



Ayurveda Perspective of Candidiasis: A Literary Review

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Abstract

Candidiasis is a prevalent opportunistic fungal infection, commonly manifesting in women as vulvovaginal candidiasis. While modern medicine attributes its occurrence to fungal overgrowth and host susceptibility factors, *Ayurveda* explains such conditions through the interplay of *doṣha*, *krimi*, *kaleda*, and *yonivyapada*. A comprehensive understanding from the *Ayurveda* perspective is crucial for developing effective traditional therapeutic strategies.

This review aims to critically examine classical *Ayurveda* texts and contemporary research that interpret candidiasis through *Ayurveda* principles, focusing on disease correlation, pathogenesis, and therapeutic approaches.

A literary review was undertaken using classical sources along with published research articles accessed. Studies discussing the correlation between candidiasis and *yonivyapada*, as well as *Ayurveda* management strategies, were included.

The literature consistently links candidiasis, particularly vulvovaginal candidiasis, with *Kaphaja*, *Shlaishmiki*, and *Upapluta Yonivyapada*. Key pathogenic factors identified include *kapha*-promoting diet, *agnimandhya*, accumulation of *kleda*, and *krimi* proliferation. *Ayurveda* management emphasizes *krimighana*, *kapha-hara*, and *kleda-shoṣhaṇa* interventions, with local therapies such as *yoni prakṣhalana* and *yoni varti* being central. Clinical evidence indicates substantial symptomatic improvement with minimal side effects.

The association of vulvovaginal candidiasis with *Kaphaja Yonivyapada* is strongly supported by classical and contemporary literature. Localized therapies show promising therapeutic potential, underscoring the need for further standardized clinical studies to reinforce evidence-based application.

Keywords: Candidiasis, Vulvovaginal candidiasis, *Yonivyapada*, *Kaphaja Yonivyapada*, *Ayurveda*, *Krimi*, *Sthanika Chikitsa*, *Yoni Varti*

Introduction

Candidiasis is a frequently encountered opportunistic mycotic infection, which is attributed to *Candida albicans*, and involves various mucosal sites including the oral cavity, gastrointestinal tract, and the female reproductive tract¹. Among its clinical presentations, vulvovaginal candidiasis represents the most widespread form and typically manifests with symptoms such as curdy whitish vaginal discharge, severe vulvar itching, burning sensation, painful micturition, and erythema of the vulva². Epidemiological evidence suggests that approx. one third proportion of women experience at least one episode of vulvovaginal candidiasis during their reproductive lifespan, while a smaller group is prone to recurrent infections³.

In contemporary biomedicine, candidiasis is understood because of excessive fungal proliferation associated with factors such as hormonal fluctuations, altered immune function, antibiotic exposure, and changes in the local microenvironment⁴. Classical *Ayurveda* treatises do not identify candidiasis as a distinct nosological entity; nevertheless, the clinical features and underlying pathogenesis show strong correspondence with various forms of *Yonivyapada*, notably *Kaphaja*, *Upapluta*⁵, *Shaleshmiki*, and *Karnini Yonivyapada*⁶.

Over the past few decades, multiple *Ayurveda* review papers, clinical case studies, and experimental investigations have explored the alignment of candidiasis with descriptions found in classical texts and assessed the effectiveness of *Ayurveda* management strategies^{7,8}. The present literary review seeks to integrate evidence from classical *Ayurveda* texts and modern scientific literature in order to provide a holistic interpretation of candidiasis through the *Ayurveda* framework.

Materials and Methods

Study Design

A literary review of classical *Ayurveda* texts and published research articles.

Data Sources

Classical *Ayurveda Samhitas* including *Charaka Samhita*, *Shushruta Samhita*, *Ashtanga Hridaya*, and *Sharangdhara Samhita* were reviewed. Electronic databases such as PubMed, AYUSH Research Portal, Google Scholar, JAIMS, AYU, and Ayushdhara were searched.

¹References:

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² Sobel, J. D. (2016). Recurrent vulvovaginal candidiasis. *American Journal of Obstetrics and Gynecology*, 214(1), 15–21. <https://doi.org/10.1016/j.ajog.2015.06.067>

³ Denning DW, Kneale M, Sobel JD, Rautemaa-Richardson R. Global burden of recurrent vulvovaginal candidiasis: A systematic review. *Lancet Infect Dis*. 2018;18(11):e339–e347. doi:10.1016/S1473-3099(18)30103-8

⁴ Pappas, P. G., Kauffman, C. A., Andes, D. R., Clancy, C. J., Marr, K. A., Ostrosky-Zeichner, L., Reboli, A. C., Schuster, M. G., Vazquez, J. A., Walsh, T. J., Zaoutis, T. E., & Sobel, J. D. (2016). Clinical practice guideline for the management of candidiasis. *Clinical Infectious Diseases*, 62(4), e1–e50. <https://doi.org/10.1093/cid/civ933>

⁵ Kashinath Shastri P. Charak Chikitsa 30/13,21-22, Yoni Vyapada. In: Charak Samhita- Vidyotani Tika. 2019th ed. Varanasi, India:

Chaukhambha Bharati Academy

⁶ Ambikadutta Shashtri, Sushruta Uttar Tantra 38/15,17. Yoni Vyapada In: Sushruta Samhita. Varanasi, India:

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⁷ Raj K. K., Balakrishnan M., & Thomas G. (2022). Kandughna Gana Varti in vulvo vaginalcandidiasis – A case series. *International Journal of Ayurveda and Pharma Research*, 10(Suppl 1), 8–12. <https://doi.org/10.47070/ijapr.v10iSuppl1.2475>

⁸ Sharma, P., Sharma, R., & Meena, V. (2018). Clinical evaluation of Nimbadi Yoni Varti in Shwetapradara. *Journal of Ayurveda and Holistic Medicine*, 6(3), 45–51.

Results

Ayurveda Conceptualization of Candidiasis

According to *Ayurveda* principles, the development of disease is primarily attributed to derangement of *doṣhas*—most notably *kapha*—along with the accumulation of *kleda* and the multiplication of *krimi*⁹. Disorders affecting the vaginal tract are broadly classified under *Abhyantara Krimi* and *Yonivyapada* in classical texts. The *yoni*, owing to its warm, moist, and nutritionally favorable milieu, is regarded as a favourable site for the proliferation of *Shleshmaja Krimi*, a description that closely parallels the biological growth pattern of *Candida albicans*¹⁰.

Correlation with Yonivyapada

Both literary sources and clinical observations have consistently associated vulvovaginal candidiasis with several forms of *Yonivyapada* described in *Ayurveda*. These include:

- ***Kaphaja Yonivyapada***, which presents with whitish, thick, slimy vaginal discharge, itching, and minimal pain¹¹.
- ***Upapluta Yonivyapada***, characterized by discomfort, inflammatory changes, and discharge resulting from combined *vāta* and *kapha* vitiation¹².
- ***Shleshamiki Yonivyapada***, distinguished by profuse mucoid discharge and a chronic disease course¹³.
- ***Karnini Yonivyapada***, which is often linked with long-standing or recurrent infections accompanied by structural or tissue alterations¹⁴.

Among these conditions, *Kaphaja Yonivyapada* is recognized as the closest *Ayurveda* equivalent of vulvovaginal candidiasis¹⁵.

⁹ Kashinath Shastri P. Charak Vimana 7/12, Vyadhitrupiya. In: Charak Samhita- Vidyotani Tika. 2019th ed. Varanasi, India: Chaukhambha Bharati Academy

¹⁰ Denning, D. W., Kneale, M., Sobel, J. D., & Rautemaa-Richardson, R. (2018). Global burden of recurrent vulvovaginal candidiasis: A systematic review. *The Lancet Infectious Diseases*, 18(11), e339–e347. [https://doi.org/10.1016/S1473-3099\(18\)30103-8](https://doi.org/10.1016/S1473-3099(18)30103-8)

¹¹ Kashinath Shastri P. Charak Chikitsa 30/13, Yoni Vyapada. In: Charak Samhita- Vidyotani Tika. 2019th ed. Varanasi, India: Chaukhambha Bharati Academy

¹² Kashinath Shastri P. Charak Chikitsa 30/21-22, Yoni Vyapada. In: Charak Samhita- Vidyotani Tika. 2019th ed. Varanasi, India: Chaukhambha Bharati Academy

¹³ Sobel, J. D. (2016). Recurrent vulvovaginal candidiasis. *American Journal of Obstetrics and Gynecology*, 214(1), 15–21. <https://doi.org/10.1016/j.ajog.2015.06.067>

¹⁴ Raj K. K., Balakrishnan M., & Thomas G. (2022). Kandughna Gana Varti in vulvo vaginalcandidiasis – A case series. *International Journal of Ayurveda and Pharma Research*, 10(Suppl 1), 8–12. <https://doi.org/10.47070/ijapr.v10iSuppl1.2475>

¹⁵ Raj K. K., Balakrishnan M., & Thomas G. (2022). Kandughna Gana Varti in vulvo vaginalcandidiasis – A case series. *International Journal of Ayurveda and Pharma Research*, 10(Suppl 1), 8–12. <https://doi.org/10.47070/ijapr.v10iSuppl1.2475>

Etiological Factors (*Nidana*)

Ayurveda texts and contemporary studies outline several etiological factors (*nidana*) contributing to the development of vaginal infections. These include:

- Frequent consumption of snigdha, guru, madhura, and abhishyandi ahara¹⁶.
- Inadequate genital hygiene and excessive sexual indulgence¹⁷.
- Prolonged use of antibiotics and hormonal disturbances, which are interpreted in *Ayurveda* as manifestations of impaired *agni*¹⁸.
- Diminished immunity described as *ojas kshaya*¹⁹.

Collectively, these factors result in weakened digestive and tissue metabolism (*agnimandhya*), accumulation of pathological moisture (*kleda vriddhi*), and subsequent proliferation of *krimi*.

Samprapti (Pathogenesis)

The pathogenesis (*samprapti*) of vulvovaginal disorders described in *Ayurveda* generally follows a characteristic sequence.

Initially, repeated exposure to *kapha*-aggravating etiological factors leads to impairment of digestive and metabolic fire (*agnimandya*).



Excessive accumulation of pathological moisture (*kleda*) within the *artavavaha srotas*



Creating a favorable environment for the multiplication of *shleshmaja krimi*.



As the disease progresses, these changes manifest clinically as abnormal vaginal discharge, pruritus, and inflammatory features within the *yoni*²⁰.

Ayurvedic Therapeutic Approaches

The literature reviewed consistently highlights therapeutic strategies aimed at *krimi* elimination, *kapha* pacification, and reduction of pathological moisture, with a strong emphasis on localized treatment approaches (*Sthanika Cikitsa*)²¹. Various local interventions—including *Yoni Prakshalana*, *Yoni Varti*, herbal gel applications, and vaginal suppositories—have been frequently documented to offer substantial symptomatic improvement while being associated with minimal or no adverse effects²².

¹⁶ Kashinath Shastri P. Charak Chikitsa 30/13, Yoni Vyapada. In: Charak Samhita- Vidyotani Tika. 2019th ed. Varanasi, India: Chaukhambha Bharati Academy

¹⁷ Denning, D. W., Kneale, M., Sobel, J. D., & Rautemaa-Richardson, R. (2018). Global burden of recurrent vulvovaginal candidiasis: A systematic review. *The Lancet Infectious Diseases*, 18(11), e339–e347. [https://doi.org/10.1016/S1473-3099\(18\)30103-8](https://doi.org/10.1016/S1473-3099(18)30103-8)

¹⁸ Sharma, P., Sharma, R., & Meena, V. (2018). Clinical evaluation of Nimbadi Yoni Varti in Shwetapradara. *Journal of Ayurveda and Holistic Medicine*, 6(3), 45–51.

¹⁹ Sobel, J. D. (2016). Recurrent vulvovaginal candidiasis. *American Journal of Obstetrics and Gynecology*, 214(1), 15–21. <https://doi.org/10.1016/j.ajog.2015.06.067>

²⁰ Sharma, P., Sharma, R., & Meena, V. (2018). Clinical evaluation of Nimbadi Yoni Varti in Shwetapradara. *Journal of Ayurveda and Holistic Medicine*, 6(3), 45–51.

²¹ Raj K. K., Balakrishnan M., & Thomas G. (2022). Kandughna Gana Varti in vulvo vaginal candidiasis – A case series. *International Journal of Ayurveda and Pharma Research*, 10(Suppl 1), 8–12. <https://doi.org/10.47070/ijapr.v10iSuppl1.2475>

²² Sharma, P., Sharma, R., & Meena, V. (2018). Clinical evaluation of Nimbadi Yoni Varti in Shwetapradara. *Journal of Ayurveda and Holistic Medicine*, 6(3), 45–51.

Discussion

Available literary and clinical evidence indicates that *Ayurveda* provides a comprehensive framework for understanding candidiasis, encompassing not only the microbial factors but also host susceptibility and the local tissue environment²³. The consistent association between candidiasis and *Kaphaja Yonivyapada* underscores the importance of *kapha*-dominant pathology and the role of *krimi*²⁴.

Ayurveda focus on localized interventions corresponds well with modern targeted drug delivery principles²⁵. Management of *Kaphaja yoni vyapada* should be done by using *Ruksha, Katu Ushna dravyas, Sthanika chikitsa* such as *Yoni prakshalana, Yoni pichu, Yoni Varti* and *Yoni Dhoopana*²⁶. Multiple clinical studies have reported notable symptomatic relief and reduced recurrence rates following *Ayurveda* therapies²⁷. Nonetheless, inconsistencies in diagnostic criteria, lack of standardization in formulations, and variability in study designs remain significant limitations in the current body of literature.

Conclusion

From the *Ayurveda* viewpoint, candidiasis can be classified as a *kapha*-dominant (*kapha-pradhana*), *krimi*-induced (*krimi-janya*) disorder affecting the *yoni marga*. Classical *Ayurvedic* accounts of *Yonivyapada*, especially *Kaphaja* and *Shaleshmiki* types, closely parallel the clinical presentation of vulvovaginal candidiasis. Both literary sources and contemporary research substantiate the efficacy of *Ayurvedic* principles and localized interventions in the management of this condition. However, further rigorously designed clinical studies and standardized treatment protocols are necessary to reinforce the existing evidence base.

²³ Denning, D. W., Kneale, M., Sobel, J. D., & Rautemaa-Richardson, R. (2018). Global burden of recurrent vulvovaginal candidiasis: A systematic review. *The Lancet Infectious Diseases*, 18(11), e339–e347. [https://doi.org/10.1016/S1473-3099\(18\)30103-8](https://doi.org/10.1016/S1473-3099(18)30103-8)

²⁴ Kashinath Shastri P. Charak Chikitsa 30/18, Yoni Vyapada. In: Charak Samhita- Vidyotani Tika. 2019th ed. Varanasi, India:

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²⁵ Allen, L. V., Popovich, N. G., & Ansel, H. C. (2019). *Ansel's pharmaceutical calculations* (15th ed.). Wolters Kluwer.

²⁶ Bhavamishra, Bhavaprakasha with Vidyotini Hindi Commentary, edited in Hindi by Sri Brahma Shankar Mishra and Sri Rupalalji Vaisya, 11th Ed Varanasi, Chaukhamba Sanskrit Sansthan; 2004 Chikitsa sthana 70/35

²⁷ Raj K. K., Balakrishnan M., & Thomas G. (2022). Kandughna Gana Varti in vulvo vaginal candidiasis – A case series. *International Journal of Ayurveda and Pharma Research*, 10(Suppl 1), 8–12. <https://doi.org/10.47070/ijapr.v10iSuppl1.2475>