



Review Article

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KAPHAJA YONIVYAPADA AND VULVOVAGINAL CANDIDIASIS: A LITERARY REVIEW OF CLASSICAL AND MODERN PERSPECTIVES

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ABSTRACT

From puberty to menopause, the concept of a healthy Yoni (female reproductive organ) is emphasized in both Ayurvedic and modern medical frameworks. Infections affecting the vaginal tract have become increasingly common, transcending age and socioeconomic boundaries. In Ayurveda, these manifestations are attributed to Kaphaja Yonivyapada, one among the twenty types of Yonivyapada (gynaecological disorders), caused by the vitiation of Kapha dosha. The condition is attributed to Kapha Dushti in the Artavavaha Srotas (reproductive tract) and is marked by symptoms like Picchila Srava (mucilaginous discharge), Kandu (pruritus) and Sheeta Sparsha (coldness in genital region). Vulvovaginal candidiasis, a prevalent condition in modern gynaecology, presents with similar symptoms. Nearly 75% of women experience at least one episode of this entity during their lifetime, and about 45% suffer from recurrent infections. *Candida albicans* is the leading cause of infection. It presents with itching, abnormal discharge, redness, and discomfort. Standard treatments include antifungals. The article presents a textual synthesis and briefly correlates Kaphaja Yonivyapada with Vulvovaginal Candidiasis; which will enhance academic understanding by consolidating traditional Ayurvedic insights with relevant modern parallels.

Keywords: Kaphaja Yonivyapada, Kandu, Review, Vulvovaginal Candidiasis, Yoni Srava.**INTRODUCTION**

Yonivyapada is a classical Ayurvedic term encompassing a spectrum of gynaecological disorders that affect the yoni—the female reproductive system, particularly the vagina and uterus. Among its twenty types, Kaphaja Yonivyapada is specifically caused by the vitiation of Kapha Dosha in the female reproductive system. It manifests as Picchila Yoni Srava, Sheeta Sparsha, Kandu, and Alpa Vedana (mild pain), reflecting Srotorodha (obstructive pathology) and excessive Snigdhatva (unctuousness) in the Artavavaha Srotas ¹. Its treatment includes the use of Kaphahara Dravyas (kapha reducing medicines), mainly having ruksha (dry) and ushna (warm) guna.

Vulvovaginal candidiasis is a prevalent mucosal fungal infection affecting up to 75% of women at least once in their lifetime ². Worldwide, recurrent vulvovaginal candidiasis affects about 138 million women annually. The 25- 34year age group has the highest prevalence (9%) ³. It is primarily caused by *Candida*

albicans ⁴, a commensal yeast that becomes pathogenic under favourable conditions such as elevated oestrogen levels, immunosuppression or disrupted vaginal microbiota. Pathologically, it results in inflammation of the vaginal mucosa, characterized by erythema, oedema, and epithelial disruption ⁵. Vulvovaginal candidiasis often presents with redness and irritation of the vulva and vagina, accompanied by thick, whitish discharge that adheres to the tissue and noticeable swelling. Diagnosis is usually based on clinical examination, supported by tests such as vaginal pH measurement, wet mount microscopy, and culture studies. ⁵ Treatment typically involves topical or oral antifungals like fluconazole. This disease is one of the major causes of gynaecological consultation worldwide and is associated with considerable direct and indirect economic costs ⁶. Given the recurrent nature and psychosocial impact of vulvovaginal candidiasis, a literary review is imperative to consolidate Ayurvedic perspectives with contemporary clinical evidence, thereby advancing scholarly understanding of the disease.

Nidana (Aetiology)**Table 1: Samanya Nidana of Yonivyapada**

Charaka ⁷	Sushruta ⁸	Vagbhata ⁹
Mithyachar (abnormal diet and mode of life)	Mithyachar	Dushtabhojan, Apravya prayoga
Pradushta -Artava (abnormalities of Artava)	Pradushta- Artava	Dushta Artava
Beejadoshha (abnormalities of Beeja)	Beejadoshha	Beejadoshha
Daivakopa (curse or anger of God)	Daivakopa	Daivata

	Pravridha linga purusha atisevan (Excessive sex with macrophallic male)	Vishamangashayan (Sleeping in improper posture) Bhrisa Maithunsevan (frequent sex)
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Vishishta Nidan (Specific etiologies) are Abhishyandi Ahara (channel blocking foods) and Kapha prakopaka ahara and vihara. Vulvovaginal candidiasis is primarily caused by *Candida albicans*, a commensal yeast that becomes pathogenic under conditions that disrupt the vaginal microbiota and immune balance.¹⁰ Factors such as antibiotic use, pregnancy, diabetes mellitus, hormonal fluctuations, and immunosuppression alter vaginal pH, facilitating fungal overgrowth¹¹. Common causative

non-albicans *Candida* species include *C. glabrata*, *C. parapsilosis*, *C. dubliniensis*, *C. tropicalis* and *C. krusei*^{12,13}. VVC caused by these strains may be less severe than *C. albicans*, but present a higher risk of recurrence and lower susceptibility to azole antifungals¹³. Behavioural and environmental factors such as tight clothing, poor hygiene may also contribute to colonization and infection.

Samprapati (Pathology)

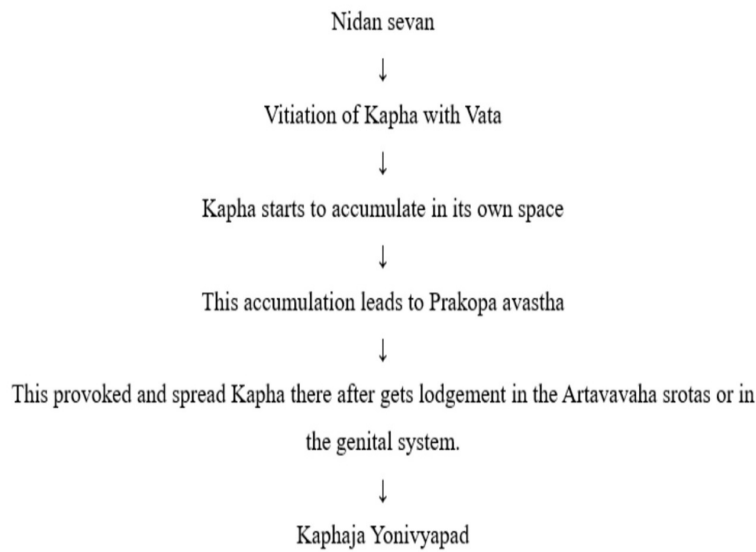


Figure 1: Samprapati of Kaphaj Yonivapad

Samprapti Ghatak

- Dosha – Vata + kapha
- Dushya – Rasa, Rakta and Mamsa
- Srotas – Rasavaha, Artavavaha, Raktavaha
- Srotodustilakshan – Atipravriti
- Agni - Jatharagnimandya and Rasadhatvagnimandya
- Adhistan, Vyaktasthana – Yoni
- Rogamarga – Abhyantara
- Sthanasamsraya – Yonimarga and Garbhashay
- Sadhyatava – Sukhasadhya

Pathophysiology of Vulvovaginal Candidiasis

Under normal conditions, *Candida albicans* exists as a commensal organism in the vaginal microbiota. Disruption of the vaginal environment due to factors like antibiotic use, oestrogen dominance, diabetes, or immunosuppression can trigger a pathogenic shift. This involves *Candida* transitioning from a benign yeast form to an invasive hyphal form, which enhances tissue adhesion, epithelial penetration, and immune evasion. The hyphal form secretes hydrolytic enzymes (e.g., aspartyl proteinases, phospholipases) that degrade host tissues and provoke an inflammatory response. Neutrophil recruitment and pro-inflammatory cytokine release (e.g., IL-1 β , IL-6) contribute to the hallmark symptoms. Additionally, biofilm formation by *Candida* enhances resistance to antifungal agents and promotes recurrence.^{14,15}

Rupa (Clinical Features)

Table 2: Lakshanas of Kaphaja Yonivyapada

Symptom	Charaka ¹⁶	Sushruta ¹⁷	Vagbhata ¹⁸	Madhav nidan ¹⁹	Bhavprakash ²⁰
Yoni picchilta	+	+	+	+	+
Shitalata	+	+	+	+	+
Kandu	+	+	+	+	+
Alpavedana Yoni	+	-	-	-	-
Avedana Yoni	+	-	+	-	-
Pandu varna srava	+	-	+	+	+

Vulvovaginal candidiasis typically presents with a range of distressing symptoms affecting the vulva and vagina. Common complaints include intense itching and irritation in the vaginal and vulvar areas, often accompanied by a burning sensation, particularly noticeable during urination or sexual intercourse. The vulva may appear red and swollen, and some women experience vaginal pain, soreness, or even a rash. The degree of irritation is typically severe in patients with acute vulvovaginal candidiasis. A hallmark feature is the presence of a thick, white, odourless vaginal discharge resembling cottage cheese, although some may also report a watery discharge.¹¹

Bheda (Types)

Kaphaja Yonivyapada Bheda

Charaka and Vaagbhata- Sleshmaja
Sushruta- Sleshmaja, Atyananda, Aticharana, Acharana, Karnini

Vulvovaginal Candidiasis Types²¹

Uncomplicated: Sporadic, mild-to-moderate, likely *Candida albicans*, in healthy women.

Complicated: Recurrent, severe, non-*albicans* species or in immunocompromised individuals.

Roga Nirnaya (Diagnosis)

In Ayurveda, Kaphaja Yonivyapada is diagnosed primarily through clinical features linked to Kapha dosha vitiation—such as guru, picchila, sheeta, manda vedna, kandu, and excessive white vaginal discharge. The physician assesses nidana, lakshana and dosha predominance to confirm the condition.

Diagnosis of Vulvovaginal Candidiasis

The diagnosis of vulvovaginal candidiasis involves a combination of clinical assessment and laboratory confirmation, with microscopy and culture being key tools. Vulvovaginal candidiasis is clinically suspected from symptoms such as vulvar pruritus, burning, and thick white discharge. Diagnosis is supported by microscopy with 10% KOH, which rapidly reveals budding yeast, pseudo hyphae, or hyphae²¹. In recurrent or complicated cases, vaginal swab cultures on Sabouraud dextrose agar or chromogenic media enable species identification²². Vaginal pH testing, which remains normal (≤ 4.5), helps distinguish candidiasis from bacterial vaginosis or trichomoniasis²³. More advanced methods, such as nucleic acid amplification tests (NAATs), provide species-specific detection and are particularly useful in recurrent or treatment-resistant infections.

Kaphaja Yonivyapada Chikitsa²⁴⁻²⁷

Chikitsa Siddhanta- The Chikitsa explained for the Kaphaja Yonivyapada is Ruksha and Ushna Chikitsa

Nidana Parivarjana (Eradication of cause)

Abhyantara Prayoga

Churna- Pushyanuga churna, Amalaki Churna Kashaya- Madhu snuhi kashaya, Aragwadhadhi kashay, Musalikhadiradi kashaya. Vati- Chandra prabhavati, Pradaraantak ras, Arogyavardhini vati, Asava-Lodrasava.

Pathya-Apathya

Bhasma- Pipalli, Lohabhasma, Haritaki with Madhu, Tankana bhasma

Vamana: As a Shleshmaharachikitsa

Basti Chikitsa

Sthanika Chikitsa (Local therapies)

Yoni dhupana (fumigation) with herbs like Brihati and dwiharidra.

Yoni lepa (local application) with powders of Kapha-reducing drugs

Yoni prakshalana (vaginal douche) with decoctions of drugs such as Triphala, Musta, and Daruharidra.

Yoni pichu (tampon therapy) with medicated oils like Jatyadi taila or Guduchyadi taila.

Treatment of Vulvovaginal Candidiasis²⁸⁻³⁰

The first-line treatment of vulvovaginal candidiasis (VVC) includes topical azoles such as clotrimazole, miconazole, tioconazole, and butoconazole, administered for 1–7 days, or a single oral dose of fluconazole 150 mg, with repeat dosing in severe cases. Recurrent vulvovaginal candidiasis (≥ 4 episodes/year) is managed with fluconazole induction (150 mg every 72 hours for 3 doses) followed by weekly maintenance for 6 months, while alternatives like Ibrexafungerp are useful in resistant cases. Emerging therapies include Oteseconazole and Ibrexafungerp, effective against non-*albicans* species such as *Candida glabrata*. In pregnancy, topical azoles are preferred, whereas women with diabetes or HIV may require prolonged therapy due to higher recurrence risk.

Upadrava (Complications)

No specific Upadrava is mentioned for Kaphaja Yonivyapada. The Samanya Upadrava of Yonivyapada can be taken into consideration here like Infertility, Arsha, Pradara, Vataja roga. From a modern perspective, most cases of Vulvovaginal candidiasis are uncomplicated, but 10–20% present as complicated forms with recurrent episodes, severe symptoms, or infections by non-*albicans* *Candida* resistant to standard therapy.²¹ Antifungal Treatment may occasionally lead to side effects including abdominal discomfort, nausea, vomiting, diarrhea, bloating, headaches, skin rashes, allergic reactions, menstrual irregularities, hair loss, and in rare cases, neurological or musculoskeletal complaints.³¹

Sadhayta (Prognosis)

The five gynaecologic disorders developing due to vitiation of all three Doshas are incurable³². As in case of Kaphaja Yonivyapada, there vitiation of only Kapha and Vata Dosha and its treatment is mentioned in classical texts, it can be considered as a Sadhya Vyadhi.

Even after appropriate therapy, recurrence is common, affecting roughly 14–28% of otherwise healthy individuals.³² This often results from persistent vaginal organisms or reinfection with the same *Candida* strain. Less frequently, other strain may be responsible. Factors such as antibiotic use, sexual activity, dietary influences, and genetic predisposition can increase susceptibility to recurrent episodes.⁵

Table 3: Pathya- Apathya for Kaphaja Yonivyapada

Pathya	Apathya
Ruksha, Ushna drugs; Sura, Arista; Aasava ³³ ; Yavanna, Abhayarishtam, Seedhu, Taila; Pippali, Pathya, Ayoraja choorna with Ksoudra (Honey) ³⁴ ; Lasuna ³⁵ (Garlic, described as Rasayana)	Manda ³⁶ (supernatant water of rice gruel); Vata evum kapha vridhikara Ahara–Vihara (diet and regimens increasing Vata and kapha)

Prevention of Vulvovaginal Candidiasis⁵

Preventive strategies include wearing cotton underwear and loose, breathable clothing to minimize moisture retention, as excessive warmth and humidity favor *Candida* growth. Maintaining proper genital hygiene, avoiding irritants such as perfumed soaps or douching, limiting the unnecessary use of broad-spectrum antibiotics or corticosteroids, and keeping the vulvovaginal area clean and dry are also recommended.

CONCLUSION

Kaphaja Yonivyapada, as described in Ayurveda, shows similarities with vulvovaginal candidiasis—especially the curdy discharge, itching, and local discomfort that arise from Kapha dominance. This correlation helps us appreciate how classical descriptions can align with modern clinical conditions. At the same time, the framework of Kaphaja Yonivyapada is broad enough to be compared with other genital infections where Kapha features are prominent, such as bacterial vaginosis or trichomoniasis.

By drawing these connections, we see that Ayurvedic insights are not limited to ancient theory but can actively enrich modern gynaecological understanding. Such integrative perspectives encourage deeper research into how traditional concepts of dosha imbalance can complement biomedical approaches, ultimately supporting more holistic care for women's health.

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