



## A CLINICAL STUDY OF DARUHARIDRA KWATHA (BERBERIS ARISTATA DC) WITH MADHU IN SHWETAPRADARA (LEUCORRHOEA)

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### ABSTRACT

*Shwetapradara* is one of the most common and burning problems faced by women all around the globe. Rapid urbanization-induced lifestyle changes, poor eating habits, an excessive workload, and personal characteristics like carelessness and reluctance to seek medical attention all contribute to the high occurrence. Every year, 333 million new instances of curable vulvovaginal infections (VVI) are reported to the World Health Organization. In addition to undergoing physical and physiological changes throughout their lives, women must balance their dual responsibilities at work and home. However, women slow down due to physiological issues, including menstruation, pregnancy, vaginal discharge, urinary tract infections, etc. The most frequent problem that irritates women's independence among these issues is abnormal vaginal discharge. It is embarrassing to attend social events and even to get involved in her personal matters because of the white discharge and itching. The white discharge may start as a simple problem and end in severity up to infertility if not treated at the right time. Hence, treating the condition at the right time is very important. Many Ayurvedic herbal plants play a vital role in treating *Yoniroga*; one such herb mentioned in the classics is *Daruharidra* (*Berberis aristata* DC). In *Gadanigraha*, in the

context of *Shwetapradara Chikitsa*, it is explained that intake of *Daruharidra Kwatha (Berberis aristata DC)* with *Madhu* is beneficial.

Hence, the present study is undertaken to revalidate its clinical efficacy.

**Keywords:** *Daruharidra, Shwetapradara, Leucorrhoea, Madhu, Clinical study.*

## INTRODUCTION

Nature and plants are the main reservoirs of health. Drugs play a vital role in the treatment management to eradicate the disease. Dravya is the second most important place in *Chikitsa Chatuspada* in Ayurveda. The use of single drug preparations or *Eka Moolika prayoga* is an inevitable practice of Ayurveda. The use of single herb preparations is abundantly mentioned in *Vedas, Puranas, Ayurveda*, and other traditional medical systems. *Daruharidra*, also known as Tree turmeric and Indian barberry, belongs to the *Berberidaceae* family and is a spinous herb native to the Northern Himalayan region. This plant has been used since ancient times. It is listed in Ayurveda for the treatment of various diseases. Many Ayurvedic herbal plants play a vital role in the treatment of *Yoniroga*. One such herb mentioned in the classics is *Daruharidra (Berberis aristata DC)*.

Nowadays, gynaecological issues are highly prevalent. Among these, *Shwetapradara* is one of the most prevalent disorders affecting women, occurring regardless of their socioeconomic position, line of work or anything else. The vitiation of the Kapha Dosha brings it on. Although at first it is seen as a minor matter, improper treatment can result in gynaecological issues. *Shwetapradara* can be co-related to Leucorrhoea in modern science. This is a typical gynaecological symptom that affects 75% of women. The discharge from the vaginal tract is the characteristic feature. *Shwetapradara* is a condition characterised by white vaginal discharge not associated with pain, burning sensation and discomfort. Thus, it is a description of Leucorrhoea.

**Aims and Objectives:** To evaluate the efficacy of *Daruharidra kwatha (Berberis aristata DC)* with *Madhu* in the management of *Shwetapradara (Leucorrhoea)*.

### Materials and Methods

Patients who fulfilled the diagnosis and inclusion criteria of *Shwetapradara* were selected from the outpatient department of Karnataka Ayurveda Medical College, Mangalore.

### Method of Collection of Data

#### Sample size:

- The clinical study was conducted on 30 patients diagnosed with *Shwetapradara (Leucorrhoea)*

#### Diagnostic Criteria:

- Clinical features of *Shwetapradara (Leucorrhoea)*

#### Inclusion Criteria:

- Women between the age group of 18-45 years.
- *Pratyatma lakshana* of *Shwetapradara*
- Thin watery, and white vaginal discharge without foul smell.

#### Exclusion Criteria:

- Cervical erosions
- Cervicitis
- Pregnancy
- Infections like Gonorrhoea, Trichomonas, Chlamydial, STD and debilitating disorders
- Systemic disorders.

#### Treatment and Intervention:

- Randomly selected 30 female patients suffering from *Shwetapradara* were screened and examined for the study.

Test Drug	Cases	Dose	Duration	Anupana
<i>Daruharidra Kwatha (Berberis aristata DC)</i> - Root bark)	30	48ml	One week	<i>Madhu</i>

- *Daruharidra Kwatha* is administered in doses of 24ml twice daily on an empty stomach before a meal, along with *Madhu* as *Anupana*, for one week.

**Follow-up and Duration:**

- Follow-up was done on the 8<sup>th</sup> day of treatment and the 14<sup>th</sup> day after the completion of the study.

**Method of Preparation**

The classical method of *Kwatha* preparation- One part of the coarsely powdered drug, i.e *Daruharidra* root bark, is boiled with 16 parts of water in a vessel over a mild fire till the liquid is reduced to 1/8 of the original quantity. *Kashaya* is taken along with *Madhu* as *Anupana*.



**Assessment Criteria:**

- Yoni Srava
- Yoni Kandu

**Observation and Results**

In this single arm open interventional study, 30 patients suffering from *Shwetapradara* were selected based on the inclusion and exclusion criteria. The intervention given was *Daruharidra kwatha* with *Madhu* in the dose of 24ml twice daily on an empty stomach. Since *Shwetapradara* is a *Kapha* predominant *vyadhi*, honey was taken in the dose of 1/4 of the *Kwatha*, which is 6gm. The total study duration was 14 days, in which the patient received treatment for 7 days. The patient was observed on the 8<sup>th</sup> day after treatment and the 14<sup>th</sup> day without treatment. The observations recorded are as follows.

**Age:** All the 30 participants involved in the study were in the age group 18-45 years. This was selected considering the intervention and menopausal age. The analysis of Age incidence in the 30 participants diagnosed with *Shwetapradara* showed that the maximum number of participants belonged to the age group 28-37, which was 43%, which indicates that this condition is a common problem of active reproductive life.

**Religion:** The majority of participants were Hindus 80%, 13.33% of Christians, and 6.67% Muslims. This is due to the geographical predominance and cannot be directly correlated to the incidence of *Shwetapradara*.

**Socio-economic status:** Of the 30 participants, 83.33% were middle class, followed by the upper class, which was 10%, and the lower class, which was 6.67%. The Upper class usually prefers Private practitioners, while the middle class prefers simple and readily available remedies. The lower class may

be ignorant of the seriousness of the problem and the remedies available.

**Occupation:** Out of 30 patients, 43.3% were homemakers, 26.6% were students, 10% were Engineers, and 3.3% were Tailors, Nurses, doctors, Bank employees, salespersons, and advocates. If we analyse the occupational percentage, we see that most patients were homemakers, followed by students. This may hint at the lifestyle the sample might be prone to *vegadharana*, emotional stress in the homemaker, stress due to studies and intake of *Kapha* Aggravating *Ahara*, or junk food by the students.

**Marital status:** Out of 30 patients, 66.67% were married, and 33.33% were unmarried. This may give a hint of indulgence in sex more frequently. As *Atimathuna* is one of the *Nidana* of *Shwetapradara*.

**Diet:** In this study, it was found that, among 30 participants, 90% consumed a mixed diet and 10% were Vegetarians. As *Mamsa dravyas* are *Shleshmala*, they may cause *aggravation in Srava*.

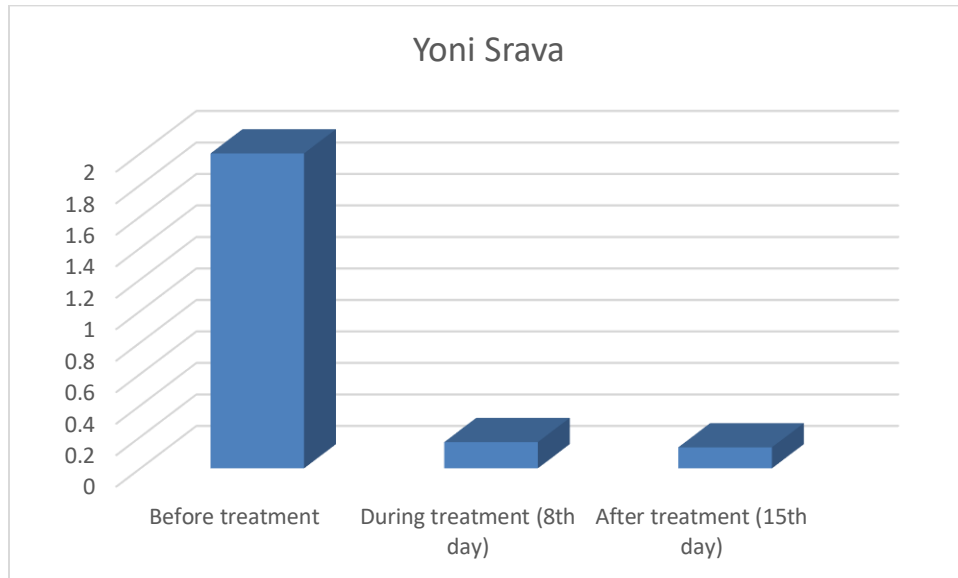
**Prakriti:** Out of 30 patients enrolled in the study, the majority were *Pitta-Kapha Prakriti* 23.33%, followed by *Pitta-Vata* 20%, followed by *Vata-Pitta* 16.67%, followed by *Vata-Kapha* and *Kapha pitta Prakriti* 13.33%, followed by *Kapha-Vata* 10%. *Prakriti* is one of the *Dasha vidha pareeksha bhava* in Ayurvedic disease diagnosis. *Shwetapradara*, being a *Kapha-Vata Vyadhi*, shows a positive co-relation with *Pitta-Kapha*, *Pitta-Vata* and *Vata-Pitta Prakriti*. When associated with *Kapha*, *Ushna* and *Draava*, *guna* of *pitta* increases the *Srava*. *Yoni* is composed structurally of *Sowmya dhatus*, such as *mamsa*, *medha*, etc.; *Agneya bhavas* manage it functionally. They are associated with the *Kapha* and *Pitta* doshas, respectively, and are predominant in the *Pitta-Kapha Prakriti*.

**Results**

**1. Effect of Daruharidra Kwatha in Yoni Srava:**

Symptom	Measures			%	S.D (+.)	S.E (+.)	T Value	P value	
	BT								
Yoni Srava	2.00	8 <sup>th</sup> Day	0.17	1.83	91.67	0.379	0.070	26.49	<0.05
		15 <sup>th</sup> Day	0.13	1.87	93.33	0.345	0.064	29.57	<0.05

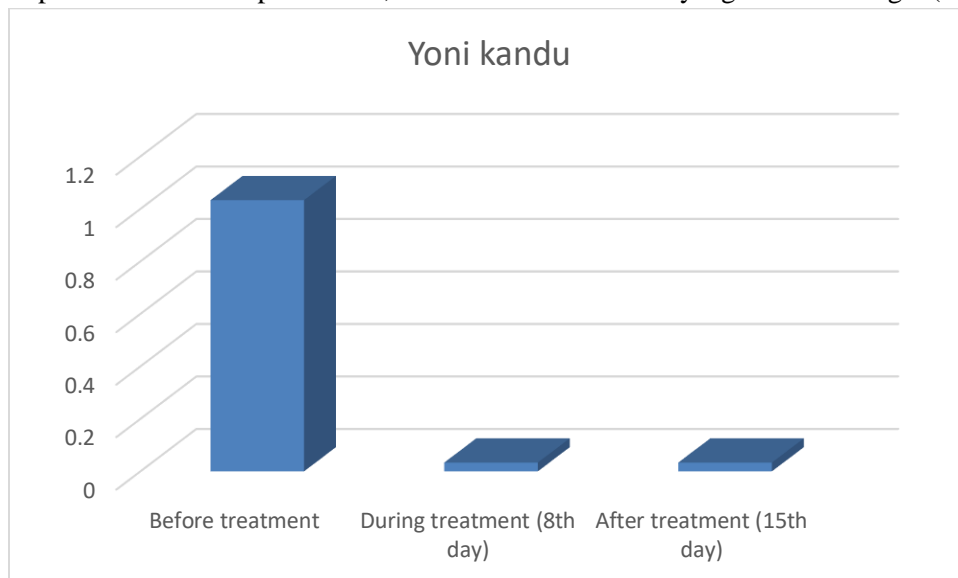
Statistical analysis showed that the mean score, which was 2.00 before treatment, was reduced to 0.17 after treatment and decreased to 0.13 after follow-up with 93.33% improvement, and there is a statistically significant change. (P<0.05).



**2. Effect of Daruharidra Kwatha in Yoni Kandu:**

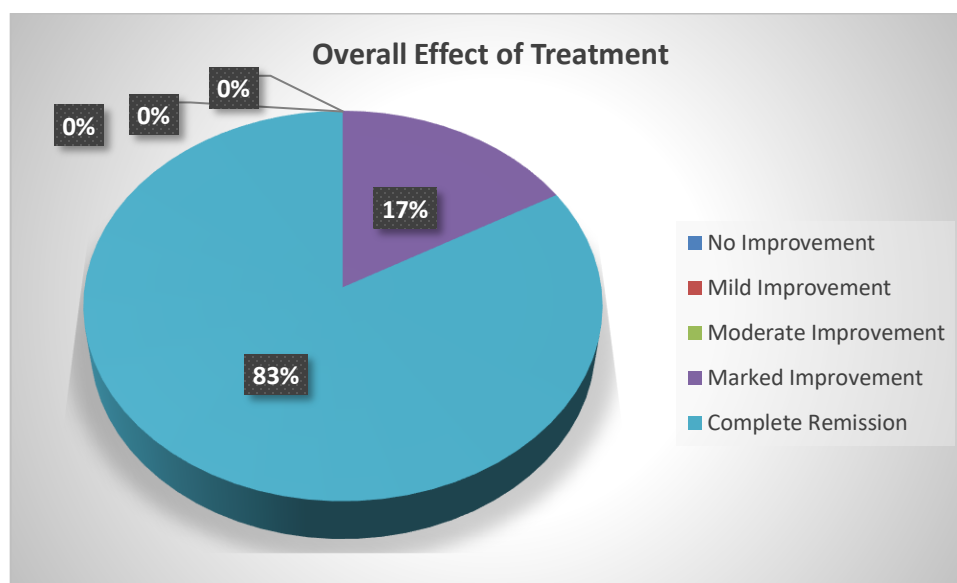
Symptom	Measures			%	S.D (+.)	S.E (+.)	T Value	P value	
	BT								
Yoni kandu	1.03	8 <sup>th</sup> Day	0.03	1.00	96.77	0.982	0.182	5.21	<0.05
		15 <sup>th</sup> Day	0.03	1.00	96.77	0.982	0.180	5.21	<0.05

Statistical analysis showed that the mean score, 1.03 before treatment, was reduced to 0.03 after treatment and 0.03 after follow-up- with 96.77% improvement, and there is a statistically significant change. (P<0.05).



### The overall effect of treatment

OVERALL EFFECT OF TREATMENT		
Grading	Relief in Percentage	Relief in Patients
No Improvement	0%	0
Mild Improvement	1-30 %	0
Moderate Improvement	31 – 60%	0
Marked Improvement	61 – 99 %	5
Complete Remission	100%	25



### DISCUSSION

In the *Samprapti* of *Shwetapradara*, it can be concluded that due to *Swahetu sevana*, *Atimaithuna*, *Garbhasrva*, *Asamyakparicharya in ritukala*, *Yoni-adavana*, there is an imbalance of *Doshas* in the body and when aggravated *kapha dosha* consequently reaches *Yoni* through vitiated *Vayu* and combine with *Pitta*, then white coloured thin or thick fluid discharge from the vagina called as *Shwetapradara*. So, we can consider it as a *Kapha-Vata pradhana Tridoshaja Vyadhi*. *Samprapti Vighatana* is responsible for the recovery of the disease. This can be explained based on the principles of *Rasa*, *Guna*, *Virya*, *Vipaka*, and *Prabhava* regarding drugs.

*Daruharidra*, which has *Tikta Rasa*, *Ruksha guna*, *Usna virya*, *Kapha-Pittahara*, and *Vata-Kaphahara* properties, breaks the *Samprapti*. *Tikta rasa* is a combination of *Vayu* and *Akasha Mahabhuta*. These two *Mahabhutas* have qualities that are opposite to

those of *Kapha*. *Vayu* is *Ruksha* in quality and dries up the excessive fluids in the tissues. *Ruksha Guna* also restrains *Srava* by asset of its *Sthambana* action. *Kleda dusti* results from *kapha dusti*, while *Yoni kandu* is the result of *Krimipradurbhava*. *Kledaghna* and *Krimighna* behaviours are displayed in *Tikta* and *Katu Rasa*. The *Usna virya* of the drug pacifies vitiated *Vata* and *Kapha*. By these qualities, *Daruharidra Kashaya* may alleviate the vitiated *Vata-Kapha*, which eradicates the *Shwetapradara*. The *Kandugna* and *Krimighna Karma* of *Daruharidra* alleviate the *Yoni Kandu*. *Madhu* has *Yogavahi guna*, which can act quickly, even in smaller doses. The *Sheetata* experienced among the participants can be attributed to the *Pittshamana* nature of the drug. *Daruharidra Kwatha* can be used in patients with all types of *Prakriti*, especially in *Pitta-Kapha* and *Pitta-Vata Prakriti*, where the incidence of *Shwetapradara* was higher. In this way, the trial drug restrains the *Srava* by *Stambhana* action. As the *Samhitas* already men-

tioned that *Daruharidra* is beneficial in the case of *Yoniroga*, this study justifies the statement given in the samhitas

The alkaloid berberine and tannin, found in the root bark of *Berberis aristata* DC, possess an astringent property that helps restrain *srava*. *Daruharidra* contains flavonoids which produce antioxidant activity, and the Immunomodulatory activity of saponins helps in increasing the vaginal defence mechanism and avoid infections. *Daruharidra* has brought down the *Kandu*, which may be due to the antiseptic activity of terpenoids. It also aids in boosting local cell immunity and preventing the recurrence of symptoms.

## CONCLUSION

- In the overall effect of treatment in *Shwetapradara*, out of 30 patients in this study, five patients (17%) were getting Marked Improvement, and 25

were getting complete remission (83%). The overall effect of the treatment is 95.72%

- For the Clinical study, 30 patients were selected, and the treatment of *Daruharidra Kwatha* with *Madhu* effectively reduced the symptoms of *Shwetapradara*.
- The root bark of *Berberis aristata* DC is an effective drug in managing *Shwetapradara*.

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