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AYURVEDIC MANAGEMENT OF DYSPAREUNIA DUE TO ATROPHIC VAGINITIS (GENITOURINARY SYNDROME OF MENOPAUSE) IN A POSTMENOPAUSAL WOMAN: A CASE REPORT

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ABSTRACT

Atrophic vaginitis, now termed genitourinary syndrome of menopause (GSM), is a common cause of vaginal dryness, burning, and painful intercourse in postmenopausal women. Conventional therapy relies on local estrogen, but many women seek effective non-hormonal options. Ayurveda offers simple local and systemic approaches that may be beneficial. A 50-year-old postmenopausal woman presented with two years of dyspareunia, persistent dryness, burning, and itching. Baseline findings showed elevated vaginal pH, marked mucosal atrophy, and high symptom scores. She was treated with *Shatavaryadi taila yoni pichu* (vaginal tampon therapy) for 14 days, supported by oral *Shatavari kalpa, Ashwagandha ghanvati, and Triphala guggulu*, along with dietary advice and lifestyle modification. Within two weeks, pain and dryness reduced significantly and burning/itching subsided completely. Objective markers also improved: vaginal pH normalized and mucosa appeared healthy. No adverse effects were observed.

KEYWORDS: *Atrophic vaginitis, Genitourinary syndrome of menopause, Dyspareunia, Ayurveda, Shatavaryadi taila, Yoni pichu.*

INTRODUCTION

Genitourinary syndrome of menopause (GSM), previously termed atrophic vaginitis, is one of the most common conditions affecting women after menopause. Declining estrogen levels

cause thinning of the vaginal epithelium, reduced secretions, and altered vaginal pH. These changes lead to symptoms such as dryness, burning, itching, and dyspareunia, which can severely affect sexual health, marital relationships, and quality of life. It is estimated that almost half of postmenopausal women experience some form of GSM, yet many hesitate to seek treatment due to embarrassment or lack of awareness.

Conventional management relies mainly on local estrogen preparations, which are effective but not always acceptable or feasible for all women. Concerns about safety, contraindications, or personal preference often prompt the search for alternative, non-hormonal approaches. In recent years, lubricants and moisturizers have been recommended as supportive therapy, but their effect is usually temporary.

Ayurveda, the traditional system of Indian medicine, describes *yoni rukshata* (vaginal dryness) and related symptoms in the context of *vata prakopa*. Local oleation therapies such as *yoni pichu* (tamponing with medicated oil) are mentioned as simple yet effective procedures for restoring unctuousness and comfort to the vaginal mucosa. Herbs like *Shatavari* (Asparagus racemosus) and *Ashwagandha* (Withania somnifera) are widely recognized for their nourishing and rejuvenating properties, while *Triphala* and *Guduchi* provide anti-inflammatory and systemic support.

In this article, we present a case of a 50-year-old postmenopausal woman with GSM-related dyspareunia successfully managed using *Shatavaryadi taila yoni pichu* in combination with oral Ayurvedic formulations and lifestyle advice. The case highlights the potential of integrative, non-hormonal therapy for improving mucosal health and quality of life in postmenopausal women.

OBJECTIVES

Primary Objective

- To evaluate the effect of *Shatavaryadi taila yoni pichu* combined with supportive Ayurvedic oral therapy on dyspareunia and vaginal dryness in a postmenopausal woman with atrophic vaginitis (GSM).

Secondary Objectives

- To assess changes in objective parameters such as vaginal pH and Global Atrophy Score (GAS) after treatment.

- To monitor improvement in associated symptoms like burning and itching using visual analogue scales (VAS).
- To document patient satisfaction and quality-of-life improvement using the FSFI pain domain.
- To evaluate the safety and tolerability of the intervention**.**

METHODOLOGY

A Case Study

A 50- year- old married female came to opd on 22nd march 2025 with-

Chief complaints –Painful intercourse (dyspareunia) for 2 years

Persistent vaginal dryness for 2 years

Vulval burning and irritation for 2 years

Intermittent vulval itching for 1 year

Medical history – No any history of DM, Htn, Asthama, Koch's, Thyroid or any other medical illness.

Surgical history – Previous LSCS i/v/o thick MSL with Fetal distress.

Family history – No any relevant family history.

Menstrual history –Menopause achieved 2 years back

Menarche at age of 13 years

Marital status – Married since 29 years

Obstetrical history – G1P1A0L0D0 (female child- 27 years old)

Coital history – Once a week

Physical Examination

Built – Moderate (BMI of 22.6 kg/m²)

Nutrition – satisfactory

Pallor – Nil

Icterus – Nil

General Examination

GC – Fair

T – Afebrile

Pulse – 80/min

BP – 110/70 mm of Hg

RR – 18/min

SPO2 – 98%

Systemic Examination

RS – Air entry bilateral equal, chest clear.

CVS – S1S2 normal.

CNS –Conscious, oriented.

Per Abdomen – Soft, Non tender

Personal History

Diet – Mixed

Appetite – Normal

Micturition – normal

Bowel – Normal

Allergy – Nil

Addiction – Nil

LOCAL EXAMINATION

External Genitalia

- Vulva appeared atrophic with excoriation and scratch marks due to itching.
- Labia majora and minora were thinned, dry, and mildly erythematous.
- No vulval mass, ulcer, or discharge noted.

Per Speculum Examination

- Vaginal walls appeared dry, pale, and erythematous, with reduced rugae.
- Mucosa was fragile with a visible fissure at 6 o'clock position.
- No abnormal discharge, bleeding, or growth.
- Cervix appeared healthy; no ectopy, erosion, or lesion detected.

Per Vaginal (Bimanual) Examination

- Uterus: Small, anteverted, non-tender, normal mobility.
- Adnexa: No masses or tenderness.
- Fornices: Free, non-tender.

Investigations

Cbc

Hb- 10.8 g/dl

Wbc- 6600/cumm

Platelets- 2.8 lakhs/cumm

Blood Sugar

Fasting-85.0 mg/dl

PP- 98.4 mg/dl

Thyroid Profile

T- T3 – 97.27 ng/dl

T- T4 – 7.04 µg/dl

Tsh – 1.0 µIU/ml

PAP SMEAR

No inflammation and negative for intraepithelial lesion or malignancy.

Study Setting

The study was conducted at Dr G. D. POL Foundation Y.M.T. Ayurvedic Medical college & Hospital Kharghar, Navi Mumbai.

METHODOLOGY

Intervention Plan

Name of formulation: Shatavaryadi Taila

Source of reference: Bhaishajya Ratnavali, Vataroga Chikitsa

Mode of administration: Pichu Dharan

Procedure

- The patient was asked to empty bladder and bowel before the procedure.
- Perineal region was cleaned with warm sterile water and dried under aseptic precautions.
- A sterile cotton swab was soaked in Shatavaryadi taila until fully saturated.
- The swab was gently inserted into the vagina and kept in situ for approximately **30–45 minutes** once daily.
- The patient was advised to remain in the supine position during the procedure to ensure adequate contact of medicated oil with the vaginal mucosa.

- Duration: 14 consecutive days.
- Follow up at 7th and 14th day

Rationale

Shatavaryadi taila is indicated in *yoni rukshata* and related *vata prakopa* conditions. It provides unctuousness, promotes healing of microfissures, reduces friction during intercourse, and helps restore the vaginal milieu.

Oral Medications (Concurrent Support)

1. **Shatavari Kalpa** – 1 tsp with milk, twice daily: to provide systemic nourishment and phytoestrogenic support.
2. **Ashwagandha Ghanvati** – 2 tablets, twice daily: for stress reduction, improved vitality, and systemic balance.
3. **Triphala Guggulu** – 2 tablets, twice daily: for its mild anti-inflammatory, detoxifying, and tissue-healing properties.

Post-Pichu Oral Support

After completion of local therapy, oral formulations were continued with the addition of:

- Guduchi (Tinospora cordifolia): for immunomodulatory and mucosal support.
- Sh**atavari + Ashwagandha:** maintained for ongoing rejuvenation and hormonal balance.

Dietary and Lifestyle Advice

- Increased intake of phytoestrogen-rich foods (soy, flaxseed, sesame, legumes, berries).
- Adequate hydration.
- Avoidance of spicy and excessively salty foods, which aggravate vata and pitta.
- Gentle yoga, pelvic floor exercises, and meditation to improve circulation and stress management.
- Strict avoidance of irritants such as harsh soaps, vaginal douching, or synthetic tight undergarments.

Safety Measures

- All procedures performed under aseptic precautions.
- Patient was monitored for local irritation, allergic reactions, or systemic side effects.
- No adverse events were reported throughout treatment.

Assessment Criteria and Grading

1. **Female Sexual Function Index (FSFI – Pain Domain)**
   - Score range: 0–6 (higher = more pain).
   - **Grading**
     - 0–1 = No/minimal pain
     - 2–3 = Mild pain
     - 4–5 = Moderate pain
     - >6 = Severe pain

2. **Visual Analogue Scale (VAS)** for dryness, burning, and itching
   - Score range: 0–10 (higher = more severe symptom).
   - Grading
     - 0 = No symptom
     - 1–3 = Mild
     - 4–6 = Moderate
     - 7–10 = Severe

3. **Global Atrophy Score (GAS)**
   - Score range: 0–3 (higher = greater atrophy).
   - Grading**:**
     - 0 = Healthy mucosa
     - 1 = Mild atrophy (slight dryness/thinning)
     - 2 = Moderate atrophy (dry, pale, reduced folds)
     - 3 = Severe atrophy (thin, friable, fissured mucosa)

4. **Vaginal pH**
   - Normal range: 3.5–4.5
   - Gr**ading**
     - 3.5–4.5 = Normal
     - 4.6–5.5 = Mildly elevated
     - 5.6–6.5 = Moderately elevated
     - 6.5 = Severely elevated

RESULTS

Parameter	Baseline	Mid-Treatment	Final Follow-up
FSFI Pain Domain	4	2	1
Vaginal Dryness (VAS)	7	3	1
Burning/Irritation (VAS)	6	2	0
Itching (VAS)	5	1	0
Global Atrophy Score (GAS)	3	1	0
Vaginal pH	6.0	4.5	4.0

DISCUSSION

Genitourinary syndrome of menopause (GSM) results from estrogen deficiency, leading to thinning of the vaginal epithelium, reduced glycogen, altered vaginal flora, elevated pH, and subsequent dryness, burning, itching, and dyspareunia. Conventional therapy, particularly local estrogen, is effective but not always acceptable due to contraindications, cost, or patient preference. Hence, safe and effective non-hormonal alternatives are valuable.

In this case, *Shatavaryadi taila* yoni pichu combined with oral Ayurvedic formulations produced significant improvement in both subjective symptoms and objective parameters. Dyspareunia and dryness improved within two weeks, vaginal pH normalized, and atrophic changes reversed. Importantly, the intervention was well tolerated without adverse effects.

The serial outcomes (FSFI pain, VAS, Global Atrophy Score, vaginal pH) strengthen the clinical significance of this case. The rapid symptomatic relief (notably reduction in dryness and burning) reflects the lubricating and healing properties of local therapy, while sustained improvement likely relates to systemic support from oral formulations.

This outcome suggests that Ayurvedic local oleation, when combined with systemic rasayana (rejuvenative) support and lifestyle modification, may offer an effective integrative approach for GSM.

PROBABLE MODE OF ACTION

From a Biomedical Perspective

Local effect of Shatavaryadi taila: Provides lubrication, acts as a barrier reducing friction, and supports mucosal hydration. The unctuous medium may restore the local microenvironment, helping re-establish lactobacilli and lower vaginal pH.

Systemic effect of oral formulations

Shatavari (Asparagus racemosus) contains phytoestrogenic compounds that mimic estrogen's effect on mucosa, improving trophicity.

Ashwagandha (Withania somnifera) reduces stress and improves overall vitality, indirectly benefiting sexual function.

Triphala guggulu provides mild anti-inflammatory and detoxifying effects, helping tissue healing.

Guduchi (Tinospora cordifolia) supports immune modulation and mucosal health.

Together, these agents likely improved epithelial regeneration, mucosal elasticity, and vascularity.

From an Ayurvedic Perspective

Postmenopausal GSM symptoms correspond to *yoni rukshata* and *vata prakopa* (dryness and roughness due to aggravated vata).

Yoni pichu with *sneha dravya* (unctuous oil) pacifies *vata*, restores lubrication, and promotes *sneha* in the local tissue.

Shatavari acts as a *stree-rasayana* (rejuvenator for women), nourishing *dhatus* (tissues) and improving *artava dhatu* functions.

Ashwagandha enhances *ojas* and relieves stress, improving *mano-swasthya* (mental well-being).

Triphala and *Guduchi* balance *pitta* and *kapha*, supporting mucosal integrity and immunity.

CONCLUSION

This case highlights that *Shatavaryadi taila* yoni pichu, combined with supportive oral Ayurvedic formulations and lifestyle modification, can effectively relieve postmenopausal dyspareunia and vaginal dryness associated with genitourinary syndrome of menopause (GSM). The therapy not only improved subjective symptoms but also restored objective parameters such as vaginal pH and mucosal health, without any adverse effects.

Ayurvedic principles of *snehana* (oleation) and *rasayana* (rejuvenation) provide a rational basis for this approach, while biomedical evidence suggests lubrication, phytoestrogenic support, and mucosal healing as probable mechanisms. Although a single case cannot establish definitive efficacy, the consistent clinical improvement observed here supports further exploration of such integrative, non-hormonal therapies in larger clinical studies.

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