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# *AYURVEDA*, A PROMISING SOLUTION IN THE MANAGEMENT OF FEMALE GENITOURINARY COMPLAINTS- A CASE REPORT

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## ABSTRACT

Cystourethrocele is a prolapse of the anterior vaginal wall. It mainly presents with unwanted urine leakage, incomplete emptying of the bladder, stress incontinence, pain, fullness, bulge of tissue through vagina etc. Withdrawal of the estrogen support in postmenopausal women leads to thinness & atrophy of the vaginal epithelium leading to vaginitis, vulvitis as well as urethritis. These conditions can adversely affect the psychosomatic health and social life of a lady to a great extent. An effective and convenient modern management to the above condition is still awaited. In *Ayurveda*, *Yonivyapat* are mainly dealt in the context of reproduction. They can be handled on the guidelines of *Swasthvrutta* and *Yonivyapat chikitsa*. Here is an attempt to present an effective solution of female genitourinary afflictions by *Ayurvedic management* through the discussion of a case.

**Key words:** Cystourethrocele; Incontinence, *Yonivyapat, Swasthvrutta , Chikitsa*

## INTRODUCTION

Along with various career building and growth opportunities, today's woman is endowed with constant physical & mental stress. It is an exhausting task taxing their overall health including genitourinary system. Pregnancy & vaginal child birth, ageing, obesity, hysterectomy are added contributors causing weakness in the pelvic floor support. The incidence of hysterectomy in child bearing age is comparatively higher in India as compared to developed countries "[1]." Surgical menopause could be one of the reasons of generating *Khavaigunya* in genitourinary organs. Cystourethrocele is the prolapse of the anterior vaginal wall. It presents with feeling of fullness in pelvis or vagina, incomplete bladder emptying, repeated urine infections, dyspareunia etc. Line of treatment comprises of conservative measures like avoiding strenuous exercises, ORT & pelvic floor exercises, pessary or surgical approach like anterior colporrhaphy or Paravaginal repair "[2]."

Withdrawal of the estrogen support in post-menopausal women leads to Vaginitis with or without Vulvitis & Urethritis. Management of the condition includes Oestrogen therapy in various forms"[3]."

In *Ayurvedic* classics, genitourinary displacement is described under *Yonivyapat*. *Sushruta* considers above condition as *Phalini Yonivyapat* whereas *YR*, *BP* & *MN* consider it as *Andini Yonivyapat* "[4]." The line of treatment of *Yonivyapat* contains *Vatanashana* therapies including *Basti, Abhyanga, Parisheka, Pralepa* and *Pichudharana* "[5]."

The incidence of genital prolapse is increasing with increase in life expectancy in women. The exact prevalence is difficult to be assessed as many women are asymptomatic and some do not reveal the presence of prolapse due to social reasons. Here is presentation of a case to evaluate the efficacy of *Ayurvedic* drugs and *Panchkarma* therapies in a case of cystourethrocele with vulvo-vagintis.

**Materials & methods**

A 65 years old, obese, multipara woman consulted in the OPD of *S.G.Patel Ayurved Hospital & Maternity Home, New V.V.Nagar, Anand*, for recurrent UTI, incontinence of urine and purulent vaginal discharge experienced since two years. The case was admitted to the female *Panchkarma* ward of the *S.G.Patel Ayurved Hospital & Maternity Home, New V.V.Nagar, Anand* for further treatment. Modern medication was given to the patient on & off while suffering with no satisfactory improvement.

**Clinical Findings**

Continued dribbling of urine and foul smelling vaginal discharge were experienced by the patient since three months. The distressing situations of leakage were avoided by the patient by covering the seating place with plastic sheets. Associated complaints were burning micturition, pain in the pelvic region, burning sensation in the stomach as well as chest, nausea, bouts of vomiting; frontal headache, dry cough and insomnia were also informed by the patient. The patient was obese (weight 89.6 kg).Her blood pressure was raised to about 150/100 mm of Hg. Outflow of urine was strongly evident. Per vaginal examination revealed Grade II Cystourethrocele, Vulvovaginitis and Urethritis. Excessive foul smelling discharge was also noted. Coughing reflex caused forceful escape of urine on examination. The patient was found to be anxious, had moderate appetite and difficult bowel movement (*Vibandha*). Previous USG (abdomen) investigations reported history of small left sided renal stones (2013), changes of hypertrophic cystitis (2014) & no significant abnormality except fatty liver (2015). Hematological investigations done on 16 Dec 2016 illustrated Hb – 13.1gm%, WBC count-12,900/cmm, GR-60.6%, LY-36%, MO – 3.4%. Microscopic urine test done on 24 Dec 2016 showed Pus cell – 2-3 /hpf, RBCs- Nil, Epithelial cells – 2-3/hpf.

Hysterectomy was done on the patient 25 years back for meno-metrorrhagia.

**Therapeutic focus and assessment**

*Snehana, Swedana, Mrudu Vamanadi Karma* followed by *Basti, Abhyanga, Parishek, Pra-*

*lepa* and *Pichudharana* are mentioned as the line of treatment of *Yonivyapat*"[5]." Considering the age and bala of the patient in the present case, *Panchkarma* procedures like *Yoni Parisheka* and *Pichudharana*, *Yogabasti and Shirodhara* were decided. *Yonishek* with *Panchvalkala kwath* was administered for a period of 14 days initially and repeated intermittently afterwards. *Ksheerbala taila Pichudharana* was advised to the patient to continue even after discharge. Course of Kalabasti was given. At the outset 6 *Matra basti* with *Ksheerabala taila* (60 ml) and 2 *Niruha* with *Dashmoola* and *Erandamula kwath* (500 ml) were administered (2-1-2-1-2). In the remaining course, routine of *Anuvasana-Niruha Vyatyasa* was followed. *Shirodhara* with *Til taila* was administered for 7 days. Oral medication with T. *Laghusutashekhar* (250 mg BD with *koshna jala*), T. *Gandhaka Rasayana* (250 mg BD with *Koshna Jala*), *Pushyanuga churna* (5 gm BD with *madhu*), *Sitopaladi churna* (5gm TDS with *Madhu*), *Yashtimadhu ghana vati* (250 mg BD *chushanartha*) and T. *Bangshil* (2 TDS with *koshna jala*) was given in the patient. For the complaint of Shirashula, refractive error in the patient was diagnosed and corrected by ophthalmic measures. Patient was also advised to follow Kegel's exercise.

**Table 1:** Panchkarma therapies in the case of cystourethrocele

| *Panchkarma procedure* | *Drug* | Duration |
|---|---|---|
| *Yonishek* | *Panchvalkala* | 2 months |
| *Pichudharana* | *Ksheerabala taila* | More than 3 months |
| *Anuvasana* | *Ksheerbala taila* | 11 days |
| *Asthapana* | *Dashmula-Erandmula kwath, Makshik, Saindhava, Ksheerbala taila, Shatavari kalka* | 5 days |
| *Shirodhara* | *Til taila* | 7 days |

## RESULT & DISCUSSION

Improvement in the symptoms of vaginal discharge and stress incontinence was noted in about three days of the commencement of treatment. After the completion of 16 days of *Basti*, *Yonishek* and *Pichudharana*, remarkable progress in overall health of the patient was observed. There was complete relief in the symptoms of vaginal discharge, stress incontinence and burning micturition. Per vaginal examination revealed striking improvement in vulvitis, vaginitis and urethritis with no discharge; however there was no change in presentation of prolapsed. Symptoms like cough, burning sensation in chest and abdomen, headache, nausea and vomiting were absolutely relieved. Patient started getting good sleep and was able to move around freely.

The patient was treated on the line of *Yonivyapat Chikitsa. Yonidushti* can never occur without influence of *Vata* "[8]." *Vata* is the predominant dosha in ageing body causing deterioration of body tissues (*Hiyamana Dhatu* and *Bhrashyamana Dhatugunam)* "[6]." Thus old age could be a major factor responsible for pathologies occurring in the pelvic region. Surgical menopause is a condition of

induced ageing of genitourinary system. *Mithya Ahara-Vihara*, especially during *Rutukala* have adverse effect on the genitourinary health. So *Ruksha, Shushka Guna* of *Vata* along with associated *Dosha* and functions of vitiated *Vata* like *Sramsa, Bhransha, Vyasa, Sanga, Bheda* eventually become obvious "[7]."

By virtue of astringent quality, *Panchvalkala kwath* acted as a *Shoshana* & *Sharira-kleda upayukta* (antiseptic), *Ropana* (healing), *Sandhankara* (tissue strengthening and toning) and *Pittashamaka* drug "[12]." *Taila* is useful in *Vata-Kapha* pathologies. It is *Balavardhaka* (tissue strengthening-develops *Dhatu-drudhata*), *Sthirakara* (toning) and *Yonivishodhaka* (healer especially for female genital organs) "[10]." In the above patient, *Ksheerabala taila* (*Vatavyadhi*) which is *Balya*, *Brumhaniya* and *Jeevaniya* was used for *Pichudharana* as well as for *Anuvasana basti* "[11]." *Basti* is praised for treating all ailments especially arising in *Kukshi*. Asthapana *basti* is in particular *Dardhyakara*; hence imparts strength to the pelvic musculature "[13]." *Dashamoola* & *Erandamula* are *Vata-Kaphanashaka* and *Shothahara dravyas*. So both the drugs helped in pacifying Vata and relieving infectious pathologies in genitourinary organs. With mild laxative property, *Erandmula* acted as a *Vibandhahara* and *Vananulomaka dravya*. *Til taila Shirodhara* by virtue of *Snigdhata* & *Vatanashana*, contributed in relieving headache, anxiety and sleep disturbance. Patient's blood pressure came down to about 110/80 mm of Hg consistently after administering *Shirodhara*. T. *Laghusutshekhar* reduced burning in chest and stomach region. T *Gadhaka Rasayana* took care of purulent vaginal discharge and burning micturition. *Pushyanuga churna and T. Bangshil (Alarsin)* helped in alleviating vaginal discharge, burning micturition, stress incontinence, UTI etc. *Sitopaladi churna* and *Yashtimadhu Ghana vati* helped to control dry cough (URTI) in the patient.

## CONCLUSION

The cumulative effect of all the drugs helped to improve overall condition of the patient. Simple Panchkarma procedures could be of immense importance in cases of natural or surgical menopause for prevention of prolapse and pathology associated with it. Above facts should be confirmed with further research work and exercised in practice to improve the quality of life in cases of prolapse.

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