



**ORIGINAL RESEARCH PAPER**

**Ayurveda**

**AYURVEDIC MANAGEMENT OF DYSPAREUNIA – A CASE STUDY**

**KEY WORDS:** Dyspareunia, Yoni kshalanam, Yoni pichu, sthanika chikitsa

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**ABSTRACT**

Dyspareunia is one of the major medical reason for non-consummation of marriage. Its prevalence is 3-18% in worldwide population<sup>1</sup>, 7% in north Indian study and 2.34% in south Indian study sample<sup>2</sup>. Apart from disinterest in sexual activity and personal relation problems, dyspareunia may cause serious issues of disparities and breakups, especially among the traditional families. Dyspareunia is defined as painful intercourse i.e. persistent or recurrent genital pain occurring just before, during or after intercourse. Dyspareunia may be primary or secondary. It may be superficial, vaginal or deep. The female causes ranges widely from physical factors to psychological concerns.<sup>3</sup> Ayurveda recognises certain *yonivyapats* related with pain, like *vataj yonivyapat*, *udavartini*, *paripluta*, *prakcharana*, *vipluta*. Out of this *gramya dharma rujabhrusham* (excessive coital pain) is mentioned in *paripluta yonivyapat* by *Acharya Susruta*. In the treatment aspect of *yonivyapat*, it is clearly stated 'न हि वाताहते...' (charaka; chikitsa sthana 30) that there is no *yonivyapat* without vitiation of *vata*, and so treatments to normalise the *vata* should be done first, and then to subside other *doshas*. This is a case of 31 year old female, who had primary, superficial dyspareunia. She was successfully treated with internal medicines and localised *ayurvedic therapies* (*sthanika chikitsa*). Not only her dyspareunia was cured, but she also conceived soon after. This bliss could be explained as the outcome of the efficacy of localised therapies, by which the vaginal obstructions were relieved and cleansing of *yonimarga* was attained too, and as a result, her chances of conception was amplified.

**INTRODUCTION:**

Marriage is a glory to the lives of young couples. And consummation of marriage is the ultimate bliss, especially among the traditional families; otherwise serious issues of disparities and breakups are the result and moreover turmoil of emotions, psyche and physique in both the partners will be paramount. Dyspareunia is defined as persistent or recurrent genital pain, occurring just before, during or after intercourse. The causes may be male or female. Male causes are impotence, premature ejaculation, anatomic defects or simply the improper technique of coital act. Female causes ranges widely from physical factors to psychological issues. Dyspareunia may be primary or secondary. Primary being the pain initiates at the start of the intercourse, and secondary being where the pain occurs after sometime of pain free sexual activity.

Dyspareunia may be superficial, vaginal or deep. Superficial is one where the pain is limited to vulva or vaginal entrance, due to factors like narrow introitus, tough hymen, vaginismus (psychogenically mediated involuntary spasm of vaginal muscles – may be primary or secondary), vulvitis, urethral pathology or simply lack of lubrication, which is again due to lack of enough foreplay or lack of estrogen or usage of certain medications like antidepressants, anti-hypertensive, oral contraceptive pills, sedatives & others. Vaginal dyspareunia is burning pain along the barrel of vagina, either during or after intercourse due to factors like vaginitis, vaginal septum, secondary atresia, surgical scar tenderness, tumor or simply menopausal atrophy. Deep dyspareunia is when the penis penetrates deep into the vagina, due to factors usually involving pelvic pathology like endometriosis, chronic PID, chronic cervicitis, interstitial cystitis, retroverted uterus or prolapsed ovary in POD. Emotional factors are – stress, history of sexual abuse or psychological issues.

Disinterest in sexual activity and personal relation problems are its complications. Treatment as per modern depends on the cause; infective lesions if any has to be treated, if any tender scar it has to be excised, & for vaginismus – psychodynamic therapy, behavioural therapy, vaginal dilators or surgery has to be done.<sup>3</sup>

**METHODOLOGY:**

**Case report:**

This is a case of 31 year old female, an IT worker with a

married life of 8 months, coming to us on her 1<sup>st</sup> day of menses with presenting complaints of unable to consummate marriage since 8 months and associatively have small lumps in both breasts. She was diagnosed with PCOD (polycystic ovarian disease) and fibro adenoma of breasts, for which she was on *Ayurvedic* medications and finding some relief. No history of diabetes or hypertension or hypothyroidism. No relevant personal or family history. Menarche attained at 12 years, has been irregular, now regular since 4 - 6 months, with duration of 5-6 days & varying interval, with moderate amount of blood, no clots/pain. On examination, she had freely movable small lumps at medial quadrant of left breast. Per vaginal examination wasn't done in the initial visit, as she was on her periods.

**Treatment given:**

**1<sup>st</sup> visit:**

As she was on her periods, per vaginal examination was not done. She was prescribed *chiruvilwadi kashayam*- 15 ml with 4 times warm water twice daily before food. Review after one week.

**2<sup>nd</sup> visit:**

Pervaginal examination revealed – ruptured hymen with carunculae myrtiformes, one finger insertion was possible, but some band like tightness was felt with in 1cm into the vagina. Per speculum examination was very painful (bled with pain), profuse curdy white flaky discharge filled the vaginal canal, cervix was not visualised; Wet mount test came positive. She was advised to undergo *khadira kashaya yoni kshalana* for 7 days, and internal medicines to continue.

**3<sup>rd</sup> visit:**

Per speculum examination still showed thick white discharge. Cervix wasn't visible yet. She was put on *yoni kshalana* with *triphal kashaya+tankan churna+dhanyamla* for 7 days, and simultaneously on *yoni pichu dharana* with *satapushpa kalka* for 5 days; later *dhanwanthara thaila pichu* for 3 days. Internal medicines was changed to *Musalikhadiradi kashayam* 15ml bd, Tab biogest – 2 bd and then to 1bd.

**4<sup>th</sup> visit:**

The vaginal discharge was minimal to nil. Wet mount test came negative & she was feeling much better symptomatically.

Advised to continue the internal medicines.

**RESULT:**

- 1) She could have pain free intercourse.
- 2) No pain or discharge from vagina.
- 3) She was 7 weeks 6 days pregnant as on 7/1/'21. (received phone call)

**DISCUSSION:**

The pinnacle of success in this case is the fact that not only dyspareunia was cured, but she could also attain conception.

शुद्धे गर्भाशये मार्गे रक्ते शुक्ले अनिले ह्रिदि। वीर्यवन्तम सुतम सूते ॥ अ.हृ.श

When the वातादिभिर्गदुष्टे (i.e unvitiated vaginal canal by *vata* *doshas*) was achieved, she could conceive as well. This was possible with the unique and most fruitful *sthanika chikitsa* (localised treatment) prescribed by our ancient *Acharyas*.

**1. Probable mode of action:**

The probable mode of action of *Yonikshalana* is to remove unhealthy vaginal tissue, promote new tissue growth, maintain vaginal flora and PH, remove bacteria or fungal growths. *Yonipichu* is having good absorption as there is long stay of medicines, it nourishes pelvic tissue, is a nervine tonic, normalises *apana vata*, relieves spasm.

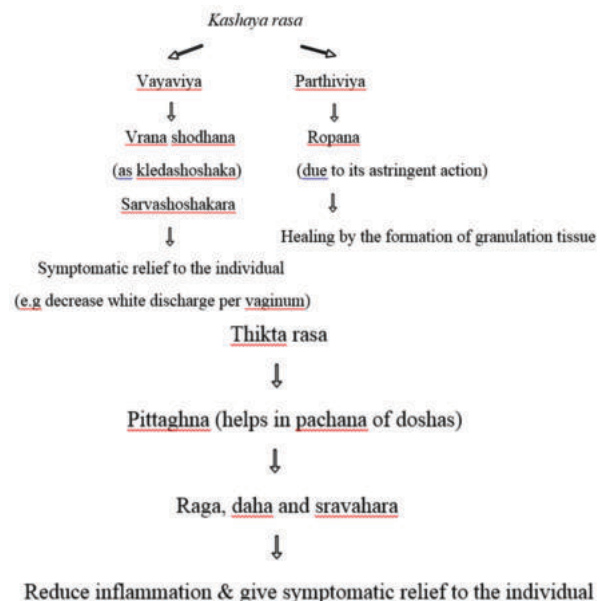
**• Main pharmacological action of local application in Yoni-roga:**

- The drugs which are used locally in Yoni-rogas are mostly:**
- *Kasaya* (astringent) and *Tikta* (bitter) in *rasa*, *Katu* (pungent) in *Vipaka* (the final taste after digestion); *Laghu* (light) and *Ruksha* (dry) in *guna*
  - *Kapha-pitta shamaka*
  - *Shodhaka* (detoxifier) and *ropana* (wound-healer)
  - *Shotha pratikara* (anti-inflammatory)
  - *Yoni doshahara* [removes the vitiation in the *yonis* (female genital tract)]
  - *Kledashoshaka* (dries away the unwanted moistness)
  - *Jantughna* (anti-microbial)

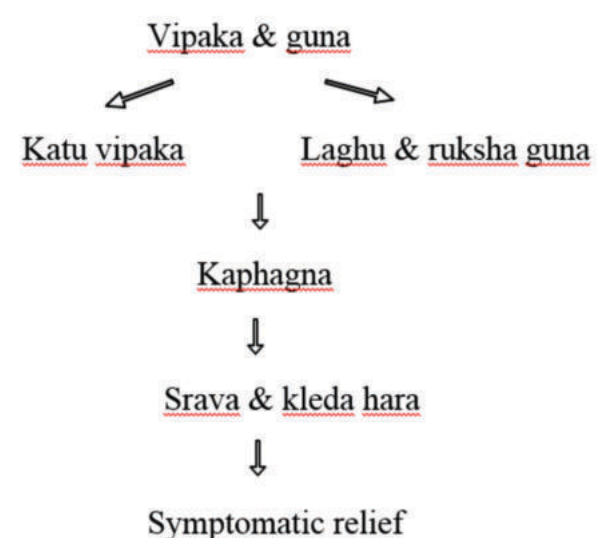
**Acharyas has explained the mode of action of drugs in samhitas in three ways:**

- *Dravya prabhava*
- *Guna prabhava*
- *Dravya guna prabhava*

**On the basis of Rasa:**



**On the basis of vipaka & guna:**



**1. Criteria for selection of drugs:**

*Chiruvilwadi kashayam* was given as *agni deepana & anulomana*.

*Triphala* is *tridoshahara*, *Tankan* and *Dhanyamla* are *vatakapha hara*. *Triphala* is a proven anti-inflammatory & anti-microbial drug. *Satapushpa kalka pichu* (*satapushpa kalka*/paste wrapped in sterilized gauze) has *yonis vishodhana* action due to its *ushna virya* (hot in potency); and is also estrogenic in nature & thus helps in muscle strengthening too.

*Thailam* in general is said to be *yonis vishodhana* by *Acharya Vagbhata*. *Dhanwanthara thailam* is said to be *sarvavata vikaarajit* and *yonirogakshaya apaham* (alleviator of all *vata* disorders and pacifies vaginal diseases).

*Sthanika chikitsa* is the right treatment choice in such cases, because the rugae of vaginal epithelium create an involuted surface and results in large surface area for trans-epithelial absorption of medications and moreover the posterior fornix has rich blood supply to augment the process.

**CONCLUSION:**

Streamlining the textual knowledge and applying clinically to seize the disease process & attain health is the motto of Ayurveda science. Selecting the right kind of drug for *sthanika chikitsa* in females is the need of the hour to get the desired results.

**Few studies:**

1. A study of *arthavava srotas* with special reference to *maithuna asahishnutha* (dyspareunia): with sample size 20; the selected individuals with *maithuna asahishnutha* were analysed for their *prakruti*, & it was found that *Kapha Pradhana Pitta Prakruti* women were more afflicted with this type of disorder as was seen statistically, the *Kapha* having an edge over *Pitta*.
2. There is increased possibility of absorption of even high molecular weight hydrophilic drugs during luteal phase.

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