

A Case Study on Successful Ayurvedic Management of Recurrent Bartholin's Gland Abscess

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Abstract—Bartholin's gland abscess is a common gynecological condition seen in females of reproductive age group, with a recurrence rate up to 38%. Obstruction of the Bartholin's duct results in retention of secretions, and finally the formation of Bartholin's cyst. If the secretions within the cyst get infected, it becomes Bartholin's abscess. The conventional treatment of Bartholin's cyst and abscess are marsupialization, incision & drainage surgery. Yonikanda is a disease of vulva in which the basic clinical features resemble with bartholin abscess. This case report presents the successful management of recurrent Bartholin's abscess with Ayurveda modalities.

Keywords— Bartholin's gland cyst, Bartholin's gland abscess, Yoni Kanda.

I. INTRODUCTION

The Bartholin's glands are two peas sized (0.5 cm) yellowish white glands located in the groove between the hymen & the labia minora at 5^oclock and 7^oclock position of the vagina. During sexual excitement, with the help of bulbocavernosus it secretes abundant alkaline mucus which helps in lubrication. Each gland has got a duct which measures about 2 cm and opens into the vestibule, outside the hymen at the junction of the anterior 2/3rd & posterior 1/3rd in the groove between the hymen and the labium minus. Obstruction of the distal Bartholin's duct results in retention of secretions, resulting in dilation of the duct and formation of a cyst. The cyst may become infected & an abscess may develop in the gland. Bartholin's abscesses are polymicrobial eg: Neisseria gonorrhoea, Chlamydia trachomatis etc. Most of the patient may present with asymptomatic cyst i.e. the cysts are small and non-inflamed. In case of infection there is abscess formation in the gland with induration, and vulval pain while walking, sitting or sexual intercourse. Even though there are different conventional treatments available for this condition, like antibiotics, I & D, marsupialization etc, recurrence is the most common complication associated².

According to Ayurveda, Yonikanda is a disease mentioned by Laghuthrayees & Yogaratnakara which shows some resemblances with the signs & symptoms of Bartholin's abscess³. Day sleep, excessive anger, exercise and coitus, injury or ulceration by nails, teeth, or thorns leads to vitiation of dosa and finally produce a protuberant growth like that of nikucha or lakucha called Yonikanda. Vataja, Pittaja, Kapaja and Sannipataja are four types of Yonikanda mentioned in Ayurvedic texts. Vatajayonikanda 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 abscess⁴.

II. METHODOLOGY

A. Patient information

A 19-year-old unmarried female patient, not a known case of any metabolic disorders was apparently normal before 4 days of the OPD visit. Presented with a swelling in her left labia majora. She had a h/o pilonidal sinus & no history of trauma. Initially it started as a small swelling, there was no pain. Gradually swelling increased in size associated with itching in vulva and vagina with moderate pain.

Throbbing type of pain was more during day time. She didn't take any treatment for this. Her condition got worsened & the size of swelling also increased associated with redness and severe pain.

Menstrual history

Age of menarche	13 years
Cycle	Regular
Flow	Normal
Duration	5-7days
Interval	30-32days
Amount	Moderate
Clots	Nil
Pain	Nil

B. Clinical findings

On inspection → Painful large swelling involving left side of labia majora, with shiny and smooth surface, and pus point. Inflammatory condition of labia majora with scanty purulent discharge.

Palpation → Large, tender swelling, with pus.

C. Therapeutic approach

Internal medication x 2 weeks

Medicine	Dose	Time
Nimbadi Kashaya ⁵	15mlKashaya + 45ml lukewarm water	p/c 6am 6pm
Guggulupanchapalachoornam ⁶	1tsp with honey	a/c 2 times/day

External / *sthanika chikithsa* x 7days

Procedure	Medicine	Time	Remarks
<i>Lepanam</i>	<i>Triphala choornam</i> + <i>gandarvahasthadi eranda tailam</i>	1 st & 2 nd day	2 nd day night abscess burst
Incision & drainage	--	3 rd day	Yellowish pus removed. Pain & size of swelling reduced considerably.
<i>Prakshalana</i>	<i>Triphala kashayam</i> ⁸	Morning & evening	3 rd day onwards redness, swelling, itching discharge reduced.
<i>Varti dharanam</i>	<i>Jathyadi ghritham</i> ⁹	Morning & evening	redness, swelling, discharge completely reduced on 7th day

III. RESULTS

Redness and itching were reduced within three days. Swelling and vaginal discharge

Reduced at the end of the seven days of treatment plan. Patient completely recovered at the one week of the treatment

Follow Up

Patient was given *sadhyo virechana* with *avipathy choornam* 25g at bedtime, with an interval of 3 months. Follow up done on every 3 months up to 1 year, in the OPD, PNNM Ayurveda College and Hospital, cheruthuruthy & there was no recurrence of Bartholin's abscess or any of the symptoms.

IV. DISCUSSION

In Ayurveda, Bartholin's abscess usually correlates with *yonikanda*. In this case study, while analyzing the signs & symptoms it is obvious that it is a *pitta pradhana tridosha roga* with *pachyamana* stage of *sopha* presented with burning sensation and redness. So, the first line of treatment mainly aimed at making the abscess *paka* followed by *Pithahara* treatments. For *paka* of abscess *lepanam* with *triphala choornam* mixed in *gandarvahasthadi eranda tailam* was given & due to the *ushna swabhava* of lepan the abscess burst on the 2nd night itself. Internal & external medication chosen were of *tiktha rasa pradhana* that can pacify pitta. The first internal medication given was *Nimbadhikashaya* which primarily include *tiktarasa pradhana* drugs like *nimba*, *patola*, *vasa* etc. and works as *tridoshasamaka*. It is beneficial in curing boils & carbuncles over the body by reducing the *rakthadushti* & providing *raktaprasada*.

Guggulupanchapalam choorna is indicated in *kushta*, *bhagandara*, *krimi* & *gulma*. The drugs in *Guggulupanchapalachoorna* & its *anupana* honey, works as *srotosodhana*, *vranasodhana*, *sandana*, *vranaropana*. Bacterial infection is one among the causes of Bartholin's abscess, so the *krimighna* property of this formulation may reduce the infection. In a GC MS study conducted by Cynthia Shankari et al, many compounds of *Guggulupanchapalachurna* found to have actions ranging from steroid metabolism, adrenal function, antibacterial,

antiviral, anticancer, Beta blocking and alpha blocking roles which supports the actions mentioned in *Sambhita*¹⁰. Sruthi and Sindhu et al, have reported the antioxidant potential also¹¹. Hence the selected Internal medicines were proven to reduce pain, inflammation, & enhances healing process.

Incision & drainage given on the 3rd day removed the collected pus completely. By this swelling, pain & the redness reduced on the 3rd day itself. After this *prakshalanam* with *triphala kashayam* done for 7days twice daily. *Triphala* itself acts as *kaphapittagnam* so it reduces discharge & further pus formation. *Triphala* has proven for both the anti-inflammatory and antinociceptive activities. The anti-inflammatory effect is perhaps mediated via inhibition of cyclooxygenase pathway, and free of steroidal-like action. The antinociceptive activity of *Triphala* recipe may be via both peripheral acting and partly central acting¹².

Jatyadhighritham *vartidharana* done for 7 days, twice daily. *Jatyadhighritham* is mainly indicated in *dushtavrana* & *nadivrana*. *Jatyadhighritha vartidharanam* helped in fast healing of vrana due to its actibacterial activity. A recent study conducted by Ilona mandrika et al concluded that ethanol and hexane extracts of both *jathyadithaila* and *ghrita* formulation possess potent anti bacterial activity against gram (+) and gram (-) bacteria and act as anti-inflammatory¹³ which in turns explain the *vranahara* property of *jathyadighrita*.

Virechana done during the follow up period helped to reduce the recurrence of Bartholins abscess. As *virechana* is a *pithaharachikitsa* it will help in preventing the further infection to a certain extend¹⁴.

V. CONCLUSION

The management by use of selected Ayurvedic treatment modality both internal and external has been proved effective results in Bartholin's abscess and preventing its recurrence.

Ethical approval

Consent was taken from the patient for publication, without disclosure of identity of patient.

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