



AYURVEDIC MANAGEMENT OF GENITAL HERPES – A CASE STUDY

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ABSTRACT

In Ayurveda and communicable diseases have been separately described as Aupasargika Roga. Interactions among agent, host and environment is responsible for emergence of infectious diseases. An infection is manifested only if agent is able to overcome the host immunity under favorable environment. Sushruta opines that without involvement of factors like Ritu (suitable season or time), Beeja (seed), Kshetra (field), and Ambu (water) neither a plant nor a fetus can germinate and grow. Same principle can be applied to development of infectious diseases. Among these four factors, suitability of Kshetra (human body) is especially important in the context of infectious diseases along with Beeja (infective agent), Ritu (opportune time allowing the optimal growth of the pathogen) and Ambu (nutritional factors favoring the pathogens). Ayurveda advocates various preventive measures like avoiding prasanga (mutual contact) and gatrasansparsha (touching) to break the chain of transmission of infective agents and rasayana (rejuvenative therapy) and panchakarma (purification procedures) to promote the kshetra. Although communicable diseases have been controlled to a large extent with the help of modern preventive measures like vaccination a continued re-emergence of newer infective diseases has made it necessary to re-look the measures of prevention. Here the Herpes genitalis is caused by the herpes simplex virus type 1 or type 2 and can manifest as primary or recurrent infection. It is one of the most common sexually transmitted infections and due to associated physical and psychological morbidity it constitutes a considerable, often underestimated medical problem. In addition to providing the reader with basic knowledge of the pathogen and clinical presentation of herpes genitalis, this review article discusses important aspects of the laboratory diagnostics, antiviral therapy and prophylaxis. The article is aimed at all health-care workers managing patients with herpes genitalis and attempts to improve the often suboptimal counselling, targeted use of laboratory diagnostics, treatment and preventive measures provided to patients. There is an urgent need to complement them with the traditional knowledge, such as use of the ancient preventive measures and health-promotive measures like rasayana. This paper is intended to describe various methods of infection prevention described in Ayurveda texts and discusses their relevance in current scenario.

INTRODUCTION

Patient aged 54 years, who is a known case of hypothyroidism since 2 years (under medication Tab. Thyroxine 50 mcg) had normal menstrual history, attained menopause 3 years ago. Patient c/o fever with burning micturition since 3 days and pain and burning sensation in the vaginal region associated with pus discharge since 2 days. Patient has come to our hospital for the treatment of above said complaints.

POORVA VYADHI VRUTTANTA

- ✘ Known case of hypothyroidism since 2 years (under medication Tab. Thyroxine 50mcg)
- ✘ Not a known case of DM, HTN, Asthma, Epilepsy, Tuberculosis
- ✘ Not allergic to any medications

OCCUPATIONAL HISTORY

- ✘ Patient is a homemaker.

KAUTUMBIKA VRUTTANTA

- ✘ All family members are said to be healthy

RAJO VRUTTANTA

- ✘ Age of Menarche – 14 years
- ✘ Menstrual History:
 - Nature – Regular
 - Number of days Bleeding – 3-5 days
 - Length of cycle – 28-30 days
- ✘ Menopause : 3 years

OBSTETRIC HISTORY

- ✘ P₂ A₀ L₂ D₀
- ✘ P₁ – MALE- 23Years FTND

✘ P₂ – FEMALE – 22 YEARS - FTND

VAIVAHIKA VRUTTANTA

Married Life – 27 years (Non-consanguineous marriage)

VYAVAYA VRUTTANTA

- ✘ Coitus - everyday
- ✘ No Dyspareunia
- ✘ History of contraception – Tubectomised 22 years ago.

ON EXAMINATION OF THE PATIENT

GENERAL EXAMINATION

- ✘ Built – Moderate Height – 162 cm
- ✘ Weight – 57 kg
- ✘ BMI – 21.7 kg/m²
- ✘ Pulse Rate – 78 beats/minute
- ✘ BP – 120/80 mm Hg
- ✘ Respiratory Rate – 22 cycles/minute
- ✘ Heart Rate – 78/minute
- ✘ Temperature – 98°F
- ✘ Tongue – coated
- ✘ Nourishment – Moderate
- ✘ Pallor – Absent
- ✘ Edema – Absent
- ✘ Clubbing – Absent
- ✘ Cyanosis – Absent
- ✘ Icterus – Absent
- ✘ Lymphadenopathy – Absent

GYNAECOLOGICAL EXAMINATION

PELVIC EXAMINATION

A. Examination of Vulva

Inspection: Pubic Hair – Normal
 Clitoris – Normal
 Labia – lesions present
 Discharge – Present (pus discharge)
 Redness – Present
 Swelling – Absent
 Lesions – Present (7-8)
 Shape-oval
 Edge-regular with depression
 Palpation: No palpable mass observed

B. Per Speculum Examination

Inspection of Vagina

Redness – Absent
 Tenderness – Absent
 Local lesion – Absent
 Discharge - absent

Inspection of Cervix

Size – Normal
 External os – Nulliparous

C. Per Vaginal Examination

Cervix

Texture – Hard (Tip of Nose)
 Mobility – Mobile
 Movement – Not Painful

Bleeds on touch – Absent
 Lateral Fornices – Free, Non tender
 Posterior Fornix – Free, Non tender
Uterus (Bimanual Examination):
 Position – Anteverted
 Direction - Anteflexed
 Size – Normal
 Consistency – Firm
 Mobility – Mobile
 Tenderness – Absent

INVESTIGATIONS

- ✘ VDRL – Non-Reactive
- ✘ HIV I & II – Non reactive
- ✘ Urine R & M -
 Colour- pale yellow
 Protein- traces
 RBC- 3-4/hpf
 WBC- 2-3/hpf
 Epithelial cells- 2-3/hpf
 Bacteria- nil
- ✘ TORCH TEST
- ✘ Herpes simplex virus-1
 IgG- 9.47 RU/ml
 IgM- 1.53 RU/ml
- ✘ Herpes simplex virus- 2
 IgG- 224.56 RU/ml
 IgM- 5.66 RU/ml
- ✘ TOXOPLASMA IgG- Non reactive
 IgM- Negative
- ✘ Rubella Antibody IgG- Reactive (29.72) IU/ml
 IgM- Nonreactive
- ✘ Cytomegalovirus IgG- Positive (73.0) UA/ml
 IgM- Negative

TREATMENT GIVEN

DATE	COMPLAINTS	TREATMENT
22/3/2021	Patient C/O fever with burning micturition since 3 days, pain and burning sensation in vaginal region since 2 days associated with pus discharge and white discharge since 1 year.	Urine routine and microscopic is advised 1) Tab GP 500 1bd (AF) 2) Cap. Grab 1bd (AF) 3) Panchavalkala ointment (EA) 4) Yoni prakshalana with Triphala kashaya for 7 days F/B jatyadi taila (EA)
30/3/2021	Patient came for follow up. c/o of vulval lesion and burning sensation in vagina reduced	Oral medications continued
10/4/2021	Patient came for follow up. O/E P/V – inspection Lesion- markedly reduced - No pain - No pus discharge from lesion - Patient husband had similar complaints and had consulted in Apollo hospital where he was diagnosed to have TORCH infections.	TORCH test - Positive
15/4/2021	Patient came with the reports.(10/4/2021) Herpes simplex 2 IgG- 224.56 RU/ml IgM- 5.66 Rubella IgG- Reactive Cytomegalo virus IgG- Positive	- Cap TORCHNIL 1bd (AF) - Tab. Nirocil 1bd - Tab. Immusante 1bd (AF) - Tab. Curcumed 1bd (AF) All for 1 month - Yoni prakshalana with triphala kashaya for 7 days F/B jatyadi taila (E/A)

DISCUSSION

Patient aged 54 years, who is a known case of hypothyroidism with normal menstrual history c/o fever with burning micturition and pain and burning sensation in the vaginal region associated with pus discharge. Based on this signs and symptoms, pitta dosha prakopa was considered along with kapha. The condition is considered under apasargika roga for which, GP 500 where it contains Astoushadha Gandhaka, which is having pitta allivating property. Grab Capsules, where it is tridosha shamaka. Panchavalkala cream efficiently decreases the kapha by its kaphapittagna action and it also acts as the ropaka and raktapittagna. Yoni prakshalana will reduce the infection rate as Triphala is used as an ingredient it contains the pancharasa where acts on the kapha and pitta which helps in reducing the infection. Jyatyadhi taila helps in the ropana karma. By this drug action the pitta gets allivated by that the remaining doshas are also subsided.

Nyagrodha (*Ficus bengalensis* Linn.) have properties of Varnya, Visarpa-daahagna, Yonidoshhruta, Vyanga naashanama, Raktapittavinashana. Udumbar (*Ficus glomerata* Roxb.) have properties of Vranashodhana, Ropana, Raktapittaghna. Ashvaththa (*Ficus religiosa* Linn.) possess properties of Varnya, Yonivishodhana, Raktadaaha shaman. Plaksha (*Ficus lacor* Buch-ham.) & Parish (*Thespesia populnea* Soland. Ex Correa) shows properties of Vranayonigadaapaha, Raktapittahruta,

Raktadoshahara, Murcha-pralaap-bhramanaashana. In classical terms, it can be explains that Katu, Tikta, Kashaya Rasa, Laghu, Ruksha, Teekshna Guna, Ushna Veerya, Katu Vipaka and Kaphapittaghna properties of drug

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CONCLUSION

All the above said signs and symptoms was symptomatically cured by this treatment hence TORCH test was not repeated.