

A Clinical Study on Senile Virginites and its Management with Yoni Avagaha and Shatavari Churna

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ABSTRACT

Senile vaginitis is one of the commonest gynaecological problems among the ageing women in developing countries. According to a survey study carried out in dept. of Kaumarbhritya & Prasutitantra, IIM, University of Colombo, its prevalence was found 33% in women from age group of 55 to 75 years. Oestrogen deficiency is considered as the main cause behind this, but oestrogen produces several complications when it is used to treat the problem in this age group. The aim of the study was to compare the effect of oral Shatavari Churna on senile vaginitis when it is used along with the Yoni Avagaha with the decoction of barks of Ashwattha, Nyagrodha, Udumbara and Nimba (in group B) over the Yoni Avagaha alone with same drugs (group A). Highly significant relief was found in both the groups with 86.66% in group A and 89.74% in group B. In addition, Shatavari treated group showed encouraging results in the associated symptoms like dyspareunia, dryness of vagina and backache. Recurrence during the follow up period of 3 months was found 47.05% in group A and 08.82% in group B. It was concluded that Yoni Avagaha works significantly to remove senile vaginitis but recurrence can be reduced more significantly, if oral Shatavari is added because it helps to rejuvenate the vaginal epithelium by its phytoestrogen containing property.

KEY WORDS: Senile vaginitis, Shatavari, Yoni Avagaha

INTRODUCTION

Senile vaginitis is one of the commonest and very troublesome problems of ageing women. Any gynaecologist has to face this problem very frequently among the postmenopausal women but what troubles the most is not the vaginitis but the recurrence of it. The underlying cause is the loss of vaginal resistance for oestrogen deficiency and superadded pyogenic infection. To remove the infection is possible

with any modern or Ayurvedic antiseptic & anti inflammatory drug, but to check the recurrence by recovering the resistance is a big question. This research was carried out to find out the answer to this question of resistance. Shatavari was taken as a trial drug for this purpose for its phytoestrogen containing and rejuvenating property.

Senile vaginitis is also termed as atrophic vaginitis. There is atrophy of vulvo-vaginal structures due to oestrogen deficiency. The vaginal defence is lost and the mixed pathogens normally present in the vagina gain footing. There may be desquamation of vaginal epithelium which may lead to formation of adhesions and bands between

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the walls.¹ The vaginitis is often granular and it appears as small multiple reddened areas which are mostly seen in the vault and around the urethral orifice². The clinical features include; yellowish discharge, sometimes blood stained² sudden profuse and offensive vaginal discharge often dating from the last menstruation¹, irritation and itching of varying degrees within and around the introitus¹, presence of urinary problems such as dysuria and frequency of micturition¹ and pain & discomfort during sexual intercourse due to soreness of vagina³

The diagnosis can be made only by examination to see the red and speckled vagina.¹ Discharge is the must for the diagnosis of senile vaginitis.² It is always essential to exclude senile endometritis and carcinoma.² The vaginal resistance is quickly restored by giving any of the oestrogen preparations in full dosage for 3 weeks followed by an interval of 1 week and then repeated if necessary. It can also be given locally. Hence. It becomes essential to find out a reliable and evidence based treatment for senile vaginitis as the treatment in modern medicine for this problem is based on hormone replacement therapy by administering oestrogen in any form. It always takes the possibility of malignancy with it as oestrogen given by any route can cause uterine bleeding.² Not only this but the possibility of recurrence is always there. When the hormone therapy is suspended the vagina atrophies again but.² Thus it becomes mandatory to find out a reliable and safe alternative of oestrogen therapy to improve the resistance and to check the bacteria from growing.

MATERIALS AND METHODS

Selection of drug

For Yoni Avagaha - Decoction of barks of Udumbara (*Ficus racemosa*), Ashwattha (*Ficus religiosa*), Nyagrodha (*Ficus bengalensis*) & Nimba (*Azadirachta indica*)

It has predominating Kashaya⁴ rasa which is nothing but the astringent and its all the constituents are very good anti inflammatory agents, like Udumbara is said

to be Vranashodhaka & Vranaropaka⁴, while Nyagrodha & Ashwattha are mentioned for their Yonirogahara and Yonidosahara⁴ properties respectively. Nimba is known for its Kandughna⁵, Vishaghna⁵ & Vranashodhana⁵ properties. Hence, the decoction of all these drugs can be taken as a very good protective as well as curative measure against urogenital infections.

Decoction of all these 4 drugs was made in 2 liters of water with each drug in 50 gm quantity till the water reduces up to 1 liter.

For oral administration - Shatavari (*Asparagus racemosus*) churna

Shatavari⁶ is a Sheetavirya, Madhura rasa & Snigdha guna having drug, which contains the properties of Shukrala, Balya, Vrishya, Stanyakara & Rasayana. It has been proved for its phytoestrogen containing property. Thus, it can be used to check the atrophy of vagina and also to improve the coital performance of a woman. By checking the atrophy, it may help the vaginal epithelium to rejuvenate and to regain its resistance back. In this way, it can be proved very beneficial for the patients of senile vaginitis to prevent from recurrence.

Selection of patients

Inclusion criteria - Females of age group of above 55 with the complaint of vaginal discharge were included for study.

Exclusion criteria - Patients of malignancy and other chronic debilitating diseases were excluded from study. Endometrial biopsy was done in suspected cases to rule out malignancy.

Criteria of assessment - It is very difficult to measure the correct amount of any vaginal discharge, severity of itching and pain. Thus, following scoring pattern was made for its assessment

1. Amount of vaginal discharge

Moistening of vagina but no spotting

of undergarments 1

Spotting of 1-2 inches in undergarments,

once or twice in a day 2

Undergarments are invariably soiled, 3
 Excessive discharge P/V causing
 soakage of undergarment
 May require wearing extra absorbent pads

2. Consistency of vaginal discharge

Thin transparent watery discharge
 flows on speculum easily 1
 Discharge flows on speculum blade
 but not as watery flow 2

Discharge is static and doesn't flow
 on speculum blade 3

3. Odour of vaginal discharge

If smell is felt only on performing P/S
 or P/V examination 1
 If smell is felt from a short distance 2
 If the observer is unable to stand
 nearby the patient 3

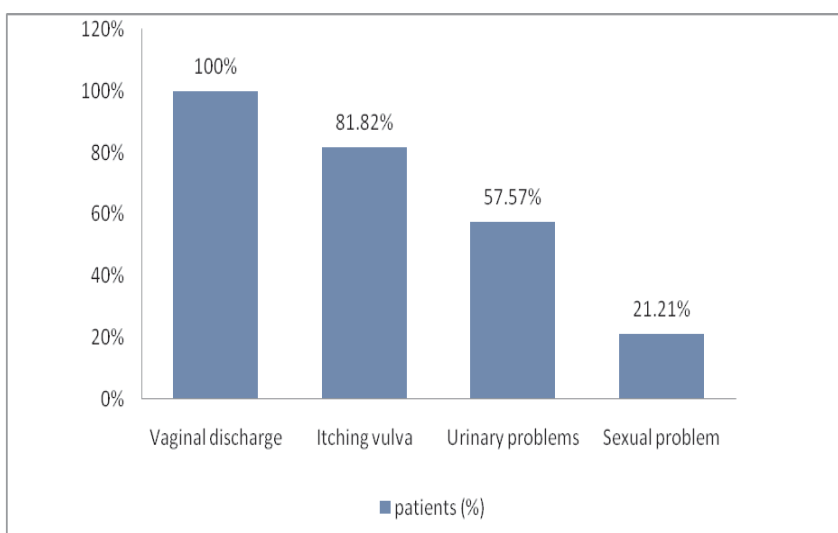
Grouping

Period	Group A					Group B				
	G3	G2	G1	G0	%	G3	G2	G1	G0	%
1st week	04	06	10	00	-	04	09	07	00	-
2nd week	02	10	08	00	-	00	12	08	01	5%
3rd week	02	08	08	02	10%	00	11	07	02	10%
4th week	01	08	08	03	15%	01	09	06	05	25%
5th week	00	05	08	07	20%	00	03	08	09	45%

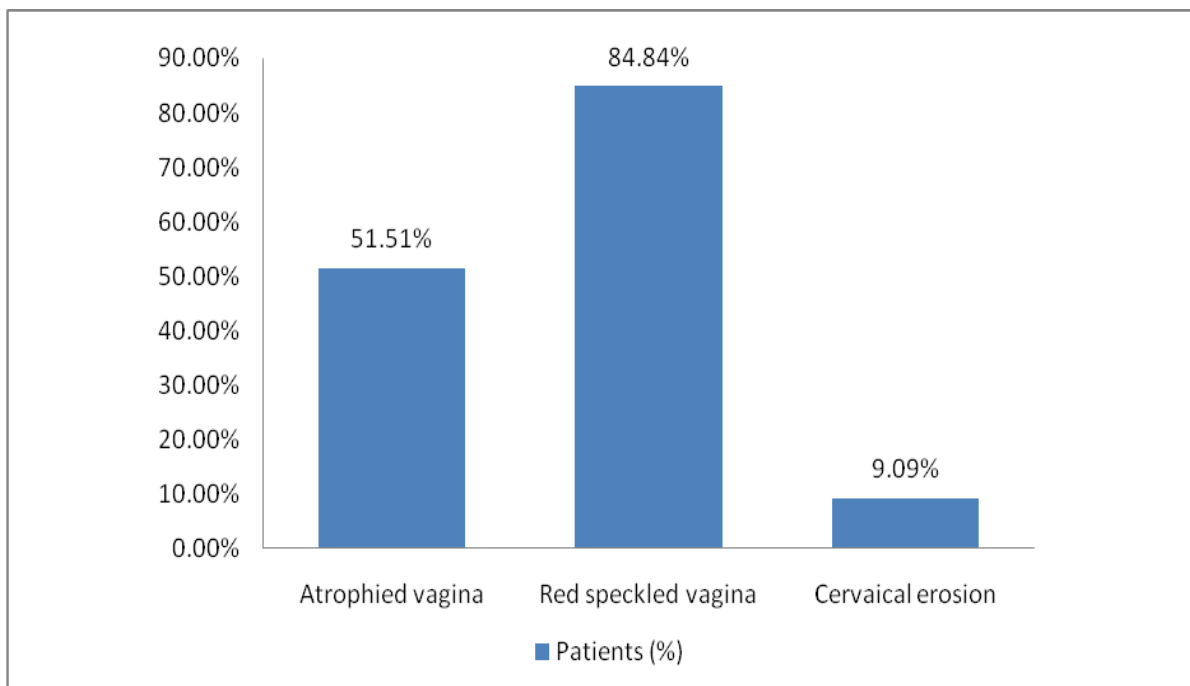
Follow up period -3 months

Observations & Results

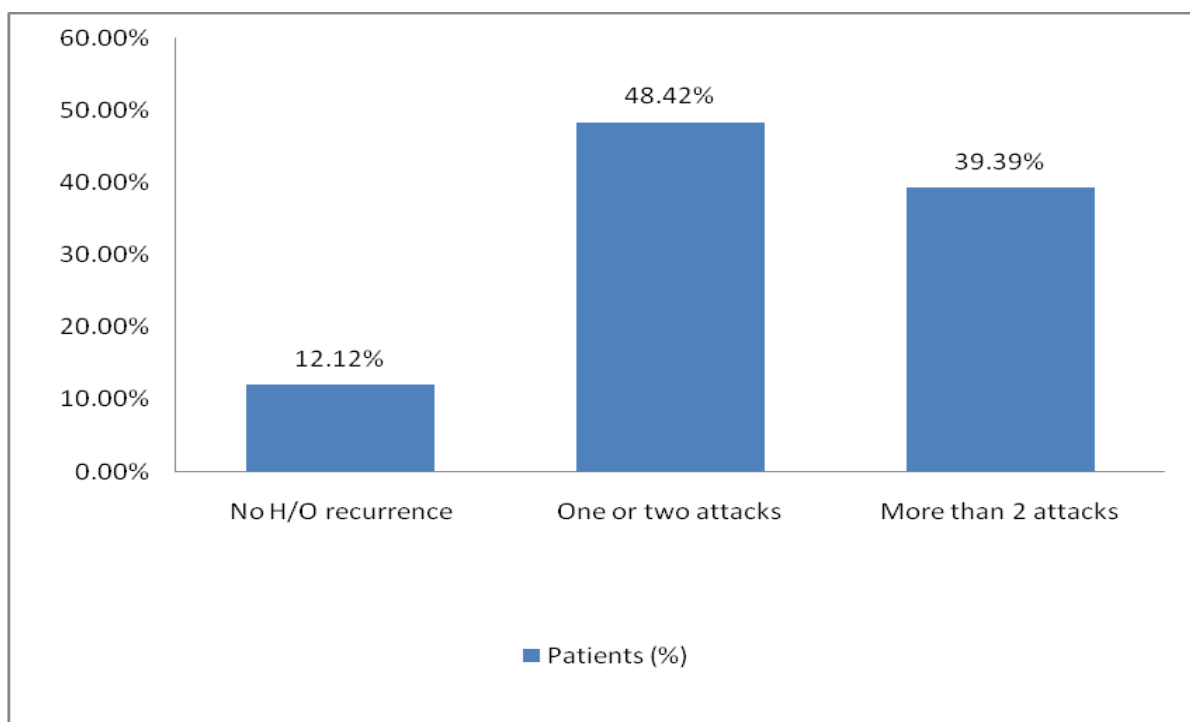
Graph 1: Symptom wise distribution of 33 patients



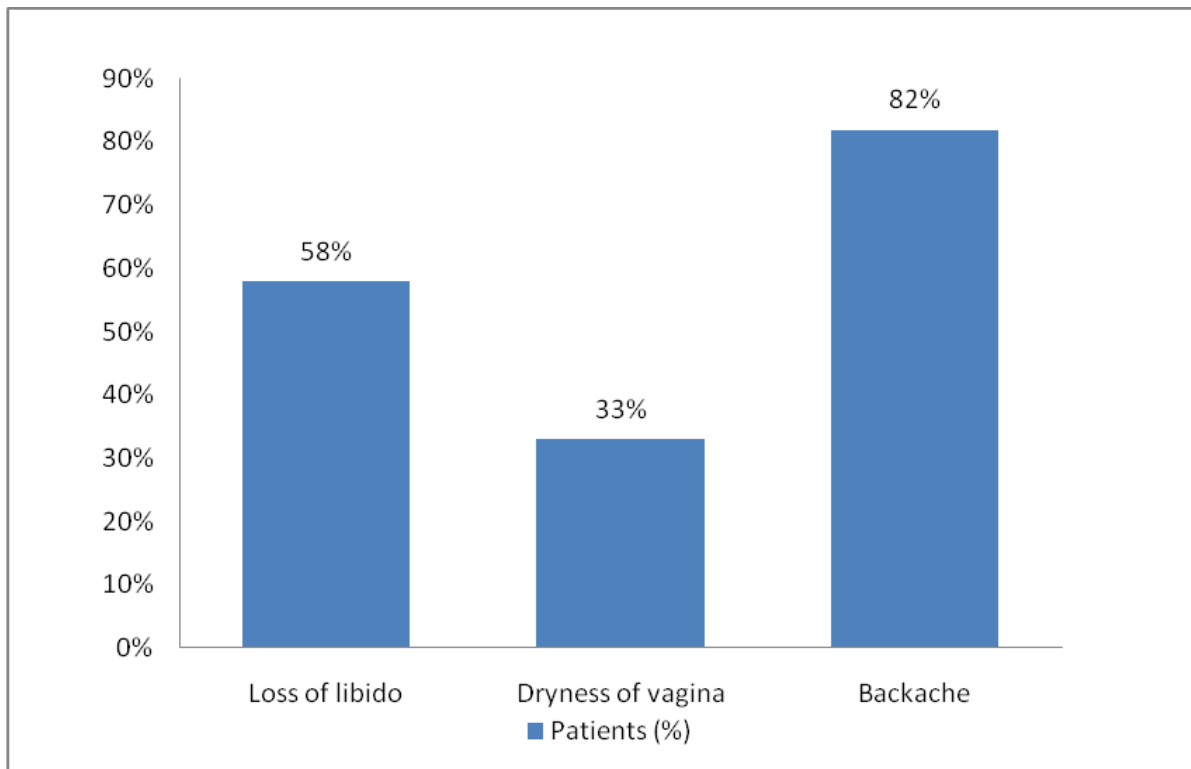
Graph 2: Features on examination in 33 patients



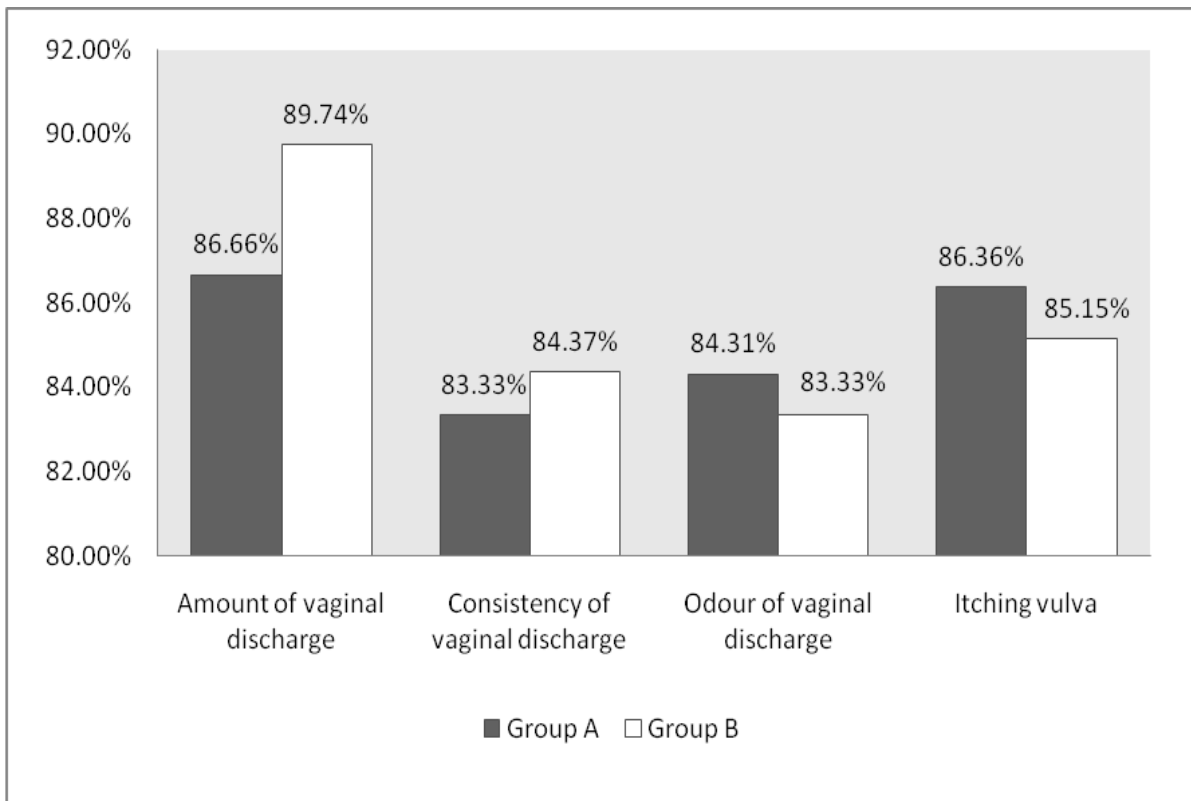
Graph 3: History of recurrence of senile virginities in 33 patients



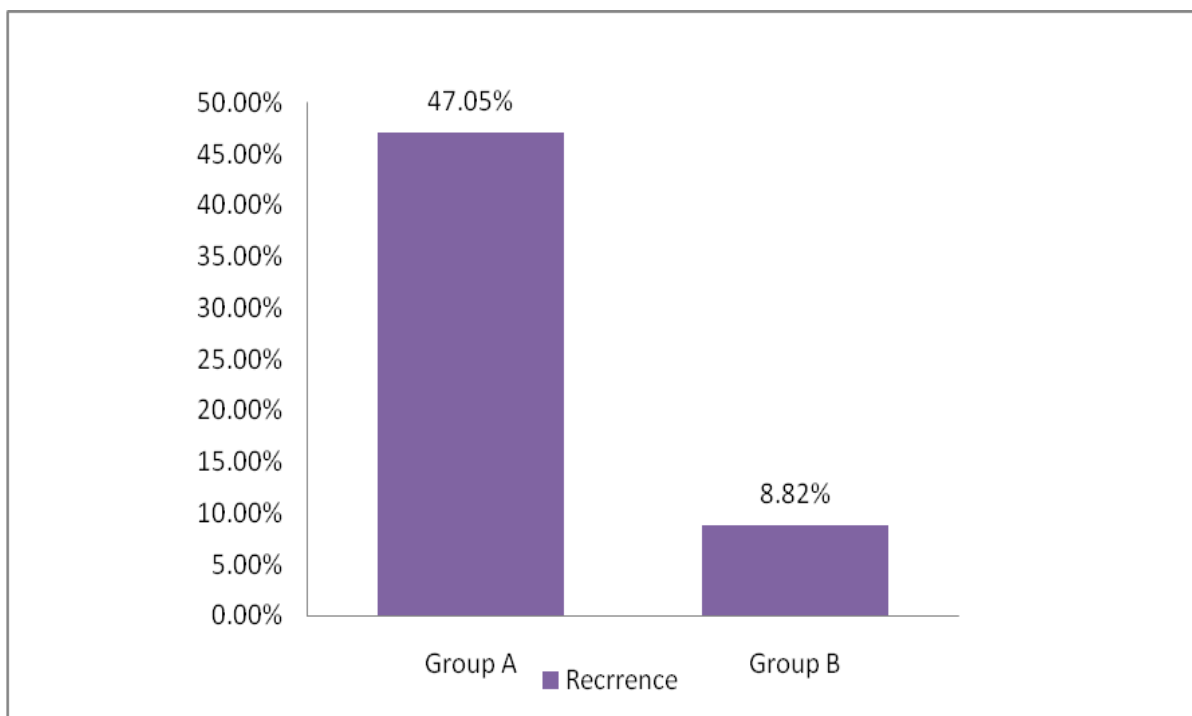
Graph 4: Distribution of associated symptoms in 33 patients of senile



Graph 5: Comparative effect of therapy in both the groups (on the basis of scoring pattern)



Graph 6: Comparative effect of therapy on recurrence in both the groups



4. Itching at private part

- Urge to itch only when attention is there 1
- Urge to itch even while busy in work but controllable 2
- Uncontrollable and constant urge to itch 3

DISCUSSION

All the patients (100%) were suffering from vaginal discharge, as senile vaginitis is termed only if vaginal discharge is present.² The 81.82% patients suffered from itching in private part. Thus, itching was found a very important feature of senile vaginitis. The 57.57% patients were suffering from urinary problem, as urinary problems are commonly found accompanying with any type of vaginal infection. The main cause is that vagina always plays role of the nearest source of infection for the urinary tract. The 21.21% patients were found having problems regarding their sexual life. Senile vaginitis often presents with the sexual problems because it causes inflammation of vagina and thus, leads to pain during coitus. Besides this, sexual problems are presented

with senile vaginitis because it is a disease of post menopausal age caused by oestrogen deficiency. The same oestrogen deficiency also leads to the dryness of vagina and sexual problems.

Atrophied vagina was seen in 51.51% of patient and it also emerged as a prominent feature on examination. The 84.84% patients showed the features of red & speckled vagina on examination. Thus it was proved as the most important sign of senile vaginitis as it is known for. Cervical erosion, though not described in the features of vaginitis, yet can accompany it lot many times. It was evident with its 9.09% prevalence among the patients of senile vaginitis.

Recurrence is a very common & troublesome problem for senile vaginitis. Because of the lost resistance of vaginal epithelium, bacteria invade time to time and relapse occurs. Total 87.88% patients came with the history of recurrence, 48.42% among them had recurrence one to two times but 39.39 % gave the history of more than two times recurrences.

In both the groups, results on vaginal discharge seem to be equivocal as on the

amount of vaginal discharge relief was 86.66% in group A while it was 89.74% in group B. In the same way, reduction in the consistency of vaginal discharge was also similar with the relief of 83.33% in group A and 84.37% in group B. On the odour or foul smell, the results were again the same with the 84.31% relief in group A and 83.33% group B. On itching vulva, which arose as a prominent feature among the patients of senile vaginitis, the results were again similar with 86.36% relief in group A and 85.15% relief in group B. On the recurrence of senile vaginitis within the 3 months period of follow up, there was a remarkable difference in the results of both the groups. The recurrence in group A was found 47.05% while in group B, it was 08.82% within the next 3 months.

Discussing the results obtained from the study it can be assumed that Shatavari like drugs have no effect on vaginitis while given orally, that's why results on the features of vaginitis were almost similar in both the groups. In both the groups, the external drug used for removing the infection as Yoni Avagaha was the same, thus, the results obtained on vaginitis were equivocal. It denotes that Yoni Avagaha was that which was responsible to remove infection, not the oral Shatavri Churna. But the drastic declination in the recurrence of senile vaginitis in group B proves the effect of Shatavri on the vaginal resistance. Shatavari was continued in the patients during the whole 3 months period of follow up after Yoni Avagaha. It improved the immunity of body by its Rasayana property. It is a drug which is known for containing phytoestrogens and thus, it improves the rejuvenation of vaginal epithelium and when the bacteria are removed once from urogenital tract with the help of any type of measure, it does not allow the infection to flourish again by repairing the degenerated vaginal epithelium.

Along with decreasing the incidence of recurrence, Shatavari can also be considered improving the symptoms of loss of libido, dryness of vagina and backache as most of

the patients in group B gave very positive remarks regarding the improvement in these symptoms after follow up period. Most of these problems are related to the oestrogen deficiency. So, Shatavari showed its efficacy to remove these associated symptoms of Post Menopausal Syndrome.

CONCLUSION

It is proved by the study that external measures like Yoni Avagaha with decoction of certain Ayurvedic drugs (Udumbara, Ashwattha, Nyagrodha & Nimba) plays highly significant role in removing the vaginal infection, but improvement in resistance is not seen by such measures. For improvement in vaginal resistance, its regeneration is essential and it can be recovered by oral administration of Rasayana drugs only. Shatavari proved it as a significant drug to recover this resistance by its Rasayana and phytoestrogen containing property and thus, showed a significant decrease in the incidence of recurrence of senile vaginitis.

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