



## Case Study

www.ijrap.net

(ISSN Online:2229-3566, ISSN Print:2277-4343)



### EFFECTIVE MANAGEMENT OF YONI KANDA (BARTHOLIN'S CYST) THROUGH STHANIK CHIKITSA IN ADOLESCENT GIRL: A CASE STUDY

Neha Dixit <sup>1\*</sup>, Poonam Choudhary <sup>2</sup>

<sup>1</sup> PhD Scholar, Department of Prasuti Tantra evum Stri Roga, National Institute of Ayurveda, Deemed to be University, Jaipur, Rajasthan, India

<sup>2</sup> Assistant Professor, Department of Prasuti Tantra evum Stri Roga, National Institute of Ayurveda, Deemed to be University, Jaipur, Rajasthan, India

Received on: 22/4/24 Accepted on: 21/5/24

#### \*Corresponding author

E-mail: nehadixit0411@gmail.com

DOI: 10.7897/2277-4343.15367

#### ABSTRACT

**Introduction:** Yoni Kanda is a disease condition of the vulva or lower vaginal canal that has an irregular or circular shape. Clinically, it can be correlated with Bartholin's gland cyst, which represents a significant gynaecological issue affecting women's quality of life. This case study explores the efficacy of Ayurvedic sthanik chikitsa (local treatment) combined with oral medication in managing Bartholin's cyst in an adolescent girl, highlighting an alternative to conventional surgical intervention. **Case Report:** A 13-year-old female patient presented with a six-month history of vulval swelling diagnosed as a Bartholin's gland cyst. The patient underwent a comprehensive Ayurvedic treatment regimen, including yoni lepa, prakshalan, and aalepa, along with oral medication comprising Triphala Guggulu and Punnarnavaasthak Kashaya, known for their anti-inflammatory, antibacterial, and wound-healing properties. **Result:** The treatment resulted in a significant reduction in the size of the cyst and complete relief from symptoms, demonstrating the potential of Ayurvedic management in treating Bartholin's cyst without surgical intervention. **Discussion and Conclusion:** The successful management of Bartholin's cyst through Ayurvedic treatment in this case study suggests a viable, non-invasive alternative to conventional surgical methods. It underscores the importance of further research to validate and implement Ayurvedic approaches in the management of Yoni Kanda (Bartholin's cyst), potentially offering patients safer and less traumatic treatment options.

**Keywords:** Yoni Kanda, Bartholin's gland cyst, Sthanik Chikitsa, Yoni Lepa

#### INTRODUCTION

Yoni Kanda is a disease condition of the vulva or lower vaginal canal that has an irregular or circular shape and is described in Madhav Nidana. It is caused by injury or ulceration from teeth, nails, or other nidana like excessive coitus, diwaswapana, and excessive anger<sup>1</sup>. Yoni Kanda can be equated with Bartholin cyst. A Bartholin's cyst is a fluid-filled swelling on one of the Bartholin's glands. In the female reproductive system, Bartholin's glands are essential organs. The two pea-sized (2 cm) glands known as Bartholin's glands are situated in the vaginal groove between the hymen and the labia minora at the vaginal positions of 5 and 7 o'clock<sup>2</sup>. The glands are rarely larger than 1 cm and are typically the size of a pea. Except in cases of illness or infection, they are not palpable<sup>3</sup>. At puberty, these glands work and provide the vestibule with moisture. Small ducts, or apertures, that permit fluid to escape are present in the Bartholin's glands. Bartholin's gland cyst or abscess is a common vulval pathology affecting the reproductive age group of females. A cyst is mainly caused by a fluid buildup when the ducts clog. The ducts could get clogged due to an injury or irritation or an extra growth of skin<sup>4</sup>. The pathogenesis of a Bartholin's gland cyst begins gradually with labia majora swelling, which subsequently becomes painful. Eventually, fever and significant genital vulva swelling on the affected side accompany the cyst.

Usually, in the reproductive years between 20 and 30, Bartholin's gland cyst affects 2% of women<sup>5</sup>. Recurrence, extreme pain, dyspareunia, difficulty walking, psychological trauma from stigmatization, marital disharmony, and complications from the

treatment procedure, such as haemorrhage, pyogenic granuloma, anaesthetic issues, and post-operative infection, are among complications associated with Bartholin's gland cysts<sup>6</sup>. Antibiotics, incision and drainage, and marsupialization are recommended treatments for this ailment in modern science. The preferred treatment is surgical drainage and marsupialization, as it preserves function and prevents reformation of the cyst or abscess. Furthermore, the most frequent issue following incision and drainage is recurrence. Recurrence is reported in approximately 20% of patients (ranging from 0% to 38% and is more frequent after simple drainage)<sup>7</sup>. So, keeping all approaches and complications in mind, a case of Bartholin's gland cyst was successfully treated using Ayurveda medicine.

The study was carried out as per the International Conference of Harmonization-Good Clinical Practices Guidelines (ICH-GCP) or ICMR National Ethical Guidelines for Biomedical and Health Research Involving Human Participants.

#### Case Report

A 13-year-old teenage unmarried female patient consulted Prasuti Tantra evum Stri Roga OPD in March 2024 with a complaint of vulval swelling for 6 months. Initially, the swelling was minor, so she did not tell anybody, but gradually, its size increased and started causing pain. Due to this, the patient began having difficulty sitting and walking for one week, which her mother observed. After this, her mother brought her to the hospital for consultation.

On taking a detailed history of the patient, it was revealed that she was diagnosed with systemic lupus erythematosus with lupus nephritis one year back, and for this reason, initially, she was on allopathic medication. But after 15 days, she left medication. On the same day, the patient came to the Ayurvedic hospital for this, for which the doctor prescribed her some blood tests and medication, Punnarnvasthak Kashaya. Afterwards, the patient came to Prasuti Tantra Evum Stri Roga OPD to manage vulval swelling.

### Examination

The patient's blood pressure was 100/60 mmHg on general examination, and pulse was 76/min. Her height was 5 feet, and her weight was 50 kg. On abdominal examination, no abnormality was detected. On local examination of the vulva, there was a unilateral large tender mass present involving the right labia majora. The case was diagnosed as Yoni Kanda or Bartholin's gland cyst based on clinical findings.

### Therapeutic Interventions

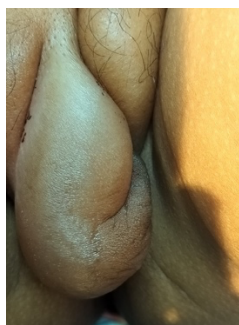
Considering the history and clinical examination following treatment were given to the patient for 7 days [Table 1].

Aushadi/Drug	Matra/Quantity	Kalpna/Form	Kala/Dose	Anupana
Triphala Guggulu	2 tablets	Guggulu	BD	Water
Punnarnvasthak kashaya	20 ml	Kwatha	BD	-
Dashang Lepa +Arjun Choorna +Shankha Bhasma +Tankan Bhasma	-	Lepa	BD	-
Panchvalkal Kashya +Triphala Kashya	-	For Prakshalan	BD	-
Jatyadi taila	-	For Local application/Aalepa	BD	-

### Follow-up and Outcome

The patient was hospitalized for the first 10 days of treatment, during which oral medication and sthanik chikitsa procedures were administered. After 5 days of treatment, the patient started experiencing a reduction in the size of the cyst. Considerable improvement was visible in the swelling from the 7th day of treatment. So, the same treatment was repeated for the next 7

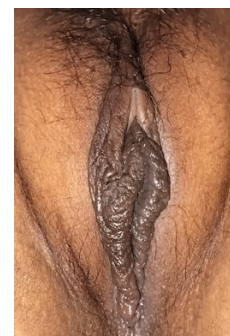
days. Within 10 days of treatment, the patient received complete relief in all signs and symptoms. The patient was discharged on the 10<sup>th</sup> day of treatment, and she was asked for follow-up in OPD after 7 days. Only Triphala guggulu was prescribed for the patient at home. The patient was followed in OPD after 7 days of discharge and was completely free from any symptoms of Bartholin's gland cyst.



On 1st day of Treatment



On the 7th Day of Treatment



On the 10th Day of Treatment

### DISCUSSION

Based on clinical presentation, this case was diagnosed with Yoni Kanda (Bartholin's cyst). Keeping in view the signs and symptoms, the Ayurvedic principles of treatment were selected; the patient, in this case, was put on the shaman and sthanika chikitsa by selecting multiple herbal medications involving shotahara, shoolahara shroto shodana and Rakta shodaka properties. In this case, Triphala guggulu was prescribed for oral intake. Triphala guggulu is mentioned in Sharangdhara Samhita for managing shotha (swelling or inflammation)<sup>8</sup>. Triphala guggulu consists of Amalaki, Haritaki, Vibhitaki, Pippali, and Guggulu. The majority of ingredients of Triphala guggulu are tikta, kashaya, madhura rasa, ushna virya; katu vipaka; laghu, ruksha, ushna, tikshna gunas; tridoshahara and shothahara karma. It reduces Vata and Kapha dosha due to ushna virya. Due to tikta, kashya rasa laghu and ruksha guna alleviate Kapha dosha. Tikta kashaya and madhura rasa of the drug relieve Pitta dosha. Its ushana virya and laghu, ruksha guna activate Agni, while its ushana, tikshna, laghu guna and ushna virya decrease srotorodha<sup>9</sup>. Also, the constituents of Triphala guggulu contain anti-inflammatory, antimicrobial, and analgesic properties<sup>9</sup>, which

help reduce the symptoms of Bartholin cyst. The patient was also taking Punnarnvaasthak Kashaya during treatment. Punnarnvaasthak Kashaya is used to treat inflammatory conditions. Punnarnvaasthak Kashaya consists of Punarnava (*Boerhavia diffusa* Linn.), Haritaki (*Terminalia chebula* Retz.), Nimba (*Azadirachta indica* A. Juss.), Daruharidra (*Berberis aristata* DC.), Katuki (*Picrorhiza kurroa* Royal ex Benth.), Patol (*Trichosanthes dioica* Roxb.), Guduchi (*Tinospora cordifolia* (wild) Miers ex Hook f. Thoms.), and Shunthi (*Zingiber officinale* Rosc). Most of the ingredients of Punnarnvaasthak Kashaya are tikta, kashaya rasa, laghu, ruksha guna, ushna virya and katu and madhur vipaka. Punnarnvaasthak Kashaya's content has anti-inflammatory, antimicrobial, antifungal, and analgesic properties<sup>10</sup>.

In sthanik chikitsa, lepa kalpana, prakshalana and Jatyadi taila aalepana were used in this case. Lepa is a form of bahiparimarjana chikitsa, wherein the drugs used come directly in contact with the skin where the response is anticipated<sup>11</sup>. Dashang lepa, Arjuna choorna, tankan bhasma and shankh bhasma were used for local application in the affected area. Dashang lepa is a combination of 10 drugs and is described in the treatment of shotha, visarpa,

kushta, etc. Most of the Dashang lepa constituents have anti-inflammatory, analgesic, antimicrobial, ulcer and wound healing properties, which help break the pathogenesis of Bartholin gland cyst<sup>12</sup>.

Arjoon churna<sup>13</sup> and shankha bhasma<sup>14</sup> are mentioned in Granti and Arbuda's treatment for local application. Arjuna has been attributed with kashaya rasa, katu vipaka, sheeta virya, has laghu and ruksha gunas. It is recommended to alleviate various disease conditions like Hridaya roga, Raktavikara, Shotha, Kushtha, Jwara, Vrana, etc<sup>15</sup>. Experimental studies have demonstrated that Arjuna has anti-inflammatory, analgesic, antibacterial, anthelmintic, antiviral, antioxidant, wound healing, anti-tumor and cytotoxic activity<sup>16</sup>. Shankh bhasma is traditionally used in Ayurveda to treat many ailments. Shankha bhasma is prepared as conch shell ash and has sheeta (cooling), kshariya (alkaline) and grahi (adsorbent) properties. Grahi is the property of the drug that increases the power of absorption. Perhaps this is the reason Shankh bhasma was helpful in this case in reducing the size of the Bartholin cyst. Borex is used to prepare Tankan bhasma. Tankana is also known by the name kshararaja, which means it is corrosive but not a strong corrosive. Because of its antiseptic properties, it aids in the removal of growth substrate for pathogens. Tankana has the properties like katu rasa, ushna virya, ruksha & tikshna guna. Tankana's qualities include Kapha-visleshaka and Vatahara properties because of its tikshna guna, ushna virya, and katu rasa. Katu rasa, in conjunction with ruksha, tikshna guna functions as lekhana and marga vishodhana, which helps reduce ragata and sotha<sup>17</sup>. Tankan was found to be effective against fungal strains *C. albicans*, *A. niger*, and *A. Clavatus*, as well as bacterial strains *E. coli*, *P. aeruginosa*, *S. aureus*, and *S. pyogenes* in an *in vitro* antimicrobial research<sup>18</sup>. Tankana churna has anti-inflammatory properties as well<sup>19</sup>.

For prakshalan, a combination of Panchvalkal Kashaya and Triphala Kashaya was used. Panchvalkal Kashaya combines five astringent drugs and has antiseptic, anti-inflammatory, analgesic, anti-parasitic, antioxidant, antibacterial, antimicrobial, anti-helminthic antipyretic, wound purifying and healing properties<sup>20</sup>. Research explains that tannins, phytosterols, and flavonoids are present in Panchvalkal, which reduce pain, tenderness, redness, and swelling-like features and thus help control the infection<sup>21</sup>. Bhava-Prakasha described Triphala kwatha prakshalana in the treatment of Yoni Kanda. Triphala Kwatha is described in Shotha rogadhikara in Bhaishajya Ratnawali. Triphala is also mentioned as yonidoshahara by Acharya Susruta<sup>22</sup>. Laghu, ruksha, teekshna, kashaya and tikta rasa are the properties of Triphala Kwatha medicines. The properties of lekhana and shodhana may have contributed to the enhancement of granulation tissue quality<sup>12</sup>.

After prakshalan, Jatyadi taila aalepana was done on the affected site. Most of the ingredients of Jatyadi taila are tikta, kashaya rasas, and laghu, ruksha gunas. Tikta and kashaya rasa have qualities such as vrana shodhana, ropana, pootihara, and vedanasthapana. Contents of Jatyadi taila like Jaati, Nimba, and Haridra have anti-inflammatory and antibacterial properties. Tutha is also a part of Jatyadi taila and has lekhana karma. It might, therefore, help to get rid of the slough. Tila taila, which is used as a medium in preparation of Jatyadi taila, has ushna, teekshna, madhura, vataghna snigdha, vyavayi, vikasi, and suksama qualities<sup>23</sup>. As a result, its suksma, vyavayi and vikashi gunas may assist in reaching the minute channels and minimizing vedana. In this case, the overall treatment effect of Bartholin cyst was due to the combined effect of oral medication and sthanik chikitsa.

## CONCLUSION

The objective of this case study was to explore the efficacy of Ayurvedic sthanik chikitsa (local treatment) combined with oral medication in the management of Yoni Kanda (Bartholin's cyst) in an adolescent girl, offering a potential alternative to conventional surgical interventions. This objective was achieved through the comprehensive Ayurvedic treatment regimen administered to the patient, including yoni lepa, prakshalan, aalepa and oral medications such as Triphala Guggulu and Punnarnvaasthak Kashaya. These treatments were selected based on their anti-inflammatory, antibacterial, and wound-healing properties, essential for managing Bartholin's gland cyst. The significant reduction in the size of the cyst and the complete relief from symptoms within a short treatment duration underscored the effectiveness of the Ayurvedic approach. The patient's recovery without the need for surgical intervention highlights the potential of Ayurvedic medicine in providing a non-invasive, safe, and well-tolerated treatment option for Bartholin's gland cyst.

## REFERENCES

1. Prof. Premvati Tewari. Ayurvediya Prasuti Tantra evum Stri Roga. Reprint edition Chaukhamba Orientalia, Varanasi 2016, Part II Stri roga, Chapter 1, P 135.
2. Dutta DC. Textbook of gynaecology, including contraception. Sixth edition, New Central Book Agency (P) Ltd Kolkata, 2013, Chapter 12, P 155.
3. Folashade Omole *et al.* Bartholin Duct Cyst and Gland Abscess: Office Management, American Family Physician, June 2019; 99(12):760-766.
4. <https://www.healthline.com/health/bartholins-gland-cyst> (cited 14/5/24)
5. Farzana Mohammed Umar Ziard Noorul Farzana and Tharique Isamail, Unani. Management of Recurrent Bartholin's Gland Cyst: A Case Report, International Journal of Pharmaceutical Investigation, 2022; 12(2): 247-249
6. OB Anozie *et al.* Incidence, Presentation and Management of Bartholin's Gland Cysts/Abscesses: A Four-Year Review in Federal Teaching Hospital, Abakaliki, South-East Nigeria, Open Journal of Obstetrics and Gynecology, 2016; 6 (5): 299-305.
7. Diaz de la Noval B, García Fernández I, Álvarez Fernández B. Bulky Bartholin's gland cyst: Case report of an incidental finding. Case Reports in Women's Health. April 2019; e00115. PMID: 31049296; PMCID: PMC6479569.
8. Tripathi B editor. Sharangdhara Samhita of pandit Sharangdhara Acharya, Chaukhamba Surbharati Prakashan Varanasi, 2016 Madhyam Khand, Chapter 6 verses 82-83, P 137.
9. Rawat *et al.* 47an overview of Triphala guggulu and its ingredients, Ayushdhara, January-February 2023;10(1):47-59.
10. Thakur A. *et al.* A review article on Punarnavasthak Kwath, International Journal of Innovative Research in Technology, August 2023; 10(3):268-274.
11. Velayudhan S *et al.* The efficacy of Vidanga Triphaladi lepa and Chandanadi lepa in the management of Padukavisha (Footwear dermatitis)- A Comparative clinical trial, Journal of Ayurveda and Integrated Medical Sciences, Jan-Feb 2021; 6 (1): 31-38.
12. Jain J *et al.* Complete cure of recurrent Yonikanda (Bartholin gland abscess) with Ayurveda: A case report, World Journal of Pharmaceutical Research, 2019; 8 (12): 1014-1022.
13. Prof. Premvati Tewari, Ayurvediya Prasuti Tantra Evum Stri Roga, Reprint edition, Chaukhambha Orientalia, Varanasi, 2016, chapter 7, P 380 & 382.

14. Prof. Premvati Tewari, Ayurvediya Prasuti Tantra Evum Stri Roga, Reprint edition, Chaukhambha Orientalia, Varanasi, 2016, chapter 7, P 374.
15. Bhumika *et al.* A review on pharmacological action of Arjuna, World Journal of Pharmaceutical Research, 2022; 11(9): 1760-1778.
16. Soni N and Singh V. Efficacy and Advancement of *Terminalia arjuna* in Indian Herbal Drug Research: A Review, Trends in Applied Sciences Research, 2019; 14 (4): 233-242.
17. Sahoo I. *et al.* Clinical Appraisal on Therapeutic Efficacy of Tankana and Sphatika Bhasma with Madhu Pratisarana in Tundikeri, Journal of Drug Delivery and Therapeutics, 2019; 9(6):130-134.
18. Adhvaryu TR *et al.* *In vitro* antimicrobial activity of Tankana, European Journal of Biomedical and Pharmaceutical sciences. 2015; 2(7):210-21326.
19. Kumar *et al.* *In vitro* anti-inflammatory activity of Tankana churna, Food and Feed Research 2013; (40)1:17-20.
20. Gajarmal Amit A *et al.* A clinical evaluation of Panchvankal- A review article, Unique journal of Ayurvedic and Herbal medicine, 2014;2 (4):6-9.
21. Bhat *et al.* Efficacy of Panchvankal cream in vrana shodhana w.s.r. to its action on microbial load and wound infection, AYU, 2014; 32(2):135-140.
22. Kaviraj Ambika Dutta shastri editor, Sushruta Samhita of Maharshi Sushruta Chaukhamba Sanskrit Sansthan, Varanasi, Reprint 2014, Chapter 38 verses 54 P 187
23. Kaviraj Ambika Dutta shastri editor. Sushruta Samhita of Maharshi Sushruta Chaukhamba Sanskrit Sansthan, Varanasi, Reprint 2014, Chapter 45 verses 112 P 229.

**Cite this article as:**

Neha Dixit and Poonam Choudhary. Effective management of Yoni Kanda (Bartholin's cyst) through sthanik chikitsa in adolescent girl: A Case Study. Int. J. Res. Ayurveda Pharm. 2024;15(3):34-37

DOI: <http://dx.doi.org/10.7897/2277-4343.15367>

Source of support: Nil, Conflict of interest: None Declared

Disclaimer: IJRAP is solely owned by Moksha Publishing House - A non-profit publishing house, dedicated to publishing quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJRAP cannot accept any responsibility or liability for the site content and articles published. The views expressed in articles by our contributing authors are not necessarily those of the IJRAP editor or editorial board members.