

ROLE OF UDUMBARADI TAILA YONIPICHU IN THE MANAGEMENT OF KAPHAJA YONIYVAPAD - A PILOT STUDYSonali R Gaikwad¹, Shreyes. S², Yogitha Bali M. R³

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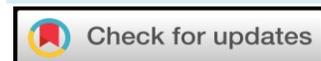
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**ABSTRACT**

Background: Vaginal discharge, commonly known as leucorrhoea, is a physiological condition which happens in female reproductive system. More than 75% women experience leucorrhoea during their lifetime and 45% of them has recurrence. **Objectives:** To assess the efficacy of *Udumbaradi Taila Yoni Pichu* in management of *Kaphaja Yoni Vyapad*. **Design:** This is a single blind pilot study. 20 female patients with the complaints of *Kaphaja Yonivyapad (nonspecific leucorrhoea)* from the Dept. of *Prasooti tantra and Stree Roga* OPD of Rajiv Gandhi educational society's Ayurvedic Medical College, Ron were included for the study. Patients were administered *Udumbaradi Taila Yonipichu* for 7 days and were assessed before and after the treatment and followed up on the 14th day. **Results:** This pilot study showed statistically significant changes with *Udumbaradi Taila Yonipichu* in reducing the complaints of *Kaphaja Yoni Vyapad* such as *Katishoola* ($p<0.001$), *Kandu* ($p<0.001$), consistency of the *Srava* ($p<0.001$) and *Srava Pramana* (quantity of the discharge) ($p<0.001$). **Conclusions:** *Udumbaradi Taila*

Yonipichu showed effectiveness in the management of *Kaphaja yoni Vyapad* with the reduction of *Katishoola*, *Kandu*, consistency of the *Srava* and *Srava pramana* after the treatment.

Keywords: *Kaphaja Yonivyapad*, *Udumbaradi Taila*, Pilot study, *Streeroga*

INTRODUCTION

Vaginal infection is one of the most common gynecological affections and vaginal discharge is one of the most common reasons for which women seek medical attention.^[1] Leucorrhoea is an abnormal vaginal discharge often associated with irritation and is non-hemorrhagic in nature. The discharge may be white, yellow or greenish in colour. It is a symptom of underlying pelvic pathology. It accounts for more than an estimated of 1/4th Gynec patients visits to Gynecologist.^[2]

Leucorrhoea is physiological when associated with various phases of the menstrual cycle. It is considered by changes seen in the vaginal epithelium; changes in the normal bacterial flora and pH of the vaginal secretion predispose to leucorrhoea. ^[3] But when it turns into the pathological condition it produces associated problems like low backache, itching and burning sensation of vulva, poor appetite, discomfort, general weakness, pain in both legs etc. ^[4]

Nonspecific Leucorrhoea a white discharge from the vagina may be physiological or pathological. It may also be noticed without any disease. Normally, vaginal discharge happens in regular variations of amount and consistency during the course of the menstrual cycle. A greater than usual amount is normal in pregnancy, and a decrease is to be expected after delivery, during lactation and after menopause. ^[5]

Globally, Leucorrhea occurs in 1-14% of all the women in the reproductive age group and is responsible for 5-10 million OPD visits per year. ^[6,7] The prevalence of excessive vaginal discharge in India is estimated to be 30%.³ The NFHS -3 results show that 11% of women in India report at least one reproductive health problem related to vaginal discharge.^[8,9]

Causes of leucorrhoea include chronic illness, fatigue, malnutrition, emotional disturbance,

unhygienic condition, improper diet, constipation and chronic retroverted uterus.^[10] Leucorrhoea usually presents with low backache, vulval itching, abdominal pain, pain in legs, general weakness and loss of appetite. It also affects psychology of the female unless treated properly. Health and efficiency of women are also affected. This psychological bearing makes it imperative for the physician to do his utmost for its relief. ^[11]

Leucorrhoea is not a disease but a symptom of lot many other diseases. But sometimes these symptoms become so severe that they overshadow the underlying cause and leucorrhoea itself enhances to a stature of disease. White discharge is a common problem woman experience and hesitate to seek the treatment. This occurs as a result of improper reproductive system and if not controlled on time, can progress to a chronic stage and lead to other problems. It can be due to infection with *Trichomonas vaginalis*, *Candida albicans* or mixed bacterial infections, chronic cervicitis, cervical dysplasia, malignancy, or due to senile vaginitis. These are treatable as well as preventable as 25% of infections are asymptomatic.^[12] Syndromic approach or management that is routinely followed in managing leucorrhoea will not be able to identify or treat these infections unless the clinical management algorithm includes treatment for such infections. In order to detect specific pathogens causing cervicitis laboratory testing is necessary to identify the organisms involved. The vaginal discharge flowchart leads to three treatment outcomes: no medical treatment; treatment for only vaginal infections caused by TV, BV and/or *Candida spp.* or treatment for vaginal, and cervical infections caused by NG and/or CT. In the majority of settings, abnormal vaginal discharge is highly indicative of a vaginal infection, thus all women presenting with

vaginal discharge receive treatment for TV, BV and *Candida spp.* [13]

Gynecological disorders have been detailed in *Ayurvedic* science as *Yoni Vyapads* or the *Yoni Rogas* that are twenty in numbers. *Kaphaj Yoni Vyapad* is one such disorder among the twenty *Yonivyapads*, which exhibits the *Lakshanas* such as *Picchila Yonirava* and *Yoni Kandu*. This disorder being more common in women affects both the physical and psychological health. There are various types of treatment methods explained by the *Acharyas* for the management of *Kaphaja Yoni Vyapad* among which *Yoni Pichu* is one of its kind that has shown its effectiveness in managing other *Yonivyapads*. In the present study, an effort has been made to evaluate the effects of *Yonipichu* with *Udumbaradi Taila* in the management of *Kaphaja Yonivyapad*, one of the 20 *Yonivyapad* affecting most women due to the present lifestyle and improper dietary habits.

Methodology: This was a single pilot study. Twenty female patients with the complaints of *Kaphaja yoni vyapad* fulfilling the inclusion criteria from the O.P.D. Dept of *Prasooti Tantra & Streeroga*, Rajiv Gandhi Educational Society's *Ayurvedic* Medical College & PG Research Center, Ron were selected for the study. Patients with the complaints of vaginal discharge, itching and stickiness were included for the study and those with cervical or uterine malignancy, cervical erosion, candidiasis, bacterial, pregnant and lactating women and patients with systemic diseases like HTN, DM, tuberculosis and afflicted with infections like HIV, Syphilis, Herpes Genitalis, PID and Endocrinal abnormalities like hyper and hypo gonadism and hyper prolactinaemia were excluded. Ethical clearance was obtained from the Institutional Ethical Committee and Informed consent was obtained from all the

patients. Data was collected from the special case proforma containing all the necessary details pertaining to the study.

Study Design: This was a pilot study with single group, pre and post-test design with 20 patients of *Kaphaja Yoni Vyapad*.

Intervention: This study was conducted for 14 days in which *Udumbaradi Taila Yoni Pichu* was administered for days and follow up was done on 14th day. Patients were explained in detail about the treatment and assurance was given.

Poorvakarma: *Pichu* and *Udumbaradi Taila* was sterilized with the help autoclave. After voiding the urine, patient was advised to lie down comfortably in the lithotomy position with the help of nursing staff. Perineal region was cleaned with savlon and betadine solution and draped.

Pradhana Karma: Under aseptic precaution sterile *Pichu* soaked in *Udumbaradi Taila* was inserted in the vaginal canal with the help of index finger and thumb and with the help of swab holding forceps in such a way that the thread of *Yoni pichu* was made lying out of vagina which will facilitate its easy removal.

Paschat Karma: *Yoni pichu* was retained till patient gets the urge of micturition or 3-4 hours after insertion. It was removed by the patient herself by pulling out the tampon of *Taila* by sitting in squatting position.

Assessment Criteria: Both the subjective and objective parameters were assessed before and after the treatment.

Subjective Parameters: *Katishoola*, Consistency of *Srava, Kandu*

Objective Parameters: *Srava Pramana* (quantity of the vaginal discharge)

Table 1: Showing Grading of the Parameters

Sl.No		Parameters	Grading	Scoring
Subjective Parameters	1.	<i>Katishoola</i>	Absent	0
			Mild	1
			Moderate	2
			Severe	3
	2.	Consistency of <i>Srava</i>	Watery	1

			curdy	2
	3.	<i>Kandu</i>	Mild	1
			Moderate	2
			Severe	3
Objective parameters	4.	<i>Srava Pramana</i>	1 pad/day	1
			2-3 pad/day	2
			More than 3 pads	3

Drug Formulation

Udumbaradi Taila that was to be administered for *Yoni pichu* was prepared by collecting all the required ingredients from GMP certified store under the supervision and assistance of Department of *Dravya Guna, Rasashastra & Bhaishajyakalpana* of Rajiv Gandhi Educational Society's Ayurvedic Medical

College & PG Research Center, Ron. *Acharya Sharangadhara* has advised *Udumbaradi Taila Yoni Pichu* for the management of *Kaphaja Yoni Vyapad* in *Sharangadhara Samhitha* and the same was prepared as per the *Taila Paka Vidhi* of *Charaka Chikitsa Sthana*.

Table 2: Ingredients of *Udumbaradi Taila*

SL No	Sanskrit Name	Botanical Name	Family	Rasa	Virya	Vipaka	Part used
1.	<i>Udumbara</i>	Fecus glomerate	Moraceae	<i>Kashaya</i>	<i>Sheeta</i>	<i>Madhura</i>	Stem bark
2	<i>Plaksha</i>	Ficuslacar	Moraceae	<i>Kashaya</i>	<i>Sheeta</i>	<i>Katu</i>	Stem bark
3	<i>Vata</i>	Ficusbengal ensis	Moraceae	<i>Kashaya</i>	<i>Sheeta</i>	<i>Katu</i>	<i>Ankur, panchang</i>
4	<i>Ashwatha</i>	Ficusreligiosa	Moraceae	<i>Kashaya, madhura</i>	<i>Sheeta</i>	<i>Katu</i>	Stem bark
5	<i>Parish</i>	Thespesiapop ulnea	malraceae	<i>kashaya</i>	<i>Sheeta</i>	<i>Katu</i>	Stem bark
5	<i>Jati</i>	Jasminum officinale	Oleaceae	<i>Tikta, Kashaya</i>	<i>Ushna</i>	<i>Katu</i>	Stem bark
6	<i>Patol</i>	Tricosanthesd ioica	Cucurbitceae	<i>Tikta</i>	<i>Ushna</i>	<i>Katu</i>	<i>Phal</i>
7	<i>Nimba</i>	Azadiractain dica	Meliaceae	<i>Tikta, Kashaya</i>	<i>Sheeta</i>	<i>Katu</i>	<i>Panchang</i>
8	<i>Laksha</i>	Laccifelacca	lacciferidae	<i>kashaya</i>	<i>Sheeta</i>	<i>Katu</i>	<i>Panchang</i>
9	<i>Shalmali</i>	Shalmaliamal barica	Bombacaceae	<i>Madhur</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Ras niryasa</i>
10	<i>Palasha</i>	Butea monosperma	Fabaceae	<i>Tikta, katu, Kashaya</i>	<i>Ushna</i>	<i>Katu</i>	<i>Ras niryasa</i>
11	<i>Dhataki</i>	Woodfordiafr uctiosa	Lythraceae	<i>Kashaya</i>	<i>Sheeta</i>	<i>Katu</i>	<i>Pushpa</i>
12	<i>T i l</i>	Sesamumind icum	Pedalaceae	<i>Madhur, Kashaya</i>	<i>Ushna</i>	<i>Madhura</i>	<i>Taila</i>

Preparation of *Udumbaradi Taila*

Preparation of Coarse powder:

Equal parts of the ingredients were taken and made into coarse powder separately. The ingredients were mixed methodically to make a homogeneous mixture and used to prepare *Kalka* and *Kwatha*.

Preparation of Kwatha (decoction):

Kwatha was prepared by following the general rule of text. One part of coarse powder was added with 4

parts of potable water and subjected to heat on medium temperature, until the volume was reduced to 1/4th of its initial quantity. The contents were filtered, and the filtrate was used as liquid media in the preparation of *Taila*.

Preparation of Kalka (paste):

The coarse powder was taken and mixed with sufficient quantity of water to prepare the *Kalka*.

Taila Paka:

For Taila Paka

As per *Samhita*, *Kalka* (Paste): *Sneha* (*Tila Taila* – Sesame oil); *Kwatha* (Decoction) were taken in proportion of respectively. *Tila Taila* was made warm in vessel and then vessel was taken out from flame and increments of *Kalka* was added to *Tila Taila* and heated for some time. *Kwatha* was added to these contents and heating was continued on medium flame

till the *Samyak Snehapaka Siddhilakshanas* of *Mridupaka* were obtained. *Udumbaradi Taila* thus obtained was filtered while hot and preserved in an airtight container.

Results

This was a single pilot study conducted on twenty patients of *Kapahaja Yoni Vyapad* with a prepost design for 14 days. Patients were assessed before and after the treatment. (Table 1)

Table 3: Showing Demographic data

Sl.No		Number	
1.	Age group (years)		
	21-30	7	35%
	31-40	13	65%
2.	Socio-economic background		
	Lower	10	50%
	Middle	3	15%
	Upper	7	35%
3.	Habitat		
	Urban	10	50%
	Rural	10	50%
4.	Diet		
	Mixed	8	40%
	Vegetarians	10	50%
	Eggetarians	2	10%
5.	Sleep		
	Disturbed	17	85%
	Not disturbed	3	15%
6.	Prakruti		
	<i>Vatapitta</i>	10	50%
	<i>Pittakapha</i>	3	15%
	<i>Kaphapitta</i>	7	35%

Table 4: Results

Sl No.	Symptoms	Mean	Difference	%	SD	SE	t – Test	p –value	
BT					AT				
1	<i>Katishoola</i>	2.95	1	1.95	48.75%	1.3788	0.3085	4.46	<0.001
2	Consistency of <i>Srava</i>	3.35	1.75	1.6	40%	1.1313	0.2531	4.46	<0.001
3	<i>Kandu</i>	2.95	1	1.95	48.75%	1.3788	0.3085	4.46	<0.001
4	<i>Sravapramana</i>	2.3	1.35	0.95	23.75%	0.6715	0.1503	4.46	<0.001

Katishoola: Changes in mean from 2.95 before the treatment to 1 after the treatment with the difference of 1.95, p<0.001 showing significant reduction in

Katishoola with effectiveness of *Udumbaradi Taila Pichu* in *Kaphaja Yoni Vyapad*.

Consistency of *Srava*: Changes in mean from 3.35 before the treatment to 1.75 after the treatment with

the difference of 1.6, $p < 0.001$ showing significant improvement in the yoni *Srava* with effectiveness of *Udumbaradi Taila Pichu* in *Kaphaja Yoni Vyapad*.

Kandu: Mean which was 2.95 before the treatment was reduced to 1 after the treatment with the difference of 1.95, $p < 0.001$ showing reduction in *Kandu* with effectiveness of *Udumbaradi Taila Pichu* in *Kaphaja Yoni Vyapad*.

Srava pramana:

Change in mean from 2.3 before the treatment to 1.35 after the treatment with the difference of 0.95, $p < 0.001$ showing reduction in quantity of the *Srava* with effectiveness of *Udumbaradi Taila Pichu* in *Kaphaja Yoni Vyapad*.

DISCUSSION

Vaginal discharge, commonly known as leucorrhoea, is a physiological condition which happens in female reproductive system. More than 75% women experience leucorrhoea during their lifetime and 45% of them has recurrence. Nowadays, a much greater number of young people suffer from leucorrhoea which hinders their ability to grow and develop to their full potential. Many people are still ignorant and unaware of prevent leucorrhoea which threatens their health not only for recent time but also for the future.^[14] A healthy woman is a promise of healthy family. The concept of healthy yoni has been asserted in various phases of woman's life from puberty to marriage to childbirth and thereafter. *Kaphaja yonivyapad* is one of the problems which ruin both physically and psychologically. Due to change in lifestyle, modern food habits of fast food, junk food women is unable to follow the rules of *Dincharya*, *Rutucharya*, *Rajaswala*, *Rutumati* and *Sutikaparicharya* which are explained by Aacharyas for women's health. Thus she is prone to various Yoni Rogas one of which is *Yonigata Shewta Picchilsrava*, *Yonikandu*, *Yonigata Alpavedana* which are the features of *Kaphaja Yonivyapada* and is neglected by women as minor symptoms.^[15] *Ayurveda* always treats the diseases from the root cause with its unique therapies to prevent and to avoid the recurrence of the diseases. Major ailments affecting the female reproductive

system are the *Yoni Vyapads* which are said to be caused due to the indulgence of *Mithya Ahara Vihara*, *Artava Dusti*, *Shukra Dushti* and influence of *daiva*. *Kaphaja Yonivyapad* is one among the twenty *Yonivyapads* described by the *Ayurveda Acharyas*. *Kaphaja Yoni Vyapad* can be correlated to nonspecific leucorrhoea based on its characteristic features. In *Kaphaja yoni vyapad*, intake of *Mithya Ahara*, *Ati Snighda* and *Abhishyandi Ahara* vitiates *Yoni Pradesha* leading to excess *Sweta Srava* which is *Snigdha* (unctuous), *Pandu varna* (whitish in colour) and *Picchila* (sticky in nature) associated with *Kandu* (severe itching). *Acharya Sushruta* has described *Atisheeta Srava*, *Pandu Varna* And *Kandu* as the *Lakshanas* of *Kaphaja yoni vyapad*. Whereas, *Acharya Vagbhata* adds yellowish discharge per vagina with or without mild pain in addition. Regarding the management of *Kaphaja yoni vyapad*, various unique therapies have been mentioned in *Ayurveda*, in which *Yoni Pichu* is one among them. In the present study, *Udumbaradi Taila* has been used for *Yoni Pichu* for the management of *Kaphaja Yonivyapad*. The present study included 20 female patients with the complaints of *Kaphaja Yoni Vyapad* who were administered *Udumbaradi Taila Yonipichu* for the management of the disease. Patients were examined and assessed before and after the treatment for *Katishoola*, consistency of *Srava*, *Kandu* and *Srava Pramana* and showed significant results in all the outcome measures with $p < 0.001$. Among the 20 female patients, maximum number of patients were in the age group of 31-40 yrs, middle socio-economic status (50%), most of them were from urban areas(50%), Vegetarians (50%), having disturbed sleep (80%) and of *Vatapitta Prakruti* (50%). Vulvovaginal symptoms such as discharge, itch, odour and discomfort are common complaints of women attending general practice, gynaecology and sexual health clinics.^[16] Lactobacillus-dominant flora is associated with vaginal pH in the range 3.6–4.5.^[17] This is generally considered the normal vaginal pH in women of reproductive age. Elevated vaginal pH greater than 4.5 is associated with BV (characterised by overgrowth of anaerobic bacteria), which is in turn

associated with vaginal discharge symptoms, preterm birth, increased transmission of sexually transmitted infections and pelvic inflammatory disease. Thus, it seems that maintaining a low pH in the vagina could potentially reduce the incidence of troublesome symptoms and infection of the genital tract. ^[18]

The normal vaginal pH is acidic that is 4.5, ^[19] alteration in this vaginal pH value leads to growth of organisms which causes white vaginal discharge. Vaginal secretion consists of tissue fluid, epithelial debris, electrolytes, protein and lactic acid. ^[20] So excessive vaginal discharge causes imbalance of all these essential component, hence individual feel general weakness, body ache and back ache etc. ^[21]

In the management of these vaginal discharges, Commercial intravaginal menstrual tampons have been widely used by women since the 1930s. Billions of tampons are sold every year, with an estimated 50% to 70% of women in industrialized countries using them. Underlying public acceptance is the safety of tampons, which has been demonstrated repeatedly in studies involving microbiological analyses, gynecological examination, and subject evaluation. ^[22] *Sthanika Chikitsa* or Local treatment plays very crucial role in the management of various gynaecological disorders. *Ayurveda* has described many therapies for the management of common gynecological disorders (*Stree Roga*) and *Sthanika Chikitsa* is one of them. *Sthanika Chikitsa* (local therapies) helps to relieve itching, burning pain, discharge and bad smelling. In *Ayurveda* there are various forms of local treatments such as *Yoni Pichu*, *Yoni Dhupana*, *Yoni Dhavana*, *Yonilepana*, *Yoni Varti*, *Kshar Karma* and *Agnikarma* have been mentioned for the management of various gynaecological and obstetrical disorders. Although it is more of local treatment, but its effect is systemic too and capable of preventing complications of diseases. *Yoni Pichu* is one of the types of *Sthanika Chikitsa* where sterile medicated *Pichu* is kept inside the vagina for a specific period of time. "*Vatartanam Cha Yoninam Sekabhyanga Pichu Kria*" ^[23] This is one of the simplest presurgical procedure that ensures the

continuous drug delivery to the target organ, another advantage is that there is no need of sophisticated instruments and trained expert rather than patient can do itself after a little instruction. *Pichu* (Tampon) is made up of cotton swab wrapped with gauze piece and tied with long thread. It should be immersed in medicated oil or liquid. Oils are mostly preferred due to its retention ability. Circular and elongated *Pichu* is used for shallow and deep insertion inside vagina respectively *Pichu* should be kept for 5 to 6 hour up to retention of urine. ^[24,25] *Ayurveda* classics describes the action of medicines in three ways i.e. *Dravyaprabhava*, *Gunaprabhava* and *Dravyaguna prabhava*. According to *Sushruta*, *Pichu* helps in *Lekhana karma* and thus, removes slough. In *Yonipichu*, mostly medicated *Kashaya*, *Sarpi* and *Taila* are used. These preparations have two main functions i. e. *Shodhana* (purification) and *Ropana* (healing). Its various mode of action will depend upon the various types of medicine that used, as different medicines have different action. Depending on the drugs *Yonipichu* can act as an antibacterial, controls vaginal discharges, helps in wound healing. *Pichu* helps the medicine to remain at that particular site for a longer period for better action. It improves the musculature tone of vaginal canal. ^[26]

The present study showed significant changes in the reduction of the complaints of *Kaphaja yoni vyapad* with the *Udumbaradi taila* administration for 7 days.

CONCLUSION

In this pilot study, with a single group and pre-post design, *Udumbaradi Taila Yonipichu* showed significant changes in the management of *Kaphaja Yoni Vyapad* with the reduction of *Katishoola*, *Kandu*, consistency of the *Srava* and *Srava Pramana* after the treatment. This was a very easy and a cost-effective treatment that could be carried out on OPD basis without any adverse effects. Future studies can contribute by conducting studies with larger sample size and randomized controlled studies to further evaluate the effects of the formulation.

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