

**AYURVEDIC ASPECT OF PELVIC ORGAN PROLAPSE -A REVIEW**<sup>1</sup>Dhanashree Raju Ade, <sup>2</sup>Tinku Ganesh Khalache

PG 2<sup>nd</sup> year scholar, (Stri roga & Prasuti tantra Department) Annasaheb Dange Ayurved Medical College & Post Graduate Research Centre, Ashta.

Corresponding Author: [dhanuade96@gmail.com](mailto:dhanuade96@gmail.com)

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**ABSTRACT**

The uterus, urinary bladder and rectum are the pelvic organs. These organs are held in their appropriate anatomical position by the support of pelvic floor muscles and ligaments. But when laxity or loss of tone is seen in these muscles and ligaments, these pelvic organs get displaced in a downward direction due to their weight and gravity. After some time, it results in the prolapse of the respective organ. Pelvic organ Prolapse (POP) is found commonly in old age, i.e. in the menopausal age group. Mostly, it is seen in multipara women, i.e., a woman who gives birth to more than one child. Mostly it is associated with the feeling of something coming out of the vagina, which causes discomfort while sitting or walking. Also, it leads to some urinary symptoms such as urgency or frequency or painful micturition, etc. This includes first-degree, second-degree, and third-degree uterine prolapse and cystocele, ureterocele, rectocele. Management can be done using surgical and non-surgical methods. In Ayurveda, it can be correlated to yonirogas Mahayoni, prasramsini, phalini/andini and vatiki yonivyapat. If any women who are prone to mithya ahara viharas, dukha prasava dushta arthava, who didn't follow proper dinacharya, rajaswalacharya, garbhini paricharya, sootika paricharya, results in improper dosha vitiation, rasa, rakta, mamsa, medo dhatu dushti, which in turn causes upadhatu arthava, kandara, sira vitiation resulting in loosening of ligaments, muscles and structures associated with pelvic organ supports, causing organ to prolapse. Prasramsini can be correlated to first or second-degree uterine prolapse, Andini/phalini as cystocele, and Mahayoni as third-degree uterine prolapse/procidencia. The lakshana "Bhramsa in Vatiki yonivyapat" can be correlated to the displacement of garbhashaya.

**Keywords:** Pelvic Organ Prolapse, Menopausal age, Prasramsini, Phalini/Andini, Mahayoni, Bhramsa, Vatiki yonivyapat.

## INTRODUCTION

The prevalence of POP is 3-6% and up to 50% when based on vaginal examination.<sup>[1]</sup> Pelvic organ prolapse is the prolapse of pelvic organs into the vaginal canal.<sup>[2]</sup>

The Normal Position and Structure of Garbhashaya is Sankha nabhi akriti, roheet Matsya Mukha<sup>[3]</sup> And sthana is pitta pakvashaya Madhya.<sup>[4]</sup> Any alteration or change in normal position due to congenital, external lifestyle or intrapartum causes will lead to the descent of the uterus down into the introitus and is termed yoni bhramsa or uterine prolapse. If it's Descent of the Bladder or Rectum, it results in cystocele/rectocele. All these descents of organs together are coined in a term, i.e Pelvic organ prolapse, which is dealt with here.

Prolapse of the Bladder into the vagina is called Cystocele, in which laxity and descent of the upper two-thirds of the anterior vaginal wall are seen. The prolapse of the urethra into the vaginal wall is called the urethrocele, in which laxity and descent of the lower third of the anterior vaginal wall are seen.

The prolapse of the rectum into the posterior vaginal wall is called the rectocele, in which the laxity and descent of the middle-third of the posterior vaginal wall and the adjacent rectovaginal septum are seen. Relaxed perineum is a condition in which there is a gaping introitus with the bulge of the lower part of the posterior vaginal wall is seen.<sup>[5]</sup> These Cystocele, Urethrocele, Rectocele and relaxed perineum are included in Vaginal prolapse.

In Ayurveda, the term Yonivyapada is made up of two words, yoni and vyapada. Yoni means tryavarta yoni, which includes Garbhashaya(Uterus), Apatyapatha(Cervix) and Yoni marga (vaginal canal). The term Vyapada refers to any abnormality that may be functional or anatomical. In this way, Yonivyapada is nothing but any structural or functional abnormality in female reproductive organs.

## Common aetiology of yonivyapada, which leads to pelvic organ prolapse

A) Charaka Samhita<sup>[6]</sup>

1) Mithyachara: The term Mithyachara includes both inappropriate diet and lifestyle. For example, a low-nutritious diet causes weakness of muscles, which leads to prolapse. Excessive coitus or straining during defecation causes prolapse of pelvic organs.

2) Pradushta artava: Here, Artava can correlate with ovarian hormones. Abnormalities in hormonal levels, such as estrogen deficiency after menopause, cause loss of muscle tone, which leads to prolapse.

3) Beej doshas: Congenital abnormalities resulting in pelvic organ prolapse are included under beeja doshas.

Ashtanga hridaya-<sup>[7]</sup>

1) Dushta bhojanat-Dosha prakopaka Ahara (Food).

2) Vishama sthana anga shayana - Sleeping in abnormal posture.

3) Bhrush maithun sevan-Excessive coitus in frequency.

4) Dushta artava- As explained by Charaka.

5) Beej Dosh-As explained by Charaka.

Common Pathology of Yonivyapadas which leads to Pelvic organ Prolapse-

Acharya Sushruta said that when Ruksha (Dry) and Durbala (Weak) Bala, i.e. very young woman does a coital act with a big size penis man, then there is Vata dosha prakopa, this vitiated vata dosha along with pitta and kapha dosha which are already vitiated, moves towards yoni area and causes different yonivyapadas, which leads to pelvic organ prolapse also.<sup>[8]</sup>

## VISHESHA NIDANA

Prasramsini-<sup>[9]</sup> दुःप्रसूः दुःखेन प्रसूयते difficult labour or severe strain during parturition, improper bearing down efforts, multiparity.

Pregnancy is a state of physiological collagen softening - a sannikrushta hetu. If a woman is already ruksha and durbala, the supporting structures will weaken, leading to prolapse at an early age.

Mahayoni –<sup>[10]</sup> विषमं दुःखशय्यायां मैथुन

Andini/Phalini-<sup>[11]</sup>अतिकाय गृहीतायास्तरुण्याः फलिनी भवेत् ।

Having sexual intercourse in improper positions can cause uterovaginal prolapse in later. stages.

### SAMPRAPTHI GHATAKAS

Dosha: Vata pradhana Tridoshaja

Dushya: rasa, Rakta, mamsa, meda,

Srotas: Rasavaha, Mamsavaha, Arthavavaha, rak-tavaha and Medovaha

Rogamarga: Abhyantara

Vyaktasthana: Garbhashaya, Yoni

Udbhavasthana: Pakvashaya

Srotodushti: Vimargamana, Atipravriti

Agni: Jataragni, Dhatwagni.

### SAMPRAPTHI

Mithyahara vihara sevana leads to aggravation of doshas, mainly apana vata, followed by tridoshaja vitiation, which in turn affects the mardhavata of garbhashayagata mamsa dhatu, causing kha vaigunya in garbhashaya. This causes mamsa, peshi and snayu shithilatha in yoni gradually progress as yoni bhramsa.

### TYPES OF PELVIC ORGAN PROLAPSE <sup>[12]</sup>

Types

Vaginal

Anterior Wall -Cystocoele. Urethrocoele, Cyst-touretthrocoele

Posterior Wall - Rectocoele, Relaxed perineum. Vault prolapses

Uterine utero vaginal, congenital

### DEGREES OF PROLAPSE

Degree of Prolapse	Cystocele (Anterior vaginal wall)	Rectocoele (Posterior or recto vaginal wall)	Uterine or vaginal vault prolapse
First degree	Descends halfway to the hymen	The rectovaginal wall descends halfway to the hymn.	The cervix or vaginal apex descends halfway to the hymn.
Second degree	Along with the bladder extending to the hymen.	Sacculatation descends. to the hymen.	Extends halfway to hymen or perineal body
Third degree	Underlying urethra and bladder outside the hymen	Extends beyond the hymen	Extends beyond the hymn and protrudes
Procidentia			Complete organs prolapse

### CLINICAL CORRELATIONS

#### 1. PRASRAMSINI

Mentioned only by sushruta among Brihatrayi and also in Madhavanidana<sup>[13]</sup>, Bhavaprakasha [14], and Yogaratnakara. <sup>[15]</sup>

Due to the samanya mentioned above and vishesha nidanas, i.e. Mithyahara viharas, pradushta arthava, repeated childbirth, strain during labour, chronic cough history, and chronic constipation, it results in apana vata kopa and kapha kshaya, these together vitiate pitta through Aashaya apakarsha gati. Thus,

Prasramsini is a pitta pradhana vyadhi, according to Acharya Sushruta.

Clinical features

Sramsana kshaya. displaced from its normal position due to vata kopa and rasa, mamsa dhatu

Syandana's white discharge p/v shows vata-pitta dosha involvement in either Thanu Srava or Putiyuk-ta Srava.

Kshobhana-kshobhita sanchalita was pushed from its usual site.

Acharya dalhana has mentioned vitiated pitta lakshanasosha, chosha, daha.

In Madhavanidana, it has been mentioned that the svasthanachyavathe position is due to kshobhana and vimardhana displaced from normal.

There is no direct mention by Acharya Vagbhata [16], but he has mentioned the words vivrta and nisrta while mentioning treatment for sthanapavrtha yoni.

Prasramsini can be clinically co-related to First or second degree uterine prolapse.

## 2. PHALINI

Acharya Sushruta says it as phalini while other acharyas of laghutrayi call it as andini. As acharya Sushruta says, person who indulges in coitus with a man having pravrdha linga, then she will suffer from phalini. Acharya dalhana also mentions it as aphilini, apraja. It is a tridoshaja vyadhi. Ruksha, todadi as vata dushti, oshachoshadi as pitta dushita, Sneha kanduadi as kapha dushita lakshanas are mentioned.

According to Bhavamishra,<sup>[17]</sup> bala or adolescent girl with a narrow vaginal canal(Sukshma yoni chidra) indulging in coitus with a pravrdhalinga purusha will result in andini. As adolescence is an age for hormonal and reproductive organ development, indulging in coitus in such conditions can cause collagen damage and muscle laxity due to hypoestrogen and underdeveloped reproductive organs.

### Clinical Features

Andavat lambamana yoni - protruding at introitus like that of an egg.

Usually, it won't cause uterine prolapse, but it may result in laxity of vaginal walls and lead to cystocele or rectocele conditions.

If there is forceful insertion and continuous indulgence, it may lead to perineal tears or permanent damage to vaginal musculature. Phalini/Andini can be clinically corelated to Vaginal wall descent, i.e cystocele or rectocele.

## 3. MAHAYONI

All acharyas including brhatrayis and laghutrayis mention Mahayoni, Sushruta mentioned it as Mahati. Vagbhata has also mentioned srasta and vivrta in this context. It is a tridoshaja vyadhi for Sushruta<sup>[18]</sup>, bhavamisra<sup>[19]</sup> and yogaratnakara<sup>[20]</sup> and vatika yoni roga for charaka, vagbhata.<sup>[21]</sup>

As per samanya and visesha nidana, having intercourse in uneven places and position causes vata kopa results in vishtabhana of yoni, i.e vistara of yoni according to Chakrapani, asamvrtha mukha (hypertrophied), with pain, dry froathy discharge. This condition of having muscular protuberance(Mamsotsanna) in the yoni and pain in the joints and groin region (parva vamkshana sula) is known as Mahayoni.

According to Sushruta, Yoni is excessively dilated, and symptoms of tridoshaja dushti, ie ruksha, todavata, osha chosha-pitta, Sneha, kandu- kapha, are seen.

Analysing all the features of Mahayoni, it can be clinically corelated to the Third degree of uterine prolapse or procidentia.

## 4. VATIKI YONI VYAPAT

Bhramsa displacement According to Ashtanga hridaya Indu commentary in vatiki yonivyapat, the word "bhramsa" is mentioned, which means displacement or descent of yoni. Other symptoms are Ayama (feeling of stretching pain in the vagina), phenila aruna Krishna alpa thanu ruksha arthava srut (scanty blackish menstruation), vamkshana parshvadou vyadha (pain in the groin region and flanks).

Acharya vagbhata has not separately mentioned prasramsini yoni vyapat, instead bhramsa in vatiki yoni vyapat lakshana, nisrta, vivrta, dusthitha words are used in chikitsa for displaced yoni which can be considered.

### Chikitsa

A) General treatment<sup>[22]</sup>

1] Snehana-Oleation

2] Swedana-Sudation

3] Swasthana Sthapana- Replacement in the proper position. It includes the following.

a)Vakra Yoni(Tortuous)- by Straightening

b) Samrutta Yoni (Narrow orifice)- Vardhan (Dilation with the help of fingers)

c) Vivrutta Yoni (Dilated Orifice)- Parivartan(Constricted from all around)

d) Bahirnigata (Protuberating Outside)- Inserted back by gently pressing with hands.

## B) Specific management

### 1] Vatik yonivyapada treatment<sup>[23]</sup>

Snehana: Oleation

Swedana: Sudation

Pichu: Vaginal tampon with medicated oil such as Guduchyadi Taila or Rasnadi Taila.

Basti and Uttara basti: Administration of medicated oil or decoction in the rectum and through the vagina into the uterus, respectively.

Ghratapana: Oral intake of medicated ghee such as Kashmaryadi ghrita or shatavaryadi ghrita.

Kumbhi Sweda and Tila taila pichu<sup>[24]</sup>: According to Bhavprakasha, Kumbhi sweda is applicable, i.e. Sudation with vapours from an ewer in a closed room also vaginal tampon with oil of sesame.

Snehana, svedana, basti, seka, abhyanga, and pichu are the management adopted, which are done with vatahara drugs and those drugs providing strength to mamsa dhatu.

### 2] Prasamsrini yonivyapada treatment

Udavarta Yonivyapada Chikitsa- oral intake of meat soup of gramya(wild), anup(living in marshy land), audaka(aquatic) animals, oleation, Sudation, oral intake and basti of milk medicated with Dashamoola, Anuvasana and Uttara basti with trivrutt Sneha<sup>[25]</sup>

Oral intake of meat soup and Swedana (Sudation) by milk, Oral use/ uttarbasti/ anuvasana basti of sneha medicated with dashamoola and trivrutt decoction and paste.<sup>[26]</sup>

Swedana (Sudation) and repeated course of basti (Uttara basti and anuvasana basti) with vatahara tail, Sukumar taila, bala taila, shirisha taila, if these tails are cooked hundreds and thousands of times before use, then it is very practical. This treatment is helpful in pain, roughness, stiffness, and displacement of the vagina.<sup>[27]</sup>

Anointing by ghee and Swedana by milk, followed by Veshvaren pidhay bandh, is a ball of minced meat or a solid mixture of the following drugs- Shunthi, maricha, Krishna, dhanyaka, ajaji, dadim, pippali moola is inserted in the vaginal canal, and a bandage is applied.<sup>[28]</sup>

### 3] Mahayoni vyapad treatment

Udavarta Yonivyapada Chikitsa<sup>[25]</sup>

Yonipurana- filled the vaginal canal with vasa(fat) of Ruksha (Beer). Kuleer (Crab),

Kukutta (Cock), Varaha(Hog) or Madhur dravyasiddha Goghrita (Cow's ghee medicated with madhura group of dravyas), then a bandage of cloth should be applied.

### 4) Vivrutta Yoni management in Mahayoni (Excessive dilatation)

According to Charaka- Pichu (Vaginal Tampon) and Irrigation with Udumbara tailam,<sup>[29]</sup>

According to Sharangadhara, Laghuphalaghrita Pana also anointment of the Vaginal canal with an equal quantity of powdered seeds of pasha and young unripe fruits of Udumbara mixed with tila oil and honey is good for toning up of musculature of the vaginal canal. Makanda phal, along with honey and camphor paste, is applied inside the vaginal canal.<sup>[29]</sup> According to Yogaratnakara- Irrigation with decoction of the root of kapikacchu and tampon in suramanda is adequate.<sup>[29]</sup>

## DISCUSSION

The context of yoni bhramsa or pelvic organ prolapse can be clearly understood from the specific yoni rogas mentioned by acharyas. Due to asamyak or mithya Achara sevana, mithya viharas like repeated childbirth causes vata prakopa, which causes sramsas of garbhashaya. So, it is mentioned by vagbhata in vatik yoni vyapat lakshanas. During sootikakala, if the day-to-day activities are resumed early without proper rest, like weightlifting, seeta maruta seva, is a kind of prajnaparadha that results in dhatukshaya and doshaprakopa. Other viharas, like straining during defecation and untreated chronic cough, will cause an increase in intra-abdominal pressure and laxity of pelvic floor muscles. Having improper positions during coitus, atimathuna, or bhrsha maithuna can cause sudden laxity of ligaments and muscles.

Pradushta arthava can be correlated to a hypoestrogenic state, post-menopausal atrophy. Estrogen is a hormone that acts on connective tissue, and collagen has receptors in



pelvic floor muscles and ligaments, thus reducing the hormone effect on muscle tone and strength, resulting in laxity.

In beeja dushti, congenital laxity of muscles in Ehler danlos syndrome, Marfan's disease, congenital elongation of the cervix, all these can be taken as a beejabhagaavayava dushti which makes it more prone to prolapse. If affected by spina bifida, it will cause pudendal nerve neuropathy that weakens the strength of pelvic floor muscles. Daiva/Purva janmakrta karma can also be linked to causing beeja dushti.

The vitiated vata with kapha kshaya and pitta vitiation due to ashayapakarsha gati will cause rasa, rakta, mamsa, medo kshaya leading to lakshanas specific dosha vitiated lakshanas. sramsas, syandana, kshobhana,

In Prasamsini, according to Sushruta and vatika yoni vyapat, according to vagbhata, sramsas is mentioned, which means the descent of the uterus up to the introitus. This can be correlated to first or second-degree uterine prolapse as per the symptoms noted. As per acharya Sushruta prasamsini is a pittapradhana tridoshaja vyadhi. The treatment adopted is purely conservative management to reduce the degree of descent. Yoni abhyanga increases the vascularity of vaginal walls and tissues, thus facilitating the absorption of drugs. Ksheera dhuma acts as pitta hara, soolahara, and vatahara, reduces sanga srotodushti and opens srotases, and Yoni pichu allows a method of prolonged dosing of medicaments. Veshavara bandha, administering mamsa rasa (gramya anupa oudaka rasa, vasa/rksha/Varaha/kukkuta mamsa rasa) will act based on samanya vishesha sidhanta on pelvic floor muscles and ligaments. Doing veshavara and bandhana can also act as a kegels exercise. Use of traivrita Sneha, svedana in mahayoni chikitsa has a mode of action as mentioned above. Anuvāsana basti and Uttara basti promote endometrium receptivity, facilitating drug transport to the target site. Phalini/andini which is correlated to cystocele, the same treatment as that of prasamsini can be adopted. As mentioned in sthanapavvrtha yoni chikitsa, garbhashaya, which got displaced from its sthana, should be kept back in its

position (praveshayen nistrtha and vivrta parivar-thayet). This can be considered abdominal sling operations, anterior colporrhaphy, and Fothergill operations. If all these treatments are ineffective, garbhashaya is considered a salya, i.e., Hysterectomy is the final management.

## CONCLUSION

According to Ayurveda, pelvic organ prolapse is included in different yonivyapadas. Phalini Yonivyapada is similar to Cystocele or rectocele. Vatiki Yonivyapada is identical to the Laxity of Perineum. Prasamsini Yonivyapada is similar to first or second degree uterine prolapse. At the same time, third-degree uterine prolapse can be compared with Mahayoni vyapada. In Modern Medicine, Surgery is the only treatment of choice. Here is where Ayurveda can play a pivotal role by adopting conservative management options and reducing further descent and progress to a condition where surgery is the only option for cure. The treatment approach of Ayurveda for these Yonivyapadas is very unique. Snehana (Oleation) and Swedana (Sudation), followed by Basti and Uttara basti, benefit patients. Local modalities like Pichu (Tampon) or Pariseka (Instillation) are beneficial in Pelvic organ prolapse.

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