

**EFFICACY OF SAHACHARPATRA KWATHA YONIDHAWAN IN THE
MANAGEMENT OF UPAPLUTA YONIVYAPADA****Hemalata R. Jalgaonkar***

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ABSTRACT

Pregnancy & delivery have special significance in every women's life. Life of a lady is incomplete till she become a mother and give birth to healthy child. *Upapluta yonivyapada* is one of 20 *Yonivyapada*, described by *Acharya Charaka* and both *Vagbhatas* 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 *sthanasanshraya* at *yonis*. Therefore to get rid of per vaginal mucoid white discharge accompanied with itching and pain, *shodhan* of *yonis* *vata* and *kapha dosha* are important. So, *vataghna* and *kaphaghna karya* is done by *Sahacharpatra kwatha Yonidhawan* which acts on *sthanik dosha* and breaks the *Sthanasanshraya*. *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 "*Sagarbhaavastha*".

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.

“पूर्णमिव तैलपात्रं असंक्षौभयते, अंतर्वत्नी 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 "*Adharmiya Vega*".^[2]

रोगाः सर्वेऽपि जायन्ते वेगोदीरणधारणैः।

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 *Lactobaccillus* species. Bacterial vaginosis with prevalence of 10-30% and Vulvovaginal and candidiasis 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 its 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 *Lactobaccillus* 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 Vagbhatas. 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*.^[4] Both Vagbhatas have almost given the same description but have not restricted to pregnancy only.^[5] 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 *Kaphaghna* 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 relief as well as relief from recurrence 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 *yonis*. Therefore to get rid of per vaginal mucoid white discharge accompanied with itching and pain, *shodhan* of *yonisth vata* and *kapha dosha* are important. So, *vataghna* and *kaphaghna karya* is done by *Sahacharpatra kwatha Yonidhawan* which acts on *sthanik dosha* and breaks the *Sthanasanshraya*.

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 chikitsa* and *sarvadehik chikitsa*. In management of *Upapluta Yonivyapada*, *Charkacharya* offers only *sthanik chikitsa* 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, suppositories 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 method of 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*, *Yonikandu*, *Yonidaurgandhya*, *Yonidaha*, *Mutradaha*. Drug is prepared by a method mentioned in *Sharandhar Samhita*.^[6] 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

1. Patient willing for treatment.
2. Second and Third Trimester pregnant patient.
3. Vaginal discharge during speculum examination.
4. Presence of pathogens either of *Trichomonas vaginalis*, fungal hyphae and pus cells 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 human immunodeficiency virus (HIV).
6. Cervical encircage, Bad Obstetric History.

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.

Assesment criteria

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

1. *Yonisrava praman*, *kala*, *Swaroop*

(Vaginal discharge)

2. *Yonivedana* (Pain)
3. *Yonikandu* (Itching in vagina)
4. *Yonidaurgandhya* (Foul smell from vagina)
5. *Yonidaha* (Burning sensation in vagina)
6. *Mutradaha* (Burning micturition)

1. *Yonisrava pramana*

Grade *Pramana* of *sarva*

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

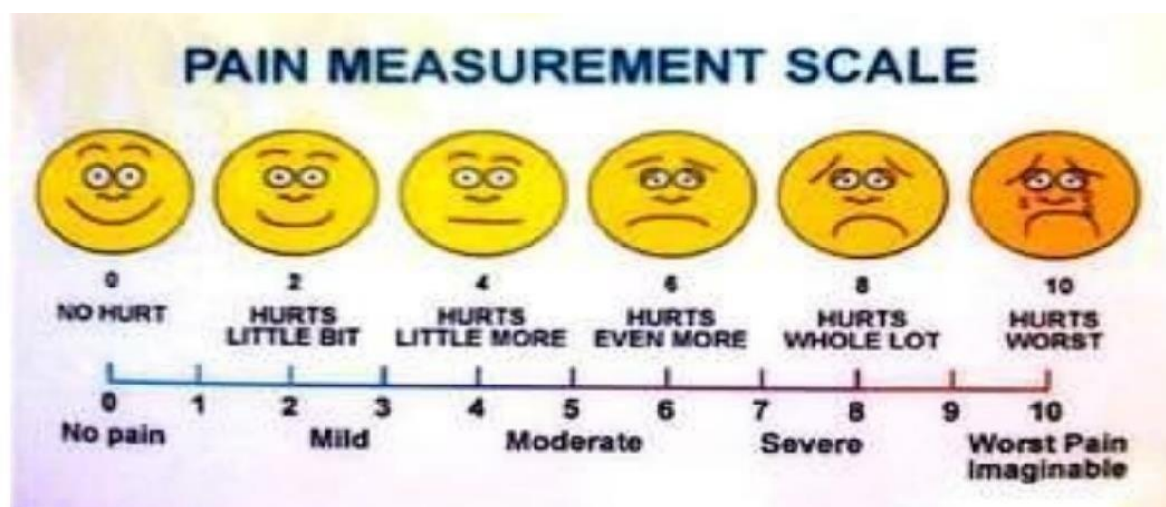
Kala:- *Kala* of *sarva* will be assess by no. of days the *sarva* persist.

Varna:- *Varna* of *sarva* will be assess by prashna pariksha and darshana.

2. *Yonivedana* :- will be assesse dusing 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. *Yonidaurgandhya*

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 = 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 - occasional
2 = Moderate - troublesome
3 = Severe - not tolerable patients want to avoid micturition

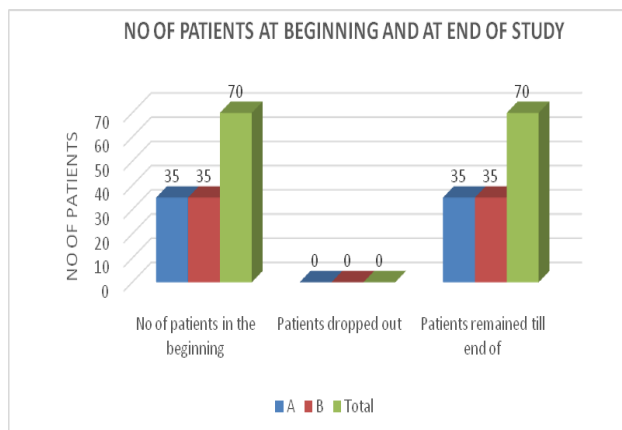
MATERIAL AND METHOD

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.

Group	No. of subjects	Planning	Duration
Group A	35	<i>Sahacharpatra kwatha</i> <i>Yonidhawan</i> 500ml	once a day for 7days
Group B	35	Tab.Clotrimazole 100 mg Vaginal pessary	1 HS locally for 7days

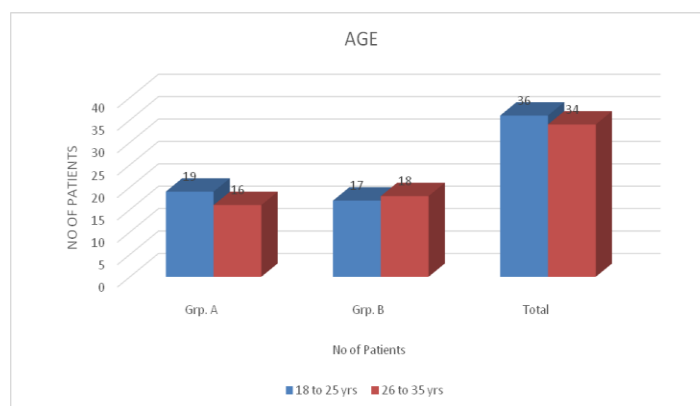
OBSERVATION AND RESULTS

Group	A	B	Total
No of patients in the beginning	35	35	70
Patients dropped out	0	0	0
Patients remained till end of Trial	35	35	70



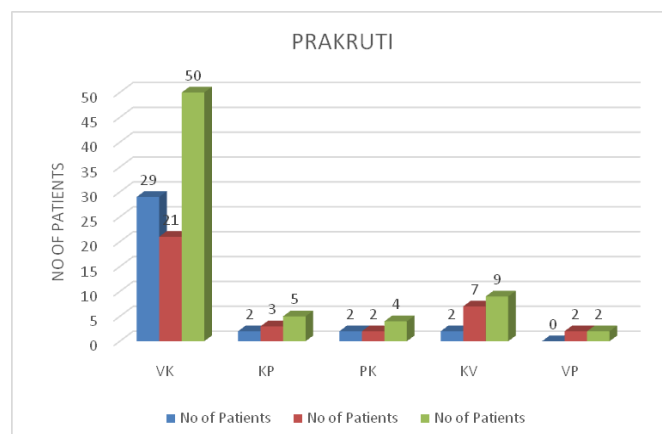
Age

Sr. No.	AGE	No. of Patients			Percentage		
		Grp. A	Grp. B	Total	Grp. A	Grp. B	Total
1	18 to 25Years	19	17	36	54%	49%	51%
2	26 to 35Years	16	18	34	46%	51%	49%
	TOTAL	35	35	70	100%	100%	100%



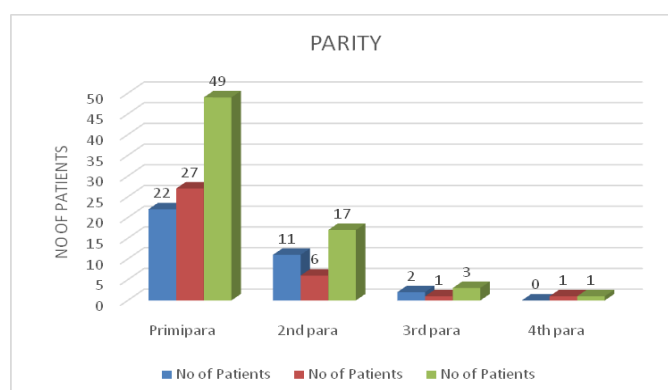
Prakruti

Sr. No.	Prakruti	No. of Patients			Percentage		
		Grp. A	Grp. B	Total	Grp. A	Grp. B	Total
1	VK	29	21	50	83%	60%	71%
2	KP	2	3	5	6%	9%	7%
3	PK	2	2	4	6%	6%	6%
4	KV	2	7	9	6%	20%	13%
5	VP	0	2	2	0%	6%	3%
	Total	35	35	70	100%	100%	100%



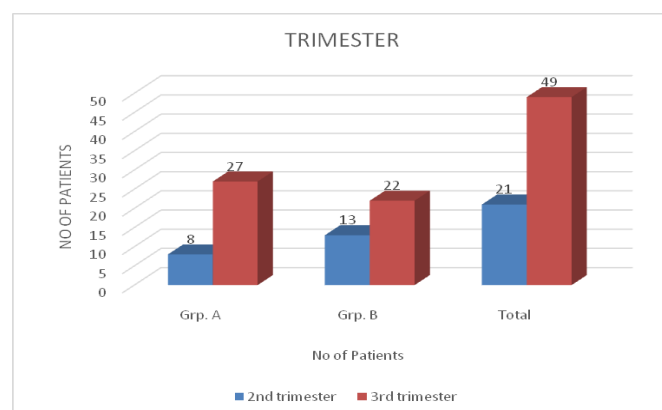
Parity

Sr. No.	Parity	No. of Patients			Percentage		
		Grp. A	Grp. B	Total	Grp. A	Grp. B	Total
1	Primipara	22	27	49	63%	77%	70%
2	2nd para	11	6	17	31%	17%	24%
3	3rd para	2	1	3	6%	3%	4%
4	4th para	0	1	1	0%	3%	1%
	Total	35	35	70	100%	100%	100%



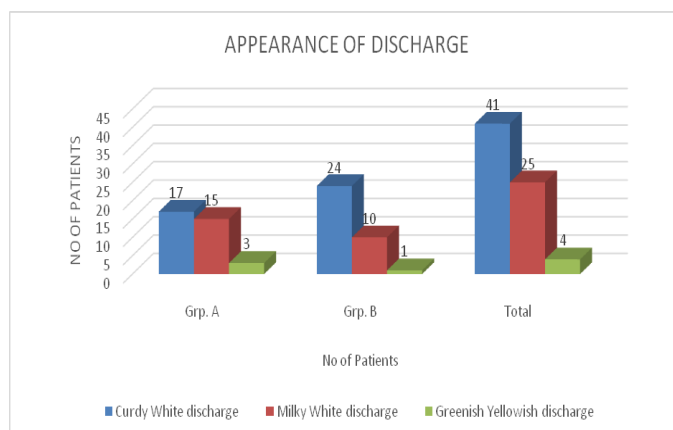
Trimester

Sr. No.	Trimester	No. Of patients			Percentage		
		Grp. A	Grp. B	Total	Grp. A	Grp. B	Total
1	2 nd trimester	8	13	21	23%	37%	30%
2	3 rd trimester	27	22	49	77%	63%	70%
	Total	35	35	70	100%	100%	100%

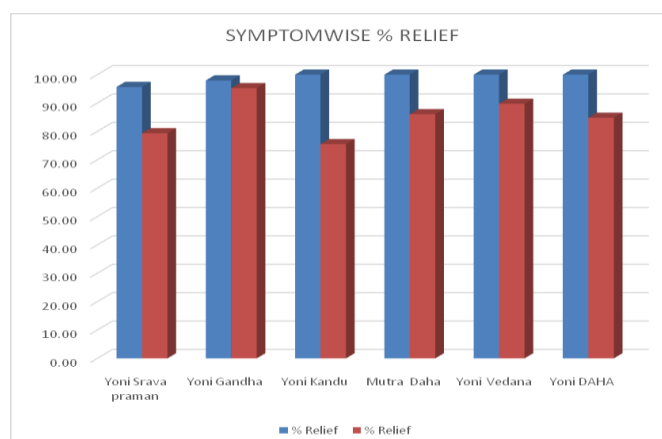


Appearance of discharge

Sr. No.	Appearance of Discharge	No. of Patients			Percentage		
		Grp. A	Grp. B	Total	Grp. A	Grp. B	Total
1	Curdy White discharge	17	24	41	49%	69%	59%
2	Milky White discharge	15	10	25	43%	29%	36%
3	Greenish Yellowish discharge	3	1	4	9%	3%	6%
	Total	35	35	70	100%	100%	100%

**Effect of therapy****% Relief in symptoms in Group A and Group B**

Sr. No.	Symptoms	% Relief	
		Group A	Group B
1	Yoni Srava Praman	95.65	79.35
2	Yoni Gandha	97.96	95.24
3	Yoni Kandu	100.00	75.51
4	Mutra Daha	100.00	86.05
5	Yoni Vedana	100.00	89.74
6	Yoni Daha	100.00	84.78

**Overall effect of therapy according % relief**

Sr.no.	Criteria	Improvement grade	No of patients	
			Group a	Group b
2	0 to 49%	Mild improvement	0	0
3	50% to 74%	Moderate improvement	0	5
4	75% to 99%	Markdly improvement	5	18
5	100%	Cured	30	12
	Total		35	35

According to statistical analysis Subjective parameters

Sr. No.	Subjective parameters	Within Groups (Wilcoxon Rank test)		Comparison (Mann-Whitney's Test)
		Group A	Group B	
1	Yoni SravaPraman	Significant	Significant	Significant (A > B)
2	Yoni Gandha	Significant	Significant	Insignificant (A ≈ B)
3	Yoni Kandu	Significant	Significant	Significant (A>B)
4	Mutra Daha	Significant	significant	Insignificant (A ≈ B)
5	Yoni Vedana	Significant	Significant	Significant (A>B)
6	Yoni Daha	Significant	Significant	Insignificant (A ≈ B)

(≈ - 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 *Kaphavataja 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 Vatanubandhi 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 Primigravida and second para patients, 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.

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