

ROLE OF NIMBADI YONIPRAKSHALANA ON SHWETAPRADARA (LEUCORRHOEA)

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Received: 24-04-2019; Revised: 20-07-2019; Accepted: 25-08-2019

Abstract

Shwetapradara is one of the common complaints in day to day gynecological practice. WHO reported - every year 333 million new cases of curable Vulvovaginal infections (VVI) are registered. 75% women experience at least once vaginal yeast infection during their life time. The word *Shwetapradara*, generally found in *Ayurvedic* classics in the term of *Shwetasarava* or *Yonisrava*. The main of the study is to evaluate the efficacy of the selected drugs on *Shwetapradara* (Leucorrhoea). For the clinical study, Patients were selected from Institute the O.P.D. of the Department of *Stree Roga & Prasooti Tantra*, fulfilling the criteria for selection was included. They were treated with *Nimbadi Yoni Prakshalana* (1000ml once at morning) for duration of 7 days and follow up after 1 month. The effect of therapy were assessed on the basis of relief in signs and symptoms for which special scoring pattern was made. Complete remission was found in 79.17 % of patients, Markedly Improved was found in 18.75%, and 02.08% of patients was improved. Conclusion: The result shows that *Yoni Prakshalana* are highly effective for the management of *Shwetapradara*, So this local remedy may be positively helpful in reliving all vaginal infection and discharge in future.

Key words: *Shwetapradara*; Leucorrhoea; *Nimbadi Yoni Prakshalana*.

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Cite This Article

Grishma Solanki, SamataTomar, Shilpa Donga, Dei LP. Role of Nimbadi yoniprakshalana on Shwetapradara (leucorrhoea). Ayurpharm Int J Ayur Alli Sci. 2019;8(9):123-133.

INTRODUCTION

Leucorrhoea is the most common complaint for which reproductive aged women consult the gynaecologist. About 10% to 41% of women have had Leucorrhoea at least once in their life.^[1] The World Health Organization estimated that there are 333 million new cases of curable Vulvovaginal infections (VVI) per year. A study in India has shown that the prevalence of reproductive tract infections was 37% based on symptoms and 36.7% by laboratory investigations including 31% Candidiasis, 3% Gonorrhoea, 2% Trichomoniasis and 45% Bacterial vaginosis.^[2]

Today's food habits, changing life style and especially due to continuously nagged and accepted as an essential feature of womanhood vaginal discharge has emerged out as one of the commonest reproductive health problem. Regarding the gravity of the disease it neither causes mortality nor morbidity but it create the problem of sexual anxiety and even sometimes fear of carcinoma or failure to conceive. Apart from this, it also causes mental stress, local inconvenience to the patient which deteriorates day to day work and quality of life. Thus it does not cut the years of life but the life of the years.

Shwetapradara is not mentioned as a separate clinical entity in *Ayurvedic* classics, but it can be considered as a symptom in many *Stree Roga*. Mostly all *Acharyas* had described white vaginal discharge as *Shwetapradara*. However, the word "*Shwetapradara*" was firstly mentioned by *Acharya Vrinda Madhava* in 9th century A.D. Later on Commentator *Chakrapani* has explained the word "*Pandure Pradare Iti Shwetapradare...*"^[3] but he had described it in brief.

In the classical texts many systemic and local preparations have been mentioned for the treatment of *Shwetapradara* with avoidance of causative factors (*Nidana Parivarjana*). Out of

them *Nimbadi Yoni Prakshalana*^[4] (vaginal wash with *Azadirachta* and other drugs) as selected for the present clinical study due *Tridosha shamaka* (Pacifies all three vitiated humors), *Krimighna* (carminative, germicidal), *Kandughna* (destroys itching) *Stambhana* (stops the secretions), *Shoshana* (absorbent), *Samgrahi* (ceases secretions), *Kledaghna* (ceases harmful infectious phlegm), *Kaphaghna* (destroys excess Phlegm), *Putihara* (decreases septic conditions), *Vranasodhana* (purifies the wound), *Vranaropana* (wound healing), *Rasayana* (rejuvenating) property.^{[5][6][7][8]}

AIMS AND OBJECTIVES

The present study was planned with the following aims and objectives:

- To study the detail etiopathogenesis of the disease *Shwetapradara* according to *Ayurvedic* and modern science.
- To evaluate the efficacy of the selected drugs on *Shwetapradara* (Leucorrhoea).

MATERIALS AND METHODS

Selection of patients

For the clinical study, Patients were selected from the O.P.D. of the Department of *Stree Roga & Prasooti Tantra*, fulfilling the criteria for selection were included into the study irrespective of caste, religion etc.

A detailed history was filled up in specially prepared proforma on *Ayurvedic* guidelines.

The drugs

The raw drugs for *Nimbadi Yoni Prakshalana* were obtained from Pharmacy of Gujarat *Ayurved* University, Jamnagar.

Plan of study

Criteria for selection of drugs

Selection of drugs

Nimbadi Yoga is *Anubhuta Yoga*^[9] (formula which resulted followed as a consequence) which was used for *Stambhana* (stops the secretions),,, *Krimaighna* (carminative, germicidal), *Kandudhna* (destroys itching), *Vranashodhana*, (purifies the wound), *Vranaropana* (wound healing), *Putihara* (decreases septic conditions), etc. properties.

Preparation of Drugs

Nimbadi Yoni Prakshalana

Reference: *Anubhuta Yoga*^[16] (formula which resulted followed as a consequence) (Table 1)

Ingredients of the formulations are mentioned in Table 2.

Procedure

Nimba Patra, *Triphala Yavakuta* and *Jala* (water) were taken as per above quantity and *Kwatha* (decoction) was prepared by *Kashaya Vidhi* (decoction preparation procedure) and filtered then *Madhu* (honey) and *Sphatika* (Alum) were added to the luke warm *Kwatha* (decoction).^[17]

Criteria for selection of patient

Inclusion criteria of patient

- Only married women were taken for the study.
- The patients having clinical signs & symptoms of *Shwetapradara* (Leucorrhoea).
- The patients who satisfied the diagnostic criteria of *Shwetapradara*.

Exclusion criteria of patient

- Unmarried women were excluded.
- Pregnant women were excluded.
- Patients suffering from Tuberculosis, Sexually Transmitted Diseases like VDRL, HIV, Gonorrhoea, etc. and Genital malignancy, Congenital and any other pathologies of reproductive tract were excluded.

Criteria for diagnosis

- Patients were selected on the basis of wet vaginal smear.
- If any one of *Trichomonas vaginalis* or Fungal Hyphae or pus cells was present in the wet vaginal smear then those patients were registered.

General investigations

Hematological

- Routine Hb, T.L.C., D.L.C. & ESR were carried out in all the patients before & after treatment.

Biochemical test

- VDRL (Venereal Disease Research Laboratory) was carried out in all the patients before starting the course of treatment.
- HIV (Human Immunodeficiency Virus) was done if clinical correlation was found.
- R.B.S. (Random Blood Sugar), F.B.S. (Fasting Blood Sugar) & PP₂BS (Post prandial 2 blood Sugar) was carried out if required.

Urine

- Urine Routine and Microscopic examination was carried out in all the patients before & after treatment.

Specific investigations

- Vaginal wet smear and vaginal pH test was carried in all the patients before & after treatment.
- Vaginal swab culture was carried if required.
- Ultra Sonography for uterine and adnexal study was carried if required.

Method of Research

- The method adopted in present study is open randomized clinical trial.
- Total 48 patients were registered in present clinical study.

Treatment protocol - Method of administration of *Yoni Prakshalana*

- *Nimbadi Kwatha* was taken in a sterile douche container.
- Patient was advised to empty the bladder.
- Then asked to lie on her back with thighs flexed on examination table.
- Sterile vaginal nozzle was inserted in vagina without lubrication.
- Then slowly washed with 1000 ml *Nimbadi Kwatha* in clockwise & anticlockwise direction.
- After vaginal wash patient was advised to cough for expulsion of the remaining *Kwatha* from vagina.

Posology is mentioned in Tabel 3.

Advice

- To avoid intercourse during the course of treatment.
- To avoid spicy, fried, bakery items and fermented items and over eating.
- To avoid mental stress.
- To take green leafy vegetables, simple food and milk.

Notification of complications

There is a possibility of pelvic inflammatory disease (PID) as complication of Douche. Regular users of vaginal douches face a significantly higher risk of developing pelvic inflammatory disease (PID) - a chronic condition that can lead to infertility or even death, if left untreated.^[18]

Criteria for assessment – 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.

Objective criteria

- Assessment of the therapy was also carried out by comparing the B.T. and A.T., values of Routine Haematological and Routine & Microscopic Urine investigation. Scoring pattern of wet vaginal smear was not available in any text book.
- Wet vaginal smear reading pattern was not available in any textbook. However, suitable scoring pattern was prepared to assess the effect of therapy as follows:

Criteria for the assessment of overall effect of the therapy

The total effect of treatment was assessed in the terms of completely cured-- 76-100% relief in the signs and symptoms, moderate improvement--51-75% relief in the signs and symptoms, mild improvement -- 26-50% relief in the signs and symptoms and no change -- <25% changes in the signs and symptoms.

Wet vaginal smear reading score pattern mentioned in Table 4.

Table 1: Contents of Nimbadi Yoga

No.	Drug	Latin Name	Family	Part used
1.	<i>Nimba</i> ^[10]	<i>Azadirachta indica</i> A. Juss.	Meliaceae	Leaf
2.	<i>Amalaki</i> ^[11]	<i>Emblica officinalis</i> Linn.	Euphorbiaceae	Fruit
3.	<i>Haritaki</i> ^[12]	<i>Terminalia chebula</i> Retz.	Combretaceae	Fruit
4.	<i>Bibhitaki</i> ^[13]	<i>Terminalia bellirica</i> Roxb.	Combretaceae	Fruit
5.	<i>Madhu</i> ^[14]	<i>Apis cerana</i> Fabr.(source)	Apidae	-
6.	<i>Sphatika</i> ^[15]	-	-	-

Table 2: Ingredients of Nimbadi Yoni Prakshalana

No.	Ingredients	For 1time Yoni Prakshalana
1.	<i>Nimba Patra</i>	200 g
2.	<i>Triphala Yavakuta</i>	50 g
3.	<i>Jala</i>	1500 ml
4.	<i>Madhu- Prakshepa</i>	20 ml
5.	<i>Sphatika -Prakshepa</i>	10 g

Table 3: Posology

Drug	Method	Route	Dose	Duration	Follow up
<i>Nimbadi yoga</i>	<i>Yoni Prakshalana</i>	Vaginal	1000ml	7 days	After 1 month

Table 4: Wet vaginal smear reading score pattern

1. Based on cellular (Pus cell / Epithelial cell)		
0-5 pus/hpf		0
6-25 pus/hpf		1
26-50 pus/hpf		2
51-100 pus/hpf		3
>100 pus/hpf		4
2. Based on fungal hyphae		
Occasional		0
Few		1
Many		2
Plenty		3
3. Based on Trichomonas vaginalis organism		
No organism seen/field		0
1-5 organisms seen/field		1
5-10 organisms seen/field		2
More than 10 organisms seen/field		3

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. During the follow up study further recurrence in the signs & symptoms were recorded.

OBSERVATION AND RESULTS

48 patients of *Shwetapradara* were registered and all completed the course of the treatment with follow up.

In present study most of the patients were belonging to the age group of 20-30yrs (47.92%), (43.75%) were having education up to graduation, belong to middle class (58.33%) and (100%) were coming from urban habitat.

Chief complaint - Observation of present study showed that maximum patients were having *Pandu Pichhhila Srava* (pale unctuous discharge) (70.83%), *Pooyabha Srava* (like a pus discharge) (64.58%), *Dadhivata Srava* (curdy discharge) (27.08%) and *Jaliya Srava* (watery discharge) (22.92%) with *Yoni Kandu* (vaginal itching) (97.92%), *Yoni Daurgandhya* (foul smelling vagina) (100%), *Yoni Pichhhilata* (vaginal unctuousness) (35.42%), mild *Yoni Vedana* (mild vaginal pain) (20.83%), *Yoni Daha* (burning sensation in vagina) (14.88%) *Yoni Shitalata* (coldness of vagina) (8.33%), and severe *Yoni Vedana* (severe pain in vagina) (4.17%). Also most of patients complained of *Katishoola* (backache) (93.75%), *Angamarda* (bodyache) (60.42%), *Mutradahav* (burning micturation) (39.58%), *Udarshoola* (abdominal pain) (35.42%), *Daurbalyata* (weakness) (20.83%) and *Panduta* (pallor) (4.17%). While maximum patients had chronicity of 1-6 months (31.25 %) and (93.75%) had gradual onset with previous history of consuming modern medicine orally (91.66%) and using vaginal suppository or cream (85.41%)

Majority of patients had regular menstrual cycles (75.00%), (56.25%) were multiparous, frequency of intercourse was more than 4 times/week (66.67%) and (56.25%) did not use any type of contraception.

While during per speculum examination maximum patients had profuse *Yoni Srava* (97.91%), offensive odour(100.0%), fiery red appearance of vaginal wall (95.83%), cervicitis (89.58%) and cervical erosion (37.5%).

Wet vaginal smear examination shows that maximum patients were having pus cells (100%), fungal hyphae (77.08%) and *Trichomonas vaginalis* (6.25%) in wet vaginal smear. Vaginal pH examination reveals that maximum patients had vaginal pH 4 (37.5%). (Table 5 to Table 12)

DISCUSSION

Shwetapradara (Leucorrhoea) is the most common complaint for which reproductive age women consult the gynaecologist.

The term leucorrhoea means a running of flow of white substances.^[19] It should be restricted to those conditions where the normal vaginal secretion is increased in amount and the discharge is macroscopically and microscopically non-purulent. But in generic term leucorrhoea is used to describe any white or yellowish – white discharge from the vagina.

The causative factors of leucorrhoea can be correlated with many *Stree Rogas* (female disorders) in our classics on the basis of similar signs and symptoms. Among them in some condition *Yoni Srava* (vaginal discharge) is described as a symptom.

Yoni Srava (vaginal discharge) is directly mentioned as a symptom in *Parisruta Jataharini*, *Asthi Srava*, *Somaroga*, *Kaphaja Asrigdara* and *Yonivyapada* like *Vatala*, *Pittala*, *Shleshmala*, *Sannipatiki*, *Acharana*, *Atyananda*, *Aticharana*, *Upapluta*, *Paripluta*, *Prasramsinee*, and *Phalinee*; and *Jarayu Roga*. (These are the Sanskrit names of vaginal diseases which can't be correlated with any modern vaginal diseases. Some symptoms seems to be alike but can't be correlated totally.)

Table 5: Effect of Nimbadi Yoni Prakshalana on Yonitah Lakshana of 48 patients of Shwetapradara

'n'	Yonitah Lakshana	Mean Score		% of relief	S.D. (±)	S.E. (±)	't'	P
		B.T.	A.T.					
48	Yonitah Srava	2.13	0.25	88.26	0.39	0.06	33.08	<0.001
48	Yoni Daurgandhya	2.08	0.04	98.00	0.41	0.06	34.47	<0.001
48	Srava Consistency	2.40	0.27	88.70	0.49	0.07	30.09	<0.001
47	Yoni Kandu	2.11	0.53	74.75	0.50	0.07	21.60	<0.001
7	Yoni Daha	1.42	0	100.00	0.53	0.20	7.07	<0.001
12	Yoni Vedana	1.33	0.83	93.75	0.62	0.18	6.97	<0.001

Table 6: Effect of Nimbadi Yoni Prakshalana on associated symptom of 48 patients of Shwetapradara

'n'	Associated symptom	Mean Score		% of relief	S.D. (±)	S.E. (±)	't'	P
		B.T.	A.T.					
43	Katishoola	2.02	0.86	57.78	0.48	0.07	15.13	<0.001
17	Udara Shoola	1	0.29	70.59	0.58	0.14	4.95	<0.001
19	Mutra Daha	1.10	0.32	71.42	0.85	0.20	4.02	<0.001

Table 7: Effect of Nimbadi Yoni Prakshalana on gynaecological examination finding of 48 patients of Shwetapradara

'n'	Gynaecological examination	Mean Score		% of relief	S.D. (±)	S.E. (±)	't'	P
		B.T.	A.T.					
17	Vulvitis	1.17	0.06	95.00	0.33	0.08	13	<0.001
46	Vaginitis	2.10	0.11	94.84	0.36	0.05	37.14	<0.001
43	Cervicitis	1.34	0.04	96.55	0.46	0.07	18.38	<0.001
36	Local Tenderness	1.52	0.03	98.18	0.56	0.09	16.05	<0.001

Table 8: Effect of Nimbadi Yoni Prakshalana on wet vaginal smear finding of 48 patients of Shwetapradara

'n'	Investigation	Mean Score		% of relief	S.D. (±)	S.E. (±)	't'	P
		B.T.	A.T.					
3	Trichomonas vaginalis	1.33	0	100	0.58	0.33	4	<0.001
37	Fungal Hyphae	2.05	0.27	86.84	0.58	0.10	18.58	<0.001
48	Pus cells	1.62	0.27	83.33	1.02	0.14	9.19	<0.001
00	Epithelium cells	-	-	-	-	-	-	-
48	Vaginal pH	4.71	3.87	18.14	1.33	0.19	4.42	<0.001

Table 9: Effect of Nimbadi Yoni Prakshalana on routine hematological investigations of 48 patients of Shwetapradara

N	Investigation	Mean Score		% of relief	S.D. (±)	S.E. (±)	't'	P
		B.T.	A.T.					
48	Hb	11.13	11.12	0.09	0.45	0.06	0.16	>0.05
48	TLC	7466.67	7216.67	3.35	1038.82	149.94	1.67	>0.05
48	N	60.25	59.25	1.66	9.05	1.31	0.77	>0.05
48	L	33.06	33.81	-2.27	8.29	1.20	-0.63	>0.05
48	E	3.5	3.40	2.98	1.61	0.23	0.45	>0.05
48	M	3	3.19	-6.25	1.44	0.21	-0.90	>0.05
48	ESR	24.23	21.42	11.61	12.45	1.80	1.56	>0.05

Table 10: Effect of Nimbadi Yoni Prakshalana on routine Urine investigations of 48 patients of Shwetapradara

'n'	Investigation	Mean Score		% of relief	S.D. (±)	S.E. (±)	T	P
		B.T.	A.T.					
11	Urine Albumin	0.55	0.73	-7.64	0.41	0.06	-0.70	>0.05
46	Urine pus cell	4.61	5.48	-18.08	15.99	2.31	-0.36	>0.05
41	Epithelial cell	1.63	1.51	6.37	1.36	0.20	0.53	>0.05
03	RBC	0.33	2	-31.25	0.63	0.09	-1.15	>0.05
05	Cal. Oxalate	2	1.6	2.08	1.18	0.17	0.24	>0.05
00	Granuloma cast	-	-	-	-	-	-	-

Table 11: Overall Effect of Therapies on 48 patients of Shwetapradara

Status	Nimbadi Yoni Prakshalana	
	No. of patients	%
Complete remission	38	79.17
Markedly Improved	09	18.75
Improved	01	02.08
Unchanged	00	00.00

Table 12: Complications during course of treatment on 48 patients of Shwetapradara

Complication	Total	%
Abdominal pain- mild	02	1.87
Abdominal pain- severe	01	0.94

Some conditions in which *Yoni Srava* (vaginal discharge) has not been described as a symptom in our classics but it can be the cause of leucorrhoea are *Yonivyapada* like *Lohitakshara*, *Karninee*, *Shushka*, *Maha Yoni* and *Vipluta*; *Artava Dushti* like *Pittaja*, *Kaphaja*, *Kunapagandhi*, *Granthibhuta*, *Putipuyabha* and *Mutrapurishgandhi*; *Asrigdara* like *Pittaja* and *Sannipataja*; and *Upadansha* like *Rati roga* (These are the Sanskrit names of vaginal diseases which can't be correlated with any modern vaginal diseases. Some symptoms seems to be alike but can't be correlated totally)

According to *Ayurveda*, the root or ultimate cause of any disease is the vitiation of either one or more of the three *Doshas* (humors) by one or more of its *Guna* (property). While studying the various conditions in which *Shwetapradara* (leucorrhoea) is described, *Kapha* (phlegm) can be considered as main causative *Dosha* (humors) by its vitiated

Snigdha (Slimmy and sebaceous) and *Pichchhila* (unctuous) properties.

Acharya Charaka has clearly mentioned that any type of *Yoniroga* (vaginal diseases) does not occur without the involvement of *Vata* (airy element that controls all the activities of the body and mind) *Dosha* (humors).^[20]

Though *Kapha* (phlegm) & *Vata* (airy element) seem to be leading *Doshas* (humors) responsible for *Shwetapradara* (leucorrhoea) but the role of *Pitta* (the bilious humor) can not totally be neglected here, as it is said to be responsible for *Paka* (ripening or growing of the disease).^{[21][22]} Most of the leucorrhoea are the consequence of urogenital infections and thus, vitiation of *Pitta* (the bilious humor) should also be given due attention. Thus *Shwetapradara* (leucorrhoea) can be considered as a *Kapha-Vata* (phlegm & airy element) predominant *Vyadhi* (disease).

The management of leucorrhoea should be conducted according to the causative factors. Physiological leucorrhoea needs no treatment but only proper counseling.

In *Ayurveda* many pharmaceutical preparations have been mentioned for the treatment of *Shwetapradara* (leucorrhoea). *Acharya Charaka* has mentioned to use *Madhuyukta Varti* (honey stick) of *Kashaya Rasa Dravyas* (astringent drugs) in *Shwetapradara* (leucorrhoea) *Chikitsa* (treatment).^[23] For the treatment of *Shwetapradara* (leucorrhoea) many *Kashaya* drugs (astringent drugs that can stop the secretions) are available in Classics. From such recipes, *Nimbadi Yoni Prakshalana* (vaginal wash with *Azadirachta* and other drugs)^[24] has been selected for this study. *Yoni Prakshalana* (vaginal wash) was selected for the present clinical study because it is one of the best ways to treat vaginal infections and also a purification process for genital organs

Effect of therapy

Nimbadi Yoni Prakshalana (vaginal wash with *Azadirachta indica* and other drugs) had shown statistically highly significant ($P < 0.001$) result on *Yonigata* (vaginal) and associated symptoms but percentage of relief is higher on *Yonigata Lakshanas* (vaginal symptoms) than in associated symptom.

Also statistically highly significant ($P < 0.001$) results were observed on vaginitis, cervicitis, vulvitis and local tenderness.

Nimbadi Yoni Prakshalana (vaginal wash with *Azadirachta indica* and other drugs) provided 100% relief in *Trichomonas vaginalis* while statistically highly significant ($P < 0.001$) results were found in fungal hyphae and pus cells in wet vaginal smear examination. While on vaginal pH insignificant result ($P > 0.05$) was found.

The overall effect of the therapy on 48 patients of *Shwetapradara* (leucorrhoea) shows 79.17% of patients were remission completely, 18.75% of patients were markedly improved and only 2.08% patient improved.

During follow up study no patient had complaint of recurrence of symptoms within 1 month. But after 6 months 4 Patients had complained of recurrence of *Shwetapradara* (leucorrhoea).

During procedure of *Yoni Prakshalana* (vaginal wash) 3 patients had abdominal pain. Out of them 2 had mild abdominal pain and 1 had severe abdominal pain.

No major adverse effects were reported in any group.

Probable mode of action of *Nimbadi Yoga*

Nimbadi Yoga^[25] constituents are *Nimba Patra* (leaves of *Azadirachta indica*), *Triphala Yavakuta* (coarse powder of *Embelia ribes*, *Terminalia chebula*, *Terminalia bellerica* in same parts), *Su. Sphatika* (purified Alum) and *Madhu* (honey) has *Tridosha shamaka* (Pacifies all three vitiated humors), *Krimighna* (carminative, germicidal), *Kandughna* (destroys itching), *Stambhana* (stops the secretion), *Shoshana* (absorbent), *Samgrahi* (ceases secretion), *Kledaghna* (ceases harmful infectious phlegm), *Kaphaghna* (destroys excess Phlegm), *Putihara* (decreases septic conditions), *Vranasodhana* (purifies the wound), *Vranaropana* (wound healing), *Rasayana* (rejuvenating) as well as antimicrobial, antifungal, antibacterial, antiviral, antioxidant, Immunomodulator properties.

So, Probable mode of action of *Nimbadi Yoga* (formulation of *Azadirachta* and others) can be understood as:

- *Yoni Shodhan* (Clean the vagina) - by *Vrana Shodhana* Property
- Restrain *Srava* (secretions) - *Kashaya* (astringent), *Tikta* (bitter) and *Katu* (pungent) *Rasa* (taste) *Laghu* (light) and *Ruksha* (dry) *Guna* (property).
- Kill causative microorganism – *Krimighna* (diminishes worms and germs), antimicrobial, antibacterial, anti fungal, antiviral properties
- Rejuvenate the epithelium - *Rasayana Prabhava* (special action of rejuvenating tissues), antioxidant and *Madhura Rasa* (sweet taste) property like *Prinana* (nourishing the life), *Jivana* (life giving) etc.
- Improving the body defense system - Immunomodulator property

Leucorrhoea, the abnormal vaginal discharge is quite frequently met in day to day gynecological practice. Vaginal discharge was one of the commonest symptom reported by women in India.^{[26][27][28]}

CONCLUSION

Nimbadi Yoga (formulation of *Azadirachta* and others drugs) is preferred for its *Tridosha shamaka* (Pacifies all three vitiated humors), *Krimighna* (carminative, germicidal), *Kandughna* (destroys itching), *Stambhana* (stops the secretion), *Shoshana* (adsorbent), *Samgrahi* (ceases secretions), as well as antimicrobial, antifungal, antibacterial property. *Nimbadi Yoni Prakshalana* are highly effective modalities for the management of *Shwetapradara* (leucorrhoea).

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Source of Support: Nil

Conflict of Interest: None Declared