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Somroga and its modern correlation: a literary review

Poonam Badgujar [1], Sujata Jagtap*[2], Priya Walwatkar[3]

Assistant Prof. [1], Professor[2], Asso. Prof. [3],

Prasuti tantra and Streerog Dept.,

AVPM Ayurved Mahavidyalaya , Sion, Mumbai, M. S.

***Corresponding author:** sujatashrikantjagtap@gmail.com

Abstract:

A healthy woman is a pioneer of a healthy family. With the herald of high tech era women's status is expected to reach new horizons both socially and physically. Now a days, vaginal infections is a common problem irrespective of their age or socioeconomic status causing hurdles in their fast moving lifestyle. Due to this fact gynecological disease have found immense importance in medical science. All women have experienced some sort of vaginal discharge in her lifespan. In *Ayurveda*, the term *Yoni vyapad* includes majority of gynecological disorders mentioned in *bhruhatrayi samhita*. But other than *yonivyapad* an unique concept of *somroga* mentioned in *Yogratnakar*, *Bhavprakash* and *Bhaishajyaratnawali samhita*. The fluids maintaining the body are termed *SOMA* as in this disease the amount of these fluids (*aapdhatu*) or *soma* is decreased hence called' *somaroga'*. Before knowing the management, literature of the disease should be known in detail. Therefore, in this study an effort has been put forth to make a conceptual study covering almost all the aspects of *somroga* as per Ayurveda as well as per modern.

KEYWORDS*: Somroga, yonivyapada, Brihatrayi, aapdhatu, yogratnakar, bhavprakash* and *bhaishajyaratnawali*

INTRODUCTION:

Somaroga – excessive female discharge is one such discomfort, experienced by few women. Because the symptoms are difficult to appreciate, this disease is most commonly neglected in early stages. When it is associated with other symptoms, it takes shape of a major health problem which may need longer treatment.

Soma means white. It symbolizes moon which is representation of lustre, strength and vital capacity (*Prana, Ojas*). *Roga* refers to disease. So *somroga* refers to a condition where due to continuous excessive discharge from vagina or urethra, vital strength of body is lost, causing loss of lustre on the face.

Etiopathogenesis:

Strinam Atiprasangen (Excessive coitus), *shoka* and *shrama* (grief and exercise), *Abhicharik* (magical spell), *Atisarak (*purgatives), *garyoga* (toxic or poisonous substances).[1]

Samprapti:

Due to *hetu sevan* fluids situated in various parts of the body of women get irritated and discharged. These fluids oozing out from their normal places, proceed towards urinary passage.[2]

Clinical features:

In *somroga* women passes white fluid in excessive quantity through urinary passage which is *prasanna* (clear), *vimala* (pure), *sheeta* (cold), *nirgandha* (odorless), *niruja (*painless) and *seeta* (white) in nature. Due to excessive weakness, cannot withhold the urge of passing it. She is restless, *shira shithilta* (laxity in head region), suffers from *mukha* and *talu shushkata (*dryness of mouth and palate), *murcha*(unconsciousness), *jrumbha* (yawning), *pralap* (delirium) and *twakrukshata* (excessive dryness of skin). Never gets satisfied with the likable, eatables and drinkables, As quantity of fluids known as soma responsible for maintenance of the body decreases, hence termed as *somroga.*[3]

Treatment:

- *Kadali pakva phal* with *dhatri phal swaras* mixed with honey and sugar.
- *Masha, madhuk* and *vidarikanda choorna* with honey and sugar.
- *Nagkeshar* with *takra* followed by diet of cooked rice and *takra* cures *shwetpradara.*
- *Ela choorna* with *varuni* or *taruni sura* in repeated painful excretion of *sura* with urine should be prescribed.[4]
- *Kadalikanda ghrut.* [5]
- *Vangeshwar rasa.* [6]

Complication of *somroga*:

With the lapse of time, when *somroga* becomes chronic and women passes excessive quantity of urine repeatedly in association with other clinical features of *somroga*, then it is called as *mutraatisara*.[7]

Modern correlations:

Somroga is a controversial subject. Many of the scholars interpret it as a condition of polyuria (DIABETES INSIPIDUS) While others regard it as a condition of discharge per *vaginum*. (LEUCORRHOEA)

Hence it is important to know the literature of both the clinical conditions in detail.

Somroga is possibly condition of vaginal discharge one. *Vaidya Rajwade* and others have described it in their text *kaumarbhritya*. To explain the argument some points mentioned below.[8]

a) *Yogratnakar* used the word *Shwetpradar* while describing treatment of *somroga.*

b) *Somroga* is discussed in that chapter where especially female disease are discussed.
c) Separate description and separate treatment for a condition in which *soma* passes through urine, is available in the same chapter.
Hence, it is better to interpret the word *mutramargen* as per vaginum and *mutren* as through urine.

Abnormal vaginal discharge:

Introduction: Women frequently complain of abnormal vaginal discharge. Discharge may exceed than normal to one which is a part of wide spectrum of ailments

Characteristics of normal vaginal fluid: It is watery, white in color, non-odorous with pH around 4.0. Microscopically, it contains squamous epithelial cells and a few bacteria. Lacto-bacilli (*Doderlein bacilli*) few gram-negative bacteria and anaerobes are present without any white or red blood cells.

LEUCORRHOEA [9]

Leucorrhoea is condition where vaginal discharge exceeds the normal range. The symptom of excessive discharge is a subjective one with individual variation, while to declare it to be normal and not an infective one, requires clinical and laboratory investigations.

The term leucorrhoea should fulfil the following criteria:

- The excess secretion is evident from persistent moistness in vulval region or brownish yellow staining of the undergarments on drying or need to wear a vulval pad.
- It is non purulent and non-offensive.

PATHOPHYSIOLOGY—Normal Vaginal Secretion:

Endogenous *estrogen* level are involved in normal vaginal secretions. The superficial vaginal epithelium becomes rich in glycogen due to abundant secretory activity of endo cervical glands with rising *estrogen* level.

The cervical glands normally secrete small amount of mucoid secretions. The carbohydrate radicle of the glycoprotein mucin is split off and fermented into lactic acid. If however, the mucus is secreted in excess, it can be felt at vaginal region.

The excessive secretion is due to:

- Physiologic excess
- Cervical cause (cervical *leucorrhea*)
- Vaginal cause (vaginal *leucorrhea*)

Physiologic excess: The normal secretion increases in conditions when the *estrogen* levels become high. Such conditions are :

During puberty—Increased levels of endogenous estrogen lead to marked overgrowth of the endocervical epithelium which may encroach onto the ectocervix producing congenital ectopy (erosion) → increased secretion.

During menstrual cycle ™ Around ovulation—Peak rise of *estrogen* → increase in secretory activity of the cervical glands. ™ Premenstrual pelvic congestion and increased mucus secretion from the hypertrophied endometrial glands.

Pregnancy—There is *hyperestrinism* with increased vascularity. This leads to increased vaginal transudate and cervical gland secretion.

During sexual excitement, when there is abundant secretion from the Bartholin's glands.

Cervical cause: Non-infective cervical lesion may produce excessive secretion, which pours out at the vulva. Such lesions are—cervical ectopy, chronic cervicitis, mucous polyp and *ectropion* (cervical glands are exposed to the vagina).

Vaginal cause: Increased vaginal transudation occurs in conditions associated with increased pelvic congestion. The conditions are uterine prolapse, acquired *retroverted* uterus, chronic pelvic inflammation, 'pill' use and vaginal *adenosis*. Ill health is one of the important causes of excessive discharge. It produces excess exfoliation of the superficial cells.

TREATMENT: The following guidelines are prescribed to treat the cause of leucorrhoea

Improvement of general health.

1) Cervical factors require surgical treatment like electrocautery, cryosurgery or *trachelorrhaphy*.
2) Pelvic lesions producing vaginal *leucorrhea* require appropriate therapy for the pathology.
3) Pill users may have to stop 'pill' temporarily, if the symptom is very much annoying.
4) Above all, local hygiene has to be maintained meticulously.
5) Treatment for specific infection.

According to some authors *somroga* and *shwetpradara* (leucorrhoea) cannot be accepted as one entity due to following reasons:[10]

- Etiopathalognesis and clinical features of both these conditions are entirely different, the points supporting are as follows.

1) In Somroga fluid(aap dhatu) of body responsible for maintenance is lost while in shwetpradara (leucorrhoea) whole body fluid has no relation with the disease.
2) In *Somroga* discharge comes through urinary passage while in *shwetpradara* it comes through vaginal passage.
3) The women is unable to control the urge of passing soma while in *shwetapradara* this is involuntary discharge, so the question of feeling of urge does not arise.
4) *Somroga* will cause restlessness, laxity of head, dryness of mouth and palate , unconsciousness and dryness of skin etc. Clinical features of dehydration are present as in *shwetpradara* body fluid is not influenced hence no signs of dehydrations are seen.

- As the authors were well versed with the anatomy and physiology of both these orifices i.e urinary and vaginal passage , thus the mention of urinary passage in place of vaginal orifice does not seem to be logical . At no other place replacement of one organ

/structure with other is seen, thus to accept the description of *somroga* as an exception is not justified.

- In chronicity of *somroga* *mutraatisara* develops or *mutratisara* is accepted by some as subclassification of *somroga* .
- *Kadali ghrut* and all *rasas* prescribed for *somroga* are said to be useful for *prameha , mutraatisara* etc. diseases of urinary system, which indicates that *somroga* is also a disease of urinary system.

According to this view we will explore diabetes insipidus:

DIABETES INSIPIDUS :

Epidemology and clinical features:[11]

Diabetes insipidus is a disorder of posterior pituitary which maily presents as polyuria (> 3 lit of urine daily of dilute urine), leading to thirst that may disturb sleep. Occurrence at any age and in both sexes.

In adults it occurs as a result of pathological insult to hypothalamic pituitary axis .

In children, organic central DI should be suspected presenting after age of 5 years and with features of anterior pituitary insufficiency, such as growth retardation.

Etiology:

- DI may result from deficient ADH production from the hypothalamus-pituitary (central DI) or
- From renal end organ resistance to ADH action (nephrogenic DI).
- Hereditary DI results from mutation of genes.

Clinical Features:

- Polyurea : urine may vary from few litres to nearly 18 litres depending on degree of ADH deficiency.
- Nocturia
- In extreme deficiency of water hypertonia leads to irritability, fever,mental dullness,prostration and death.
- Neurological abnormalities coexist if DI is due to primary pituitary lesion.

Management Course:

Central DI is treated with desmopressin a long acting vasopressin analogue.

Conclusion:

As it is a controversial subject it is very difficult to conclude exact resemblance or correlation with the modern terminology of leucorrhoea or diabetes insipidus. According to variation and symptoms present in the patient predominantly, keeping in mind the literature we can follow line of treatment.

According to *ayurvedic* text the line of treatment is similar which works on the principal of *stambhan, balya* and *oja rakshana* of patient in *somroga, pradara* or *mutra atisara* .

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