



**CLINICAL MANAGEMENT OF LEUCORRHEA (SWETAPRADARA)
BY *DARUHARIDRA* WITH AND WITHOUT *DHATAKYADI TAILA***

VEENA JAWALE^{*1} AND BHEEMSHETTY S. PATIL²

¹Dept of Gyanaecology & Obstetric, SGR Ayurvedic Mahavidyalaya, Sholapur, 413001, Maharashtra.

²Dept of Anatomy, Shri B M Patil Medical College, BLDE University, Bijapur, 586103, Karnataka.

ABSTRACT

A cross sectional study of 30 women of age group 20- 40 years was conducted to assess Clinical Management of Leucorrhea (Swetapradara) by *Daruharidra* with and without *Dhatakyadi Taila*. Subjects were divided into two groups namely Group I (n=15) patients who were administered only *Daruharidra* preparation of 10 ml, orally BID. for period of 30 days. Group II (n= 15) patients who were administered *Daruhardra* preparation of 10 ml orally BID. for period of 30 days and *Dhatakyadi Taila* in vagina for 10 days. Amount of discharge was graded and depending upon that effect of these drugs was observed. Incidence according to age, socioeconomic status and mental stress and strain was recorded. We have found significant changes among the group I ($p<0.05^*$) and group II ($p<0.05^*$). Leucorrhea though a symptom causing considerable discomfort is curable and preventable. *Daruharidra* and *Dhatakyadi Tail* are found good, natural and cost effective therapeutics in the control of Leucorrhea

KEY WORDS: Leucorrhea, Swetapradara, *Daruharidra* and *Dhatakyadi Tail*



VEENA JAWALE

Dept of Gyanaecology & Obstetric, SGR Ayurvedic
Mahavidyalaya, Sholapur, 413001, Maharashtra.

INTRODUCTION

Abnormal vaginal discharge is quite a frequent complaint of women met in day to day gynecologic clinic. Vaginal discharge may be blood stained or white discharge. Here it is concerned with white, creamy, yellow or greenish discharge which is often called Leucorrhoea (white discharge). Leucorrhoea is strictly defined as an excessive normal vaginal discharge from the female genital tract. It is a condition which affects most of the women several times in their lives. Leucorrhoea is not a disease but a symptom, is so severe that it overshadows symptoms of actual disease and women come for the treatment of white discharge alone¹. Female genitals are very much prone to infection since they are moist. White vaginal discharge with foul smell makes it embarrassing to get into social gatherings and even engage in personal affairs. Leucorrhoea is an abnormal condition of the reproductive organs of women if not treated in the initial stages². It may become chronic and leads to PID (Pelvic Inflammatory Diseases) which is a cause for infertility. It is generally caused due to unhygienic conditions and microbial infection in female genital tract. Weak body immunity is also an important factor in case of leucorrhoea³. *Daruharidra* should appear in Italic font in this text is commonly known as daruhaldi, daruhaldar etc belongs to family Berberidaceae, its botanical name is *Berberis Aristata*. The major principles of *Daruharidra* are alkaloids such as Berberine, berbamine, aromoline, palmatine and oxyberberine etc. *Daruharidra* can be used in the treatment of jaundice, enlargement of spleen, piles, painful micturition etc. Along with these functions *Daruharidra* is widely used in the treatment of leucorrhoea and to alleviate its associated symptoms⁴. In modern medicine many antibacterial and antifungal drugs are used for the control of leucorrhoea, but they are of limited value, because of the recurrence of the condition, high cost and various side effects. Therefore it is the need of the society to explore more efficacious and cost effective treatment for leucorrhoea. Hence the present study investigated the therapeutic efficacy of '*Daruharidra*' orally along with or

without '*Dhatakyadi Taila*' as local applicant, in the treatment of leucorrhoea.

MATERIALS AND METHODS

This cross sectional study was undertaken on 30 patients attending the OPD of Dept of Gynaecology & Obstetric, SGR Ayurvedic Mahavidyalaya, Sholapur, 413001, Maharashtra. Patients with complaints of white discharge per vagina associated with vulval itching were selected for the study. After explaining details of the study, Informed consent was obtained from each of the subject. A detailed history of all the subjects were taken in specially prepared proforma. The general examination and pelvic examination among married women were performed. Laboratory Examination carried out as per necessity such as CBP, Hb%, VDRL, RBS and vaginal smear.

Inclusion criteria

Patients with age group 20- 40 yrs, patients with white vaginal discharge with itching, vulval moistness

Exclusion criteria

Patients with vulval ulcers, patients with polyp, fibroid, adenomyosis, genital prolapsed, STDs and pregnancy.

MATERIALS

Drugs

Dry powder of bark of *Daruharidra* is taken and preparation was done in the dose of 10 ml. *Dhatakyadi Tail* was prepared according to '*Taila paka vidhi*'. Its contents are *Dhataki*, *Amalaki*, *Yastimadhu*, *Kamal*, *Jambu*, *Amra*, *Lodra*, *Katphala*, *Tinduka*, *Dadima* & *Udumbar*⁵.

Instruments

Sim's double bladed posterior vaginal speculum, anterior vaginal wall retractor, sponge holding forceps, swabs and disposable gloves.

Time of administration

This *Dhatakyadi Taila* was introduced in a vagina (In the form vaginal Tampons) during

10th – 20th day of menstruation in the morning hours. The patients were divided into 2 groups namely; Group I (n=15) patients who were administered only *Daruhardra* preparation of 10 ml, orally BID for a period of 30 days. Group II (n= 15) patients who were administered only

Daruhardra preparation of 10 ml orally BID for period of 30 days and *Dhatakyadi Taila* in vagina for 10 days.

Assessment criteria

for amount of discharge were graded as follows

Table 1
Amount of discharge

Staining on the undergarments	G1	+
Persistent moistness of vulva	G2	++
Need to change the undergarments twice for a day	G3	+++
Need to use a extra cloth or pad	G4	++++

Statistical analysis

All values are presented as Mean± Standard Deviation. The results were statistically analyzed by using student's 't'test. 'p' value

<0.05 is considered as significant. Incidence of age, socioeconomic status and stress are given in terms of percentage⁶.

RESULTS

Table 2
Effect *Daruhardra* and *Dhatakyadi Taila* on amount of discharge

Groups	Before treatment	After treatment	t – test	p value
I(n= 15)	3 ± 0.411	0.6 ± 0.57	15.25	0.001*
II(n= 15)	2.86 ± 0.27	0.3 ± 0.37	19.02	0.001*

Group I, patients who were administered only *Daruhardra* preparation of 10 ml, orally BID. for period of 30 days. Group II, patients who were administered only *Daruhardra* preparation of 10 ml orally BID for period of 30 days. Values are expressed as (mean ± SD). *p<0.05 significant

Group I

The mean ± SD of the symptom (Amount of discharge) in this group was 3.6 ± 0.411 before treatment and reduced to 0.6 ± 0.57 after treatment. When these values are analysed statistically the difference was significant. (P= 0.001*)

Group 2

The mean ± SD of the symptom (Amount of discharge) in this group was 2.86 ± 0.27 before treatment and reduced to 0.3± 0.37. When these values are analysed statistically the difference was significant. (P= 0.001*)

Table 3
Incidence according to age

Age	Group 1	%	Group II	%	Total	%
20-30 years	6	40	7	46.6	13	43.3
31- 40 years	9	60	8	53.3	17	56.6

Out of 30 patients the age of the patients ranged from 20 – 40 years in both groups. The maximum number of patients i.e. 17(56.6%) out of the 30 were from the age group 30-40 years and 13(43.3%) patients were of 20-29 years.

Table 4
Incidence according to socioeconomic status

Socio-economic status	Group 1	%	Group II	%	Total	%
High	3	20	2	13.3	5	16.6
Middle	2	13.3	9	60	11	36.6
Lower	10	66.6	4	26.6	14	46.6

Taking into consideration of socioeconomic status there were 14(46.6%) patients from lower class, 11(36.6%) patients from middle class and 5(16.6%) patients from higher class.

Table 5
Incidence according to mental stress and strain

Mental stress	Group 1	%	Group II	%	Total	%
Yes	11	73.3	10	66.6	21	70
No	4	26.6	5	33.3	9	30

Table 5 shows 21(70%) patients were under mental stress and strain and remaining 9(30%) were not having such complaint. Psychological upsets will further aggravate the condition.

DISCUSSION

As earlier stated leucorrhoea is not a disease but a symptom of most of the gynaecological disorders. It is present in vaginitis, cervicitis, cervical erosion and PID causing congestion of pelvic organs there by producing increased vaginal secretions. Though it is not a grave disease, it affects the psychology of the females. They become tense, upset and stressed up which will further aggravate the disease. Normally vaginal pH is acidic (pH < 5) the organisms in the vagina do not cause any problem. Whenever oestrogen levels are high, there will be a shedding of vaginal epithelial cells. The lactobacilli which are present in the vagina act on the glycogen in the cells and convert them into lactic acid. So the pH of the vagina should be maintained acidic⁷. Recent investigations have shown that secretions from the uterus and upper part of the vagina flow down and are reabsorbed in the lower part of the vagina. This is the normal constant flow within the female organs. The white discharge is caused by the presence of infection in any of these tissues and a variety of other factors. The condition may continue for months or even years and may spread to other parts of genital tract⁸. The incidence of leucorrhoea is more

common in lower socioeconomic status due to mal nutrition, poor dietary habits and dwelling in unhygienic places⁹. Similar observation was seen in this present study (Table no 4) This drug intervention study has revealed the mechanism of action of these drugs can be as anti inflammatory or antibacterial or anti fungal. With more awareness towards body health, knowledge about hygiene, cleanliness of private body parts can reduce the incidence of leucorrhoea also its associated symptoms.

CONCLUSION

Leucorrhoea though a symptom causing considerable discomfort is curable and preventable. Modern medicines like antibacterial and antifungal drugs are used for the control of leucorrhoea, but they are of limited value, because of the recurrence of the condition, high cost and various side effects. *Daruharidra* and *Dhatakyadi Tail* are found good, natural and cost effective therapeutics in the control of Leucorrhoea. However extensive clinical studies are required in large numbers of patients to establish the efficacy and safety of these drugs in prevention of leucorrhoea and its related disorders.

REFERENCES

1. Shaws Text Book of Gynaecology, 11th Edⁿ., Edited by V.G. Padubidri, B.I. Curchill Livingstone, New Delhi.
2. Kulkarni RN, Durge PM . A study of leucorrhoea in reproductive age group women of Nagpur City. Indian J Public Health. 49(4): 238-9,(2005)
3. Morphemeremedies, Online document. Leucorrhoea treatment. Available at:<http://morphemeremedies.com/leucorrhoea.htm>. [Accessed on: November 9, 2011]
4. Anonymous (1992). Bangladesh National Formulary of Ayurvedic Medicine 1992 (Approved by the Government of Bangladesh vide Ministry of Health and Family Welfare, (1992) Memo No. Health-1/Unani-2/89/(Part-1) 116 dated 3-6-1991). National Unani and Ayurvedic Formulary Committee Bangladesh Board of Unani and Ayurvedic Systems of Medicine.
5. "The Ayurvedic Pharmacopoeia of India" Part I, Vol II, 1st Edⁿ. Government of India, Minister of Health and Family Welfare.
6. Mahajan B K: "Methods in Biostatics", 6th Edⁿ Jaypee Brothers, Mumbai.
7. Neeraj Bhatla; , Jeffcoate's Principles of Gynecology, 6th Edⁿ Revised and updated International Edition published by Arnold, 2001
8. Dawn C S; , "Text Book of Gynecology and Contraception" 11th Edⁿ. Dawn Books Of Calcutta 1994
9. Dutta D C; "Text Book of Gynecology" 2nd Edⁿ. New Central book Agency, Calcutta, 1914.