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A SINGLE BLIND CLINICAL STUDY TO EVALUATE THE EFFICACY OF *ARAGVADADI KASHAYA* ON *SHWETA PRADARA*

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ABSTRACT

ShwetaPradara is one of the common complaints suffered by women mostly of reproductive age. The symptoms like *Yonigatashwetasraava, Kandu, Dourgandhya* would be so severe that the daily life of women will be affected. Though it is not mentioned as a separate disease in *Brihattrayee*, there are many formulations indicated for *shwetasrava, picchilata, kandu, dourgandhya and kleda in Yoni*. One such formulation is the administration of *Aragvadadi kashaya* in the form of *Parisechana*.10 female subjects aged between 18-50 years, married were selected based on inclusion and exclusion criteria. *Aragvadadi KashayaParisechana* was administered for 7 days and pre and post assessment was done. The results were statistically significant in reducing the symptoms of *ShwetaPradara.*

Keywords: *ShwetaPradara, Aragvadadi Kashaya, Kandu, Dourgandhya, Picchlata, Kleda.*

INTRODUCTION: A woman is referred as *moola* for *Apatya*, since she has got the divine power to reproduce the offspring. But this power also comes with great miseries as there are many diseases women suffer in the reproductive age. Be it *Artavavyapats, Yonivyapats or Asrugdara* the reproductive life of women is put into miseries through various such diseases. One such common ailment is *ShwetaPradara*. This is often a symptom of any underlying disease. *Shweta* is white and *Pradara* means excessive flow. Excessive white discharge through the vagina constitutes *ShwetaPradara* which is *the Pratyatmalakshana*.It may get associated with *Dourgandhya, Kandu, Picchilata* and *Kledatva in Yoni*.

Leucorrhea is excessive normal vaginal discharge[1]. Normal vaginal discharge is watery, white in color, non-odorous with pH around 4. Discharges occurring other than these characteristics are pathological with infective and non-infective causes. Involvement of infection can be clinically identified by pruritis, irritation and foul smell.

MATERIALS AND METHODS

SOURCE OF DATA-Subjects visiting OPD of Government Ayurveda Medical College and Hospital, Mysore, Government Hi-tech Panchakarma Hospital , Mysore were enrolled in the study.

RESEARCH DESIGN-It was an open clinical trial with pre and post treatment assessment.

INCLUSION CRITERIA-10 subjects aged between 18-50 years, married, fulfilling the diagnostic criteria were enrolled in the study.

EXCLUSION CRITERIA

-*ShwetaPradara* due to pathologic conditions like malignancy, prolapse uterus and other gynaecological diseases which interferes in the course of treatment.

-Pregnant women,women with IUCD, STD.

-Subjects suffering from TB, HBsAg, HIV & other systemic diseases.

DIAGNOSTIC CRITERIA

Subjects with complaint of *ShwetaSrava* along with any of the symptoms such as *-Kandu –Picchilata –Kleda -Dourgandhyata* in *yoni* were included in the study.

ASSESSMENT CRITERIA: Assessment was done based on subjective criteria

SUBJECTIVE CRITERIA

-Kandu -Picchilata -Dourgandhya -Kleda

1.*YONI SRAVA*(amount)

0-Absent 1-Mild- no need to change under garments

2-Moderate- need to change undergarment, no pad required.

3-Severe- requires pad (frequently changes undergarment), severe irritation

2. *PICCHILATA*(Consistency of *srava*)

0-Absent

1-Present

3.*YONI KANDU*

0-Absent

1-Mild -without need to scratch

2-Moderate (relief by scratching) 3-Severe (unrelieved by scratching)

4. *YONI DOURGANDHYA-*

0-Absent

1-Present

5. *KLEDA-*

0-Absent

1-Present

The change in the score was assessed before treatment, after treatment and also after follow up.

DRUGS[2]:*Aragvadha(Cassia fistula Linn.),Indrayava(Holarrhena antidysentrica Linn.), Patali (Stereospermum suaveolens DC), Kakatikta(Hydnocarpus laurifolia), Nimba(Azadirachta indica A. Juss), Amruta(Tinospora cardifolia), Madhurasa(Marsdenia tenacissima W&A), Sruvavruksha(Flacourtia ramontchi), Patha(Cissampelos pareira Linn), Bhunimba(Andrographis paniculata), Sairyaka(Barleria prionitis Linn), Patola(Trichosanthes anguina), Karanjayugma(Pongamia pinnata, Caesalpinia bonducella Flem.), Saptachada(Alstonia scholaris), Agni(Plumbago zeylanica Linn), Sushavi(Momordica charantia Linn), Phala (Randia dumetorum), Bana(Niligrianthus ciliates), Ghonta(Areca catechu Linn).*These drugs were procured in the form of *Sthoolachoorna*. For *parisechana* 400 ml of *Kashaya* was prepared with these drugs by standard *Kashaya* preparation method.

PARISECHANA VIDHI

It is carried out in 3 steps-*Poorvakarma, Pradhana Karma and Paschat karma.*

POORVA KARMA

- Sterilizing the instruments.
- Preparation of *Kashaya*
- Subject was asked to empty bladder before undergoing the procedure.

PRADHANA KARMA

- 400 ml of *Kashaya* was filled in douche can and a rubber catheter was fixed.
- External genitalia was washed with the *kashaya* and slowly the catheter was inserted in and *parisechana* was done.

PASCHAT KARMA

- Subject was asked to cough to remove any residual *kashaya* from the vaginal canal.
- Subject was asked to rest for a minimum of 2 hours after procedure.
- Advice of abstinence and maintenance of hygiene was given.

STATISTICAL DESIGN

- Chi-square and Cramer's V test were used to determine the significance in the study group.

STATISTICAL ANALYSIS

- Insignificant $p<0.1$
- Significant $p<0.05$ or $p<0.01$

- Highly significant p<0.001

ETHICAL CLEARANCE

- Ethical clearance was obtained for the study by institutional ethical committee. Consent was taken from every subject undergoing treatment in this study.

OBSERVATIONS

A total of 10 subjects who were suffering from *ShwetaSrava* along with *Picchilata, Kandu, Dourgandhya and Kleda* in *Yoni* were subjected for *Parisechana.*

Table No.1 Showing Changes in the degree of *ShwetaPradara* before treatment, after treatment and after follow up.

Sl. No	Grading	Before Treatment(0^{th} day)	After treatment(8^{th} day)	After follow up(15^{th} day)
1	Absent	0	7(70%)	7(70%)
2	Mild	3(30%)	3(30%)	3(30%)
3	Moderate	5(50%)	0	0
4	Severe	2(20%)	0	0

Table No. 2 Showing Changes in the degree of *Picchilata* before treatment, after treatment and after follow up.

Sl.No	Grading	Before Treatment	After Treatment	After follow up
1	Absent	1(10%)	10(100%)	10(100%)
2	Present	9(90%)	0	0

Table No. 3 Showing Changes in the degree of *Kandu* before treatment, after treatment and after follow up.

Sl. No	Grading	Before Treatment	After treatment	After follow up
1	Absent	3(30%)	8(80%)	9(90%)
2	Mild	2(20%)	1(10%)	1(10%)
3	Moderate	2(20%)	1(10%)	0
4	Severe	3(30%)	0	0

Table No. 4 Showing Changes in the degree of *Dourgandhya* before treatment, after treatment and after follow up.

Sl.No	Grading	Before treatment	After treatment	After follow up
1	Absent	5(50%)	10(100%)	10(100%)
2	Present	5(50%)	0	0

Table No. 5 Showing Changes in the degree of *Kleda* before treatment, after treatment and after follow up.

Sl.No	Grading	Before Treatment	After treatment	After follow up
1	Absent	2(20%)	9(90%)	9(90%)
2	Present	8(80%)	1(10%)	1(10%)

RESULTS: *ShwetaSrava* was seen in mild degree in 3(30%) of the subjects and moderate degree in 5(50%) subjects and severe in 2(20%)subjects before treatment which was reduced to 7(70%) subjects with absence of *ShwetaSrava* and 3(30%) subjects with mild degree of *Srava* after treatment.

After follow up also 7(70%) subjects had absence of *Srava* with 3(30%) having mild degree of *Srava*.

The result was statistically highly significant with p value 0.001 and Cramer's V value 0.593.

Picchilata was present in 9(90%) subjects before treatment which was reduced to 0(0%) subjects having *Picchilata* after treatment and after follow up.

The result was highly significant with p value 0.001 and Cramer's V value 0.770.

Kandu was seen at mild grade in 2(20%) subjects with moderate degree in 2(20%) subjects and severe degree in 3(30%) subjects which was reduced to 8(80%) subjects with absence of *Kandu* and 1(10%) subject with mild degree of *Kandu* and 1(10%) having moderate degree of *Kandu* after treatment.

After followup 9(90%) subjects had absence of *kandu* and 1(10%) had mild degree *of Kandu*.

The result was highly significant with p value 0.001 and Cramer's V value 0.499.

Dourgandhya was present in 5(50%) subjects before treatment which was reduced to 0(0%) subjects having *Dourgandhya* after treatment and after follow up.

The result was statistically significant with p value 0.001 and Cramer's V value 0.555.

Kleda was present in 8(80%) subjects before treatment which was reduced to 1(10%) with *kleda* after treatment and also after follow up.

The result was statistically significant with p value 0.001 and Cramer's V value 0.800.

DISCUSSION: *ShwetaPradara* is not discussed as an independent disease in *Brihattrayee*. *Acharya Charaka* in *Nidanasthana* had mentioned that if the *lakshanas* occur independently, they can be considered as independent diseases.[3]With this concept *ShwetaPradara* can be considered as an independent disease with associated symptoms like *Dourgandhya, Picchilata, Kandu and Kleda.Shweta Pradara* is a *Kapha pradhana tridoshajavyadhi* affecting *Artavavahasrotas*. In *brihattrayee* there are many *antahparimarjana* and *bahiparimarjana chikitsa* mentioned for the cure of *shwetasrava, kandu, dourgandhya* etc. One among the *bahiparimarjana chikitsa* is *Parisechana* with *Aragvadadi Kashaya* mentioned in *Guhyarogapratishedadhaya* of *AstangaSangraha*. [4]

MODE OF ACTION OF *PARISECHANA*

Prakshalana, Parisechana, Dharana ,Lepa are few of the *Bahirparimarjana Chikitsa* followed in cases of *Yonivyapat\Artavadushti* which yield very promising results. The word *Parisechana* means sprinkling.

In *ShwetaPradara* there will be association of *Kandu* and *Dourgandhya* which derives the possibility of *Krim*i association.If the *chikitsasootra* of *Krim*i is looked into, the first step is *Apakarshana* followed by *Prakritivighata* and then *Nidanaparivarjana* is advised.

Apakarshana means picking *the Krimi* with hands (*Hastenaabhigrihya*) or with instruments.The procedure of *Parisechana* requires continuous liquid flow which sprinkles on the surface and the secretion is washed out due to the pressure of the flow. This action can be compared to *Apakarshana* as there will be picking\washing off the secretions through the flow of *Kashaya*. The next step *Prakritivighata* is achieved by the *Kashaya* which can be understood by its mode of action.

Nidanaparivarjana is achieved through abstinence and maintenance of hygiene.

DISCUSSION ON RESULTS

It was found that the result on

Shwetasrava was highly significant with p value 0.001
Picchilata was highly significant with p value 0.001
Kandu was highly significant with p value 0.001
Dourgandhya was highly significant with p value 0.001
Kleda was highly significant with p value 0.001
The probable mode of action can be established by looking into the *Rasapanchaka* of the drugs present in the *kashaya.*

PROBABLE MODE OF ACTION OF *ARAGVADADI KASHAYA*

Rasa-Tikta rasa pradhana, Kashaya rasa
Guna-Laghu, rooksha guna
Veerya-Ushna
Vipaka-Katu
Tikta rasa is Krimighna, Kanduprashamana, Kledaupashoshana, is rooksha and laghu.[5]
Kashaya rasa is Stambhana, ShareeraKledaachooshaka, is *rooksha, laghu* and *sheeta.* It helps in reducing the *sraava*.[6]
The *laghu* and *rookshaguna* which are opposite to *guru* and *snigdhaguna* helps in reducing *picchilata and Kleda.*
Tikta rasa is krimighna and also *Kledaupashoshana* which reduces *Kandu* and in turn reduces *Dourgandhya.*
Ushnaveerya helps in reducing *Kapha* dominancy.

CONCLUSION: *Shwetapradara* though secondary to many underlying disease can occur independently due to various causes. Assessment of proper *nidana* leads to successful treatment.*Aragvadhadikashaya* bears significant effect in curing *ShwetaPradara* with symptoms such as *ShwetaSrava, Picchilata, Kandu, Dourgandhya and Kleda*. The drug *AragvadhadiKashaya* acts as *Krimighna* and also does *Stambhana and Shoshana* of *Srava* which is achieved through its *Rasapanchaka*.

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