

# Sexually Transmitted Diseases in Ayurveda

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## Abstract

Sexually transmitted diseases (STD) have been reported since the ancient times with their description dating back to the time of Sushruta and Charaka. Though there has been a description of various diseases in Charaka Samhita with similar symptoms to the infection of Trichomonas and Chlamydia, but a clear reference to their sexual mode of transmission is not available. The diagnosis in Ayurvedic texts is made clinically, based on the symptoms. Despite of the vivid description of sexually transmitted diseases in the ancient Ayurvedic texts, it is difficult to identify their exact modern counterparts on the basis of these texts. The two most commonly talked about STD in various ayurvedic texts are firang and updansha. This article provides an overview on the evolution of STDs, their nomenclature in different eras and Ayurvedic treatment as an alternative system of medicine.

## Introduction :

STD include the diseases which are transmitted through sexual contacts when body fluids are exchanged. The sexual transmission depends on the susceptibility of partner to the pathogen and indulgence in sexual practice with the infected partner [1]. The concept of transmission of diseases through unsafe sexual practices was known since the time of Acharaya Sushruta (1000-1500BC). He mentioned about the spread of kustha, updansha, poymeha through sexual contact of the infected man with a woman and vice versa. This has been discussed in reference to the aoupsargik rogas (contagious diseases) and their spread [2]. The description of sexually transmitted diseases was also seen in the Charaka

Samhita (2nd century AD). The Bhavaprakash Samhita also has a vivid description of STDs (updansha & firang) and it was written around 16th century AD.

## Epidemiology

According to a study conducted in United States, adolescents and young adults (15-24yr) make up only 25% of sexually active population but contribute 50% to the total share for newly diagnosed STDs [3]. The incidence of major viral and bacterial STDs worldwide is estimated to be more than 125 million cases yearly [4].

According to study conducted at JIPMER in India by Thapa et al (2007) genital herpes was the commonest infection followed by syphilis and condyloma acuminata. Upto 10% of patients have mixed lesions [1]. No study has been conducted, to the best knowledge of author, to know the prevalence or distribution of sexually transmitted disease based on criterias and lesions described in Ayurveda.

## Description of STD in Sushruta Samhita

The classical explanation of various types of Updansha, a sexually transmitted disease and its causative factors as mentioned by Sushruta, are *dusta yoni viyonivanaarimatyarthamupsevmaanasya* (excessive coitus with an infected woman) *hasta abhighata* (abrasion due to hand while masturbation), *aparakshalana dibhimedhra* (not cleaning the genitalia), *chatushpadi gamanaad* (beastility/ unethical sexual indulgence). These factors cause local lesions and inflammation of the genitalia. This leads to vitiation of doshas in the injured genitalia [5]. Updansha can further be classified into five types as per the

symptoms that develop in the due course of time. These are *vataja updansha*, *pittaja updansha*, *kaphaja updansha*, *sannipataja updansha*, *raktaja updansha* [6]. In *vataja updansha* the symptoms encountered are *parushya* (dryness), *twakpariputanam* (cracks on the genitalia), *parushshophataavidhaschvatavedana* (pain and swelling with sensory loss). In *pittaja updansha* *jjwara* (fever) and *shvayathu* (swelling) *teevradaha* (excessive burning sensation), *kshiprapaka* (rapid suppuration). The symptom of *kaphaj updansha* apart from swelling is, severe itching. The symptoms of *raktaja updansha* are *krishnasphota atyarthama srik privratti* (blister formation and discharge of blood). The symptoms of *sannipataja updansha* include mixed symptoms as described in each of the above types of updansha along with *avdaranam cha shefasah* (longitudinal cracks on penis) and *krimipradurbhaavo maranam* (infestation with worms and finally death) [7]. Apart from these, Sushruta has mentioned about *lingaarsh* and *yonyaarsh* (genital warts). Though the explanation for their spread through sexual contact is not mentioned but there is explanation of features similar to what we find today in context of genital warts. Sushruta said that due to vitiation of *maansa* and *rakta* there develops itching in the penis of male which later on gives rise to warts over the area. There occurs *picchil rudhirasraava* (sticky blood mixed discharge) from the penis. In a similar way due to vitiation of *rakta* and *maansa* there is development of warts in women, produce a sticky and bad odoured discharge [8].

## Description of STD in Bhavaprakash Samhita

In a similar way updansha has been mentioned along with its five types by Acharya Bhavaprakash.

He also mentioned about its transmission through sexual contact [9].

Another sexually transmitted disease first talked in Bhavprakash Samhita is firang. He mentioned about its transmission through sexual contact with a woman of firanga desh (some foreign country). It is also an example of aaguntaja sankramaka roga (highly contagious disease). There is clear indication of its spread through unsafe sexual indulgence {sansargaat / prasangaat (sexual intercourse)} [10]. Firang was known to Indian subcontinent since the time of Bhava Misra (16th century) and was called Portuguese disease, which soon became widespread [11].

Firang has been classified as baahya and aabhyantar. The symptoms of baahya firang are sphota (blisters on genitalia) and alparuja (mild pain). The aabhyantar firang has symptoms which manifest in joints and cause inflammation. The upadarava (complications) of firang include kaarshya (weakness), balakshaya (weight loss), agnimandhya (anorexia), asthishosha (destruction of bones), nasabhang (loss of nasal cartilage) [12].

### **Description of STD by Charaka**

Yet another STD described in Charaka Samhita, which has symptoms resembling updansha is dhvajbhang. While describing kleevta (impotency) Acharya Charaka has mentioned that it can be due to four reasons. Among those four, one is due to Dhwaja bhanga. Among other factors, Dhwaja bhang results from ayonigaman (beastility), deergha roginini (coitus with woman suffering from disease since long), dushta yoni parisrutaam (intercourse with women suffering from such infection and infected vaginal discharge). The symptoms of dhwaja bhang (destruction of

genitalia) is redness, inflammation and pain, purulent discharge and blisters on penis. There also occurs whitish or red yellow discharge from penis. Along with these symptoms there occurs fever, weight loss and severe burning sensation [13].

### **Comparison of various STDs described in ayurveda and modern literature**

It is difficult to identify their exact modern disease entities on the basis of signs and symptoms described in ancient ayurvedic texts [14]. However symptoms of firang are comparable to what we know as syphilis today as initial symptoms of blisters on genitalia with mild pain followed by complications ranging from joint pain, anorexia, destruction of bone and nasal cartilage matches with that of description of syphilis in current literature. Comparison can also be drawn between description of updansha with symptoms (dryness, pain and cracks on genitalia) with that of chancroid.

### **Treatment and prognosis of STDs in Ayurveda**

For treatment of updansha, Sushruta has mentioned about rakta mokshana (blood letting), and ubhay marg nirharan {vaman (emesis)/virechan (purgation) therapy} [15]. Acharya Bhava Misra also mentioned of raktamokshan and vaman, virechan and niroohvasti (procedure in which a herbal decoction mixed with salt, honey, oil etc. is administered through anal route) [16]. Apart from this Bhava Misra has mentioned the lepan dravyas (drugs for local application) for all types of updansha according to their symptoms. For the symptoms of vatajaupdansha, kalk (paste) of mulethi (Glycyrrhiz aglabra), agar (Aquilaria

agallocha), raasna (*Pluchea lanceolata*), elaichi (*Elettaria cardamomum*) is to be applied locally and the kwath (decoction) be used for parishek (pouring of warm decoction). For pittaja updansha kalkaofnishoth (*Operculina turpethum*), khas (*Vetiveria zizanioides*), chandan (*Santalum album*) kamal (*Nelumbo nucifera*) to be applied locally. For kaphaja updansha bark of sal tree (*Shorea robusta*) mixed with oil is best for local application. In raktaja updansha for local application kalk and kwathparishek by neem (*Azadirachta indica*), arjun (*Terminalia arjuna*), peepal (*Ficus religiosa*), jamun (*Syzygium cumini*), bargad (*Ficus bengalensis*), gular (*Ficus racemosa*) helps relieve the symptoms. Sannipataj updansha has been described to be non curable, washing the genitals with triphala (*haritaki/Terminalia chebula*, *bibhitaki/Terminalia bellerica*, *amalki/Embliba officinalis*) kwatha (decoction) and bhringaraj (*Eclipta alba*) swaras (juice) and symptomatic treatment can be given [17].

For the treatment of firang, ras karpoor, saptashaali vati have been advised as the drug of choice [18].

For yonyaars and lingars, Sushruta has mentioned the use of either of the four procedures, namely aoushadh, kshaar, agni and

shastra. Aoushadh is the medicinal treatment, kshaar treatment involves the use of kshara sutra (medicated caustic thread) or direct application of kshara on the infected area, agni (thermal cautery) and shastra (surgical excision) [19].

Bhava Misra mentions that newly diagnosed, bahaya type firanga without the development of complications as mentioned above is curable [20]. Where as updansha with development of necrosis of genitalia, vitiation of all three doshas (vata, pitta, kapha) is not curable [21].

## Conclusion

Ancient ayurvedic texts describe various sexually transmitted disease and their associated lesions, complications and their treatment. However because of lack of studies based on these texts it is difficult to comment prevalence and incidence of STDs based on these criterias. It is also difficult to draw comparison between lesions described in ayurvedic literature and current nomenclature used in venerology, except for few diseases. Further studies are needed to explore the sexually transmitted diseases based on ayurveda and to establish the efficacy of ayurvedic treatment in their management.

## References

1. Thappa DM, Kaimal S. Sexually transmitted infections in India: Current status (except human immunodeficiency virus/acquired immunodeficiency syndrome). *Indian J Dermatol* 2007;52:78-82.
2. Shastri, Kaviraj Ambika Dutta. *Sushruta Samhita Volume 1*. 1st ed. varanasi: chaukhambasanskritsansthan, 2010. Print. (verse 32 chapter 5 kasthanidana, nidansthana pg.325)
3. Da Ros CT, da Silva Schmitt C. Global Epidemiology Of Sexually Transmitted Diseases. *Asian Journal of Andrology*. 2008 Jan 1; 10 (1) : 110-4.
4. De Schryver A, Meheus A. Epidemiology of sexually transmitted diseases: the global picture *Bull World Health Organ*. 1990;68(5):639-54.
5. Shastri, Kaviraj Ambika Dutta. *Sushruta Samhita Volume 1*. 1st ed. varanasi: chaukhambasanskritsansthan, 2010. Print (verse 10, chapter 12, vridhiupdanshashleepadanaamnidana, nidansthan pg. 360)
6. Shastri, Kaviraj Ambika Dutta. *Sushruta Samhita Volume 1*. 1st ed. varanasi: chaukhambasanskritsansthan, 2010. Print (verse 11, chapter 12, vridhiupdanshashleepadanaamnidana, nidansthan pg. 360)

7. Shastri, Kaviraj Ambika Dutta. Sushruta Samhita Volume 1. 1st ed. varanasi: chaukhambasanskritsansthan, 2010. Print (verse 12, chapter 12, vriddhiupdanshashleepadanaamnidana, nidanassthan pg. 360)
8. Shastri, Kaviraj Ambika Dutta. Sushruta Samhita Volume 1. 1st ed. varanasi: Chaukhamba Sanskrit Sansthan, 2010. Print.(verse18, chapter 2, Arshasaamnidana, nidansthana pg.309)
9. Misra, Bhava. Bhavaprakash. 11th ed. Varanasi: chaukhambasanskritbhavan, 2010. Print. (verse 1 chapter 51 updanshadhikaar, madhyakhanda,pg. 507)
10. Misra, Bhava. Bhavaprakash. 11th ed. Varanasi: chaukhambasanskritbhavan, 2010. Print. (verse 1-3 chapter 59 firangarogaadhikaar, madhyakhanda,pg. 561-562)
11. Thappa DM. Evolution of venereology in India. Indian J DermatolVenereolLeprol. 2006;72:187-97.
12. Misra, Bhava. Bhavaprakash. 11th ed. Varanasi: chaukhambasanskritbhavan, 2010. Print. (verse 4-7 chapter 59 firangarogaadhikaar, madhyakhanda,pg. 563)
13. Shastri, Kashinath, and Gorakhnath Chaturvedi. Charaka Samhita Volume 2. 1st ed. varanasi: chaukhambasanskritsansthan, 2010. Print. (verse 154, 164-167 , chapter 30 yonivyapada pg. 863-864)
14. Thappa DM, Sivaranjini R. Venereology in India. Indian J Dermatol. 2011 Jul-Aug; 56(4): 363-367.
15. Shastri, Kaviraj Ambika Dutta. Sushruta Samhita Volume 1. 1st ed. Varanasi: Chaukhamba Sanskrit Sansthan, 2010. Print (verse 25-26 chapter 19 vriddhiupdanshashleepadachikitsa, Chikitsassthan pg.112)
16. Misra, Bhava. Bhavaprakash. 11th ed. Varanasi: chaukhambasanskritbhavan, 2010. Print.(verse 6-8 chapter 51 updanshadhikaar, madhyakhanda,pg. 509)
17. Misra, Bhava. Bhavaprakash. 11th ed. Varanasi: chaukhambasanskritbhavan, 2010. Print. (verse 9-16 chapter 51 updanshadhikaar, madhyakhanda,pg. 509-510)
18. Misra, Bhava. Bhavaprakash. 11th ed. Varanasi: chaukhambasanskritbhavan, 2010. Print. (verse 10 and15 chapter 59 firangarogaadhikaar, firangrogasyachikitsa, madhyakhanda,pg. 563-564)
19. Shastri, Kaviraj Ambika Dutta. Sushruta Samhita Volume 1. 1st ed. varanasi: Chaukhamba Sanskrit Sansthan, 2010. Print.(verse 3, chapter 6, Arshachikitsa, chikitsassthana pg.46)
20. Misra, Bhava. Bhavaprakash. 11th ed. Varanasi: chaukhambasanskritbhavan, 2010. Print. (verse 9 chapter 59 firangrogadhikaar, chikitsaprakaranam, madhyakhanda,pg. 563)
21. Misra, Bhava. Bhavaprakash. 11th ed. Varanasi: chaukhambasanskritbhavan, 2010. Print. (verse 3-4 chapter 51 updanshadhikaar, madhyakhanda,pg. 508)



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