

AYURVEDIC APPROACH TO VAGINAL CANDIDIASIS DURING PREGNANCY

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ABSTRACT

A female patient of 21 years of age, with 4 ½ month amenorrhoea, reported to Bharati Ayurveda Hospital, Pune, having the problem of yonikandu (vaginal itching) and yonigat-Shweta- strava (P/V white discharge). Reference of 'UpaplutaYonivyapad' as mentioned in CharakSamhita (Ancient Ayurveda text) was considered and recommended oral and local treatments were administered. 'Dhataki Gel' prepared from Dhataki (Wood fordiafruticosa) and Vata-lodhraVati (Tablet prepared from Ficus bengalensis and Symplocas racemosa) were given. Dramatic result observed make it suitable for case studies. Required clinical investigations were done for the case.

Key Words: -Yonivyapad, Upapluta, Dhataki, Vat lodhraVati.

INTRODUCTION

In Charak Samhita, Maharshi Charak, has considered women as the root cause of human reproduction. (Ch.chi. 30-5) Sagarbhavastha (pregnancy), Prasuti (labour) and Sutikavastha (purperium) are significant events in the life of a woman. Woman has to undergo profound anatomical, physiological, psychological changes. These changes form essential part in bearing and rearing of the child. One of the important changes during pregnancy is change in the vaginal anatomy and physiology. The normal PH of vagina in non-pregnant state is acidic due to presence of Doderleins bacilli. It prevents growth of many microorganisms and thus prevents infection in vaginal canal. But this natural defense mechanism is somewhat compromised during pregnancy. As a result various organisms may grow and infect vagina during this period. Candida albicans is one such organism causing vaginal candidiasis. Recurrence of this infection during pregnancy is high. (a) In modern science we

find effective treatment for this condition. However the safety of these drugs during pregnancy is doubtful, they are expensive and they do not prevent recurrence. (b) 'UpaplutaYonivyapad' is a similar clinical problem. It is seen only in garbhini. There are many similarities between Upapluta yoni and vaginitis (candidial, trichomonal or mixed). The treatment given for the case consists of both oral and local formulations.

a& b = Jeffcoates Principals of Gynaecology, V.R. Tindall, Fifth Edition, Butter Worth Heinemann, 320-321.

Considering patient compliance formulation form changed for the trial case taken.

CASE REPORT: A 21 years female patient reported to Bharati Ayurved Hospital with complaints of Yonikandu (vaginal itching), yonigatshwetstrav (p/v white discharge) since 8 days. She was 3rd gravida with 4 ½ months amenorrhoea.

Past History: There was no significant history of illness or any surgical intervention. No significant family history.

Marriage History: Married 6 years back.

Menstrual History: Menarche at the age of 14 years. Menstrual cycles – 3-4/30 Reg.

Lmp – 15/08/2014

Obstetric History:

- 1) FTND – female 2 years
- 2) Abortion – 2 months (missed Abortion)
- 3) G3 – Present pregnancy.

On Examination:

- 1) General condition was fair.
- 2) Nadi (pulse) – 82/min
- 3) Raktadab (BP) – 120/80 mm of Hg.
- 4) Temperature – Normal (98°F)
- 5) Height - 5 feet
- 6) Weight – 50 kg.
- 7) Respiration – (AEBE) Air Entry Bilateral Equal and clear
- 8) CVS – S₁S₂ normal sound
- 9) CNS – well oriented.

Per abdomen :

Uterus – relaxed 20 wks.

Foetal movements – Positive

Foetal heart sound – 136/min. regular

P/V exam – minimum redness and scratches observed

P/S exam- White curdy discharge in the vagina. Praman (Quantity) + Styana + (Sticky)

No foul smell.

P/V cervical status – OS closed

Complained of increased vaginal itching.

Investigations – All antenatal investigations done already

USG- Anomaly scan done at 16-20 weeks. Haemogram, urine routine microscopy was repeated. Vaginal smear made and sent for pathological findings before starting the treatment. Treatment Approach – (clarify the doses for local and systemic both)

- VataLodhravati 1 gm (500 mg each) with lukewarm water for 7 days. Two times after lunch and dinner (Ayurvedokta KalKaphaj).
- Dhataki gel for vaginal application with the help of applicator for 7 days. At Night Only for 7 days.
- Dose- 1 gm per day of local medicine.

Follow Up –

Follow up observations made after 7 days. Then second follow-up done after 15 days to observe for recurrence if any.

Chart for recording clinical features:

Visit	Nature of vaginal discharge				Vaginal itching
	Praman (Quantity)	Varna (Colour)	Gandh (Smell)	Swarup (Consistency)	
1 st visit	++	Curdy white	-	Styan (Sticky)	+++
2 nd visit (7 th day)	0	-	-	-	absent
3 rd visit (15 th day)	0	-	-	-	-

Grading of Strava

GRADE	PRAMANA OF STRAVA	KANDU PRAMAN
0	No strava	No kandu (itching)
+	Wet sensation only.	Mild
++	Spot on innerwear's	Moderate
+++	Wetness of innerwear's	Severe

Vaginal smear	Before Treatment	After Treatment
Organism found	Candida albicans	No pathogen detected

DISCUSSION

Incidence of vaginal candidiasis is more in primi patients than multipara.

Candidial Vaginitis

1. Thick curdy vaginal discharge
2. Dull abdominal pain
3. Vaginal itching
4. White colour of discharge

Diagnosis was confirmed based on clinical parameters like pregnancy with vaginal discharge and pruritus. Laboratory investigation of smear confirmed the organism as candida albicans. After treatment smear showed no organisms. Ayurvedic formulation used had significant effect on candida albicans infection during pregnancy.

No untoward side effects observed in this case. Thus this clinical case shows that the Ayurvedic regimen has antifungal properties especially against candida albicans.

CONCLUSION

It can be concluded that, given Ayurvedic treatment proved effective for vaginal candidiasis during pregnancy.

Large scale study and further research may provide a safe alternative to present day modern treatment.

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(www.google.com) there are many similarities between clinical aspects of candidiasis during pregnancy and upapluta yoni as described in Charaksamhita.

Upaplutayonivyapad

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2. Yoni vedana (Pricking pain)
3. Yoni kandu (as a symptom of dushtaKapha)
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