

HOLISTIC AYURVEDIC INTERVENTIONS FOR VATAJA YONI VYAPAD: A CLINICAL CASE ANALYSIS OF ADENOMYOSIS AND UTERINE PROLAPSE MANAGEMENT

Dr. Pooja Subhash Dhayatadak ^{*1}, Dr. Sadhana Subhash Dhaytada²

*¹Assistant Professor, Department of Prasuti Tantra and Stree Roga, at Dr. Vedprakash Patil
Ayurved Medical College & Research Institute, Revgaon , Jalna 431203*

*MS Shalyatantra ,Ph D scholar Government Ayurvedic College Nanded, Vazirabad, Nanded,
Nanded-Waghala, Maharashtra 431601.*

Article Received: 13 February 2026, Article Revised: 04 March 2026, Published on: 24 March 2026

***Corresponding Author: Dr. Pooja Subhash Dhayatadak**

Assistant Professor, Department of Prasuti Tantra and Stree Roga, at Dr. Vedprakash Patil Ayurved Medical College &
Research Institute, Revgaon , Jalna 431203.

DOI: <https://doi-doi.org/101555/ijarp.5571>

ABSTRACT

Vataja Yoni Vyapad represents a significant category of female reproductive disorders in classical Ayurvedic medicine, encompassing conditions associated with disequilibrium of Vata Dosha that lead to distressing gynaecological manifestations including dysmenorrhea, pelvic organ prolapse, and chronic pelvic discomfort. This condition exerts a profound negative influence on a woman's physical well-being, reproductive function, and overall quality of life. Classical Ayurvedic texts enumerate a spectrum of internal pharmacological formulations alongside Sthanika Chikitsa (localised therapeutic procedures) targeting the correction of Dosha Dushti and the reinforcement of tissue integrity in the affected region. The present case analysis describes a 34-year-old female patient who presented with severe premenstrual symptomatology, congestive dysmenorrhea, and significant discomfort in the vaginal and vulval regions. She was diagnosed with adenomyosis and Grade 2 uterine prolapse. Following a structured therapeutic regimen comprising oral Ayurvedic formulations and two sequential cycles of Yoni Abhyanga (vaginal oleation), Yoni Sweda (vaginal fomentation), and Veshavara Dharana (medicated intravaginal retention), the patient demonstrated substantial clinical improvement including complete resolution of premenstrual symptoms and marked reduction in pain intensity.

KEYWORDS: *Vataja Yoni Vyapad, Adenomyosis, Uterine Prolapse, Sthanika Chikitsa, Dysmenorrhea, Veshavara Dharana, Ayurvedic Gynaecology.*

1. INTRODUCTION

Gynaecological disorders occupy a central position in Ayurvedic clinical medicine and are comprehensively catalogued under the collective heading of Yoni Vyapad. Classical scholars including Acharya Charaka and Acharya Vagbhata have delineated twenty distinct subtypes of Yoni Vyapad, each characterised by a specific Dosha predominance governing the nature and severity of the clinical presentation. Among these, Vataja Yoni Vyapad is particularly significant due to its association with pelvic instability, reproductive organ displacement, and nociceptive disturbances arising from the dominance of vitiated Vata Dosha.

From a contemporary biomedical standpoint, two gynaecological conditions warrant particular attention given their frequency and impact on reproductive-age women: adenomyosis and pelvic organ prolapse (POP). Adenomyosis is a condition in which functionally active endometrial glands and stroma infiltrate the uterine myometrium, resulting in a globally enlarged uterus with altered echotexture on imaging. It is clinically associated with debilitating dysmenorrhea and menorrhagia, frequently leading to anaemia and reduced functional capacity. Pelvic organ prolapse, on the other hand, refers to the descent of one or more pelvic structures, including the uterus, bladder, or rectum, due to deterioration of the supportive ligamentous and musculofascial apparatus of the pelvic floor. POP manifests as pelvic heaviness, urinary incontinence, defaecatory dysfunction, and sexual discomfort, all of which significantly compromise psychosocial health.

Ayurvedic therapeutic philosophy addressing these conditions integrates systemic pharmacological treatment with targeted Sthanika Chikitsa, a specialised category of localised procedures applied directly to the gynaecological region. This integrative approach aims not merely at symptom suppression but at correction of the underlying Dosha imbalance, restoration of Dhatu integrity, and long-term enhancement of reproductive vitality.

2. Case Presentation

2.1 Patient Profile and Chief Complaints

A 34-year-old married female homemaker presented to the outpatient department of Sri Kalabyraveshwara Swamy Ayurveda Medical College and Research Centre (SKAMCH & RC), Bengaluru, with a principal complaint of progressively worsening lower abdominal pain

initiating approximately ten days prior to menstruation and continuing throughout the menstrual cycle. Associated complaints included lumbosacral pain radiating to the lower limbs, generalised fatigue, intermittent giddiness, dyspareunia, irritability, and a sensation of discomfort in the vulval and vaginal region during physical exertion, persisting for approximately six months.

2.2 Clinical History

The patient had been in apparent good health until approximately eleven years prior to presentation. Following marriage, she developed menstrual irregularities and was subsequently diagnosed with Polycystic Ovarian Syndrome (PCOS) by a gynaecologist. After a course of Ayurvedic treatment, menstrual regularity was restored and she successfully conceived, delivering her first child via elective lower segment caesarean section (LSCS) in 2016 due to intrauterine growth restriction. A second child was delivered via LSCS in 2019, after which she underwent bilateral tubectomy.

Approximately two years prior to the current presentation, the patient had enrolled in an intensive gymnasium programme involving substantial weight-bearing exercises. Following this, the premenstrual and menstrual symptomatology progressively intensified, with congestive dysmenorrhea beginning ten days before menstruation. Discomfort in the vulval and vaginal region during strenuous activity commenced six months prior to presentation. A prior Ayurvedic consultation in her hometown resulted in weight reduction but offered no sustained relief from the primary gynaecological complaints.

2.3 Past Medical and Surgical History

- Known case of hypothyroidism for ten years; maintained on Tab. Thyronorm 50 mcg once daily
- No history of diabetes mellitus, hypertension, bronchial asthma, or epilepsy
- Previous surgical history: two LSCS (2016 and 2019) and bilateral tubectomy (2019)

2.4 Menstrual and Obstetric History

Parameter	Details
Age of Menarche	14 years
Cycle Regularity	Regular
Duration	4–5 days

Interval	28–30 days
Flow	Day 1–2: 2–3 fully soaked pads; Day 3: 3 partially soaked pads; Days 4–7: spotting; clots present
Dysmenorrhea	Congestive type; commences 10 days before cycle, continues until Day 6
LMP	28/06/2024
Obstetric History	P2L2A0D0; two LSCS deliveries (2016, 2019)

3. Clinical Examination Findings

3.1 General and Anthropometric Findings

The patient was of moderate build and nutritional status. Pallor was observed in the conjunctivae. Vital parameters were: height 162 cm, weight 83 kg, BMI 30.9 kg/m² (Grade I obesity), pulse rate 72 beats/min, blood pressure 120/70 mmHg, respiratory rate 18 cycles/min, and temperature 97°F. No icterus, cyanosis, clubbing, or lymphadenopathy was detected.

3.2 Ayurvedic Constitutional Assessment

Ashtasthana Pareeksha (eightfold clinical assessment) and Dashavidha Pareeksha (tenfold constitutional evaluation) revealed Kaphavata Prakruti (constitutional dominance), Vata Pradhana Tridoshic Vikruti, with involvement of Rakta and Mamsa Dhatus as primary Dushyas. All parameters including Sara, Samhanana, Satva, Ahara Shakti, and Vaya were assessed as Madyama (moderate).

3.3 Gynaecological Examination

Per speculum and per vaginal examination revealed a hypertrophied cervix with Grade 2 uterine prolapse; the cervix had descended approximately 1 cm below the level of the ischial spine and was visualised upon wide opening of the vaginal introitus. Mild cystocele was noted on cough reflex. Vaginal discharge was present: white, slimy, and mild in quantity. The uterus was anteverted, anteflexed, normal in size, firm in consistency, mobile, and non-tender. Fornical tenderness was present.

4. Investigations

Investigation	Result	Reference Range
Haemoglobin (Mar 2024)	9.0 g/dL	12–16 g/dL

Haemoglobin (Jul 2024)	10.2 g/dL	12–16 g/dL
TSH (Jul 2024)	0.24 μ IU/mL	0.5–4.5 μ IU/mL
USG Abdomen & Pelvis	Bulky uterus; partial loss of endomyometrial junctional zone; features of adenomyosis	—

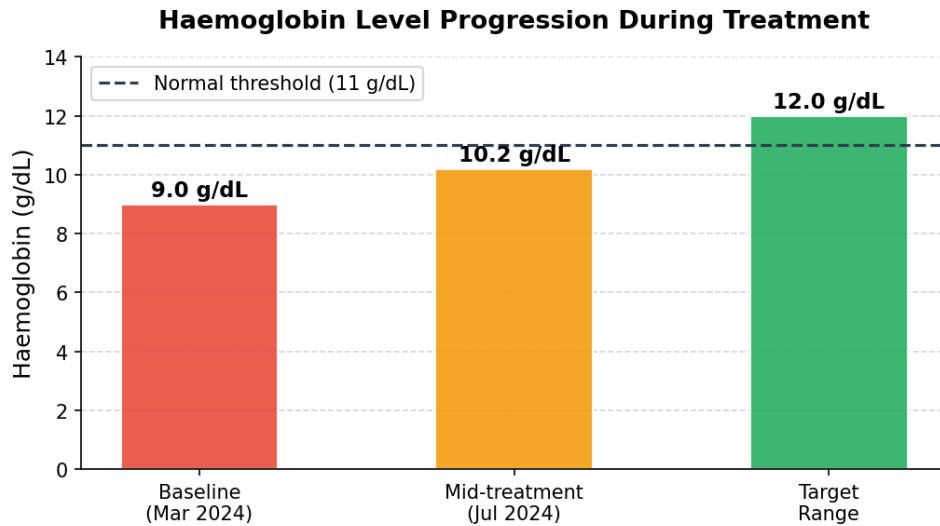


Figure 1. Haemoglobin concentration at baseline and mid-treatment, with reference to the normal threshold.

5. Therapeutic Intervention

5.1 Oral Pharmacological Formulations

Formulation	Dose & Route	Therapeutic Rationale
Changeryadi Ghrita	1 tsp BD with milk	Vatahara, uterine tonic
Guggulu Panchapala Churna	1 tsp BD with water	Vatahara, Strotoshodhana
Tab. Abra Loha	1-0-1 after food	Haematinic, Deepana
Draksha Amalaki Rasayana	1 tsp BD for 10 days	Rasayana, immunomodulatory
Tab. Brahmi Vati	1 TID	Medhya, anxiolytic, sleep support
Tab. Laghusutashekara Rasa	1 TID	Pitta-Vata pacification
Cap. Ksheerabala 101 Avarthi	1-0-1 after food	Vatahara, Brimhana, neuroprotective

5.2 Sthanika Chikitsa (Localised Therapeutic Procedures) – Two Cycles

Localised gynaecological treatment was administered in two sequential cycles. Each cycle comprised the following procedures:

- Yoni Prakshalana with Panchavalkala Kashaya (with addition of Tankana Bhasma in the second cycle): Irrigation of the vaginal canal with a decoction possessing astringent and antimicrobial properties to cleanse discharge and reduce local inflammation.
- Yoni Abhyanga with Changeryadi Ghrita: Application of medicated clarified butter to the vaginal walls and cervix, providing oleation (Snehana) to the pelvic structures and exerting Vatahara and Brimhana effects.
- Yoni Sweda with Ksheera (milk fomentation): Localised sudation therapy using medicated milk vapour to promote tissue relaxation, improve circulation, and facilitate absorption of the applied Ghrita.
- Veshavara Dharana: Intravaginal retention of a medicated Pichu prepared from Mamsa (muscle tissue) processed with Dadima, Trikatu Churna, and Ghrita. Indicated classically in Prasamsini Yoni Vyapad (genital prolapse), this preparation imparts structural strength to pelvic support tissues and counteracts the Vata-mediated laxity of pelvic ligaments.
- Yoni Pichu with Changeryadi Ghrita (second cycle): Additional localised oleation through vaginal tampon retained for three days.

6. RESULTS AND CLINICAL OUTCOMES

Following two cycles of Sthanika Chikitsa and approximately four months of oral pharmacological treatment, the patient demonstrated statistically and clinically meaningful improvement across all presenting symptoms. The following outcomes were documented:

- Complete resolution of premenstrual symptom complex (irritability, anxiety, pelvic heaviness, giddiness)
- Reduction of dysmenorrhea from severe congestive pain commencing 10 days prior to menstruation to mild lower abdominal cramping limited to the first day of the cycle
- Full resolution of vaginal and vulval discomfort during physical activity
- Significant reduction in dyspareunia
- Resolution of white vaginal discharge
- Improvement in haemoglobin from 9.0 to 10.2 g/dL
- Gynaecological reassessment: Cervix located in mid-posterior position at 3 finger-breadths from the introitus (improvement from Grade 2 prolapse); fornices free and non-tender

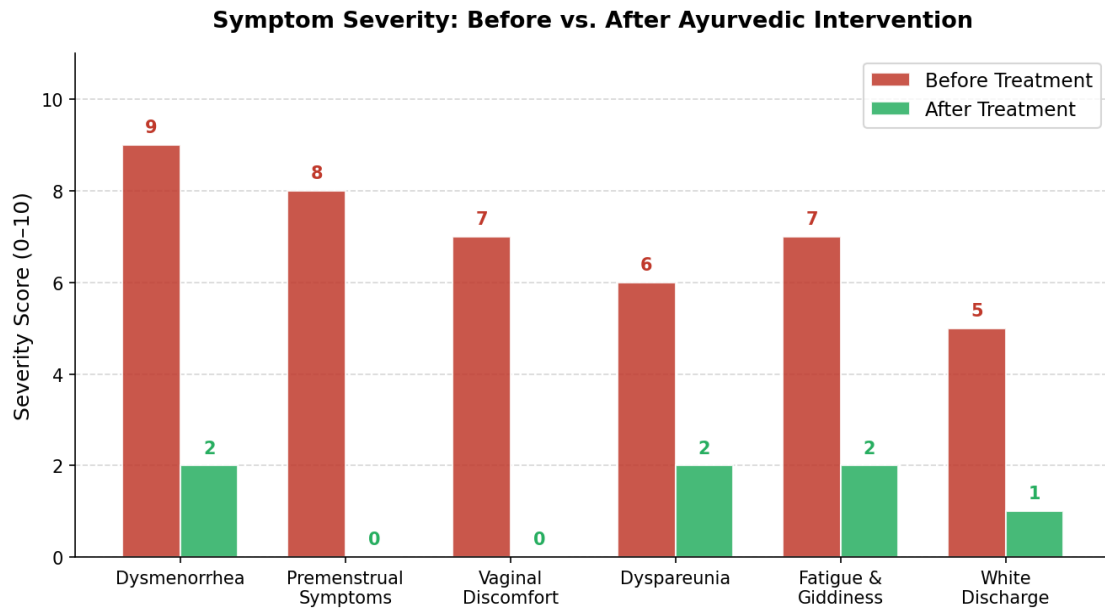


Figure 2. Comparison of symptom severity scores (0–10 scale) before and after the complete treatment course.

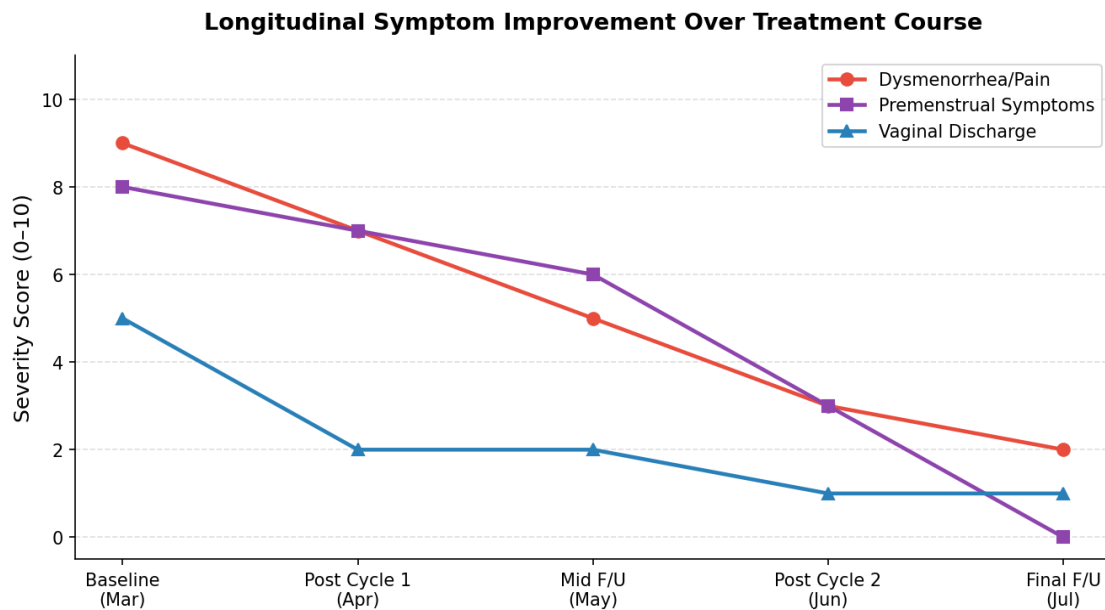


Figure 3. Longitudinal trajectory of key symptom severity scores across the five assessment time-points.

7. DISCUSSION

7.1 Ayurvedic Pathogenesis (Samprapti)

The pathogenic sequence (Samprapti) in this case is attributed to a convergence of causative factors (Nidana Sevana) acting upon a constitutionally Kaphavata individual. The precipitating factors included excessive weight-bearing physical exercise (Ati Vyayama),

psychological stressors (Chinta, Manasika Nidana), and dietary irregularities (Aharaja Nidana). These factors collectively aggravated Vata Dosha and produced Agni Vaishmya (digestive impairment), thereby initiating a cascade of Dushya involvement including Rasa, Rakta, Mamsa, and Medo Dhatus. The resultant Artavavaha Sroto Dushti and Sthanachyuti (positional displacement of the uterus) manifested as the clinical presentation of Vataja Yoni Vyapad.

7.2 Rationale for Therapeutic Selection

Guggulu Panchapala Churna was selected for its well-documented Vatahara, Gulmahara, Deepana-Pachana, and Strotoshodhana properties. The formulation contains Guggulu (*Commiphora wightii*), Triphala, and Pippali, which act synergistically to correct Vata-mediated Sroto Dushti within the Artavavaha Srotas and reduce uterine pathology.

Abra Loha (Abhraka Bhasma combined with Loha) was prescribed for its recognised Deepana and Deha Shakti Vivardhana properties. This combination addresses iron-deficiency anaemia (Pandu), enhances tissue oxygenation, and counteracts generalised debility (Daurbalya).

Brahmi Vati, containing the celebrated Medhya Rasayana herb Brahmi (*Bacopa monnieri*), was incorporated to address Vata-mediated neuropsychological manifestations including sleep disturbances, anxiety, and cognitive fatigue. Its calming influence on the nervous system alleviates Manasika Dosha (psychological imbalances) that perpetuate Vata aggravation.

The Veshavara Dharana procedure occupies a pivotal position in the management of prolapse conditions. Mamsa (muscle/meat) as a therapeutic agent is classified under Brimhana (nutritive) and Balya (strength-enhancing) materials by Acharya Vagbhata. Its local application through the Pichu form provides structural support to weakened pelvic ligaments and musculofascial structures, effectively addressing the biomechanical deficiency underlying uterine descent. The inclusion of Dadima and Trikatu Churna provides Vatahara and Agni-stimulating effects, while Ghrita serves as the Anupana (vehicle) facilitating deep tissue penetration.

8. CONCLUSION

The present case demonstrates the therapeutic efficacy of a structured Ayurvedic intervention protocol comprising systemic oral pharmacotherapy and targeted Sthanika Chikitsa in the management of Vataja Yoni Vyapad, as manifested by clinically confirmed adenomyosis and

Grade 2 uterine prolapse. The combination of Vata-pacifying formulations, haematinic support, neuropsychological stabilisation, and localised pelvic strengthening procedures produced comprehensive symptomatic relief across a treatment duration of approximately four months. Notably, no invasive procedures or analgesic medications were required. These outcomes suggest that classical Ayurvedic therapeutic modalities represent a clinically meaningful, well-tolerated, and potentially disease-modifying treatment option for women with reproductive disorders of this nature, warranting further investigation through controlled clinical trials with standardised outcome measures.

REFERENCES

1. Agnivesa. Caraka Samhita, Chikitsa Sthana, Yonivyapathchikitsadhayaya, Verse 5. Vaidya Yadavji Trikamji Acharya (Ed.). Varanasi: Chaukhamba Krishnadas Academy; 2010.
2. Vriddha Vagbhata. Ashtanga Sangraha, Uttara Sthana, Guhyarogapratishedha Adhyaya, Verse 53. Varanasi: Chaukhamba Orientalia.
3. Vriddha Vagbhata. Ashtanga Sangraha, Uttara Sthana, Guhyarogavijyaniya Adhyaya, Verse 33. Varanasi: Chaukhamba Orientalia.
4. Nishteswar K, Vidyanath R. Sahasrayogam: Text with English Translation. Churna Prakarana, p. 201. Varanasi: Chowkhamba Sanskrit Series Office.
5. Ayurveda Sara Sangraha. Gutika Vati Prakarana, 2nd ed., p. 456. Varanasi: Krishnadas Ayurveda Series; 2015.
6. Sushruta. Sushruta Samhita, Uttaratantra, Yonivyapadpratishedha Adhyaya, Verse 28. Varanasi: Chaukhamba Orientalia; 2019.
7. Vagbhata. Ashtanga Hridaya, Sutrashtana, Doshadivijyaneeya Adhyaya, Verse 29, 2nd ed. Varanasi: Chowkhamba Krishnadas Academy; 2009.