



Case Study

AYURVEDIC TREATMENT PROTOCOL IN *PRASRAMSINI YONI VYAPAT* (SECOND DEGREE UTERINE PROLAPSE)

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ABSTRACT

At present stage due to modern lifestyle, nuclear family and working motherhood, the rest needed for the women during menses time and during and after delivery have been reduced. Protrusion of the pelvic organs into or out of the vaginal canal is termed as Pelvic organ prolapse. It is also called pelvic relaxation. It results from weakening or damage to pelvic supporting structures, which can occur generally throughout the vagina or at specific sites. This problem may develop after child birth, progression of age, and injury to the muscles and organs situated there. Anything that causes increased pressure in the abdomen can lead to pelvic organ prolapse. Some common causes include: pregnancy, labour, and childbirth (the most common cause) etc. Acarya Susrutha mentions that in *Prasramsini*, any irritation causes excessive vaginal discharge/displacement and labour is difficult/abnormal. Dalhana explains the reason for difficult labour is abnormality in passage. Clinical features of *Pitta* vitiation i.e., burning sensation and heat etc. are present.

According to WHO estimation, the global prevalence of uterine prolapse is 2- 20%. *Prasramsini* is a *Pittaja yoni vyapat* and *Vatadosa* is the mainly involved, So, the drug selected for the study is mainly *Vata pitta hara* and *Balya*. Hence an attempt was made by giving tablet Neo orally, and *Mahamasha tailam* for *Abyangam* and *Yoni pichu dharana*.

KEYWORDS: *Prasramsini*, Uterine prolapse, *Mahamasha tailam*, Tablet neo.

INTRODUCTION

Female body is subjected to both wear and tear in pregnancy and childbirth conditions. Even though it is a wonderful process of life, making it revert back to normal takes really a long time. She needs some rest and healthy food style and lifestyle practice. But due to basic negligence and lack of awareness, it may lead to complications and difficulties in her upcoming years.

Pelvic Organ Prolapse (POP) is one of the common clinical conditions met in day-to-day gynecological practice especially among the parous women. The entity includes descent of the vaginal wall and/or the uterus.

The injury is caused by:

1. Overstretching of the Mackenrodt's and uterosacral ligaments:
 - 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 an attempt to deliver the placenta.
- Precipitate labour.
- In all these conditions, the uterus tends to be pushed down into the flabby distended vagina.
2. Overstretching and breaks in the endopelvic fascial sheath.
3. Overstretching of the perineum.
4. Imperfect repair of the perineal injuries. Poor repair of collagen tissue.
5. Loss of levator function.
6. Neuromuscular damage of levator ani during childbirth.
7. Subinvolution of the supporting structures.

8. Repeated childbirths at frequent intervals.

Degree of Uterine Prolapse

First degree: The uterus descends down from its normal anatomical position (external os at the level of 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 still remains inside the vagina.

Third degree: (Syn: Procidentia, Complete prolapse) The uterine cervix and body descend to lie outside the introitus.^[1]

Any irritation causes excessive vaginal discharges or its displacement and the difficult labour due to abnormality of passage, other features of *Pitta* vitiation i.e., burning sensation and heat etc., are also present is called as *Prasramsini yoni vyapat*. Though normal prolapse of anterior or posterior vaginal wall is seen only when the woman is straining, however this generally does not cause obstruction or difficulty in labour. First/second degree uterine prolapse also is often seen only after straining or pressure over the lower abdomen.

In both modern and Ayurveda, the basic line of treatment is the same, repositioning the prolapsed part. When the prolapse is mild, Ayurveda treatment works more effectively and gives mental relief to the patient from the fear of surgery.^[2]

In modern times there is many surgical management of pelvic organ prolapse like in Cystocele, lateral cystocele: transvaginal/ retro pubic paravaginal repair. Central cystocele: transvaginal /trans-abdominal anterior repair and paravaginal repair etc.^[3]

In Ayurveda, Acarya Susrutha mentions that in *Prasramsini*, any irritation causes excessive vaginal discharge/displacement and labour is difficult/ abnormal. Dalhana explains the reason for difficult labour is abnormality in passage. Clinical features of *Pitta* vitiation i.e. burning sensation and heat etc. are present. Madhava says there is displacement, excessive discharge and difficult labour, *Pitta* vitiation features are also present.

Madhukosa has been interpreted *Prasramsini* as being displaced from its place or prolapsed.^[4] Considering the above facts *Prasramsini yonivyapat* appears as second degree uterine prolapse. Its *Nidanam* is *Pitta kara ahara* and *Dushprajata* (difficult labour). Knowing the difficulties at that time itself our Acharyas have found out a conservative line of treatment for *Prasramsini*.

Case Report

Patient of age 27, OPD no 6320/19 came to OPD on April 8, 2021 with the complaint of, something coming out of her vagina since 4 months, urinary incontinence since 6 months, heaviness and pain in the lower back after sitting in squat position since 2 months, discomfort in the vaginal area while passing motion, burning sensation in the rectal area after passing stool since 2 months, burning micturition since 2 months, incomplete evacuation of stool since 2 months.

Detailed history of present illness revealed that the patient was apparently healthy before 6 months. 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 Sri Jayendra Saraswathi Ayurveda College and Hospital for further treatment.

Past History: No history of DM/HTN/hypo-hyperthyroidism 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

LMP: 3/4/2021

Menstrual Cycle: 1-2 days/28-30 days cycle pad- 2-3 per days

Married Life

O/H- G4 P2 A2 L2

P1- female 6years back FTND

P2- male 4 years back FTND

Contraceptive History – Nil

General Examination

Built: moderate

Nourishment: Moderate

Pulse: 73 per min

Temperature: 97°F

Weight: 68kg

Pallor - Absent

Icterus - Absent

Cyanosis - Absent

Clubbing - Absent

Oedema - Absent

Lymphadenopathy- Absent

Systemic Examination

CVS: S1 and S2 normal

CNS: Well oriented, conscious

RS: Normal

P/V Examination: Uterus bulky

Anatomical classification: According to Shaw's classification, anterior wall upper $\frac{2}{3}$ cystocele.

On examination in lithotomy position, there is no visible vaginal bulge, suggesting a midline defect with only the skin and surrounding connective tissues present.

Grading Pelvic Floor Muscle Strength

Moderate muscle strength, distinct pressure on the examining finger. Palpable forward movement.^[5]

OBSERVATION

18 April 2021

Urinary incontinence	Improved	9/10
Lower back pain	Moderately improved	7/10
Heaviness in the lower back after sitting in the squat position for a long time	Moderately improved	7/10
Discomfort during passing motion in vagina area	Improved	10/10
Feeling of mass coming out of vagina	Improved	9/10
Burning sensation in rectal area and urinary area	Improved	10/10
Un satisfaction after passing stool	Improved	9/10

Throughout the entire procedure *Abyangam* was done for 15mins (3 times * 5mins) with adding excessive oil each time into the vagina. *Pichu* kept inside the vagina was an elongated *Pichu*, throughout the procedure 1 finger breadth and 3 fingers long.

Date	Treatment Given	Observation
9 April 2021	<i>Abyangam</i> and <i>Pichu</i> with <i>Maha Masha Tailam</i>	2.35pm given 6pm removed the <i>Pichu</i>
10 April 2021	<i>Abyangam</i> and <i>Pichu</i> with <i>Maha Masha Tailam</i>	11am given 2 Pm removed the <i>Pichu</i> Urine frequency is reduced
11 April 2021	<i>Abyangam</i> and <i>Pichu</i> with <i>Maha Masha Tailam</i>	11.35pm given 2.15pm <i>Pichu</i> is removed
12 April 2021	<i>Abyangam</i> and <i>Pichu</i> with <i>Maha Masha Tailam</i>	11.25am given 2pm <i>Pichu</i> is removed
13 April 2021	<i>Abyangam</i> and <i>Pichu</i> with <i>Maha Masha Tailam</i>	10.35am given 1pm <i>Pichu</i> is removed
14 April 2021	<i>Abyangam</i> and <i>Pichu</i> with <i>Maha Masha Tailam</i>	10.45am given 2pm <i>Pichu</i> is removed
15 April 2021	<i>Abyangam</i> and <i>Pichu</i> with <i>Maha Masha Tailam</i>	11.30am given 2pm <i>Pichu</i> is removed
16 April 2021	<i>Abyangam</i> and <i>Pichu</i> with <i>Maha Masha Tailam</i>	11am given 2pm <i>Pichu</i> is removed Back pain is mildly reduced burning sensation in the anal region is completely reduced patient feels occasionally body pain and tiredness

P/S Examination: examination with a Cusco's speculum helps us to assess the abnormality of the cervix.

Cervix mild congestion

Mucopurulent discharge

Intervention

Abyantara Chikitsa

Tablet NEO (Carak) 1-0-1 for 1 Month

Sthanika Chikitsa

Yoni abyangam with *maha mashatailam*.

Yoni pichu with *mahamasha tailam* for 10 days and Kegel's exercise regularly.

17 April 2021	<i>Abyangam</i> and <i>Pichu</i> with <i>Maha Masha Tailam</i>	11.19am given 2pm <i>Pichu</i> is removed
18 April 2021	<i>Abyangam</i> and <i>Pichu</i> with <i>Maha Masha Tailam</i>	11.30 am given 2 Pm <i>Pichu</i> is removed

DISCUSSION

In *Pitta pradhana yoni vyapat seka*, *Abyangam* and *Pichu* have been advised by Caraka acharya.

Abyangam should be restored daily, it wards off old age, exertion and aggravation of *Vata*. Bestows nourishment to the body, long life, good sleep and strong skin.^[6]

The body of one who uses oil massage regularly does not become affected much even if subjected to accidental injuries, or strenuous work. By using oil massage daily, the person become strong and least affected by old age.^[7]

According to Susruta, in *Uttarastana- Vyadhi pratyanka chikitsa* treatment says that *Abyangam* of the *Yoni* with *Ghritha* 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 necessary.^[8] As *Pichu dharana* with medicated oil is directly indicated in *Prasamsini yoni vyapat* so it has been selected for the treatment.

The objective of the treatment here is to improve the tonicity of abdominal and perineal muscles and to prevent further descent of genital organs. *Brmhana* should be given to person who are emaciated by diseases medicines (therapies), grief, carrying heavy loads, long distance walk, and injury to chest, who are dry (with loss of moisture), debilitated and who are of *Vata* predominant constitution, the pregnant women, the women who have delivered, children, the aged and even others in summer; by the use of meat, milk, sugar, ghee, honey, enema is prepared with sweet substances and fats. Sleep, comfortable bed, oil massage, bath, comforts and happiness of the mind should be done.^[9]

Maha masha tailam ingredients

Masha (black gram), *Dasamoola*, *Chaga mamsa* (goat meat). Added with *Tila tailam*, cow's milk

Prakshepa Dravya

Atmagupta, *Urubaka*, *Shatahva*, *Lavana Traya*, *Jeevaniya* group of drugs. *Tailam* is suited to diseases like tumours, sinus ulcers, worms, diseases produced by increased *Kapha*, fat and *Vata*, for those who desire sturdiness of the body and who have hard bowel movements.^[10]

Oil alleviates *Vata* but, at the same time, does not aggravate *Kapha*. It promotes strength, is beneficial for skin, hot, provides firmness and cleans female genital passage.^[11] *Masha* (black gram) is unctuous, increase strength, *Kapha*, faecal matter and *Pitta*, is laxative, not easily digestible, hot in potency, mitigate *Vata*, sweet in taste, causes increase and eliminate semen greatly.^[12] *Masha* is aphrodisiac, excellent *Vata* alleviating, unctuous, hot, sweet, heavy, strength- promoting, causing abundance of faeces and gives sexual potency.^[13]

Tab neo

Ingredients: *Kapikachhu*, *Bhringraj*, *Shatavari*, *Yastimadhu*

A Kegel exercise is a simple clench and release exercise one can do to make the pelvic floor muscles stronger. It must be done after complete emptying the bladder. Kegel exercise can prevent or control urinary incontinence and other pelvic floor problems.

It strengthens the pelvic floor muscles, which support the uterus, bladder, small intestine and rectum.

Prevention

Lifestyle measures like weight loss are encouraged unless and until the cervix is fully dilated attempts to deliver is to be avoided. All tears and incisions should be approximated accurately and sutured in layers. Avoid constipation during puerperium.^[14]

CONCLUSION

The study shows highly significant results in the management of *Prasamsini yoni vyapat*. *Abyangam* with *Maha masha tailam* is to give strength to the uterus and *Pichu* with *Maha masha tailam* helps in prolapsed condition by strengthening the vaginal muscles and *Dhatu*, subside the vitiated *Dhosas*, and heal the damage occurred to the pelvic tissues and to prevent further deterioration of the pelvic floor muscles and prevent the burning sensation in the anal and urinary area. TAB neo helps in strengthening nerve and muscle controlling the lower urinary tract.

REFERENCES

1. Padubidri VG. Dutta Textbook of Genecology. Haryana; Thomson Press India Ltd; 2014. pg 201.
2. Mansi Devi, Jayasheela Goni. Ayurvedic management of Prasamsini Yonivyapat W.S.R to

- uterine prolapse a case study. Eur J Pharm Med Res 2019; 6: 547-50.
3. Kyung Hwa Choi, Jae Yup Hong. Management of Pelvic Organ Prolapse. Korean J Urol 2014; 55: 693.
 4. P V Tewari. Ayurveda prasuti tantram and Stree rogam. Varanasi: Chaukhambha Orientalia; 2018. Vol 2: p. 54.
 5. Padubidri VG. Shaw's Textbook of Gynaecology. Haryana; Thomson Press India Ltd; 2014. p. 350-51.
 6. Srikanta Murthy. Vagbata's Astanga Hridayam. Varanasi: Chaukhambha Krishna Academy; 2014. Vol 1: p. 24.
 7. Sharma P. Caraka Samhita. Varanasi: Chaukhambha Orientalia; 2017. Vol 1: p. 40.
 8. Srikantha Murthy. Illustrated Susruta Samhita. Varanasi: Chaukhambha orientalia; 2014. Vol 3: p. 173.
 9. Srikanta Murthy. Vagbata's Astanga Hridayam. Varanasi: Chaukhambha Krishna Academy; 2014. Vol 1: p. 193.
 10. Srikanta Murthy. Vagbata's Astanga Hridayam. Varanasi: Chaukhambha Krishna Academy; 2014. Vol 1: p. 210.
 11. Sharma. Caraka Samhita. Varanasi: Chaukhambha Orientalia; 2017. Vol 1: p. 87.
 12. Srikanta Murthy. Vagbata's Astanga Hridayam. Varanasi: Chaukhambha Krishna Academy; 2014. Vol 1: p. 78.
 13. Sharma. Caraka Samhita. Varanasi: Chaukhambha Orientalia; 2017. Vol 1: p. 196-97.
 14. Hemalatha Kapoorchand. Comprehensive Treatise on Striroga Gynaecology. Varanasi: Chaukhambha Orientalia; 2018. p. 283,289

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