Clinical Study Of Kasisadi Varti In The Management Of Pichchhila Yoni w.s.r. Abnormal Vaginal Discharge

*Dr. Pinky Chauhan, **Prof. Sushila Sharma, *** Dr. Hetal H. Dave

*Ph. D. scholar, ** Professor, *** Assistant Professor, Department of Prasuti and Stri roga, NIA, Jaipur

ABSTRACT

Abnormal vaginal discharge is a whitish mucoid discharge from the vagina. It may be thick and viscoid, and foul smelling when it is caused by some infection. A study in the India has shown that the prevalence of reproductive tract infections are 37% Based on symptoms, 36.7% Based on laboratory investigations, 31% Candidiasis, 02% Trichomoniasis, 45% Bacterial vaginosis, 03% Gonorrhoea. In modern science, various treatments are available for abnormal vaginal discharge but all have unsatisfactory results and complications, thus, there is a great scope of research to find out safe, potent and effective remedy for the management of abnormal vaginal discharge. An open randomised clinical trial was conducted on 15 clinically diagnosed patients of abnormal vaginal discharge and were given Kasisadi Varti 3 gm OD alternate day for 2 consecutive cycles. The study shows statistically extremely significant result on symptoms i.e. consistency of vaginal discharge and vulval itching, very significant result on discharge per vaginum, foul smell, backache and burning micturation and shown statistically significant result colour of discharge, pain in lower abdomen and general weakness. No adverse effect was observed. Thus, Kasisadi Varti can be recommended for the management of abnormal vaginal discharge.

Keywords: Kasisadi Varti, abnormal vaginal discharge, reproductive tract

Introduction

Abnormal vaginal discharge is the most common factor which creates irritation in women freedom. Normal vaginal discharge may appear clear, cloudy white and without any foul smell. Changes in normal discharge can be caused by many reasons such as menstrual cycle,
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emotional stress, nutritional status, pregnancy, usage of medications- including birth control pills and sexual arousal. Any changes in colour, consistency, amount, smell of discharge may be a sign of a vaginal infection. It is a condition in which there is a whitish mucoid discharge from the vagina. It may be thick and viscid, and foul smelling when it is caused by some infection. Ayurveda says that due to intake of Kapha predominant Aahar Vihar the Kapha Dosha get vitiated. Consequently, the Kapha reaches Yoni (vagina) by aggravated Apana Vayu and produce Pichchhilata, Srava, Kandu etc in Yoni. All these are also characteristic symptom of Kaphaj Yonivyapad.

Kasisadi Varti has been selected for the present study because of its Kaphavatanashaka, Kandughna, Vrananashka, Kashaya, Tridoshashamak, Yonidoshahara, Krimighna, Yonisankochaka, Vranaropana, Deepana, Kaphaghn, Vedanasthapana, Raktaprasadana,antifungal, antibacterial, antimicrobial, anti inflammatory, properties which lead to Samprapti Vighatana and successfully control & cure Pichchhila Yoni (Srava).

Aims & Objectives:

- To study etiopathogenesis of Pichchhila Yoni as per the classical literature and modern Texts.
- To evaluate the efficacy of Kasisadi Varti.

Criteria for Inclusion:

- Patients complaining of abnormal vaginal discharge as a cardinal symptom.
- Age group between 20 to 45 years.
- Married women.

Criteria for Exclusion:

- Unmarried girls.
- Post menopausal women.
- Pregnant women.
- Any type of malignancy.
- Positive VDRL, HIV, HbsAg patients.
- Patients with systemic diseases like Diabetes Mellitus, T.B., Hypertension.
- Any organic pathology of reproductive organs like cervical polyp, fibroid uterus etc.

Criteria for withdrawal:

- During the course of clinical trial, if patient develops any clinical condition which require urgent treatment.
- If Patient herself wants to withdraw from clinical trial.
- Irregular follow-up.

Laboratory investigation:

Before Treatment

1. Blood tests - CBC, ESR, VDRL, HIV, HbsAg, LFT, FBS/RBS.

2. Urine test - Routine & Microscopic

3. Special tests –

   1. Vaginal pH.
   2. Gram staining.
   3. Wet smear examination.
   4. KOH test.
   5. Vaginal swab culture.(if needed).
   6. Pap smear.(if needed).
7. USG- Pelvis & Adenexae.(if needed).

**After Treatment**

- CBC, ESR
- Urine test – Routine & Microscopic

**Special tests –**

1. Vaginal pH
2. Wet smear examination(if needed).
3. Vaginal swab culture.(if needed)
4. Pap smear (if needed)
5. USG- Pelvis & Adenexae. (if needed)

**Administration of drug:**

Selected patients were given Kasisadi Varti 3 gm OD alternate day (24 hours after cessation of menses for 7 days) vaginally for 2 consecutive cycles.

**Follow up study:**

Follow up was done every 15 days during the trial and every month upto two months after completion of trial.

**Assessment criteria:**

**Subjective parameters –**

1. **Amount of Vaginal discharge**
   - No feeling of discharge - 0
   - Slight discharge: ocassional discharge, only feeling of vulval moistness - 1
   - Moderate discharge: Need to change the undergarments frequently - 2
   - Heavy discharge: Need to use an extra cloth or pad-3

2. **Colour of Vaginal discharge**
   - Colourless -0
   - White/Creamy white -1
   - Blood mixed/pinkish colour -2
   - Brownish colour -3

3. **Vulval itching**
   - Absent - 0
   - Occasional, Mild feeling of irritability -1
   - With moderate Excoration, disturb daily routine -2
   - Constant, Severe with excoration of vulvae - 3

4. **Backache**
   - No Pain -0
   - Mild: only feeling of discomfort -1
   - Moderate: no interference with daily activity -2
   - Severe: interference with daily activity -3

5. **Pain in lower abdomen**
   - Absent - 0
   - Mild pain throughout the day but relieved by rest -1
   - Moderate pain interfering physical activity & not relieved by rest -2
   - Pain interfering physical activity & relieved by taking analgesics -3

6. **General weakness**
   - No Weakness-0
   - Patient is able to involve in routine activity -1
   - Patient is slow to involve in routine activity -2
   - Patient feels exhausted to involve in routine activity - 3

7. **Burning micturation**
   - Absent - 0
   - Occasional -1
   - Moderate -2
   - Severe, patient wants to avoid micturition -3

**Objective criteria:**

1. **Consistency of vaginal discharge**
   - Thin transparent watery discharge flows on speculum easily - 0
Thin transparent mucoid discharge flows on speculum easily - 1
Discharge flows on speculum blade but not as watery flow - 2
Static and does not flow on speculum - 3

2. **Foul smell**
Non offensive - 0
Foul smell is felt only while performing P/S - 1
Foul smell felt from a short distance - 2
The observer is unable to stand near the patients - 3

3. **Local tenderness**
No tenderness - 0
Pain during deep palpation - 1
Pain during palpation but cooperative patient - 2
Patient becomes non-cooperative during P/V examination - 3

4. **Based on cellular (Pus cell )**
0-5/hpf - 0
6-10/hpf - 1
11-15/hpf - 2

>15/hpf - 3

**Statistical Analysis:**
Various observations made and results within groups obtained were computed statistically using Wilcoxon matched-pairs signed-ranks test and Mann whitney test and unpaired and paired t test to find out the significance of the values obtained and various conclusions were drawn accordingly.

- **'p' Value (Probability of 't' Value)**
  - "p" values between 0.5 – 0.1 = Insignificant
  - "p" values between 0.05-0.01 = Significant
  - "p" values between 0.005 – 0.001= Highly Significant
  - "p" values <0.0001 = Extremely Significant

**Observation and Result:**
Total 17 patients were registered for the present study. Out of them 02 patients dropped out and study was completed on 15 patients.

Table no I: Shows the pattern of clinical recovery in various Subjective and Objective Parameters of Pichchhila Yoni (Srava) in 15 patients treated with “Kasisadi Varti” vaginally.

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Group A</th>
<th>BT</th>
<th>AT</th>
<th>Diff.</th>
<th>% Imp.</th>
<th>SD</th>
<th>SE</th>
<th>P value</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Discharge per vaginum</td>
<td>1.400</td>
<td>0.866</td>
<td>0.533</td>
<td>38.07</td>
<td>0.51</td>
<td>0.13</td>
<td>0.007</td>
<td>VS</td>
</tr>
<tr>
<td></td>
<td>Consistency</td>
<td>1.867</td>
<td>0.666</td>
<td>1.200</td>
<td>64.27</td>
<td>0.56</td>
<td>0.14</td>
<td>0.0001</td>
<td>ES</td>
</tr>
<tr>
<td></td>
<td>Colour</td>
<td>1.133</td>
<td>0.733</td>
<td>0.400</td>
<td>35.30</td>
<td>0.50</td>
<td>0.13</td>
<td>0.031</td>
<td>S</td>
</tr>
<tr>
<td>2.</td>
<td>Vulval itching</td>
<td>1.267</td>
<td>0.533</td>
<td>0.733</td>
<td>57.85</td>
<td>0.45</td>
<td>0.11</td>
<td>0.0010</td>
<td>ES</td>
</tr>
<tr>
<td>3.</td>
<td>Foul smell</td>
<td>0.666</td>
<td>0.133</td>
<td>0.533</td>
<td>80.03</td>
<td>0.51</td>
<td>0.13</td>
<td>0.007</td>
<td>VS</td>
</tr>
<tr>
<td>4.</td>
<td>Backache</td>
<td>1.133</td>
<td>0.600</td>
<td>0.533</td>
<td>47.16</td>
<td>0.51</td>
<td>0.13</td>
<td>0.007</td>
<td>VS</td>
</tr>
<tr>
<td>5.</td>
<td>Pain in lower abdomen</td>
<td>0.933</td>
<td>0.466</td>
<td>0.467</td>
<td>50.05</td>
<td>0.51</td>
<td>0.13</td>
<td>0.0156</td>
<td>S</td>
</tr>
<tr>
<td>6.</td>
<td>Local tenderness</td>
<td>0.400</td>
<td>0.133</td>
<td>0.266</td>
<td>66.5</td>
<td>0.45</td>
<td>0.11</td>
<td>0.125</td>
<td>NS</td>
</tr>
<tr>
<td>7.</td>
<td>General weakness</td>
<td>0.800</td>
<td>0.333</td>
<td>0.466</td>
<td>58.25</td>
<td>0.51</td>
<td>0.13</td>
<td>0.015</td>
<td>S</td>
</tr>
<tr>
<td>8.</td>
<td>Burning micturation</td>
<td>1.133</td>
<td>0.400</td>
<td>0.733</td>
<td>64.69</td>
<td>0.59</td>
<td>0.15</td>
<td>0.0020</td>
<td>VS</td>
</tr>
</tbody>
</table>
This study shows that extremely significant result was observed in Consistency and Vulval itching and very significant results were observed in Discharge per vaginum, Foul smell, Backache and Burning micturation andand significant result were observed in Colour of Discharge, Pain in lower abdomen and General weakness.

**Objective Parameter**

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Group A</th>
<th>BT</th>
<th>AT</th>
<th>Diff.</th>
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<th>SD</th>
<th>SE</th>
<th>T</th>
<th>P value</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Hb gm%</td>
<td>5.700</td>
<td>5.067</td>
<td>0.633</td>
<td>11.10%</td>
<td>0.833</td>
<td>0.215</td>
<td>0.84</td>
<td>0.010</td>
<td>S</td>
</tr>
<tr>
<td>2.</td>
<td>ESR</td>
<td>21.60</td>
<td>18.33</td>
<td>3.26</td>
<td>15.09%</td>
<td>4.18</td>
<td>1.08</td>
<td>3.02</td>
<td>0.009</td>
<td>VS</td>
</tr>
<tr>
<td>3.</td>
<td>TLC</td>
<td>6660.0</td>
<td>6460.0</td>
<td>200.0</td>
<td>3.00%</td>
<td>331.6</td>
<td>85.63</td>
<td>2.33</td>
<td>0.034</td>
<td>S</td>
</tr>
<tr>
<td>4.</td>
<td>Vaginal pH</td>
<td>5.700</td>
<td>5.067</td>
<td>0.633</td>
<td>11.10%</td>
<td>0.833</td>
<td>0.215</td>
<td>2.94</td>
<td>0.010</td>
<td>S</td>
</tr>
<tr>
<td>5.</td>
<td>Urine Epi.cell</td>
<td>5.533</td>
<td>4.733</td>
<td>0.800</td>
<td>14.45</td>
<td>1.265</td>
<td>0.326</td>
<td>2.44</td>
<td>0.028</td>
<td>S</td>
</tr>
<tr>
<td>6.</td>
<td>Urine WBC</td>
<td>4.800</td>
<td>4.000</td>
<td>0.800</td>
<td>16.66</td>
<td>1.207</td>
<td>0.311</td>
<td>2.56</td>
<td>0.022</td>
<td>S</td>
</tr>
</tbody>
</table>

This study shows that very significant results were observed in ESR and significant result were observed in Hb gm%, TLC, Vaginal pH, Urine Epi.cell and Urine WBC.

**Discussion:**

Consumption of Kaphaprakopaka Ahara & Vihara along with Vata vitiating factors. Vata and Kapha become vitiated. Vitiated Doshas caused Mandaagni and eventually formed Ama. The accumulated Amavitiates first Dhatu Rasa, which is coming in contact throughout the body (Prakopavastha) through Rasavaha Srotasa, which leads to Rasavaha Srotodushti followed by Artavaha Sroto Dusti and finally vitiating the Yoni. Due to Yoni Dushti there is Yonitah Srava known as Pichchhila Yoni (Srava).

While studying the various conditions in which Yoni Srava is described, Kapha can be considered as main causative Dosha by its vitiated Snigdha and Pichchhila properties. Acharya Sushruta has stated that Pooya or suppuration is not possible without Kapha. Acharya Vagbhata has also considered Kapha as the main Dosha responsible for Shopha or inflammation. Acharya Charaka has clearly mentioned that any type of Yoniroga does not occur without the involvement of Vata Dosha.

**Probable Systemic Mode of Action of Kasisadi Varti:-**
Probable Mode of Action of Kasisadi Varti

At Rasa-Guna-Virya-Vipaka-Prabhava Level:-

Kasisadi Varti has Kashaya, Tikta, Amla, Madhura and Katu Rasa, Laghu, Ruksa, Sheeta, Guru and Snigdha Guna; Sheeta and Ushna Virya; Madhura and Katu Vipaka and Tridosahara specially Kapha-Vatahara properties by which it breaks the Samprapti.

Kasisadi Varti possesses mainly Kashaya Rasa. Kashaya Rasa is mainly formed by conjugation of Vayu and Prithvi Mahabhuta. Vayu is Ruksa in quality and dries up the excessive fluids present in the tissues while Prithvi by virtue of Kathina and Sthira Guna which are opposite to Drava and Sara Guna reduces the Srava. So, Kashaya Rasa by virtue of its Guna restrains Srava.

Acharya Charaka has mentioned that Kashaya Rasa is having pharmacological properties like Samshmana, Soshana, Sangrahi, Stambhana and Kaphanashaka. It has also quality of drying Kleda. So, by virtue of Kashaya Rasa it stops Srava.

The second dominant Rasa in Kasisadi Varti is Tikta, Amla & Madhura Rasa. Tikta Rasa is a combination of Vayu and Aksha Mahabhuta. These two Mahabhutas are having qualities opposite to Kapha. Tikta Rasa is having Kandughna, Kleda, Puya and Kapha shoshna pharmacological properties. While Amla Rasa is possess Laghu and Ushna Guna which quash the Kapha, Madhura Rasa which is Vata and Pitta Shamaka and also has Prinana, Jeevana property etc. Balya, Poshana Karma of Madhura Rasa helped in promotion of healing by Dhatuwardhana (re-growth of the tissue) leading to minimal inflammation. Hence, Tikta, Amla and Madhura Rasa alleviate Srava.

Some of the ingredients of Kasisadi Varti possess Katu Rasa which is formed by Vayu and Agni Mahabhuta, having qualities opposite to Kapha (Prithvi & Jala), thus, lessens Srava. Katu Rasa also has Shothaghna, Kandughna and Abhishyanda-Kleda-Sneha Upahanti properties. By these properties it reduces Srava as well as reduces Shotha.

Kashaya, Tikta and Katu Rasa have Krimighna property which direct inhibits the growth of Krimi and finally diminishes Srava.

Most of the ingredients of Kasisadi Varti possess Laghu and Ruksa Guna. By the virtue of this property this may pacify vitiated Kapha and Kleda and supports the function of the other Rasas. Ruksa Guna also restrains Srava by virtue of its Stambhana action.

Snigdha and Guru Guna is predominant in some ingredients. So, these ingredients alleviate vitiated...
Vayu while Sheeta Guna alleviates vitiated Pitta. Thus, ultimately help to stop secretion.

Madhu has Yogavahi Guna so, it may act quickly even in smaller dose.

Majority of ingredients of Kasisadi Varti are having Sheeta Virya. SheetaVirya drugs normalize the condition of vitiated Pitta and some ingredients have Ushna Virya which pacify vitiated Vata and Kapha.

By virtue of these qualities Kasisadi Varti may alleviate the vitiated Vata, Pitta and Kapha which eradicates Pichchhila Yoni (Srava). Sheeta Virya drugs also act in Srotasa and cause Stambhana. In this way trial drug restrains Srava by Stambhana action.

**Action at doshika level:**

Pichchhila Yoni is Kapha Vata predominant Tridosha Vyadhi and Kasisadi Varti has only one drug which is Vata-Kaphanashaka some drugs which are Pitta-Kaphanashaka and the rest are Tridoshanashaka. Thus the trial drugs alleviate the Tridosha by their Tridosahara properties.

The Katu Rasa, Tikta Rasa, Kashaya Rasa, Laghu Guna, Ruksha Guna, Ushna Virya and Katu Vipaka pacify the Kapha Dosha.

The Madhura Rasa, Amla Rasa, Guru Guna, Snigdha Guna, Ushna Virya and Madhura Vipaka present in the Kasisadi Varti pacify the Vata Dosha.

Kashaya Rasa, Madhura Rasa and Tikta Rasa, Ruksha Guna, Sheeta Guna, Sheeta Virya and Madhura Vipaka pacify the Pitta Dosha.

**Conclusion**

The study concluded that the Kasisadi Varti vaginally is effective in reducing subjective & objective parameters of Pichchhila Yoni (Srava). Comparing the symptomatic improvement in 15 patients it was found that overall relief was 56.21%. No adverse effect was observed during trial and in follow-up study. Based on this study, Kasisadi Varti can be recommended for the management of abnormal vaginal discharge

**Acknowledgements:**

I sincerely convey my thanks with respect and gratitude to my honorable guide Dr. Sushila Sharma, Professor and co-guide Dr Hetal H. Dave, Asst.Prof., Department of Prasuti and Stree Roga, NIA, Jaipur, whose inspiring teaching, valuable guidance, timely remarks and helpful suggestions throughout the preparation of this dissertation are beyond capacity of my words to reciprocate with thankfulness.

**References**

सारांश:
योनि से खेत वर्ष का स्राव असामान्य योनि स्राव कहा जाता है। संक्रमण होने पर योनि स्राव गाढ़ा, चिपकिया तथा दुर्गच्छयुक्त होता है। भारत में हुए अध्ययन के अनुसार योनि पथ में संक्रमण लक्षण के आधार पर 37 प्रतिशत, प्रयोगशाला परीक्षण के आधार पर 36.7 प्रतिशत, कैंसरडाइजिंग 31 प्रतिशत, ट्राईकोमोनास 2 प्रतिशत, वेक्टरियल वेजाइनोसिस 45 प्रतिशत, गोकोरिया 3 प्रतिशत। आधुनिक विज्ञान में असामान्य योनि रामर के लिए विभिन्न उपचार उपलब्ध हैं जिनके परिणाम असंतोषजनक हैं अतः असामान्य योनि स्राव के लिए सुरक्षित, प्रभावी चिकित्सा खोजने में अनुसंधान की जरूरत है। 
दर्दन मात्र अध्ययन में कासीसादि वृत्ति का चयन किया गया। इस चिकित्सकीय अध्ययन में कुल 15 रूपांतरों को 2 माह तक कासीसादि वृत्ति योगिताओं में धारण करवाई गई। प्रत्येक शोध कार्य में चिकित्सकीय परीक्षण अच्छे, प्राप्त हुए हैं तथा कोई प्रतिकूल प्रभाव नहीं देखा गया।