

# Management of Female Dyspareunia with Ayurveda: A Case Report

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## ABSTRACT

Sexual health is an important component of women's health for maintaining physical, mental, emotional and social aspects. It involves experiencing healthy sexual relationships and timely recognising and consulting any dysfunctions like reduced desire, pleasure, painful intercourse and no conception. Dyspareunia, painful intercourse, is such common female sexual problem. It is defined as female sexual dysfunction presenting with pain during or after peno-vaginal intercourse or vaginismus affecting the marital relations. A 24-year-old married female visited the fertility outpatient department with complaints of pain during intercourse, reduced interest in sexual activity and dryness of the vagina. On vaginal examination, the patient expressed pain without any discharge or inflammatory signs. Based on these symptoms, she was administered *Dhanvantara Taila Yonipichu* (herbal oil vaginal tampon) once a day for seven consecutive days. The effect of the treatment was assessed through the Visual Analogue Scale (VAS) for pain, improvement in Frequency of Intercourse (FOI), Female Sexual Functioning Index (FSFI) on 0th, 8th, 15th and 30th day. The case had a prospective follow-up for six months and was found to be free from all symptoms. It is evident from this case that Ayurveda treatment is effective in managing dyspareunia and enhancing the quality of sexual functioning with no adverse effects at an economical approach. Further clinical trials with a large sample size can help to explore the true efficacy of the treatment.

**Keywords:** *Dhanvantara taila*, Painful intercourse, Vaginal pain, Vaginal tampon, *Yonipichu*

## CASE REPORT

A 24-year-old married female patient visited the fertility outpatient department with chief complaints of pain during sexual intercourse, reduced sexual interest due to pain, dryness of the vagina and increased marital distress for the past six months. The patient had a good relationship with the male partner and had a regular menstrual cycle of 28-30 days with no history of contraception. Since her marriage, she had a history of regular use of vaginal lubricants and coconut oil application to the vagina before intercourse, which sometimes caused rashes, discomfort and redness locally. No history of polycystic ovarian disease, endometriosis, pelvic inflammatory disorders, sexual trauma, hormonal disorders, depression or anxiety was found. Clinical examination revealed the patient belonged to Vatapitta Prakriti, was conscious, well-oriented, well-built and well-nourished, with regular bowels, appetite, sound sleep, height of 154 cm and weight of 53 kg. Secondary sexual characters were found to be well-developed. Vitals were within normal limits, pulse: 78/min, blood pressure: 120/70 mmHg, respiratory rate: 18/min and temperature: afebrile. Systemic examination revealed the respiratory system had normal vesicular sounds, and the abdomen was soft and non-tender. External genital examination revealed no abnormal findings. On per vaginal examination, the patient expressed pain, without any external visible discharge or inflammatory signs, and had intolerance towards speculum examination. One finger insertion in the vaginal introitus was also painful, which did not allow for further examination.

Based on local examination and complaints of pain only initially during the insertion of the penis in the vaginal introitus for six months, along with reduced libido and reduced sexual activity, with no contributing factors like local infection, any past sexual trauma, with a positive swab test, makes the diagnosis of superficial dyspareunia according to ICD N94 classification [1]. Pain was assessed through a VAS, which revealed an 8/10 score at baseline. Reduced libido was due to the fear of pain and hence led to reduced frequency of sexual activity. Patient had regular menstruation, no history of obesity, hypertension, hypothyroidism, intermittent bleeding, no lower abdominal pain, no backache and no abnormal vaginal

discharges, which helped in excluding the possibility of other related disorders like polycystic ovarian disease, endometriosis, deep dyspareunia, uterine fibroid or pelvic inflammatory disorders clinically. Further imaging and investigations were planned if the patient did not respond to the initial plan of care, as the patient was financially weak. Also, on administering the FSFI questionnaire, she scored 8.4 points [2], indicating the presence of moderate-grade sexual dysfunction [Table/Fig-1] [3].

Patient was treated with *Dhanvantara Taila Yonipichu* (vaginal tampon) on an outpatient department basis daily for seven consecutive days.

Date of visit	Complaints/assessments	Treatment given	VAS	FOI/ week	FSFI (with domains) [2]
5 <sup>th</sup> February 2025	Baseline (0 <sup>th</sup> day)- Pre-treatment	-	8	1	Desire: 2.4 Arousal: 1.2 Lubrication: 1.2 Orgasm: 1.2 Satisfaction: 1.2 Pain: 1.2 Total: 8.4 [3]
6 <sup>th</sup> -12 <sup>th</sup> February 2025	1 <sup>st</sup> -7 <sup>th</sup> day: during treatment	<i>Dhanvantara Taila Yonipichu</i> once/day	-	-	-
13 <sup>th</sup> February	8 <sup>th</sup> day	-	2	-	-
20 <sup>th</sup> February	15 <sup>th</sup> day	-	0	1-2	-
5 <sup>th</sup> March 2025	30 <sup>th</sup> day (1 month)	-	0	2-3	Desire: 3.6 Arousal: 4.2 Lubrication: 5.4 Orgasm: 5.2 Satisfaction: 4.8 Pain: 6 Total: 29.2 [3]
4 <sup>th</sup> April 2025	After 2 months	-	0	2-3	Desire: 3.6 Arousal: 4.2 Lubrication: 5.4 Orgasm: 5.2 Satisfaction: 4.8 Pain: 6 Total: 29.2

7 <sup>th</sup> May 2025	After 3 months	-	0	2-3	Desire: 4.2 Arousal: 4.2 Lubrication: 5.4 Orgasm: 5.2 Satisfaction: 4.8 Pain: 6 Total: 29.2
6 <sup>th</sup> June 2025	After 4 months	-	0	3-4	Desire: 4.2 Arousal: 4.8 Lubrication: 5.4 Orgasm: 5.2 Satisfaction: 4.8 Pain: 6 Total: 30.4
4 <sup>th</sup> July 2025	After 5 months	-	0	3-4	Desire: 4.8 Arousal: 4.8 Lubrication: 5.4 Orgasm: 5.2 Satisfaction: 4.8 Pain: 6 Total: 31

**[Table/Fig-1]:** FSFI scores timeline [2,3].

A sterile gauze piece of 1×2 inches was soaked in nearly 30 mL of warm *Dhanvantara Taila* (prepared by KLE pharmacy, Belagavi, Karnataka), then placed in the vagina after voiding the urine. This tampon was in situ until there was an urge for micturition (or for 4-5 hours) and then disposed. The duration of the treatment was one week, which was initiated after the cessation of menses. During the treatment procedure patient was advised to follow abstinence. At the 15-day follow-up, the patient reported complete resolution of dyspareunia, with the VAS score decreasing from 8 to 0. The FSFI was reassessed after one month, revealing a marked improvement from a baseline score of 8.4 to 29.2 [Table/Fig-1] [2,3]. The patient was subsequently monitored over six months to evaluate the sustained efficacy of the therapeutic intervention. On assessment, FOI improved to 2-3 per week, the dryness of the vagina also reduced, couple were able to reach orgasm. As a result, harmony between the couple also improved. Patient was followed up weekly for one month, and then monthly for the next five months. The patient did not develop any symptoms during this follow-up period of almost six months, suggesting the sustained effect of the treatment.

## DISCUSSION

Dyspareunia, painful intercourse, is a common female sexual problem with a worldwide incidence of 3-18% [4]. It is defined as female sexual dysfunction presenting with pain during or after peno-vaginal intercourse or vaginismus affecting the marital relations. Dyspareunia affects nearly 2.34% of females in India [5]. From the Ayurveda perspective case was correlated with *Paripluta Yonivyapata*, where the female complains of pain during intercourse and local therapeutic modalities are indicated to address this issue. Following the same classical diagnosis, the patient was administered only with local procedure and no internal medicine was planned. Research and clinical reporting on Female sexual dysfunctions in India remain limited, possibly due to underreporting, low self-esteem, social taboos and cultural stigma surrounding female sexuality [6]. This definitely contributes to fewer women seeking medical attention for their sexual health concerns. It is also a very uncommon instance for the ladies to seek care at Ayurveda hospitals for painful sexual intercourse without any primary organic cause, as many of them tend to rely on over-the-counter self-medication. In Ayurvedic literature female reproductive system disorders are mentioned under the heading of *Yoni-roga/Yonivyapat* [7]. Painful intercourse is seen in conditions such as *Vataja Yonivyapat*, *Udavartini*, *Paripluta*, *Prakcharana*, *Vipluta Yonivyapat*. *Paripluta yonivyapat* is one among these, where any lady will experience pain during *Gramyadharm* (sexual intercourse) [8], caused due to the aggravated *Vata dosha*, leading to pain in the vaginal area during the sexual act and vaginal dryness [9]. This clinical presentation simulates superficial

dyspareunia mentioned by contemporary science. Treatment modalities available are lubricants, perineal massage therapy, physical therapy, etc.,. Classics states this condition can be managed through different local treatment modalities like *Abhyanga* (local massage therapy), *Basti* (medicated enema), *Pichu* (vaginal tampon) [8]. This is primarily a *Vatadosha* dominant condition, local treatment *Yonipichu* [9] with *Vatahara Taila* [9] drugs is the choice, specifically oil prepared with decoction of *Bala (Sida cordifolia)* is the best [8]. *Dhanvantara Taila* known as '*Sarvavatavikarajit*' (treats all the disease of *Vata Dosha*) [8] is prepared with more than 30 herbs is *ushna*, *snigdha*, directly indicated in the management of *Yoni roga* as *yoniroga kshayaapaham* (alleviator of all *vata* disorders and pacifies vaginal diseases [10]. *Dhanvantara Taila* is contains 94.72% of lipids, which may directly contribute for the lubrication and moisturising effect at the vaginal barrel [11]. Though patient developed rashes while using coconut oil as a lubricant, *Dhanvantara taila yoni pichu* when administered on first day, the patient did not notice any discomfort, no any hypersensitive reactions were developed. Hence, the same treatment was continued further. Drugs such as *Tribulus terrestris*, *Solanum indicum*, *Ziziphus jujube*, *Withania somnifera*, etc., present in oil contain bioactive compounds possessing anti-inflammatory, analgesic and antioxidant properties [12] those help in improving the blood supply, muscle strength and relaxing the vaginal canal. Steroidal saponin content, protodioscin of *Tribulus terrestris*, enhanced the vaginal lubrication by promoting the blood flow to the vaginal area [13]. *Sida cordifolia* is one of the main drugs containing phytoconstituents such pegamine, 5,7-Dihydroxy-3-Isoprenyl Flavones, malvalic acid, and resin acid. By enhancing the bioavailability of oestrogen, B-phenethylamine,  $\Psi$ -(pseudo) -Ephedrine, Coronaric Acid, Potassium Nitrate, Phenethylamine, Ephedrine, and Choline have been shown to affect CYP19A1, ESR2, MAPK1, AR, MAPK3, ESR1, CYP19A1, PGR, and other proteins associated with dyspareunia [14]. The cylindrical-shaped tampon acts as a vaginal dilator when retained in the vaginal canal for a longer duration [15], further increasing the vaginal muscle tone, helping the patient to achieve orgasm. Lipid-based preparations allow close contact of intended medicines with vaginal mucosa, better drug absorption and deeper penetration [16]. Also, this oil is a *Sesame* oil-based preparation that possesses emollient and soothing qualities [17], improving vaginal lubrication. All these properties together might have reduced the pain during intercourse, contributing to orgasm and libido. Improvement in the FSFI domains like desire, arousal, lubrication, orgasm, satisfaction and pain could be due to the reduced pain and dryness, improved lubrication brought by the *Dhanvantara taila yonipichu* at the vagina. Sustained effect of the treatment modality, followed up for a period of six months, has not revealed any kind of recurrence. The FSFI showed a marked improvement from a baseline score of 8.4 to 29.2. This substantial increase was unexpected and warrants further investigation to corroborate such outcomes.

A case documented by Mahajan AD et al., involved a 41-year-old female who presented to the outpatient department with complaints of dyspareunia, vaginal dryness, and pruritus persisting for approximately 1.5 years. The therapeutic approach comprised local (sthanika) chikitsa followed by internal administration of Ayurvedic medications. The patient exhibited marked clinical improvement, with complete resolution of symptoms and restoration of sexual well-being. This case underscores the holistic efficacy of Ayurvedic management- not only in alleviating symptomatic distress but also in enhancing systemic immunity and overall quality of life [18]. Such outcomes reinforce the integrative potential of Ayurveda in addressing chronic gynaecological conditions through both symptomatic relief and immunomodulatory support. Another case study presented by Nair SS et al., describes a 31-year-old female IT worker who presented with dyspareunia, inability to consummate her marriage, vaginal discharges and breast lumps, diagnosed with PCOD and fibroadenoma. Treatment involved a series of vaginal washes and

internal medicines, ultimately leading to the resolution of symptoms and enabling pain-free intercourse. Notably, she achieved conception at the end of treatment. The study shows the effectiveness of localised Ayurvedic treatments in addressing gynaecological issues and highlights specific herbal actions in encouraging vaginal health [19]. Shravani P and Patil SS documented a 49-year-old patient experiencing painful coitus, vaginal dryness, and itching for 3-4 years, worsening post-menopause. Examination reveals a healthy cervix, but the presence of a cystocele. Investigations show normal blood parameters and a negative Pap smear, with minor urine abnormalities. Treatment involved 14 days of Ayurvedic local therapy and internal medications with promising outcomes, demonstrating the effectiveness of local and internal medications in various coital pain conditions [20].

## CONCLUSION(S)

Superficial dyspareunia was effectively managed by the Ayurveda treatment modality mentioned in *Paripluta Yonivyapat*. However, to fully understand the effectiveness and safety of this Ayurvedic modality, further large-scale clinical trials are essential. These studies will help explore its true efficacy, identify optimal treatment protocols, and establish evidence-based guidelines for practitioners and patients alike.

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