AN AYURVEDIC PERSPECTIVE OF BACTERIAL VAGINOSIS – A CONCEPTUAL STUDY

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ABSTRACT

Bacterial Vaginosis is the most common type of vaginal infection. Symptomatically, it can be correlate with Sannipatik Yonivyapada explained in Charak Samhita. This common ailment may present with symptoms like, white or grey milky discharge, with unpleasant fishy odor and vaginal pH greater than 4.5 to worst manifestations like, Premature rupture of membrane, Preterm labour or delivery, Spontaneous abortions, Post caesarean wound infections, postabortal endometritis and thus gain importance in the Obstetrical and Gynecologic practice. Bacterial Vaginosis is a Polymicrobial syndrome resulting in decreased concentration of lactobacilli and an increase in pathogenic bacteria mainly gram negative bacteria. A causative factor includes smoking habits, multiple sex partner, taken repeated antimicrobials, repeated douche, and exposure to chronic stress etc. Prevalence of Bacterial Vaginosis is 40 to 50% among women. Though the conventional antibacterial medicine like Metronidazole produces side effects viz., Nausea, Vomiting, Gastric irritation etc. While going through ayurvedic literature it becomes evident that Ayurveda is a treasure house for natural formulations which are devoid of side effects and offers holistic medicine in management of Bacterial Vaginosis (Sannipatik Yonivyapada). Hence an attempt was made through this study to review the ayurvedic literature regarding Bacterial Vaginosis (Sannipatik Yonivyapada) and to enlighten the importance of Ayurveda, as in this era in improving quality of life.

Keywords: Sannipatik Yonivyapada, Bacterial Vaginosis

INTRODUCTION

Vaginal infection is a type of reproductive tract infection (RTI), as it is recognized as a major public health problem that causes a variety of problems for women at different ages. Vaginitis is caused by an alteration in the normal vaginal defense mechanism such as, vaginal flora (Lactobacilli), vaginal pH, and vaginal squamous epithelial layer. There are two major types of Vaginitis Infectious and Non- infectious. Bacterial Vaginosis is a type of infectious Vaginitis of unknown etiology characterized by an abnormal white or grey milky discharge with foul smell, and vaginal pH greater than 4.5. It has been associated with a significant number of Obstetric and Gynecologic complications such as preterm labour or delivery, premature rupture of membranes, spontaneous abortion, post caesarean delivery wound infections, post abortal endometritis. Symptomatically it can be correlate with
Bacterial Vaginosis
Homogenous white vaginal discharge
White colour of discharge
Foul smelling vaginal discharge
Dyspareunia

**ETIOLOGY**
Abnormal dietics and mode of life, abnormalities of Artava (hormones), abnormalities of Beeja and curses or anger of god are causative factors of all the twenty disorders of Yoni, is the opinion of charaka\(^2\). Abnormal mode of life includes repeated douch, Use of tight clothes, chemical like scented tampons, birth pills, smoking, and artava dosha can be considered as a hormonal imbalance. Hypoestrogenism plays a major role.

**CONCEPT OF DISEASE**
According to dosha pradhanya, out of all the three disordered dosha, symptoms are present. Thickness or ghanata and smell or gandha are the properties of prithvi maha-bhuta, thus for presence of thick foul smelling vaginal discharge vitiation of Kapha is essential. Thick foul smelling vaginal discharge is found due to tissue degeneration or necrosis in acute infections or cancer of reproductive system; in both these conditions pitta and vata are also vitiated. Both these conditions are develops due to involvement of rakta (in infection) and maumsa (in cancer) as dushya.

On the basis of this the etiopathogenesis can be made and this is as follows: All the three doshas vitiated due to abnormal diet or mode of life or their own aggravating factors, withholding rakta and/or maumsa reaching reproductive organs specially uterus and cervix which are made vulnerable due to excessive coitus, abnormal labour, and frequent labour or multiparty and abortions etc. settle there and produce foul smelling vaginal discharge. Noncleanliness of reproductive organs may give rise to unpleasant or foul smell\(^3\).

**BACTERIAL VAGINOSIS**
**PATHOPHYSIOLOGY**
Bacterial Vaginosis is a polymicrobial syndrome resulting in a decreased concentration of lactobacilli and an increase in pathogenic bacteria. The mechanism by which the floral imbalance occurs and the role of sexual activity in the pathogenesis of Bacterial Vaginosis is not clear, but formation of an epithelial biofilm containing Gardnerella Vaginalis appear to play an important role. Hydrogen peroxide producing lactobacilli appears to be important in preventing overgrowth of the anaerobes normally present in the vaginal flora with the loss of lactobacilli pH rises and massive overgrowth of vaginal anaerobes occurs. These anaerobes produce large amount of proteolytic carboxylase enzymes, which breakdown vaginal peptides into a variety of amines that are volatile, malodorous and associated with increased vaginal transudation and squamous epithelial cell exfoliation, resulting in the typical clinical features observed in patients with Bacterial Vaginosis. The rise in pH also facilitates adherence of Gardnerella Vaginalis to the exfoliating epithelial cells.

**PREDISPOSING FACTORS**
- Acidity of Vagin.
- Repeated Antimicrobial therapy.
• Immunosuppressive therapy.
• Repeated preterm deliveries.
• Environmental Factors

CLINICAL FEATURES
• Abnormal white or grey milky discharge with foul smell.
• Dyspareunia.
• Mild pain in Abdomen

INVESTIGATIONS
• Vaginal smear (Presence of clue cells)
• Whiff test (fishy odour)
• Litmus paper test (pH greater than 4.5)

CLINICAL DIAGNOSIS
Amsel’s criteria
Diagnosis of BV is based on the presence of three of the four following clinical criteria.
1. Homogenous thin vaginal fluid that adheres to the vaginal walls.
2. Vaginal fluid pH >4.5
3. A positive ‘Whiff test’-release of amine odour on addition of 10% potassium hydroxide to a sample of vaginal secretions.
4. Presence of ‘clue cells’ which are vaginal epithelial cells with borders obscured with adherent small bacteria.

MANAGEMENT
Every simple Yonivyapada is caused by Vata dosha. Hence, while treating any Yonivyapada we have to do Vatashaman chikitsa first and then treat other doshas.

There are two types of treatments mentioned in Ayurveda first Shodhan and second Shaman. Shodhan treatment includes Panchakarma. Bhaishajya ratnavali in Yonivyapada chikitsa explains some Upakalpanas of Panchakarma which is useful in Yonigat strava. Yonidhawan, Uttarbasti, Yonidhoopan, Yonipichu, Yonivarti, Yoniprakshalan, Kalkadharan, Yonipurana, Lepa.

Ayurveda describes the treatment of Sannipatik Yonivyapada is;

Pichoodharan – Dashangi or shrimada kwath (Yogaratnakar) Tridoshashamak chikitsa (Charak, Vagbhata, Yogaratnakar)

CONGENITAL DIET: The women afflicted with Yoni rogas should use according to predominance of doshas.
1) Sura (wine)
2) Asava and Arishta
3) The diet having abundance of milk and meat soup.

CONCLUSION
Bacterial Vaginosis (Sannipatik Yonivyapada) is a common disorder in Obstetrics and Gynecology and carries increasing risk of perinatal mortality and morbidity. If the Bacterial Vaginosis is properly diagnosed and appropriate management instituted, perinatal mortality can be reduced. Proper evaluation and management (by modern and ayurvedic) can result in favorable outcome. Ayurveda, as offers excellent remedies which are safe, naturally available and finally improves whole health, hence ayurvedic management should be encouraged, so that the alternative safe mode is available for the treatment of Bacterial Vaginosis.

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