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Ayurvedic Approach to Female Pelvic Organ Prolapse w.s.r. to *Prasramsini Yonivyapad:* A Case Study

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ABSTRACT:

Background: One of the 20 *Yonivyapad* described by Acharya Sushruta as a condition in which any irritation to the Yoni causes it to prolapse is *Prasamsini Yonivyapad*. This syndrome is linked to both primary and secondary uterine prolapse. When dealing with the problem of genital prolapse, surgical procedures cannot always be used or, in some situations, avoided. In such circumstances, conservative approaches may be recommended. Ayurvedic Acharyas have recommended numerous therapeutic approaches that have been used since ancient times and have proven beneficial outcomes in many cases of prolapse. **Main observations:** In present case study, a young female aged 38 years consulted the Ayurvedic OPD of M.M.M. Govt. Ayurved College& Hospital, Udaipur with complaints of something coming out of vagina, lower abdominal pain, white discharge per vagina and burning micturition suggestive of second degree uterine prolapse confirmed by bimanual examination. It can be correlated to *prasramsini yonivypada in Ayurveda*. So, we planned an ayurvedic treatment regime with the goal of improving the symptoms of patient.

Result- The patient was treated with local Application of *Majuphal churn and Shubhra bhasm* with some oral medications. Only traditional *Ayurvedic* medicines were used during the treatment. Patient's condition was assessed through improvement in symptoms. Therefore, this study was conducted to evaluate one of the treatment regimens of pelvic organ prolapse.

Conclusions: The study concluded that ayurvedic medication was significantly effective in treating *Prasramsini yonivypada* (female pelvic organ prolapse).

Keywords- Ayurveda, pelvic organ prolapse, prasramsini yonivypada, majuphal

INRODUCTION

Pelvic organ prolapse refers to protrusions of the pelvic organs into or out of the vaginal canal.¹ Pelvic Organ Prolapse (POP) is one of the common clinical conditions met in day-to-daygynecological practice especially among the parous women. The entity includes descent of the vaginalwall and/or the uterus. Studies have estimated that 50% of parous women have some degree of urogenital prolapse and of this 10-20% are symptomatic.² The cause of POP are; Premature bear down efforts prior to full dilatation of the cervix, delivery with forceps or ventouse with forceful traction, prolonged second stage of labour,



downward pressure on the uterine fundus in anattempt to deliver the placenta, Precipitate labour, subinvolution of the supporting structures, repeated childbirths at frequent intervals .In all these conditions , the uterus tends to be pushed down into the flabby distended vagina causing POP.

Degree of uterine prolapse³

First degree: The uterus descends from its normal anatomical position (external os at the levelof ischial spines) but the external os still remains inside the vagina.

Second degree: The external os protrudes outside the vaginal introitus but the uterine body remains inside the vagina.

Third degree: (Complete prolapse) The uterine cervix and body descend to lie outside the introitus.

AIMS & OBJECTIVE

To study the effect of given *Ayurved* treatment regime on pelvic organ prolapse.

MATERIALS AND METHODS

For the case study, patients were selected from the O.P.D. of the Department of *Prasutitantra and Striroga* M.M.M. Govt. Ayurved College and relevant history was taken.

CASE PRESENTATION

Present History

Female patient of age 38 yrs came to OPD of *Prasuti tantra evam strirog* MMM Govt Ayurved college & hospital, Udaipur on with complaints of something coming out of vagina from 3 months with lower abdominal pain and heaviness from 3 months, white discharge per vagina from 2 months and burning micturition from 2 days. Detailed history of present illness revealed that the patient was apparently healthy before 4months. Gradually she developed a feeling of something coming out of her vagina on straining for defecation, but she neglected that and continued her daily activities. Further the complaint got aggravated gradually, disturbing her daily activities. So she came to hospital for the management.

Past History: No history of DM/HTN/hypohyperthyroidism or any major medical or surgical history

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

Occupation: Housewife

Menstrual History/Obstetric History:

Menarche at: 13 years of age LMP: 20/06/2022 Menstrual Cycle: 1-2 days/25-36 days cycle ,pad- 1-2 per days

Married Life

O/H- G2 P2 L2 A0

Last delivery - 2007 FTND

Contraceptive History – Nil

General Examination

Built: moderate, Nourishment: Moderate

Pulse: 73 per min, Temperature: 97⁰F Weight: 56kg Pallor – Absent, Icterus – Absent Cyanosis – Absent, Clubbing – Absent Oedema - Absent, Lymphadenopathy- Absent

Ashtavidhapariksha (Eight type of examination)

Nadi (pulse)– VP, Mutra(urine) – krichhmutrata, Mala(stool)– Sama ,Jihwa (tounge)- Sama, Shabda– Samyak , Sparsha(touch)- Ushna, Drika(eye)– Samanya, Aakriti(physical appearance)– Samanya

Dashvidhapariksha ((Ten type of examination)

Prakriti(nature)-Vatapittaja, Sara (Purest body tissue) -*Madhyama*(medium) Samhanana(Body compact) Avara(minimum), Pramana(Body proportion)-*Madhyam*(medium), Satmya(homologation) *Madhyam*(medium) ,Satva(mental strength) Madhyam(medium), Vaya(age)-Yuvati ,Vyayamshakti (to carry on physical activities) - avara(least capability), Aharashakti- (food intake and digestive power) Abhyavaranashakti & Jaranashakti - Madhyam

Systemic examination

CVS: Heart sounds (S1S2): normal Respiratory system: normal bilateral air entry, no added sounds. No abnormality found on other system

On Examination – suggestive of second degree uterine prolapse

P/V Examination -

- Uterus anteverted anteflexed and is at the level of hymen.
- Cervix- bulky with cervical motion tenderness present.

• Fornices – tenderness present P/S Examination-

• Cervix mild congestion Mucopurulent discharge

Treatment Schedule

The treatment was carried out with the following medicines

for three months. No contributing allopathic medicine was administered throughout the duration of the treatment

- Triphala + Isabgol 1 tsf with warm water at bedtime
- Gokshuradi guggulu 2BD with water after meal
- Local application of *Majuphal churn with Shubhra bhasma* tampon (yoni pichu) every day for 7 days for three consecutive menstrual cycle.
- *Shatavari ghrita* 1 tsf once a day with warm milk after meal.

OBSERVATION

Table no 1. Improvement of Symptoms

Pathya-Apathya

- Eat healthy balanced fibrous diet.
- Consume pulses and green leafy vegetables.
- Kegel's exercise regularly
- Avoid caffeine intake.
- Avoid weightlifting

Mode Of Action Of Drugs

- *Shubhra or sphatika bhsam*a have kasaya, Madhur and amal ras. It acts as astringent and have hemostatic properties. Because of kasaya ras it has *stambhak* properties for which it is used in present case.
- *Majuphal churn* It is mentioned in *rajnighantu* that *majuphal* have *kasaya ras,katu vipak, sheet veerya and laghu, rooksha guna*. it pacifies *kapha* and *pitta doshas* due to its *kapha pitta shamaka karma*. Thus, it helps in strengthening pelvic floor muscles, its main chemical constituent is tannins, tannins are astringent, antimicrobial, anti-inflammatory, therefore they are helpful in female genital disorders.
- *Triphala* + *Isabgol* it's content are *amalaka*, *vibheetaki*, *haritaki and Isabgol*.it is highly effective colon cleanser that provide digestive support and alleviates constipation .it improves the digestive function and flushes the harmful chemicals and toxins out. It is given here to the patient to cure constipation so that it won't aggravate the prolapse.
- Gokshuradi Guggulu it's key content are gokshura, shudhha guggulu, trikatu,triphala and mustak.it acts as a diuretic and improves kidney disorders. It is antilithiatic, anti-inflammatory, analgesic and muscle relaxant.it will be

helpful in curing the complaint of frequent urination and backache in patient.

• Shatavari ghrita⁴ – It is mentioned by Vangsen in Vajikarana. it has sukra shodhana and artava dosha nashak properties. Shatavri has vrishya,shukraja,rasayan, vatahara action. It is said to have phytoestrogen properties which will act as a source of estrogen and will enhance the endometrium growth. Shatavari ghrita have Madhur ras and brinhana properties and will promote growth and receptivity of endometrium.

DISCUSSION

Acharva Susrutha mentions that in Prasramsini, any irritation causes excessive vaginaldischarge/displacement and labour is difficult due to abnormality of passage, sometimes features of pitta vitiation i.e., burning sensation and heat etc. are also present. Madhava says there is displacement, excessive discharge and difficult labour, *Pitta* vitiation features are also present.⁵ Therefore we can correlate second degree uterine prolapse with prasramsini yonivyapada, as our patient is giving symptoms correlating this condition. Pathogenesis according to ayurveda-Aggravation of nidana's will result in apana vata vikruti or vata pitta dushti, this will further affect garbhasaya gata mamsa dhatu which will cause khavaigunyata in yoni and there will be shithilata and sramsa on pelvic organs (vagina/uterus). According to Susrutha, treatment for this condition is given as Abyangam of the Yoni with Ghrita and then applying Swedana with milk. It should be inserted into the vagina canal with the hand. Veshawara pinda made up of Sunti, Maricha, Dhanyaka, Ajaji, Dadima and Pippali moola is kept inside and to keep the organ in place and to exert Gophana bhandha should be applied up to the next Mutra vega. Re-bandaging is necessary⁶.

CONCLUSION

In modern times there is many surgical managements of pelvic organ prolapse like repair operations and hysterectomy but *ayurveda* gives a non-surgical treatment for this condition. As *Pichu dharana* with medicated oil is directly indicated in *Prasramsini yoni vyapat* so it has been selected for the treatment of the patient along with oral medicines and the patient has shown significant improvement in her symptoms.

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Sr. No.	Symptom	Improvement
1	Feeling of mass coming out from vagina	Moderately improved
2	Heaviness in lower abdomen	Moderately Improved
3	Low back pain	Improved
4	Burning micturition	Improved
5	White discharge p/v	Improved

Table no 1. Improvement of Symptoms