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# AYURVEDIC APPROACH TO FIRST DEGREE UTERINE PROLAPSE IN WOMEN AFTER CHILDBIRTH: A CASE STUDY

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## ABSTRACT

Many women experience pelvic floor disorders, such as pelvic organ prolapse, urinary incontinence, and fecal incontinence, affecting about 25% of those who exert extra effort or undergo instrumental deliveries. Pregnancy and childbirth can exert significant pressure on the pelvic area, leading to muscle and tissue weakening or damage, especially in women who have had multiple children. A condition mentioned by Acharya Sushrutha is called Prasramsini yonivyapad, which occurs due to dukha prasava and is closely related to 1st and 2nd-degree uterine prolapse. This condition is commonly observed in women during the peri-menopausal or postmenopausal period, but even younger women who experience distress during labor may also be affected. Laxity of the vaginal canal and uterine descent is commonly seen in the peri-menopausal age with a predominance of vata dosha. It is also observed as a complication of prolonged labor. According to Sushrutha, prasramsini is caused due to pitta dushti, and because the garbhashaya is in the apanavata sthana, we also notice the involvement of Apana Vayu dushti. Thus, the management requires correction of both pitta and vata doshas. Additionally, there is a necessity to improve the strength of pelvic tissues as they are the support point of the entire reproductive system. An attempt was made to treat Prasramsini yonivyapad. To treat this condition, we included medicines that balance the Vata and Pitta doshas and help strengthen the body. Sthanika Chikitsa, such as Yoni Prakshalana, Yoni Abhyanga, sweda, Veshawara bandha, and Yoni Pichu, along with the use of oral

medications, were employed. Thus, the patient's symptoms were relieved, enhancing her overall quality of life.

## INTRODUCTION

First degree uterine prolapse is considered under Pelvic organ prolapse. Where the uterus descends down from its normal position but still it is placed inside the vagina. This can occur frequently in women, especially after childbirth, and as they age, because their pelvic floor weakens, and the muscles that support these organs also weaken, worsening the situation. In this study, the patient experienced a prolonged and difficult labor and gave birth using Vacuum extraction. We discovered that the patient had a condition called cystocele and uterine prolapse. During a pelvic examination, it was evident that her pelvic floor muscles were not very strong. The higher prevalence of pelvic organ prolapse (POP) in this case may be attributed to the increased risk of pelvic floor muscle trauma during operative vaginal delivery. Uterine prolapse is more common in women who have given birth. In India, about 20% of women experience this condition.

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.[1]

Uterine prolapse typically arises when there is insufficient support from the cardinal or uterosacral ligaments at the apex of the uterus, causing the cervix and uterus to descend towards the vaginal opening. This condition occurs as a consequence of weakened structures that maintain the organs in their proper position, and these factors can be categorized into two types: predisposing and exacerbating factors.

## DEFINITION

The World Health Organization (WHO) defines pelvic organ prolapse as a condition in which one or more of the pelvic organs, such as the bladder, uterus, or rectum, descend or herniate into or through the vaginal wall or anal canal due to weakening of the supporting structures of the pelvic floor. This descent can cause various symptoms and negatively impact a person's quality of life.

**Etiology of pelvic organ prolapse (POP)**[2]

Vaginal delivery with consequent injury to the supporting structures is the single most important acquired predisposing factor in producing prolapse. The prolapse is unusual in cases delivered by caesarean section.

**The injury is caused by**

(1) Overstretching of the Mackenrodt's and uterosacral ligaments:

(i) Premature bear down efforts prior to full dilatation of the cervix. (ii)Delivery with forceps or ventouse with forceful traction.

(iii) Prolonged second stage of labor.

(iv) Downward pressure on the uterine fundus in an attempt to deliver the placenta.

(v) Precipitate labor.

In all these conditions, the uterus tends to be pushed down into the flabby distended vagina.

(2) Overstretching and breaks in the endopelvic fascial sheath.

(3) Overstretching of the perineum.

(4) Imperfect repair of the perineal injuries. Poor repair of collagen tissue.

(5) Loss of levator function.

(6) Neuromuscular damage of levator ani during childbirth.

(7) Subinvolution of the supporting structures. This is particularly noticeable in:

(i) Ill-nourished and asthenic women.

(ii) Early resumption of activities which greatly increase intra-abdominal pressure before the tissues regain their tone.

(iii) Repeated childbirths at frequent intervals.

| **Degrees Of uterine prolapse (clinical)** | |
|---|---|
| **First degree** | uterus descends down from its normal anatomical position (external os at the level of ischial spines) but the external os still remains inside the vagina. |
| **Second degree** | The external os pro trudes outside the vaginal introitus but the uterine body still remains inside the vagina. |
| **Third degree** | (Syn: Procidentia, Complete prolapse) — The uterine cervix and body descends to lie outside the introitus.<br>Procidentia involves prolapse of the uterus with eversion of the entire vagina. |
| **Complex prolapse** | is one when prolapse is associated with some other specific defects. Complex prolapse includes the following: prolapse with urinary or fecal incontinence, nulliparous prolapse, recurrent prolapse, vaginal and rectal prolapse, or prolapse in a frail woman. |

| Pelvic organ prolapse (POP) quantitative scoring | |
|---|---|
| **Stage** | **Description** |
| **0** | No descent of pelvic organs |
| **I** | Leading edge of the prolapse remains 1 cm or more above the hymenal ring (<1 cm) |
| **II** | Leading edge of the prolapse extends from 1 cm above to 1 cm below the hymenal ring |
| **III** | From 1 cm beyond the hymenal ring but without complete vaginal eversion |
| **IV** | Essentially complete eversion of vagina |
| Quantitative gradings of pelvic organ prolapse [*ICS, AUGS, SGS – 1996*] | |

**CASE REPORT**

A women aged 31 years visited the OPD of Prasooti Tantra and Stree Roga, SKAMCH &RC Bengaluru on 5th August 2023 with chief complaints of mass felt per vaginally since 15 days associated with heaviness in vagina , lower back ache and lower limb pain since 1 month. She had a difficult and prolonged labour and she had to undergo instrumental delivery.

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

**Surgical History**

Delivered Vaginally through assisted instrumental (Vacuum) delivery 8 months back.

**Family History**

All family members are said to be healthy

Personal History

**Diet:** Vegetarian, fried food.

**Appetite:** Good

**Bowel:** once per day

**Micturition:** 4 to 5 times/day, no pain /burning micturition

**Sleep:** Disturbed

**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 –18/07/23

**Prasava Vruttanta**

Married life – 2 years

P1L1- FTND

**Asta Stana Pareeksha**

Nadi-86/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-150cm

Weight-64kg

BMI-28.4kg/m2

Respiratory Rate- 16 times/min

Pulse Rate- 86/min

B.P- 130/80 mm Hg

Temperature- 98.30F

Tongue- Non 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.

**EXTERNAL GENITALIA**

**Per Speculum Examination**

No Congestion noted in Cervix,

On Inspection,

Cervix protruding,

Thin white discharge.

**Per Vaginal Examination**

- On Inspection
- External genitalia appear to be normal without any signs of skin manifestation or scar. On cough reflex, 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.

**Investigations**

On25/5/20

**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**

Nidana (Mitya ahara vihara)

⬇

ApanaVata Vikruti + Vata Pitta Dushti

⬇

Garbhashayagata Mamsa dhatu gets affected /Mardavata of Dhatu

⬇

Khavaigunya in Yoni(Detoriation in compactness and integrity of genital organs

⬇

Shithilata and sramsa/syandana of genital organs

⬇

Srava, Kshobana, DhuPrasuhu: (Discharge /Descent/Difficulty in labour)

⬇

Prasramsini

**Samprapti Ghataka**

| | |
|---|---|
| Dosha | - Vata, Pitta |
| 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 |

**Interventions**

1. Yoni Prakshalana with Panchavalkala Kashaya
2. Yoni Abhyanga with Dhanwantaram Taila
3. Yoni Swedana with Ksheera
4. Veshavara Pichu Prayoga with Aja Mamsa, trikatu churna, jeeraka churna, Dhanyaka churna, Changeriyadi ghritha and Dadima Swarasa – All the treatment For 15 days

**Oral Medications**

1. Arogyavardhini Vati 1 BD

2. Bhadradarvyadi kwatha 3tsbp TID
3. Cap. Ksheerabala 101 BD
4. Dashamoola haritaki Rasayana 1tsbp for 1 month

## OBSERVATION AND RESULTS

| Examination | Position of the Cervix | Other Symptoms |
|---|---|---|
| Day 1 (22/7/23) | • Cervix 1cms just above at the level of Vaginal Introitus<br>• Cervix 2 Below the level of Ischial Spine but inside the Vagina<br>• Mild Cystocele present<br>• Heaviness of Vagina | Minimal white Discharge present |
| Day 2 to Day 6 (23/7/23- 5/8/23) | • Mild relief in symptoms noted<br>• Cervix 2 cms above the level of Vaginal Introitus<br>• Cervix 1 cms below the level of ischial spine inside the vagina<br>• Cystocele reduced<br>• Heaviness of vagina reduced | White Discharge completely reduced |
| Day 15 (6/8/23) | • Cervix 3cms above the level of vaginal introitus<br>• Cervix at the level of ischial Spine<br>• Mild Cystocele<br>• No Heaviness felt | None |

**Follow up** – 30/8/23

Patient felt complete relief from the symptoms and was able to carry out regular daily activities without disturbances.

## DISCUSSION

Acharya Sushrutha mentions that in Prasramsini, any irritation causes excessive vaginal discharge or displacement, and labor becomes difficult or abnormal. Dalhana explains that the reason for difficult labor lies in the abnormality of the passage. Yet another version of Sushrutha Samhita suggests that "sramsate" is used instead of "syandate," indicating a displacement of the yoni. Any factors that disrupt Vata eventually lead to an imbalance in Apana Vata, ultimately resulting in looseness or laxity of the birth canal (yoni). It's important to note that yoni roga occurs when Vata is imbalanced. In this case, the diagnosis is Prasramsini Yonivyapad, characterized by agitation of the yoni and symptoms indicating increased Pitta prakopa Lakshana, which are also associated with labor (Dukhaprasava).

As there is involvement of Pitta dosha, pitta pradhana yoni vyapat chikitsa should be incorporated. Yoni Prakshalana or Dhavana is one among the six types of Vrana Chikitsa. Considering the mode of action of Panchavalkala Kashaya, it is considered to be Pittagna, Shothahara, Ropana, and Shodhana due to the effects of its Rasa and Virya. Consequently, it acts as a Stambaka, Grahi, and is also an Ati Twak Prasadaka.

Abhyanga is essential, as it helps prevent the onset of old age, mitigates exertion, and reduces the aggravation of Vata. It provides nourishment to the body, promotes longevity, ensures restful sleep, and contributes to the health and strength of the skin. Dhanvantaram taila can be used as it is vata shamaka.

Yoni Swedana is one of the poorva karma procedures. In Prasramsini Yoni Vyapad, swedana with ksheera is advised by our acharyas. Veshavara bandha contains Aja mamsa[4], trikatu, jeeraka, dhanyaka, dadima swarasa, and changeriyadi ghrita. Mamsa provides bala and bruhmana to uterine supports, reducing muscle laxity. Trikatu[5] and Pippalimula alleviate imbalanced Vata, while Maricha's Tikshna guna aids drug absorption in Veshawara Bandha, providing strength internally. Dhanyaka[6] and Jeeraka[6], with Grahi properties, reduce excessive discharge if present. Dhanyaka[7] balances Pitta and Vata, and Dadima[7], with Grahi and Kashaya guna, reduces srava and balances all three doshas. Changeriyadi Ghrita[8] is primarily recommended for Guda Brahmsha, as it effectively reduces prolapse. Consequently, it can also be applied in cases of uterine prolapse.

Oral medications were prescribed for one month. Tab. Arogyavardhini Vati balances tridosha, Bhadradarvyadi kwatha provides bala to the muscles, Cap. Ksheerabala 101 will help provide strength and nourishment to the muscles, and Dashamoola haritaki Rasayana helps in balancing Vata dosha.

Thus Ayurvedic approach to management differs from surgery by not only focusing on repositioning the uterus but also on restoring muscle tonicity. This comprehensive approach aims to enhance the overall quality of life for the patient.

## CONCLUSION

In conclusion, as the prevalence of pelvic organ prolapse rises with the aging population, a multifactorial aetiology involving weakened pelvic support tissues and muscles, along with nerve damage, becomes apparent in women. For those with mild to moderate prolapse, a

desire for future childbearing, or circumstances where surgery is not feasible or preferred, a nonsurgical approach is often considered.

In embracing these Ayurvedic principles and treatments, we find a harmonious integration of traditional wisdom and practical therapeutic strategies to manage Prasramsini Yonivyapad. This holistic approach not only addresses the symptoms but also aims at restoring overall well-being, reflecting the profound understanding of Ayurveda in promoting health and balance in the intricate aspects of the female reproductive system.

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