

LITERARY REVIEW OF PITTAJA YONIVYAPAD (VAGINITIS)

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ABSTRACT

A healthy women is a promise of a healthy family. In different phases of woman's life, from puberty to menopause, the concept of healthy yoni has been mentioned in Ayurveda as well as in modern. Now a days, infection related to yoni is a burning problem irrespective of their age or socioeconomic status. Due to infection, there may be sign and symptoms like Vaginal discharge, burning sensation, fever. In Ayurveda, these type of sign and symptoms are found in Pittaja Yonivyapad and some of symptoms are similar with vaginitis. In Ayurveda, women health care is related in separate section. where the term Yonivyapad includes majority of gynaecological disorder. Before knowing the management literature of the disease should be known.

Therefore, in this study an effort has been put forth to make a conceptual study covering almost all the aspects of Pittaja Yonivyapad as per Ayurveda as well as per modern.

KEYWORDS: Ayurveda, Pittaja Yonivyapad, Vaginal discharge.

INTRODUCTION

A healthy woman is a promise of healthy family, women is the center point of family, nation, world that's why reproductive healthy of woman's is important aspect, also womanhood represents the capacity of bare the foetus in the womb and delivery it in a healthy status. Any disorders that hampers the general, mental as well as the reproductive healthy of woman should be considered with care and required medical attention. Female body is highly complex and delicate. Vaginal discharge is most common problem faced by many women. Women do not give much attention towards this problem unless and until it will make the patient feel uncomfortable in their day to day life. It is not a disease but a symptoms which is

seen in most of the disease which are mentioned in classics.

A specific group of the disease of women i.e Yonivyapad has been mentioned in Ayurvedic classics, which disrupts the womanhood in various ways. Pittaja Yonivyapad is one of those disease. Vaginal discharge means Yoni srava is seen as a symptom in case of this disease.

So, in this study an effort has been put forth to make a conceptual study covering almost all the aspects of Pittaja Yonivyapad.

AIM AND OBJECTIVE

To study about the literary review of Pittaja Yonivyapad (vaginitis)

MATERIAL AND METHOD

This conceptual study is made after reviewing all the available Ayurvedic classics as well as modern books thoroughly.

NIDAN OF PITTAJA YONIVYAPAD

Charak ^[1]	Sushrut ^[2]	Vaghabhat ^[3]	Madhav Nidan, B.P, Y. R
<ul style="list-style-type: none"> • Mithyachar (abnormal diet and mode of life) • Pradusta- Artava(abnormalities of Artva) • Bijadosha(abnormalities of bija) • Daivakopa 	<ul style="list-style-type: none"> • Mithyachar • Pradusta- Artava • Bijadosha • Daivakopa 	<ul style="list-style-type: none"> • Dustabhoja • Bisamangasayan • Bharisa maithun • Dusta artava • Apodravya prayog • Bijadosha • Daivata 	Followed Charak ^[4]

These are the general nidana of yoni vyapad. In classics nidana for Pittaja yoni vyapad not mentioned directly.

Qualities of Pittaja^[5]

- Sasenha •Laghu
- Tikshna •Vistram
- Ushana •Saram
- Dravam

So, the qualities agonist to these can vitiate pittaja.

Relation between Pittaja and Rasa^[6]

Pitta prokopak

- Amla
- lavan
- katu

Pitta shamak

- Madhur
- Tikata
- Kashaya

Samprapti^[6]

Nidan



Vitiation of Pittaja with Vata



Pittaja starts to accumulate in its own space and leads to Prokopak avastha



This provoked and spread pittaja there after gets lodgment in the Artava vaha srota or in the genital system.



Causes symptoms of Pittaja Yonivyapad

Samprapti Ghatak

- Dosha-Pitta
- Srotas – Rasavaha, artavaha, raktava
- Adhisthan – Yoni
- Sthanasamsraya – Yonimarga & Garbhashaya
- Dushya – Rasa, Rakta & mamsa
- Srotodustilakshan – Atipravriti
- Rogamarga – Abhyantara

Types of Pittaja Yonivyapad By Different Acharys**Lakshan Of Pittaja Yonivyapad**

Lakshan	Charak ^[10]	Sushruta ^[11]	Madhav nidan ^[12] & B.P ^[13]	Vaghabhat ^[14]
Daha	+	+	+	+
Paka	+	+	+	+
Jwara	+	+	+	+
Yonivedana	Tivra-vedana	Osh-choshvat vedana	Osh-choshvat vedana	+
Yoni strava	Kunapgandhi strava	—	—	Putigandhi strava

Charak ^[7]	Sushruta ^[8]	Vaghabhata ^[9]
<ul style="list-style-type: none"> • Paittiki • Rakatyoni • Arajaska 	<ul style="list-style-type: none"> • Pittala • Vamini • Putraghani • Prasramsini • Lohitkshara 	<ul style="list-style-type: none"> • Paittiki • Rakatyoni

Other types Of Pittaja Yonivyapad

	Vamini	Putraghani	Sramsini	Rudhirkshara	Raktayoni
Charak ^[15]	Yoni which bija with raja and vata	The fetuses after attaining stability are repeatedly destroyed due to bleeding	Not mentioned	Not mentioned	Rakt-Pitta vardhak Ahar-Vihar, rakat situated in reproductive organs get vitiated by pitta and after conception there is excessive bleeding per vagina.
Sushrut ^[16]	Sukra expelled with or without pain 6-7 days of its entry into the uterus.	Due to ruksa properties vata aggravated and repeatedly destroys the male fetuses conceived with vitiated shonita.	Any irritation cause excessive vaginal bleeding and labour is also difficult due to abnormality of passage.	Trickling or oozing of blood per vagina.	Not mentioned
Vaghabhat ^[17]	Followed charak	Followed charak	Followed charak	Followed charak	Followed charak
Madhav nidan ^[18] , B.P ^[19]	Followed sushrut	Followed sushrut	Followed sushrut	Followed sushrut	Followed sushrut

According to charak and vaghabhat, due to consumption of pittakar Ahar-Vihar, pitta gets vitiated and reach yoni and produces sign and symptoms of Pittaja Yonivyapad. A detailed study and analysis of Pittaja Yonivyapad show the sign and symptoms can be correlated with vaginitis though the correlation of an Ayurvedic entity with modern entity is a difficult task.

Vaginitis (Aetiology and pathology)^[20]

Although local infection in infancy is essentially one of vaginitis, the urethra & vulva are usually involved as well. The common age is 1- 5 years. The infection arises because vaginal resistance have not developed & the organisms are transmitted from adults or from another child by hands, clothing or utensils. The most serious form of infection is gonococcus, but

this is now rare & other organisms like *Candida albicans*, streptococcus, *Staphylococcus*, *Escherichia coli*, pneumococcal & even *trichomonas vaginalis* are more likely to be found. Threadworms can infest the infantile vagina as well as the lower bowel. Occasionally, the basis of infection is a foreign body inserted into the vagina by the child. The accidental entry of sand or shreds of clothing, especially from woolen pants, is another possibility.

Clinical features

The main symptom is a purulent discharge, but the child may also complain of pain and soreness of the vulva. These interfere with walking & cause dysuria. In a young child often the parent notices her crying during urination or scratching herself. The vulva is reddened, sometimes edematous & bathed in discharge. If the discharge is blood stained the presence of a foreign body or some other conditions such as a cervical polyp should be suspected and excluded.

Senile vaginitis (Atrophic Vaginitis): (Aetiology & pathology)

This is caused by any of the common pyogenic organisms invading tissues which have lost their resistance. Senile endometritis or vulvitis is sometimes present as well. The vaginitis is often granular, that is, it appears as small multiple reddened areas which are mostly seen in the vault and around the Urethral orifice. Patchy ulceration can result in adhesions forming between the anterior & posterior walls to produce partial closure of vagina –adhesive vaginitis. Main complaint is postmenopausal yellowish discharge, sometimes bloodstained which causes excoriation & soreness of the vulva. Dysuria & a sensation of fullness in the vagina are also common.

Non infective vaginitis

Traumatic ulceration can be the result of foreign bodies placed in the vagina & can complicate the anatomical & vascular changes which accompany ureterovaginal prolapse. Occasionally, severe & recurrent vaginitis with ulceration is caused by inflicted trauma, prompted possibly by sexual perversion or other psychological upsets. These causes can be difficult to prove.

Allergy: Drug Sensitivity

A local reaction to chemicals is not uncommon & the patient presents with discharge, pruritus & a fiery-red vagina. Antiseptics such as Arsenic, mercury, I₂, picric acid, phenol preparations and gentian violet used to be common causes. Presently, toilet preparations such

as soaps, deodorants & bath salts, contraceptives such as rubber or materials used in the preparation of synthetic devices, the powder in which they are packed & chemical spermicidal & nylon underwear are the common causes.

Idiopathic

There are some isolated cases of troublesome, chronic and resistant vaginal ulceration, sometimes multifocal, the causes of which are never discovered. These have been treated empirically by vitamins, Antihistamines, antiseptics, various fungicides & trichomonacides & in the case of postmenopausal women with oestrogen.

Bacterial vaginosis^[21]

Many cases of vaginitis are attributed to bacterial vaginosis (non specific vaginitis) also known as Gardnerella Vaginalis.

Pathology

Gardnerella vaginalis is the organism most commonly associated with Bacterial vaginosis. It is a small pleomorphic coccobacillus that may be gram variable when stained and is found attached to epithelial 'clue cell' in smears of vaginal exudates or discharge. It is not sexually transmitted and has a variable incubation period. About 50% women are asymptomatic carriers of infection, but majority complain of vaginal discharge without itching. Bacterial vaginosis is termed as vaginosis rather than vaginitis, because it is alteration in the normal vaginal flora rather than due to any specific infection. There is a considerable decrease in the number of lactobacilli in the vaginal discharge with 100 fold increase in growth of other anaerobic bacteria. Since lactobacilli reduce pH and release H₂O₂ toxic to other bacteria, reduction in their numbers allows other bacteria, i.e. aerobic and anaerobic bacteria to grow.

Clinical feature

The patient characteristically present with a homogenous, white, non viscous, uniformly adherent vaginal discharge. The discharge may be profuse enough to be seen at the labia.

The characteristics of vaginal discharge are as follows according to Amsel's criteria:^[22]

- White, milky, non viscous discharge adherent to the vaginal wall.
- pH should be >4.5
- presence of clue cells.
- Fishy odor when mixed with 10% KOH.

- Increased number of *Gardnerella vaginalis* and other organisms and reduced number of lactobacilli and leucocytes.
- Gram negative stain and culture are additional investigation.

Bacterial Vaginosis is diagnosed when at least 3 of the following are present.

CONCLUSION

- Correlation between *pittaja yoni vyapad* and vaginitis is done only on the basis of the symptom 'vaginal discharge'.
- This disease can be cured mainly by taking hygiene. Personal hygiene is very important for every woman.
- Vaginal problems are mainly due to disturbances of the vaginal flora. So, approach should be done to correct the vaginal flora by which one can get rid of vaginal problem.

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