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

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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 slaishmiki, paittiki, paripltuta, upapluta 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 bṛhatreyi.

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 conducive 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, artavaduṣṭi, garbhavakrantiya, garbhiṇi vijñāna and sutikopakramaṇiya adhyaya. The cardinal symptoms of vaginitis such as yoni srava (vaginal discharge), yoni kaṇḍu (itching), daurgandhya (foul smell) are exclusively mentioned under yoni vyapat which includes some of the disorders like slaishmiki, paittiki, upapluta etc. All Acarya's of bṛhatreyi, 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 caesarean 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 miconazole⁶.

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 globe⁷. 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-birth-weight infants⁸. There is also chances of cervical cancer⁹, pelvic inflammatory disease and infertility¹⁰. 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 partners¹¹.

Contexts of yonivyapat in Bṛhatreyi

In Caraka samhita cikitsa sthana, after vatavyadhi cikitsa and vatarakta cikitsa chapters, yonivyapat cikitsa is explained. Cakrapani clarified that, as yoni vyapat is vatarakta, its cikitsa (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 pratiṣedha chapter is explained after grahotpatti chapter in uttaratantra. In the beginning of, yoni vyapat pratiṣedha adhyaya, Ḍalhaṇa commented that, kumara janmavikara 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 hrdayakāra explains yoni vyapat in guhya roga vijñāna (chapter dealing with the diseases of female genitalia), after kṣudraroga vijñāna and kṣudraroga pratiṣedha chapters which deals with some minor diseases in uttarasthana. This shows the relationship between these two categories of roga for eg, kṣudraroga (minor diseases) like jatumaṇi, avapaḍika 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 pratiṣedha adhyaya for female reproductive system diseases, whereas Acarya Vagbhāta explained yoniroga in two chapters as yoniroga vijñānīya and yoniroga pratiṣedha along with guhya roga explanation in uttarasthana.

Samanya nidana of yoni vyapat (Etiological factors)

Mithyacara - is found to be the most common nidana in the present era includes both mithyahara and vihara. Mithyahara or improper diet habits like excessive food intake, junk foods, red meat are explained in Ayurvedic classics as adhyaṣāna

(excessive food intake), viruddhahara (incompatible food) etc which vitiates doṣas and pave the way for the manifestation of yoni roga. Mithya vihara like coitus in abnormal body postures (viṣama sthana śayana), coitus of a young woman with a man possessing pravridhalinga (big size penis), adakshapurushotpanna (unawareness of male partner), (sapatnīvihita puruṣotpanna) multiple partners¹², excessive sexual intercourse or its avoidance, and use of apadravya (lohadī foreign bodies) during sexual act, unhygiene (adhavana) etc may cause manifestation of various diseases¹³. The samanya nidana explained in sarvaroga nidana context by Acarya Vagbhāta, for the vitiation of particular doṣa can also be considered here.

Pradushta artava - abnormality of artava (abnormal menstrual patterns) Indu commented that duṣṭartavena sravata and Madhukoṣa vyakhyana explains that pradushtartava means raja (menstruation) which became duṣṭa (vitiated) due to vatadi doṣa may lead to various gynaecological problems.

Beejaduṣṭi - Cakrapani and Indu commented beejaduṣṭi as artavagata beejaduṣṭi or streegata beejaduṣṭi. But as per Madhukosa commentary, the beejaduṣṭi of both partners has to be considered. So it includes various chromosomal or genetic abnormalities of paternal and maternal in origin.

Daiva - can be explained as anyajanmakruta karma (pervious deeds)¹⁴, and adhama (unrighteous acts)¹⁵, in the conditions of idiopathic factors or when no specific nidana is present.

Samanya samprapti (Pathogenesis)

Acarya Caraka has clearly mentioned that any type of yoni roga does not occur without the involvement of Vata doṣa. Even though acarya's have explained the predominance of vata doṣa, there is equal role for the remaining doṣas in the causation of vaginal infections. The atmarupa of pitta such as visrata (unpleasant smell), sara guna (movement), drava guna (liquidity) and snigdha (unctuousness), picchilata (sliminess), sthirata (firmness), śīta guna (coldness) of kapha doṣa are manifested as the signs and symptoms. Acarya Caraka and Acarya Vagbhāta described that, dosa vitiated due to the specific nidāna, reaches the yoni and cause manifestation of the disease. According to Acarya Susruta, a durbala bāla (weak young girl), who is having sexual act with an elder man, may cause vitiation of vata doṣa leading to yoni vyapat with the involvement of pitta and kapha doṣas¹⁶.

Yoni vyapat characterised with similar symptoms of vaginitis

Paittiki- is a condition characterised with the lakṣana like daha (burning sensation), paka (suppuration), jvara (fever), neela peeta asita ārtavam (bluish yellowish or dark bleeding), bhrishoshnakunapa srava (excessive hot discharge) by the vitiated pitta doṣa due to pittakara ahara vihara (diet and regimens causing increase of pitta), implies the features of genital tract infection¹⁷.

Shleshmala- kapha dosha vitiated due to the excessive indulgence of abhishyandi (kapha producing substances) like diets and regimens, reaches the yoni and causes pandu picchilata srava (whitish mucoid menstruation), kaṇḍu (itching) and alpavedana (low grade pain)¹⁸. Vagbhāta has included yellowish discolouration of vaginal discharge and avedana (without pain) while Susruta has given only local symptoms of picchilata of yoni (vagina with mucoid secretions), kandu (itching) and sheetalata (coldness in vagina)¹⁹.

Acaraṇa 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^{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 etc²².

Atyananda – is another condition in which the woman does not get satisfied with coitus; along with other kaphaja symptoms like unctuousness and itching etc²³.

Aticaraṇa – According to Acarya Caraka & Vagbhata, it is characterized with shopha (inflammation), supti (numbness) & ruja (tenderness) due to ativyvaya (excessive sexual act) while Acarya Susruta has clearly indicated inability to conceive along with shleshmaja clinical features like unctuousness and itching²⁴.

Upapluta – is a condition characterised with whitish mucoid discharge along with other vataja and kaphaja lakshana such as 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 specified like that²⁵.

Paripluta - Caraka and Vagbhata explained that, when a pitta prakriti woman withholds her vega (natural urges) of kṣavathu (sneezing) or udgara (belching) during coitus, then pitta gets vitiated and mixes with vayu reaches the yoni and produces its abnormalities like neela peeta srava (bluish or yellowish discharge), shoonata (numbness), sparshasahatva (tenderness) along with other systemic symptoms like jwara (fever), atisara (diarrhoea), aruchi (anorexia) etc²⁶. While Susruta mentioned this condition with severe dyspareunia (gramyadharme ruja), along with other types of anila vedana (vataja symptoms).

Prasramsini - Susruta has said that prasramsini is the condition characterised with excessive vaginal discharge (syandate) or its displacement (ksobhita) along with other ushnadahadi features of pitta²⁷. 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

	Clinical Features	Paittiki	Ślaiṣmiki	Upapluta	Pariplu Ta	Vipluta	Acaraṇa	Atyananda	Aticaraṇa	Prasramsini
CV	Colour	-	Śveta	pāṇḍu śveta	-	-	Śveta	Śveta	Śveta	-
	Consistency thick	-	Picchilata	Picchilata	-	-	Picchilata	Picchilata	Picchilata	-
	Pruritis	-	kaṇḍu	kaṇḍu	-	kaṇḍu	kaṇḍu	kaṇḍu	kaṇḍu	-
	Dyspareunia	-	Alpavedana	Toda	sparsasaha, arti	-	-	-	Ruja	-
BV	Colour	Pīta	-	-	Pīta	-	-	-	-	Pīta
	Odour	pūṭigandha	-	-	-	-	-	-	-	Visragandha
TV	Colour	Neela, Pīta	-	-	Neela, Pīta	-	-	-	-	Pīta
	Consistency-thin Frothy	-	-	-	-	-	-	-	-	-
	Pruritis	-	kaṇḍu	kaṇḍu	-	kaṇḍu	kaṇḍu	kaṇḍu	kaṇḍu	-
	Odour	pūṭigandha	-	-	-	-	-	-	-	-
	Dyspareunia	-	Alpa vedana	Toda	sparsasaha, arti	-	-	-	Ruja	-

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 system²⁸. So chikitsa sutra (treatment principle) of any yoni vyapat should be associated with vata samana (pacifying) therapies. Hence, here snehana (unction), svedana (fomentation) along with mrdu sodhana (purification with less potent drugs)²⁹ should be followed, as teekshna sodhana (purification with more potent drugs) is contraindicated in bāla (children), vridha (old age) and sukumara (those who are delicate in nature). Then sthānika chikitsa (local treatment) in yoni like parisheka (irrigation), pichu (medicated tampon), pralepana (anointment), abhyanga (massage), uttaravasthi (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 artavadoṣa (menstrual disorders), stana roga (breast disorders), klaibya (impotency), mudha garbha (obstructed labour), garbhini roga and paricharya (ante natal disorders), dushprajāta roga (disorders due to difficult labour or obstructed labour) has to be adopted according to the condition.

Pathya- Apathya (Do's and Dont'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 kseera (milk) or māmsarasa (meat soup)³⁰. Ashtanga Hridaya has indicated specific pathya for yoniroga such as yava anna, abhayarishtam, seedhu, taila, pippali, ayoraja along with ksoudra (honey)³¹. Lasuna (garlic) which is explained as rasāyana (rejuvenation therapy) by Acarya Kasyapa can also be considered as pathya³². As vata is the most responsible factor for all yoniroga, vata vridhikara ahara vihara (diet and regimens causing increase of vata) including mānasika bhavas (mental factors) can also be considered as apathya. Acarya Kasyapa, contraindicated manda (supernatant water of rice gruel) for women suffering from yoniroga (gynaecological disorders).

Upadrava (Complications)

The complications or upadrava of yonī vyapat are explained in the classics. Acarya Vāgbhata also specified that vishudha yoni (unimpaired female reproductive system) is essential for proper garbha dhāraṇa (conception and its maintenance)³³. Hence yoni

of the women afflicted with doṣa, does not retain sukra (sperm) and becomes infertile. She may also get affected with gulma (enlargement or growth in abdominal or pelvic region), arsa (haemorrhoids), asrgdara (menorrhagia) and other vataja disorders. Indu commentary added stambha (stiffness) and shoola (pain) to aniladi vedana (vataja symptoms). Acarya Caraka also given the similar explanations of Acarya Vagbhata except stambha (stiffness) and shoola (pain).

DISCUSSION

The explanations similar to vaginitis available in the context of yoni vyapat in Ayurvedic literature were compared and analysed. It was found that, candidiasis shows close resemblance with shlaishmiki, upapluta, aticaraṇa, acarāṇa, vipluta, and atyānanda. All the clinical features of candidiasis are satisfied by slaishmiki, upapluta, aticaraṇa whereas in acarāṇa and atyānanda the features except dyspareunia are present. The condition vipluta can also be considered similar to vaginal candidiasis with symptoms like itching and dyspareunia, explained as kaṇḍu (itching) and anila vedana (vataja symptoms). The features of bacterial vaginosis such as colour of discharge and offensive smell is found to be similar with the laksana (symptoms) of paittikī, pariapluta and prasramsini yoni vyapat. Even though the features of trichomoniasis are available under different yoni vyapat none of them satisfy all those symptoms to make an exact correlation. The offensive yellowish discharge of trichomoniasis are seen in paittikī, pariapluta and prasramsini whereas its thin frothy discharge is a clinical feature present only in vātiki. Other main symptoms of trichomonal vaginitis such as dyspareunia and itching are present in slaismiki, upapluta, pariapluta, vipluta and aticaraṇa whereas in acarāṇa and atyānanda itching only is present. The symptoms of candidiasis and trichomoniasis having more resemblance with that of kapha pradhāna (kapha predominant) yoni vyapat whereas pitta pradhāna (pitta predominant) ones resemble bacterial vaginosis.

The paittiki 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 pariapluta. As main clinical feature of slaismiki 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 āchārya as avedana (without pain) or alpavedana (low grade pain). This kaphaja yonivyapat if not managed properly, may progress as karnini yoni vyapat with the involvement of vata and rakta 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 acarāṇa yoni vyapat. Hyperemia and inflammation of vagina occurring due to excessive sexual act, leading to infertility is explained as aticaraṇa. 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 beeja 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

guhyaroga and ksudraroga. 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 kumarajanma 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 vyapat for which sastra karma (surgical procedures) is indicated.

CONCLUSION

Yoni vyapat are classified as ekadoshaja (involvement of any single dosa), dvidoshaja (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 vyapat is the concept which is explained only by Vāgbhata. It is seen that the same yoni vyapat 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 brhatreyi, references about specific yoni vyapat chikitsa followed with description of symptomatic management like yoni srava chikitsa, paichilya hara chikitsa, dourgandhya hara chikitsa are available, which can be implemented according to the chronicity of the above said yoni vyapats.

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