



Review Article

LITERARY REVIEW OF *KAPHAJA YONI VYAPAD* (NON SPECIFIC VULVO VAGINITIS)

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ABSTRACT

A healthy woman is a promise of a healthy family. In different phases of a 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, itching, coldness. In *Ayurveda*, these types of sign and symptoms are found in *Kaphaja yoni vyapad* and some of symptoms are similar with Non Specific Vulvovaginitis.

Gynaecological disorders have found its immense importance in the field of medicine due to fact that women have a unique function of giving birth. 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.

KEYWORDS: *Ayurveda, Kaphaja yoni vyapad, Yoni, Vaginal discharge.*

INTRODUCTION

Health is the actual way of attaining longevity in all species including man. The health of woman is important because womanhood represents the capacity to bare the foetus in the womb and to deliver it in a healthy status. Moreover, she has to bring up the child properly and thus she contributes to the overall health of the society. Hence health care of woman is very important. Any disorders that hampers the general, mental as well as the reproductive health of woman should be considered with care and required medical attention. Female body is highly complex and delicate. Because of special reproductive role, women are at risk of some distinct female disorders. Vaginal discharge is one of the 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 symptom which is seen in most of the diseases which are mentioned in classics.

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. 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 *Kaphaja yoni vyapad*.

Aim and Objective:

To study about the literary review of *Kaphaja yoni vyapad* (non specific vulvovaginitis).

Materials and Method:

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

Description

Etiology (*Nidan*) of *Kaphaja yoni vyapad*

<i>Charak</i> ¹	<i>Sushrut</i> ²	<i>Vagbhat</i> ³	<i>Madhav Nidan, B.P, YR</i>
<ul style="list-style-type: none"> <i>Mithyachar</i> (abnormal diet and mode of life) <i>Pradusta-Artava</i> (abnormalities of <i>Artava</i>) 	<ul style="list-style-type: none"> <i>Mithyachar</i> <i>Pradusta- Artava</i> <i>Bijadosha</i> <i>Daivakopa</i> 	<ul style="list-style-type: none"> <i>Dustabhojan</i> <i>Bisamangasayan bhrisa maithun sevan</i> <i>Dusta artava</i> 	Followed charak ⁴

<ul style="list-style-type: none"> • <i>Bijadosha</i> (abnormalities of <i>Bija</i>) • <i>Daivakopa</i> (curses or anger of God) 	<ul style="list-style-type: none"> • <i>Prabridha linga purush atisevana</i> 	<ul style="list-style-type: none"> • <i>Apadravya prayog</i> • <i>Bijadosha</i> • <i>Daivata</i> 	
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These are the general *Nidan* of *Yoni vyapad*. If we observe the *Nidan* of *Kaphaja yoni vyapad* then it will be cleared that in classics *Nidan* for *Kaphaja yoni vyapad* is not mentioned directly.

Qualities of *Kapha*⁵

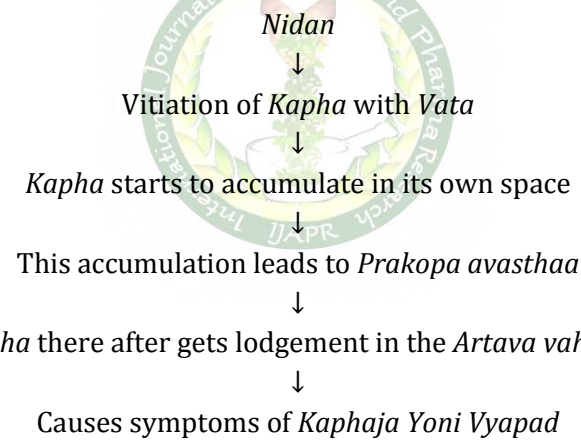
- *Guru*
- *Shita*
- *Mridu*
- *Snigdha*
- *Madhur*
- *Sthira*
- *Picchila*

So, the qualities agonist to these can vitiate *Kapha*.

Relation between *Kapha* and *Rasas*⁶

<i>Kapha prakopak</i>	<i>Kapha shamak</i>
<i>Madhur</i>	<i>Katu</i>
<i>Amla</i>	<i>Tikta</i>
<i>Lavan</i>	<i>Kashaya</i>

Samprapti



Samprapti Ghatak

- *Dosha* – *Vata + kapha*
- *Dushya* – *Rasa, Rakta & mamsa*
- *Srotas* – *Rasavaha, artavaha, raktavaha*
- *Srotodustilakshan* – *Atipravriti*
- *Adhistan* – *Yoni*
- *Rogamarga* – *Abhyantara*
- *Sthanasamsraya* – *Yonimarga & Garbhashaya*

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

<i>Charaka</i> ⁷	<i>Vagbhata</i> ⁸	<i>Sushruta</i> ⁹
<i>Sleshmaja</i>	<i>Sleshmaja</i>	<i>Sleshmaja</i> <i>Atyananda</i> <i>Aticharana</i> <i>Acharana</i> <i>Karnini</i>

Lakshan**Sleshmaja yoni vyapad**

	<i>Charaka</i> ¹⁰	<i>Sushruta</i> ¹¹	<i>Vagbhata</i> ¹²	<i>Madhav Nidan</i> ¹³	<i>Bha. Prakash</i> ¹⁴
<i>Yoni picchilata</i>	+	+	+	+	+
<i>Shitalata</i>	+	+	+	+	+
<i>Kandu</i>	+	+	+	+	+
<i>Alpavedana yoni</i>	+	-	-	-	-
<i>Avedana yoni</i>	+	-	+	-	-
<i>Pandu varna srava</i>	+	-	+	+	+

Other 4 types of Kaphaja yoni vyapad

	<i>Atyananda</i>	<i>Aticharana</i>	<i>Acharana</i>	<i>Karnini</i>
<i>Sushruta</i> ¹⁵	woman suffers from this disease does not satisfied with coitus.	It is caused by excessive sexual act. Woman does not achieve conception.	Woman gets excited before coitus as well as much earlier than her husband.	<i>Kapha</i> and <i>Rakta</i> produces <i>Karnika</i> in yoni
<i>Charaka</i> ¹⁶	Not mentioned	<i>Sopha</i> (inflammation), <i>Supti</i> (numbness) & pain occur.	Non cleanliness of vagina produces <i>Krimi</i> which produces itching in yoni and due to this Woman feels excessive sexual desire.	Due to straining before starting of labour pain, <i>Vayu</i> is obstructed by foetus, along with <i>Kapha</i> and <i>Rakta</i> produces <i>Karnika</i> in <i>Yoni</i> .
<i>Vagbhata</i> ¹⁷	Followed <i>Charaka</i>	Followed <i>Charaka</i>	Followed <i>Charaka</i>	Followed <i>Charaka</i>
<i>Madhav nidan</i> ¹⁸	Followed <i>Sushruta</i>	Followed <i>Sushruta</i>	Followed <i>Sushruta</i>	Followed <i>Sushruta</i>
<i>B.P. & Y.R.</i> ¹⁹	Followed <i>Sushruta</i>	Followed <i>Sushruta</i>	Followed <i>Sushruta</i>	Followed <i>Sushruta</i>

According to Charak and Vagbhat, Due to consumption of *Abhisyandi* substances (*Kapha karak ahar*), *Kapha* gets vitiated and reaches yoni and produces sign and symptoms of *Kaphaja yoni vyapad*.

A detailed study and analysis of *Kaphaja yoni vyapad* shows that most of the sign and symptoms can be correlated with non specific vulvo vaginitis though the correlation of an Ayurvedic entity with modern entity is a difficult task.

Non specific vulvovaginitis

Vulvovaginitis due to foreign body, chemical (douches, deodorant, detergents), pessary, tampon, ill health can be included under the heading of Non Specific Vulvovaginitis. Again bacterial vaginosis is also called as non specific vaginitis²⁰.

Therapeutic agents

Packs & dressings of various kinds may be set in the Vagina after treatment. Packs as swabs are most commonly left after taking cervical biopsy. Instruments such as supporting pessaries can be retained for many years. Among primitive peoples ruts, seeds & plant leaves are put into Vagina for supposed Medicinal effect.

Contraceptive devices

These includes sponges, occlusive caps and even condoms which have slipped without the woman's knowledge during coitus.

Instruments for inducing abortion & labor**Articles inserted by the patient or entering accidentally²¹**

Under this heading all manner of household utensils are recorded like glass jars, serviette rings, tin cans and metal piping. Sticks can also be found sometimes embedded in the vagina. In these cases the patient is often mentally deranged or sexually perverted.

Children inserted toys, sweets, hairpins etc into the vagina and do so mainly out of curiosity. Accidental inclusions such as small stones and fragments of clothing are found in baby girls.

Articles of toilet and hygiene²²

Forgotten menstrual tampon, douche, nozzle have also been found in the vagina.

Vaginal calculus²³

Stone formation in the vagina is exception but under 2 conditions- in an accessory ureter or a

diverticulum of the urethra; or around a foreign body such as suture material or cotton wool.

Effects

- 1) The effect of any object varies with its nature and shape.
- 2) Articles made of rubber are very irritant, those made of inert materials such as plastic, porcelain & manmade fibers may cause little trouble. Cotton & woolen fabrics' quickly lead to local infection and a stinking discharge.
- 3) In all cases the prominent symptom is an offensive discharge which is often blood stained.

Vaginal burns²⁴

Causes

- 1) Douching with fluid of too high temperature.
- 2) Clumsiness and errors in using the electric cautery, diathermy, cryoprobe or laser.
- 3) Radium and deep X-Ray.
- 4) Chemicals burns result from an idiosyncrasy on the part of the patient to antiseptics and contraceptives; in the past, douching with too strong a solution of preparation containing cresols and phenols or the deliberate insertion of caustics.

Effects

The effects vary from relatively innocuous superficial burns to extensive lesions.

Vulvitis

Pyogenic infection

1) Infection of Abrasions & wounds

Local injuries or abrasions resulting from sanitary towels & tight under clothing, often impregnated with irritant detergents left from washing –are common sources of vulvar dermatitis. Excoriation of the skin can also be caused by vaginal discharge & by ammonia liberated by urea splitting organisms when the vulva is exposed to constant leakage of urine. All these lesions can become secondarily infected to cause local pain & tenderness. Treatment consists of rest, warm baths & removal of cause.

2) Intertrigo: Smegma concretions

Lack of cleanliness leads to a collection of irritating sebum & other secretions in the skin folds & secondary infection follows. The only treatment required is care over hygiene.

In attention to the skin in the area of the clitoris can result in the collection of a concretion of smegma resembling a small stone under the prepuce, this may have to be removed.

Infantile & senile vulvitis

When the vulvas epithelium is thin & inactive, as in childhood & old age, any of the organisms to which it is normally resistant can set up a simple vulvitis. This sometimes leads to labial adhesions. This type of vulvitis is often associated with vaginitis.

Vaginitis (vulvovaginitis) in infancy

(Aetiology & pathology)

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 such as *Candida albicans*, streptococcus, *Staphylococcus*, *Escherichia coli*, the 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 information is a foreign body inserted into the vagina by the child. The accidental entry of sand or shreds of clothing, especially from woollen pants, is another possibility.

Clinical features

The main symptom is a purulent discharge but the child may also complain of pain & 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 or excoriated, & 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 leterovaginal prolapse. Occasionally, severe & recurrent vaginitis with ulceration is caused by inflicted trauma, prompted possibly by sexual perversion or other psychological upsets. These cause 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 vaginosis²⁵

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

Pathology

Gardenerella 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, nonviscous, uniformly adherent vaginal discharge. The discharge may be profuse enough to be seen at the labia.²⁶

The characteristics of vaginal discharge are as follows according to Amsel's criteria:

- White, milky, nonviscous discharge adherent to the vaginal wall.
- pH should be >4.5
- presence of clue cells.
- Fishy odour when mixed with 10% KOH
- Increased number of gardenella 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 *kaphaja yoni vyapad* and nonspecific vulvovaginitis 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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