

**Ayurveda Management of Pruritus Vulvae and Vulvovaginitis in Diabetic Patient: A Case Study**Krupaben D. Patel<sup>1\*</sup>, Siddhesh B. Pandya<sup>2</sup><sup>1</sup>Reader and HOD, Department of Prasutitantra Striroga, <sup>2</sup>Principal & Hospital Superintendent, Govt. Ayurveda College, Junagadh, Gujarat, India.**ABSTRACT:**

Pruritus vulvae, a common complaint, affect approximately 10% of patients attending the gynecologic clinic. The most common cause of this condition is infections of the vulva caused by *Candida albicans* or *Trichomonas vaginalis*. Diabetes is among the potent risk factors that causes Candidiasis. Present report provides details of management of this condition with Ayurveda in a 40-year-old woman with severe itching and burning in the vulvar region for a month while concurrently managing her diabetes with allopathic medication. Clinical examination revealed significant inflammation and discoloration of the vulva and vaginitis. As per Ayurveda the case can be diagnosed as *Acharna Yonivyapada* as the main symptom given is itching vulvae. The treatment included internal medicines like *Ashwagandhadi Choorna*, *Mamejak Ghanavati* and *Avipattikar Choorna* along with local therapies comprised of *Avagahana* using *Panchavalkala Kwatha* and *Lepana* with *Gandhak Malam*, chosen for their properties to alleviate itching, combat infections, and restore healing and balance of *Dosha*. The patient was treated with *Sthanik chikitsa* for a period of 45 days, except menstrual days. Over the period of two months, the patient was recovered with complete cessation of pruritus vulvae and normalization of skin color in the affected areas. These encouraging results highlight the potential efficacy of Ayurvedic interventions in addressing pruritus vulvae, especially in patients with diabetes who are prone to such conditions due to factors like elevated sugar levels in urine.

**KEY WORDS:** *Acharna Yonivyapada*, Candidiasis, *Gandhak malam*, Vulvar itching.

Received: 03.01.2025    Revised: 28.01.2025    Accepted: 20.02.2025    Published: 20.03.2025



Creative Commons Attribution-Non-Commercial-No Derivatives 4.0 International License

© 2025 International Journal of AYUSH Case Reports | Published by Tanaya Publication, Jamnagar.

**Quick Response Code****\*Corresponding Author:**

Dr. Krupaben D. Patel

Email: [krupatelshree@gmail.com](mailto:krupatelshree@gmail.com)DOI: <https://doi.org/10.70805/ija-care.v9i1.668>Link: <https://ijacare.in/index.php/ijacare/article/view/668>**INTRODUCTION:**

Pruritus means sense of itching and when it confined to the vulva, it is termed as Pruritus vulvae, a common gynecological

condition with prevalence of about 10% female patients attending the gynecological clinic<sup>[1]</sup> Patients are commonly between 20 to 40 years of age, when estrogen support of

the Glycogen content is at its highest.<sup>[2]</sup> Pruritus mainly occurs due to Infections of vulva. The most common cause of Pruritus vulvae is vaginal discharge due to *Candida Albicans* and the most potent risk factors for Candidiasis include Diabetes as Candidial overgrowth is favored by high urine glucose levels. Pruritus can also be found without vaginal discharge when associated with Glycosuria found in Diabetes.<sup>[3]</sup> The most common symptom of Candidiasis is vulvar and vaginal pruritus along with Vulvovaginitis. Pruritus continues due to 'itch-scratch' cycle mechanism. Estimates indicate that 75% of sexually active women will experience the symptoms like irritation, soreness, dyspareunia and dysuria associated with Vulvovaginal candidiasis.<sup>[4]</sup> Any discharge (urine – splashed over vulva) can in time excoriate the vulva but only *Candida* causes itching.<sup>[5]</sup> The characteristic features of Candidial lesion are its distribution according to the area of contamination with carbohydrate, and its color, which resembles that of raw beef.<sup>[6]</sup> Vulvovaginal itching and oedema are common, often chronic and can significantly interfere with women's sexual function and sense of well-being.

In Ayurveda, Pruritus vulvae is mentioned in *Yonivyapada* as a cardinal symptom of *Acharana Yonivyapada*. It is described as intense vulvar itching due to development of microbes which are resulted due to non-cleanliness of vagina. Due to that itching woman feels excessive sexual desire to eliminate the intense itching.<sup>[7]</sup> Here, the intense sexual desire is the typical feeling of itching like sensation.<sup>[8]</sup> Here, in this condition, mainly *Vata* and association of *Kapha dushti* are found. The appropriate treatment protocol in this condition would be administration of local as well as systemic medicines to restore the balance of *Dosha*. *Sthanik chikitsa* (local treatment) includes

*Avagahana* followed by *Lepana* of drugs over involved area i.e. vulva. Internal medications were selected on the basis of their properties of *doshik* equipoise and immune enhancement.

#### **CASE REPORT:**

A 40 year old woman presented with complains of severe itching vulva for one month. The patient also complained painful coitus without any vaginal discharge. She was already taking allopathic medicines for her diabetes mellitus (Metformin 500mg twice a day) from past one year. She was registered at PTSR OPD of Government Ayurveda College and Hospital, Junagadh on 12-08-2024 and her registration number is 25066.

According to patient, she was having menstrual history of duration of 3-4 days with interval of 25-30 days. The quantity of menses is average and associated with pain in lower abdomen. She is married for 25 years and has 2 children (1M, 1F); last delivery was 18 years ago. Per speculum examination suggests that due to continue scratching the Color of vulva is changed to row beef and vaginitis was present. Cervix was normal and there was no discharge in vagina or Cervix. The entire vulva was found inflamed, excoriated and dried. Per vaginal examination revealed Anteflex Anteverted Uterus, and no tenderness in Cervix. In present case, Diagnosis of Candidial vulvovaginitis was mainly relied on the clinical signs and symptoms which are subjective parameters.

#### **INVESTIGATIONS:**

- Hematological parameters were found within normal limits.
- Urine Sugar (before treatment) - +++

- Blood Sugar (before treatment) –304 /mgs

### THERAPEUTIC INTERVENTION:

Patient was treated on OPD basis.

#### (1) *Sthanik* (local) treatment:

Yoni *Avagahana* and *Lepana* were selected on the basis of their properties of healing local inflammation and eradicating infection. *Avagahana* (Sitz bath) – Patient was advised to sit in the big vessel or tub and soak her pelvic region and Vulva using lukewarm *Panchavalkala kwatha* for 10 minutes and then patient was advised to clean vulva with cotton cloth. After that *Gandhak malam* was applied over affected area. This protocol was advised for two times a day and she was instructed not to apply *Avagahana* and *Lepana* during her menstrual days. The contents of both above drugs are given in Table-1.

#### (2) Internal Therapy:

Oral medications were selected on the basis of their properties of pacifying vitiated *dosha* as well as for Diabetes too.

- *Ashwagandhadi Churna*, *Avipattikar Churna* and *Mamejak Ghanavati* were selected for oral medications. The details i.e. dose, duration, ingredients, *anupana* are mentioned in Table-2.
- *Ahara* and *Vihara* (Diet and mode of life) were advised during treatment, keeping Diabetes mellitus in concern too.
- ***Pathya***: green gram, ghee, *Yava*, green vegetables, seasonal fruits, plenty of water; night sleep (8 hour), cleaning of vulva every time after urination, loose fitting undergarments preferably made of cotton.
- ***Apathya***: Dairy products, Bakery Items, oily and spicy food, Potato, Tomato, Chilly, curd, sweets, day time sleep, stress.

#### Follow up:

Every 15 Days.

**Table-1: *Sthanik Chikitsa***

Treatment	Drug	Ingredients
<i>Avagahana</i>	<i>Panchavalkala Kwatha</i>	<i>Vata</i> , <i>Udumbar</i> , <i>Plax</i> , <i>Parish</i> , <i>Ashwathba</i>
<i>Lepana</i>	<i>Gandhak Malam</i> (Government Ayurvedik Pharmacy, Rajpipla)	Purified Sulfur, Petroleum jelly

**Table-2: Oral Medicines**

Drug	Ingredients	Dose	Duration and <i>Anupana</i>
<i>Ashwagandhadi Choorna</i> ( <i>Anubhuta</i> )	<i>Ashwagandha</i> , <i>Haritaki</i> , <i>Chopchini</i> , <i>Shunthi</i>	4 gm.	BD with lukewarm water after meal
<i>Avipattikar choorna</i>	<i>Trikatu</i> , <i>Triphala</i> , <i>Musta</i> , <i>Vidanga</i> , <i>Ela</i> , <i>Lavanga</i> , <i>Trivrutta</i> , <i>Sharkara</i>	4 gm.	At bed time with lukewarm water
<i>Memjaka Ghanvati</i>	<i>Mamejaka</i>	2 Tablet 250 mg.	BD with water after meal



Figure-1: Before treatment



Figure-2: After treatment

### OBSERVATION & RESULT:

- After 15 days of follow up, patient informed cessation of itching up to 50%.
- After 1.5 month of treatment patient presented with complete cessation of itching and burning. On examination the color of vulva also found normal.
- Only oral therapy was continued for 15 days thereafter.
- Urine Sugar (after treatment) - ++
- Blood Sugar (after treatment) - 232 /mgs
- No any significant complication was evident during the course of study.

### DISCUSSION:

Pruritus vulvae is the most common reason for a gynecologic visit. However, symptoms are good indicators of underlying-specific causes. Diabetic patients are prone to this condition due to favorable growth of fungi i.e. *Candida Albicans*. It gets worse if the Diabetic patient do not take local hygiene seriously. The infection than invades into the skin and deteriorates appearance and consistency of the skin. This leads to itch-scratch cycle causing burning and local inflammation i.e. Vulvovaginitis.

In this condition, *Vata* and *Kapha Dushti* are found on the basis of clinical features. *Avagahana* was selected to decrease the local inflammation i.e. Vulvovaginitis. *Avagahana* pacifies *Kapha-Vata dushti* and promotes healing and reduces the pain, swelling, itching and irritation.<sup>[9]</sup> Contents of *Panchavalkala kwatha* are having properties of *Vranshothabara*. *Avagahana* works as an antimicrobial modality. It increases blood circulation so the *lepana* drug is absorbed better. *Gandhak malam* was applied over all affected areas. *Gandhak* (Sulfur), when mixed with petroleum jelly, converts into Sulfide which acts as a mild astringent, antimicrobial agent and decreases itching.<sup>[10]</sup> Hydrogen sulfide can break down Keratin. Pentathionic acid which is toxic to fungi is also formed by Keratinocytes from topically applied Sulfur.<sup>[11]</sup> It was selected to normalize the skin tone, color and consistency of the vulva. These both local treatments were selected to eliminate inflammation and excoriation of vulva. Local therapies were administered because most antifungal properties are not absorbed from GIT and Cellular, not humoral; immunity is required to resist Candidal infection.<sup>[12]</sup> Keeping patient's Diabetes in concern, oral medicines were suggested. *Pramehaghna*, *Shothabara* and *Durnamschoolanashak* properties of *Avipattikar*

*choorna* helps in curing Vulvovaginitis.<sup>[13]</sup> *Trivrutta*, main ingredient of *Avipaatikar choorna*, is very effective in chronic or scaling skin diseases, inflammation and increases blood circulation.<sup>[14]</sup> The combination of *Ashwagandha*, *Haritaki*, *Chopchini*<sup>[15]</sup> and *Shunthi* is *Vatakapha shamaka*. It has carminative, digestive, anti-inflammatory, antimicrobial and anti-fungal activity.<sup>[16]</sup> It helps strengthen the immune system and promotes the elimination of toxins. Studies have shown that *Ashwagandha* also helps in lowering blood sugar level.<sup>[17]</sup> *Mamejjak ghanvati* is indicated in *prameha*.<sup>[18]</sup> The combination of both local and systemic medications acted as anti-inflammatory, anti-microbial and anti-diabetic agents.

#### CONCLUSION:

Pruritus vulvae is a very common complain among adolescence to post-menopausal age group women. Diabetic patients are prone to this condition because of presence of sugar in their urine favoring environment for microorganisms. Patient's education in vulvar hygiene is very important. Avoiding common irritants will help to reduce the risk of both development of microorganism as well as exacerbation of underlying vulvar pathology. In this specific condition one should administer local as well as systemic medicines to pacify infection and inflammation. This case emphasizes potential efficacy of Ayurveda approaches in managing pruritus vulvae.

#### Limitation of the study:

To confirm Candidial infection, due to limited sources available at Government Ayurveda Hospital, Junagadh, Vaginal swab culture study was not performed.

#### Consent of patient:

The consent of the patient has been taken for publication and procedure without disclosing the identity of the patient.

**Conflict of interest:** The author declares that there is no conflict of interest.

**Guarantor:** The corresponding author is the guarantor of this article and its contents.

**Source of support:** None

#### How to cite this article:

Krupaben D. Patel, Siddhesh B. Pandya Ayurveda Management of Pruritus Vulvae and Vulvovaginitis in Diabetic Patient: A Case Study. Int. J. AYUSH CaRe. 2025;9(1):91-96.

<https://doi.org/10.70805/ija-care.v9i1.668>

#### REFERENCES:

1. DC Dutta, Textbook of Gynecology, Chapter-34; Jaypee brothers Medical Publishers New Delhi/London; 8<sup>th</sup> Edition 2020; p 464
2. A D T Govan, C Hodge, R Callander, Gynaecology Illustrated, Chapter-8; Churchill Livingstone 3<sup>rd</sup> Edition 1986; p 166
3. Pratap Kumar, Narendra Malhotra, Jeffcoate's Principles of Gynaecology, Chapter-43; Jaypee Brothers Medical Publishers (P) LTD, 7<sup>th</sup> international Edition 2008; p 666
4. Ronald S Gibbs, Beth Y Karlan, Arthur F Haney, Ingrid Nygaard, Danforth's Obstetrics and Gynecology, Chapter-35; Wolter Kluwer/Lippincott Williams & Wilkins Publication, 10<sup>th</sup> Edition 2010; p 645
5. A D T Govan, C Hodge, R Callander, Gynaecology Illustrated, Chapter-8; Churchill Livingstone, 3<sup>rd</sup> Edition 1986; p 166

6. Pratap Kumar, Narendra Malhotra, Jeffcoate's Principles of Gynaecology, Chapter-43; Jaypee Brothers Medical Publishers (P) LTD, 7<sup>th</sup> international Edition 2008; p 666
7. Vaidya Jadavaji Trikamji Acharya, Charak Samhita By Agnivesha; with the Ayurveda-Dipika commentary of Chakrapanidatta; Chikitsasthana 30/18; Chaukhambha Sanskrit Sansthan, Varanasi, Reprint Edition 2023; p 635
8. Prof. (Km.) Premvati Tewari, Ayurvediya Prasutitantra evam Striroga (part 2) Striroga, Chapter-1; Chaukhambha Orientalia Vranasi, 2<sup>nd</sup> Edition 2000; p- 25-27.
9. Pandit Parasurama Sastri, Vidyasagar, Sarangadhara-Samhita By Pandit Sarangadharacharya; Chaukhambha Orientalia Varanasi, Reprint Edition 2012; p-302-303.
10. Prof. P V Sharma, Dravyaguna Vijnana (Part-3), Chaukhambha Bharti Academy Varanasi, Reprint 2013; p 80.
11. Lin AN, Remier RJ, Carter DM; Sulfur revisited; J M ACAD Dermatol 1988; 18: p 553-558.
12. Ronald S Gibbs, Beth Y Karlan, Arthur F Haney, Ingrid Nygaard, Danforth's Obstetrics and Gynecology, Chapter-35; Wolter Kluwer/Lippincott Williams & Wilkins Publication, 10<sup>th</sup> Edition 2010; p 645.
13. Kaviraj Shree Ambikadattshastri Ayurvedacharya, Bhaishajyaratnavali, Chapter-56; Chaukhambha Sanskrit Sansthan, Varanasi; 6<sup>th</sup> Edition 1981; p 644
14. U. Gayathri Sameera, A. Vijaya Lakshmi, G. Swarupa Rani, P. Suguna Jyothi, Review of Trivrit (*Operculina turpethum*) in Brihatrayi; J. Ayu Int Med Sci. 2023; 8(6):51-61
15. Ajaya Yerne, Arun Bhatkar, Mrunal R. Akre, Chopchini – A literary review from view of Ayurveda; World Journal Of Pharmaceutical Research, 2019; 8(2): 557-561
16. Prof. P V Sharma, Dravyaguna Vijnana (Part-2), Chaukhambha Bharti Academy Varanasi, Reprint 2013; p 763, 753, 802, 331
17. Wiciński M, Fajkiel-Madajczyk A, Kurant Z, Kurant D, Gryczka K, Falkowski M, Wiśniewska M, Słupski M, Ohla J, Zabrzyński J; Can Ashwagandha Benefit the Endocrine System? -A Review. Int J Mol Sci. 2023 Nov 20; 24(22):16513. doi: 10.3390/ijms242216513. PMID: 38003702; PMCID: PMC10671406.
18. Prof. P V Sharma, Dravyaguna Vijnana (Part-2), Chaukhambha Bharti Academy Varanasi, Reprint 2013; p 704.