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AYURVEDIC MANAGEMENT OF PITTAJA YONIVYAPADA WITH SHATAVARI TAILA YONIPICHU – A CASE STUDY

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ABSTRACT

Background: Pittaja Yonivyapada is a Stree Roga entity described under the twenty Yonivyapadas, characterised by Pitta-dominant vitiation manifesting as Daha (burning), Ushna Srava (hot/profuse discharge), Raktasrava, and local inflammation of the Yoni (vaginal tract and cervix). It frequently correlates with conditions such as vaginitis, cervicitis, and Pitta-predominant leucorrhoea encountered in clinical gynaecological practice.

Objectives: To assess the effect of Shatavari Taila Yonipichu, along with internal Pitta-shamaka Chikitsa, in the management of Pittaja Yonivyapada using objective and subjective criteria, based on the hypothesis that this Ayurvedic intervention is effective in reducing Pitta-predominant local pathology of the Yoni.

Methods: A treatment protocol comprising local Yonipichu with Shatavari Taila for 14 days along with Tb. Pushyanuga Churna, Tb. Praval Pishti, and Tb. Kamadudha Rasa (Mukta Yukta) was administered. A Pittashamaka, Raktaprasadaka, and Vrana Ropaka approach was adopted with Pitta-shamaka diet and lifestyle modification, followed for one menstrual cycle with extended follow-up. Results: Per speculum examination showed marked reduction in cervical erosion and discharge, and clinical symptoms of burning and Ushna Srava were significantly reduced.

Conclusion: Ayurveda is a realistic science that treats the root cause of disease. Promising results were obtained with the Ayurvedic Siddhanta approach in Pittaja Yonivyapada.

Keywords: Yonipichu, Shatavari Taila, Pittaja Yonivyapada, Pittashamaka, Daha Prashamana, Vrana Ropana, Sukumara Ghrita, Pushyanuga Churna.

INTRODUCTION

Yonivyapada refers to the spectrum of gynaecological disorders affecting the Yoni (the female genital tract, including the vagina and cervix) described in classical Ayurvedic texts, traditionally enumerated as twenty (Charaka, Sushruta) to eighty (later compilations) distinct entities based on Doshic predominance. Among these, Pittaja Yonivyapada is characterised by a predominance of vitiated Pitta Dosha localising in the Yoni Marga, producing Daha (burning sensation), Ushna and often yellowish or blood-tinged Srava (discharge), local Shotha (inflammation), and Vrana-like changes of the cervical and vaginal mucosa.

In contemporary clinical correlation, Pittaja Yonivyapada is frequently associated with conditions such as cervicitis, vaginitis, and Pitta-predominant leucorrhoea, which are common presentations in gynaecological OPD practice and, if neglected, may predispose to chronic cervical erosion, recurrent infection, and dyspareunia. In this study, the presenting complaints of burning micturition-associated discharge, profuse yellowish vaginal discharge, and local burning have been correlated with Pittaja Yonivyapada as described by Acharya Sushruta and Kashyapa, attributable to vitiation of Pitta Dosha (particularly Ranjaka and Bhrajaka Pitta) affecting Rasa and Rakta Dhatu at the level of the Yoni Marga. Consequently, the primary line of treatment selected is Pittashamaka, Raktaprasadaka, Daha Prashamana, and Vrana Ropaka Chikitsa, administered predominantly through local Yonipichu with Shatavari Taila supported by internal Pitta-shamaka medication.

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2. **Case Report**

A 29-year-old married female presented to the OPD of Prasooti Tantra and Stree Roga at M.A. Podar Hospital with complaints of burning sensation in the vaginal region, profuse yellowish vaginal discharge with intermittent blood staining, and lower abdominal discomfort since 4 months.

2.1 History of Present Illness

The patient was apparently healthy 6 months prior. She subsequently developed mild vaginal discharge that gradually increased in quantity and became associated with a burning sensation, particularly aggravated after intercourse and during the premenstrual period. She also noticed occasional blood-streaked discharge between cycles. She received symptomatic Allopathic treatment (local antifungal/antibiotic pessaries) for 6 weeks with only partial and temporary relief, following which she was referred to the PTSR OPD for Ayurvedic management.

2.2 Personal and Menstrual History

Parameter	Details
Past History	Nothing significant
Family History	Nothing significant
Diet	Mixed (spicy, sour, fried food preference; non-veg twice weekly – mainly egg and fish)
Bowel Habit	Regular; occasional loose stool with spicy food
Micturition	Mild burning during micturition, otherwise clear
Sleep	Disturbed (due to local discomfort)
Marital Status	Married since 4 years (living with husband)
Menarche	12 years of age
Cycle	Regular; 28–30 days
Days of Bleeding	4–5 days; 3 pads/day
Obstetric History	G1P1L1A0 – G1L1: Female, 2 yrs (FTND)
LMP / PMP	LMP: 06/05/2025 | PMP: 08/04/2025

2.3 General and Systemic Examination

Parameter	Finding	Parameter	Finding
GC	Good	Temp.	99.1°F
Pulse	82/min	Weight	54 kg
BP	112/74 mmHg	BMI	21.8 kg/m²
RR	18/min	CVS	S1-S2 Normal
CNS	Well oriented, conscious	RS	Normal vesicular breathing
P/A	Soft, no organomegaly; mild tenderness in hypogastrium	Hb%	11.8 gm%

2.4 Dashvidha Pariksha

Parameter	Finding	Parameter	Finding
Prakriti	Pitta-Vataj	Satwa	Madhyam
Vikriti	Rasa-Rakta-Pitta	Kosta	Madhyam
Agni	Tikshna	Aharashakti	Madhyam
Samhanana	Madhyam	Vyayamashakti	Avar
Satmya	Ushna-Asatmya	Vaya	Yuvavastha

2.5 Pelvic Examination

Examination	Findings
Per Vaginal	Cervix: soft, mobile; mild tenderness on movement. Lateral fornices: free, non-tender. Posterior fornix: no tenderness.
Bimanual (Uterus)	Position: Anteverted and Anteflexed | Size: Normal | Tenderness: Mild
Per Speculum	Cervical erosion (Grade II) with congestion present; profuse yellowish, slightly foul-smelling discharge; vaginal mucosa erythematous and congested.

3. Samprapti (Ayurvedic Pathogenesis)

Vitiation of Pitta Dosha and Rakta Dhatu localises in the Yoni Marga (vaginal/cervical mucosa), producing a Dahakara and Pachaka effect on local Dhatu, resulting in local Shotha (inflammation) and Vrana (erosion). This manifests as Pittaja Yonivyapada, characterised by Daha, Ushna Srava, and Raktasrava. Daha (burning) and Paka (local suppurative change) lead to Ushna, Pita-varna, or Rakta-mixed Srava, which is aggravated by Ushna Ahara-Vihara and during the premenstrual period.

Samprapti Ghataka —

Dosha: Pitta Pradhana (Ranjaka and Bhrajaka Pitta) |

Dushya: Rasa, Rakta, and Mamsa |

Srotas: Aartava Vaha and Mamsa Vaha Srotas |

Srotodushti: Atipravritti and Paka |

Udbhavasthana: Amashaya (Pitta) |

Vyaktasthana: Yoni Marga

4. Intervention

All routine investigations including blood sugar level, vaginal swab microscopy, and Pap smear were performed and found within normal limits/non-suspicious. Treatment was initiated with local Yonipichu using Shatavari Taila for 7 consecutive days along with internal Pitta-shamaka and Raktaprasadaka medication for one complete menstrual cycle, extended thereafter for symptom consolidation. Pathya Ahara and Vihara (avoidance of Ushna, Tikshna, and Amla Ahara; Sheetala and Madhura predominant diet) were strictly followed throughout.

4.1 Phase 1: Local Chikitsa – Shatavari Taila Yonipichu (14 Days)

Procedure / Medicine	Dose / Method	Reference
Triphala Kwatha Yoni Prakshalana	Local cleansing wash prior to Pichu application, once daily	[1]
Yonipichu (Shatavari Taila)	Sterile Pichu (vaginal tampon) soaked in lukewarm Shatavari Taila, retained for 1–2 hours daily, for 7 consecutive days (avoided during active bleeding days)	[2]

4.2 Phase 2: Internal Pittashamaka and Raktaprasadaka Chikitsa (1 Cycle, 28 Days)

Medicine	Dose	Anupana	Reference
Tb. Pushyanuga Churna	3 gm BD – Bhojanottar	Madhu and Koshna Jala	[3]
Tb. Praval Pishti	250 mg BD – Bhojanottar	Madhu	[5]
Tb. Kamadudha Rasa (Mukta Yukta)	250 mg BD – Bhojanottar	Koshna Jala / Tandulodaka	[6]
Usheerasava	15 ml BD after meals	Equal water	[7]

4.3 Drug Profile – Shatavari Taila Yonipichu

Attribute	Details
Formulation Name	Shatavari Taila (for Yonipichu Dharana)
Reference	Sahasrayoga Taila Prakarana / Bhaishajya Ratnavali, Yonivyapada Chikitsa
Key Ingredients	Shatavari (Asparagus racemosus) Kalka and Swarasa, Ksheera (milk), processed in Tila Taila base; Yashtimadhu and Chandana added as Anupana Dravya in some Yogas
Rasa / Guna	Madhura, Tikta (Shatavari); Sheeta Virya; Snigdha, Guru, Pichhila Guna
Karma / Action	Pittashamaka, Daha Prashamana, Vrana Ropana, Shothahara, Raktaprasadaka, Yoni Shukrala, Balya
Dose	Pichu (sterile tampon) soaked in approximately 10–15 mL lukewarm Taila, retained intravaginally for 1–2 hours

Attribute	Detail
Rationale in Pittaja Yonivyapada	The Madhura-Sheeta properties of Shatavari directly counteract the Ushna-Tikshna Guna of vitiated Pitta localised at the Yoni Marga, providing immediate Daha Prashamana. The Snigdha and Pichhila Guna of the Taila base soothe the congested and eroded mucosa, while the Ksheera-Siddha preparation enhances Vrana Ropana (mucosal healing) of cervical erosion. The Raktaprasadaka action of Shatavari helps arrest the intermittent Raktasrava by stabilising local Rakta Dhatu.
Mode of Administration	Administered locally as Yonipichu once daily for 14 consecutive days, preceded by Triphala Kwatha Yoni Prakshalana; avoided during active menstrual flow and resumed post-menstrually if required.

4.4 Drug Profile – Pushyanuga Churna

Attribute	Details
Formulation Name	Pushyanuga Churna
Reference	Bhaishajya Ratnavali, Pradara Roga Chikitsa, 64th Chapter
Key Ingredients	Lodhra, Ashoka, Mocharasa, Dhataki, Padmaka, Anantamoola, Raktachandana, and other Kashaya-Tikta Dravyas
Rasa / Guna	Kashaya, Tikta; Laghu, Ruksha; Sheeta Virya
Karma / Action	Raktastambhaka (haemostatic), Pittashamaka, Stambhana, Vrana Ropana, Sothahara
Dose	3 gm BD with honey and lukewarm water – Bhojanottar
Rationale in Pittaja Yonivyapada	The Kashaya-Tikta Rasa and Sheeta Virya of the ingredients directly pacify Pitta Dosha and exert a Stambhana effect on the Aartava Vaha Srotas, controlling intermenstrual Raktasrava. Lodhra and Ashoka are classically indicated for Sweta and Rakta Pradara and assist in toning the vaginal and cervical mucosa, complementing the local healing action of Shatavari Taila.
Duration	Throughout the menstrual cycle (28 days) and continued for a further 15 days for symptom consolidation.

5. Follow-up Schedule and Treatment Given

1st Follow-up 21/05/25	2nd Follow-up 27/05/25	3rd Follow-up 18/06/25	4th Follow-up 24/06/25	5th Follow-up 16/07/25
LMP: 6/5/25–10/5/25	LMP: 6/5/25–10/5/25	LMP: 3/6/25–7/6/25	LMP: 3/6/25–7/6/25	LMP: 1/7/25–5/7/25
1.Triphala Kwatha Prakshalana 2. Shatavari Taila Yonipichu initiated 3. Tb. Pushyanuga Churna	1. Shatavari Taila Yonipichu continued (Day 7 completed) 2. Sukumara Ghrita 3. Tb. Praval Pishti 4. Tb. Kamadudha Rasa	1. Triphala Kwatha Prakshalana 2.Shatavari taila yonipichu continued (7 days) 3. Pushyanuga Churna 4. Sukumara Ghrita 5. Usheerasava	1. Tb. Pushyanuga Churna 2. Tb. Kamadudha Rasa 3. Usheerasava	1. Shatavari taila pichu (7 days) 2. Tb. Pushyanuga Churna (tapering dose) 3. Local hygiene advice continued

6. Observations and Results

6.1 Subjective Criteria

Visit	Date	Burning Sensation (Daha)	Discharge	Blood Staining
1st	21/05/25	Severe	Profuse, yellowish	Present, intermittent
2nd	4/6/2025	Moderate	Moderate, yellowish	Occasional
3rd	18/06/25	Mild–Moderate	Mild, whitish-yellow	Absent
4th	2/7/2025	Mild	Mild, whitish	Absent
5th	16/07/25	Absent–Mild	Scant, normal	Absent

6.2 Objective Criteria – Per Speculum Findings

Per Speculum (21/05/2025) – Before Treatment	Per Speculum (16/07/2025) – After Treatment
Grade II cervical erosion with congestion; profuse yellowish, slightly foul-smelling discharge; erythematous vaginal mucosa	Cervical erosion reduced to Grade 0–I; minimal scant discharge; vaginal mucosa healthy, non-congested

7. Discussion

The case was diagnosed as Pittaja Yonivyapada on the basis of characteristic Pitta-predominant Lakshanas — Daha, Ushna and Pita-varna Srava, and intermittent Raktasrava — correlating clinically with cervicitis and Pitta-type leucorrhoea. Acharya Sushruta and Kashyapa advocate Pittashamaka, Sheeta, and Vrana Ropaka Chikitsa as the specific line of management for Pittaja Yonivyapada, with emphasis on local (Sthanika) application alongside systemic correction of Pitta-Rakta Dushti. Each drug in the protocol was selected based on Ayurvedic pharmacology correlated with the modern pathophysiology of cervicitis/vaginitis:

Drug	Pharmacological Rationale
Shatavari Taila Yonipichu	Madhura-Sheeta Guna directly counters local Pitta vitiation, providing prompt Daha Prashamana. Snigdha-Pichhila properties soothe congested mucosa and promote Vrana Ropana of cervical erosion. Steroidal saponins in Shatavari have demonstrated anti-inflammatory and mucosal-protective activity in preclinical studies, supporting
Pushyanuga Churna	Kashaya-Tikta Rasa and Sheeta Virya pacify Pitta and exert Raktastambhaka action, controlling intermenstrual bleeding. Lodhra and Ashoka tone the cervico-vaginal mucosa and reduce local Shotha.
Sukumara Ghrita	Ghrita base provides systemic Snehana and Pittashamana; supports Agni and assists in Anulomana, indirectly reducing pelvic congestion that aggravates local Pitta.
Praval Pishti	Sheeta Virya and mineral (calcium-based) composition pacify Pitta and provide Raktastambhana support; classically used in Pitta-Rakta disorders including Pittaja Yonivyapada and Raktapradara.
Kamadudha Rasa (Mukta Yukta)	Specific Pittashamaka Rasa formulation; reduces Daha and Amlapitta-type aggravation that can intensify local Pitta manifestations in the Yoni.
Usheerasava	Sheeta Virya Asava with Mutrala and Pittashamaka properties; supports clearance of Ushna Pitta through Mutravaha Srotas and provides systemic cooling.
Triphala Kwatha Prakshalana	Local antiseptic, mild astringent (Kashaya) cleansing action; reduces microbial load and prepares the Yoni Marga for optimal absorption of Shatavari Taila during Pichu Dharana.

8. Conclusion

In the present study, the combined Ayurvedic treatment protocol with Shatavari Taila Yonipichu as the primary local intervention, supported by Pushyanuga Churna, Sukumara Ghrita, Praval Pishti, Kamadudha Rasa, and Usheerasava, was found to be highly effective in the management of Pittaja Yonivyapada. The patient obtained marked relief from Daha, discharge, and intermenstrual blood staining, with objective improvement in per speculum cervical findings at the end of treatment. This Ayurvedic approach, combining Sthanika (local) and Abhyantara (internal) Chikitsa, not only relieves symptomatic distress but also restores the Doshic equilibrium of the Yoni Marga, treating the disease at its root cause. A larger controlled study using this Siddhanta is recommended for validation.

Conflict of Interest

The authors declare no conflict of interest.

Ethical Approval

Informed consent was obtained from the patient for publication of this case study and accompanying clinical details.

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