Efficacy of Sahacharpatra Kwatha Yonidhawan in the Management of Upapluta Yonivyapada

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Article Received on 23/08/2022
Article Revised on 13/09/2022
Article Accepted on 03/10/2022

ABSTRACT
Pregnancy & delivery have special significance in every women's life. Life of a lady is incompletetill she become a mother and give birth to healthy child. Upapluta yonivyapada is one of 20 Yonivyapada, described by Acharya Charaka and both Vagbhata can be compared to vulvovaginitis during pregnancy means Per vaginal mucoid white discharge accompanied with itching and pain, is one a very annoying and troublesome symptom in pregnant women. It causes great discomfort to women hampering her normal activities. In Upapluta yonivyapada, kapha and vata dosha plays main role. Pregnancy although being a physiological phenomenon, still it may be at risk to face many complication at any stage due to altered anatomical and physiological, immunological functions of the body of pregnant female. Upapluta Yonivyapada is mainly due to vitiation of vata and kapha dosha and it's shhananshraya at yoni. Therefore to get rid of per vaginal mucoid white discharge accompanied with itching and pain, shodhan of yonisht vata and kapha dosha are important. So, vataghna and kaphaghnna karya is done by Sahacharpatra kwatha Yonidhawan which acts on sithanik dosha and breaks the Sthanshshraya. Sahacharpatra kwatha Yonidhawan can be a choice of drug. This can improve the quality of life of pregnant women while whole journey of pregnancy.

KEYWORDS: Upapluta Yonivyapada, Sahacharpatra Kwatha Yonidhawan, Vulvovaginitis.

INTRODUCTION
In Ayurveda, a pregnant lady called “Sagarbha” and this stage called “Sagarbhavastha”.

Women, being the precious creation of the world is the only source for new creation. Pregnancy is a beautiful phase in women's life and desire to have a healthy progeny is very innate and intense in every living being. “पूर्णिमा तेलपात्र अवस्थित्यते, अन्तर्वृत्ति भवति उपचर्या”

The pregnant women should be treated just like a pot filled with oil, as slightest oscillation of such pot causes spilling of oil, similarly slightest excitement to the pregnant women can initiate abortion, etc.[1]

According to Ayurveda, majority of the diseases are caused due to suppression of urges, or unnecessarily and forcefully creating them, called as “Adharniya Vego”. [2]

ROGA: संवेदिक जायन्ते लेगांदीरणादरणे:]

In the densely populated country like India, due to poor nutrition, multiple child births, low socio-economic status, poverty, tremendous population growth and negligence of proper hygiene. So diseases like Upapluta yonivyapada develop.

During pregnancy bacterial and fungal infections of the genital tract are increased due to increase in cell glycogen and reduced pH under influence of higher blood level estrogen. The major causes for this are said to be Lactobacillus species. Bacterial vaginosis with prevalence of 10-30% and Vulvovaginal and canidiasis with prevalence of 20% and Trichomonas vaginitis with prevalence of 25%.

Microbial infections of vagina (vaginosis and vaginitis) among pregnant women are serious problems because they can lead to serious medical complications such as preterm labour, amniotic fluid infection, premature rupture of fetal membranes and low birth weight of neonates. However, identification and treatment will reduce the risk of preterm birth and it’s consequences. The vagina could be infected by a variety of pathogens including bacteria, fungi, viruses and parasites. Bacterial vaginosis is the most frequent vaginal infection, characterized by there placement of Lactobacillus species of normal vaginal flora by the excessive growth of a mixture of micro-organisms including Gardnerella vaginalis, Bacteroides species, Genital mycoplasma and fastidious an aerobic bacteria. [3]
Upapluta Yonivyapada (Vulvovaginitis) is described by Acharya Charaka and both Vagbhutas. If pregnant women habitual for taking Kaphavardhak Ahar-vihara and suppresses the Chardi - Nishwasa Vegas causes Upapluta Yonivyapada. Upapluta in garbhini as described by our Acharya presents with symptoms like Panduvarnasrava, Shweta or Kaphayukta srava associated with Toda. Both Vagbhutas have almost given the same description but have not restricted to pregnancy only. On the contrary, Charaka has clearly mentioned that it is only a disease of the pregnant women. Although various meaning of word "Upapluta" means overflowed, “invaded” or “afflicted”.

Now-a-days, when human life is very fast, we should be ready to make necessary changes to our science according to the need of hour. This study on Upapluta Yonivyapada is aim to find out a method of treatment, which will impart a permanent, easy, effective cure and is with no or minimal side effect, which can be easily administered and accepted by the patient.

Ayurveda gives prime importance to vata dosha. Because all twenty types of Yonivyapada cannot occur without vitiation of vata dosha. In Upapluta Yonivyapada, kapha and vata dosha play main role so Kaphagnha and vataghna line of treatment is required.

Upapluta Yonivyapada i.e. Pervaginal mucoid white discharge accompanied with itching and pain, is one a very annoying and troublesome symptom in pregnant women. It causes great discomfort to women hampering her normal activities. Thus, the prompt symptomatic releif as well as releif from recurrance is to be sought by Sahacharpatra Kwatha Yonidhawan.

Upapluta Yonivyapada is mainly due to vitiation of vata and kapha dosha and it’s sthanasanshraya at yoni. Therefore to get rid of per vaginal mucoid white discharge accompanied with itching and pain, shodhan of yonisth vata and kapha dosha is important. So, vataghna and kaphaghna karya is done by Sahacharpatra kwatha Yonidhawan which acts on sthanik dosha and breaks the Sthansanshraya.

Many researches have been done on Upapluta Yonivyapada previously with various drugs but Sahacharpatra Kwatha Yonidhawan on Upapluta Yonivyapada has not found till date after research.

For treatment of Yonivyapada, Ayurveda provide sthanik chikitisa and sarvadehik chikitisa. In management of Upapluta Yonivyapada, Charkacharya offers only sthanik chikitisa but in pregnancy if ushna, ruksha drugs given orally, it can harm to fetus. So, while treating Upapluta Yonivyapada Local Sahacharpatra Kwatha Yonidhawan is recommended.

Considering guna, karma, easily, readily availability and usability of Sahacharpatra Kwatha Yonidhawan in Upapluta Yonivyapada, the topic is selected for the study. Need has been always been felt to develop Ayurvedic treatment modalities for the management of Upapluta Yonivyapada which is safe, effective and affordable.

Modern review: Nowadays, in modern medicine antifungal creams, tablets, suppositeries and antibiotics are used in vaginal infections. It also causes various side effects due to regular use. Further it is not permanent to the ailment. The present study is aimed at finding out a methodof treatment, which will impact a permanent cure without any side effect.

The study drug may also improve the results in symptoms like Yonisrava praman, kala, Swaroop, Yonivedana, Yonikanda, Yonidaurgandhya, Yoni daha, Mutradaha. Drug is prepared by a method mentioned in Sharandhar Samhita. Considering above factors this study is planned to evaluate efficacy of local administration of Sahacharpatra Kwatha Yonidhawan in the management of Upapluta Yonivyapada. Such type of study is not done previously. Study is safe.

**Aim**

To study the Efficacy of Sahacharpatra Kwatha Yonidhawan in the management of Upapluta Yonivyapada.

**Inclusion criteria**

2. Second and Third Trimester pregnant patient.
3. Vaginal discharge during speculum examination.
4. Presence of pathogens either of Trichomonas vaginalis, fungal hyphae and puscells in the vaginal smear.
5. Inflammation, redness present in vulva and vagina.

**Exclusion criteria**

1. Patient not willing for the treatment.
2. Non-pregnant woman.
3. First Trimester patient.
4. Hypersensitivity to drug and inability to continue the protocol.
5. History of sexually transmitted diseases or/and of humanimmuno deficiency virus (HIV).

**Withdrawal criteria**

1. Patient refuse to continue treatment.
2. Patient missed daily follow-ups.
3. Patient develop any adverse effect or there is aggravation of symptoms, present treatment will be stopped immediately and standard treatment will be started.

**Assessment criteria**

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

1. Yonisrava praman, kala, Swaroop
2. Yonivedana (Pain)
3. Yonikandu (Itching in vagina)
4. Yonidaurgandhyā (Foul smell from vagina)
5. Yonidaha (Burning sensation in vagina)
6. Mutradaha (Burning micturition)

1. Yonisravaprāmanā

Grade Pramana of sarva
0 = No sarva
1 = Wet sensation
2 = Spot on inner clothes
3 = Wetness of inner clothes
4 = Use of pads

Kalā: Kalā of sarva will be assess by no. of days the sarva persist.
Varna: Varna of sarva will be assess by prashna pariksha and darshana.

2. Yonivedana: will be assessed using VAS (Visual Analogue scale) Grading of VAS (Visual Analogue Scale)

Grade Pramana of vedana
0-1 = No any pain
2-3 = Mild pain
4-6 = Moderate pain
7-8 = Severe pain
9-10 = Worst pain

3. Yonikandu

Grade Pramana of Kandu
0 = Absent
1 = Occasional and mild
2 = Continuous
3 = Hamper daily work routine
4 = Unbearable

4. Yonidaurgandhyā

Grade Pramana of daurgandhya
0 = No smelling
1 = Mild smell felt at the time of changing garments
2 = Moderate smell slight outside
3 = Severe occasionally foul smelling
4 = Extreme persistent foul smelling

5. Yonidaha

Grade Pramana of yonidaha
0 = No Daha
1 = Mild - little, localized and sometimes feeling of burning sensation
2 = Moderate - more, localized and often burning sensation which does not disturb sleep
3 = Severe - continuous, interference with daily routine activity

6. Mutradaha

Grade Pramana of mutradaha
0 = Absent
1 = Mild - occassional
2 = Moderate - troublesome
3 = Severe - not tolerable patients want to avoid micturition

MATERIAL AND METHOD
1. Literature – Available in all Ayurvedic samhitas and modern textbook.
2. Study centre – Ashtang Ayurved Hospital, Pune - 30.
3. Number of Patients – 35 in each group
4. Type of study – Open labelled Randomised, controlled, prospective study.

<table>
<thead>
<tr>
<th>Group</th>
<th>No. of subjects</th>
<th>Planning</th>
<th>Duration</th>
</tr>
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<tbody>
<tr>
<td>Group A</td>
<td>35</td>
<td>Sahacharpatra kwathaYonidhawan 500 ml</td>
<td>once a day for 7 days</td>
</tr>
<tr>
<td>Group B</td>
<td>35</td>
<td>Tab.Clotrimazole 100 mg Vaginal pessary</td>
<td>1 HS locally for 7 days</td>
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OBSERVATION AND RESULTS

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<td>35</td>
<td>70</td>
</tr>
<tr>
<td>Patients dropped out</td>
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<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Patients remained till end of Trial</td>
<td>35</td>
<td>35</td>
<td>70</td>
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</table>

**NO OF PATIENTS AT BEGINNING AND AT END OF STUDY**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th>No of Patients</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sr. No</td>
<td>AGE</td>
<td>No. of Patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>19</td>
<td>17</td>
<td>36</td>
<td>54%</td>
</tr>
<tr>
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<tr>
<td>TOTAL</td>
<td>35</td>
<td>35</td>
<td>70</td>
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**AGE**

**Prakruti**

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<tr>
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<th>No. of Patients</th>
<th>Percentage</th>
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<td>VK</td>
<td>29</td>
<td>21</td>
</tr>
<tr>
<td>2</td>
<td>KP</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>PK</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>KV</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>5</td>
<td>VP</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>TOTAL</td>
<td>35</td>
<td>35</td>
<td>70</td>
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</table>
### Parity

<table>
<thead>
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<th>Parity</th>
<th>No. of Patients</th>
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<tr>
<td>1</td>
<td>Primipara</td>
<td>22</td>
<td>27</td>
</tr>
<tr>
<td>2</td>
<td>2nd para</td>
<td>11</td>
<td>6</td>
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<tr>
<td>3</td>
<td>3rd para</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>4</td>
<td>4th para</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>35</td>
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### Trimester

<table>
<thead>
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<th>No. Of patients</th>
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<td>2nd trimester</td>
<td>8</td>
<td>13</td>
</tr>
<tr>
<td>2</td>
<td>3rd trimester</td>
<td>27</td>
<td>22</td>
</tr>
<tr>
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### Appearance of discharge

<table>
<thead>
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<th>Appearance of Discharge</th>
<th>No. of Patients</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>1</td>
<td>Curdy White discharge</td>
<td>17</td>
<td>24</td>
</tr>
<tr>
<td>2</td>
<td>Milky White discharge</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td>3</td>
<td>Greenish Yellowish discharge</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>35</td>
<td>35</td>
</tr>
</tbody>
</table>

### Effect of therapy

% Relief in symptoms in Group A and Group B

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Symptoms</th>
<th>% Relief</th>
<th>Group A</th>
<th>Group B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yoni Srava Praman</td>
<td>95.65</td>
<td>79.35</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Yoni Gandha</td>
<td>97.96</td>
<td>95.24</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Yoni Kandu</td>
<td>100.00</td>
<td>75.51</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Mutra Daha</td>
<td>100.00</td>
<td>86.05</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Yoni Vedana</td>
<td>100.00</td>
<td>89.74</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Yoni Daha</td>
<td>100.00</td>
<td>84.78</td>
<td></td>
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</table>

### Overall effect of therapy according % relief

<table>
<thead>
<tr>
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<th>Criteria</th>
<th>Improvement grade</th>
<th>No of patients</th>
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<td>Group a</td>
</tr>
<tr>
<td>2</td>
<td>0 to 49%</td>
<td>Mild improvement</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>50% to 74%</td>
<td>Moderate improvement</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>75% to 99%</td>
<td>Markedly improvement</td>
<td>5</td>
</tr>
<tr>
<td>5</td>
<td>100%</td>
<td>Cured</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>Total</td>
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According to statistical analysis
Subjective parameters

<table>
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<th>Categorical analysis</th>
<th>Comparisons</th>
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<tr>
<td></td>
<td></td>
<td>Group A</td>
<td>Group B</td>
</tr>
<tr>
<td>1</td>
<td>Yoni SravaPraman</td>
<td>Significant</td>
<td>Significant</td>
</tr>
<tr>
<td>2</td>
<td>Yoni Gandha</td>
<td>Significant</td>
<td>Significant</td>
</tr>
<tr>
<td>3</td>
<td>Yoni Kandu</td>
<td>Significant</td>
<td>Significant</td>
</tr>
<tr>
<td>4</td>
<td>Mutra Daha</td>
<td>Significant</td>
<td>significant</td>
</tr>
<tr>
<td>5</td>
<td>Yoni Vedana</td>
<td>Significant</td>
<td>Significant</td>
</tr>
<tr>
<td>6</td>
<td>Yoni Daha</td>
<td>Significant</td>
<td>Significant</td>
</tr>
</tbody>
</table>

(≪ - means statistically equal, not exact equal)

DISCUSSION
Clinical study
Discussion regarding observations and effect of therapy is presented as follows:

A) Age
Analyzed data shows that there were total 19 (54%) & 17 (49%) patients in age group between 18 to 25 years from Group A & Group B respectively.

There were total 16 (46%) & 18 (51%) patients in age group between 26 to 35 years from Group A & Group B respectively.

There were total 36 (51%) & 34 (49%) patients in age group between 18 to 25 years & 26 to 35 years from Group A & Group B respectively.

B) Prakruti
Analyzed data shows that there were total 50 (71%) patients of Vatakaphaja Prakruti, 5 (7%) patients of Kaphapittaja Prakruti, 4 (6%) as of Pittakaphaja Prakruti, 9 (13%) patients as of Kaphavatataja Prakruti, 2 (3%) patients of Vatapittaja Prakruti.

Kapha Vata pradhan prakruti was dominant in both groups. As the disease occurs due to Vitiation of Kapha Doshas and Vata Doshas, so women having Kapha pradhan Vataanubandhi prakruti are more prone for this disease. So the result is observed.

C) Parity
Out of 70 patients, 49 (70%) were primigravida, 17 (24%) were second para, 3 (4%) patients were third para and 1 (1%) patients were fourth para.

Since the disease is found in pregnant women, it was necessary to know the parity. In our study, disease was found maximum in third trimester, but specific reason behind it, is unknown.

D) Trimester
During the study out of 70 patients there were total 21 (30%) patients of second trimester and 49 (70%) patients of third trimester.

In our study according to trimester, disease was found maximum in third trimester, but specific reason behind it, is unknown.

E) Appearance of discharge
Data shows that, Out of 70 patients under study 41 (59%) were having Curdy White discharge, 25 (36%) were having Milky White discharge and 4 (6%) patients having Greenish Yellowish discharge.

There were total 17 (49%) & 24 (69%) patients of Curdy White discharge from Group A & Group B respectively.

There were total 15 (43%) & 10 (29%) patients of Milky White discharge from Group A & Group B respectively.

There were total 3 (9%) & 1 (3%) patients of Greenish Yellowish discharge from Group A & Group B respectively.

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

A) Yoni srava praman
Before treatment Yoni Srava was present in all 35 patients in group A and group B respectively. After treatment it was found 95.65% & 79.35% patients from group A and group B respectively were not having complaint of Yoni Srava.

B) Yoni gandha
Before treatment Yoni Gandha was present in all 35 patients in group A and group B respectively. After treatment it was found 97.96% & 95.24% patients from group A and group B respectively were not having complaint of Yoni Gandha.

C) Yoni kandu
Before treatment Yoni Kandu was present in all 35 patients in group A and group B respectively. After treatment it was found 100% & 75.51% patients from group A and group B respectively were not having complaint of Yoni Gandha.

D) Mutra daha
Before treatment Yoni Daha was present in all 35 patients in group A and group B respectively. After
treatment it was found 100% & 86.05% patients from group A and group B respectively were not having complaint of Yoni Daha.

E) Yoni vedana
Before treatment Yoni Vedana was present in all 35 patients in group A and group B respectively.

After treatment it was found 100% & 89.74% patients from group A and group B respectively were not having complaint of Yoni Vedana.

F) Yoni daha
Before treatment Yoni Daha was present in all 35 patients in group A and group B respectively.

After treatment it was found 100% & 84.78% patients from group A and group B respectively were not having complaint of Yoni Daha.

CONCLUSION
In treatment of Upapluta Yonivyapada it is necessary to do sampraptibhanga so Kaphagnha and vataghna action is required which is achieved by Sahacharpatra kwatha Yonidhawan. Further from the present study we can conclude that Incidence is higher in:
1. Age group= 18-25 years
2. Vata- Kaphaj prakruti
3. Primigravida
4. Third Trimester
5. Curry white discharge
Sahacharpatra kwatha Yonidhawan acts mainly on basic pathogenesis it shows better results than control group.

REFERENCES