Case Study

AN AYURVEDIC APPROACH FOR BALANOPOSTHITIS – A CASE STUDY

Chander Shekhar Sharma¹*, Amrita Sharma²

¹Professor and Head Department of Kayachikitsa, Dayanand Ayurvedic college, Jalandhar, Punjab,
²Director, Ousia Ayuryoga Wellness Centre, India.

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-Pitta 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 cicinmata. 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 Tridoshay 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 undergone 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 figures 1-4.

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 table 1 and table 2 respectively.
Table 1: Personal History

| Name | Bala | BP: 110/70 mmHg |
|------|------|-----------------|
| XYZ  | Pravar |                |
| 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

| Nadi | Shabda | Mula | Sparsa | Drik | Jihva | Aakriti |
|------|--------|------|--------|------|-------|--------|
| 78/min | Clear | Normal | Normal | Normal | Normal | Madhyam |

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 lymphodenopathy 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

Table 3: Treatment Schedule

| S.No. | Name of Medicine | Dosage units (gm/mg/ml) | Dosage schedule | Duration |
|-------|-----------------|-------------------------|-----------------|---------|
| 1     | Nimbadi churan  | 1.5 gm + 1.5 gm + 250 mg | All the three drugs were mixed and given thrice in a day | 4 weeks along with Khadirarishat 15 ml + equal amount of water |
|       | Chopchinyadi churan |                      |                 |         |
|       | Gandhak rasayan |                        |                 |         |
| 2     | Saptabinshati gugglu | 2 tablets(1gm) | Thrice in a day | 4 weeks with luke warm water |
| 3     | Syrup Trifla rasayan | 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.
acycline, a widely used antibiotic. Others may suggest exploring the evidence based formulations showed good symptomatological 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 Nimadi churan having main ingredients as Neem, Giloye, Haritaki, Amla, Somraj, Khadirasaa, 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, Krimitar, 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 gonorrhea. 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. Khadirarishtha 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 in Samhitas and various studies. Strength and immunity weakens in diseases, Triphla rasayan was selected by keeping in mind

### 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    | Absent   | 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 hospital[12]. Most of the cases are non-specific 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. Tridosh 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 Nimadi churan having main ingredients as Neem, Giloye, Haritaki, Amla, Somraj, Khadirasaa, 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, Krimitar, 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 gonorrhea. 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. Khadirarishtha 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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*IAddress for correspondence
Dr. Chander Shekhar Sharma
Professor and Head
Department of Kayachikitsa,
Dayanand Ayurvedic college,
Jalandhar, Punjab.
Email: shekhrs76@gmail.com*