

# "Comparative Clinical Evaluation of Traditional and Electronic Yoni Dhupana Using Saraladi Yoga in the Management of Yonigata Lakshanas: A Dual Case Study"

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## KEYWORDS

Yoni Srava, Saraladi Yoga, Abnormal Vaginal Discharge, Yoni Dhupana Yantra, Traditional Yoni Dhupana

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## ABSTRACT

### Background:

*Yoni Vyapad* in Ayurvedic literature encompasses a range of gynecological conditions characterized by white vaginal discharge, vulval itching, dyspareunia, and inflammation, adversely affecting women's quality of life. *Yoni Dhupana*, a traditional fumigation therapy using herbal formulations like *Saraladi Yoga*, is a proven modality in Ayurvedic practice. However, traditional fumigation methods lack standardization and pose challenges in clinical reproducibility.

### Objectives:

To compare the clinical efficacy and therapeutic outcomes of traditional *Yoni Dhupana* and *Yoni Dhupana* using an innovative Electronic Dhupana Yantra in two patients presenting with similar *Yonigata Lakshanas*.

### Methods:

This dual case study was conducted at the Department of Prasuti Tantra & Stree Roga, Sanjeevani Hospital, Jodhpur. Two female patients with comparable *Yonigata Lakshanas* were selected. Patient 1 received traditional *Yoni Dhupana* using cow dung cakes and *Saraladi Yoga*, while Patient 2 underwent the same procedure through an electronic Dhupana Yantra, developed as part of a doctoral research project. Both treatments were administered once daily for 7 days. Clinical assessments were recorded pre- and post-intervention, and outcomes were compared.

### Results:

Both patients showed significant symptomatic improvement. The patient treated with the electronic Dhupana Yantra demonstrated complete resolution of symptoms including vulval itching, burning sensation, white discharge, dyspareunia, and cervical congestion. The traditionally treated patient exhibited partial relief, with minor residual symptoms like mild discharge and burning. No adverse effects were observed in either case.

### Discussion:

While both modalities were effective, the electronic method yielded superior and consistent outcomes, likely due to controlled heat, standardized dhupa concentration, and improved patient comfort. This suggests a potential role for technological integration in enhancing traditional Ayurvedic therapies without compromising their classical foundation.

### Conclusion:

*Yoni Dhupana* is effective for treating *Yonigata Lakshanas*, and the electronic Dhupana Yantra offers enhanced clinical efficacy and procedural standardization. Further controlled trials are recommended to validate these findings and support broader clinical adoption of device-assisted Ayurvedic interventions.

## INTRODUCTION

Yoni Vyapad, a broad term in Ayurvedic literature, encompasses various gynecological disorders presenting with symptoms like white vaginal discharge, vulval itching, burning sensation, dyspareunia, and localized inflammation. These conditions not only affect the reproductive health of women but also impair

quality of life and intimate relationships. Traditional Ayurvedic management offers a range of therapies for these disorders, among which Yoni Dhupana—a method of medicated vaginal fumigation—is a time-tested, non-invasive procedure employed to treat vaginal infections and discomforts.

Yoni Dhupana, especially with Saraladi Yoga, utilizes antimicrobial and anti-inflammatory herbs like *Sarala* (*Pinus*

roxburghii), *Guggulu* Commiphora mukul) and *Yava* Hordeum vulgare), which work synergistically to alleviate vaginal symptoms, promote local healing, and restore physiological balance. While the traditional method of performing Yoni Dhupana involves manual fumigation using cow dung cakes and herbal powders, it has limitations in terms of standardization, temperature control, and smoke concentration, often resulting in inconsistent therapeutic outcomes.

To overcome these limitations and enhance treatment precision, a novel electronic Dhupana Yantra was developed as part of a doctoral research initiative. This device aims to provide uniform delivery of herbal smoke with controlled heat and exposure, improving efficacy and patient comfort.

This dual case study presents and compares the clinical outcomes of one patient treated with traditional Yoni Dhupana and another treated using electronic Dhupana Yantra, both suffering from similar yonigata lakshanas. The objective is to analyze the relative effectiveness, safety, and therapeutic impact of both modalities in clinical settings.

## Case Reports

### Case 1: Traditional Yoni Dhupana

**Patient Information:** A 42 year old married woman came to Department of *Prasuti Tantra & Stree Rog* OPD at Sanjeevani Hospital, Post graduate Institute of Ayurveda, Jodhpur, Rajasthan on 08/04/2025 with the complaints of white discharge PV since 5 months. And vulval itching and burning sensation since 1 week. She also has complaints of lower back pain and dyspareunia since 1 month.

#### History of presenting illness

Patient was apparently normal before 5 months. Then she developed white watery discharge PV for which she did not take any medications. Then she developed lower back pain and dyspareunia 4 months later. Now she is complaining of vulval itching and burning sensation since 1 week. She has been on other ayurvedic medications, but did not get relief. So she approached our hospital for better management.

#### Past Treatment history:

Ayurvedic oral medicines

**History of past illness:** No history of any major illness.

**History of surgery:** No history of any surgery

**Family history:** Not significant

#### Menstrual history

LMP- 02/04/2025, Duration 4-5 days, Interval 30-32 days

Regular, minimal pain, no clots, average 2 pads per day.

Past menstrual history: Menarche- 12 years of age, Duration 4-5 days, interval 30-32 days, regular with 2-3 pads soaked per day, minimal pain and no clots

Past obstetric history: P1L1A2D0

#### Clinical Findings:

General condition: fair, Built: overweight, Nourishment: moderate, Pallor: absent, edema: absent, nails: no clubbing, Cyanosis: absent, icterus: absent, lymphadenopathy: absent, P- 78/mins, BP- 110/70 mmHg, RR- 18 cycles/min, Height- 153, weight- 65kg wt, BMI-27.8

Systemic Examination: RS- Clear; CVS- S1S2 heard, no murmurs; CNS- Conscious, well oriented; P/A- Soft, non-tender, no organomegaly

**Vayathika Vruthanta:** Diet: mixed; Appetite: normal; Bowel: regular; Bladder frequency: 4-6 times/day, 0-1 time/night; sleep-sound; habit: tea-4times/day

**Rogi Pareeksha- Prakruti:**Kapha Pitta; **Vikruti:** Vata Kapha; **Sara:** Madhyama; **Samhanana:** Madhyama; **Pramana:**153 cms, Weight: 65 kg; **Satmya:** Madhyama; **Aahar Shakti:** Madhyama; **Vyayama Shakti:** Madhyama; **Vaya:** Madhyama; **Jihwa:** Samaavastha

**Yoni Pareeksha:** Itch marks+, signs of inflammation around the introitus+, no pelvic organ prolapse, white discharge+, no oedema was observed. External urethral meatus was non-inflamed. Stress incontinence and dribbling of urine was not noted.

P/S-vaginal wall was healthy, Cervix was healthy, thick white discharge++, no erosion, no dryness, no polyp growth. P/V-Uterus-normal in size, anteverted, anteflexed, adnexa not palpable.

#### Timeline

Time	Event
April 2025	Patient approached to OPD

April 2025	Yoni dhupana in traditional method done for 7 days
May 2025	Follow up done

#### Diagnostic Assessment:

- Blood investigations- CBC, ESR, LFT, RFT, FBS was done and found in normal range.
- HIV, HbsAg, VDRL was negative.
- USG showed normal Uterus and Ovary Study.
- Pap Smear showed Inflammatory smear
- Vaginal pH - 4

#### Therapeutic Intervention:

*Yoni Dhupana with Saraladi Yoga.*

#### Purva karma:

- Patient was made to empty the bladder and lie in lithotomy position
- Cuscos speculum was inserted and cervix was exposed.
- Sukhoshna Jala Yoni Prakshalana was done with enema pot.
- The Speculum was removed

#### Pradhana karma:

- Patient was made to sit on a hole chair with vulva exposed.
- Dhupa was generated using dred cow dung flakes, Saraladi yoga and ghee.
- Dhupana was done for 5 minutes, in traditional method once a day.
- This procedure was repeated for 7 days.

#### Paschat karma:

- The vulval region was observed for any sign of irritation, inflammation or any discomfort to the area which was negative.
- Patient was shifted to ward and was observed for 2 hours for any complication.

No oral medications were given to the patient during this treatment duration.

#### Follow-up and Outcomes

Follow-up was done after a month and the outcomes are given below:

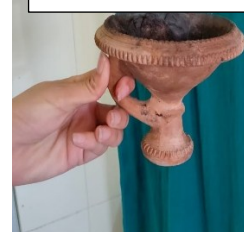
Assessment Parameters	BT	AT
Dyspareunia	++	+
Vulval itching	++	Absent
Lower back pain	+	Absent
Burning sensation in vulva	++	+
Itch marks	+	Absent
Signs of inflammation around the introitus	+	Absent
White discharge	++	+
Vaginal pH	4	4.5



#### Before Treatment



#### After Treatment



#### Case 2: Yoni Dhupana in electronic dhupana yantra

**Patient Information:** A 34 year old married woman came to Department of *Prasuti Tantra & Stree Rog* OPD at Sanjeevani Hospital, Post graduate Institute of Ayurveda, Jodhpur, Rajasthan on 08/04/2025 with the complaints of white discharge PV since 6 months, vulval itching and burning sensation in vagina since 10 days. She also has complaints of dyspareunia since 1 month.

#### History of presenting illness

Patient was normal before 6 months. Then she developed white watery discharge PV for which she did not take any medications. Then she developed dyspareunia 5 months later. Now she is complaining of vulval itching and burning sensation in vagina for 10 days. She has been on allopathic medications on/off for 2 months but did not get relief. So, she approached our hospital for better management.

#### Past Treatment history:

Allopathic oral medicines

**History of past illness:** No history of any major illness.

**History of surgery:** No history of any surgery

**Family history:** Not significant

#### Menstrual history

LMP- 01/04/2025, Duration 5-6 days, Interval 28-30 days

Regular, minimal pain, no clots, average 1-2 pads per day.

Past menstrual history: Menarche- 10 years of age, Duration 5-6 days, interval 28-30 days, regular with 1-2 pads soaked per day, minimal pain and no clots.

Past obstetric history: P2L2A0D0

#### Clinical Findings:

General condition: fair, Built: lean, Nourishment: moderate, Pallor: absent, edema: absent, nails: no clubbing, Cyanosis: absent, icterus: absent, lymphadenopathy: absent, P-78/mins, BP- 110/70 mmHg, RR- 18 cycles/min, Height- 156, weight- 56kg wt, BMI-23.

Systemic Examination: RS- Clear; CVS- S1S2 heard, no murmurs; CNS- Conscious, well oriented; P/A- Soft, non-tender, no organomegally

**Vayathika Vruthanta:** Diet: veg ; Appetite: normal; Bowel: regular; Bladder frequency: 4-6 times/day, 0-1 time/night; sleep-sound; habit: tea-3-4 times/day

**Rogi Pareeksha- Prakruti:** Vata Pitta; Vikruti: Vata Kapha; Sara: Madhyama; Samhanana: Madhyama; Pramana: 156 cms, Weight: 56 kg; Satmya: Madhyama; Aahar Shakti: Madhyama; Vyayama Shakti: Madhyama; Vaya: Madhyama; Jihwa: Samaavastha

**Yoni Pareeksha:** Itch marks+, signs of inflammation around the introitus+, no pelvic organ prolapse, white discharge+, no oedema was observed. External urethral meatus was non-inflamed. Stress incontinence and dribbling of urine was not noted.

P/S-vaginal wall was inflamed, Cervix was congested, thick white discharge++, no erosion, no dryness, no polyp growth. P/V- Uterus- normal in size, anteverted, anteflexed, adnexa not palpable.

#### Timeline

Time	Event
April 2025	Patient approached to OPD
April 2025	Yoni dhupana with electronic dhupana yantra done for 7 days
May 2025	Follow up done

#### Diagnostic Assessment:

- Blood investigations- CBC, ESR, LFT, RFT, FBS was done and found in normal range.
- HIV, HbsAg, VDRL was negative.
- USG showed normal Uterus and Ovary Study.
- Pap Smear showed Inflammatory smear
- Vaginal pH - 3.5

#### Therapeutic Intervention:

**Yoni Dhupana with Saraladi Yoga.**

#### Purva karma:

- Patient was made to empty the bladder and lie in lithotomy position
- Cuscos speculum was inserted and cervix was exposed.
- Sukhoshna Jala Yoni Prakshalana was done with an enema pot.
- With a sterile gauze piece, the excess water inside the vagina was cleaned.

#### Pradhana karma:

- Cervix was exposed to Saraladi Yoga Dhupa
- Dhupana was done for 5 minutes with the help of dhupana yantra
- This procedure was repeated for 7 days.

#### Paschat karma:

- The surrounding tissues were observed for any sign of irritation, inflammation or any discomfort to the area and was found negative.
- Patient was shifted to ward and was observed for 2 hours for any complication.

No oral medications were given to the patient during this duration.

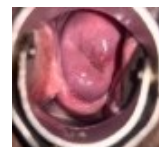
#### Follow-up and Outcomes

Follow-up was done after a month and Follow-up was done after a month and the outcomes are given below:

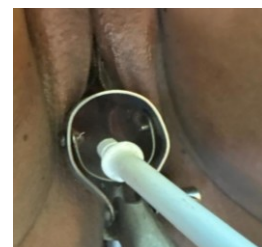
Assessment Parameters	BT	AT
Dyspareunia	++	Absent
Vulval itching	++	Absent
Lower back pain	+	Absent
Burning sensation in vulva	++	Absent
Itch marks	+	Absent
Signs of inflammation around the introitus	+	Absent
White discharge	++	Absent
Lower abdomen pain	+	Absent
Congested Cervix	+	Absent
Vaginal pH	3.5	4



Before Treatment



After Treatment



#### DISCUSSION

The present dual case study aims to evaluate the clinical effectiveness of Yoni Dhupana, an Ayurvedic fumigation therapy, using two different modalities: the traditional method and the newly developed electronic Dhupana Yantra, in managing *Yonigata Lakshanas* (vaginal disorders).

In both cases, the patients presented with a range of symptoms commonly seen in Yoni Vyapad such as dyspareunia, vulval itching, white discharge, burning sensation, and local inflammatory signs. Both methods yielded notable therapeutic improvements across key assessment parameters; however, the degree and extent of relief were found to be more comprehensive in the group treated with the electronic Dhupana Yantra.

In the case treated by the traditional Yoni Dhupana method, there was a marked reduction in all symptoms. However, residual symptoms such as mild dyspareunia, burning sensation, and slight white discharge persisted post-treatment. This may be attributed to inconsistencies in fumigation temperature, smoke concentration, or patient compliance during the manual process. In contrast, the patient exposed to dhupa generated by the electronic Dhupana Yantra exhibited complete resolution of all presenting symptoms, including lower abdominal pain, which was not reported in the traditionally treated patient. This enhanced

outcome can be attributed to several key advantages of the device:

- Standardization of heat and smoke delivery
- Controlled exposure time and dhupa concentration
- User comfort and safety
- Minimized operator dependency, ensuring consistent therapeutic output

The complete remission of symptoms in the patient using the Dhupana Yantra suggests superior efficacy, likely due to better penetration and retention of dhupa within the vaginal canal and perineal region. Additionally, the ergonomic and non-invasive nature of the device may have enhanced patient compliance and comfort during therapy.

These findings highlight the potential of modern technological integration in traditional Ayurvedic practices to improve therapeutic outcomes while maintaining the classical essence of treatment protocols. The results also support the hypothesis that optimizing delivery methods of Ayurvedic therapies can significantly enhance clinical efficacy without altering the pharmacological profile of the treatment substances.

However, this being a case-based observation, further randomized controlled trials with larger sample sizes are warranted to validate these outcomes, standardize treatment protocols, and assess long-term benefits and patient satisfaction levels. Additionally, further studies should explore the bio-physiological mechanisms of fumigation through both traditional and device-mediated methods.

Saraladi Yoni Dhupana<sup>4</sup> contains herbs like Sarala (*Pinus roxburghii*), Guggulu (*Commiphora mukul*) and Yava (*Hordeum vulgare*). Sarala and Guggulu are known for their antimicrobial, anti-inflammatory, and Kapha-Pitta pacifying properties. Yava acts as a binding agent, local stimulant and by its ruksha guna, it passifies the abnormal vaginal discharge. Together, these drugs help reduce vaginal infection, dry excessive discharge, and promote mucosal healing in Yoni Vyapad. Yoni Dhupana works by delivering antimicrobial herbal smoke that helps reduce infection, inflammation, and discharge in vaginal disorders. The fumigation promotes local healing and cleansing through the therapeutic properties of medicinal herbs used<sup>5</sup>. Studies like the one by Karkare et al. (2021)<sup>6</sup> have shown that such medicated fumigation not only clears pathological secretions but also restores the balance of local vaginal flora and pH, thereby reducing recurrence of symptoms and providing sustained relief.

## CONCLUSION

The comparative outcomes of this dual case study demonstrate that Yoni Dhupana is an effective therapeutic intervention for managing symptoms associated with Yonigata Lakshanas such as white discharge, vulval itching, burning sensation, dyspareunia, and local inflammation. Both traditional and electronic methods yielded symptomatic relief; however, the patient treated with the electronic Dhupana Yantra showed complete resolution of all symptoms, including lower abdominal pain and cervical congestion, within a 7-day intervention period.

The superior results achieved through the device-mediated approach highlight the significant role of standardization and technological integration in traditional Ayurvedic therapies. The controlled smoke delivery, consistent temperature, and increased user comfort likely contributed to the enhanced clinical outcomes in the electronic group.

This observation reinforces the potential of modern innovations in improving the accessibility, reproducibility, and effectiveness of classical Ayurvedic procedures like Yoni Dhupana. However, considering this is a preliminary dual case study, larger clinical trials are necessary to further establish efficacy, validate safety, and optimize protocol parameters for widespread clinical adoption. The development and application of the Dhupana Yantra mark a progressive step toward bridging classical Ayurvedic wisdom with contemporary clinical practice.

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