



ROLE OF JWARAHARA KASAYA IN THE MANAGEMENT OF NON-SPECIFIC VULVOVAGINITIS W.S.R. TO ACHARNA YONIVYAPADA- A CASE STUDY

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ABSTRACT

Introduction: Healthy woman is key to healthy family and nation. Ancient classics of *Ayurveda* emphasized on women's health in the chapters addressed as *Yonivyapada*. Twenty *Yonivyapada* mentioned in Ancient classics encompass almost all of gynaecological disorders. Lack of maintenance of hygienic condition of female reproductive part which can be considered as *Mithyavihara* is mentioned as root cause of *Acharna yonivyapada*. On the basis of clinical features the condition can be correlated with non specific vulvovaginitis mentioned in contemporary science. **Need of study:** Treatment protocol of non specific vulvovaginitis in contemporary science involves anti - microbial, anti fungal and steroidal drugs which provides symptomatic relief but associated with side effects as well as recurrence of condition. So this disease demands such a management which can completely cure it without side effects and recurrence. Formulation used for present study is not only capable of curing this disease without recurrence but also helps to restore balance of *tridosha*. **Material and methods:** In the present study, *Jwarahara kasaya* – a patent formulation of National Institute of Ayurveda is used in treatment of a 29 years old female patient diagnosed as case of non specific vulvovaginitis. **Result:** Case study revealed promising outcomes in terms of complete relief with no recurrence for 6 months. **Conclusion:** Study requires validation with large sample size and more defined parameters.

KEYWORDS: *Yonivyapada*, *Jwarahara Kasaya*, Vulvovaginitis.

INTRODUCTION

Healthy woman is a key to healthy family and nation. Ancient classics of *Ayurveda* emphasized on women's health in the chapters addressed as *Yonivyapada*. *Yoni* means female genital tract as a whole vaginal canal and uterus etc. The term *Vyapada* means disorders. Twenty *Yonivyapada* mentioned in Ancient classics encompass almost all of gynaecological disorders.

Etiology of *Yonivyapada*^[1]

- ***Mithya-achara***

It includes *Mithyaahara* (Abnormal diet) and *Mithyavihara* or *Achara* (Abnormal mode of life) both. Various factors operating either during embryonic life of the girl or at a later life is indicated by this term.

- ***Pradushta-artava***

Artava is word used for female sex hormone, ovum and menstrual blood. But here *artava* refers to hormones as imbalance of hormones is causative factors for a good number of gynaecological disorders.

- ***Bijadosha***

This includes genetic abnormalities.

- ***Daiva***

It means unknown or idiopathic factors.

Entity under consideration – *Acharna Yonivyapada* occurs due to unhygienic condition of female reproductive part which can be considered as *Mithyavihara*.^[2]

Pathogenesis

Lack of maintenance of hygiene in vulval region provides favourable environment for growth of *Krimi* (bacteria) which can trigger itching.^[3] Itching initiates scratching which leads to rupture of healthy mucosa and minute ulceration with inflammation or mild oedema.

Dosha- Kapha, Vata

Dushya - Rasa, Rakta, Mamsa, Twaka

Adhisthana - Yoni

Sthanasamshraya – Bhaga

Srotas- Rasa, Rakta, and Artavavaha Srotas

DushtiPrakar - Atipravritti

*Rogamarga - Abhyantara*⁴

Importance of present study

On the basis of signs and symptoms *Acharna Yonivyapada* can be related to non specific

vulvovaginitis. In modern medicine, antibiotics, antifungal and steroids are treatment for non specific vulvovaginitis which provides only symptomatic relief and hence leading to recurrence. Other factor is excessive usage of these drugs causes side effects and micro organism resistance. So this disease demands such a management which can completely cure it without side effects and recurrence.

Formulation used for present study is not only capable of curing this disease without recurrence but also helps to restore balance of *tridosha*.

CASE REPORT

A 29 years old unmarried girl came to NIA, *Shalya tantra* department OPD with chief complaint of severe itching in vulval region since 3 months. Further history taking revealed that itching was severe at night causing sleep disturbances which led to lack of concentration in day to day activities. Patient took allopathic treatment including various antifungal drugs. Since last one month patient was taking tablet atarax in the dosage of 10 mg which is an antihistaminic and sedative by action.

• Menstrual history

L.M.P. - 12/07/19

Past L.M.P. - 02/06/19

Duration of flow – 6 -7 days

Interval – 38 - 40 days

• Local Examination

Inspection – E/o inflammation were seen on vulval region

P/V was not done as patient was unmarried.

Case was discussed with a consultant of *Stiroga Prasutitantra* department of NIA and investigations and intervention was planned as per her advice.

• Diagnostic Method

Laboratory investigation

Routine blood investigation to know the variation in Blood Biochemistry and thyroid function level were assessed.

Hb-9 gm %, TLC-7000/cumm, ESR-24mm/hr, Neutrophil-67%, Lymphocytes-27%, Eosinophils- 3%, Monocytes-2%, Basophills-1%.

HIV, HBsAg, VDRL were negative.

LFT, RFT, Lipid Profile was normal.

T3-1.1ng/dl, T4-10 mcg/dl, TSH-3.42mc IU/ml, LH-11.35MIU/ml

Routine and microscopic examination of urine

Specific investigations

Vaginal pH

Vaginal swab culture

• Diagnostic Reasoning

All investigations were normal. So on basis of symptoms and clinical findings diagnosis was made of non specific vulvovaginitis.

Types of Intervention (Medicine)

Jwarahara Kasaya was given to patient in the dose of 20 ml and later on powder form was used in the dosage of 3 gm twice a day.

Jwarahara Kasaya is patent drug of pharmacy of National Institute of Ayurveda. Contents of *Jwarahara Kasaya* are as follows:

No	Content	Botanical name	Rasa	Guna	Virya	Vipaka	Doshghnata
1.	<i>Guduchi</i>	<i>Tinospora cordifolia</i>	<i>Tikta, Kasaya</i>	<i>Guru, Snigdha</i>	<i>Ushna</i>	<i>Madhura</i>	<i>Tridosha-Shamaka</i>
2.	<i>Amalaki</i>	<i>Embllica officinalis</i>	<i>Amla Rasa Pradhana, Pancha Rasatmaka</i>	<i>Guru, Ruksha, Sheeta</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Tridosahara</i>
3.	<i>Haritaki</i>	<i>Terminalia chebula</i>	<i>Pancha Rasatmaka Lavanavarjit</i>	<i>Laghu, Ruksha</i>	<i>Ushna</i>	<i>Madhura</i>	<i>Tridosahara</i>
4.	<i>Rakta-Chandana</i>	<i>Pterocarpus santalinus</i>	<i>Tikta, Madhura</i>	<i>Guru, Ruksha</i>	<i>Sheeta</i>	<i>Katu</i>	<i>Kapha Pitta shamaka</i>
5.	<i>Chirayata</i>	<i>Swertia chirayita</i>	<i>Tikta</i>	<i>Laghu, Ruksha</i>	<i>Ushna</i>	<i>Katu</i>	<i>Tridosha-shamaka</i>
6.	<i>Kutaja</i>	<i>Holarrhena antidysentrica</i>	<i>Tikta, Kasaya</i>	<i>Laghu, Ruksha</i>	<i>Sheeta</i>	<i>Katu</i>	<i>Tridosha-shamaka</i>
7.	<i>Vibhitaka</i>	<i>Terminalia bellirica</i>	<i>Kasaya</i>	<i>Laghu, Ruksha</i>	<i>Ushna</i>	<i>Madhura</i>	<i>Tridosahara</i>
8.	<i>Musta</i>	<i>Cyperus rotundus</i>	<i>Tikta, Katu, Kasaya</i>	<i>Laghu, Ruksha</i>	<i>Sheeta</i>	<i>Katu</i>	<i>Kapha Pitta shamaka</i>
9.	<i>Nimba</i>	<i>Azadirachta indica</i>	<i>Tikta, Kasaya</i>	<i>Laghu</i>	<i>Sheeta</i>	<i>Katu</i>	<i>Kapha Pitta shamaka</i>
10.	<i>Tulsi</i>	<i>Ocimum sanctum</i>	<i>Katu, Tikta</i>	<i>Laghu, Ruksha</i>	<i>Ushna</i>	<i>Katu</i>	<i>Kapha Vata shamaka</i>
11.	<i>Mulaithi</i>	<i>Glycyrrhiza glabra</i>	<i>Madhura</i>	<i>Guru, Snigdha</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Vata Pitta shamaka</i>

12.	<i>Manjishta</i>	<i>Rubia cordifolia</i>	<i>Tikta, Kasaya, Madhura</i>	<i>Guru, Ruksha</i>	<i>Ushna</i>	<i>Katu</i>	<i>Kapha Pitta shamaka</i>
13.	<i>Kutaki</i>	<i>Picrorhiza kurroa</i>	<i>Tikta</i>	<i>Laghu, Ruksha</i>	<i>Sheeta</i>	<i>Katu</i>	<i>Kapha Pitta hara</i>
14.	<i>Haridra</i>	<i>Curcuma longa</i>	<i>Tikta, Katu</i>	<i>Ruksha, Laghu</i>	<i>Ushna</i>	<i>Katu</i>	<i>Tridosha-shamaka</i>

As *kasaya* was bitter in taste, very first dose of *kasaya* caused 7 episodes of vomiting. After that patient was advised to take medicine in powder form in the dose of 3 gm twice a day with luke warm water.

Patient was advised to take medicine for one month.

• Duration

Active treatment period – 1 month

Follow up period – 5 months

During active trial period patient was called for follow up weekly once in OPD unit. After that next 5 months follow up was taken via telephonic conversation regarding recurrence of chief complains, menstrual cycle and over all well being.

• Pathya-apathya

During this period the patient was advised to consume diet containing fruits, green vegetables and avoid junk food. She was advised to maintain hygiene of vulval and perineal area. She was also advised to avoid scratching.

The use of loose fitting undergarments preferably made of cotton, to keep the area aerated was advised. She was also advised to take 7-8 hours of sleep at night.

OBSERVATION AND RESULTS

Patient got 50 percent relief in itching on first day of treatment. She stopped taking tablet Atarax from 3rd day of treatment as she started attaining normal sleep patterns without any medication.

Within 7 days of treatment patient got complete relief in symptoms. She continued medicine for one month as advised.

Patient got her normal menstruation from second menstrual cycle onwards.

DISCUSSION

- The main cardinal symptom of non specific vulvovaginitis is itching which becomes severe during night hours, deteriorating normal sleep patterns and hence causing lack of concentration in day to day activities.
- *Acharya yonivyapada* includes *yonikandu* as main feature which indicates involvement of *kaphadosha*.⁵
- Contents of *Jwaraharakasaya* are *tikta* and *katurasapradhan*. *Tikta* and *Katuras* have *kaphaghna* property as well as *amapachana* and *agnideepana* properties.
- Accidental *Vamana* due to bitter taste of *kasaya* led to *shodhana* of *kapha* which in turn caused reduction in itching with very first dose.

- Vitiating of *vataadosha* is responsible for all *yonivyapada* as mentioned in classics.⁶ *Ushnaveerya* and *madhuravipaka* of *jwaraharakasaya* led to pacification of *vataadosha*.
- *Madhura*, *Sheeta* properties targeted inflammation of vulval region.
- 1 month intake of formulation under consideration led to restoration of *tridosha* balance which reflected in succeeding menstrual cycle in the form of regular painless menstruation at normal intervals.

CONCLUSION

- In the present study patient got complete relief with no recurrence during 5 months of follow up.
- As this is a single case study no concluding statement can be given regarding effect of *Jwarahara kasaya* in management of non specific vulvovaginitis.

SUGGESTIONS

- Further studies should be planned with large sample size and control group
- Palatability of *Jwarahara kasaya* should be improved so that patients can use it comfortably.

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