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EFFICACY OF STHANIKA CHIKITSA IN KAPHAJA YONIVYAPAD

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Abstract : In Ayurveda, acharyas have described regarding various gynecological disorders which are caused due to vitiation of doshas under the concept of *Yonivyapad.* This is a case report of a 40-year-old female who presented with a complaints of persistent white discharge per vagina, foul odor, itching associated with pain in vulval area for past 5 years aggravated in the last 3 months. Based on the clinical findings the condition was diagnosed as *Kaphaja Yonivyapad.* Pap smear investigation revealed features suggestive of *Trichomonas vaginalis* infection. In this case *Sthanika chikitsa* was adopted as treatment protocol for *Yonivyapad* which included *Yoni Prakshalana* with panchavalkala, guduchi, nimba, and manjishta choorna kwatha, followed by *Yoni Pichu* using jathyadi taila, along with *Shamana oushadhis* for a duration of 7 days. Patient showed 85% of significant symptomatic relief. This denotes the significant role of *Sthanika chikitsa* in treating various *Yonivyapad.*

IndexTerms -Kaphaja yonivyapad, *Trichomonas vaginalis*, Sthanika chikitsa, Yoniprakshalana, Yoni pichu.

I.INTRODUCTION

Ayurvedic classical texts describes about various diseases affecting the shareera. Among which acharyas have specifically described about diseases of yoni as yoni vyapad occurring due to vitiation of vata, pitta and kapha doshas. In which Kaphaja yoni vyapad [1] specifically presents with the symptoms like Picchila srava (Unctuous discharge), Sheeta (cold), Kandu(itching), Alpa Vedana (mild pain), Pandu varna srava (whitish discharge per vagina). The condition mainly manifested due to nidanas like ashuchi ahara, vihara, uncontrolled madhumeha which is a kledajanya vikara directly contributing to aggravation of kapha resulting in kaphaja yonivyapad. This condition can be managed with sthanika chikitsa. In modern this condition can be symptomatically correlated with *Trichomonas Vaginalis* [2] a protozoal STD predominantly seen in old age people. This condition mainly affects to vagina, urethra, endocervical and bladder region most often the patient presents with foul smell, whitish discharge, vulvular pruritis, and pain.

I. RESEARCH METHODOLOGY

Case report

A 40-year-old female patient presented to OPD at Rajeev institute of ayurvedic medical science and Research Centre, Hassan with complaints of white discharge per vagina, foul smell, itching sensation and pain in vulval region for past 5 years with aggravation in the past 3 months. The condition aggravates during menstrual cycle. The patient was known case of Diabetes mellitus for 4 years, was under medication of Tab.Ozomet PG2.

Based on her routine investigations report the Diabetes mellitus was uncontrolled

Menstrual history

Menarche – at the age of 13
Duration – 4-5days
Interval – 28-30 days
Number of pads –2-3 per day
Bleeding – Moderate
No complaints of dysmenorrhea

General examination

Pallor – Absent
Icterus -Absent
Cyanosis- Absent
Clubbing- Absent
Edema -Absent
Lymphadenopathy-Absent
Bowel - Regular
Appetite - Good
Micturition - Regular
Sleep – Sound

Local examination

Per vagina- Uterus -Anteverted, normal in size, free fornices present
Cervix-congestion present
Per speculum – Curdy white discharge, Severe foul odor

Investigations

FBS – 180mg/dl
PPBS – 290mg/dl
FUS, PPUS – Present (1.5%)
Hb – 14.3gms%

Urine routine

PH – 6.0
Specific gravity – 1.025
Sugar – present (1.5%)
Colour - Pale yellow
Albumin - Present
Transparency-Turbid
WBC – 4-5 seen/HPF
RBC – Not seen/HPF
Epithelial cells – 1-2 seen/HPF
Bacteria – Not seen /HPF
Cast – 3-4 seen/HPF
Crystals – 1-2 seen/HPF

Pap Smear

Impression – Organism identified ***Trichomonas vaginalis***
With no abnormal cell growth

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SL NO	DURATION	TREATMENT		DOSAGE
1	06/04/2026	systemic	sarvanga abhyanga with kb taila +dhanwantara taila + bashpa sweda sadyo virechana with vegas-9(avara shuddi)	trivrut lehya (80gms)
2	from 07/04/2026 to 14/04/2026	local	1.yoniprakshalana with panchavalkala, guduchi, nimba, manjishta choorna kwatha 2.yoni pichu with jatyadi taila	(twice daily)
3	from 07/04/2026 to 14/04/2026	oral medications	1.tab.chandraprabha vati 2.tab.krimikutara rasa 3.musali khadiradi kashaya 4.meha abhaya kashaya 5.nirmeha choorna	1)1-1-1 (a/f) 2)1-0-1(b/f) 3)2tsp-2tsp-2tsp with water 4)10ml-10ml-10ml(a/f) 5)2tsp-0-2tsp b/f with hot water
4	on 14/04/26 r/a 1 week	advice on discharge	1.tab. chandraprabha vati 2. musali khadiradi kashaya 3.meha abhaya kashaya 4.nirmeha choorna	1)1-1-1(a/f) 2)2tsp-2tsp-2tsp with water (a/f) 3)10ml -10ml-10ml (a/f) 4)2tsp -0-2tsp (b/f) with hot water

IV. RESULTS AND DISCUSSION

SL.NO	PARAMETER	BEFORE TREATMENT (06/04/2026)	DURING TREATMENT	AFTER TREATMENT (14/04/2026)
1	whitish discharge per vagina	moderate	mild	nil
2	foul odor	severe	moderate	nil
3	itching	severe	moderate	mild
4	pain in vulval region	severe	mild	nil

This case describes about kaphaja yonivyapad which involves the vitiation of kapha dosha and rajas /artava as the principal dushya. Clinical features such as whitish discharge per vagina, itching, foul odor, specifically suggests the aggravated kapha dosha i,e increase in the kledata, picchilatha and srava. The chronicity of the disease suggests the sthira guna of kapha.

The patient possessed madyama satva which may influence the tolerance of symptoms and effect towards the maintenance of personal hygiene and dietary restrictions. Kaphakara ahara and vihara along with poor genital hygiene acted as contributary nidana for aggravation of kapha and local microbial growth. In addition, Type 2

Diabetes mellitus which was of uncontrolled type created a favorable environment for recurrent genital infection as madhumeha is a kledajanya vikara.

The line of management in ayurveda emphasizes on both samsthanika and sthanika chikitsa, in this present case prior to sthanika chikitsa the patient was administered sadyo virechana [3] with trivrut lehya where this helps in expulsion of vitiated doshas and cleanses the body, helps in preparing body for better therapeutic response also aid in reducing kledata.

Shodhana followed by the sthanika chikitsa i,e yoni prakshalana[4] and yoni pichu with drugs possessing ruksha and kaphahara properties specifically helps in managing kaphaja yonivyapad.

Panchavalkala[6] drugs having the properties like tikta and Kashaya rasa with laghu, ruksha guna[5] possesses karmas such as shodana, ropana, kandugna, kledashoshana, Vedanasthapaka and krimigna. Guduchi known for its tridoshahara, rasayana, anti-inflammatory, immunomodulatory properties, thereby improving tissue resistance and preventing recurrence. Manjishta choorna was selected for its rakta prasadana, varnya, shothahara properties, which contribute in reduction of local irritation and restoration of vaginal flora. Nimba having tikta, kashaya rasa with kaphapittahara, krimighna and kandughna, antimicrobial, anti-inflammatory properties, shodhana and ropana actions help in reducing kelda, kandu, foul odor and excessive discharge. It helps in maintaining vaginal hygiene and preventing recurrence of the condition. Thus, yoni prakshalana using these drugs help in maintaining normal vaginal flora and eliminates the growth of harmful bacteria.

Yoni pichu using jatyadhi taila contains drugs having predominantly tikta, Kashaya and katu rasa possessing karmas like kledhahara, krimighna, shothahara, kandughna, ropana, srotoshodhana and yoni shodhana these karmas help in elimination of snigdha, picchila, sheeta guna of aggravated kapha. Pichu maintain prolonged contact of medicine with vaginal mucosa, enhancing local absorption and therapeutic efficacy. The unctuous nature of taila soothes irritated tissue, reduces friction and provide sustained action. Continuous local retention ensures better healing and symptomatic relief.

Internal medications like Chandraprabha vati, Krimikutara rasa, Musali kadhiradhi Kashaya, along with Nirmeha choorna containing the choornas of jambu beeja, guduchi, madhunashini, amalaka, gokshura, haritaki, haridra, shunti, methika, twak which is beneficial in controlling madhumeha. Meha abhaya kashaya (for madhumeha). Along with sthanika chikitsa these medications help in improving the efficacy of the treatment by having the karmas like krimigna, mutra shodana.

Kaphaja Yoni vyapad which is characterized by Kapha predominance, presenting with symptoms such as excessive vaginal discharge, itching, foul smell. Treatment like sadyovirechana followed by sthanika chikitsa for yoni i,e yoni prakshalana and yoni pichu along with internal medications showed marked relief from symptom, as yoni prakshalana help in cleansing the vaginal canal, reducing local infection, inflammation and discharge, while yoni pichu provides sustained drug contact, promotes tissue healing and restoring vaginal flora. Thus, this case highlights ayurvedic management of kaphaja yoni vyapad through sthanika chikitsa.

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