

A CASE STUDY TO EVALUATE THE EFFECT OF YONIDHAVAN WITH TRIPHLA KWATH – TAKRA AND YONIPICHU WITH NIMB TAIL ON KAPHAJ YONIVYAPAD W.S.R. TO VULVOVAGINAL CANDIDIASIS

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ABSTRACT

In Ayurveda, Kaphaja Yonivyapad is marked by features like Shweta Pichhila Yoni Srava (whitish, mucoid discharge) along with Yoni Kandu (pruritus in the genital region), indicating Kapha Dosha predominance.^[1] A comparable clinical presentation is observed in Vulvovaginal Candidiasis, where patients typically exhibit a thick, white discharge associated with intense itching of the vulval area. If such conditions are not managed in a timely manner, they may progress to further Vyapad (complications) and significantly disturb overall well-being and quality of life. This case report describes a 33-year-old female patient who presented with chief complaints of curdy Shweta Yoni Srava, Yonidourgandhya, Yoni Kandu, and Adhodar Shoola. In accordance with principles of Ayurveda, management was planned using Yonidhavan with Triphala Kwatha and Takra followed by Yonipichudharan with Nimba Taila once daily for a period of 8 days. The patient exhibited gradual symptomatic relief, with marked reduction in Yoni

Srava, Kandu, and associated abdominal pain. Notable improvement in the severity of symptoms was observed following the combined therapeutic approach of Yonidhavan with Triphala Kwatha–Takra and Pichu Dharana with Nimba Taila, indicating its effectiveness in the management of Kaphaja Yoni Vyapad resembling Vulvovaginal Candidiasis.

KEYWORDS: Yoni Vyapad, Triphala Kwatha, Takra, Nimba Taila, Yoni Pichu, Yoni

Dhavana, Kaphaja Yoni Vyapad, Vulvovaginal Candidiasis.

INTRODUCTION

Women are comparatively more prone to genital tract infections due to several predisposing factors such as the close proximity of the vaginal canal to the anal and urethral openings, inadequate personal hygiene, and sexual activity.^[2,3] Various physiological and clinical situations like menstruation, abortion, childbirth, use of intrauterine contraceptive devices, local trauma, and surgical procedures may compromise the natural protective mechanisms of the genital system.^[4,5]

Altered vaginal discharge can occur as a result of poor dietary habits, psychological stress, underlying infections, hormonal imbalance, use of contraceptive methods, or sexual excitation, all of which may support the proliferation of pathogenic organisms. Under normal conditions, beneficial microorganisms such as Lactobacilli maintain the equilibrium of vaginal flora and prevent the overgrowth of harmful pathogens.^[6,7]

Vulvovaginal candidiasis (VVC) is a commonly encountered clinical condition. At least three-fourth women experience one episode of VVC in their lifetime. In India, the prevalence of VVC is 10 to 35% Vulvovaginal candidiasis (VVC) is a *Candida* infection characterized by vaginal discharge, itching, and erythema. Nearly 70–75% of women experience VVC at least once in their lifetime. Over 90% of infections are caused by *Candida albican*.^[8]

Classical Ayurvedic literature describes twenty varieties of Yoni Vyapad, among which Kaphaja Yoni Vyapad closely correlates with the clinical presentation of Vulvovaginal Candidiasis in modern medicine.

Geographical and seasonal variations also play a significant role, with increased incidence observed in tropical regions. Systemic conditions like diabetes mellitus and environmental influences further contribute to the risk. In India, a higher incidence is commonly seen after the monsoon season.

Management in Ayurveda includes sthasnik chikitsa such as Yonidhavan and Yoni Pichu, which aid in cleansing the genital tract and restoring normal physiological balance. The principal treatment approach involves shaman of Kapha and Vata Dosha, as Vata involvement is considered fundamental in all forms of Yoni Vyapad.^[9] Maintenance of optimal vaginal pH is essential for preserving healthy microbial flora and ensuring reproductive health.

MATERIALS AND METHODS

CASE STUDY

A 33-year-old female patient presented to the Stree Roga and Prasuti Tantra Outpatient Department (OPD) of Sheth R.V. Ayurvedic Hospital, Sion, with chief complaints of foul-smelling, curdy white vaginal discharge, vulvovaginal itching, and mild lower abdominal pain for the past 3–4 months. Based on clinical evaluation and Ayurvedic assessment, the condition was diagnosed as Kaphaja Yoni Vyapada. The patient reported prior use of medicated vaginal washes; however, no significant relief was observed Purv vyadhi vruttant - Nil

Menstrual history Menarche - at the age of 13yrs LMP - 8/2/2026

LLMP - 6/1/2026

M/H - Regular, flow for 4 to 5 days. 2 -3 pads on Day 1 and Day 2

No pain during menstruation Married - 12yrs

Obstetric history - P2A1L2D0 G1 - MCH 10yrs FTND

G2 -FCH 6yrs FTND

G3 – 2 month MTP done - 3yrs ago

Contraceptive use – No H/O any contraceptive used K/C/O – No H/O HTN, DM

Surgical history - Nil Drug allergy - not known

Family history – Mother - DM

Father – HTN GENERAL EXAMINATION

GC - Fair Temp - 98.6 ° F

PR - 66/min BP - 126/82 mmHg

Wt - 76 kg Ht - 154 cm

Ashtvidh Pariksha

- | | |
|--|---------------------|
| 1. NADI - Kaphaj | 2. MALA - Samyak |
| 3. MUTRA- Mild burning after urination | 4. JIVHA - Saam |
| 5. SHABD – Mand | 6. SPARSH - Snigdha |
| 7. DRUK - Prakrut | 8. AKRUTY - Sthul |

Systematic Examination

R/S- AEBE clear CVS - S1S2 Normal

P/A - Soft CNS - Concious, well oriented

Local Examination

External genitalia - scratch marks of itching P/S - Curdy white discharge++

- Cx - normal size, no ectropion P/V - Uterus - anteverted
- normal size
- nontender

Cx - movable, non tender Fx - clear

Curdy white discharge++

Investigations

CBC – HB – 9.8 gm/dl

RBC – 4100000/cumm

-WBC – 10400/cumm PLATELETES – 152000/cumm

BSL R – 102 mg/dl

URINE ROUTINE – Albumin – Absent

Sugar - Absent URINE MICROSCOPIC – Pus cells – 2-4 /hpf

Epithelial cells – 2-4 /hpf

Diagnosis and Assessment Criteria

The diagnosis was made on the basis of clinical presentation and Ayurvedic examination. The patient exhibited classical features such as Shweta, Picchila, Durgandhiyukta Yonirava (curdy white, foul-smelling discharge) and Kandu (vulvar itching), which are characteristic of Kaphaja Yoni Vyapada. Based on these findings, the condition was diagnosed accordingly.

For assessment of therapeutic response, the following criteria were considered: Assessment Parameters^[11]

1. Yonirava (Vaginal discharge) – quantity and consistency

- 0 - No vaginal Discharge
- 1 - Occasional discharge, mild wetting of undergarments
- 2 - Moderate discharge, wets undergarments
- 3 - Heavy discharge requiring use of pads

2. Durgandhya (Foul smell)

- 0 – Absent
- 1 – Present

3. Kandu (Itching)

- 0 - No itching
- 1 - Occasional itching (morning or night)
- 2 - Regular itching disturbing routine work
- 3 - Severe continuous itching significantly disturbing routine work

4. Vedana (Lower abdominal pain)

- 0 - No pain
- 1 - Pain during menses or intercourse, no interference with routine work
- 2 - continuous pain with some interference with routine activities
- 3 - severe continuous pain interfering with routine work not relieved by medication.

NIDAN PANCHAK

Hetu - Ahar - Guru, Madhur, Snigdha, atisheet, pishtamay padarth, fast food, ikshuras, icecream, coconut water, dadhi sevan

Vihar - avyayam, atinidra, divaswap

Poorvroop - Yonigat shwet pichchhil strav

Roop - 1) Yonigat shwet pichchhil strav

- 2) Yonikandu
- 3) Katishool, Adhodar shool
- 4) Yonidaurgandhya

Samprapti - Nidana Sevana → Kapha Prakopa → Agnimandya → Rasa Dushti → Srotorodha → Sthanasamshraya in Yoni → Vyakti of Kaphaja Yoni Vyapada Lakshanas

Upashaya-Anupashaya - Upashaya -

Use of Kashaya, Tikta Dravya Lekhana, Rukshana Chikitsa

Proper local hygiene and Yoni Prakshalana.^[10]

Component	Descript
Dosha	Kapha (Predominant), Vata (Anubandha)
Dushya	Rasa Dhatu
Srotas	Rasa Vaha Srotas
Adhithana	Yoni Pradesh
Srotodushti	Atipravritti
Rogamarga	Abhyantara Rogamarga
Udbhava Sthana	Amashaya
Sanchara Sthana	Yoni

TREATMENT

Sthanik chikitsa

1. Yonidhavan: Triphala Kwath and Takra once daily for 8 consecutive days.
 2. Yonipichu Dharan: Nimba Taila once daily for 8 consecutive days.
- Triphala kwath was prepared.
 - Preparation of Takra:

Fresh Takra was prepared by taking Dadhi (curd) in a clean vessel, adding half part water, followed by Manthana (churning). The fatty portion (Sneha Bhaga) was removed, and the remaining liquid portion was used as Takra. For the procedure, 250 ml of Triphala Kwath was mixed with 250 ml of Takra, and the mixture was used for Yonidhavan. Freshly prepared Kwath and Takra were used daily.

- **Nimba Taila Yonipichu Dharan**

After completion of Yonidhavan, an autoclaved sterile tampon (Pichu) soaked in Nimba Taila was inserted into the vaginal canal. Patient was instructed to retain the Pichu for approximately 4 hours and then remove it. It was also advised to remove the Pichu earlier in case of the urge for micturition or defecation.

Assessment of Results (Before and After Treatment)

Parameter	Before Treatment	After Treatment On 8th day	After Treatment On 15th day
Yoni Srava (Vaginal Discharge)	2	1	0
Kandu (Itching)	3	1	0
Daurgandhya (Foul smell)	1	0	0
Vedana (Lower abdominal pain)	2	1	0

RESULT

At the completion of the 8-day therapeutic intervention, the patient demonstrated substantial clinical improvement. There was a marked reduction in the quantity of foul-smelling, curdy white vaginal discharge, with restoration towards normal consistency. Vulval pruritus showed significant resolution, while lower abdominal pain exhibited mild but noticeable improvement.

At the one-week post-treatment follow-up, the patient was entirely asymptomatic, with complete resolution of vaginal discharge, pruritus, malodor, and associated abdominal discomfort. No evidence of recurrence was observed during this period.

The patient was further advised to adhere to appropriate local hygiene practices and recommended dietary and lifestyle modifications to ensure sustained remission and to minimize the risk of recurrence.



DISCUSSION

Mechanism of Action

Yonidhavan with Triphala Kwath–Takra acts as a local Shodhana (cleansing) therapy, facilitating the removal of excessive secretions, microbial load, and Kapha-induced Kleda from the Yoni Pradesh. This process aids in restoring the normal physiological environment of the vaginal canal.

Triphala possesses Tridosha-shamaka, Krimighna, Shothahara, and Rasayana properties. Its Kashaya Rasa and Laghu Guna contribute to the reduction of excessive discharge (Srava) and enhancement of local tissue tone (Yoni Shaithilya Hara). Additionally, its documented antimicrobial, antifungal, antioxidant, and anti-inflammatory effects support inhibition of pathogenic organisms and promote mucosal healing.

4. Antifungal Activity of Triphala - Against fungi like *Candida albicans*, *Aspergillus niger*

Antifungal action of phytochemicals present in triphala^[12]

- 1) Tannins → cell wall disruption
- 2) Phenolics → enzyme inhibition
- 3) Flavonoids → membrane damage

Takra exhibits Kapha-shamaka action due to its Kashaya Rasa, Ushna Virya, Ruksha and Vikasi Guna. It helps in reducing Picchilata and Kleda, thereby controlling excessive

discharge. From a modern perspective, Takra contains beneficial lactobacilli, which help maintain normal vaginal flora and inhibit the growth of pathogenic fungi, thus contributing to restoration of vaginal pH and microbial balance.^[13]

The Lactobacillus probiotic, i.e, Lactobacillus plantarum, Lactobacillus paracasei, Lactobacillus acidophilus, Lactobacillus casei, Lactobacillus rhamnosus, Lactobacillus crispatus, Lactobacillus gasseri, Lactobacillus reuteri, and Lactobacillus bulgaricus, are highly recognized for their remarkable probiotic qualities.^[15] There Takra was added in triphala kwath.

Nimba Taila Yonipichu Dharana Yonipichu ensures prolonged local drug retention, facilitating deeper tissue penetration and sustained therapeutic action at the site. Nimba (*Azadirachta indica*) is described in classical texts as Kandughna, Krimighna, and Shothahara, making it highly effective in Yoniroga. Its Tikta and Kashaya Rasa counteract Kapha and Pitta Dosha, while its Ruksha and Lekhana properties help reduce discharge and local inflammation. Contemporary studies have demonstrated antimicrobial, antifungal, anti-inflammatory, and immunomodulatory properties of

Antifungal action of Nimb

Nimb acts by^[14]

- 1) Disrupting fungal cell membrane
- 2) Inhibiting fungal growth & spore formation
- 3) Interfering with Candida virulence

Due to phytochemicals

- 1) Nimbidin
- 2) Azadirachtin
- 3) Flavonoids
- 4) limonoids

Thus, the combined therapy of Triphala Kwath–Takra Yonidhavan and Nimba Taila Yonipichu not only provides local cleansing (Shodhana) but also facilitates Dosha Shamana, restoration of vaginal pH, reduction in discharge, relief from itching, and prevention of recurrence through re-establishment of a healthy vaginal microenvironment.

COCLUSION

This case study demonstrates the therapeutic efficacy of Triphala Kwath–Takra Yonidhavan along with Nimba Taila Yonipichu Dharana in the management of Kaphaja Yoni Vyapada. The combined intervention resulted in significant alleviation of symptoms such as foul-smelling vaginal discharge, vulvar pruritus, and lower abdominal discomfort, ultimately leading to complete clinical recovery.

The treatment protocol not only provided symptomatic relief but also contributed to the restoration of the vaginal microenvironment, promotion of local tissue healing, and enhancement of local defense mechanisms, thereby reducing the likelihood of recurrence.

However, as this is a single case study, further validation through large-scale clinical studies and comparative trials with conventional therapies is warranted to establish the efficacy, safety, and long-term benefits of these Ayurvedic interventions in the management of vaginal infections.

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