



A REVIEW ON VAIKRUTAPAHA CHIKITSA IN YONI SHITHILATA - VAGINAL LAXITY W.S.R TO YONI DRUDHIKARANA

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ABSTRACT

Yoni shithilata – Vaginal laxity is the looseness of the Vagina usually caused by physiological changes in a woman's life, such as childbirth, weight fluctuations, and hormonal changes due to aging and menopause. It damages the pelvic floor and devitalizes the mucosal tone of the vaginal wall. These events often lead to the development of vaginal atrophy; dryness; reduced sexual satisfaction thus causing physiological distress, and affecting a woman's quality of life, self-confidence, and sexuality. Various treatment modalities are currently available to manage these indications, varying from invasive vaginal surgery to more benign treatments like topical vaginal hormonal gels or hormone-replacement therapy. In Ayurveda, the Management of Yoni Shithilata in the form of vaginal tightening has been described under the concept of Yoni drudhikarana. Classical texts such as Chakradatta, Bhaishajya ratnavali, Anangaranga, etc., have described yogas in the form of Lepa, and Prakshalana for the same. This review aims to highlight the concept of Yoni drudhikarana which is not much explored and practiced nowadays. Thus, an attempt to improve the quality of life of women through Ayurveda.

KEYWORDS: Yoni shithilata, Vaginal laxity, Yoni drudhikarana, Vaikrutapaha Chikitsa, vaginal tightening,

INTRODUCTION

Yoni Shithilata or vaginal laxity is one of the pressing priorities in the female population today. It mainly affects sexual satisfaction thus creating heightened levels of anxiety, low self-esteem, conflicts between the couple, etc. Perineal relaxation and pelvic organ prolapse are one of the main reasons for sexual dysfunction and dissatisfaction. Our classical texts have provided various formulations in the forms of lepas, prakshalana, abhyanga, etc., to treat yoni shithilata which act as vaikrutapaha chikitsa thus bringing back the tautness of the vagina.

Yoni Shithilata

Yoni shithilata directly or indirectly has been explained as a symptom among the yonivyapads like Vatala yoni vyapad where acharya has talked about vivruddha yoni.^[1] Prasamsini yoni vyapad where Acharya Sushruta has talked about yoni sransana.^[2] While talking about Andini yoni vyapad nissruta yoni has been described by Madhava^[3], Maha yoni wherein Acharyas have talked about improper postures during intercourse, pravruddha linga, excessive Vata kara nidana sevana leading to ati vivruta yoni.^[4]

Vaginal Laxity

Vaginal laxity (VL) is a sensation of vaginal looseness which may develop after pregnancy and vaginal delivery and may be affected by prior pelvic surgery, menopause, and aging.

An international survey of urogynecologists found that vaginal introitus was the most frequently cited location of laxity.^[5] Vaginal laxity may cause decreased genito-pelvic sensation during sexual intercourse adversely impacting the sexual quality of life.^[6,7] Vaginal laxity is not well defined and likely underreported.

MATERIALS AND METHODS

All the references regarding Yoni drudhikarana explained for yoni shithilata were collected from the Ayurvedic scriptures. Those references were analyzed and summarized.

Ayurvedic Management of Yoni shithilata according to different acharyas has been described in the following tables.

Bhaishajyaratnavali	
Yoga/Formulation	Ingredients
Yoni dardhyakruta lepa	Lodhra + Katutumbi phala ^[8]
Yoni prakshalana yoga	Vetasamoola kwatha ^[9]
Yoni Abhyangarthya yoga	Mushika vasa , Vaguli vasa ^[10]
Yoni drudhikarana lepa	Vacha, neelotpala, kushtha, Ashwagandha, haridra ^[11]
Yoni drudhikarana lepa	Palasha, udumbara, tila taila, madhu ^[2]
Yoni drudhikarana lepa	Madana phala, madhuka, karpura, ^[13]

Yogaratanakara	
Yoni sankochana	Kapikacchu moola kwatha ^[14]
Prakshalana	
Yoni shaithilya nivrutta	Suramanda pichu ^[15]

Rati Rahasya	
Yoga/Formulation	Ingredients
Yoni lepa	Gruha gandupada, aja dadhi ^[16]
Yoni lepa	Pikanayanabeeja ^[17] (stays contracted for 1 day)

Anangaranga	
Yoni kalka Dharana	Kamalanala, kamalapushpa,ksheera ^[18]
Yoni lepa	Devadaru, daruharidra,padma kesara, kamala pushpa ^[18]
Yoni lepa	Triphala,dhavati,shalmali, madhu ^[18]
Yoni lepa	Lodhra, katutumbi ^[18]
Yoni varti	Madhuka, Madhu ^[18]

Modern management of Vaginal laxity has been described as below
The mode of treatment can be classified as Nonsurgical or surgical.

Nonsurgical	Surgical
Physiotherapy	Colporrhaphy
Hormonal replacement therapy	Perineorrhaphy
Pessary treatment	Levator plication
Laser treatment	Vaginoplasty
Radiofrequency therapy	Labiaplasty

DISCUSSION

Our Acharyas have given importance to Sthanika Chikitsa in case of yoni shithilata than other surgical procedures. This hints at the utilization of vagina as a route of drug administration i.e intra vaginal drug delivery system.

The drug transport across the vaginal membrane mainly takes place in three major ways.

- Transcellular- via concentration-dependent diffusion through the cells,
- Paracellular- mediated via tight junctions and
- Vesicular or receptor-mediated transport.

Drug absorption from the vaginal delivery system mainly takes place in two main steps.

Drug dissolution in vaginal lumen and Membrane penetration.

The rate and extent of drug absorption after intra-vaginal administration may vary depending on the following factors:

Physiological Factors

- changes in the thickness of the epithelium layer,
- cyclic changes,
- changes the level of the hormonal,
- volume of vaginal fluid,
- alteration of vaginal pH and
- Sexual arousal can potentially affect drug release from any intravaginal delivery system and alter its absorption rate.

E.g.

1. Vaginal absorption of steroids is affected by the thickness of vaginal epithelium.
2. Vaginal absorption of estrogen shows high in postmenopausal women compared to premenopausal women.

The high volume of vaginal fluid may increase the absorption of poorly water-soluble drugs; however the same condition again responsible to remove the drug

from the vaginal cavity and subsequent reduction of drug absorption.

Further cervical mucus, a glycoprotein gel can be exploited for bioadhesive drug delivery. However, at the same time, it may serve as a permeability barrier for different drug candidates. Again changes in the pH of the vagina will alter the degree of ionization of weak electrolytic drugs and affect the release profile of pH-sensitive drugs.

The classical texts stating various yogas in various forms have been described briefly. Most of them are in the form of lepa which may indicate that the surface area covered through the lepa and the absorption rate of the medicine might be high in this form when compared to others. Other forms like prakshalana yoga and abhyangaartha Sneha also tend to give good effects in such cases. Majority of the dravyas used here are Kashaya in rasa i.e, they are rich in tannins. These tannins play a very important role over the vaginal tightening by acting over the collagen tissue wherein they precipitate the protein present in the collagen and improve the tight junctions between the cells. Hence resulting in vaginal tightening.

As one of the main causes of yoni shithilata-vaginal laxity is vaginal birth, here the importance of following proper sootika paricharya is proven wherein Acharyas have highlighted the reason for vata shamana.

CONCLUSION

The concept of Yoni drudhikarana is the need of the hour as it is less invasive when compared to the management told by contemporary science. This subject needs more exploration to further understand the mode of action of these formulations. As Acharya Charaka states “Yadapatyanaam moolam Naaryah” and women’s health will add to the welfare of society, this is a small attempt in improving the quality of life of women through Ayurveda.

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