

# AYURVEDIC MANAGEMENT OF ACHARANA YONIVYAPATH WITH PRAMEHA

## A Case Study

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### Abstract

#### Introduction:

*Yoni Kandu* (vaginal itching) and *Pichila Srava* (thick vaginal discharge) are frequently encountered gynecological complaints, often associated with *Prameha* in Ayurveda. Long standing *Prameha* often gives rise to several *Upadravas* (complications), among which *Yoni Kandu* is significant due to its impact on quality of life. The condition is aggravated by *Kapha* and *Vata doshas* and *Dhatu Dushti*, particularly of *Rasa* and *Rakta*. This case explores the Ayurvedic management of *Yoni Kandu* in *Acharana Yonivyapath* in a Type 1 diabetic female patient.

#### Methods:

A 28-year-old female, with Type 1 Diabetes Mellitus, presenting with 10-year history of vaginal itching and white discharge was treated with classical Ayurvedic regimen. The treatment focused on *Deepana-Pachana* (enhancing digestion and metabolism), *Kapha-Vata Shamana* (pacifying aggravated doshas), and *Yoni Shodhana* (cleansing of the vaginal tract). Internal medications included *Chandraprabha Vati*, *Triphala Guggulu*, *Nimbashatka churna* and *Nishamalaki Churna*. Local therapy included *Yoni Prakshalana* with *Triphala Kashaya* and application of *Nimbamalahara Lepa*. Dietary and lifestyle modifications were advised, along with monitoring of blood sugar levels.

#### Results:

The patient reported significant relief in symptoms within four weeks of treatment. Itching reduced substantially, discharge became minimal and non-offensive, and the patient experienced improved local comfort (in vulvar region). No adverse effects were reported. Blood glucose levels reduced drastically during the treatment period, indicating compatibility of Ayurvedic treatment with ongoing insulin therapy.

#### Discussion:

This case demonstrates the potential of Ayurvedic intervention in managing *Yoni Kandu* due to *Acharana yonivyapath* and *Prameha Upadrava*. By addressing *Dosha* imbalance and supporting metabolic health, the treatment led to symptomatic relief and improved patient well-being. Integrative management with regular monitoring can provide a holistic approach for such chronic complications in diabetic individuals.

#### Conclusion:

Ayurvedic management offers an effective and safe approach to *Prameha*-related *Yoni Kandu*. The case supports the role of dosha-specific, individualized therapy in chronic gynecological conditions associated with metabolic disorders like Type 1 Diabetes Mellitus. Further clinical studies are recommended to validate these findings.

**Keywords:** *Yoni kandu*, *Prameha upadrava*, *Acharana yonivyapath*, *Ayurvedic management*

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### Introduction

Women's health has always been central to societal development. With increasing participation of women in both rural and urban workforces, attention to their reproductive and general health is more crucial than ever [1]. In Ayurveda, comprehensive care for women's well-being is emphasized, especially regarding genital hygiene. Improper hygiene (*Adhavana*) of *Yoni* leads to the formation of *Jantu* which in turn leads to excessive

itching in the *Yoni* and this condition is termed as *Acharana Yonivyapath*.<sup>[2]</sup> A similar entity in modern classics, where there is excessive itching in the vulvar region is termed as *Pruritus Vulvae*.<sup>[3]</sup> Approximately one in ten women visiting gynaecology clinics report experiencing persistent vulvar itching, termed *pruritus vulvae*.<sup>[4]</sup> Many modern medications like anti-fungal, antibacterial, corticosteroids, local anaesthetic agents have been in use for this condition. But they have their own side effects. Ayurvedic texts describe several remedies for *Kandu* (itching), including oral administration of *Nimbashatka choorna*<sup>[5]</sup> and *Vidangadi choorna*<sup>[6]</sup> is said to be effective in *Pruritus Vulvae*. These measures are especially relevant in patients whose symptoms occur as *Upadrava* of *Prameha*. *Nimba* was preferred for oral as well as external application considering its *Krimighna* and *Kandughna Guna*.<sup>[7]</sup>

### Aims and Objectives

1. To understand the disease pathology of *Acharana Yonivyapath* as a case of *Prameha Upadrava*.
2. To understand the mode of action of internal administration of *Kandughna Churna* - *Nimbashatka Churna* and *Vidangadi churna* and external application of *Nimbamalahara Lepa*.
3. To understand how *Krimighna* and *Kandughna Dravyas* have *Mehahara* property inherent in them.

### Case Report

A 28-year-old female patient with type 1 diabetes mellitus for 15 years attended the OPD of the Department of *Prasuti Tantra* and *Stree Roga* of SSCASRH on 14 October 2024. Her main complaints were long-standing itching around the vaginal and anal regions and intermittent white discharge for about 10 years. The symptoms were progressively disturbing her sleep, personal comfort, and social life. She had previously used topical clotrimazole cream with only temporary relief. Excessive sweating and dietary indiscretions aggravated her symptoms, while warm water washes and dietary control gave partial relief. She denied any history of sexually transmitted infections, hypertension, or other chronic illnesses.

#### *Poorva Vyadhi Vrittanta*

**Medical history** – Type 1 diabetic from the age of 13, on Glycomet 500 mg 1 BD (5 years); *Nishamalaki vati* – 2-0-2 B/F (1 year)

**Surgical history** -Nil

**Family history** – Mother diabetic since 29 years, on insulin injection since past 10 years. Mother had gestational diabetes.

#### *Vaiyaktika Vrittanta*

- *Ahara*: Non- vegetarian; 4 times a day (regular intervals- breakfast- lunch- evening tea - dinner)
- *Vihara*: No exercise, no walking, sedentary lifestyle, reduced sleep quality.
- *Nidra*: Disturbed; 6-8 hours' sleep; itching and foul smelling discharge affects the sleep quality.
- *Vyasana*: Tea, coffee, sweets, deep fried food, fast food.
- *Manasika Bhava*: *Chinta, Shoka, Bhaya, Sanka*.
- *Agni*: *Vishamagni* to *Teekshnagni*
- *Kostha*: *Krura* to *Madhyama*

#### *Rajo Vrittanta*

- Menarche: 11 years
- LMP: 06/10/2024
- Menstrual cycle: Regular – 4 - 5 days flow / 28-30 days interval.
- Amount: Moderate
- Day 1 – 2-3 pads/day with 80% soakage
- Day 2 – 3-4 pads with 100% soakage
- Day 3 - 2- 3 pads/day with 80% soakage
- Day 4 - 5 - spotting
- Foul odour: Present
- Colour: Dark red
- Clots: Present; approximately 0.5 – 1 cm

- Pain: Present (severe pain on 1<sup>st</sup> and 2<sup>nd</sup> day of the cycle over the lower abdomen, lower back and calf muscle)

**Marital Life:** Unmarried

**Coital history:** Nil

**Contraceptive history:** Nil

**Obstetric History:** Nil

**Table-1-Ashta Sthana Pareeksha**

<i>Nadi</i>	72 bpm, <i>Vata – Pitta Pradhana</i>
<i>Mala</i>	<i>Prakruta</i> , one- two times a day
<i>Mutra</i>	<i>Prakruta</i> , 5-6 times a day, 0-1 time/night
<i>Jihwa</i>	<i>Ishat lipta</i>
<i>Shabda</i>	<i>Prakruta</i>
<i>Sparsha</i>	<i>Ushna</i>
<i>Drik</i>	<i>Prakruta</i>
<i>Akruti</i>	<i>Madhyama</i>

**Table-2- Dashavidha Pareeksha**

<i>Prakruti</i>	<i>Vata - Pitta</i>
<i>Vikruti</i>	<i>Vata – Pitta Pradhana Tridosha, Twak, Rasa and Raktha</i>
<i>Sara</i>	<i>Madhyama</i>
<i>Satmya</i>	<i>Mishra Rasa Satmya</i>
<i>Samhanana</i>	<i>Madhyama</i>
<i>Vaya</i>	<i>Madhyama</i>
<i>Pramana</i>	<i>Madhyama</i>
<i>Ahara Shakti - Abhyavarana Shakti</i>	<i>Madhyama</i>
<i>Jarana Shakti</i>	<i>Madhyama</i>
<i>Vyayama Shakti</i>	<i>Avara</i>
<i>Satwa</i>	<i>Avara</i>

**Manasika Sthithi:** *Chinta, Shoka, Sanka, Bhaya (Rajo Tamo Guna Pradhana)*

#### **General Examination**

- Temperature: 97.2°F
- Pulse: 72 bpm
- BP: 110/70 mm Hg
- Weight: 45 kg
- Height: 150 cm
- BMI: 20 kg/m<sup>2</sup>
- Pallor, icterus, cyanosis, clubbing, lymphadenopathy, oedema: Absent

#### **Samsthanika Pareeksha**

- CNS: Patient is conscious and oriented to time, place and person.
- CVS: S1 S2 heard, no murmurs.
- R/S: No vesicular breath sounds heard, no added sounds.

#### **Investigations**

- Blood grouping, Rh typing: O positive
- HIV - non-reactive
- HbsAg - non-reactive
- VDRL - non-reactive
- Hb – 13.3 gm %
- ESR – 19 mm/hour

- WBC count – 7000 cells/Cu mm
- TSH – 2.4
- **RBS – 530 gm/dl**
- **Differential count**
- Neutrophils - 55%
- Lymphocytes – 38%
- Eosinophils – 04%
- Monocytes – 03%
- Basophils – 00 %
- Platelet count – 2.98 lakhs/Cu mm
- RBC count – 4.6 million/Cu mm
- PCV – 38%
- MCV – 82 fl
- MCHC – 37 gm%
- MCH - 30 pg

### **Urine routine and microscopy**

#### **Physical examination**

- Volume – 30 ml
- Colour – Pale yellow
- Reaction – Acidic
- Appearance – Clear
- Specific gravity – 1.010 units
- Ph – 6.0

#### **Chemical examination**

- Albumin – Nil
- **Sugar – Present (2.0 %)**

#### **Microscopic examination**

- Pus cells – 2-3 hpf
- Epithelial cells – 3-4 hpf
- RBC – Not seen
- Cast/ crystals – Not seen
- Amorphous urates – Not seen
- Amorphous phosphatase – Not seen
- Bacteria – Not seen
- Others – Not seen

#### **Local examination**

Evidence of pruritus, white discharge with reddish excoriations.



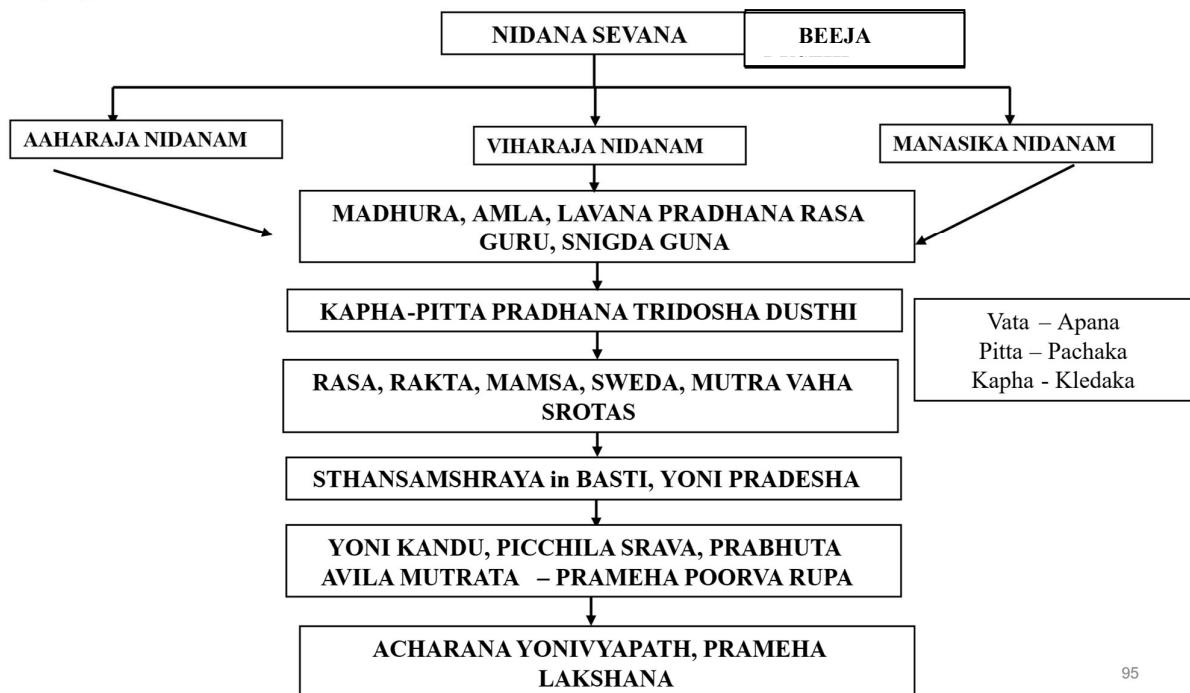
**Figure: 1 - White discharge with reddish excoriations**

### **Nidana Panchaka**

- **Nidana**

- *Aharaja*: *Guru, Snigda, Madhura, Amla, Lavana Pradhana Ahara Sevana*. Overuse of milk, curd, jaggery, fried items
- *Viharaja*: *Avyayama, Diwaswapna*, Apathy towards personal hygiene, Frequent use of cleansing agents for cleaning vagina (*yoni adhavana*)
- *Beejadushti – Matru Beeja*
- *Manasika*: *Atichintana, Shoka, Bhaya*  
 Stress or psychological suppression

### **Sampraphthi**



**Figure: 2 – Sampraphthi**

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The repeated exposure to these factors promotes vitiation of Kapha and Vata, along with Rasa and Rakta Dhatu Duṣṭi. The altered Doshas localise in the Basti–Yoni Pradesha (Sthānasamśraya), disturbing the local tissues and secretions. This manifests clinically as itching (Yoni Kandu), profuse mucous discharge (Picchila Srava), and increased urinary frequency (Prabhūta Avila Mutrata). In the chronic stage, the metabolic imbalance of Prameha causes further depletion of Dhatus (Dhatu Kṣaya) and impairs local immunity, aggravating the condition.

**Table:3-Samprapti ghatakas**

<b>Dosha</b>	<i>Kapha – Pitta Pradhana Tridosha</i>
<b>Dushya</b>	<i>Dhatu - Rasa, Rakta, Mamsa Medas, ; Upadhatu - Twak, Sweda</i>
<b>Agni</b>	<i>Jataragni Mandya</i>
<b>Srotas</b>	<i>Rasavaha, Raktavaha, Medovaha, Mutravaha, Swedovaha</i>
<b>Sroto Dushti</b>	<i>Atipravrutti</i>
<b>Udbhava Sthana</b>	<i>Amashaya</i>
<b>Sanchara Sthana</b>	<i>Pakwashaya</i>
<b>Vyakta Sthana</b>	<i>Yoni pradesha, Mutravaha srotas</i>
<b>Rogamarga</b>	<i>Madhyama</i>
<b>Sadyasadhyata</b>	<i>Krichrasadhyta</i>

- **Poorvaroopa:** *Prabhoota aavila mutrata* (अ॒र्य॑प॒र्त)
- **Roopa:** *Atisweda, Dourgandya, Atimootrata, Aalasya, Atinidra, Klama*
- **Upashaya:** Hot water wash, prevent sweating
- **Anupashaya:** Curd, pickle, sweating, continuous working
- **Upadrava:** *Kandu*
- **Vyadhi Vinishchaya:** *Acharana yonivayapath - Yoni kandu (Prameha upadrava)* (Pruritus vulvae) - ICD-10 code [L29.2]

### **Chikitsa Sutra**

In conditions such as *Karnini*, *Acharana*, *Shushka* and *Prakcharana Yonivayapath*, and in all *Yoni* disorders of *Vata-Kapha* predominance, *Taila Uttarabasti* is to be administered. And a linen cloth (*Kshauma*) processed thrice or seven times with *Go-pitta* or *Matsya-Pitta* should be used for *Yoni-picchu* application, along with *Madhu* or *Kinwa Churna*, which act as remedies for *Acharana Yonivayapath* by providing *Srotoshodhana*, *Kandughna*, *Kledahara* and *Sophaghna* effects.

**Table: 4 - Treatment timeline / Course of disease**

Date	Incidence / Intervention
<b>25-10-2024</b>	First OPD consultation with severe itching and foul- smelling discharge; RBS- <b>530 mg/dl</b>
<b>28-10-2024</b>	Medications and <i>Sthanika Chikitsa</i> advised after evaluating the urine reports.
<b>01-11- 2024</b>	<i>Sthanika Chikitsa</i> started; <i>Yoni Prakshalana</i> with <i>Triphala Kwatha</i> along with Sitz bath with <i>Aragwadha Kwatha</i>
<b>08-11-2024</b>	<i>Sthanika chikitsa</i> for 7 days completed; itching and white discharge reduced significantly.
<b>09-11-2024</b>	Oral medications- <i>Nimbashatka churna</i> and external <i>Malahara</i> application started.
<b>17-11-2024</b>	After taking medications – significant reduction in symptoms and improved quality of life
<b>24-11-2024</b>	First follow up - Itching reduced by 98% and white discharge was completely absent.
<b>24 - 12-2024</b>	2 <sup>nd</sup> follow-up - No itching, no white discharge, RBS – <b>280mg/dl</b>

### **Shamana aushadhis:**

1. *Nimbashatka churna* – 6 g BD with hot water (7 days)
2. *Nimbamalahara lepa* – for external application (7 days)
3. *Chandraprabha vati* - 2-2-2 A/F (1 month)
4. *Triphala Guggulu* 2-0-2 A/F (1 month)

### **Observation and Results:**

**Table: 5 – 5-D Pruritus scale**

<b>1. Duration</b>		<b>Before treatment</b>	<b>After treatment</b>
Less than 6 hours/day	<b>1</b>		●
6- 12 hours/day	<b>2</b>		
12-18 hours/day	<b>3</b>		
18-23 hours/day	<b>4</b>		
All day	<b>5</b>	●	

2. Degree		Before treatment	After treatment
Not present	1		•
Mild	2		
Moderate	3		
Severe	4		
Unbearable	5		

3. Direction		Before treatment	After treatment
Completely resolved	1		
Much present, but still present	2		
Little bit better, but still present	3		
Unchanged	4		
Getting worse	5		

#### 4. Disability

a. SLEEP		Before treatment	After treatment
Never affects sleep	1		
Occasionally delays falling sleep	2		
Frequently delays falling sleep	3		
Delays falling asleep and occasionally wakes me up at night	4		
Delays falling asleep and frequently wakes me up at night	5		

b. LEISURE/SOCIAL		Before treatment	After treatment
Not affected	0		
Never affects this activity	1		
Rarely affects this activity	2		
Occasionally affects this activity	3		
Frequently affects this activity	4		

Always affects this activity	<b>5</b>		
<b>c. HOUSEWORK/ ERRANDS</b>		<b>Before treatment</b>	<b>After treatment</b>
Not affected	<b>0</b>		
Never affects this activity	<b>1</b>		
Rarely affects this activity	<b>2</b>		
Occasionally affects this activity	<b>3</b>		
Frequently affects this activity	<b>4</b>		
Always affects this activity	<b>5</b>		
<b>d. WORK/SCHOOL</b>		<b>Before treatment</b>	<b>After treatment</b>
Not affected	<b>0</b>		
Never affects this activity	<b>1</b>		
Rarely affects this activity	<b>2</b>		
Occasionally affects this activity	<b>3</b>		
Frequently affects this activity	<b>4</b>		
Always affects this activity	<b>5</b>		

## 5. Distribution - Restricted to vagina and vulvar region.

### DISCUSSION

Pruritus of the vulva associated with metabolic disorders such as diabetes is a common yet under-addressed complaint in clinical practice. In Ayurveda, this presentation corresponds to *Yoni Kandu* occurring as an *Upadhrava* of *Prameha*. The chronicity of the patient's symptoms and her sedentary lifestyle with *Kapha Pradhana Aahara* reflected the classic *Nidana* described for both *Prameha* and *Acharana Yonivyapath*.

The pathogenesis in this case can be explained as a gradual accumulation of *Kapha* and *Pitta* with later involvement of *Vata*. *Kapha* predominance led to excessive moisture, itching and secretions, while *Vata* vitiation contributed to chronicity, dryness and excoriation. This aligns with the concept that *Kapha* initiates the disease and *Vata* complicates it during the chronic phase.

By employing *Nimbashatka Churna* internally and *Nimba Malahara Lepa* externally, the treatment targeted multiple aspects of the disease process:

- **Antimicrobial and antipruritic action:** *Nimba* and *Vidanga* exhibit strong *Krimighna* properties, reducing microbial colonisation and inflammation.
- **Metabolic support:** The *Deepana-Pachana* and *Mehahara* properties of the formulation enhance digestion and modulate blood glucose, indirectly improving tissue health.
- **Local tissue healing:** *Triphala Kwatha Prakshalana* supplied astringent and antioxidant compounds directly to the mucosa, restoring tone and reducing discharge.

The combination of internal and external therapies is consistent with Ayurvedic principles of addressing both systemic and local causes. Notably, the patient showed a marked reduction in itching and discharge within weeks, and her blood glucose levels improved without adverse events. This indicates compatibility of the Ayurvedic regimen with ongoing insulin therapy.

Previous studies and classical texts have highlighted the role of *Nimba*, *Vidanga*, and *Kutaja* in skin and mucosal disorders. However, this case adds clinical evidence for their combined use in a diabetic female with chronic *Yoni Kandu*. Integrating *Sthānika Chikitsa* with oral therapy likely enhanced the speed and completeness of symptom relief.

The pathophysiological interpretation from an Ayurvedic standpoint suggests that *Samprapti Vigatana* at multiple points — reducing *Kapha-Pitta* accumulation, cleansing the local site, and supporting *Agni* — can lead to rapid improvement. Additionally, the regimen's antioxidant and antimicrobial activity described in pharmacological studies may explain the observed results from a biomedical viewpoint.

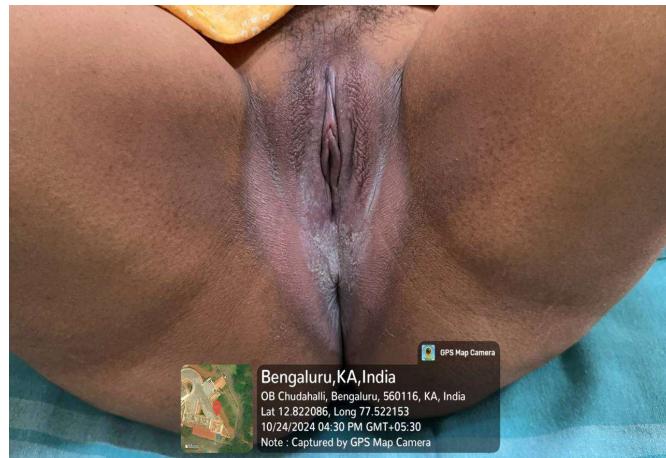


Figure 3 – Before treatment (24/10/2024)



Figure 2 – After treatment (14/11/2024)



Figure 3 – Follow up (23/12/2024)

## PROBABLE MODE OF ACTION

The management plan combined internal and external therapies aimed at correcting *doṣa* imbalance, reducing microbial load, and improving local tissue health.

**Table: 6- *Nimbashatka choornam***

<b>Dravya</b>	<b>Rasa</b>	<b>.Guna</b>	<b>Veerya</b>	<b>Vipaka</b>	<b>Karma</b>	<b>Part used</b>	<b>Quantity</b>
Nimba Azadirachta indica Juss. Meliaceae	Tikta, Kashaya	Laghu, Rooksha	Seeta	Katu	<b>Krimipranut, Kandughna, Agnikrut, Vranahara</b>	Leaves	1 part
Kutaja Holarrhena antidysentrica (L.) Wall. ex Apocynaceae	Tikta, Kashaya	Laghu, Rooksha	Seeta	Katu	Atisaraha, Kusthagna, <b>Kandughna, Jantugna,</b>	Bark	1 part
Vidanga Embelia ribes Burm f. Myrsinaceae	Katu, Kashaya	Laghu, Rooksha, Teekshna	Ushna	Katu	<b>Krimighna</b> (agryam), <b>Kandughna,</b> Kustagna	Fruit	1 part
Saindhava Sodium chloride	Lavana, Madhura	Laghu, Snigda	Seeta	Madhura	Rochana, Deepana, Tridoshagna, <b>Kandughna</b>		1 part
Ramata Ferula asafoetida Linn. Apiaceae	Katu	Laghu, Snigda, Teekshna	Ushna	Katu	Soolaprasama na, Pachana, Rochana, <b>Kandughna</b>	Niryasa	1 part
Ajamoda Apium graveolens Linn. Apiaceae	Katu, Tikta	Laghu, Rooksha, Teekshna	Ushna	Katu	Kaphavatahara , Chardighna, Netramayagna, <b>Krimighna,</b> <b>Kandughna</b>	Seeds	1 part

#### **Mechanism:**

- The *Tikta* and *Kashaya Rasa Dravyas* (*Nimba*, *Kutaja*, *Vidanga*) reduce *Kapha* and local secretions.
- *Katu* and *Ushna Dravyas* (*Hingu*, *Ajamoda*) support digestion and metabolic activity, preventing *Ama* accumulation.
- Together they exhibit *Krimighna*, *Kandughna*, and *Mehahara* effects which are central to controlling pruritus vulvae linked to *Prameha*.

#### ***Nimbamalahara lepa***

*Nimba Malahara lepa* is a topical application of medicated ointment where in the duration of drug application is more compared to lepa. It is described in *Kaiyyadeva Nighantu Aushadhi varga* 879-The ingredients are *Nimba beeja thaila* and Beeswax which is used as the base for *Malahara* preparation. According to *Kaiyyadeva Nighantu*, *Nimba Beeja* and *Majja* has the property of *Krimi* – *Kusta* – *Vishodana*. Beeswax acts as a natural base, facilitating slow release and skin barrier protection.

Parts of the *Nimba* tree (*Azadirachta indica*) possess notable antimicrobial properties, partly by suppressing microbial proliferation and disrupting cell wall integrity. Its seeds contain azadirachtin, a tetraneortriterpenoid limonoid recognized for its insecticidal and antifeedant activities. Experimental studies have shown that ethanolic extracts of *Nimba* leaves inhibit the growth of *Staphylococcus aureus* and methicillin-resistant *Staphylococcus aureus*, with the strongest inhibition occurring at full-strength extract. In addition, *Nimba* is a rich source of antioxidants and demonstrates significant free-radical-scavenging activity.

***Triphala kwatha prakshalana*****Table: 7 – Properties of *Triphala***

S. no:	1	2	3
<b>Sanskrit name</b>	<i>Harithaki</i>	<i>Vibhitaki</i>	<i>Amalaki</i>
<b>Botanical name</b>	<i>Terminalia chebula</i>	<i>Terminalia bellerica</i>	<i>Emblica officinalis</i>
<b>Family</b>	Combretaceae	Combretaceae	Euphorbiaceae
<b>Rasa</b>	<i>Lavana Varjita Kashaya</i> <i>Pradhana Pancha Rasa</i>	<i>Kashaya</i>	<i>Amla Pradhana Pancha Rasa</i>
<b>Guna</b>	<i>Laghu, Rooksha</i>	<i>Laghu, Rooksha</i>	<i>Guru, Sheetha</i>
<b>Virya</b>	<i>Ushna</i>	<i>Ushna</i>	<i>Sheeta</i>
<b>Vipaka</b>	<i>Madhura</i>	<i>Madhura</i>	<i>Madhura</i>
<b>Karma</b>	<i>Tridoshahara</i>	<i>Kapha – Pittahara</i>	<i>Tridoshahara</i>
<b>Part used</b>	Fruit	Fruit	Fruit

*Yoni Prakshalana* is one among the *Sthanika Chikista* where it is defined as a procedure in which the Vagina, Vaginal canal and Cervix is washed with medicated decoction or other liquids.

**Absorption of drug through vaginal route:**

- The vaginal route is advantageous for delivering herbal formulations because its anatomical position allows good retention of medicated liquids.
- Its mucosal surface, normal flora, immune cells and pH collectively support absorption and local action.
- Owing to its large surface area, rich blood supply and permeability to a range of compounds — including some proteins and peptides — the vagina also offers potential for systemic uptake.

Volume, viscosity and PH of vaginal fluid have a considerable influence on vagina drug absorption.

- **Volume:** Larger quantities of vaginal fluid can help dissolve and disperse the medication, improving local contact.
- **Viscosity:** Thicker or more viscous secretions tend to hold the medicine at the application site for a longer time.
- **pH:** The degree of acidity or alkalinity in the vaginal environment can influence how readily a formulation is absorbed or remains stable.

**Conclusion**

This case demonstrates that *Acharana Yonivyapath* occurring as an *Upadrava* of *Prameha* can be effectively addressed through an integrative Ayurvedic approach. Internal administration of *Nimbashatka Churna* combined with external application of *Nimba Malahara Lepa* and *Triphala Kwatha Prakshalana* resulted in rapid and sustained relief of itching and discharge in a type 1 diabetic patient, without adverse effects. Added to it, a significant reduction in Random Blood Sugar was noted along with insulin therapy.

The regimen likely worked by simultaneously reducing *Kapha-Vata* imbalance, improving local immunity, and supporting metabolic control. The antioxidant, antimicrobial and *Krimighna* properties of the formulations, supported by classical references, are consistent with the observed outcomes.

This single-patient experience highlights the value of *Dosa*-specific, local-plus-systemic therapy in chronic gynaecological complaints linked to metabolic disorders. Larger controlled studies are needed to confirm these findings and to further explore the mechanisms underlying the combined use of these Ayurvedic interventions.

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