



ISSN 2456-3110

Vol 5 · Issue 5

Sept-Oct 2020

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS

An International Journal for Researches in Ayurveda and Allied Sciences



Charaka
Publications

Indexed

Ayurvedic management for *Prasamsini* w.s.r to 1st and 2nd degree Genital Prolapse

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ABSTRACT

Prasamsini Yonivyapad is one among the 20 *Yonivyapad* described by *Acharya Sushruta* as a condition in which any irritation to the *Yoni* causes its prolapse. This condition can be correlated with primary and secondary uterine prolapse.^[1] While dealing with the condition of genital prolapse surgical interventions cannot be always undertaken or in some cases they can also be avoided. Conservative measures can be advised in such cases. For example, it is a great mistake to advice immediate operative treatment for prolapse in a young women following childbirth as there is always a possibility of recurrence. Besides these women rapidly improve if well-directed conservative measures are adopted.^[2] Also, in females for whom surgery is contra-indicated or is hazardous on account of some medical disorders or in case of post-operative risk of vault prolapse or reoccurrence conservative treatment can be undertaken. Ayurvedic *Acharyas* have advised various treatment methods which are being practiced since ancient times and have shown effective results in many such cases of prolapse. These procedures give strength to the tissues removing laxity which is the basic defect in this condition. Along, with oral medications which give a systematic effect correcting the imbalance of *Dosha*, thus further preventing the progression of the disease.

Key words: *Prasamsini Yonivyapad, Uterine Prolapse, Genital Prolapse, Uttarbasti.*

INTRODUCTION

Genital Prolapse is one of the common clinical conditions met in day today gynaecological practice especially amongst the parous women. The entity includes descent of the vaginal wall and or the uterus. It is a significant health concern for women, afflicting millions of women worldwide. In fact it is the third most common cited indication for hysterectomy.

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Submission Date: 14/09/2020

Accepted Date: 09/10/2020

Access this article online

Quick Response Code



Website: www.jaims.in

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Ayurveda Organization, Vijayapur,
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Studies have estimated that 50% of parous women have some degree of urogenital prolapse and of this 10-20% are symptomatic.^[3] The prevalence of this condition increases with the age of women, whereas the precise prevalence is not known because there are different classification systems and women do not initially seek medical attention for prolapse. It is estimated that women have a lifetime risk of 11% to undergo surgery for prolapse. As surgeries have their own early as well as late complications and also surgeries are not advisable in some cases. In such cases and also post-operatively these alternative treatment methods can be practiced, to avoid recurrences or vault prolapse.

Prasmsini Yonivyapad is one among the 20 *Yonivyapad* described by our *Acharyas* in ancient texts. It can be correlated with primary and secondary stages of uterine prolapse. Some treatment procedures have been described which can be tried in this condition of *Prasmsini* and is said to be beneficial. This treatment includes *Yonidhavana, Basti Karma*

(Guda and Uttara), Yonipichudharana, Yoni Poorana, Siddha Taila. By the means of this procedure Siddha Taila gives strength to organs and muscles and removes Shaithilya (laxity) which is the basic defect in prolapse. These alternative procedure's help in prevention of the advancement of this condition.

Definition^[4]

Pelvic organ prolapse refers to protrusions of the pelvic organs into or out of the vaginal canal.

- Uterine Prolapse is first degree when the cervix descends but lies short to introitus.
- Second degree when it passes to the level of introitus.

Treatment

One of the most important decisions to consider is the appropriate treatment for prolapse in a young woman following childbirth. It is a great mistake to advise immediate operative treatment in such a case. If the operation is performed within 6 months of delivery, there is always the possibility of recurrence of prolapse. Besides, these women rapidly improve if well-directed conservative measures are adopted. Abdominal exercises, massage and perineal exercises practised early and strenuously, will prevent or reduce prolapse. Conservative measures should be advised following delivery for 3 to 4 months. Surgery is advised in women over 40 unless it is contraindicated or is hazardous on account of some medical disorders. It is also contraindicated during pregnancy.

Prasamsini Yonivyapad

प्रसंसिनीस्यन्दतेतुक्षोभितादुःप्रसूथया

|चतसृष्वपिचायासुपित्तलिङ्गोच्छ्रयोभवेत् ||१४|| (सु.स.उ. 38/13,14)^[5]

Acharya Sushruta says that in this disease any irritation or movement influencing Yoni causes excessive vaginal discharges or displacement of Yoni, labour is also difficult due to abnormality of passage, other features of Pitta vitiation i.e. burning sensation, heat, etc. are also present.

Acharya Madhava Nidana, Bhavaprakasha and Yogaratnakara have followed Acharya Sushrutas

opinion. In Madhukosha commentary of Madhav Nidana the term Sramsana has been explained as displacement from original position and the term Kshobhana as Vimardana (massage), on the basis of this commentary it can be concluded that on doing Vimardana the Yoni moves from its original position.

Pathogenesis of Genital Prolapses

Aggravation of Nidana's → Apanavatavikrithi / Vatapitta Dusti → Garbhasaya Gata Mamsa Dhatu get affected/ Mardavata also get affected → Khavaigunyatain Yoni/ deterioration in compactness and integrity of genital organs → Sithilata and Sramsana of genital organs → Genital Prolapses.

Ancient Line of Treatment

According to Acharya Charaka^[6]

त्रैवृतं स्नेहनं स्वेदो ग्राम्यानूपौदका रसाः ||११०||

दशमूलपयोबस्तिश्वोदावर्तानिलार्तिषु।

त्रैवृतेनानुवास्या च बस्तिश्वोत्तरसञ्जितः ||१११||

प्रसस्तां सर्पिषाऽभ्यज्य क्षीरस्विन्नां प्रवेश्य च ||११३||

बध्नीयाद्वेशवारस्य पिण्डेनामूत्रकालतः।

- Oleation with Traivrtasneha - Ghruta (clarified butter), Taila (oils), Vasa (fat).
- Sudation
- Oral use of meat soup - Gramya (wild), Anupa (marshy), Audaka (aquatic) animals] and milk medicated with Dashamoola.
- Basti of milk medicated with Dashamoola and Anuvāsana as well as Uttarbasti with Traivrtasneha.
- In uterovaginal prolapse or disorders arising due to uterovaginal prolapse, after two or three Asthapanbastis, medicated Uttarbasti is beneficial.

According to Acharya Sushruta^[5]

प्रसंसिनीं घृताभ्यक्तां क्षीरस्विन्नां प्रवेशयेत् ||२८||

पिधाय वेशवारेण ततो बन्धं समाचरेत्।

After anointing the Prasrashta Yoni with ghee and then applying sudation with milk, it should be inserted

inside the vaginal canal with hand. Now a ball of *Veshwara* (minced meat or solid oleo mixed with certain drugs) should be inserted in the canal and a bandage applied.

According to Acharya Vagbhata

- a) Oral use of meat soup of aquatic animals, *Sneha* medicated with decoction and paste of *Dashamula* and *Trivruta*.
- b) Sudation with milk.
- c) *Basti* (*Anuvasana* and *Uttar*) of *Sneha* medicated with decoction and paste of *Dashamoola* and *Trivruta*, 100 or 1,000 times cooked oil medicated with drugs capable of suppressing *Vata* or *Sukumara*, *Bala* or *Shirisa* should be used.
- d) In uterovaginal prolapse or disorders arising due to uterovaginal prolapse, after two or three *Asthanabastis*, medicated *Uttarbasti* is beneficial.

Procedure advised by Acharya Charaka, Sushruta, Vagbhata, Bhavprakasha, Yogaratnakara.

After anointing the *Prasashta Yoni* with ghee and then applying sudation with milk, it should be inserted inside the vaginal canal with hand. Now a ball of *Veshwara* (minced meat or solid oleo mixed with certain drugs) should be inserted in the canal and a bandage applied. The bandage should be removed when the patient has a desire or feeling of micturition.

(*Veshwara* consisting of *Shunthi*, *Maricha*, *Krshna*, *Dhanyaka*, *Ajaji*, *Dadima* and *Pippalimula* etc. drugs should be used.)

According to Acharya Caraka and Vagbhata

The displaced *Yoni* should be replaced after giving oleation and sudation. The *Jihma* (crooked, tortuous or bent) *Yoni* should be straightened by bending it downwards or upwards [with the hand inside the *Yoni*, if elevation is not possible, then elevated portion should be brought downwards, resulting into elevation of downward displaced part), *samvrtayoni* (pinhole or very narrow orifice) should be dilated with the help of fingers, the *Yoni* protuberating outside

should be inserted by gently pressing with hand, the *vivrita* (dilated with central hollow of bamboo) should be constricted from all around.

According to Acharya Sharangdhara

Laghuphala Ghruta should be used.

DISCUSSION

Vyadhi is that which causes discomfort to the mind and body. Ayurveda has given importance to the diseases of female genital system and the management of these diseases. *Prasamsini* is the condition which affects the women mentally, socially and physically, thus ruining her day to day activity. In contemporary science primary and secondary genital prolapse have been explained as having similar sign and symptom to that of *Prasamsini Yonivyapad*. One of the most important decisions to consider is the appropriate treatment for prolapse. If operation is performed in a young women following child birth (within 6 months of delivery) there is always a possibility of prolapse. Besides these women rapidly improve if well directed conservative measures are adopted. Surgery is advised in women over 40 years, it is contra-indicated or is hazardous on account of some medical disorders or physiological conditions. Also, Post operatively conservative measures can be advised. The Ayurvedic treatment mentioned above gives strength to organs and muscles and removes *Shaithilya* (laxity) which is the basic defect in prolapse. The aggravated *Dosa* are balanced and the condition is treated.

CONCLUSION

Surgical procedures should be advised for cases in which conservative treatment is not likely to be efficacious. According to Ayurveda removal of the protruding part or *Yoni* is advised only after it acts like a *Shalya* (foreign body). Ayurvedic measures surely would minimize the need of surgical intervention, some of its complications and reoccurrences.

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How to cite this article: Heeba Y. Inamdar, Dr. Papiya Jana. Ayurvedic management for Prasamsini w.s.r to 1st and 2nd degree Genital Prolapse. J Ayurveda Integr Med Sci 2020;5:505-508.

Source of Support: Nil, **Conflict of Interest:** None declared.

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