



Case Study

EFFECT OF LODHRADI LEPA IN UTERINE PROLAPSE - A CASE REPORT

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ABSTRACT

Uterine prolapse is a type of pelvic organ prolapse where the supporting pelvic structures of uterus weakens and result in descent of uterus from its normal position. Among them, *Prasramsini* can be most suitably correlated with 1st and 2nd degree uterine prolapse. The management principle of pelvic organ prolapse includes *Vathika yoniroga chikitsa* along with *Sthanika chikitsa*. Treatment mainly aims at *Vathasamana*, *Brimhana*, *Sandhana*, *Balya* and strengthening of pelvic floor musculature. *Sthanika chikitsa* like *Yonilepana*, *Yonipurana*, *Pichu dharana*, etc can be done in pelvic organ prolapse. In *Sthanika chikitsa*, medicines are applied intravaginally. Vaginal wall and adjacent tissues are extremely vascular and this facilitates absorption of drugs through vagina. Anatomically backward position of vagina helps in self retaining of drugs for a longer duration. In the present case, *Yonilepa* as *Sthanika chikitsa* was tried. A 56 year old lady was presented with complaints of urinary incontinence, low back ache, dyspareunia and feeling of mass per vaginam. On examination, she was diagnosed with 1st degree uterine descend. USG was done to exclude other pelvic pathologies. Pap smear was done which was - ve for intraepithelial lesion or malignancy. *Lodhradi lepa* was applied for 7 days in 3 consecutive months. During follow up, she was relieved from symptoms like feeling of mass per vaginam, urinary incontinence, low back ache and dyspareunia. From this case report, it is evident that *Yoni lepa* is effective for the management of uterine prolapse.

INTRODUCTION

Pelvic organ prolapse refers to the protrusion of pelvic organs and vagina into or out of the vaginal canal.^[1] Uterine prolapse is a pelvic organ prolapse where the uterus descends from its normal position. It is a common complaint of an elderly woman in gynecological practice.^[2] Pelvic organ support is maintained by complex interaction among pelvic floor muscles, pelvic floor connective tissue and vaginal wall.^[3] Common cause of pelvic organ prolapse is weakness or injury to supporting structures which can be caused by obstetric factors, genetic factors, advancing age and other precipitating factors.

Uterine prolapse can be 1st degree, 2nd degree and 3rd degree depending on the extent of uterine descent.^[4]

Clinical features of pelvic organ prolapse include a sensation of swelling or fullness in the vagina, a dragging discomfort in lower abdomen and pelvis, sexual dysfunction including dyspareunia and decreased lubrication, urinary symptoms like frequency, difficulty in emptying the bladder, stress incontinence and painful micturition. Difficulty in emptying the rectum, low back ache, vaginal discharge, etc can also be seen.^[5] Both conservative management and surgical management is adopted in modern medicine for pelvic organ prolapse. Conservative management is given in asymptomatic woman and in mild degrees of prolapse. It includes estrogen therapy, pelvic floor exercises and introduction of pessary. Surgery is the treatment of symptomatic prolapse where conservative management has failed or is contraindicated.^[6] While considering the symptoms, *prasramsini* can be most suitably correlated with 1st and 2nd degree uterine prolapse and *Mahayoni* to the

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3rd degree uterine prolapse or procidentia. Even though, in both these conditions there is descent of uterus, *Susrutha* has described *Prasramsini* as a *Paithika yoni roga*.^[7] *Mahayoni* is explained as *Vathika yoniroga* by both *Charaka* and *Vagbhata*.^[8,9] Disorders of *Yoni* does not occur without the involvement of *Vatha dosha*.^[10] Hence, *Vatha samana* treatment should be given prime importance. Treatment of pelvic organ prolapse mainly aims at *Vatha samana*, *Brimhana*, *Sandhana*, *Balya* and strengthening of pelvic floor musculature. Both general and local treatment should be done in all *Yonirogas*. General treatment includes *Panchakarma* and local treatment includes *Sthanika chikitsa* like *Yonilepana*, *Yonipurana*, *Yoni pichu*, etc. In *Yonilepa*, medicines are applied intravaginally. *Lepa* helps in retention of medicines for a long time. *Sthanika chikitsa* like *Yonilepa* can be done for the management of pelvic organ prolapse.

CASE REPORT

A 56-year-old lady approached our OPD with complaints of feeling of mass coming through vagina, low back ache, dyspareunia and urinary incontinence on 26/08/2021. P/S examination showed 1st degree urethrocele, relaxed perineum and 1st degree uterine descent. Pap smear and USG (abdomen and pelvis) were taken and presence of any other pelvic pathology was excluded. Patient was managed with *Lodhradi yonilepa* for 7 days in 3 consecutive months. *Lodhradi lepa* was done following strict aseptic precautions and *lepa* was retained for 30 minutes. On follow-up after one month without treatment, symptoms like urinary incontinence, low back ache, dyspareunia and feeling of mass per vagina were reduced.

Personal History

- Diet – Mixed
- Bowel – Constipated
- Appetite – Good
- Micturition – Stress and urge incontinence
- Sleep – Sound
- Allergy – Chronic cough

Menstrual History

Attained menopause at 41 years

Obstetric History

- P₂L₂A₀
- L₂ – Prolonged labor, inadequate PNC
- LCB – 16 years

P/S Examination (26/08/21)

- O/E
- Discharge - +
- Urethrocele - +
- Uterine descend – 1st degree
- P/S
- Cervix – healthy

- Discharge - +
- P/V
- Uterus – Anteverted
- Uterine descend – 1st degree
- CMT - -ve
- Fornices – Free

POP – Q Scale

-0.5 cm	-3 cm	-4 cm
4 cm	3.5 cm	6 cm
-1.5 cm	-3 cm	-6 cm

Management

Date	Procedure	Duration
02/09/21 to 08/09/21	<i>Lodhradi yoni lepa</i> 1 st cycle	7 days
25/10/21 to 31/10/21	<i>Lodhradi yoni lepa</i> 2 nd cycle	7 days
25/11/21 to 01/12/21	<i>Lodhradi yoni lepa</i> 3 rd cycle	7 days

Grading of symptoms

Symptom	B/T	A/T	A/F
Urinary incontinence	Grade 2	Grade 0	Grade 0
Low backache	VAS 4	VAS 2	VAS 2
Dyspareunia	VAS 8	VAS 5	VAS 5

DISCUSSION

Yonirogas having resemblance with pelvic organ prolapse are *Prasramsini*, *Andini*, *Phalini*, *Mahayoni* and *Vathiki*. *Srastha yoni*, *Yoni bhramsa*, *Udvrihapavritha phala yoni* are also given in different contexts. *Prasramsini yonivyapath* is occurring due to vitiation of mainly *Pitha dosha* and we can see references for this in *Susrutha samhitha*, *Madava nidana*, *Bhava prakasha* and *Yoga ratnakara*. *Prasramsini* can be most suitably correlated with 1st and 2nd degree uterine prolapse. Main symptoms seen in this disease are *Syandana (Sravathi)* meaning presence of vaginal discharge, *Kshobhitha (Sanchalitha)* meaning descending or to push, *Du: prasu (Dukhena prasuyathe)* meaning delivery with difficulty. Even though *Dukha prasava* is mentioned as a future outcome of *Prasramsini*, it can also be taken as the cause of disease as difficult labor can lead to development of pelvic organ prolapse in later life. *Yonivyapath* does not occur without the involvement of *Vathadosha* and therefore treatment mainly aims at *Vatha samana*, *Brimhana*, *Sandhana*, *Balya* and strengthening of pelvic floor musculature. *Shodhana* and *Samana chikitsa* can be done both generally and locally. General treatment includes *Panchakarma* and local treatment includes *Sthanika chikitsa*. *Sthanika*

chikitsa is the utilization of therapeutic measures for local application to treat *Sthanika dosha dushti*. It is done only after *Shodhana* therapy in which vitiated *Doshas* are eliminated from whole body and *Sthanika Doshas* only remains. In *Sthanika chikitsa*, medicines are applied intravaginally. Vaginal wall and adjacent tissues are extremely vascular and this facilitates absorption of drugs through vagina. Anatomically backward position of vagina helps in self retaining of drugs for a longer duration. Also, vaginal drug delivery helps to bypass the first-pass metabolism.^[11] Here *Yonilepa* was done and *Lepa* helps in retention of medicines for a long time. *Lodhradi lepa* mentioned in *Kanyakaranam dalam* of *Kuchimaratantrabhashya*^[12] was taken. Drugs in *Yoga* can act as *Vatha pitha Samana*, *Brimhana*, *Sandhana*, *Balya* and helps in reducing the symptoms due to uterine prolapse.

Stress urinary incontinence occurs due to failure in suburethral support arising from a defect in endopelvic fascia or its attachments, i.e., weakness of pelvic floor supporting structures. After the treatment period of 3 months, there was considerable change in the symptom of urinary incontinence. The reduction in the symptom may be attributed to *Sandhaneeya* property present in majority of drugs and *Kshata hara* property of *Madhu*. *Sandhaneeya* and *Kshata hara* property may help in collagen synthesis. *Brimhana* property of *Karpasa* and *Badara* is helpful in the nourishment of atonic supports of uterus. *Madhura rasa* present in these drugs may act as *Dhatu vardhana*, *Brimhana*, *Bala vardhana* and *Kapha vardhana*. Flavonoids, tannin, saponins present in all the drugs of *yoga* may help to prevent tissue damage as they possess antioxidant and immunomodulatory action. All these factors may help in strengthening the pelvic supporting structures and reduce stress urinary incontinence caused by weakened supports of urethra.

Low back ache associated with uterine prolapse is due to traction on uterosacral and cardinal ligaments caused by loss of strength of connective tissues supporting uterus. The reduction in low back ache after treatment may be attributed to *Vatha hara* property present in *Karpasa*, *Badara* and *Madhu* as *Vatha* is responsible for pain. *Madhura rasa* present in these drugs can act as *Dhatu vardhana*, *Brimhana*, *Bala vardhana* and *Kapha vardhana* and may strengthen the pelvic supporting structures. *Grahi* and *Sthambhana* properties of drugs present in *Yoga* oppose *Chala guna* and helps to hold organs in position and thereby reduces the traction effect. Flavonoids, tannin, saponins present in all the drugs of *yoga* may help in strengthening the pelvic floor as it prevents tissue damage due to its antioxidant action. These components help to strengthen the connective tissues supporting the uterus and reduces low back ache.

Dyspareunia associated with uterine prolapse is mainly due to mechanical obstruction and pelvic congestion. There is vitiation of mainly *Vatha* and *Pitha dosha* and main seat of *Vatha* is *Kateepradesha*. The symptomatic relief of dyspareunia after treatment may be attributed to *Vatha pitha hara* action of *Karpasa*, *Badara* and *Madhu* present in *Lodhradi lepa*. *Shophahara* or anti-inflammatory action of drugs can reduce cervicitis and congestion of prolapsed part.

Patients were relieved of symptom of feeling of mass per vaginum. Here *Twak mamsa sthireekarana* property and *Katinyakara* property of drugs present in the *Yoga* may help to tighten or strengthen the weakened supporting structures which may be responsible for the relief of the symptom. *Soshana* action of *Kashaya rasa* present in the drugs of *Yoga* may also help in reduction of feeling of mass per vagina.

CONCLUSION

1st degree uterine prolapse was managed with *Lodhradi lepa* for 7 days in 3 consecutive months. *Pathyahara vihara* was followed throughout the treatment period. *Yonilepa* is a *Sthanika chikitsa* in which medicines are applied intravaginally. Intravaginal application of medicine is highly effective due to the easy absorption of medicines owing to the highly vascular vaginal region. Also *Lepa* helps in retention of medicines for a long time. *Vatha pitha hara*, *Brimhana*, *Sandhana*, *Balya* properties and antioxidant, immunomodulatory action of *Lodhradi lepa* were found beneficial. All these may have helped in strengthening the connective tissues supporting uterus and thus reducing the symptoms associated with uterine prolapse. Other *Sthanika chikitsas* can also be studied further in cases of uterine prolapse.

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