



A minimal invasive management of Recurrent Bartholin Cyst by Kshara Karma - A Case Report

Nidhish Kumar S^{1*}, Anupama V², Chaithra N³

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^{1*} Nidhish Kumar S, Final Year Post Graduate Scholar, Dept of Prasuti Tantra Evam Stri Roga, Sri Kalabhyraveswara Swamy Ayurvedic Medical College, Hospital and Research Center, Bangalore, Karnataka, India.

² Anupama V, Professor and HOD, Dept of Prasuti Tantra Evam Stri Roga, Sri Kalabhyraveswara Swamy Ayurvedic Medical College, Hospital and Research Center, Bangalore, Karnataka, India.

³ Chaithra N, Assistant Professor, Dept of Prasuti Tantra Evam Stri Roga, Sri Kalabhyraveswara Swamy Ayurvedic Medical College, Hospital and Research Center, Bangalore, Karnataka, India.

When the ducts of the Bartholin glands become blocked. Bartholin cyst is formed, leading to swelling and discomfort in the vaginal region. Though most Bartholin cysts are asymptomatic, they can cause significant pain and complications, especially when infected. This case report discusses the management of a recurrent Bartholin cyst in a 37-year-old female patient with a history of multiple surgeries for the same. The patient presented with swelling, pain, and difficulty in daily activities due to a recurrent cyst on the right labia majora. Previous treatments had included excision and marsupialization, but the cyst recurred multiple times despite medical management. Given the patient's unwillingness to undergo further invasive surgical procedures, an Ayurvedic approach using Pratisaraneeya Kshara Karma was chosen. The treatment involved Bhedana (Incision) and Visravana (Drainage) followed by the application of Palasha Teekshna Kshara. The procedure was minimally invasive, with no complications, and the patient experienced significant relief. No recurrence was noted after six months, suggesting Kshara Karma as a promising alternative to traditional surgery for managing recurrent Bartholin cysts. Further studies are needed to evaluate its long-term effectiveness and cosmetic outcomes.

Keywords: Bartholin cyst, Ayurveda, Pratisaraneeya Kshara Karma, Chedana, Minimal invasive treatment, Recurrence

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Nidhish Kumar S, Final Year Post Graduate Scholar, Dept of Prasuti Tantra Evam Stri Roga, Sri Kalabhyraveswara Swamy Ayurvedic Medical College, Hospital and Research Center, Bangalore, Karnataka, India. Email: nidhishk1111@gmail.com	Nidhish Kumar S, Anupama V, Chaithra N, A minimal invasive management of Recurrent Bartholin Cyst by Kshara Karma - A Case Report. J Ayu Int Med Sci. 2025;10(4):316-320. Available From https://jaims.in/jaims/article/view/4266/	

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Introduction

The Bartholin glands are a pair of small, pea-sized glands located in the superficial perineal pouch, near the posterior end of the vestibular bulb at the 5 and 7 o'clock positions.[1] Measuring about 0.5 cm in size, these glands play a crucial role in female reproductive health by secreting an alkaline mucus during sexual arousal. This secretion aids in natural lubrication. Each gland has an efferent duct approximately 2 cm long, which opens into the vestibule just outside the hymenal ring. These glands are homologous to the bulbourethral glands in males and generally remain non-palpable unless affected by pathological conditions.

A Bartholin cyst occurs when the duct of the gland becomes blocked, leading to fluid accumulation. This cyst presents as a firm, non-cancerous lump that may or may not cause discomfort. The size of the cyst can vary, with larger ones often resulting in pain and difficulty in movement. Although most Bartholin cysts are asymptomatic, infection can sometimes occur, leading to the formation of an abscess. A Bartholin abscess is characterized by intense pain, swelling, redness, and fever due to pus accumulation within the cyst.

In Ayurveda, this condition is described under *Yonikanda*, with references in classical texts such as *Madhava Nidana*. It is believed to arise due to factors like *Diwaswapna* (daytime sleep), *Ati Krodha* (excessive anger), *Ati Vyayama* (overexertion), and injuries caused by *Nakha-Danta-Kshata* (nails, teeth, or thorns).[2] The aggravated *Doshas* lead to the formation of a protuberant structure resembling the *Nikucha* or *Lakucha* fruit.[2] Based on the predominance of *Doshas*, *Yonikanda* is classified into four types:

- 1. Vataja:** Characterized by a dry, rough, and discolored mass with a cracked surface, resembling an early-stage Bartholin cyst.
- 2. Pittaja:** Marked by redness, burning sensation, and fever, indicating an acute inflammatory phase.
- 3. Kaphaja:** Displays a bluish discoloration similar to *Atasi* flowers, accompanied by persistent itching, resembling a chronic cystic stage.
- 4. Sannipatika:** A severe form combining features of all three *Doshas*, often corresponding to an advanced abscess with chronic infection.

This Ayurvedic perspective provides insights into the pathogenesis and symptomatology of Bartholin gland disorders, emphasizing the role of dosha imbalance in their manifestation.

Case Report

A 37-year-old married nulliparous woman, software engineer by occupation, came to Prasuti & Stree Roga OPD of Sri Kalabyraveswara Swamy Ayurvedic Medical College and Hospital, complaining of swelling and mild pain in right lateral of labia majora from 6 days associated with difficulty in walking sitting and doing daily activities. H/O Present illness: Patient was apparently normal 6 days back.

Initially swelling was unnoticed, she noticed a swelling in her vaginal region after getting pain associated with redness. After one year of marriage, She had similar complaint (B/L Swelling) and underwent left sided Bartholin cyst excision and right sided Marsupialization. Patient had 3 episodes of pain and swelling in the Right side in last 6 months and the symptoms subsided due to oral medications but relapsed later. Patient had experienced the same symptoms 2 months back. Symptoms exaggerated when the patient went on trekking 2 week back which might have contributed for the above said complaints.

H/O Past illness: No other surgical history, no history of thyroid disorder, diabetes, hypertension.

Menstrual history:

Menarche: 13years
LMP: 11/9/2024
Duration of flow: 3days
Cycle interval: 28-30days
Regularity: regular
Flow: 2-3pads/day

Family History: Nothing specific

Personal history:

Appetite - good
Micturition - 3-4 times/day, 1-2 times/night
Diet - Veg
Allergic history - Nil
Bowel - Once in a day
Sleep - Normal
Exercise - Nil
Addiction - Tea twice in a day

Ashtavidha Pariksha

Nadi - Vata Kapha
Mala - once a day
Mutra - 3-4 times/day
Jihva - Alipta
Shabda - Prakrutha
Sparsha - Anushnasheetha
Drik - Prakrutha
Akruthi - Madhyama

Dashavidha Pariksha

Prakruti - VK
Vikruthi -
Dosha - Tridosha
Dushya - Rasa, Rakta, Mamsa
Sara - Medosara

Samhanana - Madhyama
Pramana - Madhyama
Satva - Madhyama
Satmya - Madyama
Aharashakti - Madhyama
Vyayamashakti - Madhyama
Vaya - Madhyama

Physical Examination

Weight - 84 kg
Height - 160cm
BMI - 32.8
Pulse - 80/min
BP - 110/80mmhg
Breast examination - NAD
Respiratory rate - 20/min
Pallor - Absent

Systemic Examination

Respiratory system: normal

CVS: S1, S2 heard.
CNS: Conscious and oriented
GIT: liver, spleen not palpable

Gynaecological Examination

O/E: A unilateral swelling on right labia major, measuring 5cm*3cm, reddish, & smooth surface with punctum. Previous Surgical Scar mark is noted on left side of vaginal opening. On palpation cystic mass felt with tenderness on right side.

Investigation

HB: 10 gm/dl
HIV: Non-reactive

WBC: 12000 /cmm
VDRL: Non-reactive
Platelets: 275800 /cmm
TSH: 3.45 MIU/ml

Treatment Given

- T Triphala Guggulu 2-2-2 (A/F)
- Dashanga Lepa with luke warm Tila Taila for external application X 3 days
- Planned for Bhedana followed by Pratisarana with Palasha Teekshna Kshara

Bhedana followed by Pratisarana with Palasha Teekshna Kshara

Poorva Karma

1. Pre Informed Consent Taken
2. Part Preparation done
3. Lignocaine Test Dose Given
4. Trolley for Ksharakarma.
5. Patient has been made to lie down in Lithotomy position.
6. Part painted with Betadine.
7. Hole Towel Placed on the Operation site

Pradhana Karma

1. Local anaesthesia (Inj. Lignocaine) given around the cyst.
2. With the Scalpel Blade No 11. A Vertical incision is made on the dependable Part.
3. Collections are drained out and wiped out properly with a Mop.
4. A finger with gauze was introduced into the cyst to clear loculations, if any.
5. Sides of Cyst is held with the help of Allis forceps.
6. With the help of Scoop, Palasha Teekshna Kshara has been applied to the internal capsule of the cyst.
7. Pakwa Jambu Phala Varna attained
8. The site is irrigated with Lemon juice (Jambu Swarasa) using 5ml syringe.
9. Site irrigated with NS until patients feel relief from burning sensation.
10. The Gauze is packed in the site.

Paschat Karma

1. Patient tolerated the procedure well and patient was discharged after 2hrs of observation.

Advice during discharge

- T Grab 1-1-1 A/F
- Vranaharin lotion for E/A.

- Sitz bath with *Panchavalka Kashaya*.
- Maintain local hygiene
- Review after 7 days

Result

Follow-up:

1. On 7th day Pain, Redness and swelling were reduced.

No discharge, no induration

Wound was healthy.

2. After 6 month - No recurrence noted.

Discussion

The history and clinical features are pathognomonic for the diagnosis of a Bartholin cyst. The primary objective in this case is to prevent recurrence, which was the patient's primary concern. Given the patient's surgical history of left Bartholin cyst marsupialization, the only remaining option was excision of the cyst. This is an inpatient procedure that requires general or spinal anesthesia, along with a hospital stay, and is expensive. However, the patient was unwilling to bear the cost due to her multiple previous surgeries for the same condition.

To overcome the limitations of the afore mentioned contemporary techniques and highlight the potential of Ayurvedic approaches, *Pratisaraneeya Kshara Karma* was chosen for this case. As the pathogenesis of *Yonikanda* and *Granti* are similar, the line of management for *Granti*, which involves *Bhedana* (incision) and *Visravana* (drainage) was adopted, followed by *Kshara Karma*.^[3] In *Kshara Yoga* (~ who is fit for *Kshara Karma*), the chronicity, recurrence tendency were the key factors in choosing this intervention. *Pratisaraneeya Kshara* has *Dahana* (~cauterize), *Pachana* (~suppurates), *Vilayana* (~sloughing off), *Shoshana* (~to shrink/dry), *Shodhana* (~cleanse/ purifies), *Ropana* (~healing property) *Karma*, as its innate property. ^[4] To initiate the process of *Paka* (maturation) as a prerequisite for the *Bhedana* (incision), *Dashanga Lepa*^[5] mixed with luke warm *Tila Taila* was applied. The ingredients in *Dashanga Lepa* - includes *Shirisha*, *Yashti*, *Ela*, *Chandana*, *Jatamasi*, *Haridra*, *Daruharidra*, *Kushta*, *Tagara*, and *Hribera* possess properties which additionally help in alleviate pain for momentary relief.

The *Kshara* application causes protein coagulation and cauterization leading to columnar tissue necrosis and gradual sloughing off there by destructing the Bartholin cyst. Care was taken not to damage the adjacent healthy vaginal mucosa and skin during *Kshara* application. Though there were no complications encountered in this case, post-operative pain or burning sensation were expected and accordingly post-operative care was planned.

Kshara Karma, a minimal invasive procedure with no intraoperative bleeding, minimal postoperative pain, reduced surgical time, no need of sutures and dressing, has proven to have better outcome in the present case. Patient was comfortable both intra-operative and post operatively wherein patient was able to carry out his daily routine without any discomfort.

Conclusion

Surgical innovations focus on reducing hospital stays, postoperative recovery times, and overall cost of procedures. Utilizing Ayurvedic treatments such as *Kshara* in conditions like Bartholin cysts may provide improved outcomes by minimizing complications, postoperative discomfort, and expenses. Additionally, risk of recurrence appears to be minimal with this approach. However, further prospective studies are needed to assess reproducibility, advantages, and disadvantages of this procedure, as well as to enhance cosmetic outcomes, particularly regarding location of incision.

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