

## CLINICAL EVALUATION OF YONIKANDUHAR MALHAR IN THE MANAGEMENT OF ACHARANA YONIVYAPAD W.S.R. TO PRURITIS VULVAE

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### ABSTRACT

Yoni Shuddhata is one among the major fundamentals for a healthy offspring. All the Ayurvedic classics have given the number of Yoni vyapad as twenty under which most of the gynaecological disorders are explained. Practically all the yonivyapadas disturb the life of woman in one way or other. Acharana yonivyapad is among twenty yonivyapadas described in our Ayurvedic texts and has features quite parallel or close to pruritus vulvae. About 10% of women came with complaint of pruritis vulvae in gynaecological clinics. The sufferer from intractable

pruritus is in worse plight than one who experiences pain because itching is not relieved by the simple expedient of giving analgesics. So to deal with such an intractable problem the present study has been planned. In this present research work 10 patients of Acharana Yonivyapad (Pruritus vulvae) were studied. They were treated by local application of Yonikanduhar malhar. The duration of the treatment was 21 days in with weekly evaluation of the patients. The analysis based on subjective and objective parameters revealed that this drug is found to be effective to treat the problem.

**KEYWORDS:** Acharana Yonivyapad, Pruritus vulvae, Yonikanduhar malhar.

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## INTRODUCTION

In Ayurvedic classics the twenty Yonivyapadas encompass almost the entire gamut of gynecological disorders. The word "Yoni" denotes female genital tract as a whole vaginal canal and uterus etc. The word "Vyapad" means disorders. Thus, the disease of the genital tract as a whole, vagina and uterus ought to be taken from the word "Yoni vyapad". The diseases interfering with normal marital life, pregnancy, defective development of female genitalia, different types of abnormal vaginal infections, hormonal abnormalities, displacement etc. are included under Yoni Vyapad.

The symptoms of Acharana Yonivyapad and pruritus vulvae are quite similar. In modern medicine, antibiotics, antifungal & steroids are treatment for pruritus vulvae, but excessive & inadequate use of these drugs may lead to produce micro-organisms resistant. Due to this problem, we should think about some alternative methods to treat this disease.

Since antimicrobials may destroy normal vaginal flora & hence disturb the normal physiology of vagina, they (systemic antibiotics) also cause GIT disturbances like nausea, vomiting, diarrhoea (i.e. pseudo diarrhoea because they destroy the normal intestinal flora). It presents a clinical problem of unusual difficulty because it has many possible causes and unless the cause is found, the treatment is unsatisfactory. But while using Ayurvedic drugs, these are free from these side effects.

The drug used in trial mainly restore the normal physiology of vagina so that pathogenic organisms do not grow further. So, it is an effort to search effective Ayurvedic treatment for this disease.

## IMPORTANCE OF PRESENT STUDY

Many works have been done on the Achrana yonivyapad (yonikandu) with the trial drug in the form of uttarbasti. This procedure needs many precaution and supervision and patient have to come daily hospital that may not be convenient for many patients, so the trial drug kalpita yoga(yonikanduhar malhar) was prepared in the form of malhar (ointment), which is convenient for patient to administer by ownself.

The study was planned considering the above said aspects with following aims and objectives.

### AIMS AND OBJECTIVES

Conceptual & clinical study on Acharana yonivyapad w.s.r. to Pruritus vulvae.

- Clinical evaluation of the efficacy of Yoni kanduhar malhar in the management of Pruritus vulvae (Yoni kandu).

### MATERIALS AND METHODS

10 patients were treated with Yoni Kandu Har malhar in form of local medication, 3 gm twice a day (for twenty one days).

#### ➤ Criteria for selection of Drugs

In the present study Yoni Kandu Har malhar (kalpita yoga) was selected for the local application.

➤ Most of ingredients in Yonikanduhar malhar are Kashaya Rasa, RukshaGuna and Kapha Dosha Nashaka, Kandughna, Krimighna Vranashodhana, Vranaropana, Shothahara properties. They have been reported to exert astringent, analgesic, anti-inflammatory, antimicrobial, antiprotozoal and antifungal properties etc.

#### Contents of Yoni Kandu Har Malhar (Kalpita yoga)

- Guduchi, Haritki, vibhitaki, Amlaki, Danti, Haridra, Chakramard, Karanj (all in equal quantity-2kg- 2kg each) Mulethi -1kg

Menthol crystal -100gm, Shubhra bhasm 250gm, Neemtail ½ lit.

Yawanisatva 100gm, Vaseline 3kg, Beewax 500gm & preservatives (methyl paraben & propyl paraben 15gm each).

#### Method of preparation of yoni kanduhar malhar

- First of all ghan was prepared from above mentioned raw drugs up to Mulethi
- Fine powder was made from dried ghan, with the help of grinder & mixer
- Powder of ghan(1.25kg) was mixed in liquid Vaseline(3kg), Bee wax(1/2kg) & Nimb tail(500ml), with the help of mixer,
- Yawanisatva (100gm), vShubhra bhasm (250gm) & preservatives each (15mg) was added and mixed.

- pH of malhar was teased with pH test kit (Whatman pH papers). pH of malhar was 4.5 compatible to normal vaginal pH (Normal pH of reproductive age is 4.5 to 5.5). Malhar was filled in sterilized tubes, taking aseptic precautions.

### **Criteria of selection of patients**

Patients were selected from O.P.D. /I.P.D. of NIA Hospital, Jaipur, irrespective of caste and religion.

#### **❖ Inclusion criteria**

- Adult female who were in age group 18-40 years.
- Patients having pruritus vulvae as a cardinal symptom with or without vaginal discharge.
- Pathogens present in wet slide study and vaginal swab culture.

#### **❖ Exclusion criteria**

1. Patients age <18 year and >40 year.
2. Patients after menopause.
3. Patients of uterine prolapse & Ca cervix ,
4. VDRL, HBsAg , HIV positive patients.
5. Patients having other systemic illness like—Anemia, Diabetes mellitus, tuberculosis, severe HT, Jaundice etc.

### **Laboratory Investigations**

#### **❖ Before Treatment**

##### **1. General investigations**

Routine hematological examination- Hb%, ESR, RBS, VDRL, Paps smear.

Routine and microscopic examination of urine.

##### **2. Specific investigations**

Vaginal pH

Wet slide study of vaginal smear.

Vaginal swab culture (if needed).

#### **❖ After Treatment**

Vaginal pH

Wet slide study of vaginal smear.

Vaginal swab culture (if needed).

### Subjective diagnostic parameters

- Yoni kandu (Itching vulva):
- Yoni Srava (White discharge per vagina)
- Yoni Daurgandhya (Malodours)
- Yoni Vedana (Pain)
- Atinarakankshini (Increase libido)
- Mathuna krichhta (Dyspareunia)
- Mutra Daha (Burning micturition)
- Vulvitis (Inflammation of vulvae)

### Objective diagnostic parameters

Hb% (Hemoglobin), ESR (Erythrocyte sedimentation rate), VDRL (Venereal disease & research laboratory), RBS (Random blood sugar), Routine & microscopic urine examination. Wet mount study, vaginal swab culture, Pap smear, vaginal pH etc.

### Grading of the Symptoms

The efficacies of the drugs were judged on the basis of the scoring pattern described as below. A special Scoring Pattern were applied in symptoms

**Scoring pattern:** 0 – Nil, 1- Mild, 2- Moderate, 3- Severe

### Assessment of the result

- ❖ Marked improvement- more than 75% relief
- ❖ Moderate improvement- 51 to 75% relief
- ❖ Mild improvement- 25 to 50% relief
- ❖ No improvement- < 25% relief

### Statistical Analysis

Data were analyzed by using appropriate statistical test. Wilcoxon matched pairs test was used for non- parametric data and paired 't' test used for parametric data.

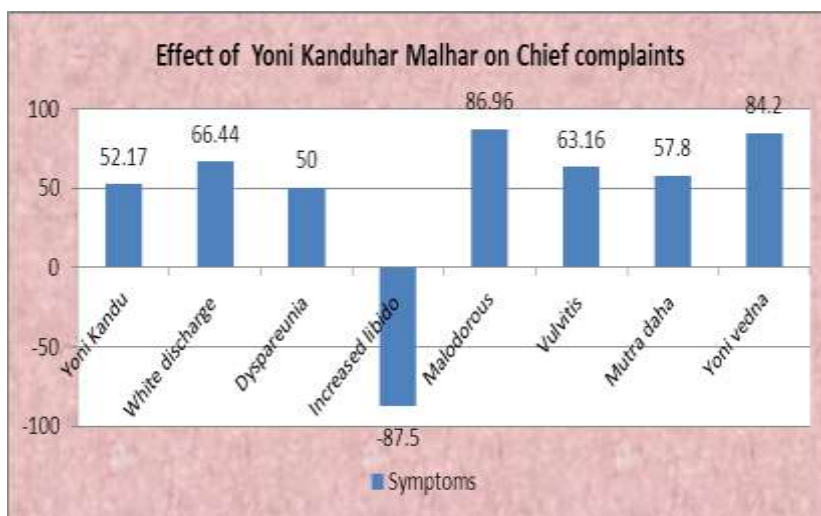
**OBSERVATIONS AND DISCUSSION**

- Maximum incidence of Acharana yonivyapad in age lies between 20-30 yrs age comprising 53.33% among 30 registered patients showing that this disease is a common problem of active reproductive life.
- Chronicity of their chief complaints shows that the majority of the patients i.e. 43.33% had been suffering for more than 2 month.
- Among the chief complaints, maximum 70% of the patients had been suffering from Pruritus vulvae with severe white discharge.
- Severe itching was present in maximum number i.e. 53.33% of patients and moderate itching was present in 30% of patients.
- Etiology given in our classics is very much justified with present etiology, Mithyachara i.e. Yoniadhvan (unhygienic mode of living) is important factor, in vulvovaginal infections which leads to pruritus vulvae, as also mentioned in modern sciences.
- 70% patients were having pruritus vulvae with severe white discharge, 26.67% patients were having pruritus vulvae with mild white discharge. Only 3% patients were having pruritus vulvae without white discharge.
- Relation of Coital frequency to Pruritus vulvae (Kandavataya Atinarakankshidi) was found in only 23.33% of patients and 43.33% of patients were complained of decreased coital frequency due to local soreness.
- Relation of Orgasm (hyper excitement) to Pruritus vulvae (Poorvampurushad itti richyate) was not found in any patient; rather 70% Patients were indifferent about orgasm.
- On wet vaginal smear study fungal hyphae were present in 46.66% cases & T. vaginalis in only 13.33% patients. Pus cells in 60% followed by 40% with normal vaginal smear.
- Considering local Pathology during P /S examination 80% patient's shows vulvitis & 60% were with vaginitis.
- In the present study 46.66% patients were having pH of 4.5 to 5 (pH of reproductive age group) 40% patients were having pH <4.

**RESULTS: Effect of Yoni kanduhar Malhar on Chief complaints**

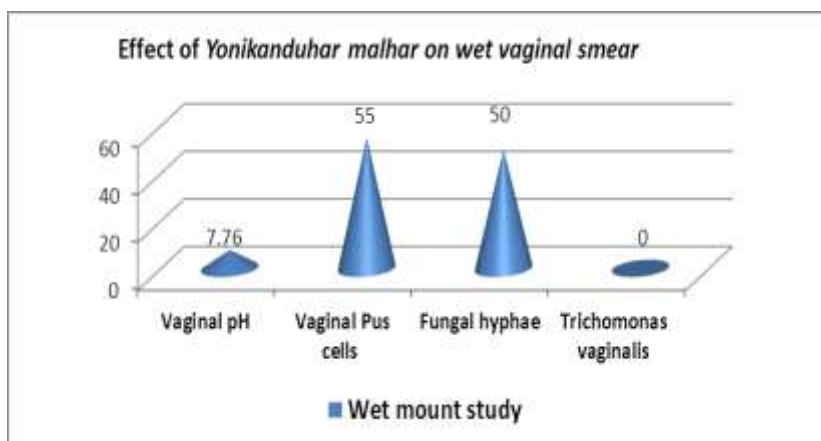
SYMPTOMS	N	Mean		Dif.	% of Change	SD	SE	P	Sig.
		BT	AT						
Yoni Kandu	10	2.30	1.10	1.20	52.17	0.78	0.24	0.0078	VS
White discharge	10	1.80	0.60	1.20	66.44	0.63	0.20	0.0039	VS
Dyspareunia	10	1.80	0.90	0.90	50.00	0.99	0.31	0.0313	S
Increased libido	10	0.80	1.50	0.70	-87.50	0.48	0.15	0.0156	S

Malodorous	10	2.30	0.30	2.00	86.96	0.82	0.26	0.0020	VS
Vulvitis	10	1.90	0.70	1.20	63.16	0.63	0.20	0.0039	VS
Mutra daha	10	1.90	0.80	1.10	57.80	0.56	0.17	0.0039	VS
Yoni vedna	10	1.90	0.30	1.60	84.20	0.84	0.26	0.0020	VS



### Effect of Yoni kanduhar Malhar on Wet vaginal smear

SYMPTOMS	N	Mean		Dif.	% of Change	SD	SE	P	Sig.
		BT	AT						
Vaginal pH	10	5.15	4.75	0.40	7.76	0.46	0.14	0.0224	S
Vaginal Pus cells	10	2.00	0.90	1.10	55.00	0.57	0.18	0.0039	VS
Fungal hyphae	10	0.60	0.30	0.30	50.00	0.67	0.21	0.0500	NS
Trichomonas vaginalis	10	0.50	0.50	0.00	00.00	0.00	0.00	-	No change



### Effect of therapy

There was great relief found in all the symptoms in patients after the trial.

- Effect of Yoni kanduhar Malhar on Chief complaints shows maximum effect in Yonidaurgandhya i.e. (86.96%), (84.2%) in Yonivedna, (66%) in white discharge, (55%) in decreasing the no. of vaginal Pus cells.



**Discussion regarding Probable mode of action of drug****Pharmacological properties of ingredients of Yonikanduhar malhar**

Name	Rasa	Guna	Virya	Vipaka	Parts used	Dosha karma
Guduchi	Tikta, Kashya	Guru, Snigdha	Ushna	Madhur	Stem	Tridosahara
Haritki	Panch rasa	Laghu, Ruksha	Ushna	Madhur	Fruit	Tridosahara
Vibhitki	Kasaya	Laghu, Ruksha	Ushna	Madhur	Fruit	Kaphapitta-shamaka
Amlaki	Panch rasa	Guru, Ruksha	Sheeta	Madhur	Fruit	Tridosahara
Danti	Katu,	Guru, tikshna	Ushna	Katu	Stem	Kaphavata-shamaka
Ajwon	Tikta, Katu	Laghu, Ruksha, tikshna	Ushna	Katu	Satva	Kaphavata-shamaka
Neem	Kasaya, tikta,	Laghu, Ruksha	Sheeta	Katu	tail	Kaphapitta-shamaka
Haridra	Tikta, Katu	Laghu, Ruksha	Ushna	Katu	Rhizome	Kaphavata-shamaka
Chakramard	Katu, tikta	Ruksha Laghu,	Ushna	Katu	Seed	Kaphavata-shamaka
Karanj	Tikta, kasaya, Katu	Laghu, Tikshna	Ushna	Katu	Seed	Vatakapha shamaka
Mulethi	Madhura	Guru, Snigdh	Sheeta	Madhur	Stem	Vatapittasamaka
Menthol crystal	Katu	Laghu, Ruksha, tikshna	Ushna	Katu	Crystal	Kaphavata-shamaka
Potash alum	kasaya	Guru, Snigdh	Ushna	-	Crystal	Tridosahara

**PROBABLE MODE OF ACTION OF YONIKANDUHAR MALHAR**

Yonikandu is Kapha predominant condition, hence Dosha karma of drug should be Kaphanashak or Tridosahar. The ingredients of Yonikanduhar malhar are either Vata Kaphashamk or Tridosahar.

**On the basis of Rasa**

All the ingredients except Mulethi have katu, tikta, kashay rasa. **Kasaya rasa**, which itself is samshamana, sangrahi, stambhana, causes shoshana of kleda (absorbs the excessive vaginal discharges), Ropana (heals the vrana of vagina and cervix); **Tikta rasa** is pitta dosa shamaka, it alleviates Aruci, it is Dipana-Pachana, Kleda Puya avashosana (decreases the excessive and foul smelling discharges, Krmighna (bacteriocidal and bacteriostatic), Kandughna (in pruritis vulvae), Jvaraghna. **Katu rasa** causes Agni dipana (decreases ama production and increases bala or immunity leading to resistance to disease), Shothanashana (subsides inflammation of internal organs), Vrana ropana, Kandughna.

**On the basis of Guna**

When an analysis of Guna of individual ingredients is carried out, maximum drugs have Ruksha Guna & Ruksha Guna having Kapha shamaka and Shoshana property which helps in Kleda shoshna and Kandunashan.



**On the basis of Virya**

So far Virya is concerned, maximum drugs have Ushna virya, Ushna virya pacify the Kapha and so it will help in Kandunashan.

**On the basis of Vipaka**

On the basis of Vipaka also (maximum ingredients have katu Vipaka), the drug selected for the study have kapha nashak & kandughna property.

**On the basis of Karma**

Drugs selected for the present study were having following properties-

- Kandughna.
- Krmighna.
- Vranaropana.
- Putihara.
- Yonidosahara.
- Kaphavata shamak.

Local causative organisms like *Candida albicans*, *T. vaginalis* etc. may be destroyed by Krimighna property or antimicrobial, antifungal and antibacterial properties of the most of ingredients.

The local drug Yonikanduhar malhar used in the present study is having pH compatible to vaginal pH, hence it helps to normalize the normal vaginal physiology by maintaining its flora.

**CONCLUSION**

The result of the Study have proved that this medicine –Yonikanduhar malhar is quite effective in treating Acharana Yonivyapad.

**Suggestions**

- ❖ Further studies should be planned with diagnosed cases of Candidiasis & Trichomoniasis
- ❖ Skin biopsy & Patch tests should be done in patients not responding to therapy, to see whether any contact allergy is present.
- ❖ The mode of therapy should be assessed against control group.

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