

AYURVEDIC MANAGEMENT OF PRASRAMSINI YONIVYAPAT W.S.R TO UTERINE
PROLAPSE A CASE STUDY

Dr. Mansa Devi* and Dr. Jayasheela M. Goni

¹3rd Year PG Scholar, Dept. of Prasuti Tantra and Stri Roga PIA, Vadodara, Gujrat.²Professor and Head of the Dept. of Prasuti Tantra and Stri Roga PIA, Vadodara, Gujrat.

*Corresponding Author: Dr. Mansa Devi

3rd Year PG Scholar, Dept. of Prasuti Tantra and Stri Roga PIA, Vadodara, Gujrat.

Article Received on 18/01/2019

Article Revised on 08/02/2019

Article Accepted on 28/02/2019

ABSTRACT

At present developing era day to day practice suggested that maximum number of cases is of prolapse of uterus parts. Its prevalence is more than 50% of all the gynecological conditions. Pelvic organ prolapse is a significant health concern for menopausal women. It is affecting millions of women worldwide in their geriatric age. The prevalence of the condition is increasing with the age of women. Prasramsini yoni is mentioned by Acharya Sushruta, correlates with 1st and 2nd degree Uterine Prolapse. This condition is seen in peri-menopausal or post-menopausal period although the disease can be seen in young age group who are subjected to strained labour. According to 'WHO' estimation, the global prevalence of uterine prolapse is 2-20%. If a Woman succumbs to disorder of this kind, she will have to undergo considerable amount of ill health which can have a significant impact on her self esteem and self image. As Prasramsini is a Pittaja yoni vyapat and Vata is the main dosa involved in all yonivyapat, the drugs selected for the study was mainly having the properties of vata and pitta doshahara, balya and agni vardhaka. Hence an attempt was made to treat Prasramsini yoni by Satavari ksheerapaka and Chandraprabha vati sevana and Bala taila abyanga Ksheera sweda of yonipradesha followed by bala taila yoni pichudharana.

KEYWORDS: Prasramsini yoni, Uterine prolapse, Satavari ksheerapaka, kshira sweda.

INTRODUCTION

A female body is one of the nature's most wonderful and complex creations. It is designed to give birth to a new life. Even though pregnancy and childbirth are precious occasions in a woman's life, it leaves her with some sort of depredations, one of which is vaginal slackness.

Uterine prolapse is one among such disease which is mostly a resultant of difficult labour and improper post-natal care. The *Phalini yoni vyapad*, *Andini yoni vyapad*, *Prasramsini 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 Prasramsini yoni narrated in Ayurvedic classics. Our Acharyas were well aware of pelvic organ prolapse during those days only, and they have also told the conservative line of management for the same.

When we see the contemporary science, the basic treatment principles of both Ayurveda and contemporary science remains same, both medical sciences gives emphasis on repositioning of prolapsed part. While contemporary science has given more stress upon surgical correction of prolapse. When the degree of prolapse is mild then the conservative line of treatment

which is told in Ayurvedic classics seems to be more beneficial, cost effective and more over it gives mental relief to the patient from the fear of surgery. The approach of *Ayurveda* towards life is very unique. It concentrates on the regimens to be followed to stay healthy.

Hence we have tried here to treat the Prasramsini yoni by using Ayurvedic basic treatment principle to show its efficacy.

AIMS AND OBJECTIVES

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

CASE REPORT

A 65 year old female hindu patient, farmer by occupation visited to the OPD of Prasooti Tantra and stree roga of PAH on 21 July 2018 with complaints of Feeling of something coming down in vagina since 1 year, and since 6 months increased frequency of micturation,

Passing drops of urine on coughing or sneezing with mild burning micturation, difficulty in holding urine urge for even 2-3 minutes, and mild low back pain and constipation. Detailed history of present illness revealed that Patient was apparently healthy before 1 year. 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 6 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 micturation during day time was increased from 4-5 times to 6-7 times, with mild burning micturation 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. Jayasheela M Goni, in OPD of PAH.

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: Farming.

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

MENSTRUAL / OBSTETRIC HISTORY:

Menarche at - 13 yrs of age

Menstrual cycle – attained menopause 12 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 3 months age (Due to anemia)

Contraceptive history - TL done 28 years back.

General examination

- Built : Moderate
- Nourishment : Moderate
- Pulse : 82 / min
- BP : 130/80 mm of Hg
- Temperature : 98.4 F
- Respiratory Rate : 18 / minute
- Height : 153cm
- Weight : 59 kg
- Tongue : slightly coated
-

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

Systemic examination

- CVS: S1 S2 Normal
- CNS: Well oriented, conscious.
- RS: normal vesicular breathing, no added sounds

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 2/3rd of anterior vaginal wall present.
- Dribbling of urine observed on coughing.

Lab investigations

- Hb-12.8gm % (21/07/18)
- 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 (21/07/18) - no significant abnormality detected.

Intervention

Abhyantara chikitsa-

1.Shatavari kshirapaka 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.

Sthanika chikitsa

Matra basti with bala taila 60 ml. for 7 days for 2 sittings.

Yoni sweda with ksheera (cow milk) for 15 minutes, two times a day for 7 days for 2 sittings.

Yoni abhyanga & pichu with Bala taila kept for 3 hours, two times a day for 7 days for 2 sittings.

OBSERVATION

Examination done on 10/08/2018

P/A- Soft, no tenderness, no organomegaly

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

On P/V examination

External os 1.5cm below to the level of ischial spine.

On coughing - External os 2cm below to the level of ischial spine.

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

Dribbling of urine absent.

| Date | Treatment given | Observation |
|--|--|--|
| 1 st visit 21/07/18 to 26/07/18 | <input type="checkbox"/> Abhyantara chikitsa 1. Shatavari ksheerapaka 30 ml, before food twice a day. 2. Chandraprabha vati 2 BD, after food with luke warm water. Sthānika chikitsa <input type="checkbox"/> Yoni sweda with ksheera (cow milk) for 15 minutes. <input type="checkbox"/> Yoni abhyanga & pichu with Bala taila kept for 3 hours. | <input type="checkbox"/> Frequency of micturation had reduced to 6-7 times. <input type="checkbox"/> Complaints of passing drops of urine on coughing, sneezing or any increased intra-abdominal pressure condition, had reduced. <input type="checkbox"/> Complete relief from burning micturation. <input type="checkbox"/> Patient could hold urine for 5 minutes. <input type="checkbox"/> Easy fecal evacuation. <input type="checkbox"/> No change in c/o something coming down in vagina and low back ache |
| 2 nd visit – 03/08/2018 to 10/08/2018 | <input type="checkbox"/> Abhyantara chikitsa 1. Shatavari ksheerapaka 30 ml, before food twice a day. 2. Chandraprabha vati 2 BD, after food with luke warm water. Sthānika chikitsa <input type="checkbox"/> Yoni sweda with ksheera (cow milk) for 15 minutes. <input type="checkbox"/> Yoni abhyanga & pichu with Bala taila kept for 3 hours. | <input type="checkbox"/> Frequency of micturation had reduced to 5-7 times. <input type="checkbox"/> No complaints of passing drops of urine on coughing, sneezing or any increased intra-abdominal pressure condition. <input type="checkbox"/> Patient could hold urine for 10-15 minutes <input type="checkbox"/> Easy fecal evacuation. <input type="checkbox"/> 60-70% relief with the c/o something coming down in vagina and low back ache. |



- Yoni abhyanga with Bala taila.
- Yoni swedna with ksheera.
- Yoni pichu dharana with Bala taila.

DISCUSSION

In Ayurvedic classics, all gynecological disorders come under *yonivyapada*. संसनम् – ऊर्ध्वगतदोषस्य अधोनयनम्, | It means to fall, to drop, to slip off, to hang down, it can be understood that “स्थानात् च्यनम्” of yoni would mean prolapse of the female genital tract and also the surrounding structures through the vagina. Sramsana being “क ं चत् स्थानात् च्यनम्” would include the initial stages 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, pradusta artava, bijadusti, and daiva are considered as samanya nidana for all yonivyapat and dukha prasava is considered as visesha nidana for Prasamsini yonivyapat, by these nidana`s there is vatapitta dusti observed. Abhighata due to dukha

prasava, multiple child births and instrumental deliveries lead to apana vata vikrithi, further deteriorating the garbhasaya gata mamsa dhatu and the snayus resulting in khavaigunyata 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 dusti as samana vata is agni-balaprada, pachana is pitta prakrita karma, leading to rasa dhatu ksaya 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 prkrita pittakarma. Due to these reasons, there is loss of compactness and integrity in the structures which leads to sithilata and khavaigunyata in yoni further causing sramsana.

Based on the nidana and samprapti we can plan the treatment as dosapratyanika chikitsa.

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

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.

Among the vimsati yonivyapat, Prasamsini, Mahayoni, Phalini, and Andini are the disorders where sramsana, Bhramsana and vivarana in yoni are appreciated.

Hence in this condition treatment is planned by incorporating both dosa 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 here is to

improve tonicity of abdominal and perineal muscles and to prevent from further descent of genital organs.

CONCLUSION

The study showed highly significant result in the management of Prasarmsini yonivyapat. The aim of *swedana karma* with *ksheera* is to clear of the passages, to increase laxity and relieve pain. *Yoni pichu dharana* with *Bala taila* helped in prolapsed condition by strengthen 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. *Matra basti* with *bala taila* improves the general body health (*balya*), nourishes as whole (*brihaniya*), normalizes the function of *vata* and regularize the natural urges like urination, defecation in diseased conditions. Tablet *Chandra prabhavati* which was given orally has affect on *tridoshas* and also helped in urinary difficulties.

REFERENCES

1. Epidemiology of surgically managed pelvic organ prolapse and urinary incontinence, Olsen, Ambre L, International Journal of Obstetrics and gynecology, April 1997.
2. Vagbhata; Astanga Hrudaya; Sarvanga Sundara Commentary of Arunadatta and Ayurveda Rasayana Commentary of Hemadri; edited by; Pandit Hari Sadasiva Sastri Paradakara Bhisagacharya; Chaukambha Surabharati Prakashan, Varanasi; reprint-2010, Chikitsa sthana; 8th & 30th Chapter; Verse-77-78; 956; 649.
3. Raja Radhakanthadeva; Shabdakalpadruma; Varanasi; Nag Publishers, 1998; 5: 465; 555.
4. Agnivesha, Charaka Samhita, Ayurveda Dipika Commentary by Chakrapanidatta, edited by Vaidya Yadavji Trikamji Acharya, Chaukamba 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, Chaukamba Surabharati Prakashan, Varanasi, reprint-2011, Uttara tantra; 38th Chapter; Verse-13; 834; 669 (teeka)
6. Agnivesha, Charaka Samhita, Ayurveda Dipika Commentary by Chakrapanidatta, edited by Vaidya Yadavji Trikamji Acharya, Chaukamba Surbharati Prakashan, Varanasi, Reprinted – 2011, Chikitsa Sthana 30th Chapter, Verse-63, 738, -637.
7. Sushruta Sushruta, Sushruta Samhita, Nibandha Sangraha Commentry Of Sri Dalhanacharya and Nyayachandrika Panjika and Nidanasthana Commentry Of Sri Gayadasacharya, By; Vaidya Yadavji Trikamji Acharya, Chaukamba Surabharati Prakashan, Varanasi, reprint-2011, Uttara tantra; 38th Chapter; Verse-13; 834; 669. (teeka)
8. Vagbhata, Astangsamgraha, Shashilekha Commentary of Indu edited by Jyothirmaitra,

Chaukambha Surabharati Prakashan, Varanasi, reprint-2010, Uttara tantra; 38th Chapter; Verse-32; 956, 340.