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MANAGEMENT OF KAPHAJA YONI VYAPAD THROUGH STHANIKA CHIKITSA: A CASE REPORT

Dr Tanuja M P[1], Dr Deepashree H P[2]

1. Professor, 2. Associate Professor,

Department of Prasuti Tantra and Stree Roga,

Rajeev institute of ayurvedic medical science and research Centre, Hassan Karnataka

Abstract : *Yoni Vyapad* encompasses a spectrum of gynecological disorders described in Ayurveda. *Kaphaja Yoni Vyapad* is typically associated with excessive vaginal discharge, itching, and unpleasant odor due to *Kapha* predominance. A 30-year-old female presented with complaints of persistent white discharge per vagina for 3 years, with worsening over the past 6 months, accompanied by itching and foul smell. The patient was managed exclusively with *Sthanika Chikitsa*, comprising *Dashamoola Kashaya Parisheka* followed by local application of *Panchavalkala* and *Triphala Choorna* mixed with *Narikela Taila* for 10 days. Notable improvement was observed, including reduction in discharge, complete relief from itching, and disappearance of foul smell. The case highlights the potential of *Sthanika Chikitsa* as an effective and safe standalone modality in the management of *Kaphaja Yoni Vyapad*.

***IndexTerms* - :** *Kaphaja Yoni Vyapad, Sthanika Chikitsa, Parisheka, Panchavalkala, Triphala, Narikela Taila,* Vaginal discharge.

INTRODUCTION

Ayurvedic literature describes *Yoni Vyapad* as a group of disorders affecting the female reproductive system, arising from vitiation of Doshas [1]. Among these, *Kaphaja Yoni Vyapad* is characterized by features such as thick, mucoid vaginal discharge (*Picchila* Srava), itching (*Kandu*), and foul odor (*Durgandha*), reflecting the dominance of Kapha Dosha [1,3]. These manifestations show clinical resemblance to conditions like leucorrhoea and certain vaginal infections described in contemporary medicine.

Classical texts emphasize the role of *Sthanika Chikitsa* (localized therapeutic measures) in managing *Yoni Vyapad*, as it allows direct action at the site of pathology [2]. Procedures such as *Parisheka* (therapeutic irrigation) and *Lepa* (topical application) are indicated for cleansing, reducing excessive moisture (*Kleda*), and restoring the physiological balance of the vaginal environment [2,3]. Considering these principles, the present case explores the effectiveness of localized Ayurvedic interventions in the management of *Kaphaja Yoni Vyapad*.

Case Report

A 30-year-old female attended the outpatient department with complaints of persistent white vaginal discharge for the past 3 years. The symptoms had intensified over the preceding 6 months. The discharge was associated with curdy white discharge, pruritus and an unpleasant odor, causing considerable discomfort, which used get aggravates immediately after menstrual cycle and reduced few days before the menstruation cycle. Based on the characteristic clinical presentation, the condition was diagnosed as *Kaphaja Yoni Vyapad*.

Menstrual history:
Menarche: At 12 years
Duration: 2-3 days
Interval: 28-32 Days (Regular)
Number of pads: 3-4 /day
Amount of bleeding: Normal flow
Associate symptoms: Mild lower back ache

Personal details:
Appetite: Good
Bowels: Regular
Maturation: Regular and normal
Sleep: Disturbed sleep

On examination:
Weight: 52 Kgs
Height: 154 cms
BMI: 21.9 (Normal weight)

Local examination (P/S): Cervix and vagina- Congested, Curdy White discharge, Foul Smell

Intervention (Treatment Protocol): The treatment was planned using only *Sthanika Chikitsa* for a duration of 10 days. Initially, *Dashamoola Kashaya Parisheka* was administered using a lukewarm decoction to irrigate the vaginal area. This procedure was intended to facilitate local cleansing and reduce *Kapha* involvement. Following *Parisheka*, a *Lepa* **(topical application)** was applied locally. The formulation consisted of *Panchavalkala Choorna* and *Triphala Choorna* mixed with *Narikela Taila* to form a paste, which was gently applied over the affected area. The entire procedure was carried out daily for 10 consecutive days.

RESULTS AND DISCUSSION

The patient was evaluated before and after completion of 10 days of *Sthanika Chikitsa* based on subjective clinical parameters, including vaginal discharge, itching (*Kandu*), and foul smell (*Durgandha*). At baseline, the patient presented with profuse, thick, whitish vaginal discharge associated with persistent itching and marked offensive odor, indicating *Kapha* predominance. Following the intervention, a progressive and consistent improvement was observed in all symptoms.

By the end of the treatment period, the **quantity of vaginal discharge was significantly reduced**, with a noticeable change in consistency from thick and mucoid to minimal and near physiological. The **itching, which was initially severe and continuous, was completely relieved**, indicating effective reduction of local irritation and *Kleda*. The **foul smell associated with the discharge was entirely absent**, suggesting successful control of local microbial activity and restoration of normal vaginal environment. Symptomatic improvement was observed gradually over the course of therapy, with early reduction in itching followed by decline in discharge and elimination of odor. The patient also reported a subjective sense of cleanliness and comfort in the genital region.

No adverse reactions, irritation, or discomfort related to the treatment procedures were reported during the course of therapy. The treatment was well tolerated, and patient compliance remained satisfactory throughout the duration. Overall, the intervention resulted in **marked clinical improvement**, with restoration of near-normal vaginal condition. The findings indicate that *Sthanika Chikitsa* alone can effectively manage the clinical manifestations of *Kaphaja Yoni Vyapad* in this case.

Discussion: *Kaphaja* Yoni Vyapad is understood as a condition resulting from the aggravation of *Kapha Dosha*, leading to excessive secretion, increased moisture, and associated symptoms such as itching and foul odor [1,3]. In chronic cases, prolonged Dosha vitiation contributes to local tissue changes and persistent symptoms, as observed in the present case. The therapeutic approach in this study was centered on *Sthanika Chikitsa*, which is specifically indicated for disorders localized to the Yoni. By directly targeting the affected area, this method facilitates removal of vitiated Doshas and restoration of local physiological balance [2].

The use of *Dashamoola Kashaya* for *Parisheka* aided in cleansing the vaginal canal and reducing inflammatory changes. Its known *Vata-Kapha* pacifying properties likely contributed to alleviating irritation and preparing the tissue for subsequent interventions. The application of *Panchavalkala Choorna* provided an astringent effect, which is beneficial in reducing excessive discharge and promoting tissue firmness. *Triphala Choorna*, recognized for its antimicrobial and healing properties, may have helped in controlling local infection and enhancing mucosal repair. *Narikela Taila*, owing to its Sheeta (cooling), Snigdha (unctuous), and Pittashamaka properties, likely contributed to soothing local irritation, reducing burning sensation (if present), and supporting tissue healing. It also acts as a suitable medium for drug delivery, facilitating better

local absorption [4]. The overall clinical improvement observed in this case can be attributed to the combined effects of *Kapha* pacification, reduction of local moisture (*Kleda Shoshana*), and promotion of tissue healing (*Vranaropana*). From a modern perspective, these effects may correspond to antimicrobial activity, anti-inflammatory action, and restoration of the normal vaginal environment. This case underscores the utility of localized Ayurvedic interventions as a standalone treatment strategy in selected cases of vaginal disorders. The approach is simple, economical, and associated with minimal risk. Nevertheless, further clinical studies involving larger sample sizes are required to substantiate these findings and establish standardized treatment protocols.

Conclusion: This case report demonstrates that *Sthanika Chikitsa* can serve as an effective and safe standalone therapeutic approach in the management of *Kaphaja Yoni Vyapad*. The localized interventions, including *Dashamoola Kashaya Parisheka* and the application of *Panchavalkala* and *Triphala Choorna* with *Narikela Taila*, resulted in significant relief from vaginal discharge, itching, and foul odor within a short duration. The treatment not only addressed the symptomatic manifestations but also contributed to restoring the local physiological balance of the vaginal environment. The absence of adverse effects and good patient compliance further highlight the practicality and acceptability of this approach. This study underscores the potential of classical Ayurvedic local therapies in managing gynecological conditions effectively. However, larger-scale clinical studies are warranted to validate these findings and establish standardized treatment protocols.

References

1. Agnivesha. Charaka Samhita, Chikitsa Sthana, Yonivyapad Chikitsa Adhyaya. Varanasi: Chaukhambha Orientalia; 2014.

2. Sushruta. Sushruta Samhita, Uttara Tantra. Varanasi: Chaukhambha Sanskrit Sansthan; 2012.

3. Vagbhata. Ashtanga Hridaya, Uttara Sthana. Varanasi: Chaukhambha Surbharati Prakashan; 2016.

4. Sharma PV. Dravyaguna Vijnana. Varanasi: Chaukhambha Bharati Academy; 2013.

5. Dash B, Sharma BK. Charaka Samhita (Text with English Translation). Varanasi: Chowkhamba Sanskrit Series; 2011.

6. Srikantha Murthy KR. Vagbhata's Ashtanga Hridaya. Varanasi: Chaukhambha Krishnadas Academy; 2014.