



Review Article

COMPREHENSIVE REVIEW OF KAPHAJA YONIVYAPATH: ETIOLOGY, DIAGNOSIS AND MANAGEMENT STRATEGIES

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ABSTRACT

A family's health is guaranteed by a healthy woman. Ayurveda and contemporary medicine have both discussed the idea of a healthy yoni at various stages of a woman's life, from adolescence to menopause. These days, vaginal infections are a major concern for people of all ages and socioeconomic backgrounds. Because women have a special role of giving birth, gynecological illnesses have gained enormous relevance in the medical field. The majority of gynecological problems are included under the word "Yonivyapad," which is used in Ayurveda to refer to women's health care. Among 20 Yoni Vyapath's Kaphaja yonivyapath is the one which is due to vitiation of Kapha, this vitiated Kapha reaches the Yoni Pradesha causes signs and symptoms like *Kandu, Picchila Srava* and *Alpa Vedana* as well as *Sthanika* and *Sarvadaihika Kapha Prakopa Laxana*. The treatment of Kaphaja Yonivyapath explained in classic as *Kapha hara Dravyas* and *Shodhana Chikitsa* mainly *Vamana* is indicated. This can be correlated with vulvovaginitis which is caused due to bacterial vaginosis, moniliasis and trichomans vaginalis. In this review an attempt has been made in this work to provide a conceptual analysis that covers nearly all of the *Nidana, Samprapti* and *Chikitsa* of *Kaphaja Yoni Vyapad* according to both Ayurveda and modern.

INTRODUCTION

In fact, within the last several decades, humans have reached the peak of contemporary technology. But any community's measure of wealth and contentment is still determined only by its materialistic progress and health index. Furthermore, the health index of women in a community determines the community's total health index. Thus, more care needs to be given in order to preserve femininity.

Health problems are difficult to manage, and they can get complicated because of a variety of things, including ignorance, negligence, and poverty. This is more pertinent to problems that women face. Due to a combination of factors including fear, illiteracy and misinformation, and a lack of familial support, Indian women tend to hide their health difficulties.

Several Acharyas have detailed 20 *Yonirogas (Vimshati Yonivyapad)* in the Ayurveda *Samhitas*. One of these is *Kaphaj Yonivyapad*, accompanied by *Yonigata Shweta Srava, Yonikandu,* and *Yonivedana* as *Pradhan Lakshan*. Neglecting it might result in infections that worsen overall health and mentally distressed women.

As the *Stree* is *Mula* of reproduction, her health is of prime importance and responsibility, which leads to best *Gruhasthashrama*. Due to change in lifestyle, modern food habits, junk foods, etc. she is unable to follow the rules of *Dincharaya, Rutucharya, Rajaswala, Rutumati, Sutika paricharya* and also *Garbhini paricharya* which are explained by *Acharya* for health of women. Inability to follow these *Charya*, she becomes more prone to various *Yoniroga*, one of which is *Kaphaj Yonivyapad*

In developing countries, a significant public health concern for women of reproductive age is reproductive tract infection. Female vaginal region is generally wet, which creates a medium for bacterial development and infection.

The most frequent infection that is observed is vaginal candidiasis, which manifests as itchy vagina

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and curdy white discharge. It is a yeast infection of the vagina brought on by the fungus *Candida albicans*. Given that vaginal candidiasis and *Kaphaja yonivyapad* share certain clinical characteristics, there is some room for comparison between the two conditions. Broad range antifungal medications are used in conjunction with topical azole drug administration to treat vaginal candidiasis^[1].

In India, the estimated prevalence of vaginal candidiasis is 30%. For vaginal candidiasis, the majority of antifungal regimen therapies are accessible, but there is a risk of side effects and recurrences. Therefore, choosing the right course of

action without interfering with other systems and resolving the shortcomings of current treatment are crucial^[2].

AIMS AND OBJECTIVES

1. To learn about *Kaphaj Yoni Vyapad's* literary critique.
2. To investigate the current aspects of the etiopathogenesis of *Kaphaj Yonivyapad*.

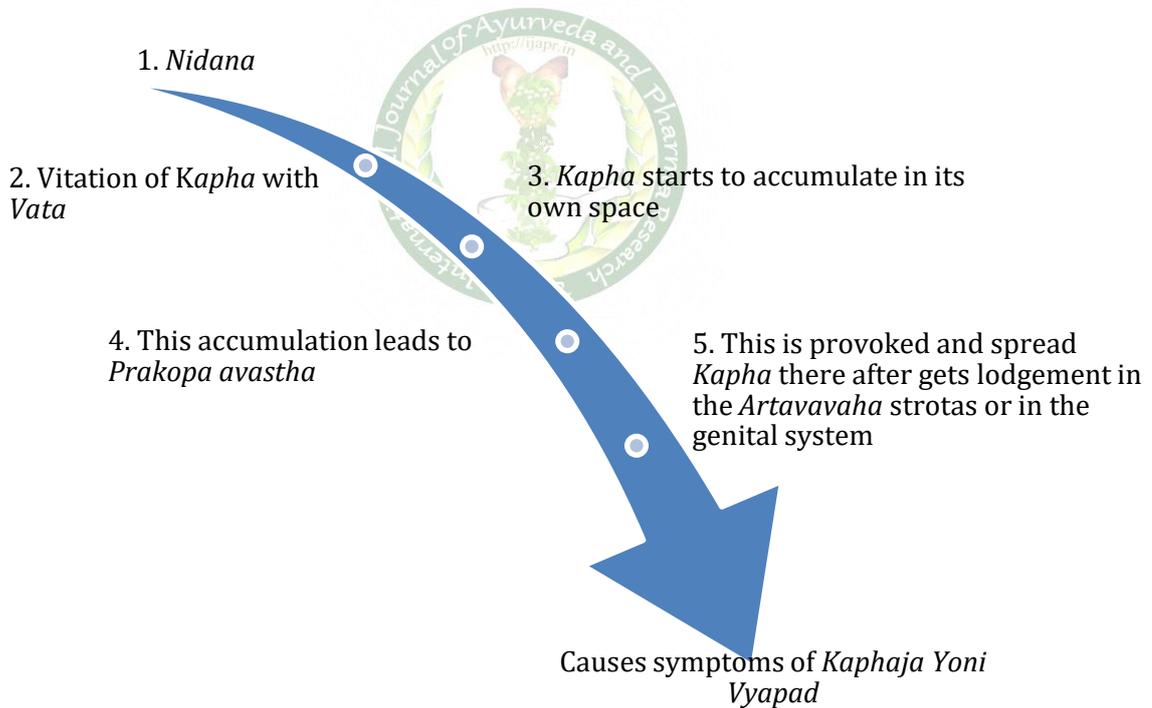
MATERIALS AND METHODS

After carefully going over every accessible Ayurvedic classic and contemporary literature, this conceptual analysis was created.

Nidana of Kaphaja yoni vyapath

<i>Charaka</i> ^[3]	<i>Mithyachar, Pradushta Artava, Bijadosha, Daivakopa</i>
<i>Sushruta</i> ^[4]	<i>Mithyachar, Pradushta Artava, Bijadosha, Daivakopa, Pravridha linga purush atisevana</i>
<i>Vagbhata</i> ^[5]	<i>Dushtabhojan, Bisamangasayan bhrisa maithun sevan, Dushta Artava, Daivata, Bijadosha, Apadrayva prayog</i>

Samprapti ^[6]



Samprapti ghatak

- *Dosha- Vata + Kapha*
- *Dushya- Rasa, Rakta, Mamsa*
- *Strosa- Rasavaha, Artavaha, Raktavhaha*
- *Strotodushtilakshan- Atipravriti*
- *Adhistan- Yoni*
- *Rogamarga- Abhyantara*
- *Sthanasamsraya- Yonimarga & Garbhashaya*

Types of Kaphaja yonivyapad according to different Acharya

Charaka ^[7]	Susruta ^[8]	Vagbhata ^[9]
Slehsma	Sleshmaja, Karnini, Acharana Aticharna, Atyananda	Slehsma

Lakshana of sleshmaja yonivyapad

Laxana	Charaka^[10]	Susrutha^[11]	Vagbhata^[12]
Pandu varna strava	+	-	+
Yoni Avedana	+	-	+
Kandu	+	+	+
Alpavedana	+	-	-
Shitalta	+	+	+
Yoni Pichilta	+	+	+

Other 4 types of Kaphaja yonivyapad

Type	Charaka ^[13]	Sushruta ^[14]	Vagbhata ^[15]
Atyananda	Not specified	Women do not satisfy with coitus	Followed Charaka
Aticharana	Inflammation, numbness	It is caused by excessive sexual act, women does not achieve conception	Followed Charaka
Acharana	Non-cleanliness of vagina produces <i>Krimi</i> which produces itching in yoni which produces excessive sexual desire	A woman gets excited before coitus and husband	Followed Charaka
Karnini	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>Karnini</i> in <i>Yoni</i>	<i>Kapha</i> and <i>Rakta</i> produces <i>Karnini</i> in <i>Yoni</i>	Followed Charaka

Charak and Vagbhat state that when *Abhishyandi* substances are used, the *Kapha* is vitiated, reaches yoni, and manifests as *Kaphaja Yoni vyapad*. The majority of the signs and symptoms of *Kaphaja Yonivyapad* can be linked to non-specific vulvo vaginitis, according to a thorough investigation and analysis. However, it can be challenging to correlate an Ayurvedic entity with a contemporary entity.

Non-specific Vulvovaginitis^[16]

The inflammatory alterations in the vaginal and vulval epithelium that result from a candida species infection produce candidal vulvovaginitis. Non-specific vaginitis includes vaginal varicella caused by foreign bodies, chemicals, parasites, tampons, and illnesses.

Recurrent vaginal infections are caused by an altered vaginal defense system as a result of oestrogen insufficiency and the effects of other systemic illnesses such as diabetes mellitus. According to modern theories, vaginal discharge during physiology is neither repulsive, irritating, nor purulent.

Bacterial Vaginosis

Gardenerella vaginalis, commonly known as bacterial vaginosis (non-specific vaginitis), is blamed for a large number of vaginal infections.

Pathology

The most often linked bacterium to bacterial vaginosis is *Gardenerella vaginalis*. This tiny, pleomorphic coccobacillus is observed adhering to an epithelial clue cell in a smear of vaginal exudates or discharge. When stained, it may be gram variable. It has a varied incubation time and is not sexually transmitted. Most patients report vaginal discharge without itching, while around 50% of women are asymptomatic carriers of infection. Since bacterial vaginosis is not caused by a particular illness but rather by a change in the normal vaginal flora, it is referred to as vaginosis rather than vaginitis. The amount of lactobacilli in vaginal discharge is significantly diseased, and the growth of their anaerobic bacteria has increased by a factor of 100. Since lactobacilli emit H_2O_2 that is poisonous to other bacteria and lower pH, their population declines promote the growth of both aerobic and anaerobic bacteria.

Clinical Features

The patient often presents with a uniformly adherent, white, non-viscous vaginal discharge that is homogeneous. Usually, the discharge is noticeable at labia because to its profuseness.

According to AMSEL's criteria

- pH should be more than 4.5
- Presence of clue cells
- Fishy odour when mixed with 10% KOH
- White, milky, non-viscous discharge on vaginal wall
- Increased number of gardenella vaginalis and other organism and decreased lactobacilli and leucocytes.
- Gram negative strain is additional strain
- Bacterial vaginosis is diagnosed when at least 3 of above are present.

Management of Kaphaja yoni vyapad^[17]

- **Abhyantara prayoga:** Agni deepan and Amapachan dravyas- To correct the Mandagni
1. Chitrakadii vati 2. Panchakola phanta 3. Gomutra 4. Hareetaki 5. Mustachurna 6. Amalaki
- **Vamana:** As a Shleshmaharachikitsa
- **Sadyovaman:** Administration of Vamana by hot water and Madanphala mixed with Pippali, Kalinga or Madhuka.
- **Basti:** To gain Ruksha guna and remove excessive chala guna.
- **Vatanuloman:** Katupradhan dravyas

Types of all oral Medication Drugs

Churna- Pushyanuga churna, Amalaki Churna

Kashaya- Madhu snuhi kashaya, Aragwadhadhi kashay, Musalikhadiradi kashaya.

Vati- Chandra prabhavati, Pradaraantak ras, Arogyavardhini vati, Asavalodrasava, Gandhaka rasayana, Nimbadi guggulu.

Bhasma- Pipalli, lohabhasma, Haritaki with Madhu, Tankana bhasma.

Bahyaprayoga

Sthanik chikitsa

To maintain the pH and to bring Rukshaguna in vagina.

1. Kashaya prakarana- Prakshalana with Panchavalkala kwatha, Nimba kwatha, Triphala kwatha, and also can be done with Takra, Gomutra, Sukta to cure the morbid vaginal discharges.
2. Kalka- Trivrut kalka dharana
3. Varti dharana- Arkadivarti, Pippalyadi varti, Varaha pitta bhavita varti.
4. Pichu dharana- Udumbara taila pichu, Udumbaradugdha, Dhatakyadi taila, Mushikataila, Jatyadi taila.

Pathya apanya

Pathya- Ruksha, Ushna Ahara, Kaphahara taila, Sidhu and Arishta, Saindhava lavana, Yava anna, Abhayaarishtam, pippali, Lasuna which is explained as Rasayan by Acharya Kashyapa.

Apanya- As per Acharya Kasyapa, Manda is contraindicated to women suffering from Yoni rogas, Vata is the most responsible factor for all Yoniroga, Vatavriddhikara vihar, including Manasika bhavas can also be considered as Apanya.

DISCUSSION

We analysed and examined the explanations of vaginitis that were found in the Yoni Vyapat in Ayurvedic literature. It was discovered that candidiasis and Shlaishmiki are quite similar. Shlaishmiki satisfies every clinical characteristic associated with candidiasis. The symptoms of trichomonas and candidiasis are more similar to those of Kaphapradhan yoni vyapad.

Itching is the primary clinical characteristic of Shlaishmiki, and it is generally thought to be a form of vaginal candidiasis. If left untreated, Kaphaj Yonivyapad can worsen and develop into Karnini Yonivyapad. This is because Vata can play a role in Rakta, which is cervical erosion or CIN with PV discharge; decreased immunity in situations like hypoemesis; and genetic and chromosomal abnormalities can cause vaginal dryness and infection below the Beejadushti.

CONCLUSION

As the second most prevalent cause of vaginal symptoms, vulvovaginitis is identified in up to 40% of women seeking primary care. In the Charak Samhita and Ashtanga, Yonivyapad are categorised as Ekadoshaja, Dvidoshaj, and Tridoshaj; however, Sushruta Samhita only clarified Ekadoshaja and Tridoshaja. Therefore, examining the explanations in each Samhita rather than just one will enable us to have a thorough understanding of the pathophysiology of vaginitis. Among women who are of reproductive age, one of the most prevalent conditions is Kaphaja Yonivyapat. According to Ayurveda, maintaining good hygiene, eating the right diet at the right time, and exercising frequently can all help to sustain reproductive health. Nidana Parivarjana, Agnideepan, Amapachan, Vatanuloman, and Sthanika Dosha Nirharana should all be included in the treatment.

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