

## Clinical study of Palashadi Varti in the management of Pichchhila Yoni W.S.R. abnormal vaginal discharge

Pinky Chauhan<sup>1\*</sup>, Sushila Sharma<sup>2</sup>, Hetal H. Dave<sup>2</sup>

<sup>1</sup>Department of Prasuti and Stri roga, PAMCH, Sri Ganganagar.

<sup>2</sup>Department of Prasuti and Stri roga, NIA, Jaipur.

**Corresponding author:** \*Dr. Pinky Chauhan, Department of Prasuti and Stri roga, PAMCH, Sri Ganganagar, Rajasthan, India.

### Abstract

**Introduction:** Abnormal vaginal discharge is a whitish mucoid discharge from the vagina. It may be thick and viscid, and foul smelling when it is caused by some infection. A study in the India has shown that the prevalence of reproductive tract infections are 37% Based on symptoms, 36.7% Based on laboratory investigations, 31% Candidiasis, 02% Trichomoniasis, 45% Bacterial vaginosis, 03% Gonorrhoea. In modern science, various treatments are available for abnormal vaginal discharge but all have unsatisfactory results and complications, thus, there is a great scope of research to find out safe, potent and effective remedy for the management of abnormal vaginal discharge.

**Materials and methods:** An open randomised clinical trial was conducted on 15 clinically diagnosed patients of abnormal vaginal discharge and were given *Palashadi Varti* for 2 consecutive cycles.

**Results:** The study shows statistically very significant result on symptoms i.e. consistency of vaginal discharge and pain in lower abdomen and shown statistically significant result on symptoms i.e. discharge per vaginum, colour, vulval itching, general weakness, burning micturition.

**Discussion:** No adverse effect was observed. Thus, *Palashadi Varti* can be recommended for the management of abnormal vaginal discharge.

**Keywords:** *Palashadi Varti*, abnormal vaginal discharge, reproductive tract

### Introduction

Abnormal vaginal discharge is the most common factor which creates irritation in women freedom. Normal vaginal discharge may appear clear, cloudy white and without any foul smell. Changes in normal discharge can be caused by many reasons such as menstrual cycle, emotional stress, nutritional status, pregnancy, usage of medications-

including birth control pills and sexual arousal. Any changes in colour, consistency, amount, smell of discharge may be a sign of a vaginal infection. It is a condition in which there is a whitish mucoid discharge from the vagina. It may be thick and viscid, and foul smelling when it is caused by some infection. Ayurveda says that due to intake of *Kapha* predominant *Aahar Vihar* the

*Kapha Dosh* get vitiated. Consequently, the *Kapha* reaches *Yoni* (vagina) by aggravated *Apana Vayu* and produce *Pichchhilata*, *Srava*, *Kandu* etc in *Yoni*. All these are also characteristic symptom of *Kaphaj Yonivyapad*.

*Palashadi Varti* has been selected for the present study because of its *Kashaya*, *Tikta*, *Amla*, *Madhura* and *Katu Rasa*; *Laghu*, *Ruksha*, *Sheeta*, *Guru* and *Snigdha Guna*; *Sheeta* and *Ushna Virya*; *Madhura* and *Katu Vipaka* and *Tridosahara* specially *Kapha-Vatahara* properties by which it breaks the *Samprapti* and successfully control & cure *Pichchhila Yoni (Srava)*.

### Aims and objectives

- ◆ To study etiopathogenesis of *Pichchhila Yoni* as per the classical literature and modern Texts.
- ◆ To evaluate the efficacy of *Palashadi Varti*.

### Material and methods

#### Selection of patients:

Total 15 clinically diagnosed and confirmed patients of abnormal vaginal discharge were selected from OPD/IPD of NIA, Jaipur (Rajasthan) on the basis of inclusion and exclusion criteria after taking written informed consent.

#### Criteria for Inclusion:

- ◆ Patients complaining of abnormal vaginal discharge as a cardinal symptom.
- ◆ Age group between 20 to 45 years.
- ◆ Married women.

#### Criteria for Exclusion:

- ◆ Unmarried girls.
- ◆ Post menopausal women.
- ◆ Pregnant women.
- ◆ Any type of malignancy.
- ◆ Positive VDRL, HIV, HbsAg patients.
- ◆ Patients with systemic diseases like Diabetes Mellitus, T.B., Hypertension.

- ◆ Any organic pathology of reproductive organs like cervical polyp, fibroid uterus etc.

#### Criteria for withdrawal:

- ◆ During the course of clinical trial, if patient develops any clinical condition which requires urgent treatment.
- ◆ If Patient herself wants to withdraw from clinical trial.
- ◆ Irregular follow-up.

### Laboratory investigation:

#### Before Treatment

1. **Blood test** - CBC, ESR, VDRL, HIV, HbsAg, LFT, FBS/RBS.
2. **Urine test** - Routine & Microscopic
3. **Special tests** -
  1. Vaginal pH.
  2. Gram staining.
  3. Wet smear examination.
  4. KOH test.
  5. Vaginal swab culture (if needed).
  6. Pap smear (if needed)
  7. USG- Pelvis & Adenexae (if needed).

#### After Treatment

- CBC, ESR
- Urine test – Routine & Microscopic

#### Special tests –

1. Vaginal pH
2. Wet smear examination (if needed).
3. Vaginal swab culture (if needed)
4. Pap smear (if needed)
5. USG- Pelvis & Adenexae (if needed)

#### Administration of drug:

Selected patients were given *Palashadi Varti* 3 gm OD alternate day (24 hours after cessation of menses for 7 days) vaginally for 2 consecutive cycles.

#### Follow up study:

Follow up was done every 15 days during the trial and every month upto two months after completion of trial.

**Assessment criteria:**

**Subjective parameters –**

**1. Amount of Vaginal discharge**

No feeling of discharge-0  
Slight discharge: occasional discharge, only feeling of vulval moistness-1  
Moderate discharge: Need to change the undergarments frequently-2  
Heavy discharge: Need to use an extra cloth or pad-3

**2. Colour of Vaginal discharge**

Colourless-0  
White/Creamy white-1  
Blood mixed/pinkish colour-2  
Brownish colour-3

**3. Vulval itching**

Absent -0  
Occasional Mild feeling of irritability-1  
With moderate Excoriation, disturb daily routine-2  
Constant, Severe with excoriation of vulvae -3

**4. Backache**

No Pain -0  
Mild: only feeling of discomfort-1  
Moderate: no interference with daily activity -2  
Severe: interference with daily activity -3

**5. Pain in lower abdomen**

Absent-0  
Mild pain throughout the day but relieved by rest -1  
Moderate pain interfering physical activity & not relieved by rest-2  
Pain interfering physical activity & relieved by taking analgesics-3

**6. General weakness**

No Weakness-0  
Patient is able to involve in routine activity -1  
Patient is slow to involve in routine activity -2

Patient feels exhausted to involve in routine activity-3

**7. Burning micturation**

Absent-0  
Occasional-1  
Moderate-2  
Severe, patient wants to avoid micturition-3

**Objective criteria:**

**1. Consistency of vaginal discharge**

Thin transparent watery discharge flows on speculum easily - 0  
Thin transparent mucoid discharge flows on speculum easily-1  
Discharge flows on speculum blade but not as watery flow-2  
Static and does not flow on speculum-3

**2. Foul smell**

Non offensive-0  
Foul smell is felt only while performing p/s -1  
Foul smell felt from a short distance-2  
The observer is unable to stand near the patients-3

**3. Local tenderness**

No tenderness-0  
Pain during deep palpation-1  
Pain during palpation but cooperative patient-2  
Patient becomes non-cooperative during P/V examination-3

**4. Based on cellular (Pus cell )**

0-5/hpf -0  
6-10/hpf-1  
11-15/hpf-2  
>15/hpf-3

**Statistical Analysis:**

Various observations made and results within groups obtained were computed statistically using Wilcoxon matched-pairs signed-ranks test and Mann whitney test and unpaired and paired t test to find out the

significance of the values obtained and various conclusions were drawn accordingly.

• **'p' Value (Probability of 't' value)**

'p' value was calculated with the help of standard charts on the basis of 't' value.

- "p" values between 0.5 – 0.1  
= Insignificant
- "p" values between 0.05-0.01  
= Significant
- "p" values between 0.005–0.001  
= Highly Significant
- "p" values <0.0001  
= Extremely Significant

**Observation and results**

Total 18 patients were registered for the present study. Out of them 03 patients dropped out and study was completed on 15 patients.

This study shows that very significant result was observed in consistency of vaginal discharge and pain in lower abdomen and significant result were observed in discharge per vaginum, colour, vulval itching, general weakness, burning micturition.

**Table no 01: Shows the pattern of clinical recovery in various Subjective and Objective Parameters of *Pichhhila Yoni (Srava)* in 15 patients treated with "*Palashadi Varti*" vaginally.**

S.No.	Group B	BT	AT	Diff	% Imp.	SD	SE	P value	Sig
1.	Discharge per vaginum	1.200	0.800	0.400	33.33	0.50	0.13	0.031	S
	Consistency	1.667	1.000	0.666	39.95	0.48	0.12	0.002	VS
	Colour	1.067	0.600	0.466	43.67	0.51	0.13	0.015	S
2.	Vulval itching	0.800	0.400	0.400	50.00	0.50	0.13	0.031	S
3.	Foul smell	0.600	0.133	0.466	77.66	0.51	0.13	0.015	S
4.	Backache	1.00	0.666	0.333	33.33	0.48	0.12	0.062	NS
5.	Pain in lower abdomen	0.800	0.200	0.600	75.00	0.50	0.13	0.003	VS
6.	Local tenderness	0.466	0.266	0.200	42.91	0.41	0.10	0.250	NS
7.	General weakness	0.866	0.400	0.466	53.81	0.51	0.13	0.015	S
8.	Burning micturition	0.733	0.333	0.400	54.57	0.50	0.13	0.0313	S

**Objective parameter**

**Table no.02: Showing effect on various laboratory parameters of *Pichhhila Yoni* in 15 patients treated with *Palashadi Varti*.**

S.No.	Group B	BT	AT	Diff.	% Imp.	SD	SE	T	P value	Sig
1.	Hb gm%	12.23	12.28	0.053	0.43%	0.33	0.08	0.62	0.543	N.S
2.	ESR	18.93	16.86	2.06	10.88%	3.19	0.82	2.50	0.025	S
3.	TLC	7086.7	6986.7	100.0	1.41%	130.9	33.80	2.95	0.010	S
4.	Vaginal PH	5.467	4.967	0.500	9.14%	0.731	0.189	2.64	0.019	S
5.	Urine Epi.cell	4.533	4.00	0.533	11.75	0.833	0.215	2.47	0.026	S
6.	Urine WBC	3.733	2.733	1.000	26.78	1.773	0.457	2.18	0.046	S

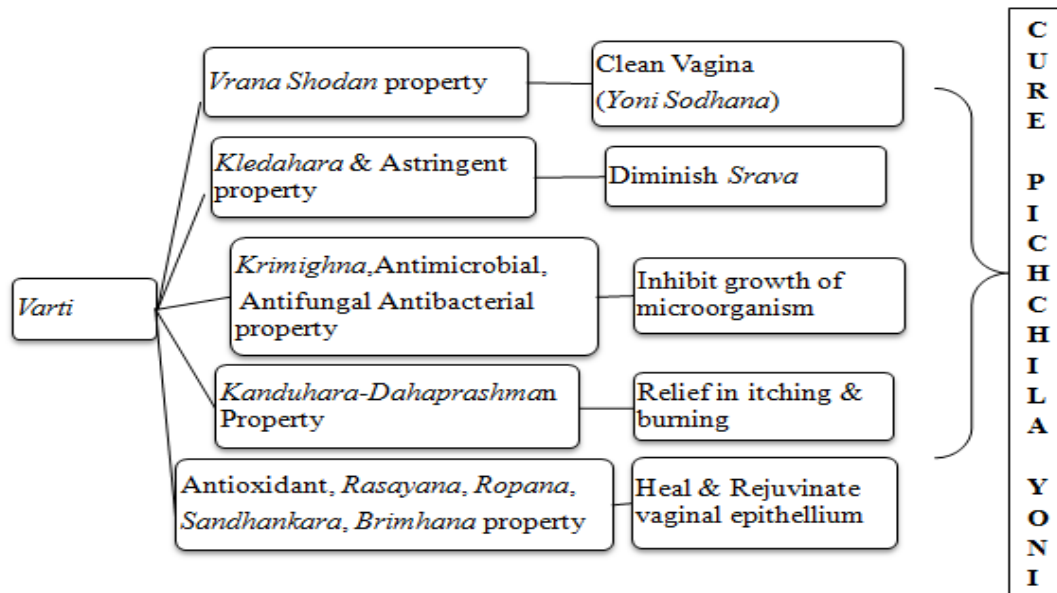
This study shows that significant results were observed in ESR, TLC, Vaginal PH, Urine Epi.cell and Urine WBC and not significant result were observed in Hb gm%.

**Discussion**

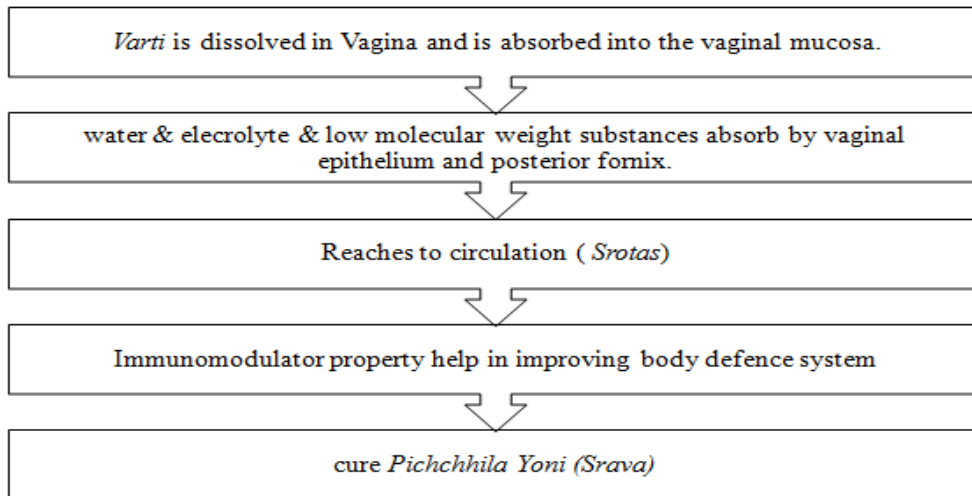
Consumption of *Kaphaprakopaka Ahara & Vihara* along with *Vata* vitiating factors. *Vata* and *Kapha* become vitiated. Vitiating *Doshas* caused *Mandaagni* and eventually formed *Ama*. The accumulated *Ama* vitiates first *Dhatu Rasa*, which is coming in contact throughout the body (*Prakopavastha*) through *Rasavaha Srotasa*, which leads to *Rasavaha Srotodushti* followed by *Artavaha Sroto Dushti* and finally vitiating the *Yoni*. Due to *Yoni Dushti* there is *Yonitah Srava* known as *Pichchhila Yoni (Srava)*.

While studying the various conditions in which *Yoni Srava* is described, *Kapha* can be considered as main causative *Dosha* by its vitiated *Snigdha* and *Pichchhila* properties. *Acharya Sushruta* has stated that *Pooya* or suppuration is not possible without *Kapha*<sup>1</sup>. *Acharya Vagbhata* has also considered *Kapha* as the main *Dosha* responsible for *Shophya* or inflammation. *Aacharya Charaka* has clearly mentioned that any type of *Yoniroga* does not occur without the involvement of *Vata Dosha*.<sup>2</sup>

**Probable Local Mode of Action of Palashadi Varti:**



**Probable Systemic Mode of Action of Palashadi Varti:-**



## Probable Mode of Action of *Palashadi Varti*

### At *Rasa-Guna-Virya-Vipaka-Prabhava* Level:-

*Palashadi Varti* has *Kashaya*, *Tikta*, *Amla*, *Madhura* and *Katu Rasa*; *Laghu*, *Ruksha*, *Sheeta*, *Guru* and *Snigdha Guna*; *Sheeta* and *Ushna Virya*; *Madhura* and *Katu Vipaka* and *Tridosahara* specially *Kapha-Vatahara* properties by which it breaks the *Samprapti*.

*Palashadi Varti* possesses mainly *Kashaya Rasa*. *Kashaya Rasa* is mainly formed by conjugation of *Vayu* and *PrithviMahabhuta*<sup>3</sup>. *Vayu* is *Ruksha*<sup>4</sup> in quality and dries up the excessive fluids present in the tissues while *Prithvi* by virtue of *Kathina* and *SthiraGuna* which are opposite to *Drava* and *SaraGuna* reduces the *Srava*. So, *Kashaya Rasa* by virtue of its *Guna* restrains *Srava*<sup>5</sup>.

*Acharya Charaka* has mentioned that *Kashaya Rasa* is having pharmacological properties like *Samshmana*, *Soshana*, *Sangrahi*, *Stambhana* and *Kaphanashaka*. It has also quality of drying *Kleda*. So, by virtue of *Kashaya Rasa* it stops *Srava*.

The second dominant *Rasa* in *Palashadi Varti* is *Tikta*, *Amla* & *Madhura* *Rasa*. *TiktaRasa* is a combination of *Vayu* and *AkashaMahabhuta*<sup>6</sup>. These two *Mahabhutas* are having qualities opposite to *Kapha*<sup>7</sup>. *TiktaRasa* is having *Kandughna*, *Kleda*, *Puya* and *Kaphashoshna* pharmacological properties<sup>8</sup> While *Amla Rasa* is possess *Laghu* and *Ushna Guna* which quash the *Kapha*.<sup>9</sup> *Madhura Rasa* which is *Vata* and *Pitta Shamaka* and also has *Prinana*, *Jeevana* property<sup>10</sup> etc. *Balya*, *Poshana Karma* of *MadhuraRasa* helped in promotion of healing by *Dhatuwardhana*<sup>11</sup> (re-growth of the tissue) leading to minimal inflammation. Hence, *Tikta*, *Amla* and *MadhuraRasa* alleviate *Srava*.

Some of the ingredients of *Palashadi Varti* possess *Katu Rasa*. This *Rasa* is formed by *Vayu* and *AgniMahabhuta*<sup>12</sup>, having

qualities opposite to *Kapha* (*Prithvi&Jala*), thus, lessens *Srava*. *KatuRasa* also has *Shothaghna*, *Kandughna* and *Abhishyanda-Kleda-Sneha Upahanti* properties<sup>13</sup>. By these properties it eases *Srava* as well as reduces *Shotha*.

*Kashaya*, *Tikta* and *Katu Rasa* have *Krimighna*<sup>14</sup> property which direct inhibits the growth of *Krimi* and finally diminishes *Srava*.

Most of the ingredients of *Palashadi Varti* possess *Laghu* and *Ruksha Guna*. By the virtue of this property this may pacify vitiated *Kapha* and *Kleda* and supports the function of the other *Rasas*. *RukshaGuna* also restrains *Srava* by virtue of its *Stambhana* action.

*Snigdha* and *Guru Guna* is predominant in some ingredients. So, these ingredients alleviate vitiated *Vayu* while *Sheeta Guna* alleviates vitiated *Pitta*. Thus, ultimately help to stop secretion.

By virtue of these qualities *Palashadi Varti* may alleviate the vitiated *Vata*, *Pitta* and *Kapha* which eradicates *Pichchhila Yoni* (*Srava*). *SheetaVirya* drugs also act in *Srotasa* and cause *Stambhana*. In this way trial drug restrains *Srava* by *Stambhana* action.

### Action at *Doshika* level:

*Pichchhila Yoni* is *Kapha Vata* predominant *Vyadhi* and *Palashadi Varti* has only one drug which is *Vata-Kaphanashaka* some drugs which are *Pitta-Kaphanashaka*. Thus the trial drugs alleviate the *Tridosha* by their *Tridosahara* properties.

The *Madhura Rasa*, *Amla Rasa*, *Snigdha Guna*, *Ushna Virya* and *Madhura Vipaka*, present in the *Palashadi Varti* pacify the *Vata Dosha*.

*Kashaya Rasa*, *Madhura Rasa* and *Tikta Rasa*, *Ruksha Guna*, *Sheeta Guna*, *Sheeta Virya* and *Madhura Vipaka* pacify the *Pitta Dosha*.

*Katu Rasa, Tikta Rasa, Kashaya Rasa, Laghu Guna, Ruksha Guna, Ushna Virya and Katu Vipaka* pacify the *Kapha Dosha*.

### **Conclusion**

The study concluded that the *Palashadi Varti* vaginally is effective in reducing subjective & objective parameters of *Pichchhila Yoni (Srava)*. Comparing the symptomatic improvement in 15 patients it was found that overall relief was 50.42%. No adverse effect was observed during trial and in follow-up study. Based on this study, *Palashadi Varti* can be recommended for the management of abnormal vaginal discharge.

### **Acknowledgements**

I sincerely convey my thanks with respect and gratitude to my honorable guide Dr. Sushila Sharma, Professor and co-guide Dr. Hetal H. Dave, Associate Prof., Department of Prasuti and Stree Roga, NIA, Jaipur,

whose inspiring teaching, valuable guidance, timely remarks and helpful suggestions throughout the preparation of this dissertation are beyond capacity of my words to reciprocate with thankfulness.

### **References**

1. Ibidem, Su. Su.17/12, pp-72
2. Ibidem, Cha. Chi.30/115, pp.-858.
3. Ibidem, Cha. Su. 26/40, pp.343
4. Ibidem, Cha. Su. 26/11, pp.335
5. Ibidem, Cha. Su. 26/42, pp.348.
6. Ibidem, Cha. Su. 26/40, pp.343.
7. Ibidem, Cha. Su. 26/11, pp.335
8. Ibidem, Cha. Su. 26/42, pp.348.
9. Ibidem, Cha. Su. 26/42, pp.345.
10. Ibidem, Cha. Su. 26/42, pp.345.
11. Ibidem, Cha. su. 26/42, pp-345
12. Ibidem, Cha. Su. 26/40, pp.343
13. Ibidem, Cha. Su. 26/42, pp.347.
14. Ibidem, Cha. Su. 26/42, pp.347-348.