

A STUDY OF TRIPHALA KWATH YONI PRACHHALANA AND DHATAKYADI TAIL YONI PICHU IN THE MANAGEMENT OF SLESMALA YONIVYAPADA (VULVOVAGINAL CANDIDIASIS)

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ABSTRACT

^[1]Vulvovaginal candidiasis, is an exceedingly common mucosal infection of the lower female reproductive tract, caused mostly by the polymorphic opportunistic fungus *Candida albicans*. A member of the normal human microbiota, *C. albicans* commonly colonizes the vaginal lumen asymptotically. However, symptomatic infection can result from exuberant mucosal inflammation that is caused primarily by fungal overgrowth in the vagina and subsequent mucosal inflammation that is caused primarily by fungal overgrowth in the vagina and subsequent epithelial invasion and production of virulent effectors. Common disease symptoms include vaginal itching, burning, pain and redness. Often, they are accompanied by vaginal discharge consisting of sloughed epithelium, immune cells, yeast and vaginal fluids. Vulvovaginal candidiasis is the most prevalent human candida infection, estimated to afflict approximately 75% of all women at least once in their lifetime. More over, recurrent VVC affect nearly 8% of women globally.^[1] Vaginal discharge (Yoni srava) is the most common gynaec complain in reproductive age group. There is a misbelief that vaginal discharge causes loss of strength, weight, stamina, complexion etc. Yoni srava is a symptom rather than a disease per se, Vaginal discharge (Yoni srava) is easy to understand if we consider dosa and dhatudusti pathogenesis. Vaginitis is an inflammatory process involving the vagina, expanding often to the contiguous anatomical structure (cervix and vulva). Vaginal candidiasis is the most common and aren't usually serious. It can be correlated to SLESMALA YONIYVAPAD based on its Lakshanas.

Objectives: To evaluate the efficacy of Triphala Kwath yoni prachhalana and Dhatakyadi tail Yoni Pichu in the management of slesmala yonivyapad. **Conclusions:** Triphala Kwath Yoni Prachhalana and Dhatakyadi Tail Yoni pichu showed significant changes in the management of Slesmala Yonivyapad with the reduction of katishoola, Kandu, Consistency of the Srava and Srava pramana, Vaginal Ph after the treatment.

KEYWORDS: Vulvovaginal candidiasis, Slesmala Yonivyapad, Triphala Kwath, Dhatakyadi Tail, ^[2]Yoni Prachhalan, ^[3]Yoni Pichu.

INTRODUCTION

Many women have little knowledge about female sexual anatomy and physiology. For example, young girls often receive little or no instruction in cleansing the perineal area, and teenage girls are often misinformed about the presumed necessity for douching or the use of feminine hygiene products, which may do harm than good. In prepubertal girls, the absence of endogenous estrogen results in a thin vaginal epithelium deficient in glycogen. This predisposes to bacterial infection, the most common gynecologic disorder in this age group. During the reproductive years, the vaginal epithelium mature.

However, coitus, contraceptive agents, feminine hygiene practices and the wearing of tight, nonabsorbent, heat retaining clothing predispose to the development of

vulvovaginal infection. In postmenopausal patients, the level of endogenous estrogen decreases. The cell of the vaginal mucosa and vulvar skin lose glycogen, and vaginal acidity declines, resulting in fragile atrophic tissues that are susceptible to trauma and infection. The vulvar skin is responsive to hormonal stimulation and provides a warm, moist environment exposed to urinary and fecal soiling. The first symptom of vaginal irritation is often vulvitis, which commonly results from contact with vaginal discharge, often compounded by overlying garments made of synthetic fabrics that are heat and moisture-retaining. Evaluation of a patient with vulvar symptoms requires a detailed history and physical examination, including inspection of other mucosal and skin surfaces. Feminine hygiene product and contraceptives should be identified, as well as antibiotics

that may alter the vaginal flora, resulting in overgrowth of candida albicans. A family history of diabetes mellitus or an obstetric history of excessively large infants strongly suggests the possibility of diabetes, which also predisposes to candidiasis.

In response to recognition of bacteria pathogen, the vaginal mucosa mobilizes a variety of defenses. Antimicrobial protein, including lysozymes, lactoferrin and small antimicrobial peptides such as human α -defensins (HBDs) are secreted in response to infection. These proteins have broad antimicrobial activity against bacterial, viral and fungal pathogens. Vaginal epithelial cell constitutively produces HBDs. Normal vaginal flora, similar to the upper respiratory and lower digestive tracts, is a non-sterile mucosal surface that is colonized by normal flora. The principal constituents of the vaginal flora are Lactobacillus species that produce lactic acid and hydrogen peroxide, which in turn maintains a low vaginal Ph and prevents infections such as vulvovaginal candidiasis and bacterial vaginosis.

A recent study found women can be grouped into five categories based on their vaginal flora. Four separate groups were dominated each by one Lactobacillus species (*L. crispatus*, *L. gasseri*, *L. iners* or *L. jensenii*) and a fifth group that was characterized by a diverse group of anaerobic species associated with bacterial vaginosis. The tolerance to normal flora established at this site may also contribute to poor immune-responsiveness. Lastly, the normal flora itself can be viewed as an innate immune defense, by competing with pathogens and generation of an acidic vaginal Ph and hydrogen peroxide. Accordingly, replenishment of vaginal flora with probiotic lactobacillus is being examined as a therapeutic and preventative strategy. Additional research into the complex interplay between vaginal immunity, the normal flora and pathogenic microbes will be necessary to devise novel methods to prevent and treat vaginal infection that reduces patient quality of life, lead to serious complications and consume precious health care funding. A healthy vaginal Ph value is somewhere between 3.8 and 4.5, well into the acidic range. The cause for this is the good bacteria living in the vagina that produces lactic acid that reduces the Ph Value. The acidic environment of the vagina is a natural barrier to infection and irritation, since it represses the growth of bad bacteria which prefer a less acidic environment. This means that as long as our good bacteria count is high and the vaginal pH is acidic, bad bacteria have a very slim chance of overgrowing, making the chance of infection low. As soon as the vaginal pH value is increased above the value of 4.5, bad bacteria take the opportunity to develop and grow, eventually causing an infection. This can result in symptoms such as discharge, odor, itching and other vaginal discomforts. Changes in the Ph value are often connected to bacterial vaginosis.

Approximately 95% of all vaginal discharges or infections are caused by *Gardnella vaginalis*, *Candida albicans* or *Trichomonas vaginalis* infections. Vaginitis is defined as a spectrum of condition that cause vaginal and sometimes vulvar symptoms such as itching, burning, irritation, odor and vaginal discharge. Two third of the women will have at least one episode of vulvovaginal candidiasis. Changes in the host vaginal environment precipitate and induce pathologic effects of the organism. Vaginal or Systemic antibiotic use, diet high in refined sugars, uncontrolled DM2. The secret of successful management of vaginal discharges or infections is in the diagnostic approach. If a proper diagnosis is made treatment follows easily. The therapy for specific vaginitis rest on specific drugs, depending on the etiology (e.g. Fluconazole for candidiasis), while the treatment for the vaginosis should be focused in restoring the local physiology homeostasis. Nevertheless, it has to be noted that, except in clearly defined cases, such as candida infections, the initial clinical picture of the two types of vaginitis is virtually the same (presence of symptoms such as local itching and burning, leucorrhea, dysuria and dyspareunia). Whereby, the first line therapeutic approach, which is frequently subject to self-medication, should be focused on rebalancing the flora and not on antimicrobials, reserving the latter to persistent cases that are properly characterized by appropriate microbiological tests. A new medical device (Damor Pharmaceuticals, Naples, Italy) is available in different formulations for the local treatment of vaginitis and, in addition, of irritative dystrophic states of the vaginal area.

In Ayurvedic medical science, Gynecological disorders have been detailed under the name Yonivyapads or the yoni rogas which are twenty in numbers. One of such disorder is SLESMALA YONIVYAPAD, which exhibits the Lakshanas such as Picchila yonirava and yoni kandu. This disorder affects both the physical and the psychological health of the women. For the successful treatment methods and the yoni prachhalana and pichu is the one of its kinds that have shown its effectiveness in managing Yonivyapads. In the present study, an effort has been made to evaluate the effect of Triphala Kwath yoni prachhalana and Dhatakyadi Tail yoni pichu in the management of Slesmala Yonivyapada.

METHODOLOGY

The pilot study included twenty female patients with the complaints of Slesmala Yonivyapad fulfilling the inclusion criteria from the O.P.D, Dept. of prasuti tantra and strirog, Government Ayurvedic PG college and hospital, Varanasi. Patients with the complaints of vaginal discharge or yoni srava, itching or kandu and stickiness or pichhilata were included for the study and those with the cervical or uterine malignancy, cervical erosion, Trichomoniasis, bacterial vaginosis, pregnant and lactating women and patients with systemic diseases like HTN, DM, tuberculosis and afflicted with infections like HIV, syphilis, Herpes Genitalis, PID and Endocrinal

abnormalities like hyper and hypo gonadism and hyperprolactinemia were excluded. A special protocol was followed to collect all the necessary details pertaining to the study.

MATERIAL

Triphala kwath, Dhatakyadi tail, Cotton, Sterile gauze, Pichu.

Study design

This was a pilot study with single group, pre and post - test design with 20 patients of Slesmala yonivyapad or Vaginal candidiasis.

Intervention

This study was conducted for 14 days in which Triphala kwath yoni prachhalana followed by Dhatakyadi tail yoni pichu was administered for 7 days and follow up was done on 14th day. patients were explained in detail about the treatment and assurance was given.

Purva karma

Pichu and dhatakyadi tail were sterilized with the help of autoclave. After voiding the urine, patient was advised to lie down comfortably in the lithotomy position. Perineal region was cleaned with savlon and betadine solution.

Pradhana karma

Under aseptic precaution the vagina, vaginal passage and mouth of uterus were washed with Triphala kwath.

Enema pot may be used for handling the yoni prachhalana, after the procedure the vulva was dried with cotton. After completion of the procedure patient is asked to sit on bed pan and to cough hence the remnant medication will come out otherwise the remnant may lead to fungal infection locally. Now again patient was made to lie in the lithotomy position and the aseptic, sterile pichu soaked in oil or liquid is inserted in to the vagina. The end part of pichu should be properly left out of the vaginal orifice, with which it will be easy to remove.

Paschat karma

Yoni pichu was retained till patient gets the urge of micturition or 3-4 hours after insertion. It was removed by the patient herself by pulling out the tampon of tail by sitting in squatting position.

Assessment criteria

Both the subjective and objective parameters were assessed before and after the treatment.

Subjective parameters

Katishoola, consistency of srava, kandu and srava with dull pain or without pain.

Objective parameters

Srava pramana (Quantity of the vaginal discharge), Vaginal Ph (Sheetal sparse).

Table 1: Showing the grading of the parameters.

S. no	Parameters	Grading	Scoring
1.	Subjective parameters *Katishoola	Absent	0
		Mild	1
		Moderate	2
		Severe	3
2.	*Consistency of srava	Watery	1
		Curdy	2
3.	*Kandu	Mild	1
		Moderate	2
		Severe	3
4.	*Srava	Without pain	0
		With dull pain	1
6.	Objective parameters *Srava pramana	No need of pad	0
		Need of pad (1pad/day)	1
		2-3 (pad/day)	2
2.	*Vaginal Ph	Acidic	0
		Basic	1

*katishool -backache, *srava – vaginal discharge, * Kandu- itching, *Vaginal Ph- sheetal sparse.

Formulation

Triphala kwath was prepared by following the general rule of the text. One part of coarse powder of triphala was added with 4 parts of potable water and subjected to heat on medium temperature, until the volume was

reduced to 1/4th of its initial quantity. The contents were filtered and the filtrate was used for yoni prachhalana. Market preparation of dhatakyadi tail of GMP certified pharmacy was used.

Table 2: Ingredients of triphala khashaya.

S. no.	Sanskrit name	Botanical name	Family	Rasa	Virya	Vipaka	Part used
1.	Amalaki	Emblia officinalis	Euphorbiaceae	Panch Rasa, Amla pradhan	Sheet	Madhur	Fruit
2.	Haritaki	Terminalia chebula	Combretaceae	5, Lavana varjit, Kashaya pradhan	Ushna	Madhur	Fruit
3.	Bibhitaki	Terminalia bellirica	Combretaceae	kashaya	Ushna	Madhur	Fruit

Table 3: Ingredients of dhatakyati tail.

S.no	Sanskrit name	Botanical name	Family	Rasa	Virya	Vipaka	Part used
1.	Dhataki	Woodfordia fruticosa	Lytheraceae	Kashaya	Sheet	Katu	flower
2.	Amalaki	Emblia officinalis	Euphorbiaceae	5, amla Pradhan	Sheet	madhur	fruit
3.	Yastimadu	Glycyrrhiza glabra	Leguminosae	Madhur	Sheet	madhur	root
4.	Utpala	Nymphaea stellata	Nymphaeaceae	Madhur, Kashaya, tikta	Sheet	madhur	Root
5.	Jambu	Syzygium cumini	Myrtaceae	Kashaya, Madhur, amla	Sheet	Katu	seed
6.	Amra	Magnifera indica	Anacardiaceae	Kashaya	Sheet	Katu	Seed
7.	Lodhra	Symplocos racemosa	Symplocaceae	Kashaya	Sheet	Katu	bark
8.	Katphala	Myrica esculenta	Myricaceae	Kashaya, tikta, katu	Ushna	Katu	Bark
9.	Tinduka	Diospyros peregrina	Ebenaceae	Kashaya	Sheet	Katu	Bark
10.	Dadima	Punica granatum	Punicaceae	Madhur, Kashaya, amla	anushna	madhur	Bark

RESULTS

In the present study, twenty patient suffering from Slesmala yonivyapad were administered, Triphala kwath yoni prachhalana followed by Dhatakyadi Tail yoni

pichu for 7 days and follow up was carried out on the 14th day. Assessment were made before and after the treatment and subjected to statistical analysis.

Table 4: Results.

Symptoms	Mean (BT)	Mean (AT)	difference	%	SD	SE	t-test	p- value
Katishool	3.1	0.85	2.25	56.25%	1.59	0.35	4.46	<0.001
Consistency of srava	3.35	1.5	1.85	46.25%	1.30	0.29	4.46	<0.001
Kandu	3.1	0.85	2.25	56.25%	1.59	0.35	4.46	<0.001
sravapramana	3	0.75	2.25	56.25%	1.59	0.35	4.46	<0.001
Vaginal Ph	2.80	0.55	2.25	56.25%	1.59	0.35	4.46	<0.001

DISCUSSION

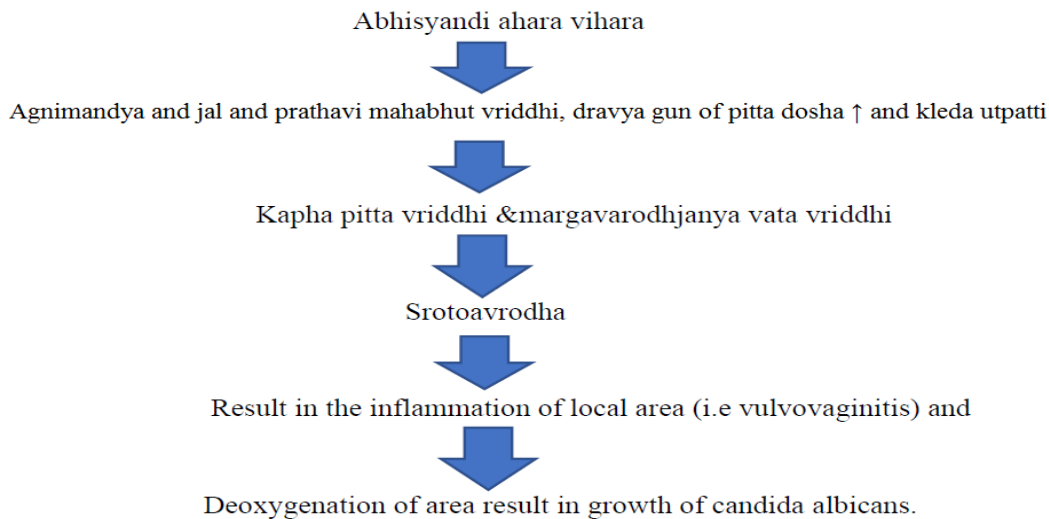
Irrespective to the wealth of recent advances in diagnosis and treatment facilities, symptoms of vaginitis form the major complaint of patients attending the gynecological outpatient department.

The universe itself is begun by prakriti, like prakriti, the women is also called Beejadharmini and prasavadharmini. The significance of the women health cannot be over emphasized as it is very basic for good family life. The set of disorder that affect her in

reproductive life are considered under the one heading "Yonivyapad" in Ayurveda. The concept of healthy yoni has been asserted in various phases of women's life from puberty to marriage to child birth and thereafter. All the gynecological disorders are psychosomatic. In the process of modernization due to change in lifestyle, decreased physical activity, excessive, mal or inadequate diet along with non-congenial, unwholesome, unhygienic and incompatible food consumption and increasing screen time, wrong body posture, disturbed biological clock, women are unable to follow the rule of Dincharya,

Rutucharya, Rajaswala, Rutimati and sutikaparicharya which are explained by the acharyas for women's health. Thus they are prone to various yonirogas one of which is yonigat Shweta picchilsrava, yonikandu, yonigata alpavedana which are feature of Slesmala yonivyapada. In Slesmala yonivyapad due to mithaya aahar (both dravyabhut i.e. the food we ingest and Adravyabhut i.e. dictums also known as Dwadasha ashana pravicharna if not followed) and vihar and atisnighda and abhishyandi ahara leads to kaphaparakopa and agnimand that result in

aama formation. With the continuous use of mithaya ahara and vihara by the patient rasadhatu also vitiated and the aama form in the body is Dravya gun of pitta dosha ↑ pradhana. In the other words it can be said that if the basic health of a women governed by rasadhatu is deteriorated, then also the rakta dhatu and mansa dhatu would be influenced that result in intence itching with burning and dull pain in yonipradesh. It can also be easily understood by that –



Abhishyandi ahara vitiates yonipradesh leading to excess sweta srava which is snigdha (Unctuous), pandu varna (White in colour) and picchila (Sticky in nature) associated with kandu (Severe itching). Acharya sushruta has described atisheeta srava, pandu varna and kandu as the lakshanas of Slesmala yoni vyapad. Whereas, acharya vagbhata adds yellowish discharge per vagina with or without mild pain in addition.

Ayurveda emphasizes more on the preventive treatment rather than symptomatic methodology. It provides unique therapies, medication and disease specific ahara and vihara to manage the disease effectively. Major maladies affecting the female reproductive system are the yoni vyapad or the yoni rogas which are said to be caused due to the indulgence of mithya ahara and vihara, artava dusti, shukra dushti and influence of daiva. Slesmala yonivyapad can be considered as Vulvovaginal candidiasis.

Regarding the management of Slesmala yonivyapad, various unique therapies have been mentioned in Ayurveda, among which yoni prachhalana and pichu is one. In the present study triphala kwath yoni prachhalana and Dhatakyadi tail yoni pichu used for management of Slesmala yonivyapad in 20 female patients for the management of disease. Patient were examined and assessed before and after the treatment for katishool, consistency of srava, kandu, pain, Vaginal Ph (Sheetal sparse) and srava pramana, showed significant result in all the outcome measures.

Sthanika chikitsa or local treatment plays very crucial role in the management of various gynecological disorders. Sthanika chikitsa helps to relieve itching, burning pain, discharges and bad smelling. In Ayurveda various type of local treatments such as yoni prachhalana, yoni pichu, yoni dhupana, yoni lepana, yoni varti, Kshara karma and agnikarma have been mentioned for the management of various gynecological and obstetrical disorders. Although it is more of local treatment but its effect is systemic too and capable of preventing complications of disease. Yonidhavan is deep cleaning of wound under aseptic precautions and making the wound clean and aseptic. It is a procedure in which the vagina, vaginal passage and mouth of uterus is washed with medicated decoction. According to sushrut, as water help in extinguishing the fire, in the same manner use of kasaya for pariseka helps alleviating the aggravated Doshas thus, helps to reduce inflammation, does purification and checks further progress of the disease. Triphala kwath have antimicrobial property against bacteria, fungi and poliovirus. The extract was active against Candida albicans. For the better absorption of drug, the appropriate time for douching per vaginum is luteinizing phase because during this phase, loosening of intercellular grooves and widening of intercellular channels occurs; epithelium becomes loose, porous and thin. So during this phase, there is increased possibility of absorption of even high molecular weight to hydrophilic drugs.

In yoni pichu, tampon is made from sterile swab and soaked in medicated Luke warm oil and then inserted in vagina to be retained for few hours. Dhatakyadi tail is good in curing wounds, acts as astringent, refrigerant, hemostatic and wound healing by promoting granulation tissue. Yoni pichu can successfully control the growth of candida albicans. The preparations used for yoni pichu helps in faster healing of wound, inflammatory swellings as it is anti-microbial and non-irritant. The tail used in pichu is more effective in curing gynecological diseases because vaginal permeability is greater to lipophilic drugs than to hydrophilic drugs.

Ayurveda classic describe the action of medicines in three ways i.e. Dravyaprabhava, gunaprabhav and dravyaguna prabhava. According to sushrut pichu help in lekhan karm and thus removes slough. In yoni pichu, mostly medicated Kashaya, Sarpi and Tail are used.

These preparations have two main functions i.e. Shodhan(Purification) and Ropana (healing). Its various mode of action will depend upon the various type of medicine that used, as different medicine has different action. Depending on the drugs yoni pichu can act as an antibacterial, controls vaginal discharges, help in wound healing. The present study showed significant changes in the reduction of the complaints of Slesmala yonivyapada with Triphala kwath yoni prachhalana and Dhatakyadi tail yoni pichu.

CONCLUSION

This pilot study with Triphala kwath yoni prachhalana and Dhatakyadi tail yoni pichu in twenty patients showed significant changes in the management of Slesmala yonivyapada with the reduction of Katishoola, Kandu, Consistency of Srava and Srava associated with pain, vaginal Ph (Sheetal sparse) and Srava Pramana after the treatment. Cost effective, affordable and a very easy treatment that could be carried out on the OPD basis without any adverse effects. The basic principle is just to maintain vaginal flora and vaginal Ph balance naturally to maintain the acidity of vagina. Studies with larger sample size and randomized controlled studies needs to be conducted to further evaluate the effect of Triphala kwath yoni prachhalana and Dhatakyadi tail yoni pichu.

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