



## A REVIEW – ROLE OF VAYASTHAPANA GANA SIDDHA TAIL YONIPICHU IN SU-SHKA YONI FOR THE MANAGEMENT OF RAJONIVRUTTI

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## ABSTRACT

This study aims to determine the efficacy of Vayasthapana gana siddha tail Yonipichu in Anushka Yoni for managing postmenopausal Vulvovaginal atrophy. About half of women will experience symptoms related to Vulvovaginal atrophy. After 4 to 5 years of menopause, symptoms of Vulvovaginal atrophy are apparent. Subjective complaints, as well as Objective changes, are present in 25 to 50 % of all post-menopausal women. The aim of this study is not only treatment but also prevention of atrophy before symptoms with cost-effective analysis and further research. A diagnosis of Vaginal atrophy is made based on the patient's reported Symptoms, including Vaginal dryness, itching at the Vulvar region, and Dyspareunia, because many women are hesitant to report vaginal-related symptoms because of embarrassment. Treatment with local application of Vayasthapana gana siddha tail Yonipichu is a simple, safe and cost-effective treatment.

**Keywords:** Dyspareunia, Menopause, Vaginal dryness, *Yonipichu*.

## INTRODUCTION

### Disease Review

Menopause is the permanent cessation of menstruation at the end of the reproductive life of women due

to loss of Ovarian follicular activity. Menopause is an inevitable natural stage in a woman's life with physical and psychological changes that disrupt the every-

day life of a woman. In India, Urogenital symptoms increase progressively in the perimenopausal period, reaching an incidence of more than 40% after menopause. <sup>(1)</sup> About half of postmenopausal women will experience symptoms related to Urogenital atrophy. Vaginal atrophy becomes clinically apparent 4 to 5 years after menopause, and subjective complaints as well as objective changes are present in 25 to 50 % of all Postmenopausal women. In India, negative attitudes and psychological issues towards vaginal atrophy are prevalent. Women are hesitant to discuss their sexual problems but are relieved if their doctor initiates a discussion.

The loss of ovarian estrogen production is associated with vaginal atrophy. The dryness of the vagina occurs early in the Postmenopausal period. It is associated with pain with intercourse or Dyspareunia. The most common symptoms of vaginal atrophy include Vaginal dryness (75%), Dyspareunia (38%), Vaginal itching and pain (15%). Due to declining estrogen, the mucosa of the epithelium of the vagina and vulva gets thin. Due to diminished vaginal walls, rugae vaginal wall appears smooth with diminished blood flow, pale appearance, small petechiae and other signs of inflammation. Severe atrophy can result in vaginal shortening, narrowing, and obliteration of the vaginal vault. Physical signs of atrophy in the vulva and vagina are more clearly apparent upon gynecologic examination. Vulvovaginal atrophy is diagnosed after combining patient symptoms, clinical situation and visual inspection. Vaginal PH is obtained using litmus paper, and the vaginal maturation index is used for both diagnosis and assessment of treatment efficacy.

- **MATERIALS AND METHODS**
- **Drug review-** Amruta, Aabhaya, Dhatri, Mukta, Shweta, Jivanti, Aatirasa, Mandukparni, Shalaparni, Punarnava these are vayasthapana gana drugs. <sup>(2)</sup>

### **Vayasthapana gana Siddha Tail**

#### **Preparation of Vayasthapana gana Siddha tail –**

#### **Preparation for Coarse Powder**

Equal parts of the ingredients were taken and made into coarse powder separately. The ingredients were

mixed methodically to create a homogeneous mixture and used to prepare Kalk and Kwatha.

#### **Preparation of Kwath ( decoction )**

Kwath was prepared following the general rule of the text. One part of coarse powder was added to four parts of potable water, then heated at medium temperature until the volume was reduced to ¼ percent of its initial quantity. The Contents were filtered, and the filtrate was used as liquid media to prepare Taila.

#### **Preparation of Kalka (Paste )**

The Coarse powder was taken and mixed with sufficient water to prepare the Kalka.

#### **Taila Paka**

As Per Samhita, Kalka (Paste ): Sneha( Tila Taila- Sesame oil ), and Kwatha (Decoction) were taken in proportion, respectively. The Tila tail was made warm in the vessel, and then the vessel was taken out from the flame, and the ingredient of Kalka was added to the Tila tail. Kwatha was added to these contents, and heating was continued on medium Mrudupaka, which was obtained. Vayasthapana gana siddha tail was thus obtained and filtered while hot and preserved in an airtight container.

#### **Yonipichu**

#### **Treatment Review**

Yoni roga does not occur without vitiation of Vata; thus, first of all, Vata should be normalised, and then treatment of other Doshas should be done. Our Acharyas know the mode of action of this Sthanik Chikitsa and describe the specific sthanik Chikitsa. <sup>(3)</sup>

#### **Poorva Karma**

The Pichu and Vayasthapana gana siddha tails were sterilised using an autoclave. After voiding the Urine, the patient was advised to lie comfortably in the Lithotomy position with the help of nursing staff. The perineal region was cleaned with Savlon and betadine solution and draped.

#### **Pradhan Karma**

Under aseptic precaution, sterile pichu soaked in Vayasthapana gana siddha tail was inserted in the vaginal canal with the help of the index finger and thumb and with the help of a swab holding forceps in such a way that the thread of Yoni Pichu was made

lying out of vagina which will facilitate its easy removal.

### Paschat Karma

Yoni pichu was retained till the patient got the urge for micturition or 3-4 hours after insertion. The patient removed it by pulling out the tampon of Taila by sitting in a squatting position.

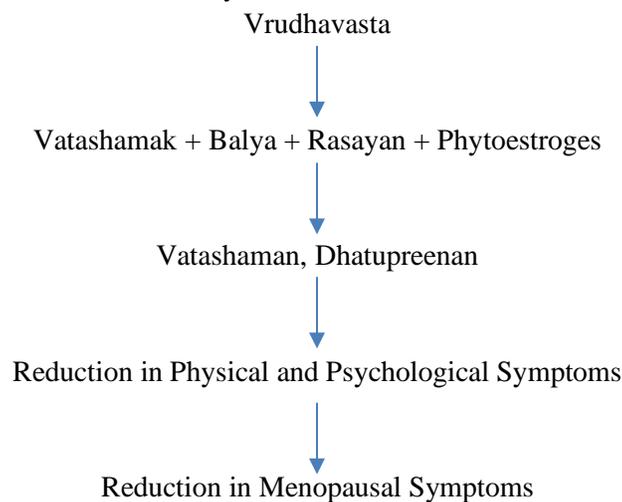
### RESULT

Most low-dose vaginal preparations like Vayasthapana gana siddha tail Yonipichu are free of risk and side effects. They could be taken not only for

intervention when symptoms are established but also to prevent atrophy. This prevention principle would require formal, cost-effective analysis and further research.

### DISCUSSION

Vayasthapana gana siddha tail Yonipichu is the most effective treatment of moderate to severe Vulvovaginal atrophy. Mechanism of samprapti Bhang of menopausal syndrome



Vayasthapana gana works as tridosha shamaka and reduces the Rajonivruttijanya Lakshanas by balancing Tridosha. Most of the drugs of Vyasthapana gana siddha tail have properties of Vyasthapana, Balya, Hridya, Medhya, and Rsayan properties which promote the proper formation of rasadhatu. Besides these properties, most ingredients help delay the ageing process and reduce the somatic symptoms of menopause. Amalaki, Shatavari, Mandukparni, Haritaki, and Jivanti have medhya properties which help to reduce psychological symptoms of menopause. The antioxidant properties of Guduchi, Haritaki, Amalaki, Aparajita and Mandukparni help block or slow down various neurodegenerative processes. The anxiety and antidepressant activity of Mandukparni and the cardioprotective activity of Amalaki and Guduchi help to reduce the psychological symptoms of menopause.

The phytoestrogenic activity of Shatavari also works on hot flashes and other menopausal symptoms. Vitiated Vyana Vata and Rasa Dushti also cause vaginal dryness involving Artavavaha Strotas Uterine tonics such as Shatavari help improve vaginal lubrication and secretion. Vitiated vata and Mamsa Dushti cause atrophic vaginitis involving Artavavaha Stratos. Muscle toners, such as Shatavari, help improve the body's condition. Vitiated Vata and Shukra Dhatu Dushti cause Hormonal imbalance involving Artavavaha Stratos. Endocrine tonics containing phytoestrogen, such as Shatavari, help maintain the hormonal balance. Phytoestrogen centella asiatica is expected to affect the proliferation and maturation of epithelial cells and trigger collagen synthesis. The vaginal wall is expected to become thicker and elastic. Centella asiatica can increase Estrogen receptors, B proliferation of vaginal wall maturation and in-

creased collagen causing thinning and increased collagen of the vaginal wall.

Tila tail

They contain phytoestrogen, and lignans present in the pericarp of sesame have been shown phytoestrogenic activity.

## CONCLUSION

Our Acharyas were very clear about the mode of action of sthanik Chikitsa. They explained different types of management for maximum reproductive disorders with specific purposes, such as nourishing and regenerating new tissue. Postmenopausal vaginal atrophy is a common cause of distressing symptoms caused by estrogen deficiency, but it remains poorly recognised by health care. The key to improved outcomes for menopausal women is the guidance of physicians who inquire about their nonurinary symptoms, such as Vaginal dryness, itching, and dyspareunia. Encourage open discussion about Vulvovaginal health and recommended treatment options because physicians and patients typically do not include vulvovaginal health issues in their forum. For healthcare professionals, the challenge is to identify female patients whose symptoms may be related to vaginal atrophy. Primary care physicians are encouraged to ask postmenopausal women about any discomfort or vaginal dryness, or dyspareunia. Treatment with local estrogen is safe and can transform a woman's quality of life. Treatment should be started early and before atrophic changes occur. Local application of Vayasthapana gana siddha tail Yonipichu is practical, and patient preference will usually determine the treatment used.

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