A GLIMPSE OF YONI VYAPAT IN RELATION TO VAGINITIS: A REVIEW

Hemavathi S.K1*, Anjaly M.V 2, Amritha M.R 3

1Professor, Department of Prasutitantra & Streeroga, Amrita School of Ayurveda, Vallikkavu, Clappana P. O, Kerala, India
2Assistant Professor, Department of Prasutitantra & Streeroga, Amrita School of Ayurveda, Vallikkavu, Clappana P. O, Kerala, India
3PG Scholar, Department of Prasutitantra & Streeroga, Amrita School of Ayurveda, Vallikkavu, Clappana P. O, Kerala, India

Received on: 15/06/17 Accepted on: 24/07/17

*Corresponding author
E-mail: heram4@gmail.com

DOI: 10.7897/2277-4343.084225

ABSTRACT

Vaginitis, is one of the common gynaecological complaints reported by women irrespective of their age and socio economic status. The common types of vaginal infections are vaginal candidiasis (CV), trichomoniasis (TV) and bacterial vaginosis (BV). In Ayurveda, diseases of female reproductive system are explained mainly under the heading of “yoni vyapat” Yoni vyapats characterized with abnormal vaginal discharge such as slashniki, paittiki, paripulta, upapulta etc can be considered to be as the explanation for vaginitis in Ayurveda classics. This article aims to present common types of vaginitis through the lens of Ayurveda, discussing the concepts of the disease explained in bhhatreyi.

Key words: Vaginitis, Bacterial vaginosis, Candidiasis, Trichomoniasis, Yoni vyapat

INTRODUCTION

Vaginitis is the inflammation of the vagina characterized as abnormal vaginal discharge, itching and pain. It is usually associated with an irritation or infection of vulva due to its close proximity to vagina. The acidic environment of vagina created by naturally occurring bacteria in the normal vaginal flora prevents infection. A healthy vagina produces normal secretion to cleanse and regulate itself, similar to how saliva cleanses and regulates the environment of the mouth. Any interference in the delicate balance of vaginal secretion sets up an environment conductive to infection. The most common causes of abnormal vaginal discharge are bacterial vaginosis, trichomonal vaginitis, candidial vaginitis with varying symptoms. At most care has to be taken for early diagnosis and proper management of this condition as there is a great possibility of recurrence of these infections which may lead to further complications like ascending infections, PID, menstrual irregularities, infertility, septicemia etc.

In Ayurveda classics, the physiological and pathological aspects of female reproductive system are explained under various prakaraṇas (chapters) like yoni vyapat, artavadvāṣi, garbhavākṛantiya, garbhiṇī viśājana and sūtikopakramaṇiya adhiyaya. The cardinal symptoms of vaginitis such as yoni srava (vaginal discharge), yoni kaṇḍu (itching), daurgandhiya (foul smell) are exclusively mentioned under yoni vyapat which includes some of the disorders like slaiṣmikī, paittiki, upapulta etc. All Acarya’s of bhhatreyi, had given detail description of yoni vyapat or gynaecological disorders.

Common types of vaginitis

The common types of vaginitis are bacterial vaginosis, vaginal candidiasis and vaginal trichomoniasis. This condition may present either as a single infection or mixed type of infection.

Bacterial Vaginosis

Bacterial vaginosis (BV) is termed as vaginosis rather than vaginitis, because it is associated with alteration in the normal vaginal flora rather than due to any specific infection1. Bacterial vaginosis is an extremely common health problem for women, characterized by an overgrowth of anaerobic bacteria and a reduction of lactobacilli particularly those producing hydrogen peroxide2. Even though bacterial vaginosis is not a sexually transmitted infection, it can be a sexually associated condition. The patients characteristically present with a homogenous greyish-white, non-viscous, malodorous, uniformly adherent vaginal discharge. The discharge may be profuse enough to be seen at the labia. Women with BV are at increased risk of both gynaecological and obstetrical complications like pelvic inflammatory disease, postoperative cuff infections, chorioamnionitis, post cesarean endometritis3, post abortion PID4. It also facilitates the acquisition of sexually transmitted diseases such as Neisseria gonorrhoea, HIV etc. The treatment of contemporary system includes antibiotics like metronidazole, clindamycin5 etc.

Vaginal Candidiasis

Vaginal candidiasis affects women of all age group and about 75% of women will experience at least one episode of candidiasis in their lifetime. This condition is called as vaginal thrush. The characteristic feature is curdy white discharge associated with intense vulvovaginal pruritus. The pruritus is out
of proportion to the discharge. There may be vulvar burning, erythematous vagina, dyspareunia and painful micturition due to local soreness. Discrete pustulo-papular peripheral lesions may be present. External dysuria or splash dysuria may occur when inflamed vulvar and vestibular epithelium is exposed to urine. Its management can be done by correcting the predisposing factors. The commonly used fungicidal preparations are clotrimazole, fluconazole, nystatin, and miconazole.

Vaginal Trichomoniasis

Vaginal trichomoniasis is caused by a sexually transmitted protozoan, “Trichomonas vaginalis”. STIs present a major burden of disease and negatively affect people’s well-being across the globe. Such patients are characterized with sudden profuse and offensive vaginal discharge with irritation and itching within and around the introitus often dating from the last menstruation. Small punctate hemorrhagic spots may also occur on the vaginal and cervical mucosa which is referred as strawberry like appearance along with dysuria. Women who are infected during pregnancy are predisposed to premature rupture of the placental membranes, premature labor, and low-birthweight infants. There is also chances of cervical cancer, pelvic inflammatory disease and infertility. The management includes prevention of causative factors, hygiene of undergarments and cleanliness of bath towel. Its treatment includes metronidazole, tinidazole administration which can be prescribed for both the partners.

Contexts of yoni vyapat in Bṛhatārya

In Caraka samhita cikita sthana, after vatavaydhi cikita and vatarakta cikita chapters, yoni vyapat cikita is explained. Cakrapāṇi clarified that, as yoni vyapat is vatakṛta, its cikita (treatment) is explained after that of vatarakta. The female reproductive system is situated in vata sthana (location of vata), involvement of vata doṣa in the manifestation of yoni roga has to be considered. Therefore, vata kopa karaṇa can also be considered as nidana (etiological factors) for yoni roga. In Susruta samhita, yoni vyapat pratisedha chapter is explained after grahotappati chapter in uttaratnāstra. In the beginning of, yoni vyapat pratisedha adhyaya, Daśaṅga commented that, kumara jānnavikara karaṇa (complications seen during labour) also cause yoni vyapat. This indicates that any complication during labour such as delayed labour or difficult labour or instrumental delivery etc may lead to yoni vyapat. Aṣṭāṅga Ṛṛdayaṅka explains yoni vyapat in ghuṣa roga viḍāniḥ (chapter dealing with the diseases of female genitalia), after kṣudrāroga viḍāniḥ and kṣudrāroga pratisedha chapters which deals with some minor diseases in uttaratnāstra. This shows the relationship between these two categories of roga for eg, kṣudrāroga (minor diseases) like jatunāṇi, avapadikā etc may cause yoni roga in female partners.

In Ayurveda perspective, vaginitis can be understood with the explanations of some of the yoni vyapat. Acarya Susruta and Acarya Caraka contributed yoni roga pratisedha adhyaya for female reproductive system diseases, whereas Acarya Vagbhata explained yoniroga in two chapters as yoniroga viḍāniḥ and yoniroga pratisedha along with ghuṣa roga explanation in uttaratnāstra.

Samanya nidana of yoni vyapat (Etiological factors)

Mithyacara - is found to be the most common nidana in the present era includes both mithyāhara and vihara. Mithyāhara or improper diet habits like excessive food intake, junk foods, red meat are explained in Ayurvedic classics as adhyāsana
Acarana or Vipluta - is a condition due to the krimi (microbes) formation resulting from yoni adhāvana (non-cleanliness of vulva and vagina) leading to kaṇḍu (itching) in vagina\textsuperscript{20, 21}. But Susruta opined that in acarana, the woman gets hyper excited even before the coitus, as well as much earlier than the husband along with other features of kapha vitiation such as unctuousness and itching etc.\textsuperscript{22}

Atyananda – is another condition in which the woman does not get satisfied with coitus; along with other kapha symptoms like unctuousness and itching etc.\textsuperscript{21}

Aticaraṇa – According to Acarya Caraka & Vagbhata, it is characterized with shopha (inflammation), supī (numbness) & ruja (tenderness) due to ativyaya (excessive sexual act) while Acarya Susruta has clearly indicated inability to conceive along with shleshmaja clinical features like unctuousness and itching.\textsuperscript{24}

Upapluta – is a condition characterised with whitish mucoid discharge along with other vataja and kapha symptoms of sveta pandu srava (white discharge) along with toda (pricking pain). Caraka highlights the involvement of garbhini charya (ante natal dietetics and regimens) whereas Vagbhata didn’t specify that.\textsuperscript{25}

Paripluta - Caraka and Vagbhata explained that, when a pitta prakriti woman withholds her vega (natural urges) of kṣavadhū (sneezing) or udgūra (belching) during coitus, then pitta gets vitiated and mixes with vāyu reaches the yoni and produces its abnormalities like neela peeta srava (bluish or yellowish discharge), shoṣāna (numbness), sparshasahaṃta (tenderness) along with other systemic symptoms like jwara (fever), atisara (diarrhoea), aruchi (anorexia) etc.\textsuperscript{26, 27} While Susruta mentioned this condition with severe dyspareunia (gramyadharmē ruja), along with other types of anīla vedana (vataja symptoms).

Prasramśini - Susruta has said that prasramśini is the condition characterised with excessive vaginal discharge (syandate) or its displacement (kṣobha) along with other ushnadahādi features of pitta.\textsuperscript{27} This condition can be considered as the vaginal inflammation due to the prolapse of reproductive organs.

Comparison of symptoms of yoni vyapat and vaginitis

Table 1: Comparison of symptoms of yoni vyapat and vaginitis

<table>
<thead>
<tr>
<th>Clinical Features</th>
<th>Paṭṭikī</th>
<th>Ślaṃsika</th>
<th>Upapluta</th>
<th>Paṭipha Ta</th>
<th>Viploha</th>
<th>Acarana</th>
<th>Atyananda</th>
<th>Aticaraṇa</th>
<th>Prasramśini</th>
</tr>
</thead>
<tbody>
<tr>
<td>CV</td>
<td>-</td>
<td>Sveta</td>
<td>pāṇḍu</td>
<td>sveta</td>
<td>-</td>
<td>Sveta</td>
<td>Sveta</td>
<td>Sveta</td>
<td>-</td>
</tr>
<tr>
<td>Consistency-thick</td>
<td>-</td>
<td>Puchilata</td>
<td>Puchilata</td>
<td>Puchilata</td>
<td>-</td>
<td>Puchilata</td>
<td>Puchilata</td>
<td>Puchilata</td>
<td>-</td>
</tr>
<tr>
<td>Puriṣritis</td>
<td>-</td>
<td>kandu</td>
<td>kandu</td>
<td>kandu</td>
<td>kandu</td>
<td>kandu</td>
<td>kandu</td>
<td>kandu</td>
<td>-</td>
</tr>
<tr>
<td>Dyspareunia</td>
<td>Alpavedana</td>
<td>Toda</td>
<td>sparsasaha, arti</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Ruja</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>BV</td>
<td>Pita</td>
<td>Pita</td>
<td>pūtigandha</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Visragandha</td>
<td>-</td>
</tr>
<tr>
<td>Odour</td>
<td>pūtigandha</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>TV</td>
<td>Neela, Pita</td>
<td>-</td>
<td>Neela, Pita</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Pita</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Consistency-thin</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Puriṣritis</td>
<td>-</td>
<td>kandu</td>
<td>kandu</td>
<td>kandu</td>
<td>kandu</td>
<td>kandu</td>
<td>kandu</td>
<td>kandu</td>
<td>-</td>
</tr>
<tr>
<td>Odour</td>
<td>pūtigandha</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Dyspareunia</td>
<td>Alpa vedana</td>
<td>Toda</td>
<td>sparsasaha, arti</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Ruja</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

Chikitsa (Treatment)

According to acarya’s, vata is the main doṣa responsible in causation of all yoni roga, especially because of the vata sthana of reproductive system\textsuperscript{28}. So chikitsa sutra (treatment principle) of any yoni vyapat should be associated with vata samana (pacifying) therapies. Hence, here snehāna (unction), svedana (fomentation) along with nṛdu sodhana (purification with less potent drugs)\textsuperscript{29} should be followed, as teekshṇa sodhana (purification with more potent drugs) is contraindicated in bīḍa (children), vṛidhā (old age) and sukumāra (those who are delicate in nature). Then śhānīka chikitsa (local treatment) in yoni like parisekha (irrigation), pichu (medicated tampon), pralepana (anointment), abhyanga (massage), uttaravāsthi (medicine instillation through vagina or cervix) are indicated on the basis of involvement of doṣa. While treating yoniroga, the treatments prescribed for shukra doṣa (seminal morbidities) and artavaḍōṣa (menstrual disorders), stana roga (breast disorders), kālabīya (impotency), mudha garbhā (obstructed labour), garbhī roga and paricharya (ante natal disorders), dushphrājita roga (disorders due to difficult labour or obstructed labour) has to be adopted according to the condition.

Pathyā- Apathyā (Do’s and Don’t’s)

According to Acarya Susruta, women suffering from yoniroga have to use sura, asava, arishta (medicinal preparations) depending upon the predominance of doṣa along with kṣēra (milk) or māṁsaraśa (meat soup)\textsuperscript{30}. Ashtanga Hridaya has indicated specific pathyā for yoniroga such as yava anna, abhayarishṭam, seedhū, taila, pippali, ayoraja along with ksoudra (honey)\textsuperscript{31}. Lusana (garlic) which is explained as rasāyana (rejuvenation therapy) by Acarya Kasyapa can also be considered as pathyā\textsuperscript{32}. As vata is the most responsible factor for all yoniroga, vata vṛidhiḥkāra ahara viharā (diet and regimens causing increase of vata) including māṇisika bhavas (mental factors) can also be considered as apathyā. Acarya Kasyapa, contraindicated manda (supernatant water of rice gruel) for women suffering from yoniroga (gynaecological disorders).

Upādāra (Complications)

The complications or upādāra of yonī vyapat are explained in the classics. Acarya Vagbhata also specified that vishudha yoni (unimpaired female reproductive system) is essential for proper garbhā dhāranā (conception and its maintenance)\textsuperscript{33}. Hence yoni
of the women afflicted with doṣa, does not retain sukra (sperm) and becomes infertile. She may also get affected with gulgā (enlargement or growth in abdominal or pelvic region), arsa (haemorrhoids), āsṛgāra (menorrhagia) and other vataja disorders. Indu commentary added stambha (stiffness) and shoolā (pain) to aniladi vedaṇa (vataja symptoms). Acarya Caraka also given the similar explanations of Acarya Vāgbhata except stambha (stiffness) and shoolā (pain).

**DISCUSSION**

The explanations similar to vaginitis available in the context of yoni vyapāt in Ayurvedic literature were compared and analysed. It was found that, candidiasis shows close resemblance with ślaṣṭhimikī, upapluta, aticāraṇa, acaṇaṇa, vipluta, and atṛyāṇanda. All the clinical features of candidiasis are satisfied by ślaṣṭhimikī, upapluta, aticāraṇa whereas in acaṇaṇa and atṛyāṇanda the features except dūspaṇeṇa are present. The condition vipluta can also be considered similar to vaginal candidiasis with symptoms like itching and dūspaṇeṇa, explained as kaṇḍū (itching) and anīla vedaṇa (vataja symptoms). The features of bacterial vaginosis such as colour of discharge and offensive smell is found to be similar with the lakṣana (symptoms) of paṭitikī, paripluta and prasramsini yoni vyapāt. Even though the features of trichomoniasis are available under different yoni vyapāt none of them satisfy all those symptoms to make an exact correlation. The offensive yellowish discharge of trichomoniasis are seen in paṭitikī, paripluta and prasramsini whereas its thin frothy discharge is a clinical feature present only in vāṭiki. Other main symptoms of trichomonal vaginitis such as dūspaṇeṇa and itching are present in ślaṣṭhimikī, upapluta, paripluta, vipluta and aticāraṇa whereas in acaṇaṇa and atṛyāṇanda itching only is present. The symptoms of candidiasis and trichomoniasis having more resemblance with that of kapha pradhāna (kapha predominant) yoni vyapāt whereas pittā pradhāna (pitta predominant) ones resemble bacterial vaginosis.

The paṭitikī condition can be considered as the acute pyogenic vaginal infections in post abortion and post-operative period after vaginal operations, presenting with per vaginal purulent discharge associated with fever. This may also lead to ascending infection affecting endometrium, salpinx, and ovary with signs and symptoms like tenderness, fever and diarrhoea which is explained in ayurvedic classics as paripluta. As main clinical feature of ślaṣṭhimikī is itching, in general it can be considered as vaginal candidiasis or trichomoniasis. In its early stage there may not be any local pain, but on chronicity due to inflammation, painful symptoms may also occur which is explained by aĉārīya as avenada (without pain) or alpavedana (low grade pain). This kaphaḥ yoniyapāt if not managed properly, may progress as karnī yoni vyapāt with the involvement of vata and rākta which is the cervical erosion or CIN with per vaginal discharge. Due to unhygienic practices or intense sexual desire, lower genital tract may easily get infected by pathological microbes leading to per vaginal discharge and itching which is explained under vipluta and acaṇaṇa yoniyapāt. Hypermicroemia and inflammation of vagina occurring due to excessive sexual act, leading to infertility is explained as aticāraṇa. Reduced immunity in conditions like hypo estrogenic state, genetic abnormality and chromosomal abnormality leading to vaginal dryness and infection can be explained under the concept of bejeja dushti. In the similar way PCOS like metabolic disorders also disturbs the vaginal pH leading to infection.

STD’s like trichomonal infection or venereal diseases like upadamsa (gonorrhoea) of male partner leading to infections in female partner may be the concept explained in the context of guhayaroga and kudsaroga. Upapluta mentioned especially for pregnant ladies by acarya Caraka can be considered as vaginal infections during pregnancy. The infections in lower genital tract after instrumental delivery or obstructed labour etc can be considered as the kumaraṃjanma vikara janya yoniroga. The congestion or irritation of vaginal mucosa leading to infection in conditions of uterine prolapse, cystocele and rectocele can be considered as the conditions of prasramsini/ andini/ phalini characterised with per vaginal discharge. Ulceration seen in above said conditions is explained as mahati, one of the sannipataja yoni vyapāt for which sastra karma (surgical procedures) is indicated.

**CONCLUSION**

Yoni vyapāt are classified as ekadoshaja (involvement of any single doṣa), dividoshaja (involvement of two dosas) and tridoshaja (involvement of three dosas) in Caraka samhita and Ashtanga Hridaya whereas Susruta samhita explained ekadoshaja and tridoshaja only. Krimija yoni vyapāt is the concept which is explained only by Vāgbhata. It is seen that the same yoni vyapāt explained differently by different samhita represents the chronicity of a single condition. Hence rather than going with description of a single samhita, analyzing the explanations in all Samhitas will help us to understand the pathogenesis of vaginitis in detail. In all the bhātreyi, references about specific yoni vyapāt chikitsa followed with description of symptomatic management like yoni sava chikitsa, paichīya hara chikitsa, dourgandhiya hara chikitsa are available, which can be implemented according to the chronicity of the above said yoni vyapāts.

**REFERENCES**