shastri Satya Narayana, Charak samhita of Agnivesha revised by Charak & Drudabala- Vidyotini hindi tika-Choukhamba oriented – Varanasi, Reprint year 2015, Ch.Chi 30/116-120,page no-858

- 3) Prof. Murthy K R Shrikanth, Illustrated sushruta samhita Choukhamba orientalia Varanasi vol -3, edition-2nd, 2005, Uttar Tantra 38/17, page no-171-173.
- 4) Dr. Tripathi Brahmananda, Astanga hrudayam of srimadvagbhata chaukhamba Sanskrit pratishthan, Delhi reprint 2009 .A.Hru.chi.33/44 .A.Hru.chi.34/50-60, p
- 5) Bhisagratna Pandit Sri Mishra Brahma Sankara, Bhavprakash, Vidyotini hindi commentary, Chaukhamba Sanskrit Samsthan, Varanasi, part-2, edition 9th, 2005, page no-777.
- 6) Prof. Murthy K R. Shrikanth, Sharangadhara Samhita – Madhyam Khanda , Dwitiya Adyaya, Sloka-110, Dr Bramhanand Tripathi Chaukhamba Subharti Prakashan , Varanasi, page no-149.
- 7) Bhisagratna Shri Shastri Brahmananda, Yogratanakar , Vidyotini Tika, Chaukhamba Sanskrit sansthapan , Varanasi , 8th edition, 2004, Somaroga chikitsa Sloka 3,4,5 page no-402.
- 8) Sharma P.V., Chakradatta A Treatise on Principal & Practices of Ayurvedic Medicine Chaukhamba Publishers, Varanasi, 3rd Edition – 2002, page no-524-527.
- 9) Shri Bhisagacharya Satyapal, Kashyap samhita, Choukhamba Sanskrit sansthan, Varanasi, Reprint 2006, Ka.sam.ka.6/35-36, page no-192.
- 10) Tripathi P. Haridas, "Hari" Vyakhya, Harita Samhita, Chaukhamba Krishnadas Academy, Varanasi, 2005, Stree Roga 334.

Corresponding author:

Dr. Subhalakshmi Maity

P.G.Scholar, Dept. of Prasootitantra & Streeroga,
NKJAMC & P.G.Center, Bidar

Email-

Source of Support: NIL
Conflict of Interest : None declared