

**AYURVEDIC MANAGEMENT OF KAPHAJA YONIVYAPAD –
A CASE STUDY****1. Dr. Veena A. Patil**

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ABSTRACT:

Healthy woman is a happy woman". To maintain the optimum health, women should be free of systemic as well as gynecological disorders. In a developing country like India, generally women ignore their gynecological conditions leading to discomfort in carrying out day to day activities. Among the gynecological disorders *kaphaja yonivyapad* is one of the most common diseases seen around the globe. Though it is not life threatening but hampers the normal routine life of the woman. An infection of vagina or change in the normal balance of vaginal flora can cause inflammation of vagina leading to symptoms like vaginal white discharge, itching, odour, pain in vagina and lower abdomen. Common types of vaginitis include bacterial vaginosis, yeast infections and trichomoniasis. *Kaphaja yonivyapad* can be correlated with candidial yeast infection due to similarity of the clinical features. In this case we will study the effect of ayurved in treating *kaphaja yonivyapad*.

KEYWORDS: *kaphaja yonivyapad*, white discharge, *yonidhavan*

INTRODUCTION:

Women's reproductive health plays a significant role in maintaining her overall health in general. Since the onset of puberty till menopause, a woman goes through various reproductive changes from giving birth to being infected with numerous diseases. One of the commonest condition is kaphaja yonivyapad. It is one among the 20 yonivyapad mentioned in our classical texts. It has been described by acharya charaka and both vagbhata as shlaishmiki yonivyapad. Acharya sushruta, bhavaprakash and yogaratnakara have used the term sleshmala(1) whereas sharangadhara has termed it as kaphaja yonivyapad. Causitive factors of this disease are intake of kaphakara, abhishyandi and sroto-malinyakara ahara which leads to kapha-vridhi(2). This vitiated kapha reaches yoni and causes the sleshmaja yonivyapad(3) creating symptoms like yoni kandu, picchila yoni, pandu-picchilambu srava, alpa vedana, etc. In all sleshmaja yonirogas, ruksha and ushna treatment should be prescribed(4) which can be achieved by use of sthanik chikitsa with yoni dhavan, pichu and varti with rusksha ushna dravya and abhyantara chikitsa with kaphashamak dravya. In modern literature the clinical features like thick curdy white vaginal discharge along with vulvo-vaginal pruritis can be seen in vulvo-vaginal candidiasis. It is usually treated with antifungal medicine but recurrence rate is high. In such chronic condition ayurvedic management proves to be effective in treating and preventing the recurrence.

AIM & OBJECTIVES:

- 1) To study *kaphaja yonivyapad* along with its symptoms.
- 2) To study a case report of *kaphaja yonivyapad* in detail and its management.

MATERIALS AND METHOD:**Case Report**

A female patient aged 23 years came to the outpatient department on 21/01/2021, presenting with complaint of white discharge from vagina with itching since 6 months, the white discharge was recurrent with 4 episode in last 6 months which was hampering her day to day activities. She was also suffering from mild lower abdomen pain and lower backache since 2 months which relieved temporarily after taking painkillers. She took allopathic treatment during each episode of symptoms and had temporary relief for 1 to 1 & half months. In last 1 month the symptoms aggravated with excessive thick curdy white discharge along with increase in associated

symptoms mentioned before. So for better and long term relief she came for Ayurveda treatment.

Personal History

Marital status: married 2 years back and separated since 5 months, Occupation: works in father's garment shop, lifestyle: Sedentary with long sitting hours, Food habits: irregular, Diet: non vegetarian with daily intake of chicken, mutton, and *guru abhishyandi* ahara like curd, milk and basmati rice.

Menstrual history:

Menarche - at 12yr of age

LMP- 11/01/2021

Menstrual History - *Raja - kala* : 5-6 days of bleeding with regular cycle of 24-25 days with moderate bleeding and mild pain in lower abdomen and legs. No other significant abnormalities detected.

Contraceptive history: No contraception's used.

Obstetric history: 1) history of still birth(male child) 1 year back. 2) history of missed abortion 7 months back for which D&C was done.

Medicinal history: she was given this treatment during each episode.

1)tab metronidazole 400mg TDS for 7days.

2) tab doxycycline 100mg BD for 5 days.

Surgical history: H/o D & C 7 months back.

Ashtavidha pariksha: nadi: 82/min, mutra: avishesha, mala: kwachit badhamala pravrutti, jivha - sama, shabda: prakruta, sparsha: anushna shita/snigdha, druk: prakrut, akruti: madhyam.

Dashavidha pariksha: prakruti: Pittapradhan kaphanubandhi, vikruti:kapha, sara: madhyama, samhanana: madhyama, satmya:madhyama, satwa: avara, pramana: madhyama, ahara-abhyavaharana shakti: madhyama, jaranashakti: madhyama, vyayama shakti: madhyama, vayah: yuvana.

General Examination: patient well oriented, conscious, T- Afebrile, PR - 82/min, BP - 110/70 mm of Hg, Ht- 160cm, Wt-60, *agni-mandya, koshta- madhyama, pallor-absent.*

Per Abdomen Examination – abdomen was soft with mild tenderness in hypogastric region.

Per Speculum Examination – thick profuse curdy white discharge, vaginal mucosa appeared inflamed and red, cervical mucosa appeared inflamed and red with no bleeding on touch.

Per Vaginal Examination – tenderness in post. & left fornices, Uterus was anteverted and

anteflexed, no cervical motion tenderness noted, no mass felt at vaginal fornices.

Investigation: CBC: WBC-11,000 cells/cu.mm, Hb% - 12gm%, RBSL- 135mg/dl, HIV, VDRL, HBsAg- non reactive.

Nidan Panchak- Hetu- regular intake of guru abhishyandi ahara like chicken, mutton, curd, milk, basmati rice, etc., sedentary lifestyle in form of long hours of sitting, *badhmala pravrutti*, H/o - still birth and abortion and no use of barrier method (condom) during intercourse.

Lakshana - yonigata shweta srava, yoni pradeshi kandu, adhyodar shula and katishula.

Samprapti - hetu sevan → *sarvanga kapha prakopa* → *sthanik kha vaigunya* due to *apana dushti* because of *badhamala* and H/o abortion and still birth → *sthanasanshray of dhushit kapha in yoni* → *kaphaja yoni vyapad*.

Samprapti ghatak: dosha - kapha and vata, dushya- rasa and mamsa, srotas- rasavaha and artavavaha, marga - abhyantara, mahabhoota- prithvi and aap, udbhavasthana- pakwashaya samuttaja, vyaktsthana- garbhashaya, samprapti prakara- atisrava, vimarga gamana.

Treatment: *Nidan Parivarjan* - stopped regular intake of chicken, mutton, rice, curd, milk, etc.

Abhyanatar Chikista- 1) *Pushyanuga churna* 1 gm TDS with *tandulodaka*

2) *Chandraprabha vati* 2 BD x 3 months

3) *Dashamoolarishta* 15 ml BD with *koshnaja* x 3 months (medicine not taken during periods).

Sthanik chikista – 1) *yonidhavan* with *panchavalkala kwath* - *koshna* 750 ml x 7 days

3) *yonipichu* with *panchavalkal siddha tail* - Q.S (kept in situ for 1 & 1/2 to 2 hrs) x 7 days.

Pathya-apathya: she was advised to include hot water, ghee, fibrous food, fruits, green vegetables, pulses, garlic in diet. Along with this she was advised to do suryanamaskar, 30 mins daily walks, maintain personal hygiene with use of clean and dry undergarments.

3 cycles of *bahya chikitsa* done each month after menses with continuation of *abhyantara chikitsa*.

Result: After first cycle

1) Reduction in symptoms after 7 days of *bahya* and *abhyantar chikitsa*, P/A - mild tenderness present in hypogastric region, P/S - scanty white discharge seen, P/V - mild tenderness present in post. & left fornices.

Complete relief in all the symptoms after 3 months of treatment.

DISCUSSION & CONCLUSION:

After 3 months of treatment with regular follow ups and *pathya ahara vihara* the patient was relieved with all the symptoms. The *samprapti bhanga* was achieved by relieving *kaphaprakopa* and improving the *agni* and *apana vayu karma*. *Sthanik chikitsa* with *panchavalkala kwath dhavan* and *panchavalkala sidha taila pichu* acted as *sthambhana* and *grahi* thus reducing the *atisrava*. *Panchavalka* also acts as anti inflammatory, analgesic and anti microbial hence the localised inflammation was reduced. *Pushyanuga churna* acts as *grahi*, *sravahara* and *stambhaka* and does *kapha shaman* because of its *laghu ruksha guna*. *Chandraprabha vati* acts as *tridosahara*, *balya*, *rasayana* and helps to reduce the symptoms. *Dashamoolarishta* is reported to have anti-inflammatory, antifungal and wound healing properties. It also acts as analgesic and regulates the normal functioning of *apana vayu*. With this treatment protocol we succeeded in balancing the *doshas* and breaking the *samprapti ghataka* of this disease thus giving beneficial results.

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