

Management of *Vandhya* with *Kaphaja Yonivyapat* by *Yonidhavan* (Vaginal douching) and oral Adjuvant Ayurveda medicines-A Case Report

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Abstract:

Vandhyata (Infertility) is a stressful condition that forces the couple to wander, seeking for successful medical management. The causes behind the condition are many and hence it is crucial to identify the actual underlying reason and its management to achieve conception. In the present case a 28years woman with 2.5years of married life, came with complaints of primary infertility. She was suffering from recurrent whitish to yellowish (sometimes) vaginal discharge associated with itching and getting relief after taking the treatment. Male factor evaluation revealed normalcy. We started with Ayurvedic medicines along with *triphala kwatha* (decoction of *Triphala*) *yonidhavan* (vaginal douching) for 8 days followed by oral Ayurvedic medicines to support conception. Following this course, the patient conceived in the same cycle. Initial USG revealed Single Intra-Uterine Gestation of 5 weeks and 6 days but without cardiac activity. Ayurvedic management was continued further and the USG after 10 days showed fetus of 7 weeks 3 days with cardiac activity. Presently the patient completed 7 months of pregnancy. As per Ayurveda, the *Yonivyapats* (diseases of female genital tract) when not treated properly results in *vandhyata*. Thus the present case shows that after appropriate Ayurvedic treatment of the underlying *kaphajayonivyapat* (*Kapha dominant vaginal condition*), she conceived successfully.

Key words: Ayurveda, Infertility, *Kaphajayonivyapat*, Vaginitis, *Vandhyata*, *Yonidhavan*

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Introduction:

Ayurveda has emphasized that different *Yonivyapats* (diseases of female genital tract) when present, will land the woman into *Vandhyata* (infertility). It is explained that following *Mithyahar* (non-congenial things) that includes *mithyaahar* (non-congenial diet) and *mithyavihar* (non-congenial regimen) results in *Yonivyapat*. When they are not treated adequately, condition can end in *Vandhyata* (infertility)^[1].

Whenever the vagina gets inflamed, it results in the disruption of the normal vaginal environment^(7,8,9). There will be the alteration of the vaginal pH leading to decrease in the protective lactobacilli. This makes the vagina prone for the further growth of infective bacteria. When the treatment is inadequate, the organisms get the complete foothold over the area. Although the treatment is continuing, the affected portion becomes antagonistic to the sperms eventually turning into infertility.

Kaphaja Yonivyapat (*Kapha dominant vaginal condition*) is one commonest gynecological disorder, females generally suffer from⁽²⁾. In classics, for the management of various *Yonivyapats*, local treatment such as *Yoni dhavan*⁽³⁾ (vaginal douching), *Yoni Dhoopan* (vaginal fumigation) etc. are explained along with different oral medicines that results in positive outcome.

The most widely used and the highly appreciated yoga for the *Yoni dhavan* (vaginal douching) is the *Triphalakhwath* (decoction of

Triphala)⁽¹²⁾. Cleansing the vaginal area with freshly prepared *triphalakhwath* relieves the vagina from most of the invading organisms and keeps the region in healthy condition.⁽¹³⁾ It is observed from research studies that *Triphala* is a potent Antimicrobial combination that acts as antibacterial and antifungal, thus contributing to combat the local inflammation too.^[14]

Case Report:

A female of 28 years age, housewife, with 2.5 years of married life, trying for baby since 1 year but without conception. So she came to *Prasuti Tnatra* and *Strirog* (Obstetrics and Gynaecology) OPD in YMT Ayurved Medical College, Kharghar. She was suffering from whitish to yellow vaginal discharge with occasional vulvo-vaginal itching since 2 years. It used to subside by treatment temporarily, but recurring again. On detailed history followed by thorough clinical examination the case was diagnosed as of *Kaphajayonivyapat* (*kapha dominant vaginal condition*).

Post her menses she was prescribed *Haridra Khanda vati* and *Trifala guggulu* orally, each 500mg, 3 times a day with water, for 8 days and *Yonidhavan* with *triphalakhwatha* from 5th day post menses for 8 days continuously.^[5,6] Side by side her Blood investigations were done. USG- follicular study was carried out to know the timing of follicular rupture. USG revealed follicular rupture on 15th day post last menses. After completing the 8th day procedure of

yonidhavan that day, she was advised planned relations and supportive medicines including *Dadimavaleh*– 10gms twice daily with water and *PhalaGhrut*-10gms twice a day with milk, for next 15 days.

The patient came for follow up after 20 days with missed periods, carrying Urine Pregnancy Test kit that (done at home) showed positive pregnancy. She was advised

to continue *Phalaghrut* and *Dadimavaleh*, and complete rest. Sonography after 10 days revealed Single Intrauterine Gestation Sac of 5 weeks and 6 days **without** cardiac activity(Fig-1). She was adviced to continue the previous drugs along with complete rest. Repeat USG after 10 days revealed fetus of 7weeks 3 days with **normal cardiac** activity (Fig-2).

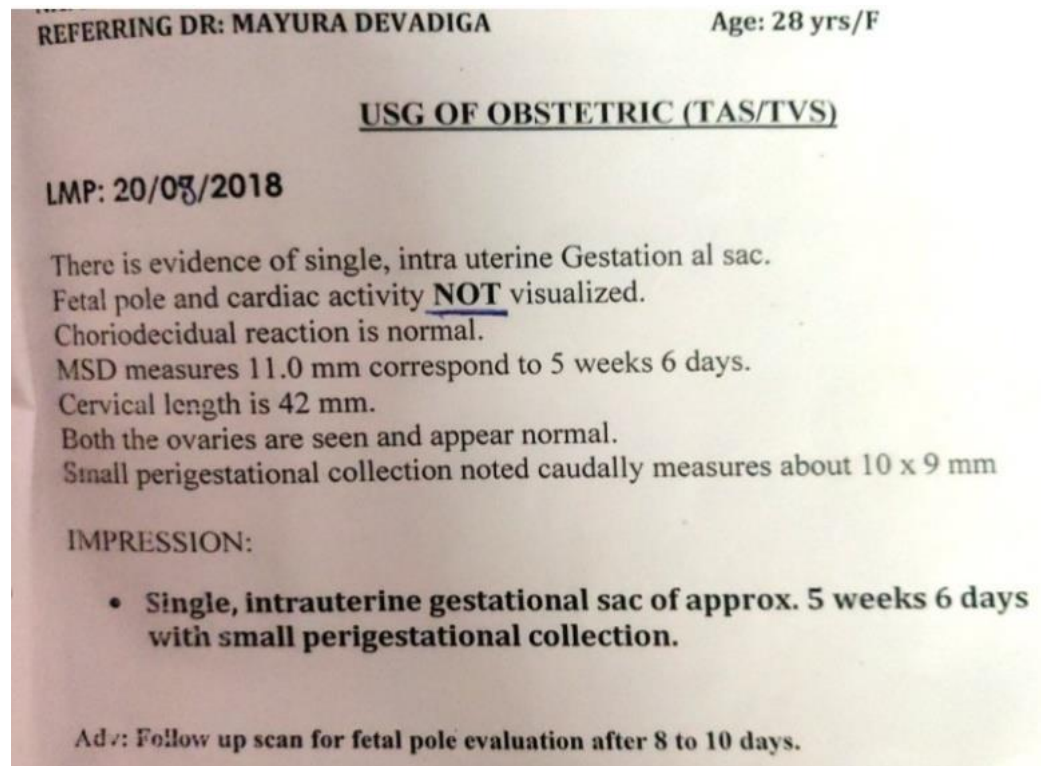


Fig-1 USG report

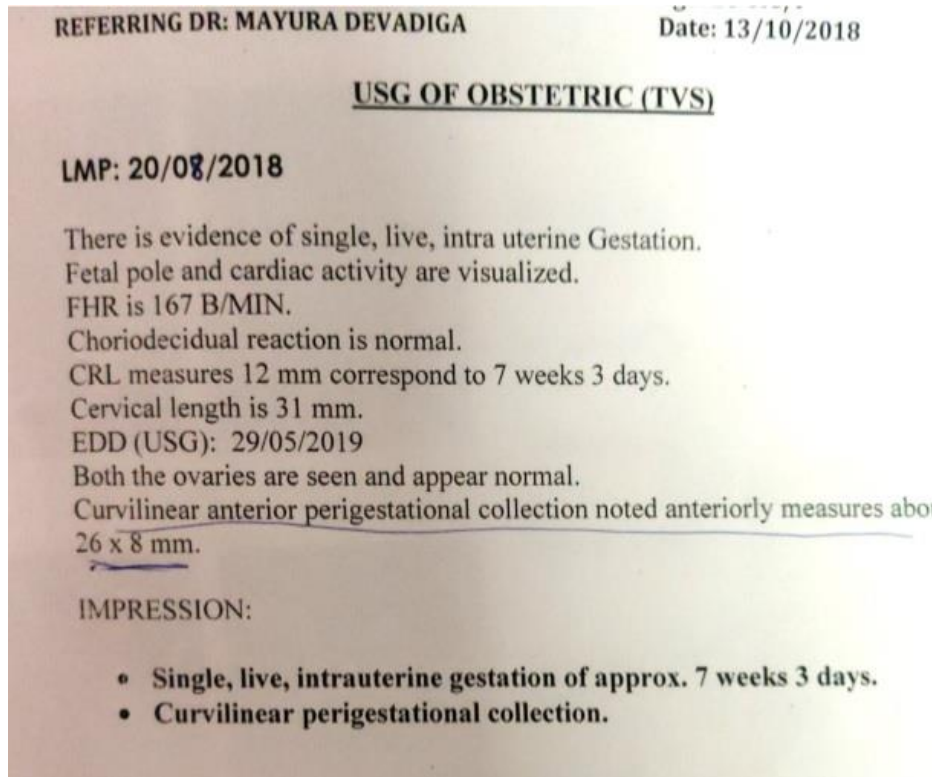


Fig-2: USG report

Treatment Given:

The treatment was planned for following 2 phases i.e.

For infection control-

1. *Yoni dhavan* (washing of vaginal area) with freshly prepared *triphalakwath*
2. *Thriphala Guggulu*- 500mg, 3 times a day with water after food
3. *Haridrakhanda vati*- 500mg, 3 times a day with water after food

To support conception-

4. *Dadimavaleha* -10gms twice daily with water after food
5. *Phalaghrut* - 10gms twice a day with milk after food

Procedure of *Yoni Dhavan*: With patient in lithotomy position, perineal region was cleaned with antiseptic solution. Sim's speculum is gently inserted and *Yonidhavana* was done thoroughly with the simple rubber catheter attached to enema pot containing 600ml of *TriphalaKwath* under all aseptic precautions for 6-7minutes. *Thriphala Guggulu* and *Haridrakhanda vati* are continued, both in the dose of 500mg, 3 times a day along with *Yoni dhavan* for 8 days from 28th August, 2018 to 4th September, 2018. Once follicle got released, she was prescribed *Phalaghruta* and *Dadimaavaleha* for next 15 days.

Results and Discussion:

Kaphaja yonivyapat was effectively treated with *Thrifala guggul* and *Haridrakhandavati* which act as ayurvedic antibiotics. Locally *Yonidhavan* also helped in disinfecting the *Yoni* and recreating the healthy environment within. *Triphala* mainly consists of Tannins, Gallic Acid, Chebulagic Acid and Chebulinic Acid with high vitamin C content ⁽¹⁵⁾. Various previous researches have shown that *Amalaki* and *Haritaki* exhibit strong antibacterial and antifungal action. *Vibhitaki* is known for its antifungal activity. Together the 3 act as a potent antimicrobial combination. Vitamin C and Chebulagic Acid in the *Triphala* exert strong antioxidant effects.

Consumption of *Phalaghrut* and *Dadimavaleh* following follicular rupture supported the fertilization, implantation and proper growth of the conceptus. Those same drugs also helped in *Garbha poshana* and thereby aiding the manifestation of Cardiac activity in the embryo.

Healthy Vagina which is capable of receiving the sperms is the first and the foremost requirement for fertility in female ⁽⁴⁾. It is seconded by the presence of normal cervical mucus to allow smooth and quick passage of sperms towards their destiny. Hence in the present case we treated her *yonis* to clear off the abnormal *srava* and that lead to successful conception.

The medicinal plants could be one of the best alternatives for the antibiotics and local antimicrobial solutions that are widely used in such conditions. We see in practice that most of the herbal drugs are safe, cheap and with no or minimal side effects. Also they affect a wide range of antibiotic resistant microorganisms. The rich chemical diversity in these herbal medicaments promises to be the potential source of Antibiotic resistance modifying or modulating compounds but are yet to be adequately explored.

During *yonidhavan*, the prolonged contact time of the drug with the absorbing surface of the vagina aids for the better drug absorption. The rate of absorption via passive diffusion can be increased by increasing the drug concentration in the vaginal fluid. This makes the vaginal fluid highly saturated, ensuring better absorption and sustained drug delivery throughout the intended time of application. The intended function of the drugs used through vagina is to minimize the tissue damage, provide adequate tissue perfusion, oxygenation and restore the disrupted anatomical continuity and function of the affected part. As vaginal permeability is greater to lipophilic and hydrophilic drugs, so *Ghrita*(ghee) or *Tail* (oil) preparations and *kwatha* (medicated decoctions) should be used in the vagina for the better action of local treatment. The local administration of drugs through vagina will help to check the further progress of disease at the door step. Thus the timely changes advised in treatment

schedule according to the need of the fertilization, had helped to successfully manage this case of Infertility in a single cycle only.

Conclusion:

The single case concluded that local douching with *triphala* decoction and prescribed oral medications were effective treatment for the management of primary infertility. The limitation is that there is need of further study with these set of treatments in more number of infertility cases.

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