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GODHOOM & YAVA PINDA CHIKITSHA IN PRASRAMSINI YONI VYAPD (SECOND DEGREE UTERINE PROLAPSE WITH CYSTORECTOCELE)

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ABSTRACT

In modern era due to altered lifestyle and working motherhood, the rest needed for women during menstruation & during puerperal period is not available. *Acharyas* have been mentioned the importance of *Rajahswalacharya* and *Sutika Paricharya* in our classics. Protrusion of the pelvic organs into or out of the vaginal canal is known as Pelvic Organ Prolapse. It results from weakening or damage to pelvic supporting structures that maintain pelvic organs' position in-situ. The problem unmasks after delivery and with age progression, due to injury/ laxity of pelvic supporting structures. Anything that increases intra-abdominal pressure can lead to pelvic organ prolapse e.g., chronic constipation, heavy weightlifting& strenuous exercises. *Acharya Sushruta* has mentioned that *Prasramsini Yonivyapda* occurs due to chronic irritation & difficult labor. Clinical features of *Prasramsini Yonivyapda* are *Pitta* and *Vata* dominant. According to WHO estimation the global prevalence of uterine prolapse is 2-20%. A non-surgical approach to relieve the symptoms is need of hour as surgical management is not a good option for a female of reproductive age group. Moreover, recto cystocele corrected by colpoperineorraphy sometimes doesn't provide sustainable results. A female patient aged 42 years came to PTSR OPD with complaints of something coming out of her vagina for 6 months, heaviness and pain in lower back for 6 months. *SthanikChikitsa* (Local treatment) was advocated to her for three consecutive cycles after clearance of menses. *Yoni Purana* was done with medicated *Yava, Godhuma Pind* (by inserting in vagina) after local *Snehan* and *Svedana.* Pre

and post POP-Q scale were used to assess the results. Patients got relief in her symptoms through this *Ayurvedic* approach.

Keywords: *Prasramsini,* second degree uterine prolapse, *Ayurveda, Pinda, Yava, Godhoom*

INTRODUCTION

[1]*Acharya Madhava* interpreted cause of *Prasramsini Yonivyapd*"*Prasramsini Sramsate Ch Kshobhita*" means due to straining; "*Dushprajayini*" means difficult labor. [2]*Acharya Sushruta* has mentioned that chronic irritation & difficult labor led to *Prasramsini Yonivyapt* & *Acharya Dalhana* explained causes of difficult labor due to pathology in passage. *Pitta* dominant features are present in *Prasramsini Yonivyapt* according to *Acharya Sushruta*.

Female body undergoes tremendous change during pregnancy, childbirth & with increasing age. Though these changes can be limited through a healthylifestyle& nutritious diet, yet due to negligence or lack of knowledge it may lead to various complications & difficulties with increasing age. The Pelvic organ prolapse is a common clinical condition found in gynaecological practice, especially among the parous women. The entity consists of descent of the vaginal wall or the uterus. Any irritation that causes excessive vaginal discharges or its displacement or difficult labor due to abnormality of passage & other symptoms of *Pitta* vitiation like *Osh, Chosh* i.e., burning sensation; this condition is called as *Prasramsini Yoni Vyapat*. First or second degree uterine prolapse is often seen in women having chronic constipation, with history of difficult labor or heavy weightlifting.

In Modern this condition has been explained as:

Genitals prolapse is one of the common clinical conditions met in day-to-day gynaecological practice especially amongst the parous women. The entity includes descent of the vaginal wall and or the uterus. The uterus is normally placed in anteverted and anteflexed position. It lies in between the bladder and rectum. The cervix pierces the anterior vaginal wall almost at right angle to the axis of the vagina. The external os lies at the level of ischial spines. The uterus is held in this position and at this level by supports conveniently grouped under three tier systems. The objective is to maintain the position and to prevent descent of the uterus through the natural hiatus in the pelvic floor. The genital prolapse occurs due to weakness of the structures supporting the organs in position. The factors are groupedas Predisposing factors i.e., Acquired & Congenital. Vaginal delivery with consequent injury to the supporting structures is the single most important acquired predisposing factor in producing prolapse. Congenital weakness of the supporting structures is responsible for nulliparous prolapse or prolapse following an easy vaginal delivery.

The basic principle of management of POP is repositioning of the prolapsed part in-situ. The *Ayurvedic* therapies work more efficiently in first & Second degree uterine prolapse with or without cystorectocele for giving symptomatic as well as clinical relief to patient.

Material &Methods

Case Report

A female patient of age 42 years came to PTSR OPD with complaints of something coming out of her vagina for 6 months. Heaviness and pain in lower back & burning sensation in vulval region, leaking of urine while coughing or straining for 6 months.

History of present illness revealed that patient was quite asymptomatic 6 months back, gradually she developed feeling of something coming out of her vagina during straining, coughing or during defecation associated with leaking of urine while coughing or straining. She had also complaint of heaviness & pain in back for 6 months, these symptoms were aggravated with exertion and relieved by rest. She said that she had incomplete evacuation of stool & burning sensation in vulval region for 5-6 months, initially she ignored the symptoms and gradually these symptoms aggravated & disturbed her day-to-

dayactivities. On further enquiry, she said that she had chronic constipation. She took treatment on & off for constipation & got symptomatic relief for few days but didn't get permanent relief. With these complaints she came to PTSR OPD and got evaluated further.

Menstrual history

- Age of menarche:13 years
- Duration:1-2 days
- Interval: 42-45 days
- Amount: Moderate
- Associated symptoms: Pain, smell and clots during menstruation were not present.

Table no.1: Obstetric History: G2P2L2A0

Sr. No.	Year	Pregnancy events	Delivery outcome	Baby Weight& Cry	Puerperium
1.	2000	Uneventful	Male Baby by NSVD with RMLE	3.8 Kg, cry was immediate	Uneventful
2.	2002	Uneventful	Female baby by NSVD with midline tear, not repaired, healed spontaneously	3.95 Kg, Cry was immediate	Uneventful

Contraceptive History: Nil

Family History: No history of DM, HTN, PTB and Thyroid dysfunction.

Examination of Patient:

Table no.2: General Physical Examination

Examination	Results
Weight	65 Kg
Height	160cm
BMI	26.17
Built	Moderate
Nourishment	Moderate
Pallor	Not Present
Icterus	Not Present
Oedema	Not present
Clubbing	Not Present
Lymphadenopathy	Not Present

Table no.3: Ashtavidha Pariksha

Parameters	Results
Nadi	86 bpm
Mala	Once a day, consistency is semisolid
Mutra	3-4 times/day, *Peetabh Shwetvrana*
Jivha	*Anavritta*
Shabda	*Spashta*
Sparsha	*Anushan Sheet*
Druk	*Nirmal*
Akriti	*Madhyam*

Table no.4: Systemic Examination

Respiratory system	Normal Vesicular breathing, no added sounds
Cardiovascular system	S1S2N, no murmur
Gastrointestinal system	NAD
Loco motor system	NAD
Central Nervous system	NAD
Urinary system	Leaking of urine while straining +
Breast examination	NAD

Table no.5: Gynaecological Examination

P/S	Cervix: Normal size, regular, thin white discharge present
P/V	Cervix: 2 cm below ischial spines, firm, mobile, no motion tenderness, cystorectocele ++

By assessing the patient had been diagnosed with second degree uterine prolapse with cystorectocele.

Table no.6: Vitals at time of admission

BP	**110/70 mm Hg**
Pulse	**78 per minute**

Criteria of assessment:

Table no. 7: [3]Site specific measurements in pelvic organ prolapsed quantification (POP-Q) system:

Site	Description	Range
Aa	Anterior vaginal wall, midline 3cm proximal to external urinary meatus (point of ureterovesical crease)	-3cm to +3cm
Ba	Anterior vaginal wall, most distal position between Aa and anterior fornix	-3cm to +tvl
C	Cervix or vaginal apex	±TVL
D	Posterior fornix or vaginal apex	+_TVL
Ap	Posterior vaginal wall, midline 3cmm proximal to hymen	-3cm to +3cm
Bp	Posterior vaginal wall, most distal position, between Ap and posterior fornix	-3cm to +TVL
Gh	External urinary meatus to posterior midline hymenal ring	2cm
TVL	Point C or D to the hymenal ring	10cm
Pb	Posterior hymen to anal opening	3cm

Observations

Table no. 8: POP-Q Scale (Before treatment)

+0.5 Aa	+3cm Ba	-4cm C
3cmGh	2.5cm Pb	8cmTvl
+0.5cm Ap	+3cm Bp	-

Table no. 9: Grading of symptoms for feeling of something coming out:

Grade 0	Grade 1	Grade II	Grade III
No feeling of something coming out	Feeling of something coming out during strenuous activities like coughing, sneezing or weightlifting etc.	Feeling of something coming out during moderate stress, standing or going up	Feeling of something coming out during mild stress during sitting or lying down

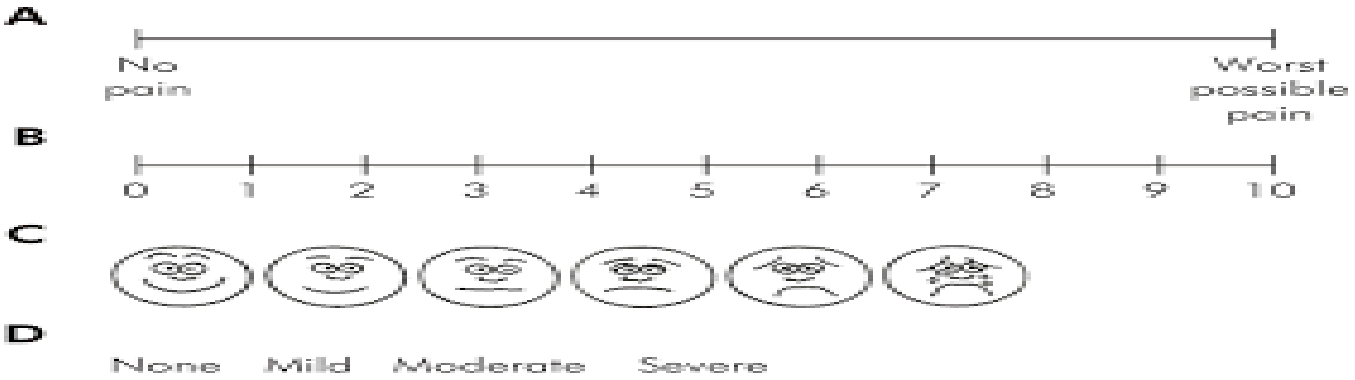
Before treatment- Grade- 2

Table no. 10: Grading of urinary symptoms:

Grade 0	Grade 1	Grade II	Grade III
Incontinence without leakage	Incontinence with only severe stress such as coughing	Incontinence with moderate stress such as fast walk, going up	Incontinence with mild stress such as standing

Before treatment- Grade 2

VAS scale for Backache:



Before Treatment- Grade- 3

Table no. 11: Grading for burning sensation in vulva:

Grade 0	Grade 1	Grade II	Grade III
No burning sensation in vulva	Mild burning sensation in vulva	Moderate burning sensation in vulva	Severe burning sensation in vulva

Before treatment- Grade 2

Table no.12: Treatment Protocol planned: *Sthanik Chikitsha* for 7 days for consecutive three months.

Days	**Treatment Given**
For 7 days	*Abhyanga* with *Phala Ghrita* & *Svedana* with *Go Dugdha, Godhoom Yava Pinda Dharna* & after *Pinda Dharna Gophana Bandha*was applied. Patient was advised to remove *Pinda* till natural urges of urine & stool

Table no. 13: *Shaman Chikitsa* planned for 3 months:

Drugs	**Dose**	**Contents**
Balyam Instant Powder	3 gm twice daily with milk	Extracts of *Ashawgandha, Shatavari, Amalaki & Sankhpushpi* along with *Khatika* (calcium powder), whey milk & skimmed milk
Triphla Churna	5 gm twice daily with lukewarm water for 7 days	*Haritaki, Vibhitaki, Amlaki* fruit powder

Follow up - Monthly till completion of treatment and one month after the treatment to assess recurrence.

Justification of selection for treatment planned: By taking reference from *Bhavaprakash Chikitsha*(70/39,40) as mentioned "*Prasramsini Ghritabhyakta Ksheershvinna Praveshayet*", "*Pidhaya*

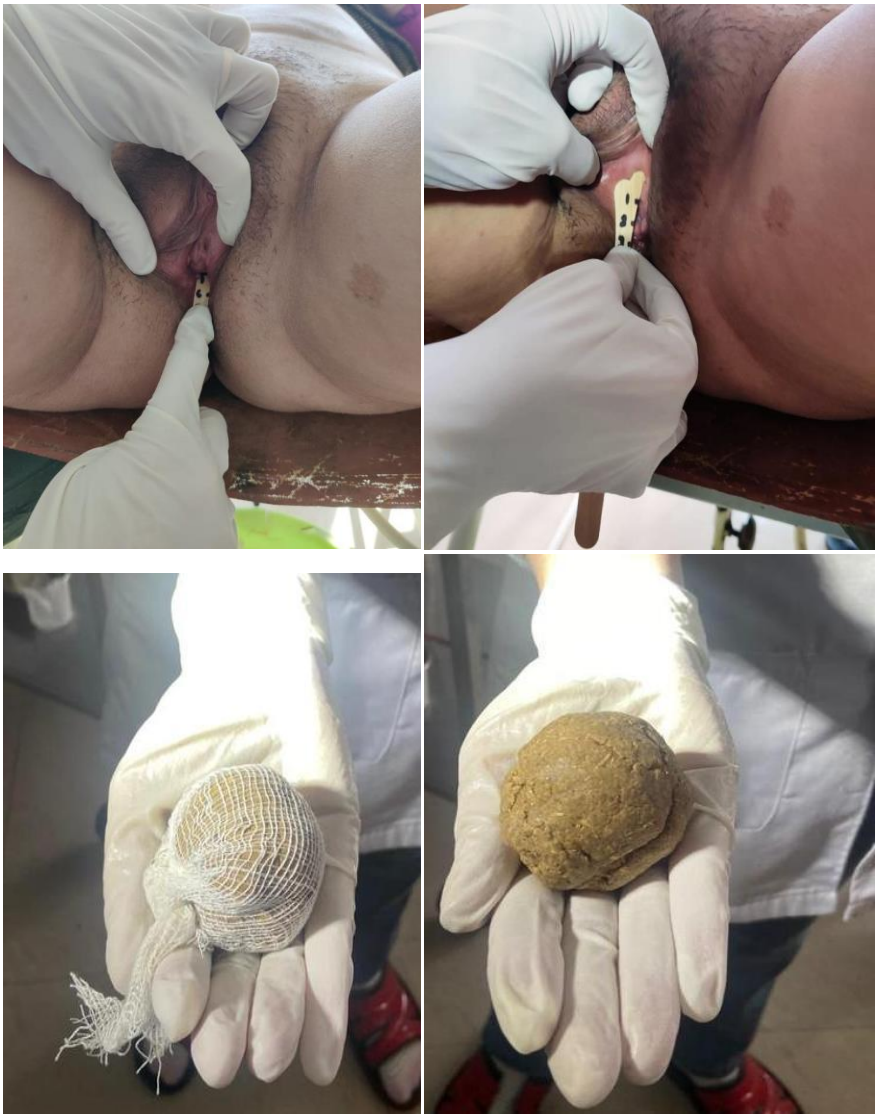
Vehsvarentatobhandhamsmacharet", "Shunthim-arichkrishnabhidhanyakajajidadime:", Pippalimo-olsamyukttaivaishvaarsmrito Budhe"[4]After thorough evaluation patient was planned for *Veshwar Pinda Dharana* for consecutive 3 cycles after clearance of menses for 7 days.

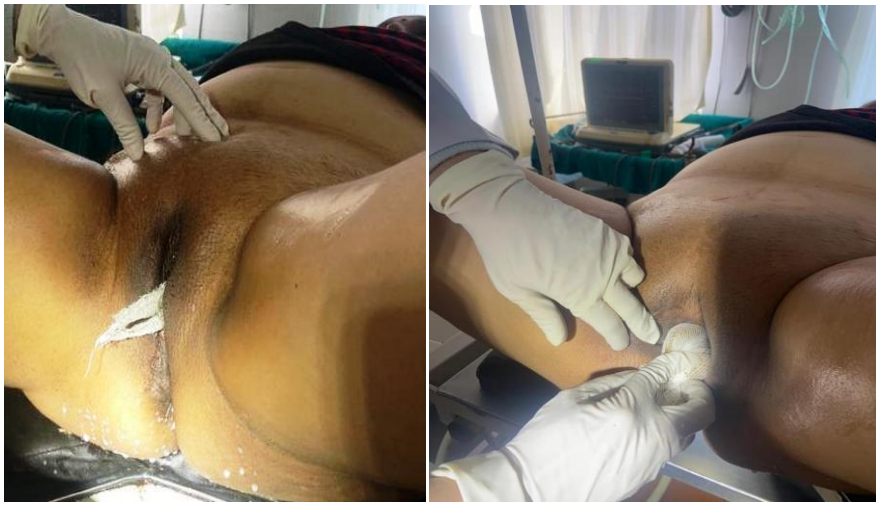
Methods to prepare Yava Godhoom Pinda:

[5]*Shunthi, Marich, Krishna Dhanyaka, Ajaji, Dadima Evum Pippalimoola* powder added to *Kinva, Yava & Godhoom* and a soft dough was made & as patient was vegetarian, so we didn't use *Mamsa* for *Vehsvara Pinda,* in place of *Mamsa* we used *Godhoom* &*Yava* flour &*Kinva* for preparation of *Pinda.*

Treatment Protocol:

***Purvakarma*:** Local *Snehana* of prolapsed part was done with [6]*Phala Ghrita* & local *Svedana* was done with warm Cow milk.





Prdhana Karma:

The patientwas kept in lithotomy position after evacuation of bladder. After local *Snehana & Svedana, Godhoom Yava Pinda* was kept inside the vagina after reducing the prolapsed part &[7]*Gophana Bandha* was applied.

Paschat Karma: Patient was advised to keep *Pinda* in-situ till natural urges of urine & stool. Patient was advised to avoid strenuous activities.

Shamana Chikitsa: included *Vatapittashamaka, Balya &Rasayana Chikitsha.*

Results after treatment: Patient got marked relief from her symptoms and results are depicted as per assessment criteria in tabular form-

Table no. 14: POP-Q Scale (Before treatment)

+0.5 Aa	+3cm Ba	-4cm C
3cmGh	2.5cm Pb	8cmTvl
+0.5cm Ap	+3cm Bp	-

Table no. 15: POP-Q Scale (After treatment)

-2cm Aa	-1.5cm Ba	-6cm C
3.5cm Gh	2.5cm Pb	8cm TVL
-2 cm Ap	-1.5cm Bp	_

Table no.16: Grading of symptoms before, after treatment and after following up.

Symptoms	Before Treatment	After Treatment	Drug free follow up
Feeling of something coming out	Grade 2	Grade 1	Grade 1
Low backache	VAS 3	VAS 1	VAS 0
Urinary symptoms	Grade 2	Grade 1	Grade 0
Burning sensation in vulva	Grade 2	Grade 0	Grade 0

DISCUSSION

Acharya Sushruta has mentioned *Prasramsini Yoni Vyapt* due to vitiation of *Pitta & Vata Dosha*. Symptoms of this disease can be correlated with first or second degree uterine prolapse. Main symptoms mentioned by [8]*Acharya Sushruta* in this disease are *Syandana* (*Sravathi*) means discharge, *Kshobhitha (Sanchalita)* meaning descending or to push, *Du: prasu (Dukhenaprasuyathe)* meaning delivery with difficulty. Although *Dukha Prasava* has mentioned as a complication of *Prasramsini Yoni Vyapt*, it can lead to development of pelvic organ prolapse with advanced age. In *Ayurved*a pathogenesis is aggrava-

tion of *Nidana*'s will result in *Apana Vayu Vikruri* & *Pitta & Vata Dushti* that will vitiate *Garbhashyagat Mamsa Dhatu* which will cause *Khgvaigunya* in *Yoni* & due to all these there will be *Shithilta* and *Sramsa* of pelvic organs. In *Yonivyapt* mainly *Dosha* involved are *Pitta & Vata Dosha*, so the treatment mainly aims at *Pitta Vata Shamak & Balya Aushadh*. Local *Snehana*was done with *Phala Ghrita, Phala Ghrita* contains *Triphala* , both *Sahchara, Guduchi, Punarnava, Shooknasa, Haridradvya, Rasna, Meda & Shatavari* have *Vata Pitta Shamaka* properties & *Svedana* done with *Godugdha* has *Vata Shamaka properties*. It also provides strength as well as tone to perineal muscles. *Pinda* consists of *Shunthi, Marich, Krishna Dhanyaka, Ajaji, Dadima Evum Pippalimoola, Godhoom* & *Yava*'s powder & *Kinva* which have *Vatapittashamak, Balya* & *Stambhana* properties. By the action of *Kinva* (Yeast) the *Yava Godhuma Pinda* will swell up after some time due to fermentation of dough. Thus, it further supports the lax vaginal walls and provides strength as well as good tone to perineal muscles. Instant *Balyam* powder contains Extracts of *Ashwgandha, Shatavari, Amalaki* & *Sankhpushpi a*long with *Khatika* (calcium provider), wheymilk & skimmed milk. *Ashwagandha* helps to strengthen muscle and supports local nerve endings along with that it also has antioxidant properties. *Shatavari* has *Rasayana, Bhrihmniya* & *Vathar* action. *Shatvari* contains phytoestrogens properties which will act as a source of estrogen & reduce laxity of muscles and strengthen the supporting structures. *Triphala Churna* acts as *Rasayana* i.e., rejuvenating properties as well as it acts as a mild laxative, thus targeting the aggravating factor i.e constipation in patient.

CONCLUSION

Prasramsini Yonivyapt can be correlated with second degree uterine prolapse with cystorectocele. In modern times the treatment for second degree uterine prolapse with cystorectoceleis is surgical repair, the results of surgery are sometimes not sustainable. In this case of Second degree uterine prolapse with cystorectocele, patient was treated by following *Ayurvedic* non-surgical management. By applying this approach, the patient got tremendous relief from her symptoms. Thus, we can conclude that this treatment is cost effective and easily accessible and an alternative to surgical repair. It has promising results in reducing the symptoms of patients.

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