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A CLINICAL EVALUATION OF PRASRAMSINI YONIVYAPAT

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ABSTRACT

Pelvic organ prolapse[1] is a frequent gynaecological condition among parous women resulting from weakness of pelvic structural supports. The global prevalence is 2 to 20% under 45 years of age, In India it is affecting nearly 40% of multiparous women above 35 years of age; 30% of these women need additional surgery due to prolapse recurrence. The major symptoms include mass per vagina, urinary incontinence, overactive bladder, and faecal incontinence. Globally, the prevalence is estimated at 2–20%, with a higher incidence of hysterectomy in older women. In Ayurveda, Yonivyapadas such as Prasramsini[2], Andini and Phalini correspond to pelvic organ prolapse, marked by muscular protuberance. The pathology involves mainly Vata dosha along with Pitta and Kapha, and treatment aims at Vata shamana, Brimhana, Sandhana, and Balya to strengthen pelvic musculature. Modern management includes Kegel's exercise, pessaries, and surgery, which often cause erosion, infection. YoniPichu, one of the Sthanika Chikitsa, is advantageous as the vaginal wall is highly vascular and retains the medicine longer. Lodhra has Kashaya and Tikta rasa, Sheeta virya, Katu vipaka; Tumbiphala possesses Tikta rasa, Katu vipaka and is Mamsa vivardhana; Lajjalu is Tikta-Kashaya rasa, Sheeta virya, Yoniroganashana, promoting Yonidrudhikarana study evaluates and compares their efficacy as Yoni Pichu in pelvic organ prolapse.

KEYWORDS: Prasramsini; Andani, Phalini, Lajjalukalka, Lodhra churna, Tumbiphala.

INTRODUCTION

Pelvic organ prolapse (POP) is the descent of pelvic organs into the vagina due to weakness of pelvic floor muscles and supporting ligaments. It is classified based on the compartment involved: cystocele (anterior vaginal wall/bladder), rectocele (posterior vaginal wall/rectum), and uterine or vaginal vault prolapse (descent of the uterus, cervix, or vaginal apex). These conditions may occur alone or in combination.

The etiology of POP is multifactorial, with a strong association with pregnancy and vaginal delivery, which can cause direct injury to pelvic floor muscles and connective tissues. Other risk factors include prior pelvic surgeries and conditions that increase intra-abdominal pressure such as heavy lifting, obesity, chronic cough, and constipation. Many women are asymptomatic initially, but symptoms worsen as prolapse protrudes beyond the vaginal opening. Evaluation involves a detailed history, pelvic examination, and assessment for complications like urinary or fecal incontinence and bladder outlet obstruction. Management depends on severity and symptoms, ranging from observation and pessary use to reconstructive or obliterative surgical procedures.

Uterine prolapse specifically refers to the herniation of the uterus into or beyond the vagina due to failure of ligamentous and fascial supports and often coexists with vaginal wall prolapse. Its prevalence ranges from 2–20% in women under 45 years, with a significant burden in India, including many women of reproductive age. It commonly affects multiparous women over 35 years, with increased risk in older and obese women, and a notable recurrence rate requiring additional surgery.

Uterine prolapse significantly affects quality of life, causing physical symptoms such as pelvic pressure, back pain, and bowel or bladder dysfunction, as well as emotional distress, sexual dysfunction, and limitations in daily activities. Predisposing factors include multiple pregnancies, vaginal births, advancing age, menopause-related hormonal changes, chronic straining, obesity, family history, and connective tissue disorders.

MATERIALS AND METHODS

Case Report

A 40-years-old female patient with married life of 21 years who was apparently normal 2 weeks back came to PTSR OPD of Sri Kalabyraveshwara swamy ayurvedic Medical college and research centre with chief complaints of pain abdomen, bloating, constipation since 2 weeks associated with urinary incontinence since 2-3 years.

History of present illness - The patient was apparently healthy two years ago with no significant complaints. Gradually, over time, she developed urinary incontinence since 2-3 years with chief complaints of pain abdomen, bloating, constipation since 2 weeks.

She initially visited nearby clinics, where she was provided with symptomatic and temporary relief, but her symptoms recurred shortly after. Hence came to our OPD for futher management.

Menstrual history

Menarche – 13 years

Menstrual cycle - Regular

Menstrual history - 5 days / 28-30 days

Dysmenorrhea - absent

Clots -absent

Last menstrual period - 20/4/2024

Prasava vrittanta

P3 L3 A0 D0 - both the pregnancies uneventful

P1 L1 - 20 years female -FTND

P2 L2 - 18 years female - FTND

P2 L2 - 10 years female - FTND

Vayakthika vrittanta

Diet- vegetarian

Appetite- good

Bowel- once daily, regular

Micturation- 4-5 times/day

Sleep- sound

Habits- nothing specific

Ashtasthana Pariksha

Nadi-72/min

Shabda- prakruta

Mala-Regular, once daily

Sparsha-prakruta

Mutra-Regular, 4-5 times/day

Drik- prakruta

Jivha-alipta

Akriti-Madhyama

Height -160 cm

Weight -64 Kg

BMI - 25 kg/m2

BP -110/70 mmHg

Dashavidha Pareeksha

Prakruti: Pitta kapha

Vikruti: Kapha vata

Sara: Madyama

Samhanana: Madyama

Pramana: Madyama

Satmya: Madyama

Satva: Madyama

Ahara

Abyavarana shakti : Madyama

Jarana shakti: Madyama

Vyayama shakti: Avara

Vaya: Madyama

Systemic Examination

1. Central Nervous System

Patient is conscious

Well oriented to time, place and person

2. Cardio Vascular System

Inspection: No distended vessels over neck or chest

Palpation: Apex beat palpable at 5th intercostal space

Percussion: Cardiac dullness present on left side

Auscultation: S1 S2 heard no added sounds

3. Respiratory system

Inspection Shape of chest: Bilaterally Symmetrical

Movement symmetrical RR 18 cycles/min

Palpation

Trachea: Centrally placed. Percussion:

Resonant over the lung field except card

4. GIT

P/A examination revealed soft and nontender

No organomegaly noted

LOCAL EXAMINATION

Inspection of vulva

- Pubic hair - scanty
- Vulva - normal
- Clitoris- normal
- Labia - normal
- Discharge - absent
- Swelling absent
- No evidence of pruritus

Per Speculum Examination

cervix unhealthy, Anterior

multiparous os

mild erosion - present on lower lip of cervix

minimal white discharge -present

Per Vaginal Examination

Cervix - Anterior

Cystocele -Present - 2nd degree

Uterine prolapse - 2nd degree

cervical motion tenderness - absent

minimal white discharge - present

cough reflex -present

DIAGNOSTIC CRITERIA

Clinical findings and samprapti of prasramsini yonivyapat[3]

INVESTIGATIONS

Urine routine - Normal; USG Pelvis- Normal study

TREATMENT

Date	Treatment given	Duration	Observation
26/04/2024 to 2/05/2024	Yoni prakshalana with Panchavalkala qwatha f/b Yoni kshara with apamarga kshara[4]	7 days	BT - mild erosion on lower lip of cervix AT - erosion reduced completely
7/05/2024 to 16/05/2024	**Sthanika chikitsa** Yoni abyanga with moorchitha tila taila f/b Yoni swedana with ksheera f/b Yoni pichu[5] with lodhra churna + tumbiphala kalka[6,7,8] **Abyantara chikitsa** Tab chandraprabha vati[9] 1 BD AF Changeryadi gritha[10] 1 tsp BD With warm water BF	10 days	Cystocele present (3rd degree) -Feeling of mass p/v on exertion present
26/06/2024 to 5/07/2024	**Sthanika chikitsa** Yoni abyanga with moorchitha tila taila f/b Yoni swedana with ksheera f/b Yoni pichu with lodhra churna + tumbiphala kalka **Abyantara chikitsa** Tab chandraprabha vati 1 BD AF Changeryadi gritha 1 tsp BD With warm water BF	10 days	Cystocele reduced (1st degree) -Feeling of mass p/v even with exertion improved
Follow up 5/07/2024 to 20/07/2024	Tab chandraprabha vati 1 BD AF Cap G P 500 1 BD AF Tab danwantaram 101 1 BD AF Changeryadi gritha 1 tsp BD With warm water BF	15 days	

DISCUSSION

In Ayurvedic classics, all gynecological disorders are described under *Yonivyāpada*. *Sramsana* is defined as "ūrdhvagata doṣasya adhonayanam," meaning the downward displacement of organs. It denotes falling, slipping, or hanging down of the yoni from its normal position (*sthānāth cyavana*), which can be correlated with prolapse of the female genital tract and its supporting structures. *Sramsana* represents the initial stage of prolapse; hence first- and second-degree uterine prolapse with mild to moderate cystocele are included under *Prasramsini Yonivyāpada*.

According to *Ācārya Caraka*[11], *mithyācāra*, *praduṣta artava*, *bījaduṣṭi*, and *daiva* are common etiological factors for all *Yonivyāpada*, while *duḥkha prasava* is the specific cause for *Prasramsini Yonivyāpada*. These factors lead to *vāta–pitta duṣṭi*. Trauma during difficult labor, repeated childbirth, and instrumental deliveries cause *apāna vāta vikṛti*, resulting in deterioration of *garbhashayagata māṃsa dhātu* and *snāyu*, producing *kha-vaiguṇyata* in the yoni. Aggravated *vāta* with diminished *kapha* hampers *āliṅgana karma*, thereby reducing the *dhāraṇa śakti* of *māṃsa dhātu*. Further, *vāta–pitta* aggravation causes *agniduṣṭi*, leading to *rasa dhātu kṣaya* and improper nourishment of subsequent *dhātus* and *upadhātus*, especially *māṃsa* and *snāyu*. Increased *pitta* causes excessive tissue softness (*mārdavatā*), resulting in loss of compactness, *śithilatā*, and *sramsa* of the yoni.

Based on the *nidāna* and *samprāpti*, treatment is planned using both *doṣa pratyanika* and *vyādhi pratyanika cikitsā*. *Sthānika* measures such as *abhyanga* with medicated *taila* or *ghṛta*, *yoni kṣīra sveda*, *swasthāna sthāpana*, and *pichu dhāraṇa* are advocated.

Lodhra, with *Kashāya rasa*, *Rūkṣa, Laghu,* and *Sthira guṇa*, *Śīta vīrya*, and *Kaṭu vipāka*, exhibits *stambhana* and *vraṇa ropana karma*, providing structural support and stability to lax vaginal tissues. Its tannin-rich astringent and antiseptic properties strengthen the mucosa and reduce prolapse. *Tumbīphala*, possessing *Kashāya–Tikta rasa*, *Rūkṣa–Laghu guṇa*, *Śīta vīrya*, and *Kaṭu vipāka*, promotes *yoni saṅkocha*, *dāha śamana*, and *srotosśodhana*. The combined astringent, anti-inflammatory, and estrogen-like actions help improve pelvic muscle tone, reduce inflammation, and enhance tissue integrity in pelvic organ prolapse.

CONCLUSION

Prasramsini Yonivyāpada represents the initial stage of genital prolapse arising due to *vāta–pitta duṣṭi*, *apāna vāta vikṛti*, and weakness of *māṃsa* and *snāyu dhātu* following factors like

duḥkha prasava and repeated childbirth. Loss of *kapha āliṅgana karma* and *agniduṣṭi* leads to tissue laxity, *śithilatā*, and *sramsa* of the yoni. Based on *nidāna* and *samprāpti*, adopting both *doṣa pratyanika* and *vyādhi pratyanika cikitsā* is essential. *Sthānika chikitsā* such as *yoni kṣīra sveda* and *pichu dhāraṇa* directly address local pathology by improving tissue tone and support. Drugs like *Lodhra* and *Tumbīphala*, with predominant *kashāya rasa* and astringent properties, aid in *yoni saṅkocha*, *stambhana*, and healing of overstretched tissues. Thus, Ayurvedic management offers a conservative, effective approach in early stages of pelvic organ prolapse, improving structural integrity and preventing further progression.

REFERENCES

1. Hiralal konar, D.C. Dutta textbook of gynecology 8th edition, jaypee brother medical publication(P)Ltd., 2000, chapter 16. displacement of uterus, 166,173 and 177.
2. Sushruta, Sushruta Samhita, Nibandha Sangraha Commentary Of Sri Dalhanacharya and Nyayachandrika Panjika and Nidanastahana Commentary Of Sri Gayadasacharya, By; Vaidya Yadavji Trikamji Acharya, Chaukhamba Surabharati Prakashan, Varanasi, sutrasthana, 2011; edition; 3rd Chapter; Verse-14; 824, 13 (Dalhana teeka).
3. Sushruta, Sushruta Samhita, Nibandha Sangraha Commentary Of Sri Dalhanacharya and Nyayachandrika Panjika and Nidanastahana Commentary Of Sri Gayadasacharya, By; Vaidya Yadavji Trikamji Acharya, Chaukhamba Surabharati Prakashan, Varanasi, sutrasthana, 2011 edition; 3rd Chapter; Verse-14.
4. Sushruta: edited by Vaidya yadavji Trikamji Acharya,Sushrutha Samhita with commentary –DalhanChowkamba Surbharati Prakashan, Varanasi, Sutrasthana, Chapter 11,Verse11-18, 46.
5. Agnivesha, Charaka Samhita, Ayurveda Dipika Commentary by Chakrapanidatta, edited by Vaidya Yadavji Trikamji Acharya, Chaukhamba Surbharati Prakashan, Varanasi, Reprinted, 2011, Chikitsa Sthana 30th Chapter, Verse-8; 738, 634. (Teeka).
6. Athulya T Paul, Giby Thomas, May Balakrishnan. Effect of Lodhradi Lepa in Uterine Prolapse -A Case Report. International Journal of Ayurveda and Pharma Research, 2022; 10(7).
7. Shri Govind Das. Bhaishajya Ratnavali edited by Shri Rajeshwardatta Shastri: Varanasi Chaukhamba Prakashan. Reprint, 2019. chapter 67, verse9.
8. Durga Prasad sharma, Vanaushadhi shatak hindi, 177.

9. Sharangadhara Samhita with Adhamalla's Deepika and Kashiram's Gudartha Deepika commentary, Varanasi, Krishnadas Academy, reprint, 2000 Madhyama kanda 7th chapter 40th verse.
10. Govinda Das Sen. *Bhaishajya Ratnavali*. Edited by Ambikadatta Shastri. Chaukhambha Sanskrit Sansthan, Varanasi. grahani rogadhikara verse 190-191.
11. Agnivesha; Charaka Samhita; Ayurveda Dipika Commentary by Chakrapanidatta, edited by Vaidya Yadavji Trikamji Acharya; Chaukhamba Surbharati Prakashan, Varanasi, Reprinted – 2011, Siddhi Sthana; 9th Chapter; Verse-66; 738; 721.