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A comparative study on *Rohitaka Mula Twak churna* and *Amalaki churna* in *shwet pradar w. s. r. Leucorrhoea*

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Abstract

Shwet pradar is one of the most common & burning problem faced by women all around the globe from menarche to menopause. Optimal management of *Shwet pradar* is a cause of considerable discomfort & poses a problem as it is difficult to eradicate, frequently recurrent & can lead to complication. Many of gynaecological disorders present *Shwet pradar* as the major complaint. If it is neglected, it may lead to ascending infections harming the general health & disturbing the women psychologically.

An attempt was made to study the disease thoroughly and to evaluate the therapeutic efficiency of *Rohitaka moola twak churna* and *Amalaki churna* in *Shwet pradar*.

Key Words- *Shwet pradar*, Leucorrhoea, *rohitak churna*, *amalaki churna*

Introduction

Shwet pradar is one of the most common & burning problem faced by the women at all ages all around the globe. Many of gynaecological disorders present *Shwet pradar* as the major complaint. If it is neglected, it may lead to ascending infections harming the general health & disturbing the women psychologically.

Shwet pradar is not a disease. But excessive vaginal discharge irritates the women. Sometimes she will not concentrate in her work properly. Sometimes gradually it will create psychologically disturbance. Because as she is not comfortable internally, externally she will not have confidence. Due to wetness in intimate area, she may become more conscious.

Safe, healthy & confident life is very much necessary for every woman. For that reason,

all women need healthy yoni. *Yoni* being the copulatory organ & delivery channel if it gets vitiated, there is a fear of vitiation of entire *kshetra*, which is need of growing embryo.

As a part of natural protection, oestrogen accumulates “Dodder liens Bacilli in the vagina converts the glycogen into lactic acids, thus maintain the vaginal pH acidic, rendering the ascending organisms to some extent.

In a virgin nature by itself preserves the healthy status of *yonis*, but now days, teen age girls also having complaint of *Shwet pradar*. So, treating women is necessary.

Shwet pradar is one of the most common & burning problem faced by women all around the globe from menarche to menopause. Optimal management of *Shwet pradar* is a cause of considerable discomfort & poses a problem as it is difficult to eradicate, frequently recurrent & can lead to complication.

Therefore, in present study oral medication is given for both married & unmarried woman.

In modern science, lot of treatment are available for leucorrhoea, but recurrence is quite common. Frequent use of medicine sometimes causes dryness of vagina which in turns causes further problems.

An attempt was made to study the disease thoroughly and to evaluate the therapeutic efficiency of *Rohitaka Moola Twak Churna* and *Amalaki Churna* in *Shwet Pradar*.

Aims and objective

- To assess the efficacy of *Rohitaka Mula Twak Churna* in *Shwet Pradar*.
- To assess the efficacy of *Amalaki Churna* in *Shwet Pradar*.
- To compare the efficacy of *Rohitaka Mula Twak Churna* and *Amalaki Churna* in *Shwet Pradar*.

Drug reviews

Drug	Botanical name	Family	Part used	Rasa	Guna	Virya	Vipaka	Karma
<i>Rohitaka</i>	<i>Tecomella Undulata</i>	<i>Bignoniaceae</i>	Root	<i>Katu, Tikta, Kashaya</i>	<i>Laghu, Ruksha</i>	<i>Sheeta</i>	<i>Katu</i>	<i>Kaphapitta Shamaka</i>
<i>Amalaki</i>	<i>Emblica Offcinalis</i>	<i>Phyllanthus Embilca</i>	Fruit	<i>Madhura, Amla, Katu, Tikta, Kashaya</i>	<i>Laghu, Ruksa</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Tridosahar</i>

Material and methodology

source of data

subject: 30 patients were selected fulfilling the inclusive criterion from OPD of Prasuti

tantra and stree roga department of Shri Sidharoodh Charitable Hospital attached to N.K.J.A.M.C & P.G CENTER Bidar, Karnatak.

Literary Source: Samhitas, Nighantus, Modern books of gynaecology, Physiology and Pharmacology Books, Journals and Internet and Digital library.

Reference of Drug: *Charaka Samhita Chikitsa sthan*¹ 30/116 and 30/117 (Pg No. 858)

Preparation of Drug: Drug was prepared in the pharmacy attached to N.K.J Ayurvedic Medical College under the supervision of *Rasa shastra & Bhaishajaya Kalpana* Department.

Drug Source: Raw drug was selected from the market under the supervision of *Dravayaguna* department specialist.

Method of collection of Data

- It is single open clinical study in which 30 patients were selected on the basis of simple randomized sampling method as per inclusive criteria.
- Patients were divided into two groups Group A and Group B, each group consisting of 15 patients.
- GROUP A (Trial group):

Patient in Group A were treated with *Rohitaka moola twak churna*, 3 gm with *madhu*, twice a day.

- GROUP B (Control Group):

Patient in Group B were treated with *Amalaki churna*, 3 gm with *madhu* twice a day.

- Follow up: 15 Days

Selection Criteria

inclusion criteria

- Age between 18 to 50 years female patients complaining of *Shweta Pradar*

exclusion criteria

- Pregnant
- Anaemia

- Local pelvic pathology eg- PID, STD, Prolapse, Polyps, Cervical erosion.
- Systemic disorders like DM, TB, Heart disease, renal or hepatic disorders.
- Any known malignancy.

Assessment Criteria

subjective parameters

- *Shwet Strava*
- *Katishoola*
- *Dourbalya*
- *Kandu*

objective parameters

- Vaginal Discharge

Scoring System

1. for *strava* (vaginal discharge)

- 0-No discharge
- 1-Occasionally wetting undergarments/slight discharge, vulva moistness
- 2-Moderate discharge, wetting of under garments
- 3-Heavy discharge which needs pad

2. for *katisoola*

- 0-No pain
- 1-Mild pain-no medicinal requirement
- 2-Moderate pain-persistent pain
- 3-Severe pain-continues pain-requires medicine

3. for *dourbalya*

- 0-No weakness
- 1-Mild weakness
- 2-Moderate weakness
- 3-Severe weakness

4. for *kandu*

- 0-No itching
- 1-Occasionally mild itching
- 2-Moderat itching-present but did not affect day to day work

- 3-Severe-Continuous itch, which affects day to day work

INVESTIGATION

- CBP
- RBS

- Urine Routine
- USG
- Vaginal smear for culture & Sensitivity (If necessary)

OBSERVATION & RESULT

	Group-A(AT)						Group-B(AT)					
	15 th day		30 th day		45 th day		15 th day		30 th day		45 th day	
	No of Pt	%	No of Pt	%	No of Pt	%	No of Pt	%	No of Pt	%	No of Pt	%
Cured (75.1 to 100%)	0	0%	0	0%	8	53.33%	0	0%	1	6.67%	11	73.33%
Max Improved (50.1 to 75 %)	0	0%	1	6.67%	7	46.67%	0	0%	6	40%	4	26.67%
Min Improved (25 to 50 %)	2	13.33%	12	80%	0	0%	5	33.33%	8	53.33%	0	0%
Not Improved (<25%)	12	80%	2	13.33%	0	0%	10	66.67%	0	0%	0	0%

Discussion

- *Rohitaka* having *katu, tikta kashaya, rasa², laghu guna* and *Amalaki* having *madhura amla, katu, tikta kashaya rasa³*. So, act as *kaphaghna* due to *katu kashaya rasa* and *pittaghna* due to *kashaya rasa*.
- *Rohitaka* and *Amalaki* has *kashaya rasa* which plays a very important role in *shwet pradara* as it restrains *strava*. Most of *kashaya rasa* contains tannin.
- Tannins are non-nitrogenous, characterised by astringent action

upon mucus membranes. Thus exerts a protective action.

- *Amalaki* has *kaphghna* property helps for the *samprapti vighatan* of *Shwet pradar*,
- *Amalaki* having *tridoshhara⁴* properties there by trying to balance all the *tridoshas* and maintain the equilibrium condition of the internal doshas.

Anupan used is *madhu* which is known to mitigate the increased *kapha dosha*. It has anti-inflammatory properties.

Conclusions

The research carried out on “Comparative Study on *Shwet Pradar* with *Rohitaka Moola Twak Churna* and *Amalaki Churna*” can be concluded based on discussion by mentioning the following important points.

- Excessive white discharge causes irritation and discomfort physically as well as psychologically.
- *Shwet pradar* is not pathological condition but sometimes women may confuse with genital malignancy due to some misconception.
- There are various oral and local treatments available for *Shwet pradar* in our classics. Among them oral seems to be the most superior one as it is readily accepted by the patients whether they are married or unmarried.
- Out of 30 patients, 15 patients treated with *Rohitaka Moola Twak Churna* and 15 patients treated with *Amalaki Churna*.
- According to statistical analysis *Rohitaka moola twak churna* cured disease completely by 53.33% where *Amalaki churna* cured disease by 73.33%.
- Both *churnas* are effective in reducing the symptoms of *Shwet pradar*.

- Maximum patients recovered to the given trial treatment without having any complications. The present study showed highly significant results in both groups.
- *Amalaki churna* cured disease completely with higher percentage compared to *Rohitaka moola twak churna*.
- *Amalaki churna* has *tridosahar* and *stambhak* property, therefore maximum patients cured by *Amalaki churna*.

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