

Ayurlog: National Journal of Research in Ayurved Science*A Web based quarterly online published Open Access peer reviewed National E-journal of Ayurved***A CLINICAL COMPARATIVE STUDY OF THE EFFICACY OF KARANJ TAILA YONI PICHU DHARAN & UDUMBARADI TAILA YONI PICHU DHARAN IN THE MANAGEMENT OF KAPHAJA YONIVYAPADA**Pradumn Sunil Ambekar ^{*1}, J. S. Deshmukh²

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Corresponding author: Mob No. – 09403050636; Email: dr.pradumnambekar@gmail.com**ABSTRACT**

Now a day's women have to bear all the responsibilities from both the domestic point of view as well as from the office work. She is also subjected to *Dharan* of *adharaniya Vega* due to their busy work schedule. The cumulative effect of night shifts, junk food, physical and mental stress from home and office gives rise to many diseases; *Kaphaja Yonivyapada* ¹is one of them, having *Yonigat shwetastrav*, *Yonikandu* and *Yonivedana* as *Pradhan lakshan*. It was clinical comparative study in which, *Karanj*

taila (Trial group with 30 patients) and *Udumbaradi taila* (Control group with 30 patients) *Yonipichu Dharan* was done. After 21 days of treatment statistical analysis reveals that, *Karanj Taila* has provided relatively better relief in *Yonikandu* than *Udumbaradi Taila* and *Udumbaradi Taila* has provided relatively better relief than *Karanj Taila* in *Yonigatshwetastrava* and *Yonivedana* symptom of *Kaphaja Yonivyapada*.

KEYWORDS

- *Kaphaja Yonivyapada*

- *Karanj taila*
- *Udumbaradi taila*

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- Drug action

INTRODUCTION

Certain diseases may not be life threatening but troublesome and may irritate to an individual in their day to day routine activity. "Kaphaja Yonivyapada" is one of among them, having *Yonigat shwetastrav*, *Yonikandu* and *Yonivedana* as *Pradhan lakshan*. If it is neglected, it may lead to ascending infections harming the general health and disturbing to women psychologically. In modern text of view Non-pathological leucorrhoea² have similar symptoms as such like *Kaphaja Yonivyapada*. It is excessive mucous discharge originates in cervix and vagina itself as transudation through cervix and vaginal wall. Hence, considering the above factors, I have selected this study with the hope to provide better results for women suffering from *Kaphaja Yonivyapada* and to make their life more comfortable with the help of Ayurvedic formulations with minimal side effect.

The null hypothesis, H_0 :

- Efficacy of drug

The effect of treatment of *Karanj taila* (Group A) is not significant than *Udumbaradi taila* (Group B) in *Kaphaja Yonivyapada*.

The alternative hypothesis H_a :

The effect of treatment of *Karanj taila* (Group A) is significant than *Udumbaradi taila* (Group B) in *Kaphaja Yonivyapada*.

AIM

To do clinical comparative study of efficacy of *Karanj Taila Yoni Pichu Dharan* & *Udumbaradi Taila Yoni Pichu Dharan* in the management of *Kaphaja Yonivyapada*.

OBJECTIVES

1. To Study *Kaphaja Yonivyapada* in detail.
2. To Study the efficacy of *Karanj Taila Pichu* in *Kaphaja Yonivyapada*.
3. To Study the efficacy of *Udumbaradi Taila Pichu* in *Kaphaja Yonivyapada*.
4. To Study the change in *Yonigat shwetastrav*, *Yonivedana*, *Yonikandu*, before and after 21days of treatment.

MATERIALS AND METHODOLOGY**Materials**

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1) Diagnosed patients of *Kaphaja Yonivyapada*.

2) Drug: *Karanj taila*³, *Udumbaradi taila*⁴.

3) *Karpas Pichu*.

Methodology (Table No. 1)

This was an open randomized controlled trial design.

60 diagnosed patients of *Kaphaja Yonivyapada* were selected by random sampling method.

1) Group A (Trial): 30 patients with the application of *Karanj Taila Pichu*.

2) Group B (control): 30 patients with the application of *Udumbaradi Taila Pichu*.

Inclusion criteria

1) Age (18-40yrs).

STATISTICAL ANALYSIS

The null hypothesis, H_0 :

The effect of treatment of *Karanj taila* (Group A) is not significant than *Udumbaradi taila* (Group B) in *Kaphaja Yonivyapada*.

The alternative hypothesis H_a :

The effect of treatment of *Karanj taila* (Group A) is significant than *Udumbaradi taila* (Group B) in *Kaphaja Yonivyapada*.

2) Married patients.

3) Non-pregnant.

4) Patients having history of regular menstrual cycle.

Exclusion criteria

1) Pelvic inflammatory disease, Venereal diseases, Diabetes.

2) Patient taking Hormonal drugs.

3) Patient with IUCD and on contraceptive pills.

4) Antenatal and postnatal patients.

5) Suspected case of CA cervix.

Assessment criteria⁵

1) *Yonigat Shwetastrav*: (Table No 2)

2) *Yonivedana*: (Table No 3)

3) *Yonikandu*. (Table No 4)

All the values in table no 5, 6, 7 are calculated by using Mann – Whitney test for every symptom separately.

Comparative analysis shows the effect of treatment for the symptoms, *Yonigat shwetastrav* and *Yonivedana*, *Udumbaradi taila* (Group B) is significant than *Karanj taila* (Group A) in *Kaphaja Yonivyapada*.

The effect of treatment for the symptom - *Yonikandu*, *Karanj taila* (Group A) is

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significant than *Udumbaradi taila* (Group B) in *Kaphaja Yonivyapada*.

OVERALL EFFECT OF THERAPY ON 60 PATIENTS OF KAPHAJA YONIVYAPADA (Table No 8)

In Group A of *Karanj taila* out of 30 patients, 14 (46.67 %) were noted moderate relief (51 to 75 % relief), mild relief (26 to 50 % relief) were noted in 9 patients i.e. 30 %; Excellent relief (> 75 % relief) were

noted in 5 patients i.e. 16.67 % and 2 patients i.e. 6.67 % were observed as an Ineffective (≤ 25 % relief).

In Group B of *Udumbaradi taila* out of 30 patients, 17 (56.67 %) was noted moderate relief (51 to 75 % relief), mild relief (26 to 50 % relief) was noted in 7 patients i.e. 23.33 %, excellent relief (> 75 % relief) was noted in 6 patients i.e. 20 % and no one was observed as an Ineffective (≤ 25 % relief).

DISCUSSION

Mode of action of the formulation

Karanj taila:

In classical text *karanj* is mentioned as, having *Tikta-Katu- Kashaya rasa*, *Laghu* and *Tikshna Guna* and *Ushana virya* which acts as excellent *kaphashamak* and ultimately lead to *samprapti bhanga i. e. Chikitsa*. In addition to that bhavaprakash and dhanvantari nighantu explained it as *Yonirogaha* i.e. which cures the disease related to Yoni. *Karanj taila* acts as *kandughna* and *kaphastrava nashak* by virtue of its *Tikta- Katu-Kashaya rasa* and *Ushana virya*.

Udumbaradi Taila:

The classical drug *Udumbaradi tail* is one of the formulation which are mentioned in the *Yonivyapad chikitsa* in *Charaka samhita*, advised for local application with the help of *pichu* in the management of *Kaphaja, kaladushta yonivyapada*. While describing the effectiveness of this oil *Acharya Charaka* mentions that, with the use of this oil *Darun Yoni* will be cured in seven days.

Analysis of the various contents of *udumbaradi taila* reveals that they possess *shodhana*, *ropana*, *vedanasthapak* properties, *shothahara* activity are present in most of drugs, while *lekhana* property is found in less number of drugs. Most of drugs are *kashaya rasatmak*,

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*vata*kaphashamak, *rakta*shodhaka, *kandu*ghna and lastly *kalka dravya* which are *niryas* in nature acts as excellent *kapha strava*har.

Tila taila which is the base of both oil formulations. By virtue of *sukshma*, *vyavayi* and *vikasi guna* of *tila taila*, the drug is easily absorbed through the vaginal mucosa. *Snigdha guna* of *tila taila* and *Jaati* helps in correction of *Kha-vaigunya* of *artavavaha srotas*. *Lekhna* and

CONCLUSION

On the basis of the study, following conclusions can be drawn:

- In the present study, according collected data, it is observed that both the drugs i.e. *Karanj Taila* and *Udumbaradi Taila* show significant relief in all the symptoms of *Kaphaja Yonivyapada*.
- From the table no 9 we can say that, *Karanj Taila* shows relatively better relief than *Udumbaradi Taila* in *Yonikandu* but *Udumbaradi Taila* has provided relatively better relief than *Karanj Taila* in *Yonigatshwetastrava* and *Yonivedana* symptom of *Kaphaja Yonivyapada*.

*kapha*shamak property helps to decrease *Yonigat swetasrav* and *vata*kaphashamaka properties help in breakdown of the *samprapti* of *Kaphaja Yonivyapada*.

It probably helps in regulation of the secretory activity of glands with decrease in re-epithelisation process which results in, decrease local glycogen content in vagina. Thus vaginal discharge and vaginal pH is also regulated.

- *Karanj taila* can be used instead of *Udumbaradi taila* in the management of *Kaphaja Yonivyapada*. Because ingredient of *Karanj taila* are less in number, cheap, easily available, as compared to *Udumbaradi taila* contents which are much more in number, costly and not easily available.
- *Kaphaja Yonivyapada* has *Kapha-Vataja* dominance which can be evident by observing its symptoms which are - *Yonigat shwetastrav*, *Yonikandu*, *Yonivedana* which mimic with the features of non-pathological Leucorrhoea.

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Table No 1 - Methodology

Sr. no	Topic	Group A (Trial)	Group B (control)
1)	Form	<i>Karanj Taila Pichu.</i>	<i>Udumbaradi Taila Pichu.</i>
2)	Dose	<i>Karpas Pichu</i> soaked in 10 ml <i>Taila</i> for both groups.	
3)	Kaal	6 hr-8hr daily application for both groups.	
4)	Duration of therapy	21 days for both groups with weekly follow up.	
5)	Route of administration	<i>Yoni Pichu Dharan</i> for both groups.	

Table No 2 -*Yonigat Shwetastrav*

Grade	Criteria	Score
I	No discharge seen on P/S & P/V examination.	0
II	Mild -Occasional discharge on P/S & P/V examination (Slight wetting of garments on & off)	1
III	Moderate- On P/S & P/V examination discharge present (Wetting of garments present as stated by patient)	2
IV	Severe-excessive vaginal discharge as stated by patient and outpouring discharge during local P/S, P/V examination.	3

Table No 3 - *Yonivedana*:

Grade	Criteria	Score
I	No pain	0
II	Mild- (occasional) no interference with daily routine.	1
III	Moderate- continuous/ interference with daily work/relief after application of medicated <i>Pichu</i> .	2
IV	Severe- No co-operation during P/S & P/V examination and H/O no relief after application of medicated <i>Pichu</i> .	3

Ayurlog: National Journal of Research in Ayurved Science*A Web based quarterly online published Open Access peer reviewed National E-journal of Ayurved*Table No 4 -**Yonikandu:**

Grade	Criteria	Score
I	Absent	0
II	Mild-(occasional)	1
III	Moderate-Disturbs daily routine work/ increase after specific time like menstruation, micturition / relief after application of medicated <i>Pichu</i> .	2
IV	Severe – Affects routine activity/ No relief after application of medicated <i>Pichu</i> .	3

Table No 5

Symptoms	<i>Yonigat shwetastrav</i>
N	52
Mean of Group A	1.44
Mean of Group B	1.76
S.D (+) of Group A	0.64
S.D (+) of Group B	0.59
S.E. (+) of Group A	0.123
S.E. (+) of Group B	0.119
U	240
U ‘	435
P	>0.001

Table No 6

Symptoms	<i>Yonivedana</i>
N	60
Mean of Group A	1.737
Mean of Group B	1.92
S.D (+), of Group A	0.805
S.D (+), of Group B	0.702
S.E. (+), of Group A	0.1848
S.E. (+), of Group B	0.1405
U	202.5
U ‘	272.5
P	>0.001

Table No 7

Table No 8

Efficacy	Group A		Group B	
	No. of patients	%	No. of patients	%
Excellent	5	16.67	6	20%

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Symptoms	Yonikandu
N	60
Mean of Group A	1.84
Mean of Group B	1.391
S.D (+), B.T.	0.746
S.D (+), A.T.	0.585
S.E. (+), B.T.	0.149
S.E. (+), A.T.	0.121
U	191.5
U'	383.5
P	<0.001

(> 75 % relief)		%		
Moderate (51 – 75 % relief)	14	46.67 %	17	56.67%
Mild (26 – 50 % relief)	9	30%	7	23.33%
Ineffective (≤ 25 % relief)	2	6.67 %	0	0

Table No 9

Symptom	Percentage Relief	
	Group A	Group B
Yonigat Shwetastrav	54.16 %	65.67 %
Yonivedana	53.22 %	71.42 %
Yonikandu	69.69 %	52.45 %

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