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Research Article

A STUDY OF *KAPIKACHCHHU MOOLA KWATHA* FOR *YONI PRAKSHALANA* AND *PALASHA UDUMBARA SIDHHA TAIL PICHU* IN *PRASRAMSINI/PHALINI/MAHAYONI* W.S.R. TO UTEROVAGINAL PROLAPSE

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ABSTRACT

Pelvic organ prolapse is the downward displacement of structures that are normally located adjacent to the vaginal vault. **Aims & Objectives:** To study the effect of *Kapikachchhu Moola Kwatha* for *Yoni Prakshalana* (vaginal douching by Mucuna prurience) and *Palasha, Udumbara Siddha Tail Pichu* (vaginal tampon by oil prepared with *Butea monosperma* and *Ficus glomerata*) in *Prasramsini, Phalini & Maha Yoni* (Uterovaginal prolapse). To evaluate the comparative effect of *Kapikachchhu Moola Kwatha Yoni Prakshalana* and *Palasha Udumbara Tail Yoni Pichu.* **Materials & Methods:** Randomised control trial was conducted on 37 patients and divided in three groups, 13 patients in group A and 12-12 patients in group B and C registered. In group A, administered *Palasha Udumbara Tail Yoni Pichu.* In group B, administered *Kapikachchhu Moola Kwatha Yoni Prakshalana*. In Group C, administered combined therapy. **Observations and Results:** Different parameters like something coming out per vaginum, *Yoni Srava* (white discharge per vaginum), *Yoni Kandu* (itching per vaginum), *Yoni Vedna* (dragging pain in vagina), *Parva Vankshana Shoola* (Midsacral discomfort), increase frequency of micturition, stress urinary incontinence, difficulty in emptying bladder, frequency of bowel movements, straining during defecation and objective parameters assessed by POP-Q test that is; Aa and Ba on anterior compartment, C and D on middle compartment, point Ap and Bp on posterior compartment were observed before, during and after the treatment. The overall effect of therapy, in group A; 60% patients got mild relief (25.1% to 50% relief), followed by 30% got moderate relief (50.1% to 75% relief). In group B; 80% patients got mild relief. In group C; 50% patients got moderate relief and 50% got mild improvement. **Conclusion:** Combined therapy is more effective than single therapy. In single therapy, Group A is better than Group B. Maximum patients of *Phalini* and *Prasramsini Yoni* (2nd degree uterovaginal descent) got moderate improvement and *Mahayoni* (3rd degree uterovaginal descent) patients got mild improvement.

INTRODUCTION

According to the world health organization about 33% of the total disease burden on women are only related to reproductive health. Whereas the global prevalence of uterine prolapse is 2 to 20% among women under the age of 45 years [1,2].

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Pelvic organ prolapse (POP) is one of the main causes of reproductive health morbidity influencing women's health quality. POP is a downward displacement/ herniation of the structures (situated adjacent to the vaginal vault) due to failure of supports[3]. POP devastate the well-being of patients by creating physical and psychological problems. It affects not only the old age women's but also many younger women as well. It is more evident in women with two or more vaginal deliveries, difficult instrumental delivery, lack of rest during puerperium, some medical condition like chronic cough, constipation, and poor nutrition[4].

Displacement or prolapse of genital organs is explained in detail by our ancient *Acharyas* as under the headings of *Prasramsini*, *Phalini* and *Mahayoni Yonivyapada*.

In reference to *Prasramsini Yoni, Acharya Sushruta* said that in this condition any irritation causes excessive vaginal discharges, or its displacement and labour is also difficult [5]. *Arundatta* and *Indu* comments *Srasta* means descending from its place or descend outward [6].

Acharya Susruta says for *Phalini Yoni* that when a young woman has coitus with a man having big size of penis, then she suffers from *Phalini* [7]. It appears like a shape of fruit or egg, so it can be correlated to second degree vaginal wall descent with or without first degree cervical descent because vaginal wall also descent along the cervix. It is also known as *Andini Yoni*. Here *Phalini Yoni* means vaginal wall prolapse (cystocele-urethrocele/rectocele) and protruded at least at the level of introitus[8].

Acharya Charak said for *Mahayoni* that the *Vayu* (controller of all body movement) vitiated due to coitus in an uneven position and place, causes *Vishtambhana* (stiffen) of *Yoni* (vaginal introitus) in dilated condition. It causes dry, frothy, bloody discharge with severe pain. This condition has a muscular protuberance in *Yoni* (vagina) associated with pain in joints and groin region is known as *Mahayoni*[9]. Hence, it can be correlated with third or fourth degree uterovaginal prolapse. *Acharya Susruta* says that in this entity *Yoni* (vagina) is excessively dilated[10]. In the present era there is no effective conservative therapy for prolapse and many patients do not wish for surgery due to many post-surgical complications like vault prolapse and hypo-oestrogenic complications. Hence there is a need of an effective therapy for preventing above complications and preservation of reproductive function.

In Ayurveda, many *Sthanika Chikitsa* (local therapies) prescribed by ancient *Acharyas* as *Seka* (vaginal douche), *Abhyanga* (massage) and *Yoni Pichu* (vaginal tampon)[11,12]. Out of them, a effective *Sthanik Chikitsa* were selected for this study described by *Acharya Yogaratnakara* that is *Kapikachchhu Moola Kwatha Yoni Prakshalana* for *Yoni Sankirnana* (constriction) in the chapter of *Yonivyapada Chikitsa*[13] and this also described by *Acharya Bhavaprakash*[14] and second therapy described by *Acharya Sharangdhara* that is anointment of equal quantity of powdered seeds of *Palasha* and fruits of *Udumbara* mixed with *Tila* (*Sesamum indicum*) oil and honey is best for *Yoni Gadhikarana* (stiffening or toning up of the musculature of pelvic organ)[15,16]. In this study we have modified the procedure by taking *Palasha* seeds *& Udumbara* fruits to medicate the oil for local therapy i.e., *Yoni Pichu* which was suitable for patient.

Kapikachchhu is *Vata Nadi Samsthana Balya* (nervine tonic)[17], it stimulate the tissue growth and regeneration of the damage nerve of pelvic tissue (Table 1).[18] Due to *Kashaya Rasa* property *Palasha Udumbara* work as a astringent and causes constriction of vagina.[19,20] *Tila Taila* nourish the tissue and provide strengthening of pelvic musculature and its *Suksma, Vyavayi* property, it increase the efficacy of other drug and easily pass the vaginal mucosa and direct effect on pelvic tissue (Table 2).[21]

Table 1: Botanical Description of the Drugs[17,19,20,21]

S. no	Drug	Botanical name	Family	Chemical constitution
1	*Kapikacchu*	*Mucuna pruriens*	Fabaceae	L-dopa, mukunine, prurienine, tryptamine
2	*Palasha*	*Butea monosperma*	*Leguminosae*	Monospermin, Palmitic acid
3	*Udumbara*	*Ficus glomerata*	*Moraceae*	B-sitosterol, lupeol acetate, phytesterols

Table 2: *Rasa Panchak* (Properties) of the drugs:[17,19,20,21]

S. no	Drug	*Rasa*	*Guna*	*Virya*	*Vipaka*	*Karma*
1	*Kapikacchu*	*Madhura*	*Guru snigdha*	*Ushna*	*Madhura*	*Vatapitta- hara, Balya, Branghana, Vajikarana*
2	*Palasha*	*Katu, Tikta, Kashaya*	*Laghu, Ruksha*	*Ushna*	*Katu*	*Vata Kapha-hara, Grahi, Kramighna, Dipana*
3	*Udumbara*	*Kashaya*	*Guru, Ruksha*	*Sheeta*	*Katu*	*Pitta Kapha-hara, Vrana Shodhana Ropana, Varnya*
4	*Tila taila*	*Madhura, Tikta, Kashaya*	*Sukshma, Ushna, Vyavayi, Guru*	*Ushna*	*Madhura*	*Vata Shamaka, Balya*

AIMS OF STUDY

To find out effective conservative treatment for uterovaginal prolapse. To carry out the conceptual study of *Prasramsini*, *Phalini & Mahayoni* and uterovaginal prolapse and conceptual study of *Kapikachchhu, Palasha, Udumbara* and *Tila Tail.* To study the effect of *Kapikachchhu Moola Kwatha Yoni Prakshalana* and *Palasha, Udumbara Tail Yoni Pichu* in *Prasramsini, Phalini* and *Mahayoni*/uterovaginal prolapse. To evaluate the comparative effect of above mentioned drug in *Prasramsini, Phalini & Mahayoni*/ uterovaginal prolapse.

Previous Work Done[22,23]

There were some previous works conducted in various Ayurvedic collages of India. They were used *Veshvara Dharana, Phala Grita Pichu, Phala Grita Pana* (oral), *Mushika Tail Pichu, Lodhra Kalka Dharana* and *Uttarbasti* and *Matrabasti* with *Bala Tail* in *Prasramsini Yonivyapad*. Some references given below- In 1979, A study conducted on the medical management of urogenital prolapse in IPGT & RA Gujrat Ayurved University, Jamnagar by Dr Anuradha. In 1998, A study done on the effect of *Veshvara Dharana* in *Prasrasta yoni* by G Ramdevi. In 2002, Effect of *Phalaghrita pichu* in *Prasramsini yoni* by Dr. Anupama. In 2004, A clinical study done by Dr Swarnalata on management of *Prasramsini Yonivyapad* by oral medication of *Phala ghruta* along with *Pichu* of *Mooshika tail*. In 2005, A Study Conducted on Clinical Management of *Prasramsini Yoni* with *Bala Churna* and *Moosaka Mamsa Tail Pichu* by Dr H rajeshwari. In 2018 to 2019, A Study conducted; on Comparative Effect of *Uttarbasti* and *Matrabasti* with *Bala Tail* in *Prasramsini Yonivyapad* w.s.r. to Uterovaginal Prolapse, by Dr Swati kimothi. In above mentioned maximum study had done on *Prasramsini Yoni* but in our study we had taken all conditions related to uterovaginal prolapse because of many *Mahayoni* and *Phalini Yoni* patients were visited in our OPD and they do not wish to go for surgery and wants conservative treatment. So here was a need of, effective conservative therapy for the preservation of reproductive organ of the patient, hence we selected a best vaginal constriction drug which mentioned in our classical texts. In maximum research had prefer *Balya* (tonic), *Brambhaniya* (nourish), *Kashaya* (astringent) and *Vata Shamak*[17,18] drug were taken; here was also choose a Balya *Bramhaniya* and *Vatashamak* drug that is *Kapikachchhu* and *Tila Tail* and *Kashaya Pradhan* drug that is *Udumbara* and *Palasha* also have *Vatashamak* activity and their chemical constituent shows estrogenic activity and action on muscle in various research.[19] [20] [21][24] [25]

MATERIALS AND METHODS

Selection of Patients

A step-by-step framework is followed here for successful completion of proposed methodology including the selection of patients, drug preparation, and treatment process. Total 37 patients of *Prasramsini/ Phalini/ Mahayoni* w.s.r. to uterovaginal prolapse were randomly selected irrespective of religion, occupation etc., after informed written consent on the basis of inclusion and exclusion criteria from OPD and IPD. Detailed personal information about past illness, family history, menstrual history, obstetric history, and clinical finding of POP-Q test and relevant to *Dosha*, *Dushya* (causative and aggravating factor) were observed, and record were maintained in a comprehensive performa covering all the aspects of disease based Ayurvedic and modern concept. The trial was done after the ethical clearance of Institutional Ethical committee of Rishikul campus UAU , Haridwar. and also registered in CTRI.

Statistical Tests: Intra group analysis-Subjective and objective parameters were analyzed by Wilcoxon signed rank test and paired 't' Test, respectively. Inter group analysis-Subjective and objective parameters were analyzed by Kruskal-Wallis Test and One way Analysis of Variance (Anova), respectively.

Inclusion Criteria

a) Married female patients age group of 18-65 year with complaint of something coming out per vaginum.
b) First, second and third degree uterine prolapse without or with cystocele/urethrocele and rectocele. (*Prasramsini/ Phalini/ Maha Yoni*).

Exclusion Criteria

a) Benign, Malignant & infectious growth of genital organs.
b) Prolapse with fibroid uterus/ovarian/vaginal cyst.
c) Infectious diseases like HIV, VDRL, HBsAg.
d) Any systemic illness like Emaciation, chronic cough, hypertension, Diabetes.
e) Pregnant women.

Interventions

For present clinical study 37 patients were registered, 13 in group A and 12-12 in group B and C on the basis of inclusion & exclusion criteria. The procedure was done for 14 days in each cycle in two consecutive menstrual cycles after cessation of menses. In menopausal patient the therapy is started on the day of admission and 2 sittings of therapy (14 days each) is completed with a gap of 7 days in between two sittings.

Three groups were selected for the study-

Group A: Applied *Palasha Udumbara Tail Yoni Pichu.*

Group B: Applied *Kapikachchhu Moola Kwatha Yoni Prakshalana.*

Group C: Group C advised *Kapikachchhu Moola Kwatha Yoni Prakshalana* followed by *Palasha Udumbara Tail Yoni Pichu,* combined therapy were done.

Preparation of Drug

Palasha Udumbara Tail Yoni Pichu: The drug was prepared by seeds of *Palasha* (Butea monosperma) and fruits of *Udumbara* (Ficus glomerata). *Palasha Beeja* (seeds) were collected from Ujjain, Madhya Pradesh and *Udumbara Phala* (fruits) were collected from Rishikul Ayurvedic campus herbal garden. Both drugs are taken as 1.5kg each and *Udumbara Phala* dried in the shade, followed by crushing in grinder and storing in a dry container. Ground mixture is added with 4 parts (12 litre) of *Tila Tail* and 16 parts (48 Litre) of water, boiled over a mild fire until the water evaporated and only the oil remained (10 liter). The drug is kept for one night and next day heated again until *Seneha Sidhhi Lakshana* (appearance the property of completion of medicated oil heating process) [26] [for total number of patients for total duration], this oil is stored in sterile container. *Pichu* made up of 2-3cm cotton swab, wrapped with gauze in circular fashion and tied with long thread, *Pichu* size depends on size of vagina or protruded mass.

***Kapikachchhu Moola Kwatha Yoni Prakshalana*:** The drug were collected from Madhyapradesh Ujjain district and decoction of *Kapikachchhu Moola* (root) prepared by its crushed powder and added 16 parts of water in a vessel, heated over a low flame until the liquid is reduced to 1/4 of the original quantity[27] which was approx 800ml.

Treatment Procedure

In group A, administered *Palasha Udumbara Tail Yoni Pichu.* The patients had to advise, come with empty bladder and lie down in lithotomy position. Immersed autoclaved *Pichu* in lukewarm sterile *Palasha Udumbara Tail* (approx 10ml) and inserted in vagina and kept until urge of micturition. The procedure is done for 14 days in one sitting and total 2 sittings were completed in 2 consecutive menstrual cycle. In menopausal patients second sitting start after a gap of 7 days.

In group B, administered *Kapikachchhu Moola Kwatha Yoni Prakshalana.* The patients had to advised to come with empty bladder before the procedure and lie down in lithotomy position. The douching pan filled with luke warm *Kapikachchhu Kwatha* (decoction), 4-5 feet rubber pipe is connected with douche pan and attached the sterilized nozzle (7-8cm length), start washing first from vulva and then inserted in vagina and wash out for 15-20 min. (In case of third degree prolapse immersed the prolapsed mass and then inserted inside the vagina T bandage were applied which remove on next day) After the procedure the vulva is dried by gauze piece. The procedure was done for 14 days in one sitting and total 2 sittings were completed in 2 consecutive menstrual cycle. In menopausal patients second sitting start after a gap of 7 days.

In patients of group C advised *Kapikachchhu Moola Kwatha Yoni Prakshalana* followed by *Palasha Udumbara Tail*, combined therapy was done. Same treatment duration applied for all groups.

Period of Study

Both Procedures were done for 14 days in each cycle after the cessation of menstruation in 2 consecutive menstrual cycles. In menopausal patient the therapy was started on the day of admission and 2 sittings of therapy (14 days each) were completed with a gap of 7 days in between two sittings. For the observation of recurrence of symptoms, 1 month post treatment follow up had to taken.

Follow up and Assessment Criteria

Scoring/grading of the subjective and objective parameters (table 3) were completed before and after the study on the basis of patient's explanation and clinical examination [19,20] mentioned in table 4 and 5.

Table 3: Subjective and objective parameters for the assessment of Pelvic organ prolapse

Subjective parameters	Objective parameters
1. Feeling of something coming down/out per vaginum	Assessed by (POP-Q test)*
Associated Symptoms	**Anterior compartment**
I. *Yoni Srava* (white discharge p/v)	1. Point Aa (-3 to +3cm) on lower 1/3 of anterior vagina
II. *Yoni Kandu* (itching p/v)	2. Point Ba (-3 to +8cm) on upper 2/3 of anterior vagina
III. *Yoni Vedna* (dragging pain in vagina)	**Middle compartment**
IV. *Parva Vankshana Shoola* (midsacral discomfort)	3. Point C (-8 to +8 cm) cervix or vaginal cuff
V. Increase frequency of micturition	4. Point D (-10 cm) represents the location of the posterior fornix
	5.

VI. Stress urinary incontinence VII. Difficulty in emptying bladder VIII. Frequency of bowel movements IX. Straining during defecation X. Feeling of incomplete bowel evacuation	**Posterior compartment** 6. Point Ap (-3 to + 3 cm) on lower 1/3 of posterior vagina 7. Point Bp (-3 to +8 cm) on upper 2/3 of posterior vagina

*POP-Q test - Pelvic Organ Quantification test

Technique of assessment of POP-Q (Pelvic Organ Quantification) system: [28]

The POP-Q system used the hymen as a theoretically fixed point of reference. The hymen provides a visually fixed and readily identifiable anatomic landmark. Six vaginal landmarks are measured relative to the hymen. Two points on the anterior vaginal wall, two on the posterior and two at the apex are measured. For the vaginal sites, the plane of hymen is defined as zero. Points above or proximal to the hymen are negative. Points beyond or distal to the hymen are positive.

Anterior Compartment- Point Aa - Aa point located in the midline of the anterior vaginal wall three cm proximal to the external urethral meatus.

Point Ba- point that represents the most distal position of any part of the upper anterior vaginal wall from the vaginal cuff or anterior vaginal fornix to Point Aa.

Middle Compartment- These points represent the most proximal locations of the normally positioned lower reproductive tract.

The two superior sites are as follows:

Point C - A point that represents either the most distal edge of the cervix or the leading edge of the vaginal cuff (hysterectomy scar) after total hysterectomy.

Point D - A point that represents the location of the posterior fornix in a woman who still has a cervix. Point D is omitted in the absence of the cervix.

Posterior Compartment - Ap same as in Aa only the difference it measure on posterior vaginal wall and Point Bp same as Point Ba but point Bp measure on posterior vaginal wall.

Table 4: Grading on chief subjective parameter to assess pelvic organ prolapse

Feeling of something coming down/out p/v	Grading
No feeling of something coming out p/v	0
Heaviness in vagina/mass felt p/v during squatting position/ straining during defecation	1
Mass coming out through vagina when straining during defecation or heavy weightlifting	2
Mass remains outside the vagina and go inside through manual push	3

Table 5: Grading on associated symptoms of pelvic organ prolapse

Associated symptoms	Grade 0	Grade 1	Grade 2	Grade 3
***Yoni Srava* (white discharge p/v)**	No c/o discharge	Mild discharge (persistent moistness	Moderate discharge (need to change an undergarment)	Severe discharge (need to use an extra cloth/pad)
***Yoni Kandu* (itching p/v)**	No itching	Mild itching (without disturbance the work)	Moderate itching (partial disturbance of routine activity)	Severe itching (disturbance of work and sleep)
***Yoni Vedna* (Dragging pain in vagina)**	No pain	Mild pain	Moderate pain (partial disturbance of routine work)	Severe pain (disturbance of work and sleep)
Parva Vankshana Shoola	No pain	Mild pain	Moderate pain (partial disturbance of routine work)	Severe pain (disturbance of work and sleep)

Increase frequency of micturition	5 to 7 times/day	8-10 times/day	11-13 times/day	> 13 times/day
Stress urinary Incontinence	No c/o SUI	Leakage of urine during coughing, sneezing, or laughing	Leakage of urine during running and climbing stairs	Leakage of urine during standing without physical activity
Difficulty in emptying bladder	Urine pass without any difficulty	Urine pass with mild difficulty	Urine pass with moderate difficulty	Urine pass with severe difficulty (pass urine after push back the vaginal wall)
Frequency of bowel movements	1-2 times/ day	Alternate day	2 -3 times /week	Ones in a week
Straining during defecation	Stool passes without straining	Stool passes with mild straining	Stool passes with moderate straining	Stool passes with severe straining
Feeling of incomplete bowel evacuation	Never feeling of incomplete evacuation	Sometimes incomplete evacuation.	Usually incomplete evacuation	Always incomplete evacuation

OBSERVATIONS AND RESULTS

Out of 37 patients, 7 left the study before the completion of two sitting of therapy). Total 30 patients completed 2 cycles of therapy and distributed in different categories.

Demographic Data of Patients

In this study patients are distributed according to age, religion and habitat as illustrated schematically and had find that majority of patients (41%) belongs to the age group of 30-40 years and 27% in 40-50 years, 19% in 18-30 years and minimum 13% in are in a group of 50-65 years. On the other hand, all the patients belong to two religions namely 1) Hindu (84%) and 2) Muslim (16%). Patients are also divided based on living habitat i.e., 62% from urban and 38% from rural area.

Patients are also distributed in accordance with educational, socio-economic status and occupation and summarized that majority of patients are uneducated (40.54%) as per their education status and about 57% belongs to lower middle class according to their socio-economic status. Considering occupation or work culture, 54% (maximum) of patients are house wife and 8% (minimum) are employee (like: Teacher). On menstrual history, we found majority of patients had regular menstrual and only 16% patients were menopausal

Patients distribution on the basis of obstetric history: On obstetric history, the maximum number of patients were 3rd and 2nd paras 38% and 27% respectively. The majority of patients had full-term normal deliveries (97%), out of which 24% patients had history of home delivery without any medical intervention, 38% had first delivery at home, whereas remaining 38% gave birth in the hospital. Most of the patients had no post-delivery complications (65%).

Distribution of patients based on their personal history: In terms of dietary habits, 57% of patients were vegetarian, while 43% followed a mixed diet. 76% of patients did not exercise at all, 59% were normal sleeping habit, 41% found with disturbed sleep. 49% had regular and unsatisfactory bowel habits, 43% had irregular bowel habits, and 68% had disturbed micturition.

Observations of Subjective Parameters

Referring to Table 6, 7, and 8, the observations made during the treatment process on group A, B, and C, respectively, based on various subjective, objective parameters and associated symptoms and examinations are summarized in this section.

On observation of Chief Complain (Something Coming out per vaginum)

In Intra-group comparison Group A and C showed moderate relief i.e., 36% and 39.13% respectively. The result is very significant (statistically, p value <0.01) while in group B 26.66% relief was not significant (statistically, p value >0.05). Inter-group comparison presented significant difference (p <0.05) in group B and C, which uncover group C was more effective than group B.

On Observation of Associated Symptoms

- ***Yoni Srava:*** In Intra-group test, group A and C shown significant result (p value <0.05) and group B shown very significant result (p value <0.01). Inter-group comparison demonstrated no significant difference (p> 0.05) between the groups.
- ***Yoni Kandu:*** Intra-group test revealed no significant effect (p value >0.05) in all groups (A, B and C) but maximum number of patients got relief after therapy i.e., 68%, 66.66% and 75% in group A, B and C respectively. No significant effect considered due to symptom appeared in a smaller number of patients. Inter-group comparison demonstrated no significant difference (p >0.05) between the groups.
- ***Yoni Vedna:*** Group A and C experienced 63.63% and 69.23% relief, respectively, which is statistically significant while in group B 42.85% relief which is not significant statistically. Group B and C exhibited significant difference based on inter- group comparison and group C appeared more effective than group B.
- ***Parva Vankshana Shoola:*** Group A and C experienced statistically significant relief as 61.11% and 65% respectively while group B experienced 27.77% relief which is not significant statistically. Inter-group comparison revealed significant difference in group B and C with group C more effective than B.
- **Increase frequency of micturition:** Group A and B shown 60% and 50% relief respectively but not significant statistically, whereas group C shown 66.66% relief which is statistically significant and no significant difference in inter-group comparison.
- **Stress urinary incontinence:** All group shown no significant result statistically because this symptom was found in a smaller number of patient with reduction in complain in group A, B and C as 57.14%, 50%, 55% relief respectively.
- **Difficulty in emptying in bladder:** Group A and B shown 60% and 55.55% relief but not significant statistically, whereas group C shown 63.63% relief which was statistically significant and no significant difference in inter-group comparison.
- **Bowel Symptoms:** On frequency of bowel all group shown no significant result because complain found in a smaller number of patients. Group A and C shown significant result and Group B shown very significant result on symptom of straining during defecation and feeling of incomplete emptying of bowel.

Table 6: Results based on subjective parameters in patients of *Prasramsini/ Phalini/ Mahayoni* (uterovaginal prolapse) in Group A

Subjective parameters	N	Mean			% Relief	SD	SE	P	R
		BT	AT	diff.					
Something coming out per vaginum	10	2.50	1.60	0.90	36.00	00.5	0.17	<0.01	VS
Yoni Srava	8	1.50	0.62	0.87	58.33	0.64	0.22	<0.05	S
Yoni Kandu	6	1.16	0.33	0.80	68.00	0.44	0.20	>0.05	NS
Yoni Vedna	7	1.57	0.47	1.00	63.63	0.57	0.21	<0.05	S
Parva Vankshana Shoola	10	1.80	0.70	1.10	61.11	0.56	0.17	<0.01	VS
Increase frequency of micturition	7	1.42	0.57	0.85	60.00	0.69	0.26	>0.05	NS
Stress urinary incontinence	6	1.16	0.50	0.60	57.00	0.51	0.21	>0.05	NS
Difficulty in emptying of bladder	6	1.66	0.66	1.00	60.00	0.63	0.25	>0.05	NS
Frequency of bowel	5	1.20	0.60	0.60	50.00	0.54	0.24	>0.05	NS
Straining during defecation	8	1.62	0.62	1.00	61.53	0.53	0.18	<0.05	S
Feeling of incomplete bowel evacuation	10	1.90	0.70	1.20	57.89	0.73	0.23	<0.01	VS

Table 7: Results based on subjective parameters in patients of *Prasramsini/ Phalini/ Mahayoni* (uterovaginal prolapse) in Group B

Subjective parameters	N	Mean			% Relief	SD	SE	P	R
		BT	AT	Diff.					
Something coming out p/v	10	1.50	1.10	0.40	26.66	0.51	0.16	>0.05	NS
Yoni Srava	9	1.55	0.33	1.22	78.52	0.66	0.22	<0.01	VS
Yoni Kandu	6	1.00	0.33	0.66	66.66	0.51	0.21	>0.05	NS
Yoni Vedna	7	1.00	0.57	0.42	42.85	0.53	0.20	>0.05	NS
Parva Vankshana Shoola	9	2.00	1.44	0.55	27.77	0.52	0.17	>0.05	NS

Increase frequency of micturition	7	1.71	0.85	0.85	50.00	0.69	0.26	>0.05	NS
Stress urinary incontinence	5	1.20	0.60	0.60	50.00	0.54	0.24	>0.05	NS
Difficulty in emptying bladder	6	1.50	0.66	0.83	55.55	0.40	0.17	>0.05	NS
Frequency of bowel	4	1.25	0.50	0.75	60.00	0.50	0.25	>0.05	NS
Straining during defecation	9	1.88	0.55	1.33	64.70	0.44	0.14	<0.01	VS
Feeling of incomplete bowel evacuation	10	2.00	0.70	1.30	65.00	0.48	0.15	<0.01	VS

Table 8: Results based on subjective parameters in patients of *Prasramsini/ Phalini/ Mahayoni* (uterovaginal prolapse) in Group C

Subjective parameters	N	Mean			% Relief	SD	SE	P	R
		BT	AT	Diff.					
Something coming out p/v	10	2.30	1.40	0.90	39.13	0.31	0.10	<0.01	VS
Yoni Srava	7	1.28	0.28	1.00	77.77	0.57	0.21	<0.05	S
Yoni Kandu	6	1.33	0.33	1.00	75.00	0.63	0.25	>0.05	NS
Yoni Vedna	7	1.62	0.50	1.13	69.23	0.35	0.12	<0.01	VS
Parva Vankshana Shoola	10	2.00	0.70	1.30	65.00	0.48	0.15	<0.01	VS
Increase frequency of micturition	7	1.71	0.57	1.14	66.66	0.69	0.26	<0.05	S
Stress urinary incontinence	7	1.42	0.71	0.71	55.00	0.48	0.18	>0.05	NS
Difficulty in emptying bladder	7	1.57	0.57	1.00	63.63	0.57	0.21	<0.05	S
Frequency of bowel	6	1.16	0.33	0.83	71.42	0.75	0.30	>0.05	NS
Straining during defecation	8	1.37	0.37	1.00	72.72	0.53	0.18	<0.05	S
Feeling of incomplete bowel evacuation	9	1.88	0.55	1.33	70.58	0.50	0.16	<0.01	VS

Observations from Objective Parameters

All group showed highly significant results on Point Aa and Ba (anterior compartment) and Ap and Bp (posterior compartment) and on Point C. On Point D all group shown non-significant effect. Percentage wise more result found in group C followed by group A & B on all compartments. In inter-group comparison, there is no significant difference found except Point Ba in comparison between group B & C, group C is found more effective than group B. (Table: 9) (Table: 10) (Table: 11)

Table 9: Results based on objective parameters (POP-Q points) in patients of *Prasramsini/ Phalini/ Mahayoni* (uterovaginal prolapse) in Group A

POP- Point		Mean			% Relief	S.D. (±)	S.E. (±)	't'	P	Result
		BT	AT	Diff.						
Aa	10	3.45	2.30	1.15	33.33	0.37	0.11	9.939	<0.001	HS
Ba	10	4.50	2.98	1.52	33.78	0.54	0.17	8.815	<0.001	HS
C	10	5.10	3.84	1.25	20.49	0.67	0.21	5.839	<0.001	HS
D	6	1.67	1.42	0.24	14.53	0.30	0.16	2.109	>0.05	NS
Ap	10	2.30	1.62	0.68	38.26	0.24	0.07	5.239	<0.001	HS
Bp	10	3.66	2.72	0.94	35.82	0.67	0.21	7.24	<0.001	HS

Table 10: Results based on objective parameters (POP-Q points) in patients of *Prasramsini/ Phalini/ Mahayoni* (uterovaginal prolapse)in Group B

POP-Q Point	N	Mean			% Relief	S.D. (±)	S.E. (±)	't'	P	Result
		BT	AT	Diff.						
Aa	9	2.27	1.53	0.74	32.68	0.26	0.07	8.425	<0.001	HS
Ba	10	3.30	2.37	0.93	28.18	0.47	0.15	6.176	<0.001	HS
C	9	4.72	3.83	0.80	18.82	0.41	0.13	6.400	<0.001	HS
D	6	1.75	1.58	0.16	9.52	0.25	0.10	1.581	>0.05	NS
Ap	10	1.75	1.09	0.66	37.71	0.27	0.08	7.684	<0.001	HS
Bp	8	2.93	2.02	0.91	31.06	0.38	0.13	6.732	<0.001	HS

Table 11. Results based on objective parameter (POP-Q points) in patients of *Prasramsini/ Phalini/ Mahayoni* (uterovaginal prolapse) in Group C

POP-Q Point	N	Mean			% Relief	S.D. (±)	S.E. (±)	't'	P	Result
		BT	AT	Diff.						
Aa	10	2.95	1.79	1.16	39.32	0.50	0.16	7.250	<0.001	HS
Ba	10	4.15	2.24	1.73	41.68	0.68	0.21	7.970	<0.001	HS
C	10	5.40	4.05	1.35	25.00	0.70	0.22	6.021	<0.001	HS
D	7	1.88	1.55	0.32	17.42	0.37	0.14	2.331	>0.05	NS
Ap	10	1.47	0.94	0.53	44.90	0.43	0.13	7.015	<0.001	HS
Bp	10	3.27	2.28	0.99	37.68	0.56	0.18	7.050	<0.001	HS

Table 12: Effect of therapy on *Phalini*, *Prasramsini* and *Mahayoni*

***Yonivyapadas* related to prolapse**	**Total relief in percentage in particular *Yonivyapada***		
	Group A	**Group B**	**Group C**
Phalini	48.54%	43%	55.83%
Prasramsini	42.44%	44.90%	56.18%
Mahayoni	30.26%	26.89%	32.92%

Evident from Table 12, patients having symptoms of *Phalini Yoni* that is 2nd degree vaginal wall descent and patients having symptoms of *Prasramsini Yoni* (2nd degree cervical descent), got mild to moderate improvement and patients of *Mahayoni* (3rd degree uterovaginal descent) got mild relief. This is because of most of *Mahayoni* patient's were postmenopausal so there was less regeneration of collagen tissue and also had more descended part is outside the introitus so more traction apply and it easily affected by external environment as a result less tissue regeneration. There was no significant difference in improvement in *Phalini* and *Prasramsini Yoni* that means the therapy was equally effective in *Phalini* and *Prasramsini Yoni* but in clinically more improvement shows in *Phalini Yoni* because of lesser degree of cervical descent, so less traction apply and also more found in young age group so there was proper estrogenic environment which help in collagen tissue growth. The combined therapy was more effective in these three *Yonivyapada*.

Table 13: Total Effect of therapy in different groups

Total effect	**Number of patients**					
	Group A		**Group B**		**Group C**	
	N= 10	**%**	**N= 10**	**%**	**N= 10**	**%**
Unchanged (0% relief in symptoms)	0	0%	0	0%	0	0%
Very mild improvement (0.1-25% relief in symptoms)	1	10%	1	10%	0	0%
Mild improvement (25.1% - 50% relief in symptoms)	6	60%	8	80%	5	50%
Moderate improvement (50.1% - 75% relief in symptoms)	3	30%	1	10%	5	50%
Marked improvement (75.1% - 100% relief in symptoms)	0	00	0	00	0	00

According to Table 13, 60% patients in group A, got mild relief, 30% got moderate relief and 10% got very mild improvement. Similarly in group B, 80% patients got mild relief, 10% got moderate relief and 10% got very mild improvement. Whereas in group C, 50% patients got moderate relief, rest 50% got mild improvement.

DISCUSSION

Pelvic organ prolapse results from weakening of pelvic floor supportive system with resulting descent of compartments i.e. anterior, apical (middle) and/posterior. Quality of life is adversely affected by pelvic organ prolapse. *Yonivyapada* related to uterovaginal prolapse are *Prasramsini*, *Phalini* and *Mahayoni*. Clinically *Phalini Yoni* could be correlated with second degree vaginal wall descent with or without first degree cervical descent, *Prasramsini Yoni* could be correlated with second degree cervical descent with or without vaginal wall descent and *Mahayoni* could be correlated with third or fourth degree uterovaginal prolapse.

In this study, prolapse was seen from child bearing age to older age. In child bearing age seen initial degree of uterovaginal prolapse that are *Prasramsini* and *Phalini* while *Mahayoni* seen in advancing age that is third degree uterovaginal prolapse. Hence we can understand that initially in child bearing age; during pregnancy and vaginal delivery (by untrained person) uterovaginal supports are damaged which are aggravated in older age, the

likely cause weakening of ligamental supports of pelvic floor muscles and after menopause due to deficiency of oestrogen causes poor collagen tissue repair and atrophic changes occur. Maximum patients were migrated from rural area and had h/o of home delivery, which was a sufficient cause for prolapse because of improper handling of labour by untrained person and they were also unaware about their health. On the basis of socioeconomic status maximum number of patients were belonged to lower middle class. Due to lack of money she could neither get proper nutritional diet and didn't get standard management for the prolapse. On occupation maximum patients were house wives followed by labour. House wives are unable to pay attention to their own health due to care of family, their long time stand in kitchen for cooking and does not taken proper diet create major health issues, pelvic organ prolapse is one of them. Due to lifting of heavy objects in valsalva manoeuvre; stress directly down on the pelvic floor in labour patients.

In this study maximum number of patient's *Sharirika Prakriti* were *Vatapitta Pradhana*. Due to *Vata* dominance and *Agnivaishamya* were improper nutrition and *Dhatu* also weaken so it's clear that *Vatapitta Prakriti* were prone for Prolapse. Maximum number of patients had *Sama Mala Pravritti* due to *Vata* dominant *Vyadhi and Prakriti* causes *Agni Vaishamya and* laxity of posterior vaginal wall. Maximum number of patients had Atipravritti of Mutra followed incomplete voiding because of laxity of vaginal wall.

In Ayurvedic texts many effective local therapy described by our *Acharyas, Yoni Prakshalana* and *Yoni Pichu* are one of them. In previous research work noted that in case of uterovaginal prolapse, *Vatashamak, Balya, Bramhaniya* and *Kashaya* drug are more effective. So we taken a drug have above properties and specially indicated in condition of uterovaginal descent. On Observation of symptoms maximum patient were second degree uterovaginal descent that is *Prasramsini* and *Phalini Yoni.* On Associate symptoms *Yoni Srava* and bowel and bladder symptoms were most common because of descended part is prone for infection and after the descent of vaginal wall there were cystocele and rectocele condition. In all patients had *Yoni Vedna* (dragging pain) and *Parva Vankshana Shoola* (Midsacral discomfort) is due to stretching of uterovaginal ligament specially uterosacral by descended part.

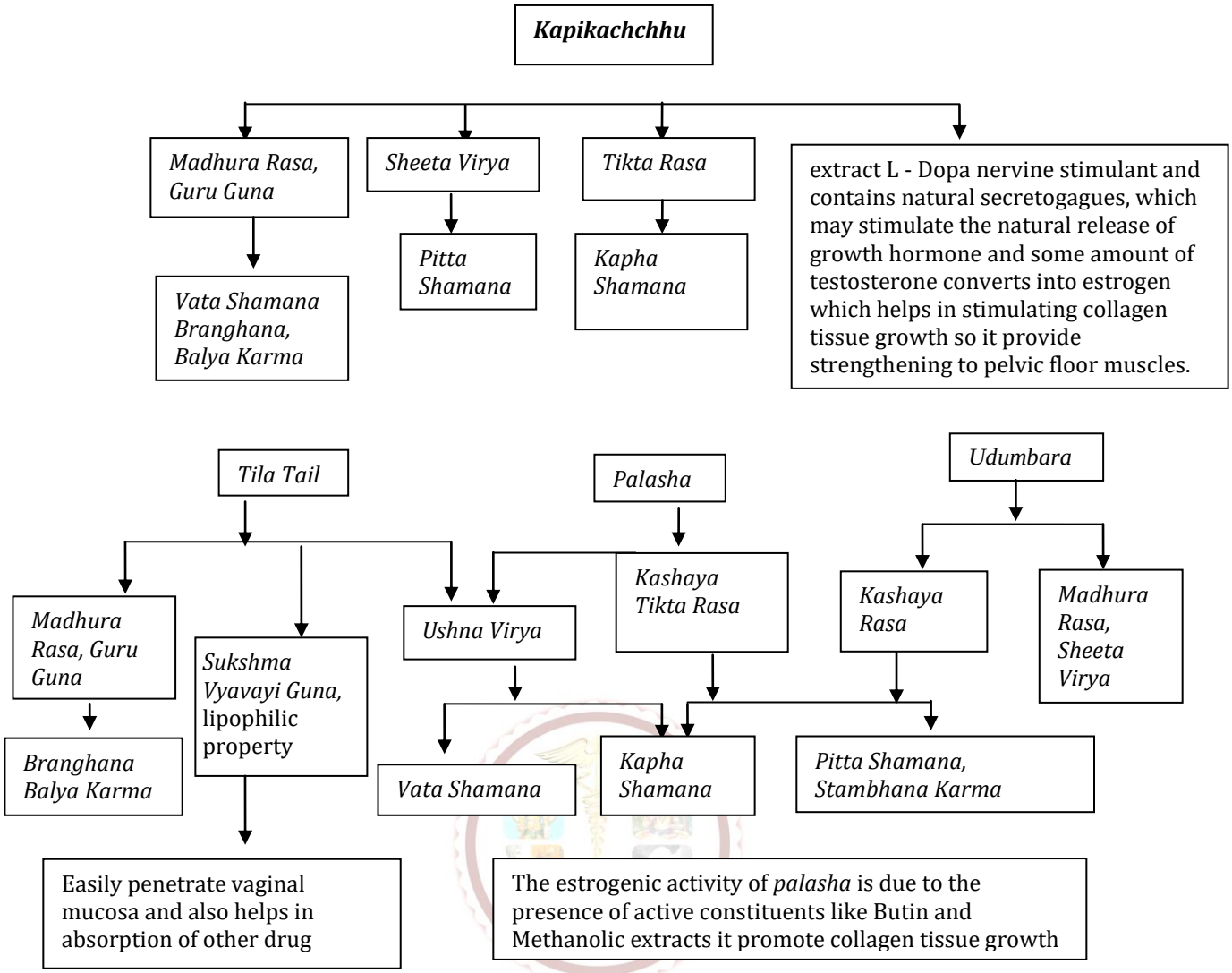
On discussion of result, the combined therapy shown very significant results in all parameters as compared to singleton.

On comparison of *Yoni Prakshalana* with *Kapikachchhu* and *Yoni Pichu* with *Palasha Udumbara Tail* - On symptom of something coming out p/v-The *Palasha Udumbara Tail Yoni Pichu* was more effective because of *Pichu* remains in vagina for long duration, vaginal permeability is much greater to lipophilic drug than to hydrophilic drug and *Tila Tail* has *Balya* (strengthen), *Brimhaniya* (nourish) and *Vata Shamaka* (balance vitiated *Dosha*) which adjuvant the drug and increase their efficacy, so this therapy was more helpful in strengthen pelvic musculature[21][22].

Associated symptoms: On *Yoni Srava, Yoni Prakshalana* with *Kapikachchhu* was more effective due to its astringent action and *Shodhana Karma* (purification) of *Prakshalana* therapy which clearly mentioned in our ancient texts. On *Yoni Kandu* both therapies were equally effective[23]. On *Yoni Vedna* and *Parva Vankshana Shoola, Yoni Pichu* with *Palasha Udumbara Tail* revealed more significant results. On bladder symptoms, both therapies are equally effective in statistically, but clinically *Yoni Pichu* shown more improvement. On bowel symptoms, *Yoni Prakshalana* with *Kapikachchhu* was more effective this is may be due to nervine stimulant action of *Kapikachchhu* and rich blood supply in posterior fornix and rectal mucosa, it easily absorbed and stimulate nerve ending and increase intestine motility as a result improvement in bowel symptoms as constipation and incomplete emptying of bowel.[24,25]

Objective parameters: (POP -Q Points) - all groups showed highly significant effect on Point Aa and Ba (anterior compartment) and Ap and Bp (posterior compartment) and on Point C. On Point D all groups showed non-significant effect.

Figure: Probable Mode of Action of Drug



CONCLUSION

Ancient *Acharya's* concept was very clear, they defined specific causative factor and key feature of particular *Yoni Vyapada*. We can be correlated to modern theory in some extent but not completely because the people of that time had different habit and lifestyle and body strength. These *Yonivyapada* seen from child bearing age to menopausal age group. Improper antenatal care and vaginal deliveries are main predisposing factor. Lack of protein rich diet, aging, weightlifting, and straining during defecation are the common aggravating factor for prolapse. *Vata Pittaj Prakriti* are prone for prolapse. Maximum patients had *Prasramsini* and *Phalini Yoni* (2nd degree uterovaginal descent). In associated complaint *Yoni Srava, Parva Vanksshan Shool, Yoni Vedna,* bowel and bladder symptoms were noted in most of the patients. On observation of treatment, *Palalasha Udumbara Tail Yoni Pichu* showed significant effect on subjective parameters and highly significant effect on objective parameters. *Kapikachchhu Moola Yoni Praskshalana* showed significant effect on some subjective parameters and maximum objective parameters. The combined therapy showed significant effect on maximum parameters. In comparison in all groups, the combined therapy was more effective on all parameters. On comparison of *Yoni Prakshalana* with *Kapikachchhu* and *Yoni Pichu* with *Palasha Udumbara Tail, Yoni Pichu* was more effective. Maximum patients of *Phalini* and *Prasramsini Yoni* got moderate improvement and maximum patients of *Mahayoni* got mild improvement.

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