

TREATMENT OF YONIKANDA (BARTHOLIN GLAND ABSCESS) WITH AAMRASHTI YOGA :A CASE REPORT

Dr. Khandade Manisha Prakash¹ Dr. Lichade Mona Vasantryao²

¹Assistant prof.²PG Scholar Dept. of Prasutitantra & Streeroga,
Govt.Ayurved College,Nanded,

ABSTRACT:

Yonikanda is a disease of vulva or lower vaginal canal. In this disease resemblance with pus or blood is basic clinical features hence it can be equated with bartholin abscess. *Vataja yonikanda* can be considered early stage of bartholin abscess, *Pittaj yonikanda* as acute suppuration stage, *Kaphaj yonikanda* as chronic stage and *Sannipataja yonikanda* as acute suppuration in chronic Bartholin's abscess . Bartholin's abscess can occur at any age, however, it is more common in women of reproductive age group are more vulnerable. Here we present a case of a 40 year old female patient, with recurrent development of Bartholin's gland abscess. In such condition modern science suggest marsupialization, incision and drainage surgery .In *Bhavaprakasha samhita* yoga is mentioned namely *Aamrashti yoga* for treating *yonikanda*.

Keywords: *Yonikanda*, Bartholin's abscess, Marsupialization, *Aamrashti yoga*

INTRODUCTION

Yonikanda is a disease of vulva or lower vaginal canal has round or irregular shape. There are four types of *Yonikanda* mentioned in *ayurvedic* text-*Vataj*, *Pittaj*, *Kaphaj*, *Sannipataj*. In this disease resemblance with pus or blood is basic clinical features hence it can be equated with bartholin's abscess.*Vataja yonikanda* can be considered early stage of Bartholin abscess, *Pittaj yonikanda* as acute suppuration stage, *Kaphaj yonikanda*

as chronic stage and *Sannipataja yonikanda* as acute suppuration in chronic Bartholin's abscess. Bartholin glands are situated at 4 O'clock and 8 O'clock position in the superficial perineal pouch, close to the posterior end of the vestibular bulb. They are pea shaped and about 0.5 cm.Each gland has got a duct measuring 2 cm.They are similar to Cowper's glands in male. In barthoiln's abscess the duct gets blocked by fibrosis and the exudates pent up inside to

produce abscess. If left untreated the abscess may burst through the lower vaginal wall. Purulent discharges are seen after bursting of abscess and incision of abscess advised for other abscesses are not mentioned for this disease in *ayurvedic classics*. In modern text use of antibiotics, incision and drainage, marsupialization is advised for this condition. But as the recurrence rate is high Bartholin's gland abscess can be treated successfully by the use of *Aamrashti yoga*.

CASE PRESENTATION

A 40 year old female patient presented to the gynecology OPD at Government Ayurved College, Nanded with a history of painful huge swelling in her right labia majora form 15 days which initially started as a small swelling, then increased in size and become painful. She gave history of vaginal discharge and due to persistent swelling inability to walk properly. She had taken treatment in private hospital 5-6 days before for this but did not get relief. She had history of same before 1 year and was treated through suction with needle syringe though she noted temporary relief along with use of long term antibiotics.

Patient was married since 22 years. Her obstetric history was G₄P₄A₀L₄D₀, all FTND at home .On examination there was a tender large mass involving right labia majora, shiny and smooth surface, and hard consistency with no punctum and measuring 7.5 cm in length and 5 cm in width. Her vaginal examination revealed normal vaginal wall, scanty purulent vaginal discharge, with normal cervix and normal sized uterus. There were no adnexal mass or tender fornices. *Samanya parikshan* shows - *Nadi* -82 beats per minutes, *Mala*- Constipation, H/O passing hard stool , bleeding during defecation , *Mutra-Prakrut* , *Jivha-Saam*, *Shabda-Prakrut*, *Sparsh-Ushna*, *Druk-Panduta*, *Akriti*-fatty patient. On general examination she had no peripheral lymph node enlargement. Her vital signs were blood pressure of 130/80 mmHg and temperature 98.9⁰F. Cardiovascular system examination revealed audible first and second heart sounds and no murmurs or added sounds. Respiratory system examination showed respiratory rate 20 breaths per minute, normal chest contour, normal chest expansion, and normal breath sounds on auscultation .Per abdominal examination shows fatty, soft, non-

tender abdomen .The liver and spleen were not palpable. Bowel sounds were normal on auscultation.*Srotas parikshan* shows *Pranavaha, Mansavaha , Asthivaha, Majjavaha srotas*'s were normal, *Udakvaha srotas* shows- *Pipasaatimatram, Annavaha srotas- Anannabhilasha, hrullas, Rasavahasrotas-aruchi, panduta, Raktavahasrotas- Vidradhi, Medovahasrotas- Atisveda, atisthulata.*

The patient was counseled for treatment. Blood investigations of the patient were carried out- 1.CBC -Hb%-11.9gm%, WBC-11,000/cmm, Platelets- 2,87,000/cmm 2.HIV-Non-reactive 3.HBsAg- Non-reactive 4.VDRL- Non-reactive 5.Blood Group- O Positive 6. Random blood sugar level – 100mg%.The differential diagnosis includes Bartholin cyst, perineal abscess, Recto vaginal fistula, haematoma, lipoma, infected lymphangioma.

Aamrashthi yoga(*Bhavprakasha samhita/chikitsa sthan/70/62*) was given to the patient orally as well as local application of the drug was done over the early stage of the Bartholin's gland abscess.The vagina is filled with powdered red orchre, kernel of mango,rajani,anjana,and katphala

mixed with honey and also it was given orally for 3 days twice a day.Along with this *Kanchanar guggul* 2 tablets BD ,*Gandhak rasayana* 2 tablets BD,*sukshma triphala* 2 tablets BD,*Aarogyavardhinivati* 2 tablets BD were given. Within 3 days the abscess burst out by itself with releasing purulent discharge from it.The abscess was then opened up and complete drainage was done.After that for again 3 days the local application of drug was done. Patient also got relief from pain and discomfort.The patient was re-evaluated again after 1 week.She was clinically well and on examination swelling,tenderness had resolved.Follow up 6 months later showed no recurrence or any labial abnormality.



DISCUSSION

Bartholin's glands main function is to provide lubrication for sexual intercourse. They secrete colourless, mucoid discharge on sexual excitation which moisturizes the vestibule. A Bartholin's gland cyst is a cystic enlargement of the gland. An obstruction to the Bartholin's duct leads to stasis of secretion, dilatation of the gland and cyst formation. The cyst may get infected forming an abscess. In our case, the patient presented with history of recurrent right huge labial swelling. The *nidana* for this condition is Nonvegetarian diet (Ghosh) weekly 3-4 times, oily and spicy food frequently, Local unhygiene, Excess sweating, Day sleeping, Fatty

Patient, Constipation. *Hetu* *sevan* *Tridosha dushti Rakta, Maansa, Med dushti Yonisthani sthaansanshraya Yonikanda utpatti*. Application of *lepa* and oral consumption of drug is the first step of management of abscess for *Paka*. Further the abscess burst out with release of all pus. The drugs used helps in enhancing wound healing by contraction and proliferation of tissues. It reduces inflammation. Internal medicine were prescribed to reduce pain, inflammation, and enhances healing process. The drugs

used in this *yoga* are mostly *katu, tikta ,kashaya rasatmak, usha virya and kaphavata shamak* in properties. *Kataphla* consist of myricanol, a proanthocyanidin, sitosterol which is anti-inflammatory action, reduces edema also it is antioxidant in nature. Kernel of mango (*aamrasthi*) consist sitosterol, tocopherol which has antibacterial, antioxidant properties thus prevent infection. *Gairika* (Red Ochre) a silicate of Alumina is *dahashamaak, pitta, kapha shamak* , purifies blood. Its cooling property gives relief in abscess. It is *Madhura* and *Kashaya, Shit virya, vran ropak, balya* in properties. Turmeric is anti-inflammatory, analgesic, antiseptic, antibacterial, antiparasitic in action and also boost immunity. It has beneficial effect for *ras* and *rakta dhatus*, it reduces *kapha* and *ama*. *Rasanjana* is *katu* and *kashaya rasatmak, ushna virya ,kapha pitta shamaka*. It reduces Inflammation or edema, removes pain, blood purifier, haemostatic in action.

A huge *Yonikanda* (early stage of Bartholin's gland abscess) as the case in this patient and giving multiple antibiotics with incision and drainage alone may generally not solve the issue of recurrent Bartholin's gland

abscess. The use of *Aamrasthi yoga* orally and locally has been shown to be successful, on the progressive follow up of the patient. However additional use of *Kanchanar guggul, Gandhak rasayana, sukshma triphala, Aarogyavardhinivati* has also shown to support the improvement of the disease.

CONCLUSION

Yonikanda should be distinguished from other vulval masses. A simple management by use of *Aamrasthi yoga* orally and locally has been proved effective rather than management by marsupialization or surgical incision and drainage. Further such cases can be studied in large population to assess the effectiveness of Ayurvedic treatment.

REFERENCES

- Dawn C.S, Textbook of Gynecology, Contraception & Demography, 14th edition, Dawn Books, Kolkata
- Vd. Tiwari P., Ayurvediya Prasuti tantra Evum streerog, Part 2, Chaukhamba Prakashan
- Dr. Lucas D.S., Drayvaguna Vijnana, Volume 2, Chaukhamba Visvabharti
- Yogaratnakar, Yogaratnakar Vidyotini Hindi Tika, Uttarardha, Vd. Shrilakshmi patishashtri (ed), Chaukhamba Prakashan
- Dr. Tripathi B, Sharangdhara Samhita with Dipika Hindi commentary by Reprint Choukhamba Surbharti Prakashan, Varanasi, 2001.

Corresponding author:

Dr. Lichade Mona Vasantao

PG Scholar Dept. of Prasutitantra & Streeroga, Govt. Ayurved College, Nanded

[Email-monalichade11@gmail.com](mailto:monalichade11@gmail.com)

**Source of Support: NIL
Conflict of Interest : None declared**