

Clinical Trial With Ayurvedic Drugs Myron* and Bangshil* in Cases of Leucorrhoea

C. R. KANTHAMANI, MD., DGO.,
Prof. of Obst. & Gynec.,
Madras Medical College, & Superintendent,
M. MYTHILI, MBBS.,
S. JAYA, MBBS.,
Govt. Kasturba Gandhi Hospital,
Madras-600 005.

INTRODUCTION

The largest group attending the Gynec. O.P. Dept. is that of leucorrhoea. The excessive vaginal discharge may be due to infections or may be due to tumors benign or malignant. The common infections seen are Trichomoniasis, Moniliasis or Gonococcal. In a quite a number of cases, no infection is found, and only an excess of the normal vaginal discharge is seen, and so this is called as Nonspecific Leucorrhoea. The object of this study was to evaluate the efficacy of systemic use of two Ayurvedic drugs Myron and Bangshil, as studies have been published about their usefulness without any side effects. Only those cases of Specific and Nonspecific leucorrhoea, where no organic lesions were found were taken up for study.

MYRON

Myron is described to remove the root causes of leucorrhoea; it disinfects, stimulates, tones up and regulates the functions of the genito-urinary system; has antiseptic, emmenagogue, carminative, stomachic, haematinic and restorative properties.

EACH TABLET OF MYRON CONTAINS

Hira Bol (Balsamodendron Myrrha)	75.0 mg
Lodhra (Symplocos racemosa)	15.0 mg
Dhavdi flowers (Conocarpus Tatifolius)	15.0 mg
Shilajit (Asphaltum)	15.0 mg
Guggul (Balsamodendron mukul)	30.0 mg
Bang Bhasma (Tin Bhasma)	15.0 mg
Abhrak Bhasma (Talcum purificatum)	7.5 mg
Ardusi leaves (Adhatoda vacica)	7.5 mg
Ardusi ghan (Adhatoda vacica)	7.5 mg
Raswanti (Berberis aristata)	7.5 mg
Kasis Bhasma (Ferri sulphas)	30.0 mg

BANGSHIL

Bangshil is described to raise the general body resistance, gives a sense of well being because of improvement in general health, and is a specific for genito-urinary complaints.

EACH TABLET OF BANGSHIL CONTAINS

Shilajit (Asphaltum)	60 mg
Guggul (Balsamodendron mukul)	40 mg
Swarnamakshika Bhasma (Ferri sulphuratum)	30 mg
Kasis Bhasma (Ferri sulphas)	30 mg
Vanslochan (Bambusa arundinaecia)	12 mg
Bang Bhasma (Tin Bhasma)	80 mg
Sandalwood oil (Santalum album)	5 mg
Chandra prabha Co. (a classical formula)	168 mg

PATIENTS AND METHODS

A total of 320 patients of leucorrhoea that attended the O.P.D. of Kasturba Hospital, Madras during 1981, were included in the study. Complete history was recorded. General and local examinations were done. The following investigations were done : Routine blood and Hb; urine examination; vaginal smear examination for T. Vaginalis, moniliasis etc; dry smear for gram stain for gonococci and nonspecific infections; specific cultures (Diamonds for TV, Sabourauds for monolial infection); blood VDRL: vaginal pH; cervical swab for culture. Culture was done only when smear was negative. The trial period was of two months. Myron and Bangshil were given for the first month and Myron alone was given during the second month. Patients were checked up once in 15 days.

AGE GROUPS

The largest Age Group was of 21-30 years, with 237 cases (74.1%) and is similar as reported by other workers. (Table 1)

TABLE I
Age Group of Leucorrhoea cases

Age Group	No of cases	%
20 years or less	20	6.80%
21-30 yrs	237	74.10%
31-40 yrs	63	19.60%
Total	320	100%

HISTORY OF PARITY

In our series, cases, of leucorrhoea were the highest in Para V with 88 cases (27.5%). The general trend appears to be an increase in cases of leucorrhoea, with the increase in parity. (Table II).

TABLE II
History of Parity in leucorrhoea cases

Parity	No of cases	%
Unmarried	6	1.90%
Nulliparous	20	6.20%
Para I	36	11.20%
Para II	60	18.80%
Para III	65	20.30%
Para IV	45	11.10%
Para V	88	27.50%
Total	320	100.00%

ASSOCIATED SYMPTOMS

185 (57.8%) patients had no other associated symptoms along with leucorrhoea. The rest had one or more symptoms.

Among the more common symptoms were back ache (29.7%), Pruritus Vulvae (11.2%), micturition complaints (8.5%), and Pain in Lower Abdomen (8.6%). 47 (14.7%) patients in our series had associated sterility. Erosion of cervix was present in 71 (22.2%) cases (Table III).

TABLE III
Associated Symptoms (Some patients had more than 1 associated symptoms) N=320

Symptoms	No of cases	%
Low Back ache	95	20.70%
Pruritus Vulvae	36	11.20%
Burning Micturition	22	8.60%
Pain in lower abdomen	22	8.60%
Erosion of cervix	71	22.20%
Menstrual disorders	5	1.90%
Sterility	47	14.70%
No associated symptoms	185	57.80%

Nature of Vaginal Discharge

About one third of the patients (34.3%) had thin watery vaginal discharge. Other patients had Mucoïd Discharge (28.7%) or had thick precipitate (14.3%). In some cases the discharge was profuse and offensive.

Investigations

Haemogram of the patients ranged from 8.2 gms to 11 gms, the mean being 9.5 gms.

VDRL was negative in all cases of this series.

URINE Growth in urine culture was seen in 3.5%

Vaginal smear was examined in all the cases. Where the smear was negative, culture was done. Gram positive cocci were seen in 40.6%. Gonococci were not found in any of the cases.

Investigations showed that there were 110 cases (34.4%) of T.Vaginalis infection and 80 cases (25.0%) of monilial infection. These included 14 cases detected by culture. Repeat culture was done only in these cases after therapy. (Table IV).

pH : pH of the vaginal smear was taken in all cases of leucorrhoea.

ASSESSMENT OF RESULTS

When leucorrhoea and all the associated symptoms were relieved, it was considered as Complete Relief. Repeat Smear and culture must also be negative. When there was relief from leucorrhoea but the associated symptoms were still present, it was considered as Moderate Relief. When there was partial or no improvement in both leucorrhoea and the associated symptoms, it was considered as Poor or Nil.

RESULTS OF MYRON & BANGSHIL THERAPY IN CASES OF SPECIFIC & NONSPECIFIC LEUCORRHOEA

There was Complete Relief in 62 cases (56.4%) of T. Vaginalis and in 30 cases (37.5%) of Monilial infection. Maximum Complete Relief was seen in Nonspecific Leucorrhoea, where 115 cases out of 130 cases forming 88.5% showed Complete Relief. Overall, there was Satisfactory Improvement in 312 (97.5%) and the response was Poor or Nil in 8 cases (2.5%) after 8 weeks of Myron and Bangshil Therapy. (Table V)

RESULTS IN ASSOCIATED SYMPTOMS WITH MYRON & BANGSHIL THERAPY

There was complete relief from Low Back Ache in 62.1%; from pruritus Vulvae in 66.7%; and from burning micturition in 59.1%. In cases of pain in lower abdomen, there was Satisfactory relief in all the cases (100%). Even the cases of Erosion of Cervix showed 100% Satisfactory Response. (Table VI)

RESPONSE TO MYRON & BANGSHIL THERAPY IN CASES OF LEUCORRHOEA – BY AGE GROUPS

There was Complete Relief in 71.7% of cases of the Age Group 21-30 followed by the Age Group of 20 years with 60.0% (Table VII).

RESPONSE TO MYRON & BANGSHIL THERAPY IN CASES OF LEUCORRHOEA – BY PARITY

Maximum Complete Relief was 85.0% in cases of Para II followed by 69.2% in cases of Para III, 65.0% in cases of Nullipara and 64.5% in cases of Para IV. Details are given in Table VIII.

RESPONSE TO MYRON & BANGSHIL THERAPY – BY DURATION OF TREATMENT (IN WEEKS)

Myron and Bangshil were given 1 tablet each, three times a day for the first four weeks, and then Myron alone was continued for four more weeks, the total period of clinical trial being 8 weeks. Overall, the response was seen in 22 cases (6.9%) after 4 weeks of treatment with Myron & Bangshil. Then the response was seen in 105 cases (32.8%) after 6 weeks of therapy. After 8 weeks of treatment, response to therapy was seen in 312 cases (97.5%), showing the maximum response during 6–8 weeks of treatment. This indicated that maximum result are obtained between 6–8 weeks of treatment. (Table IX).

TABLE IV
Specific and Non-specific cases of Leucorrhoea

Leucorrhoea	Smear Positive	%	Culture Positive	%	Negative	%	Total	%
T Vaginalis	105	32.80%	5	1.60%	-	-	110	34.40%
Monilial	71	22.20%	9	2.80%	-	-	80	25.00%
Gonococci	-	-	-	-	-	-	0	-
Non specific Leucorrhoea	-	-	-	-	130	40.60%	130	40.06%
Total	176	55.00%	14	4.40%	130	40.60%	320	100%

TABLE V :
Results of Myron and Bangshil therapy in cases of specific and non-specific Leucorrhoea

Leucorrhoea	No of cases	Complete Relief	%	Moderate Relief	%	Total of satisfactory response	%	Poor/Nil	%
T Vaginalis	110	62	56.40%	45	40.90%	107	97.30%	3	2.70%
Monilial	80	30	37.50%	48	60.00%	78	97.50%	2	2.50%
Non specific Leucorrhoea	130	115	88.50%	12	9.20%	127	97.70%	3	2.30%
Total	320	207	64.70%	105	32.80%	312	97.50%	8	2.50%

TABLE VI
Results of Myron & Bangshil therapy in the relief of Associated Symptoms

Associated Symptoms	No of cases	Complete Relief	%	Moderate Relief	%	Total Satisfactory Relief	%	Poor/Nil	%
Low Back Ache	95	59	62.10%	24	25.30%	83	87.40%	12	12.60%
Pruritus Vulvae	36	24	66.70%	9	25%	33	91.70%	3	8.30%
Burning Micturition	22	13	59.10%	6	27.30%	19	86.40%	3	13.60%
Pain Lower Abdomen	22	4	18.20%	18	81.80%	22	100%	-	-
Erosion of Cervix	71	24	33.80%	47	66.20%	71	100%	-	-
No Associated Symptoms	185	137	74.10%	39	21.10%	176	95.20%	9	4.80%

TABLE NO VII
Response to Myron and Bangshil therapy by Age Groups

Age Group	No of cases	Complete Relief	%	Moderate Relief	%	Total Satisfactory Response	%	Poor/Nil	%
20 yrs & less	29	13	60.00%	6	30.00%	18	90.00%	2	10.00%
21-30Yrs	237	170	71.70%	64	27.00%	234	98.70%	3	1.30%
31-40 yrs	63	25	39.70%	35	55.50%	60	95.20%	3	4.80%
Total	320	207	64.70%	105	32.80%	312	97.50%	8	2.50%

TABLE VIII
Response to Myron & Bangshil therapy – By Parity

Parity	Total cases	Complete Relief	%	Moderate Relief	%	Total Satisfactory Response	%	Poor/Nil	%
Unmarried	6	2	33.30%	2	33.30%	4	66.70%	2	33.30%
Nullipara	20	13	65.00%	6	30.00%	19	95.00%	1	5.00%
Para I	36	20	55.60%	16	44.40%	36	100%	-	-
Para II	60	51	85.00%	7	11.70%	58	96.70%	2	3.30%
Para III	65	45	69.20%	19	29.30%	64	98.50%	1	1.50%
Para IV	45	29	64.50%	15	33.30%	44	97.80%	1	2.20%
Para V	88	47	53.40%	40	45.50%	87	98.90%	1	1.10%
Total	320	207	64.70%	105	32.80%	312	97.50%	8	2.50%

TABLE IX
Response to Myron & Bangshil treatment by duration of treatment(in weeks)

Leucorrhoea	No of cases	4 weeks	%	6 Weeks	%	8 weeks Total satisfactory response	%	Poor/Nil	%
T Vaginalis	110	11	10.00%	38	34.50%	107	97.30%	3	2.70%
Moniliasis	80	5	6.30%	27	33.80%	78	97.50%	2	2.50%
Nonspecific	130	6	4.60%	40	30.80%	127	97.70%	3	2.30%
Total	320	22	6.90%	105	32.80%	312	97.50%	8	2.50%

pH: 283 cases (88.4%) showed abnormal pH by 0.5 before treatment and after treatment pH reverted to normal in 244 cases (76.3%).

DISCUSSION

In our series, Complete Relief from leucorrhoea was found in 64.7%. Muralidhar Rao had reported 60% of Complete Relief and Bhargava Series showed 88% of Complete Relief. In the majority of our cases pH reverted to normal after therapy.

Five patients who were treated with Mycostatin Vaginal tablets and ointment before, had reported profuse discharge. With Myron and Bangshil treatment, their smears became negative and they were relieved of leucorrhoea and associated symptoms completely.

We have specific drugs like metronidazole for trichomoniasis and Nystatin for Moniliasis, which give fair results, but the side effects and the necessity for repeating the course after a few weeks are there. In T. Vaginalis infection, male partner is also to be treated. So the cost of the above drugs for treatment is very high. With Myron and Bangshil treatment, Specific and Nonspecific cases of leucorrhoea showed good results after 8 weeks of treatment, with absolutely no side effects. Smears became negative. Besides this, there was improvement in general health including Hb%, and there was a sense of well being and better health.

TOXIC OR SIDE EFFECTS

No toxic or side effects were observed with the use of Myron and Bangshil tablets.

CONCLUSIONS

For the relief from leucorrhoea and associated symptoms, and more particularly in nonspecific leucorrhoea. Myron and Bangshil therapy is very effective. The patients readily came for the regular 15 days check up because of the improvement and satisfaction they had with this treatment.

SUMMARY

Leucorrhoea is a common complaint in women and a distressing one. A clinical trial with two Ayurvedic drugs, Myron and Bangshil was undertaken in specific and nonspecific cases of leucorrhoea after necessary investigations. Myron and Bangshil, 1 tablet each, three times a day, were given for one month. Then only Myron, 1 tab, three times a day was given for one more month. Myron is indicated in leucorrhoea, while Bangshil is described to be a genitourinary antiseptic with properties of increasing the local and systemic resistance.

Out of a total 320 cases, 190 cases had T. Vaginalis or Monilial infection and 130 cases were of non specific leucorrhoea. With the treatment of Myron and Bangshil, more than 90% of patients had satisfactory relief from Leucorrhoea. Repeat smear or repeat culture examinations (in positive cases) showed that after treatment, most of these cases negative. This combination of Myron and Bangshil in the treatment of Leucorrhoea was effective. No side effects were observed.

ACKNOWLEDGEMENT

Our thanks to Alarsin Pharmaceuticals, Bombay 400023, for the cooperation given to us.

REFERENCES

1. Bhargava N C, MD(1978) : Venereologist Incharge & Miss Pramanik K, MBBS, STD Training & Demonstration center, Govt of India, Safdarjang Hospital, New Delhi : (1977) – 5th Annual Conference of the Ins. Assn of Dermatologists, Venereologists & Leprologists, Ahmedabad, 8-9, Jan, 1977 & Jr of IADVL, Vol 44, No 6 pp 362-365.
2. Murlidhar Rao K , MD;(1976): Govt Maternity Hospital, Hyderabad Mediscope 19:6: Sept, pp 121-126