



Case Study

AYURVEDIC MANAGEMENT OF UTERINE DESCENT WITH CYSTOCELE

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ABSTRACT

Pelvic Organ Prolapse (POP) is a common gynecological condition resulting from weakening of pelvic floor support structures. In Ayurveda, it can be correlated with *Prasramsini Yonivyapat*, associated with *Apana Vata* vitiation and *Dhatu Kshaya*. This case report evaluates the effectiveness of a comprehensive Ayurvedic management protocol in Stage II POP. A 40-year-old multiparous woman with Stage II uterine prolapse with cystocele presented with vaginal bulge, stress urinary incontinence, inability to hold urine, and low backache. She was treated with Ayurvedic medications, local therapies including *Yoni Pichu*, *Vesavara Dharanam*, *Ksheeradhoomam*, and pelvic floor rehabilitation with Kegel exercises. The patient showed complete resolution of stress urinary incontinence and urinary urgency symptoms, marked reduction in vaginal bulge sensation and low backache, improved pelvic floor muscle strength, and favourable improvement in POP-Q measurements, which were sustained during follow-up. Comprehensive Ayurvedic management combined with pelvic floor exercises may offer a safe and effective conservative treatment option for Stage II pelvic organ prolapse by improving symptoms, pelvic floor muscle strength, and anatomical support. Further clinical studies are warranted to validate these findings.

INTRODUCTION

Pelvic Organ Prolapse (POP), derived from the Latin word *prolapsus* meaning “to fall,” is a condition characterized by the descent of one or more pelvic organs- such as the uterus, bladder, rectum, or vaginal vault- into or beyond the vaginal canal due to loss of pelvic floor support^[1]. The integrity of pelvic support depends on a complex interplay of pelvic floor muscles (PFM), connective tissues, and ligaments. Disruption or weakening of these structures results in varying degrees of prolapse^[2].

POP affects millions of women worldwide, with prevalence estimates ranging from 3-6% in the general female population and up to 50% in women who have given birth^[3]. The prevalence of POP increases with age, particularly during the perimenopausal and postmenopausal periods, owing

to estrogen deficiency and progressive atrophy of pelvic tissues^[4].

Clinically, POP presents with vaginal bulge, pelvic heaviness, and urinary or bowel dysfunction, including stress incontinence and incomplete evacuation, which worsen with increased intra-abdominal pressure. Pregnancy and vaginal delivery are the principal causes of POP, leading to pelvic floor denervation and muscle weakening^[5]. Additional risks include multiparity, aging, raised intra-abdominal pressure, and connective tissue defects. Advanced cases may require surgery, though recurrence and complications remain significant concerns. If untreated, POP may progress to advanced stages requiring surgery^[6]. However, surgical management is associated with recurrence and perioperative complications, particularly in elderly patients.

From an Ayurvedic perspective, conditions analogous to POP can be understood under the spectrum of *Yonivyapat*, including entities such as *Prasramsini*, *Phalini*, *Andini*, and *Mahayoni*. These conditions are primarily attributed to the vitiation of *Vata dosha*, particularly *Apana Vata*, which governs the pelvic region and is responsible for the maintenance of organ position and function^[7]. The perimenopausal

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phase represents a transitional period marked by *Vata-Pitta* predominance, while *Vardhakya avastha* (aging) further contributes to tissue degeneration (*Dhatu kshaya*) and structural weakening^[8]. Ayurvedic management emphasizes *Sthanika Chikitsa* (local therapeutic interventions) along with systemic measures aimed at restoring the function of *Vata* and improving tissue strength. While previous studies have primarily focused on symptomatic relief, objective assessment of pelvic floor strength has been largely underexplored in Ayurvedic research. In this context, the use of Pelvic Organ Prolapse – Quantification scale and Perineometer to quantify changes in pelvic floor muscle strength represents a novel and scientifically robust approach, enabling objective validation of therapeutic outcomes in the management of POP^[9].

Case Report

A 40-year-old married woman attended the OPD of Prasutitantra and Streeroga, Government Ayurveda College, Tripunthura with complaints of feeling of mass per vagina since 7 years, dribbling of urine while coughing and sneezing, inability to hold urine for some time since 2 years. The patient was married at the age of 27 years and her first pregnancy, one year later, resulted in a full term normal vaginal delivery following a history of prolonged labour. Post-natal care was administered, and the recovery period was uneventful. In 2018, she conceived again and the pregnancy proceeded without complications, result in another full-term normal vaginal delivery. However, following this second delivery, the patient experienced a sensation of a mass per vagina. These symptoms initially subsided within one week through exercise and physiotherapy. A few years later, the sensation of the mass returned, but the patient did not seek immediate treatment. Two years ago, she developed dribbling while coughing or sneezing. A gynecologist subsequently recommended a hysterectomy and specific exercises. Declining surgical intervention, the patient visited the outpatient department of Govt Ayurveda college in August 2025 and began internal medications. Due to persistent symptoms, she has been admitted as an inpatient for further management on September 2025.

History of Past Illness

A known case of biliary cholangitis and had a BI-RADS-3 finding on mammography.

No H/o DM/HTN/thyroid dysfunction or any other surgical history

Family history: Nothing relevant

Obstetric history

P2L2

L1 – FTNVD, prolonged labour

L2 – FTNVD

Personal history

Bowel– Regular

Appetite– Good

Micturition– Dribbling present on coughing and sneezing, urinary incontinence.

Sleep– Sound

General Examination

Built– Moderate

Nutritional status– Moderate

Height– 150 cm

Weight– 55.8kg

BMI– 24.8kg/m²

Gynecological Examination

Pelvic examination on

Inspection

Normal hair pattern

Normal external genitalia

Cystocele ++

Second degree uterine descent

Per speculum examination

Cervix – healthy, parous

Asta sthana pareeksha

Nadi: Sadharana

Sabdham: Spashtam

Mootram: Anavilam

Sparsham: Ushna

Malam: Sadharanam

Drik: Vyaktham

Jihwa: Anupaliptham

Akriti: Madhyama

Table 1: Dasavidha pareeksha

<i>Dooshyam</i>	<i>Dosha:</i> Vata pradhana tridosha <i>Dhatu:</i> Rasa, Mamsa
<i>Desham</i>	<i>Bhoomi:</i> Anupa <i>Deham:</i> Garbhasaya, Yoni
<i>Balam</i>	<i>Rogi:</i> Madhyama <i>Roga:</i> Madyama
<i>Kalam</i>	<i>Vyadhiavastha:</i> Puranam
<i>Analam</i>	<i>Madhyama</i>
<i>Prakriti</i>	<i>Vata pitta</i>

Vaya	Madhyama
Satwa	Madhyama
Satmya	Katu-Amla pradhana
Ahara	Jaranasakthi - Madhyama Abhyavaharana Sakthi - Madhyama

Samprapti ghataka

Dosha : Vata pradhana tridosha

Dooshyam : Rasa, Mamsa

Srotas : Rasavaha, Mamsavaha, Mutravaha

Srotodushti : Sangam, Vimarga gamanam

Adhishtanam : Garbhasaya, Yoni

Sadhya asdhyata : Krchrasadhya

Rogamarga : Abhyanthara

Diagnostic Assessment**Table 2: POP – Q Scale (Before treatment)**

Aa 1	Ba 1	C 0
Gh 3	Pb 3	TVL 9
Ap -2	Bp -2	D -3

Perineometer findings (before treatment)

Before treatment, the patient's vaginal resting pressure was 6mmHg, which increased to 10mmHg on voluntary contraction, indicating weak pelvic floor muscle (PFM) strength as assessed by a perineometer.

Diagnosis

The diagnosis was established based on the patient's presenting complaints, clinical features, and per vaginal examination. On examination, there was evidence of cystocele along with second-degree uterine

prolapse. According to the Pelvic Organ Prolapse Quantification (POP-Q) system, the condition was categorized as Stage II prolapse.

In Ayurvedic terms, the condition was diagnosed as *Prasramsini Yonivyapat*, characterized by the downward displacement of the uterus and associated structures due to *Dourbalya* (weakness) of the pelvic support tissues^[10]. Based on this diagnosis, an appropriate line of management was planned.

Treatment**Table 3: Therapeutic intervention and oral medicines**

Date	Internal medications	Procedure	Duration
11/11/25 – 13/11/25	1. <i>Maharasnadi Kashayam</i> 90 ml bd 2. <i>Chandraprabha</i> tab 1 tds 3. <i>Laksha guggulu</i> Bd	Running douche with <i>Triphala kashayam</i>	3 days
14/11/25 – 18/11/25		<i>Abhyanga</i> & <i>Ushma sweda</i> with <i>Dhanwantharam tailam</i> and <i>Murivenna</i>	5 days
15/11/25 – 21/11/25		<i>Yoni pichu</i> with <i>Shashtika tailam</i>	7 days
22/11/25 – 28/11/25		<i>Vesavara dharanam</i> & <i>Ksheeradhoomam</i>	7 days

Follow up and Outcome

After seven days of treatment, the patient showed significant symptomatic improvement, along with a subjective sensation of increased vaginal tightness.

Table 4: Changes in Pelvic Floor Strength

Parameter		Before treatment	On the 18 th day of treatment	On the 3 rd month follow up
Perineometer values	Vaginal resting pressure	6 mm Hg	10 mmHg	14 mmHg
	Pressure on Pelvic floor contraction	10 mmHg	16 mmHg	20 mmHg

POP Q	Before treatment			After treatment			After 3 months (follow up)		
	Aa	Ba	C	Aa	Ba	C	Aa	Ba	C
	1	1	0	0	0	-1	0	0	-1
	Gh	Pb	TVL	Gh	Pb	TVL	Gh	Pb	TVL
	3	3	9	3	3	9	3	3	9
	Ap	Bp	D	Ap	Bp	D	Ap	Bp	D

	-2	-2	-3	-2	-2	-3	-2	-2	-3
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DISCUSSION

Pelvic organ prolapse can be understood as a disorder of impaired pelvic floor biomechanics, where there is a loss of coordination, strength, and elasticity of the supporting musculofascial structures^[11]. Rather than being merely a structural defect, it reflects a dynamic imbalance between intra-abdominal pressure and pelvic floor resistance. In this context, both systemic factors such as tissue quality, hormonal influence, and neuromuscular integrity, as well as local factors like connective tissue remodeling and vascularity, play a crucial role^[12].

Correlating with Ayurvedic principles, this can be viewed as a state of diminished *Dhatu bala* and deranged *Apana Vata*, leading to failure of pelvic support and function. The treatment protocol included internal administration of *Maharasnadi Kashayam*, *Chandraprabha Vati*, and *Laksha Guggulu*, along with external procedures such as running douche with *Triphala Kashayam*, *Abhyangam* and *Ushma Swedam* using *Dhanwantharam Tailam* and *Murivenna*, *Yoni Pichu* with *Shashtika Tailam*, *Vesavara Dharanam*, and *Ksheeradhoomam*.

Maharasnadi kashayam- Most of the drugs in *Maharasnadi Kashaya* possess *Snigdha Guna*, *Ushna Veerya* and *Vata-Kapha Shamaka* properties^[13]. *Snigdha Guna* counteracts the *Ruksha Guna* of *Vata* and helps in improving *Dhatu poshana*, thereby strengthening the pelvic musculature and supporting ligaments, reducing laxity responsible for prolapse. *Ushna Veerya* mitigates the *Sheeta Guna* of *Vata* and regulates *Apana Vata*, facilitating proper positioning and function of pelvic organs. The *Vata-Kapha Shamaka* nature helps in reducing heaviness, dragging sensation, and associated discomfort in the pelvic region. Additionally, the formulation may exhibit *Balya* (strengthening) and *Brimhana* (nourishing) effects, which are essential in restoring the integrity of *Mamsa dhatu* and pelvic support structures.

Chandraprabha Vati acts in pelvic organ prolapse by regulating *Apana Vata* and correcting *Mutravaha-Yonivaha srotodushti*. Its *Tridosha shamaka* (predominantly *Vata-Kapha hara*), *Deepana-Pachana*, and *Mutrala* properties help reduce *Kleda*, *Shotha*, and urinary disturbances, while improving metabolic activity at the tissue level^[14]. It's *Rasayana* action contributes to long-term tissue integrity and functional restoration.

Laksha Guggulu acts by pacifying *Vata* and promoting *Asthi-mamsa dhatu poshana*, thereby supporting the structural integrity of pelvic tissues. Its *Sandhaniya* and *Bhagna-sandhana* properties^[15] help in strengthening and reducing laxity of pelvic musculature and supporting ligaments.

In *Paittika yonivyapat*, *Seka*, *Abhyanga* and *Pichu* is the line of treatment. Running douche with *Triphala Kashayam* is used for *Yoni Shodhana* and *Ropana*. *Triphala*, having *Kashaya rasa* and *Tridosha shamaka* properties (especially *Kapha-Pitta hara*) promotes local healing, improves vaginal tone, and maintains a healthy microenvironment which is essential for preparing vagina for further *Sthanika chikitsa*.

Abhyanga provides *Snehana*, which counteracts the *Ruksha guna* of *Vata* which is a key factor in prolapse. *Dhanwantharam tailam*^[16] and *Murivenna* was selected for *Abhyanga* because of its *Vata shamana* and *Balya* effects. Together, they help in improving muscle tone, reducing discomfort, and enhancing flexibility of pelvic structures.

Swedana following *Abhyanga* enhances the effect of oleation by inducing *Srotoshodhana* and improved circulation. It helps in relieving *Stambha* and *Gaurava*, and facilitates deeper penetration of medicated oils into tissues.

Yoni Pichu provides localized *Snehana* and *Brimhana*. *Shashtika Tailam*, being nourishing, promotes *Dhatu poshana* thereby improving tone and strength of vaginal walls and pelvic support structures^[17].

Vesavara Dharanam helps in *Swasthanasthapan* (local stabilization) of prolapsed part. It exerts *Balya* and *Mardhavakaraka* effects, thereby reducing excessive mobility and descent of pelvic structures^[18]. It may also aid in improving muscle tone and functional support.

(*Sthanika swedana*) provides *Snigdha*, *Mridu Swedana* with a nourishing effect. It helps in *Vata shamana*, mild *Brimhana*, and improved local circulation, supporting tissue health without causing excessive dryness or depletion^[19]. This is especially beneficial in delicate pelvic tissues. The patient was advised to continue Kegel exercise, avoiding the days of menstruation for 3 months.

CONCLUSION

The present case demonstrates that a comprehensive Ayurvedic management protocol can be effective in the conservative treatment of POP by targeting the key pathophysiological factors such as *Apana Vata dushti* and *Dhatu kshaya*. The internal administration of formulations possessing *Vata-Kapha shamaka*, *Balya*, *Brimhana*, and *Rasayana* properties contributed to systemic correction by enhancing *Dhatu poshana*, improving tissue metabolism, and restoring the integrity of *Mamsa* and *Asthi dhatus*, which are essential for pelvic support.

Simultaneously, the incorporation of *Sthanika chikitsa*- including *Yoni Shodhana*, *Snehana*, *Swedana*, *Yoni Pichu*, and *Vesavara Dharanam*- provided localized therapeutic effects such as improved vascularity, enhanced tissue nourishment, increased muscle tone, and stabilization of the pelvic structures. These interventions collectively aided in reducing laxity, alleviating symptoms like heaviness and dragging sensation, and facilitating partial repositioning of the prolapsed organs. The adjunctive practice of Kegel exercises further strengthened the pelvic floor musculature, thereby supporting long-term maintenance of therapeutic outcomes.

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