

EFFECT OF TRIPHALA KWATHA YONI PRAKSHALANA AND HAYAMARADI TAILA YONI PICHU IN ACHARANA YONI VYAPAD (w.s.r PRURITUS VULVAE) – A CASE REPORT

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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.¹ Frequency of the condition is unknown, but it is speculated that majority of women suffer from it at some time in their lives (mostly during postmenopausal period due to oestrogen deficiency).² 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 micro-organisms 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

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 No.1 Investigations Before and After Treatment

Test	Before Treatment	After Treatment
WBC	11000cumm	9000cumm
ESR	30mm/hr	3mm/hr
PAP Smear	Inflammatory smear	Normal Study
Vaginal PH	5 - 6	4 – 5

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.⁶ *Sushruta* explains that the woman

gets hyper excited even before the coitus, as well as much early than the partner.⁷ *Bhavaprakasha* has termed this condition as *Anandacharana*.⁸ *Madhavanidana*⁹ and *Yogaratnakara* have mentioned same as of *Sushruta*.

The pathogenesis of *Acharana Yoni Vyapad* involves *kapha dosha*, *Rasa*, *Rakta*, *Mamsa*, *Twak* *dhatus*, with *yoni* as the *adhishana*, *bhaga* as the

sthana samshraya, 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 *sadhyava yadhi*.

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*.⁹

Acharana yoni vyapad is also caused by *yoni adhavana* that is the unhygienic condition of vulva which leads to *vata-kapha prakopa* and *sthanika kleda-malavridhi* ultimately *jantu utpatti* occurs. Unhygienic condition provides favourable environment for the growth of fungus, bacteria, parasites etc. In *chikitsa* of *acharana yoni*, Acharya Charaka has described *shodhana*, *kandu-kleda-shopahara chikitsa*. The intervention selected for the present study i.e the *triphala kwatha* and *hayamaradi taila* also have the properties of *sroto shodhana*, *varnashodhana*, *vranaropana*, *krimighna*, *kandughna*, *twaka*

doshahara and *shotaharagna* which acts locally as *shodhana chikitsa*.

***Hayamaradi Taila*¹⁰**

Use of this *taila pichu* helps in the reduction of chronic *yoni kandu*, *bhagankura*, *yoni vrana*, 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*¹¹**

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 *vranaropana* 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 Vaghbhata, *agantuja vrana* should be treated with drugs having *kashaya* (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 *Bahirparimarjan 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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1. Before treatment haematology Report

1. Before treatment PAP Smear Report

 BLOOM DIAGNOSTIC CENTRE			
TEST REPORT			
Name	: Mrs. Kusum	Age	: 26yrs
Ref. By	: Dr. Shreenidhi	Gender : F	
Date	: 20 - 09 - 2019		
Investigation		Result	Reference Range
PAP SMEAR TEST			
Microscopy	Preparation : Satisfactory Cellularity : Adequate Cell Type : Superficial and intermediate Cells Glandular Cells : Few Cells Seen Background : Acute Inflammatory infiltrate seen Epithelial Changes : Nil Significant Reactive Changes : Occasional metaplastic squamous cells seen Others : Nil No evidence of Candida/T. vaginalis/Dysplastic Cells.		
Impression	Inflammatory Smear.		
Enclosed	Two Slides.		
----- End of Report -----			
 PATHOLOGIST			

2. After treatment haematology Report

2. After treatment PAP Smear Report

 BLOOM DIAGNOSTIC CENTRE			
TEST REPORT			
Name	:	Mrs. Kusum	Age : 26yrs
Ref. By	:	Dr. Shreenidhi	Gender : F
Date	:	30 - 11 - 2019	
Investigation		Result	Reference Range
PAP SMEAR TEST			
Microscopy		Preparation : Satisfactory Cellularity : Adequate Cell Type : Intermediate with Superficial and few parabasal cells Glandular Cells : Few Cells Seen Background : Acute inflammatory infiltrate seen Epithelial Changes : Nil Significant Reactive Changes : Occasional metaplastic squamous cells seen Others : Nil No evidence of Candida	
Impression		No evidence of dysplastic nor malignant cells.	
Enclosed		Two Slides.	
----- End of Report -----			
 PATHOLOGIST			