



Review on Prasramsini Yonivyapad (Pelvic Organ Prolapse)

Karishma U. Pathan¹, V. Asokan^{1*}, Sonam¹ and Babita Roy¹

¹Department of Prasuti Tantra and Stree Roga, Parul Institute of Ayurved, Vadodara, Gujarat, India.

Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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ABSTRACT

Laxity of vaginal canal and uterine descent is one of the conditions commonly seen in perimenopausal age with predominance of *vata dosha*, also seen as a complication of prolonged labour. *syandana-prolapse*, *kshobhana-irritation*, *dushprasuta-difficult labour* and other features of vitiation of *pitta dosha* are seen in *prasramsini yonivyapad*. Local therapy play an important role in these conditions. The descent of an organ is called *Sramsana* and condition called *Prasramsini*. *Prasramsini yonivyapad* is enumerated in *pittaja yonivyapad* by Sushruta which may be co-related with 1st and 2nd degree uterine prolapse. This condition is seen in perimenopausal or postmenopausal period although young age group with distress during labour is no exemption. *Prasramsini* is a *vatanubandhi*, *pittaja yonivyapad*, the drugs with the properties of *vata* and *pitta doshahara*, *kashaya rasa*, *balya* and *agnideepana* can be selected. Vaginal tampon is helpful to strengthen the vagina and cervix. In *Ayurveda*, local treatment of *Prasramsini yonivyapad* is *sthanapavartana*, *pichu dharana* and *veshvara pinda* with *gophana bandha*.

Keywords: *Ayurveda; prasramsini yoni vyapad; sthanika chikitsa; yoni pichu dharana.*

*Corresponding author: E-mail: drasokan24@gmail.com;

1. INTRODUCTION

Uterine prolapse is a very common condition with which the patient usually reports to the gynecologist. Causes of prolapse are multifactorial and result from weakening of the pelvic supporting connective tissue and muscles as well as ligament injury. [1] Phalini yonivyapad, Andini yonivyapad, Prasamsini yoni vyapad, and Mahayoni-all these incorporate the pelvic organ or Uterine prolapse according to the stage and part prolapsed out. Initial degrees of uterine prolapse can be correlated to Prasamsini yoni. [2]

Conservative line of management is with pessary, which has many side effects and is only a temporary measure. Surgery is contraindicated in many conditions like puerpera, elderly females etc. and there is a chance of 30% recurrence. [3] 50% improvement in PFDI score was associated with continued pessary use. [4] The line of treatment mentioned aims to pacify Vata and strengthen the pelvic floor musculature. The treatment advised is *Sthitisthapana*, *snehana*, *swedana* and *yoni pichudharana* with *Gophana Bandhana*. [5]

2. AYURVEDIC REVIEW

Prasamsini yonivyapad arises due to vitiated Pitta. The word yoni refers to vaginal canal and uterus and Prasamsana means displacement of vaginal canal from its original place may be caused by some external stimulus or itself without any external stimulus. [6]

प्रसंसिनी स्यन्दते तु क्षोभिता दुः प्रसूश्च या ।

चतसृष्वपि चाध्यासु पित्तलिङ्गोच्छ्रयो भवेत् ॥

(Su. U. 38/13-14) [7]

2.1 Samprapti of Prasamsini Yonivyapad [8]

Mithyachara leads to PittaPrakopa it results in Rasa- Mamsa Dushti then sthan sanshray in Yoni/Garbhashaya it results in Discharge, Descent, Difficulty in labour it leads to PrasamsiniYonivyapad

Madhukosha has interpreted as being displaced from its place or prolapse and as being compressed which means when compressed yoni is displaced/ prolapses.[9]

Madhava nidana , Bhavaprakash, Vangsen and Yoga Ratnakar described similar to Sushruta Samhita.[10,11,12]

Dalhana explains the reason for difficult labour is abnormality in the passage.

Mithyachara according lifestyle also lead to Uterine prolapse.

2.2 Rupa (Clinical features)

Any irritation causes excessive vaginal discharges or its displacement and difficult labour due to abnormality of passage due to displacement of vaginal canal from its original place. Other features of Pitta vitiation i.e. burning sensation, suppuration, fever. It can be correlated with first and second degree uterine prolapse. [5]

2.3 Modern Aspect of Prasamsini Yonivyapad

Pelvic organ prolapse (POP) includes descent of the vaginal wall and/ or the uterus. The descent of these structures occurs due to weakness of the supporting structures of these organs which maintains them in its normal position.[13]

1. The congenital weakness of the supporting structure is responsible for prolapse in nulliparous women, Early reproductive age, Pelvic organ prolapse or Uterine prolapse may lead to primary infertility.
2. Mismanaged vaginal delivery is the single most common cause for the Pelvic organ prolapse. Premature bearing down efforts prior to full dilatation of the cervix, delivery with forceps or ventouse with forceful traction, prolonged second stage of labour, downward pressure on the uterine fundus for placental delivery.
3. Conditions which increases intra-abdominal pressure like chronic asthma, constipation, repeated childbirths at frequent intervals, excessive sexual activity in abnormal postures are also contributory.[13]

2.4 Prolapse of Uterus [14]

- **First degree** – It is the descent of the uterus from its normal anatomical

position but external os still remains above the introitus.

- **Second degree-** The external os protrudes outside the vaginal introitus but the uterine body still remains inside the vagina.

2.5 Morbid Changes [14]

- Vaginal mucosa:** Thickened, dry with surface keratinization.
- Decubitus Ulcer:** It is a trophic ulcer, always found at the dependent part of the prolapsed mass lying outside the introitus.
- Urinary System:** Incomplete emptying of the bladder, hypertrophy of the bladder wall and trabeculation and cystitis.
- Ureters:** Hydroureteric changes may occur.
- Incarceration:** Infection of paravaginal and cervical tissues makes the entire prolapsed mass edematous and congested and mass may be irreducible.
- Peritonitis:** Rarely peritoneal infection may occur through the posterior vaginal wall.
- Carcinoma:** Rarely develops on decubitus ulcer.
- Symptoms:**
 - Feeling of something coming down per vagina, variable discomfort on walking when the mass comes outside the introitus.
 - Backache or dragging pain in the pelvis.
 - Dyspareunia
- Urinary symptoms:** (in present of cystocele)
 - Difficulty in passing urine
 - Incomplete evacuation may lead to frequent desire to pass urine.
 - Urgency and frequency of micturition may also be due to cystitis
 - Painful micturition is due to infection.

- Stress incontinence is usually due to associated urethrocele.
- Retention of urine may rarely occur.

j. Bowel Symptoms

- Difficulty in passing stool

Excessive white or blood stained discharge per vaginum is due to associated vaginitis or decubitus ulcer.

2.6 Assessment Parameters

Subjective parameters: [15,16]

- Bulge symptoms
- Urinary symptoms
- Backache
- Bowel Symptoms
- Sexual symptoms

Subjective parameters will be assessed as per the grading scale. Pelvic Floor Distress Inventory 22 items (PFDI) can be used to assess the impact of prolapse on the Quality of life of the patients before and after the treatment.[17]

3. OBJECTIVE PARAMETERS

- Pelvic floor musculature tone will be assessed using Oxford grading scale before and after the treatment. [17]
- Pelvic floor musculature tone will be assessed using Oxford grading scale before and after the treatment, was graded from 0-5 as follows. During evaluation, an index finger is placed 2-3 cm inside the hymenal ring, at 4 and then 8 o' clock position. Muscle tone is assessed using the following grades.

3.1 Level of the Cervix Before and After the Treatment Will be Measured [17]

Level of the cervix from hymenal ring will be measured before and after the treatment in centimetres. Wooden stick marked with centimetres, then sterilized and used for measuring the level of cervix.

Pelvic Organ Prolapse Quantitative Scoring [14]

Table 1. (Oxford Grading Scale for Pelvic floor musculature tone)

No Contraction	Grade 0
Flicker only with muscle stretched	Grade 1
A weak squeeze, 2 sec hold	Grade 2
A fair squeeze with definite lift [in which the contraction can be felt to move in an upward direction]	Grade 3
A good squeeze, good hold with lift [contraction must be able to be repeated a few times]	Grade 4
A strong squeeze, good lift, repeatable	Grade 5

Table 2. Pelvic Organ Prolapse Quantitative Scoring

Stage	Description
0	No descent of pelvic organs
1	Leading edge of the prolapse remains 1cm or more above the hymenal ring(≤ 1 cm)
2	Leading edge of the prolapsed extends from 1cm above(-1) to 1cm below(+1) the hymenal ring
3	From 1cm beyond the hymenal ring but without complete vaginal eversion
4	Essentially complete eversion of vagina

4. TREATMENT OF PRASRAMSINI YONIVYAPAD

4.1 Principles of Treatment

Local douching, irrigation, anointment, massage and tampons prepared with the drugs either having cooling properties or capable of suppressing Pitta should be done. For oleation either only Ghrita (ghee) or else Ghrita medicated with the drugs capable of suppressing Pitta should be used. The cooling drugs or methods prescribed for Raktapitta should be used. [6]

According to Ashtanga Samgraha, in Prasrasta Yoni Snehana with ghee, Swedana with Ksheera and Veshavara bandha till Aamutrakala. [18]

4.2 Ghrita for Oral Administration

The juice expressed from four Tula of Jivaniya group of drugs should be mixed equal quality of Ghrita extracted directly from milk & cooked. Oral use of thus prepared Ghrita cures all types of Pittajayonirogas. Phalaghrita (Laghuphalaghrita) can be used orally. [19]

4.3 According to Sushruta

प्रस्रंसिनीघृताभ्यक्ताक्षीरस्विन्नांप्रवेशयेत् ।

पिधायवेशवारेणततोबन्धंसमाचरेत् । ।

□□.□□. ३ . 38 / 28 -29

Abhyanga (Massage) with Ghrita, Oushadha Siddha ksheera swedana (medicated fumigation with milk), followed by replacing yoni(prolapsing mass)by hand, Yoni purana (vaginal tampon) with vesavara pinda (poultice of medicated krushara) and bandaged. [7,20] The bandage should be removed when the patient has the desire or feeling of micturition. Acharya charaka also said as similar of Acharya sushruta. [21] According to bhavaprakasha and yogaratnakara vesawara consists of sunthi, maricha, krsna, dhanyaka, ajaji, dadima and pippalimula should be used. [8]

According to Bhaishajya Ratnavali; Traivrta Sneha (ghrita,taila,vasa), swedana as done for udavarta and vataja yonivyapad is effective in Mahayoni and Prasrsta yoni as well. [22]

The Kalka of bitter gourd prepared by triturating with little quantity of water is daily applied inside vagina. Alternatively the local massage is done with the fat (vasa) of the rats. Both the measures will strengthen the muscles of vagina and reinstates it in its normal place and position. thus, yoni bhramsa will be corrected. [22]

According to chakradatta, In maha yoni and srasta yoni mushaka mamsa prepared with tila taila can be used. [23]

4.4 Previous Work Done on Prasramsini Yonivyapad [24,25,26]

- Thakar J.U. – Garbhashaya bhramsha (Jamnagar) 1973
- Dr. Anuradha C.- Study on the medical management of Urogenital prolapse (Jamnagar) 1979
- Dr. Ramadevi G. – A study on the effect of Veshwar Dharan in Prasramsini Yonivyapada (Govt. Ayurveda College, Trivandrum) 1998
- Shiny S Roy – A study on the effect of Pichudarana with Mushikadi taila in Prasrita yonivyapad. (Govt. Ayurved College Trivandrum) 2001
- Mukhopadhyay- Management of Yonibhramsa with Mushika taila (Utkal university Bhuvneshwar) 2001
- V Swarnalata – A clinical management of Prasramsini yonivyapad by oral medication of Phalaghrit along with Pichu of Mushika taila. (A P University Vijaywada) 2004
- Dr. Rajeshwari H – A clinical management of Prasramsini yonivyapad with Bala churna and Mushak Masha Taila Pichu (N K J Ayurvedic College, Bidar)2005
- Dr. Anupama – Effect of Phalaghrita Pichu in Prasramsini Yoni (S D M College Udupi) 2005
- Dr. Vandana – A Clinical study to evaluate the therapeutic effect of Lodhradi kalka Pichu and Ashwagandha Ksheerpaka and Changeri Ghrita orally in Prasramsini yonivyapada (S D M College Udupi) 2009
- Dr. Kavitha – Clinical management of Prasramsini Yonivyapad with Mishraka Sneha Pichudharana and Shatavari Choorana. (N K J Ayurvedic college Bidar) 2010
- Dr. Lalitha H.V.-Clinical study on the Effect of Mushika Taila Pichu in Prasramsini Yonivyapad with special reference to Uterine prolapse. (S.D.M. college Hassan) 2011
- Dr. Amrutha–Clinical management of Prasramsini Yoni w.s.r. to Uterine prolapse with Changeriyadi Ghrita. (S K Ayu. Medical College Bangalore) 2012
- Dr. Swati Kimothi, A Comparative Study Of the Uttarabasti and Matrabasti with Bala Taila in Prasramsini Yonvyapada w.s.r. to utero-vaginal prolapse, Department of Prasuti Tantra Evam Stri Roga, Rishikul Ayurvedic College, Haridwar, Uttarakhand, India

4.5 Previous Publication of Case Study on Prasramsini Yonivyapad

- *Gayana Naik*, An Observational study of *sthanik chikitsa* in *Prasramsini Yonivyapad*, Ayurlog National Journal of Research in Ayurved Science, 2015; 2(3), ISSN: 2320-7329

Treatment: Yoniprakshalan with triphala, panchavalkal and haridra kwath, pichu with lajjalu and puga kalka -7 days and this repeated after 3 months. Improvement was found.

- Dr. Mansa Devi, Ayurvedic Management Of Prasramsini Yonivyapat W.S.R To Uterine Prolapse A Case Study, European Journal Of Pharmaceutical And Medical Research, 2019,6(3), ISSN: 2394-3211
- Treatment: Shaman chikitsa 1.Shatavari ksheerapaka 30 ml, B/F twice a day. 2.Chandraprabha vati 2 BD, after food with luke warm water. Sthānika chikitsa Matra basti with bala taila 60 ml for 7days for 2 sittings, Yoni sweda with ksheera (cow milk) for 15 minutes two times a day for 7 days for 2 sittings.. Yoni abhyanga & pichu with Bala taila kept for 3 hours, two times a day for 7 days for 2 sittings.
- Frequency of micturation reduced, No complaints of passing drops of urine on coughing, or any increased intra-abdominal pressure condition. Improvement was found after treatment.
- Dr. SWATI KIMOTHI, A comparative study of the Uttara basti and Matra basti with tila taila in prasramsini yonivyapad w.s.r. to Utero vaginal prolapse, International Journal of Medicine and Pharmaceutical Science (IJMPS) ISSN (P): 2250-0049; ISSN (E): 2321-0095 Vol. 9, Issue 4, Aug 2019
- 40 Patients diagnosed with Prasramsini Yonivyapada.
- Group – A Uttara Basti with Bala Taila Intrauterine, 3ml-5ml with increasing dose, started on 6th day of menstrual cycle and on the day of admission in menopausal women. Total 3 sittings were given each month. Each sitting comprises of 3 days Uttara Basti (uterine) followed by 3 days gap. 9 sittings were conducted in each

patient in which contain total 27 Basti were given.

Group – B Matra Basti with Bala Taila ,Per-rectum , 60 ml, started on 6th day of each menstrual cycle and on the day of admission in menopausal women, continuously for 18 days each month, This was followed for 3 months. Snehana, swedana followed by Basti (Uttara basti and Matra basti), Compare effect of Uttara basti (Uterine) and Matra basti.

Matra basti (group B) found better than Uttara basti.

- Emy S Surendran, Conservative Management of Young age onset pelvic organ prolapse through Ayurvedic management- A case report, journal of research in Ayurvedic sciences, 2018; 2(4), 10.5005/jp-journals-10064-0066

Treatment: 1st Month: Yoni dhavana (with medicated kashaya) and yoni pichu (mwith kledahara and vrana ropana (wound healing) properties were used.

2nd & 3rdMonth: The medicines and procedures were done to reduce the associated signs and symptoms of POP and strengthening the pelvic floor muscles. Improvement was found.

Dr. Naveen Shirasangi, Dr. Sunita, Ayurvedic Management of *Prasramsini Yonivyapad*- A Case Study, *Anveshana Ayurveda Medical journal*, AAMJ, 2016,5(2).ISSN: 2395-4159

Treatment: Shamana Chikitsa (Internal intervention): Changeryadi ghrita 2 tsf B/F twice a day with ushnajala-2 months, sthanik chikitsa (External intervention): Yoni abhyanga (vaginal massage) with changeryadi ghrita for 5 minutes, yoni swedana (sudation) by a pad dipped in ushna jala (warm water) along with kegel's exercise for 5 minutes, yoni pichu (vaginal tampon) with changeryadi ghrita kept for 3 hours. Improvement was found.

4.6 Review Articles on Prasramsini Yonivyapad

- Lavi Agraval, Comparative Study of Perineal Laxity and Yonivyapadas, *International Journal of Health Sciences and Research*, 2018,8(5),ISSN: 2249-9571

- G.M.Kavya ,Yonivyapad related to Pelvic Organ Prolapse, journal of Biological & Scientific opinion 2016 4(1), ISSN 2321-6328
- Dr. Neeta N. Harale, Consideration of Stree Roga As per Ayurveda W.S.R. to Genital Prolapses: A Review, *World Journal Of Pharmaceutical And Medical Research*, 2020,6(1), ISSN 2455-3301

5. DISCUSSION

Cardinal ligament, uterosacral and the pubocervical ligament hold the uterus in position. In post-menopausal age with estrogen deficiency and atrophic changes, there is increased laxity of vaginal canal and laxity in the ligaments causing uterine descent. Complication of labour like prolong labour and multiple pregnancy is also a cause for uterine prolapse. As there is overstretching of the ligaments holding the uterus. Thus this uterine descent may also be seen in a young patient. Prasramsini yoni vyapad is pitta dosha predominant yoni vyapad mentioned by Acharya Sushrut; and having features of syandate, kshobhita and dusprasuscha. In Prolapse of Pelvic Organs On irritation/Difficult labor and jerky movements which is considered as Syandate and is considered as sravati by Dalhan i.e. having excessive amount of srava with kshoba or sanchalita. Yonishopha or GarbhashayaMukhaShopha also leads to increased vaginal discharge.

6. CONCLUSION

Prasramsini yonivyapad can be correlated with first and second degree uterine prolapse. According to Ayurveda, snehana, swedana and *pichudharana* along with oral medications for *balasamvardhana* is the line of treatment. Conservative line of management is with pessary, which has many side effects and is only a temporary measure. Ayurveda treatment seems to be more beneficial, cost effective and more over it gives mental relief to the patient from the anxiousness of surgery.

CONSENT

It is not applicable.

ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. Gayan Naik, An Observational study of sthanikchikitsa in Prasramsini Yonivyapad, Ayurlog: National Journal of Research in Ayurved Science. 2015;2(3). ISSN: 2320-7329
2. Mansa Devi, Jaysheela M. Goni, Prasramsini Yonivyapat WSR. To Uterine Prolapse A Case Study, European Journal of Pharmaceutical And Medical Research, 2019,6(3)ISSN:2394-3211
3. KumarP, MalhotraN. Jeffcott's Principle of Gynecology. 7th edition. New delhi : (India) Jaypee brother's medical publishers (p) ltd; 2008;275-85
4. Keisha A Jones, MD and Oz Harmanli, MD, Pessary Use in Pelvic organ prolapse and urinary incontinence, Tufts University School of medicine , Baystate Medical Center, Department of Obstetrics and Gynecology, division of Urogynecology and Pelvic Reconstructive surgery, Springfield, MA. PMID: 20508777,
5. Ayurvediya prasuti tantra evum streeroga, prof. P.V. Tiwari, vol.2, Chaukhambha Orientalia, Edition 2012;57,58,88
6. LaviAgrawal, IndirasingValvi, Comparative Study of Perineal Laxity and Yoni-Vyapadas, International Journal of Health Sciences and Research;2018(5) ISSN: 2249-9571
7. Sushruta Samhita Ayurvedatvasandipika, Kaviraj Dr. Ambikadutta shastri part 2, Chaukhambha Sanskrit Sansthan Edition: 2014;205:211
8. A Comprehensive treatise on striroga gynaecology written and illustred by Dr. Hemalatha Kapoorchand, Chaukhambha vishvabharti academy, Edition 2018;282:283
9. MadhavaNidana, Acharya Vijayrakshit-Kanthdatta'MadhukoshavyakhyaVibhushita', Sarasvati Publication Ahmedabad, 2003-2004 Edition; 514
10. Yogaratnakar, Hindi Commentary, Dr.Indradev Tripathi, Dr. Dyashankar Tripathi, Chowkhamba Krishnadas Academy Varanasi, Edition: 2007;(809):815
11. Vangsen Samhita, Harihar prasad Tripathi, Chaukhambha Sanskrit series, Varanasi, edition- 2009;198-199
12. Bhavprakasha, Bhavmishrapranit Edited with hindi commentary By Pandit Sri Brahma Sankara Misra, Vol-2, Edition: Chaukhambha Sanskrit bhavan, Varanasi, Yoniroga chikitsa, 2013; 765:773
13. Kavya GM, Sushila Sharma, Yonivyapad Related to Pelvic Organ Prolapse, Journal of Biological & Scientific Opinion 2016; 4(1). ISSN:2321-6328
14. Dutta's DC. Textbook of Gynecology, HiralalKonar, 7th edition, 165,169,170.
15. HollyandRichter, EdwardVarner. JohnathanSBerek and Novak's Gynecology 14th ed, New Delhi: Walter's Kluwer Pvt. Ltd. 2007;897-899
16. CarlWZimmerman, Pelvicorgan prolapse; Basic principles. John Te Linde's. Operative Gynecology 10th ed, Ed A Rock, Howard W Jones, Walnut street, Lippincott Williams's publication 2008;816-820.
17. Schrage, Schaffer, Halvorson, Hoffman, Bradshaw, Cunningham. WilliamsGynecology: 1st edition, New York: Mc Graw Hill Medical Publication; 2008;538-53
18. Ashtanga Samgraha, Indu virachit, Shashilekha vyakhya samanvit, Sampadak: Dr. Shivprasad Sharma, Chaukhambha Sanskrit Series Varanasi, Page No. Edition: 2012;837
19. Sharangdhar Samhita, Hindi Vyakhya, Dr, Brahmanand Tripathi, Chaukhambha Surbharti Prakashan Varanasi, Edition: 2013;152
20. SushrutSamhita with English translation of text and Dalhan's commentary along with critical notes, Vol. 3, P.V. Sharma, Edition 2005, Chaukhambha Vishva bharti Varanasi, .311
21. Charak Samhita, Gurjar vidyodaya vyakhya vibhooshita, Vaidya Dayal Parmar, Saraswati pustak Bhandar, Ahmedabad, Edition 2011-2012;668
22. Bhaishajya Ratnavali, Kaviraj govinddasen, English commentary, Dr. Ravindra Angadi, Part-2, Chaukhambha surbharti prakashan, Varanasi, first published: 2018;1633-1634
23. Chakradatta, Chakrapanidatta virachit, padarth bodhini hindi vyakhya, Vaidya ravidatta shastri, chaukhambha, surbharti prakashan, edited: 2006;260:261

24. Researches in Ayurveda, Dr, M.S. Baghel, Edition Mridu Ayurvedic Publication & Sales, Jamnagar; 2005.
25. Available: Ayurvedic Research Database: 2001-2018.
26. Lalitha HV. Clinical study on the Effect of Mushika taila pichu in Prasramsini yonivyapad with special reference to Uterine prolapse.(S.D.M. college Hassan); 2011

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