

## CONCEPTUAL REVIEW OF KAPHAJA YONI VYAPAD (VULVO VAGINAL CANDIDIASIS)

**\*Dr. Trishna Moni Das (PG Trainee) and Dr. Yanbeni Humtsoe (Professor and HOD)**

Department of Prasuti Tantra Evum Stree Roga, Government Ayurvedic College and Hospital,  
Jalukbari, Guwahati 14, Assam, India.

Article Received on  
15 April 2022,

Revised on 04 May 2022,  
Accepted on 25 May 2022

DOI: 10.20959/wjpr20227-24332

### \*Corresponding Author

**Dr. Trishna Moni Das**

PG Trainee, Department of  
Prasuti Tantra Evum Stree  
Roga, Government  
Ayurvedic College and  
Hospital, Jalukbari,  
Guwahati 14, Assam, India.

### ABSTRACT

In different phases of women's life, from puberty, reproductive phase to menopause, the concept of healthy yoni has been mentioned in Ayurveda as well as in modern science. 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, itching, coldness, pain. In Ayurveda, these types of sign and symptoms are included under Kaphaja yoni vyapad, which is one of the 20 types of yoni vyapad. Most of the symptoms of Kaphaja yoni vyapad are similar with Vulvovaginal candidiasis. Vulvovaginal candidiasis (VVC) is a common mucosal infection of the lower female reproductive tract, caused mostly by *Candida albicans*. It presents with symptoms like white, cheesy vaginal discharge, itching, redness and

pain. In Ayurveda, women health care is related in separate section, where the term Yoni vyapad includes majority of gynaecological disorders. 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 Kaphaja yoni vyapad as per Ayurveda as well as per modern.

### INTRODUCTION

Women represent the cornerstone of a family's overall health, ensuring they have access to quality care also can lead to improved health for children and families.

Women play a critical role in maintaining the health and overall well-being of her communities. However, because of the many roles women play, they too often are focused on the health care of their spouse or children, while neglecting their own needs. It is important

that, women take the time to maintain good health for themselves as well. In fact, a number of illnesses that affect women can actually be prevented with proper woman's care as a priority. At each stage of a woman's life, there are important preventative health care steps to follow in order to provide early detection of medical problems. Many women may neglect health care exams for a number of reasons. Owing to complicated structure of the female body, women are subjected to a large number of complaints connected with genital organs. These ailments are frequently of an extremely distressing character.

Ayurveda has explained woman's health in details and emphasized on all the preventive as well as curative measures to preserve it in the healthiest state. That is why different gynecological disorders are discussed vividly in Ayurvedic classics under the common heading of Yonivyapad.

A specific group of the diseases of women i.e. Yonivyapad has been mentioned in Ayurvedic Classics, which disrupts the womanhood in various ways. Kaphaja yoni vyapad is one of those diseases. Kaphaja Yoni vyapad which is one among twenty yoni vyapads has symptoms like vaginal discharge, itching, coldness and dull pain in vagina. It is a common problem of the females in the reproductive age group, it has got a detailed patho physiology and treatment in the classical literature of Ayurveda.

In this study an effort has been put forth to make a conceptual study covering almost all the aspects of Kaphaja yoni vyapad (Vulvo vaginal candidiasis).

## **AIM AND OBJECTIVE**

To study about the literary review of Kaphaja yoni vyapad (Vulvo vaginal candidiasis).

## **MATERIALS AND METHOD**

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

## **DESCRIPTION**

### **NIDANA OF KAPHAJA YONIVYAPAD**

While describing the nidana i.e. the etiology shall have to consider the following.

1. Samanya nidana of yonivyapad, and
2. Vishista nidana of Sleshmala Yonivyapad.

The *samanya nidana* according to different Acharyas are described in the following table.

Author	Charak	Sushrut	Astanga Sangraha	MD, B.P, YR
Nidana	<ul style="list-style-type: none"> <li>• Mithyachar (abnormal diet &amp; mode of life)</li> <li>• Pradushtaartava (Abnormalities of artava)</li> <li>• Bijadosha (Abnormalities of bija)</li> <li>• Daivakopa (due to anger of God)</li> </ul>	<ul style="list-style-type: none"> <li>• Mithyachar</li> <li>• Pradustaartava</li> <li>• Bijadosha</li> <li>• Daivakopa</li> <li>• Atimaithuna withruksha, durbala, balastree</li> </ul>	<ul style="list-style-type: none"> <li>• Dushtabhojan</li> <li>• Bishamangashayam</li> <li>• Atimaithun</li> <li>• Dushtaartava</li> <li>• Apadravayaprayoga</li> <li>• Bijadosha</li> <li>• Daivata</li> </ul>	Followed Charak

Though it seems that different acharyas have mentioned different causative factors of *yonivyapad*, but close scrutiny shows the difference lies only in the method of presentation. Which can be explained as the word "mithyachar" includes both *mithya ahara* and *vihara*. Here use of "apadravya and dusta bhojan" described by Vagbhata can be related to heading of *mithya ahara*, and "atimaithuna and vishamanga shayan" can be related to *mithya vihara*.

#### VISHISTA NIDANA OF KAPHAJA YONI VYAPADA

Charaka has mentioned that when a lady follows excessive consumption of *kapha vardhaka* as well as *abhishyandi* diet and regimen, the *shleshma* in the body gets aggravated.

Gradually it gets localized in the *yonis* of the woman, where it manifests the disease and produces signs and symptoms of *Shleshma Yonivyapad*.

#### Kapha vardhak ahara

- According to *samanya vishesh siddhanta* described in relation to *shat padartha vignana*, the *tridosha*, *dhatu*s and *malas* qualitatively increase with the use of substances having homologous properties and action. On the other hand the use of substances that have opposite qualities will decrease those.
- *Shleshma* or *kapha* is found in the body mainly made of *prithvi* and *apa mahabhutas*. Again the qualities of *kapha* have been described as *guru*, *sheeta*, *mridu*, *snigdha*, *madhura*, *sthira* and *picchila*.
- Among the 6 *rasas*, *madhura*, *amla* and *lavana rasas* are *shleshma* or *kapha vardhak*; whereas *katu*, *tikta* and *kashaya rasas* decrease the *kapha*.<sup>[6]</sup>

The table below represents the relation between kapha and 3 kapha vardhak rasa

Points	Sleshma/kapha	Madhura	Amla	Lavana
Bhautik composition	Prithvi+apa	Prithvi+ apa (Cha, sus)	Prithvi+ agni(Cha) Jala+agni (Sus)	Apa+ agni (Cha) Prithvi+Agni(Sus)
Guna	Sleshma/kapha	Madhura	Amla	Lavana
Guru	+	+	Laghu	+
Sheeta	+	+	-	-
Mridu	+	+	Ushna	Ushna
Snigdha	+	+	+	+
Madhur	+	-	-	-
Sthira	+	-	-	-
Picchila	+	-	-	-

After observing the list we can conclude that the qualities of madhura amla and lavana rasas is almost similar to the qualities of Sleshma. That is why the dravyas containing these three rasas provoke kapha.

- Excessive intake of abhishyandi ahara is also an etiological factor for Kaphaja yonivyapad, as Acharya Charak mentioned. The abhishyandi ahar by its picchila and guru gunas obstruct the srotas through which the rasa dhatu is carried out to its particular place of nourishment. Which results in excessive formation of kleda. This increases gurutwa and the kleda in the body manifests as Shleshma Yonivyapad.

### Kapha vardhak vihar

When a lady follows of physical exercise, day sleep etc, it results in increase of kapha dosha in the body and eventually they cause Shleshma yonivyapad.

### Samprapti of Kaphaja yonivyapad

Intake of kapha vardhaka and abhishyandi ahar (nidan sevan).

|

Kapha starts accumulating in the amasaya (dosha sanchaya).

|

Excessive accumulation leads to provocation of kapha dosha (prakopa avastha).

|

The aggravated kapha gets lodged in the yoni.

|

Finally manifests the disease Kaphaja Yonivyapad.

**Samprapti ghatak.**

<b>Dosha</b>	Vata and kapha
<b>Dushya</b>	Rasa, Rakta and mamsa
<b>Srotas</b>	Rasavaha, raktavaha and artavavaha
<b>Srotodushti</b>	Atipravritti
<b>Adhithan</b>	Yoni
<b>Roga marga</b>	Abhyantara

**Types of Kaphaja yoni vyapad by different Acharyas**

<b>Charaka</b>	<b>Vagbhata</b>	<b>Sushruta</b>
Sleshmaja	Sleshmaja	SleshmajaAtyanandaAticharanaAcharana Karnini

**Lakshanas of Kaphaja yonivyapad**

The following table shows the sign and symptom of Sleshmala yonivyapad mentioned by different Acharyas.

<b>Lakshanas</b>	<b>Charak</b>	<b>Sushrut</b>	<b>Vagbhata</b>	<b>M.N.</b>	<b>B.P.</b>
Picchila	+	+	+	+	+
Shitala	+	-	+	-	-
Kandugrasta	+	+	+	+	+
Alpvedana	+	-	-	-	-
Pandubarnayoni	+	-	+		-
Pandupicchilasrava	+	-	+	-	-
Avedana	-	-	+	-	-
Atishitala	-	+	-	+	+

**Lakshanas of different types of kaphaja yonivyapad as mentioned by different Acharyas-**

<b>Types</b>	<b>Acharyas</b>	<b>Lakshana</b>
<b>Atyananda</b>	Charak	Not mentioned
	Susrut	Woman suffers from this does not satisfied with coitus
	Vagbhata	Not mentioned
	Bhava prakashMadhav nidhan	Followed Susruta
<b>Karnini</b>	Charak	Due to straining during labour in the absence of labour pain, kapha and raktaproduces karnika.
	Susrut	Kapha and Rakta produces karnika in yoni.
	Vagbhata	As Charaka.
	Bhava prakashMadhav nidhan	Woman feels excessive sexual desire
<b>Aticharana</b>	Charak	Produces sophia, supti andruja in yoni.
	Susrut	Woman does not achieve conception
	Vagbhata	Same as Charaka
	Bhava prakashMadhav nidhan	Produces sophia, supti andruja in yoni.
<b>Acharana</b>	Charak	Woman feels excessive sexual desire
	Susrut	Woman gets excited before coitus as well as much earlier than her husband
	Vagbhata	-----
	Bhava prakashMadhav nidhan	Woman feels excessive sexual desire

**Upadrava**

There is no any particular complication mentioned for Kaphaja yonivyapad But whatever complication mentioned for Yonivyapad in general can be considered as the complication of Sleshmala Yonivyapad.

Charak said that yoni of women afflicted with doshas or diseases suffers from.

- Bandhyatwa
- Arsha
- Pradar
- Gulma Vagbhata added,
- Stambha and
- Shula in the list of complications.

**Prognosis**

Shleshmala Yonivyapad is Chikitsa sadhya like other eka-doshaja Yonivyapad.

**Management**

Ayurveda advices three types of therapies like.

- a) Antahpurimarjan
- b) Bahiparimarjana and
- c) Shastra pranidhana.

These can be shortly explained as.

- Internal medicaments like churna, kalka, vart kashaya etc come under AntahParimarjana
- Local therapies like abhyanga swedan, parisheka etc. come under Bahiparimarjana,
- Shastrapranidharan includes all surgical procedures like agnikarma kaharakarma etc.

Again the whole treatment procedure is divided into 3 groups.

- a) Samsodhan
- b) Samshamana and
- c) Nidana parivarjan

Samsodhan includes internal & external purification.

Samshaman is a therapy used to balance the imbalanced doshas by using different measures

Nidana parivarjan is considered as the avoidance of the causative factors

In this clinical study, the selected mode of treatment is yoni pichu with Udumbaradi taila,

which is a Samshaman Chikitsa through Bahiparimarjan SAMANYA CHIKITSA (General management)

- Yonivyapad does not occur without vitiation of vata, thus vata should be normalised first, only then treatment for other doshas should be done.
- The management prescribed for disorders of vata should be used to treat yonivyapad.
- All the panchakarma therapy should be used in proper sequence. Drugs used in these procedures should be according to the vitiated dosa.
- After proper snehana and swedana, panchakarma therapies like vasti (anuvastana and niruha), nasya, as well as uttaravasti can be given.
- Again there are sthanik chikitsas like pichudharana, yonipurana, yonidhupana, avachurnan, parisheka, pralepa, beshavar bandha etc are used according to the necessity.

### **Specific management of Kaphaja yonivyapad**

In Kaphaja yonivyapad ruksha and ushna treatment should be used.

#### **Internal medicine: Churna**

- Pushyanug Churna
- Pippalyadi Churna

#### **Ghrita**

- Phala Ghrita
- Brihat shatavari ghrita.

#### **Kwath**

- Nyagrodhadi kwath.
- Maharasnadi kwath

#### **Asava**

- Patranga asava.
- Lodhra asava.

#### **External Medicine**

##### **Pichu**

- Udumbaradi taila.
- Dhatakyadi taila

**Varti**

- Pippalyadi varti.
- Arkadi varti.

**Prakshalan**

- Kariradi kwath
- Decoction of Rajabrikshadi group of drugs.
- Continuous flow of kwath of guduchi, triphala, danti.
- With kwath of triphala mixed with takra, gomutra, sukta.
- Panchavalkal kwath **Kalka:** syama (trivrit) kalka dharan **Basti:**
- Palash niruha basti.
- Guduchyadi rasayan basti.
- Satavaryadi amivasan basti.
- Baladiyamak anuvasan basti
- Dhatakyadi taila anuvasan basti.
- Uttarvasti with katu ras pradhan drugs in gomutra.

**PATHYA-APATHYA****Pathya**

- Use of taila, sidhu, yavanna, pathyarista (abhayarista) are congenial.
- Use of asava, arista, lasuna and diet having abundance of milk and mamsa ras.
- For women, lasuna acts like nectar. (Kashyap)

**Apathya****Ahara**

- Madhura-amla-lavan pradhan ahara.
- Abhishyandi ahara.
- Manda is contraindicated in case of yoni rogas. (Kashyap) Vihara:
- Divaswapna,
- Maithuna etc.

**VULVOVAGINAL CANDIDIASIS**

Vulvovaginal candidiasis (VVC), is an exceedingly common mucosal infection of the lower female reproductive tract (FRT), caused mostly by the polymorphic opportunistic fungus *Candida albicans*.



A member of the normal human microbiota, *C. albicans* commonly colonizes the vaginal lumen asymptotically. However, symptomatic infection can result from exuberant mucosal inflammation that is caused primarily by fungal overgrowth in the vagina and subsequent epithelial invasion and production of virulence effectors.

### **PATHOGENESIS**

Approximately 75% of women experience an episode of vulvovaginal candidiasis during their lifetime. *Candida albicans*, the most common *Candida* species, causes symptomatic vulvovaginitis in approximately 90% of the cases. *C. albicans* frequently inhabits the mouth, throat, large intestine, and vagina. Clinical infection is dependent on considerable growth and colonization and may be associated with a systemic disorder (diabetes mellitus, HIV, obesity), pregnancy, medication (antibiotics, corticosteroids, oral contraceptives), and chronic debilitation.

Yeasts, (*C. albicans*) are able to colonise in mucosal surfaces of the GI and female genital tracts.



Invasion occurs through mechanical breaks. *C. albicans* undergoes morphologic change, formation of hyphae to penetrate and.

### **PREVENTION**

Nonabsorbent undergarments should be avoided. The vulva and vaginal area should be kept dry. Controlling any underlying metabolic illnesses, especially diabetes, can prevent candidal growth. Even when diabetes is not present, a low-sugar diet is recommended, as the glucose in a vaginal discharge may promote the growth of the yeast. Complicating medications, especially antibiotics, estrogen, or oral contraceptive, should be discontinued if possible. Some experts recommend administering a prophylactic dose of an antifungal medication simultaneous to every antibiotic administration.

## CLINICAL FINDINGS

### SYMPTOMS AND SIGNS

Vulvovaginal candidiasis presents with intense vulvar itching; a white, cheesy vaginal discharge; and sometimes with vulvar erythema and pain. A burning sensation may follow urination, particularly if there is excoriation of the skin from scratching. Widespread involvement of the skin adjacent to the labia may suggest an underlying systemic illness. The labia minora may be erythematous and edematous.

#### Wet Prep Evaluation

Diagnosis is based on a normal vaginal pH  $\leq 4.5$  and microscopic evaluation of vaginal secretions both in a saline preparation (wet prep) and mixed with 10% KOH solution.

Identification of *C. albicans* requires detections of filamentous forms (pseudohyphae) of the organism. Spores may be present as well, but the alone may presence of spores indicate a *Candida glabrata* infection. The gold standard for diagnosis is culture of vaginal discharge.

### CLASSIFICATION

Uncomplicated VVC	Complicated VVC
Sporadic or infrequent VVC	Recurrent VVC
Mild-to-moderate VVC	Severe VVC
Likely to be <i>Candida albicans</i>	Non- <i>albicans</i> candidiasis
Non immunocompromised women	Immunosuppression, or those who are pregnant

### DIFFERENTIAL DIAGNOSIS

Genital herpes and localised provoked vulvodynia should be included in the differential diagnosis.

### TREATMENT

The current medical treatment of candidal infection is by imidazoles, fungistatic agents that interfere with the production of the sterol of the cell wall. These are available as topical creams, vaginal suppositories, and oral agents. Application of a topical steroid may be beneficial to the patient with severe vulvar itch or edema. In evaluating the patient with complicated candidal vulvovaginitis, underlying predisposing disease processes should be addressed. Additionally, cultures of the vagina should be taken to identify resistant strains. *C. glabrata* and *Candida tropicalis*, which are detected with increasing frequency, require prolonged periods of treatment if the patient is symptomatic. Asymptomatic women do not require treatment.

Treatment regimens for complicated candidal vulvo vaginitis include prolonging antifungal therapy for at least 2 weeks, consistent with the life cycle of yeast; self-medication for 3-5 days upon first evidence of symptoms; and prophylactic treatment for several days before menstruation or during antibiotic therapy. Oral administration of fluconazole 150 mg weekly for 6 months or itraconazole 100 mg daily for 6 months may reduce the frequency of recurrence to 10% during maintenance therapy. Liver function should be monitored during prolonged oral therapy. Treatment of the partner may be considered in cases of symptomatic balanitis. Gentian violet 1%, an aniline dye, has demonstrated effectiveness against *C. albicans* and *C. glabrata* when painted over vaginal surfaces once weekly. Boric acid compounded in a 600-mg suppository form, administered daily for 6 weeks, is also effective treatment for candidiasis and yeast infestation. Polyenes, such as nystatin, which is not absorbed in the gastrointestinal tract, may be taken orally to reduce intestinal colonization. Flucytosine may be administered in resistant cases.

## PROGNOSIS

Recurrent disease may result from insufficient duration of therapy, recontamination, or resistant strains. Unfortunately, in 57% of patients, recurrences present within 6 months of discontinuation of prophylactic treatment.

## DISCUSSION

The concept of a healthy yoni has been asserted in various phases of a woman's life from puberty to marriage to child birth and thereafter. Description about yoni is found in Ayurveda along with the diseases related to this yoni as yoni vyapad.

The term Yoni Vyapad includes majority of gynaecological disorders in Ayurveda. Kaphaja Yoni Vyapad is one of those yoni vyapad. Total 20 types of yoni vyapad were mentioned by all Acharyas. Charaka mentioned one type of kaphaja yonivyapad that is sleshmiki yoni vyapad whereas Sushruta mentioned 5 types of kaphaja yoni vyapad, these were atyananda, kamini, acharana, aticharana, sleshmala yoni vyapad. Astanga Sangraha also mentioned one type of kaphaja yoni vyapad that is Sleshmiki yoni vyapad. In Bhava prakash 5 types of kaphaja yoni vyapad were mentioned, these were atyananda, karnini, ananda charana, aticharana, sleshmala yoni vyapad. Due to the abhishyandi ahar, the kapha dosha gets accumulated in the body and after that aggravation of those accumulated dosha will be there. These aggravated dosha spreads to yoni, where it manifest the disease and produces sign and symptom of kaphaja yoni vyapad Most of the sign and symptom of kaphaja yoni vypad

mentioned by different acharys are almost similar Charaka mentioned lakshanas of sleshmiki yoni vyapad were picchila, shita, kandu grasta, alpavedana and panduvarna and pandu picchila artava. Sushruta mentioned lakshanas of sleshmala yoni vyapad were picchila yoni, kandu yukta and atishitalata. Astanga sangraha also mentioned about lakshanas of sleshmiki yoni vyapad. Those were avedana, kanduyukta, shital, pandu picchila srava.

Though modern correlation is not easy, but by observing sign and symptom like yoni srava, yoni kandu, yoni vedana of kaphaja yoni vyapad we can correlate it with the disease which has these sign and symptom.

VVC usually is caused by *Candida albicans* but can occasionally be caused by other *Candida* species or yeasts. Typical symptoms of VVC include pruritus, vaginal soreness, dyspareunia, and abnormal vaginal discharge.

## CONCLUSION

Correlation between kaphaja yoni vyapad and nonspecific vulvovaginal candidiasis is done only on the basis of similarity in the symptoms '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.

## REFERENCES

1. Charaka Samhita, Pandit Kashinath Sastri, Dr. Gourakhnath Chaturvedi, reprint-2012, Choukhambha Publication, Chikitsa Sthan, 30.
2. Sushruta Samhita, Kaviraj Ambikadutta Shastri, part 2, Chaukhambha Publication, reprint-2013, Uttara tantra, 38.
3. Astanga hridaya, Brahmananda Tripathi, reprint: 2013, Chaukhambha Publication.
4. Ayurvediya prasuti Tantra evam streeroga, part 2, Prof. Premvati Publication Tiwari, Choukhambha.
5. Madhav Nidan, by brahmananda Tripathi, page no-485, yoni vyapad nidanam adhyay.
6. Bhava prakash, pandit sriBrahma Sankar Misra, 2nd part, Choukhambha publication, reprint 24, 2009, yonirogadhikar adhyay, sloka no- 13.
7. Howkins & Bourne Shaw's Textbook of Gynaecology, 16th edition, Elsevier Publication.
8. Berek & Novak's Gynaecology, 15th edition, Wolters kluwer/ Lippincott Williams &

Wilkins, 2009.

9. Textbook on Current diagnosis & treatment, Obstetrics and Gynaecology: Lange (12th edition), page 650-652.