

AYURVEDIC INTREVENTION IN THE MANAGEMENT OF SENILE VAGINITIS - A CASE REVIEW

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ABSTRACT

Senile or atrophic vaginitis is an inflammation or irritation of the vagina. It is a non-specific vaginitis and occurs due to a variety of reasons but mainly take place after menopause. The low level of oestrogen after menopause decreases the immunity of the vaginal walls and the mucosa is unable to resist infections by pathogenic organisms. The main symptoms of senile vaginitis are vaginal irritation, dryness, pain, burning sensation, yellowish or blood stained vaginal discharge. In Ayurveda it can be considered as *Shushka yonivyapath* and in which *Vata* gets vitiated due to suppression of natural urges during intercourse and this vitiated *Vata* produces dryness and severe pain in the vagina. It can be managed by *snehana*, *swedana* and *utharavasthy* in the form of *yonipooranam* (vaginal filling with medicated oil). This is a case of a lady aged 65yrs having senile vaginitis, who came to the OPD of *Vaidyaratnam Ayurveda* College, Ollur, Thrissur, with severe unbearable pain in the vagina along with burning micturition since one year. She was treated at IP level at *Prasutitantra* and *Streeroga* department for 2weeks and she got complete relief from the complaints.

KEYWORDS: Senile vaginitis, *Shushka*, Menopause, *snehana*, *swedana*, *utharavasthy*.

INTRODUCTION

Senile vaginitis mostly take place in women after menopause, but it may also occur after ovariectomy or in lactating women.^[1] The main reason is the failure of function of ovary which leads to low Oestrogen level. This results in a decrease in vaginal fluid and an increase in the vaginal pH from a healthy acidic environment to an unhealthy alkaline one.^[2] The epithelium, the lining of the vagina, becomes thinner when Oestrogen levels go down during menopause. This makes the lining epithelium of vagina more susceptible to irritation, inflammation and trauma. In addition to this, poor personal hygiene, nutritional deficiencies -- especially vitamin B -- may be related to the pathogenesis.

The main complaints of senile vaginitis are yellowish or sometimes blood stained vaginal discharge, vaginal discomfort, vaginal dryness, vulval itching, soreness on the vulva, dysurea & dyspareunea.^[3] One of the complication of senile vaginitis is urethritis. This is caused by thinning and weakening of the tissues around neck of the bladder or around the urethra. The urinary

symptoms that may occur include an urgency to urination, dysuria and reccurent urinary tract infection.^[4]

In *Ayurveda*, women care is dealt in separate section and the term *Yonivyapath* includes majority of gynaecological disorders. Twenty *Yonivyapaths* are dealt in various classical text books.^[5] In *Shushka yonivyapath* *Vata* gets vitiated due to suppression of natural urges during intercourse and this vitiated *Vata* produces dryness of vagina.^[6] It also causes severe pain in the vagina. This condition is similar as hypoestrogenic condition and after menopause oestrogen deficiency happened and leads to the above mentioned symptoms. According to *Sargadhara*, *arthavanasa* occurs in *Shushka yonivyapath*.⁷ So we can considered *Shushka yonivyapath* as senile vaginitis. Its treatment principle is to normalise the vitiated *Vata* by *Snehana* (oleation) and *Swedana* (sudation) especially at genitourinary area. *Charakacharya* mentioned *utharavasti* for the management of *Shushka yonivyapath*. In *utharavasti* medicated oil is introduced into the uterine cavity or vaginal cavity. In this case the affected part is vagina, so medicated oil is introduced into the vaginal cavity and retained there for about 45mts (*yonipooranam*). This

procedure is helpful to reduce the infection and dryness of vagina.

CASE REPORT

A 65yr old woman came to the OPD of *Vaidyaratnam Ayurveda College Hospital*, Ollur, complaining of severe pain in the vagina, lower abdomen and burning pain while micturation. She had attained menopause at the age of 50yrs and developed burning pain, itching and dryness in the vagina one year ago. She also had the history of recurrent urinary infection. She consulted an *Ayurvedic* physician for these complaints and took medication. She got only slight relief for the symptoms. The symptoms aggravated two weeks before she came to the OP and the patient couldn't sit or even walk due to severe vaginal pain and lower abdominal pain.

Before admitting the patient in IPD, vaginal examination was done. On examination cystocele and rectocele were present. Speculum examination couldn't be done due to severe pain. On urine Routine examination puscells was found to be 50-100/HPF. She was also advised to check Hb% and ESR. Hb was 11gm% and ESR 30mm/hr. She was admitted in the college hospital for better management.

Treatment given

She was advised to consume the following medicines.

Bruhathyadi qwadha: 15ml *qwadha* mixed with 60ml luke warm water and advised to consume at morning and evening before food.

Chandraprabha gulika: One tablet twice daily with *qwadha*

Gokshuradi gulgulu gulika: One tablet twice daily with *qwadha*

Shathadhoutha ghrutha: External application on the vulva.

After admission, the following treatments were started.

Abhyanga on the lower abdomen with *Pindataila* and *avagahasweda*.

Yonidhara with *Pindataila* mixed with *Jathyadighrtha* – pouring lukewarm medicated oil over the urethra for 30-45mts.

Lower abdominal *pichu* with *Cheriyabalataila* – piece of cloth or cotton is soaked in warm medicated oil and kept over the lower abdomen for 45mts. To maintain the temperature the oil must be replaced periodically so as to keep the affected area warm.

All the above treatments were posted for 14 days.

On third day morning, she raised complaints of fever and the temperature was 99⁰ F at 8.00AM. Stop all the treatments. She was advised to take rest and to undergo Urine routine examination. The report was same as that of previous one. The following medicines were given for fever along with other medicines.

Amrutharishta: 30ml twice after food.

Vettumaran gulika: One tab twice with *Amrutharishta*.

Sudarsanam gulika: One tab twice with hot water.

The fever reduced and the temperature at 8 PM on the same day was 98⁰F. She was advised to consume the above medicines for three more days along with the medicines prescribed at the time of admission. Next day onwards all the treatments were again started. *Yonipooranam* (filling of vaginal cavity with medicated oil) with *Pindataila* mixed with *Jathyadi ghrtha* was also started.

From fifth day onwards, her pain gradually reduced and on twelfth day she was completely relieved from the symptoms. Urine routine examination was found to be normal. She was discharged on sixteenth day and advised to consume the following medicines for three months.

Bruhathyadi qwadha: 15ml *qwadha* mixed with 60ml luke warm water and advised to consume at morning and evening before food.

Chandraprabha gulika: One tablet twice daily with *qwadha*

Gokshuradi gulgulu gulika: One tablet twice daily with *qwadha*

Shathadhoutha ghrutha: External application on the vulva.

Dhanwantharam 101 avarthy: Eight drops with milk at night for one month.

She was also advised to do Kegel's exercise to prevent the progress of cystocele and rectocele. She is now coming in OP for follow up. Recurrence of symptom was not obtained.

CONCLUSION

As women reach menopause, decreased estrogen level may result in vulvo vaginal changes. Less Oestrogen causes vaginal epithelial thinning, which leads to increasingly fragile vaginal mucosa characterised by decreased elasticity, disappearance of rugae and pallor. Vaginal blood flow and cervical and vaginal secretions diminish, resulting in less lubrication. As age increases, vaginal shortening and narrowing occurs. This vaginal atrophy increase the chance of trauma, infection and pain. This may result in dyspareunia or/and pain during pelvic examination. According to *Ayurveda*, *Yonirogas* does not occur without vitiation of *Vata*, thus first of all *Vata* should be normalized. Being a *Vata* predominant disease, *Snehana* and *Swedana* is very much effective to normalize *Vata*. *Pichu* is a palliative treatment in *Ayurveda* and helps to alleviate diseases arising due to *Vata* disorder. In this case by keeping the *pichu* with luke warm *cheriyabala taila* over lower abdomen for a long time helps to reduce the pain on the lower abdomen by normalising *Vata*. *Utharavasthi* is indicated in diseases of *yoni* and *garbhasaya*. Use of appropriate medicated oil for *utharavasti* is helpful to reduce the diseases affecting *yoni* and *garbhasaya* ie. genital organs. *Utharavsti* will improve blood circulation. By using *Pindataila* and *Jathyadi kera* for *yonipoorana*, the

genital organs will get rid of inflammation, irritation and dryness. *Yonidhara* is a very much effective procedure in recurrent urinary tract infections. *Ayurvedic* treatment provide better result in all the twenty *Yonivyapaths* by adopting the treatment according to vitiation of *dosha*.

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