



INTEGRATIVE AYURVEDIC STRATEGIES FOR TREATING BARTHOLIN'S CYST: NATURAL SOLUTIONS AND HOLISTIC THERAPIES

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ABSTRACT

Bartholin's cyst, a common gynecological condition characterized by the blockage of the Bartholin glands, often leads to pain, discomfort, and infection. During childbearing age of women, 2% of women's will experience Bartholin abscess in their life time. Conventional treatments primarily include surgical intervention and antibiotics, which may not always address the underlying causes or prevent recurrence. Integrative *Ayurvedic* strategies offer a holistic approach, combining natural remedies and lifestyle modifications to manage and treat Bartholin's cysts effectively. A 32-year-old married woman with an 8 years non-consanguineous marriage visited the OPD of *Prasooti Tantra* and *Stree Roga* at Sri Kalabyraweshwara Swamy Ayurvedic Medical College, Hospital, and Research Center in Vijayanagar, Bangalore. She presented with complaints of swelling in the right labia majora, accompanied by severe pain, redness, tenderness, and difficulty walking and sitting. These symptoms significantly interfere with her daily activities. The integrative approach was adopted which not only aims to treat the cyst but also to enhance the body's natural healing processes, prevent recurrence, and improve quality of life. In *ayurveda* which can be co-related to *yoni kanda*. Through a combination of traditional Ayurvedic knowledge and holistic practices, this strategy provides a comprehensive and sustainable solution for individuals suffering from Bartholin's cysts.

KEYWORDS: *Yonikanda, Shaman Aoushadis, Bartholin Abscess.*

INTRUDUCTION

In *Ayurveda Yoni kanda* is considered as disease of vulva and lower vaginal canal which has irregular or round in shape^[1], these are four types like *vataja*, *pittaja*, *kaphaja* and *sannipataja*.^[2] This disease resembles with pus or blood is basic clinical features hence it can be corelated to bartholin abscess.^[3] *Vataja* is corelated to early stage of bartholin abscess, *Pittaja* as acute suppurative stage, *Kaphaja* as chronic stage and *sannipataja* as acute suppurative in chronic bartholin abscess.^[4] Bartholin's glands are situated at 4 O' clock position and 8 O' clock position in the superficial perineal pouch, close to the posterior end of the vestibular bulb.^[5] They are pea shaped and measures about 0.5 cm of each gland, each gland has a duct which measures about 2cm. Bartholin's cyst, a common gynecological condition characterized by the blockage of the Bartholin glands, often leads to pain, discomfort, and infection.^[6] In Bartholin abscess the duct gets blocked by fibrosis and exudates pent up inside to produces abscess.^[7] If left untreated the abscess may burst through the lower vaginal wall. Purulent discharge

is seen after bursting of abscess.^[8] In contemporary science antibiotics, incision and drainage, marsupialization all these are line of treatment for any kind of abscess. In ayurveda many preparations are been said alongwith the local treatment so by using this line of treatments the condition is treated successfully.

CASE REPORT

A 32-year-old married woman with an 8-year non-consanguineous marriage visited the OPD of *Prasooti Tantra* and *Stree Roga* at Sri Kalabyraweshwara Swamy Ayurvedic Medical College, Hospital, and Research Center in Vijayanagar, Bangalore. She presented with complaints of swelling in the right labia majora, accompanied by severe pain, redness, tenderness, and difficulty walking and sitting. These symptoms significantly interfere with her daily activities.

Past history

□ Not a K/C/O DM, HTN, Asthama, Thyroid Dysfunction or any medical and surgical

intervention.

Occupational history

- No specific history found.

Family history

- No specific history found.

Menstrual history

Nature: Regular
 Number of days Bleeding: 4 – 5 days
 Interval between two cycles: 28 – 32 days
 Colour: Bright red colour
 Amount of Bleeding: Moderate
 Clots: Present
 Dysmenorrhoea: Absent.

Obstetric history

- P2 L2 A0 D0 S0.

Contraceptive history

- Tubectomy done 4yrs back.

Coital history

- 4 -5 times/week.
 No Dyspareunia

EXAMINATION

General Examination
 Built: Moderate
 Nourishment: Moderate
 Pulse: 84/min.
 BP: 120/80mmhg
 Temperature: 98.4F
 Respiratory Rate: 18 Cycles/min
 Height: 152 cm
 Weight: 62 kgs
 BMI: 24.2 Kg/m
 Tongue: Uncoated
 Pallor/Icterus/Cynosis/Clubing/Edema/Lymphadenopathy
 : Absent.

Ashtasthana Pareeksha

Nadi: 76/min
 Mootra: 4-5 times/day
 Mala: regular, 1/day
 Jihwa: Alipta
 Shabdha: Prakrutha
 Sparsha: Prakrutha
 Drik: Prakrutha
 Akruthi: Madyama.

Dashavidha Pareeksha

Prakruti: Vata Pitta
 Vikruti:
 Dosha: Vata Pradhana Tridoshas
 Dushya: Rakta Mamsa
 Desha: Sadharana
 Bala: Madyama
 Sara: Madyama

Samhanana: Madyama
 Pramana: Madyama
 Satmya: Madyama
 Satva: Madyama
 Ahara shakti: Madyama
 Jarana shakti: Madyama
 Vyayama shakti: Madyama
 Vaya: Madyama

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Systemic Examination Central Nervous System

- Patient is conscious
 Well oriented to time, place and person

Cardio Vascular System

- Inspection:** No distended vessels over neck or chest
 Palpation: Apex beat palpable at 5th intercostal space
 Percussion: Cardiac dullness present on left side
 Auscultation: S1 S2 heard no added sounds

Respiratory system

- Inspection**
 Shape of chest: Bilaterally Symmetrical
 Movement symmetrical
 RR 18 cycles/min
 Palpation

Trachea: Centrally placed.

- Percussion**
 Resonant over the lung field except cardiac dullness
 Auscultation: Bilateral NVBS heard

GYANECOLOGICAL EXAMINATION

PELVIC EXAMINATION

Clitoris: Normal

Labia majora

Swelling: Present
 Pain: Present
 Warthm to touch
 Redness: Present
 Discharge: Absent
 Palpation: Swelling present

PER SPECULUM EXAMINATION

Inspection of Vagina

Redness: Absent
 Tenderness: Absent
 Local lesion: Absent
 Discharge: Absent.

Inspection of Cervix

Size: Normal

External Os: Multiparous Os.

Per Vagina Examination

Cervix: Anterior

Texture: Hard (Tip of Nose)

Mobility: Mobile

Movement: Not Painful

Bleed on Touch: Absent

Lateral Fornices: Free, Nontender

Posterior Fornices: Free, Nontender.

Uterus (Bimanual Examination)

Position: Anteverted

Direction: Anteflexed

Size: Normal

Consistency: Firm

Mobility: Mobile

Tenderness: Absent.

 Breast Examination

Tenderness: Absent

Lump: Absent

Colour of Areola: Normal

Nipple discharge: Absent.

 Investigations

Hb: 11 gm/dl

CBC: WNL

RBS:104mg/dl.

INTERVENTION**Internal Medications**

- Gandhaka Rasayana 2 -0-2 (A/F)
- Triphala Guggulu 2-2-2(A/F) 10 Days
- Agnitundi Vati 2-2-2(B/F)

Dashanga lepa with Eranda tail for External application

Varunadi Kashaya 2tsf -2tsf-2tsf with water (B/F) X one month

Kanchanara Guggulu 2-0-2(A/F) X 20 days.

RESULTS

Patient was advised oral medications mentioned above for the duration of 10 days within that patient got relief from all the signs and symptoms and swelling which is present over the labia majora also reduced in size after that *kanchanara guggulu* advised for 20 days and *varundi Kashaya* for one month.

DISCUSSION

Varunadi Kashaya it mainly indicated in abscess, wound, obesity etc which mainly act as anti-inflammatory action by releasing the proinflammatory cytokines by lipopolysaccharides by this it releases the macrophages and monocytes by this it will help for the reducing the inflammation and swelling.^[9] *Kanchanara Guggulu* which mainly indicated in granthi and *Arbhuda chikitsa* so same line of treatment is adopted in

yonikandha.^[10] *Eranda Taila* which helps for reduces the *vata* doshas so interns help for reducing the swelling and pain. *Triphala guggulu* is a poly herbal ayurvedic preparation most significant and frequently used in *guggulu Kalpana*, numerous references will get for the formulation of this preparation in ayurvedic texts. According to *yogaratnakara* it is mentioned under *vidhradi rogadhikara*, according to *chakradutta* it is mentioned under *vranashotha*. This preparation contains *triphala* and *guggulu*. *Guggulu* in greater portion compared to other ingredients, *triphala guggulu* frequently used in *shotha*, *vrana*, *gulma*, *arsha* etc. It also used in hypolipidemic condition, some of the research study shows that it has effect in artherosclerosis, coronary heart diseases and arterial plaque and elevated cholesterol level in blood. *Gandhaka Rasayana* is well known for its antibacterial, antiviral, antimicrobial action because of these actions it helps for reducing these symptoms. *Agnitundi Vati* which is explained in *Sharangadhara Samhitha* which is mainly subsides the *vata* and *kapha doshas* and it mainly acts as *Deepana*, *Amapachana*, *Shoolaghna* due to these actions it helps for the curing the *yonikandha*. *Acharya Sushrutha* has mentioned discription about inflammatory conditions under the heading of *lepa* is one of the treatments for *vranashophya* hence *dashanga lepa* will help for the reducing pain, swelling and redness.

CONCLUSION

In *Ayurveda Yonikandha* is considered as disease of vulva and lower vaginal canal which has irregular or round in shape, it requires local treatment and easily curable. Clinically it is correlated to Bartholin abscess along with the oral medications local treatment will give good result to treat the condition as it removes the *shesha doshas* which was seen in this case.

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