

CASE STUDY

Ayurvedic Management of *Kaphaja Yonivyapad* - A Case Study

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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 gynaecological disorders. In a developing country like India, generally women ignore their gynaecological conditions leading to discomfort in carrying out day to day activities. Among the gynaecological disorders *kaphajayonivyapad* 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. *Kaphajayonivyapad* 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 *kaphajayonivyapad*.

Key Words *Kaphajayonivyapad, White Discharge, Yonidhavan*

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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 conditions is *kaphajayonivyapad*. It is one among the 20 *yonivyapad* mentioned in our classical texts. It has been described by *acharya charaka* and both *vagbhata* as *shlaishmikiyonivyapad*. *Acharya sushruta*, *bhavaprakash* and *yogaratanakara* have used the

term *sleshmala*¹ whereas *sharangadhara* has termed it as *kaphajayonivyapad*. Causative factors of this disease are intake of *kaphakara*, *abhishtandi* and *sroto-malinyakara* which leads to *kapha-vridhi*². This vitiated *kapha* reaches *yoni* and causes the *sleshmajayonivyapad* creating symptoms like *yoni kandu*, *picchila yoni*, *pandu-picchilambusrava*, *alpa vedana*, etc. In all *sleshmajayonirogas*, *ruksha* and *ushna* treatment should be prescribed³ which can be achieved by use of *sthanik chikitsa* with *yoni dhavan*, *pichu* and *varti* with *ruskshaushnadravya* and

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abhyantarachikitsa with *kaphashamakdravya*. 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 *kaphajayonivyapada* along with its symptoms.
- 2) To study a case report of *kaphajayonivyapada* in detail and its management.

MATERIALS AND METHODS

Case Report

A female patient aged 23 years came to the outpatient department on 21/01/2021, presenting with complaints 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 abhishyandiahara* 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.

Ashtavidhapariksha: *nadi*: 82/min, *mutra*: *avishesha*, *mala*: *kwachitbadhamalapravrutti*, *jivha* -*sama*, *shabda*: *prakruta*, *sparsha*: *anushnashita/snigdha*, *druk*: *prakrut*, *akruti*: *madhyam*.

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Dashavidhpariksha: prakruti: and still birth → *sthanasanshray of dhushit*
Pittapradhankaphanubandhi, vikruti:kapha, *kapha in yoni* → *kaphaja yoni vyapad.*
sara: madhyama, samhanana: madhyama,
satmya:madhyama, satwa: avara, pramana:
madhyama, ahara-abhyavaharanashakti:
madhyama, jaranashakti: madhyama,
vyayamashakti: madhyama, vayah: youvana.

General Examination: patient well oriented, conscious, T- Afebrile, PR - 82/min, BP - 110/70 mm of Hg, Ht- 160cm, Wt-60, *agni-mandya, koshtha- 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 abhishyandiahara like chicken, mutton, curd, milk, basmati rice, etc., sedentary lifestyle in form of long hours of sitting, *badhmalapravruti,* H/o - still birth and abortion and no use of barrier method(condom) during intercourse.

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.*

Sampraptighatak: dosha - kapha and vata, *dushya- rasa and mamsa, srotas- rasavaha and artavavaha, marga - abhyantara, mahabhoota-prithvi and aap, udbhavasthana-pakwashayasamuttaja, vyaktsthana-garbhashaya, sampraptiprakara- atisrava, vimargagamana.*

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

AbhyanatarChikista-

1) *Pushyanugachurna* 1 gm TDS with *tandulodaka*

2) *Chandraprabha vati* 2 BD x 3months

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

Sthanikchikista- 1) *yonidhavan* with *panchavalkalakwath - kosha* 750 ml x 7 days

3) *yoni pichu* 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. Total three cycles of *bahyachikitsa* was done with one cycle in each month after menses with continuation of *abhyantarachikitsa.*

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

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discharge seen, P/V - mild tenderness present in post. & left fornices.

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

DISCUSSION

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 *kaphaprapakopa* 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*.

CONCLUSION

With complete history taking and systemic examination the patient was diagnosed as a case of *kaphaja yonivyapad*. Along with *aushadi chikitsa*, *sthanik chikitsa* was given in three cycles which played an important role in

breaking the pathophysiology and relieving the symptoms. *Sthanik chikitsa* has been given prime importance in *yonivyapad chikitsa* by our classical texts and further research study should be done in this to give us better perspective on its mode of action.

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