



**MANAGEMENT OF *UPAPLUTA YONIVYAPAD* (VULVOVAGINITIS)
IN GARBHINI WITH AYURVEDA: A CASE REPORT**

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Received 19th Sept. 2022; Revised 16th Oct. 2022; Accepted 27th Feb. 2023; Available online 1st Nov. 2023

<https://doi.org/10.31032/IJBPAS/2023/12.11.7535>

ABSTRACT

Introduction-*Upapaluta Yonivyapat* is one of the 20 *Yonivyapat* described by *Acharya* it is often compared with vulvovaginitis it is associated with yellowish vaginal discharges with pricking pain. In opinion of *Acharya Charaka* it is afflicted with features of *Kapha* and *Vata* and described it as a disease of pregnant women only. This disease may afflict any woman but pregnant women are more susceptible. The disease process as well as the treatment protocol may have profound effects on the outcome of pregnancy. Vulvovaginitis is also the most common form of fungal infection in pregnant mothers, which may cause systemic infections in neonate and has been associated with low birth weight and premature delivery.

Diagnosis and outcome- On the basis of symptoms and per speculum examination findings diagnosis of *Upapluta Yonivyapat* (vulvovaginitis) in pregnancy was made. After the treatment of 10 days there was significant decrease in the vaginal discharges, burning micturition and other subjective and objective criterias. **Conclusion-** In this case study *Ayurveda* management prove to be beneficial as patient got relief in symptoms as well as there was significant improvement in clinical findings within a short period of time. We also observed that such a common yet afflictive infection to pregnancy can be easily managed

with *Ayurvedic* preparations, which not only improves the condition of patient but also help in maintaining the pregnancy by their *Balya* properties, they provide strength to both mother and foetus and also Helps in synthesizing the *Stanya* for postpartum period.

Keywords- *Ayurveda, Pregnancy, Upapluta yonivyapad, vulvovaginitis*

INTRODUCTION-

A 35-year-old pregnant female with 5-month amenorrhea came to the Outpatient department of Parul Ayurved Hospital, Vadodara with the complaints of itching at vulvar region since 3-4 months, and burning micturition since 1-2 months.

LMP- 27/11/2021

EDD- 04/09/22

POG – 23 weeks 3 days

MENSTRUAL HISTORY-

Previous menstrual history- 27/11/21

1. Regularity- Regular
2. Interval- 30-31 days
3. Duration- 4-5 days
4. No. of pads used- 2-3/day (fully soaked)
5. Consistency- thin
6. Colour- red
7. Odour- no foul smell

OBSTETRIC HISTORY -G₃ P₂A₁L₁

Table 1: Obstetric history

	YEAR	RESULT OF PREGNANCY	Sex
L ₁	3 years back	LSCS	Female child
A ₁	1.5 year back	MTP at 1.5-month amenorrhea	-

GENERAL EXAMINATION

1. Blood pressure-120/80 mm of hg
2. Pulse rate-80 beats per minute
3. Temperature- afebrile (97.6° F)
4. Respiratory rate- 20/minute
5. Weight- 75 kg
6. Faces- normal
7. Pallor- absent
8. Icterus- absent
9. Oedema- absent
10. Cyanosis- absent
11. Clubbing- absent
12. No lymphadenopathies

PERSONAL HISTORY

1. Diet- vegetarian

2. Appetite-Good
3. Sleep- Disturbed
4. Bowel- Clear (1time/day)
5. Urine- 8-9/ 1-2, burning micturition present
6. Addiction- None

No H/O – HTN/CAD/DM-II/Thyroid disorders/Anaemia/or any other chronic illness

No Family history of – DM-II/ HTN/CAD

Surgical history – No history of any surgical procedures

LOCAL EXAMINATION

1. Per abdomen

Inspection-

- no discoloration was observed, Linea nigra and striae present
- Scar mark of LSCS present

Palpation-

- Uterus 24–26-week size
- Relaxed

Auscultation-

- FHS- regular 146-150/minute

2. **Per Speculum-** yellowish white thick discharge present, no erosion or congestion

INVESTIGATIONS-**1. Ultrasonography (23/04/2022)**

Single live intrauterine foetus of 19 weeks and 1 day.

Placenta fundoposterior

AFI- normal

2. Urine analysis (22/04/2022)

Blood- Trace

Appearance – Turbid

Pus cells- 25-30/H.P. F
Red cells- 3-4/H.P. F
Epithelial cells- 6-8/H.P. F

3. CBC (20/01/2022)

Hb- 12.1 gm %
RBC- 4.90
Haematocrit- 39.2%
MCV (Calculated) - 80.0 fl
MCH (Calculated)-24.7 pg
MCHC (Calculated)-30.9 g/dl
RDW (Calculated) - 15.3%

4. RBS- 96 mg/dl**5. BLOOD GROUP-** O Positive**6. Foetal biometry (17/05/2022)**

BPD-2.89 cm
FL- 4.26 cm
AC-18.09 cm

DIAGNOSIS – *Upapluta yonivyapad (Garbhini)*

CHIKITSA /TREATMENT ADOPTED

1. Oral Medications-
2. Local treatment – *Panchwalkal kashaya* swab – OD

Table 2: Timeline of medication

S. NO.	DRUG	DOSE	TIME OF ADMINISTRATION
1.	<i>Gokshursiddha ksheerpak</i>	100 ml TID	Before food
2.	<i>Guduchi kashaya</i>	10 ml BD	Before food with warm water
3.	<i>Dhanyak and Jeerak siddha jala</i>	100 ml TID	Before food
4.	<i>Tab. Neeri</i>	1 tablet TID	After food with warm water

RESULTS-

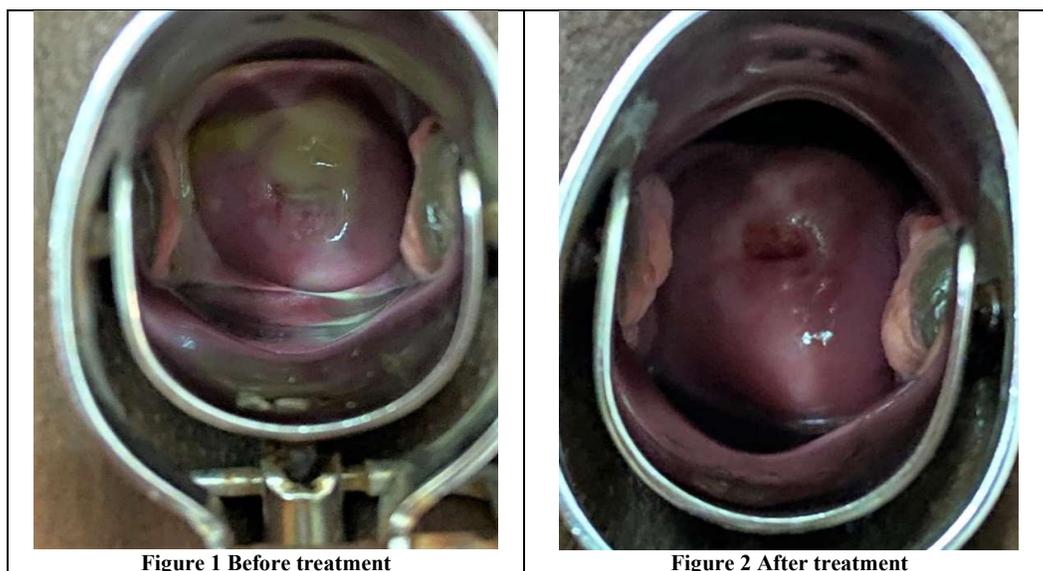


Diagram 1: before and after treatment pictures of cervix

Analysis (11/05/22)

Blood- Trace

Appearance – Turbid

Pus cells- 6-8/H.P. F

Red cells- 2-4/H.P. F

Epithelial cells- 2-3/H.P. F

On discharge patient had no complaint of burning micturition and vulvar itching decreased by 90%.

Table 3: Subjective Parameters

S. NO.	SUBJECTIVE PARAMETER	BEFORE TREATMENT	AFTER TREATMENT
1.	Discharge per Vagina	Grade 2 (Moderate- Wetting of undergarments)	Grade 0 (No discharge)
2.	Vulval itching (Pruritis Vulvae)	Grade 2 (Moderate-disturbs daily routine/increases after specific time-menstruation, urination)	Grade 0 (No itching)
3.	Lower back ache	Grade 0 (No lower backache)	Grade 0 (No lower backache)
4.	Odour of discharge	Present	No odour
5.	Burning micturition	Present but tolerable	No burning micturition

Table 4: Objective Parameters

S. NO.	OBJECTIVE PARAMETER	BEFORE TREATMENT	AFTER TREATMENT
1.	Erosion on cervix	No erosion	No erosion
2.	Discharge of cervix	Profuse (grade 2)	No discharge (grade 0)
3.	Appearance of cervix	Normal	Normal
4.	Colour of discharge	Yellowish	No discharge
5.	Bleed on touch	Absent	Absent

DISCUSSION-

Vulvovaginitis is commonly faced infectious disease by obstetricians in pregnant women.

Pregnant women are often susceptible to infections as they are immune compromised, any infection in the birth canal may lead to complications for the baby and may also dispose to premature rupture of membranes and premature labour.

The dried fruit of *Gokshura* is very effective in most of the genitourinary tract disorders, as a tonic, aphrodisiac, palliative, astringent, antihypertensive, diuretic, lithotriptic, and urinary disinfectant, its *Kledahar* property decreases *Srava* and relieves burning [1].

The phytoconstituents quantified in *Guduchi* exhibit great medicinal importance like saponins acts as anti-

bacterial and antineoplastic, flavonoids show anti allergic, anti-inflammatory and anti- cancer activity and alkaloids possess a good analgesic, anti-inflammatory and anti-oxidants activity [2].

Dhanyak has been categorised under *Sheeta Prashamana* which alleviates *Vata* and *Kapha*, thus helpful in managing *Upapluta Yoni Vyapad*, cineole and other acids present in dhanayak helps to fight inflammation and infections, especially fungal.

Jeerak is also *Katu Vipaki* and *Ushna Virya* which helps in pacifying *Vata* and *Kapha*. As mentioned in *Bhavaprakash Nighantu* it is also *Garbhashya Vishhudhikarak*, *Vrushya* and *Balakararak*, it is also a galactogogue and helps in formation of *Stanya*, so it proves to be beneficial in *Garbhavastha* and *Upapluta Yoni Vyapad* [3].

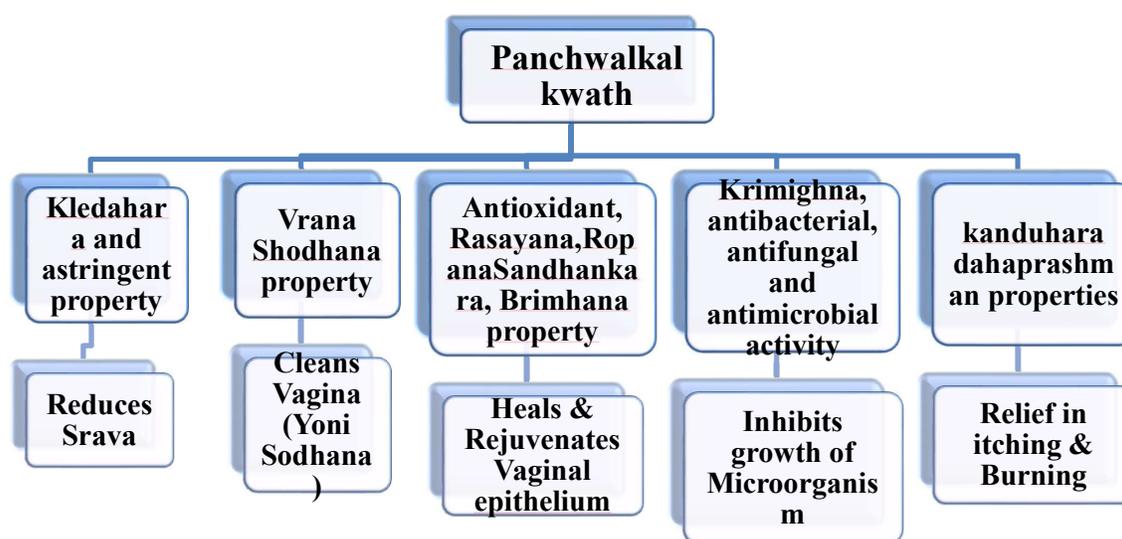


Diagram 2: Mode of action of *Sthanik Chikitsa* given

CONCLUSION-

There is an increase in cervical secretions and vaginal transudate during pregnancy due to increased vascularity and hyper-estrogenic state. The discharge is thick, mucoid in nature and non-irritating. Due to high vaginal acidity and glycogen laden cells in pregnancy, also favours the growth of organism significantly [4] in this study we came to know that such a common yet Afflicting infection to pregnancy can be easily managed with *Ayurvedic* preparations, which not only improves the condition of patient but also help in maintaining the pregnancy by their *Balya* properties, they provide strength to both mother and foetus and also helps in synthesizing the *Stanya* for postpartum period and aids lactation.

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