



Case Study

ROLE OF *STHANIK CHIKITSA* IN *SHWETA PRADARA* ASSOCIATED WITH *MADHUMEHA* (DM TYPE-II): A CASE STUDY

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ABSTRACT

*Shweta Pradara* or excessive vaginal discharge is one of the commonest complaints among women of reproductive age group. An increase in the normal vaginal secretion develops physiologically at puberty, at ovulation, premenstrual phase and during pregnancy. Excessive discharge causes irritation and itching in the genitalia. Ayurveda explained this condition as *Shweta Pradara*. *Shweta Pradara* is a symptom which is present in most of the diseases or present as a complication. *Shweta Pradara* is not a disease it produces as a symptom, hence etiopathogenesis of principal disease and *Shweta Pradara* would be same. It is a *Kaphaja* disorder at the place of *Apana Vayu*. A 47 years old female patient suffering from intermittent *Yonigata Shwet Strava* since two years with aggravation of symptoms from one week presented to Prasuti Tantra Evam Stree Roga OPD. *Yonigat Shwet Strava* was associated with *Yoni Kandu*, *Katishool*, *Yoni Daha*. On enquiry, it was found that she was the known case of Type II Diabetes Mellitus since 10 years. She was taking medication for the same but her blood sugar levels were uncontrolled in spite of taking medication as per her recent investigations. In this case *Shwet Pradar* was the *Updrava* of *Madhumeh*, thus line of management was planned to control her sugar level by supplementing Ayurvedic drugs along with allopathic medicine for DM II (*Madhumeh*) and treated her with *Yoniprakshalan* with *Triphala Kwath* followed by *Cutis* ointment tamponing per vaginum for 14 days. She had followed the schedule of *Yoni Prakshalana*, oral medicines and *Pathya-Apathya* properly. It was observed that, symptoms were started to reduce gradually which has been depicted by documentation of investigations and local examination in this case study.

INTRODUCTION

Women have to pass through different stages and phases of life. In such a competitive and mechanical world she has to full-fill the dual responsibility for which she needs perfect physical and psychological health. Stress and malnutrition affect the general condition of health which disturbs her quality of life and causes discomfort. Amongst all these problems, abnormal vaginal discharge is the most common factor which creates irritation in women's freedom. Vaginal discharges are known as *Shweta Pradara* in Ayurvedic classics.

Vaginal discharge is very much commonest symptom in women in India.<sup>[1]</sup> Normal vaginal discharge may appear clear, cloudy white and without any type of smell and local irritation. Changes in normal discharge can be caused by many reasons such as menstrual cycle, emotional stress, nutritional status, pregnancy, usage of medications- including birth control pills and sexual arousal and also other associated pathological conditions. The menstrual cycle affects the vaginal environment i.e., pH of vagina. Around mid-cycle, many women noticed wetness and clear thick white discharge. Just prior to and during menstruation, the pH of the vagina fluctuates during the cycle and is least acidic. Infections, therefore, occur most commonly at this time. Changes in the consistency, color, amount, smell of discharge may be a sign of vulvo-vaginal infectious conditions. Most of the time it is a symptom of other underlying pathologies of genital tract. The discharges may be thick, viscid, and foul smelling when it is caused by

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some infection. A variety of pathogens are responsible for vaginal and cervical infections and sometimes several infections co-exist. The commonly involved pathogens for abnormal vaginal discharges are Gardnerella, Chlamydia, Trichomonas, Candida Albicans etc. However sometimes due to its severity, it overshadows symptoms of actual disease and female patients prefer gynecologists for the treatment of white discharge through vagina or sometimes due to severity, even prefer to undergo hysterectomy. *Shweta Pradara* is described in *Sharagdhara Samhita*, *Bhavprakash* and *Yogratnakar*. In *Charak Samhita* only management of *Shweta Pradara* described in detail under the description of *Pandurasrigdara*. Commentator *Chakrapani* has explained the word *Pandura-Asrigdara* as *Shweta Pradara* in his commentary on *Charak Samhita*.<sup>[2]</sup> Also in Ayurveda there are many other diseases in which *Shwet Pradar/Yonisrava* is described as a symptom like *Vatala*, *Pittala*, *Shleshmala*, *Sannipatikini*, *Acharana*, *Atyananda*, *Aticharana*, *Upapluta*, *Paripluta*, *Phalinee Yonivyapadas*<sup>[3]</sup> and *Parisruta Jataharini* etc. Considering clinical features of *Shweta pradara*, we can say that it is a *Kaphaja* disorder in the region of *Apana vayu* as any type of *Srava* (discharge) is resulted from *Kapha Dosha*. It may be said that vitiated *Kapha* along with various factors, results in white discharge through vagina, because of *Rasadushti* that is caused by *Kapha*, along with. So, *Shweta Pradara* is caused by *Kaphadushti*, *Rasadushti*, *Vatadushti*. Excessive coitus, frequent abortions (MTP), improper lifestyle and improper dietary habits during menstruation and ovulatory period along with unhygienic vaginal conditions are commonly observed causes for *Shweta Pradara* (Leucorrhoea).<sup>[4,5]</sup>

### Case Report

A 47 years female patient suffering from intermittent white discharge (*Yonigata Shweta Srava*) since two years was presented to *Prasuti Tantra evum Stree Roga* OPD. On enquiry, she also gave history of other associated features like *Yonikandu*, *Katishool*, *Yonidaha* since two years. She was the known case of Type II DM since 10 years and under medication for the same but her blood sugar levels were uncontrolled despite taking medication as per her recent investigations. She has gone for tubal ligation 20 years back. She had a regular and normal menstrual cycle without associated symptoms.

**History of Past Illness:** Known case of DM II since 10 years

**History of Surgery:** Surgical history of tubal ligation since 20 years.

**Family History:** Nothing significant.

### Clinical Examination

Pulse	80/min
BP	122/80mm of Hg
Temp.	98.4°F
RR	18/min
Agni	Vishama
Koshtha	Maadhyama
Prakriti	Kapha Pradhan Vata Anubandhi
Sara	Rasa-Raktasara
Mutra	Avishesh
Mala	Asamyakaa Vibandha

**Menstrual History:** She had regular menses at the interval of 29 days, which last for 3-4 days. No other significant abnormality was observed.

### Obstetrics history:

G -5, P-3, L-3, A-2

LCB- Male child delivered by NSVD at home 23 yrs back

**Per Abdomen:** No abnormality detected.

Mild *Adhmana* was present continuously.

On Examination	Vaginal mucosa congested ++, excoriations present over labia majora
P/S	Cervix hypertrophied, regular, milky white discharge present
P/V	Cervix Hypertrophied, regular, firm, mobile, no motion tenderness.
Uterus.	AV, NS, mobile, non-tender,
Fornix	B/L clear, non-tender

### Investigations (26/06/22)

RBC - 4.98X 100000/μl
Hb - 12.6 gm/dl
HCT- 39.9%
MCV - 80.1/Lt
MCH - 25.3 pg
MCHC - 31.6 gm/dl
PLT - 242X 1000 μl
L% - 31.0%
M% - 12.4%
N% - 56.6%
ESR - 25mm/hr
B.Urea - 26mg/dl
TSB - 0.6mg/ dl
DSB - 0.2 mg/dl
SGOT - 28 IU/l
SGPT - 36 IU/l
S. Cholesterol -203 mg/dl
TGG - 145 mg/dl

HDL - 63 mg/dl
LDL - 111mg/dl
VLDL - 29mg/dl
RBS -308 mg/dl
URINE- Sugar 3+, PC - 8-10/hpf
HIV-NR
VDRL-NR
USG - Revealed no significant abnormality

**Samprapti**

*Kapha dosha* and *Vata dosha* (*Apana vayu*) get vitiated due to *Hetu sevana*. Vitiated *Kapha* also causes *Rasadushti* as *Kapha* and *Rasa* have *Ashraya - Ashrayi*

**Plan of Treatment**

Patient already under medications which were continued

Drug	Dose	Ingredients	Mode of Administration
Tab. Ozomet G-2	1 tab. BD	Glimepiride (2mg) + Metformin (500mg)	Oral
Tab. GLIPOn -M	1 tab. OD	Tenegliptin 20mg + Metformin HCL 500mg	Oral

**Ayurvedic Management**

Drug	Dose	Ingredients	Mode of administration
<i>Chandraprabha Vati</i>	125mg BD	<i>Guggul, Shilajit, Karpur, Haridra, Ativisha, Vidanga, Devdaru, Guduchi, Shunthi, Marich, Pippali, Chitraka bark, etc.</i>	Oral
<i>Tab Lukol</i>	2 tab. BD	<i>Punarnava, Shatavari, Dhataki</i>	Oral
<i>Shigru Guggul</i>	2 tab. BD with LWW	<i>Shigru and Shudh Guggul</i>	Oral
<i>Vijaysar Churna</i>	5gm with LWW	<i>Vijaysar bark, Saptarangi roots, Bilva patra, Daruhaldi rhizome, Nimb patra, Methi seeds, Tulsi leaves, Sadabahar leaves, Jamun seeds, etc</i>	Oral
Tab. Diabecon DS	2 tab. BD	<i>Gymnema, Pitasara, Shilajeet</i>	Oral
Cutis Ointment	3gm	<i>Mahamrichyadi Tail, Neem, Karanj, Sulphur, Lemongrass</i>	L/A
<i>Triphla Kwatha</i>	250ml	<i>Haritaki, Vibhitika, Amla</i>	L/A

**Sthanik Chikitsa**

*Yoni Prakshalan* with Decoction of *Triphla-Aamlaki* (*Emblic officinalis*), *Haritki* (*Terminalia chebula*), *Bibhitaki* (*Terminalia bellerica*) followed by *Cutis ointment* tamponing per vagina for 14 days. After discharge from hospital, she was advised to keep *cutis ointment tampon* for 3-4 hours daily at home.

**Method of Yoni Prakshalan**

Decoction of *Triphla Churan* was used for *Yoni Prakshalan*. Decoction was prepared as *Kwatha Kalpana*. *Triphla* was taken in quantity of 100gms. 1000ml water added and boiled till it remained one fourth i.e., 250ml. After passing urine lithotomy position is given to patient. Simple rubber catheter attached to enema pot containing *Triphla Kwath*. Then *Yoni Prakshalan* was done. After *Yoni Dhavan* *Cutis ointment* 3 gm was spread evenly over tampon and placed in vagina near cervix for 3-4 hours.

*Sambandha*. *Kapha* and *Rasa* are *Drava guna pradhana*. *Dushti* of *Kapha* and *Rasa* together cause white discharge through vagina which is in the region of *Apana Vayu*.

**Samprapti Ghatak**

<i>Dosha</i>	<i>Kapha, Vata</i>
<i>Dushya</i>	<i>Rasa, Mamsa</i>
<i>Strotsa</i>	<i>Rasvaha, Artavavaha,</i>
<i>Marag</i>	<i>Abhyantara</i>
<i>Mahabhuta-</i>	<i>Prithvi, Jala</i>
<i>Udbhavsthana</i>	<i>Pakvashaya samutthaja</i>
<i>Samprapti Prakar</i>	<i>Atistrav, Vimarga gamana</i>

**Oral Drug Administration**

Patient was treated with *Chandraprabha Vati* 125mg twice a day, *Shigru Guggul* 2 tab twice a day with *Koshan Jal* as a *Anupana*, *Tab Lukol* 2 tab twice a day after meal along with antidiabetic medications for 30 days. Patient follow up were taken at the interval of one week.

**Assessment Criteria**

*Shweta Srava* (White discharge)

- No vaginal discharge - 0
- Mild discharge - 1 (vulva moistness)
- Moderate discharge - 2 (wetting of undergarments)
- Severe - 3 (heavy discharge)

*Katishool* (Lower back pain)

- No pain - 0
- Mild - 1 (can withstand pain)
- Moderate - 2 (can't manage regular work)
- Severe - 3 (can't withstand pain)

**Yonikandu** (Itching of vulva and vagina)

No itching – 0  
Mild itching – 1  
Moderate itching – 2 (rubbing causes redness)  
Severe itching – 3 (continuous)

**Yonidaha** (Burning sensation)

No burning sensation- 0  
Mild – 1 (occasional)  
Moderate -2 (frequently)  
Severe – 3 (continuous burning)

**Daurgandhya** (Foul smell)

Absent – 0  
Mild – 1  
Moderate – 2  
Severe - 3

**Pathya Apathya**

She was advised to follow *Ahara -Vihar Pathya* as follows:

**Early – Morning**

One glass of water + 1 tsp fenugreek seeds/*Amla* powder

Copper pot water – 1 glass + 5 *Tulsi* leaves + 5 mint leaves

**Breakfast**

Broken wheat porridge/Veg Semolina (veg upma)/

Veg Vermicelli/ Veg *Idli*/ Veg Oats/*Besan* pancake

(gram flour)/*Missi Roti*/ Chapatti with veg or *Dal* + egg

white

Jamun juice, berries, guava juice

**Mid – Morning**

Fruit/salad/coconut water/sprouts

**Lunch**

*Missi* Chapatti/plain chapatti/vegetable + *Dal* + salad /fish/chicken (occasionally)

Fenugreek seed powder – 10gm (15 min before meal with buttermilk)

**Evening**

Herbal tea/roasted chana/soup (homemade)

**Dinner**

*Missi* chapati/plain chapatti/vegetable + *Dal*/Nutri-nuggets/salad

Important

Sugar – nil

**Diet Instructions****Cereals to be Consumed**

Whole wheat, whole grains cereals, oats

Flour Ratio- Chana flour – 250gm + wheat flour – 1kg

**Cereals to be Avoided**

Whole refined flour and its products, refined sugar, rice

**Fruits to be Consumed**

Guava, papaya, melon, blackberry (*Jamun*), plum, *Amla*

**Fruits to be Avoided**

Mango, litchi, grapes, dates, sapodilla

**Vegetables to be Consumed**

Okra (*Bhindi*), cauliflower, cabbage, beans, spinach, mushroom, capsicum, bottle gourd, radish, pumpkin, green beans, fenugreek leaves, broccoli, cucumber, ginger, green chilli, coriander, turnip, mint, curry leaf.

**Vegetables to be Avoided**

Jackfruit, yam, sweet potato, potato and frozen or canned vegetables

**Pulses to be Consumed**

All split lentils and legumes

**Pulses to be Avoided**

Frozen pulses

**Dairy Products to be Consumed**

Milk without sugar

**Dairy Products to be Avoided**

Whole milk and cream, butter, full fat yogurt, cheese, condensed milk

**Spices to be consumed**

Cumin, coriander, turmeric, ginger, pepper, fennel, cinnamon

**Drinks to be Consumed**

Coconut water, bitter gourd juice, bottle gourd juice, herbal tea, *Amla* juice, *Giloy* juice, *Neem* juice

**Drinks to be Avoided**

Whole milk drinks, alcohol, cream based liqueurs, carbonated beverages, canned and packaged soup and fruit juices, sugarcane juice

**Dry Fruits to be Consumed**

Almond, walnuts, pumpkin seeds, chia seeds, flax seeds and sesame seeds

**Dry fruits to be Avoided**

Pistachio, cashew, raisins and peanuts

**Yogasan**

*Katichakrasan*, *Trikonasan*, *Vajrasan*, *Shashankasan*, *Pavanmuktasan*, *Utanpadasan*, *Anulom Vilom*, *Bhramri*, *Kapalbhati*

**Blood Glucose Chart During Stay in Hospital**

Date	FBS	PPBS	RBS
26/06/2022	219mg/dl	308mg/dl	308mg/dl
27/06/2022	211mg/dl	258mg/dl	200mg/dl
28/06/2022	170mg/dl	180mg/dl	167mg/dl
29/06/2022	152mg/dl	142mg/dl	140mg/dl
30/06/2022	106mg/dl	134mg/dl	122mg/dl
01/07/2022	96mg/dl	120mg/dl	122mg/dl
02/07/2022	92mg/dl	118mg/dl	124mg/dl

## RESULTS



O/E	1 <sup>st</sup> Follow Up 09/07/2022	2 <sup>nd</sup> Follow Up 17/07/2022	3 <sup>rd</sup> Follow Up 24/07/2022	4 <sup>th</sup> Follow Up 31/07/2022
<b>Vaginal Mucosa Congested</b>	70%	40%	10%	04%
<b>Excoriations</b>	Present over labia majora	Mildly present over labia majora	Absent	Absent
<b>Cervix</b>	Hypertrophied, regular, milky white discharge present +++	Mildly hypertrophied, regular, milky white discharge present ++	Mildly hypertrophied, regular, milky white discharge present +	Mildly hypertrophied, regular, mild mucoid Discharge present

## Gradations of Parameters at Follow Up

S.No.	Assessment criteria	First follow up	Second follow up	Third follow up	Fourth follow up
1.	<i>Shweta Strava</i>	3	2	1	1
2.	<i>Katishula</i>	3	2	2	1
3.	<i>Yoni Kandu</i>	3	2	1	0
4.	<i>Yoni Daha</i>	3	2	1	0
5.	<i>Daurgandhya</i>	3	2	1	0

## DISCUSSION

At every follow up, we observed reduction in symptoms as compared to previous follow up. Patient was treated till the symptoms get completely reduced. She has followed schedule of *Yoni Prakshalana*, medications and *Pathya Apathya* properly. On gynecological examination, her vaginal mucosa congested, excoriations present over labia majora hypertrophied cervix associated with milky white discharge. In this case *Shweta Pradara* was the *Updrava* of *Madhumeha*, thus line of treatment was planned to control her sugar level by supplementing Ayurvedic drugs along with allopathic medicine for Type II Diabetes Mellitus and treated her with *Yoni Prakshalana* with *Triphala Kwath* followed by *Cutis* ointment tamponing per vagina for 14 days and only *cutis* ointment tamponing for next 14 days for 3-4 hrs along with *Shaman Chikitsa*. Patient was followed up regularly and relief in symptoms was recorded on every follow up.

Treatment of this patient was based on etiopathogenesis. *Kapha* is main *Samprapti Ghataka* in *Shweta Pradara*. Along with *Kapha*, there is *Rasa*

*Dhatwagnimandya* and vitiation of *Apana Vayu*. *Triphala* drugs has astringent property, *Kapha Shamaka*, *Stambhaka*, *Kashaya Rasatmaka*, antiseptic and *Vrana Ropana* (wound healing) and also help in increasing local cell immunity and prevent recurrence of symptoms in patients.

*Triphala*<sup>[6]</sup> is *Kashaya Rasa Pradhan* and has *Stambhan* property. It is broad spectrum antimicrobial, antioxidants, anti-inflammatory<sup>[7]</sup>, anti-viral, anti-bacterial and anti-fungal in nature. It fastens the healing process.<sup>[8]</sup> Whereas *Cutis* ointment helps in eradication of fungal and bacterial infections effectively. It is non-steroidal and has broad spectrum activity and also relieves itching and provides the cooling effect. We cannot achieve relief of vaginal symptoms of diabetic patient unless we get better glycemic control. Because enhanced acidic medium of vagina in diabetic patients becomes the flourishing ground for *Candida* infections. That was the reason; attaining normal blood glucose level in this patient was foremost requirement to combat vaginal infections. Despite already taking Allopathic drugs regularly due

to her faulty diet and lifestyle, her blood glucose levels remained high. To control blood glucose level, we prescribed certain Ayurvedic medications, diet chart, *Yogasana* to her along with Allopathic medicine which she was already taking for diabetes. *Vijaysar Churan – Vijaysar* is *Kshaya Tikta*, *Laghu Ruksh*, *Katu*, *Ushna*, *Kapha Pittashamak*, anti-diabetic, rejuvenating, urinary astringent and anti-inflammatory and its principle constituents are isoliquiritigenin and liquiritigenin. It reduces the glucose absorption from the GIT and improves the level of insulin and pro insulin. It is effective in beta cell regeneration.<sup>[9,10]</sup> *Shigru Guggul*–anti-diabetic properties, antioxidant properties it works by producing an anti-hyperglycemic effect and also increases the production of insulin in the pancreas and also helps to improve the metabolism of carbohydrates and control the blood sugar level within normal limits.<sup>[11]</sup> *Chandraprabha Vati* – have properties like *Tikta*, *Katu*, *Kashaya*, *Lavan Kshar Rasa Pradhan*, *Laghu*, *Ruksha*, *Vishada*, *Sukshma*, *Sitoshna*, *Kaphahara*, *Jantughna*, *Mutral*, It has multidimensional action and effective for acute and chronic cases. It is broad spectrum antibiotic, tonic for urogenital system, anti-inflammatory, immunomodulator.<sup>[12,13]</sup>

## CONCLUSION

Diabetes Mellitus (*Madhumeha*) is a multifactorial silent killer which needs to be treated as early as possible to avoid complications. From the above data it can be concluded that management of *Madhumeha* can be achieved by following proper dietary habits and lifestyle changes.

Better glycaemic control is required in patients of vaginal discharges along with diabetes mellitus to combat vaginal infections.

Personal hygiene and following proper dietary regimens are helpful to prevent *Shweta Pradara*.

The drugs which are having predominance of *Kashaya Rasa*, *Kapha-Shamak* and *Stambhaka* property should be used in treatment of *Shweta Pradara*.

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