



Veshawara Chikitsa in Prasramsini Yonivyapad

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Submitted: 20-05-2022

Accepted: 30-05-2022

ABSTRACT

Presently gynecological problems of varied presentation in out-patient have become common which requires appropriate diagnosis and effective treatment. Amongst them more prevalent and challenging problem is Prasramsini yonivyapad which correlates with first and second degree uterine prolapse. The first degree is that the uterus remains 1cm above the hymenal ring whereas Second degree prolapse extends from 1cm above to 1cm below the hymenal ring. Uterine prolapse is majorly seen in the parous women during their reproductive age. The prevalence rate of uterine prolapse in India is 20%. Vata is the predominant dosha involved in manifestation of all yonivyapad. According to Acharya Sushruta Pitta is the predominant dosha in Prasramsini yonivyapad and Apana vata dusti is also evident feature here. The drugs indicated for the treatment are mainly having vata pitta dosha hara and balya properties. Here is an attempt made to treat the Prasramsini yonivyapad using Veshawara bandha. A patient diagnosed with second degree uterine prolapse and not willing for surgery was managed by formulation advised by Acharya Yogaratnakara. The Stanika Chikitsa like Yoni Prakshalana, Yoni Abhyanga, sweda, Veshawara bandha and Yoni Pichu were done along with administration of oral medications. The patient got relieved from the symptoms and also it improved her quality of life.

I. INTRODUCTION

In our day-to-day practice in Gynecology OPD we come across several presentations of yonivyapads. These yonivyapads occur due to mithya ahara and mithya vihara. Ayurveda focuses on Dinacharya, Rutucharya, Garbhini and Sutika paricharya. When a female does not follow these, it may lead to yonivyapad. Prasramsini yonivyapad is also one among the twenty yonivyapads explained by Ayurveda Acharyas. Prasramsini yonivyapad occurs due to vitiated pitta dosha according to Acharya Sushruta. The lakshanas like Yoni Srava and Yoni Kshobhita can be appreciated. Prasramsini yonivyapad can be compared to the second degree uterine prolapse which is categorized under the pelvic organ prolapse. The pelvic organ prolapse is

the protrusion of pelvic organs and their associated vaginal segments into or through the vagina. Uterine prolapse is generally the result of poor cardinal or uterosacral ligament apical support, which allows downward protrusion of the cervix and uterus towards the introitus. It occurs due to the weakness of the structures supporting the organs in position which can be divided into two factors Predisposing and aggravating factors. The patient experiences something coming out from vagina specially on walking, backache or dragging pain in the pelvis and dyspareunia. The common management adopted are pessary or surgical intervention. The pessary is known to cause irritation and discomfort and in the younger age it is difficult to go for surgical interventions. Ayurveda comes to light here which has shown a promising result in various yonivyapads. In Prasramsini yonivyapad Acharyas enlighten us with various treatment modalities like Stanika Chikitsa and Shamana aushadi's. The Stanika Chikitsa have proven their efficacy in various yonivyapads. As pitta is the main vitiated dosha and it occurs due to laxity of uterine supports the drugs selected in this condition reduces the pitta and at the same time provides bala or strengthens the lax uterine supports, thereby helps in reducing the symptoms and improving the quality of life in the patients.

II. CASE REPORT

A woman aged 30 years visited the OPD of Prasooti Tantra and Stree Roga, SKAMCH & RC Bengaluru on 16th August 2021 with chief complaints of mass felt per vaginally since 1 year and white discharge per vaginally since 3 years. She also had associated complaints of severe lower back pain and lower abdominal pain since 1 week.

Past History- Patient is not a known case of Diabetes Mellitus, Hypertension, Thyroid Dysfunction.

Surgical History – Patient has not undergone any surgery

Family History – All family members are said to be healthy



Personal History

- Diet: Non- Vegetarian, spicy food items, fried food.
- Appetite: Good
- Bowel: once per day
- Micturition: 4 to 5 times/day, no pain /burning micturition
- Sleep: Sound
- Habits: Tea twice per day

Menstrual History

Menarche – 12 years of age
Menstrual cycle

Duration – 2 to 3 days

Interval – 28 to 30 days

Amount- 1 to 2 pads/day

Colour – Red

Clots – Absent

Foul Smell – Absent

Dysmenorrhoea – On 1st day of menstruation.

LMP – 01/08/21

Prasava Vruttanta

Married life – 13 years

G3P2L2A1D0

| | | |
|----|-----------------------|------|
| P1 | 13years, Male | FTND |
| P2 | 11 years, Male | FTND |
| A1 | 5 th month | |

A1 – At 5th month of gestational age, the uterus descended down and bleeding per vagina was noticed, thus abortion was induced 7 years ago and Tubectomized 7 years back.

Asta Stana Pareeksha

Nadi- 72/min

Mala - once per day, Regular

Mutra-4 to 5 times/day

Jihwa- alipta

Shabda- Prakruta

Sparsha- Prakruta

Drik - Prakruta

Akruti- Madhyama

General Examination

- Height-160cm
- Weight- 78 kg
- BMI- 30.5 kg/m²
- Respiratory Rate- 18 times/min
- Pulse Rate- 78/min
- B.P- 130/80 mm Hg
- Temperature- 98.3⁰F
- Tongue- coated

Systemic Examination

CVS: S1 S2 heard, no added murmurs.

RS: Normal Vesicular Breadth sounds heard, no added sounds.

P/A: Soft, non – tender, Peristaltic sounds heard.

CNS: Well oriented to place, person, time, Conscious.

Per Vaginal Examination

On Inspection

External genitalia appear to be normal without any signs of skin manifestation or scar. On coughing, the cervix was visible at the level of vaginal introitus.

Cervix – multiparous os, no signs of cervicitis, or any other cervical pathology, thin white discharge was present

Fornices – all the 4 fornices are free but mild tenderness present in posterior fornix

Foul smell- present

Investigations

On 25/5/20

USG Abdomen and Pelvis – No sonographic abnormality detected.

Pap Smear – Smear negative for intra-epithelial lesion or malignancy

Nidana

Ahara- Ati mamsa ahara sevana, katu, vidahi, ruksha annapana

Vihara- Difficult labor, Household works, cough on and off.

Manasika- Anxiety and Stress

Roopa

Mass per vagina (kshobitha)

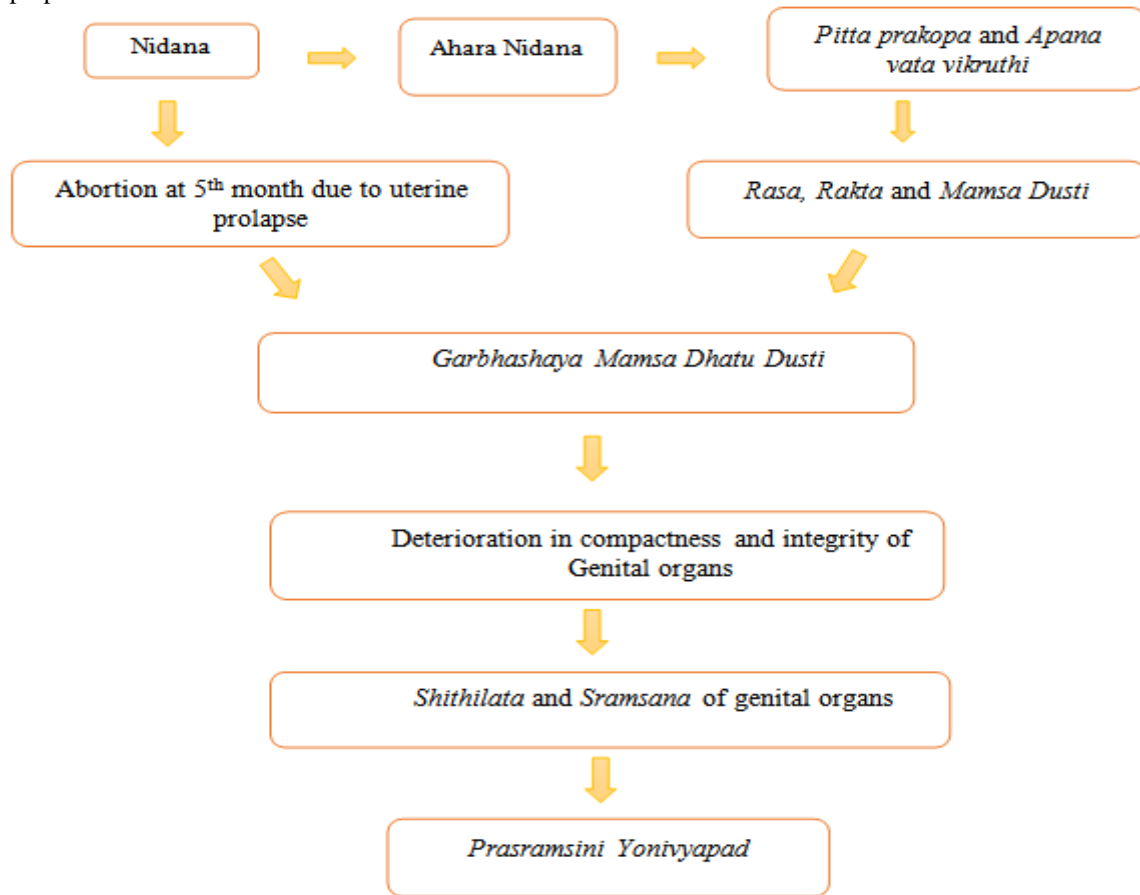
White Discharge (syandathe)

Vulval Itching(yoni kandu)

lower back and lower Abdominal Pain(kati and udara shula)



Samprapti



Samprapti Ghataka

Dosha- Pitta vata

Dushya- Rasa, Raktha and mamsa

Agni- Jataragni dushti (vishamagni)

Srothas- Rasavaha, Raktavaha, Mamsavaha and Arthava vaha srothas

Srotodushti prakara- Vimargagamana

Udhbavasthana- Garbhashaya

Sancharasthana- Garbhashaya, Arthavavaha srotus

Vyakthasthana- Yoni

Adhisthana- Garbhashaya and yoni

Rogamarga- Ahbyantara

Sadyasadyata- Yapya

- Yoni Abyanga with Sahacharadi tailawas done for 15 minutes

- Followed by Ksheera Sweda for 5 minutes

- Veshavara bandha with Pishita mamsa, trikatu, jeeraka, dadima, dhanyakachurnawas kept for 1muhurtha. (48 min)

- Followed by Yoni pichu with Changeryadi grithatill amutra kala

Shamana Aushadi were administered for 2 months

- Tab. Chandraprabha vati 1-1-1 (A/F)

- Changeryadi gritha 1tsp-0-1tsp (B/F)

- Tab. Lukol 1-1-1 (A/F)

- Musali Khadiradi Kashaya

2tsp-2tsp-2tsp with 4tsp water

- Patient was advised to keep pichu regularly till amutra kala once in a day upto next 20 days after 7 days of Stanikachikitsa.

Interventions

Stanika Chikitsa was given for 7 days

- Prakshalana with Triphala kwatha

III. OBSERVATIONS AND RESULTS

| Days | Pervaginal discharge | Position of cervix | Other Symptoms |
|-------|----------------------|-------------------------------------------------------------------------------|-----------------------------------------|
| Day 1 | Discharge ++ | Cervix at level of vaginal introitus on coughing the cervix was coming out of | Abdominal pain and back pain present ++ |



| | | vagina | |
|-------|-------------------|--------------------------------------------------------------------------------------|-----------------------------------------|
| Day 2 | Discharge ++ | Cervix at level of vaginal introitus on coughing the cervix was coming out of vagina | Abdominal pain and back pain present ++ |
| Day 3 | Discharge Reduced | Cervix at level of vaginal introitus on coughing the cervix was coming out of vagina | Abdominal pain and back pain present + |
| Day 4 | Discharge Reduced | Cervix was 1 cm above thehymenal ring | Abdominal pain and back pain present + |
| Day 5 | Discharge Reduced | Cervix was 1 cm above thehymenal ring | Abdominal pain and back pain reduced |
| Day 6 | Discharge Absent | Cervix was 2 cm above thehymenal ring | Abdominal pain and back pain reduced |
| Day 7 | Discharge Absent | Cervix was at the level of ischial spine. No prolapse was noted | Abdominal pain and back pain reduced |

Follow -up – The patient was advised for 2 follow-ups

- 1) The first follow up was done after 20 days of completion of Stanika Chikitsa where the patient had fresh complaints and no prolapse or P/V discharge were noted.
- 2) The Second follow up was done after 1 month of 1st follow up. The patient was having no complaints and no prolapse or P/V discharge were noted.

IV. DISCUSSION

Prasramsini yonivyapad which is compared to 1st and 2nd degree Uterine prolapse¹ occurs mainly due to mithya ahara and mithya vihara. The pitta is the main dosha which is in the prakopa avastha in this condition. Thelakshanas like Sravathi and Kshobitha is explained by Acharya Sushruta,² where Acharya Dalhana clarifies that Kshobitha means sanchalita i.e displacement. He also says it occurs due to Dukhena Prasuyate i.e difficult labor. These are the same conditions which we came across in this patient like white discharge, mass felt in the vaginal region and she also had the H/O of termination of pregnancy at 5th month due to uterine prolapse.

The Chikitsa mentioned according to Acharya Yogaratnakarais Yoni Abhyanga, Ksheera Sweda followed by Veshawara Bandha.³ The Chikitsa advised here not only reduces the pitta dosha but alongwith it reduces the vata dosha, as it

said that any yoniogas cannot occur without the vitiation of apana vata.⁴ Oral medications which reduce both vata and pittadosha are adopted. Yoni Prakshalana with Triphala kashaya⁵ was done to reduce the srava as Triphala kashaya, which is in the form of Kashaya is hygroscopic in nature it absorbs the excessive fluid in yoni and also acts as Stambhaka and Tridosahara. Yoni abhyanga is done using Sahacharadi taila.⁶ Sahacharadi taila is indicated in yoni roga and it also helps in reducing the vitiated vata dosha. Ksheera Sweda provides bala to the uterine muscles. Veshawara bandha contains ingredients like Picchita mamsa, Shunthi, Maricha, Pippali, Dhanyaka, Jeeraka, Dadima and Pippalimula. The mamsa⁷ gives bala and does bruhmana to the uterine supports thereby reduce the laxity of the muscles. Shunthi, Maricha, Pippali and Pippalimula⁸ reduces the vitiated vatadosha and Tikshna guna of maricha⁹ facilitates absorption of drugs used in Veshawara Bandha to enter into sukshma srotas and provides balance locally but also to the internal tissue. Dhanyaka and Jeeraka¹⁰ has Grahi guna thus helps in reducing the srava, Dhanyaka¹¹ is tridosha shamaka does corrects the vitiated pitta and vata dosha. Dadima¹² is having Grahi guna, Kashaya rasa which helps in reducing the srava and also acts as Tridoshagna. Yoni Pichu was done using Changeryadi Gritha, Yonipichu decreases the vitiated sthanika dosha and strengthens the vaginal muscles and uterine supports. Changeryadi



Ghritha¹³ is mainly indicated in guda bhrmsha asit helps in reducing the prolapse, same is applicable to uterine prolapse. Hence Changeryadi Ghritha is chosen here which provides bala to the uterine supports and helps in reducing the uterine prolapse. Oral medications were administered for 2 months. Tablet Chandraprabha Vati¹⁴ containing vidanga, maricha, amalaki, yavakshara, haridra, lohahasma etc is helpful in reducing vata and pitta dosha and it helps in reducing local inflammation. Tablet Lukol contains Punnarnava, Dhataki, Shatavari, Kokilaksha, Vasa and Sarpagandha where most of them acts as balya and it is mainly indicated in Swetha Pradara. Musali Khadiradi Kashaya¹⁵ contains Musali, Khadira, Amalaki, Jambhu, Gokshura and Shatavari where most of them are mainly kashaya rasa pradhana which helps in decreasing the srava. Thus the treatment modality internal and external helped to improve the overall condition of the patient.

V. CONCLUSION

The Stanika Chikitsa like Yoni Abhyanga, Ksheera Sweda, Veshawarabandha and Yoni Pichu has given good result in the patient. The treatments selected here are mainly having vata pitta hara property thereby correcting the main samprathi and drugs having Stambaka property which reduces the srava, balya property which gives good strength to the uterine supports and reduces the laxity. Conservative line of management in second degree prolapse with pessary has many side effects. Ayurvedic treatment seems to be more beneficial. Ayurvedic line of management acts differently and gives better procedure than surgical management as it not only aims at repositioning the uterus but also helps in regaining the tonicity of the muscles and thereby improves the quality of the life of the patient.

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