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Research Article

EVALUATION OF THE EFFECT OF *PALASHADI VARTI* IN THE MANAGEMENT OF *SHWETA PRADARA* (ABNORMAL VAGINAL DISCHARGE)

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ABSTRACT

Abnormal Vaginal Discharge can be correlated to *Shweta Pradara* is detailed in texts like *Sharagdhar Samhita*, *Bhavprakash*, and *Yogratnakar*. Commentator *Chakrapani* has explained the word *Pandura-Asrigdara* as *Shwetapradar* in his commentary on *Charak Samhita*. This condition often signals underlying genital tract pathologies and may present as thick, viscid, and foul-smelling discharge, particularly when caused by infections. Common pathogens include *Gardnerella*, *Chlamydia*, *Trichomonas*, and *Candida albicans*. **AIM & OBJECTIVES:** To assess the effect of the trial drug *Palashadi Varti* in the Management of *Shwetapradar* and to evaluate the comparative efficacy of the trial drug with modern drug. **MATERIAL & METHODS:** With Ethical Committee approval and informed consent, 210 patients were randomly assigned to two groups. In one group, *Palashadi Varti* at night was given for 7 days. From baseline to 7th day based on assessment criteria per-speculum examination was done. A comparison of categorical variables was done using an appropriate statistical test. **RESULTS:** *Palashadi Varti* potentially had comparable effects to the conventional treatment but the recurrence rate was found more in conventional treatment. **CONCLUSION:** *Palashadi Varti* is an effective, side effects-free, patient-complaint herbal alternative for the management of abnormal vaginal discharge.

INTRODUCTION

A woman's health is vital, as she undergoes numerous physiological changes throughout her life, from menarche to menopause, driven by hormonal fluctuations. Vaginal secretions, which begin around puberty, are often physiological and signify a healthy reproductive system. However, abnormal vaginal discharge, a common concern, can hinder women's well-being and freedom. It manifests as excessive or unusual discharge differing in color, odor, or consistency and may result from infections or hormonal imbalances. Vaginal discharge is a natural occurrence that most women experience at some point in their lives.

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It typically varies in amount, consistency, and duration depending on the menstrual cycle. While physiological vaginal discharge is usually not a cause for concern, pathological discharge caused by infections like Candida, Trichomonas, and bacterial infections (both gram-negative and gram-positive) may require medical attention[1]. Non-infective factors, such as genital tract tumors, fistulas, chemical irritants (like perfumed soaps and bath additives), spermicides, antiseptic douches, or foreign bodies in the vagina, can also result in abnormal discharge. In Ayurvedic texts, vaginal discharge is often associated with various gynecological disorders. These include severe genital tract infections (*Sannipatki Yonivyapad*), monilial vulvovaginitis, particularly in pregnant women (*Upapluta Yonivyapad*), and prolapse-related conditions (*Prasramsinee Yonivyapad*, *Phalinee Yonivyapad*)[2]. These conditions can manifest with vaginal discharge, which may occur alongside other symptoms. However, not all of these symptoms are necessary for a diagnosis of *Shweta Pradara*

(Abnormal Vaginal discharge), as this condition is considered a symptom rather than a disease. *Shweta Pradara* is believed to primarily involve the *Vata* and *Kapha Doshas*, although the role of *Pitta* should not be overlooked, particularly concerning the process of *Paka* (digestion and maturation). In Ayurvedic terminology, *Shweta Pradara* can be categorized as a *Vata Kapha Pradhana Tridoshaja Vyadhi*[3], a condition involving all three *Doshas*, with *Vata* and *Kapha* being the dominant *Doshas*. This disturbance in the body's normal balance is often linked to *Dosha* vitiation, which is referred to as *Ama* (toxins) or *Agnidushti* (digestive fire dysfunction) in *Ayurveda*. This study specifically focuses on *Shweta Pradara*, as it is one of the most common symptoms observed in gynecological outpatient settings. While *Shweta Pradara* is not a disease on its own, it is a significant indicator of underlying conditions, making it important to understand its causes for effective treatment. *Ayurveda* offers a range of therapeutic approaches, including treatments such as *Yoni Prakshalana*, *Yoni Avachurnana*, *Yoni Pichu*, and *Yoni Varti*, which are commonly recommended in the management of this condition. This clinical trial evaluates the efficacy of *Ayurvedic* treatment-*Palshadi Varti* in managing *Shweta Pradara*. Though references to *Shweta Pradara* are not directly described in the *Brihatrayee* (the three primary Ayurvedic texts), some scholars have mentioned similar conditions, such as pale vaginal discharge (*Pandur Asrigdara*). The term "*Shweta Pradara*" was first used by *Acharya Vrinda Madhava* in the 9th century A.D., though earlier references can be found through the study of related symptoms. In modern medical terms, conditions such as chronic infections, tuberculosis, senile vaginitis, trichomonas vaginitis, and monilial vulvovaginitis may present with symptoms similar to those of *Shweta Pradara*. *Shweta Pradara* can result from various underlying causes, including a combination of *Kapha* and *Vata Doshas*. It is essential to recognize that not all symptoms need to be present for a proper diagnosis of *Shweta Pradara*. Identifying the root cause allows for more targeted and effective treatment. This clinical trial aims to further the understanding of *Ayurvedic* treatments for *Shweta Pradara*, particularly through the use of *Palashadi Varti*, to provide effective solutions for those suffering from this common symptom.

MATERIAL & METHODS

Study Design

Open Monocentric Clinical Study.

Place of Study

Study conducted at RGGPG Govt. Post Graduate Ayurvedic College and Hospital Paprola Distt. Kangra HP.

Sample size & Study intervention

210 patients fulfilling inclusion criteria were randomly selected from OPD/IPD of PTSR Dept. of R.G.G.P.G. Ay. Hospital, Paprola for the clinical study and divided into two groups of 105 each: -

1. Group I (Study Group) - *Palashadi Varti*[4] (Vaginal Pessary)
2. Group II (Control Group) - Clindamycin (100mg) + Clotrimazole (200mg)
   Vaginal Suppository
   Duration of trial was7 days

The study received approval from the IEC (No. Ayu/ IEC/2022/1351) and was registered with CTRI (No. CTRI/2023/05/052519). The drug was tested, and the analysis report (No. DTL/PP/15/22-102) was obtained. Informed consent was taken from patients after explaining the trial details. Patients who met the inclusion criteria were registered, and necessary investigations were performed before starting the Ayurvedic treatment. Patients were followed up with the first follow-up after trial completion and the second follow-up one month after the drug-free period.

Inclusion & Exclusion criteria

The inclusion criteria for the study were: patients who provided informed consent and were willing to participate, married or sexually active females, those experiencing *Shweta Pradar* (abnormal vaginal discharge) as a primary symptom, and women between 20 to 45 years of reproductive age. The exclusion criteria included unmarried women, pregnant or lactating women, postmenopausal women, individuals with gynecological conditions such as cervical cancer, fibroids, or polyps, HIV-positive patients, diabetics, and patients with severe anemia (Hb ≤ 7).

Assessment Criteria

The patients treated in both Groups were assessed by the presence or absence of signs and symptoms before and after treatment, and symptomatic relief obtained by the treatment given was assessed.

Subjective

1. **Gradation on *Yonigata Lakshana***

***Yoni Srava* (Amount of vaginal discharge)**	**Grade**
Normal moistening	0
Moderate (Feeling of wetness on undergarments but does not require change in 24 hours)	1
Profuse (require changing of undergarments within 24 hours)	2
***Yoni Dorgandhya* (Offensiveness)**	**Grade**
Absent	0
Present	1
***Gramyedharama Ruja* (Dyspareunia)**	**Grade**
Absent	0
Pain on superficial penetration	1
Pain on deep penetration	2
Patient tries to avoid Marital relation due to pain during coitus	3
***Yonikandu* (Itching vulvae)**	**Grade**
Absent	0
Occasional	1
Mild feeling of irritability	2
Constant intolerable itching and excoriation	3
***Maithunottraraktsrava* (Post coital bleeding)**	**Grade**
Absent	0
Spotting	1
Mild	2
Moderate	3

2. **Gradation on Associated symptoms**

***Katishula* (Backache)**	**Grade**
No pain	0
Pain increase on exertion, relieved by rest	1
Pain increase on exertion, not relieved by rest	2
Severe pain interference in routine activities and no relief after medicine	3
***Artava Chakra* (Menstrual cycle)**	**Grade**
Regular cycle	0
Irregular cycle with scanty to moderate bleeding	1
Irregular cycle with heavy bleeding	2
***Udarshula* (Pain in lower abdomen)**	**Grade**
Absent	0
Mild pain throughout day but relieved by rest	1
Moderate pain interfering physical activity and not relieved by rest	2
Pain interfering physical activity and need to take analgesic	3

***Mutradaha* (Burning micturition)**	**Grade**
Absent	0
Mild burning	1
Moderate troublesome burning	2
Severe troublesome burning	3

3. Gradation on Per speculum examination

***Yonisrava Samhana* (Consistency of vaginal discharge)**	**Grade**
Jalabha (Watery discharge)	0
P*ichhila* (Mucoid)	1
Singdha (Creamy)	2
Dadhivata (Curdy)	3
***Yonisaravvarana* (Colour of discharge)**	**Grade**
Shetabha (Whitish)	0
Peetabha (Yellowish)	1
Haritabha (Greenish)	2
Raktabha (Brownish /Blood stained)	3
Size of cervix	**Grade**
Normal	0
Nulliparous size/ atrophic size	1
Hypertrophy	2
***Garbhashyagrivamukha Raktabhta* (Congestion of cervix)**	**Grade**
Absent	0
Mild	1
Moderate	2
Severe	**3**
***Garbhashyagriva Mukhagatavrana* (Cervical Erosion)**	**Grade**
No erosion	0
At upper lip/lower lip	1
Around os	2
Whole cervix (portio-vaginlis)	**3**

Objective Criteria

Vaginal discharge pH	**Grade**
3.5-4.5	0
4.5-5.5	1
5.5-6.5	2
6.5-7.5	3

Gradation on Wet vaginal smear

Based on PUS cell	**Grade**
0-5 / hpf	0
6-25/ hpf	1
26-50 /hpf	2

50- 100 /hpf	3
>100 /hpf	4
Based Epithelial cell	**Grade**
0-5 / hpf	0
6-25/ hpf	1
26-50 /hpf	2
50- 100 /hpf	3
>100 /hpf	4

Based on micro-organisms in discharge

Trichomonas vaginalis
Absent
Present

Candida albicans
Absent
Present
Other Organisms

Statistical Analysis Method

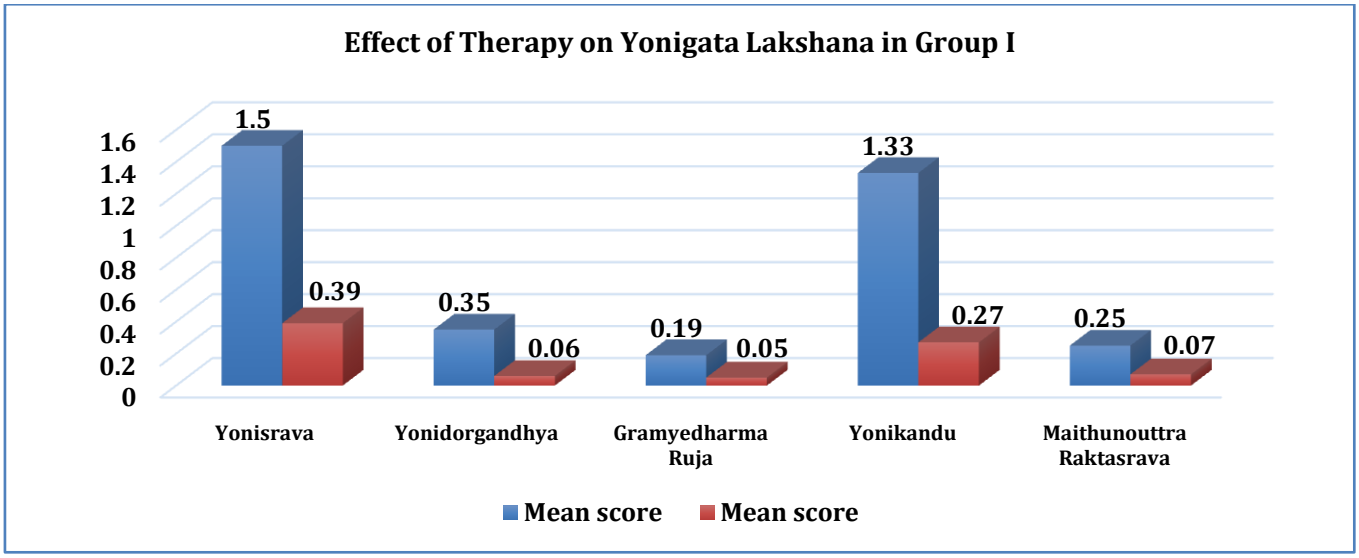
The collected data were analyzed using statistical methods and presented as median, mean, standard deviation (±SD), and standard error (±SE). The Wilcoxon signed-rank test was applied for intragroup comparisons, while the Mann-Whitney U test was used for intergroup comparisons to assess the significance of the results following treatment.

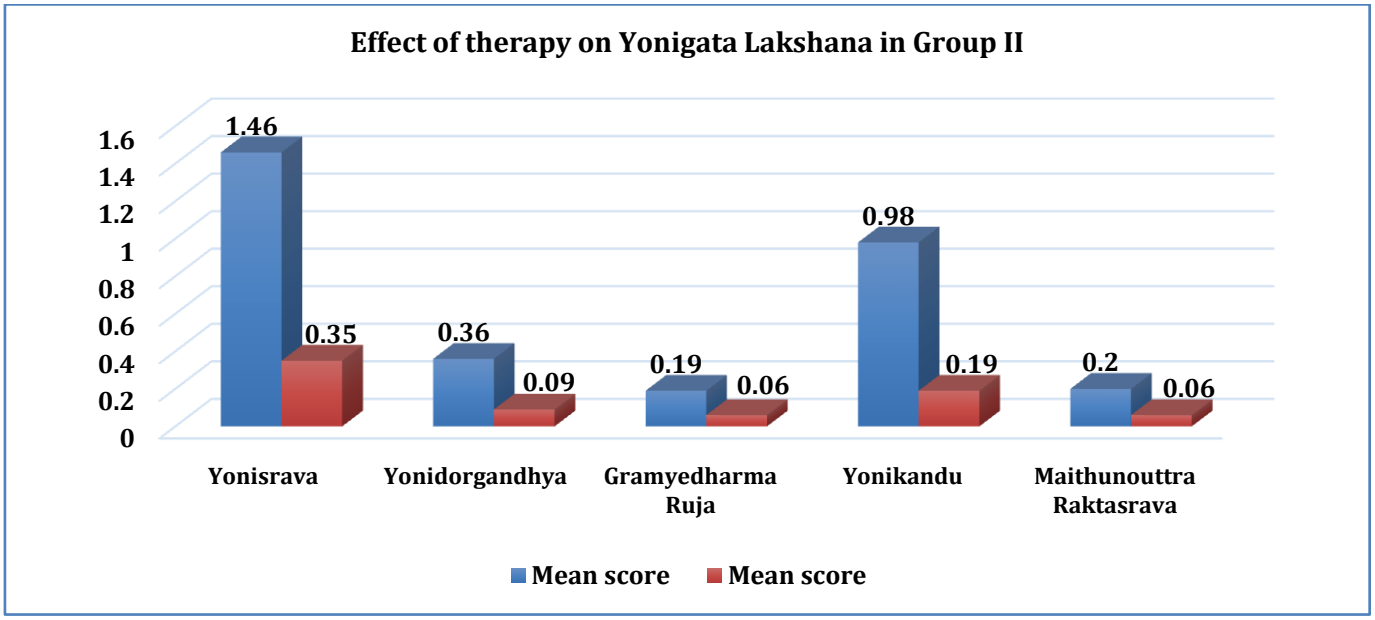
Observations & Results

Out of 210 participants enrolled in the study, 200 successfully completed it. Statistical analysis using appropriate tests for each criterion revealed that both the study drug and the conventional drug produced highly significant improvements in *Yonigata* symptoms. However, intergroup comparisons showed no significant differences. Similarly, associated symptoms, per speculum examination findings, and objective assessments also indicated no notable differences in the efficacy of the two drugs. Overall, the study found no significant variation in the action of the drugs.

Effect of therapy on *Yonigata Lakshana* in Group I and Group II

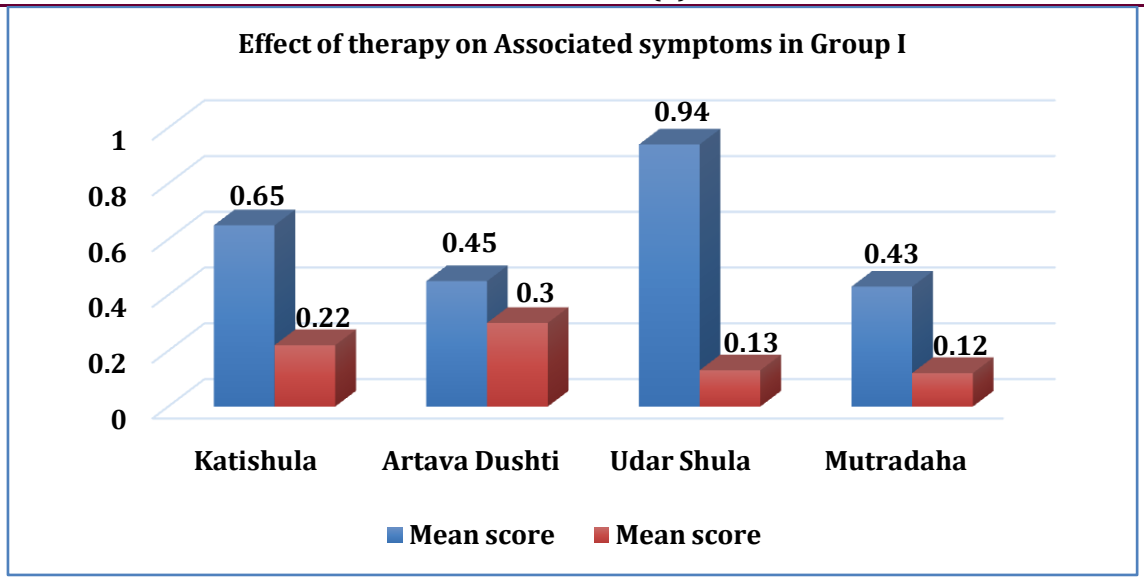
Symptom	**Mean score**		**Mean Diff**	**% age Relief**	**SD ±**	**S.E.**	**W Value**	**p value**	**Result**
	B.T.	**A.T.**							
Yonisrava (Group I)	1.5	0.39	1.11	74%	0.617	0.0618	-3828	<0.001	H.S.
Yonisrava (Group II)	1.46	0.35	1.11	76.02	0.694	0.069	-4074	<0.001	H.S.
Yonidorgandhya (Group I)	0.35	0.06	0.29	82.85	0.477	0.0478	-464	<0.001	H.S.
Yonidorgandhya (Group II)	0.36	0.09	0.27	75	0.489	0.048	-432	<0.001	H.S.
Gramyedharma Ruja (Group I)	0.19	0.05	0.14	73.68	0.449	0.045	-105	0.004	S
Gramyedharma Ruja (Group II)	0.19	0.06	0.13	68.4	0.463	0.046	-79	0.011	S
Yonikandu (Group I)	1.33	0.27	1.06	79.69	0.885	0.886	-3089	<0.001	H.S.
Yonikandu (Group II)	0.98	0.19	0.79	80.6	0.769	0.076	-1968	<0.001	H.S.
Maithunouttra Raktasrava (Group I)	0.25	0.07	0.18	72	0.479	0.047	-207	<0.001	H.S.
Maithunouttra Raktasrava (Group II)	0.2	0.06	0.14	70	0.376	0.037	-119	0.033	S

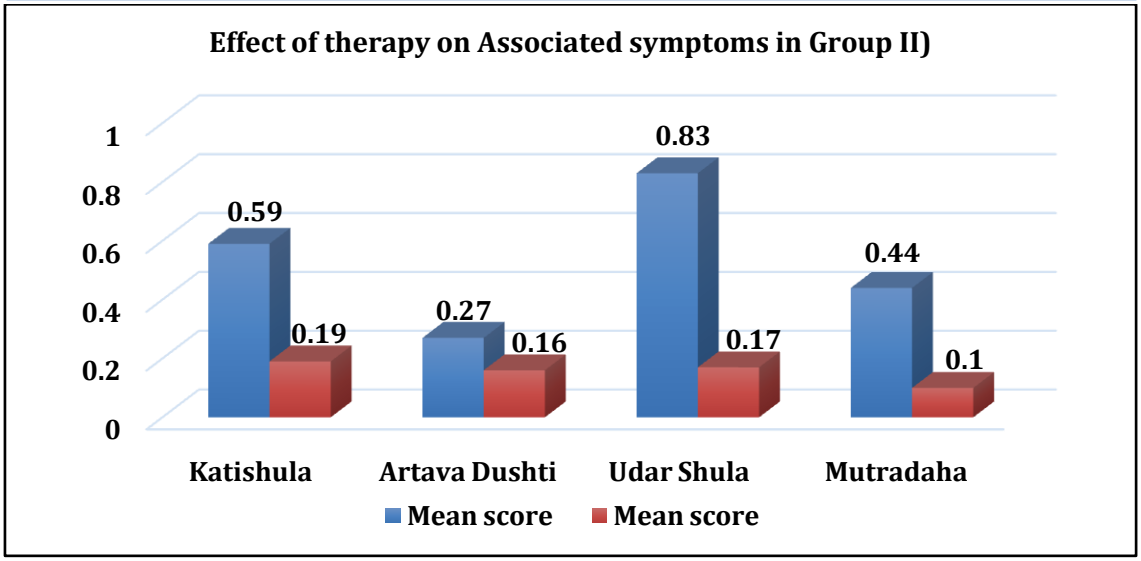




Effect of therapy on Associated Symptoms in Group I and Group II

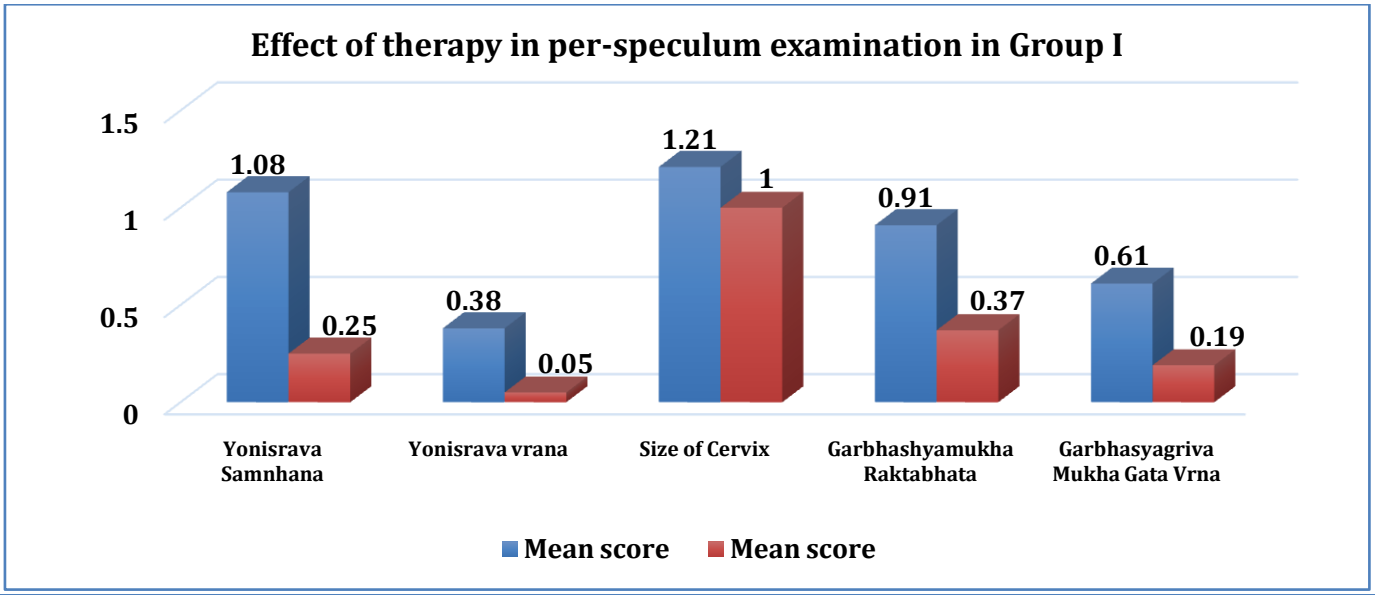
Symptom	Mean score		Mean Diff	%age Relief	SD ±	S.E.	W Value	p value	Result
	B.T.	A.T.							
Katishula (Group I)	0.65	0.22	0.43	66.15	0.670	0.067	-860	<0.001	H.S.
Katishula (Group II)	0.59	0.19	0.4	67.7	0.550	0.055	-703	<0.001	H.S.
ArtavaDushti (Group I)	0.45	0.3	0.15	33.33	0.479	0.047	-136	0.06	I.S.
ArtavaDushti (Group II)	0.27	0.16	0.11	40.7	0.345	0.034	-77	0.07	I.S.
*Udar Shula (*Group I)	0.94	0.13	0.81	86.17	0.544	0.054	-3405	<0.001	H.S.
*Udar Shula (*Group II)	0.83	0.17	0.66	79.6	0.713	0.071	-1728	<0.001	H.S.
*Mutradaha (*Group I)	0.43	0.12	0.31	72.09	0.580	0.058	-382	<0.001	H.S.
*Mutradaha (*Group II)	0.44	0.1	0.34	77.2	0.554	0.055	-465	<0.001	H.S.

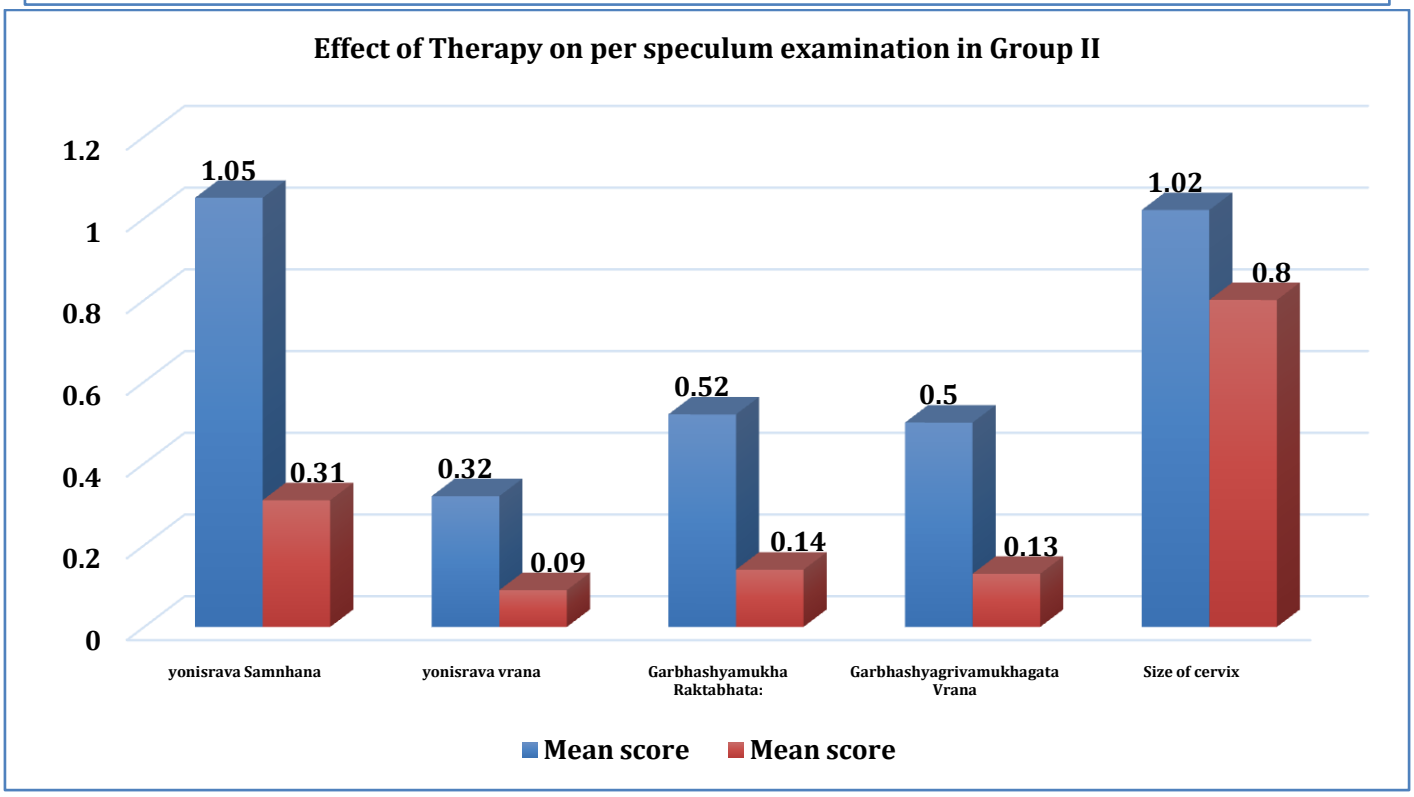




Effect of therapy in Per Speculum Examination in Group I and Group II

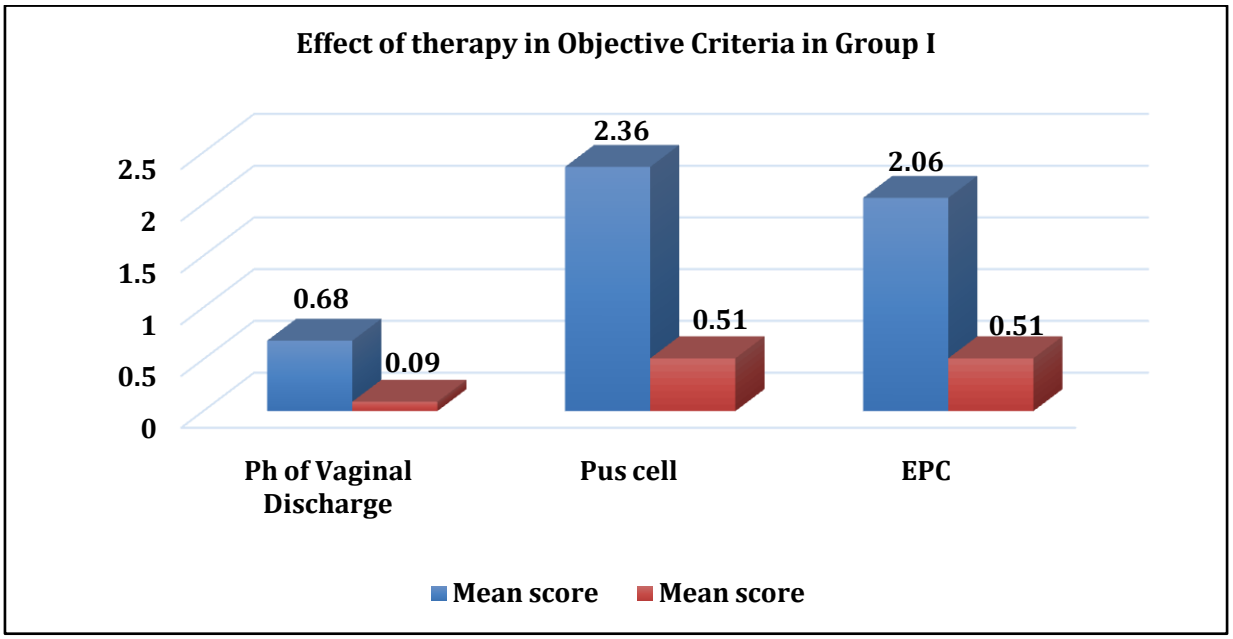
Symptom	Mean score		Mean Diff	%age Relief	SD ±	S.E.	W Value	p value	Result
	B.T.	A.T.							
Yonisrava Samnhana (Group I)	1.08	0.25	0.83	76.85	0.546	0.054	-1998	<0.001	H.S.
Yonisrava Samnhana (Group II)	1.05	0.31	0.74	70.4	0.883	0.088	-1322	<0.001	H.S.
Yonisrava Varna (Group I)	0.38	0.05	0.33	86.84	0.532	0.053	-529	<0.001	H.S.
Yonisrava Varna (Group II)	0.32	0.09	0.23	71.8	0.489	0.048	-210	<0.001	H.S.
Size of Cervix (Group I)	1.21	1	0.21	17.3	0.820	0.082	-175	0.022	I.S.
Size of Cervix (Group II)	1.02	0.8	0.22	21.5	0.785	0.078	-167	0.003	S
Garbhashyamukha Raktabhata (Group I)	0.91	0.37	0.54	59.34	0.892	0.089	-1195	<0.001	H.S.
Garbhashyamukha Raktabhata (Group II)	0.52	0.14	0.38	73	0.749	0.074	-486	<0.001	H.S.
Garbhasyagriva Mukha GataVrna (Group I)	0.61	0.19	0.42	68.85	0.793	0.079	-603	<0.001	H.S.
Garbhasyagriva Mukha Gata Vrna (Group II)	0.5	0.13	0.37	74	0.719	0.071	-351	<0.001	H.S.

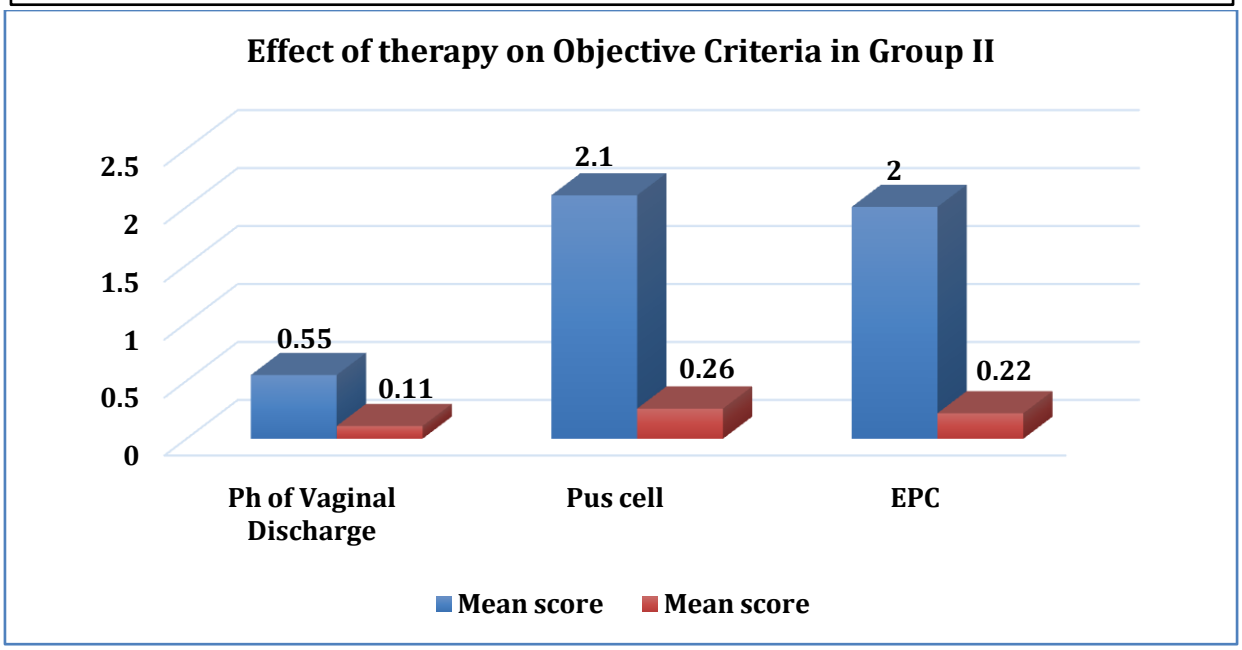




Effect of therapy on Objective Criteria in Group I and Group II:

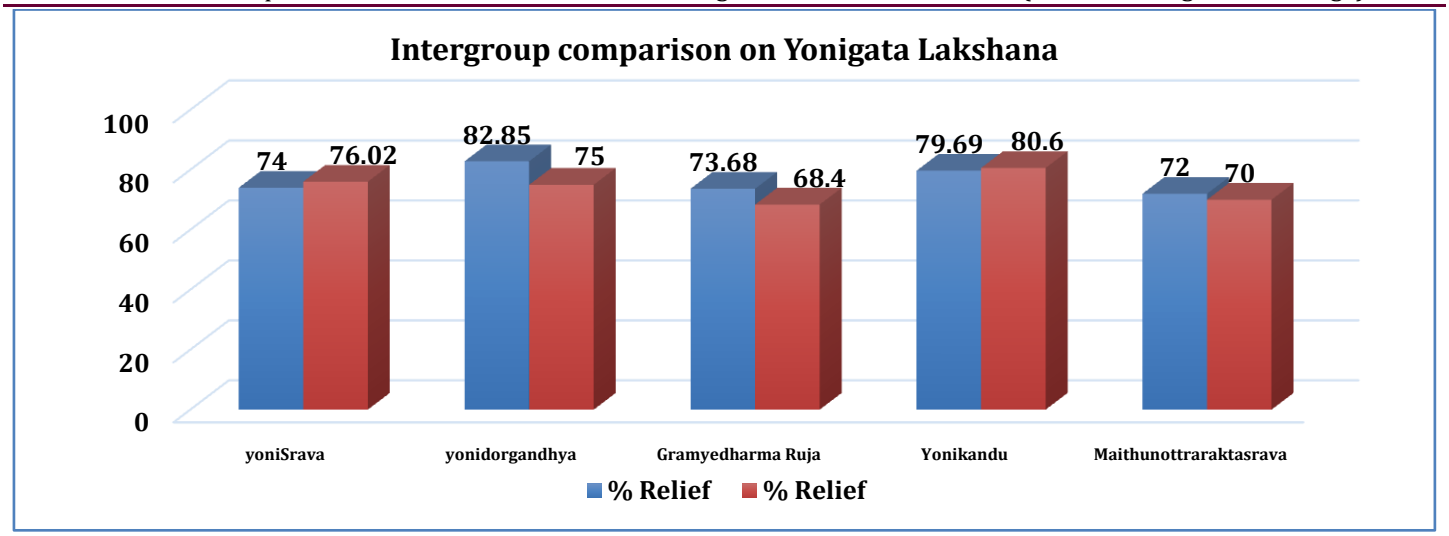
Symptom	Mean score		Mean Diff	%age Relief	SD ±	S.E.	W Value	p value	Result
	B.T.	A.T.							
pH of Vaginal Discharge (Group I)	0.68	0.09	0.59	86.76	0.712	0.071	-1839	<0.001	H.S.
pH of Vaginal Discharge (Group II)	0.55	0.11	0.44	80	0.574	0.057	-991	<0.001	H.S.
Pus cell (Group I)	2.36	0.51	1.85	78.38	1.479	0.148	-3634	<0.001	H.S.
Pus cell (Group II)	2.1	0.26	1.84	87.61	1.522	0.152	-3403	<0.001	H.S.
EPC (Group I)	2.06	0.51	1.55	75.24	0.8	0.08	-2989	<0.001	H.S.
EPC (Group II)	2	0.22	1.78	89	0.6	0.06	-948	<0.001	H.S.





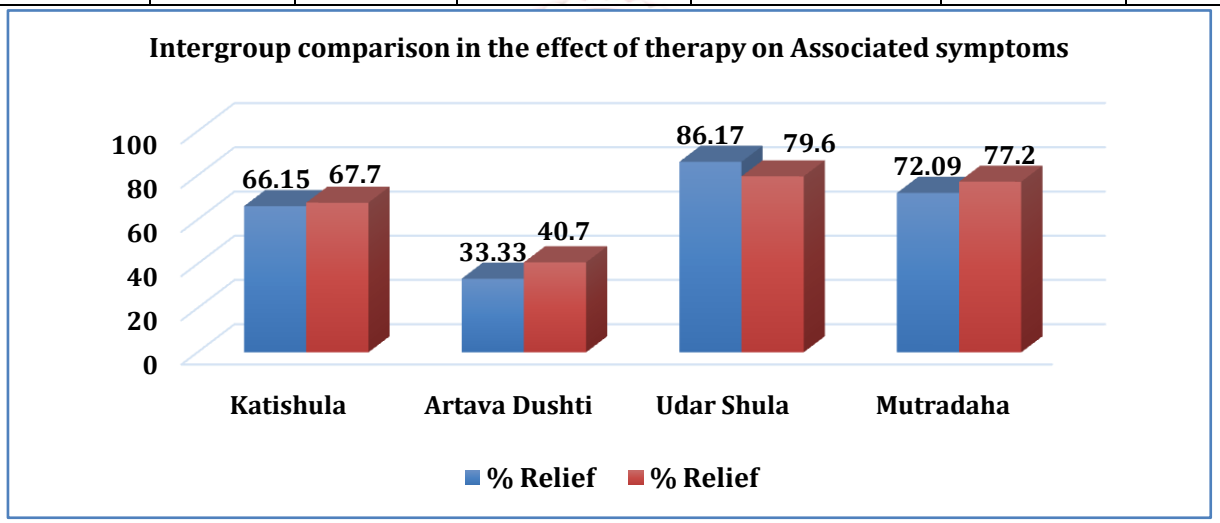
Intergroup Comparison of the effect of therapy on the *Yonigata Lakshana*

Symptom	% Relief			Mann Whitney Test 'U'	p value	Result
	Group I	Group II	Diff. in % age			
Yonisrava	74	76.02	-2.02	9879	0.678	I.S.
Yonidorgandhya	82.85	75	7.85	10134	0.837	I.S.
Gramyedharma Ruja	73.68	68.4	5.28	10140	0.826	I.S.
Yonikandu	79.69	80.6	-0.91	11114	0.009	S
Maithunottraraktasrava	72	70	2	10220	0.678	I.S.



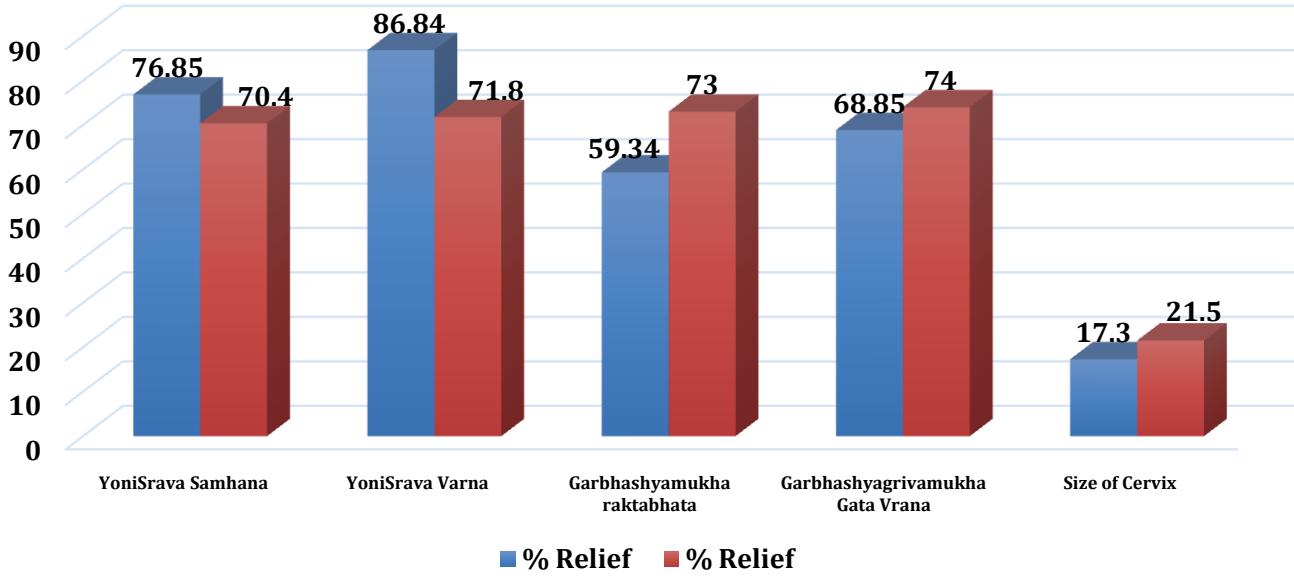
Intergroup comparison in the effect of therapy on Associated Symptoms

Symptom	% Relief			Mann Whitney test 'U'	p value	Result
	Group I	Group II	Diff. in % age			
Katishula	66.15	67.7	-1.55	10279	0.576	I.S.
ArtavaDushti	33.33	40.7	-7.37	10172	0.766	I.S.
Udar Shula	86.17	79.6	6.57	10816	0.05	S
Mutradaha	72.09	77.2	-5.11	9886	0.689	I.S.



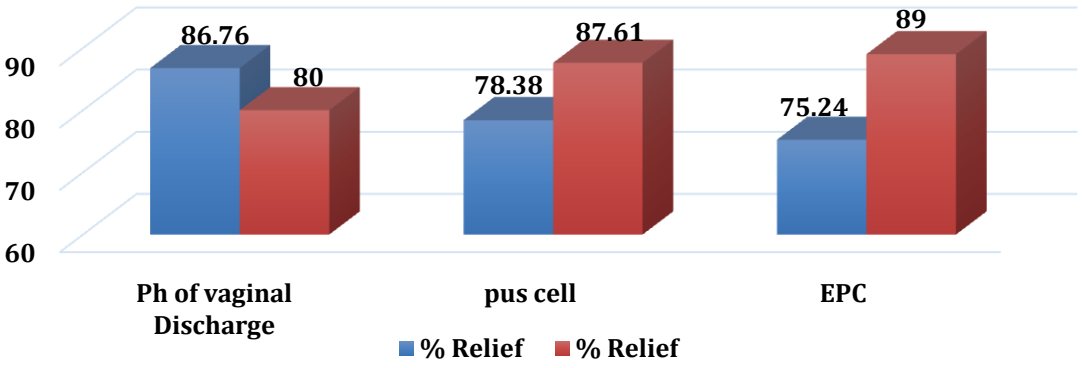
Intergroup Comparison of the effect of therapy on Per-Speculum Examination

Per speculum examinations	% Relief			Mann Whitney test 'U'	p value	Result
	Group I	Group II	Diff. in % age			
YoniSravaSamhana	76.85	70.4	6.45	10459	0.317	I.S.
YoniSrava Varna	86.84	71.8	15.04	10582	<0.001	H.S.
Garbhashyamukha *Raktabhata*	59.34	73	-13.66	10846	0.05	S
Garbhashyagriva Mukha Gata Vrana	68.85	74	-5.15	10315	0.517	I.S.
Size of Cervix	17.3	21.5	-4.2	10022	0.946	I.S.



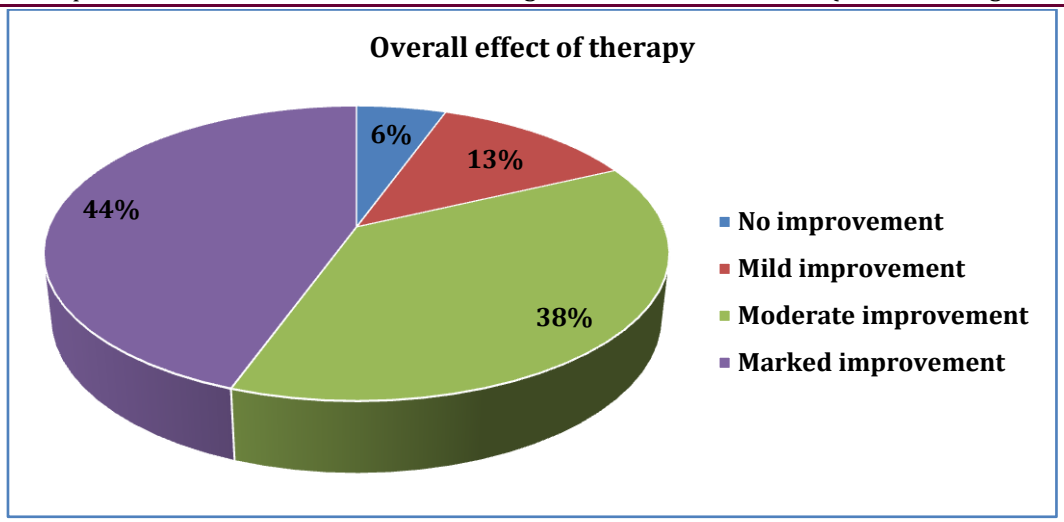
Intergroup Comparison of Effect of Therapy on Objective Criteria

Symptom	% Relief			Mann Whitney Test 'U'	p value	Result
	Group I	Group II	Diff. in % age			
pH of vaginal Discharge	86.76	80	6.76	10819	0.06	I.S.
Wet Smear						
Pus cell	78.38	87.61	-9.23	10117	0.871	I.S.
EPC	75.24	89	-13.76	10172	0.628	I.S.



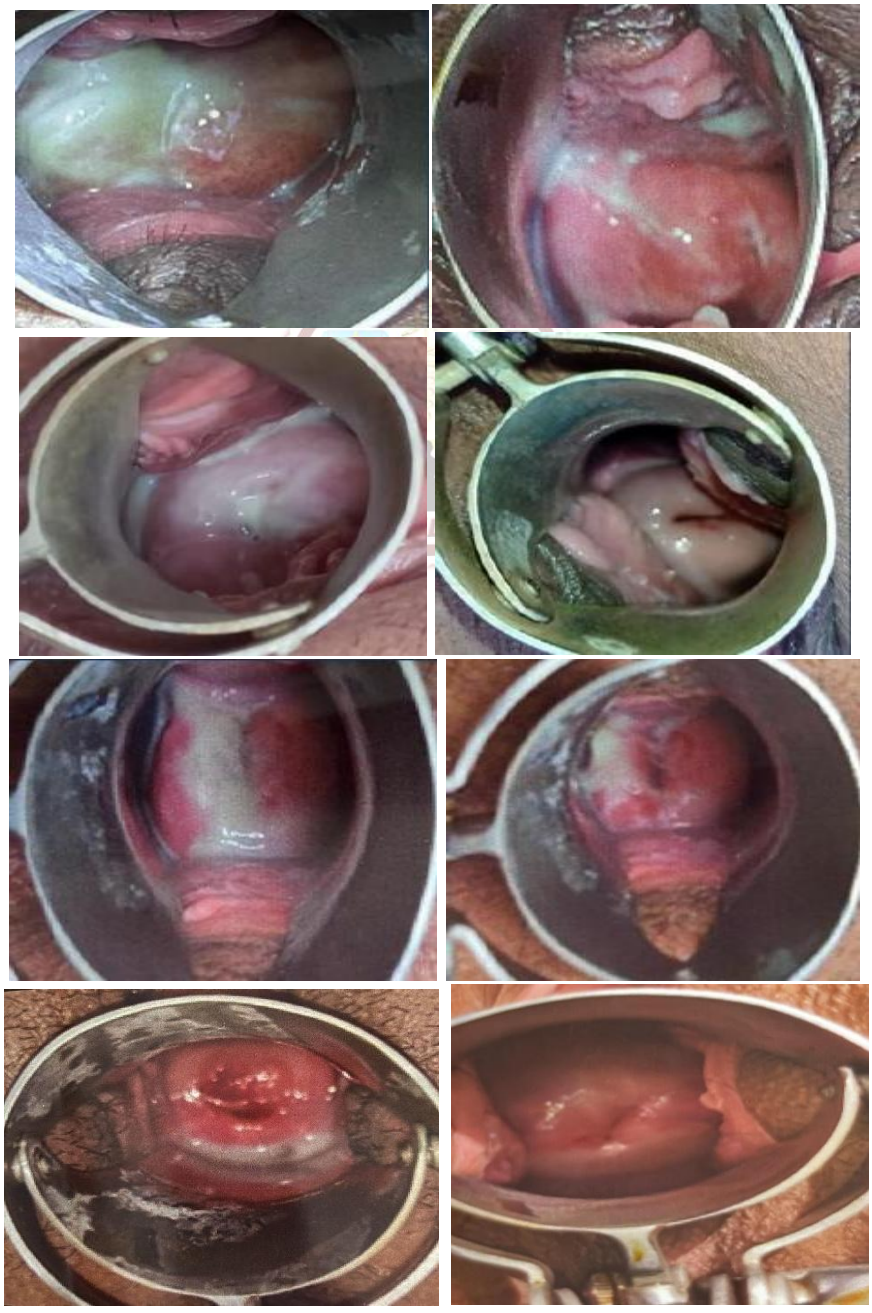
Overall Effect of Therapy in Both Groups

% Relief	Group I	Group I % age	Group II	Group II % age	Total	total % age
No improvement	5	5	6	6	11	5.5
Mild improvement	11	11	14	14	25	12.5
Moderate improvement	41	41	34	34	75	37.5
Marked improvement	43	43	46	46	89	44.5
	100	100	100	100	200	100



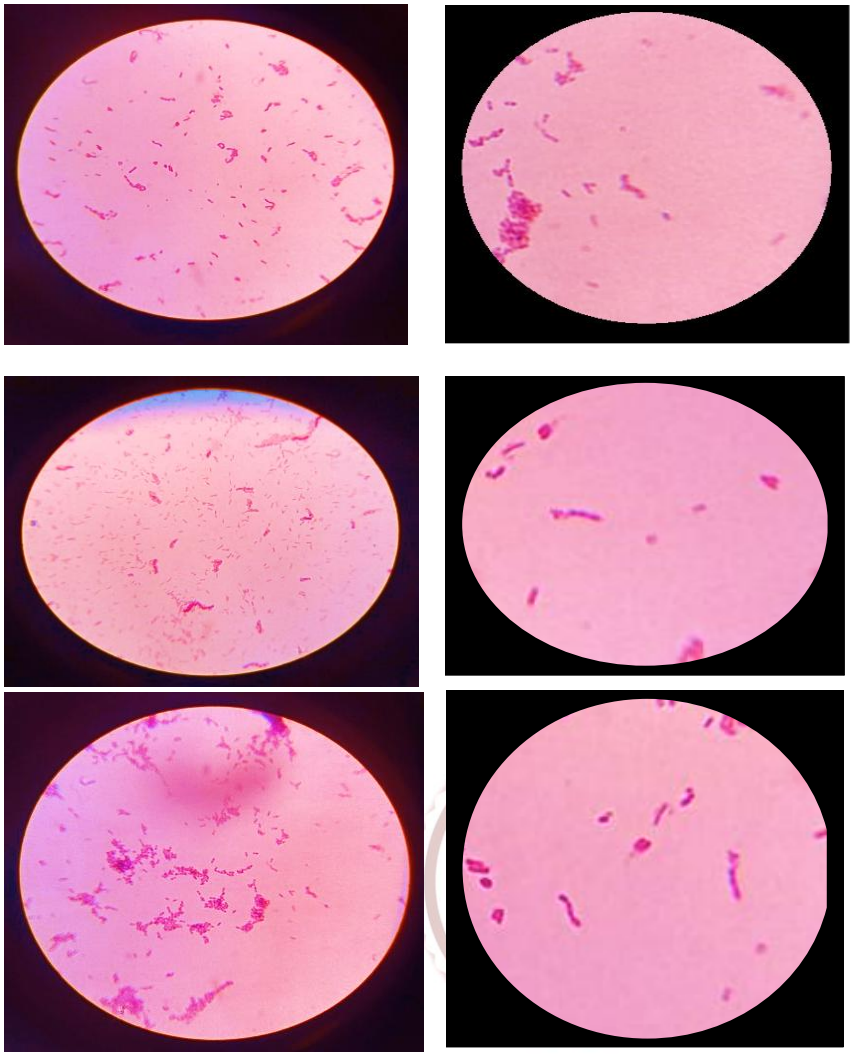
Effect of Therapy (Illustrations of Study Group I)

Before Treatment **After Treatment**



Wet Mount Changes in Study Group I

Before Treatment **After Treatment**



Adverse Effects Analysis

No significant local adverse effects were reported by any participants in either group during the study. Additionally, safety-related laboratory parameters showed no notable changes, remaining within normal limits at both baseline and the final assessment.

DISCUSSION

In present study in Group I In 5% patient there was no improvement found, mild improvement in 11 % patients, moderate improvement in 41 % patients and also 43 % patient was found with marked improvement. Group II showed that 6% of patients experienced no improvement, 14% had mild improvement, 34% achieved moderate improvement, and 46% demonstrated marked improvement. After one month of drug-free follow up, it was observed that in the Group I recurrence of symptoms were found in 11% patients while in Group II there was recurrence of symptoms seen in 14 % of patients. The drug used for the study was *Palashadi Varti* (*Palash*[5], *Sarj*[6], *Jambu*[7], *Samanga*[8], *Moch Rasa*[9], *Dhataki*[10]*).* In *Palashadi Varti* the predominant *Rasa* was *Kashaya rasa,* 2nd dominant *rasa* was *Tikta,* 3rd dominant *Rasas* were *Madhur* and *Katu*, 4th dominant *Rasa* was *Amla.* The study drug, primarily possesses ***Kashaya Rasa***, which exhibits properties like *Samshmana, Soshana, Sangrahi, Stambhana*, and *Kaphanashaka*, helping to dry *Kleda* and reduce *Srava* due to the combination of ***Vayu*** and ***Prithvi Mahabhuta***. ***Tikta Rasa***, composed of ***Vayu*** and ***Akasha***, has *Kandughna, Kaphashoshana*, and *Krimighna* properties, while ***Amla Rasa***, with *Laghu* and *Ushna Guna*, balances *Kapha*. ***Madhura Rasa*** aids in *Vata-Pitta Shamana* and epithelial regeneration, and ***Katu Rasa***, formed by ***Vayu*** and ***Agni***, reduces *Srava* and alleviates *Shotha* with its *Shothaghna* and *Krimighna* properties[11]. The drug's ***Laghu*** and ***Ruksha Guna*** contribute to *Varnaropana*, *Lekhana*, and *Stambhana*, reducing *Srava*, while ***Snigdha, Guru***, and ***Sheeta Guna*** help pacify *Vata* and *Pitta*. Its ***Sheeta*** and ***Ushna Veerya*** normalize vitiated *Pitta, Vata,* and *Kapha*, aiding in *Srava* control. The

formulation's predominant ***Katu Vipaka***, supplemented by ***Madhura Vipaka***, enhances efficacy, while its unique ***Prabhava*** and ***Tridoshahara*** properties collectively alleviate *Kapha-Vata* dominant *Shweta Pradar.* The formulation had properties like antimicrobial (Eliminates harmful microorganisms and helps preserve a balanced, healthy vaginal flora), anti-inflammatory (Reduces inflammation and lowers excessive secretion), immune-modulatory effect, anti-oxidant & Astringent (Restrains *Srava*) activity.

CONCLUSION

Palashadi Varti has proven effective in reducing *Shweta Pradar*. It is reported from this study that the recurrence rate is higher in patients who were treated with Clindamycin & Clotrimazole Vaginal suppository as compared to the study drug *Palashadi Varti*. It was found that *Palashadi Varti* extract exhibited antimicrobial and antifungal activity. It was observed that patients could tolerate the treatment quite well.

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