

**A STUDY ON THE EFFICACY OF UDUMBARADI TAILA YONI PICHU
AND UDUMBARADI KASHAYA YONI PRAKSHALANA IN THE
MANAGEMENT OF SHWETA PRADARA WITH SPECIAL
REFERENCE TO BACTERIAL VAGINOSIS**

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ABSTRACT

This study evaluates the efficacy of Udumbaradi Taila Yoni Pichu and Udumbaradi Kashaya Yoni Prakshalana in managing Shweta Pradara (Bacterial Vaginosis). The research involved clinical trials, extensive literature reviews from both Ayurvedic and modern perspectives, and statistical analyses. The findings indicate significant efficacy of Udumbaradi Taila Yoni Pichu over Udumbaradi Kashaya Yoni Prakshalana in symptom relief and overall patient outcomes.

KEYWORDS: Shweta Pradara, Bacterial Vaginosis, Udumbaradi Taila, Yoni Pichu, Kashaya Yoni Prakshalana, Ayurveda, Clinical Trials.

1. INTRODUCTION

1.1 Background and Rationale

Shweta Pradara, or pathological leucorrhoea, is a common

gynecological disorder characterized by excessive white vaginal discharge. In Ayurveda, it is linked to the vitiation of Kapha and Vata doshas. Bacterial Vaginosis (BV), the modern counterpart, is a polymicrobial clinical syndrome characterized by an imbalance in the vaginal flora, leading to discharge, odor, and other symptoms. This study was done at Department of Stri evam Prasuti Roga, National Institute of Ayurveda with aims to compare

the efficacy of two Ayurvedic treatments—Udumbaradi Taila Yoni Pichu and Udumbaradi Kashaya Yoni Prakshalana.

1.2 Objective

The primary objective is to compare the therapeutic efficacy of Udumbaradi Taila Yoni Pichu and Udumbaradi Kashaya Yoni Prakshalana in the management of Shweta Pradara (Bacterial Vaginosis).

1.3 Research questions

- Is Udumbaradi Taila Yoni Pichu more effective than Udumbaradi Kashaya Yoni Prakshalana in treating Shweta Pradara?
- What are the significant clinical outcomes observed with each treatment?

1.4 Hypotheses

- Null Hypothesis (H0): Udumbaradi Taila Yoni Pichu and Udumbaradi Kashaya Yoni Prakshalana are equally effective.
- Alternate Hypothesis (H1): Udumbaradi Taila Yoni Pichu is more effective than Udumbaradi Kashaya Yoni Prakshalana.

2. Literature review

2.1 Ayurvedic perspective

The concept of Yonivyapada (Gynecological disorders) is extensively covered in Ayurvedic texts. Shweta Pradara is attributed to the vitiation of Kapha and Vata doshas. Treatments focus on balancing these doshas using herbs with Kashaya (Astringent) rasa and Kapha-Vata shamaka (Pacifying) properties.

2.2 Modern perspective

Bacterial Vaginosis is diagnosed using Amsel's criteria, which includes homogenous discharge, vaginal pH >4.5, positive whiff test, and presence of clue cells. The standard treatment involves antibiotics, but recurrence rates are high, leading to the exploration of alternative therapies.

2.3 Previous studies

Numerous studies have evaluated various Ayurvedic treatments for Shweta Pradara. This study builds on prior research by specifically comparing the efficacy of Udumbaradi Taila Yoni Pichu and Udumbaradi Kashaya Yoni Prakshalana.

3. METHODOLOGY

3.1 Study design

The study was a randomized, open-label, comparative interventional clinical trial. The study was conducted over a period of 90 days, with follow-up assessments at regular intervals.

3.2 Participants

Thirty female patients diagnosed with Shweta Pradara (Bacterial Vaginosis) were selected using Amsel's criteria on the basis of

Inclusion criteria**

- Women aged 18-45 years
- Diagnosed with BV based on Amsel's criteria
- Willing to provide informed consent

Exclusion criteria**

- Pregnant or lactating women
- Patients with other systemic infections or conditions
- Use of antibiotics or probiotics within the last 30 days
- They were randomly assigned to two groups: Group A (Udumbaradi Taila Yoni Pichu) and Group B (Udumbaradi Kashaya Yoni Prakshalana).

3.3 Interventions

- Group A: Udumbaradi Taila Yoni Pichu applied daily for 30 minutes
- Group B: Udumbaradi Kashaya Yoni Prakshalana performed daily

3.4 Outcome measures

Primary outcomes were assessed using Amsel's criteria, including vaginal pH, presence of clue cells, Nugent's score and whiff test. Secondary outcomes included subjective symptoms such as vaginal discharge, odor, itching, and dyspareunia.

4. RESULTS

4.1 Demographic data

Table 1: Demographic distribution of participants.

Parameter	Group A (n=15)	Group B (n=15)
Age (years)	30.2 ± 5.6	29.8 ± 6.1
Religion	Hindu (67%)	Hindu (65%)
Education	Primary (23%)	Primary (20%)

Occupation	Housewives (56%)	Housewives (60%)
Socio-economic Status	Lower Middle (32%)	Lower Middle (35%)
Habitat	Urban (85%)	Urban (80%)
Diet	Vegetarian (68%)	Vegetarian (70%)
Predominant Rasa	Madhura (32%)	Madhura (30%)
Agni (Digestive Fire)	Mandagni (56%)	Mandagni (50%)

The demographic distribution of patients showed a majority were between 25-35 years of age, predominantly from urban areas, with higher secondary education levels. Most patients were housewives from lower-middle-class socioeconomic backgrounds.

4.2 Clinical outcomes

Table 2: Percentage wise relief in all the parameters.

Parameters	Group A % Relief	Group B % Relief
Amsel's criteria		
Vaginal Ph	30.55%	24.00%
Clue cells	88.00%	61.22%
Vaginal discharge	86.67%	60.00%
Whiff's test	86.67%	66.67%
Nugent scoring system of vaginal smear	57.28%	39.48%
Subjective parameters		
Low backache	87.50%	60.00%
Vaginal discharge	83.33%	75.00%
Dyspareunia	93.67%	65.21%
Malodour	92.59%	72.00%
Vaginal itching	92.30%	65.00%
Vaginal Swab Culture	93.33%	80.00%
Urine microscopic		
Pus cells	87.71%	68.18%
Epithelial cells	25.22%	19.44%
Average % relief in all parameters	77.29%	58.17%

4.3 Statistical analysis

The data was analyzed using appropriate statistical tests. The results indicate a significant difference in symptom relief between Group A and Group B, favoring Udumbaradi Taila Yoni Pichu.

5. DISCUSSION

5.1 Conceptual analysis

Shweta Pradara, characterized by excessive white vaginal discharge, aligns with the modern diagnosis of Bacterial Vaginosis. Both conditions share common etiological factors and clinical features. Shweta Pradara is primarily caused by the vitiation of Kapha and Vata

doshas. The therapeutic properties of Udumbaradi Taila include anti-inflammatory, antimicrobial, and wound-healing effects, making it effective in treating BV. Udumbaradi Kashaya, while beneficial, showed comparatively lesser efficacy, possibly due to its method of administration and absorption.

5.2 Observations and Results

The clinical trial results demonstrate that Udumbaradi Taila Yoni Pichu is significantly more effective in relieving symptoms of Bacterial Vaginosis compared to Udumbaradi Kashaya Yoni Prakshalana. The therapeutic properties of Udumbaradi Taila, including its anti-inflammatory and antimicrobial effects, contribute to its higher efficacy.

5.3 Mode of action

Udumbaradi Taila's primary actions are anti-protozoal and anti-inflammatory, which directly address the pathogenic bacteria involved in Bacterial Vaginosis. In contrast, Udumbaradi Kashaya focuses on cleansing and astringent properties, which are less effective in this context.

6. CONCLUSION

6.1 Summary

The study concludes that Udumbaradi Taila Yoni Pichu is more effective than Udumbaradi Kashaya Yoni Prakshalana in managing Shweta Pradara (Bacterial Vaginosis). The treatment shows significant improvements in symptom relief and laboratory parameters.

6.2 Recommendations for future research

Future studies should involve larger sample sizes and consider psychological factors influencing Shweta Pradara. Additionally, the efficacy of these Ayurvedic treatments could be compared with standard modern medical treatments for broader validation.

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