

## AYURVEDIC INTERVENTIONS IN THE MANAGEMENT OF ABNORMAL VAGINAL DISCHARGES: A REVIEW

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### ABSTRACT

A woman in her life time might have experienced abnormally stained and malodorous vaginal secretions apart from her usual physiological vaginal discharges. Even though the physiological and normal vaginal secretions plays an important role in lubrication and preventing vaginal infections, the growing concerns about carcinomas like Cervical intraepithelial neoplasm and venereal diseases from misdiagnosed cases, makes women run to their medical professionals. A relevant medical and sexual history taking along with laboratory investigations and examinations are vital in diagnosis. Ayurveda, confers a plethora of information regarding diagnosis and effective management of pathological vaginal discharges that is described under the terminology of *yonisrava*. The objective of this narrative review was to explore and analyse the concept of abnormal vaginal discharges and its management protocols based on Ayurveda treatment guidelines. An elaborate review was done on the topic of *Yonisrava* mentioned in various Ayurvedic classical texts like *Charaka samhitha*, *Susrutha samhitha* and *Astanga Hrdaya*. An extensive search was done in PubMed using the keywords: Vaginal discharges, venereal diseases and Etiopathogenesis of vaginal discharges. A draft of concept was arrived through literature review and clinical experience regarding the subject matter. The clinical symptom termed abnormal vaginal discharge comes under the perspective of *Yonisrava* in Ayurveda. In clinical practice, the management of *Yonisrava* is generalised under the treatment aiming at the pacification of *Pitha* and *Kapha doshas*. Ayurvedic treatment protocols for the cure of abnormal vaginal discharges is found effective and it will be a great contribution to the woman health care

**Keywords** – vaginal discharge, *Yonisrava*, Leucorrhoea, Ayurveda

**INTRODUCTION:** A woman during her life span might have experienced blood stained, mucoid, purulent, curdy or watery vaginal discharges, besides her physiopathological menstrual bleeding at some point of her life. Even though normal vaginal discharges plays a pivotal role in preventing infections, lubrication and maintaining vagina clean, the abnormally stained and malodorous secretions from vagina accompanied with genital discomfort, itching and burning sensation is a frequent complaint at gynaecological OPD's<sup>[1]</sup> The complaint of vaginal

discharge is relative and varies with individual ideas on personal hygiene. This variance in subjectivity often makes quantity and quality wise evaluation of vaginal discharges, a strenuous effort, pressing the need of a proper gynaecological examination. The amount and consistency of vaginal secretions, which is comprised of vaginal epithelial cells, bacteria, mucus and fluid secretions from vulva and vagina, varies from one woman to another. The quantity of discharge alters during pregnancy, with the use of birth control pills, and in

premenstrual, premenopausal, preovulatory and menopausal stages of a woman's reproductive phase. The growing fears about the chances of venereal diseases and cancer leads many women to rush to their medical health providers. On the other hand, it is also not uncommon to find women denying the previous existence of a pathological discharge found during an accidental finding on an examination. A relevant gynaecological history with essential laboratory and physical findings are vital in the diagnosis and treatment. The clinical symptom termed abnormal vaginal discharge comes under the perspective of *Yonisrava* in Ayurveda. The ancient and alternative system of medicine – Ayurveda, confers a plethora of information regarding diagnosis and effective management of pathological vaginal discharges. This review attempts to navigate through Ayurvedic diagnosis of abnormal vaginal discharges rooted on assessment of *doshik* status, *agnibala* (proper metabolism), *Rogibala* (patient strength) and *vyadhibala* (strength of the disease) as well as the Ayurvedic treatment protocol for the same.

## MATERIALS AND METHODS

The material collection for the study was carried out through an elaborate review was done on the concept of *Yoniroga* (Gynaecological diseases) and *yonisravaroga* (Vaginal discharges) mentioned in classical Ayurveda texts of *Charakasamhitha*, *Susruthasamhitha* and *AstangaHrdaya*. An extensive search was done in PubMed using the keywords: Vaginal discharges, venereal diseases, Etiology, pathology and Gynaecological examination of vaginal discharges. The text book of *Streeroga* and *prasoothi tantra* by Dr. P.V Tiwari and *chikitsamanjari* was read extensively for the better

understanding of Ayurveda perspective on the subject. Clinical experience in the field of diagnosis and management of gynaecological cases under the OPD of *prasoothi tantra* and *Streeroga*, VPSV Ayurveda College, Kottakkal was another aid. In final stage, a draft of concept was arrived through literature review and clinical experience regarding the subject matter.

## VAGINAL DISCHARGES

**1. Normal and abnormal vaginal discharges**-Normal vaginal discharges are the genital discharges, composed of glandular secretions from cervix, uterus, bartholin's glands (during sexual excitement) and vulvovaginal area. It consists of tissue fluids, epithelial debris, leucocytes, proteins, lactic acid (0.75 %), Doderlein bacilli and many pathogenic organisms including *clostridium welchii*. The secretions that are essential for the lubrication and maintaining a healthy vagina is vital in protecting women from many of the upper genital and vulvo vaginal infections.

Vaginal discharges are broadly classified as normal (physiological) and Abnormal (Pathological). A physiologic vaginal discharge which is white in colour, watery consistency, non -odorous, with a pH ranging from 4 -5.5 is essential in keeping the vaginal environment moist. The amount of discharge alters during pregnancy, with the use of birth control pills, and in menstrual, premenstrual, premenopausal, pre-ovulatory and menopausal stages of a woman's reproductive life. The quantity of secretion which is primarily regulated by female hormone oestrogen varies from person to person. The complaint of vaginal discharge is relative and varies with varied attitude and concepts of individual on personal

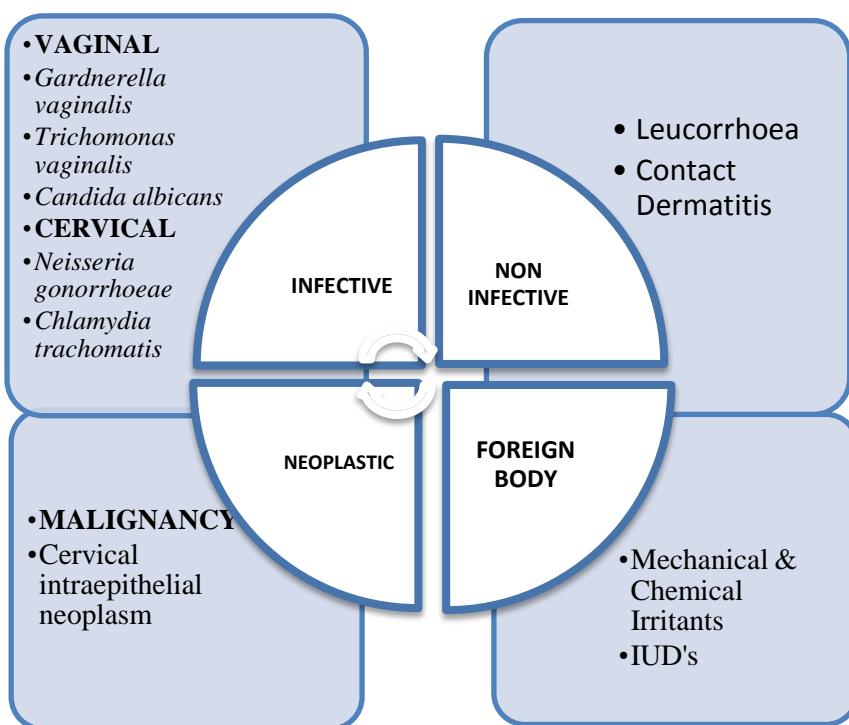
cleanliness.<sup>[2]</sup> This variance in subjectivity often makes quantity and quality wise evaluation of vaginal discharges, difficult one. The alarming rates of sexually transmitted diseases rates and increased risk of developing cancers from abnormal cellular pathology calls for early diagnosis, differentiation and treatment of vaginal discharges.[3]

## 2. Abnormal vaginal discharge-

Abnormal vaginal discharge is a frequent presenting complaint that makes women of

reproductive age rush into gynaecological OPD's. It is the second most presenting complaint after dysfunctional uterine bleeding among women belonging to reproductive phase. The subjective complaints on vaginal discharge is abundant vaginal secretions with different stains and offensive smell accompanied with severe itching and burning sensation. Abnormal vaginal discharges are further classified as –Non Infective, Infective, Neoplastic and Foreign body induced:

**Figure 1 – Illustration of causes of abnormal vaginal discharge.**



**3. Leucorrhoea**-Leucorrhoea is defined as excessive normal vaginal discharge, often presented as 'the running of white substance' by woman. The presence of excess vaginal secretion is evident from persistent vulval moistness and staining of undergarments (brownish yellow stains on drying), forcing patient to wear a vulval pad. The major non-infective cause of abnormal vaginal discharge – Leucorrhoea is non-purulent, non-infective and non-

irritant which is presented with the absence of pruritis.[4]

Causes of normal and excessive secretion is due to:-

- Physiological causes
  - Cervical causes (Cervical leucorrhoea)
  - Vaginal causes (Vaginal leucorrhoea)
- Higher values of oestrogen, occurring during the time of puberty, ovulation, pregnancy and sexual excitement forms the physiological base of increased secretion of endocervical and bartholin's

glands resulting in leucorrhoea. Non infective cervical lesions, where the cervical glands remain uninfected and unexposed to external environment like cervical mucosal polyp, chronic cervicitis and cervical ectopy are the cervical causes of excessive discharge. Uterine prolapses, retroverted uterus, chronic pelvic inflammatory disease, usage of contraceptive pills with increased risks of pelvic congestion leads to increased

transudation from vaginal surfaces, forming vaginal causes of leucorrhoea. Local hygiene has to be maintained in all of the above clinical conditions.

**4. Other causes of abnormal vaginal discharges-** Even though leucorrhoea forms the primary reason of clinical presentation of abnormal vaginal discharges, other causes are widely classified as infective, atrophic, chemical, mechanical, excretory and neoplastic.

**Table 1 – Illustration of common causes of abnormal vaginal discharge and peculiar features**

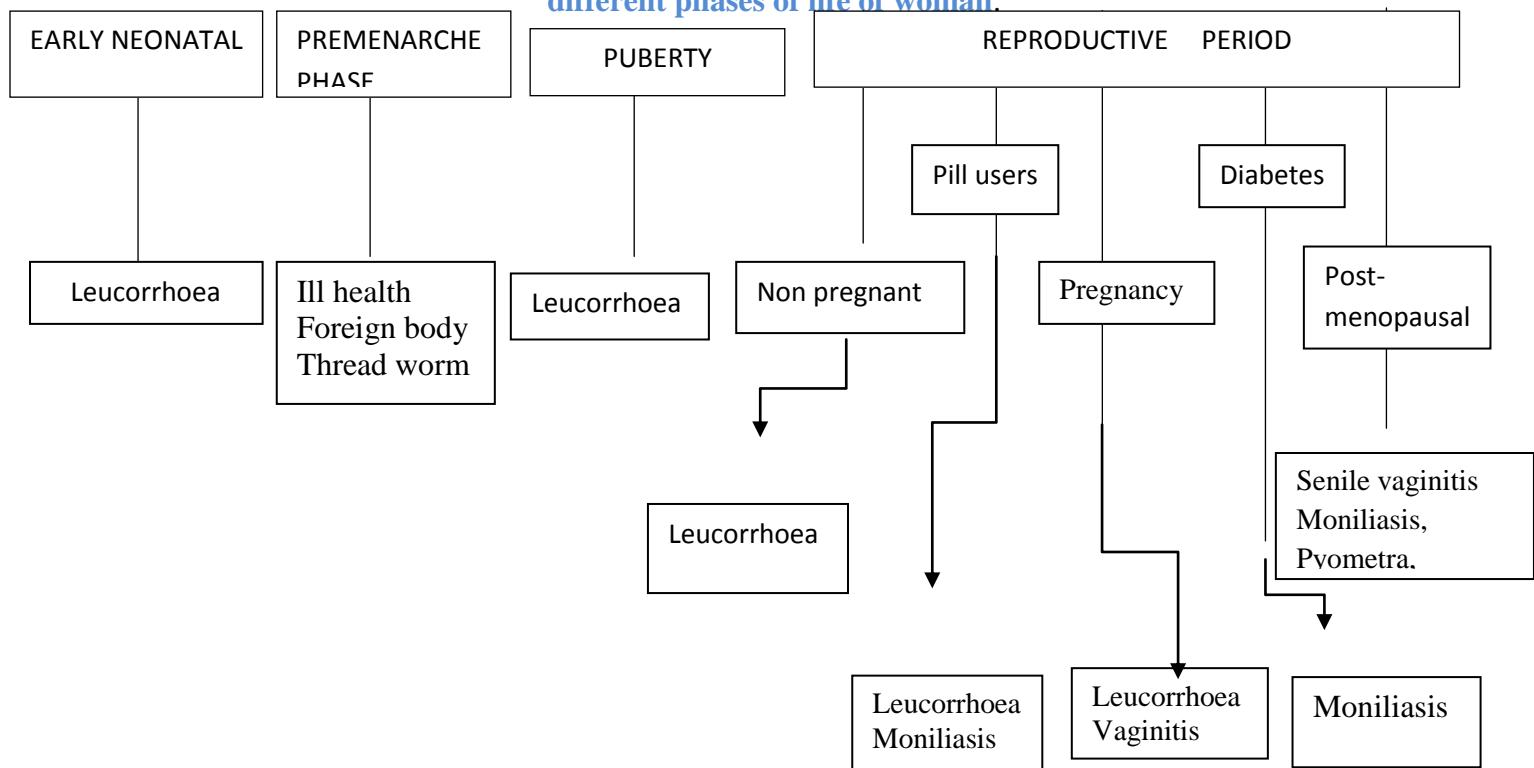
Type	Etiology/ Causative Organism	Peculiar Features
1. INFECTIVE	Trichomonas vaginitis	Yellow, frothy discharge Foul smell Less pruritis Commonly after menses Dysuria Dyspareunia
	Monilial vaginitis	Curdly white discharge Pruritis present
	Bacterial vaginosis	Fishy odour Often chronic Dysuria present Less pruritis Greyish white discharge
	Cervicitis	Mucoid discharge
2. ATROPHIC	Post-menopausal	Prominent irritation Less prominent discharge
3. CHEMICAL CAUSE	Douches Deodorants Soaps Latex condoms	Soreness positive
4. MECHANICAL CAUSE	Pessary Tampons IUD's	Purulent, offensive discharge Often blood stained
5. EXCRETIONS	Faecal/ urine contamination	Offensive discharge Purulent
6. NEOPLASMS	Fibroid polyp Genital malignancy	Often offensive

### 5. Diagnosis

Features of the abnormal discharges such as colour, consistency, smell, and presence of pruritis are important in distinguishing between infections.<sup>[2]</sup> Diagnosis is purely

dependent on the assessment of age of patient, duration and amount of discharge, onset, consistency, colour, odour, presence of pruritis and relation to ovulation, menstruation and pregnancy.

**Figure 2:- Illustration of probable diagnosis of abnormal vaginal discharges during different phases of life of woman.**



The presence of social stigma and misconceptions on sexual health may be a hindrance in history taking. But a relevant medical and sexual history is inevitable in

diagnosis of abnormal vaginal discharges, Examinations ranging from local examination to per speculum examinations is of high significance in diagnosis.

**Table 2: - Tabular representation of significance of relevant examinations for diagnosis of abnormal vaginal discharge**

EXAMINATIONS	SIGNIFICANCE
1. Local examination	Inspection of vulva to assess character of discharge and presence of pruritis
2. Abdominal examination	To check tenderness
3. Per speculum examination	To check tenderness of vaginal wall Quality, quantity, colour, site of vaginal discharge is noted.
4. Per vaginal examination	Quality and quantity of discharge ,Position, size, mobility of uterus and adnexa ,tenderness etc. are checked

## **VAGINAL DISCHARGES: - AN AYURVEDA PERSPECTIVE**

Woman health is an area of prime concern in Ayurveda. Ayurvedic guidelines have always upheld principles and protocols

for managing diseases related to reproductive system, especially gynaecological disorders. In Ayurveda all gynaecological ailments are elaborately explained under the umbrella of

*yonivyapath*, which is twenty in number.<sup>[5],[6]</sup>

In clinical practice, the management of *Yonisrava* is generalised under the treatment aiming at the pacification of *Pitha* and *Kaphadoshas*. *Yonivyapaths* with *Yonisrava* presentation like *paithiki*, *slaishmiki*, *sannipathiki*, *acharana*, *viplutha* and *pariplutha* are caused by the abnormal doshik status of *pitha* and *kapha*.

### **Ayurveda treatment guidelines: An overview**

Assessment of clinical condition of patient depends upon *agnibala*, general health status, *dosha* predominance and *vyadhibala*. Proper maintenance of *Agni* and reducing *vyadhibala* are the ideal strategy of Ayurvedic management of *yonisrava*. Advocating *stambhanachikitsa* (stoppage therapies) in less *dosha* vitiated state and suggesting *shodhana* (detoxification) procedures in predominant *doshik* status is the core principle of management. Among the *panchashodhana*

therapies, *virechana* (Purgation) is found suitable. It's been advised to do *virechana* with *Avipathychurna*, *trivrtchurnam* and *erandasukumuram* in respective vitiation of *pitha*, *kapha* and *vathadoshas*. In excessive vaginal discharges, even if found as normal, *sthambana* mode of treatment is found effective. Correction of *agni* (metabolism,) pacification of *anubhandha doshas* (associated *doshas*) and *amapachana* (pacification of undigested metabolites) has to be done as the primary management in respective occurrences of *Mandagni* (impaired metabolism), *doshanubhandatwa* and *amalakshana*.

Even though the acharyas of Ayurveda has enumerated many *yoni rogas* with different names, the management can be generalised by categorising symptoms under the headings of *pitha* and *kapha* vitiation. The treatment protocols efficient at managing *pitha* and *kapha doshas* are mainly adopted at OPD's.

**Table 3:-tabular representation of medications treatment for managing conditions with predominance of *pithadosha*.**

	<u>Internal Medicines</u>	Vaginal Douche	<i>Yoni Pichu</i>	<i>Kalka Dharana</i>	<i>Churnam</i>	<i>Vasthi</i>
<i>Pitha Predomiance</i>	<i>Guluchyadi kashaya</i> <i>Drakshadik ashaya</i> <i>Musalikhad iradikashaya</i> <i>Chandraprabhavati</i> <i>Pushyanug achurna</i>	<i>Guluchyadi kashaya</i> <i>Nyagrodha dikashaya</i> <i>Punarnava dhikashaya</i>	<i>Shata-dhoutha grtham</i>	<i>Panchavalakalakalka</i>	<i>Chandanachurnam</i> + <i>shatadhout hagrtham</i>  <i>Panchavalkalachurnam</i> + <i>honey</i>	<i>Panchatiktaks heeravasthi</i> <sup>[7]</sup>

**Table 4:-tabular representation of medications treatment for managing conditions with predominance of *kaphadosha***

	INTERNAL MEDICINES	VAGINAL DOUCHE	YONI PICHU	KALKA DHARANA	CHURN A	VASTHI
Kapha Predominance	<p><i>Aragwadhadikasaya</i></p> <p><i>Triphala guggulu</i></p> <p><i>Aragwadha arishta</i></p>	<p><i>Triphala kasaya</i></p> <p><i>Aragwada di kasaya</i></p> <p><i>Dhanyamla</i></p> <p><i>Water boiled with tankana</i></p>	<p><i>Dhatakyadi thailam</i></p>	<p><i>Triphalakalaka</i></p> <p><i>Trivrtkalka</i></p>	<p><i>Khadira, nimba, pathya, jatiphala, puga with soup of mudga</i></p>	<p><i>Katu rasa Dravyas Gomutra</i> [8]</p>

In cases of recurrences and chronicity, management protocols which are *brihmana* and medications with properties of enhancing *rogibala* and *vyadhibikshamatwa* are given as *rasayana* to the patient. The medicaments like *panchajeerakaguda*, *shatavarigritham* and *vidaryadigritham* comes under this category. These medications are found to improve general health status and immune power of patients in routine practices. In all the phases of treatment, *agnibala* should be protected. Patient should be advised to maintain cleanliness especially during menstruation. Timely intake of

food and a proper diet comprising of plenty of fruits and vegetables with sufficient water intake (1.5 L/day) has to be followed. patient should be instructed to avoid hot ,spicy, fried foods as well as suppression of urges and coitus during menstruation are to be avoided

#### **A glimpse of treatments mentioned in chikitsamanjari**

*Chikitsamanjari*- a well renowned text book used in Ayurveda clinical practices have mentioned about various *prayogas* under the context of *asthisrava chikitsa* which is currently used in clinical practice in kerala<sup>[9]</sup>

**Table 5 – tabular representation of treatments mentioned for asthisrava chikitsa in chikitsamanjari**

INTERNAL MEDICATIONS	EXTERNAL APPLICATIONS
<ul style="list-style-type: none"> <li>• <i>Shatavarikashaya</i> with milk</li> <li>• milk boiled with <i>sithopalato</i> be taken in the morning</li> <li>• <i>elachurna</i> with butter</li> <li>• powder of <i>guduchi</i>(<i>Tinosporacordifolia</i>), <i>amalaki</i> (<i>Embilicaofficinalis</i> with juice of hibiscus flower and sugar</li> <li>• paste of white hibiscus bud with milk</li> <li>• ghee prepared with <i>vidarkanda</i> (<i>Pueraria tuberosa</i>), <i>chandanakalka</i> (<i>Santalum album</i>) and milk</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Takradhara</i></li> <li>• <i>kheeradhara</i></li> <li>• <i>lakshadikuzhambu</i> -oil massage</li> </ul>

## DISCUSSION

Principles of Ayurveda in diagnosis, prevention and management of yonisrava stands as an answer to solve the growing fears of venereal diseases and carcinoma .Ayurveda guidelines on disease prevention, enhancing *vyadhikshamatwa* (immunity enhancement), reducing strength of the disease enables womanhood to secure a positive reproductive health.

## CONCLUSION

The complaint of vaginal discharge is often considered as unimportant. But it might be a warning symptom of underlying genital malignancy. In the current scenario of increased complaints on abnormal vaginal discharge as well as the alarming incidence rates of sexually transmitted diseases and cancers like cervical intraepithelial neoplasms, a mild ignorance will be a giant mistake. Therefore relevant gynaecological examinations and laboratory investigations with particular attention to the medical and sexual history is of high importance. In that, the holistic system of medicine – Ayurveda which gives prior importance to woman reproductive health care and

personalised management should be brought to the mainstream. Ayurveda treatment principles and protocols for the cure of abnormal vaginal discharges will be a great contribution to the woman health care management.

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