

## CLINICAL EVALUATION OF *TILA TAILA* (SESAMUM INDICUM INN.OIL) *PICHU* (TAMPOON) IN "*KAPHAJA YONIVYAPADA*": DISORDERS RELATED TO FEMALE REPRODUCTIVE SYSTEM SPECIALLY VAGINA i.e. CANDIDIASIS

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### ABSTRACT

There are various problems in women life, *Kaphaja Yonivyapada* (Disorders related to female reproductive system specially vagina); is one of the remarkable problem to the women health, having 'Yonigata alpa shweta srava' (white discharge) and 'Kandu' (vaginal itching) as a *Pradhan lakshan's* (main symptoms). The prevalence of *Kaphaja yonivyapada* (Disorders related to female reproductive system specially vagina) is very common, it occurs at least once in a life of each woman. According to modern it can be correlated with candidiasis. In modern science certain antibiotics like Tinidazole are used, which is not easily available and having some adverse and temporary effect. So, according to ancient science *Tila taila* (Sesamum indicum inn.oil) is used to overcome the problem. To conduct the study 30 patients of *Kaphaja yonivyapada* (Disorders related to female reproductive system specially vagina i.e. candidiasis) were selected randomly on OPD basis in SSAM, Hadapsar, Pune, Maharashtra.

From the study, it was concluded that *Tila taila* (Sesamum indicum inn.oil) had significant result into overcome *Kaphaja Yonivyapada* (Disorders related to female reproductive system specially vagina) within 4 to 5 days without any adverse effect.

**Keywords:** *Kapaja yonivyapada, Tila taila, Yoni Pichu, Yoni Kandu, Yonigat shweta Srava, Yoni Vedana,*

### INTRODUCTION

Life style of a human being is completely changed and Woman has to run with the speed of the changing life style. These changes have been added mental stress and strain on human being. The woman is the most responsible part of a family. She has to bridge the gap

between the time and need of a particular situation of her family and that is why she has to come out of the four walls of her home and has to handle the herculean task. So the special attention should be provided to maintain a healthy womanhood.<sup>1</sup>

There are so many problems from Menarche to Menopause. Among these various problems *Kaphaja Yonivyapada* (Disorders related to female reproductive system specially vagina i.e. candidiasis) is a remarkable problem to women health, having 'Yonigata shweta srava' (vaginal-white discharge) and 'Kandu' (vaginal-itching) as a pradhan lakshan's. Almost all gynaecological problems have been mentioned under 'Yonivyapada'. (Disorders related to female reproductive system specially vagina). It has been elaborated in *Ayurveda samhitas* in detail.<sup>2,3</sup>

According to modern science<sup>4,5</sup>, *kaphaja yonivyapada* can be correlated with candidiasis. It is defined as group of conditions that cause vulvovaginal symptoms such as itching, burning, abnormal discharge and pain. Etiology of candidiasis can be infectious or non-infectious. The most common causes of infectious candidiasis are -

1. Bacterial vaginosis.
2. Vulvovaginal candidiasis.
3. Trichomoniasis.

#### **Non infectious candidiasis include-**

Atropic candidiasis, Non specific candidiasis, allergies, chemical irritation, various vulval dermatological conditions, sexually transmitted diseases, cervical erosion, Cervicitis, Cervical cancer, foreign body.

#### **Pathophysiology:-**

- ◆ Physiologic or normal discharge is white or transparent mostly odourless and pools in the fornices of vagina.
- ◆ Normal vaginal discharge contains vulval secretions from sebaceous, sweat, Bartholin and Skene glands, transudate from the vaginal wall, exfoliated vaginal and cervical cells, cervical mucus; endometrial and tubal fluids and normal bacteria and their metabolic products.
- ◆ Normal vaginal discharge typically does not cause symptoms of burning and itching. The quantity and quality of normal vaginal discharge are influenced by menstrual cycle.
- ◆ Age, hormones, sexual-activity, hygienic-practices, contraception, pregnancy, antibiotics, habit and diet can disrupt the normal flora of vagina and allow pathogens to grow.

- ◆ Lactobacilli (gram positive rods) are predominant bacteria in the vagina and are regulator of normal vaginal flora.
- ◆ Lactobacilli make lactic acid and hydrogen peroxide which maintain the normal vaginal pH (3.8-4.5).
- ◆ The acidic environment inhibits the adherence of bacteria to vaginal epithelium and prevents the growth of pathogens.
- ◆ Estrogen status plays a critical role in determining the normal state of vagina by enhancing lactobacilli colonization.
- ◆ In prepuberal girls and postmenopausal women who have low levels of estrogen the vaginal epithelium is thin and pH of vaginal secretions is 4.7 or higher.
- ◆ The more basic pH is due to reduced quantity of lactobacilli.
- ◆ Although the lactobacilli are dominant bacteria in vagina other bacteria also present such as streptococcal species, candida albicans, Gardnerella vaginalis, gram negative bacteria and anaerobes. Candidiasis is due to disruption in the normal ecosystem of vagina from lactobacilli dominant to mixed flora as noted above.
- ◆ Vulvo-vaginal candidiasis :-  
1/3 of acute candidiasis is due to vulvovaginal candidiasis.

#### **Common Organisms:-**

Candida albicans but occasionally caused by other candida species like candida glabrata and candida tropicalis. Risk factors for symptomatic infection include antibiotics (inhibit normal bacterial flora), high estrogen contraceptives (but no low dose O.C.pills), pregnancy, diabetic mellitus with poor glycemic control, immunosuppression (e.g. HIV, patients with steroids) and contraceptive devices, sexual activity.

#### **Clinical features:**

- ◆ Vulval pruritis
- ◆ Burning
- ◆ Vulval and vaginal soreness
- ◆ Irritation
- ◆ Dysuria

◆ Thick and white vaginal discharge.

Per speculum examination

◆ Vulval erythma

◆ Edema

◆ Fissure formation

◆ Thick white adherent cottage cheese like vaginal discharge

### Differential Diagnosis:-

	Trichomoniasis	Candidiasis	Bacterial candidiasis	Bacterial infection
Discharge	Frothy, thin, greenish, yellow discharge	Thick, curdy white, in flakes, often adherent to vagina	Thin, grey and adherent	purulent
Symptom	Discharge, pruritis	Discharge, pruritis, Burning	Malodour	Discharge, Pruritis
VaginalpH	>4.5	<4.5	>4.5	>4.5

So, from the above symptoms, I can correlate *Kaphaja Yonivyapada* with Candidiasis.

*Tila Taila* (Sesamum indicum inn. oil) has been selected for the study because its effect, easy availability, cost effectiveness and without adverse effect.

### AIM

To study the effect of *Tila Taila Pichu* (Sesamum indicum inn.oil tampoon) in *kaphaja Yoni-Vyapada*." (Disorders related to female reproductive system specially vagina i.e. candidiasis)

### Objectives

1. To study literature of *Yonivyapada* and *Tila taila* from compandia.<sup>7</sup>
2. To Study the *Kaphaja Yoni-Vyapada* (Disorders related to female reproductive system specially vagina i.e. candidiasis) in detail.
3. To Study the role of *Tila Taila* (Sesamum indicum inn.oil) in *Kaphaja Yonivyapada*.<sup>8</sup>

### MATERIAL AND METHODS-

For this purpose clinical study was carried out mainly into following phases –

1. Selection of patients
2. Mode of action of *Tila taila*. (Sesamum indicum inn.oil)

#### 1. Selection of Patients:

For present clinical study 30 patients of *Kaphaja Yoni-Vyapada* were selected from

O.P.D, department of *Streerog & Prasutitanra* in SSAM, Hadapsar, Pune, Maharashtra

#### A) Inclusion Criteria:-

Outdoor patients diagnosed as *Kaphaja Yonivyapada* (candidiasis) were selected by Random Sampling method.

1. Married Patient.,
2. Age 25-30 years.,
3. Patients willing for treatment with *Tila Taila Pichu*(Sesamum indicum inn.oil tampoon ) for treatment of *Kaphaja Yonivyapada*., (candidiasis)
4. Informed written consent after reading the information about study.
5. Abstinence from sexual intercourse during study period.

#### B) Exclusion Criteria:

1. Pelvic Inflammatory diseases.
2. Pregnancy.
3. Patients having uterovaginal prolapse, atrophic candidiasis.
4. Systemic diseases like hypertension, diabetes, hepatitis, heart disease, tuberculosis, leukaemia etc.
5. Unexplained vaginal bleeding –occasionally or intermittent.
6. Severe anaemia i.e. Haemoglobin<8 gm.
7. Use of antibiotics or local vaginal formulations within the previous month.
8. Patients using Intra Uterine Contraceptive Device, foreign body.

9. Patients having skin infections.
10. Drug Allergy.
11. Patient on any other medications.

**C) Withdrawal Criteria:**

1. Patients discontinued trial.
2. Patients not came for follow up.

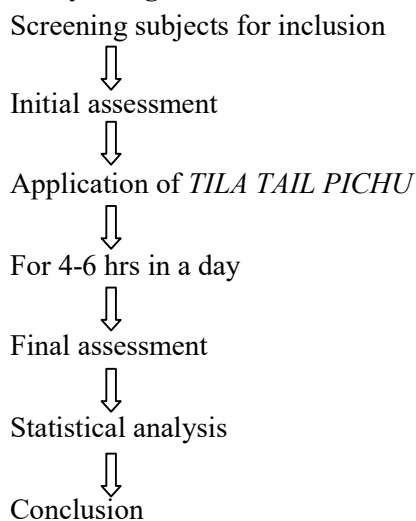
3. If patient develops any allergic conditions or if there were unbearable aggravation of symptoms itself.
4. Patients not following suggestions e.g. sexual abstinence.

**D). Assessment Criteria:**

**Gradations:-**

Grade	Symptoms
1	<i>Kandu</i> ( vaginal itching), <i>shweta-strava</i> ( white discharge)
2	<i>Kandu</i> (vaginal itching), <i>shweta-strava</i> ,(white discharge) ,Redness
3	<i>Kandu</i> (vaginal itching), <i>shweta-strava</i> (white discharge), Redness, <i>shotha</i> (vaginal dryness, inflammation)
4	<i>Kandu</i> ( vaginal itching), <i>shweta-strava</i> , (white discharge), Redness, <i>shotha</i> (vaginal dryness, inflammation) <i>Vedana</i> ( vaginal pain)

**Study Design Flow Chart:-**



**2. Preparation and mode of action of Tila taila:**

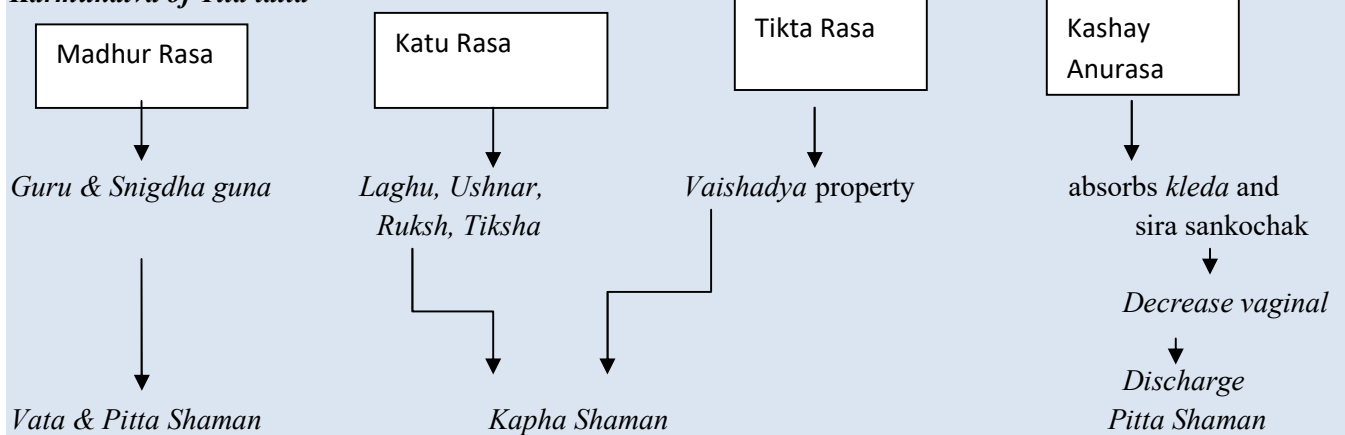
*Tila taila* purchased from authentic source (Pharmacy, SSAM, Hadapsar, Pune, Maharashtra) and stored in sterile bottles.

- Drug Regime: *Tila* (*sesamum inn.*)
- Matra: 15 ml (For each Vaginal Application)
- Route: Vaginal local Application
- Duration: For 5 to 6 hrs
- Observation: During each follow up, patient examined according to assessment criteria.

**Clinical Trials:**

Place of Work The study and clinical work carried out at the department of *Strirog-Prasutitantra*, SSAM, Hadapsar, Pune, Maharashtra

**Karmukatva of Tila taila <sup>8,9</sup>-**



So, from the above it can be concluded that due to *Aam pachan* (digestion of undigested food) *kled* (moisture) *decrease* and *Bhrajak pitta* (one of type of Pitta dosha) *vardhan* takes place so *kandu* (vaginal itching) decreases ultimately, *effect on Kaphaja Yonivyapada*.

For each of these groups, values for clinical variables have been recorded before and after treatment.

To assess the efficacy of the trial treatment and % relief were made within the sample population for clinical criterion:

- The mean tendency of after treatment of each of the 5 clinical criteria, viz., *Yoni Kandu*, *Yoni Srava*, *Yoni Vedana*, *yonishoth* and redness were compared using Wilcoxon Signed Rank Test, to assess better results.
- Proportion of patients within the trial group that reached grade 0 (no any symptoms) at the end of the treatment for each clinical criterion were assessed to find out the % relief for each clinical criterion as a result of the trial group treatment.

## RESULT

**Table 1:** Total Duration for Treatment:-

Treatment Duration in days	Frequency of patient	Percentage
2 days	1	3.3
3days	4	13.3
4days	7	23.3
5days	14	46.7
6 days	4	13.3
TOTAL	30	100

### Observation & Result-

General Description of patients:

#### 1) Incidence according to age:-

When age distribution was studied, it was observed that 6 (20%) patients are of age 25 years, 4(13.3%) patients are of age 26 years, 4 (13.3%) patients are of age 27 years, 4(13.3%) patients are of age 28 years, 1(3.3%) patients are of age 29 years, 11(36.7%) patients are of age 30 years. This data is not significant to draw any conclusion.

#### 2) Religion:

There were 28 (93.3%) patients were Hindu and 2 (6.7%) patients were Muslim.

This data is not significant to draw any conclusion.

#### 3) Occupation:

There were 21 (70%) are housewife, 6(20%) doing service, 1(3.3%) is student and 2(6.7%) have other occupation. This data is not significant to draw any conclusion. There was no significant effect of Diet, Obstetric History, Menstrual history, Family history, Surgical history on *Kaphaj yonivyapad* patient.

Treatment duration for 1 (3.3%) patients was 2 days, 4 (13.3%) patients was 3 days, 7 (23.3%) was 4 days, 14 (46.7%) was 5 days and 4 (13.3%) was 6 days. That is most of the patients' undergone treatment for 5 days. So the result of *Tila taila pichu* is significant in 5 days in *Kaphaja Yonivyapada*.

**Table 2:** According to Grade Total days for Treatment and No. of patients

			Treatment Duration In Days					Total No. of Patients
			2 Days	3 Days	4 days	5 Days	6 Days	
Grade	Grade1	No. of Patients	1	3	2	4	1	11
		% Of Patients	3.30%	10.00%	6.70%	13.30%	3.30%	36.70%
	Grade2	No. of Patients	0	1	1	3	0	5

	% Of Patients	0.00%	3.30%	3.30%	10.00%	0.00%	16.70%
Grade3	No. of Patients	0	0	2	1	0	3
	% Of Patients	0.00%	0.00%	6.70%	3.30%	0.00%	10.00%
Grade4	No. of Patients	0	0	2	6	3	11
	% Of Patients	0.00%	0.00%	6.70%	20.00%	10.00%	36.70%
Total patients.		1	4	7	14	4	30

### Patients divided according to Grades:

Grade 1:- Out of 11 patients in grade1 1 patient has undergone treatment for 2 days, 3 patients undergone treatment for 3 days, 2 patients undergone treatment for 4 days, 4 patients undergone treatment for 5 days, 1 patient undergone treatment for 6 days.

Grade 2:- Out of 5 patients in grade2 0 patients has undergone treatment for 2 days, 1 patient undergone treatment for 3 days, 1 patient undergone treatment for 4 days, 3 patients undergone treatment for 5 days, 0 patients undergone treatment for 6 days.

Grade 3:- Out of 3 patients in grade3 0 patients has undergone treatment for 2 days, 0 patients undergone treatment for 3 days, 2 patients undergone treatment for 4 days, 1 patient undergone treatment for 5 days, 0 patients undergone treatment for 6 days.

Grade 4:- Out of 11 patients in grade4 0 patients has undergone treatment for 2 days, 0 patients undergone treatment for 3 days, 2 patients undergone treatment for 4 days, 6 patients undergone treatment for 5 days, 3 patients undergone treatment for 6 days

**Table 3:** Average Days for Treatment According to Grade

Grade	Average Treatment Days
1	4.09
2	4.40
3	4.33
4	5.09

Average days required for grade 1 is 4.09 days, for grade 2 is 4.40 days, for grade 3 is 4.33 and for grade 4 is 5.09 days.

On an average days required according to grade are 4 to 5 days to get significant result.

So from the above findings conclude that *Tila taila* have significant result in *Kaphaja yonivyapada* in 4-5 days. Analysis on the basis of assessment criteria-

### 1. Table 4: Yonikandu

Yonikandu	Median		Wilcoxon Rank W	Signed	P-Value	% Effect	Result
	B.T.	A.T.					
	2.00	0.00	-4.828 <sup>a</sup>		<0.001	100.00	Significant

### 2. Table 5: Yonistrava /vaginal discharge

Yonistrava	B.T.	A.T.
Absent	0	30
Present	30	0

McNemar's Test	
	B.T.&A.T.
N	30
P-Value	0.00052

4. **Table 6:** Redness

Redness	B.T.	A.T.
Absent	11	30
Present	19	0

McNemar's Test	
	B.T. & A.T.
N	30
P-Value	0.00000752

5. **Table 7:** Yonishotha/ vaginal inflammation

Yonishotha	B.T.	A.T.
Absent	20	30
Present	10	0

McNemar's Test	
	B.T. & A.T.
N	30
P-Value	0.0000271

6. **Table 8:** Yonivedana/Vaginal pain

Vedana	B.T.	A.T.
Absent	18	30
Present	12	0

McNemar's Test	
	B.T. & A.T.
N	30
P-Value	0.00052

**DISCUSSION**

The discussion topic is divided in 2 parts

A) Conceptual study B) Clinical study

A) Conceptual study

Consideration of *hetu* of *Kaphaja yonivyapada* it has demonstrated all are the causes of vitiation of *Kapha*. According to modern system they have being taken as risk factors. *Acharya Charaka, Sushrut, Vaghata* described *hetu* of *yonivyapada* abnormal dietetics and mode of life, abnormalities of either *artava* (ovum) and/or *bija* (sperms) and curses or anger of God (in absence of apparent cause this can be considered) are the causative factors of all these twenty disorders of *yonivyapada*.

*Kapha*, vitiated due to excessive use of *Abhisyandi* substances reaches reproductive system and causes discharge, coldness, itching and dull pain in vagina. The women look anaemic and discharges whitish yellow, menstrual blood is the opinion of *Charaka*.

*Cakrapani* has equated this with *kaphaja asrugdara* on the basis that white discharge per vaginam is present during intermenstrual period also.

*Sushruta* has given only local symptoms as presence of discharge, itching and excessive coldness.

*Vagbhata* followed *Charaka*, however have included painless and discolouration of vagina also.

*Madhavanidana, Bhavaprakasa, and Yogaratnakara* etc. have followed *Sushruta*.<sup>4</sup>

**B) Clinical study:**

For the purpose of research total 30 patients of *Kaphaja Yonivyapada* from outdoor were selected by Random Sampling method, as per inclusion and exclusion criteria -

No. of 30 patients were treated with *Tila taila pichu*.

**CONCLUSION**

1. There were no side effects noticed in any subjects after local application of *Tila taila in Kaphaja Yonivyapada*.
2. Occupation, Religion, Obstetric History, menstrual history were found to have no major relation with *Kaphaja Yonivyapada*.
3. The effectiveness of *Tila taila* in the treatment of *Kaphaja Yonivyapada* obtained within 4 to 6 days without any adverse effect.

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