

A COMPARATIVE CLINICAL STUDY OF PADMA YASHTI CHURNA AND AMALAKI CHURNA IN KAPHAJA YONIVYAPAD IN RELATION TO VAGINAL CANDIDIASIS

[Krishnapriya. N¹](#), [Kavitha B. K²](#)

¹PG Scholar, Department of Prasuti Tantra, Alva's Ayurveda College, Moodbidri, Karnataka, India

²Associate Professor, Department of Prasuti Tantra, Alva's Ayurveda College, Moodbidri, Karnataka, India

Corresponding Author: anandakumar@gmail.com

<https://doi.org/10.46607/iamj1210012022>

(Published Online: January 2022)

Open Access

© International Ayurvedic Medical Journal, India

Article Received: 02/01/2022 - Peer Reviewed: 04/01/2022 - Accepted for Publication 05/01/2022



ABSTRACT

Kaphaja Yoni Vyapad is mentioned as one among the twenty *Yonivyapad* and is described as a condition with symptoms like *Pichhila*, *Sheetala Srava* from yoni is seen associated with *Kandu* and *Manda Ruja*. Considering the symptoms of *Kaphaja Yoni Vyapad* to candidiasis. As Acharyas mentioned *Padma Yasti Churna* and *Amalaki Churna* affect yoni dosha, so here the effort has been given to evaluate the efficacy of these drugs. In light of these considerations, a comparative clinical study was planned to evaluate and compare the efficacy of *Padma Yasti Churna* and *Amalaki Churna* in *Kaphaja Yonivyapad*. Statistically significant changes were observed in the symptoms like *Yoni Kandu*, *Yoni Vedana*, *Yoni Srava*, amount of discharge and wet mount

Keywords: *Kaphaja Yoni Vyapad*, Candidiasis, *Padma Yashti Churna*, *Amalaki Churna*.

INTRODUCTION

Ayurveda is a holistic and one of the oldest branches of medicine that imparts complete knowledge about one's health. Various ailments that might affect and the different ways the ailments can be treated. It is a science and philosophy of life.

A woman's life is associated with drastic physiological, anatomical, and psychological changes during

menarche, reproductive period, pregnancy, menopause and post-menopause. Because of these drastic changes, she is in a vulnerable state and constantly subjected to risks for developing many pathologies. The quality of a woman's life is dependent on many factors such as the culture and position in society, environment, lifestyle and changing demands the health

of nation mainly depends on the health of women because the healthy and happy woman lays the first step of a prosperous nation.

Streeroga had found its immense importance in the field of medicine because women have a unique function of giving birth. In Ayurveda, women care is dealt with in a separate section, where the term *Yoni Vyapad* includes the majority of gynaecological disorders. Twenty *Yoni Vyapad* from various texts of Ayurveda may be classified into four categories i.e. i) Dysfunctional uterine diseases, ii) Inflammatory uterine diseases, iii) Sterility and Habitual abortions and iv) Anatomical defects.

Kaphaja yonivyapad is mentioned as one among the twenty *yonivyapad* and is described as a condition where symptoms like *picchila*, *sheetala* are associated with *kandu* and *manda ruja*.¹ Commentator Chakrapani equate *Kaphaja Yoni Vyapad* with *Kaphaja Pradara*.² These features can be correlated to candidiasis which shows a clinical picture of pruritus, vaginal soreness abnormal vaginal discharge. It is caused mainly because of lack and negligence of personal hygiene leading to vaginal candidiasis.

Vaginal candidiasis is the second most common vaginal infection. It is responsible for a third of all cases of vulvovaginitis in reproductive-aged women and 70% of women report having candidal vulvovaginitis at some point in their lifetimes. About 8% of women suffer recurrent candidal vulvovaginitis. The most common responsible pathogen is *Candida albicans* responsible (in about 90% of cases) with most of the remaining cases caused by *Candida glabrata*. If neglected it also points to serious underlying pathologies like vulvar vestibulitis syndrome etc.³ Hence need has always been felt to develop certain Ayurvedic treatment modalities for the management of *kaphaja yoni vyapad*, which could be safe and effective.

For this purpose, the research formulation. *Padma yashti churna* is the yoga mentioned for *yonivyapad* in *Chikitsa Manjari*. The drugs in this formulation *Tridosha hara* action of *Yasti madhu* and *Kapha pitta hara* action of *Padma kesara* is also having significant action on *Yoni srava* condition. And also, the *kandughna* and *krimighna* properties of both the drugs

bring back the equilibrium of doshas and relieve the *lakshana* of *kaphaja yonivyapad*.

Amalaki churna is the yoga mentioned for *yonidosha* in *Charaka Samhitha* the drugs mentioned in this formulation have the properties like *tridosahara*, *stambhana*, *rasayana* and *krimighna*.

OBJECTIVES OF THE STUDY

- 1) To evaluate the efficacy of *Padma yasti churna* and *Amalaki churna* in the management of *Kaphaja yonivyapad*
- 2) To compare the efficacy of *Padma yasti churna* and *Amalaki churna* in the management of *Kaphaja yonivyapad*

MATERIALS AND METHODS

Drug Source:

The raw material of *Padma kesara*, *Yashti madhu* and *Amalaki* will be purchased from the market and verified by the subject experts from the *Dravya Guna* Department and preparation of '*Padma yashti churna*' and '*Amalaki churna*' was done in Mijar pharmacy, Moodbidri.

Method of Collection of Data:

A detailed proforma was prepared & subjective and objective data about each patient was collected before and after the treatment.

Study Design:

A randomized comparative clinical study.

Study design

40 patients suffering from '*Kaphaja YoniVyapad*' fulfilling the diagnostic and inclusion criteria were selected and allotted randomly into two equal groups A and B, consisting of 20 patients each.

Diagnostic criteria:

- *Yoni srava* (Thick curdy white vaginal discharge)
- *Yoni kandu* (Itching around the vulva)
- *Yoni vedana* (pain in vagina)
- *Ghanathva* (Amount of discharge)
- Wetmount

Inclusion Criteria:

- Patients fulfilling the diagnostic criteria of *Kaphaja yonivyad*.
- Married women between age group 21 to 40 years.

Exclusion Criteria:

- Per vaginal white discharge due to other infections like Syphilis, Gonorrhoea, Trichomoniasis, Bacterial vaginosis, STD, Cervical polyp etc.
- Systemic diseases like Diabetic Mellitus, Hypertension etc.
- Malignant conditions.
- Per vaginal discharge during pregnancy, menopausal stage and puerperium.

INTERVENTIONS

GROUP –A was administered internally *Padma yashti churna* 5 gms with *Madhu* as anupana twice daily after food for 21 days from the 5th day of menstruation.

GROUP- B was administered internally *Amalaki churna* 5gms with *Madhu* as *anupana* twice daily after food for 21 days from the 5th day of menstruation.

Investigations:

- Wet mount smear. - Other investigations like ESR, CBC, TLC, Urine microscopy, Diabetic profile, USG of the abdomen, Monteux test, HIV, HBsAg, VDRL (If needed)

Days of assessment- 5th day of menstruation, 11th, 19th and 26th day.

Assessment criteria

The assessment was done based on subjective and objective criteria was done before and after treatment and on the follow-up – 2 weeks

STATISTICAL TEST

Comparative analysis of the overall effect of the treatments in both the groups was done statistically with Mann-Whitney Rank Sum Test and within the group comparison with Wilcoxon Signed Rank Test

RESULTS

Table 1: Demographic details

Characters	Predominance	Reason
Age	31- 35 yrs (32%)	This indicates that this disease is a common problem of active reproductive life.
Socio economic status	Poor class, 37.5%	It can be presumed that people from the lower middle class and lower class are not having a proper nutrient diet and are also not aware of maintaining a hygiene environment.
Occupation	Housewives, 47.5%	They are generally reluctant to leave their daily household chores and come to seek treatment, so they are more prone to candidiasis
Ahara	Mixed diet, 72.5%	There is a concern about antibiotic residues and fungal by-products in commercial meat products and also mycotic ingestion by the cows leading to the intestinal growth of Candida.
Abhishyandi Ahara	Yes, 70%	Abhishyandi Ahara is considered as a Nidana for Kaphaja Yoni Vyapad
General hygiene	Poor, 82.5%	The above data clearly shows that hygiene may be a precipitating factor associated with the manifestation of Kaphaja Yoni Vyapad.
Contraception	IUCD, 45%	–IUCD insertion is one of the risk factors for the manifestation of vaginal infections.
Duration of Chief complaints	<4wks, 72.5%	Though Srava is a very common gynecological complaint, the patients generally do not report it unless it troubles their day-to-day chores, which is generally noted in developing countries like India.
Associated complaints	Backache, 32.5%	It is observed that maximum patients (35%) were having backache which is generally reported in women with reproductive tract infection.

Table 2: Effect of Padma yashti churna in Subjective and Objective parameter in Group A

SYMPTOMS	BT	AT	BT-AT	%	S.D (±)	S.E (±)	WSRTZ Value	p-value
Yoni Kandu	3.00	1.00	2.00	66.66	0.510	0.117	210.00	< 0.001
Yoni vedana	2.50	1.00	1.50	60.00	0.513	0.118	210.00	< 0.001
Yoni srava	3.00	1.00	2.00	66.66	0.513	0.115	210.00	< 0.001
Amount of discharge	2.00	1.00	1.00	50.00	0.444	0.102	210.00	< 0.001
Wet mount	1.00	0.55	0.45	45.00	0.510	0.117	45.00	< 0.001

Table 3: Effect of Amalaki churna in Subjective and Objective parameter in Group B

SYMPTOMS	BT	AT	BT-AT	%	S.D (±)	S.E (±)	WSRTZ Value	p-value
Yoni kandu	3.00	1.00	2.00	66.66	0.657	0.151	210.000	< 0.001
Yoni vedana	3.00	1.00	2.00	66.66	0.607	0.139	210.000	< 0.001
Yoni srava	2.00	1.00	1.00	50.00	0.470	0.108	210.000	< 0.001
Amount of discharge	2.00	1.00	1.00	50.00	0.308	0.071	210.000	< 0.001
Wet mount	1.00	0.60	1.60	60.00	0.503	0.115	78.00	< 0.00

Table 4: Comparative effect of Group A and Group B

Signs and symptoms	GroupA (Mean score)	GroupB (Mean score)	S.D (±)	S.E (±)	MWU Value	MW Score	Z	P-value
Yoni kandu	1.43	1.43	0.251	0.058	187	0.33		>0.05
Yoni vedana	1.54	1.57	0.345	0.079	189	0.28		>0.05
Yoni srava	1.52	1.39	0.345	0.079	132	1.81		>0.05
Discharge amount	1.31	1.22	0.334	0.077	150	1.33		>0.05
Wetmount	0.74	0.77	0.163	0.037	190	0.25		>0.05

Table 5: Overall effect

Group	Grading	No of patients
Group A	Moderate improvement	1
	Marked improvement	19
Group B	Moderate improvement	1
	Marked improvement	19

DISCUSSION

On Drug review –

There are various oral and local treatments mentioned for Kaphaja yoni Vyapad in our classics. Among them in the present study ‘Padma yashti churna mentioned in *Chikitsa Manjari*³ & Amalaki churna mentioned in *Charaka Samhitha*² were selected to evaluate their effect on kaphaja yoni vyapad. “Padma yashti churna” has the properties like *tridosha Hara*, *kandughana*, *nutrashodhana* properties which bring back the equilibrium of *doshas* and relieve the *Lakshana* of kaphaja yonivyapad. In *Padma yashti churna*, the chemical

composition of *Padma kesara*, Nuciferine is an alkaloid, having anti-inflammatory action. Glycyrrhizin in *Yastimadhu* is also having anti-viral and anti-inflammatory action. ‘Amalaki churna’ have the properties like *tridoshahara*, *Rasayana Krimighna*, and *Garbhashaya shodhana*. In Amalaki churna, the chemical constituent Phyllembin is having an anti-infective action.

On Results

Subjective Criteria –

Yoni Kandu - Group A showed 66.66% relief in Kandu and Group B showed 66.66% relief in Kandu.

Statistical analysis of patients of both groups showed significant results ($p < 0.001$) in *Kandu*.

➤ *Kandughna* action of drugs *Amalaki*, *Padma kesara*, and *Yashti Madhu* are used in this formulation, they are *Kaphahara* in nature, thereby causing a marked relief in the prime symptom of *Kapha* i.e., *Kandu*.

Yoni srava – Group A showed 50% relief in *Yoni srava*, while patients of Group B showed 50% relief in *Yoni srava*. Statistical analysis of patients of both groups showed significant results ($p < 0.001$) in *Yoni srava* quantity.

➤ *Seetha veerya* and *Varnya* action of *Padma kesara* and *yashtimadhu*, along with *Sangrahi* action of *Padmakesra* is having action on *Yoni srava* condition when considering the drugs in Group A. For *Amalaki*, *Rasayana* action along with *Ama pachana* action will have a considerable effect on *Yoni srava* when considering the drug in Group B.

Yoni vedana – Group A showed 60% relief in *Yoni vedana*, and Group B showed 66.66% relief in *Yoni vedana*. Statistical analysis of patients of both groups showed significant results ($p < 0.001$) in *Yoni vedana*.

➤ *Yashtimadhu* and *padmakesara* have anti-inflammatory action, but due to the *vedana stapana* and anti-inflammatory action of *Amalaki*, the drug in Group B is having more action on *Yoni Vedana* as compared to that of drugs in Group A

Objective Criteria –

Amount of discharge –Group A 66.66% relief in Amount of discharge, while patients of Group B showed 50% relief in the amount of discharge. Statistical analysis of patients of both groups showed significant results ($p < 0.001$) in the amount of discharge

➤ *Madhura* and *Tikta rasa pradana* drugs are present in group A and it reduces *pitta*. The *madhura vipaka* of both the drugs is also having *pitta samana* action. Along with that, the *kapha pitta hara* action of *Padma kesara* and *Tridosahara* action of *Yashtimadhu* of Group A reduces the *srava* quantity more in Group A when comparing it with that of Group B

Wet mount test- The improvement in *Candida albicans* in group A showed 45% and, in the group, B

showed 60% and also statistical analysis of patients of both groups showed significant result ($p < 0.001$) when comparing with the patients having a total absence of *Candida hyphae* in the wet mount smear.

➤ This can be directly attributed to the *Kandughna* and *Krimighna* actions of the *Padma kesara* and *Yashtimadhu*. In the case of *Amalaki* there is *Rasayana*, *Kandughna* and *krimighna* action. Moreover, *Kaphanashaka* and *krimighna* action of drugs are more reflected in Group B than in Group A.

CONCLUSION

Kaphaja yonivyapad is mentioned as one among the twenty *yonivyapad* and is described as a condition where symptoms like *picchila*, *sheetala srava* from *Yoni* is seen associated with *kandu* and *manda ruja*. Commentator Chakrapani equated *Kaphaja Yoni Vyapad* with *Kaphaja Pradara*. these features can be correlated to vaginal candidiasis which shows a clinical picture of pruritus, vaginal soreness and abnormal vaginal discharge. As per Ayurveda lack of proper hygiene and taking *kapha vardhaka ahara* are the cause of vitiation of *kapha dosha* which in turn vitiates the *Yoni* and occurs *Kaphaja yoni vyapad*. (Leading to fungal infection of *Candida Albicans*).

Vaginal candidiasis is the second most common vaginal infection. It is caused by a yeast (a type of fungus) called *Candida*. *Candida* normally lives inside the body in places like the mouth, gut, vagina. Sometimes it can multiply and cause infection. Candidiasis in the vagina is called a vaginal yeast infection. It occurs mainly in a reproductive-aged woman usually secondary to an infection. It is responsible for a third of all cases of vulvovaginitis in reproductive-aged women, and 70% of women report having *Candida vulvovaginitis* at some point in their lifetimes. About 8% of women suffer recurrent *Candida vulvovaginitis*. *Candida albicans* is responsible for 90% vaginal yeast infections. If neglected it also points to serious underlying pathologies like vulvar vestibulitis syndrome etc.

In the present study, a study was conducted to evaluate the efficacy of *Padma yashti churna* and *Amalaki churna* in *Kaphaja Yoni Vyapad*. and Patients who

are not willing to hospitalize for *sthanika chikista* can administer oral medications.

Based on the result of the present study, it was found that Padma yashti churna due to its properties like *tridoshahara*, *Mutravirechana*, *Kandughna* and *Krimighna properties* which bring back the equilibrium of the doshas and Amalaki churna have the properties like *Tridoshahara*, *Krimighna*, *Rasayana* and *Sthambana*

Both groups are effective in the remission of the symptoms of Kaphaja yonivyapad as evidenced by a statistically significant reduction in the symptoms score, So, hypothesis H3 is accepted. i.e Both *Padma yashti churna* and *Amalaki churna* have a significant effect on *kaphaja yonivyapad*.

Further scope of research –

- If the treatment duration is increased and tried in large samples, it may show a still better result.
- The effect of *Padma yashti churna* and *Amalaki churna* on other microorganisms must be analyzed to distinguish the certain parameters of *kaphaja yonivyapad*.
- Oral administration of *Padma yashti churna* and *Amalaki churna* along with *sthanika chikista* may give quick results.

REFERENCES

1. Agnivesha, Charaka, Drdhabala, Chakrapani Dutta, Acharya J T. Charaka Samhita with Ayurveda Dipika Commentary. 1st ed. Varanasi. Chaukambha Prakashan; 2009. P635
2. Agnivesha. Charaka. Chakrapani Dutta. Sharma R K. Dash V B. Charaka Samhita. 1st ed. Varanasi. Chaukambha Sanskrit Series Office; 2004. Vol 5 p159-161
3. Chikitsa Manjari, Sreeman Namboothiri, 9th ed. Vidyarambham publications, Mullakkal, 2010, Vol 1 & 2, p107-112
4. Sharma Priyavat. History of medicine in India. 2nd ed. New Delhi. Indian national science academy. 1992. P60 – 76
5. VNK Usha, Ayurvedia Stree roga vijnanchaukamba Sanskrit pratishthan 2014 yonivyapad-4; related with infections and inflammations page no.240.
6. Agnivesha, Charaka, Drdhabala, Chakrapani Dutta, Acharya J T. Charaka Samhita with Ayurveda Dipika Commentary. 1st ed. Varanasi. Chaukambha Prakashan; 2009. p110
7. Susruta, Dalhana, Acharya J T. Susruta Samhita with the Nibandhasangraha Commentary .1st ed. Varanasi. Chaukambha Sanskrit Samsthan; 2010. p668 -70
8. Vagbhatta, Murthy S K R. Ashtanga Hridayam. 1st ed. Varanasi. Chaukambha Krishnadas Academy; 2008.p305
9. Vagbhatta, Gupta K A. Ashtanga Sangraha with Hindi Commentary. 1st ed. Varanasi. Krishnadas Academy; 2005.p331
10. Vriddha kashyapa, Vatsya. Kashyapa Samhita with Vidyotini Hindi Commentary. 1st ed. Varanasi. Chaukambha Sanskrit Samsthan; 2009. p160.
11. Sharangdhara, Srikantha M. Sharangdhara Samhita. 1st ed. Varanasi chaukambha Orientalia; 2009. p45
12. Madhavakara, Yadunandana U. Madhava Nidana with Madhukosha Sanskrit Commentary.1st ed. Varanasi. Chaukambha Prakashan; 2009. p417.
13. Harita, Jaimini P. Harita Samhita with Nirmala Hindi Commentary. 1st ed. Varanasi. Chaukambha Viswabharati; 2010. P463-78.
14. Bhavamishra, Srikantha K R M. Bhavaprakasha. 1st ed. Varanasi. Krishnadas Academy; 2002. Vol2 p778-9.
15. Yogaratnakara, Shastry L, Shastry B. Yogaratnakara with Vidyotini Hindi Commentary. 1st ed. Varanasi. Chaukambha Prakashan; 2010. p404-5
16. Tewari P V. Ayurved prasooti tantra evam striroga. 2nd ed. Varanasi. chaukambha Orientalia; 2007. Vol 2 p19.
17. . Jyotirmitra. A critical appraisal of ayurvedic material in Buddhist literature. 1st ed. Varanasi. Jyotirlok Prakashan; 1985.p290-2
18. Agnivesha, Charaka, Drdhabala, Chakrapani Dutta, Acharya J T. Charaka Samhita with Ayurveda Dipika Commentary. 1st ed. Varanasi. Chaukambha Prakashan; 2009. p31
19. Susruta, Dalhana, Acharya J T. Susruta Samhita with the Nibandhasangraha Commentary. 1st ed. Varanasi. Chaukambha Sanskrit Samsthan; 2010. p195
20. Susruta, Dalhana, Acharya J T. Susruta Samhita with the Nibandhasangraha
21. Vagbhatta, Vaidya Yadunandana Upadyaya. Ashtanga Hridayam with Vidyatini bhashateeka. 14th ed. Varanasi. chaukambha Sanskrit Sansthan; 2003. P449
22. Sharangdhara, Murthy Himasagara Chandra. Sharangdhara Samhita. Varanasi. Chaukambha Sanskrit Series; 2010.
23. Vriddha Vagbhatta, Indu, Sharma S. Ashtanga San-

- graha with Sasilekha Hindi commentary. 2nd ed. Varanasi. Chaukambha Sanskrit Series Office; 2008. P308
24. Susruta, Dalhana, Acharya J T. Susruta Samhita with the Nibandhasangraha Commentary .1st ed. Varanasi. Chaukambha Sanskrit Samsthan; 2010. P59
25. Agnivesha, Charaka, Drdhabala, Chakrapani Dutta, Acharya J T. Charaka Samhita with Ayurveda Dipika Commentary. 1st ed. Varanasi ChaukambhaPrakashan; 2009. P634
26. Tewari P V. Ayurved prasooti tantra evam striroga. 2nd ed. Varanasi.
27. Tewari P V. Ayurved prasooti tantra evam striroga. 2nd ed. Varanasi. chaukambha Orientalia; 2003. Vol 1 P38
28. Usha V N K. Stree roga vijanan. 1st ed. Delhi. chaukambha sanskrit prakashan; 2010. p 177
29. Raja Radhakanthadeva. Shabdakalpadruma. 3rd ed. Varanasi. Vidhyavilas Press; 1967. Vol 4 p 550
30. Raja Radhakanthadeva. Shabdakalpadruma. 3rd ed. Varanasi. Vidhyavilas Press; 1967. Vol 5 p634.
31. Agnivesha, Charaka, Drdhabala, Chakrapani Dutta, Acharya J T. Charaka Samhita with Ayurveda Dipika Commentary. 1st ed. Varanasi. Chaukambha Prakashan; 2009 p31
32. Dutta D.C. The textbook of Gynecology, Kolkata. New central book
33. Dawn C. S. Textbook of Gynaecology and contraception, fully revised and updated 12th ed. Culcutta. Dawn books. P10

Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: *Krishnapriya. N & Kavitha B. K.: A Comparative Clinical Study Of Padma Yashti Churna And Ama-Lakṣi Churna In Kaphaja Yonivyapad In Relation To Vaginal Candidiasis*. International Ayurvedic Medical Journal {online} 2021 {cited January 2022} Available from: http://www.iamj.in/posts/images/upload/73_79.pdf