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# Ayurvedic management for *Shleshmiki Yoni Vyapada* w.s.r to Vaginal Candidiasis

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## ABSTRACT

*Shleshmiki Yoni Vyapada* is one among the 20 *Yonivyapada* described in *Ayurvedic* classics. In this condition the female experiences itching, white unctuous discharge per vaginam, dull pain. According to *Acharya Charaka* the woman appears pale. Vaginal Candidiasis is a very common condition having similar signs and symptoms. About 70-75 % of the female population experiences vaginal candidiasis at least once in their lifetime. *Ayurvedic Acharyas* have advised various treatment methods which are being practiced since ancient times and have shown effective results in such conditions. *Sthanika Chikitsa* has been advised in such conditions along with oral medications which give a systemic effect correcting the imbalance of *Doshas*, thus further preventing the progression of the disease and also treating it.

**Key words:** *Shleshmiki Yoni Vyapada, Yonivyapada, Vaginal Candidiasis.*

## INTRODUCTION

Infections related to *Yoni* are common problems in females irrespective of their age or status. Many women experience uncomfortable vaginal infections at one time or another in their lifespan. Maintaining a healthy vulva and vagina will help in preventing infections and discomfort. Due to infection, there may be vaginal discharge, itching, coldness etc. and in *Ayurveda*, these symptoms are found in *Slaishmiki Yoni Vyapad* with some symptoms similar to vaginal candidiasis.

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One such case is being presented here, the patient suffered from chronic vaginal discharge and got relief without any side effects by *Ayurvedic* local and internal treatment. Here, the *Samprapti Vighatana* is done by correcting the *Agni*, balancing the vitiated *Doshas* and improving the state of *Dhatus* in this patient.

## CASE REPORT

A 32year old female patient who is a home maker gradually started experiencing minimal itching per vagina only during night time on and off, heaviness of body and inactiveness since 4 months, later she started experiencing excessive itching, also during the day time along with dull pain in vaginal region, curdy white discharge, increased inactiveness, increased heaviness, reduced appetite since 2 months. In the last 15 days she is also experiencing increased frequency of micturation. She did not get any relief over time and did not take any treatment for her condition now she came (24/11/2020) to SKAMCH & RC, for *Ayurvedic* treatment. Her partner is said to have no symptoms. During the treatment she discontinued due to menstruation and temporary

relief, later again due to increase in symptoms she agreed for further treatment.

#### **Poorva Vyadhi Vruttanta**

Diagnosed as iron deficiency anaemia 6 months back and incomplete treatment for the same was taken at a local clinic.

#### **Kautumbika Vruttanta**

All family members are said to be healthy

#### **Rajo Vruttanta**

- Age of Menarche – 13 years
- Menstrual History:
  - Nature – Regular
  - Number of days of bleeding – 4 to 5 days
  - Length of cycle – 28 days
- Amount of bleeding – within normal limits
- Colour – Bright red
- Number of pads – D1 – 2 to 3 pad/day; D2&3 – 2 pad/day
- Clots – occasionally small clots present; No foul smell
- LMP – 30/11/2020

#### **Vaivahika Vruttanta**

- Married Life – 14 years (Consanguineous marriage)

#### **Obstetric History**

- G2P2A0L2D0
- P1- 13 year old male – LSCS (Full Term)
- P2- 11 year old female – LSCS with B/L Tubectomy (Full Term)

#### **Vyavaya Vruttanta**

- 1-2 times/week before 2 months and since then no coitus.
- No Dyspareunia
- History of contraception – tubectomy done in 2009

- Barrier method used before 2 months (condoms)

#### **Negative History**

- Not a known case of DM, HTN, Thyroid dysfunction, Tuberculosis, Asthma.

#### **Examinations**

##### **General Examination**

- Built – Moderate
- Nourishment – Moderate
- Pallor – Present (seen in skin, nails, conjunctiva of both eye)
- Oedema – Absent
- Clubbing – Absent
- Cyanosis – Absent
- Icterus – Absent
- Lymphadenopathy – Absent
- Height – 158 cm
- Weight – 57 kg
- BMI – 23 kg/m<sup>2</sup>
- Pulse Rate – 78 /minute
- BP – 120/80 mmHg
- Respiratory Rate – 22 cycles/minute
- Heart Rate – 78 beats/minute
- Temperature – 98°F
- Tongue – Coated
- Habits- not any

#### **Ashta Sthana Pareeksha**

- Nadi – 78/min
- Mootra – 12 to 15 times a day, twice at night.
- Mala – 1 time/day.
- Jivha – Lipta
- Shabda – Prakruta
- Sparsha – Prakruta (Anushnasheeta)
- Druk – Drushti Prakruta, Panduta (pallor)

- Aakruti – Madhyama
- Saara – Madhyama
- Samhanana – Madhyama
- Pramana – Sama
- Saatmya – Vyamishra
- Satva – Madhyama
- Aharashakti
  - Abhyavaranashakti : Avara
  - Jaranashakti: Avara
  - Vyayamashakti – Madhyama
- Vaya – Madhyama

#### Aatura Bhumidesha Pariksha

Jaatatah : Saadharana

Samvruddhatah : Saadharana

Vyadhitaha : Saadharana

#### Per Abdomen

- Inspection: Contour - Flat
  - Umbilicus: Centrally placed, Inverted
  - Lower abdominal scar observed. (Pfannenstiel scar)
- Palpation: Soft, Non tender
- No organomegaly observed
- Percussion: Tympanic
- Auscultation: Normal Bowel sounds heard

#### Gynaecological Examination (24/11/2020)

##### Examination of Vulva

- Inspection: Pubic Hair – Normal; Clitoris – Normal; Labia – Normal; Discharge – curdy white; Redness – Absent; Swelling – Absent. Palpation: No palpable mass observed

##### Per Speculum Examination

- Inspection of Vagina: Redness – Present; Tenderness – Present; Local lesion – Absent; Colour of discharge – curdy white; Consistency of

discharge – thick; Amount of discharge – profuse; Malodour – not very significant.

- Inspection of Cervix: Size – Normal; External os - Nulliparous

#### Per Vaginal Examination

- Cervix: Texture – Hard (Tip of Nose); Mobility – Mobile; Movement – Painful; Bleeds on touch – Absent
- Fornices : Lateral – Free, tender; Posterior – Free, tender
- Uterus (Bimanual Examination): Position – Anteverted; Direction – Anteflexed; Size – Normal; Consistency – Firm; Mobility – Mobile; Tenderness – Absent

#### Breast Examination

- Inspection: B/L symmetrical in shape and size; Colour of Areola – Normal; Nipple discharge – Absent; Palpation:- Tenderness – Absent; Lump – Absent

#### Nidana Panchaka

##### Nidana

- *Aharaja – Katu, Amla, Sheeta, Abhishyandi Ahara Sevana.*
- *Akalabhojana*
- *Viharaja – Diwaswapna*
- *Manasika – Chinta*
- *Roopa – Shweta, Picchilasrava, Kandhu, Panduvarna, Aalasya, Gourava.*
- *Alpavedana*
- *Upashaya – Washing with warm water gave relief initially later did not give any much relief.*

#### Samprapti

*Nidana Sevana* leads to *Kapha Pradhana Tridosha Dushti* along with *Jatharaagni* and *Dhatuagni Mandya* the *Dushti* of *Rasa* and *Rakta Dhatu* occurs, also *Sthanasamshraya* of *Doshas* occur in *Yoni*. The *Dushti* of *Rasa* and *Rakta Dhatu* further leads to *Pandu* as well as *Arthava Dushti* causing *Shleshmiki Yoni*

Vyapada as well as the Sthanasamshraya of Doshas in Yoni also leads to Shlaishmiki Yonivyapada. (Shlaishmiki Yonivyapada and Pandu are inter related.)

**Samprapti Ghataka**

Dosha – Kaphapradhana Tridosha

Doosha – Rasa, Rakta, Aartava

Agni – Jatharagni, Dhatwagni

Srotas – Rasavaha, Raktavaha, Aartavavaha

Investigation	16/12/2020	30/12/2020
Hb%	7.5 gm%	8.8gm%
WBC	6570 cells/cumm	
RBC	4.30 millions/cumm	
PCV (Haematocrit)	26.5%	
MCV	61.6 femtoliters	
MCH	17.4 picograms	
MCHC	28.3%	
RDW	20%	
Platelet Count	4.60 lakhs/cumm	
T4	10.1mueg/dl	
TSH	0.93muelU/ml	
Urine Routine and Microscopy	Nothing Significant	
RBS	89mg/dl	
USG (Abdomen and Pelvis)	Nothing Significant	

- Srotodushti – Atipravrutti, Sanga

- Udhbhavasthana – Amashaya
- Sancharasthana – Sarvasharira
- Vyaktasthana – Yoni, Netra, Nakha, Sarvashariragatatva.
- Adhishtana – Yoni
- Vyadhimarga – Abhyantara
- Sadhyasadhyata - Saadhya

Date	Treatment	Observations
24/11/2020 to 29/11/2020 (LMP-30/11/2020)	1) Syp. Cystone 2tsp tid A/F 2) Chandraprabha Vati 1 tid A/F 3) Tab. Lukol 1 tid A/F 4) Brihatyadi Kashaya 2tsp tid with 4-6tsp of warm water B/F 5) Sutashekhara Rasa 1 BD (Before food)  Sthanika: Yoniprakshalana with Triphala Kwatha and Panchavalkala Kwatha for 7 days but due to periods patient discontinued.	On 29/11/2020 Itching reduced significantly. Discharge P/V reduced. Pain P/V reduced Frequency of micturation reduced (7-8 times/day) Loss of appetite, heaviness laziness present. O/E: P/S - curdy thick discharge reduced significantly, redness absent, cervix healthy. P/V - mild tenderness felt at anterior fornix.
07/12/2020 to 17/12/2020	1) Tab.Lukol 1 tid (After food) 2) Sutashekhara rasa 1 BD (Before food) 3) Syp. Cystone 2tsp tid A/F for 10 days all above	On 7/12/20 C/o itching, discharge P/V reduced, Pain not felt, frequency of micturition present (8-10 times per day), loss of appetite present, heaviness and laziness present. O/E: P/S - curdy discharge minimal,

		cervix healthy, no redness P/V - no tenderness present
17/12/2020 to 23/12/2020	<i>Sthanika:</i> <i>Yoniprakshalana</i> with <i>Triphala Kwatha</i> and <i>Panchavalkala Kwatha</i> .  No oral medications.  <i>Dhatri Lauha</i> 1 BD A/F	On 17/12/2020 Itching, pain, curdy white discharge P/V increased since 5 days.  Heaviness in body increased, Laziness increased.  O/E:  P/S- thick curdy white discharge present, redness present  P/V-tenderness present in fornices.  On 23/12/2020 No Itching, Pain P/V.  Discharge P/V reduced.  Feels active and energetic during the day. Appetite increased.
23/12/2020	1) Cap. Lukorex 1 bd (after food) 2) Tab. Lumital 1 bd (after food) 3) Tab. Ostina Forte 1 bd (after food) 4) Dhatri Lauha 1 BD A/F  For 1 month	

**RESULTS AND DISCUSSION**

Patient had got relief from all the symptoms (28/12/2020) when she came for follow up to our OPD. Plan of treatment for this patient was based on *Samprapti Vighatana*. All the medications prescribed

were *Kapha Hara* and *Tridosahara*. *Deepana* and *Pachana* was achieved. The patients *Bala* was improved and *Doshas* were balanced with internal *Aushadhis*. The patient showed signs of improvement locally as her vaginal discharge and itching was completely reduced and her symptoms of *Pandu* were resolved. The cause of anaemia in such patients suffering from candidiasis is due to the fact that candida albicans pathogen thrives on the iron reserves of the host thus breaks down the iron binding proteins and further reducing the hemoglobin levels. Clamadia infections can be successfully treated with above mentioned treatment protocol.

**CONCLUSION**

*Shlaishmiki Yoni Vyapada* can be correlated to Vaginal Candidiasis and this condition can be successfully treated with Ayurvedic medicines benefiting the patient and also the society as it will prevent further spread in the community.

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