AYURVEDIC APPROACH TO VAGINAL CANDIDIASIS DURING PREGNANCY

Khairnar Narendra V¹, Chavan Abhijit B²
¹Assistant Professor, ²PG Scholar,
PrasutiTantraStreeroga, BharatiVidyapeeth College of Ayurved, Pune, Maharashtra, India

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 yonigatshwetstrav (P/V white discharge). Reference of ‘Upapulta Yonivyapad’ as mentioned in CharakSamhita (Ancient Ayurveda text) was considered and recommended oral and local treatments were administered. ‘Dhataki Gel’ prepared from Dhataki (Woodfordia fruticosa) and Vata-lodhraVati (Tablet prepared from Ficus bengalensis and Symlocas racemosa) were given. Dramatic result observed make it suitable for case studies. Required clinical investigations were done for the case.

Key Words: - Yonivyapad, Upapulta, 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) ‘Upapulta Yonivyapad’ is a similar clinical problem. It is seen only in garbhnī. There are many similarities between Upapulta yoni and vaginitis (candidial, trichomonal or mixed). The treatment given for the case consists of both oral and local formulations.


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

CASE REPORT: A 21 years female patient reported to Bharati Ayurveda 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.


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) +
Styanata + (Sticky)
No foul smell.
P/V cervical status – OS closed
Complained of increased vaginal itching.
Investigations – All antenatal investigations done already
USG- Anamoly 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 (AyurvedaKalkaphaj).
- Dhataki gel for vaginal application with the help of applicator for 7 days. At Night Only for 7 days.
- Dose- 1gm 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:

<table>
<thead>
<tr>
<th>Visit</th>
<th>Nature of vaginal discharge</th>
<th>Vaginal itching</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Praman (Quantity)</td>
<td>Varna (Colour)</td>
</tr>
<tr>
<td>1st visit</td>
<td>++</td>
<td>Curtdy white</td>
</tr>
<tr>
<td>2nd visit</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>(7th day)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3rd visit</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>(15th day)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Grading of Strava

<table>
<thead>
<tr>
<th>GRADE</th>
<th>PRAMANA OF STRAVA</th>
<th>KANDU PRAMAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No strava</td>
<td>No kandu (itching)</td>
</tr>
<tr>
<td>+</td>
<td>Wet sensation only.</td>
<td>Mild</td>
</tr>
<tr>
<td>++</td>
<td>Spot on innerwear’s</td>
<td>Moderate</td>
</tr>
<tr>
<td>+++</td>
<td>Wetness of innerwear’s</td>
<td>Severe</td>
</tr>
</tbody>
</table>
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. (www.google.com) there are many similarities between clinical aspects of candidiasis during pregnancy and upapluta yoni as described in Charak Samhita.

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

**Upaplutayoni vyapad**
1. Styana discharge
2. Yoni vedana (Pricking pain)
3. Yoni kandu (as a symptom of dushta Ka-pha)
4. Shwetastrava
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**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.

CORRESPONDING AUTHOR
Dr. CHAVAN ABHIJIT B.
PG Scholar
PrasutitantraStreeroga
BharatiVidyapeeth
College of Ayurved, Pune
Email: abhi29chavan@gmail.com

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