Kaphaj yonivyapad- nidananatmaka adhyayan: a critical review.

Jyoti Daulati Kanhurkar*1, Archana R.Gharge2, Tanvi Sanjay Pawar3

1. P.G. Scholar, 2. Professor & HOD, Contact no.9821741702, dr.archanapatil@rediffmail.com 3. P.G Scholar, Contact no. 9892999491, tanvipawar26@gmail.com

Rognidan and Vikriti Vigyan Dept., Y.M.T., Ayurvedic Medical College & Hospital, Kharghar, Navi Mumbai, Maharashtra.

*Corresponding author: Contact No. 9821735792, jyotikanhurkar20@gmail.com

ABSTRACT:

A healthy woman is a promise of a healthy family. The concept of healthy yoni has been asserted in various phases of a woman’s life, from puberty to menopause, the concept of healthy yoni has been mentioned in Ayurveda as well as in modern. Due to change in lifestyle, modern food habits of fast food, junk food she is unable to follow the rules of Dincharya, Rutucharya, Rajaswala, Rutumatiand Sutikaparicharya which are explained by Aacharyas for women’s health. Thus she is prone to various yoniropgas, one of which is Yonigat Shewta-Picchilsrava, Yonikandu, Yonigata Alpavedana which are the features of Kaphajayonivyapada and is neglected by women as minor symptoms. Now a days, infection related to yoni is a burning problem irrespective of their age or socioeconomic status. Due to infection, there may be sign and symptoms like vaginal discharge, itching, coldness. In Ayurveda, these types of sign and symptoms are found in Kaphaja yoni vyapad and some of symptoms are similar with Non Specific Vulvovaginitis. Gynaecological disorders have found its immense importance in the field of medicine due to fact that women have a unique function of giving birth. In Ayurveda, women health care is related in separate section, where the term Yoni vyapad includes majority of gynaecological disorders. Before knowing the management, literature of the disease should be known. Therefore, in this study an effort has been put forth to make a literary study covering almost all the aspects of Kaphajayonivyapad as per Ayurveda and modern.

KEYWORDS: Ayurveda,Kaphaja yoni vyapad, Yoni, Vaginal discharge, Vulvovaginal candidiasis.

INTRODUCTION:

A specific group of the diseases of women i.e. yonivyapad has been mentioned in...
ayurvedic classics, which disrupts the womanhood in various ways. Health care of woman is very important. Any disorders that hampers the general, mental as well as the reproductive health of woman should be considered with care and required medical attention. Female body is highly complex and delicate. Because of special reproductive role, women are at risk of some distinct female disorders. Kaphaja yoni vyapad is one of those diseases. Vaginal discharge means yoni strava is seen as a symptom in case of this disease. As the Stree is mula of reproduction, Stree is important part of our society and family. Being Daughter, wife, mother, carrier oriented women, she plays different roles and follows social and family responsibilities. Nature has given special role to Stree to become mother. As today’s women is carrier oriented she is becoming independent, making her own decision and thus making her own space in the society. Thus in this fast life she is subjected to all sorts of physical and mental hardship. Due to change in lifestyle, modern food habits of fast food, junk food she is unable to follow the rules of Dincharya, Rutucharya, Rajaswala, Rutumati and Satikparicharya which are explained by Aacharyas for women’s health. Thus she is prone to various yonirogas like Kaphajayonivyapada. Among the 20 Yoni Vyapats, Kaphaj Yoni Vyapat is explained under the classification of the Kaphapradhana Yoni Vyapat characterised by clinical features of KaphaVriddhi.

Characteristics of this Kaphaj Yonivyapad are:

- Kandu (itching)
- PicchilaSrava in Yoni (mucoid discharge).

The aggravated Kapha along with abnormal functions of Vata reaches the reproductive organs of women, results in:

- Kandu (itching in vulva and vagina)
- Sheeta (discharge without warmth)
- Picchila (slimy mucoid discharge)
- Mild pain
- Pallor of the Vulva.

The symptoms of Kaphaj Yoni Vyapat mentioned in Ayurveda literature appear similar to the clinical features of vulvo vaginal candidiasis. The second most common infections among reproductive aged women with a single incidence of 75%, and two or more episodes in 45% of women. Candida albicans is responsible for 85% to 90% of the vaginal yeast infections. Vulvovaginitis, it is a situation in which the vagina gets sore and irritated.
It is a common occurrence in females. Though it is not a very serious disorder yet it can be a cause of severe discomfort and irritation. Common side effects that are prevalent in the case of vaginitis include either abnormal discharge or vulvovaginal irritation or both. The discharge may also tend to have an unpleasant odor.

Candida albicans, a commensal dimorphic fungal organism of the gastrointestinal and reproductive tracts, is also the causative agent of vulvovaginal candidiasis (VVC). VVC affects an estimated 75% of all women in their reproductive years and another 5–10% have recurrent VVC (RVVC). Vaginitis involves infections of the vaginal lumen and often the vulva as well. Symptoms include burning, itching, soreness, an abnormal discharge, and dysparunia. Signs include vaginal and vulvar erythema and edema. Acute VVC has several known predisposing factors including antibiotic and high estrogen oral contraceptive usage, hormone replacement therapy, pregnancy, and uncontrolled diabetes mellitus. RVVC can be multifactorial in etiology, but is usually defined as idiopathic with no known predisposing factors. Instead, susceptibility to RVVC had been postulated to result from an adaptive immune dysfunction or deficiency. In women with RVVC, antifungal therapy is highly effective for individual symptomatic attacks with little evidence for drug resistance but does not prevent recurrence.

In Ayurveda classics, the physiological and pathological aspects of female reproductive system are explained under various prakāraṇas (chapters) like yoni vyapat, artavadausti, garbhavakrantiya, garbhinigvyanā and sutikopakramaniyaadhyaya. The cardinal symptoms of vaginitis such as yoni srava (vaginal discharge), yoni kāṇḍu (itching), daurgandhya (foul smell) are exclusively mentioned under yoni vyapat which includes some of the disorders like slaismiki, paittiki, upapluta etc. All Acharya’s of brihatreyi, had given detail description of yoni vyapat or gynaecological disorders.

Aim and Objective:
- To study about the literary review of Kaphaja yoni vyapad (non specific vulvo vaginitis).
- To study the etiopathogenesis of kaphaja yoni vyapad with related modern aspect

Materials and Method:
This study is made after reviewing all the available Ayurvedic classics as well as modern books thoroughly.

**Specific causes of kaphaj yoni vyapad:**

| Charak<sup>(5)</sup> | Sushrut<sup>(6)</sup> | Vaghbata<sup>(7)</sup> | Madhavnidan, Bhavprakash<sup>(9)</sup>, Yogratnakar |
|---------------------|---------------------|----------------------|--------------------------|
| • Mithyachar (abnormal diet and mode of life) | • Mithyachar | • Dustabhojan | • Followed Charak<sup>(10)</sup> |
| • Pradusta-Artava (abnormalities of artava) | • Pradusta-Artava | • Bisamangasayan-bhrisa misevan | |
| • Bijadosha (abnormalities of Bij) | • Daivakopa | • Dustaartava | |
| • Daivakopa (curses or anger of god) | • Prabridhalingapurushatisevā | • Apadravya pragy | |

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These are the general *Nidan* of *Yoni vyapad*. If we observe the *Nidan* of *Kaphaja yoni vyapad* then it will be cleared that in classics *Nidan* for *Kaphaja yoni vyapad* is not mentioned directly.

Excessive consumption of foods and substances which cause oozing and serous effusion in the body and also other *kapha* aggravating foods and activities on regular basis by woman causes aggravation of *kapha*.

*Kapha Dosha* is composed of earth and water elements. It has coolness and heaviness as its basic qualities. Any diet or activity that causes increase of coolness and heaviness naturally increases *Kapha Dosha*.

**Qualities of Kapha**(11)

- *Guru*
- *Shita*
- *Mridu*
- *Snigdha*
- *Madhur*
- *Sthira*
- *Picchila*

So, the qualities agonist to these can vitiate *Kapha*.

**Kapha increasing factors:**

Factors that cause *KaphaDosha* increase:

- *Guru ahara* – excessive consumption of heavy to digest foods
- *Madhura* – excessive consumption of foods which have sweet taste
- *Atisnigdha* – excessive consumption of unctuous or oily foods (fried foods). Oiliness (unctuousness) is a *KaphaDosha* quality. Hence, any thing that is oily and fatty aggravates *KaphaDosha*.
- *Dugdha* – excessive consumption of milk. Cow milk, being sweet in taste and heavy to digest, increases *KaphaDosha*.
- *Ikshu* – excessive consumption of sugarcane and its derivatives like sugar, jaggery (molasses) etc
- *Bhakshya* – high caloric foods
- Coconut milk – being sweet and heavy to digest increases *KaphaDosha*.
- *Drava* – excessive consumption of liquid foods. This is due to increase of water elements.
- *Dadhi* – excessive consumption of curds, especially sweet curds.
- *Atinidra* – excessive sleeping
- *Apupa* – excessive consumption of stuffed foods
- *Sarpi* – excessive consumption of ghee, ghee foods. Ghee is known to calm down *Vata* and *PittaDosha*. In higher doses, due to its unctuousness, it increases *KaphaDosha*.
- *Divasaadau* – early part of the day. If we divide day time into three parts, the first part of the day is dominated by *KaphaDosha*.
- *Bhuktamatre* – immediately after the consumption of the food. If we divide the digestion process into three parts, the first part of the digestion is dominated by *KaphaDosha*.
- *Vasanta* – spring season.
- *Avyayama* – lack of exercise, sedentary lifestyle etc. Anything that causes increase of heaviness and stability increases *KaphaDosha*.
Qualities of KaphaDosha and how they cause Kapha imbalance:

- Oiliness and unctuousness – the oily factor brings in lubrication. Hence all the lubrication factors in joints (synovial fluid), vertebral discs, cerebro-spinal fluid around brain, pleural fluid etc are Kapha factors. Oily skin is due to Kapha.

  Generally all the oils, oily food stuff, deep fried food tend to increase Kapha.

- Cold – is due to both Kapha and VataDoshas.

  Kapha is formed by water and earth matters. Cold is a nature of water, hence it is a quality of Kapha as well. Winter brings in respiratory diseases. Winter means cold, respiratory diseases are more commonly due to KaphaDosha.

  Cold food stuff like ice cream, cucumber, frozen foods increase Kapha.

  During early stage of fever with heaviness of body and joints, do not drink cold water. Coldness will increase Kapha- worsening of fever.

- Heavy – Wherever you can observe heaviness, there is definite influence of Kapha. Like heaviness in head. Heavy body, or being overweight has influence of Kapha. Bulk of the body is formed due to KaphaDosha. Heaviness gives shape to the body as well.

  All foods that are heavy to digest – such as dairy products, non veg foods etc cause KaphaDosha increase.

  When there is heaviness of joints (as in early stage of fever), do not undergo oil massage –Heaviness of oils will add up with heaviness of joints – > worsening of fever

  • Mild and viscous – delay in expressing feelings, delay in understanding etc are features of Kapha body type. Person with such a body types will take a long time to make decisions. He usually walks slowly. Mild and viscous jelly like synovial fluid protects and cushions up the synovial joints in the body.

  • Sweet Food substances that look sticky and viscous such as Halwa, Cake etc increase KaphaDosha.

  • Smoothness, jelly – are qualities of Kapha. Mild, viscous, smooth jelly like synovial fluid protects and cushions up the synovial joints in the body. Smoothness also applies to thinking process. – Steady, methodical and gradual thinking process.

  • Stability and immobility are due to KaphaDosha. Wherever there is stiffness, there is definite influence of Kapha. For example, in rheumatoid arthritis (Amavata), Kapha has influence.

  • Sleep – is a stable activity, is influenced mainly by Kapha Dosha. A Kapha person sleeps more, excess sleep increases Kapha Dosha. After a good sleep, we can think more clearly (Clarity is again a Kapha quality).

Causes as per Sushruta:

- Divasvapna – sleeping during day time
- Avyayama – lack of phsycial activities
- Alasya – laziness, lethargy
- Excess intake of sweet, salt, sour substances
- Excess intake of cold food stuffs such as ice cream, cucumber
Excess oily, fried foods Heavy and sticky foods such as halva, sweets, Black gram, wheat, sesame, milk, sweet curd, Kheer,
Excess food intake
Excess non veg food intake
Ikshu – excessive consumption of sugarcane and its derivatives like sugar, jiggery (molasses) etc
Coconut milk – being sweet and heavy to digest increases KaphaDosha.
Coconut water, Coconut oil
Drava – excessive consumption of liquid foods. This is due to increase of water elements. Excess water – low digestion strength, increase of KaphaDosha
Apupa – excessive consumption of stuffed foods, oily foods, Sweet and non veg sandwich, burgers
Sarpi – excessive consumption of ghee, ghee foods. Ghee is known to calm down Vata and Pitta Dosha. In higher doses, due to its unctuousness, it increases KaphaDosha
Wheat – wheat is sweet, coolant, oily and aphrodisiac in nature. It strengthens the body and balances Vata. Black gram – is aphrodisiac, oily, hot, sweet, heavy to digest, improves body strength and balances VataDosha. Sesame seeds – is oily and hot in nature.
Fish – is good for balancing Vata due to its hot nature, sweet taste and oiliness qualities.
Mango – Sweet mango fruit balances VataDosha. Being rich in fibers, it clears bowels and regularizes normal path of VataDosha.
Almond – Badam – known as Vatada in Ayurveda, is mainly for the treatment of nerve disorder, general debility, to improve the memory power and increase the sexual vigor.
Raisins, Dates,
Jaggery
All oils except mustard oil
Etiology & Pathophysiology:
According to Ayurvedic Literature:
Intake of Kaphakara (muco-genic) and AbhishyandiAhara (obstructive/congestive foods) causes Shleshmala Yoni Vyapat. AbhishyandiAhara leads to qualitative aggravation of Kaphadosha and SrotomalinyakaraAhara (systemic pollutants) leads to Kaphavridhdi.
Mithyachara includes both the mithyaahara (abnormal diet) –intake of excessive, non-congenial, unwholesome, unhygienic and incompatible food and mithya vihara (abnormal mode of the life) – coitus in abnormal body postures, stressful life which also leads to VataVridhdi.
Vata is the prime dosha for the manifestations of diseases pertaining to female reproductive organs. In Kaphaja yoni vyapat, intake Abhisyandhihahara leads to Agnimandyaleading to Rasadhatudushti. Thus Snigdhatwa, Guru, Picchilaguna of abnormal Kapha along with that the Chalaguna of Vata(excessive secretory activity) results in manifestation of Kaphaja Yoni vyapatcharecteredised by Snigdha, Sheeta, Picchilasrava in Yoni.
SampraptiGhatak
- Dosha – Vata + kapha
- Dushya – Rasa, Rakta&mamsa
- Srotas – Rasavaha, artavaha, raktavaha
- Srotodustilakshan – Atipravriti
- Adhisthan – Yoni
- Rogamarga – Abhyantara
Patients may present with discharge, which is typically thick and adherent, or with excoriations, "external" dysuria, vaginal itching, vaginal burning, dyspareunia, or swelling.

Due to estrogen deficiency and effect of other systemic illness like Diabetes mellitus, the alteration in vaginal defence leads to recurrent vaginal infections. The presence of foreign micro flora in the vagina, may lead to altered micro environmental changes due to alkaline vaginal pH resulting in decrease of doderline bacilli, which in turn leads to vulvovaginal candidiasis. In the contemporary understanding of physiological vaginal discharge, it is non offensive, non irritant and non purulent. Physiologically the vaginal flora, doderline bacilli adhere to the epithelial wall of vagina and maintain the acidic pH and thus prevent the uropathogens from infecting vagina. The changes in the vaginal environment, such as an increase in glucogen production in pregnancy or altered estrogen and progesterone levels from the use of oral contraceptives, enhance the germination of fungus.

Types of Kaphaj yoni vyapad by different Acharyas:

| Charaka       | Sushruta | Vagbhata |
|---------------|----------|----------|
| Sheshmaja     | Shleshmaja, Atyananda, Aticharana, Acharana, Karnini | Sleshmaja |

Lakshana of Shleshmaja Yoni Vyapad:

| Yoni picchilata | Charaka | Sushruta | Vagbhata | Madhav Nidan | Bha. Prakash |
|-----------------|---------|----------|----------|--------------|--------------|
|                  | +       | +        | +        | +            | +            |
Vulvitis

Pyogenic infection

- **Infection of Abrasions & wounds**
  Local injuries or abrasions resulting from sanitary towels & tight under clothing, often impregnated with irritant detergents left from washing – are common sources of vulvar dermatitis. Excoriation of the skin can also be caused by vaginal discharge & by ammonia liberated by urea splitting organisms when the vulva is exposed to constant leakage of urine. All these lesions can become secondarily infected to cause local pain & tenderness. Treatment consists of rest, warm baths & removal of cause.

- **Intertrigo: Smegma concretions**
  Lack of cleanliness leads to a collection of irritating sebum & other secretions in the skin folds & secondary infection follows. The only treatment required is care over hygiene. In attention to the skin in the area of the clitoris can result in the collection of a concretion of smegma resembling a small stone under the prepuce, this may have to be removed.

Infantile & senile vulvitis

When the vulvas epithelium is thin & inactive, as in childhood & old age, any of the organisms to which it is normally resistant can set up a simple vulvitis. This sometimes leads to labial adhesions. This type of vulvitis is often associated with vaginitis.

- **Vaginitis (vulvovaginitis) in infancy (Aetiology & pathology)**
  Although local infection in infancy is essentially one of vaginitis, the urethra & vulva are usually involved as well. The common age is 1-5 years. The infection arises because vaginal resistance have not developed & the organisms are transmitted from adults or from another child by hands, clothing or utensils. The most serious form of infection is gonococcus, but this is now rare & other organisms such as Candida albicans, streptococcus, Staphylococcus, Escherichia coli, the pneumococcal & even trichomans vaginalis are more likely to be found. Threadworms can infest the infantile vagina as well as the lower bowel. Occasionally, the basis of information is a foreign body inserted into the vagina by the child. The accidental entry of sand or shreds of clothing, especially from woollen pants, is another possibility.

**Clinical features:**

The main symptom is a purulent discharge but the child may also complain of pain & soreness of the vulva. These interfere with walking & cause dysuria. In a young child often the parent notices her crying during urination or scratching herself. The vulva is reddened, sometimes
edematous or excoriated, & bathed in discharge. If the discharge is blood stained the presence of a foreign body or some other conditions such as a cervical polyp should be suspected and excluded.

- **Senile vaginitis (Atrophic Vaginitis) (Aetiology & pathology)** This is caused by any of the common pyogenic organisms invading tissues which have lost their resistance. Senile endometritis or vulvitis is sometimes present as well. The vaginitis is often granular, that is, it appears as small multiple reddened areas which are mostly seen in the vault and around the Urethral orifice. Patchy ulceration can result in adhesions forming between the anterior & posterior walls to produce partial closure of vagina – adhesive vaginitis. Main complaint is postmenopausal yellowish discharge, sometimes bloodstained which causes excoriation & soreness of the vulva. Dysuria & a sensation of fullness in the vagina are also common.

**Non infective vaginitis:**
Traumatic ulceration can be the result of foreign bodies placed in the vagina & can complicate the anatomical & vascular changes which accompany lacerovaginal prolapse. Occasionally, severe & recurrent vaginitis with ulceration is caused by inflicted trauma, prompted possibly by sexual perversion or other psychological upsets. These cause can be difficult to prove.

**Allergy: Drug Sensitivity**
A local reaction to chemicals is not uncommon & the patient presents with discharge, pruritus & a fiery-red vagina. Antiseptics such as Arsenic, mercury, I2, picric acid, phenol preparations and gentian violet used to be common causes. Presently, toilet preparations such as soaps, deodorants & bath salts, contraceptives such as rubber or materials used in the preparation of synthetic devices, the powder in which they are packed & chemical spermicidal & nylon underwear are the common causes.

**Idiopathic**
There are some isolated cases of troublesome, chronic and resistant vaginal ulceration, sometimes multifocal, the causes of which are never discovered. These have been treated empirically by vitamins, Antihistamines, antiseptics, various fungicides & trichomonacides & in the case of postmenopausal women with oestrogen.

**Bacterial vaginosis**
Many cases of vaginitis are attributed to bacterial vaginosis (non specific vaginitis) also known as Gardenerella Vaginalis.

**Pathology:**
- **Gardenerella vaginalis** is the organism most commonly associated with Bacterial vaginosis. It is a small pleomorphic coccobacillus that may be gram variable when stained and is found attached to epithelial ‘clue cell’ in smears of vaginal exudates or discharge.
- It is not sexually transmitted and has a variable incubation period. About 50% women are asymptomatic carriers of infection, but majority complain of vaginal discharge without itching. Bacterial vaginosis is termed as vaginosis rather than vaginitis, because it is alteration in the normal vaginal flora rather than due to any specific
infection. There is a considerable disease in the number of lactobacilli in the vaginal discharge with 100 fold increase in growth of other anaerobic bacteria. Since lactobacilli reduce pH and release H2O2 toxic to other bacteria, reduction in their numbers allows other bacteria, i.e. aerobic and anaerobic bacteria to grow.

Clinical feature
The patient characteristically present with a homogenous, white, nonviscous, uniformly adherent vaginal discharge. The discharge may be profuse enough to be seen at the labia.26 The characteristics of vaginal discharge are as follows according to Amsel’s criteria:

- White, milky, nonviscous discharge adherent to the vaginal wall.
- pH should be >4.5
- presence of clue cells.
- Fishy odour when mixed with 10% KOH
- Increased number of gardenella vaginalis and other organisms and reduced number of lactobacilli and leucocytes.
- Gram negative stain and culture are additional investigation

Bacterial Vaginosis is diagnosed when at least 3 of the following are present.

Management of Kaphaj yoni Vyapad:

- **AbhyantaraPrayoga**
  - Agni deepana& ama pachanadravyas: To correct themandagniChitrakradhivati
  - Panchakolaphanta 3, Gomutra 4, Hareetaki 5, Musthachoorna 6, Amalak

1. **Vamana:** As a Shleshmaharachikitsa
   - Sadhyovamana: administration of Vamana by hot water and Madanaphala mixed with Pippali, Kalinga or Madhuka. One more Yoga for this is water mixed with honey sugar cane juice, water mixed with rock salt, alcoholic drinks.
2. **Vamana:** In the Vamana Sneha pana can be given with TiktakaGhrita, TriphalaGhrita, MurchitaGhrita, and the main drugs can be given as YashtimadhuChoorna, MadanaPhala, Madhuka, Vacha.
3. **Vasti:** to gain the rukshaguaand remove excessive Chalaguna.
4. **Vatanulomana:** KatuPradhanadravyaseg Gomutra.

Type of oral medication Drug
Choorna- Pushyanugachoorna with thandulodhakaAvalehyaPugapaka, amalakirasayana, Madhusnuhi Kashaya-Musalikhadiradikashaya, aragwadadhikashaya.
Vati- ChandraprabhaVati, Pradaranaka Ras, ArogyavardhiniVati. Asava-Lodrasava
Bhasma- Pippali, Lohabhasma and Haritakishould be mixed with honey.

- **Bahyaprayoga: Stanikachikitsa**

To maintain the pH and to bring Rukshaushnaguna in the vagina.
1. Kashaya prakarana: Prakshalana with PanchavalkalaKwatha, NimbaKwatha, TriphalaKwatha& also can be done with buttermilk, cows urine, Sukta(vinegar) to cure the morbid vaginal discharges.
2. Kalka: Trivrut Kalka Dharana, Himsradikalka.
3. Varti Dharana: Arkadivarti, Pippalyadivarti, Varaha pitta Bhavitavarti.
4. Pichu Dharana: Udumbaratailapichu, Udumbaradugdha, Dhatakyad-taila, Mushikataila.

Pathya-Apathya:
Pathya-
Ruksha, Ushna drugs, KaphaharaTaila, sidhuand Arista, SaindhavaLavana, yava anna, abhayarishtam, seedhu, taila, pippali, ayorajaalong withkshoudra (honey) ,Lasuna (garlic) which is explained asrasayanby acharya kashyap.

Apathya-
Manda (scum of boiled rice) is contra indicated to the women suffering from Yoni rogaasvata is the most responsible factor for all yoniroga, vatavridhikaraadhara vihara (diet and regimens causing increase of vata) including manasika bhavas (mental factors) can also be considered as apathyap. AcaryaKasyapa, contraindicated manda (supernatant water of rice gruel) for women suffering from yoniroga (gynaecological disorders).

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. All the clinical features of candidiasis are satisfied by slaishmiki. The symptoms of candidiasis and trichomoniasis having more resemblance with that of kaphapradhānayonivyapad.
As main clinical feature of saslismikii itching, in general it can be considered as vaginal candidiasis. 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 acharya as avedana (without pain) or alpavedana (low grade pain). This kaphajayonivyapad if not managed properly, may progress as karniniyonivyapad 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 underyonivyapad. 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 beejadushti. In the similar way PCOS like metabolic disorders also disturbs the vaginal pH leading to infection.

CONCLUSION:
Vulvovaginitis the second most common reason of vaginitis, is recognized in up to 40% of women with vaginal complaints in the primary care setting. About 70% of women underwent the infection caused by Candida at least once through their lives. Moreover 40-50% of women will experience a reappearance.
Yonivyapat are classified as ekadoshaja (involvement of any single dosa), dvidoshaja (involvement of two dosas) and tridoshaja (involvement of three dosas) in Carakasamhita and AshtangaHridaya whereas Sushrutasamhita explained ekadoshaja and tridoshaja only. Krimijayonivyapat is the concept which is explained only by Vagbhata. It is seen that the same yonivyapat 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 yonivyapatchikitsa followed with description of symptomatic management
like yonisravachikitsa, paichilyaharachikitsa, dourgandhyaharachikitsa are available, which can be implemented according to the chronicity of the above said yonivyapats. Kaphajyonivyapat is the one of the commonest problem among women of reproductive age. As per ayurveda by maintaining of proper hygiene and taking appropriate food in time and doing regular exercise can help in maintaining the reproductive health. The better management of SleshmikiyoniVyapat is Sleshmaharachikista which has proven results in Ayurveda. The treatment should contains the nidanaparivarjana, Agnideepana, amapachana, vatanulomana, sthanikadoshanirharana.

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