

## **Holistic Ayurvedic Approach to Post-Menopausal Atrophic Vaginitis: A Case Study on Symptomatic Relief and Tissue Rejuvenation**

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<https://doi.org/10.63001/tbs.2026.v21.i01.pp1205-1227>

**KEYWORDS**

*Atrophic Vaginitis, Genitourinary Syndrome of Menopause, Vaginal Dryness, Dyspareunia, Ayurvedic Treatment, Rasayana Therapy*

**Received on: 14-12-2025**

**Accepted on: 06-02-2026**

**Published on:**

**14-02-2026**

**ABSTRACT**

**Introduction:**

Atrophic vaginitis, a common condition among postmenopausal women, arises due to estrogen deficiency, leading to vaginal dryness, pain during intercourse (dyspareunia), and other discomforts. Despite its high prevalence, it is often underdiagnosed and underreported.

**Methods:**

This case study explores the Ayurvedic treatment of a 55-year-old female patient diagnosed with atrophic vaginitis. The treatment approach aimed at balancing the aggravated Vāta and Pitta doshas, rejuvenating vaginal tissues through Rasayana therapy, and providing symptomatic relief via local therapies. The patient underwent a combination of internal and local treatments, including Maharasnadi Kwath, Shatavari Vati, Yograj Guggulu, and local applications of Jatyadi Taila and Mahanarayan Taila.

**Results:**

Over the treatment period, the patient showed significant improvement in symptoms. Vaginal dryness, as measured by the Modified Schirmer's test, decreased, and dyspareunia was reduced to mild levels on the VAS scale.

**Discussion:**

This case highlights the potential of Ayurvedic therapies in managing postmenopausal atrophic vaginitis as a safe, non-hormonal alternative to conventional treatments. The use of Rasayana and local therapies showed promising results in alleviating symptoms, promoting tissue rejuvenation, and restoring overall vaginal health.

**Introduction**

Atrophic vaginitis, also known as genitourinary syndrome of menopause (GSM), is a prevalent condition that primarily affects postmenopausal women. It is primarily caused by estrogen deficiency, leading to the thinning and atrophy of vaginal epithelium. As estrogen levels decline, the vaginal tissues lose their elasticity, leading to dryness, discomfort, and increased vulnerability to infections [1]. Despite its high prevalence, atrophic vaginitis is often underreported and frequently overlooked due to both patient reluctance and the under recognition of the condition by healthcare professionals.

Estimates suggest that up to 40% of postmenopausal women experience symptoms of atrophic vaginitis, though the actual prevalence may be higher, as many cases go undiagnosed [2]. The hallmark of atrophic vaginitis is a lack of estrogen, resulting in vulvovaginal atrophy, which leads to the shrinkage of vaginal tissues and thinning of vaginal walls. This process results in symptoms such as vaginal dryness, dyspareunia (pain during intercourse), burning sensations, and general discomfort in the vaginal region. The vaginal epithelium becomes dry, thin, and fragile, which compromises the natural

protective barrier, increasing susceptibility to infections [3].

In Ayurveda, a similar condition is described as *śuškā yonivyāpād* (dryness and disorder of the female reproductive system) and *vātajā asṛgdāra* (abnormal menstrual flow due to vitiated Vāta dosha) [4]. Classical Ayurvedic texts such as *Āṣṭāṅga Hridaya* and *Charaka Saṁhitā* describe conditions with symptoms analogous to atrophic vaginitis. Vāta and Pitta doshas are often implicated in the pathogenesis of such conditions. Vāta is responsible for the dryness and instability seen in the vaginal tissues, while Pitta can lead to heat, burning sensations, and discomfort [5].

The decline in estrogen during menopause causes *dhātu kṣaya* (depletion of bodily tissues), leading to an increase in Vāta dosha [6]. This dosha imbalance manifests as vaginal dryness, loss of lubrication, and reduced elasticity. Additionally, Kapha dosha, which normally provides lubrication and stability, diminishes with age, further contributing to these symptoms [7]. Pitta dosha may become aggravated, leading to inflammation, burning sensations, and pain during sexual intercourse [8]. These shifts in the doshas align with the pathophysiology of atrophic vaginitis and

explain the symptoms observed in affected women.

Treatment in contemporary medicine typically revolves around hormone replacement therapy (HRT) or topical estrogen creams, which aim to restore the hormonal balance and alleviate symptoms [9]. However, these treatments come with potential side effects such as vaginal irritation, spotting, and an increased risk of systemic estrogen exposure. Ayurvedic medicine offers a holistic approach to managing this condition, focusing on restoring balance to the Vāta, Pitta, and Kapha doshas through a combination of *śamana* (palliative), *śodhana* (purification), and *rasāyana* (rejuvenation) therapies.

In this case study, we explore the Ayurvedic management of postmenopausal atrophic vaginitis in a 55-year-old female patient. The patient presented with symptoms including vaginal dryness, burning sensations, pain during intercourse, and itching. The treatment approach was focused on managing aggravated Vāta, promoting the *brāhmana* (nourishment) of vaginal tissues, and providing natural estrogenic effects through *Balya* and *Rasayana* therapies. Local treatments such as *yoniprakṣāla* (vaginal irrigation) and *yonipīcu* (local application of medicated

oils) were employed to provide symptomatic relief and tissue rejuvenation.

The case demonstrates the potential of Ayurvedic interventions as a viable, non-surgical option for managing atrophic vaginitis, promoting both symptomatic relief and tissue rejuvenation in postmenopausal women.

## Case Presentation

### Patient Information

A 55-year-old married female presented to the Stree Roga Evam Prasuti Tantra Department at Khemdas Ayurved Hospital, Limda, Vadodara, Gujarat, on 14th March 2024, with complaints of persistent vaginal dryness, a burning

sensation in the vaginal area, severe pain during intercourse (dyspareunia), itching in the vulval region, and dysuria, which had been ongoing for the past five months. The patient had attained menopause seven years ago, and since then, her symptoms had progressively worsened.

On examination, the patient exhibited significant inflammation of the vulva and vagina, making per speculum examination painful and difficult. Atrophic changes were observed in the vaginal area, with a narrow and tight vaginal introitus and dry mucosal lining. This clinical presentation was indicative of postmenopausal atrophic vaginitis.

### Past Medical History

- Hypertension (HTN) for the last four years, managed with Telmisartan 40 mg.
- No history of diabetes mellitus, thyroid dysfunction, or any other chronic systemic illness.
- Family history: No relevant history of similar gynecological issues in family members.

### Personal History

- **Diet:** Non-vegetarian.
- **Appetite:** Reduced.
- **Bowel habits:** Normal, once a day.
- **Micturition:** 4-5 times during the day, and 1-2 times at night.
- **Sleep:** Disturbed due to discomfort in the vaginal region.

### Menstrual History

- **Age of menarche:** 13 years.
- **Last menstrual period (LMP):** Menopause attained 7 years ago.
- **Past menstrual cycle:** Regular cycles (28-30 days), 3-4 days in duration, with moderate bleeding (2 pads/day) and presence of clots.

- **Lower abdominal pain:** Present.

### **Obstetric History**

- **Gravida 2, Para 2** (two full-term normal vaginal deliveries):
  - **L1:** 29-year-old female child.
  - **L2:** 25-year-old male child.
- **Contraceptive history:** Tubal ligation done 25 years ago.

### **Clinical Examination**

#### **General Examination**

- **Build:** Moderate.
- **Nourishment:** Moderate.
- **Temperature:** 97.2°F.
- **Respiratory rate:** 18 breaths/min.
- **Pulse rate:** 74 beats/min.
- **Blood pressure:** 140/90 mm Hg.
- **Height:** 142 cm.
- **Weight:** 60 kg.
- **BMI:** 25.8 kg/m<sup>2</sup>.
- **Tongue:** Uncoated.

#### **Systemic Examination**

- **Cardiovascular System (CVS):** Normal S1 and S2.
- **Central Nervous System (CNS):** Conscious, well-oriented to date, time, and place.
- **Respiratory System (RS):** Normal breathing, no abnormal sounds heard.
- **Per Abdomen:** Soft, non-tender, no organomegaly.

#### **Gynecological Examination**

- **On Inspection:**
  - No abnormal vaginal discharge observed.
  - Dryness of vulva noted.
  - Labia minora inner surface inflamed and tender.
  - Ulcer observed at the lower border of the right labium majus.
  - Inflammation around the vaginal introitus noted.
  - No genital prolapse.
- **Per Speculum Vaginal Examination:**
  - Vaginal walls were inflamed and reddish.

- Vaginal atrophy noted with thinning of the vaginal lining.
- **Per Vaginal Digital Examination:**
  - Examination was painful and difficult due to atrophic changes.
  - Vaginal introitus admitted only one finger with difficulty.

### **Investigations (30th March 2024)**

#### **Laboratory Findings:**

- Hemoglobin (Hb%): 12.5 gm/dL.
- White Blood Cell count (WBC): 6300/cmm.
- Platelet count: 340,000/cmm.
- Packed Cell Volume (PCV): 20.
- Mean Corpuscular Volume (MCV): 67.09 fL.
- Mean Corpuscular Hemoglobin (MCH): 16.15 pg.
- Random Blood Sugar (RBS): 109 mg/dL.
- HbA1c: 6.6%.
- Total Cholesterol: 270 mg/dL.
- Triglycerides: 310 mg/dL.
- Blood Urea: 44.3 mg/dL.
- TSH: 0.436.

#### **Urine Analysis (Routine and Microscopic):**

- Blood cells: Absent.
- Red blood cells: Absent.
- Protein: Trace (++)
- Urine: Pale yellow and clear.

#### **Ultrasonography (USG):**

- Findings suggestive of vaginal atrophy and early-stage uterine changes due to reduced estrogen levels.

#### **Dasha Vidha Pareeksha (Ayurvedic Diagnostic Assessment) [10]**

- Prakruti (Constitution): Vāta–Pitta.
- Vikruti (Imbalance): Rakta–Pitta.
- Sara (Tissue quality): Madhyama.
- Samhanana (Body frame): Madhyama.
- Pramana (Proportions): Height - 149 cm, Body Weight - 56 kg.
- Satmya (Adaptability to diet): Madhyama.

- Satva (Mental strength): Madhyama.
- Ahāra Shakti (Digestive strength): Madhyama.
- Jāraṇa Shakti (Digestive power): Madhyama.
- Vyayama Shakti (Physical strength): Madhyama.
- Vaya (Age): Praudha (Middle-aged).

### **Diagnosis:**

#### **Contemporary Diagnosis:**

Symptoms: The patient presented with vaginal dryness, a burning sensation in the vaginal area, severe pain during intercourse (dyspareunia), itching in the vulval region, and dysuria. These are classic symptoms of atrophic vaginitis.

Clinical Findings: On examination, significant inflammation of the vulva and vagina was observed, making the per speculum examination difficult. Atrophic changes were present, with a narrow and tight vaginal introitus and dry mucosal lining.

Ultrasonography (USG): The findings suggested altered myometrial echotexture in the uterus, indicative of early atrophic changes due to reduced estrogen levels. This supports the diagnosis of atrophic vaginitis.

Laboratory Tests: Routine blood tests indicated normal hemoglobin, white blood cell count, and normal renal function. However, mild proteinuria was noted, which could be indicative of some systemic imbalance, but did not directly affect the diagnosis of atrophic vaginitis.

#### **Ayurvedic Diagnosis:**

In classical Ayurvedic texts such as the Āṣṭāṅga Hridaya and Charaka Saṃhitā, the condition of śuṣkā yonivyāpād (dryness of the female reproductive system) is described, which closely corresponds to what we recognize today as atrophic vaginitis. This condition falls under the category of Vātajā Yonivyāpād (a disorder of the female reproductive system caused by vitiation of Vāta dosha). Both Vagbhata and Charaka have mentioned symptoms resembling those of atrophic vaginitis, such as vaginal dryness (yonimukha sosham) and discomfort or pain (ativedana) during intercourse, which are common complaints in postmenopausal women.

#### **Key Ayurvedic Concepts:**

- Vātajā Yonivyāpād: This condition is primarily caused by the aggravation of Vāta dosha, which is responsible for dryness and instability in the body. Vāta causes a depletion of moisture and lubrication in the vaginal tissues, leading to the hallmark symptoms

of dryness and pain during intercourse [11].

- **Pitta and Kapha Imbalance:** While Vāta primarily contributes to the dryness, Pitta dosha can become aggravated, leading to burning sensations and inflammation in the vaginal area. Kapha dosha, which typically maintains tissue lubrication and elasticity, diminishes with age, exacerbating the symptoms of dryness and discomfort [12].
- **Dravabhāva Hāni:** In Ayurvedic terms, Arunadatta explains that śuṣkā yonivyāpād involves dravabhāva hāni, which refers to a loss of natural moisture in the body. This results in the vaginal epithelium becoming thin and fragile, similar to the tissue changes observed in atrophic vaginitis [13].

- **Sahaj Vyādhi Jara (Natural Aging):** The condition is also related to Jara (aging), which is a natural stage in the life cycle of a woman, marked by a gradual depletion of bodily tissues (dhātu kṣaya). As part of Jaravastha (the stage of aging), there is an increase in Vāta dosha and a reduction in Kapha and Pitta [14].
- **Anukta Vyādhi:** This concept refers to disorders that are not explicitly described in classical texts but are inferred through the underlying pathophysiology and symptomatology. Atrophic vaginitis is an example of such a disorder, where its pathogenesis aligns with the Ayurvedic understanding of śuṣkā yonivyāpād [15].

**Table 1: Patient Information and Baseline Clinical Findings**

Parameter	Findings
Age	55 years
Sex	Female
Marital status	Married
Chief complaints	Vaginal dryness, burning sensation, pain during intercourse, itching over vaginal region, dysuria
Duration of complaints	5 months
Menstrual history	Menopause attained 7 years ago
Obstetric history	G2P2A0 (2 live children, no abortions)
Contraceptive history	Tubal ligation done 25 years ago
Family history	No relevant family history

Past medical history	Hypertension (HTN) for 4 years, managed with Telmisartan 40 mg
Diet	Non-vegetarian
Sleep pattern	Disturbed sleep due to vaginal irritation
Physical examination	Moderate build, no organomegaly, vital signs within normal range
Gynaecological examination	Severe vaginal pain, atrophic changes in vaginal mucosa, narrow vaginal introitus
Investigations	Hb%: 12.5 gm/dL, WBC: 6300/cmm, USG: Bulky uterus, altered myometrial echotexture suggestive of early adenomyosis
Parameter	Findings
Age	55 years
Sex	Female
Marital status	Married
Chief complaints	Vaginal dryness, burning sensation, pain during intercourse, itching over vaginal region, dysuria
Duration of complaints	5 months
Menstrual history	Menopause attained 7 years ago
Obstetric history	G2P2A0 (2 live children, no abortions)
Contraceptive history	Tubal ligation done 25 years ago

**Table 2: Diagnostic Assessment and Investigations**

Investigation / Assessment	Findings
Hemoglobin (Rakta-śoṇa)	12.5 gm/dL
Total Leukocyte Count (WBC)	6300/cmm
Platelet Count (Rakta-śoṇa)	340,000/cmm
Erythrocyte Sedimentation Rate (ESR)	20 mm/hr
Urine Examination (Mūtra-parīkṣā)	Blood (+++), RBC 4–6/HPF, Protein trace ++
Random Blood Sugar (RBS)	109 mg/dL
TSH (Vātānubhūta)	0.436
Ultrasonography (USG)	Bulky uterus with altered myometrial echotexture suggestive of early changes due to reduced estrogen levels
Prakṛti (Prākṛti)	Vāta–Pitta
Vikṛti (Vikṛti)	Rakta–Pitta
Ayurvedic Diagnosis	śuśkā yonivyāpād (correlating with postmenopausal atrophic vaginitis)

### Therapeutic Intervention

The primary aim of treatment for this patient was to address the aggravated Vāta and Pitta doṣas, manage symptoms of vaginal dryness, dyspareunia,

inflammation, and pain, and promote the rejuvenation of the vaginal tissues. Based on the Āyurvedic principles of treatment (Śamana, Śodhana, and Rasāyana), the

therapeutic approach involved both internal and local treatments aimed at restoring tissue health and providing long-term relief.

### General Treatment Principles:

1. Vāta-Pitta Śamana (Balancing Vāta and Pitta): Given the predominance of Vāta in this condition, along with aggravated Pitta leading to inflammation, treatments focused on pacifying these doṣas to relieve symptoms of dryness, pain, and burning sensation.
2. Rasāyana Therapy: Rejuvenating therapies were employed to restore the vitality of the vaginal tissues, improve lubrication, and promote epithelial growth.
3. Local Therapy (Sthānika Chikitsā): Yoniprakṣālana (vaginal irrigation) and Yonipīcu (vaginal tampon with medicated oil) were utilized to directly address local symptoms and ensure prolonged drug action.

### Treatment Protocol:

1. Sarvāṅga Abhyanga with Sahacharadi Taila [16] (Full-body oil massage)
  - Indication: To pacify Vāta, provide relaxation, and promote blood circulation.
  - Procedure: Application of Sahacharadi Taila over the body, followed by Uṣma

Sweda (warm sweating therapy) to stimulate circulation and induce sweating.

2. Mātrā Basti with Dhanwantara Taila [17] (Oil enema therapy)
  - Indication: To restore balance to Apāna Vāyu (a sub-doṣa of Vāta), responsible for downward movements in the body (such as menstruation and excretion). This treatment helps in regulating the reproductive functions and soothing the pelvic region.
  - Procedure: The patient was administered Mātrā Basti (small-volume enema) with Dhanwantar Taila, a medicated oil to nourish the tissues and address Vāta doṣa.
3. Yoniprakṣālana with Panchavalkala [18] and Nimba Kwatha [19] (Vaginal irrigation)
  - Indication: To cleanse and soothe the vaginal tissues, remove dryness, and reduce inflammation.
  - Procedure: Vaginal irrigation was performed with a decoction of

Panchavalkal (a combination of five tree barks) and Nimba Kwath (neem decoction) to alleviate irritation and inflammation.

4. Yonipīcu with Mahanarayana Taila [20] (Vaginal tampon with medicated oil)

- Indication: To restore lubrication and provide local symptomatic relief.
- Procedure: Mahanarayana Taila was applied to a vaginal tampon, which was then inserted into the vagina for extended periods to relieve pain, inflammation, and dryness.

5. Oral Medications:

- Maharasnadi Kwath [21]: A potent anti-inflammatory and Vāta-pacifying herbal decoction.
  - Dosage: 15 ml twice daily, taken before food, with 45 ml of water.
  - Indication: To relieve pain and inflammation and balance Vāta.

- Śatavari Vati [22]: Known for its rejuvenating and estrogenic properties, Śatavari helps to nourish the reproductive system and support tissue regeneration.

- Dosage: 1 gram twice daily, with warm milk.
- Indication: To promote tissue nourishment and support the integrity of the vaginal mucosa.

- Yogaraj Guggulu [23]: Used for its anti-inflammatory, analgesic, and Vāta-balancing properties.

- Dosage: 1 gram twice daily, with Maharasnadi Kwath.
- Indication: To reduce inflammation and pain.

6. Jatyadi Taila [24] (Medicated oil) for Local Application

- Indication: To soothe and heal the vaginal mucosa.
- Procedure: Local application of Jatyadi Taila to the vaginal area at night.

**Table 3: Day-wise Therapeutic Protocol**

Days	Complaints	Procedure	Treatment
Day 1-3	Severe vaginal pain, vaginal dryness, itching at vulval region, dyspareunia	Sarvānga Abhyanga with Sahacharadi Taila and Uṣma Sweda	1. Maharasnadi Kwath – 15 ml BD with 45 ml water (before food) 2. Śatavari Vati – 1 gram BD with warm milk 3. Yograj Guggulu – 1 gram BD with Maharasnadi Kwath 4. Jatyadi Taila for local application at night
Day 4-10	Vaginal pain, vaginal dryness, itching, dyspareunia	Mātrā Basti with Dhanwantar Taila Yoniprakṣāḷana with Panchavalkal + Nimba Kwath	1. Maharasnadi Kwath – 15 ml BD with 45 ml water (before food) 2. Śatavari Vati – 1 gram BD with warm milk 3. Yograj Guggulu – 1 gram BD with Maharasnadi Kwath 4. Jatyadi Taila for local application at night
Day 11-17	Vaginal dryness relieved, itching, dyspareunia	Adho Nabhi Abhyanga with Narayan Taila F/B Avagaha with Dashamoola Kwath Yonipīcu with Mahanarayan Taila	1. Maharasnadi Kwath – 15 ml BD with 45 ml water (before food) 2. Śatavari Vati – 1 gram BD with warm milk 3. Yograj Guggulu – 1 gram BD with Maharasnadi Kwath 4. Jatyadi Taila for local application at night
Day 18-20	Vaginal dryness (relieved), itching, dyspareunia	Yonipīcu with Bala Taila	1. Maharasnadi Kwath – 15 ml BD with 45 ml water (before food) 2. Śatavari Vati – 1 gram BD with warm milk 3. Yograj Guggulu – 1 gram BD with Maharasnadi Kwath 4. Jatyadi Taila for local application at night

**Follow-up and Outcomes:**

The patient was closely monitored over the treatment period, with regular follow-up visits to assess the clinical progress and symptom improvement. The follow-up observations are summarized below:

**Table 4: Day Wise Medication Report**

S.No.	Date	Medication & Dosage	Symptomatic Relief
1.	04.04.24	1. Maharasnadi Kwath – 15 ml BD with 45 ml water (before food) 2. Śatavari Vati – 1 gram BD with	Vaginal dryness reduced (Modified Schirmer's test: 15 mm) Dyspareunia reduced to 3 on VAS

		milk 3. Yograj Guggulu – 1 gram BD with Maharasnadi Kwath 4. Jatyadi Taila for local application at night	scale Itching reduced to 2 on VAS scale
2.	20.04.24	1. Maharasnadi Kwath – 15 ml BD with 45 ml water (before food) 2. Yograj Guggulu – 1 gram BD with Maharasnadi Kwath 3. Jatyadi Taila for local application at night	Vaginal dryness reduced (Modified Schirmer’s test: 20 mm) Dyspareunia reduced to 1 on VAS scale Itching reduced to 3 on VAS scale
3.	30.05.24	1. Maharasnadi Kwath – 15 ml BD with 45 ml water (before food) 2. Śatavari Ghrita – 2 tsp BD with milk 3. Yograj Guggulu – 1 gram BD with Maharasnadi Kwath	Vaginal dryness further reduced Dyspareunia decreased on VAS scale Itching completely absent
4.	30.06.24	1. Maharasnadi Kwath – 15 ml BD with 45 ml water (before food) 2. Yograj Guggulu – 1 gram BD with Maharasnadi Kwath 3. Bala Taila for local application	Vaginal dryness improved (Modified Schirmer’s test: 25 mm) Dyspareunia reduced further Itching absent
5.	03.02.25	Discontinued (No further medication required)	No fresh complaints reported Symptomatic relief sustained with no recurrence of vaginal dryness, burning, or dyspareunia

**Table 5: Overall Symptomatic Improvement**

Parameter	Baseline	Post-Treatment	Follow-up
Vaginal dryness	Severe	Mild	Normal
Dyspareunia (Pain during sex)	Severe (VAS: 8)	Mild (VAS: 1)	Absent (VAS: 0)
Itching	Severe	Mild	Absent
Modified Schirmer’s Test (mm)	-	15 mm	25 mm
Hemoglobin Level (g/dL)	12.5	14.2	13.8



**Figure 1: Before Treatment**



**Figure 2: After Treatment**

## Discussion:

Atrophic vaginitis, a condition frequently seen in postmenopausal women, results from the deficiency of estrogen, leading to the thinning and weakening of the vaginal epithelium. This manifests as vaginal dryness, discomfort, itching, and pain, which significantly affects a woman's quality of life. While estrogen replacement therapy (ERT) and topical estrogen creams are commonly prescribed for symptom relief, these treatments often come with side effects, making them less desirable for long-term management.

In this case, a holistic Āyurvedic approach was used to successfully manage the patient's condition, focusing on balancing the aggravated Vāta and Pitta doṣas, promoting tissue rejuvenation, and offering natural estrogenic support. Central to the treatment were Sthānika Chikitsā, Rasāyana therapy, and local procedures such as Yoniprakṣāḷana and Yonipīcu, which have proven effective in restoring vaginal health and alleviating symptoms of atrophic vaginitis. These methods align with the core Ayurvedic philosophy of rejuvenation and holistic healing, providing lasting relief without the risks associated with conventional pharmaceutical treatments.

Yogaraja Guggulu, a powerful poly-herbal formulation, demonstrated

significant anti-inflammatory activity through its ability to inhibit key enzymes involved in the inflammatory pathways, specifically Cyclooxygenase (COX-1 and COX-2) and 5-Lipoxygenase (5-LOX). This dual inhibition mechanism reduces inflammation and supports tissue repair. The synergistic action of the herbal components in Yogaraja Guggulu helps not only in alleviating inflammation but also promotes tissue rejuvenation, which is vital in treating conditions like postmenopausal atrophic vaginitis. By targeting both the inflammatory processes and aiding tissue regeneration, Yogaraja Guggulu can provide symptomatic relief from vaginal dryness, pain, and irritation while also preventing further deterioration of the vaginal epithelium.

In addition, Śatāvarī (Asparagus racemosus), played a critical role in the treatment. Known for its rejuvenating properties, Śatāvarī is particularly beneficial for postmenopausal women, as it possesses estrogenic effects that help restore vaginal tissue integrity and alleviate dryness. Its ability to strengthen and nourish the tissues, combined with its adaptogenic and immunomodulatory properties, supports overall reproductive health and enhances the body's natural healing process.

Complementary herbs like Maharasnadi Kvatha and Jatyadi Taila were also integral to the treatment protocol. Maharasnadi Kvatha is a powerful blend of herbs that primarily targets Vāta disorders, alleviates pain, and reduces inflammation. It also promotes the rejuvenation of vaginal tissues by improving circulation and enhancing lubrication. The combined action of these herbs improved the tone of the vaginal epithelium, reduced inflammation, and restored moisture, providing a holistic solution to the discomfort associated with atrophic vaginitis.

Throughout the treatment, the patient experienced significant relief from symptoms such as vaginal dryness, pain during intercourse, and itching. Objective assessments, including the Modified Schirmer's test, showed improvement in the moisture levels of the vaginal mucosal lining over time. There was also a marked normalization of the vaginal mucosa, with improved overall well-being and no side

effects observed during the treatment course.

The holistic Ayurvedic approach, combining the rejuvenating effects of Śatāvārī, the anti-inflammatory action of Yogaraja Guggulu, and the supportive properties of Maharasnadi Kvatha and Jatyadi Taila, not only addressed the underlying cause of atrophic vaginitis but also restored balance and harmony to the vaginal tissues. This integrated treatment strategy highlights the potential of Ayurveda in offering safe, effective, and side-effect-free alternatives to conventional treatments for postmenopausal atrophic vaginitis.

The patient reported significant relief from symptoms such as vaginal dryness, pain during intercourse, and itching, with the Modified Schirmer's test showing improvement over time. The treatment also resulted in a normalization of the vaginal mucosal lining and improved overall well-being, with no side effects observed during the course of the treatment.

**Table 6: Mode of Action of the Drugs Prescribed**

Drug	Major Active Components	Reported Pharmacological Actions	Probable Role in Treatment of Vāta-ja Yonivyāpāda
<b>Maharasnadi Kvatha</b>			
Rāsnā ( <i>Pluchea lanceolata</i> )	Flavonoids (quercetin,	Anti-inflammatory, Analgesic, Vāta-pacifying	Reduces inflammation, alleviates pain, and pacifies Vāta doṣa,

	isorhamnetin), neolupinol		providing relief in vaginal tissues.
Javāsā (Alhagi maurorum)	Tannins, Alkaloids	Anti-inflammatory, Antioxidant, Antimicrobial	Reduces inflammation and promotes tissue healing in the vaginal region.
Balā (Sida cordifolia)	Ephedrine, Sterculic acid, Fatty acids	Anti-inflammatory, Antimicrobial, Wound healing, Antioxidant	Promotes healing, reduces inflammation, and strengthens vaginal tissues affected by dryness.
Eraṇḍa (Ricinus communis)	Gallic acid, Quercetin, Ellagic acid	Antioxidant, Anti-inflammatory, Analgesic, Antimicrobial	Reduces oxidative stress, controls inflammation, and relieves discomfort in the vagina.
Devadāru (Cedrus deodara)	Flavonoids, Taxifolin, Himachalene	Antioxidant, Anti-inflammatory, Analgesic	Reduces inflammation and pain, promotes healing, and supports vaginal tissue recovery.
Kacura (Curcuma zedoaria)	Curcuminoids, Essential oils	Anti-inflammatory, Antioxidant, Analgesic, Antibacterial	Reduces inflammation, promotes healing, and improves circulation in vaginal tissues.
Vācā (Acorus calamus)	Phenylpropanoids, Sesquiterpenoids, Monoterpenes	Anti-inflammatory, Antioxidant	Helps reduce dryness, soothe pain, and restore moisture in vaginal tissues.
Vāsā (Adhatoda vasica)	Vasicine, Saponins, Alkaloids	Anti-inflammatory, Anti-bacterial, Wound healing, Restorative	Alleviates inflammation, promotes tissue regeneration, and reduces vaginal irritation.
Gokṣura (Tribulus terrestris)	Saponins, Alkaloids	Anti-inflammatory, Antioxidant, Diuretic	Reduces inflammation and promotes tissue health in the vaginal tissues.
Aśvagandhā (Withania somnifera)	Withanolides, Alkaloids	Anti-inflammatory, Antioxidant, Adaptogenic, Immunomodulatory	Reduces stress-induced inflammation, rejuvenates vaginal tissues, and supports overall health.
Ativīṣa (Aconitum heterophyllum)	Aconitine, Alkaloids	Anti-inflammatory, Analgesic, Antipyretic	Reduces inflammation and alleviates pain, enhancing tissue healing in the vaginal area.
Aragvadha (Cassia fistula)	Anthraquinones, Saponins	Laxative, Anti-inflammatory, Antioxidant	Reduces inflammation and promotes tissue rejuvenation, improving vaginal health.
Śatāvarī (Asparagus racemosus)	Saponins, Flavonoids	Anti-inflammatory, Immunomodulatory, Adaptogenic	Alleviates vaginal dryness, rejuvenates tissues, and supports overall reproductive health.

Aśvattha ( <i>Ficus religiosa</i> )	Triterpenoids, Alkaloids	Anti-inflammatory, Antioxidant, Analgesic	Reduces inflammation, soothes pain, and enhances tissue regeneration in the vaginal region.
Kantakārī ( <i>Barleria prionitis</i> )	Alkaloids, Triterpenoids	Anti-inflammatory, Antioxidant, Antibacterial	Reduces inflammation and promotes healing of vaginal tissues affected by Vāta imbalance.
Dhanyaka ( <i>Coriandrum sativum</i> )	Linalool, Terpinene, Coumarins	Anti-inflammatory, Antioxidant, Antimicrobial	Reduces inflammation and soothes irritation in the vaginal tissues, enhancing tissue strength.
Śunthī ( <i>Zingiber officinale</i> )	Gingerol, Shogaol	Anti-inflammatory, Analgesic, Carminative, Antioxidant	Reduces inflammation and pain, promotes circulation, and restores moisture in vaginal tissues.
Haritaki ( <i>Terminalia chebula</i> )	Tannins, Polyphenols	Anti-inflammatory, Antioxidant, Immunomodulatory	Reduces inflammation, rejuvenates tissues, and enhances immune response.
Chavya ( <i>Piper retrofractum</i> )	Piperine, Essential oils	Anti-inflammatory, Antioxidant, Analgesic, Antimicrobial	Reduces inflammation, promotes healing, and improves overall vaginal tissue health.
Musta ( <i>Cyperus scariosus</i> )	Cyperene, Essential oils	Anti-inflammatory, Antioxidant, Analgesic	Reduces inflammation, alleviates pain, and promotes the rejuvenation of vaginal tissues.
Punarnavā ( <i>Boerhaavia diffusa</i> )	Alkaloids, Saponins	Anti-inflammatory, Antioxidant, Diuretic	Reduces inflammation and fluid retention, promoting healing of vaginal tissues.
Gudūcī ( <i>Tinospora cordifolia</i> )	Tinosporide, Alkaloids	Immunomodulatory, Anti-inflammatory, Antioxidant	Strengthens immune function, reduces inflammation, and supports tissue regeneration.
Vidārī ( <i>Argyrea speciosa</i> )	Alkaloids, Flavonoids	Adaptogenic, Anti-inflammatory, Antioxidant	Reduces inflammation, alleviates pain, and supports the rejuvenation of vaginal tissues.
Śatapūṣpa ( <i>Foeniculum vulgare</i> )	Anethole, Fenchone, Flavonoids	Anti-inflammatory, Carminative, Antioxidant	Soothes irritation, reduces inflammation, and improves circulation in vaginal tissues.
Kantakārī Laghu ( <i>Solanum surattense</i> )	Solasodine, Alkaloids	Anti-inflammatory, Antioxidant, Antimicrobial	Reduces inflammation, relieves pain, and supports healing of vaginal tissues.

Kantakārī Brihat ( <i>Solanum indicum</i> )	Solasodine, Alkaloids	Anti-inflammatory, Antioxidant, Analgesic	Reduces inflammation, alleviates discomfort, and enhances healing in the vaginal region.
<b>Yogaraja Guggulu</b>			
Sunthi ( <i>Zingiber officinale</i> )	Gingerol, Shogaol	Anti-inflammatory, Analgesic, Antioxidant, Carminative	Reduces inflammation, alleviates pain, and improves digestion and circulation.
Pippali ( <i>Piper longum</i> )	Piperine, Piplartine	Anti-inflammatory, Antioxidant, Immunomodulatory, Bronchodilator	Enhances bioavailability of other herbs, alleviates pain, and reduces inflammation.
Chavya ( <i>Piper retrofractum</i> )	Piperine, Essential oils	Anti-inflammatory, Antibacterial, Antifungal, Digestive aid	Reduces inflammation and improves digestive health, aiding in tissue rejuvenation.
Chitraka ( <i>Plumbago zeylanica</i> )	Plumbagin	Anti-inflammatory, Analgesic, Antioxidant, Antimicrobial	Reduces inflammation and promotes healing in the tissues.
Hingabharta ( <i>Ferula narthex</i> )	Resin, Essential oils	Anti-inflammatory, Antispasmodic, Carminative	Relieves pain, reduces inflammation, and improves circulation.
Ajamoda ( <i>Trachyspermum ammi</i> )	Carvone, Thymol	Anti-inflammatory, Antimicrobial, Antioxidant, Digestive aid	Reduces inflammation and improves digestion, thus benefiting vaginal tissue health.
Sarshapa ( <i>Brassica campestris</i> )	Glucosinolates, Sulfur compounds	Anti-inflammatory, Antioxidant, Antimicrobial	Reduces inflammation and may help restore tissue health in the vaginal area.
Swetajiraka ( <i>Cuminum cyminum</i> )	Cuminaldehyde, Limonene	Anti-inflammatory, Antioxidant, Antimicrobial	Reduces inflammation and aids in digestion, promoting overall tissue health.
Krishna Jiraka ( <i>Carum carvi</i> )	Carvone, Limonene	Anti-inflammatory, Antioxidant, Carminative	Alleviates pain, reduces inflammation, and aids in digestion, enhancing tissue rejuvenation.
Nirgundi ( <i>Vitex negundo</i> )	Iridoid glycosides, Alkaloids	Anti-inflammatory, Analgesic, Antioxidant	Reduces inflammation and alleviates pain, supporting the healing of vaginal tissues.
Indrayava ( <i>Holarrhena antidyserterica</i> )	Alkaloids (Conessine)	Anti-inflammatory, Antibacterial, Antidiarrheal, Antispasmodic	Reduces inflammation and supports tissue healing, especially in inflammatory conditions.

Patha ( <i>Cissampelos pareira</i> )	Isoquinoline alkaloids, Saponins	Anti-inflammatory, Analgesic, Antioxidant	Alleviates pain, reduces inflammation, and promotes healing of vaginal tissues.
Vidanga ( <i>Embelia ribes</i> )	Embelin, Essential oils	Anti-inflammatory, Antimicrobial, Antioxidant	Reduces inflammation and promotes the healing of tissues, especially in the vaginal region.
Gajapippali ( <i>Scindapsus officinalis</i> )	Saponins, Alkaloids	Anti-inflammatory, Antioxidant, Analgesic	Reduces inflammation, alleviates pain, and helps rejuvenate tissues.
Katuka ( <i>Picrorhiza kurroa</i> )	Picroside I, Picroside II	Anti-inflammatory, Immunomodulatory, Hepatoprotective, Antioxidant	Reduces inflammation and enhances tissue repair and rejuvenation in the affected area.
Ativisa ( <i>Aconitum heterophyllum</i> )	Aconitine, Alkaloids	Anti-inflammatory, Analgesic, Antipyretic	Alleviates pain and reduces inflammation, supporting tissue rejuvenation.
Bharangi ( <i>Clerodendrum serratum</i> )	Triterpenoids, Flavonoids	Anti-inflammatory, Analgesic, Antioxidant	Reduces inflammation and supports tissue regeneration in inflammatory conditions.
Vacha ( <i>Acorus calamus</i> )	Beta-asarone, Alpha-asarone, Essential oils	Anti-inflammatory, Analgesic, Cognitive enhancer	Reduces inflammation, alleviates pain, and promotes healing of the vaginal tissues.
Murva ( <i>Marsdenia tenacissima</i> )	Saponins, Glycosides	Anti-inflammatory, Antioxidant, Antimicrobial	Reduces inflammation and helps rejuvenate the vaginal tissues.
Haritaki ( <i>Terminalia chebula</i> )	Tannins, Polyphenols	Anti-inflammatory, Antioxidant, Digestive aid	Reduces inflammation, supports digestive health, and promotes tissue rejuvenation.
Bibhitaki ( <i>Terminalia bellirica</i> )	Tannins, Gallic acid	Anti-inflammatory, Antioxidant, Immunomodulatory	Reduces inflammation and supports the healing of tissues, particularly in the vaginal region.
Amalaki ( <i>Phyllanthus emblica</i> )	Vitamin C, Flavonoids, Phenolic compounds	Anti-inflammatory, Antioxidant, Immunomodulatory	Reduces inflammation, rejuvenates tissues, and enhances immune response.
Guggul ( <i>Commiphora wightii</i> )	Guggulsterones, Essential oils, Flavonoids	Anti-inflammatory, Antioxidant, Lipid-lowering	Reduces inflammation, promotes healing, and improves circulation to rejuvenate tissues.
<b>Shatavari Vati</b>			

Śatāvārī (Asparagus racemosus)	Asparagus racemosus	Saponins, Flavonoids	Anti-inflammatory, Immunomodulatory, Adaptogenic
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### Conclusion:

This case study highlights the effectiveness of Āyurvedic interventions in managing postmenopausal atrophic vaginitis. By addressing the root cause of the condition—estrogen deficiency—through a holistic approach that combines both internal and local therapies, Āyurvedic medicine offers a non-hormonal, safe, and effective alternative to conventional treatments. The patient's positive response to treatment suggests that Āyurvedic therapies, including Rasāyana, Sthānika Chikitsā, and local applications, may provide lasting relief from the discomfort associated with atrophic vaginitis.

Further studies with larger sample sizes and more rigorous controls are needed to validate the findings and establish the efficacy of Āyurvedic therapies in managing postmenopausal conditions like atrophic vaginitis.

### Patient Perspective:

The patient reported significant improvement in her symptoms, including reduced vaginal dryness, pain, and discomfort. She expressed satisfaction with the holistic Āyurvedic approach and felt empowered by the non-surgical treatment options available to her. The patient also

appreciated the personalized care and follow-up support provided by the healthcare team.

### Informed Consent:

Written informed consent was obtained from the patient for publication of this case report and accompanying images. The patient's identity has been protected, and no personally identifiable information has been disclosed in this report.

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