



Clinical Efficacy Of Ayurveda Treatment Regimen On Vaginitis A Case Report

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Abstract:

Introduction - Vaginitis is the inflammation of the vagina characterized by abnormal vaginal discharge, itching, burning and pain. It is usually associated with an irritation or infection of vulva due to its close proximity to vagina. Vaginitis is a common complaint in women, accounting for 7% of all visits to gynaecologist and being the most common gynecologic problem encountered by primary care providers for women. The most common causes of vaginitis are bacterial vaginosis, vulvovaginal candidiasis and trichomoniasis. Bacterial vaginosis is implicated in 40% to 50% of cases when a cause is identified with vulvovaginal candidiasis accounting for 20% to 25% and trichomoniasis for 15% to 20% of cases.

Common disease symptoms include vaginal itching, burning, pain and redness. Often, they are accompanied by vaginal discharge consisting of sloughed epithelium, immune cells, yeast and vaginal fluids. Vulvovaginal candidiasis is the most prevalent human candida infection,

estimated to afflict approximately 75% of all women at least once in their lifetime.

A 32-year-old married female patient presented to the outpatient department (OPD) with complaints of increased vaginal discharge with vulvar itching and burning for the past 10 months. Vaginitis is an inflammatory process involving the vagina, expanding often to the contiguous anatomical structure (cervix and vulva). Vaginal candidiasis is the most common and aren't usually serious. It can be corelated to *Pittaja Yoniyapad* based on its *Lakshanas*.

Conclusion: *Guduchyadi Kwath Yoni Prachhalana* showed significant changes in the management of vaginitis with the reduction of *katishoola*, *yoni Kandu*, Consistency of the *Srava* and *Srava pramana*, Vaginal pH after the treatment.

Introduction:

Vaginitis is a global health problem that affects men, women, families, and communities. It may have severe consequences such as infertility, ectopic pregnancy, chronic pelvic pain, abortion, and an increased risk of HIV transmission, preterm birth or delivery of a low-birth weight infant. Therefore, proper prevention and treatment of these diseases are of great importanceⁱ.

Vaginitis is a common medical problem in women that can be associated with significant morbidity and complications. As the lower genital tract is directly exposed to the external environment, it is subjected to inflammation as well as infection, which may remain localized or may progress to other areas such as the endometrium, fallopian tubes, peritoneal cavity and less likely, the ovariesⁱⁱ. Vaginitis and vaginosis refer to vaginal infection, skin diseases involving the vagina, or a disruption of the normal vaginal flora. Common and nonspecific symptoms include vaginal discharge, odor, introital itching, or irritation. Vaginal infections lead to inflammatory changes in the epithelial cells which may be cytoplasmic abnormalities of diagnostic importance. Symptoms of vaginitis are non-specific and neither self diagnostic nor diagnosis by a physician is reliable without laboratory confirmationⁱⁱⁱ. In *Ayurvedic* literature both the internal as well as external methods were mentioned for the management of the vaginal discharge. So in the present study for the management of the Vaginitis, *Guduchyadi Kwath Yoni Prakshalan* was selected. In *Guduchyadi kwath, Guduchi, Triphala and Danti* is in equal quantity which pacifies the symptoms related to the vaginal discharge.

Case Report

Presenting concerns

The case of this report is a 32-years old married female visited the OPD of Prasuti tantra stree Roga at the Dr. Sarvepalli Radhakrishnan Rajasthan Ayurvedic Hospital in Jodhpur on 20 December 2022 with the complaint of increased vaginal discharge with vulvar itching and burning sensation in vaginal region for the past ten months, and she sought treatment for these symptoms.

Clinical findings

The patient got married in the years 2017 at the age of 26 years and her obstetric history was nil. she attained menarche at the age of 13 years. No history of similar problem in any of the family members. Personal history of the patient revealed that her appetite, sleep, micturition and bowel habit normal. There was no relevant history of hypertension, thyroid disorder, diabetes mellitus and no history of surgical intervention for the patient.

In the general examination, her blood pressure was 110/80 mmHg, pulse rate 70/min, height 160cm, weight 54 kg, pulse rate of 80 beats per minute. Her physical examination and examination of external genitalia did not reveal any abnormal findings. Per speculum examination showed a healthy nulliparous cervix without any significant abnormality. Bimanual examination revealed an anteverted mobile uterus with a negative cervical motion tenderness.

Menstrual History

The Patient attained menarche at 14 years of age. She had a regular menstrual cycle with an interval of 27-30 days, 3-5 days of duration, normal flow, mild pain sometime and no foul smell.

Personal History

Ashtavidha pariksha (Eight methods of examination of a patient)

Nadi (pulse) - 80/min, *Kapha Vataj*; *Mutrapravritti* (micturition) - Frequency was 4– 5 times /day ; *Malappravritti* (passing stool) - Frequency was once /day ; *Jihwa* (tongue) – *Nirama Shabda* (voice) - *Spashta* (normal) ; *Sparsha* (touch) - *Samshitoushna* ; *Drika* (vision) - *Prakrit* (normal) ; *Aakriti* (physique) - *Madhyam* (medium).

Dashvidha pariksha (Ten methods of examination of a patient)

Prakriti - *Vata-kaphaj Vishmasamveta* ; *Vikriti* - *Vishmasamveta* ; *Sara* - *Madhyam* ; *Samhana* (Compactness of the body) - *Madhyam* ; *Pramana* (measurement) - *Madhyama* ; *Satmaya* - *Avar* ; *Satva* – *Pravar* ; *Vaya* - *Yuvastha* ; *Aahar* - Patient had *mishra rasa* diet with predominance of *amla rasa* (sour) ; *Ahara Shakti* (medium food) – *Madhyam* ; *Jarana Shakti* – *Madhyama* ; *Vyayam Shakti* – *Madhyam*.

Systemic examination – No significant abnormality were noted.

Investigations

Table 1: - Observation and treatment

	Before treatment (on 20.12.2022)	After treatment (on 27.02.2023)
Hb%	11.0gm %	11.5gm%
ESR	24mm /hr	18mm /hr
RBS	89 mg /dl	88mg / dl
Vaginal pH	6	4
Urine (Routine and Microscopic)	Pus cells – 2-3 /HPF Epithelial cells- 1-2 / HPF	Pus cells – 0-1 /HPF Epithelial cells- 0-1/ HPF

Vaginal swab culture	Gram Stain revealed a few pus cells, few epithelial cells, and a few gram-negative bacilli, KOH Examination showed no fungal elements ,Culture Result was positive, with the isolated organism being Escherichia Coli.	No pathogenic growth	
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Therapeutic intervention :

The primary objective of the treatment was to reduce symptoms of white discharge, itching, backache reduced significantly with the treatment of 7 days. The altered vaginal pH also came back to physiological acidic pH, which also acts as defence mechanism in maintain the vaginal flora. In these case, the result of vaginal swab is discussed where we found presence of Escherichia Coli in the patient before treatment and after the intervention with *Guduchyadi Kwath Yoniprakshalana*, the significant change was observed in vaginal swab i.e., No Pathogenic growth found. Treatment started after menses for 7 days. For a week, the procedure was done twice a day. During treatment, patients were advised to abstain from intercourse.

Preparation of the *Guduchyadi kwath* :

The raw drug was collected from the local market and after its examination by the Department of *Dravya Guna* the drug was prepared in the pharmacy. All the 5 ingredients were taken in the required amount and were made into coarse powder (*Yavakuta*) in the pulverizer machine. 31.25gm drug was boiled in 2 liter water and reduced to 1 liter for vaginal douching. After that, the coarse powder of all ingredients was mixed properly and packed in air-tight poly bags.

Pre-procedure: Patients were contacted two days after the menses.

- During the study phase, patients were advised to avoid intercourse.
- Told the patient to pass urine.
- All aseptic precautions were taken while the patient was in the Lithotomy position.
- The patient was asked to come after cleaning the genital hairs.

Procedure

- After lying on the table, the external genitalia were examined followed by the internal.
- After this, filled 1 liter of *Kwath* in a douching pot and applied it first on the external genitals, then on the internal genitals. Kept the *Kwath* at room temperature.
- This procedure was done for 3-5minutes

Post-procedure:

- The patient was admitted to I.P.D. for an hour to observe any reactions.

Follow up and Outcome

Patients were advised to return 15th days for a follow-up study after completing the medication. Changes in signs and symptoms were recorded during the follow-up study, and necessary investigations were repeated.

Vaginal swab culture

Before treatment

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(A Division of Endogenetic Life Sciences Pvt. Ltd.)

LABORATORY REPORT Enko No. 1222107544

Name: [Redacted] Sex/Age: [Redacted] 4 Years
Ref. By: [Redacted] Lab Code: 9685 Reg. Date: 20-Dec-2022 07:45 PM
Client Name: GOVT.HOSPITAL,JOONPUR-6685 Sample Date: 20-Dec-2022 07:45 PM
Approved On: 23-Dec-2022 12:40 PM

Clazolidinone	Resistant
Linezolid	Resistant
Folate pathway inhibitors	Resistant
Trimethoprim - Sulphamethoxazole	Resistant
Trimethoprim	Resistant
Sulfonamides	Resistant
Leoprosinides	Resistant
Ceftriaxone	Sensitive
Cefixime	Sensitive
Nitrofurantoin	Resistant
Chloramphenicol	Resistant
Fusidic acid	Sensitive

PYOGENIC CULTURE AND SUSCEPTIBILITY FOR BACTERIA

Specimen: Vaginal swab
Gram Stain: Few pus cells, few epithelial cells, few gram negative bacilli seen.
Z.N. Staining Findings: Negative for acid fast bacilli (AFB).
KOH Examination: No fungal elements are seen.
Culture Result: Positive
Organism isolated: Escherichia Coli
Colony Count: Moderate Growth

Note: Isolates exhibiting resistance to third generation cephalosporins and decreased susceptibility to imipenem, meropenem or ceftazidime may produce KPC-type or other carbapenemases. Such isolates may be resistant to therapy with carbapenem agents. Please appertain in vitro susceptibility. (Ref: CLSI M100 Guidelines)

End Of Report

This is an Electronically Authenticated Report. Test done from outside sample.

Dr. Anika H Patel MD (Pathology) Consultant Pathologist
Dr. Mahesh R. Patel MD (Pathology) Consultant Pathologist
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After treatment

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LABORATORY REPORT Enko No. 144426694

Name: [Redacted] Sex/Age: [Redacted] 4 Years
Ref. By: [Redacted] Lab Code: 9685 Reg. Date: 27-FEB-2023 2:45 P
Client Name: GOVT.HOSPITAL,JOONPUR-6685 Sample Date: 27-FEB-2023 2:45 P
Approved On: 28-FEB-2023 10:49

PYOGENIC CULTURE AND SUSCEPTIBILITY FOR BACTERIA

TEST	RESULT
Specimen	Vaginal swab
Gram Stain	Few pus cells, few epithelial cells, no organisms seen
Z.N. Staining Findings	Negative for acid fast bacilli (AFB).
KOH Examination	No fungal elements are seen.
Culture Result	Negative
Organism isolated	No organism
Colony Count	Sensitivity reporting has not been done as there was no growth of any bacteria.
Note	

End Of Report

This is an Electronically Authenticated Report. Test done from outside sample.

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Discussion:

Guduchyadi Kwatha (Guduchi, Triphala, Danti), the drug *Guduchi* has *Tikta Kashaya Rasa, Guru Snigdha Guna, Ushna Veerya, Madhura Vipaka* and having properties like *Tridoshaara, Balya, Stambhana, Kandughna, Yonisodhana, Vedanasthapana, Shothahara, Dahaprashamana, Vranashodana, and Vranaropana*. The drug *danti* has *katu rasa, guru, tikshna guna, ushna virya, katu Vipaka, kaphavatahara*, property^{iv}. The drugs in *Triphala* has *Tridoshahara, rasayanam, bhedana, anulomana* property. *Stambhana* property of *Guduchyadi Kwatha Yoni prakshalana* helps to reduce *Yonirava*. Due to *Ushna veerya* of drugs pacifies *vata dosha* and relive *Yonitoda*. Due to *krimi* or *Jantughna* property of drugs, *Yonikandu* got reduced. *Shothahara* (anti-inflammatory) helps to reduce the congestion of the vagina, its *Jantughna* (anti-microbial) property helps to fight against the micro-organism & prevents their growth again, *Rasayana* effect of the

Guduchi, Amalaki its *tridosahara* property helps to improve the general immunity of the patient. *Guduchyadi Kwath* is particularly helpful in maintaining the vaginal micro biota, normalizing the vaginal pH, and maintaining normal bacterial flora, leading to infection prevention and ascending. *Yoni Prakshalana* with *Guduchyadi Kwath* kills bacteria, promotes vaginal mucosa healing, maintains pH, and dissolves in the vaginal lumen. These qualities aid in strengthening local cell immunity and preventing symptom recurrence in patients. During the study period, the medicine was confirmed to be safe with no side effects^v.

Conclusion - In this case report, *Yoni Prakshalan* a topical treatment method is selected in which vaginal irrigation is done with a stream of *Guduchyadi Kwath*. *Yoni Prakshalan in Ayurveda*, is a practice that is quite similar to douching. *Yoni Prakshalan* is an *Ayurvedic* practice of indicated in Gynecological diseases, inflammations, erosions and infertility. It also helps to strengthen the vaginal muscles. It can be used to cure pathological problems as well as to cleanse the vaginal organs to prevent bacterial or fungal infections. It basically brings about local and deep cleansing effect and also imparts the desired actions like *Vrana Shodhana*, *Ropana*, *Shothahara*, *Vedana Sthapaka*, *Kandughna*, *Krimighna*, *Kleda Shoshana*. The main action of *Prakshalana* is bactericidal, and anti-inflammatory. It removes the debris and unhealthy tissue and promotes new tissue growth. It heals unhealthy vaginal mucosa, maintains normal vaginal flora, removes harmful bacterial growth and maintains normal vaginal pH. There were no adverse effects found during this ayurvedic medication. After the *Yoni prakshalan* is applied on the affected part of the vulva it get absorbed and reaches in to the circulation by its anti inflammatory and analgesic property, it reduces swelling, redness and pain. Local causative organisms like *Candida albicans*, *T vaginalis* etc. *Krimighna*, *Kushtaghna* property i.e antimicrobial, antifungal and anti bacterial property and by the astringent property it reduces secretion and itching^{vi}.

Informed Consent

Consent of Patient taken prior to procedure of treatment plan.

Conflict of Interest – None

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