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A case study on ayurvedic management of *Paripluta Yonivyapad* (*Vaginusmus* / Dyspareunia)

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ABSTRACT

The etiological factor of *yonivyapad* are mainly due to the *vitiation of doshas*, among which *paripluta yoni vyapad* is due to the vitiation of *vata dosha*, which can be correlated to dyspareunia. Dyspareunia means the coital act is difficult and or painful. There is different etiology depending upon the site of pain, out of which vagina atrophy prevalence of 67.5% associated with vaginal dryness – 62%, itching 40%. For the better and fruitful result *sthanika chikitsa* (local therapies) has been enumerated as an important part of *yoni vyapad chikitsa*, which includes *yoni Parisheka* (cleansing of vagina), *Yoni Pichudharana* (medicated soaked tampon place in vagina) and *Uttarbasti*.

Case study: A female aged 41 years, approached opd of D. Y. Patil Ayurvedic hospital complaining of painful coitus along with dryness and itching of vagina since 1.5 yrs the condition was treated with *sthanika chikitsa* followed by internal medications.

Keywords: *Paripluta, Dyspareunia, Sthanika Chikitsa.*

INTRODUCTION

Now a day's woman is suffering from so many problems and among them dyspareunia is the most common problem in married woman. According to Ayurveda dyspareunia can be correlated with *paripluta yonivyapad* where there is involvement of *vata and pitta dosha* also[1].

VAGINUSMUS

Vaginismus is the involuntary tensing or contracting of muscles around the vagina. These unintentional muscle spasms occur when something — a penis, finger, tampon or medical instrument — attempts to penetrate the vagina. The spasms may be mildly uncomfortable or very painful. Vaginismus is the body's automatic reaction to the fear of some or all types of vaginal penetration. Whenever penetration is attempted, your vaginal muscles tighten up on their own. You have no control over it.[2]

Inflammation of Reproductive organs associated with painful coitus – The explanation given by *Charakacharya and Sushrutacharya* are quite contrasting. While *Charaka* opines that *Paripluta* is caused by *Vitiated vata and Pitta* and presents with inflammatory symptoms, Fever, Backache etc. *Sushruta* opines that it is caused only due to *vitiated vata* and presents with Dyspareunia.

Vaginusmus – *Madhukosha* explanation of *paripluta* points out towards its resemblance with Vaginusmus[2]. In Vaginusmus there is presence of Muscular spasm of Thighs, vulva and vaginal canal associated with difficulty in coitus / Painful coitus.

VAGINUSMUS / DYSPAREUNIA

Dyspareunia is painful sexual intercourse due to medical or psychological causes. The pain can primarily be on the external surface of the genitalia or deeper in the pelvis upon deep pressure against the cervix. It can affect a small portion of the vulva or vagina or be felt all over the surface. Understanding the duration, location and nature of the pain is

important in identifying the causes of the pain. [3]

The pain can be acquired or congenital. Diagnosis is typically by physical examination and medical history.

It has been clinically observed that *ayurveda* helps in case of dyspareunia associated with primary infertility. It seems to help by not only treating the symptoms but also by strengthening the reproductive system and improving the local cellular immunity.

In Ayurveda different treatment modalities are mentioned for *Yonivyapad*.

In this case study *Phalasarpi pichu, Triphala kwath Yonidhavan* [4] have worked wonders in treating the patient and proved to be effective.

CASE REPORT

A 41 years female patient, housewife by occupation visited the OPD of D. Y. Patil ayurvedic hospital, dept. Of prasooti tantra and stree roga on 22nd december 2022 with

C/O:- dyspareunia since 3yrs, keen on conception since 1 year, menorrhagia, irregular menses, white discharge and backache since 1 year.

Backache was intermittent in nature. Hence patient consulted an allopathic hospital and took treatment around 6 months but didn't get any relief in the symptoms. The patient was not satisfied with allopathic treatment and

didn't get any improvement so she approached D. Y. Patil ayurvedic hospital for further management.

Past history: No H/O DM/HTN/Hypo-hyperthyroidism or any other major medical or surgical history.

Family history: no history of same illness in any of the family members.

M /H- LMP. 5-12-22 (previous date 24-10-22) duration:- 3-4 / 30-35 days, bleeding-bright red in colour, without foul smell, with/without clots/ dysmenorrhoea absent

Married -3 years back.

O/H – Nulliparous

No contraceptive history.

General examination:- pulse, bp, temp, RR. Normal

Weight 57kg

P/A- soft

P/V- per vaginal examination was attempted but patient was absolute non cooperative and she started yelling on top of her voice with

white discharge or menorrhagia.

profuse sweating and became anxious so it wasn't possible for P/V or P/S.

LAB INVESTIGATIONS

Haemoglobin – 11.7 gm/dl

Usg pelvis- normal findings

T3- 137, T4- 9.54, TSH- 4.66 (28-12-22)

Prolactin 122

AMH- Below 0.1

TORCH- IgG

Toxoplasma Negative, **Rubella Positive 32.30, CMV- Reactive 231.40, HSV 1&2 Positive >30**

TORCH IgM - All Non Reactive

MRI pelvis- Junctional zone which includes the endometrium and the inner myometrium is thickened measure approx. 13mm no e/o endometrial cyst

Minimal fluid in pelvic cavity

No evident vaginal septum is noted

RESULTS

There was a considerably change in various symptoms as noted below. patient is free from all the symptoms and has no complaints like dyspareunia backache,

Sr. No	Date	Dyspareunia	Backache	White discharge	Menorrhagia
1	22-12-22	++++	+++	+++	+++
2	24-1-23	+++	++	+++	++
3	31-1-23	++	+	++	++
4	14-02-23	++	----	----	+
5	16-03-23	----	---	----	+
6	26-04-2023	----	----	----	----

DISCUSSION

Paripluta yonivyapad can be compared with dyspareunia. It is a disease which occurs due to *vitiation of vata* as well as *pitta*. Any *yonivyapad* can lead to *Gulma, Arsha, Asrigdara, Vandhyatwa* and other *vata* disorders i.e.. *Stambha and shoola* as complications if timely not being treated [5]. Here in this case, dyspareunia is one of the cause for primary infertility where *Phalasarpi Pichu, triphala kwath yoni dhawan and cap.Torchnil* were used.

Sthanika Chikitsa has been enumerated as an important part of *Yoni Vyapad Chikitsa*, such as *Basti* (inserting the medicated oil inside the uterus), *Parisheka* (cleansing of vagina), *Abhyanga* (massaging of vagina with medicated oil), *Pralepa* (semisolid drug

applied on the vaginal wall), *Picchudharana* (medicated soaked tampon placed in vagina)[4].

Phalasarpi have qualities such as *Madhura, laghu, sheeta guna, tridosha shamaka, yoni dosha hara, balya and rasayana properties*[6].

Cap. Torchnil[7] is a herbal *Rasayana* and works by possessing the anti-inflammatory activity; suppressing the cyclooxygenase activity and prostaglandin formation; retarding the platelet aggregation; possessing the antioxidant activity; suppressing the activity of the tryrosinase enzyme; possessing the saponin triterpenes, flavonoids and other constituents such as coumarins, sugars choline, phytosterols. Preventing oxidative stress; promoting insulin secretion; inhibiting

gluconeogenesis; inhibiting glycogenolysis; regulating blood glucose concentrations. Reducing the lipid peroxidation in the liver tissue. Possessing the activities due to the presence of piperine, piperlongumine, sylvatin, sesamin, diaeudesmin piperlonguminine, pipermonaline and piperundecalidine constituents. Enhancing athletic performance. Possessing antioxidant, anticarcinogenic and anti-inflammatory properties. Blocking the protein required by virus to replicate

CONCLUSION

In the present case study *Phalasarpi yonipichu*, *Triphala kwath yonidhavan* and *cap.Torchnil* have been used for the treatment of dyspareunia associated with primary infertility which is found to be very effective. There is drastic improvement in signs and symptoms. Patient is free from all the symptoms and is enjoying a healthy married life. Hence ayurveda gives the complete cure by not only relieving the symptoms of illness but also by increasing the defence mechanism and immunity of patient. This in turn prevents the recurrence of disease. But to prove this with greater confidence further studies are to be conducted on this as the present paper is a single case study.

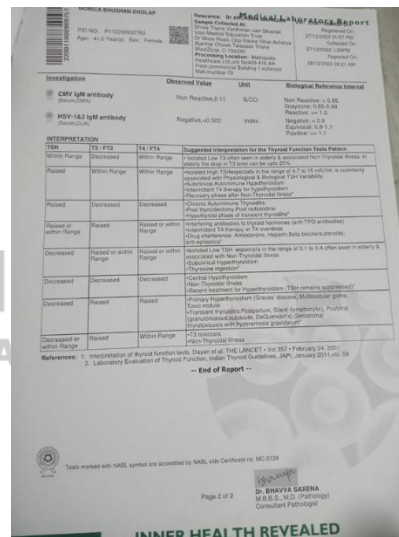
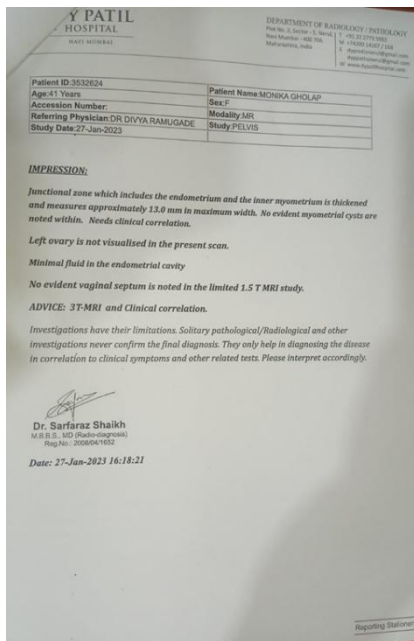
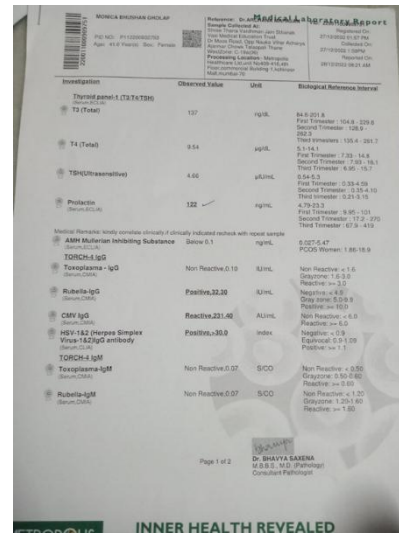
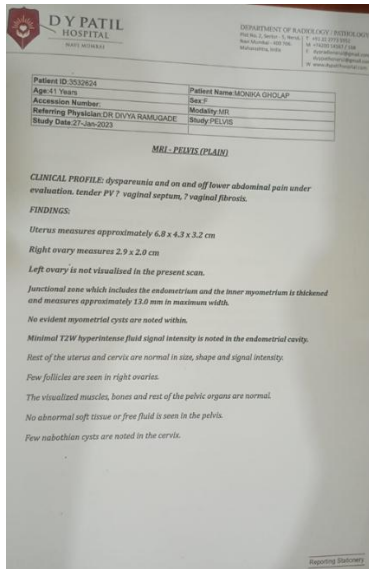
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Following are the Reports attached



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