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UNDERSTANDING OF VAGINISMUS: MODERN VIS-A-VIS AYURVEDIC- A CONCEPTUAL STUDY

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ABSTRACT :

Vaginismus is characterized by involuntary contraction of vaginal muscles, difficulty in allowing vaginal entry (Penis, finger, and or Vaginal Examination etc) causing pain despite her expressed will to do so. It's an common Phsycho-sexual dysfunction causing distress and interpersonal relationships disturbances.

Ayurvedic Correlation: Vaginismus can be correlated with *Yonivyapad* which refers to disorders of female reproductive system described in classical texts by different *Acharyas Charaka, Shushruta and Vagbhata*. This aligns with "*Vataj or Vatiki Yonivyapad*", particularly presenting with symptoms as *Yonishool* (vaginal pain), *Graamya-dharma-ruja* (Penetration difficulty). *Dosha Imbalance*: Condition attributed to vitiated *Vata Dosha or Apan Vayu* causing *Yoni Shool* (vaginal pain) etc. Therapies for *Vata* pacification: *Sthanika Chikitsa* like:-*Snehana, Swedana, Yoni Pichu, Yoni Dhavan* and *Abhyantar chikitsa – Matra Basti* including some indigenous drug. Management through an Ayurvedic lens provides a holistic approach integrating herbal medicines, dietary modifications, *Satvavajaya Chikitsa* (psycho-behavioral therapy) and Yogic practices are integral. Hence, it is a very holistic approach towards Vaginismus which combines Physical, Mental, and Spiritual care to restore reproductive and emotional health of Women.

Keywords: Vaginismus, Yonivyapad, Yoni pichu, Matra basti, Satvavajay chikitsa, Yogasanas.

INTRODUCTION:

Vaginismus term is introduced in 1862 By Dr. Marion Sims. Vaginismus is defined as Recurrent or persistent involuntary spasms of introital (bulbocavernosus) i.e. outer-third of Vaginal muscles which interfere with coitus and cause distress, pain during attempting coitus or gynaecological exams, despite her expressed will. Difficulty in penetration, is a psychosomatic condition often rooted in anxiety, fear, or trauma.

Prevalance¹ rate acc. to 2016 textbook estimated about between 1% -7% worldwide and 5-17% in Indian women. Thus, it is necessary to diagnose and give treatment to prevent future fertility-related issues.

Primary muscle involved chiefly – Pubococcygeus muscle which is a part of pelvic floor muscle which causes involuntary contractions or spasms occurs during the insertion of objects into vagina, including speculums and tampons. Other muscle involved Bulbocavernosus(entry muscle) and Puborectalis (mid-vaginal muscle), Levator ani, Perivaginal muscle.

It comes under Penetration Disorders, may be Primary or Secondary (According to DSM-IV-TR³, included as part of Genito-Pelvic Pain Penetration Disorders (GPPPD)² characterized by persistent or recurrent difficulties with 1 (or more) of the following:

1. Marked Vulvovaginal or pelvic pain during vaginal intercourse or penetration attempts.
2. Marked fear or anxiety about vulvovaginal or pelvic pain in anticipation of, during, or as a result of vaginal penetration.
3. Marked tensing or tightening of pelvic floor muscles during attempted vaginal penetration.

Primary is usually psychosexual in origin and Secondary is due to local painful lesions, narrow introitus etc.

The underline cause is generally a fear that penetration will hurt. Negative attitudes towards sex and sexual ignorance, often triggered by attempts at penetration (finger, tampon, or penis), are associated with vaginismus.

In Ayurveda, Different *Acharyas* have different perspectives on the underlying causes and treatments for this condition. Vaginismus can be correlated with conditions of *Yonivyapad* particularly *Yoni shool* (vaginal pain) refers to disorders of the female reproductive system, as described by *Acharyas* like *Charaka*, *Sushruta*, and *Vagbhata*.

Vaginismus aligns with *Vatika Yonivyapad* or *Samprapti* involving *Vata Dosha* (particularly *Apana Vayu*) which governs the pelvic region and *Manovaha Srotas Dushti* (psychological channel disturbances). Local treatments (*sthanika chikitsa*) like *Yoni pichu*, *Yoni Dhavan*, etc and Systemic therapies like *Matra basti (ardha chikitsa)* aim to pacify *Vata* and improve the function of reproductive and pelvic tissues while the *Satvavajaya chikitsa* utilizing counseling, relaxation techniques (*Pranayam*) and Yogic practices which promotes physical and mental healing, ensuring comprehensive care.

MATERIALS AND METHODS:

This study evaluates the modern and classical *Ayurvedic* texts to identify the closest correlation of Vaginismus with *Yonivyapad*. A comparative analysis of symptoms described by *Acharyas* was conducted. Management protocols, including *Ayurvedic* formulations (*Abhyantar Chikitsa*), *Panchakarma* procedures (*Bahya chikitsa*), also *Satvavajaya Chikitsa* and *Yogasanas* were reviewed for relevance to Vaginismus.

TYPES: - According to Modern:

1. Primary: 1. Lifelong, never able to have intercourse.

2. Due to harm avoidance behaviour.

3. Negative Emotion towards sexual stimulation.

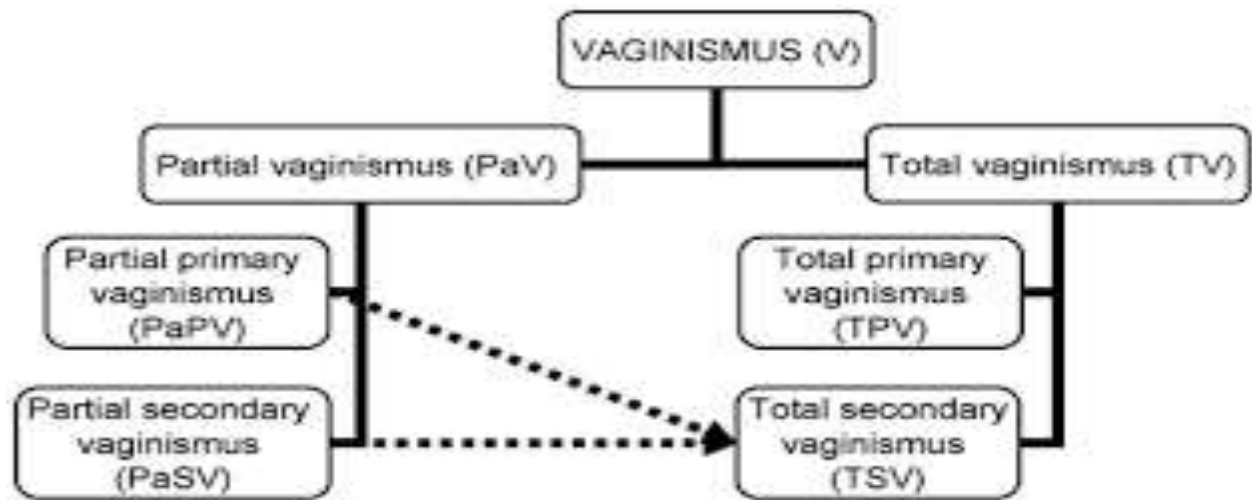
2. Secondary: Acquired, past history of vaginal penetration without problems.

3. Global: Unable to place any thing in the vagina.

4. Situational: Able to use a tampon, tolerate a pelvic examination but cannot have intercourse.

a. Spasmodic: spasm of the vaginal muscle.

b. Non spasmodic.



According to Ayurveda:-

1. According to Acharya Charak ⁵:- 1. Vatala / Vatik Yonivyapad

2. According to Shushrut ⁶:-

1. Vataja Yonivyapad
2. Paripluta Yonivyapad
3. Vipluta Yonivyapad

3. According to Vagbhat ⁷:-

1. Vatik Yonivyapad

4. Bhavprakash Nighantu and Others:-

1. Vatala Yonivyapad
2. Vipluta YoniVyapad
3. Paripluta Yonivyapadi

I. According to Acharya Charak:-

Symptoms of Vatala Yoni (Vata-dominant vaginal disorder):

In women with a Vata-dominant constitution, if they consume Vata-aggravating foods and follow Vata-aggravating lifestyles, the vitiated Vata dosha, residing in the vaginal region, causes symptoms such as:

<p>1. Vatala or Vatik Yonivyapad</p>	<p>बातलाहारचेष्टाया वातलायाः समीरणः । विवृद्धो योनिमाश्रित्य योनेस्तोवं सवेदनम् ॥९॥ स्तम्भं पिपीलिकासृष्टिमिव कर्कशतां तथा । करोति सुप्तिमायासं वातजांश्चापरान् गदान् ॥सा स्यात् सशब्दरुक्फेनतनुरूक्षार्तवाऽनिलात् । (ch.chi.30:9-11)</p>	<p>Lakshanas:-</p> <p>Pain resembling the pricking of a needle. Tightness and a sensation akin to ants crawling. Roughness, numbness, and fatigue throughout the body. Other Vata-related disorders.</p>
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The affected vagina, contaminated by Vata dosha, expels menstrual blood (artava) that is frothy, thin, and dry, often accompanied by sound and pain. This condition is primarily caused by Vata vitiation.

II. According to Shushruta Samhita:-

<p>1. Vataja Yonivyapad</p>	<p>'वातला कर्कशा स्तब्धाशूलनिस्तोदपीडिता । चतसृष्वपि चाद्यासु भवन्त्यनिलवेदनाः' ॥ (S.U. 38:11)</p>	<p>Lakshanas :-</p> <ol style="list-style-type: none"> 1. Karkasha -Roughness 'कर्कशता काठिन्यम्' 2. Stabdha- Stiffness 'वातला कर्कशा स्तब्धा' 3. Shula -Pain 'शूलनिस्तोदपीडिता' । 4. Nistoda- Pricking pain in vagina.
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<p>2. Paripluta Yonivyapad</p> <p>Predominant aggravated vata causes Paripluta Yonivyapad</p>	<p>‘परिप्लुतायां भवति ग्राम्यधर्मे रुजा भृशम्। *** ** चतुसृष्वपि चाद्यासु भवन्त्यनिलवेदनाः’ ।। (S.U. 38:10, W.N. 62:4, B.P. 70:7)</p> <p>‘परिप्लुतायामिति परि सर्वतो वातविकारेण प्लुतत्वात् परिप्लुतासंज्ञा। परिप्लुतायां बाह्याभ्यन्तरवातवेदनाभिर्युक्तायाम् । ‘ग्राम्यधर्मेण रुग्भृशम्’ इत्यत्र ‘ग्राम्यधर्मे रुचिर्भृशम्’ इति पाठान्तरं, तत्र रुचिरभिलाषः; ग्राम्यधर्मे मैथुने’ । (M.N. 62:3-4; Madhu.)¹³</p>	<p>Lakshanas:-</p> <p>1. Graamya-dharma-ruja :- The clinical entity is characterized by excessive external and internal pain during intercourse.</p> <p>2. Bahyabhyantara Vata vedana - Several Vatic diseases</p>
<p>3. Vipluta Yonivyapad</p>	<p>‘विप्लुतां नित्यवेदनाम्’ ।(S.U. 38:10) ‘विप्लुतां नित्यवेदनाम् । चतसृष्वपि चाद्यासु भवन्त्यनिलवेदनाः’ ।। (S.U. 38:10-11; M.N. 62:3, B.P. Chi. 70)</p> <p>‘विप्लुतां वातवेदनया विप्लुतत्वात् । नित्यवेदनामतिकृपितेनैव वातेनेति’ । (W.N. 62:3, Madhu.)</p>	<p>Lakshanas :-</p> <p>1. Almost continuous and dull pain with periods of exacerbations related with menstruation, intercourse etc.</p> <p>2. Constant Pain in Lower Abdomen and back.</p>

III. According to Acharya Vagabhat:-

<p>1. Vatala Yonivyapad</p>	<p>‘योनौ कृद्धोऽनिलः कुर्याद्रुक्तोदायामंसुप्तताः । पिपीलिकासृप्तिमिव स्तम्भं कर्कशतां स्वनम् ॥ फेनिलारुणकृष्णाल्पतनुरूक्षार्तवस्रुतिम् । (A.S.U. 38:35-36)</p>	<p>Lakshanas:-</p> <p>1. Karkasha – Roughness ‘कर्कशता काठिन्यम्’</p> <p>2. Stabdha- Stiffness ‘वातला कर्कशा स्तब्धा’</p> <p>3. Shula- Pain ‘शूलनिस्तोदपीडिता’ ।</p> <p>4. Nistoda- Pricking pain in vagina</p> <p>5. Aayama- Vaginal stretching</p> <p>6. Pipilika sripti- Sensation as if creeping of ants. ‘पिपीलिकासृप्तिमिव तासां। सञ्चरणप्रतीतिमित्यर्थः’ ।</p> <p>7. Svana- Sound escaping from vaginal orifice ‘स्वनं योनिमुखादप्यधोवातस्वनिर्गमनम्’ ।</p> <p>8. Bhramsha- Prolapse ‘संसमिति पाठः । संसो वेदनाविशेषः’ ।</p> <p>9. Vankshana & Parshva- Pain in groins & flanks. ‘वक्षणापार्श्वी व्यथा वङ्कणयोः। पार्श्वयोश्च कटीपृष्ठपरिग्रहः । क्रमेण उपेक्षया कालातिपातात्</p>
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IV. According to Bhavprakash Nighantu¹² and others:

1.Vatla Yonivyapad	'कर्कशता काठिन्यम्' । 'वातला कर्कशा स्तब्धा' 'शूलनिस्तोदपीडिता' ।	Lakshanas :- 1.Karkasha - Roughness 'कर्कशता काठिन्यम्' । 2.Stabdha- Stiffness 'वातला कर्कशा स्तब्धा' 3.Shula - Pain 'शूलनिस्तोदपीडिता' । 4.Nistoda- Pricking pain in vagina
2.Vipluta Yonivyapad.	विप्लुतां नित्यवेदनाम् । चतसृष्वपि चाद्यासु भवन्त्यनिलवेदनाः ।। (S.U. 38:10-11; M.N. 62:3, B.P. Chi. 70) 'विप्लुतां वातवेदनया विप्लुतत्वात् । नित्यवेदनामतिकृपितेनैव वातेनेति' । (W.N. 62:3, Madhu.)	Lakshanas :- 1. Almost continuous and dull pain with periods of exacerbations related with menstruation, intercourse etc. 2. Constant Pain in Lower Abdomen and back.
3.Paripluta Yonivyapad	'परिप्लुतायामिति परि सर्वतो वातविकारेण प्लुतत्वात् परिप्लुतासंज्ञा । परिप्लुतायां बाह्याभ्यन्तरवातवेदनाभिर्युक्तायाम् । 'ग्राम्यधर्मेण रुग्भृशम्' इत्यत्र 'ग्राम्यधर्मे रुचिर्भृशम्' इति पाठान्तरं, तत्र रुचिरभिलाषः; ग्राम्यधर्मे मैथुने' । (M.N. 62:3-4; Madhu.) ¹³	Lakshanas:- 1.Graamya-dharma-ruja :- The clinical entity is characterized by excessive external and internal pain during intercourse. 2.Bahyabhyantara Vata vedana - Several Vatic diseases.

Samprapti:-

Samprapti Ghataka⁹:-

Hetu- Mithayachar(vata vardhak)

Aadhishtan- Yoni

Rogamarga – Abhyantar

Dosha -Vata

Srotas- Aartavaha

Dushya- Rajas /Artava

Srotodushti- Sanga/ Vimargagaman

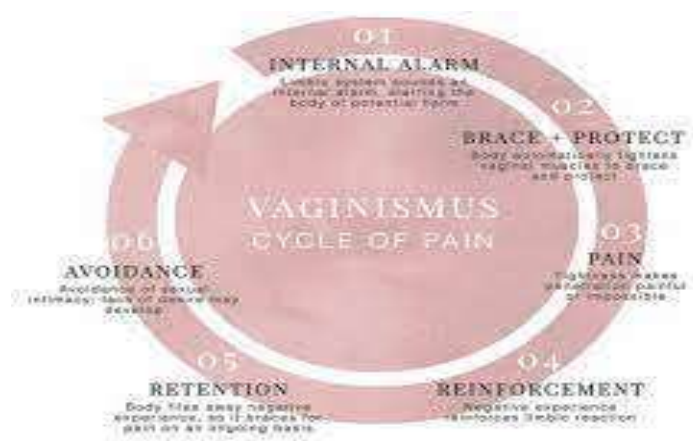
वातलआहार विहार (Vātala āhāra vihāra)

वातप्रकोप (अपान वायु)
(Apāna vāyu vitiation)योनि/गर्भाशय
(Yoni/garbhāśaya)कर्कशतातोद वेदना आदि
(Roughness, pain etc)

वातिकीयोनिव्यापद

Mechanism:- Specific muscle involment of Levator ani, Bulbocavernosus, circumvaginal muscles.

Effects :- It impairs quality of life and negatively effects lifestyle and physicological well-being of women. Self-identity loss, Effect on mental health of both Women and Men, Effects on Reproductive life resulting in Infertility. Grows through Vicious cycle-Spasm-Pain-Fear-Anxiety-Spasm(again)....this cont and worsen the condition.



CAUSES:- According to Modern-

- Physical cause** – a. Infection – UTI infection, Yeast infection , STI and others.
b. Vulval condition – During Menopause (lack of estrogen level- vaginal dryness causing spasm).
c. Injuries/ lacerations/ scar – During child birth or any surgery.
d. Irritation – due to use of any physical barrier during coitus like condoms etc.
- Psychological causes** – a. Fear b. Phobic response c. Past Trauma like sexual abuse etc.
- Mental Health** – Anxiety, Negative feeling towards intimacy.
- Religious or cultural beliefs.**

According to Ayurveda :-

According to Charaka⁶ – Mithyaachara, Pradusta Arthava, Beeja Dosha Daivatah or Divine factor.

According to Sushruta⁷:- Pravridha linga, Purusha atisevana by Ruksha Durbala Stree or Bala मिथ्याचारेण असम्यगाहाराचारेण ।

According to Vagbhata⁸:- Dusta bhojana, Vishamanga Shayana, Brisha Maithuna, Dustarthava and Introduction of Apadravya into yoni.

Diagnosis :- Diagnosis by DSM-IV-TR (Diagnostic & Statistical Manual of Mental)

A. History Taking :

1. Medical
2. Psychosocial
3. Sexual history; any Traumatic experience

B. Genital Examination:

(exclude pelvic pathologies)
Several consultations is needed before doing examination.

Degree of vaginal muscle hypertonus/spasm

- | | |
|-----|--|
| 1–2 | Minimal/mild degrees of vaginal hypertonus/spasm |
| 3 | Considerable vaginal hypertonus/spasm. Finger penetration possible, but vaginal musculature is tight Patient is uncomfortable with examination. |
| 4 | Presence of vaginal muscle spasm. Bulbocavernosus seems like a tightly closed fist and digital penetrator is difficult to impossible without sedation. |

DIFFERENTI

- | | |
|------------------------|--------------------|
| 1. Vaginismus | 5. Atrophic tissue |
| 2. Dyspareunia | 6. Endometriosis |
| 3. Vulvodynia | 7. PID |
| 4. Vulvar vestibulitis | 8. Cystitis etc. |

CLASSIFICATION :- Classification can be based on Lamont classification (1978)²-

TREATMENT :- Modern line of Treatment –

- Behavioral therapy.
- Graduated Exposure therapy.
- Marital counselling.
- Lubricants, Topical anaesthetics.
- Vaginal Dilation.
- Antispasmodics and Anxiolytics like Imipramine (30-75mg) daily or Benzodiazepines.
- Botulinum toxin(Botox).
- Muscle controlled spasm i.e. Contraction and Relaxation of pelvic floor muscles.
- Kegel's Exercise for pelvic floor muscle strengthening.

AYURVEDIC TREATMENT MODALITIES:-

General Treatment ¹⁰:-

Vatahara Dravyas mixed with Rice Gruel and or *Jangala Rasa* etc can be given as *Bhojan*(meal) to the Patient. *Vata Shamana Chikitsa*: Use of warm, unctuous therapies to pacify *Vata dosha*.

- Internal Medications:

1. Ashwagandha Churna: To reduce anxiety and promote muscle relaxation.
2. Bruhat Shatavari Ghrita: To improve reproductive and mental health and also act as *Rasayan* as well as *Vajikaran dravya*.
3. Dashamoola Kwatha: To alleviate pain and inflammation.
4. Tab. *Shakhpushpi* 500mg tid after food with *sukhushna jala/dugdha* for 60 days.

Snehana¹⁹:-

त्रैकृतं स्नेहनं स्वेदो ग्राम्यानूपौदका रसाः।

दशमूलपयोवस्तिश्रोदावर्तानिलार्तिषु। त्रैवृतेनानुवास्या च वस्तिश्रोत्तरसंज्ञितः।

(त्रैवृतं स्नेहनमिति सर्पिस्तैलवसास्नेहनम्-चक्र.) (च.सं.चि. 20/110-111)

Snehan with *traivrita sneha* (*ghrut/tila/vasā*), *Lavana tila* or *Bala tila*. Sudation with *māmsa rasa* of *grāmya* (wild), *ūniṭpa* (marshy land) and *audaka* (aquatic) animals mixed with *vata-hara aushadhi kwatha*. Oral intake and *vasti* with *Daśamūla sirapaka* other than this, we can also use *Bala Taila* or *Guduchyadi tila* for *Abhyanga*.

Swedana-

कर्कशां शीतलां स्तब्धामल्पस्पर्शाच्च मैथुने । कुम्भीस्वेदैरुपचरेत् सानूपौदकसंयुतैः ॥, सु.सं.उ.३८,२२ ॥

योनिव्यापदि तु वातिक्यं लवणतैलाक्तां योनिं पिण्डनाडीकुम्भीप्रभृतिभिः स्वेदयेत्।

ततः सुखोष्णाम्बुपरिषिक्त सर्वगात्रां जाङ्गलरसैर्भोजयेत् ॥ (अ.सं.उ. 39/29)

Kumbhi/Nāḍī swedana either with *māmsa rasa* of aquatic animals/animals living in marshy land or with milk mixed with *tila* and *tandula* or decoction of *vatahara dravyas* or after anointing the *yoni* with salt and oil. Any one of the following *swedana* can be done, *aśhma* (heated stone), *prastara* (heated rock), *sankara* (heated ball of drugs either wrapped/unwrapped with cloth), *pinda*

Grade	Description
Lamont grade 1	Patient is able to relax for pelvic examination
Lamont grade 2	Patient is unable to relax for pelvic examination
Lamont grade 3	Buttocks lift off table. Early retreat
Lamont grade 4	Generalized retreat: buttocks lift up, thighs close, patient retreats
Pacik grade 5	Generalized retreat as in level 4 plus visceral reaction, which may result in any one or more of the following: palpitations, hyperventilation, sweating, severe trembling, uncontrollable shaking, screaming, hysteria, wanting to jump off the table, a feeling of becoming unconscious, nausea, vomiting, and even a desire to attack the doctor

ABOUBAKR ELNASHAR

(heated ball of drugs), *nāḍī* or *kumbhī sweda*. After *swedana*, bath with lukewarm water followed by diet with *vātahara māmsa*.

Abhyantar Snehapan:-

Bhrut Shatavari Ghrita or *Kashmaryadi ghrita* can be taken for *abhyantar snehapan* because of the properties mentioned by Charak as- *Yonidosha*, *Rasayan*, *Vrishya*.

Anupan:- Dugdha, Ushna Jala.

1. YONI PICHU¹⁷ :

‘शल्लकीजिङ्गिनीजम्बूधवत्वक्पञ्चवल्कलैः ।
कषायैः साधितः स्नेहपिचुः स्याद्विप्लुतापहः’ ॥

(c.chi.30:108)

1. *Sneha pichu dharan* with *Shallaki, jingini, jambu twak, dhava* and *panchavalkala*.

2. For the relieve of pain - *taila* prepared of *nata, vartakini, kushta, saindhava, suradaru*.

3. *Saindhavadi Tila, Dashmoola Taila* can also be used for *Yoni Pichu*.

Method of *Yoni pichu dharan*: (Placing a Tampon soaked in medicinal oil or Liquid).

Pichu is made up of cotton swab 2x3 cm (1 inch) is wrapped with gauze piece and tied with long thread. It should be immersed in medicated oil or liquid. Oils are mostly preferred due to its retention ability.

Duration of *Pichu dharan*: 5 to 6 hours up to retention of urine.

Mode of action - *Pichu* helps in *Shodhana Karma* and thus removes slough. Oil used for *Pichu* strengthens the musculature of vaginal canal along with healing of wound.

2. YONI DHAWANA¹⁸: (Douching per vaginum)

Dhawana mean cleaning of wound with water or any other medicated preparations. *Yoni Dhawana* is a procedure of cleaning vagina and vaginal passage with *Kwath* or any other liquid.

Application Site- *Prathamavarta* (Vagina).

Duration – 8 days

Time of administration- *Rutukala* (from 6th to 13th Day of menstrual cycle)

Time limit- 1 to 1.5 min.[2]

Drugs used in the form of- *Kwatha* (Decoction), Oil, *Kshirpaka* (Medicated milk), *Siddhjala* (Medicated water). Herbal decoctions like *Triphala Kashaya* or *Panchavalkala Kwatha* can be used for cleansing and soothing the vaginal tract.

- Frequency: Twice a week.

- Benefits: Reduces inflammation and balances Vata

Mode of action - The drugs used for *Dhawana* are antiseptic, have bactericidal action, wound healing property, alleviates pain. Drugs are absorbed through mucosa and blood circulation of vagina. Bactericidal actions of the drugs prevent bacterial growth and maintain the pH of vagina.

3. MATRA BASTI¹⁵ OF GUDUCHYADI TAILA:-

गुडूचीमालतीरास्नाबलामधुक चित्रकः ॥ ५९ ॥

निदिग्धिका देवदारुयूथिकाभिश्च कार्षिकः । तैलप्रस्थं गवां मूत्रे क्षीरे च द्विगुणे पचेत् ॥ ६० ॥

वातार्तायाः पिचुं दद्याद् योनौ च प्रणयेत् ततः । (ch.chi.30/59-61, chara.ti)

This *Guduchyadi taila* can be used for *Matra basti*.

Procedure of Matra Basti :

3.1 Poorva Karma :-

- Preparation of patient by giving required knowledge about the procedure.
- Avoid heavy or snigdha and ruksha or vata-aggravating foods.
- Perform *Agnideepana* (digestive stimulation) with herbal formulations like *Panchakola Churna* for 3 days.

3.2 Pradhan karma:-

- Local *Abhyanga* and *Swedana* done.
- Patient is asked to evacuate bladder.
- Patient is made to lie in left lateral position with the right leg flexed and left leg straight (brings whole colon in one line).

Preparation of medicine:

72 ml (^{1/2} pala) of lukewarm *Guduchyadi Taila* taken alongwith *Saindhava* and *Shatapushpa churna*. Homogenous mixture is prepared and filled into the *Basti-putaka*. Then, rubber catheter is fixed and trapped air expelled. Tip of *Basti-netra* is smeared with oil. The anal orifice is lubricated with oil, and then *netra* is introduced into anal canal upto first *karnika*, when all oil is pushed into rectum, *Basti-netra* is gently pulled out with some oil left, strokes on buttocks of patient for a minute, made to lie on supine position and flex leg at hip & knee repeatedly.

Treatment Plan:-

- Day 1-8: Warm *Guduchyadi taila* (72 ml) is administered rectally in the evening after a light meal.
- Day 9: Rest day; focus on light meals and hydration.
- Day 10-17: *Repeat the *Matra Basti* procedure.
- Day 18: Rest and assess response.

3.3 Paschat karma -

- Avoid cold or heavy foods.
- Follow a warm, nourishing diet with *ghrita* (clarified butter), milk, and light herbal soups.

4. SATVAVAJAY CHIKITSA AND YOGASANAS²⁰:-

Charaka has defined *Satvavajayaas Ahitebhyoarthebhyo Manonigraha* (withdrawal of the mind from unwholesome objects). *Charaka* also defines *Sattvavajaya Chikitsa* as a mind controlling therapy in which a stress has been laid on restraining of mind from unwholesome objects. Thus, it may include all the methods of *Manonigraha* e.g. *Astanga Yoga*, Indian philosophy portrays *Astanga Yoga* as a primary tool to control mind; hence it can be used as *Satvavajaya Chikitsa*, as it stresses on *Chittavritti Nirodha* (control mind from different thoughts/conquering the mind). The methods of self-hypnosis, positive suggestions, and counselling have been used as *Satvavajaya Chikitsa* in recent studies.

Key Aspects:

1. Mind Control
2. Mantras and Affirmations: To instill positivity and mental strength.
3. Cognitive Behavioral Approaches: Identifying and changing negative thought patterns through
 - Counseling
 - Positive reinforcement
 - Behavioral therapies
 - Spiritual practices

Techniques Used:-

- Meditation (*Dhyana*): To calm the mind and enhance focus.
- *Pranayama*: Breathing

Table 2: Schedule of Yogic practice taught and suggested

First week	Minimum	Second week	Minimum	Third week	Minimum
<i>Pranadharana</i>	05 min	<i>Pranadharana</i>	05 min	<i>Pranadharana</i>	05 min
Relaxation	05 min	Relaxation	05 min	Relaxation	05 min
Prayer	05 min	Prayer	05 min	Prayer	05 min
Rotation/stretches	05 min	Rotation/stretches	05 min	Rotation/stretches	05 min
<i>Shishuasana</i>	03min	<i>Shishuasana</i>	03min	<i>Shishuasana</i>	03min
<i>Setubandhasana</i>	03 min	<i>Setubandhasana</i>	03 min	<i>Setubandhasana</i>	03 min
<i>Malaasana</i>	03 min	<i>Malaasana</i>	03 min	<i>Malaasana</i>	03 min
<i>Supta Matsyendrasana</i>	03 min	<i>Supta Matsyendrasana</i>	03 min	<i>Supta Matsyendrasana</i>	03 min
<i>Supta Bandha Konasan</i>	03 min	<i>Supta Bandha Konasan</i>	03 min	<i>Supta Bandha Konasan</i>	03 min
<i>Pranayama</i>					
<i>Anuloma-Viloma</i> (3 rounds)	05min	<i>Anuloma-Viloma</i> (3 rounds)	05min	<i>Anuloma-Viloma</i> (3 rounds)	05min
<i>Bhramari</i>	05min	<i>Bhramari</i>	05min	<i>Bhramari</i>	05min
<i>Shuddhi Kriya</i>		<i>Shuddhi Kriya</i>		<i>Shuddhi Kriya</i>	
<i>Kapalbhati</i>	05min	<i>Kapalbhati</i>	05min	<i>Kapalbhati</i>	05min
<i>Tratak on AUM</i>	05min	<i>Tratak on AUM</i>	05min	<i>Tratak on AUM</i>	05min
<i>Dharna and Dhyana on AUM</i>	05min	<i>Dharna and Dhyana on AUM</i>	05min	<i>Dharna and Dhyana on AUM</i>	05min
Prayer	05min	Prayer	05min	Prayer	05min
Total duration	65min	Total duration	65min	Total duration	65min

RESULT AND DISCUSSION :-

Vaginismus is often underdiagnosed and undertreated. Many patients do not seek treatment out of fear of a gynecological examination or feeling embarrassed, and variations in diagnosis methods. Some studies have found that examining patients from a broader perspective improves therapeutic outcomes.

The interaction of all aspects that may contribute needs to be explored to obtain a better prognosis. As Modern studies don't have primary cause for Vaginismus but Ayurveda can explain its *Samprapti* and cause of the condition and emphasizes on treating the root cause (*Samprapti Vighatana*) of disorders. In vaginismus, aggravated *Vata*, often coupled with emotional distress, necessitates a multi-modal approach combining physical therapies, mental wellness, and lifestyle corrections. Herbal treatments and *Panchakarma* address the somatic symptoms, while *Satvavajaya* targets psychological factors¹⁶. Yogic practices enhance pelvic muscle relaxation and mind-body coordination.

CONCLUSION:-

Vaginismus is a condition marked by involuntary vaginal muscle spasms leading to discomfort or difficulty with penetration, a complex sexual disorder that can affect all aspects of life, both for the patient and their partner. Many aspects have explored here to plan effective therapeutic modalities for patients. A therapeutic approach that focuses on all of the above aspects promises a fairly good therapeutic outcome, which can be safe and sure effective approach through the lens of Ayurveda¹⁴. Ayurveda identifies the root causes as imbalances in Vata dosha(Apan Vayu), psychological stress, and lifestyle factors. Ayurvedic treatments aim to restore balance and promote relaxation through a combination of therapies such as Snehana, Swedan, Matrabasti (enemas), and Yoni pichu (medicated vaginal tampon), Yoni Dhawan alongside herbal formulations. These treatments, coupled with mindfulness practices, yoga, and counseling (Satvavajay chikitsa), provide a holistic approach to managing vaginismus, addressing both physical and emotional dimensions, and fostering long-term healing.

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