MANAGEMENT OF BARTHOLIN ABSCESS THROUGH AYURVEDA - A CASE STUDY

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ABSTRACT
Yoni kanda a infectious disease condition which is correlated to Bartholin’s abscess in the contemporary science.[1] A Bartholin’s abscess can occur when one of the Bartholin’s glands becomes infected. A cyst will usually form when the gland is blocked. If the gland becomes infected, it leads to a Bartholin’s abscess. Bartholin’s duct cysts and gland abscesses are common problem in women of reproductive age. In Ayurveda diagnosis is based on clinical examination and usually straightforward by visual inspection. Various treatment principles explained like administration of drugs internally and external application of drugs like Yoni prakshalana, Yoni Purana, Yoni pichudharana. These indigenous treatment methods are minimal invasive procedures which do not cause the scar formation, no recurrence and found to be more beneficial in the treatments of Yoni kanda.

KEYWORDS: Yoni kanda, Bartholin’s abscess, Yoni Prakshalana.

INTRODUCTION
Bartholin’s glands are situated in the superficial perineal pouch, close to the posterior end of the vestibular bulb at approximately 4 ‘o’ clock and 8 ‘o’ clock positions. They are pea sized, of about 0.5cm and yellowish white in colour. During sexual excitement, it secretes abundant alkaline mucus which helps in lubrication.[2]

Yoni kanda is a disease of vulva or lower vaginal canal (because injury or ulceration by nail and teeth are also causative factors), has round or irregular shape, requires only local treatment and is easily curable. Where Vataja yonikanda simulates malignant vaginal ulcers, kaphaja and sannipataja are descriptions of infected Bartholin’s cysts respectively. Since in this disease resemblance with pus or blood is basic clinical feature, hence it can be equated with Barthlin’s abscess. Vataja yonikanda can be considered early stage of Bartholin’s abscess, pitta ja yonikanda as acute suppuration stage, kaphaja yonikanda as chronic stage and sannipataja yonikanda as acute suppuration in chronic Bartholin’s abscess. Purulent discharges seen after bursting of any abscess and incision advised for other abscesses are not mentioned for this disease.[3]

Bartholin’s abscess is the end result of acute Bartholinitis. The duct gets blocked by fibrosis and the exudates pent up inside to produce abscess. If left uncared for, the abscess may burst through the lower vaginal wall. A sinus tract may remain with periodic discharge through it.

AIMS AND OBJECTIVES
1) To understand the Bartholin’s abscess disease in ayurvedic perspective.
2) To assess the efficacy of ayurvedic medicines in Bartholin’s abscess.

CASE REPORT

A 32 years old female Hindu patient, house wife by occupation visited the OPD of SKAMCH & RC, dept of prasooti tantra and stree roga on 6 September 2017 with complaints of Swelling at vulval region since 1month and white discharge associated with itching p/v since 1month. Detailed history of present illness revealed that Patient was said to be apparently healthy 1year back, 1day she noticed swelling and pain in the vulval region and also white discharge p/v. As the pain aggravated, she had fever & for which she consulted near by clinic where she was prescribed with some oral medications and p/v gel (Details of which are not known), patient took all the medications for 15days, But she didn’t get complete relief by the medications. Later on, there was increase in swelling and pain which finally got burst out, resulted in oozing of pus from the vulval region. So she again consulted the same clinic, where dressing was done for 1week & the wound got healed. But then since 1month patient is facing similar symptoms like swelling and pain in the vulval region and also white discharge p/v which is thick in consistency associated with itching in the vulval region, which...
resulted her in difficult and painful intercourse, generalised weakness, unable to walk or even stand, which disturbed her in performing her routine activities. So on 21/8/17 she consulted Chandra hospital for the same, there she was advised some ointments and oral medications, (Details of which are not available) which she continued taking for a week, but she did not get any relief.

Pt had fear about aggravation of symptoms which she had already faced earlier. So on 6/09/17 patient approached PRASOOTI EVAM STREE ROGA department of SKAMCH & RC for further needful.

¬ PAST HISTORY
□ No H/O DM/HTN/hypo-hyperthyroidism

FAMILY HISTORY
□ Pt is the only daughter & her mother is apparently healthy and has no history of such illness.

MENSTRUAL / OBSTETRIC HISTORY
Menarche - 14 yrs.
M/C: 2-3 / 28-30 days/bleeding- bright red in colour, moderate (2-3 pads/day), without foul smell, without clots.

Married life - 8 years.
OH – P1 L1 A0D0/P1- Male 7years LSCS –Due to fetal distress.

□ Contraceptive history - H/o using IUD for 3yrs after LSCS,

GENERAL EXAMINATION
- Built - Moderate
- Nourishment - Moderate
- Temperature - 98.4 F
- Respiratory rate -20/min
- Pulse rate – 78 bpm
- B.P - 110/70 mm of hg
- Height – 152 cms
- Weight - 52 Kg
- BMI – 22.5
- Pallor - Absent
- Edema – Present in vulval region
- Clubbing - Absent
- Cyanosis - Absent
- Icterus - Absent
- Lymphadenopathy - Absent
- Tongue - Uncoated

SYSTEMIC EXAMINATION
CVS:- S1 S2 Normal
CNS:- Well oriented, conscious.
RS: - normal vesicular breathing, no added sounds
P/A:- Soft, no tenderness, no organomegaly
- Breast examination-NAD, B/L soft non tender
- External genitalia –

Labia Majora- Abscess on posterior aspect of Labia majora at 5 ‘o’ clock position present+ Measures approximately 2*1.5cm
Discharge - Absent
Pruritus - Present
Swelling – Present
Tenderness-Present

Per Speculum Examination
Vagina-
□ Signs of pruritus- Present
□ Redness – Absent
□ Discharge –white discharge + (thick white discharge, no foul smell)
□ Local lesion – Absent

Cervix – Healthy
External os –Nulliparous os
Tear – Absent
Growth – Absent
Erosion – Absent

P/V examination
Vagina –
Tenderness – present
Inflammation -present
Cervix –
Station – At the level of ischial spine
Movement – non tender, freely movable.
Bleeds on touch – Absent
Fornices – Free

Bimanual examination
Uterus
Position – Anteverted /Antiflexed
Size- Normal
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Mobility – Mobile
Tenderness – absent

ASHTA STHANA PARIKSHA
Nadi - 78 bpm
Mootra- 5-6 times/ day, once at night
Mala - Once a day
Jihwa- Alipta
Shabdala - Avisesha
Sparsha - Anushma sheeta
Drak - Avisesha
Aakruti – Madhyama

DASHA VIDHA PARIKSHA
❖ Prakruti - Pitta + kapha
❖ Vikruti -

INTERVENTION
1. Yoni Prakshalana with panchavalkala kwatha
2. Yoni Pichu with Sukumara Taila

INTERNAL MEDICATIONS
1. Trayodashanga Guggulu
2. Cap G P 500 1BD (A/F)
3. Cap Immunocin 1BD (A/F)

On 12th sep 2017
1. Cheriya madhu snuhi rasayana 1tsf BD with 1glass of Milk (A/F)
2. Trayodashanga guggulu 2TID (A/F)
3. Cap G P 500 1BD (A/F)
4. Shonitamruta kashaya 1tsf BD (A/F)
5. Cap Immunocin 1BD(A/F)

Oral Medications are given for duration of 2 months.
Follow up was done every week for 1 month.

RESULTS
There was a considerably change in size of the warts noted below.

<table>
<thead>
<tr>
<th>SL NO</th>
<th>DATE</th>
<th>ITCHING</th>
<th>PAIN</th>
<th>TENDERNESS</th>
<th>WHITE DISCHARGE</th>
<th>SWELLING</th>
<th>SIZE OF ABSCESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>6/09/17 TO 8/09/17</td>
<td>++</td>
<td>++</td>
<td>++</td>
<td>++</td>
<td>++</td>
<td>Measures about app 2*1.5cm</td>
</tr>
<tr>
<td>2</td>
<td>9/09/17</td>
<td>+</td>
<td>-</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>Measures 1*1cm</td>
</tr>
<tr>
<td>3</td>
<td>10/9/17-12/9/17</td>
<td>+</td>
<td>-</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>Measures 1*1cm</td>
</tr>
<tr>
<td>4</td>
<td>12/9/17-20/9/17</td>
<td>-</td>
<td>-</td>
<td>+</td>
<td>-</td>
<td>+</td>
<td>Measures 0.5cm</td>
</tr>
<tr>
<td>5</td>
<td>20/09/17</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Vulva &amp; Labia majora were found healthy</td>
</tr>
</tbody>
</table>

DISCUSSION
In the management of Yoni kanda, the procedures used like yoni prakshalana and yoni pichu were found beneficial. Yoni prakshalana refers to therapeutic cleansing with pancha vakkala kwatha, the drugs used are Vata, Udumbara, Plaksha, Aswatha and Parisha, the bark of all drugs contain kashaya rasa as predominance. Kashaya is nothing but Astringent that helps in contraction of body tissues and has anti inflammatory properties. Yoni pichu refers to tampon soaked in medicated taila & processed with kashaya of vatahara dravyas, which gets absorbed by cervical epithelium due to sukshma property of ghrita, the pichu dravya used is sukumara taila mainly indicated in vidradhi & acts as Balya & Rasayana. The internal medicines used are cheriya madhu snuhi rasayana having lekhana property mainly indicated in twak vikaras, Trayodashanga guggulu acts as vrana ropana & shodana, G P 500 acts as Anti infective helps in healing process & boosts the functioning of immune system, Shonitamruta mainly treats Rakta dusti indicated in twak vikaras, Cap Immunocin acts as Defence mechanism. Thus, it is
certain that, drugs evaluated in this study are having many advantages without complications and thus can be considered as preferable method of treatment in Yoni kanda.

CONCLUSION
Hence it is concluded that Yoni prakshalana, Yoni pichu used as external treatment and Trayodashanga Guggulu, Cap G P 500, Cap Immunocin, Cheriya madhu snuhi rasayana[8], Shonitamruta kashaya internally for yoni kanda are found to be very effective. Yoni kanda can be managed through ayurveda by accurate dosha involvement and a structured protocol. Ayurvedic intervention in the above said case revealed the true potential and efficacy of our science.

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