CLINICAL EVALUATION OF BRIHAT SHATAVARI GHrita LOCALLY AND ORALLY IN PITTAJ YONIVYAPAD WITH SPECIAL REFERENCE TO PELVIC INFLAMMATORY DISEASES

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KEYWORDS: Pittaja Yoni Vyapad, Brihat Shatavari ghrita, Intra vaginal drugs.

ABSTRACT

Yoni Vyapad is a compilation of various disorders of the genital tract ranging from vulva till the uterus. Local infectious conditions like vulvo vaginitis, pelvic inflammatory diseases have also been described. Among the various treatment modalities described for Yoni Vyapad, the emphasis given to Shatavari Chikitsa is noteworthy. The mode of approach through local route (with or without oral treatment) is with the aim to give instantaneous relief to the suffering woman. Pichu Prayoga is one such intervention among which “Shatavari ghrita pichu” has been specifically mentioned in the context of Pittaja Yoni Vyapad. The symptoms which are seen in the stubborn vulvo vaginitis conditions need effective treatment procedures. The use of a topical medicine like Pichu will act directly on the vaginal mucosa and enable easier and target specific action. Therefore it helps to combat the local disease causing agent and simultaneously strengthen the vagina as well as prevent recurrence. Simultaneous oral ingestion of the drug alongside, takes care of the complete eradication and relief of the disease symptoms. Since Ghrita is the best Pitta Shamaka, Shatavari Ghrita is chosen for our study in Pittaja Yoni Vyapad which is a Pitta pradhan vyadhí seen frequently these days. A Clinical Trial was carried out on 60 patients detected with Pittaja Yoni Vyapad with a trial group of 30 patients undergoing oral treatment of Shatavari Ghrita orally and Shatavari Ghrita Pichu vaginally for 7 days in comparison with same number of patients taking oral tablets of Clindamycin with Clindamycin pessaries kept vaginally for equal number of days. The drugs were prepared in the College Pharmacy and the Research conducted in the PTSR OPD of Loknete Rajaram Bapu Ayurvedic College, Hospital and PG Institute, of which we got satisfactory results of 50 – 75% in comparison with the allopathic drugs for Pelvic Inflammatory Disease.

INTRODUCTION

A healthy woman is a promise of a healthy family and a woman’s health status is a complex arrangement controlled by a wide range of factors headed by her reproductive system. The significance of a healthy Yoni has been assessed in various phases of a woman’s life from puberty to marriage to child birth and thereafter.[1] The word Yoni has been mentioned with reference to female reproductive system at various levels especially with reference to the vagina, uterus and sometimes the reproductive tract as a whole.[2]

Pittaja Yoni Vyapad is one of the frequently seen gynecological disorder remains one among those which cause considerable morbidity affecting both physical as well as psychology of the women. It is observed that physiological state of body changes throughout the life span. As per Ayurveda, Tridoshas should be at Prakrut avastha. With the technological development social life has undergone huge changes. With change in lifestyle people adapted new habits like Mithya aahara vihara like eating spicy food, fast food, travelling in hot polluted atmosphere, for spacing the family usage of various types of contraceptives like OC pills and Cu-T insertion etc, which are harmful to women’s health. A detailed description of the disease of female genital tract is described in Ayurveda[3] under the chapter on Yonivyapads. Charak has described 20 different types of disease of the genital tract and Pittaja Yoni Vyapad is one of the common and important Yonivyapads.

In Rajaswala stage i.e. (Reproductive age 20-40 years) Pitta dosha pradhanyata is seen and if woman indulges in Pittakara aahar vihar in this stage it causes Pitta dushti and can cause Pitta pradhan vyadhí. Pittaja Yoni Vyapad is one among this due to excessive intake of Katu, Amla, Lavana, Kshara aahara, Pitta gets vitiated and reaches Tryavarta yoni and leads to Daha, Paka, Ushna, Raja adhikya, Neel peeta rajasrava, and many times Jwara is seen as Sarvadehik lakshan.
Based on the characteristics of Pittaj Yonivypad it has been observed that features mimic Pelvic inflammatory disease. Throughout the world there is increasing rate of pelvic infection due to rise in STDs.

According to CDC (Centers for Disease Control) incidence of Pelvic Inflammatory Disease 24-32% women in India in 2013-14. From 1995-2001, 769,859 cases of Pelvic Inflammatory Disease were reported in The United States annually. The Center For Disease Control And Prevention has estimated that more than 1 million women experience an episode of Pelvic Inflammatory Disease every year. The disease leads to approximately 2.5 million OPD visits and 125,000-150,000 hospitalization yearly. Some are identified and treated whereas most are overlooked.[4]

Increased incidence of STDs and correspondingly PID is due to:
- Increased permissive sexual attitude together with the ready availability of contraception.
- The incidence varies from 1% - 2% per year among sexually active women. About 85% are spontaneous infection in sexually active females of reproductive age.
- The remaining 15% follow procedures which favors the organisms to ascend up. Such iatrogenic procedures include –Endometrial biopsy,
- Uterine curettage
- Insertion of Intra uterine device & Hysterosalpingogram.

Keeping in view all these factors, a woman who is afflicted with Pittaj Yonivypad[5,6,7,8] if not properly intervened in right time, in long run she may come out with various complications in the form of infertility etc.

In modern system of medicine antimicrobials, analgesic, NSAID’s are often prescribed in the treatment of Pelvic Inflammatory Disease. Gastrointestinal upset which are increased by analgesics and anti-inflammatory drugs, which also produce headache, dizziness, drowsiness. The aim of this study is to find out a safe, potent, nonsurgical management for Pelvic Inflammatory Disease.

Management of Pittaj Yonivypad in classics has been described as being treated by using Raktapittahara Chikitsa Sheetaveerya Dravyas, therapies like Seka, Abhyanga and Pichudharana etc.

AIMS

To evaluate clinical efficacy of Brihat Shatavari Ghrita orally and locally (In the form of Pichu) in Pittaj Yonivypad.

OBJECTIVES

To study the Pittaj Yonivypad in detail.
- Conceptual study of Pelvic Inflammatory Disease in detail
- To study the properties and actions of Shatavari Ghrita in detail.
- Comparative study of Pittaj Yonivypad & PID.

NIDANA FOR PITT AJ YONIVYAPAD

Vishesha nidanas for Pittaj Yonivypad are as follows :

These are mainly Pitta prakopaka factors. Katu, Amla, Lavana, Kshara padarthat atisevana. Along with this other factors are: Teekshna, Vidali and Ushna padarthat Atisevana, other articles of food include :

- Kulatha
- Sarshapa
- Takra
- Amla phala
- Sura vikara
- Shukta sevana
- Dhanyamala sevana
- Tila anna sevana etc.
- Vihara include: upavasa, bhaya, ayasa, irsha and shoka.

SAMPRAPTI OF PITT AJ YONIVYAPAD

Pittaprakopaka ahara and vihara

↓

Vitiates pitta dosha

↓

Enters yoni

↓

Produces Pittaj Yonivypad

SAMPRAPTI GHATAKAS

Dosha - Pitta, Vata.
Dushya - Rasa, Rakta
Srotas – Artavavaha
Udabhava sthana - Amashaya
Roga marga - abhyantara
Adhisthana – Yoni, Garbhashaya
Srotodushti prakara - Sanga
Vyakta sthana - Yoni, Garbhashaya

LAKSHANAS

According to Charaka
- Daha
- Paka
- Jwara
- Ushna kamita
- Artava is Neela, Peeta and Asita.
- Srava - which is Bhrusha, Ushna and Kunapa.

According to Sushruta
- Daha
- Paka
- Jwara
- Acharya Dalhana mentions there may be manifestations of Lakshanas like Osha,[7] Chosha, Paridaha, Dhoomayana etc.

According to Vaghbata
- Daha
- Paka
- Jwara

VYAVACHEDAKA NIDANA

The conditions from which Pittaj Yonivypad can be differentiated are:
1. Pittaja artava dushti
2. Raktaja artava dushti
3. Pittaja rakta pradara

PITTAJ YONIVYAPAD CHIKITSA

1. In all Yonivypad[8] caused due to Pitta dosha, Sheetala Chikitsa should be done or Raktapittahara measures should be adopted.
2. Therapies like Seka, Abhyanga and Pichu kriya must be performed with the drugs having Sheetala properties.

3. Uttarakabasti should be given with Ksheera prepared from Madhura drugs or Madhuka. (Charak samhita chiktsa 30/85)

4. Kalkadharana

Panchavalkala kalkadharana should be done in Pittaj Yonivyapad. (Charak Samhita Chikitsa 30/62)

Preparation of ghrita kalpana

Sneha kalpana is prepared by taking Sneha in one Matra, drug Kalka in 1/4th of Sneha and adding Drava (liquid) four times of Sneha. Heating the given combination till following characters are observed gives the Sneha kalpana.

1. The drug Kalka could be melted in Varti with two fingers.
2. If the Kalka is exposed to fire no sound is observed.
3. "Phen shanti"[^15], that means no further bubbles are observed over Ghrita while heating it.
4. Ghrita gets all the characters of crude drug by which it was medicated, such as smell, taste, color and its medicinal properties.

Thus when this Sneha gets prepared finally, it could be used for massaging the body, taking it orally, for the purpose of Nasya, Gandush, Basti, oiling the eyes, Vrana chikita, Pichu dharan etc.

Indication for Ghrita sevan

Intake of Ghrita is prescribed for those whose bodily constitution is dominated by Vata and Pitta, who is suffering from disease due to vitiation of Vata and Pitta, those desirous of strength, good complexion, voice, nourishment, progeny, tenderness, luster, Ojas, memory, intelligence, power of digestion, wisdom, proper functioning of sense organs and those afflicted with injuries due to burns, by weapons, poison and fire.

Absorption of drug through vagina- Vagina is preferred as a route for drug delivery because of its anatomical position which favors secure retention of vaginal formulation. The vaginal defense (i.e. epithelium, flora, immune cells and pH), microbiology and vascularity make it ideal for absorbing drugs. Now, potential for systemic delivery through vagina was explored due to its large surface area, high vascularity and permeability to a wide range of compounds including peptides and proteins.

MATERIALS AND METHODS

Source of data

1. 60 patients diagnosed as Pittaj Yonivyapad (PID) attending O.P.D. of our institution and fulfilling criteria was taken for the study.
2. A special Performa was prepared with all points of history taking, physical sign and symptoms and lab investigations. The parameters were scored on the basis of standard methods of statistical Analysis.
3. Selected patients were divided into two groups of 30 patients each.

Inclusive Criteria

- Married females
- Patients within the age group of 20-40 years.
- Diagnosed cases of Pittaj Yonivyapad (PID)
- Written informed consent and voluntary willing patients were taken for this study.

Exclusive Criteria

- Pregnant females
- H/o DM, HTN, Asthma.
- Patients who require surgical interventions in cases like pelvic Abscess, Tubo ovarian mass etc.
- Patients with PID when seen associated with prolapsed uterus.
- PID associated with tubercular infections.
- Patients with exclusively vulvitis and Bartholinitis.
- PID when complicated with Diabetes.
- HIV, HBsAg, VDRL Positive
- Patients with benign and malignant tumors of the uterus.
- STD, IUCD disease.

Investigations

- CBC
- HIV, VDRL, HBsAg
- Urine Routine and Microscopic
- Pap smear
- USG (if required)

PARAMETERS FOR ASSESSMENT

Subjective Parameter

1) Daha
   Absent : 0
   Mild : 1
   Moderate (Subsides on its own) : 2
   Severe (Needs medicines to subside) : 3

2) Srava – praman
   No discharge : 0
   Occasional discharge : 1
   Discharge sufficient to wet the undergarment : 2
   Heavy discharge : 3

3) Mutradaha
   Absent : 0
   Occasional : 1
   Moderate relief by cold water wash : 2
   Severe : 3

4) Backache
   No pain : 0
   Pain during menses, intercourse, : 1
   No interference with routine work : 0
   Continuous pain interferes with routine work : 3
   subsides after medication : 2
   Continuous pain interferes with routine work : 3
   work no relief with medication

5) Ruja (Adhodar Shoola)
   No pain : 0
   Mild : 1
   Moderate : 2
   Severe : 3

Objective parameters

1) Paka of Vulva
   Normal (Pink color) : 0
   Mild (Slight deviation towards red) : 1
   Moderate (red) : 2
   Severe (Bright red) : 3
2) Tenderness
   - No Adnexal tenderness: 0
   - Adnexal tenderness: 1
   - Cervical motion tenderness: 2
   - Mass felt through fornixes: 3

3) Fever
   - Absent: 0
   - Mild (97.6°-99.6°): 1
   - Moderate (99.6°-100°): 2
   - Severe (100°-101.9°): 3

**Level of Percentage of Relief**
Difference between pre and post treatment symptom score
- Cured: All symptoms Disappeared-100%
- Remarkable: Relief in between 50-75%
- Improved: Relief in between 25-50%
- Unchanged: Relief <25%

**STUDY DESIGN**

**Group A (Trial Group)**
- 30 diagnosed patients of Pittaj Yonivyapad were administered Shatavari Ghrita orally for 7 days and Shatavari Ghrita Pichu Dharan (Vaginally) for 7 days.

**Group B (Control group)**
- 30 diagnosed patients of Pittaj Yonivyapad (PID) were administered.

**METHOD OF PREPARATION OF DRUG**
- Raw drugs required were authentically identified and preparation was done in College Pharmacy.
- Ghrita was prepared according to Sharangdhara samhita. [14]

**Method of Preparation of Brihat Shatavari Ghrita**
Brihat Shatavari Ghrita was prepared according to Sarangdhara Samhita. Jeevak, Rishbhak, Meda, Mahameda, Kakoli, Kshirkakoli drugs are not available therefore their Pratiniidhi drugs i.e., Vidari, Ashwagandha & Shatavari were taken in double quantity. Rests of the ingredients of the compound were taken in one-one part. The quantity of Ghrita was taken twice the whole drugs. The quantity of milk was taken four times to Ghrita.

**OBSERVATIONS**

<table>
<thead>
<tr>
<th>Daha</th>
<th>Day-0</th>
<th>Day-14</th>
<th>% Relief</th>
<th>Wilcoxon Signed Ranks Test</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean score</td>
<td>Mean score</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sd</td>
<td>Sd</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group-A</td>
<td>1.97</td>
<td>.67</td>
<td>66.1</td>
<td>4.594</td>
<td>&lt;0.001 HS</td>
</tr>
<tr>
<td>Group-B</td>
<td>1.83</td>
<td>.40</td>
<td>78.2</td>
<td>4.651</td>
<td>&lt;0.001 HS</td>
</tr>
</tbody>
</table>

In trial group-A: The mean score for B.T. was 1.97 & had changed to 7.11 after treatment, by Wilcoxon Signed Rank test it was found that change from B.T. to A.T. was highly significant as P value <0.001.

In Control group-B: The mean score for B.T. was 1.83 & had changed to 4.0 after treatment, by Wilcoxon Signed Rank test it was found that change from B.T. to A.T. was highly significant as P value <0.001.

<table>
<thead>
<tr>
<th>Srava</th>
<th>Day-0</th>
<th>Day-14</th>
<th>% Relief</th>
<th>Wilcoxon Signed Ranks Test</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean score</td>
<td>Mean score</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sd</td>
<td>Sd</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group-A</td>
<td>2.03</td>
<td>.77</td>
<td>62.3</td>
<td>4.597</td>
<td>&lt;0.001 HS</td>
</tr>
<tr>
<td>Group-B</td>
<td>1.83</td>
<td>.40</td>
<td>78.2</td>
<td>4.667</td>
<td>&lt;0.001 HS</td>
</tr>
</tbody>
</table>

In trial group-A the mean score for B.T. was 2.03 & had changed to 7.77 after treatment, by Wilcoxon Signed Rank test it was found that change from B.T. to A.T. was highly significant as P value <0.001.

In Control group-B the mean score for B.T. was 1.83 & had changed to 4.0 after treatment, by Wilcoxon Signed Rank test it was found that change from B.T. to A.T. was highly significant as P value <0.001.

<table>
<thead>
<tr>
<th>Mutradaha</th>
<th>Day-0</th>
<th>Day-14</th>
<th>% Relief</th>
<th>Wilcoxon Signed Ranks Test</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean score</td>
<td>Mean score</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sd</td>
<td>Sd</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group-A</td>
<td>2.00</td>
<td>.699</td>
<td>58.3</td>
<td>4.419</td>
<td>&lt;0.001 HS</td>
</tr>
<tr>
<td>Group-B</td>
<td>1.63</td>
<td>.606</td>
<td>79.6</td>
<td>4.481</td>
<td>&lt;0.001 HS</td>
</tr>
</tbody>
</table>

**Kala :-** Day time (for 4 hours) once in a day
**Duration :-** 7 days

**Follow up:-** daily for 7 days.

**Next follow up:-** on 14th day

- After evacuation of the bladder patient was made to lie in lithotomy position
- Vulva and surrounding area was cleaned with antiseptic lotion.
- Pichu was prepared with Shatavari Ghrita and inserted deep into the vagina touching the cervix
- Patient was asked to retain it for 4 hours.
- Same Procedure was continued for 7 days.
In trial group A the mean score for B.T. was 2.00 & had changed to 0.69 after treatment, by Wilcoxon Signed Rank test it was found that change from B.T. to A.T. was highly significant as P value <0.001.
In Control group B the mean score for B.T. was 1.63 & had changed to 0.60 after treatment, by Wilcoxon Signed Rank test it was found that change from B.T. to A.T. was highly significant as P value <0.001.

<table>
<thead>
<tr>
<th>Backache</th>
<th>Day-0</th>
<th>Day-14</th>
<th>% Relief</th>
<th>Wilcoxon Signed Ranks Test Z</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group-A</td>
<td>2.03</td>
<td>.765</td>
<td>.80</td>
<td>60.7</td>
<td>4.604</td>
</tr>
<tr>
<td>Group-B</td>
<td>1.40</td>
<td>.675</td>
<td>.73</td>
<td>47.6</td>
<td>4.472</td>
</tr>
</tbody>
</table>

In trial group A the mean score for B.T. was 2.03 & had changed to 0.80 after treatment, by Wilcoxon Signed Rank test it was found that change from B.T. to A.T. was highly significant as P value <0.001.
In Control group B the mean score for B.T. was 1.40 & had changed to 0.73 after treatment, by Wilcoxon Signed Rank test it was found that change from B.T. to A.T. was highly significant as P value <0.001.

<table>
<thead>
<tr>
<th>Ruja</th>
<th>Day-0</th>
<th>Day-14</th>
<th>% Relief</th>
<th>Wilcoxon Signed Ranks Test Z</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group-A</td>
<td>2.23</td>
<td>.817</td>
<td>.73</td>
<td>67.2</td>
<td>4.755</td>
</tr>
<tr>
<td>Group-B</td>
<td>1.80</td>
<td>.847</td>
<td>.40</td>
<td>77.8</td>
<td>4.584</td>
</tr>
</tbody>
</table>

In trial group A the mean score for B.T. was 2.23 & had changed to 0.73 after treatment, by Wilcoxon Signed Rank test it was found that change from B.T. to A.T. was highly significant as P value <0.001.
In Control group B the mean score for B.T. was 1.80 & had changed to 0.40 after treatment, by Wilcoxon Signed Rank test it was found that change from B.T. to A.T. was highly significant as P value <0.001.

<table>
<thead>
<tr>
<th>Paka of vulva</th>
<th>Day-0</th>
<th>Day-14</th>
<th>% Relief</th>
<th>Wilcoxon Signed Ranks Test Z</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group-A</td>
<td>2.00</td>
<td>.587</td>
<td>.60</td>
<td>70.0</td>
<td>4.752</td>
</tr>
<tr>
<td>Group-B</td>
<td>1.53</td>
<td>.819</td>
<td>.33</td>
<td>78.3</td>
<td>4.512</td>
</tr>
</tbody>
</table>

In trial group A the mean score for B.T. was 2.00 & had changed to 0.60 after treatment, by Wilcoxon Signed Rank test it was found that change from B.T. to A.T. was highly significant as P value <0.001.
In Control group B the mean score for B.T. was 1.53 & had changed to 0.33 after treatment, by Wilcoxon Signed Rank test it was found that change from B.T. to A.T. was highly significant as P value <0.001.

<table>
<thead>
<tr>
<th>Tenderness</th>
<th>Day-0</th>
<th>Day-14</th>
<th>% Relief</th>
<th>Wilcoxon Signed Ranks Test Z</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group-A</td>
<td>1.93</td>
<td>.583</td>
<td>.77</td>
<td>60.3</td>
<td>4.882</td>
</tr>
<tr>
<td>Group-B</td>
<td>1.60</td>
<td>.814</td>
<td>.57</td>
<td>64.6</td>
<td>4.625</td>
</tr>
</tbody>
</table>

In trial group A the mean score for B.T. was 1.93 & had changed to 0.77 after treatment, by Wilcoxon Signed Rank test it was found that change from B.T. to A.T. was highly significant as P value <0.001.
In Control group B the mean score for B.T. was 1.60 & had changed to 0.57 after treatment, by Wilcoxon Signed Rank test it was found that change from B.T. to A.T. was highly significant as P value <0.001.

<table>
<thead>
<tr>
<th>Fever</th>
<th>Day-0</th>
<th>Day-14</th>
<th>% Relief</th>
<th>Wilcoxon Signed Ranks Test Z</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group-A</td>
<td>.80</td>
<td>.551</td>
<td>.13</td>
<td>83.3</td>
<td>4.264</td>
</tr>
<tr>
<td>Group-B</td>
<td>.50</td>
<td>.509</td>
<td>.03</td>
<td>93.3</td>
<td>3.742</td>
</tr>
</tbody>
</table>

In trial group A the mean score for B.T. was 0.80 & had changed to 0.13 after treatment, by Wilcoxon Signed Rank test it was found that change from B.T. to A.T. was highly significant as P value <0.001.
In Control group B the mean score for B.T. was 0.50 & had changed to 0.03 after treatment, by Wilcoxon Signed Rank test it was found that change from B.T. to A.T. was highly significant as P value <0.001.

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Group-A (Trial Group)</th>
<th>Group-B (Control Group)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daha</td>
<td>66.1</td>
<td>78.2</td>
</tr>
<tr>
<td>Srava-Praman</td>
<td>62.3</td>
<td>78.2</td>
</tr>
<tr>
<td>Mutradaha</td>
<td>58.3</td>
<td>79.6</td>
</tr>
<tr>
<td>Backache</td>
<td>60.7</td>
<td>47.6</td>
</tr>
<tr>
<td>Ruja</td>
<td>67.2</td>
<td>77.8</td>
</tr>
<tr>
<td>Paka Of Vulva</td>
<td>70.0</td>
<td>78.3</td>
</tr>
<tr>
<td>Tenderness</td>
<td>60.3</td>
<td>64.6</td>
</tr>
<tr>
<td>Fever</td>
<td>83.3</td>
<td>93.3</td>
</tr>
</tbody>
</table>
CONCLUSION

The conclusions that have been drawn from the study are as follows:

- Features of Pittaj Yoni vyapad have close resemblance with Pelvic Inflammatory Disease.
- The treatment which includes Brihat Shatavari Ghrita locally (Pichu Dharan vaginally) and orally has been used based on their properties like Sheeta veerya, Madhura rasa, Daha prashamana, Srava hara and Vedana shamaka - all these objectives are fulfilled to a greater extent.
- Among the available treatment for Pittaj Yoni vyapad, Brihat Shatavari Ghrita pichu and taken orally is beneficial in curing the vitiating Pitta dosha.
- Total effect of the combined therapy on Daha contributes about 66.1% after treatment and 70.0% for Paka.
- So it can be concluded that Brihat Shatavari Ghrita is preparable, effective, potent, easily administrable type of treatment.
- It is also noted that, Brihat Shatavari Ghrita orally and locally (Pichu Dharan) i.e.-A (trial drug) has shown mild better results in some symptom of Pittaj Yoni vyapad i.e. Srava and Backache.
- Since the clinical study was conducted on a limited number of patients it may not be claimed as final. More detailed study may be needed in this regard to establish the efficacy of Brihat Shatavari Ghrita orally and locally (Pichu).

REFERENCES


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