



Research Article

STUDY THE EFFICACY OF *ROHITAKMUL CHURNA* IN THE MANAGEMENT OF *SHWETAPRADAR* W.S.R. TO LEUCORRHEOA

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ABSTRACT

Every woman faces varies physiological and psychological changes during this "change of life" as a part of hormonal derangement. Now a days women's health is of prime importance to get a healthy society. A woman play different role in her life and these balances the family and keeps them nested together. It is important that she should remain healthy and proper attention should be paid towards her health. But because of their shyness and hesitation they would not discuss freely about their diseases relating to the exposable parts of the body and thus they get the diseases ultimately more and more complicated.

Any deviation from natural process leads to complications like irritation in vagina due to excessive discharge which in turn causes divesting effect on marital harmony. This irritation can be caused due to infection or pathological manifestation in the vagina. "*Shwetpradar*" which is identified as white discharge which is commonest in all gynecological disorder's like vaginitis.

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 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. organisms. Whenever women suffer from certain pathological conditions the effective treatment is very essential. It is hoped that the research work in the field of *Ayurveda* will create much interest in the medical practice and for scientific application and interpretation of Ayurvedic formulations. *Rohitakmul Churna* is one above them. For this study we have use *Rohitakmul Churna* for treating *Shwetpradar*.

Keywords: *Rohitakmul Churna*, *Shwetpradar*, Leucorrhoea.

INTRODUCTION

In day to day practice, *Shwetpradara* is one of the most common disorders. A change in the lifestyle, due to rapid urbanization, faulty dietary habits, excessive work load etc. and individual error like self negligence, shame, hesitation to submit to doctor etc. *Shwetpradara*^[1], which occurs due to genital tract infection, has been linked with the incidence of tubal pathology resulting in infertility or ectopic pregnancy. The medical, social and financial consequences of tubal factor infertility are considerable while in developed countries ectopic pregnancy remains an important cause of maternal mortality in the first trimester of pregnancy According to Centre for Disease Control and Prevention, genital infection is the most common Sexual Transmitted Disease (STD) in women.

Sometimes, many genital tract infections are asymptomatic but can cause long term morbidity. It may also convert into chronicity, which produces, lots of trouble and psychological upsets in susceptible women. So it is important to screen out all causative factors like cervicitis, vaginitis etc

Samprapti (Pathogenesis) of Shwetpradar^[2]

Samprapti is knowledge of pathogenesis of the disease.

It gives knowledge of

- *Dosha Dusti* -Vitiation of *Dosha*
- *Dhatu Dusti*- Impairment of *Dhatu*s
- *Vyadhi Marga* -Channels of disease

- *Dosha Dushya Sammurcchana* -Synthesis of *Doshas* and *Dushyas* common pathogenesis of *Shwetpradar*

As pathogenesis of *Shwetpradar* is not explained in *Brihatrayee* in classics, we have to study pathogenesis of *Yoni Vyapadas*.

Samprapti constituents^[3]

Dosha- Kapha, Vata, Pitta

Dushya -Rasa, Rakta, Mansa, Meda, Aartava

Udbhavasthana- Garbhayshaya yoni

Roga marga- Madhyam

Vyadhi swabhava - Chirakari (chronic)

Strotasa Rasavaha, Raktavaha, Medovaha, Aartava, Vaha, Purisha vaha, Annavaha.

Vyadhivyavacheda^[4]

Twenty *Yoni vyapada* are explained in *Ayurveda Shwetpradar* can be seen the following *Yonivyapadas* as symptom.

LEUCORRHOEA

Leucorrhoea is normal vaginal secretion in increase amount, which is non purulent microscopically and macroscopically.

Types of Leucorrhoea

According to Shaw and C.S. Dawn, the increase in vaginal discharge i.e., leucorrhoea can be divided into two types -

- Physiological
- Pathological

Physiological - It is seen in -

- New born babies
- At puberty
- At the time of ovulation
- At premenstrual phase.
- From sexual excitement
- During pregnancy

Pathological -Pathological leucorrhoea is characterised macroscopically by profuse, frothy, purulent, greenish, sticky, vaginal discharge and microscopically by leucocytosis and plenty of pus cells.

General factors-

- A. Tuberculosis
- B. General illness
- C. Diabetes
- D. Malnutrition
- E. Pyrexia

	Cause	Nature
Infection	1.Trichomonas vaginitis 2.Candida albicans 3.Bacterial vaginosis 4.Cervicitis	1.Frothy yellow discharge Curdy 2.White in flakes 3.Pruritis 4.Mucopurulent discharge
Atrophic	Post menopausal	Discharge no prominent Irritation prominent
Foreign body	Medicinal Irritation	Offensive, purulent, blood stained.
Chemical	Condoms, Sprays etc.	Soreness
Excretion	Contamination with urine or faces	Offensive discharge and pruritis
Neoplasms	Malignancy	Offensive

Aim & Objective

- To the efficacy of *Rohitakmul Churna* in the management of *Shwetpradar*
- To study the *Shwetpradar* as per modern and Ayurvedic classics

Material & methods

For the clinical study, Patients were selected from the O.P.D of the Department of *Stree Roga & Prasuti Tantra*, of our institute. Patients fulfilling the criteria for selection were integrated into the study irrespective of caste, religion etc. A detailed history was filled up in specially prepared proforma on *Ayurvedic* guidelines.

10 patients are selected for this study, written consent taken from the patients. Study carried out for 2 month

Drug review

Rohitakmul Churna – 5 gms BD with *Madhu*

Nimb Kwath Yoni Dhawan BD

Both *Churnas* are purchased from the GMP approved pharmacy.

Follow up – day 1st, day 15th, day 30th, day 60th

Inclusion criteria

- The patients having clinical signs & symptoms of *Shwetapradara* (Leucorrhoea).
- The patients who satisfied the diagnostic criteria of *Shwetapradara*

- Age between 20 -60 yrs.

Exclusion criteria

- Pregnant women were excluded.
- Patients suffering from Tuberculosis, Sexually Transmitted Diseases like VDRL, HIV, Gonorrhoea, etc. and Genital malignancy, Congenital and any other pathologies of reproductive tract were excluded.
- Patients below 20 and more than 60 were excluded.

Investigations

- Routine Hb, T.L.C., ESR, HIV, VDRL were carried out in all the patients before & after treatment
- Vaginal wet smear and vaginal pH test was carried in all the patients before & after treatment.
- Vaginal swab culture was carried if required.
- Ultra Sonography for uterine and adnexal study was carried if required.

Criteria for diagnosis

Patients were selected on the basis of wet vaginal smear. If any one of Trichomonas Vaginalis or Fungal Hyphae or pus cells was present in the wet vaginal smear then those patients were registered

Subjective criteria

Yoni Kandu (Itching vulva)

- No itching - 0
- Occasional, feeling of irritability, No need of medicine - 1
- Disturbs daily routine, Need of medicine and relief after medicine Increases after specific time (Menstruation, Micturition) - 2

- Constant, affects routine activity, No relief after taking medicine -3

Yoni Daha

- 0- Absent
- 1- Occasional, mild feeling of burning sensation, No need of medicine
- 2- Moderate Disturbs daily routine, Need of medicine and relief after medicine
- 3- Sever

Yoni Srava

- 0- No c/o discharge
- 1 - Occasional discharge, only vulval moistness
- 2 - Staining of undergarments but area of staining less than 10 cm square
- 3 - Staining area more than 10 -20 cm square or patient needs to use pad

Smell

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

Consistency

- 0 - No discharge
- 1 - Thin transparent watery discharge, flows on speculum easily
- 2 - Discharge flows on speculum blade but not as watery flow
- 3 - Static and does not flow on speculum.

Results & observation

Statically analysis done by using t paired test. data of before treatment and after treatment was carried out for treatment.

S. No	Complaints	n	Mean		SD	SE	Total relief %	t value	P value
			BT	AT					
1	Yoni Srava	10	2.30	0.60	0.67	0.21	73.91	8.10	<0.001
2	Smell	10	2.00	0.70	0.82	0.2	65.00	5.00	<0.001
3	consistency	10	2.00	0.60	0.52	0.16	70	8.75	<0.001
4	Yoni Daha	9	2.00	0.56	0.53	0.18	72	8.02	<0.001
5	Yoni Kandu	8	2.00	0.38	0.52	0.20	81	6.50	<0.001

Our collected data shows 73 % relief in Yoni Strav, 65 % smell is reduced, consistency of Strav is reduced up to 70 %, Yoni Daha reduce up to 72 % and Yoni Kandu reduce up to 81 %.

DISCUSSION

Rohitak (*Tecomella undulate*) is well known Ayurvedic drug for treatment aspect of Shwetpradar, it having *Katu*, *Tikta*, *Kashay Ras* because of this helps decreased Yoni Strav and smell of Yoni, because of *Kaph Pitta Shamak Dosh* effected on Yoni Strav,

Rahitak having *Sheet Veerya* helps to Prashaman of Yoni Daha, it works as a anti microbial, analgesic etc. *Neem (Azadirachta indica)* seed and leaf extracts have spermicidal, antimicrobial, antifungal and antiviral properties. They are also immunomodulatory that induce primarily a TH1 type response. Another interesting property is their inhibitory action on a wide spectrum of micro - organisms, including *Candida albicans*, *C. tropicalis*, *Neisseria gonorrhoeae*, the multidrug resistant

Staphylococcus aureus and urinary tract Escherichia coli, Herpes simplex - 2 and HIV -1.

CONCLUSION

Both *Rohitakmul Churna* as well as *Nimb Kwath Prakshalan* is effective therapy in the management of *Shwetapradar*.

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