

MANAGEMENT OF GARBHINI PRASRAMSINI YONI VYAPAT – A CASE STUDY**Dr. Shilpa J.*¹, Dr. Anupama V.² and Dr. Papiya Jana³**¹PG Scholar, Dept of Prasutitantra and Stree Roga, Kalabyraveshwara Swamy Ayurvedic Medical College Hospital and Research Centre, Bangalore, India.²HOD, Dept of Prasutitantra and Streeroga, Kalabyraveshwara Swamy Ayurvedic Medical College Hospital and Research Centre, Bangalore, India.³Professor, Dept of Prasutitantra and Streeroga, Kalabyraveshwara swamy Ayurvedic Medical College Hospital and Research Centre, Bangalore, India.

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Dr. Shilpa J.PG Scholar, Dept of
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Bangalore, India.**ABSTRACT**

Prasramsini yoni vyapat or Second degree uterine prolapse in Garbhini is uncommon. Prasramsini yoni vyapat, a pittaja yonivyapat presents with syandhana and kshobhana of yoni. This can be compared to second degree uterine prolapse, where the cervix slips down to the level of introitus. This occurs due to the weakness of the supporting ligaments and muscles of pelvic floor, which is not able to support the pelvic organs. The condition may first manifest during pregnancy or may pre exist. The main risks for pregnant women with POP are preterm labour, urinary retention, urinary infection, sepsis, cervical laceration, uterine rupture and even maternal death. High parity is one of the strongest risk factor for POP development. Prasramsini yoni vyapat in Garbhini is not mentioned in classics. According to Acharya Susrutha, Vesavara is the treatment mentioned for Prasramsini Yoni vyapat,^[4] here is an attempt made to treat Garbhini with the same. A Garbhini who is in her eighth month came with the complaint of mass protruding per vagina post micturition and defecation along with intermittent lower abdominal pain was managed by Yoni prakshalana with Panchvalakala kwatha, yoni abhyanga with Dhanvantaram taila,^[5] Ksheera sweda and then Veshavara bandha. Internal medications were also given. The patient got relieved of symptoms and also it improved her quality of life.

I. INTRODUCTION

Pelvic organ prolapse occurs as a result of poor cardinal or uterosacral ligament apical support, which allows downward protrusion of the cervix and uterus towards the introitus. In second degree uterine prolapse the cervical level descends down to the level of introitus.^[1] During pregnancy pelvic organ prolapse is uncommon and its incidence is one in 10000-15000 pregnancies.^[2] It is associated with adverse outcomes such as vaginal infection, cervical lacerations and preterm delivery. Routine gynaecological examination should be carried out to screen this condition. The patients experiences mass per vagina post micturition and defaecation, backache, lower abdominal pain. The common management adopted are pessary for pelvic organ prolapse in pregnancy in modern science. These pessary causes irritation, discomfort and lacerations. Here comes the role of Ayurveda, where it has given promising results in Yoni vyapat chikitsa. These yoni vyapat occurs due to mithya ahara and mithya vihara.^[3] Here due to nidana, Vata-Pitta dushti occurs which causes Syandhana, sransana and kshobhana of Yoni. Various Sthanika and Shamana chikitsa is been explained by Acharya Susrutha for Prasramsini Vyoniy vyapat. Here Aushadhas which are Pitta samana, Balya and brumhana,

which strengthens the laxated uterine support has been given.

II. CASE REPORT

A women aged 27 years with history of 8 months of amenorrhoea with obstetric history G5P3L3A1D0 visited the OPD of Prasooti tantra and Stree roga SKAMCH &RC, Bengaluru on 21st February 2023 with chief complaint of mass felt per vagina post micturition and defecation along with intermittent lower abdominal pain since one week. She also experienced white discharge per vagina since two months.

Past History

- Not known case of HTN, DM, Epilepsy, Thyroid dysfunction, Asthma etc.
- Not allergic to any medication.
- No previous Surgical History
- Family History
- All family members are said to be healthy

Personal History

- Diet- mixed
- Appetite- reduced
- Bowel- once daily

- Micturition- 6-7 times/day
- Sleep- sound
- Habits- tea 2 times a day

Obstetric history

- LMP- 15/06/23
- EDD- 22/3/23
- POG – 35 weeks 6 days
- O H –G5P3L3A1D0
- P1L1- Male Baby, FTND 7 Years
- A1-Abortion (induced) 11 years ago
- P2L2 – Female Baby, FTND 5 years
- P3L3-Female Baby, FTND 3 years

General Examination

- Built- moderate
- Nourishment- proper
- Pallor-present
- Oedema-absent
- Clubbing- absent
- Cyanosis- absent
- Icterus- absent
- Lymphadenopathy- absent

Systemic Examination

- CVS: S1 S2 heard, no added murmurs.
- RS: Normal Vesicular Breath sounds heard, no added sounds.
- CNS: Well oriented to place, person, time and consciousness

Per vaginal Examination

External genitalia appears to be normal

On coughing the cervix was visible at the level of vaginal introitus

Cervix- Soft Multiparous os, no signs of cervicitis, or any other cervical pathology

Vagina-Slight reddishness and inflammation, White discharge++

Ashtasthana Pareeksha

- Nadi- 72 bpm
- Mootra- 6-7 times a day
- Mala- once/day, regular
- Jihwa- alipta
- Sabda- prakruta
- Sparsha- prakruta
- Drik- prakruta
- Akruthi- madyama

Nidana

Ahara- Vatala Pittala Ahara (ati mamsa ahara sevana, katu vidahi ruksha annapana)

Vihara- Multiparity, Household works, lifting heavy weights

Manasika- Anxiety and stress

Roopa

Mass per vagina (Kshobita yoni)

White discharge (Yoni Srava)

Lower Abdominal pain (Udara shola)

Samprapthi

Nidana causes Jatargni dushti resulting in apana vayu dushti. Rasa, raktha and mamsa dushti of Yoni and Garbhashaya happens causing Shitilata and sramsana of Yoni and Garbhashaya. Causing Garbhini with Prasramsini yoni vyapat

Samprapthi Ghataka

- Dosha- Pitta Vata
- Dushya- Rasa, Raktha, Mamsa
- Agni- Jataragni dushti
- Srothas- Rasa vaha, Raktha vaha, Mamsavaha srotus, Arthava vaha srothas
- Srotodushti prakara- Vimargagamana
- Udbhavasthana-Aamashya
- Sancharasthana- Garbhashaya, Yoni
- Roga marga- Abhyantara
- Sadyasadyatha- Yapya

Intervention

Sthanika chikitsa done for 7 days

1. Yoni Prakshalana with Panchavalakala kwatha
2. Yoni Abhyanga with Dhanvantaram tailam
3. Ksheera sweda
4. Veshavara bandha with pishta mamsa, trikatu, jeeraka, dhanyaka, dadima kept for one 2 hours /Amutra kaala

Shamana oushadhis given for 1 month

1. Sahacharadi Kashaya

Two tsp BD twice daily before food

2. Vidaryadi Kashaya

Two tsp BD twice daily before food

3. Ashwagandha Tablet

Two tablets BD twice daily after food

4. Yoshajeevana Lehya

One teaspoon twice daily with milk

OBSERVATIONS

DAY	MASS POSITION	ABDOMINAL PAIN
Day 1	Cervix at level of vaginal introitus, on coughing the mass was coming out of vagina	PRESENT++
Day 2	Cervix at level of vaginal introitus	PRESENT++
Day 3	Cervix at level of vaginal introitus	PRESENT ++
Day 4	Cervix 1 cm above the level of vaginal introitus	PRESENT+
Day 5	Cervix 2 cm above the level of vaginal introitus	PRESENT
Day 6	Cervix 2 cm above the level of vaginal introitus	REDUCED
Day 7	Cervix 3 fingers above the level of vaginal introitus	REDUCED

Follow up

On follow up after ten days, there was no mass protruding per vagina and no abdominal pain.

DISCUSSION

Prasramsini Yoni vyapat in Garbhini is a challenging situation as it is of threat to the pregnancy. All Yoni vyapat occurs due to Mithya ahara and Vihara. In this case repeated child birth with short intervals and not following sutika paricharya can be considered as the main causative factor. The lakshanas like Kshobhita and sravathi yoni is explained by Acharya Susrutha in Prasramsini Yoni vyapat. Acharya Dalhana further clarifies that kshobhita yoni means sanchalita yoni i.e displacement. He also says that it occurs due to Dukhena prasuyate i.e difficult labour. Prasramsini yoni vyapat can be compared with second degree uterine prolapse. Pelvic organ prolapse occurs when the ligaments and muscles of the pelvic floor no longer support the pelvic organs resulting in the drop of the pelvic organ from their normal position, this can be due to tearing or stretching of these structures because of labor or child birth or may be weakened due to age.

It is mentioned by Acharya Charaka that mrdu, madhura, shishira, sukumara praya Oushadhas only should be used for the treatment of Garbhini. The chikitsa mentioned according to acharya susrutha for Prasramsini yoni vyapat is Yoni Abhyanga, Ksheera sweda followed by Veshavara bandha, which is suitable for Garbhini also. The chikitsa adopted reduces both Pitta and Vata dosha, along with that does strengthening of the laxated tissues of the pelvic floor by its Balya, brumhana and dhatu vardhana action. Yoni prakshalana with panchavalkala Kashaya reduces the vitiated Pitta and Vata and acts as sthambhaka thus reducing the yoni srava. Prakshalana cleanses the yoni thereby helps in the better absorption of the Veshavara. Yoni Abhyanga was done with Dhanvantaram taila, which is very effective in controlling vitiated vata, there by strengthens the laxated structures. Dhanvantaram taila is specifically indicated in yoni rogas. Ksheera sweda provides bala to Yoni pradesha. Its also improves circulation, thereby helps in the better absorption of drugs. Veshavara is made with pishta mamsa, shunti, maricha, pippali, dhanyaka, jeeraka, dadima and pippali moola. Mamsa will nourish laxated muscles of the pelvic floor by its balya -

brumhana action. Shunti, maricha, pippali and pippali moola by its ushna reduces Vata dosha.^[6] All these drugs have tiksha guna, which helps the drug enter the Sukshma srotas and facilitate the absorption of mamsa. Dadima being an amla dravya reduces Vata dosha. Jeeraka, dhanyaka and dadima has grahi action thus helps in controlling yoni srava. Internal medicines were given for 1 month. Sahacharadi Kashaya given helps in controlling the vitiated vata dosha. Vidaryadi Kashaya is Vata pitta hara, brumhana and cures the angamarda associated with prasramsini yoni vyapat. Aswagandha tablet and Yoshajeavana lehya helps in this condition by its Vata hara, balya and rasayana action. Thus by both Sthanika and Shamana oushadhis the disease condition was improved.

CONCLUSION

Garbhini having prasramsini yoni vyapat was treated with Stanika Chikitsa like Yoni Abhyanga, Ksheera Sweda and Veshavara bandha, which has given good result in the patient. The treatment selected here were mainly having vata pitta hara Sthambaka, Srava hara and Balya property thereby helps in samprathi vighatana which gives good strength to the uterine supports and reduces the laxity. Modern 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 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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