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Conservative Management of *Prasramsini Yonivyapad* - A Case Report

Dr. Pragati Walia¹ Dr. Kamini Dhiman²

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1. PG Scholar , Department Of Stree Roga And Prasuti Tantra , All India Institute of Ayurveda , Gautampuri, Sarita Vihar, Mathura Road, New Delhi- 110076.
2. Associate Professor, Department Of Stree Roga And Prasuti Tantra , All India Institute of Ayurveda , Gautampuri, Sarita Vihar, Mathura Road, New Delhi- 110076.

Corresponding Author:- Dr. Kamini Dhiman , All India Institute of Ayurveda , Gautampuri, Sarita Vihar, Mathura Road, New Delhi- 110076 Email- kd44ayu@yahoo.co.in Mobile no- 8920900968

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ABSTRACT: -

Uterine prolapse is a significant health concern affecting 2-20% of the women of reproductive age group. Laxity of vaginal canal & uterine descent is one of the conditions commonly seen as a complication of prolonged labor or patients having history of vaginal deliveries at home. *Prasramsini yonivyapad* mentioned by *Acharya Sushruta*, correlates with first degree Uterine Prolapse. This condition affects women mentally, socially and physically impairing their quality of life. A case was taken for study with symptoms of feeling of something coming out per vagina, increased frequency of micturition, stress incontinence. As *Prasramsini* is a *Pittaja yonivyapad* and *Vata* is the main *dosha* involved in all *yonivyapad*, the drugs selected for the study were mainly having the properties of *vata* and *pitta doshahara*, *balya* and *agnivardhaka*. Hence an attempt was made to treat *Prasramsini yonivyapad* and there was a marked improvement in symptoms. The basic treatment principles of both Ayurveda and contemporary science remains same but contemporary science has given more stress upon surgical management When the degree of prolapse is mild then the conservative line of treatment seems to be more beneficial.

KEY WORDS – *Prasramsini Yonivyapad, Uterine Prolapse, Kegel's Exercise*



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INTRODUCTION

Acharya Charaka has included all gynecological disorders in 20 Yonivyapadas. According to *Acharya Charaka*, *Mithya achara* (abnormal dietetics and mode of life), *pradusta artava* (hormonal disturbances), *bijadushti* (chromosomal abnormalities), and *daiva* (idiopathic factors) are considered as *samanya nidana* (etiological factors) for all yonivyapada (gynaecological disorders).¹ Pelvic organ prolapse is explained in Ayurvedic classics under *Yoni Vyapads*. *Phalini yoni vyapad*, *Prasamsrini yoni vyapad*, and *Mahayoni vyapada* all these explain the prolapsed condition according to the stage and part prolapsed out. The word *yonis* refers to vaginal canal and uterus and *Prasamsan* means displacement of vaginal canal from its original place. *Acharya Sushruta* described *Yoni Roga* in *Uttartantra* and divide twenty *Yoni Roga* according to *Dosha*, and have separately described *Prasamsini yonivyapad* and its main features are excessive vaginal discharges and cervical descend. Clinically these types of features appear in first degree uterine prolapse. Another feature is *Pitta* Vitiation. *Acharya Dalhana* explained *Sransana* (excessive vaginal discharge), *Kshobhana* (excessive irritation), *Dukha Prasava* (difficulty in labour or abnormal passage or birth canal) and *Pitta* symptoms are *Osha* (burning in particular area) *Chosha* (throbbing pain), suppuration, fever etc. may also be present². Commenting on it *madhukosha tika* says *sramsati as swasthanatcavate nissarati iti* i.e. the yoni has descended from its actual position³, considering this condition as first degree uterine prolapse with excessive amount of irritable vaginal discharge. *Dukha prasava* is considered as *visesha nidana* for *prasamsrini yonivyapad*.⁴ Uterine prolapse is the herniation

of the uterus through the vagina due to weakness in the tissues of uterine ligaments and fascial supports. Globally up to half of all parous women have some degree of clinical prolapse and 10-20% are symptomatic. Age, pregnancy, delivery, and previous pelvic surgery, in addition to some high-risk factors that increase intra-abdominal pressure, such as chronic pulmonary disease, obesity, and heavy manual labor, are the main causes of pelvic organ prolapse, very common among old multiparous women.⁵

Symptoms

- Vaginal symptoms - Sensation of a bulge or protrusion, Seeing or feeling a bulge Pressure, Heaviness
- Urinary symptoms - Incontinence, frequency or urgency, Weak or prolonged urinary stream, Feeling of incomplete emptying, Manual reduction of prolapse needed to start or complete voiding ("digitation"), Change of position needed to start or complete voiding
- Bowel symptoms - Incontinence of flatus or stool, Feeling of incomplete evacuation, Straining during defecation
- Sexual symptoms - Dyspareunia (painful or difficult intercourse) Lack of sensation

THE FIVE STAGES OF PROLAPSE⁵

Stage 0: No prolapse

Stage I: The most distal portion of the prolapse is >1 cm above the level of the hymen

Stage II: The most distal portion of the prolapse is ≤1 cm proximal or distal to the hymen

Stage III: The most distal portion of the

prolapse is >1 cm below the hymen but protrudes no further than 2 cm less than the total length of the vagina

Stage IV: Complete eversion of the vagina

Acharya Charaka did not describe *Prasramsini* and *Phalini Yoni* separately but in the reference of *Chikitsa*(treatment), specific treatment for *Prasramsini Yoni* is *Pitta Shamak chikitsa* (*pitta* pacifying treatment).⁶ *Charaka* also described *Swasthana Sthapana Chikitsa* (replacement of displaced pelvic organ).When the degree of prolapse is mild then the conservative line of treatment seems to be more beneficial, The approach of Ayurveda towards life is very unique. It concentrates on the regimens to be followed to stay healthy.

AIMS AND OBJECTIVES

To assess the efficacy of ayurvedic drugs in the management of *prasramsini yonivyapad*.

MATERIAL AND METHODS

The study was conducted at the All India Institute of Ayurveda , New Delhi , Dept. of Streeroga and Prasutitantra OPD no. 203 .The treatment approach was well explained to the patient.

CASE REPORT

A 31 years old married woman came to O.P.D of Streeroga and Prasuti tantra Department, of All India Institute of Ayurveda, Delhi on 10 Aug 2020 presented with chief complaints of something coming out of vagina, increased frequency of micturition, passing drops of urine on coughing or sneezing, difficulty in holding urine urge for even 2-3 minutes, mild burning sensation while passing urine and pain in back. She also complained of white discharge per vaginum on and off since 2

years.

Detailed History Of Present Illness

Patient was apparently well 2 years back when gradually she felt something coming down in vagina on straining but she neglected. Gradually on walking and lifting heavy objects she felt like things are falling down from vagina. Along with that, she developed difficulty in holding urine urge for even 2-3 minutes, she also complaint of passing drops of urine on coughing or sneezing and increased frequency of micturition during day and night as well leading to disturbed sleep, white discharge per vagina and mild low backache and heaviness has been worse since last 1 year.

Menstrual history

Menarche at - 13 yrs of age, since then having regular cycles, with duration of 4-5 days and moderate amount of bleeding.

No of pads/day - 3-4 pads (first 4 days), 1-2 pads next 2 days, Clots- present

Married life – 10 years

Obstetric history – P2 L2

P1- Male 10 years, P2 - Female 7 years

Patient had given history of normal vaginal delivery twice at home, handled by some lay attendants.

Contraceptive history – Bilateral tubal ligation had done 6 years back.

Past history - No H/O DM/HTN/hypothyroidism or any other major medical or surgical history.

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

Occupational history - Household help

Nature of work – She does heavy weight lifting works on daily basis.

Diet - Irregular timings, junk food occasionally, **Sleep**-disturbed,

Psychological aspects - stressed, anxious, **Bowel** - Constipated,

Bladder - Frequent micturition 8-9 times a day, 3-4 times in night

General examination

Built- normal, Weight- 64 kg, Tongue- coated, Pulse rate- 72/min , BP- 120/70 mmHg

Respiration rate- 18/min, Temp- 98.2F

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.

Tubectomy scar present 3cm above pubic symphysis, striae marks present over abdomen.

GYNAECOLOGICAL EXAMINATION

Breast Examination - B/L Breasts – NAD

Inspection of Vulva – No evidence of pruritus, ulceration, swelling.

Per speculum (P\S) examination-

Vagina normal, cervix healthy and normal size, white discharge noted.

Per Vaginal Examination

- Uterus: Normal size, Position – Anteverted, fornices were clear
- External os felt 1 cm below the level of ischial spines inside the vagina.

Stress examination

- On coughing, Mild cystocele present, descent of upper 2/3rd of anterior Vaginal wall present.
- External os felt 2.5 cm below the level of ischial spines inside the vagina.

- Dribbling of urine observed on coughing.

Lab investigations (2/9/2020)

Hb- 10.2 gm % , FBS- 112 mg/dl

Urine examination and microscopy

Epithelial cells - 2-3/hpf , Pus cells - 3-4/hpf , Albumin- nil , Sugar - nil

USG abdomen and pelvis (16/9/2020) - No significant abnormality detected.

Ashtavidha pariksha

The *Nadi*(pulse) of patient was 72/min and *mutrapravritti* (micturition) was 8-9 times /day and 2-3 times / night, *malappravritti*(*bowel*) is once in 2-3 days, passes stool on straining. *Jihwa* (tongue) of the patient was *sama* and *shabda*(voice) was *samana* (normal) with *samushnasheeta sparsha* (afebrile touch) and *drika* (vision) was *prakrit* (normal). The *aakriti*(constitution) of patient was *madhyam* (medium).

Dashvidha pariksha

Patient had *vatapittaja prakriti* and *vatapittaja vikriti*. *Samhana* (compactness of body) and *pramana* (measurement) was *madhyam* (medium). Patient had *mishra rasa* diet with predominance of *madhura rasa* (sweet). She belonged to *yuva varga* (young) according to her age. She had *madhyam ahara shakti* (consumption) and *vyayam shakti* (physical exertion).

Kegel's exercise

Keeping the muscle contracted for 10 seconds at a time, relaxing for 10 seconds between contractions - 10 repetitions three times a day.

MANAGEMENT AND RESULTS -

There was a remarkable change in various symptoms as noted below

30/8/20-16/9/2020	<ul style="list-style-type: none"> - <i>Kushmand rasayan</i> 1 tsf twice a day - <i>Kaishore guguulu</i> 2tablets twice a day - <i>Chandraprabha vati</i> 2 tablets twice a day - <i>Panchvalakal kwath</i> for <i>yonidhawan</i> 	<ul style="list-style-type: none"> - Considerable amount of reduction in white discharge - Relief in backache - Mild relief in burning micturition
17/9/2020-14/10/2020	<ul style="list-style-type: none"> - <i>Varunadi kwath</i> 20 ml twice a day - <i>Ashwagandharishta</i> 20 ml with equal amt of water twice a day 	<ul style="list-style-type: none"> - Frequency of micturition reduced - Complete relief in burning micturition - Significant relief in backache - Improvement in sleep - Relief in constipation
15/10/2020-13/11/2020	Same as above	<ul style="list-style-type: none"> - Complaints of passing urine on exertion had mildly reduced - Able to hold urine for a bit longer than previous condition - Improvement in sleep
14/11/2020 – 27/12/2020	Same as above	<ul style="list-style-type: none"> - Mild relief in heaviness in vaginal region

DISCUSSION

Abhigata during *prasava* (any injury during labor) may lead to *apana vayu vikriti*, further deteriorating the *garbhasaya gata mamsa dhatu* and *snayus* (muscles and ligaments of genital tract) resulting in *khavaigunyata* (vulnerability) in *yonidhawan*. Hence it hampers the *dharana shakti* (holding power) of *mamsa dhatu*. Aggravated *vata* and *pitta* brings about *agni dushti* (vitiation of digestive fire) as *samana vayu* is *agni-balaprada* (aggravates digestive fire), *pachana* (digestion) is *pitta prakrita karma*, leading to *rasa dhatu kshaya* (tissue depletion). This leads to

improper nourishment of *uttarottara dhatu* and *upadhatu, mamsa and snayu* (muscles and ligaments) respectively. With increased *pitta* there is increased *mardavata* (softness) in the tissues as *dehamardava* is *prakrita pittakarma* (physiological function of Pitta). Due to these reasons, there is loss of compactness and integrity in the structures which leads to *sramsya* of *yonidhawan* (displacement). Based on the *nidana* (etiological factors) and *samprapti* (pathogenesis) we can plan the treatment as *doshapratyanika chikitsa* (dosha specific treatment). Most of the drugs used are of *kashaya rasa* (astringent taste). *Kashaya*

rasa has *vayu* and *prithvi* predominance. Acharya Charak has mentioned its action as – “*Kashayo rasah samshamana sangrahi sandhanakara pidano ropana shoshana stambhana shleshmaraktapitta prashamana sharira kledasyopayokta.*” Thus *kashaya rasa* with the *shoshana* (contraction), *stambhana*(retaining), *kapha pittahara* and *kledahara guna* (dehumidifier) acts in *prasramsini yonivyapad* to reduce the vaginal discharges, also due to *ropana guna* (healing properties) it may have helped in healing the cervicitis leading to discharges.⁷

Chandraprabhavati - It reduces symptoms by pacifying *Vata* and *Pitta* and its rejuvenating properties help in improving *Dhatukshaya* (tissue depletion) in laxity of perineal muscles. Some drugs are having anti inflammatory and analgesic activity thereby reducing symptoms like and backache and any inflammatory pathology in causing heaviness in vulvar region. The drugs in Chandraprabha Vati like *Yavakshara* and *Svarjikakshara*- alkaline substances decrease the acidity of urine and gives relief in burning micturition. The drugs like *Pippalimoola* (*Piper longum*) and *vacha* (*Acorus calamus*) act as sedative and relieve anxiety and help in the relieving the stress. The drugs namely *Trikatu* (*Piper longum*, *Piper nigrum*, *Zingiber officinale* collectively known as *Trikatu*), *Chavya* (*Piper retrofractum*) help to relieve the state of *mandagni* (slow digestion) which is identified as a root cause for all disease conditions. The drugs like *Guduchi* (*Tinospora cordifolia*) which are proven anti-oxidants increase the immunity and act as immune-modulatory agents.⁸

Panchvalkal kwath - *Panchavalkal kawatha* shows properties like antiseptic, anti-inflammatory, immune-modulatory, antioxidant, antibacterial, astringent properties¹¹. It has been used for *yoni prakshalan* (vaginal douching) these drug

having the qualities of *kashayarasa* (astringent taste), *shotha hara* (anti inflammatory) and *kapha shamaka* (*Kapha pacifier*) showed significant improvement in white discharge, itching and backache.⁹ It possesses antiseptic and astringent properties because of these, it helps in increasing local cell immunity and act as *yonisankochak* (increases muscular tone).¹⁰

Kaishor guggulu- The components of this formulation are mainly employed to remove accumulated *Pitta*. This formulation mainly offers anti-allergic, antibacterial, anti-inflammatory, analgesic and blood purifying properties. It act as natural blood cleanser thus facilitates detoxification process of body and provide strength to the joint and muscles relieving burning sensation during micturition. It offers symptomatic relief due to the anti-inflammatory properties of *Guggulu*(*Commiphora mukul*), *Guduchi* (*Tinospora cordifolia*) and *Shunthi* (*Zingiber officinale*) further reduce muscle tenderness in back region. The rejuvenating effect vitalizes functioning of *Rasa dhatu* (body fluids) by purifying blood and relieving congestion resulting in relieving heaviness in vaginal region.¹²

Varunadi kwath - Ingredients of *Varunadi Kwatha* possess properties of *Mutrala* (diuretics), *Mutrakrucchrahara* (dysuria) which significantly improve the complaint of frequent micturition in patient.¹³ The *Vatanulomana* (Regulating movements of *vata*) properties helps to relieve pain. *Shunthi*(*Zingiber officinale*) possesses *Madhura Vipak* and *Ushna Virya*, which helps in *Vata Dosha shamana* (pacify aggravated *vata dosha*) whereas *Deepana* (enflame digestive fire) helps in *aampachana* (digestion of undigested food in body) and regulating bowel patterns. *Yavakshara* is 'Alkaline' in nature (having pH 11.73), thus it helps to neutralize the acidic media and prevent changes in pH of urine, this helps in preventing the

Hyper-concentration of the urine help relieve in burning sensation that patient experience during micturition.¹⁴

Ashwagandharishta - *Ashwagandharishta* is a polyherbal hydro-alcoholic formulation and is used as *rasayana* (immunomodulator) to promote the health and longevity by increasing defense against disease, by arresting the ageing process and revitalizing the body in debilitated conditions¹⁵. The chief ingredient of *Ashwagandharishta* is roots of *Ashwagandha* (*Withania somnifera*). Besides this, all the other ingredients possess significant antioxidant activity. It promotes sleep and normalise nervous drive, thereby restores vitality, strength, energy and reduces feeling of tiredness and fatigue. *Ashwagandha* safely and effectively improves an individual's resistance towards stress and thereby improves self-assessed quality of life.¹⁶

Kegel exercises – Kegel exercises were first described by Arnold Kegel for pelvic floor muscle strengthening. Dr. Kegel's study showed that the exercises could help to prevent cystocele, rectocele, and urinary stress incontinence. Ashton-Miller et al. indicated that urethral sphincters and supportive systems in females could prevent urinary incontinence and genital organ prolapse. Kegel exercises are among the most popular therapies to manage pelvic floor weakness because people can implement them as a daily routine. Alternating fast and slow contractions serve as the key elements of the exercises. During the fast contractions, the patients tighten and relax the pelvic muscles quickly. During the slow contractions, the patients hold the contracted muscles for a longer period and then relax. The fast contractions train the pelvic floor muscles to adapt to the increased intra-abdominal pressure during coughing and laughing. The slow contractions help with muscle strengthening.¹⁷

CONCLUSION

Prasramsini Yonivyapad explains the condition of first degree uterine prolapse and its a progressive condition. Oral medications with local procedures may have faster effect. *Yoni dhavan* (vaginal douching) primarily helps in washing off the discharge accumulated in the vaginal canal. *Kashaya rasa dravya* used for douching gives an immediate dry and a constricted feel in the vagina which may be due to the *kledahara and stambak* (astringent) property. The treatment is effective in relieving the symptoms and also satisfactory in regaining the strength of pelvic floor as Kegel exercise strengthens the pelvic floor muscle which supports the uterus, bladder, small intestine and rectum. No any adverse effect was noted during the study. Therefore it could be a safe alternative to the modern surgical treatment.

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