



# INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

## *Amalaki Beej Churna Orally And Lodhradi Yoni Varti In The Management Of Kaphaja Yoni Vyapad (Vulvovaginal Candidiasis) :A Case Study*

Dr. Pragya Arya<sup>1</sup>, Dr. Rashmi Sharma<sup>2</sup>

<sup>1</sup>PG Scholar, <sup>2</sup>Associate Professor

PG Department of Prasuti Tantra Evam Stri Roga, Dr.Sarvepalli Radhakrishnan Ayurved University, Jodhpur, Rajasthan, India

### ABSTRACT

*Kaphaja Yoni Vyapad* is one of the most prevalent and pressing issues that women world-wide deal with. White discharge from the vagina, itching and minor vaginal pain are the symptoms. Based on the primary complaints and an assessment of the illness, Valvo vaginal Candidiasis and *Kaphaja Yoni Vyapad* are compared. For this issue, numerous treatments are recommended; nevertheless, they are not without adverse effects and recurrence. Therefore, choosing the right course of treatment is crucial. **Methodology:** Here is a case report of a patient with complaints of *Kaphaja Yoni Vyapad* diagnosed vaginal candidiasis by High vaginal swab culture test selected from Outpatient Department of Sanjeevani Ayurveda hospital jodhpur PGIA jodhpur Rajasthan. *Lohradi Yoni Varti* for 7 days for two cycle and *Amlaki Beej Churna* orally will be given to the patients for 2 months. **Results:** Local therapies such as *Sthanika Chikitsa* have lot of potential in treating *Yoni Vyapad* and in the drugs with its *Guna Karma* helps in breaking the *Samprapti* of *Kaphaja Yoni Vyapas*. **Discussion:** *Amlaki Beej Churna* orally as *Shaman Ausadh* and *Sthanik Chikitsa Lohradi Yoni Varti* use as *Sthanik Chikitsa*., those drugs having *Guna Karma Soshan Sthambhan* ,, *Ropana*, *Yonidoshahara*, *Kandugna* properties helps for the treatment of *Kaphaja Yoni Vyapad*.

**Keywords:** *Kaphaja Yoni Vyapad*, *Pichhila*, *Sheetala Srava*, *Amalaki Beej Churna* orally and *Lodhradi Yoni Varti*, VVC (Valvovaginal Canadidiasi)

### Introduction

*Yoni* being a direct route to *Garbhashaya* if diseased, might affect the entire *Kshetra* which is needed for growing embryo and its development. Ayurveda explains 20 different conditions related to this *Yoni* called as *yonivyapat*<sup>1</sup>. These 20 *Yoni Vyapad* include most of the abnormal and diseased conditions of vagina. *Kaphaja Yoni Vyapad* is one among most frequently seen condition in these *Yoni Vyapad*. *Kaphaja Yoni Vyapad* is one among twenty *Yoni Vyapad*. It has been described by Acharya Charaka and both Vagbhata as *Shlaishmiki*. Acharya Sushruta, Bhavaprakasha and Yogaratnakara have used the term *Kaphaj Yoni Vyapad* whereas Sharangadhara has just mentioned *Kaphaja*. Vaginal flora is made up of different species of

microorganisms called bacteria that form a surface film called a biofilm on the vaginal mucosa, which acts as a protective barrier. 90% of the normal vaginal flora are physiological bacteria that aid in preventing infections. It keeps the vaginal environment at a healthy, acidic pH, which is antibacterial. Pathological bacteria, primarily *Gardnerella vaginalis*, proliferate when the vaginal environment becomes alkaline due to outside factors. When the symbiotic relationship between the physiological and pathological bacteria is broken, the vaginal ecosystem becomes disrupted, which results in vaginal infections.

### Prevalence and Incidence

According to estimates from the World Health Organization, sexually transmitted infections cause more than 200 million reproductive tract illnesses annually in women living in developing nations<sup>i</sup>. According to estimates, low- and middle-income countries (LMICs) bear the brunt of the global cost to the tune of 80%–90%<sup>ii</sup>. While roughly 12.3% of males and 33% of women have reproductive tract infections, women are more likely to get them, especially those in the reproductive age range and married women in particular<sup>iii</sup>. Around one-third of women of reproductive age, approximately **1-14%**, report experiencing abnormal vaginal discharge. The overall prevalence rate of this condition is **55.6%**, and it rises to an estimated **73.3%** among pregnant women. *Candida albicans*, a common cause of vulvovaginal candidiasis, Vulvovaginal candidiasis is a common gynaecological problem worldwide with prevalence of **10 to 35%** in India and **50 to 75 %** in worldwide. **70–75%** of women experience VVC at least once in their lifetime<sup>iv</sup>. Vulvovaginal candidiasis has clinical features such as vaginal discharge with pruritis and on examination there is thick curdy white cottage cheese type of discharge adherent to the vaginal walls. Vulva is usually red and inflamed and on per vaginal examination there is tenderness and multiple oozing spots on removal of the white flakes. This condition occurs in pre-disposing factors such as diabetes, pregnancy, and continuous use of broad-spectrum antibiotics, intake of combined oral-contraceptives, obesity and immune-compromised state such as HIV and others. *Kaphaja Yoni Vyapad* caused due to vitiated *Kapha* and is characterized by *Picchila*, *Sheeta Kanduyukta Yonisrava* is one among the commonest complaints encountered in the Stree Roga. *Amalaki Beej Churna* and *Lodhradi Yoni Varti* in treating VVC. These treatments, chosen for their *Kashaya Rasa* properties, are designed to absorb excessive vaginal discharge, facilitate healing of vaginal and cervical wounds, and alleviate symptoms associated with VVC. The *Kashaya Rasa* itself exhibits characteristics such as *Samsamana* (pacifying), *Sangrahi*, *Stambhana*, and *Soshana* of *Kleda*. Additionally, the therapies are noted for their *Ropana* properties and *Tikta Rasa*, which contribute to balancing *Kapha Dosha*, as well as their effectiveness against *Krimi* and *Kandu*.

### AIM:

- To develop a standard Ayurvedic treatment protocol in the management of *Kaphaja Yoni Vyapad*

### OBJECTIVE:

- To identify the etiological factors of *Kaphaja Yoni Vyapad* (Valvo Vaginal Candidiasis).
- To evaluate the efficacy of *Amalaki Beej Churna* orally & *Lodhradi Yoni Varti* on *Kaphaja Yonivyapad* (Valvo Vaginal Candidiasis).

**Case report:**

Study center: Sanjeevani Ayurveda Hospital, PGIA Jodhpur

Name of patient: XXX

Reg OPD No: 21017383

Reg IPD No :2124

Region: Hindu

Occupation: Housewife

**Chief Complaint:**

*Yoni Gata Srava* (Curdy white discharge p/v) since 5months.

*Yoni Kandu* (Itching on Vulvar region) since 5 months.

**Associate complaint:**

*Vedna* (Lower abdomen pain) since 3 months.

Back ache since 3 months.

A 35 years old married female patient suffering *Yonigata Shweta Srava* since 5 months was visited the *Prasuti tantra* evum *Stri Roga*-OPD of Sanjeevani Ayurved Hospital PGIA Jodhpur. She was suffering from excessive P/V *Yoni Srava* (white discharge) with *Yoni Kandu* (itching) since 5months, which was hampering her daily activities. The complaints started gradually 10 months ago and was non-itching for that she took some allopathic medicines and got relief. Before 5 months, the symptoms recurred and became severe day by day. Now, she complained of excessive vaginal discharge associated with itching. So, for better relief she came for ayurvedic treatment.

**Past treatment history:** Vaginal tablets and cream

Oral medications

**History of past illness:** No any major illness.

**History of surgery:** No other significant surgical intervention.

**Family history:** No any Family history found

**Menstrual History**

Menarche -13 year

Duration -4-5 days

Interval-25-30 days

Amount-2pad/day

Associate Complaints-clots+

-Pain+

Marital History : Married since 10 years.

No history of any type of contraception.

**Obstetric history:** G5 P2 L2 A3 D0

Both the deliveries were normal at hospital

P1-female 7year old

P2-female 4year old

A1 - 2.5month spontaneous abortion

A2 - MTP at 2.5month

A3 - 2month spontaneous abortion

Diet: Mixed –veg / nonveg

Dietetic habits: Samasana

Rasa Sevana: Madhura, Katu

Appetite: Poor

Bowel: Regular

Micturition: 4-5 times /day; 1-2 times /day

*Koshta: Madhyam*

Personal Hygiene: Poor

Sleep: Disturbed

Sexual Life: Satisfactory

***Ashtvidha Pariksha:***

Nadi: 78/ min

Mala: *Nirama*

Mutra: *Samyak* ,5times in a day,1 time in night

*Jivha: Anavrit*

*Shabda: Prakruta*

*Sparsha: Anusnsheet*

*Druk: Prakruta*

*Aakruti: Madhyama*

***Dashvidha Pariksha:***

*Prakruti:Kapha-Vata*

*Saara: Madhyam*

*Samhanana: Madhyam*

*Satwa : Madhyam*

*Satmya : Sarwahar*

*Aaharshakti:=Madhyam*

*Vyayamshakti: Hina*

*Bala: Hina*

*Vaya - Madhyama*

### Investigation

Reports as on 7 /3/2024

HB: 12.8gm %

WBC: 6.68 CELLS/CMM

Platelets: 323 lakhs/ cmm

RBS: 121.2 mg/dl

HIV - NEG

HBSAG - NEG

VDRL - NEG

### URINE EXAMINATION-

Specific gravity-1.030 high

Protein -trace

Pus cell-2-4 wbc/hpf

Epithelial cell-2-3/hpf

**Vaginal swab culture:** the smear show Organism of candida albicans and moderate puss cell.

Inspection: labia-swollen

Per speculum examination: cervix- curdy white discharge +++

oedematous

nab cyst +on upper lip

Per vaginal examination: uterus –AV/FM

Fornix--non tender

### Samprapti ghatak:

Dosha : kaphapradhan vata

Dushya : rasa ,mansa

Srotas : rasavaha, aartavavaha

Srotodushtiprakara: Atipravrutti, vimarg gaman

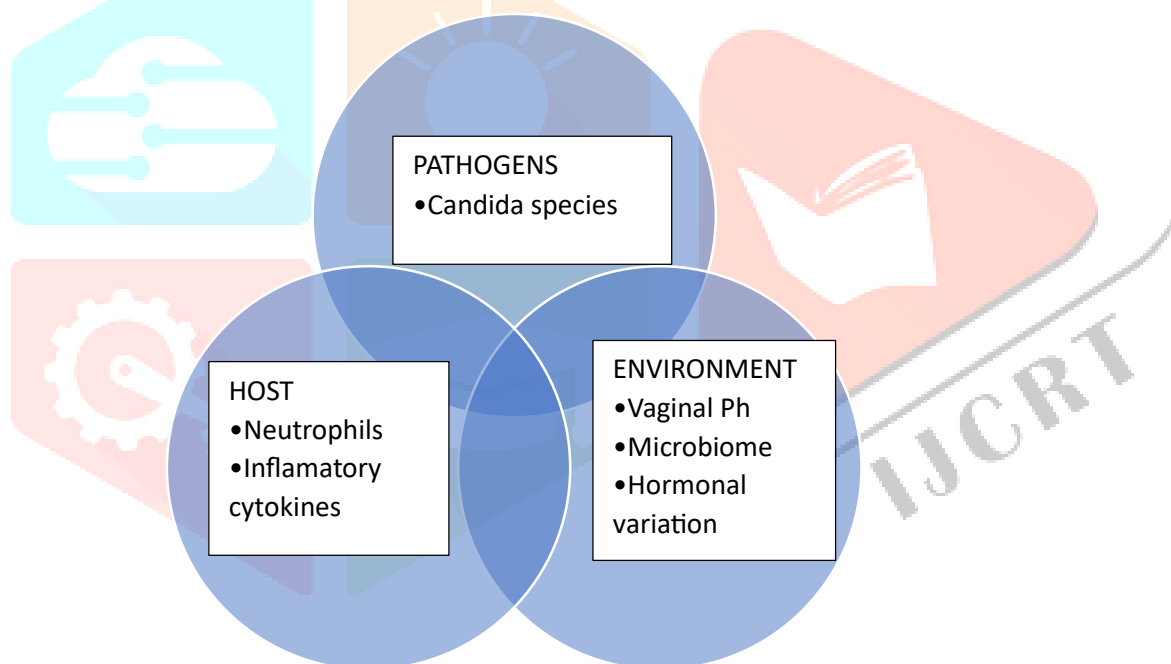
Marga : abhyantara

Agni : Mandagni

Aam : Sama

Udbhava sthana :pakvashaya

Vyaktasthana:Yoni

***Samprapti:****Nidana sevana*Vitiation of *Kapha* with *Vata**Kapha* starts to accumulate in its own spaceThis accumulation leads to *Prakopa Avastha*This provoked and spread *Kapha* there after gets lodgement in the *Artavaha Srotas* or in the genital system.Causes symptoms of ***Kaphaja Yoni Vyapad*****Causes for Candida Albicans:****Intervention:*****Sthanika Chikitsa:***

- *Yoni Prakshalana* with Luke warm water.
- *Yoni Varti*

**Procedure of *Yonivarti*:***Poorvakarma :*

- Counselling was done.
- Written consent was taken.
- Shaving and part preparation.

- Patient was advised to empty the bladder.
- Instrument trolley was prepared.
- Yoni Prakshalana with Luke warm water done.
- Private part was cleaned antiseptically.
- Sim's speculum was inserted; Anterior vaginal wall retractor was introduced to expose the cervix.
- Prepared *Lodhradi Yoni varti* was introduced to endocervix.
- Instruments was removed out.

*Lodhradi Yoni Varti* was kept P/V for approx. 45 min (1Mahurata

And orally given Amalakai Beej Churna for 2months.

#### ***Paschat karma:***

*Lodhradi Yoni Varti* was removed after Urge of micturition or 1 Mahurat.

Patient was monitored for 30 minutes after the procedure.

The same procedure was repeated for 7 days

#### **Safety precautions:**

- Instruction was given to patient to avoid sexual intercourse, heavy work, journey, etc, during and for 7days after the procedure.

	<i>Sthanik Chikitsa</i>	<i>Abhyantara Chikitsa</i>
Drug	<i>Lodhradi Yoni Varti (Lodhra, Mulathi, Priyangu)</i>	<i>Amalaki Beej Churna</i>
Dose	1Varti (1Varti=3gm)	3gm BD
Duration	7 days after cessation of menses for two consecutive cycle	2 Months
Follow up	15days	15 days

#### ***Pathya – Apathya:***

It should be Kaphadi Dosha Shamaka like-Ruksha, Ushna, Tikshna, Katu, Tikta, Kashaya.

Use of Taila, Sidhu, Pathyarista.

Use of *Asava*, *Arista*, *Lasuna* and diet having abundance of milk and mamsa rasa.

For women, *Lasuna* acts like nectar.

Eat fibrous diet, fruit, green vegetables.

Drink plenty of water.

#### ***Vihara***

1. Keep the area clean and dry.
2. Maintain personal hygiene.
- 3.wash the garments in boil water and Dettol and dry it in sun light.



**Result:**

1) On last day of 1<sup>st</sup> cycle of treatment reduce in symptoms itching and moistness in cloth with in P/S examination shows mild curdy white discharge, P/V mild tenderness present in lateral fornix, no itching and no lower abdomen pain.

2) Complete relief in all the symptoms after 2 months of complete treatment.

**Discussion:**

- The kaphaja yonivyapad is mainly due to Vata –Kaphakar Hetu Sevan .This disease can be cured mainly by observing hygiene. Personal Hygiene is very important for every woman. Plan of treatment for this patient was based on Samprapti Vighatana .both Amalaki Beej Churna Orally and Lodhradi Yoni Varti having Kashya Kkatu, Tikta Rasa ,Laghu,Ruksha guna and ushna veerya .It has Sthhambahn, Soshan ,Grahi Kledshamak Guna, vedanaasthapana, anulomana and rasayana and analgesic, anti-inflammatory, and antibacterial properties. By going through each ingredient's rasa, guna, virya, vipak, prabhava and karma, we came to know that each and every ingredient has the property of vata and kapha saman individually. Inasertion of Yoni Varti sthanika chikitsa used as the mode of treatment has helped in local cleanliness and prevention of further infections by the microorganism invasion. It had given the natural antibiotic effect without any side effect.

**Conclusion:**

With complete history taking and systemic examination the patient was diagnosed as a case of Kaphaja Yonivyapad. Along with Aushadi Chikitsa, Sthanik Shikitsa was given in two cycles which played an important role in breaking the pathophysiology and relieving the symptoms. Sthanik chikitsa has been given prime importance in Yoni Vyapad Chikitsa by our classical texts and further research study should be done in this to give us better perspective on its mode of action.

1. Text book of Gynecology D.C.Dutta Edited by Hiralal Konar New Central book agency 5th edition.
2. Charak samhita chaukhamba prakashan chikitsa adhyaya 30
3. Agnivesha, charaka & dridhbala.charaka samhita ,edited by vaidhya jadhavaji trikamaji acharya. reprint edition, subharati ptrakasana, chaukhamba Varanasi, 2011;chikisa sthanna 30
4. World Health Organization, Global Prevalence and Incidence of Selected Transmitted Infection, Overview and Estimate, WHO, Geneva, Switzerland, 2001.
5. Meheus AZ: Women's health and reproductive tract infections: the challenges posed by pelvic inflammatory disease, infertility, ectopic pregnancy and cervical cancer. Reproductive tract infections: global impact and priorities for women's reproductive health. Germain A, Hoolmes KK, Piot P, WasserheitJN(en): Plenum press, New York, Newyork;1992.61-91.
6. World health organisation: Global strategy for the prevention and control of sexually transmitted infections :2006-2015: breaking the chain of transmission. (2007)



7. Gonçalves, B.; Ferreira, C.; Alves, C.T.; Henriques, M.; Azeredo, J.; Silva, S. Vulvovaginal candidiasis: Epidemiology, microbiology and risk factors. Crit. Rev. Microbiol. 2015, 42, 905–927. [CrossRef] [PubMed]
8. <https://www.medicalnewstoday.com/articles/318591.php>.
9. Prof. P V Sharma dravyaguna vigyan, part 2 Delhi; chaukhamba bharti academy, 2013
10. Bhavprakash madhyamkhanda chikitsa 70/47
11. Bhavprakash madhyam khanda yonirogadhikara 70/49
12. <https://www.researchgate.net/publication>
13. Sharma A and singh R screening of anti-inflammatory activity of certain indigenous drug on carrageenin induced hind paw edema in rats, Bull. Med. Ethnobot Res 1980;2:262

