



# A Case Study on Ayurvedic Management of Prasamsini Yonivyapada w.s.r Uterine Prolapse

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## ABSTRACT

Pelvic organ prolapse is a significant health concern for menopausal women. It greatly diminishes the quality of life. Genital Prolapse is one such type of pathological condition which involves unfavourable displacement or expansion of female genital tract organs leading to discomfort & other health consequences. Its prevalence is more than 50 percent of all gynaecological conditions. Prasamsini yonivyapada is mentioned by Acharya Sushrut, correlates with first, second degree uterine prolapse. According to WHO estimation, the global prevalence of uterine prolapse is 2-20 percent. As Prasamsini is pittaja yoni vyapada & vata is main dosha involved in all yoni vyapada. The drugs here selected for this study were mainly having properties of vata and pitta doshahara, Balya, Agnivaradhaka. Therefore an attempt was made to treat prasamsini yonivyapad by Dashmoola Ksheerpaak and Chandraprabha vati sevan, Bala tail Abhyanga, Swedana by Ksheera of Yonipradesha followed by yoni pichudhaaran of Bala Taila.

**Aims** – To study the effect of Dashmoola Ksheerpaak and Chandraprabha vati sevan, Bala tail Abhyanga & Swedana by Ksheera of Yonipradesha followed by yoni pichudhaaran of Bala Taila in the management of Prasamsini yoni vyapada.

**Materials & Methods** – A 55 years old female hindu patient, housewife visited to the OPD of Prasuti tantra & streeroga of Svnht ayurved college, Rahuri on 07/07/2022 with complaints of feeling of something coming out of vagina since 8 months, increased frequency of micturition since 4 months burning micturition, low back ache, difficulty in holding urine urge and constipation, was selected for this study. Here Dashmoola Ksheerpaak and Chandraprabha vati sevan, Bala tail Abhyanga, Swedana by Ksheera of Yonipradesha followed by yoni pichudhaaran of Bala Taila was given.

**Result** – There was marked improvement found in the symptoms of prasamsini yoni vyapada

**KEYWORDS** – Prasamsini yoni vyapada, Uterine prolapse, Dashmoola Ksheerpaak.

## INTRODUCTION

The displacement or unfavourable expansion of female genital organs brings pathological events inside the body & such types of conditions termed as “Genital Prolapse”. The vagina, uterus, rectum etc are major organs which may get affected by genital prolapses commonly. Even though pregnancy and childbirth are precious occasions in a woman's life. Uterine prolapse is one among such disease which is mostly a resultant of difficult labour and improper postnatal care. The Phalini yoni vyapad, Andini yoni vyapad, Prasamsini yoni vyapad, and Mahayoni-all these explain the prolapsed condition according to the stage and part prolapsed out. Initial degrees of uterine prolapse can be correlated to Prasamsini yoni mentioned in Ayurvedic classics. Causes of prolapse are multifactorial & result from weakening of the pelvic supporting connective tissue & muscles as well as ligament injury. Conservative line of management is with pessary, which has several side effects & is only temporary measure. Surgery is contraindicated in many conditions like puerperal, elderly females etc. & there is chance of 30% recurrence.

Ayurveda mentioned various modalities towards the management of Genital Prolapse like Shodhan Chikitsa, use of drugs, conduction of balanced life style & Yoga.

## AIMS AND OBJECTIVES

- To understand the 1st and 2nd degree uterine prolapse in Ayurvedic prospective
- To assess the efficacy of an Ayurveda protocol in Prasamsini yonivyapat.
- To improve the quality of life in menopausal women.

## CASE REPORT

– A 55 years old female hindu patient, housewife visited to the OPD of Prasuti tantra & streeroga of Svnht ayurved college, Rahuri on 07/07/2022 with complaints of feeling of something coming out of vagina since 8 months, increased frequency of micturition since 4 months burning micturition, low back ache, difficulty in holding urine urge and constipation, was selected for this study. Detailed history of present illness revealed that Patient was apparently healthy before 8 months. Gradually she developed feeling of something coming down in vagina on straining for defecation but she neglected that and continued her daily activities. The same increased gradually on walking and lifting heavy objects. Along with that since 4 months, she developed difficulty in holding urine urge for even 2-3 minutes with passage of drops of urine on coughing or sneezing and frequency of micturition during day time was increased from 4-5 times to 6-7 times, with mild burning micturition which used to subside after 5-10 minutes of passing urine, and mild low back pain which was of dragging type. As these complaints started disturbing her daily activities, she consulted Dr. Madhuri Sanjay Bhalgat, in OPD of SVNHT Ayurved College.

**Past history:** No H/O DM/HTN/hypo-hyperthyroidism or any other major medical or surgical history.

**Family history:** No history of same illness in any of the family members.

**Occupational history:** Housewife

**Nature of work** – She does heavy weight lifting works in every day.

## MENSTRUAL / OBSTETRIC HISTORY:

**Menarche at** – 14 yrs of age

**Menstrual cycle** – attained menopause 11 year back.

**Married life** – 38 years

**O/H** – P4 L3 A0D1

P1- Male 36 years FTND (Home)

P2 - Female 34 years FTND (Home)

P3 - Male 29 years FTND (Home)

D1 - Male 4 months age (Due to anemia)

**Contraceptive history** - TL done 25 years back.

### **General examination**

Built : Moderate

Nourishment : Moderate

Pulse : 82 / min

BP – 128/80 mm of hg

Respiratory Rate : 18 / minute

Height : 153 cm

Weight : 59 kg

Tongue : Slightly coated

Pallor/Icterus/Cyanosis/Clubbing/Edema/Lymphadenopathy : Absent

### **Systemic examination**

RS Normal Vesicular breathing , no added sounds

CVS S1 S2 Normal

CNS conscious & well oriented

P/A - Soft, no tenderness, no organomegaly

**Per speculum (P\S) examination**- vagina normal, cervix healthy and normal size, no white discharge.

**Per vaginum( P/V) examination** –

External os felt 2.5cm below the level of ischial spines but still remained inside the vagina.

On Coughing – External os felt 4cm below the level of ischial spines but still remained inside the vagina

Descent of upper 2/3<sup>rd</sup> of anterior vaginal wall present.

Dribbling of urine observed during coughing

**Lab investigations**

(07/07/22)

Hb-12.8gm %

RBS - 112 mg/dl

Urine Routine & Microscopy-

Epithelial cells – 2-3/hpf

Pus cells– 3-4/hpf

Albumin- nil

Sugar – nil

USG abdomen and pelvis (07/07/22) - no significant abnormality detected.

**Intervention****Abhyantara chikitsa-**

1. Dashmool ksheerapaka 30 ml, before food twice a day for 2 months.
2. Chandra prabha vati 2 BD, after food with luke warm water for two months.

**Sthanik Chikitsa.**

- Yoni sweda with ksheera (cow milk) for 15 minutes, two times a day for 7 days for 2 sittings.
- Yoni Abhyanga and pichu dhaaran with bala tail kept for 3 hours , two times a day for 7 days for 2 sittings

**OBSERVATION**

Examination done on (26/07/2022)

P/A – Soft , no tenderness , no organomegaly

**Per speculum P/S examination** – Vagina normal , cervix healthy & normal size , no white discharge

**On P/V examination –**

External os felt 1.5cm below the level of ischial spines .

On Coughing – External os felt 2cm below the level of ischial spines .

Descent of upper 2/3<sup>rd</sup> of anterior vaginal wall reduced.

Dribbling of urine absent during coughing

Date	Treatment given	Observation
1 <sup>st</sup> visit 07/07/22 to 13/07/22	<p><b>Abhyantara chikitsa</b></p> <p>1.Dashmool ksheerapaka 30 ml, before food twice a day.</p> <p>2.Chandraprabha vati 2 BD, after food with luke warm water.</p> <p><b>Sthānika chikitsa</b></p> <ul style="list-style-type: none"> <li>• Yoni sweda with ksheera (cow milk) for 15 minutes.</li> <li>• Yoni abhyanga &amp; pichu with Bala taila kept for 3hours.</li> </ul>	<ul style="list-style-type: none"> <li>• Frequency of micturation had reduced to 6-7 times.</li> <li>• Complaints of passing drops of urine on coughing ,sneezing or any increased intra-abdominal pressure condition, had reduced.</li> <li>• Complete relief from burning micturation.</li> <li>• Patient could hold urine for 5 minutes.</li> <li>• Easy feecal evacuation.</li> <li>• No change in c/o something coming out from vagina &amp; low back ache</li> </ul>
2 <sup>nd</sup> visit – 20/07/2022 to 26/07/2022	<p><b>Abhyantara chikitsa</b></p> <p>1.Dashmool ksheerapaka 30 ml, before food twice a day.</p> <p>2.Chandraprabha vati 2 BD, after food with luke warm water.</p> <p><b>Sthānika chikitsa</b></p> <ul style="list-style-type: none"> <li>• Yoni sweda with ksheera (cow milk) for 15 minutes.</li> <li>• Yoni abhyanga &amp; pichu with Bala taila kept for 3hours</li> </ul>	<ul style="list-style-type: none"> <li>• Frequency of micturation had reduced to 4-5 times.</li> <li>• No Complaints of passing drops of urine on coughing ,sneezing or any increased intra-abdominal pressure condition.</li> <li>• Complete relief from burning micturation.</li> <li>• Patient could hold urine for 10-15 minutes.</li> <li>• Easy feecal evacuation.</li> <li>• 60-70% relief in c/o something coming out from vagina &amp; low back ache</li> </ul>

## DISCUSSION

In Ayurvedic classics, all gynecological disorders come under yonivyapada.

स्त्रंसनम् – “उर्ध्वगतदोशस्य अधोनयनम्”

Sramsana means to fall, to drop, to slip off, to hang down it can be understood that

“स्थानात् च्यन्यम्” of yoni would mean prolapse of female genital tract & also the surrounding structures through the vagina.

Sramsana includes the initial stage of prolapse . Hence 1st and 2nd degree of uterine prolapse with mild to moderate cystocele was included in the study.

### According to Acharya Charka

Mithya achara, pradushta artava, bijadushti, and daiva are considered as samanya nidana for all yonivyapada and dukha prasava is considered as visesha nidana for Pramsini yonivyapat, by these nidana`s there is vatapitta dusti observed. Abhighata due to dukkha prasava, multiple child births and instrumental deliveries lead to apana vata vikriti, further deteriorating the garbhashaya gata mamsa dhatu and the snayus resulting in kha-vaigunyata in yoni. In aggravated vata and

decreased kapha condition, there is no proper alingana karma performed by kapha. Hence it hampers the dharana sakti of mamsa dhatu. Aggravated vata and pitta brings about agni dushti, as samana vayu is agni-balaprada, pachana is pitta prakrita karma. Agnidushti leads to rasa dhatu kshaya or dusti. This leads to improper nourishment of uttarottara dhatu and upadhatu, mamsa and snayu respectively. With increased pitta there is increased mardavata in the tissues as dehamardava is prakruta pitta karma. Due to these reasons, there is loss of compactness and integrity in the structures which leads to shithilata and khavaigunyata in yoni further causing sramsas.

Based on the nidana and samprapti we can plan the treatment as dosha pratyanka chikitsa & Vyadhi pratyank chikitsa.

In vyadhi pratyanka chikitsa treatment goes like abhyanga should be done to the prolapsed part with medicated Ghrita and taila, followed by sthanika swedana with medicated ksheera and swasthanansthapana of prolapsed part and vesavara bandhana.

In pitta dosa pradhana yonivyapat seka, abhyanga, and pichu have been advised by our acharya's.

Among the vimshati yonivyapat, Prasamsini, Mahayoni, Phalini, and Andini are the disorders where sramsas, Bhramsas and vivarana in yoni are appreciated.

Hence in this condition treatment is planned by according to both dosha pratyanka and vyadhi pratyanka chikitsa i.e sthanika yoni ksheera sweda and pichu dharana with Bala taila. As Ksheera sweda and Pichu dharana with medicated oil is directly indicated in Prasamsirini yoni vyapada so it has been selected for the treatment.

The objective of the treatment is to improve tonicity of abdominal and perineal muscles and to prevent from further descent of genital organs.

## CONCLUSION

The study revealed highly significant result in the management of Prasamsini yoni vyapada. The aim of swedana karma with ksheera is to clear of the passages, to increase laxity and relieve pain. Dashmool Ksheerpaak is vaatahar which is main dosha in all yoni vyapada and also helps in constipation. Yoni pichu dharana with Bala taila helped in prolapsed condition by strengthening the vaginal muscles and dhaatu, subsides the vitiated doshas, cures the pain and heals the damage occurred to the pelvic tissues and also prevents from further fungal and yeast infections. Tablet Chandraprabha vati which was given orally has affect on tridoshas and also helped in urinary difficulties Bala taila improves the general body health (balya), nourishes as whole (bruhaniya), normalizes the function of vata and regularize the natural urges like urination, defecation in diseased conditions.

**REFERENCES**

1. Gayan Naik, An Observational study of sthanik chikitsa in prasamsini yoni vyapada, Ayurlog National Journal of research in Ayurved Science . 2015 , 2(3) . ISSN : 2320-7329
2. Manasa Devi , Jaysheela M. Goni , Prasamsini Yonivyapada w.s.r to uterine prolapse A Case study , European Journal of Pharmaceutical & Medical Research , 2019 , 6(3 ) ISSN : 2934-3211.
3. Kumar P , Malhotra N . Jeffcotts Principle of Gynaecology , 7<sup>th</sup> edition , New Delhi ; (India ) Jaypee brothers medical publishers (p) ltd. 2008 ;275-85
4. Agnivesha, Charaka Samhita, Ayurveda Dipika Commentary by Chakrapanidatta, edited by Vaidya Yadavji Trikamji Acharya, Chaukhamba Surbharati Prakashan, Varanasi, Reprinted – 2011, Chikitsa Sthana 30th Chapter, Verse-8; 738, 634. (Teeka)
5. Sushruta, Sushruta Samhita, Nibandha Sangraha Commentry Of Sri Dalhanacharya and Nyayachandrika Panjika and Nidanasthana Commentry Of Sri Gayadasacharya, By; Vaidya Yadavji Trikamji Acharya, Chaukhamba Surabharati Prakashan, Varanasi, reprint-2011, Uttara tantra; 38th Chapter; Verse-13; 834; 669 (teeka)
6. Vagbhata; Astanga Hrudaya; Sarvanga Sundara Commentary of Arunadatta and Ayurveda Rasayana Commentary of Hemadri; edited by; Pandit Hari Sadasiva Sastri Paradakara Bhisagacharya; Chaukhamba Surabharati Prakashan, Varanasi; reprint-2010, Chikitsa sthana; 8th & 30<sup>th</sup> Chapter; Verse-77-78; 956; 649.
7. Agnivesha, Charaka Samhita, Ayurveda Dipika Commentary by Chakrapanidatta, edited by Vaidya Yadavji Trikamji Acharya, Chaukhamba Surbharati Prakashan, Varanasi, Reprinted – 2011, Chikitsa Sthana 30th Chapter, Verse-63, 738, -637.