ABSTRACT

Pruritus vulvae is a condition in which the outer skin of vagina gets itching sensation, which may be persistent. Often leads to a lesion which may cause development of chronic epithelial dystrophies. Acharana Yonivyapad is one among the twenty Yonivyapad described in samhitas has symptoms quite parallel to or resembling to Pruritus vulvae. In this study, a female patient aged 26 years, presented with complaints of vulva and vaginal itching at OPD of Sri Krishna Sevashrama Hospital, Bengaluru on 20/09/2019. Patient had complaints of itching on vulvar region with vaginal discharge and foul smell since one year and it was associated with generalised weakness, lower abdomen pain and backache since 3mths. The patient was diagnosed with Pruritus vulva (Acharana Yonivyapad). The patient was treated with Triphala kwatha yoni prakshalana and Hayamaradi taila yoni pichu vaginally once a day daily for 7 days started from the 7th day of the cycle. Patient visited the OPD regularly and the treatment continued for 3 months. After 3 months of treatment, significant response was found.

Keywords Acharana Yonivyapad, Pruritus vulvae, Shodana Kandu Kledahara Chikitsa

INTRODUCTION

Pruritus vulvae affect 10% of women attending the gynaecologic clinic. Pruritus vulva is a condition in which the outer skin gets itching sensation, which may be persistent. This often leads to an itch-scratch cycle which may cause development of chronic epithelial dystrophies. In modern medicine, antibiotics, antifungal and steroids are the treatment of pruritus vulvae, but excessive and inadequate use of the drugs may lead to produce microorganisms resistant by destroying normal vaginal flora and the normal physiology of vagina which indeed increases the chances of reoccurrence.

In Ayurvedic texts of Gynaecology, the twenty yonivyapad described by Acharyas encompasses almost the entire gamut of gynaecological disorders. The diseases interfering with normal marital life, pregnancy, hormonal abnormalities, displacements etc., are included under yoni vyapad like defective development of...
female genitalia and different types of abnormal vaginal infections. Acharana Yonivyapad is one among the twenty yonivyapad described in Charaka samhita. The features of Acharana yonivyapad is quiet similar to pruritus vulvae which literally mean itching sensation in and around vulva. In Acharana yonivyapad, the unhygienic conditions causes the vitiation of the doshas which provides the suitable environment for the Krimis, the krimis cannot manifest the disease individually without the involvement of doshas. Mainly, here Vata and Kapha doshas play a very important role. Thus the impaired vata and kapha create a favourable environment for the manifestation of Krimis, which is Acharana Yoni Vyapad with cardinal symptom of Itching.

Ayurveda always recommends the therapies which treat the root cause of disease so as to avoid recurrence. Regarding the management of acharana yoni vyapad, various treatments have been mentioned like shodhana, kandukledahara and shopha hara chikitsa, among which Hayamaradi taila yoni pichu and Triphala kwatha yoni prakshalana are few. Hence this case study focussed to study the effect of triphala kwatha yoni prakshalana and hayamaradi taila yoni pichu in acharana yoni vyapad w.s.r. pruritus vulvae.

CASE REPORT

On 20/09/2019, a female patient from Sri Krishna Sevashrama Hospital, Bengaluru, OPD No: 30426, named XYZ aged 26yrs and a home maker of middle class economic background presented with complaints of kandu in yoni pradesha (vaginal and vulval itching), shweta yoni srava (white discharge) and durgandha (foul smell) since 1year. She also had the associated complaints of generalised weakness and low back ache.

She was apparently normal before one year and gradually developed vaginal and vulval itching with foul smelling vaginal discharge. She had been to many doctors and was treated with allopathic medications like antifungal, antiallergic, analgesics, anti-inflammatory local ointments etc., and got temporary relief. Later she was advised to take Ayurvedic treatment by her friend and so she came with the present complaints.

Menstrual History: PMC- 28days cycle with 3 – 4 days flow, LMP – 20/09/2019
Obstetric History: P2L2 - Both FTND, Abortions – Twice (MTP), not on any contraception
Kula Vrutanta (Family History) -Father Diabetic
Vayaktika Vrutanta (Personal History)
ML – 6 years
Ahara- veg Koshta (Appetite) - madhyama
Nidra-normal Mutra (Bladder) – 6 – 8times / day
Mala (Bowel) – 1 – 2 times / day

On Examination-
Weight- 52kgs
Built- Moderate
No Pallor
PR- 80/min
BP- 110/80mmHg
RR- 20/min

Dasha Vdha Pariksha –
Prakruti-kapha
Sara-madhyama
Samhanana-madhyama
Satva-madhyama
Satmya- sarvavarasa
Ahara Shakti- madhyama
Vyama Shakti-madyama
Vaya- proudha
Pramana- 52kgs
Vikruti - prakrut
Yoni Pariksha (Vulvo-Vaginal Examination)
Darshnata Pariksha
Vulval inspection-
Redness + on the vulval region
Per Speculum Examination-
Vagina- Walls of vagina normal. Thin white discharge with foul smell +
Cervix- Mild Hypertrophied
Sparshanataha Pariksha (Per Vaginal Examination)
Cervix- Irregular, mobile, fornices free and non-tender
Uterus- AV, AF, Bulky and mobile
Investigations
Hb%- 11gms% (12-14gms% normal)
RBS- 98mg/dl (90-110 normal)
TC- 11000cu/mm (4000 – 10000 normal)
ESR – 30mm/hr (0-20mm/hr normal)
HIV- Negative
HbsAg –Negative
VDRL- Negative
Vaginal smear (wet mount) showed gram negative .bacilli S/O Bacterial Vaginosis
PAP Smear- Inflammatory smear
Vaginal PH was 5-6(4.5 – 5PH normal in reproductive age group)

INTERVENTION
Patient who was diagnosed having acharana yonivyapad after assessing with the complaints and examination was administered with triphala kwatha yoni prakshalana and hayamaradi taila yoni pichu vaginally once a day for 7days, from the 7th day of the cycle, for three consecutive cycles. Patient was also advised to follow the dietetic regimen by avoiding Amla, lavana atisevana, dadhiyukta ahara and to avoid sex during treatment and to maintain the hygiene.

RESULTS
Triphala kwatha yoni prakshalana and hayamaradi taila yoni pichu showed effective results in the reduction of kandu (itching), shweta srava (white discharge) and durgandhata (foul smell), WBC, ESR, PAP SMEAR and the vaginal pH etc both the subjective parameters and objective parameters.

<table>
<thead>
<tr>
<th>Test</th>
<th>Before Treatment</th>
<th>After Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>WBC</td>
<td>11000cumm</td>
<td>9000cumm</td>
</tr>
<tr>
<td>ESR</td>
<td>30mm/hr</td>
<td>3mm/hr</td>
</tr>
<tr>
<td>PAP Smear</td>
<td>Inflammatory smear</td>
<td>Normal Study</td>
</tr>
<tr>
<td>Vaginal PH</td>
<td>5 - 6</td>
<td>4 – 5</td>
</tr>
</tbody>
</table>

DISCUSSION
Charaka has defined the Acharana Yonivyapad as a vaginal disorder which is produced by the Krimis and itching is the main symptom. In this disease the Krimis are formed due to un cleanliness of the vagina or some infections and due to severe itching the women have the excessive coital desire which pacifies the itching. Sushruta explains that the woman gets hyper excited even before the coitus, as well as much early than the partner. Bhavaprakasha has termed this condition as Anandacharana. Madhavanidana and Yogaratnakara have mentioned same as of Sushruta.

The pathogenesis of Acharana Yoni Vyapad involves kapha dosha, Rasa,Rakta,Mamsa,Twak dhatu, with yoni as the adhistana, bhaga as the...
sstanasamshraya, with the involvement of rasa, rakta and arthavavaha srotas, with atipravritti srotodushti prakara and abhyantara rogamarga. The main cardinal symptoms of acharana yonivyapad are yoni kandu and atyadhika maithunecha, where yoni kandu is an uncomfortable sensation of the skin or the mucus membrane of the vagina and the vulvae which causes scratching or itching. Atyadhika maithunecha is the excessive itching sensation in the vulvae and the vagina causes stimulation of clitoris and develops excessive sexual desire. Other associated symptoms include yonishotha, mutradaha, yonisrava etc. It is a sadhya vyadhi.

Regarding chikitsa, acharana yonivyapad is generally managed with uttarabasti with taila and addition of jeevaniya group of drugs, Application of a tampon or a pichu soaked with sneha medicated with decoction of sallaki, jingini stem bark of jambu and dhava along with panchavalkala and vasti and pichu of dhatakyadi taila. Use of this taila pichu helps in the reduction of chronic yoni kandu, bhagankura, yoni vruna, and yoni kleda and yoniarsha. Analysis of the drugs of Hayamaraditaila reveals that they have srotoshodhana, vranashodaka, vranaropana, krimighna, kandugna, twakdoshahara, shothahara and amadoshahara properties. These properties play a vital role in sthanika shodhana chikitsa.

Triphala Kwatha
This is described by Acharya Sushrutha in the context of mustadi gana, which is said to be effective in the diseases of vagina, cervical canal and uterus. Triphala is an anti-inflammatory, antiviral, antibacterial, having antioxidant property, improves circulation and possesses astringent property. It also has krimighna and vrana ropana properties. Yoni prakshalana with triphala kwatha does the shodhana or cleans the wound of the vagina as it is always in contact with unwanted metabolic products (kleda).

According to Acharya Vagbhata, agantuja vruna should be treated with drugs having kasha (astringent) and wound healing properties. As these drugs have cleaning property and they also hamper oozing of wound by shrunken (stambana) action, where triphala is one such drug. Hence in this case we can observe that the Bahirparimaranj chikitsa in the form of Triphala kwata Prakshalana and Hayamaradi Taila Yoni Pichu is highly effective in disintegration of pathogenesis of Acharana Yoni Vyapad (Pruritus Vulvae).

CONCLUSION
This case study showed Triphala kwatha yoni prakshalana and Hayamaradi taila yoni pichu is highly effective in disintegration of pathogenesis of Acharana yoni vyapad (Pruritus Vulvae). No adverse effect or complications were seen throughout the study. This treatment can be considered as safe, economic, non-surgical, very effective in the management of pruritus vulvae.

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Source of support: Nil Conflict of interest: None Declared

<table>
<thead>
<tr>
<th>Before treatment</th>
<th>After treatment</th>
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<tbody>
<tr>
<td><strong>Haematology</strong></td>
<td><strong>Haematology</strong></td>
</tr>
<tr>
<td>Name: Mrs. Kousum</td>
<td>Name: Mrs. Kousum</td>
</tr>
<tr>
<td>Ref. By: Dr. Shreenidhi</td>
<td>Ref. By: Dr. Shreenidhi</td>
</tr>
<tr>
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<td>Date: 30-11-2019</td>
</tr>
<tr>
<td><strong>TOTAL COUNT</strong></td>
<td><strong>TOTAL COUNT</strong></td>
</tr>
<tr>
<td>WBC: 11,000/mm³</td>
<td>WBC: 11,000/mm³</td>
</tr>
<tr>
<td>RBC: 5.5 million/mm³</td>
<td>RBC: 5.5 million/mm³</td>
</tr>
<tr>
<td>Platelets: 200,000/mm³</td>
<td>Platelets: 200,000/mm³</td>
</tr>
<tr>
<td><strong>Microscopy</strong></td>
<td><strong>Microscopy</strong></td>
</tr>
</tbody>
</table>

**Before treatment PAP Smear Report**

**After treatment PAP Smear Report**