



Case Study

**AYURVEDIC MANAGEMENT OF CONGENITAL ELONGATION OF CERVIX- A SINGLE CASE STUDY**

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**ABSTRACT**

Elongation is one among the various congenital abnormalities of cervix, which is often one of the causes of primary infertility. The only available treatment is cervical amputation. The word yoni collectively refers to reproductive organs, however here it can be considered as the cervix. So elongated cervix can be correlated to *Prasramsini Yoni Vyapat* where there is laxity and descend of the cervix. All Acharyas have mentioned similar mode of treatment in case of *Srasta Yoni* which include *Abhyanga, Sweda, Veshavara Bandha, Uttarabasti* etc. A case report of patient presenting with congenital cervical elongation is being discussed here. In this case there was reduction in the elongation of the cervix by *Veshavara Bandha* and *Uttarabasti* with *Jathyadi Taila*. The drugs used in *Veshavara Bandha* were having *Balya, Brimhana* and *Grahi* properties which helped in reducing the length of the cervix significantly and preventing further elongation. Thus Ayurvedic management was found to be effective in elongation of cervix to an extent even though it cannot be cured completely.

**INTRODUCTION**

A healthy reproductive system is very essential to every woman for pregnancy and child birth. There are many factors which hinders the health of uterus and fertility. One such condition is congenital cervical elongation. The length of cervix is 2.5cm and a normal vaginal canal prevents any ascending infections to the uterus. In congenital elongation of cervix, vaginal part is always elongated and hence it is more prone to infections. This is an area of attention to many obstetricians and gynecologists since many years as it is difficult to treat. Congenital elongation is characterised by symptoms like sensation of something coming down from vagina, dyspareunia and infertility.<sup>[1]</sup> In this condition uterine body will be normal, vaginal cervix will be elongated and utero cervical canal will be increased in length. Congenital elongation is usually not associated with genital prolapse, but women with elongated cervix are at more risk of pelvic organ prolapse. The treatment advised for this condition is amputation of the excess cervical length.

Acharya Kashyapa while explaining the different shapes of *Yoni* and their effects, in *Sutra Sthana* 28<sup>th</sup> chapter *Lakshanadhyaya* mentions लम्बाऽपत्यबधाय which means elongated *Yoni* causes trouble or death of the child during labour.<sup>[2]</sup> Even though this condition is associated with infertility, if conception occurs the cervix may fail to dilate causing obstructed labour or fetal death. Considering the clinical symptoms it can be also correlated to *Prasramsini Yonivyapat* where there is laxity and descent of the uterus. According to Madhava descend or displacement, excessive discharge and difficulty in labour are symptoms of *Prasramsini*.<sup>[3]</sup> *Madhukosha* interprets, *Sramsana* as being displaced from its place.<sup>[4]</sup> The treatments mentioned by all the Acharyas for *Prasramsini* includes *Snehana, Swedana, Yoni Pichu Dharana, Vesavara Bandha, Uttara basti* etc and also the line of treatment mentioned in *Udavarta*.<sup>[5]</sup>

**MATERIALS AND METHODS**

**Case Report**

A 31 year old female patient working as a beautician came to OPD with chief complaint of mass per vagina since 16 years.

**Associated symptoms:** Low back ache, Infertility.

**History of Present Illness**

Patient was apparently healthy before 16 years ie, till her menarche. After that she developed feeling of mass per vagina protruding out on putting pressure to

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the lower abdomen. Later on she also developed lower back ache especially when she was moving about. The symptoms usually gets relieved on lying down or taking rest. Initially she had consulted many hospitals but did not find any relief and discontinued all treatments. Later on she got married and was unable to conceive since 6 years. So she approached the clinic for better management.

### History of Past Illness

Patient underwent appendicectomy 12 years back.

**Family History-** Nothing significant.

### Personal History

Diet: Mixed

Appetite: Reduced

Bowel: Regular

Micturition: Clear

Sleep: Disturbed

Habits: None

### Menstrual history

Menarche: 15 yrs

Cycles: Regular

Duration: 3- 4 days

Interval: 30 days

Amount: 2 pads/day

### General Examination

Built: Moderate

BP: 120/70mm of Hg

Pulse: 76 bpm

Temperature: 98.4 F

Respiratory rate: 18/min

Height: 159 cm

Weight: 63 kg

### Systemic Examination

CNS: Concious, oriented

CVS: S1S2 heard

RS: Normal vesicular breathing

### Local Examination

P/A: Soft, non tender, no organomegaly

P/V: Cervix healthy, elongated

External os felt 4cm below the level of ischial spines but still inside the vagina

External os protrudes 4.5cm outside the vaginal introitus on straining

Cervico vaginal junction at the level of ischial spines

### Investigations

Hb: 11.5gm%

TSH: 2.02uIU/ml

USG

Left hydrosalpinx.

Congenital elongation of cervix - 4.5cm

Normal uterus

Endometrium- 5mm

HSG

Normal uterus with left fallopian tubal block at fimbrial end.

### Interventions

Line of treatment- *Prasramsini Yonivyapat Chikitsa*

*Yoni Abhyanga* with *Balashwagandhadi Taila*

*Yoni Sweda* with *Balamoola Ksheera*

*Veshavara Bandha* for 8 days

**Treatment for Tubal Block and Hydrosalpinx**

*Uttarabasti* with *Jathyadi Taila* for 3 days.

2 cycles

### Preparation of *Vesavara* and Procedure

- Fresh *Ajamamsa* devoid of bone is taken and made into a paste. It is then cooked by adding *Sunti*, *Maricha*, *Pippali*, *Dhanyaka*, *Ajaji*, *Dadima*, *Pippalimula* and *Ghrta*.
- Local *Abhyanga* is done with *Balashwagandhadi Taila* and *Balamoola Ksheera Sweda* is given to the *Yoni*.
- *Veshavara* wrapped in a sterile gauze is placed into the vagina.
- *Gophana Bandha* is done.
- *Veshavara* is retained till the patient get urge of micturition.

### Observation

Examination done after 2 cycles

P/V: Cervix healthy

External os felt 1.5cm below the level of ischial spine

External os 4cm below the level of ischial spine but inside the introitus on straining

### DISCUSSION

Elongation of cervix though is congenital, but the problem related to conception is still unclear. Possibly reasons for infertility can be correlated to *Ashaya Dushti* in which it interferes with entry of sperm inside the uterus during the act of coitus. According to Ayurveda all gynecological conditions fall under the category of *Yonivyapat*. Thus elongation of cervix can be related to *Prasramsini Yoni* as there is descend of the cervix on straining or giving pressure. Pathophysiology behind the present case may be loss of tone in uterine supports and can be regarded to *Raktha* and *Mamsa Dushti*. Considering *Samanya Nidana* of *Yonivyapat* and *Lakshana* there is an involvement of *Vata* and *Pitta Dosas* here. The treatment adopted includes *Yoni Abhyanga* with *Balashwagandhadi Taila* and *Sthanika Sweda* with *Balamoola Ksheera* both of which are *Vata Pittahara*, *Balya* and *Brimhana*. Acharya Susrutha mentions that *Vesavara* is *Guru*, *Snigdha*, *Vatahara* and *Balya*. *Ajamamsa* is *Adoshala Brimhana* and is having properties similar to our *Sharira Dhatu*. *Sunti* And *Pippali* are *Snigdha*, *Vatahara*, *Amashodhana*, *Rakshoghna* and *Vrishya*. *Maricha*, *Ajaji* and *Dhanyaka* are *Vatahara* and *Grahi*. *Dadima* is *Tridosha Samaka*, *Grahi* and *Balya*. Thus the rationality behind *Veshavara Bandha* is to strengthen the muscular supports of the

uterus. In one context while commenting on types of *Agni*, Arunadutta mentions that each and every *Siras*, *Dhamanis* and *Mamsa Peshis* are having their own *Agni*.<sup>[6]</sup> This may be indicating the auto repair and self healing mechanism of individual cell. *Uttara basti* done with *Jathyadi Taila* was intended to reduce the tubal block and hydrosalpinx as it has got *Vrana Ropana* action and can relieve the obstruction due to *Vata* responsible for the block.

## CONCLUSION

The present case study showed that there is marked reduction in the elongation of cervix. *Yoni Abhyanga* and *Ksheera Sweda* helped to clear the channels and reduce the pain. *Veshavara Bandha* has helped to improve the tonicity of muscles so that the cervix is held back in position and prevents further elongation. And according to the *Samanya Vishesh Siddhanta Mamsa* will definitely increase the muscle strength. The drugs in *Veshavara* will stimulate the cellular auto repair mechanism wherein it helps the prolapsed cervix to go inside. This was practically observed during the treatment as there was a noticeable difference in the length of cervix protruding outside before and after treatment. *Sunti*, *Pippali*, *Pippalimoola* used in *Veshavara* are also *Vrishya* in action which may

help in improving the fertility. *Uttarabasti* with *Jathyadi Taila* may help to clear the tubal block and hydrosalpinx both of which are characterised by obstruction to the passage. It also does *Garbhasaya Shodhana* and prepares the uterus for future conception. Even though congenital elongation of cervix is not a completely curable condition, it was effectively managed upto a great extent by means of Ayurveda.

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