



PHYSIOLOGICAL STUDY OF ARTAVAVAHA SROTAS AND MANAGEMENT OF SWETA PRADARA WITH MADHU AMALAKI CHURNA

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ABSTRACT

In Ayurveda, the concept of *Srotas* has been propagated very specifically. They are integral part of the body. Body is composed of numerous *Srotas* which have a significant role in maintenance of equilibrium of body elements. They are responsible for maintenance of health as well as disease condition. *Srotas* is a channel through which different elements undergo transformation, circulation and transportation. Pathological changes occur in the body due to *Srotosanga*, *Srotodushti* etc. The word *Srotas* is derived from Sanskrit root “*Srugatau* (*Sru* + *Tansi* = *Srotas*)”, which means moving, filtering, flowing, secreting and leaking. *Sraavanat Srotanshi* means the “structure through which *Sraavanam* (flow) occurs”. As per Chakrapani, *Sraavanat* means *Sravarnam* of *Rasadi Poshya Dhatu*. *Srotas* are the channel of circulation which carries the *Dhatus* undergoing transformation to their destination. According to Acharya Sushruta there are two roots of *Artav-vaha srotas*, *Garbhasaya* (uterus) and *Artav - vaha Dhamani*. Here *Artav-vaha Srotasis Antermukh Srotas* which is also known as *Yogvahi srotas*. Here *Artava* is the menstrual blood and *Artav vaha Srotas* is the part of female reproductive system which is responsible for the formation of menstrual blood and the passage which carry the menstrual blood during menstrual cycle. We can consider all the systems including hormones secretory glands which are responsible for the formation of menstrual blood and its mensuration at righttime eg. Ovary and its follicle. Due to the injury in *Artav vaha srotas* infertility, sexual intolerance, amenorrhea symptoms can be seen. In last *Artav vaha srotasa* may be considered ovary, uterus, uterine endometrium, uterine arteries, cervix, vagina etc. *Swetapradar* is not an individual disease but seen as a symptom in various *Yonivyapad*. But sometimes the symptom is so severe that it affects routine activities of women. *Leucorrhoea* has been discussed in modern texts as pathological and physiological. In spite of various research projects, satisfactory information is not available yet. Hence, more detail study and research need to be conducted. Due to modern lifestyle, physical and mental stress has been increased a lot; also diet is lack in nutritive value. This indeed leads to increase in number of patients of *leucorrhoea*. Modern medicines give symptomatic relief along with some side effects. Keeping this point of view in mind a medicine which not only reduces *leucorrhoea* but also improves the general health of the patients was planned for study. *Amalaki* (*Embliaofficinalis*) is *kaphavatta shamak*, *pradarnashak* as well as *Tridoshaghna* and an excellent *rasayan*. So, an effort was made to use *Amalaki churna* in *leucorrhoea*, as it is easily available, easy to administer and cost effective.

AIMS AND OBJECTIVES

- To review Ayurvedic and modern texts related to *Artava vaha srotas* and *Sweta pradara*.
- To study the effect of *Madhu Amalaki Churna* in *Leucorrhoea*.
- To give relief to patients suffering from *leucorrhoea* and associated symptoms.
- To improve the immunity of patient by *rasayan* action of *Amalaki*.

Artava Vaha Srotas

Ayurveda is most ancient medical science having all the part of medical including anatomy, physiology,

pathology, medicine etc. brief anatomical description of human body is given in *Sharir-sthan* of every text of Ayurveda. *Srotasas* are the peculiarity of Ayurvedic medical science describing the systems of body. *Srotasas* are considered as secretory channels of the body. *Srotasas* are the hollow spaces of our body which transport the *parinam prad dhatu* (essence of the food) from one place to another place. *Srotasas* are the systems or the part of the body systems or the secretory channels which are responsible for the secretions or transportation of *Dhatus*. *Purush* (Live being) is considered as the combination of *Srotasas*.

According to Acharya Sushruta there are two roots of *Artav-vaha srotas, Garbhasaya (uterus) and Artav - vaha Dhamani*. Here artav-vaha srotasis antermukh srotas which is also known as yogvahi srotas. Here Artava is the menstrual blood and Artav vaha Srotas is the part of female reproductive system which is responsible for the formation of menstrual blood and the passage which carry the menstrual blood during menstrual cycle. We can consider all the systems including hormones secretory glands which are responsible for the formation of menstrual blood and its mensuration at right time eg. Ovary and its follicle. ***Due to the injury in Artav vaha srotas infertility, sexual intolerance, amenorrhea symptoms can be seen.*** Ayurveda explained different structures or parts of the Artavavaha Srotas which are similar to the structures of the female reproductive system.

Swetapradara in Ayurveda

In Ayurvedic literatures like Brihatrayee, there is no separate entity of Swetapradara as a disease but there are many Stree Rogas in which Swetapradara is considered and described as a symptom. However, sometimes this symptom is so severe that, it over shadow symptoms of actual diseases and women seek for the treatment of only this symptom.

Acharya Charaka has also explained that symptoms of disease themselves also constitute disease.

While commenting on above reference Chakrapani has said that any symptom may manifest as a separate disease. Keeping this scene in mind and looking at the high prevalence of the ailment, an attempt has been made to study the Shwetapradara as a separate disease entity.

Etymology

The word *Swetapradara* consists of two parts viz. *Sweta* and *Pradara*.

Sweta

Shukla, Shubhra, Suchi, Shweta, Vishada, Sweta, Pandura, Avadata, Sita, Gauri, Balaksha, Dhavala, Arjuna, Harina, Pandura and Pandu are synonyms of the word Sweta. Out of them Shukla to Arjun is used for **pure white** and Harina & Pandur is used for **yellowish white colour**. The word Sweta explains for the nearest colour to white.

From these meanings the **whitish or yellowish white colour** can be considered under the Sweta Varna. It is also used to denote the "colour of Sphatika".

The word Sweta is also used to denote the colour, which cannot be distinguished to a particular one or which cannot be brought under a specific colour. Thus, the general meaning of the word "Sweta" is white colour.

Pradara

Sushruta has defined Pradara in the term of Asrigdara and explained it as an excessive discharge of menstrual blood (Artava). But in relation to Swetapradara, the word gives the meaning of fear, which is derived from the root 'Dri Bhaye' to give the meaning of some unwanted feelings or thoughts. Thus, the ordinary meaning of the word "Swetapradara" is excessive secretion of white substance. The word Swetapradara has not appeared in great trios, but all Acharyas of Brihatrayee had described Swetapradara in term of Yonisrava as a symptom in many Yoni rogas. Commentator Chakrapani, Sharangadhara Samhita, Bhavaprakasha and Yogaratnakara have used the word Swetapradara for white vaginal discharge. Acharya Sodhala has described the disease entity Swetapradara in Gada Nigraha (Ga. Ni. Pradara Chikitsa 2).

Classification of Swetapradara

Swetapradara has been described as a symptom in many ancient classics. Almost all the Acharyas have mentioned Yoni Srava, but the references are scattered in description of different disease entities. All such references where Swetapradara has been told as a symptom are collected and classified as follows

1. Physiological Swetasrava

2. Pathological Swetasrava

1. Physiological Swetasrava

Ghrita melts when it come in contact with fire, like wise women secrete Artava during coitus. Acharya had also described that when two hypersexual women indulge in sexual act; they secrete Sukra in each other, which results in fetus devoid of bones.

Acharya Vagbhatta has clarified it and said that a physiological discharge of women which is secreted during the sexual act is incapable of conception.

Practically, in human being coitus does not initiate ovulation, thus it is not advisable to accept Artava (Stree Shukra) excreted during coitus as ovum, this may be considered only as local discharges of female reproductive system coming out during coitus.

2. Pathological Swetasrava

While going through the ancient Ayurvedic texts; several disease entities, those come with Yonisrava as a clinical feature may correlate with leucorrhoea. Thus various general & local pathological conditions described as a causative factor of leucorrhoea in modern science are mentioned here as Swetapradara. Out of them, in some conditions Yonisrava described directly as a symptom and others conditions which may be cause of Swetapradara indirectly.

DRUG REVIEW

In Ayurveda Aushadha is considered as one of the four fold constituents of Chikitsa- Chatushpada and it has been placed next to the physician.

The drug is an agent which a physician employs as an instrument in restoring the equilibrium of the body tissues.

In Modern ages (WHO) stresses importance of drug and defines it as a substance or product that is used or intended to be used to modify or explore physiological status for the benefit of the recipient which is nearer to the Ayurvedic view.

Ayurvedic and Modern texts have described variety of drugs in Leucorrhoea.

In spite of this Amalaki churna with Madhu was selected for research purpose as many patients with leucorrhoea suffer from generalized weakness and Amalaki is responsible to reduce leucorrhoea and its associated symptoms along with weakness by its Rasayan action.

Madhu Amalaki Churna mentioned in Charak Chikitsa Sthana in Chapter Yonivyapada.

For the cure of Pandura Asragdara (Leucorrhoea) and for its associated ailments the patient should use the following treatment given by Charak. The powder or Swarasa of Amalaki should be mixed with Honey and made to a Lehya which patient should use.

Pharmacological Review of Amalaki

Botanical name: Phyllanthus Embilca.

Syn: Emblica Officinalis.

Family: Euphorbiaceae

Amalaki is considered to be one of the best drugs in Ayurveda. It is considered to be Dhatri which nurtures the human kind. In Hindu mythology it is regarded as an important and sacred tree.

Amalaki is worshipped as mother earth. Kartik Mahatma and Vrat Kaumudi order the worships of this tree. The leaves are offered to the lord in the Shree Satyanarayana Vrata. The fruits and flowers are also used in worship.

It is also mentioned in Upanishads, Kalpasutra, Panini's Astadhyayi and Patanjali's Mahabhasya. In Shankayana grihyasutra's commentary Amalaki is considered best among fruits. For bridal bathing prior to wedding Amalaki with other medicines are advocated by Katagruhyasutra. Amalaki is mentioned for Bharani Nakshatra under "Nakshatra Vraksha" (Raja Nighantu, page 327).

Ayurvedic properties

Rasa: Amla, Madhura, Kashaya, Tikta, Katu.

Guna: Guru, Ruksha, Sheeta.

Veerya: Sheeta.

Vipaka: Madhura

Doshaghatana: Tridoshashamaka.

Part used: Root bark, Stem bark, Leaf, Fruit, Seed.

Dose: Fruit powder: 3-6 grams.

Synonyms: Vayasya, Dhatriphala, Amritaphala, Tishyaphala.

Gana: Cha. – Vayasthapana, Virechanopaga.
Su. – Triphala, Parushakadi.

Karma: Rochana, Deepana, Anulomana, Shoolaprashamana, Kaphaghana, Jwaraghna.

Rogagnata: Kasa, Shwasa, Yakshma, Jeerna, Jwara, Kshaya, Daurbalya.

Pharmacological activities: Antimicrobial, Anti-inflammatory, Antifungal, Antioxidant, Immunomodulatory, Mild CNS depressant.

Mechanism of action

- Amalaki churna is found effective in leucorrhoea by its Rasa, Guna, Virya and Vipaka.
- Prithvi and Ap Mahabhuta are responsible for reducing weakness, Vayu Teja and Aakash mahabhuta decreases Kleda, Foul Smell and Discharge.
- Madhura Rasa leads to Balya, Dhatuposhana and Shoolprashaman action.
- Amla rasa causes Agnidipana.
- Katu, Tikta, Kashaya rasa reduces Kleda, secretions and pus formation.
- According to modern texts malnutrition or ill health is one of the major causes of leucorrhoea. Thus Amalaki stands best in Leucorrhoea by rasayan action.

MADHU

Latin name: Apis Cerana Fabr.

Family: Apidac.

English name: Honey (Bees Honey).

Ayurvedic Properties

Rasa: Madhura, Kashaya.

Guna: Laghu, Ruksha, Sheeta.

Virya: Sheeta.

Vipaka: Katu.

Doshakarma: Tridoshashamaka (Sushruta)
Kaphahara.
Vatakaraka.

Karma: Lekhana, Chedana, Yogavahi, Balavardhaka, Prasadaka, Agnivardhaka, Sukshmamarganusari, Hridya.

Rogaghana: Agnimandya, Shwasa, Hikka, Kasa, Krimi, Trishna, Vamana.

Purana Madhu act as **Kaphavata shamaka**, the **Grahi Guna** present in the Madhu act as **Amapachaka and Sthambaka**. The **Lekhana Guna** helps to destroy the **Sanga** and act as **Srotomukha Vishodhaka**, because of its Yogavahi Guna, it enhances the qualities of Amalaki churna, without leaving its properties when combines with Amalaki.

Preparation of Drug

Fruit of Amalaki were collected and cut into pieces, the seeds were separated and fruit parts were dried in shade under proper supervision so that no fungal infestation

takes place. The dried fruit were powdered with the help of a pulveriser. The obtained powdered was sieved and given to the patients for internal use.



1. Amalaki Fruit

2. Dried Amalaki (Without Seeds)

MATERIAL AND METHODS

For the clinical study, 30 patients were selected from the OPD and IPD Department of Stree roga & Prasooti Tantra of JIAR. Patients fulfilling the criteria for selection were integrated into the study irrespective of caste, religion etc.

Drug: Amalaki churna with Madhu.

Dose: 3gm of Amalaki churna mixed with honey. Paste made given to Patient two times daily 1hr. after meals.

Duration of study: Two months.

Inclusion criteria

- Women of age group 16-45yrs were taken.
- Patients having clinical signs and symptoms of Sweta Pradara.

1. Yonisrava.
2. Yonikandu.
3. Yonidaha.
4. Yonivedana.
5. Yonigandha.

Exclusion criteria

The following patients were excluded from the Study:

- Cervical erosions.
- Cervical Polyp.
- STD.
- Malignant conditions.
- Pregnancy.
- Perperium.
- Menopausal women.

Criteria for Assessment

- The improvement in the patient was assessed mainly on the basis of relief in signs and symptoms of the disease.
- To assess the effect of medicine all signs and symptoms was scored depending upon their severity.

Scoring Pattern

Yoni srava	Score
• No c/o Discharge	0
• Slight Discharge (Vulval moistness)	1
• Moderate Discharge (staining of undergarment but area of staining less than 10cm square)	2
• Heavy Discharge (Staining area more than 10-20cm sq or patient needs to use pad)	3

Yoni kandu	Score
• No itching	0
• Occasional (mild feeling of irritability)	1
• Moderate (Disturb daily routine, increased after specific time Menstruation and micturition)	2
• Severe (Affect routine activity, No relief after taking medicines)	3

Yoni daha	Score
• Absent	0
• Occasional (Mild feeling of burning sensation)	1
• Moderate (Disturbs daily routine, Needs medicine)	2
• Severe (Affects routine activities, no relief after taking medicine)	3

Yoni vedana	Score
• No pain	0
• Occasional (Feeling of pain only during movement but no pain during rest)	1
• Moderate (Feeling of pain even during rest but relieved after medicine)	2
• Severe pain (continuous feeling of pain, radiating and not relieved during rest)	3

Gradation on associated symptoms

Katishool (Low backache)	Score
• No pain	0
• Occasional	1
• Mild pain (At special time of menses, with excessive work load, intercourse)	2
• Severe pain (No relief after taking medicine)	3

Udara shoola (Pelvic pain)	Score
• No pain	0
• Occasional	1
• Moderate	2
• Severe	3

Mutradaha (Burning micturition)	Score
• Absent	0
• Occasional	1
• Moderate	2
• Severe (Patient want to avoid micturition)	3

Criteria for the assessment of overall effect of therapy

The total effect of treatment was assessed in the terms of marked Improvement, Moderate Improvement, Mild Improvement and No change.

No response	No changes in signs and symptoms
Mild improvement	20-45% relief in the signs and symptoms.
Moderate improvement	45-75% relief in the signs and symptoms.
Marked improvement	>75% relief in the signs and symptoms.

OBSERVATIONS AND RESULTS

A total of 30 Patients were screened for the study.

All Patients were registered and examined before and after the treatment and data recorded according to the case sheet format.

Changes in both the subjective and objective parameters were recorded. The data recorded are presented here under the following headings:

- Demographic data.
- Data related to the disease.

- Data related to the response.

Effect of Madhu Amalaki Churna On Yonisrava

Among 30 Patients, 20(66.7%) patients had severe discharge per vagina, 6(20%) patients had moderate discharge per vagina and 4(13.3%) Patients had mild discharge per vagina before the Clinical trial. After trial 6 patients got complete relief from discharge with 20% result, 11(36.7%) patients remained with mild degree of discharge and 13(43.3%) patients remained with moderate degree of discharge.

Yonisrava	Before Treatment	After Treatment	Before Treatment %	After Treatment %
No Discharge	0	6	0.00%	20.00%
Mild Discharge	4	11	13.30%	36.70%
Moderate Discharge	6	13	20.00%	43.30%
Severe Discharge	20	0	66.70%	0.00%

Effect of Madhu Amalaki Churna on Yoni Daha

Among 30 Patients 7(23.3%) patients had severe Yonidaha, 14(46.66%) patients had moderate Yonidaha, 5(16.7%) patients had mild Yonidaha and 4(13.4%) patients were not suffering from Yonidaha before the

trial. After trial out of 30, 8 patients got complete relief from Yonidaha with 26.66% result, 13(43.3%) patients remained with mild degree of yonidaha and 9(30%) patients remained with moderate degree of yonidaha.

Yoni Daha	Before Treatment	After Treatment	Before Treatment %	After Treatment %
Absent	4	8	13.30%	26.70%
Mild	5	13	16.70%	43.30%
Moderate	14	9	46.70%	30.00%
Severe	7	0	23.30%	0.00%

Effect of madhu amalaki churna on yoni kandu

Among 30 Patients, 5(16.7%) patients had severe itching per vagina, 14(46.7%) patients had moderate itching, 5(16.7%) patients had mild itching and 6 patients had no itching before the clinical trial. After trial 8 patients got

complete relief from itching with 26.67% result, 15(50%) patients remained with mild degree of itching, 6 patients remained with moderate degree of itching and one patient got no relief in itching.

Yoni Kandu	Before Treatment	After Treatment	Before Treatment %	After Treatment %
No Itching	6	8	20.00%	26.70%
Mild Itching	5	15	16.70%	50.00%
Moderate Itching	14	6	46.70%	20.00%
Severe Itching	5	1	16.70%	3.33%

Effect of Madhu Amalaki Churna on Yoni Vedana

Among 30 patients, 4(13.3%) patients had severe Yonivedana, 10(33.33%) patients had moderate Yonivedana, 11(36.7%) patients had mild Yonivedana and 5(16.7%) patients were not suffering from

Yonivedana before the trial. After trial out of 30 patients, 10 patients got complete relief from Yonivedana with 33.3% result, 14 patients remained with mild degree of Yonivedana with 46.7% result, 6 patients remained with moderate degree of Yonivedana with 20% result.

Yoni Vedana	Before Treatment	After Treatment	Before Treatment %	After Treatment %
Absent(0)	5	10	16.70%	33.30%
Mild(1)	11	14	36.70%	46.70%
Moderate(2)	10	6	33.30%	20.00%
Severe(3)	4	0	13.30%	0.00%

Effect of Madhu Amalaki Churna on Yoni Gandha

Among 30 patients, 4(13.3%) patients had severe Yonigandha, 16(53.3%) patients had moderate yonigandha, 5(16.7%) patients had mild Yonigandha and 5 patients were not having any kind of yoni gandha

before the trial. After trial 8 patients got complete relief from yoni gandha with 26.66% result, 13 (43.3%) patients remained with mild degree of Yonigandha and 9(30%) patients remained with moderate degree of Yonigandha.

Yoni Gandha	Before Treatment	After Treatment	Before Treatment %	After Treatment %
Absent(0)	5	8	16.70%	26.70%
Mild(1)	5	13	16.70%	43.30%
Moderate(2)	16	9	53.30%	30.00%
Severe(3)	4	0	13.30%	0.00%

DISCUSSION

Ayurvedic and modern texts have described variety of drugs in leucorrhoea. In spite of this Amalaki Churna was selected for research purpose as many patients with leucorrhoea suffer from generalized weakness and amalaki is responsible to reduce leucorrhoea and its associated symptoms along with weakness by its rasayan action.

- According to data collected in the study, it was observed that the incidence of Sweta Pradara was more in the age group of 16-23 years constituting 40%, 23.3% in 24-29 age group, 10% in 30-35 age group and 26.66% in 36-45 age group. In these age groups, lower tract infection may be preceded by the disturbance of normal vaginal flora due to infected male partner. Usually low pH and high vaginal acidity is protective against infection under the influence of estrogen. But during these age usage of local and oral contraceptive, vaginal douches, excessive coitus etc. are common, which alters vaginal environment and allows the overgrowth of non resident pathogens which is considered as the cause of *Swetapradara*. Also in these age groups family burdens, children and personal worries might affect the personal life of women, so that psychological stress may produce leucorrhoea. Moreover, she might be not so much aware of personal hygiene especially pelvic hygiene leading to *Swetapradara*.
- Data obtained pertaining to the religion, shows that, Highest i.e., 83.33% of the Sweta Pradara were belonging to Hindu religion. Whereas 6.66% were both Christian and Sikh and lowest 3.33% of the patients were Muslims. It cannot be concluded that Hindus are more prone to Sweta pradara, because of Hindu dominated population in the area from where the patients were selected. Hence one cannot correlate the occurrence of *Sweta pradara* with any religion.
- Data obtained pertaining to the Onset of menarche of the patients shows that highest number of patients i.e. 47% had age of Menarche between 11-12 years, while 40% had between 13-14 years and 13% patients had at above 14 years. Normally menarchal age is between 13 to 14 years. Hence it is logical that Patients of this menarcheal age group are more

in number. No relation can be established between age of menarche and Sweta Pradara.

- Data obtained pertaining to the Menstrual history of the patients shows that highest number of patients i.e. 77% patients had regular cycle, whereas 23% had irregular cycles. This indicates that before the manifestation of disease, most of the patients had normal menstrual History
- Data obtained pertaining to the dietary history of patients shows that highest 73% patients were vegetarians, while 27% were having mixed diet. Strict vegetarians are more prone to malnutrition due to lack of important nutrients such as vitamins, B-12, zinc, calcium, iron, folic acid etc. for the reason that they do not take complete balanced diet everyday this leads to Sweta pradara.
- Data obtained pertaining to distribution based on dominant rasa shows maximum patients i.e. 70% were taking Madhura rasa in diet and 13% were taking amla rasa in diet daily. Excessive intake of madhura rasa aggravates Doshas especially Kapha dosha which may be the most important cause of sweta pradara.
- Data obtained pertaining to the distribution based on Prakruti shows that maximum patients i.e. 63% are of Pitta Kapha Prakruti. As the age of the patients included in study, belongs to Pitta dominant stage, and the disease is mainly Kaphaja. Hence we find Pitta Kapha dominance in study.
- Data obtained pertaining to distribution based on Akuti of the patients shows that 77% patients were of Hina Akuti, 20% were of having Madhayam Akuti. Due to malnutrition, which is one of the reason of Sweta Pradara, maximum patients were of Hina Akuti.
- In the present study it was observed that 90% of patients were having mandagni (decreased appetite) and 10% of patients were having samagni. Thus, decreased appetite leads to malnutrition which is the causative factor of sweta pradara.

Effect of Therapy

- As per data collected, effect of Madhu Amalaki churna showed 46% relief in Yoni srava. Statistical analysis of patient showed significant result on Yoni sarava. This may be due to kashaya rasa sthambana, grahi action of Madhu Amalaki churna on discharge

and Kleda naashaka and Kleda upashoshana action of Katu and tikta rasa respectively.

- Effect of Madhu Amalaki churna showed 62% relief in Yoni gandha. Statistical analysis of patients showed significant result on Yoni gandha. This may be due Shodhana property katu rasa, tikta rasa, and tridosahara property of Madhu Amalaki churna.
- Patients showed 63% relief in Katishoola. Statistical analysis showed significant result on kati shoola. This may be due to Tikta and Madhura rasa, vatahara and rasayan property of Amalaki churna.
- Patient showed 63% relief in Mutra daha. Statistical result showed significant result on Mutra daha. This may be due to Pittahara and Sheeta guna of Amalaki churna.

Probable Mode of Action

- Amla rasa does Vata anulomana and helps to relieve the vibhanda and angamarda.
- Katu rasa acts Amalaki churna contains the Pancharasa except Lavana rasa.
- Amla and Madhura rasa act as Vata dosha shamaka as Jatharagni deepaka, Amapachaka and Kapha dosha shamaka.
- Kashaya and Tikta rasa acts as Kapha dosha shamaka, as Kashaya rasa has Avayava sankochana guna, it act as srava stambaka (sthambana action on yoni srava).
- Kashaya rasa also act as Grahi, hence it checks the atipravati of sweta srava.
- As it is one of the nitya sevana Rasayan dravya, it does the dhatu pusti, increases the Dhatu bala and act as Daurbalya nashaka.

Madhu

Purana madhu act as Kaphavata shamaka, the Grahi guna present in the Madhu act as Stambaka.

The lekha guna helps to destroy the sanga and acts as srotomukha vishodhaka, because of its Yogavahi guna, it enhances the qualities of Amalaki without leaving its property when combines with Amalaki.

Conclusions of a clinical study is the final result of pain staking effort of selection of patients, their systematic classification, collection of data, tabulation of data, statistical analysis and logical interpretation of the statistically analysed result.

- In the present study 30 patients have been listed out and were administered with Madhu Amalaki churna.
- It can be concluded that the highest incidence of Sweta pradara is seen among the patients of 16 - 30years, most of them on vegetarian diet, 90% of patients were having mandagni, 77% of patients were of Hina Akutri.
- Sweta pradara is a common symptom which affects nearly 60% of the adult women.

- From the signs and symptoms recorded in the present study Sweta pradara can be favourably compared with White Vaginal Discharge.
- Statistical analysis of the data obtained leads to the conclusion that Madhu Amalaki Churna along with Pathya Ahara Vihara is significant in Samprapti vighatana of Sweta Pradara.
- It can therefore be concluded that 'Pathya Aahara and vihaara along with Madhu Amalaki Churna has a significant role to play in the Samprapti vighatana of Sweta Pradara.
- It can also be concluded that Madhu Amalaki Churna is effective and its results are permanent.

Thus Madhu Amalaki churna showed moderate improvement in all 30 patients, of sweta pradara along with their associated complaints and Madhu Amalaki churna showed statistically significant results in improvement of all the symptoms of sweta pradara.

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