

THE COMPARATIVE CLINICAL STUDY OF GUDUCHYADI KWATH PRAKSHALAN AND VAGINAL PESSARY IN MANAGEMENT OF YONIKANDU WITH SPECIAL REFERENCE TO TRICHOMONAS VAGINITIS

Jyotsna Attarde¹, Pankaj Lomte²

¹Consultant /Embryologist Vitro Vansh IVF and Fertility Centre Ghatkopar East Mumbai Maharashtra India

²Professor Dept of *Kayachikitsa* Dr Rajendra Gode Ayurved Medical Collage Amravati Maharashtra India

Corresponding Author: lpanks48@gmail.com

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ABSTRACT

Yonikandu, i.e. pruritus vulva, is one of the very annoying and troublesome symptoms of women's genital tract infections. Yogaratanakara has described the Guduchyadi kwatha prakshalana in Yonikandu tenderness etc. **aims and objective-** To evaluate the effect of Guduchyadi kwath prakshalan and compare the results of Guduchyadi kwath prakshalan & Clotrimazole vaginal pessary in management of Yonikandu. **Methodology -** Prospective open randomised controlled study. In this study, 60 randomly selected Yonikandu patients were divided into two equal groups in the trial group 30 patients treated with Guduchyadi kwath prakshalan and 30 patients treated with Clotrimazole vaginal pessary for 7 days after cessation of menses. **Statistical Analysis and Discussion-** Statistical analysis and the result will be discussed in detail in the paper. Result- The results are encouraging. The therapy shows marked relief from all symptoms of Yonikandu. **Conclusion-** guduchyadi kwath prakshalan is more significant than Clotrimazole vaginal pessary for reduction of Symptoms.

INTRODUCTION

'Yonikandu' is not described separately as a disease in ayurvedic classics except 'Bhaishajyaratnavali', by Acharya Govind Das. Yonivyapada is a chapter explained by all the authors of classical ayurvedic texts that have described yonikandu as a symptom in various yonivyapada yonikandu causes shararik and Mansik (psychological) disturbances to women. Prompt relief from this is always sought, and Acharya has also advised lakshanik chikitsa for upashaya. As Yonikandu similar to pruritus vulva. Pruritus vulva is a common symptom which is experienced by 10% of women attending Gynecological clinics. Trichomonas vaginitis and Candida albicans account for at least 80% of all cases of pruritus vulvae with vaginal discharge. In modern medicine, clotrimazole pessary is used for treatment. In Ayurveda, acharya describes guduchyadi kwath prakshalan for Yonikandu. The remedy comprises Guduchi, Haritaki, Bibhitaki, Amalaki and Danti. The Kwatha kalpana prepared by this dravya is Kashaya, Katu, Tikta rasapradhana, Ushna viryatmaka, Ruksha & Laghugunatmaka, so acts as Kaphaghna and kledashoshaka Yoniprakshalana is a type of bahira-parimarjana chikitsa. Considering the samprapti of yonikandu, we come to know that the dosha-dusty samoorchhana and khavaigunyata mainly take place at yoni, so the sthanika chikitsa like yonidhavana can help to break samprapti and relieve the symptoms like Yonikandu, Yonigata-strava Guduchyadi kwatha yonidhavana work on yonikandu as Kandughna karya, Stambhana reduces shtanika shotha and kleda and clear the channels (strotasa) and vranaropana And leads to relief from symptoms associated with yonikandu. Local use of Gudhuchyadi kwath acts on Sthanika dosha, causing its Shoshana, Kapha and Kleda shoshaka with Mansa ropaka. Guduchyadi kwatha being acidic, helps in raising vaginal acidity and decreasing pH. The restoration of acidity of the vagina due to yonidhavana is non-favourable for the growth of trichomonads, and it also helps to increase vaginal resistance. Moreover, the drugs used to prepare Guduchyadi kwatha have antimicrobial, anti-infective and antiseptic properties, which also help reduce in-

fective pathology. The study aimed to make the management of yonikandu cost-effective and find out the remedy which not only relieves the yonikandu but also helps to seek out relief from associated symptoms like burning micturition, vaginal tenderness etc. Considering the properties of dravya and their easy availability, the Guduchyadi kwatha was used to fulfil the aim & objectives.

AIMS AND OBJECTIVES

1. To evaluate the effect of Guduchyadi kwath prakshalan in the management of Yonikandu.
2. To evaluate the effect of Clotrimazole vaginal pessary in the management of Yonikandu.
3. To compare the results of Guduchyadi kwath prakshalan & Clotrimazole vaginal pessary in the management of Yonikandu.

Materials & Methods-

Study type - Prospective open randomised controlled study.

Source of Data – O.P.D and I.P.D. of M.A. Poddar Hospital Worli Mumbai 18

Trial group.

Sample size – 30.

Drug used – Guduchyadi kwatha. Ingredients as per Yogratanakara are 1)Guduchi 2)Haritaki 3)Bibhitaki 4)Amalaki 5)Danti

Quantity – 1 lit.

Mode of administration – Local (Luk Warm Guduchyadi kwatha 1lit. in quantity was used for yonidhavan vaginal wash daily for seven consecutive days after cessation of menses)

Control group.

Sample size – 30.

Drug used – Clotrimazole vaginal pessary.

Quantity – 100mg.

Mode of administration – Local. (Clotrimazole vaginal pessary of 100mg was inserted into the vagina at bedtime daily for seven consecutive days after cessation of menses)

Patients' Follow-ups were taken after treatment completion, lasting 7 days, for subjective and objective assessment.

Criteria For Selection -:

I) Inclusion Criteria:

- 1) Married.
- 2) Age- 18 to 40 years.
- 3) Patient having c/o- 1) Vulval pruritus. 2) Vaginal discharge.
- 4) Willing for written consent.

II) Exclusion Criteria:

- 1) Pregnancy.
- 2) Unmarried patients.
- 3) Carcinoma of cervix.
- 4) Diabetes mellitus.
- 5) HIV, VDRL, HBsAg positive patient.
- 6) Not willing to write consent.

The assessment was based on the following symptoms.

Vulval Pruritus, Vaginal Discharge, Burning Micturition, Vaginal Tenderness

Assessment is done based on the following investigation: also

Graduation of Ph, Pap Smear, Microscopic Examination

Mechanism of action- Guduchyadi kwatha yonidhavan in Samprapti Bhanga of yonikandu can be considered grossly as follows:

1. Kandughna karya is done by sthanika Samprapti-bhanga using kosha kwatha and laghu, ushna, ruksha Guduchyadi kwatha, which acts on sthanika kleda, kapha.
2. Shoshana kwatha property helps reduce sthanika kleda and kapha and breaks Sthansanshraya.
3. Stambhana karya of Kashaya rasa and ruksha guna are applied in cases of excess yonistrava associated with yonikandu.
4. Ushna, tikshna properties nullify kaphakruta sthanika shotha and kleda and clear the channels (strotasa) by vikashi guna of danti, yogavahi propriety of haritaki. And leads to relief from symptoms associated with yonikandu.
5. Kashaya rasa and laghu guna help in vranaropana caused by yonikandu.
6. Katu-Tikta rasa of kwatha is mentioned to have the property of mansa-Vilekhana, which leads to the removal of Yonigata kleda.

Thus, kwatha helps to reduce the sthanik doshadushya sammoochana and sthana Vaigunya, which leads to samprapti bhanga, and Yonikandu is relieved.

Table 1: Showing Comparison Between Two Groups of Yonikandu with Respect to Symptoms Score

Sr.No.	Symptoms	ΣR_1	ΣR_2	U_1	U_2	SD	P
1.	Vulval Pruritus	1052.5	777.5	312.5	587.5	67.63	<0.05
2.	Vaginal Discharge	1053	777	312	588	67.63	<0.05
3.	Burning Micturition	1051	779	314	586	67.63	<0.05
4.	Vaginal Tenderness	1050	780	315	585	67.63	<0.05

Table 2: Showing Comparison Between Two Groups of Yonikandu with Respect to Investigation Scores

Sr.No.	Investigation	ΣR_1	ΣR_2	U_1	U_2	SD	P
1.	Vaginal pH	1053	777	312	588	67.63	<0.05

Table 3: Showing Comparison Between Two Groups of Yonikandu with Respect to Investigation Scores

Pap Smear				Discharge Smear			
Groups	1	0	Total	Groups	1	0	Total
Trail Group	O – 3	O – 27	30	Trail Group	O – 5	O – 25	30
	E – 7	E – 23			E – 8.5	E – 21.5	
Control Group	O – 11	O – 19	30	Control Group	O – 12	O – 18	30
	E – 7	E – 23			E – 8.5	E – 21.5	

Total	14	46	60	Total	17	43	60
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Result of study: -

Table 4: showing the result of the study

Sr. No.	Total Effect of Therapy	Trail Group		Control Group		Total	
		No. of Pts	%	No. of Pts	%	No. of Pts	%
1.	Cured	21	70%	12	40%	33	55%
2.	Markedly Improved	4	13.33%	5	16.66%	9	15%
3.	Improved	4	13.33%	4	13.33%	8	13.33%
4.	Unchanged	1	3.33%	9	30%	10	16.66%
	Total	30	-	30	-	60	-

DISCUSSION

46.66% of patients in the study were 21-30 years old. This age group is the reproductive age group. Trichomonas vaginitis is one of the most prevalent causes of pathological vaginal discharge and pruritus vulvae in women. Unhygienic conditions are the main causative factor for trichomoniasis. Unhygienic vulva-vagina lowers the local resistance of the vagina, manifests the disease, and proliferates the pathogen. Illiterate patients fail to understand the importance of cleanliness, so they are more prone to the disease. 85% of women in this study were homemakers. These women ignore their health and fail to maintain proper hygiene, which leads to disease-prone conditions. According to ayurveda prakruti 25% of patients were of Pittakaphaja prakruti, then Kaphapittaja (18.33%), Pittavataja (18.33%), Vatapittaja (18.33%). Yonikandu is one of the symptoms of some yonivyapada. All the tree dosha are said to be involved in producing yonivyapada. When considering Gravida, the maximum number of patients (45%) was multiparous, and only 13.33% was nulliparous. Multiple deliveries lead to lower vaginal acidity and generalised debility in a woman. Both of these factors are responsible for the manifestation of trichomoniasis. A total of 50% of patients had H/O abortions. The data suggests that the trauma to the vagina and cervix is accountable for lowering vaginal acidity (increases pH) and hence immunity. It was observed that the maximum number of patients (76.66%) were not using any contraception. The disease - trichomoniasis is a sexually transmitted disease. Through this study, it

was observed that the number of patients using condoms was very low (5%)

Effect on **Vulval Pruritus** total % of relief observed in ‘Trail Group’ was 70.69%, and in ‘Control Group’ was 50.85%. In both groups, by the Wilcoxon Signed Rank test, a significant result was obtained at the end of a clinical trial (P<0.001). A comparison between the two groups was made using the Mann-Whitney test, and the test result was significant. (P<0.05). Effect on **Vaginal Discharge** The total % of relief observed in the ‘Trail Group’ was 75.76%, and in the ‘Control Group’ was 54.55%. In both groups, significant results were obtained by the Wilcoxon Signed Rank test at the end of a clinical trial (P<0.001). A comparison between the two groups was made through the Mann-Whitney test, and the test result is significant. (P<0.05). **On Burning Micturition, the** total % observed in ‘The Trail Group was 76.92%, and in ‘The Control Group’ was 22.86%. In both groups, significant results were obtained by the Wilcoxon Signed Rank test at the end of a clinical trial. In ‘Trail Group’, (P<0.001) & Control Group, (P<0.05). A comparison between the two groups was made through the Mann-Whitney test, and the test result is significant. (P<0.05). **In Vaginal Tenderness, the** total % of relief observed in the ‘Trail Group’ was 69.57%, and in the ‘Control Group’ was 24.14%. In both groups, significant results were obtained by the Wilcoxon Signed Rank test at the end of a clinical trial. In ‘Trail Group’, (P<0.001) & Control Group, (P<0.05). A comparison between the two groups was made through the Mann-Whitney test, and the test result is significant. (P<0.05). **On Vagi-**

nal pH, the total % of relief observed in the 'Trail Group' was 69.49%, and in the 'Control Group', it was 50.91%. By Wilcoxon Signed Rank test, both groups obtained significant results at the end of a clinical trial ($P < 0.001$). A comparison between the two groups was made through the Mann-Whitney test, and the test result is significant. ($P < 0.05$). On **Pap Smear**, the total % of relief observed in the 'Trail Group' was 90%, and in the 'The Control Group' was 63.33%. In both groups, a significant result was obtained by the Chi-Square test at the end of a clinical trial ($P < 0.001$). The Chi-Square test compared the two groups, and the test result was significant. ($P < 0.05$). On **Discharge Smear**, the total % of relief observed in the 'Trail Group' was 83.33%, and in the 'Control Group' was 60%. In both groups, a significant result was obtained by the Chi-Square test at the end of a clinical trial ($P < 0.001$). The Chi-Square test compared the two groups, and the test result was significant. ($P < 0.05$).

CONCLUSION

The symptoms wise statistical analysis, it is found that Guduchyadi kwatha is more significant than Clotrimazole vaginal pessary for the reduction of Signs, Symptoms, and Specific Investigation like Vaginal pH Pap Smear Discharge Smear in Yonikandu.

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