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A Comparative Clinical Study Of Pipalyadi Choorna And Amalaki Choorna In The Management Of Shevapradara W.S.R To Leucorrhoea

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M.S Prasuti tantra avum stree, Prasuti Tantra Avum Stree Roga.

Abstract:
Ayurveda is the world's existing healthcare system and scientific discipline believing in "Swastasya swastya rakshanam, aatursya vikara prashamanam cha". It is a record of experience justified by all new studies and proved by repeated administration by generations. The word Shvetapradara has not appeared in great trios that Charak, Susruta,Vagbhata Samhita but in Chakrapani, Yogratnakar, Bhavprakash and Sharangdhar for white vaginal discharge the word Shvetapradar is used. Leucorrhoea is strictly define as excessive vaginal white discharge. The excess secretion is evident from persistent vulval moistness or staining of undergarments which need to vulval pad. Management of Shvetapradara in classic text has been describe by using Kapha har chikitsa.

Introduction:
Gynaecology is the study of female reproductive system and their disease. Leucorrhoea is one of the symptom which is well known as “Shwetpradara” in Ayurveda. Although it seems patient suffers from these having complaint vaginal white discharge, Backache, General disability, constipation, and headache. In Ayurveda Shwetapradara is described as it is caused by vitiation of Kapha and Vata Dosha in body. Although it seems to be negligible symptom, initially if it is not treated in time it leads to many major complications.

Ayurveda provides many alternatives which not only cures the disease but also preventing their recurrences. In Ayurveda it gives so many formulations to overcome to shwetapradara one such formulation selected in the present study.

Selection of Topic and Need of Study:
To Avoid Ascending Infection and healthy Progeny Yoni Must be Healthy, Any deviations from the natural process leads to complications like irritation in vagina due to excessive discharge, which in turn causes devastating effect on marital harmony. Ayurveda provides many alternatives which not only cures the disease but also preventing their recurrences. Having so many formulations to overcome to shwetapradara, Therefore in the present study Is to Compare the effect of Pipalyadi Choorna and Amalaki Choorna, orally which has properties like Kaphahar.

Aims And Objective:

- **Aim**: To compare the effect of Pipalyadi Choorna and Amalaki Choorna in the Management of Shvetapradara.
- **Objectives**: To compare study of Pipalyadi Choorna and Amalaki Choorna in the management of Shvetapradara.
Materials And Method Of Preparation:

- **Drug**: Raw material for preparation of
  - **Pipalyadi Choorna**: experimental group
    - Pipali – Phala (Piper longum linn.) - 5mg
    - Harad – Phala (Terminalia chebula Retz) - 5mg
    - Loharaj (Ferum) - 125mg
  - **Amalaki Choorna**: control group
    - Amalaki – Phala (Emblica officinalis Gaerth) - 5mg

  About All drugs procured from the by G.M.P. certified company and were authenticated standardised before trails.

- **Study Design**:
  - The Group ‘A’ (Experimental Group) will be treated with Pipalyadi Choorna, While Group ‘B’ (Control Group) will be treated with Amalaki Choorna.

- **Drug Administration Details**:
  - **Group ‘A’ Drug**: Pipalyadi Choorna
    - Frequency: Twice a day
    - Duration: 1 week.
    - Dose: 1 Karsha (10 gms)
    - Anupan: Madhu
  - **Group ‘B’ Drug**: Amalaki Choorna
    - Frequency: Twice a day
    - Duration: 1 week.
    - Dose: 1 Karsha (10 gms)
    - Anupan: Madhu.
  - **Duration of Dose**: 7 Days(next Follow on 14th Day.)
  - **Total Duration of Study**: 14 Days

- **Selection Criteria**:
  - **Inclusion Criteria** -
    1. Age Group above 18 and below 40 years, having Shvetapradara.
    2. Diagnosed the patient as Shvetapradara.
  - **Exclusion Criteria** -
    1. Pregnancy.
    2. Systemic Disorder like HTN, DM, IHD etc.
    3. Sexually Transmitted Disease (STD’s).
    4. Benign & malignant Tumour related to Female Reproductive System.

- **Investigation**:
  - Complete Blood Count
  - Urine Routine & Microscopic Examination
  - Vaginal Swab Culture
  - Pap Smear
Observation And Result:

Effects of Pipalyadi Choorna in Shwetapradara Group A –

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Mean Score</th>
<th>Mean Decrease</th>
<th>%</th>
<th>SD</th>
<th>SE</th>
<th>‘t’</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>BT</td>
<td>AT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaginal White Discharge (Strava)</td>
<td>1.8</td>
<td>0.5667</td>
<td>1.24</td>
<td>68.89</td>
<td>-0.0145</td>
<td>-0.0027</td>
<td>9.280</td>
</tr>
<tr>
<td>Itching (Kandu)</td>
<td>1.733</td>
<td>0.4</td>
<td>1.33</td>
<td>76.75</td>
<td>0.2414</td>
<td>0.0440</td>
<td>9.633</td>
</tr>
<tr>
<td>Backache (Katishool)</td>
<td>1.069</td>
<td>0.1724</td>
<td>0.88</td>
<td>82.32</td>
<td>0.4578</td>
<td>0.0850</td>
<td>5.910</td>
</tr>
<tr>
<td>Dyspareunia (Maithun Kastata)</td>
<td>1.4</td>
<td>0.5333</td>
<td>0.87</td>
<td>62.14</td>
<td>0.2508</td>
<td>0.0458</td>
<td>5.517</td>
</tr>
<tr>
<td>Evidence of Pruritis</td>
<td>1.5</td>
<td>0.3667</td>
<td>1.14</td>
<td>76.00</td>
<td>0.4101</td>
<td>0.0749</td>
<td>8.500</td>
</tr>
<tr>
<td>Per-Vaginal White Discharge</td>
<td>1.4</td>
<td>0.3333</td>
<td>1.07</td>
<td>76.43</td>
<td>0.1952</td>
<td>0.0356</td>
<td>11.22</td>
</tr>
</tbody>
</table>

Group A

Effects of Amalaki on Shwetapradara Group B –

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Mean Score</th>
<th>Mean Decrease</th>
<th>%</th>
<th>SD</th>
<th>SE</th>
<th>‘t’</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>BT</td>
<td>AT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vaginal White Discharge (Strava)</td>
<td>1.8</td>
<td>0.9</td>
<td>0.9</td>
<td>50.00</td>
<td>-0.0476</td>
<td>-0.0087</td>
<td>5.835</td>
</tr>
<tr>
<td>Itching (Kandu)</td>
<td>1.7</td>
<td>0.7667</td>
<td>0.934</td>
<td>54.94</td>
<td>0.3227</td>
<td>0.0607</td>
<td>7.992</td>
</tr>
<tr>
<td>Backache (Katishool)</td>
<td>1.367</td>
<td>0.7</td>
<td>0.667</td>
<td>48.79</td>
<td>0.2386</td>
<td>0.0436</td>
<td>4.551</td>
</tr>
<tr>
<td>Dyspareunia (Maithun Kastata)</td>
<td>1.533</td>
<td>0.8333</td>
<td>0.7</td>
<td>45.66</td>
<td>-0.0175</td>
<td>-0.0032</td>
<td>5.460</td>
</tr>
<tr>
<td>Evidence of Pruritis</td>
<td>1.6</td>
<td>0.6667</td>
<td>0.94</td>
<td>58.75</td>
<td>0.2234</td>
<td>0.0407</td>
<td>8.764</td>
</tr>
<tr>
<td>Per-Vaginal White Discharge</td>
<td>1.533</td>
<td>0.7333</td>
<td>0.79</td>
<td>51.53</td>
<td>0.0576</td>
<td>0.0105</td>
<td>10.77</td>
</tr>
</tbody>
</table>
Group B

Overall Effects:

<table>
<thead>
<tr>
<th>Overall Effect</th>
<th>Group A</th>
<th>Group B</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Change (&lt;25%)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mild Change (25% – 50%)</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Moderate Change (50% - 75%)</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Good Change (75% +)</td>
<td>4</td>
<td>0</td>
</tr>
</tbody>
</table>

Discussion: All the patients related to observation made during the study and results will be discussed depending upon follow ups, Also the sign and Symptoms of patient, On the basis of above collected data and observations conclusion will be carried out.
Conclusion:
Out of 60 patients the overall result found mild to moderate score in group A and moderate to good score found in group B respectively after treatment. Hence the group A was highly significant result than group B at (p<0.0001).

Summary: On the basis of results, observations, and discussion, summary will be made.

References:


v. Prof Dr. V.N.K Usha : Text book of gynecology, Chaukhamba Sanskrit pratishan, 2011