

## A CRITICAL REVIEW ON KAPHAJ YONIVYAPADA W.S.R CHRONIC CERVICITIS

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## ABSTRACT

In Ayurvedic classics, almost all gynecological disorders come under the big heading of Yonivyapada. This also includes menstrual disorders, abortions or stillbirths and diseases of uterus, cervix and vagina. Chronic cervicitis is judged by the presence of a heavy mixed chronic inflammatory cell infiltrate. This condition causes congestion and fibrosis of cervix and is characterized by mucopurulent vaginal discharge with foul smelling, pruritus vulvae, dyspareunia, failure of conception etc. The disease chronic cervicitis can be put parallel to kaphaj yoni vyapada on the basis of signs and symptoms. Here an attempt has been made to correlate chronic cervicitis with kaphaj yoni vyapada describes in Ayurvedic classics.

**Keywords:** Ayurveda, Yonivyapada, chronic cervicitis

## INTRODUCTION

Woman surpassing through different stages and phases prospers the household and society. As a wife and mother, she becomes the locus of the family which is a functional unit of society. Woman being wife is the source of sexual ecstasy and credited as best aphro-

disiac and a woman with diseased genitals was described unfit for sexual life and impregnation. Without mother there is no possibility of conception. Perfect femineity leads to healthy and safe motherhood. Because of their unique physiology like menstrual

cycle, pregnancy, child births, women are more susceptible to suffer from sexually transmitted diseases. Cervicitis is the most common STD's syndrome in females. In acute condition, it is symptomatic but may be symptomatic or asymptomatic in chronic. it is commonest during menstrual years and rarely affects premenarchal girl or post-menopausal women. Chronic cervicitis is brought about by infections during abortion, cervical lacerations during childbirth, instrumentation during dilatation of cervix, IUCD insertion and repeated injuries caused by pessaries, tampons, and chemical contraceptives. In Ayurveda, term "Yoni" is used in a very broad sense and represents the whole female genital organs and "Vyapada" means disorders. All gynecological disorders come under the heading of yonivyapada. All the Ayurvedic classics have described the 20 types of yonivyapad i.e., Vatiki, Paittiki, Slaishmiki, Sannipatiki, Acharana, Aticharana, Prakcharana, Udavartini, Putraghni, Antarmukhi, Suchimukhi, Sushka, Sandayoni, Mahayoni, Raktayoni, Arajaska, Paripluta, Vamini, Upapluta and Karnini. On the basis of symptoms & signs chronic cervicitis can be put parallel to Kaphaja yonivyapad.

#### **Yoni-vyapada:**

All the classics i.e., Charak Samhita, Sushruta Samhita, Astanga Hridaya, Astanga Sangraha, Kashyapa Samhita, Madhava Nidan, Bhela Samhita have mentioned twenty number of Yonivyapada. Acharaya Charak has described Vatiki, Paittiki, Slaishmiki, Sannipatiki Yonivyapada are due to the vitiation of respective doshas. Among the remaining sixteen diseases, ten are due to vata, i.e., Acharana, Aticharana, Prakcharana, Udavartini, Putraghni, Antarmukhi, Suchimukhi, Sushka, Sandayoni and Mahayoni. Raktayoni and Arajaska are due to pitta, Paripluta and Vamini are due to vata-pitta and Upapluta and Karnini are due to vata-kapha. Acharya Susruta has classified five yonivyapada under each dosha i.e., Udavarta, Vandha, Vipluta, Paripluta and Vatala due to vata, Rudhirkshara, Vamini, Sranshini, Putraghni and Pit-tala due to pitta, Atayananda, Karnini, Acharana, Aticharana and Slaishmala due to pitta and

yonivyapada due to sannipata are Shandi, Phalini, Mahati, Suchivakra and Sarvaja.

There is no specific classification of yonivyapada is found in Ashtanga Hridaya and Ashtanga Sangraha. Both of them have followed Charaka Samhita except description of Vipluta in place of Acharana.

Sharangadhara has described vitiation of rakta along with of vata, pitta, kapha and sannipata. He mentioned Khandita and Nanda instead of Udavarta and Shanda. Twenty yonivyapada described by Sharangdhara are, one each due to vitiation of Vata, Pitta, Kapha, Sannipata and Rakta (five), Lohitkashaya, Sushka, Vamini, Khandita, Antarmukhi, Suchimukhi, Vipluta, Jataghni, Paripluta, Upapluta, Prakcharana, Mahayoni, Karnini, Nanda and Aticharana. Kashyapa has mentioned twenty numbers of yonivyapada but not described anything further. Madhava has given description like Sushruta except Lohitakshaya in place of lohitakshara. Bhavaprakash and Yogaratnakar both followed Sushruta but in Bhavaprakash Anand acharana is described in place of Acharana and Andini in place of phalini. In Yogaratnakar, description is identical to that of Bhavaprakash except Lohitkashaya in place of Lohitkshara.

#### **Kaphaja Yoni-Vyapada:**

According to Sushruta, Kaphaja yoni vyapada includes five disorders, i.e., Slesmala, Atyananda, Acharana, Aticharana and Karnini, while Charaka and Vagbhata have mentioned only one i.e., Slesmaka. Two other yonivyapada Upapluta and Karnini have described by Vagbhata, in which predominance of vata and kapha dosha are present. All the Ayurvedic classics have described this vyapada under different names viz. Kaphaja, Slesmala, Slesmaki or Slesmaja based either on dosha or source of origin. The word Slesmala is coined from kapha action of firmly embracing the yoni. The word Slesmiki indicates the predominance of slesma dosha and the word Kaphaja denotes the origin of disease from kapha.

### **Etiology of Kapha Vitiation:**

These all several factors which are directly responsible for vitiating kapha can be grouped under three headings.

1. Dietic Factor (Sweet, Curd, Fat and Carbohydrate)
2. Seasonal Change (Vitiating of kapha is more in spring and less in autumn season)
3. Mode of life (lack of exercise, sleeping during daytime, sedentary habits etc.)

The vitiating of kapha has close relation with rasa dhatu being a similar in behaviour and nature. Therefore, rasa always plays an important role in kapha vitiating because of its day night circulating property. In daily routine, we find kapha increases during morning time and decreases at evening. Immediately after taking food the man feels lethargic and wants to take rest for a while, which is also an influence of heaviness property of kapha.

In Ayurvedic texts, emphasis has been given by various workers with different angles. Sushruta is of the opinion that sleeping in daytime, sedentary habits, salty, sour and cold things, excessive use of liquids, beverages and the food stuff producing abhishyandi effects are factors responsible to vitiate kapha. According to Acharya Vagbhata, sweetish food stuff, cold environment, madhura, amla, lavana rasa containing diets also play an important role in vitiating of kapha dosha. Though these are the factors responsible for vitiating kapha, which may produce a disease anywhere in the body. However, if other predisposing factors of Doshadushya sammurchhana at genital organ i.e., excessive coitus, coitus during menstruation, multi parity etc. is present, disease of genital organ may occur.

**Pathogenesis:** The kapha aggravated by above reasons vitiates the Agni in Mahasrotas due to which the Rasa will be converted into Ama. This ama, along with aggravated kapha circulates in the body through the medium of blood under the influence of vayu. The aggravated doshas in circulation will have the capacity to produce the disease either in an organ, half or whole of the body, similarly in dhatu too. Because of derangement in dhatwagni brought about by sroto vaisamya, the prasadaka will not take place

properly. Naturally the nourishment of subsequent dhatus will be influenced leading to one side production of Ama and on the other side produce deficiency in nutrition or weakness. The rasa which is first dhatu and has properties a bit similar to kapha, also gets involved. Therefore, involving rasa dhatu or dushya, after reaching in yoni, which is already made more vulnerable by the local etiological factors, produces the disease kaphaja yoni vyapada.

### **Clinical Features:**

With regards to clinical features, Charaka has explained the presence of unctuousness, coldness, itching mild pain, excretion of yellowish white coloured discharge and yellowish unctuous menstrual blood. According to Sushruta, unctuousness, pruritis and extreme coldness are the symptoms of kaphaja yoni vyapada. According to both Vagbhata, painlessness, coldness, pruritus and extreme coldness are symptoms of kaphaja yoni vyapada. Chakrapani has equated this with kaphaja asrigdara on the basis that yellowish discharges per vaginam are present during inter menstrual period also. Madhva Nidana, Bhavaprakash and Yogaratnakar all followed the concepts of Sushruta in regard to etiopathology and clinical features etc. of kaphaja yoni vyapada. On summarising the above proclamations, it appears that the disease possesses the following symptomatology i.e., coldness, pruritus, unctuousness, excretion of yellowish coloured discharge and yellowish white menstrual blood with or without pain.

### **Principle of treatment:**

In the line of treatment, it has been mentioned that since the vitiating vata is the root cause for the development of disease of yoni, thus the vata has to be treated first or along with other doshas. It has also been mentioned that the medicine has to be administered only after sodhana therapy. It is stated that the uttaravasti, massage, irrigation ointment and tampons will have to follow the Snehana and swedana karma. Charaka and Vagbhata have advised that ruksha and usna treatment for kaphaja yonivyapada. In this treatment Charaka has laid stress upon local application only viz. Vasti, Kalka and Varti.

### **Chronic Cervicitis:**

Chronic inflammation of cervix is very common lesion found in women attending gynecological outpatients. It may follow an acute attack or usually chronic from the beginning. Chronic cervicitis is common in women following childbirth. It is a long-term infection that may not have symptoms and only be detected at routine gynaecological examination.

Chronic cervicitis is seen as a result of erosion, laceration, ectropion or eversion of the cervical mucosa. The term Endo cervicitis is sometimes employed in referring to the lesions that involve only the cervical canal but the fibrous substance of the cervix as well as the squamous epithelium of the Portio usually take part in the inflammatory reaction. Chronic Cervicitis may be specific or nonspecific. It is also often associated with pregnancy and the use of oral contraceptives, probably due to an increased blood supply to the cervix as a result of increased hormone levels. Less commonly, cervicitis is caused by sensitivities to certain chemicals, including those in spermicidal, latex, and tampons.

The term specific cervicitis is generally applied to a Neisserian infection. Nonspecific cervicitis is caused by other pyogenic micro-organisms e.g., Streptococci, Staphylococci, E. coli, etc.

**Etiology:** Chronic cervicitis can probably arise as a result of vaginal organisms becoming pathogenic. Chronic cervicitis is brought about by infection during abortion or childbirth and this method of infection accounts for the majority of the cases. Causative pyogenic organisms are Staphylococcus, Streptococcus or E.coli etc. Chlamydia trachomatis is more and more implicated with Gonococcus being a rarity. Lacerations of the cervix during childbirth lead to some degree of chronic cervicitis. Puerperal type is often associated with laceration of the cervix and with chronic cellulitis. If the wound fails to heal by first intention, the edges of the laceration tend to become everted. In this way the cervical canal becomes more patulous and allows the organisms to ascend from the vagina and infect the cervical canal.

Instrumentation may also lead to chronic cervicitis, particularly if the cervix gets torn during dilatation.

Chronic cervicitis may follow repeated injuries caused by pessaries, tampons and chemical contraceptives. Chronic cervicitis is seen as the result of an erosion, laceration, ectropion or eversion of the cervical mucosa.

**Pathology:** True chronic cervicitis, as judged by the presence of a heavy mixed chronic inflammatory cell infiltrate. Lymphocytes and plasma cells infiltrate in the endometrium is accepted as normal, but in the cervix often triggers a diagnosis of chronic cervicitis. Although organisms can linger in the glands of the endocervix for many years, the condition of chronic cervicitis does not usually represent an active inflammatory state. It is the end result of injury and inflammation. The mucosa and the deeper tissues are infiltrated with leukocytes and plasma cells and because of this, the mucosa and the deeper tissues become fibrosed and congested. The glands are also hypertrophied with increased secretory activities. Some of the gland mouths are closed by fibrosis or plugs of desquamated epithelial cells to cause retention cyst- Nabothian follicles. Thus, in fact, it should be called chronic Endo cervicitis as the ectocervix is protected by overlying stratified squamous epithelium. There may be an association of lacerated and everted endocervix, the condition is called eversion or ectropion.

### **Clinical features:**

There may not be any symptoms accidentally discovered during routine gynaecological examination. However, the following symptoms may be present.

1. Vaginal discharge: The discharge may be excessively mucoid from the overgrowth. The discharge predominantly mucopurulent. It usually dates from abortion or childbirth or from attack of Gonorrhoea.
2. Contact bleeding: The bleeding or spotting is not characteristic of cervicitis, but it may result from extensive erosion. Contact bleeding especially during pregnancy, either following coitus or defecation may be associated.
3. Infertility: Infertility attributed to chronic cervicitis results from altered biophysical characteristics of cervical mucus such as a fall in cervical mucus

pH and raised vaginal pH. Infertility may be due to the inflammatory changes that result in a thick tacky cervical mucus which is acidic in nature and hostile to sperms.

4. Occasionally, chronic cervicitis will cause intermenstrual bleeding. The bleeding may follow intercourse, douching or a vaginal examination. Such bleeding warrants cervical punch biopsy to rule out malignancy.
5. Low backache: Most of the patients have complaints of low backache due to involvement of parametrium. Inflammation in parametrium i.e., Parametritis causes backache.
6. Congestive dysmenorrhoea, Deep dyspareunia, Lower abdominal pain, Lumbosacral backache is due to associated parametritis.
7. On speculum examination, the cervix is hyperaemic and in the absence of erosion, the area surrounding the external os is purple. There may be congestion of cervix, enlargement of cervix and fibrosis of cervix. Ectropion, erosion and Nabothian follicles may be present on the cervix. Mucoid or Mucopurulent discharge escaping out through the cervical os.
8. Cervix may be tender to touch or on movement. Tenderness is due to inflammatory changes in the cervix. Fornices may be tender due to the associated parametritis.

#### **Investigations:**

Besides signs and symptoms, the following investigations should be done to confirm the diagnosis and for proper treatment to cure the disease.

1. Cytological examination (Pap smear)
2. Cervical Punch Biopsy
3. Cervical culture
4. Haematological investigation: Hb%, TLC, DLC, ESR etc.
5. Serological investigations: VDRL, HIV
6. Urine examination: Routine & microscopic

Complications: If the chronic cervicitis is not treated properly and within time, it may cause so many complications in future, some of which are given below:

1. Leukorrhoea

2. Cervical stenosis and infertility are sequelae of chronic cervicitis.

3. Erosion

4. Carcinoma of the cervix usually occurs in parous women. Urethritis, Cystitis and Trigonitis are secondary to chronic cervicitis.

5. Salpingitis is common with gonorrhoeal cervicitis.

#### **Prophylaxis:**

1. Proper hygiene should be maintained.
2. The infection can be prevented by the avoidance of sexual contact with infected individuals and by the use of condom for protection during coitus.
3. The avoidance of surgical or obstetrical trauma and proper repair of cervical lacerations will help to prevent the subsequent development of a chronically infected cervix.
4. Full aseptic measures should be taken during IUCD insertion.
5. Use of irritants should be avoided.

#### **Treatment:**

Cervical scrape cytology (Pap smear) should be done to exclude malignancy prior to any therapy. Asymptomatic chronic cervicitis does not require treatment. The application of antiseptics to the cervix seldom results in permanent cure because the infection is deep-seated in the cervical glands and the antiseptics do not penetrate that far. That is why there is no place for antibiotic therapy except in Gonococcal or proved cases of Chlamydial infection.

Medical treatment: A chronic purulent discharge from the cervical canal should be investigated for culture and sensitivity test. Antibiotic treatment should be given systemically (orally and parenterally) rather than topically because there is little justification for treating deep-seated endocervical infection, which often are unresponsive to vaginal chemotherapy. Medical treatment should be employed initially for patients during and after the childbearing period. If the patient is unimproved after 3-4 months, minor surgical therapy is indicated.

**Surgical treatment:** The different surgical procedures for the treatment of chronic cervicitis are 1. Diathermy cauterization  
2. Cryosurgery

3. Conization
4. Trachelorrhaphy
5. Hysterectomy

#### Prognosis:

Chronic cervicitis is almost cured by surgical treatment. Treatment with negligence or over treatment causes poor prognosis. Mild chronic cervicitis usually responds to local therapy, but severe chronic cervicitis may require long term therapy or surgical treatment. Prognosis also depends upon the type of chronic cervicitis. Specific type has poor prognosis and require long-term therapy, but non-specific type have better prognosis. Prognosis also depends upon the personal hygiene of the patients. Patients with good hygiene have a better prognosis while those with unhygienic conditions have poor. Complicated Chronic cervicitis has poor prognosis while good prognosis is related with uncomplicated cervicitis having minimum signs and symptoms.

#### DISCUSSION

In Ayurvedic literature, all the disorders of reproductive organs come under the heading of yonivyapad. All the ayurvedic classics have described the 20 types of yonivyapad i.e., Vatiki, Paittiki, Slaishmiki, Sannipatiki, Acharana, Aticharana, Prakcharana, Udavartini, Putraghni, Antarmukhi, Suchimukhi, Sushka, Sandayoni and Mahayoni. A clinical entity characterized by itching and mucoid discharges is called kaphaj yonivyapada.

Cervicitis is an inflammatory condition of cervix. The term cervicitis is reserved for inflammatory lesions in the endocervix including the glands, stroma and deeper tissues. It is a very common and seen in 80% of women with any gynaecological complaints. Signs of chronic cervicitis as seen in per speculum examination are congestion, hypertrophy, ectropion, erosion & nabothian follicles present on cervix. Cervix may be tender during per vaginum examination. Cervicitis is commonest during menstrual years and rarely affects premenarchal girl or post-menopausal women. Chronic cervicitis is brought about by infections during abortion, cervical lacerations during childbirth, instrumentation during dilatation of cervix, IUCD

insertion and repeated injuries caused by pessaries, tampons, and chemical contraceptives. On the basis of symptoms & signs chronic cervicitis can be put parallel to Kaphaja yonivyapad.

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