



ISSN 2456-3110

Vol 9 · Issue 11

November 2024

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS

An International Journal for Researches in Ayurveda and Allied Sciences



Maharshi Charaka
Ayurveda

Indexed

Ayurvedic management of *Vataja Yoni Vyapad* - A Case Study

V. S. Madhumithaa¹, Papiya Jana²

¹Post Graduate Scholar, Department of Prasuti Tantra and Stree Roga, Sri Kalabyraveswara Swamy Ayurveda Medical College and Research Centre, Bangaluru, Karnataka, India.

²Professor, Department of Prasuti Tantra and Stree Roga, Sri Kalabyraveswara Swamy Ayurveda Medical College and Research Centre, Bangaluru, Karnataka, India.

ABSTRACT

Vataja Yoni Vyapad is a disease condition of the female reproductive system that causes distressing menstrual symptoms and other complications such as prolapse of the reproductive organs, that severely affects the woman's quality of life. *Acharyas* have mentioned a variety of oral medications and *Sthanika Chikitsa* that corrects the *Dosha Dushti* and imparts *Bala* to the *Sthana* that provide significant relief to the symptoms. In the present case study, a 34-year-old patient presented with premenstrual symptoms and severe dysmenorrhea and pain in the vaginal and vulval region. She was treated with oral medications and two cycles of *Yoni Abhyanga Sweda* and *Veshavara Dharana* after which her symptoms significantly reduced.

Key words: *Vataja Yoni Vyapad, Adenomyosis, Sthanika Chikitsa, Dysmenorrhea*

INTRODUCTION

In *Ayurveda*, diseases related to the female reproductive system i.e., gynaecological disorders are described under the caption of *Yoni Vyapad*.^[1] In *Ayurveda*, prolapse and adenomyosis are understood within the framework of *Dosha* imbalances, particularly of *Vata Dosha*, which governs movement and stability within the body. When there is imbalance of doshas in different levels of severity, *Yonivyapad* occur with the predominance of one of the *Doshas*.

Adenomyosis and Pelvic organ prolapse are one of the

most common complaints faced by women in the reproductive phase. Pelvic organ prolapse (POP) and adenomyosis are two prevalent gynecological disorders that significantly impact women's health, quality of life, and well-being. POP involves the descent of pelvic organs due to weakened pelvic floor structures, often resulting in symptoms such as discomfort, urinary incontinence, and bowel dysfunction, which impair daily activities and psychosocial health. Adenomyosis, a condition characterized by the invasion of endometrial tissue into the uterine muscle, causes chronic pelvic pain and heavy menstrual bleeding. *Ayurvedic* management focuses on balancing the doshas and strengthening the pelvic floor through diet, lifestyle modifications, and exclusive treatment modalities such as *Sthanika Chikitsa*.^[2] *Ayurveda* aims to alleviate symptoms, enhance reproductive health, and improve overall vitality in women affected by prolapse and adenomyosis.

CASE REPORT

A 34-year-old female patient was apparently normal 11 years ago, then post her marriage she developed irregularities of menstrual cycle and was diagnosed

Address for correspondence:

Dr. V. S. Madhumithaa

Post Graduate Scholar, Department of Prasuti Tantra and Stree Roga, Sri Kalabyraveswara Swamy Ayurveda Medical College and Research Centre, Bangaluru, Karnataka, India.

E-mail: madhumiths@gmail.com

Submission Date: 13/10/2024 Accepted Date: 21/11/2024

Access this article online

Quick Response Code



Website: www.jaims.in

DOI: 10.21760/jaims.9.11.44

with PCOS by a gynecologist. After taking ayurvedic treatment, she had regular cycles and successfully conceived and delivered her first child through elective C section. Two years ago, after 1 year post delivery of her second child she joined rigorous physical activities at the gym including weight lifting exercises after which she developed pain in lower abdomen lower back and legs about 10 days before her periods continuing throughout the period. It was constant aggravated by activity and subsided by rest, associated fatigue, giddiness, pain during intercourse and irritability present throughout starts 10 days before menstruation in the last 2 years. Patient complains of discomfort in the vulval and vaginal region during strenuous activity in the last 6 months She approached an ayurvedic doctor in her hometown and underwent ayurvedic treatment (Details of which are unknown) after which she experienced weight loss but her other symptoms persisted. Then she came to SKAMCH & RC for further management.

Past history: Medical History

- K/C/O Hypothyroidism since 10 years - on medication
- Tab Thyronorm 50 mcg 1 OD
- N/K/C/O DM, HTN, Asthma, epilepsy

Surgical history

- Previous 2 LSCS - 2016 AND 2019
- Tubectomy in 2019

Occupational history: Housewife

Family history: All family members are said to be healthy No history of similar complaints in her family.

Menstrual history

Age of menarche - 14 yrs

Menstrual Cycle - Regular

Duration - 4-5 days

Interval - 28-30 days

D1 - 2-3pads (fully soaked)

D2 - 3 pads (fully soaked)

D3 - 3 pads (Partially soaked)

D4 - D7 - Spotting

Clots - present

Dysmenorrhea - Present – Congestive – starts 10 days before the menstrual cycle and continues till Day 6

Foul smell - Absent

LMP - 28/6/24

P.LMP - 28/5/24

Coital History

Frequency of coital act: 3-4 times in a month

Dyspareunia - Present

Burning sensation - Present

Obstetric History

P2L2A0D0

P1L1 - Female - 2016 - IUGR baby 1.2Kg - LSCS

P2L2 - Male - 2019 - LSCS

Tubectomy done in 2019

Examination

General Examination

- Built - Moderate
- Nourishment - Moderately nourished
- Pallor - Present in conjunctiva
- Icterus - Absent
- Cyanosis - Absent
- Clubbing - Absent
- Lymphadenopathy - Absent
- Height - 162Cm
- Weight - 83 kg
- BMI - 30.9 kg/meter square
- Pulse rate - 72/min
- BP - 120/70mmhg
- Respiratory rate - 18/min
- Temperature - 97° Fahrenheit

- Tongue - Not coated

Ashtasthana Pareeksha

Nadi: 76/min

Mootra: 4-5 times/day

Mala: regular, 1/day

Jihwa: Alipta

Shabdha: Prakrutha

Sparsha: Prakrutha

Drik: Prakrutha

Akruthi: Madyama

Dashavidha Pareeksha

Prakruti: Kaphavata

Vikruti:

Dosha: Vata Pradhana Tridoshas

Dushya: Rakta Mamsa

Desha: Sadharana

Bala: Madyama

Sara: Madyama

Samhanana: Madyama

Pramana: Madyama

Satmya: Madyama

Satva: Madyama

Ahara Shakti: Madyama

Jarana Shakti: Madyama

Vyayama Shakti: Madyama

Vaya: Madyama

Systemic Examination

1. Central Nervous System

Patient is conscious

Well oriented to time, place and person

2. Cardio Vascular System

Inspection: No distended vessels over neck or chest

Palpation: Apex beat palpable at 5th intercostal space

Percussion: Cardiac dullness present on left side

Auscultation: S1 S2 heard no added sounds

3. Respiratory System

Inspection

Shape of chest - Bilaterally Symmetrical

Movement - symmetrical

RR - 18 cycles/min

Palpation

Trachea - Centrally placed

Percussion

Resonant over the lung field except cardiac dullness

Auscultation - Bilateral NVBS heard

Gynecological Examination

Per Speculum & Per Vaginal Examination

- Examination of vulva
- Inspection
 - Pubic hair - Normal distribution
 - Clitoris - Normal
 - Labia majora - Normal
 - Labia minora - No abnormality detected
 - Discharge - Present

Inspection of Cervix

- Size - Hypertrophied
- External OS - Nulliparous
- Uterine prolapse - Grade 2
- Cervix has descended below the level of ischial spine approximately 1 cm
- Upon wide opening the vaginal introitus, the cervix was visualised
- Cough reflex - Positive - Mild cystocoele noted
- Erosion - Absent

- Discharge - present

Palpation

- Cervix position - Mid Posterior
- Texture - Normal
- No Palpable mass
- Mobility - Mobile
- Fornices - Free - Tenderness +
- Bleed on touch - Absent

Per speculum examination

- Inspection of vagina - Redness - Absent
- Local lesion - Absent
- Discharge - Present
- Colour of discharge - White
- Consistency of discharge - Slimy
- Amount of discharge - Mild

Uterus

- Position - Anteverted
- Direction - Anti flexed
- Size - Normal
- Consistency - Firm
- Mobility - Mobile
- Tenderness - Absent

Investigations

- Hb - 9 gm/dl (11/3/24), 10.2mg/dl (17/07/24)
- TSH - 0.24 μ IU/ml (17/07/2024)
- USG - Abdomen and Pelvis
 - Bulky uterus with altered echotexture
 - Partial loss of endo-myometrial texture
 - Features of Adenomyosis

Intervention

Date	Treatment	Observation
11/03/2024 to 21/03/2024	<ol style="list-style-type: none"> <i>Changeryadi Ghrita</i> - 1tsp bd with milk <i>Guggulu Panchapala Churna</i> - 1 tsp bd with water Tab <i>Abra Loha</i> 1- 0- 1 a/f <i>Drakshamalaki Rasayana</i> - 1 tsp BD for 10 days 	White discharge + Discomfort in vaginal region +
25/03/2024 to 30/03/2024	<p><i>Yoni Prakshalana</i> with <i>Panchavalkala Kashaya</i></p> <p><i>Yoni Abhyanga</i> with <i>Changeryadi Ghrita</i></p> <p><i>Yoni Sweda</i> with <i>Ksheera</i></p> <p><i>Yoni Veshavara Dharana</i> for 7 days</p> <p>Followed by:</p> <p><i>T. Mahadhanvantharam Vati</i> 1 TID</p> <p><i>T Coligo</i> 1 TID with water for 7 days</p>	<p>Fatigue heaviness and giddiness reduced</p> <p>White discharge reduced</p> <p>Abdominal pain and premenstrual symptoms persist</p> <p>LMP - 04/03/2024</p>
15/04/2024	<p>Oral medications were continued for 1 month</p> <p>Patient did not continue come for follow up due to personal reasons</p>	<p>Discomfort in vaginal and vulval region resolved</p> <p>Abdominal pain and fatigue reduced by 50%</p> <p>Pre-menstrual symptoms persist</p>
10/05/2024	<ol style="list-style-type: none"> <i>Guggulu Panchapala Churna</i> - 1 tsp BD with water Tab <i>Abra Loha</i> - 1- 0- 1 A/F <i>Draksha Amalaki Rasayana</i> - 1 tsp bd for 10 days Tab <i>Brahmi Vati</i> 1 TID 	<p>Irritability and anxiety persist</p> <p>Giddiness resolved</p> <p>Fatigue persists</p> <p>C/o burning sensation in abdomen and chest region after meals</p> <p>LMP - 01/05/2024</p> <p>Pain and premenstrual symptoms started</p>

	5. Tab <i>Laghusutashekara Rasa</i>	only 4 days before cycle
11/05/2024 TO 23/05/2024	2 nd cycle of treatment <i>Yoni Prakshalana</i> with PVK + <i>Tankana Bhasma</i> <i>Yoni Abhyanga</i> with <i>Changeryadi Ghrita</i> <i>Yoni Sweda</i> with <i>Ksheera</i> <i>Yoni Veshavara Dharana</i> for 4 days <i>Yoni Pichu</i> with <i>Changeryadi Ghrita</i> for 3 days <i>Draksha Amalaki Rasayana</i> 1 tsp BD for 10 days Tab <i>Brahmi vati</i> 1 TID Tab <i>Laghusutashekara Rasa</i> 1 TID Cap <i>Ksheerabala 101 avarthi</i> 1-0- 1 a/f	Irritability and premenstrual symptoms reduced Fatigue and low back pain persist LMP - 01/05/2024 PV findings Cervix - mid posterior Located at 3 finger distance from the introitus Fornices - free and non tender
02/07/2023	1. Tab <i>Abra loha</i> 1- 0- 1 A/F 2. Tab <i>Brahmi Vati</i> 1 TID 3. Tab <i>Laghusutashekara Rasa</i> 1 TID 4. Cap <i>Ksheerabala 101 Avarthi</i> 1-0- 1 A/F	Review for follow up Lmp : 28/06/2024 Pre-menstrual symptoms resolved completely Mild lower abdominal pain on the first day of menses

Oral Medication

1. *Changeryadi Ghrita* - 1tsp BD with milk
2. *Guggulu Panchapala Churna* - 1 tsp BD with water
3. Tab *Abhra Loha* 1- 0- 1 A/F
4. *Draksha Amalaki Rasayana* - 1 tsp BD for 10 days
5. Tab *Brahmi Vati* 1 TID
6. Tab *Laghusutashekara Rasa* 1 TID

Sthanika Chikitsa - For 2 cycles

1. *Yoni Prakshalana* with *Panchavalkala Kashaya*

2. *Yoni Abhyanga* with *Changeryadi Ghrita*
3. *Yoni Sweda* with *Ksheera*
4. *Yoni Veshavara Dharana* for 7 days

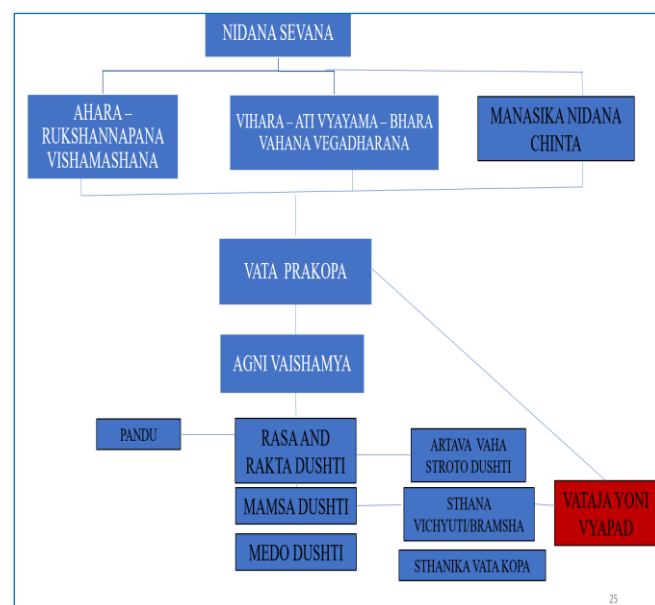
RESULTS

After 2 cycles of *Sthanika Chikitsa* and 4 months of oral medication, the patient found significant improvement, her Premenstrual symptoms resolved completely and only Mild lower abdominal pain on the first day of menses. Her PV findings were Cervix - mid posterior, Located at 3 finger distance from the introitus and Fornices - free and non- tender

DISCUSSION

In *Ayurvedic* understanding of the presented case, the set of symptoms of exhibited by the patient are that of *Vataja Yoni Vyapad*. The major complaint by the woman is menstruation that is preceded and associated with severe pain. As told by *Acharya Vagbhata*, in the symptoms of *Vataja Yoni Vyapad*, severe pain in the back, groin, flanks and back region as well as displacement of uterus is seen.^[3]

In the above presented case of *Vataja Yoni Vyapad*, the pathogenesis started with the unregulated lifestyle, improper food and exhaustive physical exercise undertaken by the patient post the delivery of her second child. That combined with the stressed mental condition, aggravated, *Vata*, caused *Rasa* and *Artava Dushti* to give rise to the following *Samprapti*.



In the present case, the patient presented with clinical complaints of adenomyosis and uterine prolapse. Hence *Vatahara* line of treatment was chosen.

- *Guggulu Panchapala Churna*^[4] - explained in *Sahasrayoga Churna Prakarana* contains *Guggulu*, *Triphala* and *Pippali* that acts as *Vatahara*, *Gulmahara*, *Deepana-Pachana* and *Strotoshodhana*. This formulation subsides the *Vata Dosha* and clears the *Vikara* in the *Artavavaha Strotas*.
- *Abra Loha* - In the properties of *Abhraka Bhasma*, it is explained as *Deepana* and *Deha Shakti Vivardhana*. *Abhraka Bhasma* with *Loha* acts as *Panduhara* and reduces the *Daurbalya*.
- *Brahmi Vati*^[5] - The patient often experienced sleep disturbances because of *Prakupita Vata* and *Chinta*. *Brahmi* being a *Medhya Dravya* helps to calm and mind and improve sleep quality.
- *Sthanika Chikitsa* - The variety of treatments addressed to cleanse and impart strength to the region are collectively known as *Sthanika Chikitsa*.^[6]
- In this condition, the *Yoni* was thoroughly washed with *Panchavalka Kashaya* that being *Kashaya Rasa Yukta* clears the white discharge followed by *Yoni abhyanga*, *Swedana* and *Veshavara dharana*. *Veshavara* is a ball of *Mamsa* prepared in the form of *Pichu* along with *Dadima*, *Trikatu Churna*, *Ghrta* and kept inside the vagina indicated in *Prasramsini Yoni Vyapad /Genital prolapse*.^[7] Weakness of supports of the uterus is one of the causes of uterine prolapse. The *Veshavara Pinda* imparts strength to the region and helps in reduction and reduce the reoccurrence of prolapse. Apart from this, *Mamsa* acts as *Vatahara* as *Brimhana* and *Balya* action subsides *Vata* as explained by *Acharya Vagbhata*.^[8]

CONCLUSION

Vataja Yoni Vyapad often cause severe discomfort to women in the form of Dysmenorrhea, pain in the

vaginal region, dyspareunia which disturb both her physical and mental health. Many times in such cases, surgery and pain medications are advised as the methods adopted. However, alternative system of medicine such as *Ayurvedic* treatment modalities provide significant relief to the patients in improving quality of life through *Sthanika Chikitsa* and *Shamana Aushadhis*.

REFERENCES

1. Agnivesa, Caraka Samhita, Sri Chakrapanidatta, Vaidya Yadavji Trikamji Acharya, *Charakasamhita: Chikitsa sthana*, Chapter *Yonivyapathchikitsadhayaya*, Verse: 5 Ayurveda Dipika commentary. Published by ChaukhambaKrishnadasAcademy, Varanasi, 2010
2. Vriddha Vagbhata, Indu commentary, *Ashtanga Sangraha, Uttara sthana, Guhyarogapratisheha adhyaya*, Verse 53, Published by Chaukhamba Orientalia, Varanasi
3. Vriddha Vagbhata, Indu commentary, *Ashtanga Sangraha, Uttara sthana, Guhyarogavijyaniya adhyaya*, Verse 33, Published by Chaukhamba Orientalia, Varanasi
4. Nishteswar K, Vidyanath R. *Sahasrayogam: Text with English Translation*. Varanasi: Chowkhamba Sanskrit Series Office; *Churna Prakarana: Page 201*
5. Ayurveda Sara Sangraha. *Gutika Vati Prakarana*. 2nd ed. Varanasi: Krishnadas Ayurveda Series; 2015. p. 456
6. Vriddha Vagbhata, Indu commentary, *Ashtanga Sangraha, Uttara sthana, Guhyarogapratisheha adhyaya*, Verse 53, Published by Chaukhamba Orientalia, Varanasi
7. Sushruta, Dalhana, Gayadasa, Sushruta Samhita: *Uttaratantra*, Chapter *Yonivyapadpratisheha adhyaya*, Verse 28, Nibandha sangraha commentary. Published by ChaukhambaOrientalia, Varanasi, 2019:
8. Vagbhata. *Ashtanga Hridaya, Sutrasthana*. Translated by Srikantha Murthy KR. *Doshadivijyaneeya Adhyaya Verse 292nd ed*. Varanasi: Chowkhamba Krishnadas Academy; 2009:

How to cite this article: V. S. Madhumithaa, Papiya Jana. Ayurvedic management of Vataja Yoni Vyapad - A Case Study. *J Ayurveda Integr Med Sci* 2024;11:303-308. <http://dx.doi.org/10.21760/jaims.9.11.44>

Source of Support: Nil, **Conflict of Interest:** None declared.