

Yoni Vrana (Acute Genital Ulcer)

- A Case Study

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ABSTRACT:

Vaginal infections are a burning problem in today's era. Vaginal discharges serve an important housewife function in the female reproductive system. It affects the whole reproductive as well as general health of the women. Acute genital ulcers refer to an ulceration of vulva or lower genital vagina of non- venereal origin that usually present in the young women. Ayurvedic texts have described about various sthanikchikitsa for yonigatarogas. This article describes the case report of 14years old girl who was complaining of severe vulvar pain along with vaginal discharge and burning micturition. It was observed that Sthanikchikitsa along with oral medication has provided significant relief in all symptoms.

KEYWORDS: Yonivrana, Sthanikachikitsa, Vaginal ulcer

INTRODUCTION:

Acute genital ulcers, also known as acute vulvar ulcers or Lipschutz ulcers, refer to an ulceration of vulva or lower vagina of non-venereal origin that usually present in young women. It has been considered as an uncommon and probably underdiagnosed entity, although a recent study has reported that it may present around 30% of vulvar ulceration¹. It affects mainly adolescent and young adults. Acute genital ulcers are painful and distressing to women, usually wider 1cm and deep, with a red border covered by grey exudate². Their aetiology and pathogenesis are still unknown. The treatment is symptomatic.

In Ayurveda, authors have described Yonivyapad in separate chapter but description of Yonivranaas a disease or as a symptom directly not mentioned. There is reference of Yonivrana available in AshtangaSangraha in the context of “Yoni Vranekshyantra”³. The phenomenon which causes the destruction of the tissue in a particular part of the body is termed as Vrana. Ayurvedic texts have described about various Sthanikchikitsa for management of different yonigatarogas. Sthanikchikitsa acts on sthanikdoshadusti and helps to relieve the symptoms like Vulvar itching, Vaginal discharge, foul smell, pain, burning sensation, vaginal infections and inflammations.

OBJECTIVES:

Clinicians should be aware of this rare condition to avoid misdiagnosis and unwarranted investigations into false accusations of sexual activity.

METHODS:

Reporting a case of 14 years old girl with systemic symptoms and vulvar ulcers of unknown aetiology.

CASE REPORT:

A 14 years old female student, presented to the OPD of Uttaranchal Ayurveda Hospital on 19/01/2019 with complaints of *Yonivrana*, *Yonishotha*, *Yonirava* and *Mutrakrichra* since 4-5 days with,

History of fever was there 2 days back.

History of flu like symptoms was there- 10 days back.

PAST HISTORY:

Patient was having flu like symptoms and took contemporary medications for that and got cured. After 5 days she developed fever along with painful vulvar ulceration and burning micturition. Again she took contemporary medications for that but did not get relief. No history of an oral aphthous ulcer. No history of sexual activity/ Sexual abuse or physical trauma.

Family History:

No significant history.

Personal History:

- Food- Mixed food
- Appetite- Reduced
- Bowels - Once/day
- Micturition- 4-5times/day, burning sensation+
- Sleep - Disturbed

Menstrual History:

- Menarche-13 years
- LMP-16/01/2019
- M/C-3-4/30days, regular cycle

General Examination:

- Built- Moderate
- Pulse-90/min
- BP-120/70mm of Hg
- Temperature-98.2F
- RR-16/min
- Height- 170cm
- Weight- 44kg
- Tongue- Coated

- Pallor/Icterus/Oedema- Absent

Systemic Examination:

- CVS: S1 S2 Normal
- CNS: Conscious, Oriented with TPP
- RS: Air entry bilaterally clear, No added sounds

Per Abdominal Examination:

- Soft, non- tender, No organomegaly

Per Vaginal Examination:

- Multiple Ulceration at bilateral- medial aspects of labia minora- Kissing ulcers+.
- Oedema of bilateral labia minora
- Whitemucoid Discharge ++
- Tenderness+

AstavidhaPariksha:

- *Nadi*-90/in
- *Mala*-once/day
- *Mutra*- 4-5times/day, burning sensation +
- *Jivha*: *Alipta*
- *Shabda*: *Avishesha*
- *Drik*: *Avishesha*
- *Akriti*- *Madhyama*

Lab investigation:

- Hb-12.8gm/dl
- TLC:9200/cumm
- RBS: 94mg/dl
- VDRL- Non- reactive
- HIV- Non-reactive
- Urine Analysis- no evidence of infection

- Ulcer swab- Enterococcus faecalis
- USG Abdomen & Pelvis- Normal Study

INTERVENTION:

Oral Medication:

TriphalaGuggulu –500mg twice a day for 15days

Haridrakhand- 3gms-0-3gms for 15days

PunarnavadiKwath-20ml -0-20ml with equal quantity of water for 15days

SthanikChikitsa:

Yonidhavan with PanchavulkaKwath for 7days

Yonipichu with JatyadiTaila for 7days

Table No 1:Treatment Management

Date	Treatment Given	Complaints	Observation
19/01/2019	TriphalaGuggulu–500mg twice a day for 15days Haridrakhand- 3gms-0-3gms for 15days PunarnavadiKwath- 20ml -0-20ml with equal quantity of water for 15days Yonidhavan with PanchavulkaKwath for 7days Yonipichu with JatyadiTaila for 7days	<ul style="list-style-type: none"> • Yoni vrana • Yonishotha • Yonosrava • Mutrakrichra 	<ul style="list-style-type: none"> • Yonishotha • Yonisrava • Mutrakrichra Decreased • Improvement was seen in yonivrana
31/01/2019	TriphalaGuggulu –500mg twice a day for 7days Haridrakhand- 3gms-0-3gms for 7days PunarnavadiKwath- 20ml -0-20ml with equal quantity of water for 7days	<ul style="list-style-type: none"> • Yonivrana 	<ul style="list-style-type: none"> • Yonivranadecreased
07/02/2019	TriphalaGuggulu –500mg twice a day for 7days Haridrakhand-3gms-0-3gms for 7days	No fresh complaints Yonivrana healed completely	Yonivrana healed completely.

(Source: Primary data)

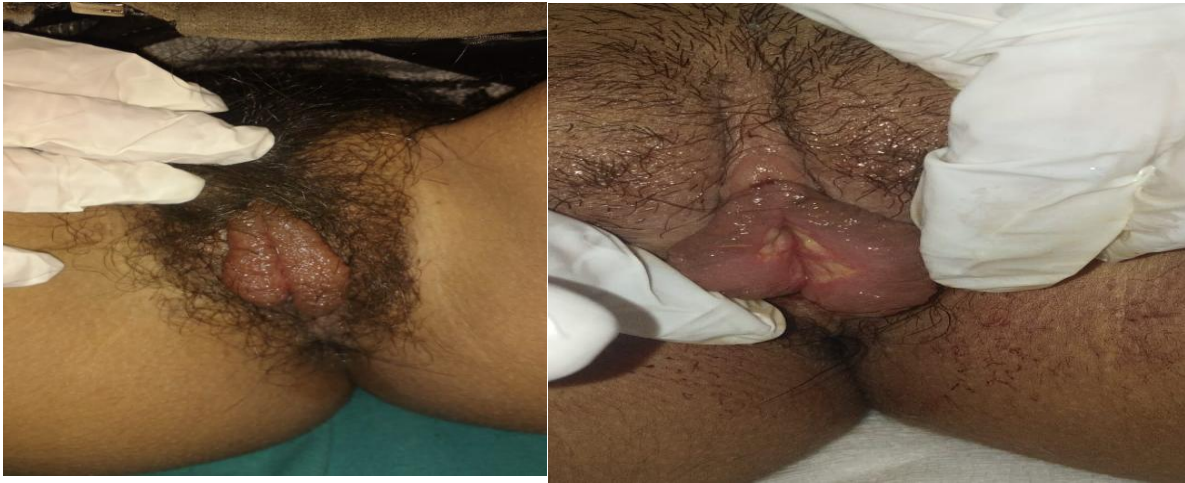


Fig 1: Before Treatment

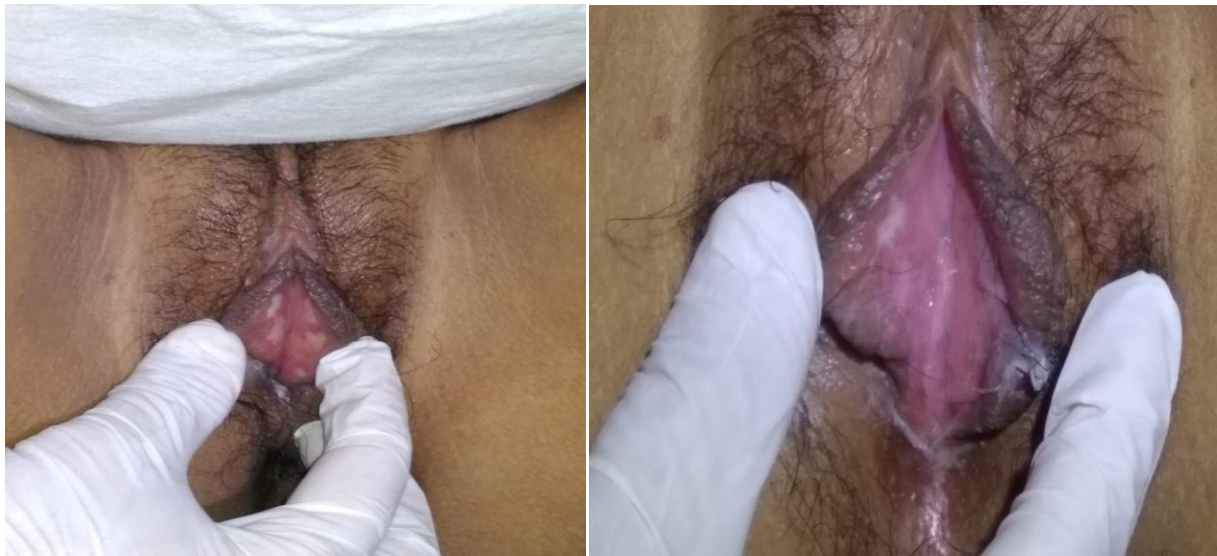


Fig 2: After Treatment

Fig 3: After Treatment

DISCUSSION:

TriphalaGuggulu:Triphala is known for wound healing activity. It acts as antimicrobial property in wound healing by inhibiting hylauronidase and collagenase activity. Guggulu has anti-inflammatory action⁴.Drug act as vatanulomaka, Shothahara, Amahara and Vranaropak properties⁵.

Haridrakhanda⁶:It is indicated in inflammatory disorder. Various ingredients of Hridrakhanda are having Vatashamak and Tridoshashamak properties. Haridra does lekhanakarma digests the

ama, meda and kapha, Raktashodhan. Other ingredients havingdeepana and pachanagunas.Ithas anti-inflammatory and anti-allergic activities.

PunarnavadiKwath:It is havingkatu, tikta, kashaya, deepanapaachanagunas act as kaphavatashamaka, kledagna, shophagna, mutrala and rasashodhan. Punarnava has anti-inflammatory action, diuretic property⁷.

PanchavulkaKwath: It has Kashaya rasa dominant and useful in the management of vrana and shotha. It is having the properties like vranashodhaka, shothahara, vedanasthapaka, ropaka.PanchavulkaKwathdhawan enhanced the fast healing of yonivrana by cleaning the debris from vrana⁸.Panchavulka has antimicrobial activity, antibacterial activity, wound healing and anti- inflammatory activity⁹.

JatyadiTailaPichu:Ingredients of jatyaditaila having Shodhana, Ropana, and vedanasthapanaproperties¹⁰.YoniPichu helps the medicine to remain at the site for longer period for better action.

CONCLUSION:

Acute Genital Ulcer is an uncommon and under diagnosed disease that typically occurs in young women.In Ayurveda there is no direct reference of Yonivrana. Yonivrana can be compared toTwak-mamsajvrana.The internal medications like TriphalaGuggulu, Haridrakhanda, PunarnavadiKwath along with Yonidhawan by PanchavulkaKwath and Yonipichu with JatyadiTaila provided significant relief in all symptoms of Yonivrana.

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