CHAPTER 9

AYURVEDIC
PRASUTI TANTRA & STRI ROGA

Doctoral Theses

01. Dr. ANITA

In Vitro Evaluation of Antimicrobial Effect of Bruhatiphala Haridradwaya Used as Gel Form & as Dhoopana and to Assess its Clinical Efficacy in Management of Yonikandu (Vulvovaginitis): A Comparative Open Labelled Randomized Controlled Study.

Supervisors: Prof. (Dr.) Sujata Kadam and Dr. Meenakshi Pandey

Th 28532

Abstract

Yonikandu literally means itching in or around vulva associated with different Yonivyapadas caused due to abnormal dietetics, mode of life, abnormal menstrual practices, external factors that hamper vaginal pH and microbial flora. Sthanika chikitsa is preferred treatment to cure vaginal infections as local vaginal applications get absorbed immediately due to large surface area, high vascularity and permeability of vaginal mucosa. Materials & Methods: Study was completed as Experimental (in vitro) and Clinical study. In Vitro antimicrobial study of Bruhatiphala Haridradwaya Gel and Dhoopana were completed at Dabur India Limited and Shriram Industrial Research Institute against eight microbial strains. 110 patients were enrolled in clinical study as per inclusion and exclusion criteria and randomly allocated in two groups 55 in each. Bruhatiphala-Haridradwaya Gel was applied 3grams twice daily in vulvovaginal region in Trial Group A while Bruhatiphala-Haridradwaya Churna Yonidhoopana was done twice daily with 5gms coarse powder using Dhoopana apparatus for 7days. Patient's data were collected before treatment & after treatment (7th day) and on FU (14th day) on Subjective and Objective parameters, further analysed statistically, interpreted and concluded. Results & Discussion: Experimental study: Bruhatiphala Haridradwaya Churna Dhoopana showed more than 6 log reduction against C.albicans, S.aureus, E.coli, S.mutans, E. faecalis, Klebsiella pneumoniae, Trichomonas vaginalis and Gardnerella vaginalis at 30 minutes, 3 hours and 12 hours exposure respectively which means 99.99% reduction in colony count while Herbal Gel has shown antimicrobial activity against S.aureus, S.mutans, K.pneumoniae, C.albicans. Clinical Study: Both the treatment protocol, Bruhatiphala Haridradwya Gel and Bruhatiphala Haridradwaya Yonidhoopana have shown statistically significant results in reducing Yonikandu, White discharge, Pain vulva, Redness and Dyspareunia, Pruritus score, VAS Score and Vaginal pH with p value <0.001. Bruhatiphala Haridradwaya due to Laghu, Ruksha, Ushna properties; Katu, Tikta and Kashaya Rasa; Katu Vipaka and Ushna veerya possess Deepana-Pachana, Kaphaghna, Kledghna, Shoshaka, Stambhaka, Srotoshodhak, Vranaropaka, Kandughna, Krimighna actions to reduce subjective symptoms, reduce vaginal pH and maintain vaginal flora. Conclusion: Overall conclusion of the study is that both the groups are significantly effective in reducing the subjective and objective variables with p value <0.001 statistically in Yonikandu when Bruhatiphala Haridradwaya was used in

two forms of treatment Gel and Yonidhoopana clinically. It proves that preparation of Gel is equally effective in management of Yonikandu (vulvovaginitis) in comparison to Yonidhoopana which is safe, potent and self-applicable mode of therapy. In vitro antimicrobial activity of Dhoopana is more than Herbal Gel in experimental study.

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02. BUCHADE (Dr. Tejaswini Dhiraj)
Study the Efficacy of Sukhaprasava Gel as Compared to Cerviprime Gel on Induction of Labour- A Randomized Controlled Clinical Trial.
Supervisors: Dr. Meenakshi Pandey, Prof. (Dr.) Sujata D. Kadam and Dr. Ruchi Arora
Th 28535

Abstract

Introduction: Induction of labour is a critical intervention in modern obstetrics aimed at safeguarding maternal and fetal health. Despite advancements in conventional methods, the need for safe, natural alternatives persists. This study evaluates the role of Ayurvedic intervention Sukhaprasava Gel (S.G.)on labour induction & compares its efficacy with Cerviprime Gel (C.G.), a widely used pharmacological agent. Materials and Methods: This study integrated preclinical and clinical evaluations. S.G. is composed of Langali (Gloriosa superba), Bhurja (Betula utilis), Kushta (Saussurea lappa), Tumbi (Lagenaria siceraria), and Sarshap (Brassica campestris). Preclinical studies demonstrated safety and uterotonic activity, validating its potential for labour induction. In the randomized controlled clinical trial, full-term pregnant women with vertex presentations requiring induction were divided into two groups: S.G. (20 g, administered intra-cervically and in the posterior fornix) and C.G. (2.5 ml, divided similarly). Efficacy was assessed through cervical dilation, uterine contractions, fetal descent, labour progression & maternal and fetal outcomes. Observation and Results: S.G. effectively induced labour, accelerated cervical dilation, and reduced labour duration with no adverse maternal or fetal outcomes. Improved uterine responsiveness and timely fetal descent highlighted its efficacy. The mean induction-to-delivery duration was 13.07 hours for S.G. and 12.12 hours for C.G., with comparable outcomes in vaginal delivery rates and neonatal health. Discussion and Conclusion: Both S.G. and C.G. are equally effective and safe for labour induction. S.G. demonstrated a faster onset of labour, with more favourable cervical changes within the first four hours post-administration. This study positions S.G. as a safe, effective, and holistic alternative for labour induction, capable of integration into modern obstetric practices while advancing evidence-based Ayurvedic research. Keywords: Induction of Labour, Sukhaprasava Gel, Cerviprime Gel.

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