

**A SUCCESSFUL MANAGEMENT OF CHANCROID- GENITAL
ULCER THROUGH AYURVEDA- A CASE REPORT****Dr. Asha Parvathi V.***

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ABSTRACT

Despite the decline in the occurrence of genital ulcers or chancroid, they have not disappeared entirely. The reduction in cases is likely due to increased awareness regarding sexual health and well-being among the current generation. The emergence of a disease is not necessarily related to how severe or intense it may be. Chancroid is marked by pus-filled vaginal discharge, a stinging sensation, an unpleasant smell, and the presence of one or more ulcers in the genital or vaginal area. The cause can be attributed to bacteria. This article discusses a detailed case study involving a 35-year-old woman who was diagnosed with a Chancroid infection. Utilizing her symptoms as a guide, she was effectively treated with Ayurvedic medicine for a duration of 7 days, without the use of antibiotics. She experienced full recovery within this week. Both oral and localized treatments were administered over the course of 7

days with careful monitoring. Results were documented and analysed symptomatically throughout the brief 7-day period. Following her complete recovery, the patient was discharged from the hospital. It is clear that bacterial infections can be addressed using Ayurveda with appropriate medications and treatment, leading to successful outcomes.

KEYWORDS: Chancroid, Bacterial Infection, Ayurveda, Genital Ulcer.

INTRODUCTION

Chancroid, also known as genital ulcer, is a significant sexually transmitted disease in developing nations. In North India, it still accounts for 24% of cases of genitourinary ulcer disease.^[1] While it is primarily prevalent among men, women can also contract it through sexual intercourse. Chancroid is caused by a bacterial infection from the Gram-negative organism, *Haemophilus ducreyi*- which causes superficial ulcerations and frequently suppurate regional lymphadenopathy. Its biology and pathogenesis have been thoroughly documented^[2,3]; in its classic form, the painful, soft, irregular borders of the ulcerations (soft chancres) distinguish it from syphilis. Although the extent and significance of asymptomatic disease in women are somewhat debatable, the majority of infections are clinically evident.^[4,5] However, *H. ducreyi* is difficult to culture^[6], and clinical differentiation from other types of genital ulcers is not reliable.^[7,8] These factors make control strategies based on etiological identification problematic. For these reasons, syndromic cotreatment of syphilis and chancroid is recommended by current international standards for the effective case management of patients with genital ulcers.^[9,10] Symptoms typically emerge 2 to 5 days post-coitus, manifesting as painful vaginal or genital ulcers accompanied by profuse vaginal discharge.^[11] Ulcers are generally multiple in number, but they may appear as a single ulcer and can be found on the labia majora and minora, as well as potentially spreading to the area surrounding the anus. According to WHO estimates, there are roughly 6 million cases of Chancroid annually. However, due to underreporting and false diagnoses, the precise number is unknown.^[12]

CASE PRESENTATION

- Patient information: A 35-year-old female patient with a height of 155 cm and weight of 60 kg. Treatment is being provided in Mangaluru and hospitalized.
- Present Medical history: The patient reports experiencing vaginal ulcers, a burning sensation, and a significant amount of white vaginal discharge over the past two days. Patient also had burning micturition for 2 days with increased frequency and decreased stream. There is no history of fever, malaise, heaviness, chills, or rigors.
- Past Medical history: The patient has no known history of Diabetes Mellitus, Hypertension, chronic illnesses, drug allergies, blood transfusions, or surgical procedures.

Table 1: Clinical features with duration.

Symptoms	Elaborations	Negative history	Duration
1. Vaginal ulcers (3-4)	Multiple in number	No pyrexia,	Since 2 days
	Painful ulcers, soft with irregular borders	No malaise	
	Greyish colour with pus	No chills, rigors	
2. White discharge per vagina	With offense smell	No serious systemic effects	
3. Painful micturition	Pain and burning sensation while urinating	No pain abdomen	Since 2 days
	Increased frequency of urination with decreased stream		

Ayurvedic interpretation of the patient's condition

In Ayurveda, the understanding of disease can be categorized into two types: Nija and Aganthuja vyadhi. Nija vyadhi refers to conditions that arise from within the body, while Aganthuja vyadhi is associated with external factors or microorganisms, such as viruses, bacteria, or fungi.^[13] Chancroid can be classified as Aganthuja vyadhi since it is transmitted through sexual contact. The entry point for these microorganisms is linked to sexual activity. Aganthuja does not refer exclusively to the vaginal area but rather pertains to the entire body. Consequently, there is no direct connection between Genital ulcers and Chancroid in Ayurveda. By analysing the symptoms, it can be deemed a Tridoshaja vyadhi. The presence of intense pain indicates the involvement of Vata dosha, while the symptoms of ulcers and burning sensations, along with painful urination, point toward a predominance of Pitta dosha. Symptoms of excessive vaginal discharge indicate an importance related to the Kapha dosha. The presence of an unpleasant Odor points to a pittaja condition. Considering these characteristics, it can be classified as a Tridoshaja disorder.

Diagnosis

A patient diagnosed with chancroid has an increased risk of contracting HIV. To check for HIV and other sexually transmitted diseases in connection with chancroid, serological tests including Serum HIV, HBsAg, and VDRL were performed and returned non-reactive results. Routine blood work, such as a complete blood count (CBC), showed results within normal ranges. Analysis of urine indicated a urinary tract infection with a significant number of pus cells present. Unilateral inguinal lymphadenopathy was observed, which is commonly seen in instances of STIs or genital ulcers. Considering the multiple ulcers present in and around the

vagina displaying the typical characteristics of chancroid, a diagnosis was established even in the absence of culture confirmation.

Therapeutic intervention

Patient underwent a combination of oral (shamana chikitsa) therapy and local (sthanika chikitsa) treatment for 7 days. Once the diagnosis was confirmed, the patient started with Tab. triphala guggulu 3 times a day, Tab. Gandhaka Rasayana three times daily along with Varunadi kashaya 3 teaspoons mixed with 3 teaspoons of water 3 times post meals. Per vaginal therapy commenced with Triphala qwatha yoni prakshalana or dhavana followed by Jatyadi taila yoni pichu (tampon) for a duration of 7 days. Within 2 days, the patient began to exhibit a positive reaction to the therapy. The ulcers began to heal and the subjective symptoms also started to diminish. By 5 days, the ulcers were approximately 80% reduced and there was complete recovery in 7 days. The patient was entirely pleased with the Ayurvedic management even in the absence of Antibiotic therapy. She was fully treated with Ayurveda.

Table 2: Table representing Therapeutic intervention.

Internal therapy	External therapy	Duration	Remarks
Tab.triphala guggulu 1-1-1 after food	Yoni prakshalana with triphala qwatha twice daily	7 days	Started showing results within 2 days of therapy.
Tab.Gandaka Rasayana 1-1-1 after food	Yoni pichu with Jatyadi taila twice daily	7 days	80% reduction in the symptoms in 5 days of therapy
Varunadi kashaya 3tsp -3tsp – 3tsp after food		7 days	Complete recovery in 7 days of treatment.

Images 1,2,3,4: Results before and after therapy



Image 1: Genital ulcers on day 1.



Image 2: On day 3 of treatment.

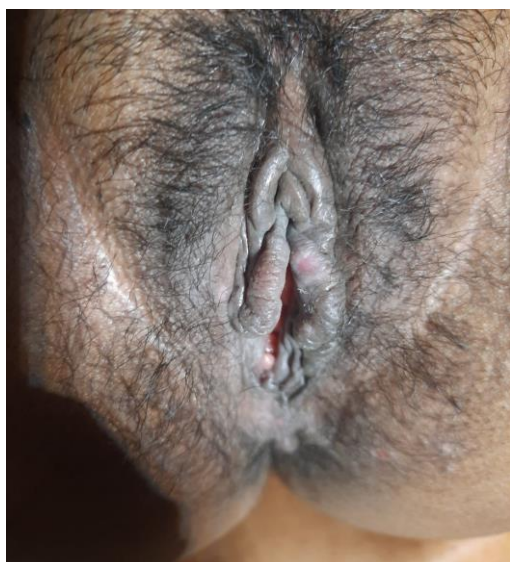


Image 3: On day 5 of treatment.



Image 4: On day 7 of treatment- ulcers cured.

Lifestyle recommendations

As Chancroid or Genital ulcer is dependent on high partner turnover in sexual networks to survive, thrives in settings with large levels of commercial sex activity and male mobility. Chancroid vanishes from the general population when *H. ducreyi* infections are eradicated from susceptible populations.^[14] Hence patient was completely abstained from coitus till complete recovery and preventive measures were well explained to the patient even after complete cure to prevent recurrence and avoid STIs.

DISCUSSION

Typically, any bacterial infection necessitates Antibiotic treatment for a certain duration and local vaginal douching. However, in this instance, a Combination of oral and local treatment using Ayurvedic remedies was discovered to be extremely effective in addressing STI – Chancroid – a bacterial infection without relying on Antibiotics. Through the accurate identification of Dosha involvement, Ayurveda treatment can be effective even in bacterial infections without employing anti-bacterial therapy.

Probable mode of action of drugs

Triphala guggulu – primarily composed of *terminalia chebula*, *emblica officinalis*, *terminalia bellerica*, and additional herbs functions as tridosahara with remarkable anti-inflammatory characteristics that effectively alleviate pain and swelling. This medication may have assisted in decreasing discomfort and inflammation in and around the vagina due to its anti-inflammatory, anti-bacterial and pain-relieving characteristics. Purified sulfur, cow milk,

cinnamon, cardamom, terminalia bellirica, chebula, tinospora cardifolia, zingiber officinalis, and other drugs are the primary constituents of Gandhaka Rasayana. Gandhaka Rasayana eases vata, pitta, and kapha dosha and aids in urinary tract issues, skin problems, and enhances immunity through its Rasayana characteristics. The symptoms such as vaginal burning, unpleasant Odor, and painful urination are lessened by this drug. Crataeva religiosa, terminalia chebula, asperagus racemosus, aegel marmelos, and other drugs having a potential to successfully lower vata and kapha doshas are found in Varunadi Kashaya. With the aid of varunadi kashaya, the amount of white discharge per vagina was decreased.

CONCLUSION

According to the findings of this case, Chancroid responded favourably to Ayurvedic drug therapy. The patient expressed great satisfaction with the Ayurvedic treatment. A well-planned, well-designed study with a large sample size is necessary to further support the findings.

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