

Effectiveness Of Sariva Churna Capsule And Gel In Treating Pittaja Yonivyapad With Reference To Tricomonas Vaginitis

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ABSTRACT

The study was conducted in 40 clinically diagnosed patients of Pittaja yonivyapad and Trichomonas Vaginitis with an objective of clinical evaluation of the efficacy of sariva churna capsule and sariva gel in the management of Pittaja yonivyapad and Trichomonas.

These patients were randomly divided into two groups of 20 patients each. It was also observed that the trial drug has its on not only Pittaja yonivyapad but also on Pittaja yonivyapad arising out of Trichomonas indicating its antimicrobial activity against Trichomonas.

Keywords: Pittaja yonivyapad and Trichomonas Vaginitis, Sariva Capsule, Vaginal Gel.

1. INTRODUCTION

In regular Gynecology practice number of patients present with copious vaginal discharge, swollen red tender vaginal wall and red granular strawberry appearance of vaginal fornices. which are main symptoms of Pittaja Yonivyapada. Prevalence is 2 to 8%. Annually 17-18 lakh women suffer from this disease out of which 30% are infected by Tricomonas. Due to lack

and negligence of personal hygiene infection of Tricomonas occurs. Most of these symptoms of Pittaja Yonivyapada are similar to Tricomonas vaginitis in modern science. So we have taken it for clinical study with Pittaja Yonivyapada. All these symptoms causes great discomfort to woman and hamper their normal activities. Now a day's female possess a fear that it can cause dangerous disease like Carcinoma (CA). It may cause systemic and psychological disorder hence required treatment. Pittaja Yonivyapada is one of the disease in which yonigata mucus discharge (vaginal copious discharge) is in excess. This affects women's health and her daily activity. Hence holistic approach is required to cure this disease.

NEED OF THE STUDY

In such kind of research need has always been caressed to develop certain Ayurveda based treatment modalities for the management of Pittaja Yonivyapada and Tricomonas Vaginitis which could be safe, effective, readily available, cost effective, easily applicable without any side effects. In comparison to the therapeutic procedures of different systems of medicine, Ayurveda has a potent approach towards the treatment of Pittaja Yonivyapada and Tricomonas Vaginitis by both internal and external medications. With these backgrounds an effort is made to evaluate the efficacy of Sariva churna capsule and Sariva Gel in a series of patients suffering from Pittaja Yonivyapad and Tricomonas Vaginitis.

AIM AND OBJECTIVES

- Conceptual and clinical studies on Pittajayonivyapad with and without Tricomonas Vaginitis and its management with timetested Ayurvedic principles.
- To evaluate Sariva in a series of patients suffering from Pittajayonivyapad with and without Tricomonas Vaginitis on various scientific parameters.
- To compare the efficacy of Sariva churna capsule and Gel on patients of Pittajayonivyapad with and without Tricomonas Vaginitis.

2. MATERIAL AND METHODS: SELECTION OF CASES

The study recruited a population of 40 clinically diagnosed patients of selected from O.P.D. / I.P.D. unit of Post Graduate Department of Streeroga Prasuti Tantra, Bharati Ayurved Hospital.

A regular record of the assessment of all patients was maintained according to proforma prepared for the purpose.

Following inclusion and exclusion criteria's were used for registration of the patients for present clinical trial.

INCLUSION CRITERIA

- Females between the age group of 16to60 years having Pittajayonivyapad with or without Tricomonas Vaginitis were included for the present study.

EXCLUSION CRITERIA

- Patients below 16 years and above 60 years of age. Patients having genital malignancies, Pregnancy, Shweta pradar,Cervical erosion,Pittajarajodushti and in menstrual cycle.

SELECTION OF DRUGS

Taking the symptoms and the Samprapti of Pittaja Yonivyapada into consideration, a proposed drug formulation namely "Sarivachurna capsule and phant(hot infusion) based Gel" was selected. The drug selected for the study were mainly having Madhur, Tikta rasa, Madhur vipak and sheet Veerya Tikta rasa Deepan pachan, Tikta and Sheeta Raktagat pitta shaman. Madhur, snigdha and guru Vata shaman and Pitta shamak properties.

3. METHOD OF PREPARATION OF CAPSULE AND GEL

Sariva root Churna capsules containing 1gm. of churna were prepared. Sariva Gel was prepared by classical standard method. Sodium Corboxy Methyl Cellulose Gel was prepared by soaking 5% Na CMC in 100ml distilled water overnight. Sterile Sariva phant (15%) was added to performed Gel and stirred uniformly. Prepared formulation was filled in the Collapsible Aluminium Tubes with sterile precautions.

Sariva Gel was prepared in Bharati Vidyapeeth Poona College of Pharmacy,Pune.

DOSE AND ANUPANA

Dose of Sariva Churna Capsules was 1 Capsule (each of 1gm) in the morning after breakfast and night after the dinner with plain water and Sariva Gel vaginal application bid for 7 days.

PRE TREATMENT OBSERVATIONS

All the patients have been studied along with the registration by noting down their demographic profile including their age, sex, address, occupation, education, socio economic status, marital status, lifestyle, addictions, dietary habits etc. After

preliminary registration patients were subjected to detailed case history taking, physical, general and systemic examinations. In history and examination importance was given to mental status examination. During this all other relevant informations like Ashtavidha Pariksha and Dashavidha pariksha including assessment of Sharirika Prakriti and Manasika Prakriti (based on the features described in classical texts) etc. was noted.

ADMINISTRATION OF DRUG & TREATMENT SCHEDULE

Total 40 registered, clinically diagnosed and confirmed patients of Pittaja Yonivyapada (Tricomonas Vaginitis) were selected for the present clinical trial and randomly divided into following two groups of 20 patients, each patients of Pittaja Yonivyapada with Tricomonas Vaginitis Receiving Sariva capsule orally and Sariva Gel locally and another arm of Pittaja Yonivyapad without Tricomonas Vaginitis also received same medication.

Group-I: Total 20 patients of Pittaja Yonivyapad with Tricomonas Vaginitis were recommended Sariva churna capsule orally and Sariva Gel locally in the dose of 1 capsule(1gm) bid for a period of 7 days.

Group-II: Total 20 patients of Pittaja Yonivyapada without Tricomonas Vaginitis were recommended Sariva churna capsule orally and Sariva tail Gel locally in the dose of 1 capsule(1gm) bid for a period of 7 days.

All the patients were advised to undergo following laboratory investigations before starting the trial to rule out any other illness if present and to exclude them from the trial.

- Blood - Hb%,
- BSL (R)
- HIV
- VDRL
- Urine - Routine and Microscopic examination
- Vaginal swab culture.
- USG if necessary

Patients were followed up after 4th day and 7th day and changes, improvements, deterioration and any other effects produced after the therapy were noted down.

CRITERIA OF ASSESSMENT

Both subjective and clinical improvements were employed for assessment of the impact of the therapy.

Subjective criteria of evaluation included the observations of both patients and assessment of the physician.

SUBJECTIVE IMPROVEMENT

All the patients registered for the trial were specially asked for any changes or improvement in their growing, feeling of wellbeing if any and either physical or mental fitness produced by the therapy during the trial.

CLINICAL IMPROVEMENT

All symptoms taken for the assessment of clinical improvements were thoroughly examined and the severity of each symptom was rated before and after the trial for clinical assessment. Efforts were made to give numerical values to all symptoms depending upon their severity before and after the treatment. Yonigatstrav (copious vaginal discharge), swollen red tender vaginal wall and red granular strawberry appearance of vaginal fornices symptoms of Pittaja Yonivyapad were assessed before and after the therapy.

4. OBSERVATIONS AND RESULTS

Subjective improvement:

After the completion of therapeutic trial there was marked improvement in the feeling of wellbeing, physical and mental fitness in both the groups. The incidence of improvement was higher in Group II. Significant improvement was observed in Group II treated without Tricomonas Vaginitis and in the patients of Ist Group treated Tricomonas Vaginitis with also.

Clinical Improvement:

All the symptoms taken for the assessment of clinical improvements were thoroughly examined and the severity of each symptom and points were rated before and after the trial for clinical assessment. Efforts were made to give numerical values to all symptoms depending upon their severity before and after the treatment.

5. DISCUSSION

The clinical study of 40 patients carried out in the present series of patients revealed that majority of these cases were of age between 25-35 years in group II and 35 years and above in group I. This incidence shows that the complaints of Pittaja

Yonivyapada due to prasava and maithun (coitus) and also unhygienic conditions with local pathology. In this period, artavahasrotas and tryavarta yoni is functioning organs. So in this age group sthanvaigunya can easily occurs due to above factors which can cause sthandushtee. Pittapradhanyta Prakruti were dominant in producing yonigatstrav. As Pitta dosha is important factor in producing Pittajayonivyapada.

In Bahuprasava, garbhashayadourbalya and dhatushithilya may be the affecting factors for Pittajayonivyapada. Because in Bahuprasava above factors can easily cause sthanvaigunya in tryavarta yoni dushti which can be produce Pittajayonivyapada. After completion of clinical trial it was observed that there was considerable improvement in the feeling of wellbeing in all the patients of both the groups.

Regarding overall improvement in clinical features of Pittaja Yonivyapada (Tricomonas vaginitis) the results were highly significant in symptoms Yonigata Strava ($p < 0.001$), Redness ($p < 0.001$) showed highly significant results.

All the above findings strongly suggest that Sariva Churna Capsule and Gel have potent effect on the management of Pittajayonivyapad. Various scientific parameters in the current study confirmed this observation which showed significant and highly significant improvement respectively.

6. PROBABLE MODE OF ACTION OF SARIVA CHURNA CAPSULE AND GEL

Sariva has Madhur Tikta rasa which act for Stambhan of Shweta Strav (vaginal excess discharge)

Katu, Tikta rasa has antimicrobial properties. Which reduces Strava by Shoshan. It has Sheeta Veerya which does Stambhan of Strava, reduces redness and burning sensation of vagina. sheeta veerya does Shoshana of Strava. Madhur, snigdha and guru Vata shaman and Pitta shamak properties.

All these Rasa Veerya Vipaka reduces Vedana(pain), Guna guru does vata shamak

Karma, ultimately Anuloman of Vata & reduces symptoms, which cures Pittaja Yonivyapad and Vaginal Tricomonas Vaginitis.

7. CONCLUSION

On the basis of the clinical manifestations and the symptoms produced, Pittajayonivyapad may be correlated with Tricomonas Vaginitis. Chronic Pittaja Yonivyapada if not treated leads to Tricomonas vaginitis infection. From above observation one can conclude that only symptoms are same in both Pittaja Yonivyapada and Tricomonas Vaginitis but we cannot say that Pittaja Yonivyapada is Tricomonas Vaginitis because both have different etiology. Patients showed improvement in all symptoms in both the diseases. There was good response with Sariva in Pittaja Yonivyapada and Tricomonas Vaginitis. A proposed herbal formulation is safe, without any adverse effects, economical and effective remedy for the management of Pittaja Yonivyapada and Tricomonas Vaginitis.

Therefore it can be concluded that Sariva Churna Capsules and Gel are very safe and effective treatment modalities and can be used effectively in the management of Tricomonas Vaginitis.

Conflict of interest -nil

Source of support- none

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