Ayurvedic management of second degree uterine prolapse

Rasika Pargaonkar, Amrutha BS, LV Ratnakar and Ashutosh Chaturvedi

Abstract

Prasramsini Yonivyapad is the condition where there is prolapse of the uterus and vaginal wall, but the uterus does not protrude outside the vaginal orifice. Uterine prolapse is the herniation of the uterus into or beyond the vagina as a result of failure of the ligamentous and fascial supports. It often coexists with prolapse of the vaginal walls, involving the bladder or rectum. In the present case, a 55year old multiparous woman diagnosed with second degree uterine prolapse, rectocele, cystocele, burning sensation in vaginal region and urine incontinence got relief with the help of Shamana Chikitsa, and Sthanika Chikitsa.

Keywords: Prasramsini yonivyapad, uterine prolapse, yoniprakshalana, yoniabhvyanga, yonipichu.

Introduction

Prasramsini Yonivyapad \(^1\) arises due to vitiated Pitta and Vata. This condition is characterized by the prolapse of the uterus and vaginal wall. Though normally the prolapse of the anterior or posterior vaginal wall is seen only when the woman indulges in straining (Pravahana). This condition is caused due to Dukha Prasava \(^3\) (dystocia), excessive pushing out at the time of labor, and excess straining and Veggadhavan. Susruta says that in this condition any irritation causes excessive vaginal discharges or its displacement, and the labor is also difficult due to abnormality of passage; other features of Pitta i.e. burning sensation and heat etc. are also present. In this condition, Shamana Chikitsa and Sthanika Chikitsa like Yoniprakshalana, Yoni Abhvyanga, Yonipichu can help to improve the condition and delay or avoid surgery. Uterine prolapse \(^2\) occurs when weakness in normally supportive structures like upper tier, middle tier and inferior tier which helps the uterus to be held in its normal position, causes the uterus to descend, with or without the urinary bladder and bowel, into the vagina. Common symptoms include feeling of something coming down per vagina, backache which is relieved by lying down, pelvic pressure, difficulty in passing urine, incomplete evacuation, urgency and frequency of micturition, painful micturition, retention of urine, difficulty in passing stool. In the uterine prolapse, depending upon the descent of the uterine parts, three degrees are described. In which, Second Degree describes that, The external OS protrudes outside the vaginal introitus but the uterine body still remains inside the vagina. The cystocele is formed by laxity and descent of the upper two thirds of the anterior vaginal wall. The rectocele is formed by laxity of the middle third of the posterior vaginal wall and the adjacent rectovaginal septum.

Case report

A 55 year old married female patient came to the hospital with chief complaint of mass coming out of vagina since 10 years, associated with burning micturition, feeling of incomplete emptying of bladder, urge for the urination right after voiding since 5 years, burning sensation in vaginal passage at the time of micturition since 2 months with known history of Hypertension since 5 years. The patient was apparently normal before 10 years, gradually she developed the feeling of something coming out of her vagina on straining for defecation but she neglected that and continued her daily activities. Dukha prasava (dystocia), multiple vaginal deliveries, straining for defecation, tendency to retain urine while having an urge for it, maybe some causative factors. Further the complaints got aggravated gradually, disturbing her daily activities. Past History- K/C/O Hypertension since 5 years. Under antihypertensive medication. No history of surgery.
Menstrual History
Menarche at the age of 13 years.
Regular menses before menopause. Menopause at the age of 50 years.

Obstetric history: G5P3A2L3
P1- 39 years old female / FTND/ Difficult labor

Personal History-
Diet- Mixed
Bowel- Regular, once a day Appetite- Normal
Micturition- 4 times in a day, 3 times at night, burning micturition, feeling of incomplete urination, desire to urinate again immediately after urination.
Sleep- Sound

On examination-
General Examination

<table>
<thead>
<tr>
<th>Disease</th>
<th>Inclusion Criteria</th>
<th>Exclusion Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prasramsini</td>
<td>Uterine Prolapse, Dukla prasava.</td>
<td>Muscular protuberance in Yoni is associated with pain in joints and groin region.</td>
</tr>
<tr>
<td>Mahayoni</td>
<td>Displacement of vagina and uterus, burning sensation.</td>
<td>Itching, pricking pain.</td>
</tr>
<tr>
<td>Phalini (According to Susruta)</td>
<td>Uterine prolapse, burning sensation.</td>
<td>Young age woman has coitus with a man with a big penis.</td>
</tr>
<tr>
<td>Andini (According to Madhava Nidana)</td>
<td>Vaginal Prolapse</td>
<td>Disproportion in size of male and female organs.</td>
</tr>
</tbody>
</table>

Differential Diagnosis

<table>
<thead>
<tr>
<th>Disease</th>
<th>Inclusion Criteria</th>
<th>Exclusion Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urethrocele</td>
<td>Burning micturition, urinary incontinence, not being able to empty the bladder.</td>
<td>Painful urination, Haematuria, fever, lump in abdominal area.</td>
</tr>
<tr>
<td>Enterocoele</td>
<td>A soft bulge of tissue in the vagina.</td>
<td>Low back pain is relieved by lying down, feeling pelvic fullness.</td>
</tr>
<tr>
<td>Cystocoele</td>
<td>Feeling of something bulging through vagina, difficulty in emptying the bladder, lower back pain.</td>
<td>Frequent urinary tract infection, pelvic pain.</td>
</tr>
<tr>
<td>Uterine Prolapse</td>
<td>Inability to completely empty the bladder, bulging in the vagina, lower back pain.</td>
<td>Difficulty in bowel movements, sensation of rectal fullness.</td>
</tr>
<tr>
<td>Rectocoele</td>
<td>A bulge of soft tissue protrudes outside vagina</td>
<td></td>
</tr>
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Diagnosis- Prasramsini Yonivyapad, 2nd degree Uterine Prolapse Treatment-

Shamana Chikitsa

- Chandraprabha vati TDS/After Food
- Brihatyadi Kashayam 15 ml with 45 ml warm water BD/Before food Shamana Chikitsa was given for 1 month.
- Yoni Prakshalana with Triphala Kashayam
- Yoni Abhyangam with Mahanarayana Taila
- Yoni Pichu with Changeryadi Ghritam. Shanika Chikitsa was given for 7 days.

Result

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Before Treatment</th>
<th>After Treatment (After 7 Days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling of mass coming out of vagina</td>
<td>Present</td>
<td>Reduced</td>
</tr>
<tr>
<td>Burning sensation in vagina</td>
<td>Present</td>
<td>Nil</td>
</tr>
<tr>
<td>Burning Micturition</td>
<td>Present</td>
<td>Nil</td>
</tr>
</tbody>
</table>
Discussion
The present treatment includes Shamana Aushadhi, Brihiyati Kashayaam and Chandraprabha Vati along with Yoniprakashalana with Triphala Kwath, Yoniabhyangam with Mahanarayana Thailam and Yonipechu with Changeryadi Ghritam.

Shamana Chikitsa- Chandraprabha Vati [4] includes drugs like Shilajatu, Guggulu, Sitra, Hataloha, Triphala, Guduchi, Bhunimba, Trirutta, Dantri, Twak, Ela, Vanshalochan, Vacha, Musta, Triphala, Parulahidra, Ativisha, Pippali, Chitrakmula, Vidanga, Vyosha, Makshika Dhatu, Lavanatrav, Kshartrav, which all act on Pitta and Vata doshas. Main ingredients of Chandraprabha Vati are Shilajatu and Guggulu, which are more in quantity than others.

Shilajatu [17] acts as Rasayana Dravya, it has Kashaya Rasa, Katu Vipaka, Natyushnashrita Veerya. Its potency gets increased by impregnating it with decoction drugs which alleviate Vata, Pitta and Kapha. In making of Chandraprabha Vati, Shilajatu is impregnated with other drugs so that it works as a Vata-pitta-kapha in Prasramnini Yoniyapad.

Guggulu is Tikta-Katu rasa, Ushna Veerya, Katu Vipaka, Tridoshahara Prabhava [5] and mainly works as a Vataasham.

Shamana Aushadhi. Also it works as Vedanashapana, Vranashodhana-ropana. Chandraprabha Vati is indicated in Mutraghat vikara and it has Sarvarogaprashanthini and Rasayana property. It alleviates Vata, Pitta as well as Kapha and promotes strength as well as virility. It works on Prasraminini Yoniyapad by its Rasayana property, because it will help to reduce muscle laxity and will strengthen the muscle.


Shanika Chikitsa- Yoni Prakashalana [6] with Triphala Kashaya [11] Yoni Prakashalana is a procedure in which the vagina, vaginal passage and the cervix is washed and its contents are removed. Yoniprakashalana with Sukhoshna Triphala kashaya is indicated in Yoni Daaha. Triphala has a Tridosha Hara, mainly Kapha Pitta Hara property. The decotction made from Triphala will help in Shanika dosha shamanama.


Mahanarayana Taila has Vatashamaka and Balya Gunas. It will strengthen the vaginal walls. Yoni Pichu [8] with Changeryadi Ghritam [10] is a tampon made of sterile cotton swab soaked in Changeryadi Ghrita kept to be retained inside the vagina, after Yoniabhyangam, for few hours or till the next micturition. Ghrita itself has a Pitta-Vata Shamaka Guna, and because of its Sanskaravanuwartini property it will also gain the properties of Changeryadi Dravyas. Changeryadi Ghrita includes drugs like Changeri, Pippali, Nagara, Chitrak, Gokshur, Gajippalli, Dhanyaka, Bilva, Patha, Yavani, Sarpi (Ghrita), Dadhi(curd). These drugs will help in Prasramnini Yoniyapath by its Vatashamaka property.

Conclusion
According to WHO estimation, the global prevalence of uterine prolapse is 2-20% [14]. The percentage and likelihood of undergoing hysterectomy are relatively high among women from older age groups (45–49), those who reside in rural areas, those without schooling, those who are obese, those having high parity, those with a low age at marriage, and those who reside in the eastern and southern parts of India [15]. In North India the incidence of uterine prolapse is 7.6%, in East India 20%, in southern India i.e. Karnataka the incidence of uterine prolapse is 3.4% [16]. In this case we got good results with the help of Ayurvedic treatment, Shamana Chikitsa and Shhanik Chikitsa like Yoniprakashalana, Yoni abhyangaam, Yonipechu, so we conclude that, with the help of this treatment we can strengthen the uterine and vaginal walls. We can prevent first and second degree uterine prolapse to progress to third degree uterine prolapse.

References
