

MANAGEMENT OF *KAPHAJA YONIVYAPAD* W.S.R. TO PELVIC INFLAMMATORY DISEASE: A CASE REPORT

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ABSTRACT

Abnormal vaginal discharge is a common gynecological complaint that affects the physical, psychological, and sexual well-being of women. In Ayurveda, conditions presenting with excessive white vaginal discharge can be correlated with *Kaphaja Yonivyapad* and *Shwetapradara*. This case report presents a 32-year-old female with recurrent white vaginal discharge associated with dyspareunia and lower abdominal pain, clinically diagnosed as Pelvic Inflammatory Disease (PID). The patient was treated with *Yonidhavana* using *Panchavalkala Kwatha*, *Yonipichu* with *Bala Taila*, and internal medications including *Chandraprabha Vati*, *Triphala Guggulu*, *Gandhak Rasayana*, and *Pushyanuga Churna*. Significant improvement was observed in vaginal discharge, pelvic pain, and dyspareunia without recurrence during follow-up. The case highlights the potential of Ayurvedic management in addressing both the symptoms and underlying pathology of

PID-like conditions.

KEYWORDS: *Kaphaja Yonivyapad*, *Shwetapradara*, Pelvic Inflammatory Disease, *Yonidhavana*, *Pushyanuga Churna*, Ayurveda.

INTRODUCTION

Abnormal vaginal discharge is one of the most common complaints encountered in gynecological practice. Although physiological discharge is a normal phenomenon, persistent or excessive discharge is often associated with infections and inflammatory disorders of the female reproductive tract. Pelvic Inflammatory Disease (PID) is an inflammatory condition involving the uterus, fallopian tubes, ovaries, and surrounding pelvic tissues. Women commonly present with vaginal discharge, lower abdominal pain, dyspareunia, and menstrual disturbances. If left untreated, PID may lead to infertility, chronic pelvic pain, and recurrent genital tract infections.^[1]

In Ayurveda, excessive white vaginal discharge is described under *Yonivyapad*, particularly *Kaphaja Yonivyapad* and *Shwetapradara*. Aggravated *Kapha Dosha* leads to excessive *Kleda*, resulting in profuse white discharge, while associated *Vata Dushti* contributes to pelvic pain and discomfort.^[2] The disease involves vitiation of *Artavavaha Srotas* and local tissue pathology. Management principles include *Kapha Shamana*, *Yoni Shodhana*, *Krimighna*, *Shothahara*, and *Ropana Chikitsa*.^[3]

The present case demonstrates the successful Ayurvedic management of *Kaphaja Yonivyapad* correlated with PID.

CASE PRESENTATION

Patient Information

A 32-year-old married female attended the Outpatient Department with complaints of recurrent white discharge per vaginam for one year, associated with dyspareunia and intermittent lower abdominal pain.

Clinical Findings

- Thin, mucoid, frothy, odorless white vaginal discharge
- Dyspareunia
- Lower abdominal pain and tenderness
- No fever
- No foul-smelling discharge

Menstrual and Obstetric History

- Menstrual cycle: Regular (28–30 days)

- Duration of flow: 4–5 days
- Obstetric history: P₂ L₂ A₀ D₀

Investigations

Parameter	Findings
Hemoglobin	13 gm%
Total Leukocyte Count	5450 cells/mm ³
Urine Examination	Pus cells 5–6/HPF
VDRL	Non-reactive
HIV	Non-reactive
HBsAg	Non-reactive

Diagnosis

Modern Diagnosis

Pelvic Inflammatory Disease (PID)

Ayurvedic Diagnosis

Kaphaja Yonivyapad (Shwetapradara)

Differential Diagnosis

- Candidiasis
- Bacterial vaginosis
- Trichomoniasis
- Cervicitis

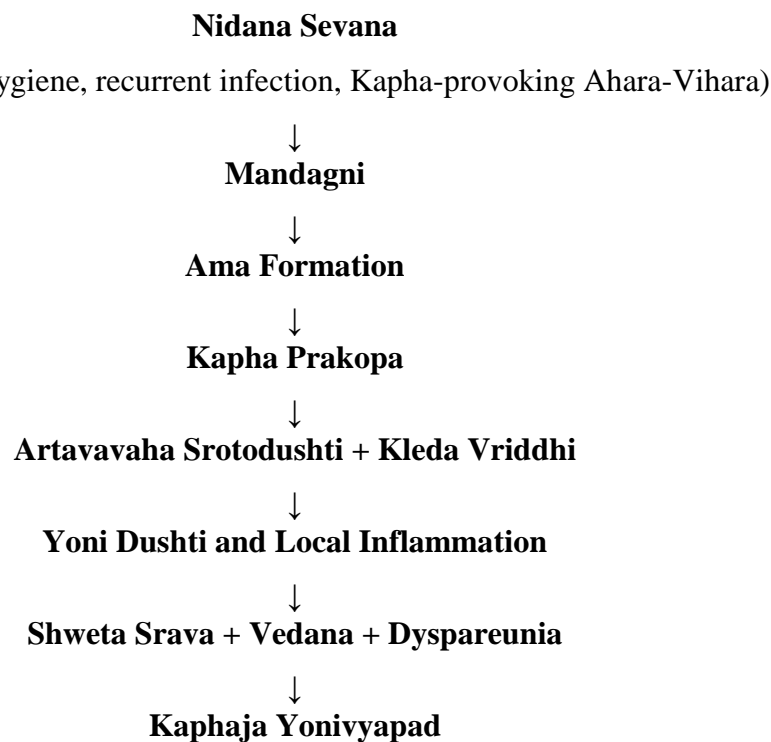
Samprapti Ghataka

Samprapti Ghataka	Involvement
Dosha	<i>Kapha</i> predominant with associated <i>Vata</i>
Dushya	<i>Rasa, Rakta</i>
Srotas	<i>Artavavaha Srotas, Yonimarga</i>
Srotodushti	<i>Atipravritti, Sanga</i>
Agni	<i>Mandagni</i>
Ama	Present
Udbhava Sthana	<i>Amashaya</i>
Vyakta Sthana	<i>Yoni</i>
Roga Marga	Abhyantara
Adhisthana	<i>Yoni</i>
Vyadhi Swabhava	Chirakari

Samprapti

The probable pathogenesis of the disease can be understood as follows. Improper dietary habits, poor genital hygiene, and recurrent infections contribute to *Kapha Prakopa* and *Mandagni*. This leads to the formation of *Ama*, which along with aggravated *Kapha* localizes in the *Artavavaha Srotas* and *Yonimarga*. Increased *Kleda* and *Srotodushti* result in excessive vaginal discharge, while associated *Vata Dushti* manifests as pelvic pain and dyspareunia. Thus, the clinical picture of *Kaphaja Yonivyapad* develops.

Samprapti Chart



Treatment

Local Therapy

- *Yonidhavana* with *Panchavalkala Kwatha*
- *Yonipichu* with *Bala Taila* for 8 days

Internal Medications

Drug	Dose	Duration
<i>Chandraprabha Vati</i>	1 tablet BD	10 days
<i>Triphala Guggulu</i>	2 tablets BD	10 days
<i>Gandhak Rasayana</i>	1 tablet BD	10 days
<i>Pushyanuga Churna</i> with <i>Tandulodaka</i>	5 g BD	10 days

Advice

- Maintenance of genital hygiene
- Adequate hydration
- Regular follow-up

RESULTS

After completion of treatment, the patient reported marked reduction in white vaginal discharge along with complete relief from lower abdominal pain and significant improvement in dyspareunia. General well-being improved, and no recurrence of symptoms was observed during follow-up.

DISCUSSION

The clinical features observed in the present case closely resemble *Kaphaja Yonivyapad*. Excessive vaginal discharge can be attributed to aggravated *Kapha Dosha* and increased *Kleda*, whereas pelvic pain and dyspareunia suggest associated *Vata Dushti*. The involvement of *Artavavaha Srotas* further supports the Ayurvedic diagnosis.

Panchavalkala Kwatha possesses *Kashaya Rasa* and is known for its *Krimighna*, *Shothahara*, *Vrana Shodhana*, and *Ropana* properties. Local cleansing through *Yonidhavana* helped reduce discharge and control local infection. *Bala Taila* used as *Yonipichu* provided *Vata Shamaka* and tissue-healing effects.

Pushyanuga Churna, being predominantly *Kashaya Rasa*, acts through *Kapha-Pitta Shamana*, *Stambhana*, and *Yoni Shodhana* actions, thereby reducing excessive secretions. *Triphala Guggulu* and *Gandhak Rasayana* possess anti-inflammatory and antimicrobial activities, while *Chandraprabha Vati* contributes to systemic cleansing and restoration of normal pelvic health.

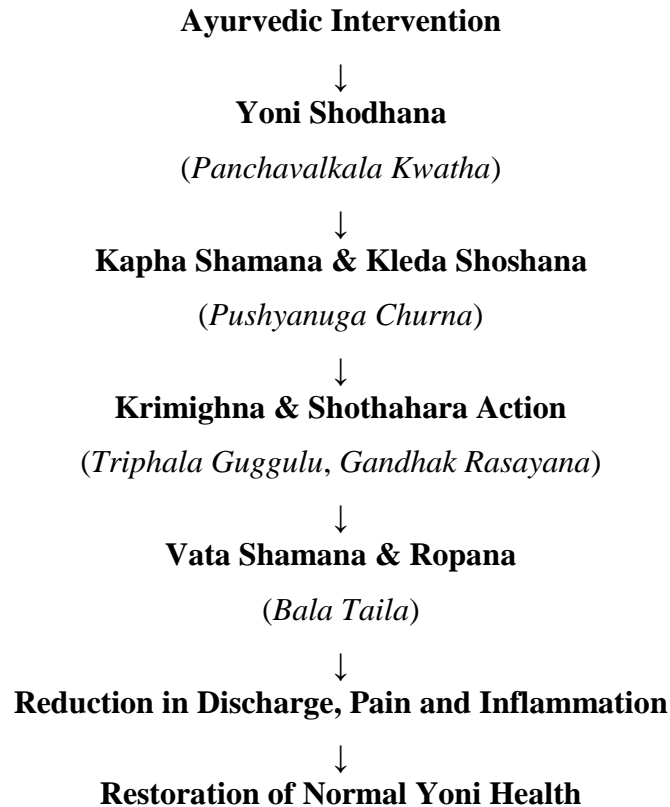
The combined therapy acted both locally and systemically, helping reduce infection, inflammation, excessive discharge, and tissue irritation. The absence of recurrence during follow-up suggests sustained therapeutic benefit.

Samprapti Vighatana

The treatment protocol was designed to interrupt the disease process at multiple levels. Local therapies provided *Yoni Shodhana* and reduced *Kleda*, while internal medications corrected

Kapha Dushti, controlled inflammation, and promoted tissue healing. Thus, the pathological process was reversed through *Kapha Shamana*, *Krimighna*, *Shothahara*, and *Ropana* actions.

Samprapti Vighatana Chart (probable)



CONCLUSION

The present case demonstrates that Ayurvedic management can effectively address *Kaphaja Yonivyapad* correlated with PID. The combined use of *Yonidhavana*, *Yonipichu*, and internal medications resulted in significant reduction in vaginal discharge, relief from pelvic pain, and improvement in dyspareunia without recurrence during follow-up. The outcome suggests that Ayurvedic interventions may offer a safe, effective, and holistic approach in the management of chronic vaginal discharge and PID-like conditions.

Patient Consent

Written informed consent was obtained from the patient for publication of this case report and associated clinical information.

Conflict of Interest

The authors declare no conflict of interest.

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