



AYURVEDIC MANAGEMENT OF KAPHAJA YONIVYAPAD (BACTERIAL VAGINOSIS) LEADING TO VANDHYATVA VIS A VIS INFERTILITY – A CASE STUDY

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ABSTRACT

Nowadays young couples are confronted with a major problem known as infertility. Priorly the incidence of infertility was only seen among the elder couples, now the management of the same in the younger ones has become a pressing priority for the upcoming faculty of Ayurveda. The present case is one such case wherein a 33-year-old female was suffering from chronic vaginal infection i.e Kaphaja Yonivyapad leading to Infertility i.e, Vandhyatva for which she visited the OPD of Prasuti Tantra & Stree roga in Sri Kalabyraveswara swamy Ayurvedic Medical College, Hospital & Research center. The treatment of which included sthanika chikitsa and as well as abhyantara chikitsa. This study attempts to draw attention towards simple chronic vaginal infections that, when left untreated, can cause infertility in the long run.

INTRODUCTION

As quoted by someone famous “A woman is the full circle. Within her is the power to create, nurture and transform.” Within this full circle comes the power of conceiving, bolstering, and giving birth to a child. The failure to achieve this motherhood is considered to be vandhyatva or infertility. There are 4 basic factors known as Garbha Sambhava Samagri i.e rtu, Kshetra, Ambu, and beeja. Hence complications in any one of these might act as a cause for vandhyatva. According to Ayurveda any yonivyapad when left untreated ultimately results in Vandhyatva.^[1] Technically, infertility is defined as the failure to achieve conception by a couple of mature age, having normally unprotected coitus during the appropriate period of menstrual cycle regularly, at least for one year of their conjugal.^[2] The causes include hormonal, ovarian, tubal, cervical, and vaginal factor.^[3] In this case, the patient had a chronic history of kaphaja yonivyapad leading to vandhyatva wherein proper Ayurvedic treatment of the yonivyapad led to conception.

CASE REPORT

A 33 years old female Hindu patient, a housewife who had completed her postgraduation in Journalism, visited the OPD of Sri Kalabyraveswara Ayurvedic Medical College and Research Centre, Department of Prasooti Tantra and Streeroga on 9th March 2021 with

complaints of foul-smelling discharge per vaginum for 6 months and anxious to conceive for one year along with complaints of Low back ache and mild itching in the vulval region for the past 6 months.

History of present illness

The patient was apparently well before 4 years after which she gradually started noticing mild white discharge per vaginum. As it didn't hamper her day-to-day activities she did not go for treatment. After 2 years post-marriage, her husband complained of foul-smelling white discharge per vaginum during coitus. The patient started experiencing mild vaginal itching and a low back ache from pulling nature in and around the sacral region. This pain is aggravated during menstruation, post-coitus, and relieved with rest. All these complaints made her seek treatment in our college.

History of past illness

Nothing contributory.

Occupational history

Nothing contributory.

Family history

The mother expired due to breast Carcinoma 4 years back.

Father is a known case of Diabetes mellitus for 7 years and hypertension for 6 years.

Personal history

- Diet – Mixed
- Appetite – Poor
- Bowel – once per day
- Micturition – 5-6 times per day
- Sleep – good
- Habits – None

Menstrual history

Married life: 2 years

- Age of Menarche – 13 years
- Menstrual History:
 - Nature: Regular
 - Bleeding duration: 3-5 days
 - Interval: 25 days

D1 – D2 – 4pads/day

D2 to D4 --3pads/day

- Clots: Minimal
- Dysmenorrhea: present (localized to sacral region)
- Foul smell: absent during bleeding (as told by the patient)
- White discharge: Mild (as told by the patient)
- Itching: present

LMP: 20/03/2021

Obstetric history

Nulliparous

Coital history

3-4 times/week

General examination

- Built – Moderate
- Nourishment – Moderate
- Pallor – Absent
- Oedema – Absent
- Clubbing – Absent
- Cyanosis – Absent
- Icterus – Absent
- Lymphadenopathy – Absent
- Height – 170cm
- Weight – 63 kg
- BMI – 21.8 kg/m²
- Pulse Rate – 84 beats/minute
- BP – 120/70 mm Hg
- Respiratory Rate – 22 cycles/minute
- Temperature – 97.3°F
- Tongue – Coated

Ashta Sthana Pariksha

- Nadi – 84/min
- Mootra – 5-6 times a day.
- Mala – twice/day, regular
- Jihwa – lipta
- Shabdha- Prakruta
- Sparsha – Prakruta
- Drik – Prakruta
- Akruithi – Madhyama

Dashavidha Pariksha

- Prakruti – Pitta kapha prakruti
- Vikruti
- Dosha – Kapha pradhana vata dosha
- Dushya – Rasa
- Desha – Sadharana
- Bala – Madhyama
- Sara – Madhyama
- Samhanana – Madhyama
- Pramana – Madhyama
- Satmya – Vyaamishra
- Satva – Alpa
- Ahara shakti –
- Abhyavaharana shakti : Avara
- Jarana shakti: Avara
- Vyayama shakti – Madhyama
- Vaya – Madhyama

Atura bhoomi desha pareeksha

- Jatataha – Sadharana
- Samvrddhataha – Sadharana
- Vyadhitaha – Sadharana

Systemic Examination

- CVS: S1 S2 normal
- CNS: Well-oriented, conscious
- RS: normal vesicular breathing, no added sound
- P/A: Soft, tenderness absent, no organomegaly

Examination of Vulva

- Inspection
 - Pubic Hair – Normal
 - Clitoris – Normal
 - Labia – Normal
 - Discharge – thick curdy white discharge present with foul smell smearing the labia minora only.
 - Redness- Mild
 - Swelling – Absent
 - Palpation - No palpable mass observed
- Vagina
 - Redness – Absent
 - Tenderness- Absent
 - Local lesion – Absent
 - Discharge – Present
 - Colour of Discharge – White colour
 - Consistency of Discharge- Thick, curdy
 - Amount of Discharge – Moderate

- Cervix
 - Size: Normal
 - Position: posterior
 - Redness: Absent
 - External os: Nulliparous, closed
 - Cervix lip: Healthy

P/V examination

- Cervix
 - Texture- Soft

- Movement - Painless
- Bleed on touch – Absent
- Fornices
- Anterior- free, non-tender
- Lateral- Free, non-tender
- Posterior – Free, non-tender
- Uterus (Bimanual Examination)
- Position – Anteverted
- Direction – Anteflexed
- Size- Normal
- Consistency- Firm
- Mobility – Mobile
- Tenderness- Absent

Investigations

Vaginal swab test: Positive for E.Coli.

Diagnosis: Kaphaja Yonivyapad leading to Vandhyatva
Bacterial vaginosis leading to primary infertility

Treatment

DATE	COMPLAINTS	TREATMENT	OBSERVATION
9/3/2021 to 16/3/21	<ul style="list-style-type: none"> ▪ Foul smelling vagina, Itching, thick white curdy discharge per vaginum. ▪ Low back pain 	1. Yoni Prakshalana with Gomutra arka for 07 days from 9/3/21 2. Pippalyadi churna 3gms-0-3gms with honey for 15 days	<ul style="list-style-type: none"> • Observation after 15 days • White discharge was seen occasionally. • Foul smell also reduced. • Low Back pain was reduced.
07/04/2021	<ul style="list-style-type: none"> ▪ C/O mild white discharge per vaginum ▪ On observation patient appeared to be anxious. 	Pushyanuga churna 50g + Yashtimadhu churna 25g + Abhra Loha 10 tab ----- 1tsp – 1tsp – 1tsp with honey Trayodashanga guggulu 1-0-1 Saraswatharishta + Lodhrasava 4tsp-0-4tsp	<ul style="list-style-type: none"> • Reduced white discharge per vaginum. • Itching, Foul smell from the vagina - absent
1/4/2021 to 7/4/2021	<ul style="list-style-type: none"> ▪ After h/o traveling the patient complained of white discharge with itching. 	Yoni Prakshalana with Gomutra arka for 7 days	<ul style="list-style-type: none"> • White discharge and The itching was reduced.
19/5/21	The patient came for a follow-up with UPT – Positive.	Ante Natal Care followed.	The patient got Conceived.

DISCUSSION

In this case, the patient's main complaints were white discharge per vaginum. Hence during the first visit prescription consisted of Gomutra Arka yoni prakshalana and Pippalyadi Churna which is directly indicated in Kaphaja Yoni vyapad.^[4]

Gomutra Arka Yoni Prakshalana due to its laghu teekshna ushna,^[5] and antimicrobial action,^[6] has acted as a decent remedy for the local site of infection thus helping in yoni shuddhi i.e kshetra shuddhi among the chaturvidha garbha samagri which is the first step towards the acquirement Shreyasi Praja.

Pushyanuga churna,^[7] is indicated in all types of yoni srava, yashtimadhu churna,^[8] which is balya along with abhra loha,^[9] caters to the discharge due to nutritional causes. This whole combination of formulations aims to eradicate the white discharge's cause. Along with this effect, this combination also has an overall Rasayana effect thus rejuvenating the reproductive tract and preparing it for the upcoming gestation.

Trayodashanga Guggulu,^[10] was given here keeping in mind her low back ache as this is directly indicated in Kati Graha as well as yoni dosha. Hence it acts on both the complaints. Usually, white discharge is associated with dull low back aches, when the vaginal discharge is treated properly, the low back ache also subsided. The same is illustrated in this study also.

Saraswatharishta,^[11] is said to be rajo doshaghna, sarvadoshahara, and Rasayana Dravya. This along with lodhrasavam swhich is stambhana in nature thus acts as both Yoni shuddhikara as well as Rasayana.

CONCLUSION

Infertility or Vandhyatva has many reasons out of which one reason is the vaginal factor which can also be considered as kshetra dosha. Procurement of a Shreyasi Praja needs all the 4 garbha sambhava samagri in a balanced state i.e, without any complication.

In this case, the patient was suffering from chronic bacterial vaginosis which is considered to be Kaphaja Yoni Vyapad in Ayurveda. As mentioned previously untreated yonivyapad leads to Vandhyatva, this patient

was also suffering from the same. Proper management with both Abhyantara as well as sthanika chikitsa led to successful intrauterine gestation. Hence this study is an attempt to showcase the importance of timely treatment of Kaphaja Yoni Vyapad as well as Kshetra dosha to prevent Vandhyatva as a Upadrava.

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