



REVIEW THE ARTICLE ON YONI BHRANSH (PERINEAL LAXITY)

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ABSTRACT

Yoni bhransh is a common gynecological problem of women of the contemporary era which has a very important impact on females' day-to-day activities. This adversely affects the quality of a woman's life. As per *Brihatrayi*, *Yoni bhransh* represents a symptom of *Prasramsini*, *Vatala* & *Phalini Yonivyapada* & not as a separate disease. Etiology, signs, symptoms, and treatment of *Yoni bhransh* resemble perineal laxity. Perineal laxity is a common condition in which there is weakness in the supporting structure of the female pelvis, thereby allowing the descent of one or more of the pelvic organs through the potential space of the vagina. These organs include the following- urethra, urinary bladder, rectum, small intestine, uterus, and the vagina itself. It is essential to have a thorough knowledge of these conditions while treating perineal laxity in an *Ayurvedic* way.

Keywords: *Yoni bhransh*, *Yonivyapada*, Perineal laxity.

INTRODUCTION

Every woman suffers from some gynecological disorder at some point in her life. Complaints related to the reproductive system create both physical and psychological stress and anxiety in women. Because of these complaints women experience fear, guilt,

discomfort, shame, anxiety, etc., which hesitate them from seeking health care facilities. There are increasing cases of prolapses day-by-day in gynaecological practices with patients complaining of something coming down per vaginam and it is a

significant health corner for women hampering their day-to-day activities. The global prevalence of uterine prolapse itself ranges from 2% to 20%.

Ayurveda, the system of medicine with historical roots in the Indian subcontinent, is particularly ideal for healing and empowering the female body, mind, and spirit. For women, *Ayurveda* traverses detailed landmark changes associated with the three stages of life childhood, adulthood, and old age, and provides practical advice on exercise, sleep, diet, beauty care, meditation, massage, sex relationships, childcare, menopause, and other issues central to women's lives. Simple to enact and profound in effect, *Ayurveda* could be the answer for many seeking women. It deals with positive health, ways of living a healthy life, maintenance of health, prevention of disease, and also their care. *Ayurvedic* classics described the word *Yoni as Tryavarta yoni*, a whole genital tract that includes the uterus, cervix, and vagina and the word *Vyapada* means disorder. Hence, in *Ayurveda* gynecological disorders are described under the heading of *Yonivyapada*. All *Acharya's* have mentioned *Yonivyapada*¹ which are 20 in number, evolving due to the vitiation of *Vata, Pitta, and Kapha*. But *Yoni bhransh* is not described as a disease in *Ayurvedic* literature. The word *bhransh* means laxity, a state of being lax. We can correlate *Yoni bhransh* with perineal laxity as the clinical features of *Yoni bhransh* and perineal laxity are the same. Perineal laxity² is the condition in which the muscles of the perineum become loose. This lessens the strength of the levator muscles and causes the changes like expansion of vaginal introitus, and vaginal and anal opening become too close. So, sexually active women having perineal laxity complain of very lax vagina and unpleasurable coital activity. This happens mostly in multiparous and postmenopausal women. Vaginal laxity is a very prevalent condition that affects women's sexual wellness.

AIM-

The aim of this review is to evaluate and discuss *Yoni bhransh* (Perineal laxity) its etiology and pathogenesis.

OBJECTIVE-

To elaborate on the *Ayurvedic* management of *Yoni bhransh* (Perineal laxity).

MATERIAL AND METHOD:

Literatures related to the title is explored by all *Brihatrayees & Laghutrayees*. Also from all the contemporary textbooks, review articles, relevant journals & websites.

CONCEPTUAL STUDY:

AYURVEDIC VIEW :

Though, initially all the classics have given the number of *Yonivyapad* as Twenty. *Aacharya Sushruta* has classified five conditions due to the vitiation of each dosha and *Phalini Yonivyapad* due to vitiation of all three dosha i.e. *Tridoshaja*. *Aacharya Madhav* in *Madhav Nidan* mentioned *Phalini* as '*Andali*'³ and *Bhavprakash Aacharya* mentioned *Andini*⁴ in place of *Phalini*. *Aacharya Vagbhata* in *Vatiki Yonivyapad*⁵ has added feeling of stretching, vaginal flatus, and displacement in local symptoms and said that this disorder produces severe pain in the groin region and flanks due to vitiation of *Vata* dosha. *Aacharya Sushruta* mentioned *Prasramsini Yonivyapad*⁶ due to vitiation of pitta dosha. *Aacharya Sushruta* said that when a woman has a *Ruksha* body or else a weak or young woman does excessive coitus with a man having a big size penis, then her *Vata* gets aggravated. This *Vata* withholding *Pitta* and *Sleshma* already vitiated due to their specific causes reaches the region of *Yoni* and produces various disorders. Also abnormal dietetics and mode of life, abnormalities of *Artava* and *Beeja* (either ovum or sperm or both), and curses or anger of God (in the absence of apparent cause, the disease is said to develop due to curses of God) are also the causative factors of all these twenty disorders of *Yoni*^{7,8}.

Lakshana -

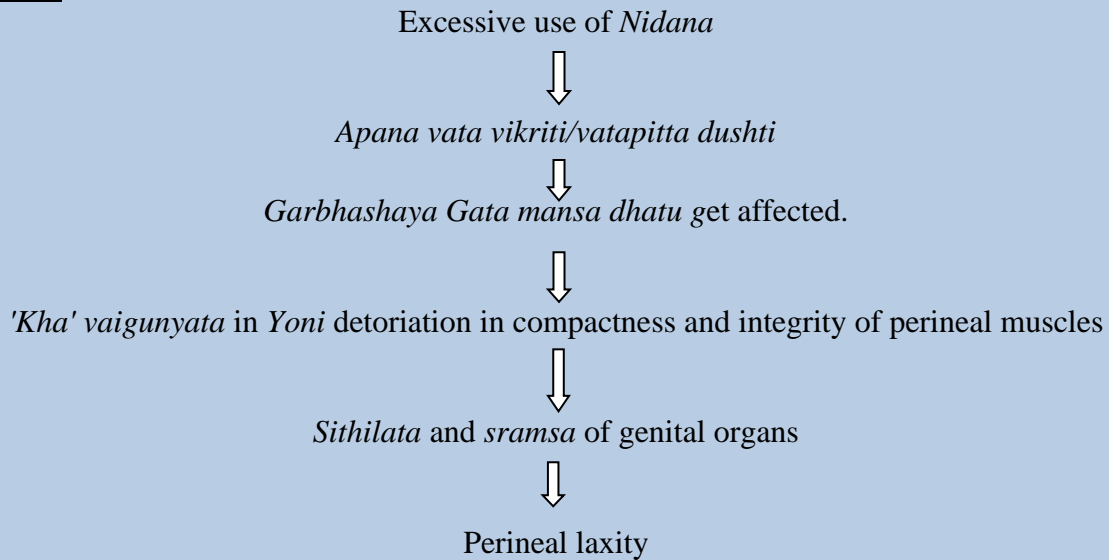
Aacharya Sushruta has said that when a young woman has coitus with a man having a size penis, then she suffers from *Phalini*. It features of all *doshas* i.e. dryness and pricking pain due to *Vata*, burning sensation and heat due to *Pitta*, and

unctuousness and itching due to *Kapha* are also present^{9,10}.

Aacharya Vagbhata has added feelings of stretching, vaginal flatus, and displacement in local symptoms and scanty, blackish, and pinkish menstruation also. This disorder produces severe pain in the groin region and flanks due to vitiation of *Vata dosha* in *Vatiki Yonivyapad*¹¹.

Aacharya Sushruta in Prasramsini Yonivyapad said that in this condition any irritation causes excessive vaginal discharges or its“ displacement and labor is also difficult due to abnormality of passage, other features of pitta vitiation i.e. burning sensation and heat, etc. are also present¹².

Samprapti¹³-



AYURVEDIC MANAGEMENT OF YONI BHRANSH

Principle of treatment

In *Vatala Yonivyapada*, *Vata* alleviating measures (*Vatavyadhikara karma*) such as Oilation, Fomentation, Enema, etc. should be prescribed¹⁴ Sprinkling (*Seka*), massaging (*Abhyanga*) and tamponing (*Pichu*) should be done in *Vataja* type of *Yonivyapada*¹⁵. *Swedana* (Fomentation) She should be subjected to a pitcher (*Kumbhisweda*) or tube (*Nadisweda*) hot moist with the meat of aquatic and mars(i.e., oil processed with salt) and then fomented by stone (*Ashmaghana sweda*), bed (*Prastara sweda*) and bolus (*Sankara sweda*) method of fomentation. Thereafter she should be sprinkled by animals, milk, sesamum seeds, and *Vata* relieving drugs. The women should be first massaged with *Lavantaila* with warm water and fed on *Vata* relieving meat soup.¹⁶ *Yonilepana* (Vaginal Painting) Warm paste of

Himsra (*Himsrakalka*) should be applied per vaginum after massage.¹⁷ *Yonipichu dharana* (Vaginal Tamponing) This is one of the simplest *Sthanik Karma* that gives continuous drug delivery to the target organ. Another advantage is that there is no need for sophisticated instruments and trained experts rather and patients can do themselves after little instruction. *Guduchyadi taila yoni pichu*.¹⁹ and *Lavanataila yoni pichu* should be applied per vaginum to relieve pain¹⁹ and *Udumber tail yonipichu*.²⁰ should be used in *Yoni bhransh* (perineal laxity). *Basti* (Enema) Enema of recipes containing oil and sour (*Amla rasa*) juice is useful.^{21,22} *Ghritapan Kasmaryadighrita*.²³ , *Balaghrita*²⁴ , *Shatawaryada ghrit*²⁵.

Others, If the genital tract is displaced, it should be brought back to its normal position after oilation and fomentation.²⁶ *Mahayoni Yonivyapada*: Principle of treatment: Whatever remedy is said for *Vatika*

disorder, it should be applied to all disorders of the female genital tract particularly in *Mahayoni*²⁷.

Manual procedure: According to *Acharya Vagbhata*²⁸, the displaced vagina should be placed in its correct place after its lubrication and sudation. The vagina displaced upward should be pulled down by the hand, the constricted one should be dilated, the protruding one should be pushed inside, that which is bent backward should be turned forward and the misplaced vagina is by itself a foreign body in women.

Yoni Purana (Vaginal Packing): Fat of bear, hog, and *Ghrita* boiled with *Madhur rasa dravya*; make it in *Kalka* form and then plugged into the vagina and bandage with a flexed piece.²⁹

Basti (enema): *Anuvasana* and *Uttar-Basti* therapy must be done with *Trivritta sneha* (i.e. *Ghrita + Taila + Vasa*).³⁰

Snehapana: *Snehapana* should be given with the same *Trivritta Sneha*.³¹

Yonipichu Dharana (Tamponing): *Pichu* with *Mushika tailam*.³²

Phalini Yonivyapada: According to *Acharya Sushruta*,³³ *Phalini* is *Tridoshaja* disease that is incurable.

Prasransini Yonivyapada: Principles of treatment: Local washing, irrigation, anointment, massage, use of *Bandha* (*Veshwara bandha*), and tampons prepared with the drugs either having cooling properties or capable of suppressing *pitta* should be done. Application of *Veshawara Bandh*³⁴ *Yoni* protuberant or prolapsed out of the vagina should be anointed with *Ghrita* and sudation with warm milk should be done. The prolapsed organ should be pushed inside the vagina then *Veshwara* must be inserted and kept till the period of getting sensation of the bladder. The *Veshwara* is prepared with *Sunthi, Maricha, Krishna, Dhanayaka, Ajaji, Dadima and Pippalimula*. *Yoni Dhawan/Parisheka* (Local douching) It is a procedure in which the vagina, vaginal passage, and mouth of the uterus are washed with medicated decoction or other liquids. *Dhawana* means cleaning or purification of the wound with water or other medicated material, *Kwatha*,

Kshirapak, Siddha jala, and Taila have aseptic, wound healing, pain alleviating, and bactericidal action.

Oleation: Either only *Ghrita* or *Ghrita* medicated with the drugs capable of suppressing *Pitta* should be used.³⁵

Basti: *Basti* with the milk treated with either the *Madhura*³⁶ group of drugs or *Madhuka*.³⁷

Uttaravasti: With *Sukumara taila, Bala taila, Shirisha taila*.³⁸ *Yoni lepana* (Application of paste):

Local application of paste of *Panchawalkala*.³⁹

Ghrita for Oral Administration: The juice expressed from the *Jeevaniya* group of drugs should be mixed with equal-quality *Ghrita* extracted directly from milk and cooked. Oral use of thus prepared *Ghrita* cures all types of *Pittajayonirogas*. *Phalaghrita* (*Laghuphalaghrita*) described by *Acharya Sharangdhar* may be used orally.⁴⁰

Yogic Management :

Yoga-asanas descriptions are found in *Praachin Upanishad, Bhagvatgeeta, Patanjali yoga sutra, Gherand samhita* and *Hatha yoga pradipika*.

MODERN VIEW

Perineal laxity ^{41,42,43,44}

Perineal laxity means weakness or relaxation of the perineal muscle. These perineal muscle loss their tone and are not controlled easily. This weakness results in the descent of the cervix and the vaginal canal from their normal position.

Etiology of Perineal Laxity

A. Congenital type

Spina Bifida Occulta and Split Pelvis; Congenital weakness of the pelvic floor muscles
Congenital prolapse in the newborn.

B. Acquired: Commonest type.

Squatting position; Peripheral nerve injury; Home Delivery

Prolonged Second Stage of Labour; Ventouse extraction; Prolonged bearing down in the second stage

Lacerations of the perineal body. ; Delivery of a big baby.

Precipitate labour and fundal pressure; Rapid succession of Pregnancies

Raised intra-abdominal pressure; Smoking, chronic cough, and constipation.

Abdomino-perineal excision of the rectum and radical vulvectomy

Operations for stress incontinence; Atrophy; Menopausal age

Detail description

Urethrocele -There is laxity in the lower third of the anterior vaginal wall, the urethra herniates through it. This may appear independently or usually along with cystocele and is called cysto urothrocele.

Cystocele -The cystocele is formed by laxity and descent of the upper two-thirds of the anterior Vaginal wall. As the bladder base is closely related to this area, there is herniation of the bladder through the lax anterior wall. Rectocele -There is laxity in the middle third of the posterior vaginal wall and the adjacent rectovaginal septum. As a result, there is herniation of the rectum through the lax area.

Perineal Floor Relaxation-Torn perineal body produces gaping in tortious with the bulge of the lower part of the posterior vaginal wall.

Enterocoele - laxity of the upper-third of the posterior vaginal wall results in herniation of the pouch of Douglas. It may contain omentum or even a loop of the small bowel and hence, called an enterocoele. Traction enterocoele is secondary to uterovaginal prolapse. Pulsation enterocoele is secondary to chronically raised intra-abdominal pressure.

Vaginal Vault Prolapse-The most advanced stage of pelvic relaxation occurs when the support structures of the vagina (cardinal and uterosacral ligaments) are damaged by hysterectomy or other pelvic surgery such that the vaginal vault everts.

Uterine Prolapse-Descent of the uterus and cervix because of the weakness of their supporting structures (utero-sacral and cardinal ligaments) results in uterine prolapse. Normally the cervix is located in the deepest third of the vagina. As uterine prolapse progresses, the amount of descent into the vaginal canal will increase. Uterine prolapse is graded as follows:

GRADE 1= mild descent of the cervix towards the vaginal opening with strain.

GRADE 2= cervix to vaginal opening with strain.

GRADE 3= cervix outside vaginal opening with strain.

GRADE 4= "procidentia," complete prolapse in which the cervix and uterus are outside the vaginal opening at all times.

Common Symptom of perineal laxity

Something coming out per vaginum, Dragging pelvic discomfort and low backache, Purulent or a blood-stained discharge. Micturition- Difficulty in emptying the lower bowel (dyschezia) Dyspareunia and loss of libido.

Prophylaxis-

Careful attention during childbirth can do much to prevent prolapse. A perineal tear must be immediately and accurately sutured after delivery. Postnatal exercises and physiotherapy are beneficial. Early postnatal ambulation. Provision of adequate rest for the first 6 months after delivery and the availability of home help for heavy domestic duties. A reasonable interval between pregnancies so that too many births at too short intervals are avoided. This allows recovery of muscle tone in between pregnancies. Avoiding multiparity by using a family planning method so that strain on the ligamentary supports is reduced. Provision of adequate rest for the first 6 months after delivery and the availability of home help for heavy domestic duties. A reasonable interval between pregnancies so that too many births at too short intervals are avoided. This allows recovery of muscle tone in between pregnancies.

Definitive treatment

Non-surgical treatment:- Physiotherapy:-When there is only a minor degree of prolapse, and especially during the six months following delivery, pelvic floor exercises carried out regularly are of some value. Their effect is limited.

In hormone replacement therapy:-In assessing a patient with utero-vaginal prolapse, it is frequently noted that considerable atrophic change is present in the vaginal and cervical epithelium. Mild degrees of prolapse may be helped by HRT, provided there is no

contraindication for oestrogen therapy. However, HRT is not helpful in relieving a major degree of prolapse. HRT is used for a few weeks preoperatively to improve the condition of the vagina.

Pessary treatment- A pessary provides palliative Treatment. The uterus and vaginal wall are controlled with a supporting pessary, of which there are many types: ring pessaries, shelf pessaries, tampons, pads, and other supporting devices all have a place in the management of prolapse. When the perineum is too weak to hold a ring in position, some form of stem or shelf pessary is used. A pessary does not cure prolapse. It merely holds and supports the uterus and vagina up in the pelvis.

Surgical treatment- This procedure is indicated when there is third-degree prolapse and when the prolapse is complicated by menstrual problems or uterine pathology, such as premalignant conditions in the uterine body or cervix.

DISCUSSION

Yoni bhranshi is the condition in which *Vata's* provoking activities and food habits cause vitiation of *Vata* which may lead to various complications. In western medicines, there is no permanent therapy with gels, creams, or pessaries. Moreover, when used in the long term, they are deleterious to health. Hence, the management of this disease is merely insufficient in other systems of medicine and patients are constantly looking with hope towards *Ayurveda* to overcome this challenge. To prevent laxity of perineal muscles, it is important to follow *Swasthviritta* and *Sadviritta*, maintain good nutritional status, proper lifestyle management, follow *Prasava paricharya* and *Sutika paricharya*, and avoid improper habits. In India, women are too shy to speak up about their genital problems, there has been a veil of silence around women's pelvic health issues and women have suffered in silence for far too long. So, proper counseling for women should be done about the disease and its consequences. Treatment aims to treat *Yoni bhranshi* (Perineal laxity) by constricting the vaginal orifice or os of the cervix with the use of different single

drugs or formulations that are given by *Ayurveda*, to improve tonicity of perineal muscles and to prevent further descent of genital organs. To meet this aim, *Ayurveda* offers excellent remedies which are naturally available, rejuvenating, and finally improving women's health and quality of life. Also, *Ayurveda* tells about *Yoga* for muscle strengthening is observed that the regular practice of contraction and relaxation of the perineal muscles, i.e., *Mula bandha* causes an increase in blood supply to the pelvic regions; hence, it results in normal stretching and healing of the wear and tear of pelvic floor muscles.

CONCLUSION

Aetiology, type, symptoms, complications, and treatment are being dealt with in detail. After analysing every *Yonivyapad* related to Perineal laxity are concluded- *Vatalayonivyapad* can be correlated with Endometriosis, Estrogen Deficiency, and Perineal Laxity. *Phalini/ Andini* can be correlated with cystocele and rectocele. *Prasramsini Yonivyapad* can be correlated with I & II degree uterine prolapse. *Mahayoni Yonivyapad* can be correlated with III-degree uterine prolapse.

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