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

1Akhila M, 2Dei LaxmiPriya
1PhD Scholar, Department of PrasutiTantra and Streeroga, IPGT& RA, Gujarat Ayurved University, Jamnagar, India.
2Professor and HOD, Department of PrasutiTantra and Streeroga, IPGT& RA, Gujarat Ayurved University, Jamnagar, India, deilaxmipriya@yahoo.com, 910694372

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 Vayasthapan 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 menopause. 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, hematuria, 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, dyspareunia. The syndrome or its features manifest in some manner in approximately 40-54% of postmenopausal women. 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 dhatugata vata. 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 etc\(^5\). 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 Choorna6 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

<table>
<thead>
<tr>
<th>Treatment given</th>
<th>OBSERVATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vayasthapana gana ksheera paka Vasti for eight days</td>
<td>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.</td>
</tr>
<tr>
<td>After treatment</td>
<td>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.</td>
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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, dhathu kshaya occurs and kshaya of rasadhathu, raktadhathu and mamsa dhathu are prime factors of pelvic organ prolapse. Dhathu kshaya causes loss of supporting strength of mamsadhatu which may lead to weakness of supporting structures and resulting in prolapse. Rasa dhatu is responsible for the proper nourishment of other dhatus. 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. 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 Vayasthapana Gana have the property of rasayana, vyadhinasa, 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 dryness. Rasna by its vata alleviating action reduces pelvic organ prolapse, Hareetaki posses 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 dhathus. 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 fatigue. Researches shown that the drug Punarnava possess antistress, adaptogenic, immunomodulatory, antibacterial activity. Majority of the drugs of Vayasthapana Gana has been investigated in modern pharmacology for its antioxidant, free radical scavenging, cytoprotective, immunomodulatory,
adapogenic, antifungal, anti-inflammatory, and 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.

REFERENCES


Corresponding Author:
Dr Akhila M, PhD Scholar, Department of PrasutiTantra and Streeroga, IPGT & RA, Gujarat Ayurved University, Jamnagar, India, Email: akhilaso2@gmail.com

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