



Case Study

AN AYURVEDIC APPROACH FOR BALANOPOSTHITIS – A CASE STUDY

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ABSTRACT

An inflammatory condition of male genitalia called Balanoposthitis is made of two words in which Balanitis means inflammation of glans penis and Posthitis means inflammation of prepuce internal part of skin genitalia (prepuce) and is common in uncircumcised population. It primarily occurs due to unretractable foreskin, poor personal hygiene, peeling off of epithelium, secretions from the glands provide damp, warm environment for growth of different organisms which makes the area susceptible for various infections. In the present case study a male patient presented with pain, redness, whitish discharge, greyish-whitish scales over glans penis, mild swelling in groin region and pain in the groin region. It is very much evident that any health issue that affects reproductive organ can also impact various aspects of life, causing anxiety stress, relationship problems or poor self-esteem. But routine examination of penis can create awareness if something wrong is detected. The basic focus of management in Balanoposthitis is to control the acute infection and prevent recurrence along with appropriate hygiene measures. In this case patient of *Vat-Pittaj prakruti* was successfully managed on Ayurvedic principles, by balancing the vitiated *Kapha* and *Pitta dosha* with *Shaman chikitsa* and encouraging results were found without any untoward effect during the 4 week course of management. Traditional system of medicine is a known wealth of herbs and has potential to manage various ailments of modern era.

KEYWORDS: *Balanitis, Balanoposthitis, Genital hygiene, Ayurveda.*

INTRODUCTION

Balanoposthitis is the inflammation of the foreskin and glans in males. It occurs over a wide range of age and may have many etiological factors responsible for the disease. It may be due to infective or non infective etiology or may be idiopathic such as bacterial, fungal, protozoal infections, allergic reactions, due to trauma, improper hygiene, irritation from soap, disinfectants or sexually transmitted infections. Balanitis is more common in uncircumcised men due to poor hygiene and inadequate aeration or irritation by smegma^[1]. Cutaneous infections like HSV, HPV, and candida are also more common in uncircumcised men^[2]. It is very common in adult males who are actively engaged in sexual intercourse. There are many causative factors, but infection is the most commonly reported etiology^[3]. A range of other skin conditions may affect the glans penis. These include psoriasis, lichen planus, seborrhoeic dermatitis, pemphigus and dermatitis artefacta^[4]. Approximately 3% of uncircumcised men are diagnosed with balanoposthitis globally^[5]. Blood glucose disorders are associated with increased risk for balanoposthitis or progressive to phimosis^[6,7]. The male external

genital organ is composed of the penis and scrotum. The penis is divided into the more distal glans and the shaft, or body, which is anchored by its root in the perineal pouch. The prepuce covers the glans. It is a thin loose covering of keratinizing skin with associated underlying eccrine and sebaceous glands and a highly vascular stroma without underlying adipose tissue. The glans is made up of highly vascular corpus spongiosum covered by squamous epithelium. Patients complain of pruritus, irritation, or subpreputial discharge. Physical examination of these patients reveals redness, soreness and slight swelling, fatigue, low back pain, anxiety, irritation, ulcerations, enlarged lymph nodes in the groin region. In rare cases trauma secondary to compulsive masturbation^[8] or zip-fastener injuries may precipitate the condition^[9]. The most clinical presentations of balanitis involves redness, swelling and discharge^[8]. In condition of balanoposthitis simplex, changes are seen on the glans penis or skin in form of redness, swelling and discharge. Sometimes wounds may appear. Irregular whitish, polycyclic red and greyish-white changes may be shown in balanoposthitis erosive cicirinata. A clinical

condition that occurs in diabetics, person with weak immunity or in those who are on regular continuous medications characterized by appearance of whitish bubbles, itching, redness and burning sensation caused by propagation of candida fungus is called as balanoposthitis candido mycetica. The diagnosis purely depends on presentation of clinical picture. As per Ayurveda balanoposthitis is *Tridoshaj vyadhi* with predominant *Kapha* and *Pitta doshas* involving *Rasa*, *Rakat* as *Dushya* and disease progresses by involving *Rakatvah srotas* which manifest on skin and mucosal membrane of male sex organ as *Ruja* (pain), *Raag* (redness), *Srava* (discharge usually with foul smell), *Dah* (soreness), *Kandu* (itching) etc. In routine medical practice local application of steroids with or without antibacterial topical preparations^[10] are advised along with appropriate oral medications and advised to avoid precipitants, especially soaps^[11]. In the present case study the patient got symptomatic relief and promising results were achieved with *Shaman chikitsa* involving *Kapha-Pitta shamak* and *Rakatshodhak* herbal formulations.

Case History

A 28 years old unmarried medium built male patient reported in the outpatient department of

Dayanand Ayurvedic College, hospital, Jalandhar with chief complaints of redness, mild swelling and itching over the head of penis underneath the foreskin, whitish areas over penis, pain with irritation in the affected area, discharge with foul smell, sometimes off and on dryness over the affected parts with episodes of remission since last 4 years. Patient revealed no evidence of use of latex condoms and there is no history of fever or any urethral discharge but patient informed about mild swelling in the groin region associated with mild pain. On enquiry patient told that there is no history of any sexual contact, diabetes or any other systemic illness. He used to buy over the counter medication for local application and got relief but the same problem used to reappear after few months. The sleep was sometimes disturbed but appetite, bowel habits and micturition were all within normal limits. On enquiry patient revealed that he has underwent blood investigations (recent reports were with the patient) and all reports including human immunodeficiency virus status were within normal limits. On examination of the affected area, the presentation was as showed in the figures1-4.



Figure 1



Figure 2



Figure 3



Figure 4



Figure 5



Figure 6

Vital data

PR - 78/min, Regular, BP - 110/70 mmHg, Temperature - Afebrile, Respiratory Rate - 16/min rhythmical. Personal history and *Ashtavidha Pariksha* is mentioned in table1 and table 2 respectively.

Table 1: Personal History

Name : XYZ	<i>Bala: Pravar</i>	BP: 110/70 mmHg
Age: 28 years	Sleep: Disturbed	Weight: 55kg
Sex: Male	Addiction: None	Height: 152cm
Marital Status: Unmarried	Bowel Habit: Regular	
Occupation: Mason	Appetite: Normal	

Table 2: Ashtavidha Pariksha

<i>Nadi: 78/min</i>	<i>Shabda: Clear</i>
<i>Mala: Normal</i>	<i>Sparsa: Normal</i>
<i>Mutra: Normal</i>	<i>Drik: Normal</i>
<i>Jihva: Normal</i>	<i>Aakriti: Madhyam</i>

Systemic Examination

Cardiovascular system– Heart sounds appears to be normal, No adventitious sound detected.

Respiratory System– Chest appears to be normal in symmetry, air entry appears to be adequate bilaterally, No added sounds detected.

GIT System – No abnormality detected clinically

Locomotary System – On examination locomotor system appears within normal limits.

Local Genitalia examination: The male genitalia was fully examined and erythema, circular lesion, greyish-whitish scales over glans penis including area adjacent to glans, below the preputial skin and mild whitish discharge was observed, mild tenderness along with foul smell was also present. There was no evidence of any kind of urethral discharge. No indurated lesion over glans penis and no inguinal lymphadenopathy were observed during examination.

Investigations

Routine blood investigations were within normal limits except raised ESR, fasting blood sugar, human immunodeficiency virus test was negative and Polymerase chain reaction (PCR) for herpes simplex virus was also negative.

Samprapati Ghatak

Dosha: Tridosha (Kapha Pitta predominant)

Dushya: Rakta.

Srotas: Rakatvahisrotas

Srotodushti: Sangh

Adhishtana: Twaka

Treatment Plan

Psychological counseling of the patient was done and further advised to maintain proper hygiene, adequate hydration, intake of healthy diet, seasonal fruits along with the following medications as per schedule mentioned in table no. 3:

Table 3: Treatment Schedule

S.No.	Name of Medicine	Dosage units (gm/mg/ml)	Dosage schedule	Duration
1	<i>Nimbadi churan</i> <i>Chopchinyadi churan</i> <i>Gandhak rasayan</i>	1.5 gm + 1.5 gm + 250 mg	All the three drugs were mixed and given thrice in a day	4 weeks along with <i>Khadirarishat</i> 15 ml + equal amount of water
2	<i>Saptabinshati gugglu</i>	2 tablets(1gm)	Thrice in a day	4 weeks with luke warm water
3	<i>Syrup Trifla rasayan</i>	10 ml	Twice in a day	4 weeks with equal water

OBSERVATION AND RESULTS

Keeping in view, the Ayurveda principles of treatment for *Samprapati vighatan* (to break the pathogenesis), the patient in this case was put on *Shaman chikitsa* by selecting multiple herbal formulations involving *Kaphapitta shamak*, *Rakatshodhak*, *Vranropak* properties. The symptomatological changes observed during one month course (before, during and after) of treatment are shown in table 3, figure 5 and figure 6 respectively. In the present case, no adverse effects were noticed during the period of management.

Table 4: Relief of Sign and Symptoms during the treatment

S.No	Sign /Symptoms	Day 0	Day 7	Day 14	Day 21	Day 28
1	Redness	Present	Present	Diminished	Absent	Absent
2	Pain	Mild pain	Mild pain	No Pain	No pain	No pain
3	Discharge	Mild	Mild	Absent	Absent	Absent
4	Foul smell	Apparent	Apparent	Apparent	Mild	Absent
5	Irritation / Burning sensation	Moderate	Moderate	Mild	Absent	Absent
6	Swelling	Mild	Mild	Absent	Absent	Absent
7	Urethral discharge	Absent	Absent	Absent	Absent	Absent
8	ESR	42 mm per hour	38 mm per hour	22 mm per hour	24 mm per hour	18 mm per hour

Follow Up

As patient was fully recovered so it was not required, although recurrent problems are common and the patients need to be informed of this.

Management of partners

As patient was unmarried and patient revealed no history of any kind of sexual contact.

DISCUSSION

Balanoposthitis is one of the commonest diseases in male patients consulting sexual transmitted disease department in the hospitals^[12]. Most of the cases are nonspecific where peculiar cause cannot be established, some may present with history of irritants associated with balanitis such as frequent washing with soaps and others may suggest infections and large proportion remain undiagnosed^[13-15]. In this case study, the Ayurvedic drug combination was selected primarily aimed to revert the ongoing pathological process in balanoposthitis. *Tridosha* imbalance along with other factors play a vital role in the disease process and among the three *Kapha-Pitta dosha* predominance is evident in this case as far as presentation of the manifestations is concerned. The selected formulations showed good symptomatological improvement in this case which can be clearly seen in the images under observation and results. The *Nimbadi churan* having main ingredients as *Neem, Giloye, Haritaki, Amla, Somraji, Khadirsaa, Daruhaldi, Devdaru, Kooth* etc are very well known to be effective in *Twak* diseases and possess *Rakatshodhak* properties and that is why this formulation is especially indicated in different skin disorders. The maximum herbs as ingredients of this *Chura* are *Katu, Tikat, Kashya, Sheet, Laghu, Kushthar, Krimihar, Vranhara* and they are also having antimicrobial attributes which contributed for improvement in sign and symptoms such as redness (inflammation), itching, and discharge from lesion in this case. *Chopchinyadi churan* is a polyherbal drug formulation

whose ingredients like *Chopchini, Triphla, Pipali, Akarkarabh, Lavang, Kokilaksh, Shunthi, Dalchini* etc are having anti-inflammatory, analgesic, antioxidant, antimicrobial properties, *Katu, Tikat Rasa, Tridosha Shamak Karam* due to which it is effective in treatment of various skin and reproductive system diseases. It has been mentioned in the treatment of syphilis and gonorrhoea. *Gandhak rasayan* is a mineral based formulation which balances *Tridosha* and is having antimicrobial, antiviral, antibacterial, anti-pruritic properties and is useful in skin diseases especially pruritis and urinary tract disorders. *Khadirarishta* is a liquid formulation prepared using ancient fermentation procedure. It has *Aampachak*, blood purifying, anti-microbial, anti-allergic, anti-pruritic, anti-histaminic, anti-inflammatory and also controls discharge from the skin lesions. Since centuries *Guggulu* preparation are used in Ayurveda as anti-inflammatory agent. Various studies suggest that a phytosteroid guggulsterone, present in it is as effective as tetracycline, a widely used antibiotic. *Saptvinshati gugglu* was chosen in the management because of its quick wound healing properties and is indicated in fistula, sinuses and skin diseases as evident from *Samhitas* and various studies. Strength and immunity weakens in diseases, *Triphla rasayan* was selected by keeping in mind *Sarverogappi Mandagnau*, for regularly cleansing the gastrointestinal tract and improving the digestive fire. It is also a wonderful rejuvenating agent and has got immunostimulatory effects. Therefore, in this case we have got substantial evidence to cure balanoposthitis without any co-morbidity with cost effective traditional formulations and without any surgical interventions. This kind of outcome gives us a ray of hope to further explore the evidence based methods of treating the ailing humanity.

CONCLUSION

Balanoposthitis management requires a multifactorial approach that ranges from correct

diagnosis, maintaining local hygiene to proper management of etiological factors. Ayurveda plays vital role in preventing and curing disease by strengthening the person physically and mentally. Here, in this case psychological counseling and suitable combination of drug formulations helped in curing the longstanding problem without causing any kind of side effect. It can be concluded that various disease problems emerging even in today's modern era can be successfully managed by interfering the pathological (*Samprapati*) process of disease. This case study strengthens the role of Ayurveda in evidence based methodology of research and further encourages the need to explore more possibilities in this field.

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