

## COMPLETE CURE OF RECURRENT *YONIKANDA* (BARTHOLIN GLAND ABSCESS) WITH AYURVEDA: A CASE REPORT

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### ABSTRACT

**Background-** *Yonikanda* is a disease of vulva or lower vaginal canal; clinically it can be correlates with abscess of bartholin gland. Bartholinitis is infection of bartholin gland by different organisms, this infection may resolute completely or an abscess is formed. **Aim-** to establish the efficacy of Ayurveda *Aushadh* with *Nidana-Parivarjana* and *Prakriti- Vighata* in the management of recurrent infection of bartholin gland. **Material and methods-** In this case report a female patient of age 32yrs. came to OPD of *Prasuti Tantra* and *Stri Roga*

department, National institute of Ayurveda, Jaipur with the complaints of severe painful and recurrent inflammation over vulva from last 4 months; she was unable to even walk and sit After *Nidana-Parivarjana* and *Prakriti-Vighata* we planned local application of *Dashanga Lepa* over swelling After that *Prakshalan* with *Triphla Kwath*, twice a day for seven days along with oral intake of *Triphla Guggulu* and *Punarnavadi Guggulu* 2 tablet Thrice a day with lukewarm water, and *Punarnava Ashtaka Kwatha* and *Jwara-Hara Kwatha* 20 ml twice a day before meal. **Result-** after 2-3 days patient felt reduction in size of the swelling as well as pain too, and after 15 days she got totally relieve in the symptoms. **Conclusion-** *Dashanga lepa* and *Triphla Kwatha* in combination are very effective in *Yonikanda* (Bartholin abscess) as well as *Prakriti-vighata* and *Nidana Parivarjana* also stopped the tendency of recurrence.

**KEYWORDS:** *Yonikanda*, *Bartholinitis*, *Dashanga Lepa*, *Vrana-Ropana*.

### INTRODUCTION

*Yonikanda* is a disease of vulva or lower vaginal canal (becomes injury or ulceration by tooth

or nail or by other different *Nidana* like excessive coitus, *Diwaswapana*, and excessive anger) has round or irregular shape described in *Madhav Nidana*.<sup>[1]</sup> *Yonikanda* can be equated with Bartholin abscess. Bartholin's glands are the two pea sized (2 cm) glands, located in the groove between the hymen and the labia minora at 5 O'Clock and 7 O'Clock position of the vagina.<sup>[2]</sup>

It is impalpable unless hardened or enlarged by disease.<sup>[3]</sup> *Vataja Yonikanda* can be considered early stage of Bartholin abscess, *Pittaja Yonikanda* as acute suppuration stage, *Kaphaja Yonikanda* as chronic stage and *Sannipataja Yonikanda* as acute suppuration in chronic Bartholin abscess. Due to involvement of three *Doshas* and patient came to us with the history of chronic Bartholin abscess i.e. acute suppuration in chronic Bartholin abscess, so we can correlate Bartholin abscess with *Sannipatika Yonikanda*.<sup>[1]</sup>

**Case Presentation:-** A 32 year old patient came to OPD of *Prasuti Tantra and Stri Roga* at National Institute of Ayurveda Jaipur on 14-06-2019.

**Chief Complaints:-** Patient had complaint of recurrent painful swelling in her vulvar region from last 3-4 months and after getting antibiotic treatment it bursts and pus drains out then she got symptomatically relief but after some days it starts recurs spontaneously. She was feeling difficulty in walking and sitting and she suffered from too much physical as well as psychological pain because she gave history of only 4 months married life, her marital harmony was also in danger and she was also advised for Marsupialization by modern doctors then she came for Ayurveda treatment to get permanent relief from this recurrent infectious problem.

**Past History:-** she was suffering from this problem since 4 months after getting married, recurrent infection appeared every month usually around menstrual cycle.

**Table 1-Detail history of patient.**

Menstrual history :	duration 4-5 days with intermenstrual period of 30-35 days, Irregular, painless, without clots and with normal flow.
Obstetric history:	G0P0A0L0, Married life 4 months.
Past medical history:	Non-specific.
Past surgical history:	Non-specific.
Familial History:	Non-specific.
Occupation history:	Lecturer in college.

**On examination**

**Inspection of genitalia** - On the left labia minora red swelling with tenderness was present and it diagnosed as Bartholin's cyst.

**Vaiyaktik Vrittant**

**Aahar:-** Patient taken mixed type of food (Non-veg once/week), *Katu Rasa Pradhan* with dominant *Ushna, Tikshna, Ruksha* and had habit of *Vishamashan, Anshana, Viruddhashana Paryushit Aahar*. **Vihara:** Sedentary life Style. **Vyasan:** No history of any addiction.

**Table 2- Ashtavidha Pariksha.**

<i>Nadi</i>	82/min.
<i>Mutra</i>	normal in frequency, colour, odour and without burning and pain.
<i>Mala</i>	constipation, not satisfactorily cleared
<i>Jihwa</i>	<i>Sama</i>
<i>Shabada</i>	<i>Heena</i>
<i>Sparsh</i>	<i>Ruksha, sheeta</i>
<i>Drika</i>	<i>Prakruta</i>
<i>Akriti</i>	Krishna

**General examination:-** she had no peripheral lymph node enlargement. B.P- 110/70 mm of Hg

Temperature- 99.1<sup>0</sup> f.

**Systemic examination**

**Respiratory system-** she has not any history of asthma, allergic, etc. normal Respiratory rate =18/min. with normal chest contour, chest expansion, and normal breath sounds on auscultation.

**Cardiovascular system:-** Examination revealed audible first and second heart sounds and no murmurs or added sounds.

**Per abdominal examination:-** Shows soft, non-tender abdomen. The liver and spleen were not palpable. Bowel sounds were normal on auscultation.

**Laboratory Investigations:-** Patient was advised for routine blood and urine test and vaginal swab culture.

Table 3- Laboratory investigations with their finding.

CBC:-	
HB	12.3 g/dl
HCT	38.4%
TLC	8.73 (1000/mm <sup>3</sup> )
Eosinophil	0.9%

RBS	106.37 mg/dl
HIV	Non-Reactive
VDRL	Negative
HBsAg	Negative
LFT	WNL
RFT	WNL
Urine routine & microscopic	No Abnormality Detected
Urine Culture	No organism isolated after 48 hrs. of aerobic incubation
Vaginal swab culture	Mixture of organism of doubtful significance (few colonies of gram positive bacilli) and coagulase negative staphylococci normal commensal grown in culture.

## Treatment

### 1. *Nidana-Parivarjana and Prakriti-Vighata*

We took detail history about her *Dincharya*, habits of *Pathya* and *Apathy Ahara* and *Vihara*. In this we got that she was taking curd in lunch and dinner and 4-5 times tea daily and due to early married life so too much coitus frequency was also present with the habit of *Diwaswapana* and eating habits were also faulty, so after getting *Nidana* we advised to her for *Nidana-Parivarjana* and advice do and don'ts according to her *Prakriti* (after assesement).

Her *Prakriti* was *Pitta-Vataja*.

Table 4.

DO	DON'TS
Morning walk, yoga exercise, Pranayama, meditation (to control anger), <i>Follow Raja-Swalacharya</i>	Tea, Coffee, Fast-Food, Hot and Spicy <i>Ahara</i> and <i>Vihara</i> .
Take coconut water twice or thrice a day.	<i>Diwaswapana</i> , coitus, uses of hair removal cream over vulva, <i>Vegadharana</i>
<i>Laghu, Snigdha Ahara</i> , Fruits and milk.	Anger, aggressiveness, Stress etc.
Maintain Personal hygiene.	Yoghurt.
Take <i>Yava-Sattu</i> twice or thrice a day	Avoid snacks.
Dinner at 7:00 pm.	Avoid too much water with and after food.
Night sleep time do not exceed >10:30pm.	<i>Vata-Vardhaka Ahara</i> and <i>Vihara</i> like Lady finger, Brinjal, Gwar-Fali, Besan, Maida products.

## 2. Aushadh

**For local application:-** *Dashanga lepa*.

**For Prakshalan:-** *Triphla kwatha* were advised twice a day for 7 days.

**Oral Therapy:-** *Triphla Guggulu and Punarnavadi Guggulu* 2 tablet Thrice a day with lukewarm water, and *Punarnava Ashtaka Kwatha* and *Jwara-Hara Kwatha* 20 ml twice a day empty stomach in morning and evening.

**RESULTS:-** Within 2 days patient felt reduction in the size of swelling but no more relief in pain, but after seven days swelling decreased just half to its previous size and relieve in pain also, and after 15 days of treatment her swelling subsided completely and she was much happy.

**Follow-Up of 2 months:-** No any further recurrence.

1<sup>st</sup> day



7<sup>th</sup> day



10<sup>th</sup> day



15<sup>th</sup> day



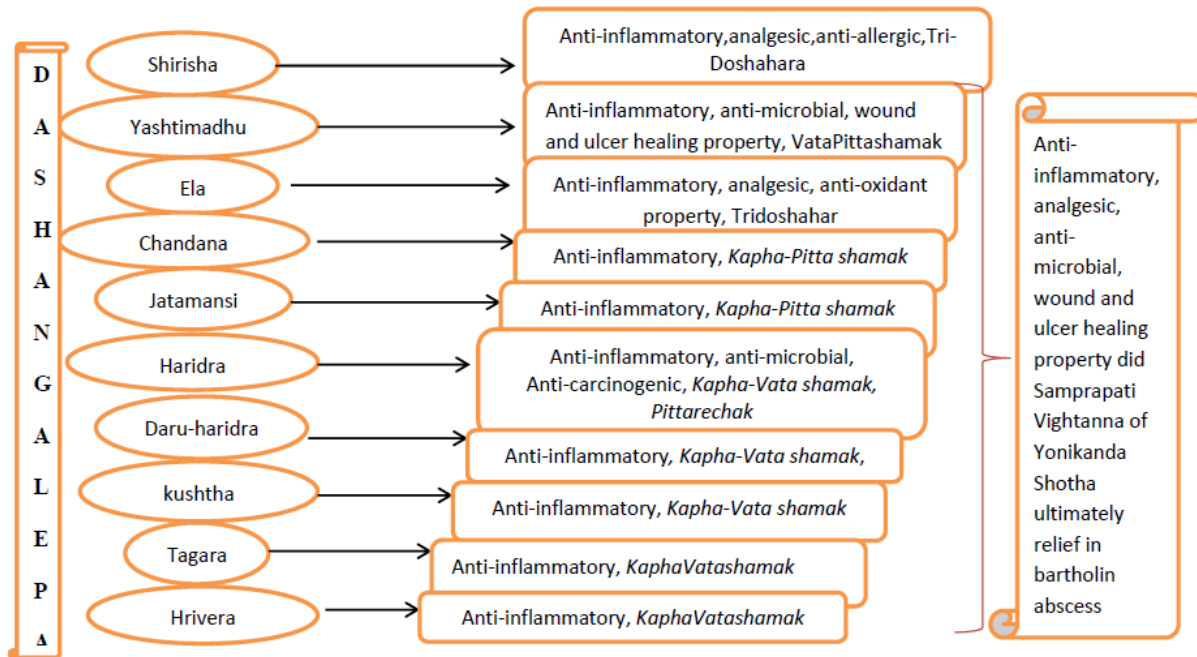
**DISCUSSION-** Anti-Inflammatory, Analgesic, *Tridosha-Shamaka*, Anti-Microbial *Guna* of *Dashanga Lepa* and *Vrana Shodhana*, *Ropana*, *Vedna-Shamaka* And *Sravahara* property of *Triphla Kwatha*<sup>[4,5,6,7]</sup> directly corrected *Shotha* of Bartholin Gland and *Prakriti-Vighata* and *Nidana Parivarjana* helps in recurrence in future.

### Probable mode of action of *Dashanga Lepa*

शिरिषयष्टीनतचंदनैलामांसिहरीद्वयकुष्ठबाले ।

लपौ दशांगः संघृतः प्रयोज्यो विसर्पकुष्ठज्वरःशोथहारी ॥ भैषज्य रत्नावली 57/19

*Dashanga Lepa* is described in the treatment of *Visarpa*, *Kushtha*, *Shotha* etc. because of the following contents and their properties-



### Probable mode of action of *Triphla-Kwatha*

*Bhava-Prakasha* described *Triphla Kwatha Prakshalana* in the treatment of *Yonikanda*. *Triphla Kwatha* described in *In shotha Rogadhikara in Bhaishajya Ratnawali*. Its *Tridosha-Shamaka* And *Shoth-Hara Guna* properly based on *Kashaya Rasa Pradhan Dravyas* directly act upon in all stages of *Dushta Vrana*, like in *Ama-Avastha* by *Pachana of Doshas*, in *Pachyamana Avastha* by *Pittashamak Guna* relieves pain and in *Pakva-Avastha* it corrects *Srava* by its *Kashaya Rasa* which is *Dhatushoshaka Guna* and by *Lekhana Guna* it corrected *Kleda* of *vrana* ultimately *Ropana* occurred.



It is reported to be an effective antibacterial agent against Gram-positive and Gram-negative bacteria, antifungal agent.<sup>[8]</sup>

The *Triphala Kwatha* drugs are *Laghu*, *Ruksha*, *Teekshna*, *Kashaya* and *Tikta Rasa*. *Lekhana* and *Shodhana* property might have helped in improving the quality of granulation tissue.<sup>[9]</sup>

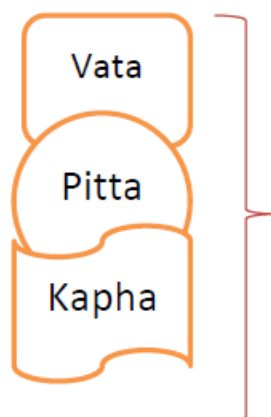
### *Dosha-Shamakta of Dashanga Lepa*

#### Dashanaga Lepa

Ushna Veerya, Madhura rasa

Sheeta veerya, Tikta, Kashaya Rasa

*Laghu Guna*, *Ushna Veerya*,  
and *Katu*, *Tikta*, *Kashaya Rasa*



#### Triphla kwatha

Tri-Dosha Shamaka

### **Probable mode of action of Dashanga Lepa and Triphala Kwatha in four Cardinal symptoms of Inflammation(Shotha)**

**Rubor** (Reddness)- Relieved by *Pittashamaka* and Anti-Inflammatory *Guna* , *Pachana* of *Vrana Dosh*.

**Dolor** (Pain) – Relieved by analgesic property of *Shirisha*, *Ela* etc. *Dravyas*.

**Tumour** (Swelling) – *Sheeta guna* and *Tikta Rasa* – constrict blood vessels – corrected oedema.

**Calor** (Heat) - *Sheeta Veerya* and *Pittashamaka Guna* corrected it.

**Dashanga Lepa:-** Analgesic *Guna*, *Ushna Veerya* and *Vata-Shamaka* guna of *Dravyas* of *Dashanga Lepa* directly corrected pain.

**Triphala Kwatha:-** *Sushruta Samhita* has emphasized that *Triphala* has hemostatic, anti-inflammatory, analgesic, and wound healing properties. The analgesic and anti-pyretic action of *Triphala* is attributed to the blockade of the effect or release of the endogenous substances that stimulate pain nerve endings as seen in non-steroidal anti-inflammatory drugs.<sup>[10,11]</sup> Anti-microbial activity of *Triphala*, It is probably due to the tannic acid in *Triphala* which gets

adsorbed onto the surface of the bacterial cell leading to protein denaturation and ultimately to cell death.<sup>[12,13,14,15,16]</sup> It helps in improving the body's immunity as it readily promotes antibodies against any invasion of antigens.<sup>[17]</sup>

## CONCLUSION

This treatment in Yonikanda is found to be safe, cost-effective, and easy to implement in routine practice. So, *Triphla Guggulu and Punarnavadi Guggulu* and *Punarnava Ashtaka Kwatha* and *Jwara-Hara Kwatha* can be recommended as cost effective and effective therapy for recurrent infection of Bartholin gland. Therefore, from this study we can conclude that *Dashanga Lepa* and *Triphala Kwatha* possess sufficient efficacy to treat inflammation (*Shotha*) of Bartholin gland, and it also relieves from recurrence also without producing any adverse effect.

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