

## EFFECT OF AYURVEDIC STHANIK CHIKITSA IN PITTAJA YONIVYAPAD (CHRONIC CERVICITIS): A CASE STUDY

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**ABSTRACT**

*Yonivyapada* comprises a group of gynecological disorders described in Ayurveda, representing pathological conditions of the female genital tract. Among them, *Pittaja Yonivyapada* is characterized by inflammatory manifestations resulting from aggravated *Pitta Doṣa*. In the current era, genital tract infections are increasingly prevalent among women of all age groups and socioeconomic strata, presenting with symptoms such as vaginal discharge, burning sensation, pain, and local inflammation. Chronic cervicitis is a common gynaecological condition characterized by inflammation of the cervix, often presenting with symptoms like foul-smelling white vaginal discharge, burning sensation, itching, tenderness and dyspareunia. Local Ayurvedic interventions included *Yoniprakshalana* (vaginal douche) with *Triphala* and *Nimba kwath*, and *Yoni pichu* (oil soaked vaginal tampon) with *Nalpamaradi taila* for 7 days. Pathya (dietary regimen) emphasized avoiding oily/salty/spicy foods and maintaining personal hygiene. Post-treatment, chronic cervicitis completely cured, with foul-smelling white vaginal discharge, burning sensation, itching, tenderness and dyspareunia. Symptoms did not recur, indicating sustained relief without side effects. This case illustrates the efficacy of Ayurvedic *Sthanik Chikitsa* in managing chronic cervicitis as *pittaja Yonivyapad*, offering a cost-effective, holistic alternative to conventional approaches like thermal cautery, electric cautery, cryotherapy etc. **Aim:** the current case study will establish the effective role of *sthanik chikitsa* in the treatment of *Pittaja Yonivyapada* (chronic cervicitis) **Materials and Methods:** Classical Ayurvedic texts including *Caraka Saṃhitā*, *Suśruta Saṃhitā*, and *Aṣṭāṅga Hṛdaya*, along with their commentaries, were critically reviewed. Relevant modern gynecological literature was also referred to for clinical correlation. **Results:** Sthanika Chikitsa with Triphala-Nimba Kwatha and Nalpamaradi Taila achieved complete, sustained resolution of Pittaja Yonivyapada/chronic cervicitis. **Conclusion:** Understanding the Ayurvedic pathogenesis of *Pittaja Yonivyapada* enables early diagnosis and appropriate *doṣa*-specific management. Ayurvedic therapeutic principles, when applied judiciously, can effectively relieve symptoms and improve women's reproductive health.

**KEYWORDS:** *Pittaja Yonivyapada*, *Pitta Doṣa*, Vaginal Discharge, Inflammatory Vaginitis, *yoni prakshalan*, *yoni pichu*.

**INTRODUCTION**

A healthy woman forms the foundation of a healthy family and society. Ayurveda accords paramount importance to women's health, particularly to the reproductive system, recognizing its role in conception, childbirth, and nurturing future generations. Disorders affecting the female genital tract not only impair fertility

but also influence the physical and psychological well-being of women.

*Yonivyapada* is a comprehensive term used in Ayurveda to denote diseases of the female reproductive organs. Acharya Caraka has described twenty types of *Yonivyapadas*, each arising due to specific *doṣic*

imbalances. Among these, Pittaja Yonivyāpada is one of the most commonly encountered conditions in clinical practice. It predominantly presents with inflammatory signs and symptoms, making it comparable to various infective gynecological disorders recognized in modern medicine.

In recent times, rapid lifestyle changes, improper dietary habits (*mithyā āhāra*), excessive intake of spicy and processed foods, mental stress, and increased use of contraceptive methods have contributed significantly to the aggravation of *Pitta Doṣa*. These factors have resulted in a rising incidence of *Pittaja Yonivyāpada*. Hence, a detailed understanding of its classical description is essential for effective management

## MATERIALS AND METHODS

A conceptual and literary review was carried out using classical Ayurvedic texts such as *Caraka Saṃhitā*, *Suśruta Saṃhitā*, and *Aṣṭāṅga Hṛdaya*, along with their authoritative commentaries. Relevant references from modern gynecology were also consulted to establish clinical correlation. The collected information was systematically analyzed and organized under the headings of *nidāna*, *samprāpti*, *lakṣaṇa*, and *chikitsā*.

## CASE PRESENTATION

A 32-year-old married woman, married for 8 years, presented to the Prasuti Tantra and Stree Roga OPD of Sri Jayendra Saraswathi Ayurveda College and Hospital, Chennai, on 30/10/2025 with the chief complaints of blackish discoloration with eruptions over the abdominal and inguinal region for about 8 months, vulval itching for 1 year, and low backache for the past 3 years.

The patient was apparently asymptomatic 3 years ago, after which she gradually developed dull aching pain in the lower back, which was insidious in onset and intermittent in nature. The pain was non-radiating and not associated with trauma.

About 1 year ago, she started experiencing itching over the vulval region, which was intermittent and associated with cloudy, thick and sticky discharge. There was no history of burning micturition, or fever.

Approximately 8 months ago, she noticed blackish discoloration associated with eruptions over the abdominal and inguinal region, which gradually progressed. The lesions were associated with itching but no discharge or bleeding from the lesions.

Her menstrual cycles were reported to be regular, and the last menstrual period was noted on the card. With these complaints, she approached the OPD for further evaluation and management.

**Menstrual history:** Menarche at the age of 13 years; LMP January 18, 2025; PLMP December 20, 2024;

cycles regular (27-30 days), moderate flow (3-5 pads, fully soaked D1-D3).

**Family history:** nothing significant

**Obstetric history:** G1P1, P1 male child 7 years of age (FTNVD), no abortions/live births beyond.

**Personal history** included mixed diet, disturbed sleep due to stress (10:30 PM-5:00 AM), satisfactory bowels/urine, occasional coffee. No known allergies.

## CLINICAL FINDINGS

### GENERAL EXAMINATION

• The patient's general condition appears fair, with typical vital signs, including a blood pressure of 120/80 mmHg and a pulse rate of 78 beats per minute. • Weight: 70 kgs • Pallor and oedema are not observed in the patient.

**Inspection; Vulva:** Redness absent, inflammation absent, blackish patches over perineal region

**Per speculum examination:** cervix congestion mild present; Cloudy, thick and sticky discharge present; Cervical lesion present at 3'o clock; Uterus anteverted not bulky.

**Per vaginal examination:** cervical motion tenderness absent; anterior fornix posterior fornix negative.

## INVESTIGATIONS

### USG Abdomen/Pelvis (10/02/2025):

- Anteverted uterus (8.3x4.9x3.9 cm)
- endometrial thickness 8.9 mm
- fundal intramural hypoechoic myoma (2.4x2.4 cm)
- bilateral enlarged ovaries with peripheral follicles (R: 2.8x2.4x2.4 cm Vol 9.0 cc; L: 3.7x3.4x3.2 cm Vol 21.37 cc).
- **Impression:** Uterine fibroid associated with bilateral PCOS.

## DIAGNOSIS

*Pittaja yonivyapada*, Chronic cervicitis associated with uterine fibroid and PCOS

## TREATMENT PRINCIPLES

### DIETARY MODIFICATIONS

The Patient's diet was customized based on her Ayurvedic constitution and imbalances. Patient was also counselled about the hazards of fast food, junk food, spicy and oily food.

### *Pathya*

*Madhura and shita aahara, milk, ghṛta, adequate rest, and mental calmness*

### *Apathya*

Spicy food, excessive heat exposure, stress, and irregular lifestyle

## LIFESTYLE MODIFICATIONS

Stress management techniques, including Yoga and meditation, were recommended to reduce stress levels and promote hormonal balance. The patient was advised

to maintain a regular sleep cycle by adopting an early bedtime and an early rising time.

**MEDICAL MANAGEMENT: (SHAMSHAMAN CHIKITSA)**

1. Amrittotharam kashayam 15ml with 30 ml of warm water BD, After food

2. Tab. Triphala guggulu 1 BD After food
3. Tab. GRAB 1 TDS After food
4. Tab. Anuloma DS 1 HS

**THERAPEUTIC INTERVENTIONS**

1. *Yoni prakshalana with nimba triphaladi Kashaya*
2. *Yoni pichu with nalpamaradi tailam for 7 days.*

YONI PRAKSHALANA AND YONI PICHU	PAIN ( lower abdominal pain)	DISCHARGE	ITCHING	PAIN ( lower back pain)
DAY 1	+++	Cloudy,thick and sticky discharge +++	Itching all over vaginal region and inguinal region ++	++
DAY 2	+++	Cloudy,thick and sticky discharge ++	Itching all over vaginal region and inguinal region ++	++
DAY 3	++	Thick white discharge	Itching all over vaginal region and inguinal region+	+
DAY 4	+	Mild white discharge	Only in Inguinal region+	+
DAY 5	On and off at right side of lower abdomen	Mild / minimal discharge only	No itching present	On and off present
DAY 6	On and off at right side of lower abdomen	Mild watery discharge	No itching present	On and off present
DAY 7	Not significant	No discharge present	No itching present	Not significant

**FOLLOW UP MEDICATIONS**

1. *Guggulu tiktakam kashayam* 15ml BD with 30 ml of warm water

2. Tab. *Kanchanara guggulu* 1 BD
3. *Avipatti churnam* 1 tsp HS with warm water X For 10 days



## DISCUSSION

*Pittaja Yonivyapada*, one of twenty *Yonivyapada* described by Acharya Charaka, arises from *Pitta prakopa* due to *nidanas* like *katu-amla-lavana ahara*, *ushna sevana*, and *chinta*, vitiating *Artavavaha srotas* and manifesting as *daha* (burning), *paka* (suppuration), *nila-pita artava* (discolored discharge with *kunapa gandha*), *kandu* (itching), and *shroni-vankshana arti* (pelvic pain). Acharya Sushruta further elaborates on inflammatory *yonirogas* with similar *lakshanas*, emphasizing *srotorodha* leading to *shotha*.

Clinically, this mirrors chronic cervicitis (>3 months inflammation), characterized by endocervical hyperplasia, squamous metaplasia, lymphocytic infiltration, and edema pushing mucosa through the external OS, often post-laceration. Symptoms—foul vaginal discharge, dyspareunia, postcoital bleeding—stem from pathogens (*Chlamydia trachomatis*, *Neisseria gonorrhoeae*) or non-infectious irritants disrupting vaginal pH and lactobacilli. In this patient, cervical congestion at 3 o'clock, watery white discharge, and comorbidities (PCOS, fibroid) amplified Pitta imbalance.

Feature	<i>Pittaja Yonivyapada</i>	Chronic Cervicitis
Etiology	<i>Pitta nidana</i> (spicy/sour foods, stress)	Infectious ( <i>Chlamydia</i> , <i>Gonorrhea</i> ); noninfectious (irritants)
Pathology	<i>Dosha-srotas dushti</i> → <i>shotha/paka</i>	Mucosal edema, metaplasia, lymphocytic infiltrate
Symptoms	<i>Daha</i> , <i>dha</i> (foul), <i>kandu</i> , <i>arti</i>	Discharge, itching, pain, bleeding
Complications	Infertility,	CIN progression, infertility

## Pharmacological Roles of Interventions

***Triphala Kwatha (Haritaki, Bibhitaki, Amalaki):*** *Rasapanchaka*—*tikta-kashaya rasa*, *laghu ruksha guna*, *sheeta virya*, *kaphapittahara*—provides *tridoshahara* with *lekhana* (scraping), *deepana* (enhances *agni*), and *balya* effects. Tannins/gallotannins confer broad-spectrum antimicrobial action (MIC 50-1500 µg/ml vs. Gram± bacteria like *S. aureus*, *P. aeruginosa*), disrupting biofilms and quorum sensing without resistance. In gynecology, *Triphala* decoctions reduce vaginal pathogens.

***Nimba (Azadirachta indica) Kwatha:*** *Tikta rasa*, *ruksha-laghu guna*, *sheeta virya*, *kaphavatahara*; *nimbin/azadirachtin* inhibit fungal (*Candida*) and bacterial adhesion via membrane disruption. Synergy with *Triphala* in *Yoniprakshalana* cools Pitta, restores *yoniswasthya*.

***Nalpamaradi Taila (Nalpamara kwatha + Haridra + others in taila base):*** *Snigdha pittahara*, *kushaghna*, *vraṇa ropana*; *curcumin* (*Haridra*) downregulates NF-κB/COX-2, reducing cytokines (IL-6, TNF-α) in inflamed mucosa. *Yoni Pichu* delivers oleation, healing ectropion-like lesions. *Pathya* (*madhura-shita ahara*, *yoga*) addressed root *nidana*, unlike symptom-focused treatment.

## CONCLUSION

The patient showed significant improvement in the signs and symptoms of *Pittaja Yonivyapad* after completion of the treatment. There was marked reduction in *yonisrava* (discharge), *yonikandu* (itching), and *shoola* (pain). There's significant improvement in vaginal discharge, indicating reduction of aggravated Pitta dosha.

Associated symptoms such as lower back pain and lower abdominal pain were managed as well. On local examination, the *yonimucosa* appeared healthier with decreased congestion and erythema. The patient also reported improvement in overall comfort and daily activities.

The therapy helped in *pittashamana*, *vraṇa shodhana*, and *vraṇa ropana*, thereby restoring the normal physiology of *yonis*. No adverse effects were observed during the course of treatment.

Overall, the treatment protocol was found to be effective in managing *Pittaja Yonivyapad* and improving the patient's quality of life.