

**A CLINICAL STUDY TO EVALUATE THE EFFICACY OF *LODHRADI CHURNA* AND *TRIFALA KWATHA* IN *PITTAJ YONIVYAPAD* WSR TO *TRICHOMONAS VAGINITIS***

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**ABSTRACT**

*Trichomoniasis* is nowadays the most prevalent non-viral sexually transmitted infection in the world. It is an important source of reproductive morbidity, a facilitator of HIV transmission and acquisition, and thus it is an important public health problem. In about 25% of women in the reproductive age, the parasites harbour in vagina in asymptomatic state. Causative organism is a unicellular flagellated protozoon. The organism is predominantly transmitted by sexual contact, male harbours the infection in the urethra and prostate. It may transmit by the toilet article from one woman to the other. Clinical features are, sudden profuse - offensive vaginal discharge which is thin, greenish-yellow and frothy. Irritation, itching and burning sensation within and around the introitus. There may be presence of urinary symptoms such as dysuria and frequency of micturition. If left untreated, it can lead to serious complications such as adverse pregnancy outcomes that appear by preterm rupture of membranes, preterm delivery, low birth-weight infants, infertility, and cervical cancer. In ayurvedic text most of the gynaecological issues are blanketed in *yonivyapad*. Direct reference of *trichomonas vaginitis* is not available in *Ayurvedic* classic, but clinical features resemble with *pittaj yonivyapad*. The present pilot study was designed to evaluate the efficacy of *Lodhradi churna* orally, *trifala kwatha* for *yoniprakshalan* in *trichomonas vaginitis*. Total 20 patients were enrolled and study shows very significant result in treating almost all the major symptoms.

**Key Words:** *Trichomoniasis, trichomonas vaginitis (TV), yoniprakshalan, yonivyapad, preterm rupture of membranes.*

**INTRODUCTION:** *Trichomoniasis* is predominantly transmitted through sexual contact from an infected partner. Transplacental infection during pregnancy to the foetus results in high perinatal morbidity and mortality<sup>i</sup>. When local defence is impaired during and after menstruation, after sexual stimulation, and following illness, pH of the vagina is raised to 5.5 - 6.5. At this level of pH, the trichomonads thrive. The organisms usually lie in between rugae and produce surface inflammatory reactions when defence is lost. In about 75% cases, the organism can

be isolated from the urethra, Skene's tubules, or even from the Bartholin's glands. On examination vulva is inflamed with evidence of pruritus and vaginal examination may be painful. The vaginal walls become red and inflamed with multiple punctate haemorrhagic spots giving the appearance of strawberry<sup>ii</sup>.

As per Ayurveda classics Acharya Charaka says that due to excessive use of hot, sour, salty or alkaline substances *pittaj* get vitiated the vitiated *pitta* reaches reproductive organs and produces burning sensation and suppuration (local) associated with fever and heat along with

blueish, yellow or black vaginal discharge which is excessive and foul in smell<sup>iii</sup>. *Sushruta* also described excessive burning sensation, suppuration and fever<sup>iv</sup>. These symptoms of burning sensation, thin yellowish frothy, offensive vaginal discharge per vaginum resembles the description of trichomonas vaginitis infection.

Metronidazole (MTZ) has been the treatment of choice for women for decades, and single dose has been considered the first line of therapy<sup>v</sup>. However, high rates of retest positives are found among TV infected persons after single dose MTZ treatment. The origins of repeat positives need further explanation and better treatment options are needed. MTZ may lead to side effects like stomach upset, nausea, vomiting, loss of appetite, diarrhoea, constipation, or metallic taste in mouth. So, aim of this study is to find safe, potent, cost effective ayurvedic management of trichomonas vaginitis.

#### AIMS AND OBJECTIVES

- To study the effect of *Lodhradi churna* orally, *trifala kwath yoni prakshalan* in trichomoniasis vaginal infection.
- To study any side effects related to drugs.
- To establish the need of Ayurvedic treatment for trichomonas vaginitis.

#### LITERARY REVIEW

In Ayurveda classics majority of the gynecological disorders are described under the heading of *yonivyapad*. *Pittaj yonivyapad* is one of them. *Acharya Charak* described it in *Charak Samhita chikitsa sthana adhyaya 30*, and mentioned its causative factors such as intake of excessive hot sour, salty substance which develops *pittaj* gynecological disorder. The vitiated *pitta* reaches reproductive organs and produces burning sensation and suppuration associated with fever and heat. Along with

these symptoms *Acharya* add excessive amounts and foul smell of discharge.

*Sushruta* described it in *uttar tantra adhyaya 38/14* and mentioned only excessive burning sensation, suppuration and fever as its features.

*Dalhana* has included heat and burning sensation etc. along with 'pain'.

Both *Vagbhata*s have followed *Charaka* while *Madhav nidan*, *Bhavprakash*a and *Yogaratanakara* followed *Sushruta Samhita*.

#### DRUG REVIEW

##### 1. *Lodhradi churna*-

a. *Lodhra twaka churna*<sup>vi</sup>: Due to *kashaya rasa*, *sheeta veerya*, *katu vipaka*, *laghu* – *ruksha guna* and *kaphapitta shamak doshagnata lodhra* is used *pittaj yonivyapad*. Because of above features it has anti-inflammatory, antimicrobial and astringent properties. Which helps to reduce vaginitis there by vaginal discharge. Due to the *Rodhaka* (arresting) property of plant it is also called as *Rodhra* b. *Kaharva pishthi*<sup>vii</sup>: It is *sheeta veerya*, *rakta pitta shamak*. Extract have antibacterial and coagulation properties together helping in manifestations of trichomonas vaginitis.

c. *Shuddhagandhak*<sup>viii</sup> *Shudha Gandhak* consists of vital Amino acids play a vital role in forming cell's protein, tissues, and antibodies. It also has Anti-inflammatory, analgesic and healing properties which helps in quick recovery of trichomonas vaginitis patients.

##### 2. *Trifala kwath*-

*Triphala* is used in the traditional Indian system of medicine. The fruit of three together is called *Triphala*

*Amalki*<sup>ix</sup> (*Emblica officinalis*) shows antifungal, antibacterial and anti-inflammatory, anticarcinogenic, antioxidant activities. *Haritki*<sup>x</sup> (*Terminalia chebula*) shows anti-bacterial, antifungal,

antiviral, antioxidant, anti-ulcer and wound healing properties.

*Vibhitak*<sup>xi</sup> (*Terminalia bellerica*) shows strong anti-microbial, antioxidant, anti-spasmodic, anti-cancer, hepato-protective, anti-pyretic properties.

The *kwatha* (for Douching) used in present study was having pH compatible with vaginal pH hence it helps to normalize the normal vaginal physiology by maintaining its flora. The above procedure was done under full aseptic precautions to avoid any iatrogenic infection. The anti-bacterial, anti-inflammatory effect of *trifala kwatha* when given, washes out all the infection and discharges out in the form of gush of vaginal pool (through its hydrostatic pressure). Warm irrigation of vagina cleanses the local area of genital tract, preventing ascending infection. It relieves pain and stimulates blood circulation which supports the healing process.

#### MATERIAL AND METHOD

**SELECTION OF CASES:** Total 20 clinically diagnosed and confirmed cases

of trichomonas vaginitis were selected for this study from, Department of *Prasuti Tantra & Stri Roga* O. P. D. of M. M. M. Govt. Ayurveda College Udaipur after taking informed consent.

#### INCLUSION CRITERIA

- Patient willing for trial
- Age group of 18 to 45 yrs.
- Clinically diagnosed and confirmed cases of trichomonas vaginitis.

#### EXCLUSION CRITERIA

- Patient with pregnancy.
- Patients below the age of 18 and above the age of 45 yrs.
- Severe or chronic ill health conditions.

#### INVESTIGATIONS

- Blood –Complete blood count with ESR, R.B.S, HIV, VDRL.
- Urine–Routine & microscopic examination.
- Pap's smear.
- Antigen detection (serology).
- Nucleic acid amplification technique.

#### ASSESSMENT CRITERIA TABLE NO. 1: SUBJECTIVE CRITERIA

Symptoms	Grade	
<b>Amount of vaginal discharge</b>	0	Absent
	1	Scanty
	2	Persistent staining of undergarments.
	3	Heavy and need of applying valval pads
<b>Itching</b>	0	Absent
	1	Mild
	2	Moderate
	3	Severe
<b>Burning sensation</b>	0	Absent
	1	Mild
	2	Moderate
	3	Severe
<b>Smell</b>	0	Non offensive
	1	Offensive
<b>Urinary frequency</b>	0	Normal
	1	Increased
<b>Dfficulty in micturition</b>	0	Absent
	1	Present

**TABLE NO. 2: OBJECTIVE CRITERIA**

Sign	Grade	
Consistency of vaginal discharge	0	Watery discharge
	1	Mucoid
	2	Creamy
	3	Milky
Color of discharge	0	Whitish
	1	Yellowish
	2	Greenish
	3	Brownish
Vulvar erythema	0	Absent
	1	mild
	2	Vulva is inflamed with evidence of pruritus
	3	Vaginal wall is inflamed with multiple punctate hemorrhagic spots (strawberry patches)

**INTERVENTION**

- Duration of trial: -90 days (for three consecutive cycles)
- Follow Up: -Six follow-ups with an interval of 15 days.
- Drug: - A) *lodhradi churna* orally, Dose – 3g BD after food.  
B) *trifala kwath prakshalanarth* (L.A.)

- *Anupan: - madhu*

**OBSERVATIONS**

In this clinical study, a total 20 patients of trichomonas vaginitis were registered. Observations based on subjective and objective parameters were compared and analysed statistically.

**Table no. 3 Incidence of age**

Age group	No. of patients	Percentage
18-25	4	20%
26-35	10	50%
36-45	6	30%

Maximum no. of patients was in an age group 26-35yr with 50%. This incidence of age manifests that the disease mainly affects the females of reproductive age group.

**Table no. 4 Incidence of socio economic status**

Socio economic status	No. of patients	Percentage
Lower class	11	55%
Middle class	7	35%
Upper middle class	2	10%

Majority of patients belonged to the lower class with 55%.

**Table no. 5 Acc. to obstetric history**

Parity	No. of patients	Percentage
Nulliparous	4	20%
Primipara	5	25%
Multigravida	9	45%
Grandpara	2	10%

The highest incidence of *pittaj yonivyapad* was observed in multipara with 45%

**Table no. 6 Incidence of education status**

Education status	No. of patients	Percentage
Uneducated	11	55%
Primary education	6	30%
Higher secondary	2	10%
Graduation	1	5%

55% of patients were uneducated which was maximum.

**RESULT** Statistical analysis suggests that use of *lodhradi churna* orally and *trifala kwatha* locally (*prakshalanarth*) is found to have extremely significant results in treating almost all the major symptoms. The overall result shows maximum improvement in all the assessment parameters.

**Table no.7 Effect of therapy on subjective parameters**

S.no.	Symptoms	Mean		Dif f	% of change	SD	SE	W	P	Results
		BT	AT							
1	Amount of vaginal discharge	1.65	0.4	1.25	24%	0.55	0.12	190	<0.0001	ES
2	Itching	1.5	0.3	1.2	20%	.41	.09	210	<0.0001	ES
3	Burning sensation	1.45	0.3	1.15	21%	0.59	0.13	171	<0.0001	ES
4	Smell	0.7	0.1	0.6	14%	0.50	0.11	78	<0.0001	ES
5	Urinary frequency	0.65	0.1	0.45	25%	0.51	0.11	45	>0.0001	VS
6	Difficulty in micturition	0.65	0.05	0.55	8%	0.51	0.11	66	0.001	ES

**Table no.8 Effect of therapy on subjective parameters**

S.no.	Sign	Mean		Dif f	% of change	SD	SE	P	Results
		BT	AT						
1	Consistency of vaginal discharge	1.35	0.35	1	26%	0	0	<0.0001	ES
2	Color of discharge	1	0.1	0.9	10%	0.02	0.003	<0.0001	ES
3	Vulvar erythema	2.3	0.85	1.45	37%	0.14	0.003	<0.0001	ES

**DISCUSSION:** *Pittaj yonivyapad* is a disease predominantly caused by vitiation of *pitta dosha* hence *dosha-karma* of the drug should be *rakta-pitta* pacifying *sheetal* or *tridhoshahara*. Drugs chosen for

the study were *kashaya ras pradhan* and were *Sothahara, Kṛmighna, Kandughna, Vranaropak, Putihara, Stambhana, Yonidoṣahara and Tridoṣahara* mainly *kapha-pitta shamaka*

properties. *Lodhradi churna* was found effective in Amount of vaginal discharge in 74% of cases with p value <0.0001 which was extremely significant. Drug had good relief of effect on Itching, burning sensation, smell, urinary frequency, difficulty in micturition i.e. 80%, 79%, 86%, 75%, 92% clinically cured respectively by *lodhradi churna* and *trifala kwatha*. On statistical analysis of grading of symptoms of itching, burning sensation, smell, urinary frequency, difficulty in micturition p value <0.0001, <0.0001, <0.0001, <0.0001, >0.0001, and 0.001 respectively were found which were extremely significant. Overall total effect of the drug was found extremely significant.

**CONCLUSION:** The *Ayurvedic* management of trichomoniasis is very effective through *Lodhradi churna* orally and *trifala kwatha* locally (*prakshalanarth*). Effect of treatment is equally effective as

metronidazole in modern science, rather side effects of ayurvedic management are nil. Along with that drug resistance is not found using ayurvedic management. So, the *Ayurvedic* management mentioned above can be recommended as safer, feasible and effective therapy for the management of trichomonas vaginitis (*pittaj yonivyapad*).

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