

AYURVEDIC MANAGEMENT OF *YONISHAITHILYA* (WEAK PELVIC FLOOR STRENGTH) BY *ABHYANTAR EVUM STHANIK CHIKITSA* IN GERIATRIC AGE GROUP – A CASE STUDY

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ABSTRACT

Yonishaithilya is a prevalent gynecological issue affecting women of geriatric age group. This is serious business that can have a negative impact on a woman's quality of life. According to *Brihatrayi*, *Yonishaithilya* is not a distinct illness; rather, it manifests as a symptom of *Mahayoni Yonivyapada*, *Vatala Yonivyapada*, *Phalini Yonivyapada*, and *Karnini Yonivyapada*. *Yonishaithilya*'s etiology, sign, symptoms, and course of treatment are similar to those of perineal laxity. The condition known as perineal laxity occurs when the female pelvis' supporting structure loosens, allowing one or more pelvic organs to descend through the slack vaginal introitus. Ayurveda gives various *Abhyantar* and *Sthanik chikitsa* like local application of *Pichu*, which are economical, easy and nonsurgical which gives an eminent result in *Yonishaithilya*. Untreated *Yonishaithilya* may produces complications like pelvic organ prolapse, urinary incontinence and may convert into 2nd or 3rd-degree prolapse where conservative treatment is not beneficial. A case study of 82 yrs female patient who came to opd with

c/o feeling of mass, Burning and frequent micturition, Vulvar itching with p/v examination suggestive of 1st degree prolapse. She was not able to tolerate allopathic medicines. With 3 months of *AYURVEDIC* medicine and *PANCHAKARMA*, significant improvement was seen.

Aim: To establish relevant ayurvedic treatment for *Yonishaithilya* and associated

complaints in Geriatric Age. **Objectives:** To provide comprehensive Ayurvedic medicinal care through both oral and local routes. **Methodology:** Both *Abhyantar Chikitsa* (*Vishtinduk Vati*, *Chandraprabha vati*, Syp Neeri) as well as *Sthanik Chikitsa* (*Yoni dhawan – Triphala kwath* f/b *Ashwagandha tail* *Yoni pichu* and Kegel exercise) were given for 3 months. **Result:** Results were drawn from the observations of objective parameters that defined significant reduction of symptoms. **Conclusion:** Ayurveda is effective in treating *Yonishaithilya* along with associated symptoms in Geriatric Age.

KEYWORDS: *Geriatric care, Yonishaithilya, Yoni dhawan, Yoni pichu.*

INTRODUCTION

Women suffers from gynaecological issues not only in her reproductive age but also post menopausal. The most common complaints from the women of old age is of straining and leaking urine when coughing or sneezing, and feeling like there is a mass coming through the vagina. Following menopause, atrophy of the muscles and sexual organs is observed. Loss of pelvic floor muscle tone during vaginal delivery or pregnancy is one of the main etiological reasons for vaginal wall prolapse.

Ayurvedic classics described the word *Yoni* as *Tryavarta yoni*, a whole genital tract which includes uterus, cervix, vagina and the word *Vyapada* means disorder. Hence, in Ayurveda gynecological disorders are described under the heading of *Yonivyapada*. All Acharya's have mentioned *Yonivyapada* which are 20 in numbers, evolving due to vitiation of *Vata*, *Pitta* and *Kapha*. But *Yonishaithilya* is not described as a disease in Ayurvedic literature.

Shaithilya is the word for laxity, or the state of being lax. Since the clinical characteristics of perineal laxity and *Yonishaithilya* are similar, we can correlate the two conditions. The state in which the muscles of the perineum relax is known as perineal laxity. This reduces power of levator muscles, produces the alterations like expansion of vaginal introitus, vaginal and anal opening become too close. Therefore, highly lax vagina and unpleasant coital activity are complaints made by sexually active women with perineal laxity. Women who are postmenopausal and multiparous tend to experience this. With the rise in elderly population world over including India, women with in geriatric age group are facing the issue of perineal laxity *Vata dosha*, which naturally predominates at that period of life, is the most significant element in the pathophysiology of disease. Use of frequent Modern medicines in old age leads to development of various side effects such as weakness, acidity, constipation, bloating as well as Older women who

undergo pelvic floor procedures have a higher risk of recurrence and problems after the procedure. Hence The goal of the study is to learn more about *Abhyantar evum Sthanik Chikitsa* and hence providing relief to the geriatric age by using such ayurvedic medicines that acts as *Vata*, *Pitta* pacifier and also act as yoni balavardhak.

CASE STUDY

A 82 years old patient came to YMT Ayurvedic Hosiptal PTSR OPD complaining of complaints of feeling of mass in vagina, vulval itching (on and off) with burning micturition since 2 months.

Chief complaints – feeling of mass

- Burning and frequent micturition
- Vulvar itching

Medical history – Nil.

Surgical history – Nil.

Family history – No any relevant family history.

Menstrual history

Menopause achieved at the age of 49 yrs.

Marital status – Married since 62 yrs.

Obstetrical history – P3 L3 A0

P1 - Male child 61yrs FTND at hospital

P2 – Female child 59 yrs FTND at hospital

P3 – Male child 57 yrs FTND at hospital

Coital history – Nil.

Physical Examination

Built – Moderate

Nutrition – satisfactory

Pallor – Nil

Icterus - Nil

General Examination

GC – Fair

T – Afebrile Pulse – 82/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, NT.

Personal history

Diet – Mixed

Appetite – Normal

Micturition – Frequent

Bowel – Normal

Allergy – Nil

Addiction – Nil

Genitourinary Examination

External examination - Mild Excoriation

Per speculum – white discharge absent

OS – No erosion and hypertrophy

- Anterior vaginal wall laxity +

- Mild cystocele

Per Vaginal – Uterus AV – normal size

No tenderness in fornices

No adnexal mass palpable

**Investigations**

USG - uterus atrophied

- No pelvic mass or cyst seen

URINE-R/M

Glucose – Nil

Ketone – Nil

Epithelial Cell – 4-5 / hpf

Pus Cell – 3-4 / hpf

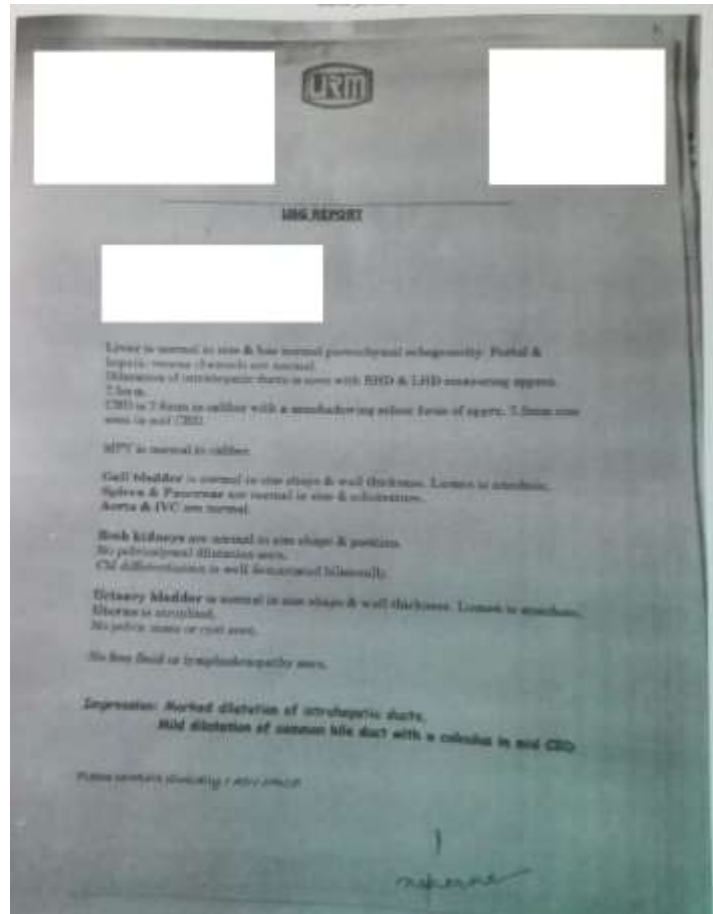
Red blood cell – Absent

CBC

Hb – 11.8gm %

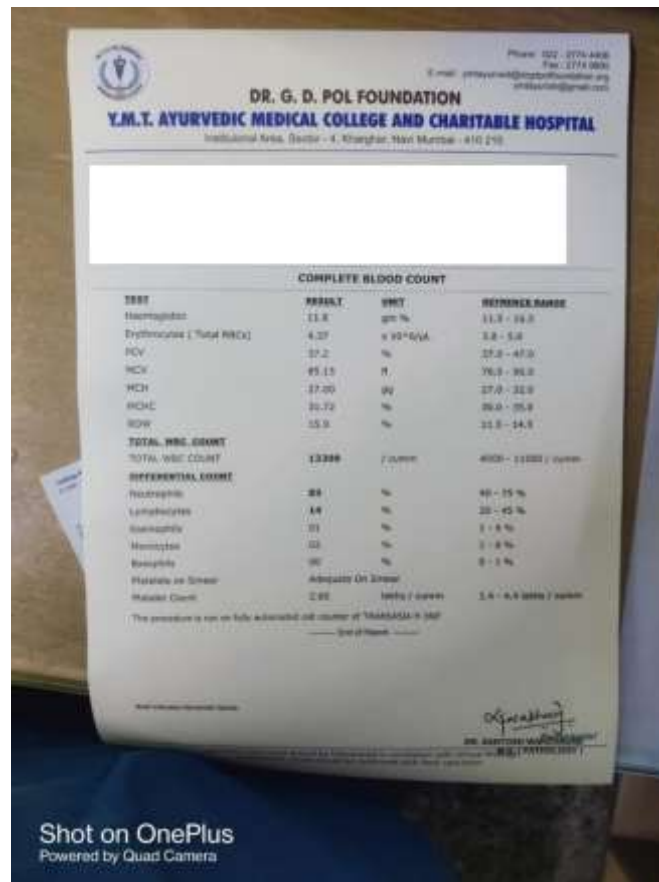
WBC – 13200/cumm

Platelet – 2.4 lakhs/ cumm



ROUTINE EXAMINATION OF URINE		
PARAMETER	OBSERVED VALUE	REFERENCE RANGE
Physical Examination		
Colour	Pale Yellow	Pale Yellow
Appearance	Clear	Clear
Reaction	Acidic	Acidic
Specific Gravity	QNS	
Chemical Examination		
Albumin	Trace	Nil
Glucose	Nil	Nil
Urine Ketones	Nil	Nil
Bile Salts	Nil	Nil
Bile pigments	Nil	Nil
Occult Blood	Negative	Negative
Microscopic Examination		
Red Blood Cells	Absent	0 - 1 / hpf
WBCs	4 - 5 / hpf	0 - 4 / hpf
Epithelial Cells	3 - 4 / hpf	
Crystals	Calcium Oxalates 12-14 / hpf	Absent
Casts	Absent	Absent
Amorphous Deposits	Absent	Absent
Other Findings	Absent	

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MATERIAL AND METHODS

Patient was given both *Abhyantar* as well as *Sthanik chikitsa* for 3 months. It includes -

- **Abhyantar Chikitsa** -1. *Vishtinduk Vati* 2 BD for 15 days
- 2. *Chandraprabha vati* 250mg 2 BD for 15 days
- 3. *Syp Neeri* 10ml BD for 15 days

[Treatment was given for 3 months]

- **Sthanik Chikitsa** – 1. *Yoni dhawan – Triphala kwath*
2 *Ashwagandha tail Yoni pichu*
3. *Kegel exercise*

[Procedures were done for duration of 7 days for 3 consecutive cycles.]

Procedures for *Sthanik Chikitsa*

It is very important to note that all the local therapies should be conducted under strict aseptic precautions.

1. *Yoni dhawan* - *Yoni Dhawan* is deep cleansing of vaginal passage and *Garbhashaya Mukha* (cervix) under AAP with *Triphala kwath*.

- Proper aseptic precautions should be taken before starting the procedure.
 - The patient is given a lithotomy position.
 - The rubber mackintosh is placed underneath the patient's waist, one end of which lies in the bucket
 - A sterile rubber catheter is inserted into the vagina.
 - Enema pot filled with a decoction is kept at 5 feet distance with Lukewarm decoction *Prathamavarta* (Vagina) is washed out.
 - After the procedure, the vulva is dried with cotton followed by pichu insertion
 - Then the procedure is repeated on the respective days.
2. *Ashwagandha tail Yoni pichu* – After yonidhavan, Placing of cotton ball/ tampon soaked in *Ashwagandha oil* in vagina for a specific time period.

RESULT: Patient took treatment for 3 months. She got 40% relief after 1month itself.

ASSESSMENT

1 st Cycle	2 nd Cycle	3 rd Cycle
Burning and frequent ↓ Micturation Vulval itching ↓ Feeling of mass ↓	Burningand frequent ↓ Micturation Vulval itching ↓ Feeling of mass ↓	Burning and frequent ↓ Micturation ↓ Vulval itching ↓ Feeling of mass ↓

After treatment

Per speculum – No white discharge

OS – No Cervical erosion

- No Cervical hypertrophy
- Vaginal wall laxity (↓)

Per Vaginal – Uterus AV – normal size

No tenderness in fornices

DISCUSSION

Yonishaithilya is the condition in which *Vata* provoking activities and food habits causes vitiation of *Vata* which may lead to various complications like *Yoni bhransh*, frequent micturition etc. In western medicines, there is no permanent therapy and only use of gels creams, or pessaries. Moreover, when used in long term, they are deleterious to health. Hence, the management of this disease is merely insufficient in other systems of medicine and

patients are constantly looking with a hope towards Ayurveda to overcome this challenge. Aim of treatment is to treat *Yonishaithilya (Vivritta yoni)* by constricting vaginal orifice or os of cervix with the use of different single drugs or formulation that are given by Ayurveda, to improve tonicity of perineal muscles and to prevent further descent of genital organs. To meet this aim, Ayurveda has offers excellent remedies which are naturally available, rejuvenating and finally improve the women's health and quality of life.

1. YONI DHAWAN

- धावतीशुध्यत इ त त्थावन् ।। सु. चि. २८/३९
- योनी तवशेषेण शोधनं नाम शुद्धी करणम् ।। सु. १३/१५

Yoni dhawan is a procedure for cleansing vagina, vaginal canal and cervical lips with medicated *kwath*. The medicated *kwath* consists of *dravyas* which works through the *Rasa*, *Virya*, *Vipaka* and *Guna* to counteract the *sthanik dosha dushti*.

Content used: *Triphala*.

त्रिफला कफपित्तघ्नी मेहकुष्ठहरा सरा ।

चक्षुष्या दीपनी रुच्या विषमज्वरनाशिनी ॥

भावप्रकाश हरीतक्यादि वर्ग

Triphala has anti-inflammatory, antibacterial and antioxidant properties which improves circulation and reduces infection.

According to Ayurveda, it has *Krimighna*, and *Vronaropan* (wound healing) properties.

- Yonidhawan by triphala kwath helped in reducing the burning micturition of the patient
- Excoriation also got reduced

2. YONI PICHU

A sterile medicated cotton swab/ tampon soaked in lukewarm medicated oil is kept inside the *yoni* [vagina] under all aseptic precautions for a time period of 2 hours or till urge of urination. It has *Vata Sahamaka*, anti-inflammatory properties.

- Ashwagandha oil has *tikta rasa*, *ushna virya*, *Madhur vipaka* and hence helped in strengthening the pelvic floor muscle
- It is also *balya*
- Helped in reducing the complaint of feeling of mass of patient.

3. *VISHTINDUK VATI*

- Main content is *Kupilu* which being *TIKTA*, *KATU (RAS)*, *USHNA VIRYA* and *KATU VIPAKA* act as *Pitta pacifier*, *Vata pacifier*
- Tonic for urinary bladder (reduces bladder sluggishness) and is effective for stimulating muscles and strengthening muscles and makes a person more energetic.
- It helped in strengthening the pelvic floor muscle of the patient and there by patient got a relief

4. *SYP NEERI*

- *Butea monosperma* (Palash) in *Neeri*, has been established for its Alkalizer effect in clinical studies
- It helped in improving in burning and frequent urination of the patient after the course of treatment because of *Shwet Parpati*, *Palash Kshar* which has alkaliser property.
- It relaxed mucose of urinary bladder and thus helped in reducing symptoms

5. *CHANDRAPRABHA VATI*

- *Chandraprabha Vati* reduced urinary frequency and urinary incontinence because of *shunthi*
- *Chandraprabha Vati* has main ingredient as *SHILAJIT* which helped patient to reduce mental stress also.
- *Chandraprabha Vati* also acted as health tonic due to *LOHA BHASM* and *SHILAJIT* and reduced generalized weakness of the patient.

6. *KEGEL EXERCISE*

Kegel exercises strengthen the pelvic floor muscles, which support the uterus, bladder, small intestine and rectum

- It helped in strengthening the pelvic floor muscle of the patient

CONCLUSION

Yonishaithilya is very common problems that occur during old age. Untreated *Yonishaithilya* may lead to many complications like difficulty in micturition disturbances and genital organ prolapse. It may result in second or third-degree prolapse where there is no scope for conservative treatment. Excess use of allopathic drugs can cause various side effects like bloating, acidity, burning in chest. Hence *sthanik* along with *yuktivyaprashaya chikitsa*

explained in our classic *Ayurvedic* texts provides a scope of study to evolve efficient treatment for diseases in Stri-roga (geriatric age group).

- *Triphala kwath yoni dhawan* acts as cleansing and anti inflammatory.
- *Ashwagandha tail yoni pichu* has *balya* properties.
- KEGEL exercise helps in improving strength of pelvic floor muscle as well as improves vaginal wall laxity.

AYURVEDIC MEDICATION such as *CHANDRAPRABHA VATI*, *SYP NEERI*, *VISHTINDUK VATI* acts as ***Rasyana and Balya***

- Helps in pacifying *vata and kapha, pitta dosha*
- Relives urinary symptoms such as burning micturition, urinary incontinence etc
- Provides generalized strength and acts as health tonic

Above mentioned treatment protocol is cost effective *Ayurvedic* management.

REFERENCES

1. Andrew Siegel, Female pelvic relaxation, Primer for women with pelvic organ prolapse, January 2015, P. 09.
2. Campbell P, et al., Self reported vaginal laxity- Prevalence, impact and associated symptoms in women attending urogynecology clinic, J Sex Med, 2018; 15: 1515-1517.
3. Acharya Priyavat Sharma, Charaka Samhita of Agnivesha, Vol.2, (Chikitsa sthana 30/9), Varanasi; Choukhmbha Sanskrita Series office, 1998 P.503.
4. Dr. Anna Moreshwar Kunte, Ashtanga Hridayam, 6th edition (Uttaratantra 33/29-30), Bombay; Pandurang Jawaji Nirnay Sagar Press, 2000, P.157.
5. Acharya Priyavat Sharma, Charaka Samhita of Agnivesha, Vol.2, (Chikitsa sthana 30/10), Varanasi; Choukhmbha Sanskrita Series office, 1998 P.503.
6. Dr. Anna Moreshwar Kunte, Ashtanga Hridayam, 6th edition (Uttaratantra 33/29-30), Bombay, Pandurang Jawaji Nirnay Sagar Press, 2000, P.157.
7. Acharya Priyavat Sharma, Charaka Samhita of Agnivesha, Vol.2, (Chikitsa sthana 30/47), Varanasi; Choukhmbha Sanskrita Series office, 1998 P.507.
8. Acharya Priyavat Sharma, Charaka Samhita of Agnivesha, Vol.2, (Chikitsa sthana 30/61), Varanasi; Choukhmbha Sanskrita Series office, 1998 P.507.
9. Acharya Priyavat Sharma, Charaka Samhita of Agnivesha, Vol.2, (Chikitsa sthana 30/47-48), Varanasi; Choukhmbha Sanskrita Series office, 1998 P.507.

10. Acharya Priyavat Sharma, Charaka Samhita of Agnivesha, Vol.2, (Chikitsa sthana 30/62), Varanasi; Choukhmbha Sanskrita Series office, 1998 P.508.
11. Acharya Priyavat Sharma, Charaka Samhita of Agnivesha, Vol.2, (Chikitsa sthana 30/59-60), Varanasi; Choukhmbha Sanskrita Series office, 1998 P507.
12. PV Tiwari, Kumari Asha, Yogratanakar, 1^a edition, Varanasi, Chaukhamba Vishvabharti, Yonivyapadroganam chikitisa/5. 2010
13. Murthy Shrikantha K.R., Sushruta Samhita, Vol.2., Varanasi; Choukhambha Orientalia, 2014, Uttar Sthana 38/20.
14. Dr. Ambika Dutta Shastri, Sushruta Samhita, 10th edition, (Uttar Tantra 38/13), Varanasi; Chaukhambha Sanskrit Sansthan 1996.P.158.
15. Dr. Ambika Dutta Shastri, Sushruta Samhita, 10th edition, (Uttar Tantra 38/13), Varanasi; Chaukhambha Sanskrit Sansthan 1996.P.158.
16. Dr. Anantaram Sharma, Sushruta Samhita, Vol.2., (Uttar Tantra 38/28) Varanasi, Chaukhamba Sanskrita Sansthana, 2006.P.237.
17. Sharma R.K., Das B. Charaka Samhita, Vol.2. (Chikitsa sthana 30/42, 63) Varanasi; Choukhmbba Sanskrita Series office, 2014.
18. Sharma R.K., Das B, Charaka Samhita, Vol.2. (Chikitsa sthana 30/85) Varanasi, Choukhmbha Sanskrita Series office, 2014.
19. Murthy Shrikantha K.R., Ashtanga Sangraha, Vol.2 (Uttarsthana, 39/78), Varanasi, Choukhambha Orientalis, 2012.