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CASE REPORT

COMPREHENSIVE AYURVEDIC MANAGEMENT OF BHAGASHOTHA (VULVITIS): A CASE REPORT

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ABSTRACT
Background: Bhagashotha, described in Ayurveda as inflammation and swelling of the female external genitalia, can be correlated with vulvitis. Vulvitis is an inflammatory condition of the vulva characterized by pain, itching, erythema, and swelling, commonly resulting from infections, allergic reactions, or local irritation. The condition can significantly affect quality of life and may occasionally remain refractory to conventional treatment. **Case Presentation:** A 43-year-old female presented with complaints of vulval pain, itching, and unilateral swelling of the labia majora for three months. She had previously undergone incision and drainage (I&D) twice along with antibiotics, analgesics, and topical treatment, but continued to experience recurrent symptoms without significant relief. **Intervention:** The patient was managed with an Ayurvedic treatment regimen comprising local Prakshalana with Triphala Kashaya and topical application of Marmavati Lepa for seven days, along with Kanchanara Guggulu and Varunadi Kashaya were administered orally for three weeks. **Outcome:** Progressive clinical improvement was observed throughout treatment. By Day 21, pain, itching, burning sensation and vaginal discharge had completely resolved, with approximately 80% reduction in vulval swelling. During one and three-month follow-up, complete resolution of swelling was observed and no recurrence occurred. **Conclusion:** This case highlights the potential role of an individualized Ayurvedic approach, including local cleansing, topical therapy and internal medications, in the management of Bhagashotha (vulvitis), particularly in cases that do not respond adequately to conventional treatment.

KEYWORDS: Bhagashotha; Vulvitis; Marmavati; Triphala Kashaya; Kanchanara Guggulu; Varunadi Kashaya; Ayurveda

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INTRODUCTION

Vulvitis is an inflammatory condition of the vulva, characterized by vulval pain, itching, burning sensation, swelling, erythema and occasionally discharge[1]. Due to its anatomical location, warm and moist environment, presence of sweat glands and proximity to the urinary and anal openings, the vulvar region is highly susceptible to irritation and infection. Predisposing factors include poor genital hygiene, exposure to irritants, friction, tight clothing, infections and hormonal fluctuations[2]. The condition is commonly encountered among women of reproductive age and is primarily diagnosed on clinical examination.

In Ayurveda, inflammation and swelling of the vulval region can be correlated with Bhagashotha, a condition described under Yonivyapad (diseases of the female genital tract). The term Bhaga denotes the external female genital organs, while Shotha refers to inflammatory swelling. Bhagashotha predominantly results from the vitiation of Kapha and Pitta Dosha, often associated with vitiation of Rakta, leading to clinical manifestations such as Shotha (swelling), Shoola (pain), Daha (burning sensation), Kandu (itching) and Srava (discharge). The pathogenesis involves derangement and obstruction of Rasavaha, Raktavaha, Mamsavaha, and Medovaha Srotas[3].

Dietary and lifestyle factors, including excessive intake of Kaphakara and Pittakara Ahara, sedentary habits, excessive coitus and poor local hygiene, are considered important etiological factors in the development of Bhagashotha. The principles of Ayurvedic management emphasize Nidana Parivarjana (elimination of causative factors), Antahparimarjana Chikitsa (internal therapeutic measures), and Bahirparimarjana Chikitsa (external therapeutic measures). Triphala Kashaya, owing to its Tridoshahara, Shothahara, and Vranaropana properties, is commonly employed for local Prakshalana[4]. Kanchanara Guggulu, indicated in conditions such as Shotha and Granthi, possesses Deepana, Pachana, and Srotoshodhana properties[6], while Varunadi Kashaya is traditionally indicated in disorders such as Gulma, Medoroga, and Kapha-Vata Vikara[7]. Marmavati Lepa is used as a topical application to alleviate local inflammation, pain, and discharge[5].

The present case report describes the successful Ayurvedic management of Bhagashotha (vulvitis) in a 43-year-old female presenting with vulval pain, itching and unilateral swelling of the labia majora. This case is reported because the patient experienced recurrent vulvitis despite undergoing incision and drainage (I&D) two times and was successfully managed with Ayurvedic treatment.

CASE REPORT

A 43-year-old multiparous sexually active female presented to the Outpatient Department (OPD) of Prasuti Tantra and Stree Roga, Ayurveda Mahavidyalaya, Hubballi, on 14 September 2020 (Registration No. 9428) with complaints of vulval pain, itching, burning sensation, unilateral swelling of the right labia majora and vaginal discharge for three months. The symptoms were associated with difficulty in sitting and performing routine activities. She had undergone incision and drainage (I&D) on two occasions (January 2020 and April 2020) at another healthcare facility and received antibiotics, analgesics and topical applications. However, despite these interventions, she continued to experience recurrent symptoms without significant relief and subsequently sought Ayurvedic treatment at our hospital. She had no history of diabetes mellitus, hypertension, tuberculosis, or any major surgery.

Table 1: Menstrual History

Parameter	Details
Age at menarche	12 years
Menstrual cycle	Regular
Cycle length	25 days
Duration of flow	3 days

Table 2: Obstetric History

Parameter	Details
Gravida/Parity	P3L3
First delivery	Full-term normal delivery, 16 years ago
Second delivery	Full-term normal delivery, 13 years ago
Third delivery	Full-term normal delivery, 10 years ago

Table 3: Local Examination – External Genitalia

Examination	Findings
Inspection	Swelling over the right labia majora, reddish discoloration – Present, operated scar - Present
Palpation	Firm and tender swelling over the right labia majora (3x4cm)
Per speculum examination	Cervix bulky; white vaginal discharge present
Uterus	Anteverted and normal in size
Digital examination	Cervix hard and oedematous
Fornices	Free and non-tender
Bimanual examination	Uterus normal in size and mobile

Personal and Family History

The patient had a mixed diet with good appetite, regular bowel and bladder habits, sound sleep, a sedentary lifestyle, predominantly Kaphakara Vihara and no addictions. There was no significant family history.

General and Systemic Examination

On general examination, the patient was moderately built and nourished. Systemic examination of the cardiovascular, respiratory, central nervous, and abdominal systems revealed no significant abnormalities.

Investigations

Laboratory investigations revealed haemoglobin of 10.5 g/dL and a total leukocyte count of 11,700 cells/mm³ with neutrophilia (73%). Platelet count and random blood sugar were within normal limits. Serological investigations for HIV 1 & 2, HBsAg, and VDRL were non-reactive.

Ayurvedic Assessment

Nidana (Etiological factors)

- Frequent consumption of junk and processed foods
- Irregular meal timings
- Excessive consumption of Dadhi(Curd) and Abhishyandi Ahara
- Diwaswapna (daytime sleeping)
- Ati Shweta Srava (chronic white discharge)
- Ashaucha (Poor local genital hygiene)

Rupa (Clinical features)

- Vulval pain
- Swelling of the right labia majora
- Itching, burning sensation and discharge at vaginal and vulval region

Samprapti (Pathogenesis)

Nidana Sevana→ Kapha-Pitta Sanchaya and Prakopa→Artavavaha Sroto Dushti→Dosha Dushya Sammurchana→Sthana samshraya in Bhaga and Yoni Pradesha → Bhagashotha.

Table 4: Differential Diagnosis

Condition	Inclusion Features	Exclusion Features
Yoni Kanda[8] (Bartholinitis)	Swelling, Pain	Usually acute and fluctuant, commonly involving Bartholin gland
Yoni Paka[9] (Vaginal Inflammation)	Burning sensation, Redness, Discharge	Predominantly an acute inflammatory condition
Bhagashotha (Vulvitis)	Swelling, Pain, Itching, Burning sensation, Discharge	Clinical features consistent with the present case

Final Diagnosis

Bhagashotha (Vulvitis)

Treatment Plan

Internal Medications

Duration: 21 days

- Kanchanara Guggulu – 1 tablet twice daily
- Varunadi Kashaya – 10 mL twice daily after food

External therapeutic measures

Duration: 7 days

- Local Prakshalana with Triphala Kashaya twice daily
- Topical application of Marmavati Lepa until dry once daily

Table 5: Ingredients, Rasa Panchaka and Therapeutic Actions of Internal and External Medications Used in the Management of Bhagashotha

Medicine	Ingredients	Rasa Panchaka	Pharmacological actions (Karma)	Reference
Kanchanara Guggulu	Kanchanara (Bauhinia variegata), Triphala (Haritaki, Vibhitaki, Amalaki), Trikatu (Shunthi, Maricha, Pippali), Varuna, Ela, Tvak, Patra, Guggulu	Rasa: Kashaya, Tikta, Katu Guna: Laghu, Ruksha, Tikshna Virya: Ushna Vipaka: Katu Doshakarma: Kapha-Vatahara	Shothahara, Lekhana, Srotoshodhana, Deepana, Pachana, Granthihara	Bhaishajya Ratnavali, Granthi-Rogadhikara 44/63-68
Varunadi Kashaya	Varuna, Shati, Bilva, Agnimantha, Shyonaka, Gambhari, Patala, Gokshura and other drugs of Varunadi Gana	Rasa: Predominantly Katu, Tikta, Kashaya Guna: Laghu, Ruksha Virya: Ushna Vipaka: Katu Doshakarma: Kapha-Vatahara	Deepana, Pachana, Lekhana, Mutrala, Shothahara, Srotoshodhana	Ashtanga Hridaya, Sutrasthana 15/21-22 (Varunadi Gana)
Triphala Kashaya (Prakshalana)	Haritaki, Vibhitaki, Amalaki	Rasa: Five tastes except Lavana (predominantly Kashaya) Guna: Laghu, Ruksha Virya: Ushna (Haritaki), variations due to constituents Vipaka: Madhura Doshakarma: Tridoshahara	Shothahara, Vranaropana, Vrana Shodhana, Kledahara, Daha-Kandu Shamaka	Bhavaprakasha Nighantu, Haritakyadi Varga
Marmavati Lepa	(As per Sahasrayogam formulation)	Rasa: Predominantly Tikta, Kashaya, Katu Guna: Laghu, Ruksha Virya: Ushna/Sheeta (drug dependent) Vipaka: Katu Doshakarma: Kapha-Vatahara	Shothahara, Shoolahara, Sravahara, Lekhana, Karshana, Vrana Ropana	Sahasrayogam, Lepa Prakarana, p.59

Table 6: Therapeutic Intervention Timeline

Date	Type of intervention	Medicine/ Procedure	Dose/ Frequency	Duration
14/09/2020 to 06/10/2020	Internal medication	Kanchanara Guggulu	1 tablet Twice daily	21 days
14/09/2020 to 06/10/2020	Internal medication	Varunadi Kashaya	10 mL Twice daily	21 days
14/09/2020 to 21/09/2020	External therapy	Local Prakshalana with Triphala Kashaya	Twice daily	7 days
14/09/2020 to 21/09/2020	External therapy	Marmavati Lepa	Once daily	7 days

OUTCOME

Table 7: Clinical Parameters Before and After Treatment

Parameter	Scale	Baseline	Day 7	Day 14	Day 21	1 Month Follow up	3 Months Follow up
Pain	VAS (0–10)	8	4	1	0	0	0
Itching	VAS (0–10)	7	2	0	0	0	0
Burning sensation	VAS (0–10)	6	2	0	0	0	0
Swelling	Clinical grading (0–5)	5	3	2	1	0	0
Discharge	Clinical grading (0–5)	5	2	0	0	0	0

On Day 7, pain was reduced by 50%, itching by 57.1%, burning sensation by 66.6%, swelling by 40% and discharge by 60%. By Day 14, pain showed an 87.5% reduction, itching, burning sensation, discharge had completely resolved and swelling was reduced by 60%. Complete resolution of pain, itching, burning sensation, discharge and 80% reduction of swelling was observed on Day 21. During the subsequent follow-up visits, the patient remained asymptomatic, complete resolution of swelling was observed and no recurrence was noted.

DISCUSSION

The patient demonstrated marked clinical improvement, with approximately 80% reduction in vulval swelling and complete resolution of pain, itching, burning sensation, and vaginal discharge within three weeks of Ayurvedic treatment.

The present case of Bhagashotha (vulvitis) was managed with a combination of internal and external medications. The patient presented with swelling, pain, itching, burning sensation and discharge, which are classical features of Bhagashotha resulting from predominant vitiation of Kapha and Pitta Dosha associated with Rakta Dushti. The recurrent nature of the condition despite undergoing incision and drainage (I&D) twice and the inadequate response to conventional treatment justified the adoption of a comprehensive Ayurvedic approach.

Nidana Parivarjana (avoidance of causative factors) formed an integral component of management. The

patient was advised to maintain local genital hygiene, avoid prolonged sitting and excessive coitus and restrict the intake of Madhura, Guru and Kaphakara Ahara, thereby preventing further aggravation of Kapha and Pitta Dosha.

Kanchanara Guggulu, due to its Kapha-Vatahara, Lekhana, Shothahara, Srotoshodhana properties, along with its anti-inflammatory, antioxidant and immunomodulatory activities may have facilitated in the resolution of inflammatory swelling and associated symptoms in the present case.

Varunadi Kashaya, owing to its Kapha-Vatahara, Deepana-Pachana, Lekhana, Mutrala and Shothahara actions may have helped in alleviating Kapha induced obstruction and restoring the normal functioning of the Srotas. Its anti-inflammatory and antioxidant activities, may also have supported in reducing oedema and local inflammation.

Local Prakshalana with Triphala Kashaya was employed because of its Tridoshahara and Shothahara properties, which help cleanse the affected area, reduce local inflammation, itching and discharge. Experimental studies have reported antimicrobial activity of Triphala against common wound pathogens, including Staphylococcus aureus, Pseudomonas aeruginosa and Streptococcus pyogenes, along with antioxidant and wound-healing properties. These actions may have contributed to the early reduction in local inflammation and symptomatic relief.

Marmavati Lepa was applied locally because of its Kapha-Vatahara, Shothahara, Shoolahara, and Sravahara properties. The formulation also possesses Lekhana and Karshana actions, which help in resolving local inflammatory swelling and excessive secretions.

The favourable clinical outcome observed in this case suggests that a comprehensive Ayurvedic approach incorporating Nidana Parivarjana, appropriate internal medications and external therapeutic measures may be effective in the management of recurrent Bhagashotha (vulvitis).

CONCLUSION

The present case report demonstrates that Bhagashotha (vulvitis) showed marked clinical improvement following an individualized Ayurvedic treatment approach comprising local Prakshalana with Triphala Kashaya, topical application of Marmavati Lepa and internal administration of Kanchanara Guggulu and Varunadi Kashaya. The intervention was associated with substantial reduction in pain, swelling, itching, burning sensation and vaginal discharge within three weeks of treatment with complete resolution of symptoms during follow-up and no evidence of recurrence.

Most notably this comprehensive approach provided complete clinical resolutions where conventional treatments had repeatedly fallen short, highlighting Ayurveda as a viable and highly effective alternative for recurrent or refractory gynaecological conditions.

Patient Consent

Written permission for the publication of this case study has been obtained from this patient

Declaration of Patients Consent

The authors certify that they have obtained all appropriate patients consent forms. In the form, the patient has given her consent for the images of vulvitis and other clinical info to be reported in the journal. The patient understands that name and initials will not be published and due efforts will be made to conceal identity, but anonymity cannot be guaranteed.

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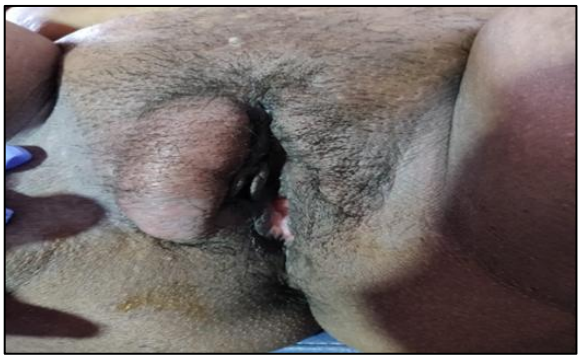

Figure 1: Showing swelling over right labia majora before treatment

Figure 2: Showing marked reduction in swelling over right labia majora after 21days of treatment