

The Effect of *Takradi Yoga Yoniprakshalana* (Vaginal Irrigation) in the management of *Yonirava Vis-A-Vis* Bacterial Vaginosis - A Case Study

Case Report

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Abstract

A study conducted in India highlights the prevalence of Bacterial Vaginosis (BV), revealing that it is most common among women aged 36–45 years (47.89%), followed by those aged 26–35 years (40.21%), and 18–25 years (28.74%), with an overall prevalence of 38.92%. If left untreated, BV can result in serious reproductive complications, including upper genital tract infections, tubal damage, and endometritis, all of which can increase the risk of infertility. Among the various causes of vaginitis, Bacterial Vaginosis, Trichomoniasis, and Vulvovaginal Candidiasis account for approximately 70% of all cases. In the traditional Ayurvedic system, Acharya Caraka's *Chikitsa Sthana* places significant emphasis on *Yonirava* (vaginal discharge), a condition categorized under *Stree Roga*. While Caraka describes detailed treatment principles (*Chikitsa Sutras*) for *Vimshati Yonivyapath* (twenty types of gynecological disorders), particular attention is given to the management of *Yonirava*. For this, Ayurvedic practitioners often utilize *Yoniprakshalana* (vaginal cleansing) with specific formulations such as *Takra* (buttermilk), *Triphala Kwatha* (herbal decoction), and *Gomutra* (cow's urine), offering a holistic and localized therapeutic approach. Contrastingly the Centers for Disease Control and Prevention (CDC) recommend antibiotics such as Metronidazole and Clindamycin as the standard treatment for BV. However, *Caraka* emphasizes two main therapeutic strategies in Ayurveda: *Abhyantara Chikitsa* (internal treatment) and *Sthanika Chikitsa* (local treatment). Although primarily focused on localized application, these therapies often have systemic benefits, particularly when treating *Stree Roga*. A clinical case further supports this integrative approach: a 39-year-old woman presented with symptoms of chronic vaginal white discharge associated with foul odour, indicative of BV. She was treated with *Yoniprakshalana* using *Takradi Yoga*, which yielded significant improvement, demonstrating the efficacy of Ayurvedic local treatment in managing Bacterial Vaginosis.

Keywords: Bacterial Vaginosis, *Shthanika Chikitsa*, *Takradi Yoga*, *Yoniprakshalana*, *Yonirava*.

Introduction

The study conducted in India reveals that Bacterial Vaginosis is more prevalent among women aged 36–45 years (47.89%), followed by the age groups 26–35 years (40.21%) and 18–25 years (28.74%), with an overall prevalence of 38.92%(1). If left untreated, Bacterial Vaginosis can lead to complications such as upper genital tract infection, Tubal damage, and Endometritis, ultimately increasing the risk of infertility(2). The three most common causes of vaginitis, accounting for approximately 70% of cases, are Bacterial Vaginosis, Trichomonas, and Vulvovaginal candidiasis (3). *Acharya Caraka's* ancient Ayurvedic text, *Chikitsa Sthana*, highlights the significance of *Yonirava* in *Stree*. He categorizes *Yonirava* into types like *Pichila*, *Snigdha*, *Rooksha*, *Phenila*, *Rakta*, *Shweta*,

Pandu, *Neela*, and *Peeta*, providing specific treatment approaches for each *Yonivyapath*. Although Acharya *Caraka* outlines *Chikitsa Sutras* for the management of *Vimshati Yonivyapath* (twenty gynecological disorders), he places particular emphasis on the treatment of *Yonirava*, highlighting its clinical importance (4)(5).

In addressing *Yonirava*, the traditional Ayurvedic remedy *Takradi Yoga* (*Takra*, *Triphala Kwatha*, and *Gomutra*) is chosen for *Yoniprakshalana*, offering an alternative perspective to conventional treatments. Notably, the Centers for Disease Prevention and Control (CDC) recommend Metronidazole and Clindamycin for Bacterial Vaginosis (6,7). This underscores the intersection of traditional Ayurvedic approaches with modern medical recommendations in managing women's health issues. *Acharya Caraka* has outlined two aspects of *Chikitsa* - *Abhyantara* and *Sthanika Chikitsa*, referring to specific local treatment, prove beneficial when addressing localized imbalance and strengthening the respective *Sthana*. These therapies, although primarily local, exhibit systemic effects, proving advantageous in *Stree Rogas* when executed accurately.

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Each basic gynecological disorder is attributed to an imbalance in the *Vata Dosha*. Therefore, in addressing any gynecological condition, prioritizing *Vata* pacification treatment is essential before addressing other *Doshas* (8,9). Ayurveda outlines two treatment approaches: *Shodhana*, which involves procedures like Panchakarma, and *Shamana* (10). Within the realm of gynecological treatments, *Bhaishajya Ratnavali* elaborates on specific Panchakarma adjuncts beneficial for managing vaginal discharge. Local treatments, known as *Sthanika Chikitsa*, are integral in managing a variety of gynecological conditions. Ayurveda offers several methods, among which *Sthanika Chikitsa* stands out. This approach aims to alleviate symptoms like itching, burning, pain, discharge, and foul odors. Ayurvedic texts outline diverse local treatments including *Yoni Pichu*, *Yoni Dhupana*, *Yoni Dhavana*, *Yoni Lepana*, *Yoni Varti*, *Kshara Karma*, and *Agni Karma* for addressing various gynecological and obstetrical issues. Despite primarily targeting localized symptoms, these treatments also exert systemic effects, thus aiding in the prevention of disease complications.

Presenting a case report of 39- year-old women diagnosed with bacterial vaginosis, characterized by chronic white discharge per vagina and a foul smell visited JSS Ayurveda Hospital, Mysuru. The chosen treatment approach involved *Yoniprakshalana* using *Takradi Yoga*, which has demonstrated significant results in the management of Bacterial Vaginosis. This case has been selected to highlight the effectiveness of the classical Ayurvedic treatment in addressing Bacterial Vaginosis and associated symptoms.

Case study

Case Description

Chief Complaints

A 39 year old married woman residing in Kollegala reported the *Prasuti Tantra* and *Stree Roga* outpatient department (OPD) with the complaints of White watery/curdy discharge per vagina which wets her undergarments associated with foul smell and lower back pain since 15 years.

History of Present illness

The lady was apparently healthy before 15 years gradually she started white discharge per vagina which was watery and sometimes curdy in nature associated with foul smell and lower abdomen pain for which she took allopathic treatment 3-4 months back where she has been advised with antifungal ointment and oral medication from which she got relief for some days and now since last 20 days symptoms got aggravated therefore she approached JSS Ayurveda Medical College and Hospital Mysuru for further management.

Family History

No any Family history of same illness or other major illness.

History of past illness

Not known case of any thyroid dysfunction, diabetes mellitus and hypertension or any other major illness.

Surgical History: Tubectomized 5 years ago.

Personal History:

Appetite: Good

Ahara: mixed diet

Vihara: Madhyama

Habit: the lady had no any habits.

Micturition: 4 to 5 times / day

Bowel: once / day.

Weight: 68 Kg

Height :156 cm

Occupation: Tailor

The patient has been married for 18 years, in a non-consanguineous marriage. Her menstrual history reveals that menarche occurred at the age of 13 years. The last menstrual period (LMP) was on 20th September 2023, with regular cycles occurring every 28 to 30 days. Each cycle lasts for 4 to 5 days, characterized by moderate bleeding requiring approximately 2 to 3 pads per day. She experiences discomfort in the form of lower abdominal pain, typically before the onset of menstruation and continuing through the first and second days of the cycle.

Obstetric History

Para-3; Live-3; Abortion-1; Death-0

Table No 1: Obstetric History

Sr.No.	Pregnancy Events	Method of Delivery	Puerperium	Duration of breast Feeding & Contraception
15 years Female	Uneventful	FTND	Uneventful	2 year
10 year female	Uneventful	FTND	Uneventful	1 ½ year
5 year female	Uneventful	FTND	Uneventful	2 year
Missed abortion at 3 MOA.	Uneventful	D& C done.	Uneventful	

Contraception History

Used barrier method (Condom) for 1st two years after marriage.

Ashtavidha Pariksha

- Nadi (Pulse):- Kaphapittaja, 72/min

- Mala (Bowel movements):- once a day
- Mutra (Urine):- 4-5 times in day time
- Jivha (Tongue):- Alipta (Clean tongue, no coating)
- Shabda (Speech):- Spashta (Clear speech)
- Sparsha (Skin touch):- Mrudu, Anushna Sheeta (Soft and neither hot nor cold to touch)

- *Drik* (Vision):- *Prakruta*
- *Aakruti* (Body build):- *Madhyama*. (Moderate)

Dashavidha Pariksha

- *Prakruti* (Body constitution):- *Kaphapitta*
- *Vikruti* (Current imbalance):- *Kapha vata*
- *Sara* (Tissue excellence):- *Madhyama* (Moderate)
- *Samhanana*:- *Madhyama* (Moderate)
- *Pramana*:- *Madhyama* (Moderate)
- *Satmya*:- *Madhyama* (Moderate)
- *Satva*:- *Madhyama* (Moderate)
- *Aahara shakti*:- *Abhyavarana- madhyama*
- *Jarana- hina*
- *Vyayama shakti*:- *hina*
- *Vaya*:- *Madhyama*

General Examination

- BP: 120/80 mmHg
- P.R: 72/min
- R.R: 20/min
- Temperature: Afebrile

Systemic Examination

- Cardiovascular System- S1, S2 heard
- Respiratory System- AEBE and clear
- Nervous System- conscious, well oriented
- Musculoskeletal System- NAD

Gynecological Examination

- Per Speculum- Cervix normal in position, healthy, pool of white discharge seen.
- Per Vaginal- uterus normal in size & position – anteverted, ante flexed fornices free and no tenderness was present.

Figure 1



Diagnostic criteria

Diagnosis will be established by confirming symptoms of *Yonisrava* (Vaginal discharge)/ Bacterial Vaginosis through clinical examination and Amsel's criteria as follows (11).

- Homogeneous, thin grey/white adherent vaginal discharge.
- Vaginal pH > 4.5
- Wet vaginal smear positive for Bacterial Vaginosis.
- Positive Whiff Test.

Investigation

- Vaginal Smear- Bacterial Vaginosis, Vaginal Candidiasis
- Vaginal pH- 6-7
- Whiff Test: Adding 10% KOH to fresh samples of vaginal secretions releases volatile amines that have a fishy odour. This is often colloquially referred to as Whiff test.- Positive.
- Urine Routine- Normal, HIV- Negative, HbsAg- Negative

Chikitsa given

Takradi Yoga Yoniprakshalana once a daily for 5 days. And follow-up was done on 6th day.

During this period patient was advised to follow abstinence.

Pathya (wholesome) and Apathya (unwholesome) was advised.

Materials and Methods

Takra and *Triphala Kwatha* was prepared as mention in classics. *Triphala* 400 ml is taken. To This 400ml of *Takra* and 200 ml of *Gomutra Arka* is added. . Above said combination in proportion of 1:1:1/2 shows pH 5-6 which is acidic. Therefore *Takra*, *Triphala Kwatha* and *Gomutra Arka* was added together in proportion of 1:1:1/2 respectively. *Gomutra Arka* was procured from GMP certified Pharmacy. The study was done to know the pH these three components in following proportion so as to prevent the adverse effect on vaginal flora.

Procedure

Purvakarma

Patient is made to void the urine/ empty the bladder and made to lie in Dorsal Position.

Medicine: *Takradi Yoga* is Prepared.

Instruments: Rubber catheter no. 8, Enema can , kely's pad, Bucket, Gauze Pieces.

Pradhana Karma

Under all aseptic precautions the following procedure was performed. Labia majora separated and rubber catheter attached to enema can filled with *Prakshalana Drvaya* is introduced in introitus. 1 Lit. *Prakshalana Drvaya* is allowed to flow slowly by gravity, the tip of catheter is rotated in vagina so the medication reaches around the cervix up to fornices up to 15 minutes each day. After completion of *Yoniprakshalana*, catheter is gently removed from vaginal introitus.

Paschat Karma

With the help of gauze pieces vaginal canal and external genitalia is cleaned.

Results

Table 2: Results

Investigation	Before treatment	After Treatment
White discharge per vagina	Moderate	Absent
Whiff Test	Positive	Negative
Vaginal pH	6-7	4-5
Vaginal Smear	Clue cell present few budding yeast forms of candida seen.	Clue cell absent. Candida albicans not seen.

After completion of 5days of treatment patient appreciated decreased White discharge per vagina and 80% decrease in lower abdomen pain.

Follow-up after one month- White discharge per vagina reduced completely and no any c/o lower abdomen pain.

Discussion

Triphala, known for its rejuvenating, balancing, moisture-reducing, cleansing, and healing properties, has been scientifically demonstrated to possess antimicrobial effects, making it beneficial in treating abnormal vaginal discharge (*Yonisrava*). It is widely recognized, easily accessible, safe for use, economical, and less susceptible to contamination. *Takra*, with its light, dry qualities, warm potency, and ability to pacify imbalances related to both *Kapha* and *Vata*, proves effective in reducing abnormal vaginal discharge. Similarly, *Gomutra*, owing to its pungent taste, lightness, dryness, sharpness, warm potency, and anti-microbial properties, acts as a bactericidal agent. *Triphala Kwatha's* acidic pH potentially aids in preserving the typical vaginal pH level, thereby supporting the equilibrium of healthy vaginal flora. Its primary chemical component, tannin, plays a role in protein precipitation, potentially reducing inflammation and vaginal discharge. Tannins have been demonstrated to possess inhibitory effects on the growth of numerous fungi, yeasts, bacteria, and viruses. Additionally, the immune-modulating properties of ascorbic acid found in *Amalaki* have been established in maintaining the equilibrium of healthy vaginal flora.

Hence, the mentioned medicine combination exhibits potent local effects in infection control, possibly attributed to its antibacterial in Bactrial Vaginosis, antifungal in Candida, antiprotozoal (*Krimihara*), and anti-inflammatory (*Ropana*, *Kledahara*) properties. Moreover, being *Sarvadoshajitha*, *Shodhana*, *Ropana*, and *Rasayana*, it likely enhances local immunity and facilitates the regeneration of healthy cells.

Conclusion

The Ayurvedic approach to treating Bacterial Vaginosis involves both symptomatic management and preventive measures. *Sthanika Chikitsa*, which facilitates the absorption of medication through the vaginal walls due to their high vascularity. The vagina has the capacity to absorb water, electrolytes, and substances with low molecular weights, primarily in the lateral recesses of the lower vagina. Probiotics, such as acidophilus, which are naturally present in the vagina, create a barrier against harmful organisms like candida. By restoring the balance of vaginal microorganisms, probiotics can reduce the risk of vaginal infections.

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