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AN AYURVEDIC APPROACH TO THE MANAGEMENT OF ACHARANA YONIVYAPADA CORRELATED WITH PRURITUS VULVAE: A CASE REPORT

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ABSTRACT

Charaka has defined the *Acharana Yoni* 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 uncleanliness of the vagina or some infections and due to severe itching the women have the excessive coital desire which pacifies the itching. To evaluate the clinical features and management of Acharana Yonivyapad with drug udumbaradi tail and guduchidantyadi malhar Sixty female patients fulfilling the diagnostic criteria of Acharana Yonivyapad were enrolled in the present clinical study. The patients were randomly divided into two groups, with 30 patients in each group. Clinical assessment was performed before and after treatment based on the severity of vaginal itching, vaginal discharge, and other associated symptoms. The treatments produced improvement in the clinical manifestations of Acharana Yonivyapad, particularly vaginal itching and abnormal vaginal discharge. Maintenance of genital hygiene, along with appropriate Ayurvedic management, contributed to symptomatic relief and reduction in recurrence. Acharana Yonivyapad is closely associated with poor genital hygiene and the proliferation of *Krimi*, resulting in vaginal itching and discharge. Regular genital hygiene, combined with appropriate Ayurvedic therapy, plays an important role in the effective management of this condition. The disease may also be correlated with infective conditions such as pruritus vulvae described in modern medicine.

KEYWORDS: Acharana Yonivyapad, Yonikandu, Krimi, Vulvovaginitis, Pruritus Vulvae, Vaginal Discharge, Genital Hygiene.

INTRODUCTION

Female genital tract disorders are among the most common gynecological problems encountered in clinical practice. Inadequate health education, poor personal hygiene, and illiteracy are major predisposing factors for infections and inflammatory conditions affecting the vulva and vagina. Maintaining proper genital hygiene through regular bathing and cleansing of the external genitalia after urination and defecation is essential for preserving the normal vaginal environment and preventing infections. According to Ayurveda, unhygienic conditions promote the growth of *Krimi* (microorganisms or parasites), particularly in warm and moist areas such as the vulva and mons pubis, where sweating facilitates microbial proliferation. Retained sweat, urine, vaginal secretions, and other discharges create a favorable environment for the multiplication of *Swedaja Krimi*, resulting in itching, irritation, inflammation, and abnormal vaginal discharge. In addition, the indiscriminate use of vaginal deodorants, douches, contraceptive creams, tablets, pessaries, and other chemical preparations may disturb the normal vaginal flora and pH, thereby increasing susceptibility to infection. Ayurveda provides a comprehensive description of female reproductive disorders under the category of *Yonivyapad*. *Yonikandu* (vulvovaginal itching) is an important clinical manifestation described in several Yonivyapadas, including *Acharana*, *Kaphaja*,

Upapluta, *Vipluta*, and *Sannipataja Yonivyapad*. Among these, *Acharana Yonivyapad* is specifically characterized by severe itching caused by *Krimi* and is closely associated with poor genital hygiene. Since *Kapha Dosha* is responsible for excessive moisture, secretions, and itching, *Yonikandu* is predominantly considered a manifestation of Kapha predominance, although involvement of *Vata Dosha* is also essential in the pathogenesis of Yoniroga.In modern medicine, *Yonikandu* corresponds to pruritus vulvae, defined as an unpleasant sensation that provokes the desire to scratch. The first formal definition of itching was proposed by Samuel Hafenreffer in 1660 as "an unpleasant sensation that provokes the desire to scratch." Pruritus may be classified as pruritogenic, neuropathic, psychogenic, or systemic depending on its underlying etiology. Common causes include vuvaginositrichomoniasis, contact dermatiti, allergic reactions, dermatological disorders, hormonal changes, and systemic diseases. The prevalence of vulvovaginal itching varies throughout a woman's life because of physiological, hormonal, behavioral, and sexual changes. Although it may occur during the prepubertal, reproductive, and postmenopausal periods, it is more frequently observed in women of reproductive age due to increased sexual activity, pregnancy, childbirth, puerperium, and greater susceptibility to sexually transmitted and opportunistic infections. Alterations in vaginal pH and normal microbial flora during these stages further increase the risk of infection and persistent itching. Persistent *Yonikandu* significantly affects the quality of life. It is commonly associated with abnormal vaginal discharge, erythema, burning sensation, pain, foul odor, excoriation, irritability, sleep disturbance, anxiety, and sexual discomfort. Many women initially ignore these symptoms or resort to self-medication and excessive use of over-the-counter vaginal cleansing products, which may provide only temporary relief while disrupting the normal vaginal microbiota and worsening the condition. Ayurveda emphasizes individualized treatment (*Purusham Purusham Vikshya Siddhanta*), in which therapy is tailored according to the patient's constitution, causative factors, and severity of disease. The management of *Yonikandu* includes both *Shodhana Chikitsa* (bio-purificatory therapies), such as mild *Panchakarma*, and *Shamana Chikitsa* (pacifying therapy), primarily aimed at balancing *Vata* and *Kapha Dosha*. These treatments are supplemented with local therapies, maintenance of genital hygiene, dietary modifications, and lifestyle interventions. Such a holistic approach not only relieves symptoms but also addresses the underlying pathogenesis, restores the normal vaginal environment, and reduces recurrence. Thus, understanding *Acharana Yonivyapad* from both Ayurvedic and contemporary perspectives is essential for developing safe, effective, and evidence-based strategies for the management of *Yonikandu* and improving women's reproductive health.

According Charak samhita chikitsa sthana

योन्यामधावनात् कण्डू जाताः कुर्वन्ति जन्तवः ।

सा स्यादचरणा कण्ड्वा तयाऽतिनिरकांक्षिणी । (च०सं०चि० 30/18)

Nidana Sevana

⇩

Vitiation of *Kapha Dosha* with *Vata Dosha*

⇩

***Kapha Dosha* starts to Accumulate at its own space**

⇩

This accumulation ultimately leads to its *Prakopa Avastha*

⇩

This provoked and Spread *Kapha Dosha,* thereafter get lodged in *Artavavaha Srotas* or in *Yoni Marga*

⇩

Causes symptoms of *Acharana Yonivyapada* such as *Yoni Kandu & Yoni srava* etc

⇩

Acharana Yonivyapada

Samprapti Ghatak

Dosha- Kapha and Vata
Dushya- Rasa, Rakta and Mansa
Srotras- Rasavaha, Raktavaha, Aartavavaha
Srotodushti Lakshan- Atipravritti Adhishthan- Yoni
Rogamarga- Abhyantra

Plan of Study

Material and Method

(A) Conceptual study
(B) Clinical study

Conceptual Study
The available literature on *Acharana yonivyapad* w.s.r to Pruritus Vulvae & related drugs shall be collected from different Ayurvedic texts, Modern texts, reputed journals, internet & retrospective studies done in various institutions.

Clinical Study
1. **Sample Source**- All the patients will be selected from the OPD and IPD of PG department of Prasuti Tanta & Stri Roga Deptt. Chandra Sekhar Singh Ayurvedic Sansathan, Kaushmbi, UP who fulfilled the criteria of inclusion irrespective of their desh, jati, vaya, prakriti, sattva.
2. **Sample size**- Minimum 60 patients out of which 30 in each group.

Group Allocation
Total 60 patients will be registered randomly from OPD and IPD of Prasuti Tanta & Stri Roga Deptt. Chandra Sekhar Singh Ayurvedic Sansathan, Kaushmbi, U.P. Screened female will be randomly divided into two groups.

Group A- 30 patients will be given the drug Udumbaradi tail yoni pichu for 7 days after cessation of menstruation for 3 consecutive cycle.
Group B –30 patients will be given the drug Guduchidantyadi Malhar for local application for 7 days after cessation of menstruation for 3 consecutive cycle.

Dose-Tail for yoni pichu-10 ml
Malhar-3gm (thrice) local application.

Duration of treatment- 3 months
Follow up during treatment– 1 follow up at the interval of one month after the cessation of menses.
Follow up after the treatment -1 follow up will be done after 1 month of trial completion.

Group	Procedure	Dose	Duration
A	Udumbaradi tail yoni pichu	10 ml (locally)	7 days after cessation of menses for 3 consecutive cycles.
B	Guduchidantyadi Malahar	3gm (locally)	7 days after cessation of menses for 3 consecutive cycles.

Mode of Administrtion
Drug shall be administrated in the form of yoni pichu & Malhar.

Yoni Pichu in Group -A
- Patient is advised to empty the bladder.
- *Yoni prakshalan* with *sukhoshna jal* before application of *Yoni Pichu*.
- After that udumbaradi tail pichu is inserted in yoni pradesha in group A.
- Patient is asked to hold the pichu till there is urge for micturation.
- Frequency of medication- 7day after cessation of menstruation for 3 consecutive cycles .

Malhar in Group -B
- Patient is advised to empty the bladder.
- *Yoni prakshalan* with *sukhoshna jal* before application of *Malahar*.
- Then asked to lie on her back with thighs flexed and *lepa* of *Malahar* done in *Yoni Pradesha*.
- After 1 hour patient will be advised to perform *yoni prakshalan* with *sukhoshna jal*.

Frequency of medication- *Malahar* will be applied thrice a day in the same way.

Criteria to be Adopted
For conducting the research following criteria will be adopted.

Criteria for selection of Patients
For the purpose of clinical trial, the patients of *Acharana yonivyapada* will be selected randomly from O.P.D. & I.P.D. of Chandra Shekhar Singh Ayurvedic Sansthan, Kaushambi.

A careful history, physical examination & necessary investigation will be performed as per proforma prepared for the present trial.

Diagnostic Criteria
Diagnosis of each case was made with the help of detailed history in respect to disease, family history, previous similar episode, physical and systemic examination as well as the investigation.

1- Subjective Criteria
Cardinal symptom of *Acharana Yonivyapad* (itching with or without discharge) and associated symptoms (*yoni srava, yoni daurgandhya, yoni vedana, maithunakrichhta, mutra daha, yoni shoth).*

2- Objective Criteria
- Change in vaginal pH
- Vaginal wet smear investigation

Inclusion Criteria
- Patients willing to participate in the trial.
- Adult female who are in age group of 18-45 years.
- Only married patient.

- Patients having pruritus vulvae as a cardinal symptom with or without vaginal discharge.

Exclusion Criteria
- Patients below 18yrs and above 45yrs.
- Patient unwilling to participate in trial.
- Patients after menopause.
- Patient of uterine prolapse & Carcinoma.
- Patient on oral contraceptives, or using intrauterine contraceptive devices.
- Patients with diabetes mellitus, tuberculosis, jaundice, severe HTN.
- Patients with extensive chronic cervicitis, fibroid and malignancy.
- VDRL, HIV, HBsAg, HCV positive patient.

Assessment Criteria
The improvement will be assessed on the basis of relief in the sign and symptoms of the disease in patient.

Subjective Diagnostic Parameters
- *Yoni kandu* (itching in vulva)
- *Yoni srava* (white discharge per vagina)
- *Yoni Daurgandhay* (mal-odour)
- *Yoni vedana* (pain)
- *Atinarakanshini* (increased libido)
- *Maithuna krichhta* (dyspareunia)
- *Mutra dah* (burning micturition)
- *Yoni shoth* (inflammation of vulva)

DESCRIPTION OF PATIENT
CASE REPORT
A 32-year-old married female presented to the Outpatient Department (OPD) of the Department of Prasuti Tantra and Stree Roga (PTSR), Chandra shekhar singh ayurvedic sansthan, kaushambi, with complaints of persistent vulvar itching (*Yonikandu*) and whitish vaginal discharge for the past three months.

The patient reported that the itching was intermittent in nature and that she had experienced only temporary and partial relief after applying topical medications, although details of the medications used were unavailable. She further complained of thin, profuse, foul-smelling vaginal discharge that required changing her undergarments twice daily. There was no history of lower abdominal pain, backache, dyspareunia, urinary complaints, fever, or other systemic symptoms. Owing to the persistence of her symptoms, she was examined in the Department of Prasuti Tantra and Stree Roga for evaluation and Ayurvedic management.

Menstrual History
- **Age at menarche:** 13 years
- **Last Menstrual Period (LMP):** 5 june 2026
- **Menstrual cycle:** Regular (28–32 days)
- **Duration of flow:** 3–4 days
- **Amount of bleeding:** Moderate (2–3 sanitary pads/day)
- **Clots:** Absent
- **Dysmenorrhea:** Absent
- **Foul menstrual odor:** Absent
- **Associated symptoms:** None

Obstetric and Gynecological History:
- **Marital status:** Married
- **Obstetric score:** G_2 P_2 L_2 A_0
- **Last childbirth:** Female child delivered 3 years ago by normal spontaneous vaginal delivery (NSVD) in a hospital.
- **Contraceptive history:** No contraceptive use.

Past History
The patient had no history of diabetes mellitus, hypertension, pulmonary tuberculosis, thyroid dysfunction, coagulopathy, or drug allergy.

Family History
No significant family history of gynecological or systemic disorders was reported.

Personal History
- **Appetite:** Moderate
- **Diet:** Mixed (vegetarian and non-vegetarian)
- **Thirst:** Moderate (approximately 5–6 glasses of water/day)
- **Bowel habits:** Semisolid stool, once daily
- **Micturition:** Pale yellow urine, 3–4 times during the day and once at night
- **Sleep:** Sound and adequate
- **Addiction:** Tea consumption

General Physical Examination
The patient was conscious, cooperative, and well-oriented. She was lying comfortably in bed and appeared healthy with a medium body build.

General Examination Findings
- **Head:** Bilaterally symmetrical; no abnormal growth.
- **Hair:** Black, medium length, wavy.
- **Scalp:** Clean; no seborrhea, infestation, or patchy hair loss.
- **Forehead:** Bilaterally symmetrical with normal age-related wrinkles; no abnormal growth.
- **Eyebrows:** Thick and symmetrical; no loss of lateral one-third of eyebrows.
- **Eyelids:** No ptosis, entropion, or ectropion.
- **Eyelashes:** No madarosis or trichiasis.
- **Conjunctiva:** Bulbar conjunctiva whitish; palpebral conjunctiva pink, indicating no clinical pallor.
- **Nose:** No deviated nasal septum, nasal polyp, or abnormal growth.
- **Ears:** Bilaterally symmetrical; no discharge or furunculosis.
- **Lips:** Pink, smooth, and moist without angular stomatitis.

- **Teeth:** Complete dentition, whitish in color, with no dental caries.
- **Gums:** Healthy without gingivitis or bleeding.
- **Buccal mucosa:** Healthy and pink.
- **Lymph nodes:** No palpable lymphadenopathy.

The patient's general physical examination was within normal limits and revealed no evidence of systemic illness. Based on the presenting complaints and clinical findings, a provisional diagnosis of *Acharana Yonivyapad* with clinical correlation to infection of pruritus vulvae with abnormal vaginal discharge was considered, and further gynecological examination and laboratory investigations were planned to confirm the diagnosis and initiate appropriate Ayurvedic management.

Examination of Patient

Examination	Result
BP	110/74mm of Hg
PR	82 bpm
Temp	96.4 F
Height	156 cm
Weight	60 Kg
BMI	24.2
Breast examination	NAD

Local Examination
Excoriations were present on bilateral labia minora.

Per Speculum Examination
Cervix was normal in size, regular, along with strawberry spots on vaginal walls, yellowish-white discharge (++) and cervical congestion was present.

Ashtavidha pariksha

Parameters	Result
Nadi	78 bpm
Mala	Once a day
Mutra	6-7 times a day
Jihwa	*Anavrita*
Shabda	*Spashta*
Sparsha	*Anushna Sheeta*
Drika	*Nirmala*
Aakriti	*Madhyam*

Dashvidha Pariksha

Parameters	Results
Prakriti	Kapha-Pittaja
Vikriti	Lakshana Nimittaja
Sara	Mamsa Sara
Samhanana	Madhyama
Pramana	Madhyama
Satmya	Sarva Rasa
Satva	Madhyama
Ahara Shakti	Madhyama
Vyayama Shakti	Madhyama
Vaya	Yuvavastha

Investigations done CBC Hb gm%- 11.0 gm%
RBC- 3.8×10^{6}/µL WBC- 7.9×10^{3}/µL PLT- 220×10^{3}/ µL
RBS: 98mg/dl
Urine (Routine and Microscopic): EPC= 1-2/HPF
HIV, VDRL: Non-Reactive

Diagnosis
Based on symptoms, positive findings on examination and investigations done, final diagnosis of the patient is *Acharana Yonivyapada* which can be corelated to Pruritise valvae.

Treatment
Patient was be given the drug Guduchidantyadi Malhar for local application for 7 days after cessation of menstruation for 3 consecutive cycle.
Dose- Malhar-3gm (thrice) local application.

Pathya–Apathya (Dietary and Lifestyle Advice)
Along with the treatment protocol, the patient was advised to strictly adhere to the prescribed **Pathya–Apathya** regimen throughout the treatment period. **Pathya (Recommended Diet and lifestyle)** The patient was advised to consume foods predominantly having **Katu (pungent), Tikta (bitter), and Kashaya (astringent) Rasa**, along with **Laghu (light), Ruksha (dry), and Ushna (warm)** properties. The recommended diet included **Shunthi (dry ginger), Maricha (black pepper), Pippali (long pepper), Dalchini (cinnamon), Jeeraka (cumin), Madhu (honey), Purana Anna (aged cereals, at least one year old), Yava (barley), Godhuma (wheat), Bajra (pearl millet), oats, green leafy vegetables (spinach, cabbage), carrots, peas, broccoli, beetroot, radish, bell peppers, sprouts, buttermilk, low-fat milk, egg white, a small quantity of ghee, pumpkin seeds, sunflower seeds, and fruits such as apple, pomegranate, guava, peach, apricot, dried figs, and pear.** Warm water was advised for drinking. Regular physical exercise and yoga were also recommended. **Apathya(Food and habits to avoid)** The patient was advised to avoid foods predominantly having **Madhura (sweet), Amla (sour), and Lavana (salty) Rasa**, as well as **Guru (heavy), Snigdha (unctuous), and Sheeta (cold)** properties. Foods to be avoided included **Nava Anna (newly harvested cereals), Adhyashana (overeating), curd, butter, cream, excessive ghee, sweet potato, pumpkin, fruits such as banana, mango, orange, kiwi, watermelon, and coconut, cow's and buffalo's milk, kidney beans, soybeans, urad dal, cashew nuts, peanuts, walnuts, beef, egg yolk, sea fish, refined sugar, bread, bakery products**, and other heavy or oily foods. The patient was also advised to avoid **daytime sleeping and a sedentary lifestyle**.

Result after treatment
There was marked relief in the symptoms of the patient like itching in the vulva region and white discharge per vagina.

Follow up during treatment– 1 follow up at the interval of one month after the cessation of menses.
Follow up after the treatment -1 follow up was be done after 1 month of trial completion.

DISCUSSION

Acharana Yonivyapada is one of the Yonivyapadas described by Charaka, characterized predominantly by **Yonikandu (vulvar itching)** caused by **Krimi** developing due to inadequate genital hygiene. In the present case, a 32-year-old married female presented with persistent vulvar itching associated with profuse whitish, foul-smelling vaginal discharge for three months. Clinically correlated with **pruritus vulvae associated with vulvovaginitis**.

From an Ayurvedic perspective, the pathogenesis involves **Kapha-Vata predominance**. Poor genital hygiene creates a moist environment that promotes the growth of **Krimi**, leading to vitiation of Kapha and subsequent manifestation of itching, discharge, foul smell, and local inflammation. The patient's **Kapha-Pittaja Prakriti**, moderate body build, and local examination findings further supported this diagnosis.

Routine laboratory investigations ruled out systemic diseases such as diabetes mellitus and sexually transmitted infections, thereby strengthening the diagnosis of localized infective vulvovaginal pathology. The patient received **Guduchidantyadi Malhar** for local application three times daily for seven days after cessation of menstruation for three consecutive menstrual cycles, along with strict maintenance of genital hygiene and adherence to the prescribed **Pathya–Apathya**.

Guduchidantyadi Malhar possesses several pharmacological properties that justify its clinical efficacy. **Guduchi (Tinospora cordifolia)** exhibits anti-inflammatory, antimicrobial, immunomodulatory, wound-healing, and Rasayana activities. **Danti** and the other herbal ingredients contribute **Krimighna (antimicrobial), Kandughna (anti-pruritic), Shothahara (anti-inflammatory), and Ropana (healing)** effects. The local application of the formulation allows direct contact of the active constituents with the affected tissues, facilitating reduction of microbial load, inflammation, itching, and abnormal vaginal discharge while promoting healing of excoriated mucosa.

The prescribed dietary and lifestyle modifications also played an important supportive role. Consumption of **Laghu, Ruksha, Ushna**, and **Katu-Tikta-Kashaya** predominant foods helps reduce Kapha, whereas avoidance of **Guru, Snigdha, Sheeta**, and excessively sweet or fermented foods prevents further aggravation of Kapha and minimizes recurrence. Regular genital hygiene, avoidance of chemical vaginal cleansing agents, wearing clean cotton undergarments, and abstinence during treatment further contributed to restoration of the normal vaginal environment.

Following completion of therapy, the patient experienced marked improvement in **Yonikandu** and **Yoni Srava**, indicating the effectiveness of Guduchidantyadi Malhar in alleviating the principal manifestations of Acharana Yonivyapada. No adverse drug reactions or treatment-related complications were observed during the treatment period or follow-up, suggesting that the therapy was safe and well tolerated.

Although this report represents a single clinical case, the encouraging outcome indicates that Guduchidantyadi Malhar, combined with appropriate dietary regulation and genital hygiene, may serve as an effective conservative Ayurvedic management for Acharana Yonivyapada (Pruritus Vulvae).

CONCLUSION

The present case demonstrates that **Guduchidantyadi Malhar**, when administered as a local therapy along with proper genital hygiene and appropriate **Pathya–Apathya**, produced significant clinical improvement in the symptoms of **Acharana Yonivyapada**, particularly vulvar itching (Yonikandu) and abnormal vaginal discharge (Yoni Srava). The treatment was found to be safe, well tolerated, and free from any adverse effects throughout the treatment period.

The findings suggest that local Ayurvedic therapy not only provides symptomatic relief but also helps restore the normal vaginal environment by reducing inflammation, controlling microbial proliferation, and promoting healing of the affected tissues. Strict adherence to hygienic practices and dietary modifications appears to play a vital role in preventing recurrence and improving treatment outcomes.

Although this is a single case report, the encouraging clinical response indicates that Guduchidantyadi Malhar may be considered a promising, cost-effective, and non-invasive therapeutic option for the management of Acharana Yonivyapada (Pruritus Vulvae).

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

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