

CLINICAL STUDY ON PANCHVALKAL KWATHA PRAKSHALANA IN THE MANAGEMENT OF SHWETA PRADAR W.S.R TO LEUCORRHOEA

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ABSTRACT

Leucorrhoea is an abnormal excessive vaginal discharge often associated with irritation. It is symptom of underlying pelvic pathology. It is common condition that has been experienced by most women in all ages especially in child bearing or reproductive age group. *Shweta Pradara* (leucorrhoea) is commonest problem encountered by gynaecologist in today's practice and incidence becomes higher with degree of civilization. Various treatments prescribed in modern medicine like antifungal, antibiotic agents have not proved their definite efficacy, in spite of high price and side effect. This clinical study was performed on 60 patients selected randomly, age group 18-60 years in two groups, based on the drug for the clinical trial, 30 patients in each group. Group 1 *Panchvalkalkwatha Prakshalana*, Group 2 Betadine douche. The Clinical assessment was done on the basis of grading criteria with specific symptomology of *Shweta Pradara* like discharge, duration, itching, pain, ill health and mean scores levels of these symptoms before and after the treatment of all groups were subjected for student paired 't' test for statistical analysis. Conclusion: The results were statistically and clinically significant not only to cure *Shweta Pradara* but also in improving general health of women.

Key words: leucorrhoea, *Shweta Pradara*, *Panchwalkal Kwatha*, *Prakshalana*

INTRODUCTION

Abnormal vaginal discharge is a frequent complaint of women seen in the gynaecological clinic. The discharge may range from excess of normal. It is one of the common problems that women have to face in their lifetime. Sometimes this symptom is so severe that, it over shadows actual disease and women seek the treatment of only this symptom¹⁻³. Leucorrhoea is physiological when associated with various

phases of menstrual cycle. It is considered that changes in the vaginal epithelium; changes in the normal bacterial flora and pH of the vaginal secretion predispose to leucorrhoea. But, when it turns into pathological condition it produces associated problems like low backache, itching and burning sensation of vulva, poor appetite, discomfort, general weakness, pain in both legs etc. Chronic illness, fatigue, malnutrition,

emotional disturbances, unhygienic condition, improper diet, constipation and chronic retroverted uterus are responsible for leucorrhoea. Some time it is associated with infection like *Trichomonas vaginalis*, *Candida albicans* or mixed bacterial infections, gonococcal, monilial infections, vulvo-vaginitis, lesions of the vaginal wall and cervix have all been associated with leucorrhoea⁴⁻⁶. The word *Shweta Pradar* is not mentioned in great trios of *Charak*, *Sushruta* and *Vagbhata Samhitas*. Commentator *Chakrapani*, and books *Sharangdharsamhita*, *Bhawprakash* and *Yogratnakar* have used the word *Shweta Pradar* for white discharge. Leucorrhoea is not a disease, but symptom of actual disease and women come for the treatment of only this symptom. Leucorrhoea may also be noticed without any evident disease. *Kapha*, aggravated due to its own vitiating factors, influence or vitiates *Rasadhatu* of reproductive system, already influenced by excessive coitus, abortions, improper mode of life and dietetics during menstruation along with non-cleanliness and then produces white and painless vaginal discharge due to dominance of its liquid property⁷.

Methodology:

The present study was conducted in the department of Prasuti Tantra & Stri Roga of Gangasheel Ayurvedic Medical College, Bareilly during 2016. The study consisted of 60 women of age between 18-60 years with complaint of white discharge per vaginum. The detailed history regarding the age, complaint and its associated symptoms was interrogated and recorded. The collected data was analysed statistically.

Inclusion criteria

- Age group 18 -60 years
- All women complaining of leucorrhoea

Associated symptoms:

- Irritability
- Low Backache
- Dyspareunia
- Vulval Itching
- Generalised weakness

Exclusion criteria

- Any pre-existing psychological disorder
- Diabetes mellitus
- Pregnancy

Drugs

Group 1: *Panchavalka Kwatha- Vata (Ficus bengalensis)*, *Udumbara (Ficus glomerata)*, *Ashwatha (Ficus religiosa)*, *Parisha (Thespesia populnea)*, and *Plaksa (Ficus lacor)*.

Group 2- Betadine solution

Investigation

All the selected patients were subjected to routine investigation, which included the following

- Blood haemoglobin (Hb%)
- Urine routine and microscopic examination
- Biochemical examination Fasting blood glucose

Grouping:

- In the present study, all the selected patients were given *Panchvalkalkwatha* douching p/v 2 times in a day and group 2 was given Betadine douche p/v 2 times in a day.

Follow up study

- After completion of the treatment the patients were asked to attend the OPD at interval of 7 days to ascertain whether the relief provided was sustained.

Criteria of assessment

- Detailed history was taken through various physical examinations
- The result was assessed on the basis of improvement in the symptoms of *ShwetaPradar*.

Criteria for overall assessment of therapy

The obtained results were measured according to the grades given below:

- Complete remission: 100% relief
- Marked improvement : >75% -<100%
- Moderate improvement : >50% -75 %
- Mild improvement : >25% -50%

- Unchanged : Up to 25%

Statistical analysis

- The values were expressed as percentage of relief and mean, data were analysed by student “t test”.

Observation and Results

Out of 60 patients registered, maximum patients 83.3% were between age group of 18-38 years, religion wise 98% were Hindu, occupation wise 81.7% were housewives, 65% were from upper-middle class, 40% were graduates, 13.3% were high school, 100% were married. 100% patients reported about irritability due to vaginal discharge, 86.7% having backache, 79% having complaint of dyspareunia, 87% patient having itching per vaginum and 69.2% complained about generalised weakness due to vaginal discharge.

Table 1: Effect of Panchvalkal Kwatha in Group 1

Signs and Symptoms	Mean		SD±	SE±	‘t’	P
	BT	AT				
Irritability	2.33	.50	1.11	.20	8.09	<.000
Backache	2.1	.93	.79	.14	8.07	<.001
Dyspareunia	1.3	1.0	.85	.15	4.08	<.001
Vulval itching	2.4	.37	.98	.17	11.55	<.000
Generalised weakness	1.8	.53	1.25	.22	5.5	<.001

Table 2: Effect of Betadine wash in Group 2

Signs and Symptoms	Mean		SD±	SE±	‘t’	P
	BT	AT				
Irritability	2.3	1.8	.56	.10	4.1	<.001
Backache	1.3	1.1	.50	.09	2.5	<.01
Dyspareunia	1.1	1.0	.73	.13	3.7	<.17
Vulval itching	1.1	.66	.86	.15	3.3	<.001
Generalised weakness	1.5	1.3	.59	.10	1.5	<.06

Effect of therapy:

Effect of Panchvalkal Kwatha Prakshalana in Group 1:

In the 30 patients who has given the *Panchvalkal Kwatha Prakshalana* showed the reduction in the symptoms including associated symptoms after 7 days of treatment, Irritability shown improvement of 86.34%, 88.88% in

backache, dyspareunia 84.24% with p value <.001, vulval itching 87.12% improvement with p value < .001 is significant, generalised weakness shown 82.3% of improvement with p value< .001.

Effect of Betadine Wash in Group 2

In the 30 patients who were advised to douche p/v with Betadine solution, for 7 days,

considerable reduction was found in symptoms like irritability shown improvement of 60.1%, 40.2% in vaginal itching, dyspareunia 6.1% with p value <.17, backache 4.54% improvement with p value < .01 is not significant, generalised weakness does not shown any improvement.

In comparison to Betadine Group, **Panchvalkal group** shown better results.

Table 3: Probable mode of Panchvalkal Kwatha

Drugs	Rasa	Guna	Virya	Vipaka	Doshkarma
Vata ⁸ (Ficus bengalensis),	Kashaya	Guru ruksha	Sheeta	Katu	Kaphapittahara Garbhashayashothhara Vranaropana
Ashwatha ⁹ (Ficus religiosa),	Kashayamadhura	Guru ruksha	Sheeta	Katu	Kaphapittahara Vranaropana Shothahara
Udumbara ¹⁰ (Ficus racemosa),	Kashaya	Guru ruksha	Sheeta	Katu	Pittakaphahara Garbhashayashothahara Vranaropana
Parisha ¹¹ (Thespesia populnea),	Kashaya	Laghusnigdha	Sheeta	Katu	Kaphapittahara Yonidoshahara Shothahara
Plaksa ¹² (Ficus lacor).	Madhura, kashaya	Sheeta	Sheeta	Katu	Kaphahara Pittahara Shothahara Vranaropana

DISCUSSION

Vata:

- It is likely that it elicits its anti-inflammatory response by inhibiting the synthesis and release of prostaglandins, proteases and lysosomal enzymes like non-steroidal anti-inflammatory drugs.
- Anti-inflammatory activity of MEFB is due to its multiple effects on mediators of inflammation.
- The aqueous extract of the aerial roots of F. bengalensis was evaluated for its effect on both specific and nonspecific immunity¹³.

Ashwatha:

- Aqueous and ethanolic extracts of leaves showed antibacterial effect against staphylococcus aureus, Escherichia coli¹⁴.

Udumbara:

- Antibacterial activity: Different extracts of leaves were tested for antibacterial potential against Escherichia coli, Bacillus pumitis, Bacillus subtilis, Pseudomonas aureus.
- Out of all extracts tested, petroleum ether extract was the most effective extract against the tested microorganism.
- The 50% methylene chloride in hexane flash column fraction of the extract of the leaves

of *Ficuseracemosa* was found to have antifungal activity¹⁵.

Parisha:

- a. Aqueous, methanol and chloroform extracts showed the growth of many fungi, yeasts, bacteria and viruses was inhibited by tannins.
- b. Tannins contribute the property of astringent activity i.e. faster the healing of wounds and inflamed mucous membrane¹⁶

Plaksha:

Plaksha is astringent, cooling, heals ulcers, and cures diseases of female external organs. *Plaksha* diminishes burning sensation, diseases of *pitta*, *kapha* and blood. *Plaksha* is useful in edema and hemorrhages.

PanchavalkalaKwatha phyto-chemically dominant in phenolic group components like tannins, flavonoids, b-sitosterol which are mainly responsible for its excellent activities antiseptic, anti-inflammatory, immunomodulatory, antioxidant, antibacterial, antimicrobial and wound purifying and healing. These drugs act through their immunomodulatory, anti-inflammatory and astringent properties. *ShwetaPradar* is a symptom of all the gynaecological disorder developing due to vitiation of *Kapha* and *Vata-Kapha*. The main rasa of *PanchvalkalKwatha* is *Katu*, *Tikta*, *Kashaya rasa*, *Laghu*, *Ruksha*, *Katuvipaak* and *Kapha-pittaghna* properties of drugs that are responsible to break the *sampraptiof shwetapradar* disease.

CONCLUSION

Leucorrhoea is the most common and certainly the most annoying problem confronting the gynaecologist in practice. 1/4th patients among gynaecopd suffered with this problem. In such contemporary paradigm when

mainstream treatment fails to give relief of leucorrhoea without it's recurrence, the *Ayurveda's* principle based therapy and it's medicine '*PanchvalkalKwatha*' plays a pivotal role to give a complete relief to the sufferer. However, in fact there is a strong need for creating community awareness about health care facilities and self-concern in women for their own health needs.

REFERENCES

1. Sutton M, Sternberg M, Koumans EH *et al.* The prevalence of *Trichomonas Vaginalis* infection among reproductive-age women in the United States, 2001–2004. *Clin Infect Dis* 2007; (45):1319-1326.
2. Johnston VJ, Mabey DC. Global epidemiology and control of *Trichomonasvaginalis*. *Curr Opin Infect Dis* 2008; (21):56-64.
3. Munson E, Napierala M, Olson R *et al.* Impact of *Trichomonasvaginalis* transcription-mediated amplification-base analyte specific-reagent testing in a metropolitan setting of high sexually transmitted disease prevalence. *J Clin Microbiol* 2008; (46):3368-3374
4. Lal CV, Motilal BD. *AstangaHridaya*, Varanasi, 2012; (1):123-25.
5. Hemadri Chaukhambha *Orientalia*. Arundutta and Ayurvedarasayana comm. of, Varanasi, 1994; (7):232-236.
6. Atri Deva Vidyalankar., *AstangaSangraha*. Bansphatak, Varanasi 1999; (1):433-435
7. Prof (Km) P.V.Tewari, *Prasutitantra and striroga Part 2*, Chaukhambha *Orientalia*, revised and enlarged second edition 2000, reprint 2005, Varanasi,(4): 266-268.

8. Acharya Sharma Priyavat, Dravyagunavigyana, Vol. 2, Chaukhambha Bharti Academy reprint 2013, Varanasi.664
9. Acharya Sharma Priyavat, Dravyagunavigyana, Vol. 2, ChaukhambhaBharti Academy reprint 2013, Varanasi.666
10. Acharya Sharma Priyavat, Dravyagunavigyana, Vol. 2, Chaukhambha Bharti Academy reprint 2013, Varanasi.668
11. Acharya Sharma Priyavat, Dravyagunavigyana, Vol. 2, Chaukhambha Bharti Academy reprint 2013, Varanasi.670
12. Acharya Sharma Priyavat, Dravyagunavigyana, Vol. 2, Chaukhambha Bharti Academy reprint 2013, Varanasi.680
13. (www.ncbi.nlm.nih.gov>NCBI>literature >Pubmed central)
14. (www.ncbi.nlm.nih.gov>NCBI>literature >Pubmed central)
15. Mandal SC, Maity TK, Das J, Saha BP, Pal M. Antiinflammatory evaluation of Ficusracemosa Linn. Leaf extract. J. Ethnopharmacol., 72, 2000, 87-92.
16. K.T. Chung, T.Y. Wong, C.L. Wei, Y.W. Huang, Y. Lin, Criti Rev Food SciNutr, 1998, 6: 421-64. [40] D.E. Okwu, C. Josiah, Afri J Biotech, 2006, 5: 357-361.

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