



ISSN (E): 2320-3862  
ISSN (P): 2394-0530  
[www.plantsjournal.com](http://www.plantsjournal.com)  
JMPS 2022; 10(4): 214-217  
© 2022 JMPS  
Received: 26-05-2022  
Accepted: 29-06-2022

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## Ayurvedic management of second degree uterine prolapse

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#### 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 55 year 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*, *yoniabhyanga*, *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 *Vegadharan*. *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 Abhyanga*, *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**

A1- spontaneous abortion in 4th month of pregnancy, in 1982. P1- 39years old female / FTND/ Difficult labor

A2- induced within 15 days of pregnancy in 1984. P2- 36 years old female/ FTND/ Difficult labor P3- 26 years old male/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-

**Vyavachhedaka Nidana-**

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

**Differential Diagnosis**

Disease	Inclusion Criteria	Exclusion Criteria
Urethrocele	Burning micturition,	Foul smelling urine,
	urinary incontinence, not being able to empty the bladder.	Painful urination, Haematuria, fever, lump in abdominal area.
Enterocoele	A soft bulge of tissue in the vagina.	Low back pain is relieved by lying down, feeling pelvic fullness.
Cystocoele	Feeling of something bulging through vagina, difficulty in emptying the bladder, lower back pain.	Frequent urinary tract infection, pelvic pain.
Uterine Prolapse	Inability to completely empty the bladder, bulging in the vagina, lower back pain, bulging out of mass from vagina.	
Rectocoele	A bulge of soft tissue protrudes outside vagina	Difficulty in bowel movements, sensation of rectal fullness.

**Diagnosis-** Prasamsini Yonivyapad, 2<sup>nd</sup> 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. Sthanika Chikitsa was given for 7 days.

**Result**

Symptoms	Before Treatment	After Treatment (After 7 Days)
Feeling of mass coming out of vagina	Present	Reduced
Burning sensation in vagina	Present	Nil
Burning Micturition	Present	Nil

## Discussion

The present treatment includes Shamana Aushadhi, Brihatyadi Kashayam and Chandraprabha Vati along with Yoniprakshalana with Triphala Kwath, Yoniabhyangam with Mahanarayana Tailam and Yonipichu with Changeryadi Ghritam.

*Shamana Chikitsa- Chandraprabha Vati* [4] includes drugs like *Shilajatu*, *Guggulu*, *Sita*, *Hataloha*, *Triphala*, *Guduchi*, *Bhunimba*, *Trivrutta*, *Danti*, *Twak*, *Ela*, *Vanshalochan*, *Vacha*, *Musta*, *Triphala*, *Daruharidra*, *Ativisha*, *Pippali*, *Chitrakmula*, *Vidanga*, *Vyosha*, *Makshika Dhatu*, *Lavanatray*, *Kshartray*, 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*, *Natyushnashita 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-hara* in *Prasramsini Yonivyapad*.

*Guggulu* is *Tikta-Katu rasa*, *Ushna Veerya*, *Katu Vipaka*, *Tridoshahara Prabhava* [5] and mainly works as a *Vatashamaka*. Also it works as *Vedanasthapana*, *Vranashodhana-ropana*. *Chandraprabha Vati* is indicated in *Mutrghat vikara* and it has *Sarvarogapranashini* and *Rasayana* property. It alleviates *Vata*, *Pitta* as well as *Kapha* and promotes strength as well as virility. It works on *Prasramsini Yonivyapad* by its *Rasayana* property, because it will help to reduce muscle laxity and will strengthen the muscle.

*Brihatyadi Kashaya* [9] includes *Brihati*, *Gokshuru*, *Eranda*, *Kusha*, *Kasha*, *Ikshu*, etc. which mainly acts on *Pitta Dosha* and pain occurred due to *Pitta* like burning sensation, burning micturition. According to *Acharya Susruta*, *Brihatyadi Gana* [13] are *Pachaniya*, *Pitta-Anilapaha*. In *Prasramsini Yonivyapad*, *Brihatyadi Kashaya* works as a *Shamana Aushadhi*.

*Sthanika Chikitsa- Yoni Prakshalanam* [6] with *Triphala Kashaya* [11] *Yoni Prakshalanam* is a procedure in which the vagina, vaginal passage and the cervix is washed with medicated decoction. *Yoniprakshalana* with *Sukhoshna Triphala kashaya* is indicated in *Yoni Daha*. *Triphala* has a *Tridosha Hara*, mainly *Kapha Pitta Hara* property. The decoction made from *Triphala* will help in *Sthanika dosha shamana*.

*Yoniabhyangam* [7] with *Mahanarayana Tailam* [12] helps in *Sthanik Vatashamana*. *Mahanarayana Tailam* includes *Bilva*, *Ashwagandha*, *Bruhati*, *Shwadanshtra*, *Shyonak*, *Paribhadra*, *Atibala*, *Agnimantha*, *Murchchita Tila Taila*, *Shatavari Kanda swarasa*, *PushkaraMula*, *Laghu Ela*, *Ashtavarga*, *Punarnava*, *Devdaru*, *Kutaja*, *Shalparni*, *Prushniparni*, *Mashparni*, *Mudgaparni*, *Nagkeshar*, *Raktachandana* etc. Application of this oil makes one free from disease and gains strength. Base ingredient in making *Mahanarayana Taila* is *Tila Taila* which is the best medicine for *Vata Dosha*. It is indicated for *Abhyanga* in *Yonivyapad* by *Bhavprakasha*.

*Mahanarayana Taila* has *Vatashamaka* and *Balya Gunas*. It will strengthen the vaginal walls. *Yoni Pichu* [8] with *Changeryadi Ghrta* [10] is a tampon made of sterile cotton swab soaked in *Changeryadi Ghrta* kept to be retained inside the vagina, after *Yoniabhyangam*, for few hours or till the next micturition. *Ghrta* itself has a *Pitta-Vata Shamaka Guna*, and because of its *Sanskaranuvaritini* property it will also gain the properties of *Changeryadi Dravyas*. *Changeryadi Ghrta* includes drugs like *Changeri*, *Pippali*, *Nagara*, *Chitraka*,

*Gokshur*, *Gajpippali*, *Dhanyaka*, *Bilva*, *Patha*, *Yavani*, *Sarpi (Ghrta)*, *Dadhi(curd)*. These drugs will help in *Prasramsini Yonivyapath* 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 *Sthanik Chikitsa* like *Yoniprakshalana*, *Yoni abhyangam*, *Yonipichu*, 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.

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