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Case Report

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A Minimal Invasive Management of Candida Vaginitis by *Yoni Prakshalana*— A Case Report

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ABSTRACT

In this modern era, people lead sedentary and stressful life as a result of changes in their lifestyles, modern dietary habits such as junk meals, untimely foods, and so on. From menarche to menopause and post-menopause, women face a wide range of health issues. Among these, the most common problem which is being observed in married women is *kaphaja yoni vyapat* which resembles the clinical features of *Candida vaginitis*. Aim and objective of this case report were the clinical evaluation of *kaphaja yoni vyapat* (*Candida vaginitis*) and to evaluate the role of Ayurvedic management by *sthanika* and *shamana* therapy. Women aged, presented with whitish discharge per vagina, and itching in the vulvovaginal region were examined and screened at the OPD department of *Streeroga* and *Prasootitantra*, KLE BMK Ayurvedic College of Ayurveda and Hospital, Shahpur, Belagavi. After appropriate analysis of the patient based on ayurvedic parameters, the patient was treated with *yoni prakshalana* with *triphalakwath* for 7 days followed by *Nimbadiguggulu* 2vati twice a day for 7 days. Lifestyle modification & diet was also advised accordingly. There was a reduction in symptoms by 90%. No, adverse drug interactions were reported.



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INTRODUCTION:

Candidiasis is a fungal infection due to any type of *Candida* (a type of yeast). One such fungal infection is "*Candida vaginitis*" caused by *Candida albicans*. In this present era, due to changes in their lifestyle, modern dietary habits like junk foods, untimely foods, lifestyle diseases like type 2 Diabetes mellitus, etc., having a sedentary and stressful life. In Ayurveda, candida vaginitis is correlated with *Kaphaja yoni vyapat*. As *Kapha dosha* and *rasadhatu* vitiation were noticed the case was managed by *Sthanikachikitsa the dravya's* with *katu rasa*, *ushnaveerya* and *ruksha* in nature.

CASE REPORT

A woman aged 33years old presented with whitish discharge per vagina and itching in the vulvovaginal region for 3-4 days. On inspection, the vulva was inflamed, on per speculum examination, thick curdy whitish discharge, cervix not visualized due to whitish discharge, was observed and on per vaginal examination, the uterus was normal, anteverted with free fornices and mild tenderness present.

History of present illness: A female patient aged 33yrs with k/c/o T2 Diabetes mellitus since 2yrs under medication and Hypothyroidism since 2yrs under medication. The patient was apparently healthy before four days. Suddenly she developed symptoms like excessive whitish discharge and severe itching in the vagina. So, for better treatment, she came to KLE BMK Ayurvedic College of Ayurveda and Hospital, Shahpur, Belagavi. Significant and relevant past illness was not observed.

Personal history: Dietary habits (*Ahara*) revealed the use of vegetarian dietary habits, with suboptimal use of water and oral fluids; regular use of *Abhishyandi* (incompatible) and *Snigdha*(sliminess) and *Guru aharas* (hard foods). Behavioural Pattern (*Vihara*) showed sedentary lifestyle; with no physical exercise. History of Disturbed sleep. Bowel habits were unsatisfactory, no history of dysuria.

Menstrual history: With LMP on 8.3.2019 patient had regular menstrual periods with a duration of bleeding for 4-5 days with an interval of 30days and the flow was within normal limits. Marital life-Divorcee.

Obstetrical history: No obstetrical history

Coital history: Nil

General examination: Built: Obese, Tongue: Clear, Pulse Rate: 78/Min, BP: 140/90mm of Hg, Respiration Rate: 22/Min, weight-98kg, Edema: Facial puffiness, Temp: Afebrile.

Physical examination: *Dasavidhapariksha Prakriti – Kaphavata, Satmya – Madhyama, Vikriti – Kapha, Aharashakti – Madhyama, Sara – Madhyama, Vyayama Shakti – Avara, Samhanana – Madhyama, Vaya – Madhyama, Satva-Madhyama, Pramana – 5.7 Feet.*

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

Sthanikapariksha: on inspection Vulva inflamed, P/A: soft, no tenderness, Breast examination: soft, no tenderness, P/S: cervix not clearly seen due to thick curdy whitish discharge, P/V: Ante Verted /Normal Size /Free Fornices, Mild tenderness present.

DIAGNOSIS:

Candida vaginitis relatively can be correlated with *Kaphaja yoni vyapat* specifically to *Lakshanas* as mentioned in *Samhitas*.

TREATMENT STRATEGY:

- *Yoni prakshalana* with *Triphala kwatha*¹ per vaginal 5mins once a day for 7 days.
- Followed by *Nimbadi guggulu*² 2vati twice a day for 7 days.

Ahara and vihara advised during treatment

The patient was advised to intake 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) which are having *abhishyandi* and *kaphavardhaka* in nature.

OBSERVATION:

Table No. 1: Subjective parameter

Subjective	Before Treatment	2 nd day	4 th day	6 th day	After Treatment 8 th day	Follow up After 15 days
<i>Picchilasrava</i>	Present	Present	Present	Reduced	Absent	Absent
<i>Sheetasrava</i>	Present	Present	Present	Reduced	Absent	Absent
<i>Yoni Kandu</i>	Present	Present	Present	Reduced	Very mild	Absent
<i>Yoni vedana</i>	Absent	Absent	Absent	Absent	Absent	Absent
Quantity	Severe discharge	Severe discharge	Moderate discharge	Mild discharge	No discharge	Absent

Table No. 2: Objective parameter

Objective	Before Treatment	After Treatment 8 th day	Follow Up After 15 days
External genital appearance	Vulva inflamed	Absent	Healthy
Vagina	Healthy	Healthy	Healthy
Tenderness	Present	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 No. 3: Results

Complaints	Before Treatment (Day 0)	After Treatment (Day 8)
<i>Panduvarna Srava</i>	Present	Absent
<i>Kandu</i>	Absent	Very mild
<i>Vedana</i>	Absent	Absent
<i>Shitalata</i>	Present	Absent

- The patient showed improvement in subjective and objective parameters.

DISCUSSION

The imbalances of tridoshas are always provoked due to improper *ahara* and *viharaby* vitiating of the tissues. This changes both the internal and external environment of a living organism. Thus, the changes in the internal environment are due to the intake of foods and drinks which are not good for health. The changes in the external environment are due to seasonal variations. From this observation, it is said that by the intake of *Abhisyandiahara* (which causes obstruction to channels of circulation), the aggravated *Kapha* vitiates the reproductive organs of the woman, then causes sliminess, cold, itching, mild pain, and pallor of external genitalia. Thus, the alteration in the internal environment leads to *kaphaja yoni vyapath* which when left untreated leads to changes in the epithelium of the cervix.

Type 2 Diabetes mellitus and Thyroid dysfunction are predisposing factors for *Candida vaginitis*³.

In the clinical setting of a reproductive-age woman presenting with vulvovaginitis, there is no need to perform confirmatory cultures for *Candida*. Since *Candida* species are part of normal vaginal flora in many women, routine cultures in asymptomatic women are also discouraged. In women with repeated episodes of *Candida* vulvovaginitis, culture should be obtained to identify the fungal species to identify alternative causes of vaginitis⁴.

Yoni prakshalana with this herbal preparation *Triphalakwatha*. It is easily available, and cost-effective. It is from *MustadiGana of Sushruta* which has the property of curing diseases related to the vagina, cervical canal, uterus (*Tryavarta yoni*) *Triphala* is an anti-inflammatory, antiviral antibacterial" antioxidant that improves circulation and possesses astringent properties. It does not have side effects such as itching, allergy, or blisters like that of modern antibiotics. *Yonidhawana* (cleaning of the vagina) which is one of the forms of *prakshalana* will clean the wound in the vagina as it is always in contact with unwanted metabolic products (*Kleda*)⁵.

The major ingredients of *Nimbadiguggululike Nimba*(*Azadiractaindica*), *Vasa*(*Adathodavasica*), *Patola*(*Trichosanthesdioca*), *Guggulu* (*Commiforamukul*) have got *katu*, *madhuravipaka* which act as *kaphavataghna*(pacifies *Kapha* and *Vata*). All ingredients have *laghu*, *Raksha*(dry)*guna* which makes it more effective in pacifying *Kapha dosha*.

During the course of consuming this drug, one is asked to consume *Snigdha* (unctuous) and *Usha* (hot) food to avoid excess dryness in the body⁶.

CONCLUSION

Correlation between *kaphaja yoni vyapad* and *Candida vaginitis* was done only on the basis of the symptom vaginal discharge.

This condition is not life-threatening, simple cases can be cured within days and complicated can require time. This disease can be cured mainly by maintaining hygiene, modifying one's lifestyle, and should change food habits. Personal hygiene is a must needed for every woman.

Triphalakhwatha Yoni prakshalana and *nimbadiuggulu* showed good results in reducing the whitish discharge vaginally and denatured the candidal infection.

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