

**EFFECT OF VAYASTHAPANA GANA IN THE MANAGEMENT OF
GENITO URINARY SYNDROME OF MENOPAUSE – A CASE
REPORT**

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ABSTRACT

Background-Genitourinary syndrome of menopause (GSM), previously known as vulvovaginal atrophy is a chronic, progressive vulvovaginal, sexual, and lower urinary tract condition characterized by a host of symptoms secondary to a clinical state of hypoestrogenism after onset of menopause. Symptoms may be chronic and progressive, are not likely to resolve without treatment, and can have a significant negative impact on a woman's quality of life and sexual health. **Aim-** This case report aims on successful management of Genitourinary Syndrome of Menopause with *Vayasthapana gana*. **Case Description-** A 54 year old female patient with post menopausal status of six years with the complaints of cystocele, uterine prolapse, stress urinary incontinence, burning micturition, dysuria, recurrent Urinary tract infection, lower abdominal pain, severe vulval itching and dyspareunia was treated with *Ksheerapaka Vasti* of *Vayasthapana Gana Choorna* for eight days and *Vayasthapanagana Choorna* along with milk orally for two months. Significant improvement was noticed in pelvic organ prolapse, stress urinary incontinence, burning micturition, dysuria, recurrent urinary tract infection, lower abdominal pain, vulval itching and dyspareunia. **Conclusion-** The case study concluded that Genitourinary Syndrome of Menopause can be successfully managed with *Vayasthapana gana churna Ksheerapaka Vasti* and orally with *Vayasthapana gana churna*. **Clinical Significance-** Genitourinary Syndrome of Menopause can successfully managed through Ayurveda.

Keywords:Genitourinary syndrome of menopause, *Rajonivrutti*, *Vayasthapana gana Ksheerapaka Vasti*, pelvic organ prolapse

INTRODUCTION

“Genitourinary syndrome of menopause” is a more inclusive and accurate term to describe the conglomeration of external genital, urological, and sexual sequelae caused by hypoestrogenism during menopause¹. The major external genital symptoms includes vaginal pain ,dryness, burning ,tenderness, pruritis vulvae, leucorrhoea and complications such as atrophy of labia and vulva, reduced vaginal and cervical secretions, pelvic organ prolapse, vault

prolapse, stenosis . The major urological symptoms includes frequency, urgency of micturition, post void dribbling, nocturia, stress incontinence, dysuria, haematuria, recurrent urinary tract infection and complications such as cystocele, urethral prolapse, uterine prolapse and caruncle. The sexual symptoms include loss of libido, lack of lubrication, dyspareunia². The syndrome or its features manifest in some manner in approximately 40-54% of postmenopausal women³. GSM is

often underdiagnosed due to sexual embarrassment or general disregard due to associating it as a liability of natural ageing. Genitourinary symptoms may have a profound impact on the Quality of Life of postmenopausal women by negatively affecting self-esteem and intimacy with their partners, so early detection of signs and symptoms, proper patient education and management is important.

Ayurveda describes *Rajonivritti* as end of *artava pravritti* (menstrual blood). It occurs in *jarapakwa sareera* at the age of fifty years^[4]. The various signs and symptoms can be described on the basis of *dosha* (regulatory functional factors of the body) predominance, disturbance in *agni*, *dhatukshaya* (diminution of *dhatu*) and *dhatugatavata*.

Conventional management of Genitourinary Syndrome of Menopause is offered with potential risks of hormone therapy like endometrial cancer, breast cancer, genital tract bleeding, weight gain, headache etc⁵. *Ayurveda* offers safe and successful management which includes *rasayana chikitsa*. So it is the need of hour to validate the successful and effective management of Genitourinary syndrome of menopause through *Ayurveda* and the present case report is an attempt for the same.

1. CASE REPORT

A 54 year old female patient with post menopausal status of six years visited the prasuti tantra streeroga outpatient department of Institute for Postgraduate and Research in Ayurveda, Jamnagar on 02/01/2019 presented with the complaints of mass coming down per vagina, passage of urine while coughing and sneezing since 5 years. She had also

been complaining of burning micturition, Pain during micturition, recurrent Urinary tract infection and lower abdominal pain since 4 years. Since one year she was having complaint of severe vulval itching, and pain during coitus.

History of present illness revealed that the patient attained menopause six years back. Gradually she developed feeling of mass coming down through vagina which increased on straining for defecation, walking and lifting heavy objects. Also she had stress urinary incontinence, burning micturition, recurrent UTI, lower abdominal pain and dysuria. One year back she developed complaint of severe vulval itching and pain during coitus. The patient's complaints relieved with Allopathic treatment off and on to recur again and advised for hysterectomy. The patient was emotionally disturbed.

Her personal history revealed she had reduced appetite, constipated bowel, disturbed sleep, increased frequency and burning micturition. Her past menstrual history revealed that she had menarche at the age of 14 years, having regular cycles, with 2-3 days duration and moderate amount of bleeding. Her obstetric history was gravida 4; Parity 2; Abortion 2; Living 2. All were full term normal vaginal delivery at home. Her coital history was unsatisfactory and was having dyspareunia.

2.1 Clinical findings

Her vital signs revealed afebrile, blood pressure 120/80 mm Hg, heart rate 72/minute and respiratory rate 14/ minute. She is of *vatakapha prakruti* with *madhyama satwa*. Her Pelvic examination showed signs of pruritis, third degree

cystocele on inspection. Stress test was found to be positive. Perspeculum examination revealed narrow vagina with slight whitish discharge; small sized cervix with no changes of erosion. Per vaginal examination revealed first degree uterine prolapse with anteverted uterus with small cervix and fornix was found non tender.

2.2 Therapeutic intervention

The patient was given *deepana pachana* with *trikatu choorna* with warm water for three days from 07/01/2019. Then she was admitted in I.P.D on 11/01/2019 and was given *Ksheerapaka Vasti* of *Vayasthapana Gana Choorna*⁶ for 8 days. Fine powder of *Vayasthapana gana* (total 30 gm) was boiled with 15 parts of *ksheera* (450 ml) and 15 parts of water (450ml) until only

milk part remains⁷. Thus obtained *ksheera paka* is filtered and used for *basti* procedure. *Sneha swedana* was done, local abhyanga with lukewarm *Bala Taila* was given for 20 minutes and *Nadisweda* was given for 20 minutes. Then patient was asked to lie down in left lateral position of table. Freshly prepared lukewarm *basti* was administered through rectal route. Patient was advised to lie down supine for 1 hour and proper rest was advised. After the completion of *vasti* for 8 days, she was advised to take *Vayasthapana gana choorna* orally 5 gm before food with milk for two months. Follow up was done for one month. Posology of *Vayasthapana gana ksheerapaka vasti* are mentioned in table 1

2. RESULTS

Treatment given	OBSERVATION
<i>Vayasthapana gana ksheera paka Vasti</i> for eight days	Grade 3 cystocele decreased to grade 2, marked relief of severe itching on vulval region, burning micturition, lower abdominal pain and stress incontinence. She had regular bowel, appetite and sleep.
After treatment	Complete relief from vulval itching, dysuria, burning micturition and lower abdominal pain . No cystocele persists and no uterine prolapse was noticed. Moderate improvement on dyspareunia and no episode of UTI occurred during treatment.

Figure 1: Before treatment



Figure 2 : After treatment



3. DISCUSSION: Genitourinary syndrome of menopause (GSM), previously known as vulvovaginal atrophy, atrophic vaginitis, or urogenital atrophy, is a chronic, progressive

vulvovaginal, sexual, and lower urinary tract condition characterized by a host of symptoms secondary to a clinical state of hypoestrogenism after onset of menopause⁸. Pelvic organ prolapse is

one of the most onerous symptoms seen during menopausal period as the estrogen deficiency after menopause accelerates the adverse effects of biological ageing on pelvic floor support mechanisms.

Pelvic organ prolapse during *rajonivritti* can be considered as a clinical manifestation of *jara*. During *rajonivritti*, *dhathukshaya* occurs and *kshaya* of *rasadhathu*, *raktadhathu* and *mamsadhathu* are prime factors of pelvic organ prolapse. *Dhatukshaya* causes loss of supporting strength of *mamsadhathu* which may lead to weakness of supporting structures and resulting in prolapse. *Rasadhathu* is responsible for the proper nourishment of other *dhatu*s. *Raktadhathu* is responsible for the *jeevana karma*, ie maintaining the vitality of the body. During the period of *Rajonivritti*, there will be aggravation of *vata* and *pitta* and *kshaya* of *kapha dosha*. In pelvic organ prolapse, the predominant *dosha* involved is *Vata* and *Sramsana* is considered as one of the *nanathmaja vyadhi* of *vata*⁹. *Sthiratwa* is given by *kapha dosha*. The main function of *kaphadosha* is to maintain the compactness and integrity of the structures, (*slish alingane*) and this integrity is lost when *kaphakshaya* occurs which leads to prolapse of pelvic organ. Complaints of Lower abdominal pain, dyspareunia and dysuria occurs due to aggravated *vata*; recurrent UTI, burning micturition may be attributed to increased *pitta* and severe vulval itching may be due to *kleda* caused by *mamsa meda avruta kapha dosha*.

Drugs mentioned under *VayasthapanaGana* have the property of *rasayana*, *vyadhināsana*, *medhya*, *balya*, *jeevaneeya*, *dhatupushtikara*.

Vayasthapana Gana works as *Tridoshshamaka* and reduce the *Rajonivritti janya lakshanas*. *Basti* is the most important treatment for *vata*, drugs given in *basti* form has specific target action and quick absorption. *Ksheera* is *jeevaneeya*, *medhya*, *rasayana*, *brimhana*, especially *pitta samana* and in form of *basti* maximum absorption would be ensured. *Vayasthapana gana* improves the tonicity of perineal muscles and strengthen the supporting structures thereby reducing pelvic organ prolapse. *Guduchi*, *Jeevanti* and *Hareetaki* especially have properties like *rasayana* and *balya*. *Acharya Kashyapa* opined that *Satavari* will be beneficial in the case of amenorrhoea and vaginal dryness¹⁰. *Rasna* by its *vata* alleviating action reduces pelvic organ prolapse, *Hareetaki* possess *deepana pachana* and *srotosodhana* properties, reduces *aama* formation resulting in *dhathuposhana*. *Jeevanti* helps in maintaining stability of tissues, nutritive effect supports formation of *rasa dhathu* and nourishes the remaining *dhathu*s. The drugs like *punarnava*, *satavari*, *jeevanti* and *aamalaki* have *mutrala* properties thereby reducing micturition problems. Vulval itching is mainly decreased by the *kushtahara* properties of *Guloochi* and *Aamalaki*. Researches shown that *Aparajita* induces feeling of calm and peace promotes good sleep and relieves anxiety and mental fatigue¹¹. Researches shown that the drug *Punarnava* possess antistress, adaptogenic, immunomodulatory, antibacterial activity¹². Majority of the drugs of *Vayasthapana Gana* has been investigated in modern pharmacology for its antioxidant, free radical scavenging, cytoprotective, immunomodulatory,

adaptogenic , antifungal , anti-inflammatory , neuroprotective properties by which it reduces genito urinary syndrome of Menopause¹³.

4. CONCLUSION

Vayasthapana Gana Ksheerapaka Vasti along with internal administration of *Vayasthapana Gana Choorna* showed better result in reducing pelvic organ prolapse. Encouraging results were also found in symptoms like burning micturition, lower abdominal pain, dysuria and recurrent urinary tract infection. The case study concluded that Genitourinary Syndrome of Menopause can be successfully managed with *Vayasthapana gana churna ksheerapaka basti* and orally with *Vayasthapana gana churna* with no adverse reactions noted.

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