

**EFFICACY OF SAPTAPARNA KWATHA YONIDHAWAN IN YONIGATA SHWETA STRAVA****Dr. Hemalata R. Jalgaonkar\***

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**ABSTRACT**

Ayurveda is one of the greatest gifts of the sages of ancient India to mankind & is not only a system of medicine of curing disease, but also a way of life that teaches us how to maintain & protect mental & physical health to achieve longevity. Ayurveda is the world's existing health care system and scientific discipline believing in 'Swastasya swasthya rakshanam aturasya vikara prasamanam'. It is a record of experience justified by all new studies and proved by repeated administration by generations. It embodies eternal knowledge pertaining to life essential for enjoyment of worldly attainment of supreme happiness, protection of masses & ultimate liberation. Now a day's females are coming forward in each and every field. Health of women is an indicator of development of nation. According to *Maharshi Charak*, women are the base of human race.

**KEYWORD:** Yonigata shweta strava, Yonidhawan, Saptaparna kwath.**1. INTRODUCTION**

India being a developing country today's stressful modern life style, food habits, social status and occupation affects the local environment which leads to higher incidences of Leucorrhoea.

Recent surveys on this regard, shows a clear picture that about 50% of women are suffering from vaginitis. Unhygienic practices of sanitation in urban and prominently in rural areas are common now a day. Majority of population being uneducated including women are unaware of importance of personal hygiene and cleanliness.

As a part of natural protection, estrogen accumulates "Doderlein's Bacilli" in the vagina, converts the glycogen into lactic acid, thus maintain the vaginal pH acidic, rendering the ascending organisms to some extent. The healthy status of yoni is the factor of paramount importance in life of woman as it is playing a dual role, i.e. wife for sexual satisfaction of partner as well as mother for procuring good progeny.

Any deviation from this natural process leads to complications like irritation in vagina due to excessive discharges, which in turn causes devastating effect on marital harmony. This irritation can be caused due to infection or pathological manifestation in the vagina.

The discharge from the vagina can be considered as Shweta Strava which is the commonest of all gynecological disorders like vaginitis and no women is an exception from this illness.

The genital area of female mostly remains moist causing a media for growth of organism and producing infections. There are three main types of vaginal infections Bacterial vaginosis, vaginal candidiasis, Trichomoniasis. Yonigata shweta strava is not a disease, but a symptom of so many diseases like Kaphaj yonivyapad, Tridoshaja yonivyapad, Upapluta yonivyapad, Karnini yonivyapad, Kaphaj artavdushti etc. In routine practice, Yonigata shweta strava is a common disorder which affects all the age group of females. It affects physically and psychologically and disturbs quality of life. Many antifungal regimen treatments are available for Shweta strava but have chance of side effects, so it requires prompt management without disturbing other systems and overcoming the drawback of modern treatment is important.

**2. AIM**

To study the efficacy of *Saptaparna Kwath Yonidhawan* in *Yonigata Shweta strava*.

**A. Inclusion criteria**

- 1) Patient having sign & symptoms of *Yonigata Shweta strava* (Excessive white discharge per vagina).
- 2) Age between 20 to 45 years of female patients.

- 3) Known cases of Systemic Diseases like HTN, DM etc.
- 4) Pathological conditions like Cervical erosion, PID.

#### B. Exclusion criteria

- 1) Auto immune disorder like HIV, TB.
- 2) Cervical or uterine malignancy.
- 3) Pregnant patient.
- 4) STD's

#### C. Diagnostic criteria

- 1) For diagnosis purpose the detailed case report perform including the General examination of the classical signs & symptoms, Vulval examination, Per speculum examination & lab investigations mentioned will be considered.

#### D. Withdrawal criteria

- 1) Patient who will discontinue the treatment
- 2) Patient unwilling to take the treatment during study. Patient shows any types of adverse effects.
- 3) If any complaints arises.

#### Assessment criteria

The effect of treatment will be assessed on the basis of following parameters:

- 1) *Sraava* (Vaginal White Discharge)
- 2) *Katishoola* (Backache)
- 3) *Kandu* (Vulval Itching)
- 4) *Durgandha* (Odour)
- 5) Urine (Burning micturition)
- 6) Vaginal pH

- 1) *Sraava* (Vaginal white discharge)

0-No vaginal discharge

1-Mild-Occasionally wetting undergarments /slight discharge, vulval moistness

2-Moderate discharge, wetting of undergarments

3-Severe-Heavy discharge which needs Vulval pads (Per day)

- 2) *Katishoola* (Backache)

0-No pain.

#### 4. OBSERVATION AND RESULT

##### A. Demographic analysis

- 1) Age

Sr. No	Age	N	%
1	20-32 YEARS	44	55%
2	32-45 YEARS	36	45%
Total		80	100%

1-Mild – Can withstand pain & Can manage routine work.

2-Moderate pain – Cannot manage routine work & Need to take rest.

3-Severe – Cannot withstand pain & bed ridden.

#### 3) *Kandu* (Vulval Itching)

0-Absent

1-Present

#### 4) *Durgandha* (Odour)

0-Absent

1-Present

#### 5) Urine (Burning micturition)

1-Absent

2-Present

#### 6) *Vaginal Ph*

1-Acidic

2-Basic

Pre, During and Post Interventional assessment will be done.

Final assessment will be done on 7<sup>th</sup> day giving any treatment in 3 cycles.

To check whether yonigata shwetra strava persist or not and conclusion will be drawn.

Data will be analyzed statistically with relevant statistically with statistical tests such as Wilcoxon signed Rank Test, or any other appropriate test.

#### 3. MATERIAL AND METHODS

A. Literature- Available in all ayurved samhitas and modern text books.

B. Study Centre- Ashtang Ayurved Hospital, Pune 30.

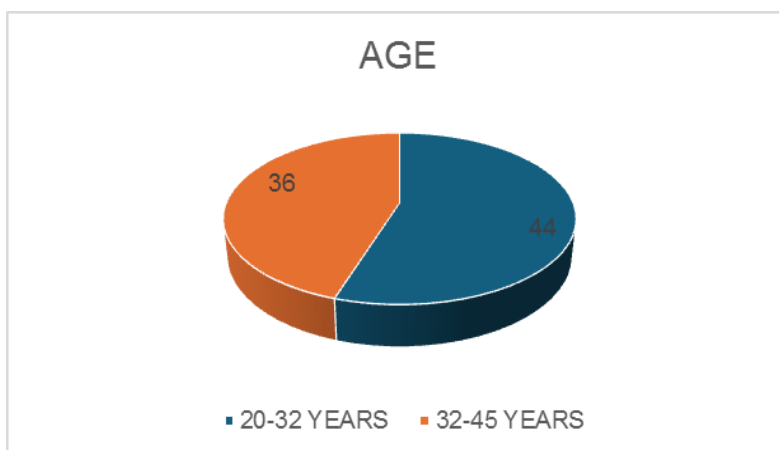
C. Number of Patients -8.

D. Type of study- Open labelled single arm trial study.

#### Drug administration

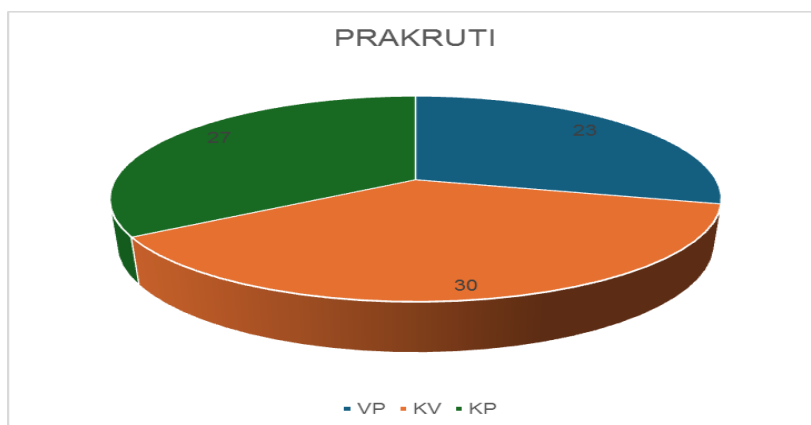
**Formulation** – Saptaparna Kwath

**Duration** – For 3 consecutive cycles for 7 days



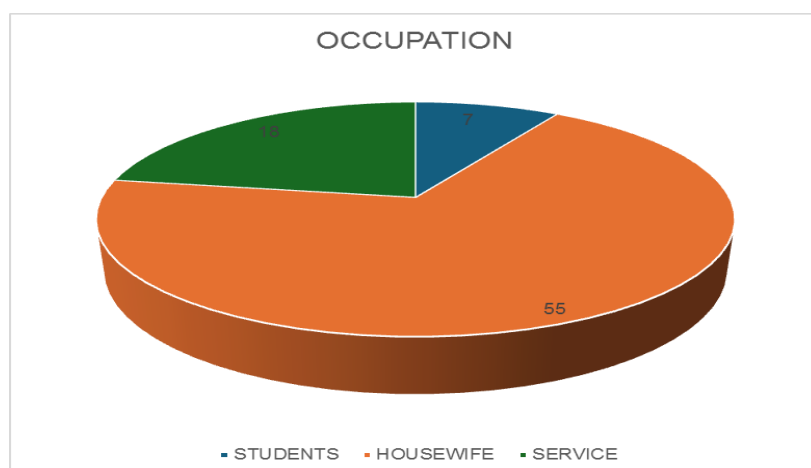
## 2) *Prakruti*

Sr. No	Prakruti	N	%
1	VP	23	29%
2	KV	30	38%
3	KP	27	34%
Total		80	100%



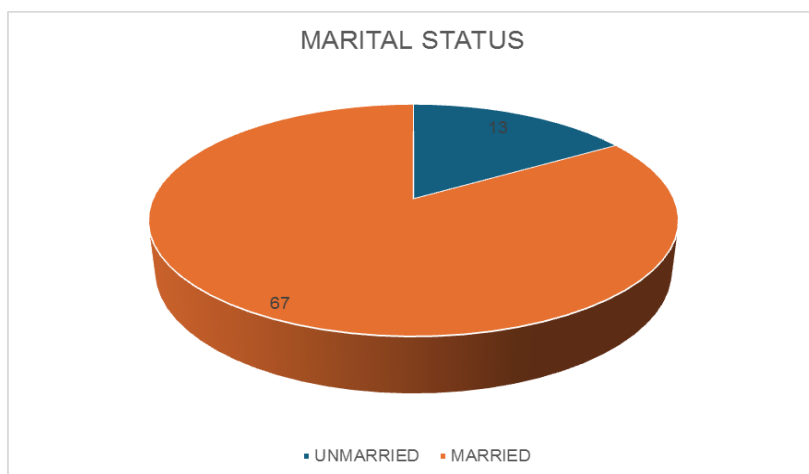
## 3) *Occupation*

Sr. No	Occupation	N	%
1	Students	7	9%
2	Housewife	55	69%
3	Service	18	23%
Total		80	100%



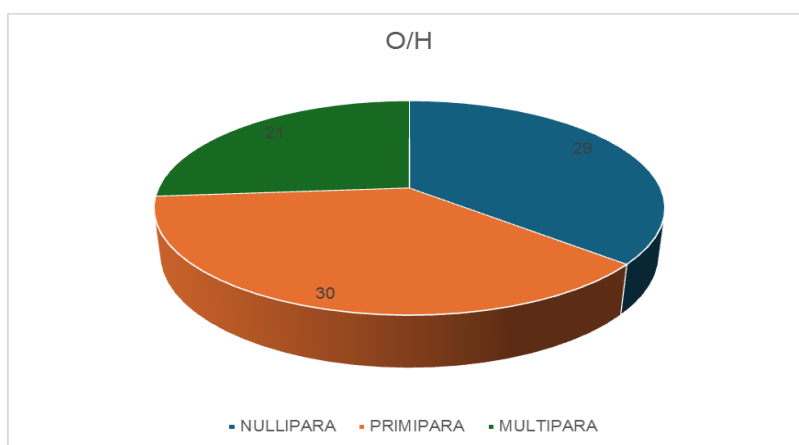
## 4) Marital status

Sr. No	Marital status	N	%
1	Unmarried	13	16%
2	Married	67	84%
Total		80	100%



## 5) O/H

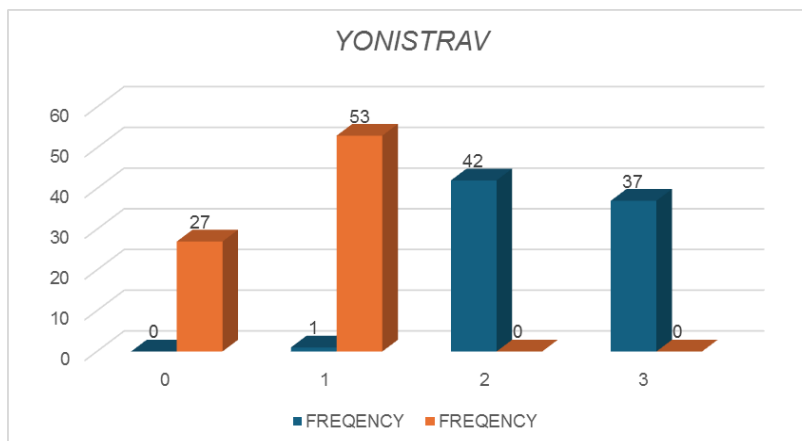
Sr. No	O/H	N	%
1	Nullipara	29	36%
2	Primipara	30	38%
3	Multipara	21	26%
Total		80	100%



## B. Clinical observations

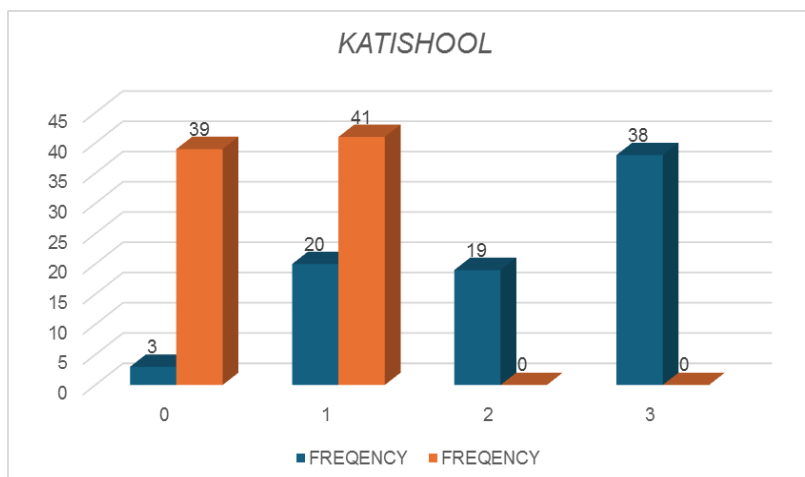
## 1) Yonistrava

Grade	Yonistrava			
	Frequency		%	
	BT	AT	BT	AT
0	0	27	0%	34%
1	1	53	1%	66%
2	42	0	53%	0%
3	37	0	46%	0%
Total	80	80	100%	100%



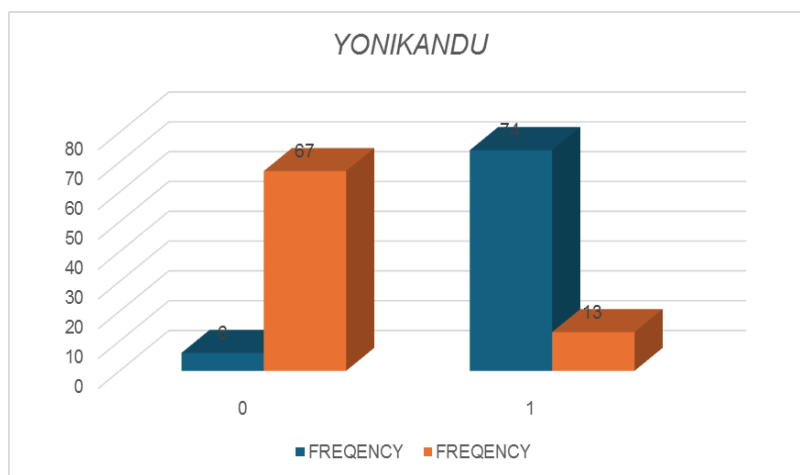
## 2) *Katishool*

<i>Katishool</i>				
Grade	Frequency		%	
	BT	AT	BT	AT
0	3	39	4%	49%
1	20	41	25%	51%
2	19	0	24%	0%
3	38	0	48%	0%
Total	80	80	100%	100%



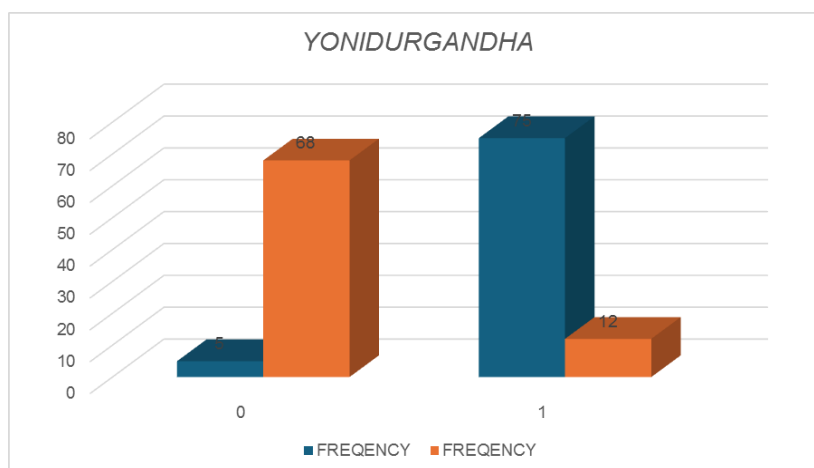
## 3) *Yonikandu*

<i>Yonikandu</i>				
Grade	Frequency		%	
	BT	AT	BT	AT
0	6	67	8%	84%
1	74	13	93%	16%
Total	80	80	100%	100%



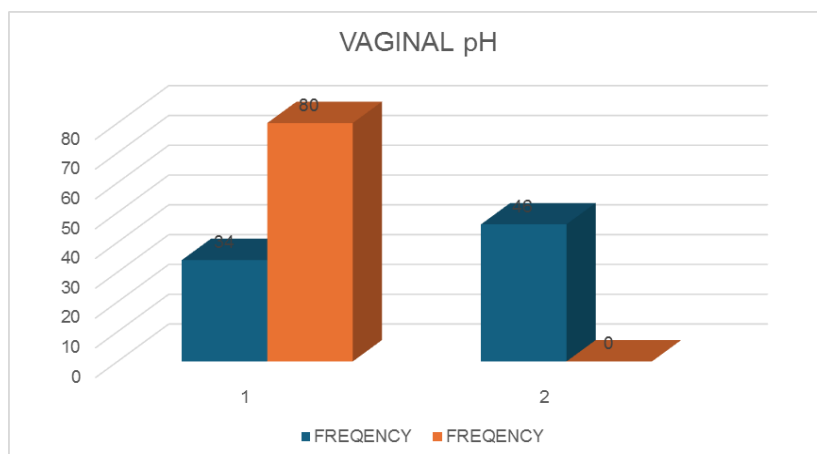
#### 4) Yonidurgandha

Yonidurgandha				
Grade	Frequency		%	
	BT	AT	BT	AT
0	5	68	6%	85%
1	75	12	94%	15%
Total	80	80	100%	100%



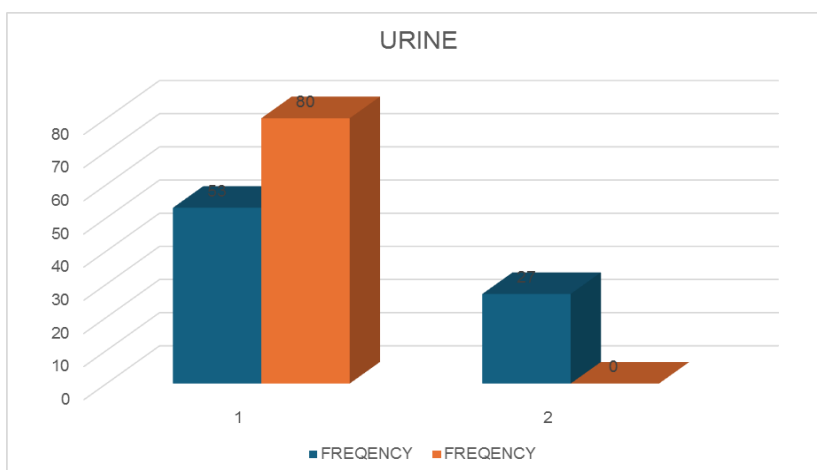
#### 5) Vaginal Ph

Vaginal Ph				
Grade	Frequency		%	
	BT	AT	BT	AT
1	34	80	43%	100%
2	46	0	58%	0%
Total	80	80	100%	100%



#### 6) Urine (Burning micturition)

Grade	Urine			
	Frequency		%	
	BT	AT	BT	AT
0	0	0	0%	0%
1	53	80	66%	100%
2	27	0	34%	0%
Total	80	80	100%	100%



## 5. DISCUSSION

### A. Age

Maximum numbers of patients were found in age group 20 to 32 years i.e 55%. This was followed by 45% patients in age group 32 to 45 years. Analyzed data shows that there were maximum patients from age 20 to 32 years.

### B. Prakruti

Maximum patients are found in *Kapha-vataj prakruti* i.e 38%, followed by *kapha-pittaj prakruti* i.e 34%, followed by *Vata-pittaj prakruti* i.e 29%.

*Kapha dosha* is dominant *dosha* in *yonigata shwetastrava*. Hence, analyzed data shows that there were maximum *kaphaj-vataj prakruti* patients are suffered. This might be because *kapha* is *aap mahabhut pradhana dosha*, having prominence of *kleda*. This *kleda* is main causative factor *Shweta strava*.

### C. Occupation

Maximum patients are Housewife i.e. 69% followed by 29% patients are Service women followed by 9% patients are Students. This shows that due to faulty lifestyle and stress, also suppression of urge causes *Kapha-vata dushti* that leads to *yonigata shwetastrava*. Analyzed data shows that there were maximum patients are Housewife. This shows that housewife mostly suffer from *yonigata shweta strava*, might be because of negligence of health care and hygiene.

### D. Marietal status

Maximum patients are Married i.e 84%, followed by Unmarried i.e 16% Analyzed data shows that there were maximum married patients were suffered.

### E. O/H

Maximum numbers of patients are found in primipara i.e 38%, followed by nullipara patients i.e 36%, followed by

multipara patients i.e 26% Analyzed data shows that there were maximum numbers of patients suffered are primipara.

## 6. DISCUSSION ON RESULTS

Assessment of symptoms was done by standard methods and results obtained as follows-

### A.) Yonistrava

After treatment, it is observed that 72.96% patients were not having complaints of *yonistrava*.

This result shows that *saptaparna kwath yonidhawan* have good result in *yonistrava*.

As *saptaparna* with its *tikta, kashya rasa* have *shoshagna, stambhak* property reduces the *strava* hence decreasing the symptoms.

### B.) Katishool

After treatment, it is observed that 76.16% patients were not having complaints of *katishool*.

This result shows that *saptaparna kwath yonidhawan* have good result in *katishool*. This might be because when there is decrease in *strava*, it decreases *strotoadha* formed due to increased *kleda*. As *strotoadha* is vanished, it results in *anulomana* of *vata-dosha*. Thus results in decrease in backache caused by *moodhavata*.

### C.) Yonikandu

After treatment, it is observed that 82.43% patients were not having complaints of *yonikandu*.

This result shows that *saptaparna kwath yonidhawan* have good result in *yonikandu*. In *shwetastrava kandu*(itching) is present due to continuous irritation of vaginal mucosa by *strava*. This *strava* also favors growth of *krimis*. This leads to *kandu*.

This obtained result might be possible as *saptaparna kwath yonidhawan* acts locally on decreasing *strava*. As we know that *saptaparna* have *kandughna* property hence decreasing *kleda* (cause of *krimi* production) therefore reducing *kandu*.

### D.) Yonidurgandha

After treatment, it is observed that 84% patients were not having complaints of *yonidurgandha*.

This result shows that *saptaparna kwath yonidhawan* have good result in *yonidurgandha*. As there is *kledasanchiti* i.e. form of *samata* (*Sama kapha*), *shwetastrava* is generally associated with symptom of *durgandha*. *Saptaparna* is *Kapha-pittashamak* and by *yonidhawan* there is *sampraptibhang*, it results in decrease in symptom of *durgandha*.

### E.) Vaginal Ph

After treatment, it is observed that 36.51% patients were not having complaints of vaginal pH.

This result shows that *saptaparna kwath yonidhawan* have good result.

As the acidic pH of the vaginal flora is maintained due to *kashya rasa* hence preventing the cause of disease.

### F.) Urine

After treatment, it is observed that 25.23% patients were not having complaints of burning micturition.

This result shows that *saptaparna kwath yonidhawan* have good result in burning micturition.

In the present study it is observed that majority of patients got relief from burning micturition. This might be possible because of decreased amount discharge and reduction in local inflammation. Hence there is no irritation and no burning micturition.

## CONCLUSION

On the basis of the study, following conclusions drawn:

- *Shwetastrava* has *kaphavataja* dominance which can be evident can be by observing its signs and symptoms.
- *Yonigata shwetastrava* in modern parlance has similarity with the disease leucorrhea.
- In the present study majority of the patients were found in the age group 20 to 32 years which reflects the incidence of comparatively *shwetastrava* more in this particular age range.
- Maximum patients had the history of *kaphakar aahar* and *mandagni* which clearly shows the role of *Ama* formation in the pathogenesis of the disease *shwetastrava*.
- Distributions of the patients according to the manifested symptoms showed that *yonistrava*, *katishoola*, *yonikandu*, *yonidourgandhya* cardinal symptoms were found.
- Highly significant results were found in

Age group 20 to 32 years *Kapha-vataja prakruti*  
Housewife Married Primipara

- It was found that action of drug on *kapha-vataja prakop* was satisfactory
- *Saptaparna kwath* was effective as *sthambak*, *vedanasthapan*, *kaphahar*, *shothahara*, *srotodushtihar*.
- The significant results shows the reducing symptoms *yonikandu*, *katishool*, *yonistrava*, *yonidurgandha*, vaginal flora was maintained due to *Kashaya rasa*.
- Due to *Agnidipan* properties of drug, *Agnimandya* symptom is also significantly reduced hence reduced *ama* and hence acting *kledahar*.
- It was concluded that, *Saptaparna kwath yonidhawan* was effective in *yonigata shwetastrava*.

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