



Case Study

AYURVEDIC MANAGEMENT OF *KAPHAJA YONIVYAPADA* (TRICHOMONAS VAGINITIS) - A  
CASE REPORT

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ABSTRACT

*Yoni Srava* is an annoying symptom that usually reflects infective conditions of genital tract in females. One of the *Yonivyapada* having *Yonivrava* as its prominent symptom is *Kaphaja Yonivyapada* which can be co-related to Trichomoniasis or Candidiasis infections. In *Kaphaja Yonivyapada*, symptoms of itching along with sticky and unctuous discharges per vaginum have been illustrated. The patient may experience either mild and dull pain or no pain at all. In severe Trichomonas infection, there is mild to moderate pain at the genital organs due to inflammatory changes, though in most cases, it may be painless. Considering all the symptoms, mentioned by *Acharya Charaka* and others, the *Kaphaja Yonivyapada* can be closely compared with Trichomonas Vaginitis. A 46 years old female patient was presented with the complaints of itching in vulvar region and white discharge per vaginum since 3 months. On clinical evaluation, ulceration was present on bilateral labia minora along with strawberry spots on vaginal walls, yellowish-white discharge and cervical congestion. **Aim and Objective:** To study the efficacy of *Sthanik Chikitsa* along with oral Ayurvedic formulations in *Kaphaja Yonivyapada* (Trichomoniasis). *Nimbadi Kshaya Yoni Dhavan* followed by *Mahanimba Taila Pichu* twice a day for seven days along with oral herbal formulation is prescribed to the patient. **Results:** After completion of the treatment protocol patient got relief in her symptoms like itching in vulvar region and white discharge per vaginum. **Conclusion:** In *Kaphaja Yonivyapada*, especially Trichomonas Vaginitis Ayurvedic management by the use of *Mahanimba* (*Melia azedarach*) containing formulations for *Sthanik Chikitsa* are quite effective as *Mahanimba* is having *Krimighna* and *Kandughna* properties.

INTRODUCTION

There are certain diseases which may trouble and irritate an individual to great extent but cannot be life threatening. *Kaphaja Yonivyapada* is one of them which can be co-related with Trichomonas vaginitis in modern sciences. Trichomoniasis is one of the most common sexually transmitted infections (STIs) worldwide caused by a protozoa Trichomonas vaginalis.<sup>[1]</sup>

In severe trichomonas infection, there is mild to moderate pain in the genital organs due to inflammatory changes, though in most cases, it may be

painless. When abnormal discharge is associated with vulval itching and burning sensation, it is called vulvovaginitis.<sup>[2]</sup> The most significant concern for a gynaecologist during the treatment of trichomonas vaginitis is high rates of re-infection, chronic and persistent nature of infections, drug resistance and its side effects like nausea, vomiting etc.<sup>[3]</sup> Due to its high prevalence worldwide and the frequency of co-infection with other STIs make trichomoniasis an important public health concern.

In Ayurvedic classics, various conditions giving rise to *Yonivrava* or white discharge per vaginum have been described. According to *Acharya Charaka* and *Sushruta*, "*Kaphaja Yonivyapada*" can be correlated with Trichomonas vaginitis as it is characterized by *Yonigata Shwetastrava* (white discharge), *Yonikandu* (vaginal itching).<sup>[4]</sup>

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“कफोऽभिष्यन्दिभिर्वृद्धो योनिं चेद् दूषयेत् स्त्रियाः ।  
स कुर्यात् पिच्छिलां शीतां कण्डुग्रस्ताल्पवेदनाम् ॥ १३ ॥  
पाण्डुवर्णा तथा पाण्डुपिच्छिलार्तवाहिनीम्” ॥ १४ ॥ (च० सं०  
चि० ३०)

*Kapha*, vitiated due to excessive use of *Abhisyandi* (articles producing oozing or serous effusion) substances reaches reproductive system and causes unctuousness, coldness, itching and dull pain in vagina. The woman looks anemic, and discharges yellowish menstrual blood is the opinion of *Acharya Charaka*.<sup>[5]</sup>

The symptomatic co-relation of *Kaphaja Yonivyapada* and *Trichomonas Vaginitis* is as follow:

<b>Kaphaja Yonivyapada</b> <sup>[6]</sup>	<b>Trichomonas Vaginitis</b> <sup>[6]</sup>
<i>Pandu-Picchila Srava</i>	Profuse greenish-yellow vaginal discharge
<i>Yoni Kandu</i>	Irritation and itching of varying degree
<i>Alpa Vedana</i>	Mild to moderate pain or no pain at all
<i>Pandu Varna</i>	Pale look

If these signs and symptoms remain neglected, it may lead to significant infections that harm the overall health and responsible for psychological disturbances.

This study will emphasize a careful holistic approach to Ayurvedic management of *Kaphaja Yonivyapada*.

#### Description of Patient

A 46 years old female patient was presented to the OPD with the complaints of itching in vulvar region and white discharge per vaginam since 3 months. On further enquiry, she told that itching was on and off in nature and she only got mild and temporary relief in it when she used some topical application on it whose record was not available. Further she also told that discharges per vaginam were thin in consistency and were associated with foul smell. Discharge was so profuse that she had to change her undergarments twice daily. Symptoms were not associated with any backache, abdominal pain, dyspareunia, urinary symptoms and fever. With these complaints she came to RGG PG Ayurvedic College, Paprola and got admitted in PTRS dept. for further needful management.

#### Menstrual History

Age of menarche- 14 years

LMP- 10<sup>th</sup> Dec 2022

Duration- 3-4 days

Interval- 28-32 days

Amount- moderate (2-3 pads/day)

Clots, pain, smell- not present

Associated symptoms- none

**Marital Status-** Married

**Past History:** No history of DM, HTN, PTB and Thyroid Dysfunction, Coagulopathy, Drug allergy.

**Family History:** There was no relevant family history.

**Obstetrical History:** G2 P2 L2 A0

**LCB-** Female child delivered 20 yrs back by NSVD at hospital.

**Contraceptive History:** None

**Personal History:**

**Appetite:** Moderate

**Diet:** Both veg and non- vegetarian

**Thirst:** Moderate (5-6 glasses of water)

**Urine:** Pale yellow, 3-4 times in a day, once during night

**Stool:** Semisolid, once a day

**Sleep:** Sound

**Addiction:** Tea

#### General Physical Examination

**Decubitus-** Lying comfortably in bed

**Appearance-** Healthy looking

**Behaviour-** Cooperative

**Built-** Medium

**Head-** Bilaterally symmetrical, no abnormal growth present

**Hair-** Black, medium length, wavy

**Scalp-** Clean, no seborrhea, no infestation, no patchy hair loss

**Forehead-** Bilaterally symmetrical wrinkles present, no abnormal growth

**Eyebrows-** Thick, bilaterally symmetrical, no lateral 1/3rd hair loss

**Eyelids-** No entropion, no ectropion, no ptosis

**Eyelashes-** No madarosis, no trichiasis

**Conjunctiva-** Bulbar- whitish, Palpebral- pinkish

**Nose-** No DNS, no polyp, no abnormal growth

**Ears-** Bilaterally symmetrical, no furunculosis, no abnormal discharge present

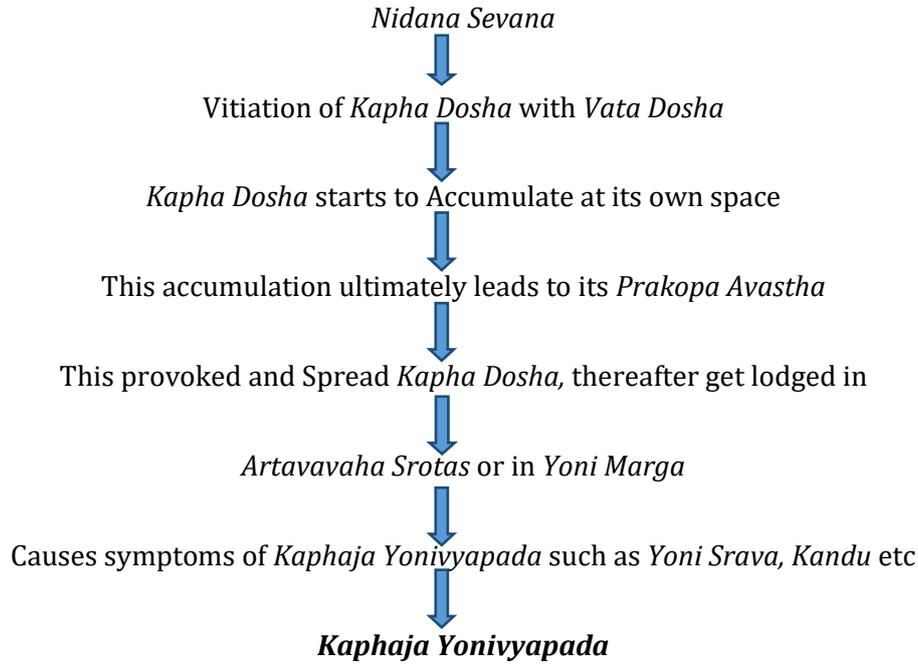
**Lips-** Pinkish, smooth, not cracked, no angular stomatitis

**Teeth-** Whitish, complete denture, no dental caries

**Gums-** Healthy, no gingivitis, no bleeding gums

**Buccal mucosa-** Healthy, pinkish

**Lymph Nodes-** Not palpable

**Samprapti Chakra****Samprapti Ghatak***Dosha- Kapha and Vata**Dushya- Rasa, Rakta and Mansa**Srotas- Rasavaha, Raktavaha, Aartavavaha**Srotodushti Lakshan- Atipravritti**Adhishthan- Yoni**Rogamarga- Abhyantra***Examination of Patient**

Examination	Result
BP	110/74mm of Hg
PR	82 bpm
Temp	96.4 F
Height	156 cm
Weight	60 Kg
BMI	24.2
Breast examination	NAD

**Local Examination**

Excoriations were present on bilateral labia minora.

**Per Speculum Examination**

Cervix was normal in size, regular, along with strawberry spots on vaginal walls, yellowish-white discharge (++) and cervical congestion was present.

**Ashtavidha pariksha**

Parameters	Result
<i>Nadi</i>	82 bpm
<i>Mala</i>	Once a day
<i>Mutra</i>	5-6 times a day
<i>Jihwa</i>	<i>Anavrita</i>
<i>Shabda</i>	<i>Spashta</i>

<i>Sparsha</i>	<i>Anushna Sheeta</i>
<i>Drika</i>	<i>Nirmala</i>
<i>Aakriti</i>	<i>Madhyam</i>

**Dashvidha Pariksha**

Parameters	Result
<i>Prakriti</i>	<i>Kapho Pittaj</i>
<i>Vikriti</i>	<i>Lakshan Nimittaj</i>
<i>Sara</i>	<i>Mansa Sara</i>
<i>Samhanan</i>	<i>Madhyam</i>
<i>Pramana</i>	<i>Madhyam</i>
<i>Satmya</i>	<i>Sarva Rasa</i>
<i>Satva</i>	<i>Madhyam</i>
<i>Ahara shakti</i>	<i>Madhyam</i>
<i>Vyayam shakti</i>	<i>Madhyam</i>
<i>Vaya</i>	<i>Yuvavastha</i>

**Investigations done**

CBC Hb gm%- 9.0 gm%

RBC-  $3.8 \times 10^6 / \mu\text{L}$ WBC-  $7.9 \times 10^3 / \mu\text{L}$ PLT-  $220 \times 10^3 / \mu\text{L}$ 

RBS: 96mg/dl

Urine (Routine and Microscopic): EPC= 1-2/HPF

HIV, VDRL: Non-Reactive

**Diagnosis**Based on symptoms, positive findings on examination and investigations done, final diagnosis of the patient is *Kaphaja Yonivyapada* which can be correlated to *Trichomonas Vaginilis*.

## Treatment

The treatment protocol in this case was planned in 2 ways:

### **Sthanik chikitsa + shamana aushadha**

#### **Sthanik Chikitsa**

*Nimbadi Kshaya Yoni Dhavan* followed by *Mahanimba Taila Yoni Pichu* twice a day for 7 days.

#### **Shamana Aushadha**

Drug Name	Dose	Contents
1. Pushyanuga Churna	3 gm	<i>Patha, Jambu, Amra, Pasanabheda, Rasanjana, Ambasthaki, Mocharasa, Samanga, Padma Kesara, Kumkuma, Ativisa, Musta, Bilva, Lodhra, Gairika, Katphala, Maricha, Shunti, Raisins, Rakta Chandana, Katvanga, Kutja, Shweta Sariva, Dhataki, Licorice, Arjuna (7)</i>
<i>Jaharmohra Pishti</i>	125 mg	<i>Jahar Mohra Churna</i>
<i>Muktashukti Bhasma</i>	125mg	<i>Muktashukti, Nimbu Rasa and Ghrithkumari</i> All combined together and was taken in 2 divided doses with <i>Madhu</i> .
2. Punarnava Mandoor	500mg 2 B D	<i>Punarnava, Trivrit, Shunthi, Pippali, Maricha, Vidanga, Triphala, Mandoor Bhasma (8)</i>

Along with this, patient was guided to strictly follow the *Pathya- Apathya* as advised.

#### **Pathya-Apathya**

**Pathya:** *Katu, Tikta, Kshaya Rasa Pradhan Dravya, Laghu, Ruksha and Ushna Aahar, Shunthi, Marich, Pippali, Dalchini, Jeerak, Madhu, Purana Anna* (atleast 1 year old), *Yava, Godhoom, Bajra, oats, green leafy vegetables like spinach, cabbage, carrots, peas, broccoli, beetroot, radish, bell pepper, sprouts, buttermilk, low fat milk, egg white, ghee* (in small quantity), *pumpkin and sunflower seeds, fruits like apple, pomegranate, guava, peach, apricots, figs (dry), pear etc and warm water to drink, regular exercise and yoga.*

**Apathya:** *Madhur, Amla, Lavana Rasa Pradhan Dravya, Guru, Snigdha, Sheeta Aahara, Nava Anna, Adhyashan, curd, butter, cream, excessive ghee, sweet potato, pumpkin, fruits like banana, mango, orange, kiwi, watermelon, coconut, cow/buffalo milk, kidney beans, Soyabeans, Urad dal, cashews, peanuts, walnuts, beef, egg yolk, fish (sea), white sugar, breads, bakery products, sleeping during day time and sedentary life style.*

#### **Result After 7 Days of Treatment Protocol**

There was marked relief in the symptoms of the patient like itching in the vulvar region and white discharge per vaginum.

Excoriations on the bilateral labia minora were improved while cervical congestion and strawberry

spots on the vaginal walls were reduced to a great extent.

#### **Follow-Up**

Patient was further advised to repeat the *Sthanik Chikitsa* for 2 more cycles after clearance of menses, if required while *Shamana Aushadha* was continued for 2 months for better results.

#### **Before Treatment**

#### **DISCUSSION**

In Ayurvedic classics, various conditions giving rise to *Yoni Srava*/white discharge per vaginum has been described. The treatment for any type of vaginal discharge is to cure the underlying disease and its cause. As white discharge per vaginum is mainly due to vitiated *Kapha Dosha*, the main aim would naturally be to bring *Kapha* to its normal state. For this various *Kaphaghna* drugs are advised. These drugs should possess *Ruksha* and *Ushna* properties. Generally, the drugs used should have an action of decreasing *Kleda*, diminishing *Kapha* and absorbing water. Hence drugs of *Katu, Kshaya* and *Tikta Rasa* are used.<sup>[9]</sup>

*Nimba* is *Tikta-Kshaya* in *Rasa, Laghu, Ruksha, Katu Vipaka, Krimighana* (*T. vaginalis* being the pathogen involved), *Kushtnuta, Kandughana, Vranahara, Kapha-Pittahar* in its properties.<sup>[10]</sup> *Mahanimba* also has properties similar as *Nimba*. Along with this the other ingredients are *Tikta Kshaya Rasa Pradhan*, has *Katu Vipaka* and have an overall *Kapha Shamaka* effect.

*Pushyanuga Churna* contains ingredients like *Patha, Jambu Beeja Majja, Amra Beeja Majja, Rasanjan, Ativisha, Samanga, Maricha* etc which are *Katu-Tikta-Kshaya Rasa Pradhan* and *Laghu Ruksha* in properties having *Kapha Pittahar* effect.<sup>[11]</sup>

*Jaharmohra Pishti* and *Mukta Shukti Bhasma* has *Sheeta Guna* leading to their *Stambhana* properties. They along with *Pushyanuga Churna* aids in decreasing *Yoni Srava*.

*Punarnava Mandoor* is *Pitta Shamaka* and *Panduhar*.<sup>[12]</sup>

So in this case, all these drugs combinedly contributed in relieving the symptoms of the patient.

## CONCLUSION

The present study clearly proves that in *Kaphaja Yonivyapada* (*Trichomonas Vaginitis*) Ayurvedic management by the use of *Tikta-Kshaya Rasa, Laghu, Ruksha Dravya* like *Nimba* and *Mahanimba* and their formulations for *Sthanik Chikitsa* along with *Shamana Aushadha* are quite effective as these drugs have majorly *Kapha-Pittahar, Krimighna* and *Kandughna* properties.

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