

# Effect of Shatadhaut Ghrit in the management of Pathological Leucorrhoea with special reference to Pittaj Yonivyapad Management of Pittaj Yonivyapad

*\*Dr. Amrita M. Mishra*

### Abstract :

Ayurved has elaborated Gynecological disorders under the entity of Yonivyapadas. Although Shwetpradar or yonigat Shwetsrava has not being depicted as a specific disease but it invariably occurs as a major symptom of several Yonivyapadas including Pittaj yonivyapada.. Pittaj dominance of this disease unquestionably expect drug that possess properties that are opposite to those of pitta, i.e. sheet, sukshma, madhur rasa, sheet virya, madhur vipaka, dahashaamak. It is also expected to be vranaropana, jeevanunashak (disinfectant). All the above properties are present in Shatadhaut Ghrit,

So a Single blinded double- arm randomized clinical trial was conducted with 60 patients of childbearing age group from the same geographical area i.e. Wardha District, in 2 Groups.

1. Group A – 30 Patients subjected to local application of Fluconazole
2. Group B – 30 Patients subjected to local application of Shatadhaut Ghrit.

There was significant to highly significant reduction in signs & symptoms in both groups but Burning, redness, regressed more spontaneously in Group. B. Percentage of recurrence was negligible in Group. B while it was more in Gap. A. Cervical erosion if present was found to recover very spontaneously in Group. B & not in GroupA.

Shatadhaut Ghrit is highly effective in the management of Pittaj Yonivyapad. It increases local cell immunity and prevents recurrence of the disease.

### सारांश :

आयुर्वेदिक ग्रन्थों में स्त्रीरोग का वर्णन योनिव्यापद के अन्तर्गत किया गया है परन्तु श्वेतप्रदर या योनिगत श्वेतस्राव का स्वतन्त्र व्याधि के रूप में वर्णन नहीं है, परन्तु पित्तज योनिव्यापद सहित विभिन्न योनिव्यापदों में प्रमुख लक्षण के रूप में वर्णित है। इस व्याधि में पित्त की अधिकता के कारण पित्त के गुण के विपरीत, शीत, सूक्ष्म, मधुर रस, शीत वीर्य, मधुर विपाक वात शामक गुण युक्त औषधियाँ व्याधि शमन में समर्थ होती हैं। इस में व्रणरोपण जीवाणुनाशन गुण भी अपेक्षित होता है। यह समस्त गुण शतघौत घृत में विद्यमान होते हैं। अतः एक सिंगल ब्लाइंडेड डबल आर्म रैंडमाइज्ड क्लीनिक ट्राइल हेतु कुमारावस्था के ६० मरीजों को लिया गया। जिनके २ Group बनाये गये।

१. Group A ३० रोगी Flucouanzole स्थानिक प्रयोग
२. Group B ३० रोगी शतघौत घृत का स्थानिक प्रयोग

दोनों ग्रुप में लक्षणों में विशेष कमी देखी गयी, परन्तु दाह, राग आदि लक्षणों में ग्रुप बी में सहज कमी देखी गयी। ग्रुप बी में रोग की पुनरावृत्ति का प्रतिशत अत्यन्त कम था पर ग्रुप ए में अधिक था। योनिग्रीवा घर्षण रोगियों में ग्रुप बी में सहज लाभ पाया गया पर ग्रुप ए में नहीं। शतघौत घृत पित्तज योनिव्यापद में अत्यधिक लाभकारी है, यह स्थानिक कोशिकाओं के बल को बढ़ाता है, और रोग को पुनः उत्पन्न नहीं होने देता है।

## Clinical Study

# Effect of Shatadhaut Ghrut in the management of Pathological Leucorrhoea with special reference to Pittaj Yonivyapad Management of Pittaj Yonivyapad

*\*Dr. Amrita M. Mishra*

### Introduction

Ayurved has elaborated Gynecological disorders under the entity of Yonivyapadas. These are 20 in number and most of the gynecological disorders can be correlated to these, in some way or the other. Although Shwetpradar or yonigat Shwetsrava has not being depicted as a specific disease but it invariably occurs as a major symptom of several Yonivyapadas including Pittaj yonivyapada.

Similarly, Modern medical science considers 'Leucorrhoea' not as an individual disease but an abnormal symptom of certain diseases of female reproductive organs. The condition is considered as pathological and medicinal intervention required only when this vaginal discharge is associated with other symptoms as burning, itching, and low backache, thereby disturbing routine activities.

### AIM of study –

All females of reproductive age group are prone to leucorrhoea at some time or other. In spite of several researches done and plenty of medicines in various forms being available in this regard, leucorrhoea still exists as one of the leading pathologies of patients attending Gynaec OPDs. Increasing incidence and recurrence of this condition still necessitates further research in this regard.

Hence this disease condition was selected for detailed study with aim of proving a definite answer to the condition that is most abundantly encountered in the female population of particularly this geographical distribution.

### Pittaj yoni vyapad

#### Hetu –

Aahara / – Katu, lavana, amla rasa, dominantly  
Vihara – Krodh , shoka, stress, physical exertion

### Lakshana –

Yonidaha, paka ,yonisrava(hot, yellowish, purulent or mucopurulent, foul smelling)

### Samprapti -

Pittaprakopak aahar – vihara in abundance leads to pittaprakop in the body, which later enters yoni and results in appearance of signs and symptoms of pittaj yonivyapad.

On the basis of above facts, Pittaj Yonivyapad resembles acute infection of reproductive organs, particularly acute vaginitis and or cervicitis.

### Principle of management –

All major Ayurved texts have advocated Raktapitta shamak, madhur, sheet, snigdha, and laghu as the essential properties of drug used for the management of Pittaj yoni vyapad. For local oleation, either Ghrut or Ghrut medicated with drugs capable of suppressing pitta have been advised.

### Modern Aspect

#### Pathological Leucorrhoea

#### Major Cause-

Inflammatory conditions of vagina-

#### VAGINITIS-

Cause- Trichomoniasis, Non-specific Streptococcal, Staphylococcal, E-coli)

#### Clinical features –

1. Red, tender, swollen, vaginal mucosa.
2. Profuse, offensive vaginal discharge
3. Thin, yellowish-green discharge
4. Dyspareunia
5. Local irritation & itching.

**Management-****General**

1. Nutritious diet, rich in vitamins.
2. General hygiene
3. Locally- VIT.A&E Vaginal tablets.

**Medications**

1. Metronidazole 200mg TDS
2. Clotrimazole /Fluconazole vaginal tablets

**AVOID-**

Fermented, fried food

**Drug selection –**

Shatadhaut Ghrut was chosen for following reasons:

1. Guna- Laghu, sheet, snigdha, madhur, ropana, dahashamak, poshak, jeewanunashak.
2. Easy availability
3. Cost effective
4. Devoid of complications

**Investigations –**

1. Blood - Hb%, TLC, DLC, ESR, Blood sugar
2. Urine – Routine, Microscopic, Albumin, Sugar
3. Bacteriological examination of vaginal discharge

1. Statistical evaluation of above parameters was done by scoring method by applying percentage and paired and unpaired t-test.

**CLINICAL STUDY****Type of study-**

Single blinded double-arm randomized clinical trial.

**Primary Outcome Variables -**

1. Reduction in Signs and symptoms of Pittaj yoni vyapad ( pathological leucorrhoea)

**Secondary Outcome Variables-**

Absence of recurrence in Signs and symptoms of Pittaj yoni vyapad

**Procedure-**

Patients were taken randomly from the same geographical area i.e. Wardha District taking into

consideration selection criteria, to maintain homogeneity of sample. Randomly selected 60 patients of childbearing age group were divided in 2 Groups.

1. Group A – 30 Patients subjected to local application of Fluconazole
2. Group B – 30 Patients subjected to local application of Shatadhaut Ghrut.

Patients were advised to attend OPD daily to access the result of treatment in both groups and completely cured cases were examined weekly for 3 months to evaluate the incidence of recurrence.

**Investigations –**

1. Blood - Hb%, TLC, DLC , ESR , Blood sugar
2. Urine – Routine, Microscopic, Albumin, Sugar
3. Bacteriological examination of vaginal discharge

**SELECTION CRITERIA-**

1. Patient of childbearing age group.
2. Leucorrhoea with other signs and symptoms of Pittaj Yoni vyapad.
3. Patients willing for regular follow up

**REJECTION CRITERIA-**

1. Malignancy
2. HIV +ve cases
3. Syphilis and other Venereal diseases
4. Diabetes Mellitus.

**Assessment criteria –**

Efficacy of drug was evaluated on the basis of reduction of following signs and Symptoms

**Signs –**

1. Redness
2. Quantity of discharge
3. Type of discharge
4. Pathological investigations

**Symptoms –**

1. Burning pain
2. Low backache
3. Dyspareunia

**PROCEDURE-**

Gp.A- Fluconazole locally at night.

Gp.B- Shatadhaut ghrit pichu (tampon) locally in OPD.

Daily follow up till symptoms are relieved & after cure for 3 months to assess the ratio of recurrence.

**Pathya** – Sheet, laghu, madhur aahar (cold milk, moong, gulkand)

**Apathya Aahaar**- Katu, amla, lavana, ushna guna, abhishyandi (curd, fried, oily, spicy food)

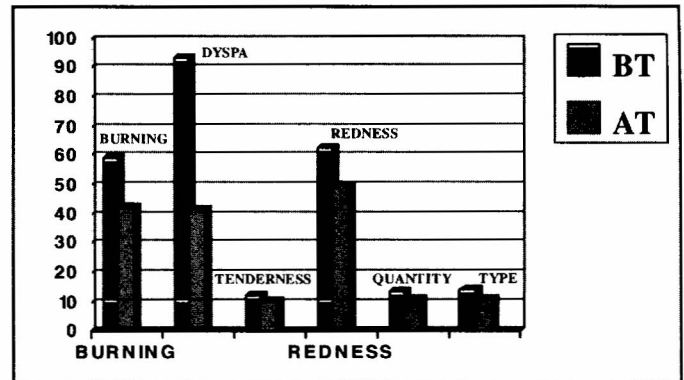
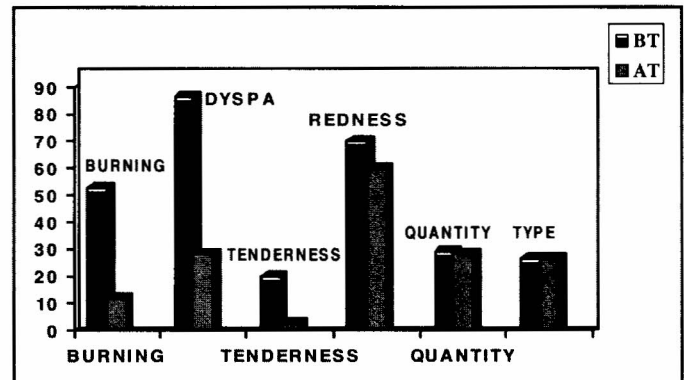
**Vihaara**- Divaswapna, ratri jaagran, stress, strain, exertion

**Observations-****Paired t-test to symptoms in Gap A****Table 1.**

Symptom	N	SEd	t	p	Result
Burning	30	7.680	2.198	<9.95	i.e. Significant
Dyspareunia	30	7.858	2.023	<0.05	i.e. Significant
Local Tenderness	30	6.899	2.651	<0.05	i.e. Significant

**Paired t-test to Signs in Gap A****Table 2.**

Signs	N	SEd	t	p	Result
Redness	30	2.86	3.03158	<0.001	i.e. Highly Significant
Quantity	30	6.343	3.9897	<0.001	i.e. Highly Significant
Type	30	3.689	4.0136	<0.001	i.e. Highly Significant

**MEAN REDUCTION(Gap A)****MEAN REDUCTION(GpB)****Paired t-test to Signs in Gap B****Table 3.**

Signs	N	SEd	t	p	Result
Redness	30	0.86	7.771915	<0.001	i.e. Highly Significant
Quantity	30	0.138	7.099	<0.001	i.e. Highly Significant
Type	30	0.232	6.3793	<0.001	i.e. Highly Significant

**Paired t-test to symptoms in GpB****Table 4.**

Symptom	N	SEd	t	p	Result
Burning	30	0.1244	9.1070	<0.001	i.e. Highly Significant
Dyspareunia	30	0.1206	8.8441	<0.001	i.e. Highly Significant
Local Tenderness	30	0.1776	8.257	<0.001	Highly Significant

## Unpaired T-test Groups A &amp; B

Table 5. n=60

Symp/Sign	SEd	t	p	Result
Burning	0.22	3.15	<0.01	Significant
Dyspareunia	0.2577	0.1298	>0.10	Not Significant
Local Tenderness	0.1475	3.6155	<0.01	Significant
Redness	7.607	9.501	>0.10	Not Significant
Quantity	0.1498	0.38	>0.10 01	Not Significant
Type of Discharge	1.313	1.7209	>0.10	Not Significant

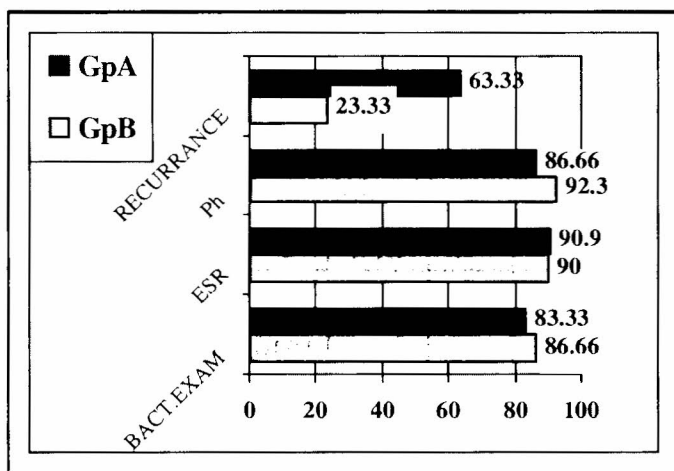


Table 1 shows significant reduction in signs and Table 2 shows highly significant reduction in symptoms in fluconazole-administered group. Whereas Table 3 & 4 show highly significant reduction in signs & symptoms respectively in shatadhaut ghrut group. Table 5 demonstrates significant difference in BURNING & LOCAL TENDERNESS indicating that shatadhaut ghrut is more effective than control group in relieving above symptoms. Non-significant difference in other signs & symptoms indicates equal efficacy of both drugs in relieving them. Graphical representation of pathological values shows that

there was marked reduction in pH, ESR, and bacteria in both groups but the recurrence of was 23.33% in gp. B & 63.33% in gp. A, which reflects more pronounced efficacy of Shatadhaut Ghrut in preventing recurrence of signs & symptoms of Pittaj yoni vyapad or inflammatory condition of vagina.

Pittaj yonivyapad owing to pitta dominance possess classical pittaj lakshanas namely daha, paaka, vedana & strava i.e discharge which is yellowish, offensive, purulent. These signs/symptoms hold resemblance with the modern aspect of inflammatory conditions of vagina. Pittaj dominance unquestionably expect drug that possess properties that are opposite to those of pitta, i.e. sheet, sukshma, madhur rasa, sheet virya, madhur vipaka, dahashaamak. It is also expected to be vranaropana, jeevanunashak (disinfectant). All the above pittashamak properties are present in Shatadhaut Ghrut, which is why it effectively relieves the signs & symptoms of above condition. Additionally, Ghrut is a known immune-booster & it is this property of Shatadhaut ghrut that leads to increase in local cell immunity. This is the causative factor that prevents recurrence of symptoms in patients treated with ghrut.

There was significant to highly significant reduction in signs & symptoms in both groups but Burning, redness, regressed more spontaneously in Group. B. Percentage of recurrence was negligible in Group. B while it was more in Gap. A.

Cervical erosion if present was found to recover very spontaneously in Group. B & not in Group A.

Shatadhaut Ghrut because of its cooling, antiseptic, astringent and other pittashamak properties is highly effective in the management of Pittaj Yonivyapad. By increasing local cell immunity it prevents recurrence of symptoms in patients treated with Ghrut.