

A REVIEW OF VESHAWAR PINDA IN PRASRAMSINI YONIVYAPAD**Prashant Patil^{1*} and Priyanka Rajendra Chaudhari²**¹Associate Professor, (Prasuti Tantra & Stri Roga Department),²PG Scholar SMBT Ayurved College and Hospital, Dhamangaon, Nandi Hills, Igatpuri,
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18 February 2024,Revised on 09 March 2024,
Accepted on 29 March 2024

DOI: 10.20959/wjpr20247-31875

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422403.**ABSTRACT**

Pelvic Organ Prolapse (POP) is one of the common clinical conditions met in day-to-day gynaecological practice especially among the parous women. The entity includes descent of the vaginal wall and/or the uterus. According to WHO estimation, the global prevalence of uterine prolapse is 2- 20%. This problem may develop after child birth, progression of age, and injury to the muscles and organs situated there. Anything that causes increased pressure in the abdomen can lead to pelvic organ prolapse. In Ayurveda, all genital organs related conditions come under Yonivyapada. Among them, Prasramsini can be most suitably correlated with 1st and 2nd degree uterine prolapse. The management principle of pelvic organ prolapse includes Vathika yoniroga chikitsa along with Sthanika chikitsa. Sthanik Chikitsa is a local therapy that is applied directly on genitals to treat any diseased conditions. Veshwar pinda is one of them mentioned by Acharyas for the treatment of prasramsini yonivyapada, which give strength to the tissues removing laxity which is the basic defect in this condition.

KEYWORDS: Prasramsini yonivyapada, Sthanik Chikitsa, Veshwar pinda, Prolapse.**INTRODUCTION**

Uterine prolapse is a type of pelvic organ prolapse where the supporting pelvic structures of uterus weakens and result in descent of uterus from its normal position. It is common in postmenopausal women. Rarely, it develops in the younger age group as a complication of pregnancy. It is a significant health concern for women, afflicting millions of women worldwide. In fact it is the third most common cited indication for hysterectomy. The Phalini

Yonivyapada, Andini Yonivyapada, Prasramsini Yonivyapada and Mahayoni all these explain the prolapsed condition according to the stage and part prolapsed out. Initial degrees of uterine prolapse can be correlated to Prasramsini yoni narrated in Ayurvedic classics.^[1]

AIMS AND OBJECTIVES

1. To review the literature of Prasramsini yonivyapada and veshawar pinda.

MATERIALS AND METHODS

1. Review was done from classical text like Charak Samhita, Shushrut Samhita, Ashtang Hrudaya, Sharangdhar Samhita, Madhavnidan, Bhavprakash Nighantu, modern textbooks, published articles.

Pelvic organ prolapse

Pelvic organ support is maintained by complex interaction among pelvic floor muscles, pelvic floor connective tissue and vaginal wall.^[2] Common cause of pelvic organ prolapse is weakness or injury to supporting structures which can be caused by obstetric factors, genetic factors, advancing age and other precipitating factors.

The injury is caused by

- The congenital weakness of the supporting structure is responsible for prolapse in nulliparous women and early reproductive age.
- Mismanaged vaginal delivery, Premature bear 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.
- Conditions which increase intra-abdominal pressure like chronic asthma, constipation, repeated childbirths at frequent intervals, excessive sexual activity in abnormal postures are also contributory.^[3]

Degree of uterine prolapse^[4]

Uterine prolapse can be 1st degree, 2nd degree and 3rd degree depending on the extent of uterine descent.^[4]

First degree

The uterus descends from its normal anatomical position (External os at the level of

ischialspines) but the external os still remains inside the vagina.

Second degree

The external os protrudes outside the vaginal introitus but the uterine body remains inside the vagina.

Third degree: (Syn: Procidentia, Complete prolapse)

The uterine cervix and body descend to lie outside the introitus.

Prasramsini yonivyapada

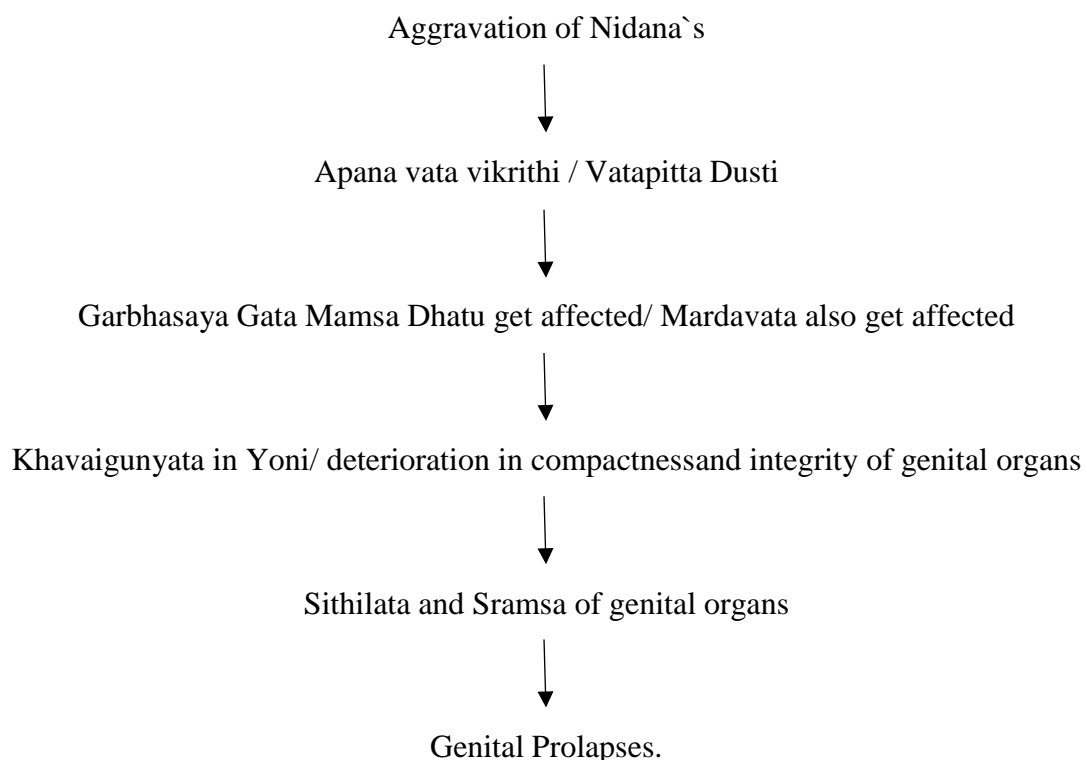
Prasramsini Yonivyapada is one among the 20 Yonivyapada described by our Acharyas in ancient texts. The word Yoni refers to vaginal canal and uterus and Prasramsana means displacement of vaginal canal from its original place. It may be caused by some external stimulus or itself without any external stimulus.^[5]

“ प्रसंसिनीस्यन्दतेतुक्षोभितादुः प्रसूचया ।

चतसृष्वपिचाद्यासुपितलिङ्गोच्छ्रयोभवेत् ॥१४॥ “

(सु.स.उ. 38/13,14)^[6]

Samprapti of prasramsini yonivyapad



Samprapti ghataka

Dosha- Pitta vata

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 srotusVyakthasthana- Yoni

Adhisthana- Garbhashaya and yoniRogamarga- Ahbyantara

Prasramsini Yonivyapada arises due to vitiated Pitta. Mithyachara leads to Pitta Prakopa it results in Rasa- Mamsa Dushti then sthan sanshray in Yoni/ Garbhashaya it results in Discharge, Descent, Difficulty in labour it leads to Prasramsini Yonivyapad.^[7]

Madhukosha has interpreted as being displaced from its place or prolapse and as being compressed which means when compressed yoni is displaced/ prolapses.^[8]

Madhava nidana, Bhavaprakash, Vangsen and Yoga Ratnakar described similar to Sushruta Samhita.^[9,10,11]

Dalhana explains the reason for difficult labour is abnormality in the passage. Mithyachara according lifestyle also lead to Uterine prolapse.

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.^[12]

Chikitsa (Treatment)

Disorders of Yoni does not occur without the involvement of Vata dosha.^[13] Hence, Vata dosha treatment should be given prime importance. Treatment of pelvic organ prolapse mainly aims at Vata shamana, Brimhana, Sandhana, Balya and strengthening of pelvic floor musculature. Both general and local treatment should be done in all Yonirogas. General treatment includes Panchakarma and local treatment includes Sthanika chikitsa In both modern and Ayurveda, the basic line of treatment is the same, repositioning the prolapsed part. When the prolapse is mild, Ayurveda treatment works more effectively and gives mental

relief to the patient from the fear of surgery. Sthanik chikitsa means some treatment to be applied locally in or on reproductive organ to combat any diseased condition.

According to acharya charaka^[14]

“ त्रैवृतं स्नेहनं स्वेदो ग्राम्यानुपौदका रसाः ॥ ११० ॥
दशमूलपयोबस्तिश्चोदावर्तानिलार्तिषु ।
त्रैवृतेनानुवास्या च बस्तिश्चोत्तरसञ्ज्ञितः ॥ १११ ॥” (च. चि. 30/110-111)

- Oleation with Traivrtasneha - Ghruta (Clarified butter), Taila (oils), Vasa (fat).
- Sudation
- Oral use of meat soup - Gramya (Wild), Anupa (Marshy), Audaka (Aquatic) animals] and milk medicated with Dashamoola.
- Basti of milk medicated with Dashamoola and Anuvasana as well as Uttarbasti with Traivrtasneha.
- In uterovaginal prolapse or disorders arising due to uterovaginal prolapse, after two or three Asthapanbastis, medicated Uttarbasti is beneficial.

According to acharya sharangdhara

Laghuphala Ghruta should be used.

According to acharya sushruta^[15]

“प्रसंसिनीं घृताभ्यक्तां क्षीरस्विन्नां प्रवेशयेत् ॥ २८ ॥
पिधाय वेश्वारेण ततो बन्धं समाचरेत् ।” (सु सं उ.38/28-29)

Procedure advised by Acharya Charaka, Sushruta, Vagbhata, Bhavprakash, Yogaratnakara
After anointing the Prasashta Yoni with ghee and then applying sudation with milk, it should be inserted inside the vaginal canal with hand. Now a ball of Veshwara (minced meat or solid oleo mixed with certain drugs) should be inserted in the canal and a bandage applied. The bandage should be removed when the patient has a desire or feeling of micturition. Veshwara consisting of Shunthi, Maricha, Krshna Dhanyaka, Ajaji, Dadima and Pippalimula etc. drugs should be used.

Chemical Composition and Pharmacological action of drugs-

Drug	Latin name	Chemical composition	Pharmacological Action
Shunthi ^[16]	Zingiber officinale	Gingerol, shogaol, zingerone,	Lipophilic, Antioxidant, Anti-inflammatory.
Maricha ^[17]	Piper Nigrum	Piperine, terpenes	Antioxidant, lipophilic, anti-inflammatory.
Krshna Dhanyaka ^[18]	Coriandrum sativum	Thymoquinone, thymohydroquinone, dithymohydroquinone, Sesquiterene, longifolene	Antioxidant, lipophilic, anti-inflammatory.
Dadima ^[19]	Punica granatum	Anthocyanins, quercetin, polyphenols, Aminoacids, Flavonoids	Antioxidant, anti-inflammatory.
Pippalimula ^[20]	Piper longum	Piperine, piper longumine	Antioxidant, lipophilic, anti-inflammatory.
Ajaji ^[21]	Cuminum cyminum	Cuminaldehyde, cymene, terpenes	Antioxidant, lipophilic, anti-inflammatory.

Properties of drug ^[22]

Sr. no	Dravya	Rasa	Vipak	Veerya	Guna & Doshaghna
1	Shunthi	Katu	Madhur	Ushna	Laghu & snigdha Kaphaghna, vataghna
2	Maricha	Katu	Katu	Ushna	Laghu, tikshna Vatakphaghna, balya
3	Krshna Dhanyaka	Kashay, tikta, Madhur	Madhur	Ushna	Laghu, snigdha tridoshaghna
4	Ajaji	Katu, Madhur	Katu	Ushna	Laghu, tikshna, snigdha tridoshaghna
5	Dadima	Kashay, Madhur, amla	Madhur	sheeta	Laghu, snigdha tridoshahara
6	Pippalimula	Katu	Madhur	Anushna	Laghu, snigdha, tikshna vatakphaghna

Preparation of veshawar pinda

- A boiled pinda of medicine is wrapped in a cloth and placed in the vagina.
- Location – Prathamavarta.
- Equipment – Steel vessels, knife, spoon, vastra/manjarpat(cloth), gas cylinder.
- Ingredients- Meat devoid of bone 1 part, water 2 parts, churna of Maricha, Krshna Dhanyaka, Ajaji, Dadima, Pippalimula in equal quantity.
- Methods of preparation- Take the meat devoid of bone, chopped well, steamed, and smashed.
- To this add churna of all dravyas mentioned above. The mixture is boiled well again for a while to obtain veshawar.

- After cooking, wrap it in sterile cloth and tie a rope. This formed pinda is then placed in yoni.
- The pinda should be removed when the patient has desire or feeling of micturition or after 2 hours.

DISSCUSION

Laxity of vaginal musculature and fibromuscular ligaments supporting the uterus and to certain extent vagina is main cause of displacement of vagina and/or uterus.

The Chikitsa mentioned according to Acharya Yogaratnakara is Yoni Abhyanga, Ksheera Sweda followed by Veshawara Bandha. The Chikitsa advised here not only reduces the pitta dosha but along with it reduces the vata dosha.

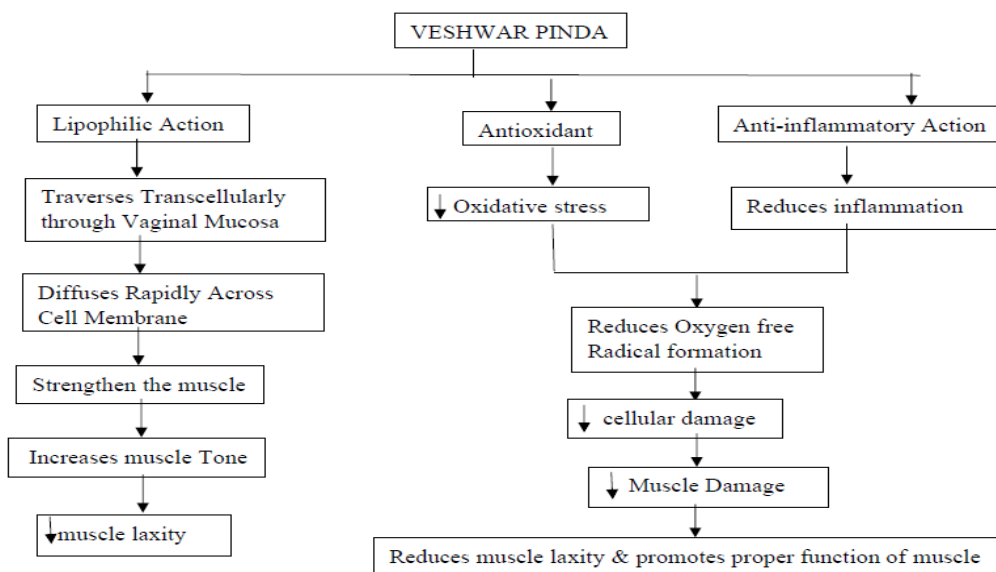
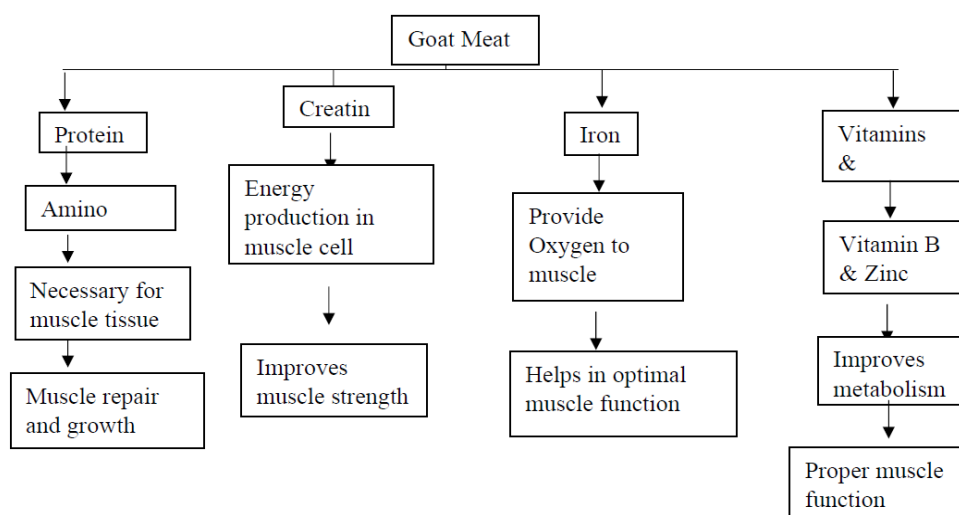
The role of Apan vayu is to regulate the process of excretion mainly all the pelvic organs of excretion depend on the quality of Apan vayu, if this dosha is vitiated It may exert downward force and can dislodge the organ gradually.

Saman vayu controls and aids the process of digestion and metabolism and helps in releasing the pressure and stress on the pelvic floor muscles in its normal state but if vitiated it may increase pressure and heaviness in pelvic region.

Mode of action

- In other words uterovaginal displacement occurs due to abnormality or kṣhaya (loss) of mamsa dhatu of these structures. Mamsa dhatu consists mainly of pṛthvi mahabhuta. Goat meat^[23] is slightly guru, snigdha and sheeta potency, tridosahar, nutritious and an-abhishyandi due to its similarity to human flesh. Samanya vishesh siddhanant plays significant role. Balya, bruhan properties provide strength and stability to muscles due to guru snigdha guna, it helps in vata shaman. The mamsa gives bala and does bruhan to the uterine supports thereby reduces the laxity of the muscles.
- Shunthi^[24] eliminates samata of pitta being katu and ushna but does not cause pitta prakopaka being Madhur vipaki.
- Maricha^[25] and pipalimoola^[24] stimulates agni and converts visham agni into samagni and increases dhatu bala as it has balya properties and nourishes mamsa dhatu. Tikshnaguna of maricha facilitates absorption of drugs used in Veshawara Bandha to enter into sukshma srotas and provides bala not locally but also to the internal tissue.

- Ajaji^[26] eliminates vitiated discharge due to its ruksha guna it also eliminates garbhashaya shaithilya.
- Dhanyaka^[27] – it causes pitta shaman when there is daha and paka due to pitta prakopa ,it eliminats strava, kleda, abhishyanda , kandu caused by kapha prakopaka and shula by vata prakopa. It is also useful in mutradaha and bastidaha.
- Dhanyaka and Jeerakahas Grahi guna thus helps in reducing the srava,Dhanyaka is tridosha shamaka does corrects the vitiated pitta and vata dosha.
- Dadim^[28] has agnideepan,shothahara and grahi properties which provides strength to the muscles. Kashaya rasa which helps in reducing the sravaand also acts as Tridoshagna.
- All these drugs helps in vata pitta shamana. They absorbs strava and kleda. Stimulates agni and reduces laxity present in the pelvic floor.



CONCLUSION

- Abhyantara use of sneha increases the strength of not only body as well as increase the tone of supports (ligaments and muscles), it also reaches to smallest elements of body.
- External use of ghritha by doing yoni abhyanga it decreases the hardness of displaced organ, firmness of soft tissues to facilitate correction of organ. It also enhances the strength of local muscles and ligaments by mobilization of organ.
- The aim of swedana karma with ksheera provides bala to the uterine muscles and relieve pain.
- Pichu dharana with veshawara pinda helps in prolapsed condition by strengthen the vaginal muscles and dhatu, subsides the vitiated doshas, cures the pain & heals the damage occurred to the pelvic tissues and also prevents from further fungal and yeast infections.

REFERENCES

1. Mansa Devi, Jaysheela M. Goni, Prasamsini Yonivyapat WSR. To Uterine Prolapse A Case Study, European Journal of Pharmaceutical And Medical Research, 2019; 6(3)ISSN: 2394-3211.
2. Hoffman BL, Schorge JO, Bradshaw KD, Halvorson LM, Schaffer JI, Corton MM. Williams gynaecology. In: United States of America: McGraw-Hill Education, 2016; 3: 542.
3. Kavya GM, Sushila Sharma, Yonivyapad Related to Pelvic Organ Prolapse, Journal of Biological & Scientific Opinion, 2016; 4(1).
4. Padubidri VG. Dutta Textbook of Genecology. Haryana; Thomson Press India Ltd, 2014; 201.
5. Lavi Agrawal, Indirasing Valvi, Comparative Study of Perineal Laxity and Yoni-Vyapadas, International Journal of Health Sciences and Research, 2018; (5)ISSN: 2249-9571.
6. Sushruta, Sushruta Samhita, with the Nibandh sangraha commentary of Sri Dalhanacharya, edited by Vaidya Yadavji Trikamji Acharya, Chaukambha Surbharati Prakashana, Varanasi, Reprint, 2010; 38(13).
7. A Comprehensive treatise on striroga gynaecology written and Illustrated by Dr. Hemalatha Kapoorchand, Chaukhambha vishvabharti academy, 2018; 282: 283.
8. Madhava Nidana, Acharya Vijayrakshit Kanthdatta 'Madhukoshavyakhyā Vibhushita', Sarasvati Publication Ahmedabad, 2003-2004; 514.

9. Yogaratnakar, Hindi Commentary, Dr.Indradev Tripathi, Dr. Dyashankar Tripathi, Chowkhamba Krishnadas Academy Varanasi, 2007; (809): 815.
10. Vangsen Samhita, Harihar prasad Tripathi, Chaukhambha Sanskrit series, Varanasi, 2009; 198-199.
11. Bhavprakash, Bhavmishrapranit Edited with hindi commentary By Pandit Sri Brahma Sankara Misra, Edition: Chaukhambha Sanskrit bhavan, Varanasi, Yoniroga chikitsa, 2013; 2, 765: 773.
12. Ayurvediya prasuti tantra evum streeroga, prof. P.V. Tiwari, Chaukhambha Orientalia, Edition, 2012; 2, 57: 58-88.
13. Sharma R Karan, Dash B. Agnivesa's Charakasamhita. In Varanasi: Chokamba Sanskrit Series Office, 2013; 158: 5.
14. Agnivesha, Charaka Samhita revised by Charaka & Dridhabala, with Ayurveda Dipika commentary by Chakrapani Dutta, edited by Acharya Yadavji Trikamji, Varanasi: Choukhamba Surabharathi prakashana, Varanasi, 2011.
15. Sushruta, Sushruta Samhita, with the Nibandh sangraha commentary of Sri Dalhanacharya, edited by Vaidya Yadavji Trikamji Acharya, Chaukambha Surbharati Prakashana, Varanasi, Reprint, 2010; 38(13).
16. Al-Kuraishy HM, Al-Fakhrany OM, Elekhrawy E, Al-Gareeb AI, Alorabi M, De Waard M, Albogami SM, Batiha GE. Traditional herbs against COVID-19: back to old weapons to combat the new pandemic. *Eur J Med Res*, 2022; 26, 27(1): 186. doi: 10.1186/s40001-022-00818-5. PMID: 36154838; PMCID: PMC9510171.
17. Mao QQ, Xu XY, Cao SY, Gan RY, Corke H, Beta T, Li HB. Bioactive Compounds and Bioactivities of Ginger (*Zingiber officinale* Roscoe). *Foods*, 2019; 30, 8(6): 185. doi: 10.3390/foods8060185. PMID: 31151279; PMCID: PMC6616534
18. Laribi B, Kouki K, M'Hamdi M, Bettaieb T. Coriander (*Coriandrum sativum* L.) and its bioactive constituents. *Fitoterapia*, 2015; 103: 9-26. doi: 10.1016/j.fitote.2015.03.012. Epub 2015 Mar 14. PMID: 25776008.
19. Kumari I, Kaurav H, Chaudhary G. *Punica granatum* L. (Dadim) *Punica granatum* L. (Dadim), Therapeutic Importance of World's Most Ancient Fruit Plant. *JDDT [Internet]*, 2021; 15, 22, 2024, 11(3): 113-21. Available from: <https://jddtonline.info/index.php/jddt/article/view/4832>
20. Carsono N, Tumilaar SG, Kurnia D, Latipudin D, Satari MH. A Review of Bioactive Compounds and Antioxidant Activity Properties of Piper Species. *Molecules*, 2022; 10, 27(19): 6774. doi: 10.3390/molecules27196774. PMID: 36235309; PMCID:

PMC9573611.

21. TY - JOURAU - Srinivasan, Krishnapura PY - 2018/01/24SP - T1 - Cumin (*Cuminum cyminum*) and black cumin (*Nigella sativa*) seeds: Traditional uses, chemical constituents, and nutraceutical effectsVL-2DO- 10.1093/fqsafe/fyx031JO - Food Quality and Safety.
22. Prof. P. V.Sharma,Dravyagunavidnyana,Chaukhambha Bharti Acadamy , Varanasi, Reprint, 2018; 455
23. Prof. P. V. Sharma, Dravyagunavidnyana, Chaukhambha Bharti Acadamy, Varanasi, Reprint, 2018; 59.
24. Lucas.D. Shanthkumar. Bhavaprakasa Nighantu of Bhavamisra. Varanasi: Chaukhambha Vishvabharati, 2017; 478.
25. Lucas. D. Shanthkumar. Bhavaprakasa Nighantu of Bhavamisra. Varanasi: ChaukhambhaVishvabharati, 2017; 12.
26. Lucas. D. Shanthkumar. Bhavaprakasa Nighantu of Bhavamisra. Varanasi: ChaukhambhaVishvabharati, 2017; 13.
27. Lucas. D. Shanthkumar. Bhavaprakasa Nighantu of Bhavamisra. Varanasi: ChaukhambhaVishvabharati, 2017; 21.
28. Lucas. D. Shanthkumar. Bhavaprakasa Nighantu of Bhavamisra. Varanasi: ChaukhambhaVishvabharati, 2017; 24.
29. Lucas. D. Shanthkumar. Bhavaprakasa Nighantu of Bhavamisra. Varanasi: sChaukhambhaVishvabharati, 2017; 361.