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A CASE STUDY ON PHALINI YONIVYAPATH vis-à-vis ANTERIOR VAGINAL WALL PROLAPSE

Dr. V. Aishwarya*[1], Dr. Papiya Jana[2] and Dr. Chaitra N.[3]

[1]Pg Scholar, Department of Prasoothi Tantra and Stree Roga, Sri Kalabyraveshwara Swamy Ayurvedic Medical College, Hospital and Research Center, Bengaluru, Karnataka, India.
[2]Professor, Department of Prasoothi Tantra and Stree Roga, Sri Kalabyraveshwara Swamy Ayurvedic Medical College, Hospital and Research Center, Bengaluru, Karnataka, India.
[3]Assistant professor, Department of Prasoothi Tantra and Stree Roga, Sri Kalabyraveshwara Swamy Ayurvedic Medical College, Hospital and Research Center, Bengaluru, Karnataka, India.

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***Corresponding Author**
Dr. V. Aishwarya
Pg Scholar, Department of Prasoothi Tantra and Stree Roga, Sri Kalabyraveshwara Swamy Ayurvedic Medical College, Hospital and Research Center, Bengaluru, Karnataka, India.

ABSTRACT

Phalini Yonivyapat is one among 20 enumerated *Yonivyapat* explained in *Ayurvedic* classics. It is a condition where the patient comes with a complaint of protruding mass per vagina. On examination, it reveals a bulge through the anterior vaginal wall which resembles almost like an egg. This can be corelated to anterior vaginal wall prolapse which is otherwise known as cystocele, happens due to the weakening of pelvic supports. About 50% of parous women develop pelvic organ prolapse, most of them require surgery, and about 30% of them require repeat surgery, there are also chances of POP occurring even after hysterectomy. This indicates that the current surgical management is far from satisfactory, due to which there is scope for conservative line of management in order to either avoid or to postpone surgery. Here is on such case of a women aged 36 years with complaints of excessive white discharge and mass per vagina since 2 years along with complaints of burning and increased frequency of micturition and discomfort while having coitus. She had not yet completed her family and was not ready for any kind of surgical interventions. Hence *Yoni Abhyanga* and *Ksheera Sweda* followed by *Lajjalu Kalka Purana* was planned along with oral medications for 7 days. At the end of the treatment, she showed marked improvement. The mass per vagina had regressed along with relief in the symptoms. The patient was asked to follow-up and continue the same treatment for the next two consecutive cycles in order to avoid the recurrence and any kinds of complications in her next pregnancy.

KEYWORDS: *Phalini Yonivyapat,* Anterior vaginal wall prolapse, Cystocele, *Lajjalu kalka purana, Yoni Abyanga, Ksheera sweda.*

INTRODUCTION

According to *Ayurvedic* literatures there are twenty types of Yonivyapat described in *Yonivyapat Chikitsa Adhyaya* of *Charaka Samhitha*[1], *Yonivyapat Pratisheda Adhyaya* of *Uttara Tantra* of *Sushruta Samhita*, in *Ashtanga Hrudaya*[2] and *Ashtanga Samgraha*; *Yonivyapat* has been explained in *Guhya Roga Vignaniya Adhyaya* of *Uttara Tantra*. One among these *Yonivyapat* is *Phalini Yonivyapat*.

Acharya Sushruta[3] says that when a young woman has coitus with a man having big size penis; she suffers from *Phalini Yonivyapat*. *Acharya Dalhana* calls the women as *Aphalini* or *Apraja* (one without progeny) where features of all the *Doshas* appear; *Roukshya* (dryness) and *Todadika* (pricking pain) due to *Vata*, *Choshadika* (burning sensation) due to *Pitta*, *Sneha Kandvadika* (unctuousness and itching) due to *Kapha*. *Acharya Madhava*, *Bhavamishra* and *Yogaratnakara* have mentioned similar to that of *Acharya Sushruta* but have used a different term as *Andini* instead of *Phalini*. *Madhukosha* explains that the *Yoni* protrudes out like an egg hence it is called *Andini*. *Bhavamishra* clarifies that in young women with narrow vaginal canal the *Yoni* protrudes out and resembles an egg.

The most common cause for mass descending per vagina is pelvic organ prolapse (POP). The risk factors for POP include weakening of pelvic supports due to pregnancy, multiparity, age, menopause, previous surgical history for POP and chronic increase in intra-abdominal pressure due to constipation, obesity and other occupational causes. About 30-50% of parous women develop pelvic organ prolapse. Most of them require surgery, and about 30% of them require repeat surgery, there are also chances of POP occurring even after hysterectomy.[5] This indicates that the current surgical management is far

from satisfactory. The prevalence is likely to increase with increasing life expectancy of women.

Pelvic organ prolapse is defined as protrusion or herniation of pelvic organ into or out of the vagina that occurs due to the failure of the anatomic supporters. The protrusion may involve both cervix and uterus or vaginal vault, anterior and posterior vaginal walls and adjacent structures like bladder urethra, rectum or contents of pouch of douglas. POP is termed accordingly depending on the organ that herniate. Damage to the vaginal supports at various levels gives rise to prolapse of structures at the respective levels. Defect at the level II support which includes arcus tendinous ligaments, leads to cystocele where the bladder bulges through the anterior wall of the vagina.

Prolapse in *Ayurveda* is explained under *Prasramsini*, *Mahayoni* and *Phalini* where *Prasramsini* can be considered as 1st and 2nd degree uterine prolapse, *Mahayoni* as 3rd or 4th degree uterine prolapse and vaginal wall prolapse is explained as *Phalini* which is the initial degree of prolapse and there is no descent of the cervix, but anterior vaginal wall prolapse can be appreciated (protruding like an egg).

Contemporary science has given more stress upon surgical management by performing Anterior Colporrhaphy. When the degree of prolapse is mild then the conservative line of treatment which is told in *Ayurvedic* classics seems to be more beneficial, cost effective and more over it gives mental relief to the patient from the fear of surgery.

AIMS AND OBJECTIVE

- To assess the efficacy of *Ayurvedic* medicines in *Phalini Yonivyapat* vis-à-vis anterior vaginal wall prolapse.
- To assess the laxity of the vagina before and after the treatment.
- To assess the degree of reduction in the protruding mass per vagina after treatment.
- To assess the duration required for local application of medicine for the reduction of the mass per vagina.
- To assess the action of the drugs used in other symptoms associated with the condition.

CASE REPORT

A patient aged 36 years, belonging to Hindu religion who is a teacher by profession visited the OPD of department of *Prasooti Tantra* and *Stree Roga* of SKAMCH & RC on 23rd January 2023. Detailed history of the patient's present illness revealed that she was apparently healthy 2 years ago, later she started noticing mass per vagina during micturition, in the last 1 month she started having increased frequency and burning micturition, she also complained of discomfort while having coitus. Then for one week she started having increased white discharge hence she approached our hospital for management.

PAST MEDICAL HISTORY

Known case of hypothyroidism since 10 year (on medication Thyronorm 25mcg OD)
No other co morbidities.

FAMILY HISTORY

No relevant family history.

MENSTRUAL/ OBSTETRIC HISTORY

- Menarche- at the age of 12 years
- Menstrual history- regular

Duration of bleeding- 2-3 days
Occurrence- once in 28-30 days
Clots present

- LMP- 30/12/22
- OH- P1L1A2D0

A1- induced (6th month)
A2- induced (3rd month)
P1L1- FTND (female- 7 ½ year)

- Marital life- 12 years
- Coital History – 3-4 times in a week.

Dyspareunia – present

GENERAL EXAMINATION

- Built - Moderate
- Nourishment - moderately nourished
- Temperature - 98.6 F
- Respiratory rate -20/min
- Pulse rate – 78 bpm
- B.P - 120/70 mm of Hg
- Height – 150 cms
- Weight – 60 Kg
- Pallor/Icterus/Cyanosis/Clubbing/Oedema/Lymphadenopathy - Absent
- Tongue – Uncoated

SYSTEMIC EXAMINATION

- CVS: S1 S2 Normal
- CNS: Well oriented, conscious.
- RS: Normal vesicular breathing, no added sounds
- P/A: Soft, no tenderness, no organomegaly.

ASHTA STHANA PARIKSHA

1. Nadi- 78 bpm
2. Mootra- 7-8 times a day
3. Mala- once/day, regular
4. Jihwa- Alipta
5. Sabda- Prakruta
6. Sparsha- Prakruta
7. Drik- Prakruta
8. Akruthi- Madyama

DASHAVIDHA PARIKSHA

1. Prakruthi- Vata Kapha
2. Vikruthi

- Dosha- Vata Pradhana Tridosha
- Dooshya- Rasa, Raktha, Mamsa
- Desha-Sadharana
- Bala-Madhyama

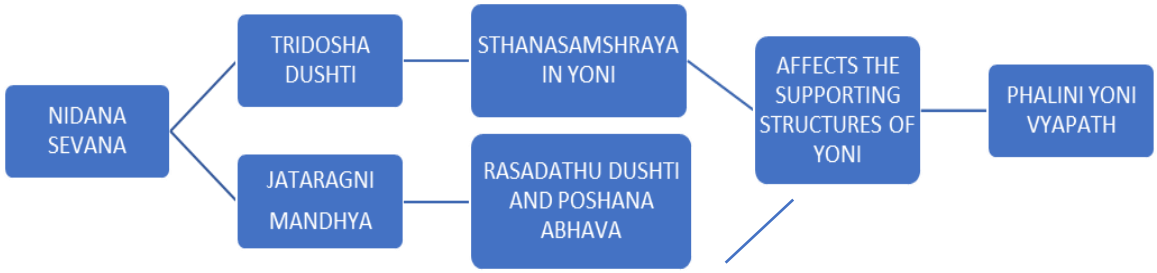
3. Sara-Madhyama
4. Samhanana-Madhyama
5. Pramana-Madhyama
6. Satmya-Vyamishra
7. Satva- Madhyama
8. Ahara Shakthi-Madhyama
- Abhyavarana Shakthi-Madhyama
- Jarana Shakti-Avara
9. Vyayama Shakthi-Madhyama
10. Vaya-Madhyama

Gynaecological Examination
Breast Examination - B/L Breasts – NAD
Inspection of Vulva – NAD
Stress examination: On coughing there was visible mass noted at the hymenal plane, dribbling of urine observed.

Per Speculum Examination
Cervix- posterior, multiparous os, white discharge present

Per Vaginal Examination
Uterus: Position – Anteverted, anteflexed
Cervix- posterior, multiparous os
Mass protruding out from upper 2/3rd of the anterior vaginal wall

SAMPRAPTHI



SAMPRAPTHI GATAKA
- *Dosha- Vata Pradhana Tridosha*
- *Dushya- Rasa, Raktha, Mamsa*
- *Agni- Jataragni Dushti (Vishamagni)*
- *Srothas- Rasa Vaha, Raktha Vaha, Mamsavaha Srotus, Arthava Vaha Srothas*
- *Srotodushti Prakara- Vimargagamana*
- *Udhbavasthana- Yoni*
- *Sancharasthana- Yoni and Basthi*
- *Vyakthasthana- Yoni and Basthi*
- *Rogamarga- Abyantara*
- *Sadyasadyata- Yapya*
- *Vyadginirnaya- Phalini Yonivyapat*

DIAGNOSIS
Phalini Yonivyapat vis-a-vis anterior vaginal wall prolapse

INTERVENTION
Abyantara chikitsa
1. *Mahasneham* (1tsp-0-1tsp)
+
Chengeryadi Gritha (1tsp-0-1tsp) with milk after food
2. *Chandraprabha Vati* (1-1-1) after food
3. *Avipattikara Churna* (0-0-1) with hot water before food

For 15 days

Sthanika chikitsa
1. *Yoni Abyanga* with *Chengeryadi Gritha*
2. *Yoni Sweda* with *Ushna Ksheera*
3. *Lajjalu Kalka Yoni Purana* for 2 hours

For 7 days

Kegel's exercise
Keeping the muscle contracted for 10 seconds at a time, relaxing for 10 seconds between contractions -10 repetitions three times a day.
The same treatment was advised for next 2 consecutive cycles.

Treatment and observation table

DAYS	TREATMENT GIVEN	OBSERVATION
DAY-1 DAY-2	**Abyantara chikitsa** 1. *Mahasneham* (1tsp-0-1tsp) + *Chengeryadi Gritha* (1tsp-0-1tsp) with milk after food 2. *Chandraprabha Vati* (1-1-1) after food 3. *Avipattikara Churna* (0-0-1) with hot water before food **Sthanika chikitsa**	Stage 2 anterior vaginal wall prolapse noted Urinary stress incontinence+ Increased frequency of micturition+ White discharge+++
DAY-3 DAY-4		Stage 1 anterior vaginal wall prolapse noted Urinary stress incontinence reduced No increased frequency of micturition

	4. Yoni Abyanga with *Chengeryadi Gritha* *5. Yoni Sweda* with *Ushna Ksheera* *6. Lajjalu Kalka Yoni Purana* for 2 hours **Kegel's exercise** Keeping the muscle contracted for 10 seconds at a time, relaxing for 10 seconds between contractions -10 repetitions three times a day.	White discharge++
DAY-5 DAY-6		No prolapse seen from the anterior vaginal wall No urinary stress incontinence noted White discharge+
DAY-7		No prolapse seen No urinary stress incontinence noted No white discharge

DISCUSSION

Anterior vaginal wall prolapse also known as cystocele occurs when the bladder descends into the vagina, bulging through the anterior vaginal wall with which it is anatomically associated. The underlying cause for development of cystocele is weakness of the muscles and the connective tissues surrounding the bladder and the vagina. According to anatomical sites cystoceles can be classified as apical, medial and lateral. Apical defect is localized to the upper segment of vaginal wall, medial defect can result in large cystoceles, lateral defect causes reduction of lateral vaginal sulcus on one or both the sides.

Anterior vaginal wall prolapse can be assessed by the standard POPQ system, which consists of four stages for prolapse which are:[6]

1. Stage-0 -no prolapse
2. Stage-1 -most distal part of prolapse is -1cm (above the level of hymenal plane)
3. Stage-2 -most distal part of prolapse is at the level of hymenal plane
4. Stage-3 -most outside portion of prolapse is >+1cm (beyond the hymenal plane; protrudes no farther than 2cm)
5. Stage-4 -complete eversion of the vagina (protrudes more than 2cm)

The patients usually complaint of feeling of pressure or sensation of something bulging out of the vagina which in later stages goes beyond the hymen. Stress incontinence is a common complaint where there is increased frequency and urgency to pass urine, they might have trouble initiating urination, feeling of incomplete evacuation, some women may need to press the anterior vaginal wall in order to void successfully. Sexual dysfunction may be due to psychological factors, prolapse can result in dyspareunia, urinary incontinence during intercourse, obstruction and dryness. Due to which a prolapsed bladder can have a negative impact on the quality of life.

Hence cystocele management requires careful considerations of several factors such as woman's age, physical and sexual activity, future reproductive wishes, nature and extent of symptoms, and degree of prolapse. Conservative management include pessaries and pelvic muscle exercises, which is very helpful in 1st and 2nd stage of prolapse. Surgical line of management includes anterior colporrhaphy and sacral colpopexy which is advised for symptomatic women for whom conservative management have failed to provide benefit.

Large percentages of women have minimal or no symptoms, many of them feel reluctant to seek medical advice because of social embarrassment, and most of them do not present to medical professional due to the fear of surgery.

Cystocele or anterior wall prolapse in *Ayurveda* have been corelated with *Phalini Yonivyapat* where there is involvement of *Tridoshas*. Hence the aim of the treatment is normalising the vitiated doshas, to improve the tonicity of the vaginal musculature and to prevent further descent of the genital organs.

Lajjalu (Mimosa pudica) is a drug which has been indicated in *Bramsha* and *Asrigdhara*. According to *Bhavaprakasha nigantu* and *Kaiyyadeva nigantu: Lajjalu* has *Tikta Kashaya Rasa, Laghu Rooksha Guna, Katu Vipaka, Sheeta Veerya* and *Kapha Pitta Hara* actions. It is indicated in *Rakthapitta* (bleeding disorders), *Atisara* (loose stools) and *Yoni Roga* (diseases of female genitourinary tract). In a book Sharma DP Vanoushadhi shataka the author has said that in acute uterine prolapse, application of paste of whole plant of *Lajjalu* over the prolapsed region followed by tight bandaging is helpful.

Chengeryadi Gritha contains *Nagara, Pippali Moola, Chitraka, Gokshura, Pippali, Gajapippali, Dhanya, Bilva, Phata, Yavani, Changeri, Gritha* and *Dadhi*. It has *Kapha Vata Hara* actions. It is indicated in *Grahani Dosha, Mutrakricchra, Gudabramsha* hence it helps in relieving urinary symptoms and also corrects the *Agni*.

Mahasneham contains *Gritha, Taila, Vasa and Majja* along with other ingredients which is *Balya* and *Brumhana* in nature helping in strengthening of the lax muscles and provides strength and improves overall quality of health.

Ksheera Swedana is one of the very effective treatments in *Vataja Vikaras*.

Yoni Abyanga with *Changeryadi Gritha, Ksheera Sweda* and *Lajjalu Kalka Yoni Purana* along with kegles exercise helped in strengthening the lax vaginal muscles, relieving pain and reducing urinary incontinence.

Avipattikara Churna helps in *Deepana* and *Pachana* thus improving the absorption capacity of the body and helps

the drug in reaching the *Sukshma Srotus*. *Mahasneham* and *Changeryadi Gritha* orally helps in overall nourishment and strengthening the lax muscles located in genito-urinary system. *Chandraprabha Vati* is a classical formulation which is widely used in relieving urinary symptoms.

CONCLUSION

Phalini Yonivyapat can be successfully treated through *Ayurvedic* line of management. The symptoms associated with anterior vaginal wall prolapse was totally relieved in the present case study. Hence this can be considered as a better alternative for woman who does not want to undergo surgical treatment for prolapse and is looking for an alternative method of management.

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