

EFFICACY OF AMALAKI BEEJA CHURNA IN MANAGEMENT OF SHWETA PRADARA (LEUCORRHOEA)**^{1*}Dr. Farida Parbin and ²Dr. (Prof) Yanbeni Humtsoe**

¹PG Scholar, Department of Prasuti Tantra & Stree Roga, Govt. Ayurvedic College & Hospital, Jaluknari, Guwahati, Assam.

²Guide, HOD & Professor, Department of Prasuti Tantra & Stree Roga, Govt. Ayurvedic College & Hospital, Jaluknari, Guwahati, Assam.

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***Corresponding Author**

Dr. Farida Parbin

PG Scholar, Department of
Prasuti Tantra & Stree Roga,
Govt. Ayurvedic College &
Hospital, Jaluknari,
Guwahati, Assam.

ABSTRACT

Throughout history, women have been celebrated for their unique ability to create, known as "Janani." This quality is highlighted in ancient literature worldwide. Acharaya Charaka, Bhavaprakasha, Sarangadhar does not say that Shweta-Pradara is a specific disease. However "Pandura Asrigdara Chikitsa" is specially mentioned. Shweta-Pradara word has been firstly mentioned in Vrinda Madhava. While Kashyap mentioned as PARISRUTA jataharini In the context. Swetapradara, a common issue among women globally, often accompanies gynecological conditions and can lead to infections if untreated. Though not a disease, it causes bothersome vaginal discharge that affects physical health, comfort, and confidence. Leucorrhea is excessive vaginal discharge, which can be normal or pathological. Physiological leucorrhea, linked to menstruation or pregnancy, needs no treatment, while pathological leucorrhea, caused by infections or other factors, can lead to serious issues if untreated.

Treatment for Shweta pradara involves balancing the vata and kapha doshas, with "Charak Samhita Chikitsa adyaya chapter 30" recommending Amalaki beeja churna with madhu and mishri. A single-arm interventional clinical trial was conducted at Government Ayurvedic College and Hospital, Ghy-14, involving 20 participants. The primary objective was to assess the impact of Amalaki beeja churna on Yoni Srava, Yoni Kandū, Yoni Toda 2 month period. The study included comprehensive data collection and analysis using standard statistical

methods. The findings indicate that Amalaki beeja churna shows promise for managing Shweta pradara and warrants further investigation.

KEYWORDS: Shweta pradara, Leucorrhoea, Clinical trial, Amalaki beeja churna.

INTRODUCTION

Women have long been revered for their "Janani" power to create, as highlighted in ancient literature. A nation's prosperity depends on the well-being of its women, whose health and contentment are crucial for a thriving society.

Swetapradara, a common issue for women worldwide, presents challenges across all ages and often accompanies gynecological conditions. If left untreated, it can lead to infections and affect both physical health and psychological well-being. While not a disease itself, it causes bothersome vaginal discharge that can interfere with daily activities, impacting comfort and confidence.

Acharaya Charaka, Bhavaprakasha, Sarangadhar does not say that Shweta-Pradara is a specific disease. However "Pandura Asrigdara Chikitsa" is specially mentioned. Shweta-Pradara word has been firstly mentioned in Vrinda Madhava. While Kashyap mentioned as PARISRUTA jataharini In the context

The Yoniogas in which Shweta Pradara is considered to be a symptoms: Sleshmala Yonivyapad, Sannipatika Yonivyapad, Upapluta, Aticharan, Acharana, Vipluta, Atyananda, Karnini were represents Shwetapradara with their specific features.

Leucorrhea is defined as excessive normal vaginal discharge and can be either physiological or pathological. It is a natural protective mechanism where estrogen helps maintain an acidic vaginal pH by converting glycogen into lactic acid, which inhibits harmful organisms. Physiological leucorrhea, associated with menstruation, ovulation, and pregnancy, typically requires no treatment. However, pathological leucorrhea, often due to reproductive tract infections or sexually transmitted infections, can result from poor diet, lifestyle, stress, or reluctance to seek medical help, potentially leading to serious complications if ignored.

The treatment approach for Shweta pradara focuses on balancing the vata and kapha doshas, which are considered the underlying factors of the condition. According to Charak Samhita, specifically in the 30th chapter of Chikitsa Sthan titled "Yonivyapad Chikitsa Adhyay."

Acharya Charak recommends the use of Amalaki beeja churna with honey and mishri for the effective management of Shweta pradara.

In the present study 20 patients were selected randomly from Prasuti Tantra & Stree Roga Department, Govt. Ayurvedic College & Hospital, Guwahati.

MATERIALS AND METHODS

Aim and Objectives

To evaluate the efficiency of Amalaki beeja churna with Madhu and Mishri in the management of Shweta pradara with the help of Clinical trial.

Study Setting and Selection of the patients

A single-arm interventional clinical trial was carried out at Government Ayurvedic College and Hospital, Ghy-14, with 20 patients were selected randomly. The Subjective parameters of the diagnostic criteria obtained from the specially designed proforma were studied for assessment criteria. Detailed demographic and clinical data for each patient were carefully recorded and analyzed.

Selection of drug

The trial drug i.e. **Amalaki beeja churna** is selected from the Charak Samhita, Chikitsa sthana, Chapter 30 Yonivyapada chikitsa adhyaya.

Ingredients

Sl. No	Ingredients	Quantity	Part used
1.	Amalaki beeja	1part	Seed
2.	Madhu	2part	-
3.	Mishri	1part	-

(Sarangadhar Samhita Madhyam khanda chapter 6, sloka 2)

Dose: 6 gm per day in two divided doses.

Method of administration of drug: Orally, 3gm twice daily after food.

Duration of treatment: 60 days.

Preparation of trial drug

Amalaki beeja churna is manufactured at State Ayurvedic Pharmacy, Govt. Ayurvedic College, Guwahati. The ingredients were gathered and sun-dried for a day, then washed with clean tap water in their dry state before being dried in a machine dryer. Finally, they were

finely powdered churna are prepared. The trial drug was tested in State Drug Testing Laboratory (AYUSH), Guwahati for physical and biochemical assay.

Selection criteria

A group of 20 patients having signs and symptoms of Shweta pradara were selected and treated with Amalaki beeja churna, Madhu and Mishri as oral drug for 2 months continue.

Inclusion criteria

- Females of 20-50 years of age.
- Diagnosed with all criteria of Shweta pradara.
- Fresh or reccured cases.

Exclusion criteria

- Pregnancy
- Malignancy
- Uncontrolled DM
- Other gynaecological conditions resulting similar clinical features like Rectovaginal fistula, Endometriosis, Perivulval abscess, STD, chronic ill health condition etc.
- Any other conditions which require surgical intervention.

Investigation

- Haematological: Hb%, AboRh, TC, DLC, ESR, RBS.
- Urine analysis: Routine Examination and C/S.
- Viral profile: HIV, HCV, HBsAg, VDRL
- pH of vagina, High Vaginal Swab Culture for Aerobic and Anaerobic Organisms.
- Pap smear: Cytological Study
- USG- To rule out the conditions like- PCOS, Fibroid Tissue, Pelvic Endometriosis, Cystitis (if necessary).
- Stool examination: To exclude Intestinal Infestation (Optional).

Criteria for withdrawal

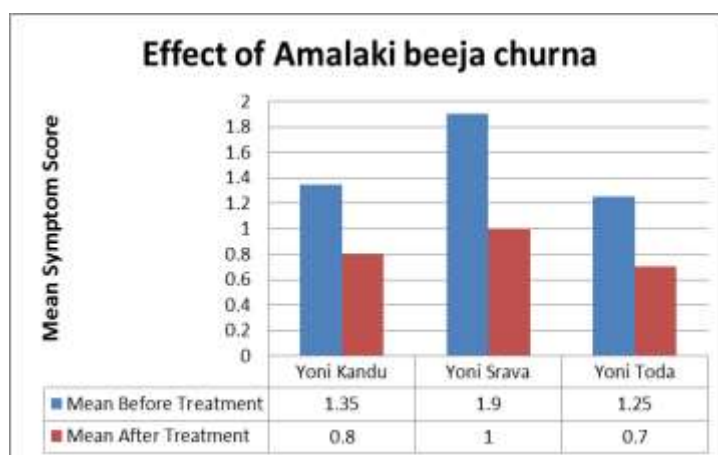
- Discontinuation of treatment during the trial by the patient.
- Development of any complications.
- Aggravation of morbid symptoms.

Parameter for assessment

Sl. No.	Symptoms	Grading 0	Grading 1	Grading 2	Grading 3
1.	Yoni Srava	No vaginal discharge	Mild (Vulval moisture)	Moderate (Wetting undergarments)	Severe (Heavy discharge, need pad)
2.	Yoni Kandu	No Itching	Mild (Occasionally itching)	Moderate (Not hampered day to day work)	Severe (Hampered day to day work)
3.	Yoni Toda	No pricking pain	Mild (feeling of pain during movement but not during rest)	Moderate (feeling of pain even during rest but not disturbing)	Severe (disturbing sleep)

RESULTS**Effect of Amalaki beeja churna with Madhu and Mishri in management of Shweta pradara (n=20)**

Assessment Parameter	Mean BT \pm SD	Mean AT \pm SD	Mean difference	t value	P value	Remarks
Yoni srava	1.90 \pm 0.79	1.00 \pm 0.73	0.90	9.0000	P <0.0001	S. H. S
Yoni Kandu	1.35 \pm 0.59	0.80 \pm 0.62	0.55	4.8189	P =0.0001	S. H. S
Yoni toda	1.25 \pm 0.44	0.70 \pm 0.47	0.55	4.8189	P = 0.0001	S. H. S

**Interpretation**

- Treatment with Amalaki beeja churna, combined with Madhu and Mishri, significantly reduced Yoni Srava in the study group. The average score decreased from 1.90 \pm 0.79 before treatment to 1.00 \pm 0.73 after treatment, with a statistically significant p-value of <0.001. These results indicate that Amalaki beeja churna is effective for treating Yoni Srava.

- Treatment with Amalaki beeja churna, combined with Madhu and Mishri, significantly reduced Yoni Kandu in the study group. The average score decreased from 1.35 ± 0.59 before treatment to 0.80 ± 0.62 after treatment, with a statistically significant $P=0.0001$. These results indicate that Amalaki beeja churna is effective for treating Yoni Kandu.
- Treatment with Amalaki beeja churna, combined with Madhu and Mishri, significantly reduced Yoni Toda in the study group. The average score decreased from 1.25 ± 0.44 before treatment to 0.70 ± 0.47 after treatment, with a statistically significant $P= 0.0001$. These results indicate that Amalaki beeja churna is effective for treating Yoni Srava.

Study Design and Methodology

The research employed a randomized clinical trial design involving 20 patients diagnosed with Shweta Pradara. The primary goal was to assess the effects of Amalaki beeja churna with Madhu and Mishri, including parameters, Yoni Srava, Yoni Kandu, and Yoni Toda. The study found statistically significant reductions in all these parameters after treatment, with a notable decrease in mean values and a p-value of less than 0.001.

DISCUSSION AND CONCLUSION

The clinical study on Amalaki Beeja Churna highlights its potential as an effective herbal remedy for managing Shweta Pradara. By significantly improving various parameters, this formulation offers promise for enhancing both the quality of life and health outcomes for individuals.

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