



Research Article

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MANAGEMENT OF SLAISHMIKI YONI VYAPAT (VULVO VAGINAL CANDIDIASIS) WITH MILD CERVICAL DYSPLASIA: A CASE REPORT

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ABSTRACT

In this present era, due to changes in their life style, modern dietary habits like junk foods, untimely foods etc., having a sedentary and stressful life. women are facing multitudes of health problems from menarche to menopause and postmenopausal. Among them the commonest problem which was observed in the married women was Slaishmiki yoni vyapat which resembles the clinical features of vulvovaginal candidiasis. Specific screening measures like Pap smear and wet vaginal swab when employed appropriately revealed the cervical pathology ranging from inflammatory smear to low grade squamous intraepithelial lesion (LSIL) or dysplastic /CIN1/HPV or associate changes. Aims and objectives of the study was the clinical evaluation of Slaishmiki Yoni vyapat (vulvo vaginal candidiasis) and to evaluate the role of ayurvedic management by Triphaladi Varti. Women aged 29 years with complaints of whitish discharge per vagina and itching in the vulvovaginal region was screened and examined at the OPD of Department of Prasuthi Tantra and Stree Roga; Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan. On examinations investigations revealed LSIL with Vulvovaginal candidiasis. Intervention with Triphaladi Varti was carried out for 7 days and followed up for next 7 days. Acetic acid and Lugols Iodine staining and screening after that trial revealed improvement in cervicitis. There was substantial relief of symptoms like whitish discharge per vagina, the vaginal swab was negative for pseudohyphae and pap smear was recorded as inflammatory smear. Thus, the Triphaladi Yoni Varti was found to be effective in the management of early phase of LSIL and chronic cervical erosion with vulvovaginal candidiasis.

Keywords: Ayurveda, Slaishmiki yoni vyapat, Vulvovaginitis, Cervical Intra epithelial neoplasia, Triphaladi yoni varti.

INTRODUCTION

Slaishmiki yoni vyapat is the one of the commonest gynaecological complaint among the women in their active reproductive life. Due to the improper habits of Dinacharya (daily regimen), Ritucharya (seasonal regimen), women habituated to modern dietary habits leading to sedentary and stressful life style, Kaphadosha gets aggravated and manifests in the female reproductive system with clinical features of unctuousness, coldness, itching and dull pain in the vagina¹. These symptoms are correlated with the vulvo vaginitis like curdy whitish discharge which is caused by unctuousness, coldness, itching and pain in vagina, which are the features of vulvo vaginal candidiasis in contemporary sciences². As the candidiasis is the second commonest cause of vulvo vaginitis,³ if left untreated the vaginal pH will get altered to lower acidic range or higher alkaline range and this leads to alteration and replacement of the columnar epithelium of ectocervix with that of squamous epithelium at squamo-columnar junction resulting in immature unstable cells (dysplastic) which may turn to metaplastic changes by the HPV infections thus resulting in the manifestation of cervical intra epithelial neoplasia (CIN)⁴. The dysplasia is divided into 4 stages they are the CIN I-Mild dysplasia, CIN II-Moderate dysplasia, CIN III & IV – Severe dysplasia. These 3 categories were correlated with grading and classified by WHO in 1975⁵. Five lakhs new cases are reported annually world over, in India alone 130,000 new cases occur with a mortality of 70,000 per annum. Cervical Cancer accounts for 15% of all cancers in females.

For this condition of Slaishmiki yoni vyapat (Vulvo vaginal candidiasis) and mild cervical dysplasia, Sthanika Chikitsa (local treatment modalities) were administered with Triphaladi varti which consists of drugs presenting Rukshata (imparting roughness and dryness) properties and also the drug is having anti-fungal properties and gave the best results both in the Slaishmiki yoni vyapat and also in the mild dysplastic changes of cervix.

MATERIALS AND METHODS

Present study was carried out in accordance with ethical principles by following International Conference of Harmonization – Good Clinical Practices Guidelines [ICH-GCP]

Informed written consent was taken from the patient in three languages and the case was recorded as per case Performa.

Site of study- Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan, RGUHS

Case report –Primi parous women aged 29 years old, presented with whitish discharge per vagina and itching in the vulvovaginal region for 4 months. On speculum examination, thick curdy whitish discharge and unhealthy cervix was observed and on per vaginal examination the uterus was normal, anteverted with free fornixes.

History of present illness

Patient was apparently healthy before four months. Gradually she developed with mild symptoms like whitish discharge and itching per vagina and which got aggravated in the mid menstrual cycle onwards. Psychological condition was not sound for one month due to familial issues. So, for better treatment she came to SDM College of Ayurveda and Hospital, Hassan.

Significant and relevant past illness was not observed.

Personal history: Dietary habits (Ahara) revealed the use of mixed dietary habits, with suboptimal use of water and oral fluids; regular use of Abhishyandi (incompatible) and Snigdha (sliminess) and Guru ahara (hard foods). Behavioural Pattern (Vihara) showed active lifestyle; with regular exercise of brisk walking, housekeeping and professional activities of teaching. She had history of suppression of natural urges like micturition and was using common wash rooms with inadequate hygienic care during working hours. No history of day sleep was observed. Bowel habits were regular, dysuria.

Menstrual history: With LMP on 25.07.16 patient had regular menstrual periods with duration of bleeding for 4-5 days with an interval of 30days and the flow within normal limits.

Marital life is of 13 years with h/o consanguineous marriage (married to her mother's younger brother).

Obstetrical history: P1L1A1D0; P1-7years male baby (FTND),

Coital history: Once in a month and after coitus partner had complaint of itching, having the coitus interruptus method for contraception for 7 years.

General examination

Built: Moderate, Tongue: Clear, Pulse Rate: 78/Min, BP: 100/60mm of Hg, Respiration Rate: 18/Min, Temp: A febrile.

Physical examination

Dasavidha pariksha

Prakriti – Vata, Kapha, Satmya – Madhyama, Vikriti – Kapha, Aharashakti – Madhyama, Sara – Madhyama, Vyayama Shakti – Avara, Samhanana – Madhyama, Vaya – Proudha, Satva – Madhyama, Pramana – 5 Feet

Systemic: CNS: Normal; C.V.S: S₁, S₂ clear; RS: Normal

Stanika pariksha

P/A: soft, No tenderness, Breast examination: soft, No tenderness, P/S: cervix both lips moderately eroded; thick curdy whitish discharge, P/V: Ante Verted /Normal Size /Free Fornices. .

Treatment plan given

Yoni prakshalana with ushna jala followed by Triphaladi yoni varti dharana per vaginal 3 hours twice a day for 7 days.

Ahara and vihara advised during treatment

Patient was advised intake of excessive water and fresh leafy vegetables and maintenance of hygiene. Avoid coitus for 7 days and avoid intake of excessive Madhura (sweet), Amla (sour), Lavana (salt) Ahara Sevana, Dadhi (curd), Ksheera (milk)

Table 1: Subjective parameter

Subjective	Before Treatment	2 nd day	4 th day	6 th day	After Treatment 8 th day	Follow up
Picchilasrava	Present	Present	Present	Reduced	Absent	Absent
Sheeta srava	Present	Present	Present	Reduced	Absent	Absent
Yoni kandu	Present	Absent	Absent	Absent	Very mild	Absent
Yoni vedana	Absent	Absent	Absent	Absent	Absent	Absent
Quantity	Severe discharge	Severe discharge	Moderate discharge	Mild discharge	No discharge	Absent

Table 2: Objective parameter

Objective	Before Treatment	After Treatment 8 th day	Follow Up
Externalgenital appearance	Healthy	Healthy	Healthy
Vagina	Healthy	Healthy	Healthy
Tenderness	Absent	Absent	Absent
Discharge	Severe	Absent	Absent
Nature	Thick curdy	Absent	Absent
Quantity	Severe	Absent	Absent
Odour	No foul smell	No foul smell	No foul smell
Curdy white flakes	Present	Absent	Absent

Table 3: Results

Complaints	Before Treatment (Day 0)	After Treatment (Day 8)
Srava	Present	Absent
Kandu	Absent	Very mild
Vedana	Absent	Absent
Candida albicans (wet swab)	Present	Absent

Table 4: Investigations

Report	Before Treatment	After Treatment
Pap smear	Low grade squamous intraepithelial lesion	Negative for inflammatory smear
Vaginal smear	Positive for pseudohyphae	Negative for pseudohyphae



Picture 1: Before Treatment and After Treatment

RESULTS AND DISCUSSION

The Tridoshas (3 humours) are always susceptible to imbalance and therefore vitiate the tissues. This susceptibility is due to changes in both the internal and external environment of living organism. Thus, the changes in the internal environment are due to the ingestion of foods and drinks which are not conducive to health. The changes in the external environment are due to seasonal variations⁶. From this observation, it is said that by the intake of Abhisyandi ingredients (which cause obstruction to channels of circulation), the aggravated Kapha vitiates the gynaec organs of the woman, then it causes sliminess, cold, itching, mild pain and pallor of external genitalia⁷. Thus, the alteration in the internal environment leads to slaishmiki yoni vyapath which when left untreated leads to changes in the epithelium of the cervix. The Indian subcontinent is enriched by a variety of flora-both aromatic and medicinal plant⁸ so this herbo mineral drug Triphaladi Varti which is the Anubhootha yoga with the ingredients of Triphala with Kaphaghna, Tridoshaghna⁹, Haridra with Kandughna¹⁰, Nimba with Krimighna¹¹, Tankana with Sleshma hara¹². The Triphaladi Varti consists of Rookshna guna and Ushna Veerya thus substantiating Chikitsa sutra of the Slaishmiki yoni vyapat. In this treatment yoni prakshalana (douching) with Ushna jala (hot water) was done to drain out the whitish discharge. The Varti (pessary) was introduced transvaginally to impart the dryness and denatures the bacterial colonies of candida and helps in the maintenance of the pH and by regaining normal vaginal pH, and healthy layer on the cervix thus it helps in the treating the CIN I by regeneration of healthy cervical epithelia and healing of CIN I lesion.

CONCLUSION

Carcinoma of cervix continues to be the most common (80%) genital cancer encounters in the clinical practice in India. In early detection screening alone can help and to adopt preventive measure for cervical carcinoma by identifying the premalignant lesions with investigations like pap smear, cervical biopsy etc. Thus, the mortality rate of women who are dying with the cervical cancer can be reduced. Abnormal discharge per vaginally should not be neglected. Awareness regarding abnormal discharge per vaginally either mucoid or blood tinged is significant in preventive care. Here the patient came with abnormal whitish discharge per vaginally then sent for both pap smear and vaginal swab and then treated with Triphaladi varti it showed good results not only in reducing the whitish discharge

per vaginally and denatured the candidial infection but also it was found effective in the management of Low Grade Squamous Intra-Epithelial Lesion of cervix.

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