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Ayurvedic management of recurrent vulvovaginal candidiasis interpreted as *Kaphaja Yoni Vyāpāda*: A case report with two-year symptom-free follow-up

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Abstract

Kaphaja Yoni Vyāpāda, one of the twenty types of *Yoni Vyāpāda* described in classical Ayurvedic texts, is characterized by *śveta-picchila śrava* (white, sticky vaginal discharge), *yonikandu* (intense itching), *mṛdu vedanā* (mild pain), and a sensation of coldness and heaviness in the genital region—indicating Kapha doṣa aggravation in the vaginal tract. This clinical entity aligns with Kapha-dominant disorders of the female reproductive system and closely correlates with the modern biomedical presentation of vulvovaginal candidiasis (VVC), typically caused by *Candida albicans*.

Vulvovaginal Candidiasis is among the most prevalent fungal infections affecting women worldwide. Vulvovaginal candidiasis, frequently caused by *Candida* species, presents with characteristic symptoms like thick, whitish discharge accompanied by itching, redness, and genital discomfort. Although antifungal agents remain the first-line therapy, increasing resistance and recurrence have led to interest in alternative treatments.

This case report discusses a 38-year-old married female with a 15-day history of profuse, cold, sticky white vaginal discharge (*śīṭala picchila śleşma*), intense itching (*yonikandu*), mild burning, and dull lower abdominal pain. Microscopy confirmed a fungal infection, and Ayurvedic assessment diagnosed the condition as *Kaphaja Yoni Vyāpāda*. Treatment included *Pushyānuga Chūrṇa* (5 g twice daily with *Tandulodaka* for 10 days), daily *Yoni dhāvana* using *Triphalā kvātha* fortified with *Sphāṭika Bhasma* and fresh *Nimba* leaves for 15 days, and *Gandhaka Rasāyana* (250 mg twice daily for 10 days). By the end of treatment, all symptoms had resolved. Follow-ups at 1 month, 6 months, 1 year, and 2 years confirmed no recurrence. This case highlights the effectiveness of classical Ayurvedic formulations in managing recurrent vulvovaginal candidiasis, supporting their potential as safe, economical, and sustainable alternatives.

Keywords: *Kaphaja Yoni Vyāpāda*, Vulvovaginal candidiasis, Pushyanug Churna, Yoni Dhavana, Triphala Kwath, Gandhaka Rasāyana

Introduction

Disorders of the female reproductive tract have been extensively discussed in both traditional Ayurvedic and modern medical literature. In the Ayurvedic framework, *Yoni Vyāpāda* refers to twenty distinct pathological conditions effecting the female genital system, classified based on the vitiation of *doṣas-Vāta*, *Pitta*, and *Kapha*. Among these, *Kaphaja Yoni Vyāpāda* is characterized by *śveta picchila śrava* (thick, white, slimy vaginal discharge), *yonikandu* (intense vulvovaginal itching), *mṛdu vedanā* (mild pain), *śīta sparśa* (coldness), and *gurutva* (heaviness) in the vaginal region, which collectively point to *Kapha doṣa* aggravation in the *yonimārga* ^[1, 2]. These classical features correspond well to certain *Kapha*-dominant gynecological infections as understood in contemporary medicine.

From the biomedical perspective, Vulvovaginal candidiasis (VVC) is one of the most prevalent fungal infections among women, primarily caused by *Candida albicans*. It typically presents with curdy white discharge, itching, burning, vaginal erythema, and dyspareunia ^[3]. Although antifungal agents like fluconazole are effective for acute infections, recurrence is common, especially in immunocompromised or diabetic women, leading to a chronic condition called Recurrent Vulvovaginal Candidiasis (RVVC) ^[4]. Moreover, emerging antifungal resistance and drug-related adverse effects highlight the need for alternative, integrative approaches that are both safe and sustainable.

Ayurveda offers a comprehensive therapeutic strategy based on restoring *doṣhic* balance, promoting *yoni śuddhi* (vaginal cleansing), and enhancing tissue resistance through *rasāyana* therapy. *Kapha-śāmaka* drugs, *yoni dhavana* (vaginal douching), and internal medications play a pivotal role in treating *Kaphaja Yoni Vyāpada* [5]. Herbs like *Triphala*, *Nimba*, and *Sphātika* are known for their *lekhana* (scraping), *kṛmighna* (antimicrobial), and *dāhaka* (anti-fungal) properties, and have shown promising results in vaginal infections. *Rasāyana* formulations like *Gandhaka Rasāyana* are traditionally used to purify blood, boost immunity, and prevent recurrence [6].

The present case report discusses a 38-year-old married female with classical symptoms of *Kaphaja Yoni Vyāpada*, diagnosed clinically as vulvovaginal candidiasis. She was managed with a multidimensional Ayurvedic treatment regimen including *Pushyānuga Chūrṇa*, with *Tandulodak*, *Triphala Kwātha yoni dhavana* fortified with *Sphātika Bhasma* and fresh *Nimba leaves*, and *Gandhaka Rasāyana*. The patient experienced complete resolution of symptoms within 15 day and remained symptom-free on long-term follow-up. This case demonstrates the potential of Ayurvedic interventions as effective, natural, and recurrence-preventing alternatives in the management of fungal vaginal infections.

Materials and Methods

- **Plan of work:** The clinical study for this research work was conducted in the OPD of Pt. Khusilal Sharma Government Ayurveda Institute, Patient was suffering from *Kaphaja Yonivyapad*. Previously she has taken allopathic treatment for similar complaints & She relieved with that treatment but again symptoms aggravated after few months.
- **Case report:** A 38 years-old married woman (household worker) visited OPD of Pt. Khusilal Sharma Government Ayurveda Institute, Bhopal. She is presenting with complaint of *Kaphaj Yoni Vyapad* such as severe vaginal itching, white sticky discharge, mild burning, and dull suprapubic discomfort for three months. She reported similar complaints every year for the past five years and had consulted a general practitioner and received topical antifungals with only transient relief. Symptoms were continuous and effecting her daily activities. No systemic illness was reported.

On examination, external genitalia showed erythema and excoriation; the mucosa was moist with curdy white discharge. The discharge was odourless no ulcers or erosions were observed. Vitals and systemic exam were normal.

- **Past history:** H/O Vulvovaginal Candidiasis complain every year since 5year
- **Medical History:** N/K/C/O DM, HTN, Asthma, epilepsy, Thyroid disorder
- **Surgical history:** No Surgical History
- **Occupational history:** Household Worker
- **Family history:** All family members are said to be healthy. History of similar complaints in her daughter.
- **Menstrual history**

Age of menarche-14 yrs.

Menstrual cycle-regular

- Duration-4-5 days
- Interval-28-30 days
- Clots-Absent
- Dysmenorrhea-Present
- Foul smell-Absent
- LMP-28/6/23 P.LMP-8/5/23

Coital History

- Frequency of coital act-1-2 times in 4month
- Dyspareunia-Absent
- Burning sensation-Mild

Obstetric History-G3P3L3A0D0

General Examination

- Built-Lean
- Nourishment-Moderately nourished
- Pallor-Absent in conjunctiva
- Icterus-Absent
- Cyanosis-Absent
- Clubbing-Absent
- Lymphadenopathy-Absent
- Height-152 cm
- Weight-50 kg
- BMI-22.2 kg/meter square
- Pulse rate-72/min
- BP-120/70mmhg
- Respiratory rate-18/min
- Temperature-97° F
- Tongue-Not coated

Nidana Panchaka

- **Dosha:** Kapha & Vata Dosha
- **Srotas dushti:** Vimarga Gamana
- **Roga marga:** Bahyam Roga Marg

Ashtavidh Pareeksha

- **Nadi:** 76/min
- **Mootra:** 6-7times/day
- **Mala:** regular, 1/day
- **Jihwa:** Alipta
- **Shabdha:** Prakrutha
- **Sparsha:** Prakrutha
- **Drik:** Prakrutha
- **Akruthi:** Madyama
- Gynecological Examination
- Per Speculum & Per Vaginal Examination

Examination of vulva

Inspection

Pubic hair-Normal distribution
Clitoris-Normal
Labia majora-Erythema and Excoriation
Labia minor-Erythema and Excoriation
Discharge-Profuse White Curdy

Investigation

A high vaginal swab microscopy revealed budding yeast cells, pseudohyphae, and septate hyphae, confirming *Candida* spp. A vaginal pH was 4.5. No bacterial pathogens or trichomonads were found. Routine CBC and blood sugar were normal.

The diagnosis of recurrent vulvovaginal candidiasis was confirmed based on microscopy. In Ayurvedic terms, *śveta* (white), *piśchila* (sticky) discharge with intense *kandu*

(itching) and mild pain corresponds to *Kaphaja Yoni Vyāpada*.

Treatment Protocol

Table 1: Intervention details with dosage, duration, route, and specific hygiene guidance.

Intervention	Dose & Duration	Route/Mode
<i>Pushyānuga Chūrṇa</i>	5 g twice daily × 10 days with <i>Tandula-udaka</i> (rice-wash water)	Oral
<i>Yoni Dhāvana</i>	Daily × 15 days with <i>Triphala Kwātha</i> (200 ml) + <i>Sphāṭika Bhasma</i> + <i>Nimba Patra</i>	Vaginal wash
<i>Gandhaka Rasāyana</i>	250 mg twice daily × 10 days	Oral
Vaginal hygiene guidance	Clean with lukewarm water, use of cotton undergarments, avoid irritants	Lifestyle

Results

By day 7, symptoms reduced; by day 10, itching, discharge, and burning were resolved. *Yoni dhavana* continued till day

15. At 1 month, 6 month, 1 year, 1.5 year, 2 year follow-ups, there was no recurrence.

Table 2: Comparison of patient complaints before and after treatment

Complaints	Before Treatment	After Treatment
Vulvovaginal Pruritis	Intense Itching ++++	Absent
Vaginal Discharge	Severe Curdy White Discharge ++++	Absent
Burning	Mild +	Absent
Dull Pain in Vagina	Mild +	Absent
Reoccurrence	Present	No Reoccurrence

Discussion

According to Ayurvedic texts, *Kaphaja Yoni Vyāpada* manifests with symptoms such as white slimy discharge (*śveta picchila śrava*), itching (*yonī kandu*), mild discomfort (*mṛdu vedanā*), coldness (*śīta sparśa*), and heaviness (*gurutva*) in the vaginal tract-clearly indicating Kapha dominance in the yoni-mārga. These clinical signs parallel the typical presentation of vulvovaginal candidiasis (VVC), especially in recurrent forms, which is usually caused by *Candida albicans* and presents with curdy white discharge, pruritus, and mucosal irritation.

This case demonstrates the successful application of an Ayurvedic regimen integrating systemic and local therapies to achieve long-term symptom resolution and prevent recurrence. The patient had previously undergone conventional antifungal therapy, which offered only temporary relief. A five-year history of annual recurrence indicated an underlying systemic imbalance and weakened mucosal immunity-both of which were effectively addressed through doṣha-specific management and *rasāyana*-based rejuvenation.

Pushyānuga Churna, a classical Ayurvedic polyherbal formulation, is indicated in the management of *Kaphaja Yoni Vyāpada* owing to its *Kapha-pittahara*, *Stambhana*, and *Krimighna* properties [7]. It contains herbs like *Lodhra* (*Symplocos racemosa*), *Ashoka* (*Saraca asoca*), *Mustā* (*Cyperus rotundus*), and *Yashtimadhu* (*Glycyrrhiza glabra*), which help alleviate characteristic symptoms such as *śveta picchila śrava* (white, sticky vaginal discharge), *yonī-kandu* (itching), and *mṛdu vedanā* (mild pain). The formulation is *astringent* (*kashāya*) and *anti-inflammatory* herbs contribute to reducing excessive secretions and local swelling, while its *antimicrobial* and *balya* (tonic) actions support vaginal tissue integrity and defense against infections like candidiasis [8]. Clinical trials have demonstrated that *Pushyānuga Churna*, administered orally or through *Yoni Prakshalana* (vaginal douching), significantly reduces discharge, itching, and vaginal inflammation in patients with leucorrhoea and chronic cervicitis [9].

Tandulodaka (fermented rice water) was administered as an *anupāna* (vehicle) along with *Pushyānuga Churna* to enhance its *kaphahara* and *yonī-shodhana* effects in the management of *Kaphaja Yoni Vyāpada*. *Tandulodaka* possesses *ruksha*, *laghu*, and *deepana* properties, helping in reducing *kapha-meda* accumulation in the vaginal tract and supporting digestive and metabolic function. Additionally, its mild probiotic nature supports gut flora and systemic immunity, which is crucial in recurrent infections like vulvovaginal candidiasis [10, 11].

Gandhak Rasayana, a classical sulphur-based formulation, is highly valued in Ayurveda for its *Krimighna* (antimicrobial) and *Rasayana* (rejuvenative) properties. In *Kaphaja Yoni Vyāpada*, where symptoms like itching, curdy-white discharge, and *Kapha*-predominant infections are prominent, *Gandhak Rasayana* effectively combats microbial overgrowth-especially fungal infections like *Candida albicans*-while promoting local tissue healing and preventing recurrence [12, 13]. Its dual action of infection control and mucosal restoration makes it an ideal adjuvant in chronic vaginal disorders [14].

Yoni Dhawan (vaginal douche) is a key local therapeutic intervention in Ayurveda, particularly effective in managing *Kaphaja Yoni Vyāpada*, which presents with curdy-white discharge, itching, and *Kapha*-dominant vaginal irritation. A combination of *Triphala Kwath*, *Sphatika Bhasma*, and *Neem Patra* offers synergistic benefits-*Triphala* acts as a *Shodhana* (cleanser) and *Rasayana*, *Sphatika* provides astringent, antimicrobial, and *stambhana* properties, while *Neem* offers *Krimighna* (antifungal), anti-inflammatory, and *Kapha-pitta shāmaka* effects [15-16]. This formulation helps cleanse the vaginal tract, reduce discharge, relieve itching, and prevent recurrence of infection, making it an effective adjuvant to oral medications in chronic and relapsing cases of *Kaphaja Yoni Vyāpada*.

The strength of this case lies in the sustained two-year symptom-free period post-treatment, highlighting the durability of Ayurvedic therapy in preventing recurrence-a frequent limitation of conventional regimens.

However, as a single case report, it calls for further well-designed clinical trials comparing Ayurvedic and conventional approaches for recurrent VVC.

Conclusion

This case report highlights the potential of a classical Ayurvedic regimen comprising *Pushyanuga Churna*, *Gandhaka Rasayana*, and *Triphala kwath yoni dhavana* with *Sphatika Bhasma* and *Nimba Patra* in managing recurrent vulvovaginal candidiasis, interpreted as *Kaphaja Yoni Vyapada*. The sustained symptom-free status for over two years reinforces the efficacy of Ayurvedic management as a natural, safe, and holistic alternative or complement to conventional therapy for chronic vaginal infections.

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