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AYURVEDIC AND SYNDROMIC APPROACH TO VAGINAL DISCHARGES (YONISRAVA)

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ABSTRACT

Introduction: Among the women visiting the gynaecology opd 20-25% complains of vaginal discharges, with 40% physiological vaginal discharge and 60% abnormal vaginal discharge, with a higher causation due to sexually transmitted infection. Yonisrava are mentioned as symptoms of various Yonivyapad's. **Material and Methods**: Literature search, reference list of choosen articles. **Result**: Ayurvedic management offers a significant relief in managing abnormal vaginal discharge, both by *Sthanika chikitsa* and *Shamana chikitsa*. **Discussion**: Treatment of *Yonisrava* is mainly based on the use of drugs or measures capable of suppressing *Tridosha* as well as cleansing the yoni.

KEYWORDS: *Ayurveda, Yonisrava, Discharges, Sthanika chikitsa, Artava dushti.*

INTRODUCTION

Yonisrava (Vaginal discharge) is the most common gynaecological complaints in reproductive age group. Complaints of *yonisrava* very much depends on women's own perception, power of observation and tolerance etc. or has great individual variation.[1]

Vulva and vagina are continuously moistened by secretions of reproductive system which is physiological. The women who are over-anxious, introspective or suffer from false fear of cancer etc. exaggerate this physiological discharge into pathological discharge.

There is no direct reference of *yonisrava* as a disease in *ayurveda*. *Yonisrava* is a symptom of many diseases rather than a disease. *Yonisrava* can be compared to abnormal vaginal discharge characterized by excessive, thicker than usual, pus like, white and clumpy discharge, greyish, greenish, yellowish or blood discharge, foul smelling and discharge accompanied with blood, itching, burning, a rash or soreness.[2]

CLASSIFICATION

On the basis of Consistency, *Varna*(colour), *Gandha*(smell) this *Yonisrava* (vaginal discharges) can be classified as:

a. *Puyayukta yonisrava* (purulent vaginal discharge)
b. *Ghana durgandhi yukta yonisrava* (thick foul smelling vaginal discharge)
c. *Sleshmala yonisrava* (mucoid vaginal discharge)
d. *Rakhtabh/panduvarna yonisrava* (blood-stained pinkish vaginal discharge)
e. *Tanu* and *Shweta yonisrava* (thin/watery white vaginal discharge)
f. *Aavil tantul*[3] (sticky and fibrous)

Table no. 1: In ayurvedic classics, these discharges are found in below mentioned diseases.

Sr.no	Types of *yonisrava*	Diseases	Treatment
1.	*Puyayukta yonisrava* (purulent)	• *Pittaja yonivyapad* • *Tridoshaja yonivyapad* • *Pittaja artava dushti* • *Putipuya artava dushti* • *Phiranga* • *Upadamsa*	1.*Pittashamana* and *shothaghana* treatment. 2.*shweta chandana kwatha* with *madhu pana.*[3] 3.*prakshalana* with *panchvalkala kwatha*[4] or *Chandana kwatha*[5]
2.	*Ghana durgandhi yukta yonisrava* (thick foul smelling vaginal discharge)	• *Asuchi* • *Raktagulma* • *Kunapagandhi artava dushti* • *Granthibhuta artava dushti* • *Mutrapurishagandhi artava dushti*	1.*Tridoshashamana* and *yonishodhaka* treatment. 2.Expulsion of *raktagulma.*[6] 3.*chandana kwatha pana*[7] or *lodhrasava pana*[8] 4.*triphala kwatha prakshalana* and *Pippali maricha varti*[8] 5.*palasha,dhatki,jambu,lajjalu,mocha, sarjarasa churna yoni avachurna*[9]
3.	*Sleshmala yonisrava* (mucoid vaginal	• *Sleshmika yonivyapad* • *Sannipatika yonivyapad*	1.*kaphashamaka* drugs, external and internal use of *Katu*(bitter),

	discharge)	• *Upapluta yonivyapad* • *Acharana yonivyapad* • *Aticharana yonivyapad* • *Atyananda yonivyapad* • *Karnini yonivyapad* • *Kaphaja artava dushti*	*Kashaya*(astringent)and *natyusna* (neither hot nor cold) drugs 2.*kutaja,katuka,aswagandha kwatha pana*[10] *Pippali maricha varti*[11] *Aragwadhadi kwatha prakshalana*[12] *Dhatkyadi taila pichu.*[13]
4.	*Rakhtabh/panduvarna yonisrava* (blood-stained pinkish vaginal discharge)	• *Lohitakshara* • *Karnini yonivyapad* • *Mahayoni yonivyapad* • *Vamini yonivyapad*	1.Use of *kashaya rasa pradhana Kashaya's* like *nyagrodhadi, udambaradi* orally or for *yoni praksalana.* Use of oil prepared from these drugs as *pichu, abhyanga, Uttara Basti.*[14] 2.*Yonikleda* treatment
5.	*Tanu* and *Shweta yonisrava* (thin/watery white vaginal discharge)	• *Paristruta jaatharini* • *Rajayaksma* • *Somaroga* • *Acharana*	1. *Pusyanuga churna*[15] 2. *Pichu, basti* and *kalka dharana* with *oil processed with khadir.* 3. *Yoni dhupana* with *Sarala, guggulu* and *yava* mixed with *ghrita.*[16]
6.	*Aavil tantul* (sticky and fibrous)	• *Yoniarshas* • *Sannipatiki yonivyapad* • *Karnini yonivyapad*	1. *Chandraprabha vati*[17] 2. *Yoni pichu, kalka dharana* and *varti* with *karanjadi taila.*[18]

NORMAL VAGINAL DISCHARGE

Characteristics: white, watery, non-odorous and with pH-4.5

Microscopically-It contains squamous epithelium and few bacteria. Lacto bacilli, few gram-negative bacteria and anaerobes are present without any white or red blood cells.[17]

MODERN CLASSIFICATION: Vaginal discharge is classified in to 2 types i.e.,

- Physiological: -Newborn infants, Pre-menstrual, Sexual arousal, Pregnancy
- Pathological: -It is subdivided into –

➢ Non-infectious- Cervical polyps and Ectopy, Foreign bodies – e.g retained tampon, Vulval dermatitis, Genital tract malignancy, Fistulae.

➢ Infectious-

- Vaginal causes-Trichomonas vaginalis, Bacterial vaginosis, Vaginal candidiasis.
- Cervical causes-

a. Endocervicitis: -Neisseria gonorrhoeae, Chlamydia trachomatis, Herpes simplex virus.

b. Ectocervicitis: -Herpes simplex virus, Trichomoniasis.

Life table of abnormal vaginal discharge[18]

- In early neonate, puberty, reproductive period (non-pregnant), pill users and pregnancy white discharge with no associated complaints -leucorrhoea.
- Pill users, women on antibiotic therapy, Diabetes, Pregnancy associated with pruritis -moniliasis.
- Period up to pre-menarche- if discharge is offensive -foreign body and if discharge with vulval itching -threadworm.
- In postmenopausal period- if discharge with Pruritis/Diabetes- Moniliasis or Pyometra and if discharge is offensive rule out neoplasm

Investigations

- Wet mount test.
- Whiff Test: Add 10% KOH to the discharge. Fishy (amine) Odor: - Positive in BV and Trichomoniasis. Negative in candidiasis.
- PH
- Culture

Treatment

1. **Vaginitis (trichomonas, bacterial vaginosis, candidiasis)**

- (Trichomonas Vaginosis +Bacterial Vaginosis): Tab. Secnidazole 2gm orally one dose. Tab. Tinidazole 500mg orally bd for 5 days. Tab. Metochlopromide to prevent gastric intolerance due to Secnidazole.
- Candidiasis – Tab. Fluconazole 150mg oral single dose and vaginal pessary of clotrimazole once 500mg

2. **Cervicitis**

- (Chlamydia Trichomoniasis and Neisseria Gonorrhoea):

Tab. Cefixime 400mg orally one dose. Azithromycin 1gm an hour before lunch. If vomiting occurs give antiemetic and repeat.

- If both the conditions appear together, treat simultaneously.
- Avoid douching
- Pregnancy, DM, HIV should be considered in recurrent infections.
- Regular follow up should be done.

In pregnancy

- Treatment:1
- ➢ Clotrimazole – vaginal pessary / cream for candidiasis. Metronidazole pessaries or cream intravaginally if TV or BV is suspected**.**
- Treatment:2
- ➢ Tab.Secnidazole or tinidazole. Metochlopromide 30 mins before Metronidazole.

SYNDROMIC MANAGEMENT KIT BY WHO

Vaginal discharge (Vaginitis): Green kit

Cervical discharge: Grey kit

Partners treatment

- ➢ Patient treated for vaginitis and cervicitis: - Treat partner for gonorrhea and chlamydia
- ➢ Patient treated for vaginitis: - Not necessary for partners to be treated unless there is recurrent discharge.

DISCUSSION

Yonisrava occurs in various disease conditions as *dosha laksana, vyadhi laksana, upadrava* or *arista laksana* and thoughtful evaluation of the same helps in differential diagnosis.

During *prakopa*, *prasara* and *sthãnasamraya* the involvement of vitiated *pitta* dominates which withholds *vata* and *kapha* thereby suppurates *rakta*. Hence in the formation of thick pus, *kapha* is aggravated whereas in thin pus *pitta* is involved (*kapha* is secondary to *pitta*). In purulent vaginal discharge *pitta* dominates as found in infection/inflammation due to pyogenic bacteria. The underlying pathogenesis can be inferred as *pitta* aggravated due to excessive hot, *amla*, *lavana* or alkaline substances suppresses *vata* and *kapha*, withholding *rakta* reaches *yoni* (already afflicted by abortion, abnormal labour excessive coitus etc.) causing *sotha* resulting in purulent vaginal discharge.[19]

Ghanatwam (thick) is the quality of *kapha*, foul smelling discharge is a characteristic finding due to *kapha*, *pitta* and involved *dusyas* are *mamsa* (in neoplasms) and *rakta* (in infections). When a woman indulges in improper diet (consumption of *abhisyandhi, guru* etc.) and regimen (day sleep etc.) *kapha* is vitiated which in turn vitiates *rasa*, it reaches *yoni* which is afflicted by *garbhasrava, prasava* or coitus etc causing mucoid vaginal discharges.) In

ämãvastha of *kapha* predominance of *ghana* and *picchila guna* leads to mucoid discharge per vagina.[20]

The discharge is watery, hence the name *tanu srava*. *Kapha prakopa* is accompanied with *drava guna* of *pitta*.

Aavila tantula- (fibrous or sticky, similar to a trench around the roots of a tree) The discharge is mucopurulent. *Sama kapha prakopa* is associated with *kapha*.

World Health Organization (WHO) recognized the morbidity and long-term sequelae of reproductive tract infections and has recommended the syndromic approach, many gynaecologists would be averse to this but evaluation of the strategy as a public health measure and weighing both the pros and cons, it is justifiable and practical. The diagnosis and management will be based on the maximum logical utilization with minimum resources especially in remote health centres.

A. Health centres where speculum examination is not available: A case of vaginal discharge + a genital ulcer/ discharge in a partner should be empirically treated for gonorrhoea, chlamydia, candidiasis, trichomoniasis and bacterial vaginosis.
   In the absence of lesion in a partner, treatment for gonorrhoea is to be omitted.
   chlamydia, candidiasis, trichomoniasis and bacterial vaginosis.
B. Health centres where speculum examination is available, it is treated according to the nature of discharge:

Mucopurulent discharge: Treated for gonorrhoea and chlamydia.

Profuse discharge: Treated for trichomoniasis and bacterial vaginosis.

Clumped discharge: Treated for candidiasis.

If the partner has a lesion, the couple is treated for both gonorrhoea and chlamydia.

C. If a microscope is available, a wet mount examination (with saline and KOH) is done to look for trichomonas, yeast cells and clue cells and treatment is given accordingly.

If the problem still persists, the patient is referred to a higher care centre.

CONCLUSION

- Vaginal discharge varies in its characteristics according to the Dosha dushti at its base. Early diagnosis, differentiation between normal and abnormal vaginal discharge, proper counseling of females, especially the young and sexually active group is the major aspect

of the condition. Ayurvedic management offers a good approach in managing abnormal vaginal discharge, both by Sthanika chikitsa and shamana chikitsa.

IMPORTANT CONSIDERATIONS

- Educate and council patient and sexual partner regarding STI/RTI, safer sex practices and importance of taking complete treatment.
- Treat partner, advise sexual abstinence or condom use during the course of treatment. Provide condoms, educate about correct and consistent use.
- Refer all patients to ICTC
- Follow up after 7 days for all STI, 3rd, 7th and 14th day for LAP and 7th 14th and 21st day for IB
- If symptoms persist, assess whether it is due to re-infection.
- Consider immunization against Hepatitis B

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