

AYURVEDIC MANAGEMENT OF PHALINI YONIVYAPAD W.S.R. CYSTOCELE: A CASE STUDYAkshata Mallikarjun Mudalagi¹, Jyoti Bhardwaj²

¹PG Scholar, ²Assistant Professor, Department of PG Studies in Prasooti Tantra & Stree Roga, AAMC, Moodbidri, RGUHS

Corresponding Author: akshatamudalagi21@gmail.com<https://doi.org/10.46607/iamj14p8052024>

(Published Online: July 2024)

Open Access

© International Ayurvedic Medical Journal, India 2024

Article Received: 08/06/2024 - Peer Reviewed: 17/06/2024 - Accepted for Publication: 15/07/2024.

**ABSTRACT**

Ayurveda has elaborated on gynaecological disorders under the entity of *Yonivyapad*. Ayurveda also explains the condition of pelvic organ prolapse, which is a significant health concern for women. The approach of Ayurveda towards life is very unique; it concentrates on regimens to be followed to stay healthy. According to WHO, the global prevalence of uterine prolapse is 2-20%, which is directly proportional to the age of the woman. In Ayurveda, *Phalini Yonivyapad* can be correlated to 2nd-degree vaginal wall descent with or without 1st-degree cervical descent. Ayurvedic management can be adopted for this condition through *Sthanika chikista* and oral medications.

Key words: Pelvic organ prolapse, *Phalini Yonivyapad*, *Sthanika Chikista***INTRODUCTION**

According to *Acharya Charaka*, *Mithya Achara*, *Pradusta Artava*, *Bija Dusti* and *Daiva* are considered *Samanaya Nidana* for all *Yoni Vyapad*¹. Pelvic organs prolapse is one of the common complaints of older women in gynaecological practice. The incidence is around 9 per 100 women per year, in which

the highest incidence of symptoms occurs between the ages of 70-79 years². The prevalence of this condition increases with age. Pelvic organs prolapse is a significant health concern for menopausal women. Causes of prolapse are multifactorial and result from weak pelvic supporting connective tissues and mus-

cles and ligament injury. Cystocele is formed by laxity and descent of the upper 2/3rd of the anterior vaginal wall³. Among these *Phalini Yoni Vyapad* explained the condition of cystocele well. The Conservative line of management is with a pessary, which has several side effects and is only temporary. Ayurveda has mentioned various modalities for managing prolapse, such as *Yoni pichu* and *Yoni prakshalana*, and for conducting a balanced lifestyle.

AIM AND OBJECTIVE

- To assess the efficacy of *Ayurveda* treatment in managing *Phalini Yoni Vyapad*.

CASE REPORT

A 73-year-old female patient visited OPD of the Dept of *Prasooti Tantra* and *Stree Roga* of AAMC on 24/05/2022 with complaints of mass per vagina during exertion for two years. The patient was healthy two years ago. Gradually she developed a feeling of something coming out from her vagina with excessive exertion activities. She had five standard deliveries without any complications. The typical regular menstrual pattern was continued till menopause, which she attained at 50 years old. With the above-mentioned complaint, she came to AAMC, Moodbidri, for treatment and further management.

PAST HISTORY

No H/o any other chronic illness

No H/o HTN/DM/ Asthma / Thyroid dysfunction

PAST TREATMENT HISTORY

Nothing significant

FAMILY HISTORY

Nothing significant

MENSTRUAL/ OBSTETRIC HISTORY

Menarche – 16 yrs of age

Menopause – 50 years of age

MENSTRUAL HISTORY-

Nature - Regular

Interval – 28 - 30 days

Duration - 4 days

No of pads - 2 pads/ day

OBSTETRIC HISTORY – P₅ (hospital deliveries) L₅ A₂

- 1 - Female (FTND)
- 2 - Male (FTND)

- 3 -Spontaneous Abortion at 2nd month
- 4 - Female (FTND)
- 5- Male (FTND)
- 6- Abortion at 2nd month
- 7- Female (FTND)

GENERAL EXAMINATION –

- Built – Average
- Nourishment – Moderate
- Height – 148cm
- Weight – 55 kg
- Temperature- 98.6⁰F
- Pulse rate- 82 bpm
- Respiratory rate- 20/ m
- B.P-136 / 90 mmhg
- Pal-
lor/Icterus/Clubbing/Cyanosis/Lymphadenopathy /Edema -Absent
- Tongue- Uncoated

SYSTEMIC EXAMINATION

- CNS – Well-oriented with time, place and person
- RS – B/L equal air entry
- CVS – No added sounds
- P/A – Inspection -No abnormal skin lesion, scar, or mass was detected; Palpation - Soft, no tenderness, no organomegaly

GYNECOLOGICAL EXAMINATION

Breast Examination- B/L Breasts atrophied

Inspection of vulva –

- Pubic hair – scanty
- Vulva – normal
- Clitoris- normal
- Labia – normal
- Discharge – absent
- Swelling absent
- No evidence of pruritus

Per Speculum Examination– cervix healthy, no abnormal discharge

Per Vaginal Examination- Uterus Anteverted, Atrophied, Cystocele-Present (3rd degree)

Table No 1. Treatment Timeline of Phalini Yoni

Date	Treatment given	Duration	Observation
31/5/2022 to 15/6/2022	Abhyantara Chikitsa Tab.Chandraprabha Vati ⁴ 1BD (A/F) Cap.Ksheerabala ⁵ 2BD(A/F) Sthanika chikitsa Yoni Abhyanga with Ksheerabala Taila 30 ml Followed by Nadi Swedana with Dashamoola Ksheera	15 days 15 days 15 days	31/5/2022 -Cystocele present (3 rd degree) -Feeling of mass p/v on exertion present
31/5/2022 to 15/6/2022	Yoni Pichu with CharngeryadiGhrita ⁶ : quantity enough to soak the pichu Kegel's exercise ⁷ 10 sets, repeat 3 times a day	15 days 15 days	15/06/2022 -Cystocele reduced (1st degree) -Feeling of mass p/v even with exertion improved.
Follow up 15/06/2022 to 30/06/2022	Chandraprabha Vati 2 BD Pelvic Floor Exercise	15 days	

Procedure:

Consent was taken before starting the procedure. The bladder was emptied before starting the procedure. Under aseptic precautions, Yoni Abhyanga and Nadi Swedana were done with Ksheerabala Taila⁵ and Dashamoola Ksheera, respectively, for 10 minutes. After that, Yoni pichu with Charngeryadi Ghrita was inserted in the vagina. The patient was instructed to

remove the Pichu when she felt the urge to micturition.

PATHYA –

Aahara- Vata pitta shamaka aahara, Dugdha, Mansaras, Lashuna

Vihara– Kegel's exercise 10 sets repeat three times per day

APATHYA -

Aahara – Vata pitta vardhakaahara, Manda

Vihara- Strenuous work

TABLE NO 2: Effect of treatment on Phalini Yoni

	
Before Treatment	After Treatment

DISCUSSION

Acharya Sushruta says that when a young woman has coitus with a man with a considerable size of penis, then she suffers from Phalini⁸. Phalini Yoni (protu-

berant like a fruit or an egg), clinically, this entity is seen when the vaginal wall descends at least at the level of introitus, that is, second-degree vaginal wall prolapse. *Phalini Yoni* exactly correlates to second-degree vaginal wall (anterior/posterior compartment) prolapse with or without first-degree uterine (middle compartment) prolapse. As per involvement of *Doshas*, *Phalini voni vyapad* may have *Vata lakshana*, like dryness and pain; *Pitta lakshana*, like burning sensation; *Kapha lakshana*, like unctuousness and itching in the vagina. The objective of the treatment here was to target the causative factors, improve the tonicity of perineal muscles and prevent further descent of genital organs. External use of *Ksheerabalatailaby* doing *Yoni abhyanga* pacifies *Vata dosha* due to ageing. It causes the rejuvenation of tissues, thus decreasing the hardness of displaced organs and firmness of soft tissues to facilitate the correction of organ prolapse. It also enhances the strength of local muscles and ligaments by organ mobilisation. *Nadi swedana karma* with *Dashamoola ksheera* aims to clear the passages, decrease laxity and relieve pain by *Sthanika vatashamana*. *Yoni pichu* imparts strength to the vaginal muscle and *Dhaatu*, subside the vitiated *Doshas*, relieves the pain, and thus heals the damage that occurred due to the pelvic tissues stretching. *Chandraprabha Vati* has *Tridosahara*, *Balya* and *Rasayana* properties. *Charngeryadi Ghritais* indicated in *Guda bhramsa*, which is *Mamsa dhatu pradhana*. Similarly, *yonis* is also *Mamsa dhatu pradhana*, so *Charngeryadi Ghrtha* is used here to strengthen pelvic muscles. *Ghritha* has a *Pitta-Vata Shamaka Guna*, and because of its *Sanskaranuvartini* property, it will also gain the properties of *Charngeryadi Dravyas*, which is *Vata shamka* and *Balya*. These drugs will help *Prasamsini Yonivyapad* by its *Vatashamaka* property and give

balya to pelvic muscles. Kegel's exercisestrengthens the pelvic floor muscles.

CONCLUSION

The study showed highly significant results in the management of *Phalini yonivyapad*. The *Yoni Abhyanga*, *Nadi Swedana*, and *Pichu* helped relieve symptoms related to prolapse. So, it can be concluded that, through analysing involved *Doshas*, the treatment used in the present study imparted strength to the vaginal walls. It also acted as preventive care in Grade 1 pelvic organ prolapse from advancing to higher degrees and, thus, preventing further complications.

REFERENCES

1. Agnivesha, CharakaSamhita, Ayurveda Dipika Commentary by Chakrapanidatta, edited by Vaidya Yadavji Trikamji Acharya, Chaukhamba Surbharati Prakashan, Varanasi, Reprinted – 2011, Chikitsa Sthana 30th Chapter, Verse-8; 738, 634. (Teeka)
2. Barber, Matthew D.; Maher, Christopher (2013-11-01). "Epidemiology and outcome assessment of pelvic organ prolapse". International Urogynaecology Journal. 24 (11): 1783–1790. doi:10.1007/s00192-013-2169-9. ISSN 0937-3462. PMID 24142054. S2CID 9305151.
3. D.C. Dutta Textbook of Gynaecology Including Contraception Jaypee Brothers Medical Publishers (P) Ltd Edited by Hiralal Konar Reprinted-2009 Edition-6th, 15th Chapter, Pg No- 195.
4. Sharangdhara, Gutika Kalpana, Sharangdhara Samhita, translated by Prof. Srikanta Murthy, 2nd edition: Chaukhamba Orientalia, Shloka 40-49. p.105-6
5. R Vidyantath, K Nishteswar, Sahasrayogam, 2nd Ed. Varanasi: Chowkamba Sanskrit Series Office; 2008; p.111; pp.540.
6. Bhaishajya Ratnavali of Govinda Dasji Bhisagratna, commented upon by Vaidya Shri Ambika Datta Shastri, Volume 1, Grahani Chikitsa Adhyaya, 8/559-561, p. 565.
7. KEGEL AH. Progressive resistance exercise in the functional restoration of the perineal muscles. Am J Obstet Gynecol. 1948 Aug;56(2):238-48. [PubMed]
8. SushrutaSamhita, Maharshi Sushruta, Dr Ananta Ram Sharma, Acharya Priyavrat Sharma, 2015 Edition, Chaukhamba Subharti Prakashana Varanasi, Uttar Sthana, Chapter 38/18, Page 232.

Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Akshata Mallikarjun Mudalagi & Jyoti Bhardwaj: Ayurvedic management of phalini yonivyapad w.s.r. cystocele: a case study. International Ayurvedic Medical Journal {online} 2024 {cited July 2024} Available from:

http://www.iamj.in/posts/images/upload/475_478.pdf