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**MANAGEMENT OF PRASRAMSINI YONIVYAPADA (PELVIC ORGAN
PROLAPSE) WITH STHANIKA CHIKITSA: A CASE REPORT**

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ABSTRACT

Introduction: *Vata Dosha* plays a critical role in disorders related to female reproductive system. If the woman adopts abnormal posture or uncomfortable bed during sexual intercourse, other *Vata Prakopaka Nidana* like sitting in squatting position, lifting heavy weights, straining for stools due to constipation, prolonged labour, or genital tract injuries during labour, night vigil, excessive dry stale food intake, intake of less nutritious food and at improper period, etc. then the *Vayu* gets aggravated to cause dilatation of the openings of reproductive tract, uterus and vagina. This abnormal stretching of pelvic organs and supporting structures leads to *Vedana* and *Ruksha*, *Phena* mixed *Srava* of blood from *Yoni* with protuberance of the *Mamsa*, i.e.; Uterus, Pelvic organs, Vaginal walls and suffers from *Shoola* in the joints and *Vakshana Pradesh* due to abnormal stretch of pelvic organs and ligaments. **Diagnosis, intervention and outcome:** On the basis of symptoms and genital organ examination the diagnosis of *Prasramsini Vyapada* was made and *Sthanika Chikitsa- Yoni Prakshalana, Yoni Pichu* and *Yoni Abhyanga* was done for 15 days twice daily. Assessment was done using Pelvic organ prolapse distress inventory questionnaire (POPQ), urinary inventory, colorectal, anal distress inventory and pelvic organ prolapse quantification. Patient got remarkable relief in a span of 15 days which was notable in primary complaints and assessment criteria. **Conclusion:** Ayurveda explains many methodologies for treating gynaecological disorders *Sthanika*

Chikitsa holds great significance in *Prasuti Tantra* and *Stree Roga*. *Sthanika Chikitsa* possess very promising results in the management of various gynaecological disorders. Thus, it can be concluded that *Sthanika Chikitsa* can be used combined with oral drugs to provide symptomatic relief in patients who may not be fit for surgical correction or do not opt for surgery.

Keywords: *Ayurveda, Prasamsini, Pelvic organ prolapse, POPQ, Sthanika Chikitsa*
INTRODUCTION-

Vata Dosha plays a critical role in disorders related to female reproductive system. If the woman adopts abnormal posture or uncomfortable bed during sexual intercourse, other *Vata Prakopaka Nidana* like sitting in squatting position, lifting heavy weights, straining for stools due to constipation, prolonged labour, or genital tract injuries during labour, night vigil, excessive dry stale food intake, intake of less nutritious food and at improper period, etc. then the *Vayu* gets aggravated to cause dilatation of the openings of reproductive tract, uterus and vagina. This abnormal stretching of pelvic organs and supporting structures leads to *Vedana* and *Ruksha, Phena* mixed *Srava* of blood from *Yoni* with protuberance of the *Mamsa*, i.e.; Uterus, Pelvic organs, Vaginal walls and suffers from *Shoola* in the joints and *Vakshana Pradesh* due to abnormal stretch of pelvic organs and ligaments [1].

CASE REPORT

A multiparous women aged 54 years visited the Outpatient department of Parul Ayurveda Hospital, Vadodara with the complaints of mass coming out per vagina for the last 7 months, and increased urinary

frequency and sensation of incomplete voiding of urine for 7 months.

MENSTRUAL HISTORY- Surgical menopause attained 7 years back, through abdominal hysterectomy, for uterine fibroid.

Past menstrual history-

1. Regularity- Regular
2. Interval- 30-32 days
3. Duration- 4-5 days
4. No. of cloths used- 2-3/day (fully soaked)
5. Consistency- thin
6. Colour- red
7. Odour- no foul smell

OBSTETRIC HISTORY- P₂A₁L₁D₁

Both were full term vaginal deliveries at hospital.

GENERAL EXAMINATION

1. Blood pressure- 120/80 mmHg
2. Pulse rate- 80/minute
3. Temperature- afebrile (97.5⁰ F)
4. Respiratory rate- 19/minute
5. Weight- 52kg
6. Height- 154 cm
7. Faces- Normal
8. Pallor- Absent
9. Icterus- Absent
10. Oedema- Absent

- 11. Cyanosis- Absent
- 12. Clubbing- Absent
- 13. No lymphadenopathies

PERSONAL HISTORY

- 1. Diet- Vegetarian
- 2. Appetite- Good
- 3. Sleep- Disturbed
- 4. Bowel- Non-satisfactory bowel habit (1 time/day), straining present
- 5. Urine- 8-10 times/1-2 times, sensation of incomplete voiding of urine, increased urine frequency
- 6. Addiction- None

NO H/O- HTN/DM-2/CAD/Thyroid disorders/Anaemia/or any other chronic illness

No Family history of- DM-2/HTN/CAD

Surgical history- Abdominal Hysterectomy done 7 years back, Laparoscopic right salpingectomy for Ectopic pregnancy (in 2002)-A₁

LOCAL EXAMINATION

1. Per abdomen

Inspection- No discoloration was observed.

Palpation- Soft, tenderness present in bilateral iliac region and hypogastrium

No organomegaly

Auscultation – bowel sounds present 1 in every 3-4 minutes

Peristaltic sounds heard well.

2. Genitourinary examination (on inspection)- mass coming out per vagina, cystocele ++, urethrocele +, rectocele ++ present, no foul smell present, vaginal walls protrude out on coughing.

3. Per Speculum- No discharge present, vault healthy

INVESTIGATIONS-

1. Hb- 12.6 gm%

2. Urine analysis

Blood- absent

Appearance- clear

Pus cells- 2-3/H.P. F

Epithelial cells- 1-2/H.P. F

DIAGNOSIS- *Prasramsini Yonivyapada*

CHIKITSA/ TREATMENT ADOPTED

1. Oral Medications-

Table 1: Timeline of medication

S. No.	DRUG	DOSE	TIME OF ADMINISTRATION	
1.	<i>Lodhrasava</i> [1]	15 ml BD	After food	1 st day to 9 th day Stopped from 10 th day (except Tab Neeri)
2.	<i>Maharasanadi kashaya</i> [2]	15 ml BD	Before food	
3.	<i>Tab. Neeri</i> [3]	2 BD	After food with warm water	
4.	<i>Tab. Bangshil</i> [4]	2 BD	Before food with warm water for 7 days	Added from 10 th day to 16 th day
5.	<i>Medohara-Vidangaloha</i>	2 TID	After food with warm water	

2. Local treatment- *Yoni Prakshalana* with *Phalatrikadi Kwatha* [5] (500ml) twice daily

Yoni Pichu with *Palashadi Taila* (10-20ml [6] twice daily

Yoni Abhyanga with **RESULTS-**
 Ksheerabala [7] Taila (10-20ml)
 twice daily

Table 2: Pelvic organ prolapse quantification

Sr. No.	Parameter	Before treatment (cms) Dt.	After treatment (cms) Dt.
1.	Aa	0	-2
2.	Ba	-4	-5
3.	Ap	0	-2
4.	Bp	-4	-6
5.	C	-5	-5
6.	TVL	-6	-6
7.	GH	3.5	3
8.	PB	2.5	3
Staging of prolapse		Stage -2 prolapse	Stage -1 prolapse



Figure 1: (Before treatment)

Figure 2: (After treatment)

<p>Before treatment: Points Aa and Ap were 0 cm from hymen (indicating urethrocele and cystocele), points Ba and Bp were at -4 cm (indicating rectocele) and TVL was -6 cm (hence no vault prolapse was observed).</p>	<p>After treatment: Points Aa and Ap were -2 cm (indicates decrease in urethrocele and cystocele), Points Ba and Bp were at -5 and -6 cm (indicates significant improvement rectocele) respectively and TVL was still -6 cm</p>
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DISCUSSION-

Pelvic organ prolapse is one of the common clinical conditions met in day-to-day gynaecological practice especially among the parous women. The entity includes descent of the vaginal wall and/or the uterus. It is in fact a form of hernia. The genital prolapse occurs due to weakness of the structures supporting the organs in position. These factors may be anatomical or clinical. The clinical factors are grouped as Predisposing and aggravating factors. Etiological factors could be tabulated as in **Table 3 [8]**.

Palashadi Taila is mentioned in *Bhaisajya Ratnawali*. It contains *Palasha (Butea monosperma)*, *Udumbara (Ficus glomerata)* and *Tila Taila (Sesamum indicum)*.

Ksheerabala Taila is mentioned in *Sahasrayogam*. It contains *Bala (Sida cordifolia)*, *Tila Taila (Sesamum indicum)* and *Ksheera (Milk)*.

Phalatrikadi Kwatha is mentioned in *Bhavaprakasha Madhyama Khanda*. It contains *Haritaki (Terminalia chebula)*, *Bibhitaki (Terminalia bellirica)*, *Amalaki (Emblica officinalis)*, *Darunisha (Berberis aristata)*, *Vishala (Citrullus colocynthis)* and *Musta (Cyperus rotundus)*.

Prakshalana means cleaning of wound with water or any other medicated preparations. *Yoni Dhawana* is a procedure of cleaning vagina and vaginal passage with *Kwatha* or any other liquid. The drugs used for *Prakshalana* are antiseptic, have bactericidal action, wound healing property, alleviates pain. Drugs are absorbed through mucosa and blood circulation of vagina. Bactericidal actions of the drugs prevent bacterial growth and maintain the pH of vagina [9].

Pichu or tampon is made up of cotton swab of size 2*3 cm (1 inch), wrapped with gauze piece and tied with long thread. In *Yoni Pichu* mostly medicated *Kwatha*, *Ghrita* and *Taila* are used. These preparations have two main functions- *Shodhana* (purification) and *Ropana* (healing). *Pichu* helps in *Lekhana Karma* and thus removes slough. Oil used for *Pichu* strengthens the musculature of vaginal canal along with healing of wound as it is *Yonivishodhana* [10].

Yoni Abhyanga means applying *Taila* or any other medicated preparations and lightly massaging the *Yoni*. *Yoni Abhyanga* improves blood circulation, removes toxins from the tissues and imparts strength by toning up the ligaments and musculature.

Table 3: Etiology of pelvic organ prolapse [11]

Anatomical factors-	Predisposing factors-	Aggravating factors-
<ul style="list-style-type: none"> • Gravitational stress due to human bipedal posture • Anterior inclination of pelvis directing the force more anteriorly • Stress of parturition (internal rotation) causing maximum damage to puborectal fibres of levator ani • Pelvic floor weakness due to urogenital hiatus and the direction of obstetric axis through the hiatus • Inherent weakness (Genetic) of the supporting structures 	<p>A. Acquired</p> <ul style="list-style-type: none"> • Trauma of vaginal delivery causing injury (tear Or break) to: <ul style="list-style-type: none"> • Ligaments • Endopelvic fascia • Levator muscle (myopathy) • Perineal body • Nerve(pudendal) and muscle damage due to repeated child birth <p>B. Congenital</p> <ul style="list-style-type: none"> • Genetic (connective tissue disorders), decreased ratio of type I collagen <ul style="list-style-type: none"> • Spina bifida 	<ul style="list-style-type: none"> • Postmenopausal atrophy • Poor collagen tissue repair with age • Increased intra-abdominal pressure as in chronic lung disease (COPD) and constipation • Occupation (weight lifting) <ul style="list-style-type: none"> • Asthenia and under nutrition • Obesity/ smoking <ul style="list-style-type: none"> • Multiparity • Increased weight of the uterus as in fibroid or myohyperplasia <p>These factors possibly operate where the supports of the genital organs are already weak.</p>

CONCLUSION-

Ayurveda explains many methodologies for treating gynaecological disorders *Sthanika Chikitsa* holds great significance due to its promising results in *Prasuti Tantra and Stree Roga*, Thus, it can be concluded that *Sthanika Chikitsa* with *Yoni Abhyanga* and *Yoni Pichu* along with oral medications can be used to provide symptomatic relief in patients who may not be fit for surgical correction or do not opt for surgery.

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