

## EFFICACY OF SELECTED AYURVEDA TREATMENT MODALITY FOR BARTHOLIN'S CYST (YONIKANDA): A CASE REPORT

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### ABSTRACT

Bartholin's glands are known to form cysts and abscesses in women of reproductive age. Bartholin's cysts form when the ostium of the duct becomes obstructed, leading to distention of the gland or duct with fluid. When cyst is infected it's referred to as an abscess. In modern science use of antibiotics, incision and drainage, marsupialization is advised for this condition. The treatment of Bartholin's gland cyst by surgery is characterized by some disadvantages and complications such as hemorrhage, postoperative dyspareunia, infections and recurrence as the most common complication after incision and drainage. According to Ayurveda, *Yonikanda* is a disease of lower vaginal canal or vulva that has round or irregular shape. *Vataja*, *Pittaja*, *Kapaja* and *Sannipataja* are four types of *Yonikanda* mentioned in Ayurveda texts. *Vataja yonikanda* can be considered as early stage of Bartholin's cysts, *Pittaja yonikanda* as acute suppuration stage, *Kaphaja yonikanda* as chronic stage and *Sannipataja yonikanda* as acute suppuration in chronic Bartholin's abscess. Here we present a case of a 26-year-old female patient with Bartholin's cyst had a previous history of Bartholin's abscess that was treated through suction with needle syringe. The management by use of selected Ayurveda treatment modality has been proved effective results on Bartholin's cyst.

**Keywords:** Bartholin's cyst, *Yonikanda*, Ayurveda

### INTRODUCTION

A Bartholin's cyst is a fluid-filled swelling on one of the Bartholin's glands. The Bartholin's glands are on each side of the opening of the vagina, on the lips of the labia (Karaman, Akdemir, 2015). They secrete vaginal lubricating fluid. The fluid helps protect vaginal tissue during sexual intercourse (Kallam, Kanumury, 2017). These cysts aren't common and usually develop in women of reproductive age after puberty and before menopause.

The Bartholin's glands develop from buds in the epithelium of the posterior area of the vestibule. The glands are located bilaterally at the base of the labia minora and drain through 2 to 2.5cm long ducts that empty into the vestibule at about the 4 o'clock and 8 o'clock positions (Kessous, Aricha, 2013; Kallam, Kanumury, 2017). The glands are usually the size of a pea and rarely exceed 1 cm. They are not palpable except in the presence of disease or infection. At puberty, these

glands begin to function, providing moisture for the vestibule. The Bartholin's glands contain small ducts, or openings, that allow fluid to flow out. The main cause of a cyst is the backup of fluid that occurs when the ducts become blocked. The ducts may become blocked due to an injury or irritation, or an extra growth of skin (Horne, Merjanian, 2018). In some instances, an infection can lead to the growth of a cyst. Bacteria that can infect a cyst include *Escherichia coli* and bacteria that cause gonorrhea or chlamydia. Small Bartholin's cysts may not cause any symptoms. They usually grow slowly. When symptoms do occur, they usually include a painless, small lump near the opening of the vagina, redness near opening of the vagina, swelling near the opening of the vagina and discomfort during sexual intercourse, walking, or sitting. If the cyst becomes infected, additional symptoms can develop. These include pus draining from the cyst, fever, and chills. When a cyst is infected, it's referred to as an abscess (Kessous, Aricha, 2013). Women of any age can develop the cyst, it's more common in women of reproductive age, especially between the ages of 20 and 29 years old. If left untreated the abscess may burst through the lower vaginal wall. Purulent discharges are seen after bursting of abscess and incision that advised for other abscesses are not mentioned for this disease in Ayurveda classics.

According to Ayurveda, *Yonikanda* is a disease of vulva or lower vaginal canal has round or irregular shape. This disease resemblance with pus or blood is basic clinical features hence it can be equated with Bartholin's abscess. There are four types of *Yonikanda* mentioned in ayurvedic text. They are *Vataja*, *Pittaja*, *Kapaja* & *Sannipataja*. *Vataja yonikanda* is characterized by dry or rough surface discolored with cracked appearance. *Pittaja yonikanda* has burning sensation, redness and fever. *Kapaja yonikanda* has colour of *atasi* flower or *tila* associated with itching condition. *Sannipataja yonikanda* is associated with features of all the three *doshas*. *Vataja yonikanda* can be considered as early stage of Bartholin cyst, *Pittaja yonikanda* as acute suppuration stage, *Kaphaja yonikanda* as chronic stage and *Sannipataja yonikanda* as acute suppuration in chronic Bartholin's abscess (Tiwari, 2003).

In modern text use of antibiotics, incision and drainage, marsupialization is advised for this condition. The treatment of Bartholin's gland cyst by traditional surgery is characterized by some disadvantages and complications such as hemorrhage, postoperative dyspareunia and infections. Also, recurrence is the most common complication after incision and drainage. Due to the high recurrence, Bartholin's gland cyst and Bartholin's abscess can be treated successfully using Ayurveda Medicine.

#### Case Presentation

A 26-year-old unmarried female patient presented to the gynecology OPD at Gampaha Wickramarachchi Ayurveda Teaching Hospital, with a history of huge swelling in her right labia majora form 21 days which initially started as a small swelling, then increased in size, and complain of itching in valve and vagina with moderate pain. She had taken treatment in Government hospital from 18 days for this but did not get relief. She had a history of Bartholin's Abscess before 1 year and was treated through suction with needle syringe. She noted only temporary relief along with use of long-term antibiotics.

On examination there was a tender large swelling involving right labia majora, shiny and smooth surface, with no punctum and measuring 5cm in length and 4cm in width. On vaginal examination that revealed inflammatory condition of labia majora and scanty purulent vaginal discharge.

Menstrual history is 4/30 days, regular cycle, lower abdominal pain was not presenting before and during menstruation with normal menstrual flow without blood clots performing. Nondiabetic, non-hypertensive and no previous history related to drug allergies.

Clinical examination of the patient on Ayurveda perspective related with *piththa kapha nadi*, BP: 120/80 mmHg, *Nadi* (Pulse): 72/min, *Mala* (Stool): constipation, *Mutra* (Urine): *prakrut*, *Jivha - saama*, *Shabda - prakrut*, *Sparsh - ushna*, *Druk - prakrut*, *Akriti - prakrut*, weighted 43 kg with 4' 10" height and overall normal findings in systemic examination.

## Investigations

1. Full blood count – Hb % - 12gm%  
WBC – 11 000/cmm  
Platelets – 285 000/cmm

2. HIV – Nonreactive
3. VDRL – Nonreactive
4. Blood Group – A positive

## Treatment Plan

Medicine	Dose	Before/after food	Adjuvant
<i>Kaishor Guggulu</i>	2 tablets	Morning and evening after food	With warm water
<i>Raktha shodaka kwatha</i>	30 ml	Morning and evening after food	-
<i>Pipalimula Panta</i>	15g	At Night after food	Boiled with ½ cup of hot water
<i>Lepa - Fine powder of Tila and Maduka mix with Ghee</i>	25g	Morning and evening	-

**Results:** Redness and itching were reduced within three days and swelling, and vaginal discharge were reduced at the end of the seven days of treatment plan. Patient was completely recovered at the end of the one-week treatment. Follow up of the patient was done on every three months in the OPD at Gampaha Wickramarachchi Ayurveda Teaching Hospital.

## DISCUSSION

The Bartholin's glands, also called greater vestibular glands, are two pea-sized glands located at the posterior region of the vaginal opening. They secrete vaginal lubricating fluid. The fluid helps to protect vaginal tissue during sexual intercourse (Kallam, Kanumury, 2017). Cysts are common complications of the Bartholin's gland, affecting the ductal region due to outlet blockage (Antvorskov, Josefsen, 2014). Cysts and abscesses are often clinically distinguishable. Bartholin's cysts form when the ostium of the duct becomes obstructed, leading to distention of the gland or duct with fluid. Obstruction is usually secondary to nonspecific inflammation or trauma. The cyst is usually 1-3 cm in diameter and often asymptomatic (Lee, Dalpiaz, 2015). When symptoms do occur, they usually include the painless, small lump near the opening of the vagina, redness, swelling and discomfort during sexual intercourse, walking and sitting. If the cyst become infected additional symptoms can develop. Although larger cysts may be associated with pain and dyspareunia. These include with pus draining from the cyst, fever and chills. When a cyst is infected it's referred to as an abscess

(Kessous, Aricha, 2013). *Yonikanda* is a disease of vulva or lower vaginal canal that has round protuberance or resembling *lakucha* (a fruit with irregular margins) and containing of pus and blood (Yogarathnakar, 2005).

In our case, patient presented with recurrent right labial swelling that had the history of Bartholin's abscess before 1 year and was treated through suction with needle syringe. The *nidana* (causes) of this condition was oily and spicy food frequently, emotional disturbances, excessive sweating and local hygiene. *Samprapti ghataka* (pathogenesis) of *yonikanda utpatti* as the *pitta kaphaja doshas, rakta, mamsa dushya, artavavaha srotas* and *yonisthani sthaanasanshraya*. Oral drugs and past (*lepa*) were prescribed for the patient for seven days. *Rakta shodaka kwatha, Kaishor Guggulu* and *Pipalimula Panta* were prescribed as internal medicines. The past (*lepa*) that prepared from fine powder of *Tila* and *Maduka* with Ghee, prescribed as local application for swelling. Redness and itching were reduced within three days and swelling, and vaginal discharge were reduced at the end of the seven days of treatment plan. Patient was completely recovered at the end of the one-week treatment. *Kaishor Guggulu* has the *agni deepana* (increase digestive power), *shotha hara* (reduce swelling), *rakta shodaka* (blood purification) and *vrana shodana* (wound purification) effects. *Rakta shodaka kwatha* has the effect of *rakta shodana* and *Pippalimula panta* has the *ama pachana* (increase appetite) and *agni deepana* effects. Internal medicines were reduced inflammation, itching, pain and enhance the healing process (Department of Ayurveda. (1985). *Tila* is

consist of *madura ras*, *guru* and *snigdha guna*, *ushna virya* and *madura vipaka*. *Tila* has the local effects of *shodana* and *ropana* on this condition. *Maduka* is consist of *madura rasa*, *guru* and *snigdha guna*, *sheeta virya* and *madura vipaka*. Also, *Maduka* has *pitta shamana*, *shothagna*, *kandugna* (reduce itching), *rakta shodaka* and *kapha nissaraka* effects. Cooling property of *Maduka* and Ghee gave relief in cyst (Department of Ayurveda, 1979; Lucas, 2015)

Giving multiple antibiotics with incision and drainage alone may generally not solve the issue of recurrent Bartholin's gland abscess. The use of oral and local Ayurveda treatments were successful effects on the progressive follow up of the patient.

## CONCLUSION

The management by use of selected Ayurveda treatment modality in oral and local drugs has been proved effective results on Bartholin's cyst.

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