



Review Article

ROLE OF AYURVEDA LOCAL THERAPIES IN THE MANAGEMENT OF VULVOVAGINAL CANDIDIASIS

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ABSTRACT

Vulvovaginal candidiasis is the infection of vaginal mucosa and vulva, commonly caused by *Candida albicans*, a gram-positive yeast like fungus. It is a common clinical problem that affects about 75% of women at least once during their life time and significantly impacts quality of life due to symptoms such as vaginal discharge, intense pruritus, soreness, and discomfort. Despite the effectiveness of conventional antifungal therapies, recurrence and drug-related adverse effects remain important concerns. In Ayurveda, the symptomatology of VVC closely resembles *Ślaishmiki (Kaphaja) Yoni Vyapad*, a condition characterized by *Picchila Srava* (discharge) and *Yoni Kandu* (itching) resulting from *Kapha* predominance. The present review aims to explore the Ayurvedic understanding of VVC with special emphasis on the role of *Sthanika Chikitsa* (local therapies). Ayurveda classics, texts of contemporary science and available research articles in PubMed and Google Scholar were used to collect and critically analyse data regarding disease characteristics, Ayurvedic correlation, pathogenesis, current therapeutic approaches, and local treatment modalities. The findings suggest that local therapeutic modalities such as *Yoni Prakshalana* (vaginal douching), *Yoni Pichu* (vaginal tamponing), and *Yoni Varti* (vaginal suppositories) provide symptomatic relief through direct action at the site of pathology and have shown promising outcomes in available clinical reports. Current evidence indicates the therapeutic potential of Ayurvedic interventions in managing vulvovaginal candidiasis. However, further well-designed studies are required to establish standardized treatment protocols and strengthen the existing evidence base.

INTRODUCTION

Symptomatic vaginal discharge most often reflects bacterial vaginosis, candidiasis, or trichomoniasis^[1]. Vulvovaginal candidiasis (VVC) is a common condition that affects about 75% of women at least once during their life time, most frequently caused by *Candida albicans*, a gram-positive yeast-like fungus^[2]. The risk factors include diabetes, pregnancy, broad-spectrum antibiotics, combined oral pills, immunosuppression caused by HIV, certain drugs like steroids, thyroid and parathyroid diseases, and obesity.

Patients present with vaginal discharge and intense vulvovaginal pruritus that is often disproportionate to the discharge, along with dyspareunia due to local soreness^[3].

Conventional treatment consists of intravaginal fungicidal preparations (povidone-iodine or azoles) and/or oral fluconazole. But oral azole therapy is associated with elevation of serum liver enzyme and drug interactions (calcium channel blockers, warfarin, protease inhibitors).^[1] Oral and intravaginal antifungals appear to have similar efficacy, but in pregnancy, drug-drug interaction therapies and systemic intolerance, topical therapy is desired for targeted delivery, less systemic adverse effects and improved safety profile.^[4]

This makes local therapy a rational approach from both modern and Ayurvedic perspectives. Patients are reluctant to take longer oral therapy, scared of systemic side effects and are looking for safer

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natural alternatives, which bring them to Ayurveda. This review will discuss the possible role of Ayurvedic local therapies (*Sthanika Chikitsa*) in the management of vulvovaginal candidiasis.

MATERIALS AND METHODS

Methodology primarily includes literature review of Ayurveda classics, texts of contemporary science and available research articles in PubMed and Google Scholar regarding vulvovaginal candidiasis. The classical and contemporary literature were critically reviewed for the concepts, formulations and results of Ayurvedic local therapies in the management of vulvovaginal candidiasis.

Disease Review

About 75% of women experience an episode of vulvovaginal candidiasis in their life time.^[2] Worldwide, recurrent vulvovaginal candidiasis affects about 138 million women annually (range 103-172 million), with a global annual prevalence of 3871 per 100 000 women; 372 million women are affected by recurrent vulvovaginal candidiasis over their lifetime. The 25-34-year age group has the highest prevalence (9%).^[10] Risk factors include diabetes, pregnancy, broad-spectrum antibiotics, combined oral pills, HIV-induced immunosuppression, steroid use, thyroid and parathyroid diseases. It is seen most often in warmer climates and in obese patients. The CDC categorizes VVC as uncomplicated and complicated. Uncomplicated candidiasis is episodic, mild to moderate in symptom severity, with a probable cause of *Candida albicans*, occurring in non-immuno-compromised women. Complicated candidiasis (10–20% of women with vulvovaginal candidiasis) refers to increased severity of symptoms and/or the presence of a non-*albicans* species such as *Candida tropicalis* or *Candida glabrata*. Recurrent candidiasis is defined as more than three episodes in 12 months.

The patient complains of severe vulvovaginal pruritus and vaginal discharge. The discharge is not proportionate with the pruritus. Due to localized soreness, it may also cause dyspareunia. Examining the area reveals thick, curdy white discharge that usually sticks to the vaginal walls. There may be signs of pruritus along with redness and swelling in the vulva. Examining the vagina may reveal multiple oozing spots when white flakes are scraped off. KOH wet mount microscopy or culture in Nickerson's or Sabouraud's media can be used to make the diagnosis.^[3]

VVC arises from an alteration in local immunity or in the vaginal flora, allowing *Candida* to invade the vaginal epithelium or vulval epidermis, but rarely penetrating to deeper tissues or causing systemic infection⁶. In addition to significant patient distress, the symptoms also have psychosexual consequences⁷. Treatment should focus on correction of predisposing factors as well.

Current Therapeutic Approaches

Vulvovaginal candidiasis is currently treated with oral antifungal agents, over-the-counter topical preparations, and intravaginal suppositories^[8]. These also are frequently used to manage both acute and recurrent cases, mostly empirically. Oral azoles, such as fluconazole, or topical azole formulations applied as creams or pessaries make up the mainstay of therapy, with both administration routes showing similar clinical efficacy^[9]. Oral therapy, on the other hand, may provide non-significantly higher microbiological cure rates but potentially harmful systemic adverse effects such as hepatotoxicity and drug interactions^[8]. Conversely, intravaginal therapy enables localized drug delivery at the site of infection while minimizing systemic exposure, though it may occasionally cause local irritation^[4,8]. Despite the availability of multiple therapeutic options, treatment outcomes are often limited by factors such as antifungal resistance, contraindications in pregnancy, drug toxicity, and high recurrence rates^[10]. As a result, these mainstream therapeutic strategies do not always guarantee long-term remission despite being successful enough in symptom control and underscore the necessity for safer, more targeted and site-specific treatment strategies.

Ayurvedic View on Vulvovaginal Candidiasis

In Ayurveda, diseases affecting the female reproductive system are explained under the heading of '*Yonivyapad*'. The *Srava pradhana* and *Kandu pradhana lakshanas* are mainly seen under *Kaphaja Yonivyapad*. Among the *Kapha pradhana Yonivyapad*, *Slaishmiki* shows similarities to vulvovaginal candidiasis^[11,12,13]. Charaka has mentioned *Picchila* (slimy), *Sita* (coldness), *Kandu* (itching), *Alpavedhana* (dull pain in vagina), *Panduvarna* (women look anaemic). Charaka has also mentioned the colour of menstrual blood like "*Pandu picchila artava vahini*". Susrutha has explained local symptoms such as presence of unctuousness, itching and excessive coldness only. Vaghbata have followed Charaka, but not mentioned the presence of any pain.

In another *Yoniroga* named *Acharana* which is included under *Vatika Yoniroga* by Charaka and *Kaphaja Yoniroga* by Susrutha, non-cleanliness of vagina subsequently leads to manifestation of parasites and microbes and causes itching and excessive sexual desire. *Viplutha* mentioned by Vaghbata is same as that of *Acharana* mentioned by Charaka in terms of etiology and symptoms. *Upaplutha Yoniroga* mentioned by Charaka and both Vaghbata is characterized by yellowish or white discharge associated with pricking pain. Charaka has mentioned *Upaplutha Yonivyapad* as a disease of pregnant women who consumes *Kaphakara ahara* and indulges in regimens like "*Chardhi niswasa vegavarodha*", which

causes the vitiation of *Kapha* and *Vata*. For *Kaphaja Yonivyapad rooksha* (ununctuous) *Ushna* (hot) *Pradhana* treatment is required to regress the symptoms.

Etiopathogenesis

Although *Candida albicans* is frequently blamed for vulvovaginal candidiasis, a complex interplay between host factors, vaginal microbiota, and local immune responses results in the disease's etiology.^[14,15] Alterations in the vaginal environment, such as disturbance of lactobacillary flora, pH changes, and hormonal fluctuations, have a major impact on *Candida*'s transformation from a commensal organism to a pathogenic form^[16]. Fungal overgrowth and adhesion to the vaginal epithelium are made possible by these variables. So, the host inflammatory response is crucial for the development of symptoms and frequently has a greater impact on clinical severity than the fungal burden.

Slaishmiki (Kaphaja) Yoni Vyapad is one among the twenty *Yoni Vyapad* described in Ayurveda. *Kapha* is regarded as *Bala* or *Ojas* in its normal state, which promotes immunity, strength, and stability^[17]. On the other hand, vitiation of *Kapha* increases susceptibility to illness by impairing local defensive mechanisms. The consumption of *Kapha*-aggravating *Nidanas*, such as excessive consumption of *Madhura* (sweet), *Amla* (sour), and *Lavana* (salty) *rasa*, *Abhishyandi* (causing excessive secretions and blockage of channels), *Guru* (heavy), and *Picchila* (adhesive) *Ahara*, as well as dietary factors like *Dadhi* (curd), *Ksheera* (milk), *Tila Pishta* (sesame-based) preparations, and *Anupa Mamsa* and lifestyle factors including *Diva Swapna* (day sleep), *Avyayama* (sedentary lifestyle), *Alasya* (lethargy), and excessive indulgence in *Sukha* contribute to *Kapha prakopa*.

These factors lead to *Agnimandya*, resulting in improper digestion and formation of *Ama*, which in turn causes vitiation of *Rasa*, *Rakta*, and *Mamsa Dhatus*. The *Srotodushti* caused by these, particularly in *Artavavaha Srotas*, result in the accumulation of *Kleda* and *Picchila guna* in the *Yoni*. Although *Vata* is involved in the expression of all *Yoni Vyapad*, *Kapha* predominance is crucial in this condition, with secondary *Pitta* involvement leading to inflammatory characteristics. Because of its *Guru*, *Snigdha*, and *Picchila* qualities, the vitiated *Kapha* localizes in the *Yoni (Sthanamsraya)*, changing the vaginal milieu and lowering resistance, which makes infection more likely. This can be correlated with the disruption of vaginal microflora and local immunity described in contemporary science.

Clinical presentation

The clinical manifestations of *Slaishmiki (Kaphaja) Yoni Vyapad* exhibit close resemblance to vulvovaginal candidiasis, particularly in terms of

discharge and pruritus. In classical texts symptoms such as *Picchila* (slimy), *Sita* (coldness), *Kandu* (itching), *Alpavedhana* (dull pain in vagina), *Panduvarna* (women look anaemic) and *Pandu picchila artava* are mentioned. *Picchila Srava* and *Yoni Kandu* are two of these *Pratyatmaka Lakshanas* that closely resemble the thick, curdy white discharge and severe vulvovaginal itching seen in VVC. The *Picchila guna* mentioned in Ayurveda is reflected in the adhesiveness of the discharge to the vaginal walls in VVC. Features including dyspareunia, external dysuria, and local discomfort due to inflammation and irritation can be linked to the presence of *Alpavedana*.

Vagbhata places more emphasis on itching and discharge, which are common in clinical presentation, than on pain. According to the *Sheeta guna* of *Kapha*, the characteristic of *Sheetalata* (coldness) can be understood as a feeling of discomfort brought on by excessive discharge. Interestingly, the lack of an unpleasant smell in the discharge, as reported in *Slaishmiki Yoni Vyapad*, is consistent with discharge in vulvovaginal candidiasis being generally non-offensive. As a result, the clinical characteristics show a close relationship between modern knowledge of VVC and traditional Ayurvedic descriptions.

Management

The management of *Slaishmiki (Kaphaja) Yoni Vyapad* should focus on the elimination of causative factors, correcting *Doshic* imbalance, and restoration of normal vaginal homeostasis. For *Kaphaja Yonivyapad*, *Rooksha ushna pradhana* treatment is required to regress the symptoms^[18]. Therapeutic intervention should focus on *Kapha Shamana*, *Kleda Nashana*, and *Agni Deepana*, considering the role of *Agnimandya* and *Ama* in the pathogenesis. To increase host resistance and cure systemic imbalance, appropriate internal drugs with *Ushna*, *Ruksha*, and *Lekhana* qualities may be used. Effective management also requires treatments that maintain vaginal hygiene, reduce microbial growth and facilitate tissue healing.

Adjunctive therapies aimed at the site of involvement can enhance therapeutic outcomes by promoting symptomatic relief and assisting in the restoration of the normal vaginal environment, given the localized character of the illness. A comprehensive approach that includes appropriate local treatment, systemic therapy, and etiological correction ensures effective symptom control and may help reduce recurrence.

DISCUSSION

Intravaginal Drug Delivery Systems: Mechanism and Therapeutic Relevance in VVC

Vaginal suppositories, gels, creams, and bio adhesive formulations are examples of intravaginal medication delivery techniques that are very successful in treating vulvovaginal candidiasis.

Because of the rich vascularity, large surface area, and avoidance of first-pass hepatic metabolism, the vagina offers a unique medication administration route that results in increased local bioavailability and less systemic exposure^[19]. In order to release antifungal medicines directly at the site of infection and guarantee a high local medication concentration, suppositories and pessaries are made to melt or dissolve inside the vaginal cavity.

Intravaginal systems residence period and contact with the vaginal mucosa play a major role in their therapeutic efficacy. Since the vagina cleanses itself, conventional formulations are frequently limited by quick clearance.^[20] However, innovations like mucoadhesive polymers allow for prolonged retention by attaching to mucosal surfaces, improving drug absorption and sustained release.^[20] By enabling prolonged drug exposure, these methods enhance antifungal action and lower the frequency of dosage.

By improving drug penetration, stability, and controlled release, recent advancements in drug delivery technologies such as nanoparticles, liposomes, in situ gels, and bio adhesive platforms have further enhanced therapeutic effects. According to studies, these devices can enable sustained medication release for up to 24–72 hours, which greatly increases patient compliance and treatment success. These delivery methods may also aid in overcoming obstacles including biofilm formation and antifungal resistance, which are major causes of recurring infections.^[21]

Intravaginally given medications are mechanistically absorbed via a variety of routes, such as receptor-mediated absorption across the vaginal epithelium, paracellular transport, and transcellular diffusion. Physiological variables that can impact drug release and absorption dynamics, such as vaginal pH, epithelium thickness, and hormonal condition, have an impact on this route's efficacy.^[22]

For vulvovaginal candidiasis, intravaginal medication delivery systems provide a targeted, effective, and patient-friendly treatment approach. The principles underlying these modern delivery systems closely parallel the Ayurvedic concept of *Sthanika Chikitsa*, reinforcing the scientific basis of localized therapy in achieving optimal clinical outcomes.

Sthanika Chikitsa: A Targeted Therapeutic Approach

Sthanika chikitsa (local therapies) in *Yoni roga* refers to localized or topical treatments and the mode of action mainly depends on the drug used. Vaginal wall and adjacent tissues are extremely vascular and this facilitates absorption of drug through vagina, hence *Sthanika Chikitsa* occupies a pivotal role in the management of *Yoni Vyapad*, especially in conditions such as vulvovaginal candidiasis where the pathology is predominantly localized. Classical Ayurvedic texts

describe a variety of local therapeutic techniques including *Yoni Prakshalana* (vaginal douching), *Yoni Pichu* (tamponing), *Yoni Varti* (vaginal suppositories), *Yoni Dhoopana* (fumigation), *Yoni Lepana* (local application), and *Uttar Basti*, each tailored according to the nature of *Doshic* involvement and site of pathology. They act directly on the affected area and helps to restore local tissue integrity.

Yoni kshalana as the name suggests, washes out the secretions and discharges of vagina, reducing *Kleda*, and maintaining vaginal pH through its antimicrobial and antiseptic properties. *Yoni Pichu* ensures prolonged retention of medicated substances, allowing sustained drug action and promoting *Shodhana* and *Ropana* at the mucosal level. *Yoni Vart* are meant for *shodhana karma* and are hygroscopic in nature so it is particularly effective in managing conditions with excessive discharge and helps in re-establishing normal vaginal flora, thereby reducing recurrence^[23]. *Yoni Dhoopana* creates an aseptic environment, reduces microbial load, and alleviates symptoms such as itching and inflammation through improved local circulation and tissue oxygenation. Similarly, *Yoni Lepana* facilitates deeper penetration of drugs into the mucosa, enhancing therapeutic efficacy.

Because of the abundant vascularity and permeability, which allow for lower medication dosages, sustained release, and limited systemic absorption, the vaginal route offers a special advantage as an efficient drug delivery method. In addition to improving therapeutic efficacy, this tailored distribution lessens systemic side effects that are frequently linked to oral antifungal therapy. From an Ayurvedic standpoint, these treatments successfully address the underlying pathology of *Ślaishmiki Yoni Vyapad* by using medications with *Ruksha*, *Ushna*, and *Kledaghna* qualities to offset *Kapha* predominance. For the treatment of vulvovaginal candidiasis, *Sthanika Chikitsa* offers a logical, site-specific, and patient-friendly method. It is an excellent and essential modality because of its capacity to immediately alter the local microenvironment, quickly alleviate symptoms, and possibly lessen recurrence especially when combined with the right systemic interventions.

Clinical Evidence of Ayurvedic Interventions

Although there is limited clinical data to support Ayurvedic treatments for vulvovaginal candidiasis, what is known from case studies, case series, and small-scale clinical trials shows encouraging results. Many of these studies assess diseases like *Kaphaja Yoni Vyapad* and *Śvetapradara*, which are clinically comparable to vulvovaginal candidiasis. Key symptoms including vaginal discharge, pruritus, and local inflammation have consistently improved with *Sthanika Chikitsa* methods like *Yoni Prakshalana* with *Triphala* or *Nimba*

Kashayas, *Yoni Pichu* with therapeutic oils, and *Yoni Varti* preparations. For example, it has been reported that *Yoni Prakshalana*, which employs *Triphala Kashaya*, significantly decreases vaginal discharge and irritation, demonstrating its efficacy in cleansing and reestablishing the vaginal milieu^[24]. Similarly, studies on *Nimba Twak Kashaya Prakshalana* in *Kaphaja Yoni Vyapad* has shown its applicability in vulvovaginal candidiasis-like diseases, with significant symptom relief^[25].

Additionally, *Yoni Varti's* use has been assessed in pilot studies, where a notable decrease in discharge and related symptoms was noted^[26,27]. This is probably because of the drug's extended local retention and persistent therapeutic impact. Through continued drug contact with the vaginal mucosa, *Yoni Pichu Dharana* has also demonstrated positive results in symptom reduction, healing, and local tissue response^[28]. Patients frequently show early symptomatic relief in these studies, especially in *Yoni Kandu* and *Picchila Srava*, which are hallmarks of *Kaphaja Yoni Vyapad*. A decrease in recurrence rates during follow-up is also suggested by certain studies, suggesting a potential role in long-term illness control^[29].

However, the current evidences available is limited by small sample sizes, a lack of standardized protocols, and the absence of large randomized controlled trials, despite these promising results. Therefore, more thorough clinical research is needed to confirm these results and develop evidence-based therapy guidelines, even if current studies support the potential usefulness of Ayurvedic *Sthanika Chikitsa* in the management of vulvovaginal candidiasis.

CONCLUSION

Vulvovaginal candidiasis is a disorder resulting from interactions of host immunity, microbiota and local environment, frequently associated with recurrent disease and deterioration in quality-of-life. From an Ayurvedic standpoint, vulvovaginal candidiasis can be associated with *Ślaishmiki (Kaphaja) Yoni Vyapad*, a disease marked by excessive *Kleda*, *Kapha* predominance, and *Srotodushti*, which clinically express as pruritus and vaginal discharge. Conventional antifungal therapies are effective, yet their issues in recurrence, systemic side effects, and lack of restoration of vaginal homeostasis represent the need to additionally investigate other options. Thus, within this framework, *Sthanika Chikitsa* appears to be a logical and focused treatment option with the benefit of direct drug administration (local action) and minimal systemic involvement. The clinical experience and emerging evidence indicate its efficacy in alleviating critical symptoms like vaginal discharge and pruritus, as well as possibly preventing recurrences. However, the current evidence base is

small and needs continued assessment through better randomized controlled trials.

REFERENCES

- Hoffman BL, Schorge JO, Bradshaw KD, Halvorson LM, Schaffer JI, Corton MM. Williams Gynecology. 3rd ed. New York: McGraw-Hill Education; 2016. p. 60.
- Sobel JD. Vulvovaginal candidosis. Lancet. 2007 Jun 9; 369(9577): 1961-71. doi: 10.1016/S0140-6736(07)60917-9. PMID: 17560449
- Hiralal Konar. DC Dutta's textbook of gynecology: including contraception. New Delhi: Jaypee; 2016. Textbook of Gynecology. 7th edition, p.135-136
- Faro S. Systemic vs. topical therapy for the treatment of Vulvovaginal Candidiasis. Infect Dis Obstet Gynecol. 1994; 1(4): 202-8. doi: 10.1155/S1064744994000098. PMID: 18475346; PMCID: PMC2364342.
- Denning DW, Kneale M, Sobel JD, Rautemaa-Richardson R. Global burden of recurrent vulvovaginal candidiasis: a systematic review. Lancet Infect Dis. 2018 Nov; 18(11): e339-e347. doi: 10.1016/S1473-3099(18)30103-8. Epub 2018 Aug 2. PMID: 30078662.
- Sun Z, Ge X, Qiu B, Xiang Z, Jiang C, Wu J, Li Y. Vulvovaginal candidiasis and vaginal microflora interaction: Microflora changes and probiotic therapy. Front Cell Infect Microbiol. 2023; 13: 1123026. doi:10.3389/fcimb.2023.1123026
- Neal CM, Martens MG. Clinical challenges in diagnosis and treatment of recurrent vulvovaginal candidiasis. SAGE Open Med. 2022; 10: 20503121221115201
- Centers for Disease Control and Prevention. National Center for Health Statistics. Sexually transmitted infections treatment guidelines: vulvovaginal candidiasis (VVC) [Internet]. Atlanta (GA): CDC; [cited 2021 Jul 22]. Available from: <https://www.cdc.gov/std/treatment-guidelines/candidiasis.htm>
- Denison HJ, Worswick J, Bond CM, Grimshaw JM, Mayhew A, Gnani Ramadoss S, Robertson C, Schaafsma ME, Watson MC. Oral versus intra-vaginal imidazole and triazole anti-fungal treatment of uncomplicated vulvovaginal candidiasis (thrush). Cochrane Database Syst Rev. 2020; (8): CD002845. doi:10.1002/14651858.CD002845.pub3
- Rautemaa-Richardson R, Sobel JD, Stone N, De Seta F, Cassone A, Vieira-Baptista P, Comar M, Warris A, Roselletti E. State-of-the-art review: managing vulvovaginal candidiasis. Clin Infect Dis. 2026; 82(3): 371-82. doi:10.1093/cid/ciaf673.

11. Sharma PV, editor. Susrutha Samhita Vol 3. Varanasi: Chaukhambha Viswabharati oriental publishers & distributors; 2010.p.309
12. Prof.Sreekandamurthy K.R.Vagbhata's Ashtanga hridayam Vol 3. Varanasi: Chowkhamba Krishnadas Academy oriental publishers& distributors; 2008. p.313-314
13. R.K. Sharma Bhagwan Dash, Agnivesa's Charaka Samhitha Vol 5. Varanasi. Chawkhambha Sanskrit series office; 2013.p.132
14. Gaziano R, Sabbatini S, Monari C. The interplay between Candida albicans, vaginal mucosa, host immunity and resident microbiota in health and disease: an overview and future perspectives. Microorganisms. 2023; 11(5): 1211. doi:10.3390/microorganisms11051211.
15. Balakrishnan SN, Yamang H, Lorenz MC, Chew SY, Than LTL. Role of vaginal mucosa, host immunity and microbiota in vulvovaginal candidiasis. Pathogens. 2022; 11(6): 618. doi:10.3390/pathogens11060618.
16. Valentine M, Wilson D, Gresnigt MS, Hube B. Vaginal Candida albicans infections: host-pathogen-microbiome interactions. FEMS Microbiol Rev. 2025; 49: fuaf013. doi:10.1093/femsre/fuaf013.
17. Sharma RK, Dash B. Agnivesa's Charaka Samhita. Vol. 1. Varanasi: Chawkhambha Sanskrit Series Office; 2018. p.334.
18. R.K. Sharma Bhagwan Dash, Agnivesa's Charaka Samhitha Vol 5. Varanasi. Chawkhambha Sanskrit series office; 2013.p.141
19. Danaboina S. A review on suppositories and application of vaginal drug delivery system. UPI J Pharm Med Health Sci. 2024; 7(1): 22-28. doi:10.37022/jpmhs.v7i1.102.
20. Johal HS, Garg T, Rath G, Goyal AK. Advanced topical drug delivery system for the management of vaginal candidiasis. Drug Deliv. 2016; 23(2): 550-63. doi:10.3109/10717544.2014.928760.
21. Prashar D, Sharma G, Sharma K, Chandel A. Novel drug delivery systems for vulvovaginal candidiasis: a systematic review. Int J Pharm Health Care Res. 2026; 14(1): 115-122. doi:10.61096/ijphr.v14.iss1.2026.115-122.
22. Leyva-Gómez G, Prado-Audelo MLD, Ortega-Peña S, Mendoza-Muñoz N, Urbán-Morlán Z, González-Torres M, González-Del Carmen M, Figueroa-González G, Reyes-Hernández OD, Cortés H. Modifications in vaginal microbiota and their influence on drug release: challenges and opportunities. Pharmaceutics. 2019; 11(5): 217. doi:10.3390/pharmaceutics11050217
23. Usha VNK. Streerogavinjan. 1st ed. Delhi: Chawkhambha Sanskrit parakashan; 2010. P.585-600
24. Sharma A. Management of Shweta Pradara (Leucorrhoea) through Ayurveda: a case series. Int J Ayu Pharm Res. 2022; 10(1): 57-64. doi:10.47070/ijapr.v10i1.2245.
25. Athiralekshmi SV, Patil S. A clinical study to evaluate the effect of Nimba Twak Kashaya Prakshalana in Kaphaja Yoni Vyapat w.s.r. to vulvovaginal candidiasis (Candida albicans). Int J Ayu Pharm Res. 2022; 10(5): 37-41. doi:10.47070/ijapr.v10i5.2378.
26. Sireesha KL, Asokan V, Gayathri Bhat NV, Prathima. Clinical study on efficacy of Triphaladi Yoni Varti in Slaishmiki Yoni Vyapat (vulvo vaginal candidiasis). Int J Recent Adv Multidiscip Res. 2017; 4(8): 2741-44.
27. Sivanandan A, Parmar BL. Management of Shweta Pradara (abnormal vaginal discharge) with Kukkutanda Twak Bhasma and Pippalyadi Yoni Varti: a pilot study. J Ayurveda Holist Med. 2024; 12(11): 1-10. doi:10.70066/jahm.v12i11.1517.
28. Tenahalli RM. A comparative study of Amalaki Choorna along with Madhu and Vata Twak Kashaya Yoni Pichu Dharana in the management of Shweta Pradara. J Ayurveda Integr Med Sci. 2017; 2(4): 14-18. doi:10.21760/jaims.v2i04.233.

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