



I J A P C

INTERNATIONAL JOURNAL OF AYURVEDA AND
PHARMACEUTICAL CHEMISTRY

www.ijapc.com

E ISSN - 2350-0204

VOLUME 9

ISSUE 1

10TH JULY

2018

Greentree Group Publishers



***Dhatakyadivarti* (Herbomineral Suppository) for *Upapluta Yonivyapad* (Vulvovaginitis during Pregnancy)**

Nilofar Shaikh^{1*}, Shilpa Donga² and Laxmipriya Dei³

¹Department of Streeroga and PrasootiTantra, J.S.Ayurveda Mahavidhyalaya, Nadiad, Gujarat, India

^{2,3}Department of Streeroga and Prasooti tantra, Institute for Post Graduate Teaching & Research in Ayurveda, Gujarat Ayurved University, Jamnagar, Gujarat, India

ABSTRACT

The pregnant women are more prone to vaginal infection like vulvovaginitis, which presents a great challenge for obstetrician today. Present study was aimed to evaluate efficacy of *Dhatakyadi Varti* in management of *Upapluta Yonivyapad* (Vulvovaginitis during pregnancy). Total 43 patients in the age group of 19-40 years were registered and one *Dhatakyadi Varti* each of 3 gram was inserted intra vaginally once at bed time for 14 days. The effect of therapy was assessed on the basis of relief in subjective and objective criteria (wet vaginal smear). In trail group 34.88% got complete remission, marked improvement was found in 34.88% cases and only 2.32% patients remained unchanged. Conclusion of the study is that *Dhatakyad Varti* is highly effective in reducing subjective and objective variables of *Upapluta Yonivyapad* (Vulvovaginitis during pregnancy), and will also help in deriving new conclusion and axioms in management of vaginal discharge during pregnancy.

KEYWORDS

Dhatakyadi Varti, Upapluta Yonivyapad, Vulvovaginitis, Pregnancy, Infection



Greentree Group Publishers

Received 15/05/18 Accepted 12/06/18 Published 10/07/18



INTRODUCTION

Pregnancy is a beautiful phase associated with specific anatomical, physiological and immunological changes that can predispose to infection and also alter the response to the disease process. Infections in pregnancy demands prompt adequate and careful management. Some of the infections may be serious and life threatening for the mother while others may seriously jeopardize the fetus or neonate leaving the mother asymptomatic. Infection is the most clearly recognized and more widely studied and responsible for between 20 to 40% of all cases of preterm birth and other complication likes premature rupture of membranes, Chorioamnionitis, spontaneous abortion etc¹. In worldwide, Vulvovaginal infections are one of the most common cause's women see their practitioners for, accounting for more than 10 million visits each year². Vaginitis is very common and is reported by as many as 75% of women at some point in their lives³. Upapluta Yonivyapad which is described by Acharya Charaka⁴, both Vagbhatas,^{5,6} and Sharangadhara⁷ can be compared with vulvovaginitis during pregnancy. Both *Vagbhatas* have given almost the same description but has not restricted it to pregnancy only. On the contrary,

Acharya *Charaka* has clearly mentioned that it is only a disease of the pregnant woman. According to Acharya Charaka, when a pregnant woman consumes diet or indulges in mode of life capable of vitiating Kapha and also suppresses desire of vomiting and inspiration, then her agitated or vitiated Vayu withholding Kapha reaches to Yoni and produces abnormalities. Due to this, there is either yellowish vaginal discharge associated with pricking pain or white mucoid discharge. Afflicted with features of Kapha and Vata, this condition is known as Upapluta Yonivyapad⁸.

Acharya Charaka has mentioned *Dhatakyadi Taila*⁹ for *Yoni Pichu Dharana*. In this clinical study *Dhatakyadi Varti* in form of vaginal suppository has been taken for the management of *Upapluta Yonivyapad*. In suppository form dose can be maintain and does not need any special precautionary measures during its administration. Even patient can administer this form of drug herself without the aid of anyone. Thus, to find out a method of treatment, which will impart a permanent, economical, effective with no or minimal side effects, which can be easily administered, this formulation has been selected for present study.



AIMS AND OBJECTIVES

- To evaluate the efficacy of *Dhatakyadi Varti* in management of *Upapluta Yonivyapad* during Pregnancy.

Ethical Committee Approval -
No.PGT/7/-A/Ethics/2013-14/1767

MATERIALS AND METHODS

Patients

For the clinical study, patients were selected from the out-patient department of *Streeroga* evam *Prasootitantra*. A detailed history was filled up in specially prepared *Performa* on *Ayurvedic* guidelines. The raw drugs for *Dhatakyadi Varti* were obtained from Ayurvedic Pharmacy and *Varti* was prepared in the **Department of Rasashastra & Bhaishajya Kalpana**.

Inclusion Criteria

1. Pregnant women in the age group of 19 to 40 years having clinical features like *Yoni Srava* (Vaginal discharge), *Yoni Toda* (Pain in Vagina), *Yoni Kandū* (Itching Vulva) etc.
2. White discharge or Inflammation present during P/S examination.
3. The patient having positive causative organism by wet vaginal smear test.

Exclusion Criteria

1. Non pregnant women or pregnant women having age below 19 years or above 40 years.
2. Hypersensitivity to drug and inability to conform the protocol.
3. Women with severe physical illness, any systemic disease like Diabetes Mellitus, any organic pathology, hepatic, cardiac, renal disease and any acute infection of any system.
4. Women suffering from disease like Sexually Transmitted Diseases (STD), Human Immunodeficiency Virus (HIV) etc.

Criteria for Diagnosis

1. Patients were selected on the basis of wet vaginal smear.
2. If any of followings i.e. *Trichomonas Vaginalis*/ *Fungal Hyphae* / Pus cells /Gram negative organisms were present in the wet vaginal smear and Gram staining then the patients were registered.

Specific Investigations

1. Vaginal pH test was carried out in all the patients before and after treatment.
2. Vaginal wet smear and Gram staining was carried in all the patients before and after treatment.
3. Vaginal swab culture was carried out if required.

Method of research

The method adopted in present study was randomised open labelled standard control



clinical trial. The study had a due clearance from the Institutional Ethics Committee and CTRI registration was done. **CTRI Number:**

Ref/2014/10/007836. Informed written consent was taken before starting the procedure.

Treatment Protocol

Table 1 Drug and Posology

Group	Drug	Dose	Route	Time of Administration	Dur atio n
A	<i>Dhatakyadi Varti</i>	1 Varti (3 gm)	Intra Vaginally	Once at bed time	14 days

Criteria for assessment

1. Subjective criteria

- The improvement in the patient was assessed mainly on the basis of relief in the signs and symptoms of the disease.
- To assess the effect of therapy, all the signs and symptoms were given scoring depending upon their severity.

Table 2 A special scoring pattern for the Subjective criteria

1. Yonitaha Srava (White discharge per vagina)	
➤ No c/o discharge	0
➤ Slight discharge: Occasional discharge/Only vulval moistness	1
➤ Moderate discharge :Staining of undergarments	2
➤ Heavy discharge: Patient needs use of pad	3
2. Yoni Kandu (Itching vulva)	
➤ No itching	0
➤ Mild: Occasionally /feeling of irritability/No need of medicine	1
➤ Moderate: No disturbance in daily routine/Need of medicine and relief after medicine. Increase after specific time (micturition, defecation etc.)	2
➤ Severe : Constant/Affects routine activity/ No relief after taking medicine	3
3. Yoni Daha (Burning sensation)	
➤ No Burning sensation	0
➤ Mild: Localized and some time feeling of burning sensation	1
➤ Moderate: More localized & often burning	2

sensation which does not disturb sleep/ Increase after specific time (micturition, defecation)

➤ 3
Severe: Continuous/ interference with daily routine activity

4. Katishula(Backache)

➤ No pain 0

➤ Mild pain: At special time with excessive work load/ intercourse 1

➤ Moderate pain: Continuous/Relief after taking medicine/No interference with daily routine 2

➤ Severe pain: No relief after taking medicine/Interference with daily routine 3

5. Udarashula (Pelvic pain)

➤ No pain 0

➤ Mild: At special time with excessive work load/ intercourse 1

➤ Moderate: Continuous/Relief after taking medicine/No Interference with daily routine 2

➤ Severe: No relief after taking medicine/Interference with daily routine 3

6. Mutradaha(Burning micturition)

➤ Absent 0

➤ Mild :Occasional/At the time of micturition/No need of medicine 1

➤ Moderate: Continue after micturition/Relief after taking medicine 2

➤ Severe: Constant/ Patient wants to avoid micturition 3

7. During examination local tenderness

➤ Absent 0

➤ With deep compression 1

➤ Only with compression 2

➤ Severe (by touch) 3

8. Yoni Daurghandhya(Foul smelling)

➤ Non-offensive 0

➤ Foul smell is felt only while performing P/S 1

➤ Foul smell felt from a short distance 2

➤ The observer is enable to stand nearly the patients 3

9. Vulvitis (Inflammation of vulva)



➤ No Inflammation on vulva	0
➤ Very less inflammation or the redness found vulval edges	1
➤ Redness and raise in temperature in surrounding area	2
➤ Redness raised temperature all around the vulva but no loss of function	3
10. Vaginitis (Inflammation of vagina)	
➤ No inflammation on vagina	0
➤ Very less inflammation on the redness found on vaginal walls	1
➤ Redness and raise in temperature in surrounding area	2
➤ Redness raised temperature found all around the vagina but no loss of function	3

Assessment of the therapy was also carried out by comparing the B.T. and A.T. values of Routine Haematological, Urine Routine and Microscopic Investigations of wet vaginal smear & Gram staining.

Table 3 Special scoring pattern for Objective Criteria

1. Based on cellular Pus cells	
➤ 0-5 pus/hpf	0
➤ 6-25 pus/hpf	1
➤ 26-50 pus/hpf	2
➤ 51-100 pus/ hpf	3
2. Based on Trichomonas Vaginalis organism	
➤ No organism seen/field	0
➤ 1-5 organism	1
➤ 6-10 organism	2
➤ More than 10 organism seen/field	3
3. Based on Gram positive/Gram negative	
➤ Occasional	0
➤ Few	1
➤ Many	2
➤ Plenty	3
4. Based on Fungal hyphae	
➤ Occasional	0
➤ Few	1
➤ Many	2
➤ Plenty	3

Table 4 Assessment criteria of overall effect of therapy

No change	< 25% changes in the signs and symptoms
Mild improvement	26-50% changes in the signs and symptoms
Moderate improvement	51-75% relief in the signs and symptoms
Marked improvement	76-99% relief in the signs and symptoms
Complete remission	100% relief in the signs and symptoms

Statistical Analysis

The obtained reports were subjected to suitable statistical analysis. Descriptive statistics for demographic data, Wilcoxon Signed Rank test for non parametric paired data, Paired t-test for quantitative parametric paired data.

Follow up

After completion of course patients were advised to report every 15 days for follow up study, which was carried out for 1 month.

OBSERVATIONS

Total 46 patients were registered in trial group, 3 patients were discontinued the treatment .In present study maximum numbers of patients i.e.76.08% belonged to 25-30 years age group followed by the 21.73 % in the 19-24 years age group. Maximum numbers of patients i.e. 69.56 % were Hindus, housewives 93.47 %, from lower middle class 69.56% and joint family 76.08 %.84.78% of patients belonged to urban area and 34.78% of patients were having secondary education. In the



present study up to 5 yrs marriage life was observed in 67.39% of cases followed by 6-10 yrs in 30.43% of cases. Maximum numbers of patients i.e. 58.69 % were of second trimester while of 23.99% and 17.39% patients were of third and first trimester, respectively. Maximum numbers of patients selected for the present study were Vegetarian i.e.69.56 %, Dominancy of Rasa wise distribution shows maximum 84.78% of patients were consuming *Madhura Rasa* and 63.04 % of patients were consuming *Katu Rasa*. In present study maximum numbers of patients i.e. 36.95 % were having *Mandagni* followed by 23.91% having *Vishamagni*. Maximum numbers of patients i.e.30.43% were having Vishamashana dietetic habit. 39.13% of patients were having moderate appetite, 34.78% of patients were having addiction of Tea and 4.34 % of patients had the addiction of tobacco. *Divaswapa* was observed in 76.08% of patients, 52.17% of patients had the history of intercourse 1-2 times /week and *Chhardi Nigrahana* was observed in 56.52% of patients.

Among the chief complaints, maximum numbers of patients i.e. 100% were suffering from Yoni Srava, 60.86% of patients were suffering from Yoni Kandu,47.82% of patients were suffering

from Yoni Vedana and only 15.21 % of patients had been suffering from Yoni Daha. PanduPichchhila Yonirava (White Muroid) was present in maximum no. of patients i.e. 69.56%, Dadhivat Yonirava was present in 26.08% of patients and *Jaliya Yonirava* was present in 4.34% of patients. Among the associated complaints, 67.39% patients had been suffering from *Katishula*, 32.60% patients were suffering from *Mutradaha*, 36.95 % patients were suffering from *Udarashula*.

On the basis of per speculum examination, Vaginitis was seen in 56.52% of patients, Vulvitis was seen in 43.47% of patients and Cervicitis was seen in 10.86 % of patients. In vaginal pH test maximum number of vaginal samples i.e. 26.08% indicate vaginal pH 3.0, 23.91% indicate vaginal pH 6.0 and 7.0. On the basis of wet vaginal smear examination, it was observed that 100% patients had pus cells in vaginal smear, 50% patients had fungal hyphae, and 86.95% patients had Gram-ve bacteria organisms in wet vaginal smear.

RESULTS

In trial group, The mean score of *Yoni Srava* was 2.047 before treatment which reduced up to 0.256 after treatment with 87.5 % relief, which was statistically highly significant ($p < 0.0001$). The mean



score of *Yoni Kandu* was 2 before treatment which reduced up to 0.179 after treatment with 91.07 % relief, which was statistically highly significant ($p < 0.0001$). The mean score of *Yoni Vedana* was 1.5 before treatment which reduced up to 0.182 after treatment with 87.88 % relief, which was statistically highly significant ($p < 0.0001$). The mean score of *Yoni Daha* was 1.857 before

treatment which reduced up to 0.286 after treatment with 84.61% relief, which was statistically highly significant ($p = 0.0156$). The mean score of *Yoni Daurgandhya* was 1.111 before treatment which reduced up to 0.111 after treatment with 90 % relief, which was found statistically highly significant ($p = 0.0078$) (Table-5).

Table 5 Effect on Cardinal Features in Trial group

N	Chief complaints	Mean Score		% of relief	S.D (±)	S.E (±)	't+' W	p		
		BT	AT							
42	<i>Yoni Srava</i>	2.047	0.256	87.5	0.55	0.0852	903	903	<0.0001	HS
28	<i>Yoni Kandu</i>	2	0.179	91.0	0.39	0.0737	406	406	<0.0001	HS
21	<i>Yoni Vedana</i>	1.500	0.182	87.8	0.56	0.121	231	231	<0.0001	HS
7	<i>Yoni Daha</i>	1.857	0.286	84.6	0.53	0.202	28	28	0.0156	S
8	<i>Yoni Daurgandhya</i>	1.111	0.111	90	0.50	0.1667	36	36	0.0078	HS

N=number of pairs in Wilcoxon's signed-rank test

In trial Group, The mean score of *Katishula* was 1.133 before treatment which reduced up to 0.567 after treatment with 50% relief, which was statistically highly significant ($p < 0.0001$). The mean score of *Udarashula* was 1.188 before treatment which reduced up to 0.563 after treatment with 47.37% relief, which was statistically highly significant ($p = 0.0078$). The mean score of *Mutradaha* was 1.214 before treatment which reduced

up to 0.0714 after treatment with 94.12 % relief, which was statistically highly significant ($p = 0.0001$). The mean score of *Bhrama* was 1.00 before treatment which reduced up to 0.750 after treatment with 40 % relief, which was statistically non-significant ($p = 0.5000$). The mean score of *Daurbalya* was 1.200 before treatment which reduced up to 0.800 after treatment with 33.33% relief, which was statistically non-significant ($p = 0.5000$) (Table-6).

Table 6 Effect on Associated features in Trial group

N	Chief complaints	Mean Score		% of relief	S.D (±)	S.E (±)	't' W	p		
		BT	AT							
16	<i>Katishula</i>	1.133	0.567	50	0.568	0.104	136	136	<0.0001	HS
8	<i>Udarashula</i>	1.188	0.563	47.37	0.719	0.180	36	36	0.0078	HS
14	<i>Mutradaha</i>	1.214	0.0714	94.12	0.363	0.0971	105	105	0.0001	HS
2	<i>Bhrama</i>	1	0.7500	40	0.5774	0.2887	3	3	0.5000	IS
2	<i>Daurbalya</i>	1.200	0.8000	33.33	0.5477	0.2449	3	3	0.5000	IS

N=number of pairs in Wilcoxon's signed-rank test



In trial Group, The mean score of Vulvitis was 1.050 before treatment which reduced up to 0.000 after treatment with 100% relief, which was statistically highly significant ($p < 0.001$). The mean score of vaginitis was 1.000 before treatment which reduced up to 0.040 after treatment with 96% relief, which was statistically highly significant ($p < 0.001$). The mean score of tenderness (during P/S examination) was

1.500 before treatment which reduced up to 0.182 after treatment with 87.88% relief, which was statistically highly significant ($p < 0.001$). The mean score of foul smell (during P/S examination) was 1.111 before treatment which reduced up to 0.00 after treatment with 100% relief, which was statistically highly significant ($p < 0.001$) (Table-7).

Table 7 Effect on Gynaecological Examination in Trial group

'n'	Clinical Features	Mean Score		% of relief	S.D (±)	S.E (±)	't'	p	
		BT	AT						
20	Vulvitis	1.050	0.000	100	0.224	0.050	21.000	<0.001	HS
25	Vaginitis	1.000	0.040	96	0.200	0.040	24.000	<0.001	HS
22	Tenderness (During P/S examination)	1.500	0.182	87.88	0.568	0.121	10.887	<0.001	HS
9	Foul smell (During P/S examination)	1.111	0	100	0.333	0.111	10	<0.001	HS

In trial Group, The mean score of vaginal pH was 5.023 before treatment which reduced up to 4.209 after treatment with 16.20 % relief, which was statistically highly significant ($p < 0.001$). The mean score of Fungal hyphae was 1.455 before treatment which was reduced up to 0.318 after treatment with 78.12% relief, which was statistically highly significant ($p < 0.001$). The mean score of

Gram -ve bacteria was 1.974, before treatment which was reduced up to 1.632 after treatment with 17.33% relief, which was statistically significant ($p = 0.005$). The mean score of Pus cells was 0.6977 before treatment which reduced up to 0.3488 after treatment with 50% relief, which was statistically significant ($p = 0.012$) (Table-8).

Table 8 Effect on Wet vaginal Smear in Trial group

'n'	Wet vaginal Smear	Mean Score		% of relief	S.D (±)	S.E (±)	't'	P	
		BT	AT						
43	Vaginal pH	5.023	4.209	16.20	1.239	0.1890	4.309	<0.001	HS
22	Fungus	1.455	0.318	78.12	0.560	0.119	9.514	<0.001	HS
38	Gram -ve Bacteria	1.974	1.632	17.33	0.708	0.115	2.978	0.005	S
43	Pus cells	0.6977	0.3488	50	0.869	0.1326	2.630	0.012	S



• Overall Effect of Therapy

In the *Dhatakyadi Varti* group, 15 patients (34.88%) got complete remission and 15 patients (34.88%) had marked improvement. While 08 patients (18.60%) got moderate improvement, 4 patients (9.30%) got mild improvement and 1 patient (2.32%) remained unchanged (Table-9).

Table 9 Overall Effect of Therapy on 43 patients of *UpaplutaYonivyapad*

Status	<i>DhatakyadiVarti</i>	
	No. of Patients	%
Complete Remission (100%)	15	34.88
Marked Improvement (76-99%)	15	34.88
Moderate Improvement (51-75%)	08	18.60
Mild Improvement (26-50%)	04	9.30
Unchanged (up to 25%)	01	2.32

DISCUSSION

Upapluta Yonivyapad is one of *Yonivyapad* which is caused by vitiation of Vata and Kapha Doshas. On the basis of all clinical features and principles of treatment, *Upapluta Yonivyapad* seems to be nearer to Vulvovaginitis during pregnancy.

In the present study *Dhatakyadi Varti* is selected for the local application as referred from the *Charaka Samhita*. Most of the drugs of this *Yoga* have *Kashaya Rasa*, *Ruksha Guna* and *Kapha Dosha Shamaka* properties. They have been

reported as *Stambhaka*, *Garbhashayashothahara*, *Kandughna*, *Twagdosahar*, *Krimighna*, *Dahaprashamana*. They have pharmacological activities like analgesic, anti inflammatory, antimicrobial, antiprotozoal, hypoglycaemic, antiviral and antifungal properties.

There are many drug routes mentioned for administration but the choice is dependent upon physician, disease, as well as condition of patients. The use of any medication in pregnant women requires careful consideration of benefit to the mother versus risk posed to the foetus. Many of systemic drugs are capable of penetrating the placental barrier and entering fetal cord blood, therefore adverse effects of these drugs on the foetus is a valid concern¹⁰. In case of pregnancy many common drugs that are contraindicated in pregnancy as they can cause harm to the foetus. Oral antifungal agents may be unsuitable in pregnancy¹¹. In condition of Vulvovaginal infection during pregnancy local route is to be better as compare to oral because the high concentrations are attained at the desire site without exposing the rest of body¹². The systemic side effect or toxicity is consequently absent or minimal. Oral antiprotozoal like (Metronidazole) and antifungal (Ketoconazole, Fluconazole) are



contraindicate in pregnancy¹³ and causes many side effects like nausea, burning sensation, headache, rashes and gastric discomfort etc¹⁴, they cannot be prescribed to pregnant women. So, use of topical route for the treatment of Vulvovaginal infection during pregnancy is safe and efficient.

In present study maximum numbers of patients were from the age group of 25 to 30 years. This indicates that this disease is a common problem of active reproductive life¹⁵. Most of the ladies were house wives and they were busy in house hold work. So they remained indifferent towards their hygiene and their own well being. Most of patients were of second trimester this suggests that during second trimester, decreased immunity causes decreased local defence mechanism which is also responsible for growth of microorganism. According to *Acharya Charaka*, 5th month onwards Garbhini becomes emaciated, suffers from loss of strength and feels excessively exhausted. Most of patients were from lower middle class, these people cannot get proper diet and hygienic environment. So the chances of malnutrition are higher in lower class. It produces anaemia, low immunity etc. which are general causative factor.

The data shows that the maximum numbers patients were Vegetarian having

Vishamashana and Adhyashana dietetic habits. According to *Acharya Charaka* Adhyashana leads to Agnimandya and produces Ama which is identical to Kapha. It can be *aggravated* and after getting localized in Yoni, produces the disease. Excessive use of unwholesome edibles or unhygienic diet may initiate nutritional deficiency¹⁶. *Madhura Rasa* and *Katu Rasa* dominant diet was found in maximum numbers of patients. Excessive intake of *Katu* and *Madhura Rasa* and can vitiate Kapha and Vata which ultimately may lead to the disease.

In this study, majority of the patients were having disturbed sleep. *Nidralpata* may vitiate Vata, which may lead to Upapluta Yonivyapad. *Divaswapa* was observed in most of the patients. *Divaswapa* provokes the *Kapha Dosha* which ultimately may lead to the disease. Most of patients had the history of intercourse 1-2 times /week. It is mentioned in Ayurvedic classics that Atimaithuna (excessive sexual intercourse) is one of the very important causative factor for all Yonivyapad and during pregnancy prohibited by *Acharaya*¹⁷.

Involvement of Kapha Dosha in Samprapti, gives the cardinal symptoms like Yoni Srava, Yoni Kandu and Yoni Pichchhilata. Excessive discharge causes irritation in vagina, which causes itching;



Yoni Vedana is due to active involvement of Vata Dosha. In modern view, during pregnancy physiologically lowered immunity leads to growth of microorganisms in excess and causes infection of lower genital tract producing excessive discharge, itching, foul smelling and burning sensation in urine etc. On considering the characteristics of *Yoni srava*, according to modern science, mucoid vaginal discharge is found in the infection or inflammation in any part of reproductive organs. Curdy discharge is found in fungal infection while watery discharge is found due to hormonal influence. Bacterial vaginosis is the most common cause of vaginal discharge among women in reproductive age. It is characterized by an increased vaginal pH and the replacement of vaginal lactobacilli (particularly those that produce hydrogen peroxide) with *Gardnerella Vaginalis* and anaerobic Gram negative rods. This study also supports this statement.

CONCLUSION

After scrutinizing the study regarding *Upapluta Yonivyapad* (Vulvovaginitis during pregnancy), final conclusion can be drawn that the *Dhatakyadi Varti* is highly effective in reducing subjective & objective variables of *Upapluta*

Yonivyapad (Vulvovaginitis during pregnancy), & will also help in deriving new conclusion and axioms in the management of *Upapluta Yonivyapad* (Vulvovaginitis during pregnancy).



REFERENCES

1. Das Gupta (2008), Recent adv. In Obs.& Gyn.8, New Delhi, Jaypee Brother Medical Publishers (P)Ltd., p-46.
2. <http://www.meckmanuals.com>.
3. <http://www.medicinenet.com>
4. Agnivesha, Charaka, Dridhabala (2003), *Charakasamhita, ChikitsaSthana, Yonivyapad Chikitsa Adhyaya*30/21-22, edited by Satyanarayana Shastri , Chaukhamba Sanskrit Sansthan, Varanasi.
5. Vriddha Vagbhata,(2005) *Ashtanga Samgraha, Uttartantra*, 38/49 edited by Kaviraja Atrideva Gupta, Chaukhamba Sanskrit Sansthan, Varanasi.
6. Vagbhata, (2005) *AshtangHridaya Uttartantra*, 33/48, edited by KavirajaAtrideva Gupta, Chaukhamba Sanskrit Sansthan, Varanasi.
7. Sharangdhara, (2005) *Sharangdhara Samhita PoorvaKhanda* 7/17, edited by Bramanand Tripathi, Chaukhamba Sanskrit Sansthan, Varanasi.
8. Agnivesha (2003), Charaka, Dridhabala, *Charakasamhita, ChikitsaSthana, YonivyapadChikitsaAdhyaya* a 30/21-22 .edited by SatyanarayanaShastri , Chaukhamba Sanskrit Sansthan, Varanasi.
9. Agnivesha (2003), Charaka, Dridhabala, *Charakasamhita, ChikitsaSthana, Yonivyapad Chikitsa Adhyaya*30/78-81, edited by Satyanarayana Shastri , Chaukhamba Sanskrit Sansthan, Varanasi.
10. Varsha V Moudgal, Jack D Sobel, Antifungal drugs in pregnancy: a review, Division of Infectious Diseases, Department of Internal Medicine, Wayne State University School of Medicine, Detroit Medical Centre, Detroit, USA. Available from:(<http://www.informahelthcare.com/actition>)
11. <http://www.dermnetnz.org/treatment>
12. KD Tripathi (2003), Essential medical pharmacology, 5th edition, New Delhi , Jaypee brothers medical publisher LTD., pg.6.
13. KD Tripathi (2003), Essential medical pharmacology, 5th edition, New Delhi , Jaypee brothers medical publisher LTD., p.g. 750,721.
14. Workowski KA (2006), Berman SM., Sexually transmitted diseases treatment guidelines. Centres for Disease Control and Prevention, MMWR Recomm Rep.
15. KD Tripathi (2003), Essential medical pharmacology, 5th edition, New Delhi , Jaypee brothers medical publisher LTD.,pg.721.
16. V.N.K.Usha, (2010) A text book of streeroga-vijyan, 1st edition,



Delhi,Chaukhamba Sanskrit Sansthan, ,
pg.180.

17. Agnivesha,(2003) Charaka,
Dridhabala, *Charakasamhita, Sutra
Sthana,Yajjapurusiya Adhyay25/40* .edited
by Satyanarayana Shastri , Chaukhamba
Sanskrit Sansthan, Varanasi.