



Review Article

PRASRAMSINI AND PHALINI YONI VYAPADA IN RELATION TO 1ST & 2ND STAGE UTEROVAGINAL PROLAPSE

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ABSTRACT

Health is undeniably an essential factor that plays an important role in every woman's wellbeing. Cervical, uterine, and vaginal prolapse is known as utero-vaginal prolapse. 2-20% is the global prevalence of uterine prolapse, according to WHO estimates for women under 45 given that the range of this scenario is similar to that of India about 15-20%. Uterine prolapse does not pose a life threatening hazard but it can cause bowel or bladder incontinence which can impair quality of life, sexual dysfunction and negative body image. *Prasramsini* and *Phalini Yonivyapada* are among 20 *Yoni Vyapadas* mentioned in Ayurveda classics explained in *Sushruta Samhita Uttartantra* 38th chapter *Yonivyapada Pratisedha Adhyaya*. Ayurvedic classics like Vedic scripts, *Upanishad*, *Charak samhita*, *Ashtanga Sangraha* and *Astanga Hridaya* have not mentioned *Prasramsini* as a separate disease. They have used term *Sransta*, *Prasrata*, *Dusthita yoni*, *Nisrita Yoni*, *Sthanapvrit Yoni*. In Ayurvedic classics there are variety of conservative treatments like *Shodhan Chikitsa*, *Shaman Chikitsa*, *Sthanik Chikitsa* have mentioned.

INTRODUCTION

The word Prolapse, which originates from the Latin term "prolapsus", meaning "falling out of the uterus,"^[1]. Uterine prolapse is a common condition that can happen as a women ages. The genital prolapse occurs due to weakness of structures supporting the organ. It causes physical and psychological problem affecting the quality of life of the patients. The incidence of uterine prolapse is 7.6% in North India, 20% in East India, and 3.4% in Southern India, or Karnataka. According to estimates from the World Health Organisation, 33% of women's total disease burden is related to reproductive disorders. In women under 45, the global prevalence of uterine prolapse ranges from 2 to 20%.^[2] According to *Acharya Sushruta* in this condition, any type of irritation results in excessive of vaginal discharge and its displacement.

Due to abnormality of passage, there's difficult labor and other features of *Pitta* vitiation are also present.^[3] *Acharya Bhavprakasha* and *Yogratnakara* also followed *Acharya Sushruta* and explained treatment for *Prasramsini Yoni Vyapada*.

Acharya Sushruta was the first to describe *Phalini Yonivyapada* and said that when a young woman indulge in coitus with a man having big size of penis, then she suffers from *Phalini Yoni Vyapada*^[4]. There are characteristics of all the *Doshas* in this, such as *Pitta's* burning sensation, *Vata's* dryness and pricking discomfort, and *Kapha's* itching. *Acharya Bhavprakasha* followed *Acharya Sushruta*, mentioned *Phalini* as *Andini* and explained features of *Prasramsini*, *Phalini Yoni Vyapada* same as mentioned by *Acharya Sushruta*.^[5]

Utero vaginal prolapse is descent of the anterior vaginal walls, posterior vaginal wall and cervix alone or in combination into or out of vaginal canal.^[6] Following factors can contribute to uterovaginal prolapse like- Hereditary fragility of supporting tissues, Foetal ventouse extraction prior to complete cervical dilation, repeated childbirth, inadequate rest during the puerperal phase, aging, early bearing down efforts

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before full dilatation of cervix. Most of the women do not visit hospital for prolapse out of shame, that's why proper awareness of this condition and its management is necessary for maintaining the health of women and improving the quality of life.

Our *Acharyas* has explained all genital disorders under the heading *Yoni Vyapada*. The genital organ prolapse can be considered under *Prasramsini*, *Phalini* and *Maha Yoni Vyapada*.

Prasramsini Yoni Vyapada is *Vata Pradhana Pittaja Yoni Vyapada*, its features can be possibly considered as 1st and 2nd stage uterovaginal prolapse. *Phalini Yoni Vyapada* explained by *Acharya Sushruta* can be considered under vaginal wall prolapse (cystocele, rectocele) protruded at least at the level of introitus and appears like a shape of fruit/egg.

The present study has been done to study the *Prasramsini* and *Phalini Yoni Vyapada* in context of Uterovaginal prolapse.

RESULTS

Table 1: General and Specific causative factors (*Samanya Evam Vishishta Nidana*) of *Prasramsini* and *Phalini Yonivyapada* (Uterovaginal prolapse)

<i>Vishishta Nidana of Prasramsini & Phalini Yoni Vyapada</i> [7]		
<i>Atikaya Grahitaya Taruni</i>		
<i>Kshobhana</i>		
<i>Du-Prasusascha</i>		
<i>Samanya Nidana of Yoni-Vyapada</i>		
<i>Charaka</i> [8]	<i>Sushruta</i> [9]	<i>Vagbhata</i> [10]
<i>Mithya Achara</i>	<i>Pravridha Linga Purusha Atisevana</i> by <i>Ruksha, Durbala Bala Stree</i>	<i>Dushta Bhojana</i>
<i>Pradushta Artava</i>		<i>Vishama Anga Shayana</i>
<i>Beej Dosha</i>		<i>Bhrisha Maithuna</i>
<i>Daiva</i>		<i>Dushta Artava</i>

Table 2: Similarities between *Nidana* (Causative factors) of Uterovaginal prolapse from Ayurvedic and Modern perspective

Parameters	Ayurvedic view [11]	Modern view [12]
Nutritional factor	<i>Mithya Ahara</i>	Inadequate nutrition
Mismanaged labour	<i>Mithya Vihara</i>	Not taking care during various phases of labour
Reproductive hormones alteration	<i>Pradushta Artava</i>	Insufficiency of ovarian hormones
Congenital Factor	<i>Beeja Dosha</i>	Weakness of pelvic organs e.g., cutix laxa, Myelomeningocele
Unexplained factor	<i>Daiva</i>	Unknown
Intra-abdominal pressure	<i>Kshobhana</i>	Any exertion that can increase intra-abdominal pressure
Complicated labour	<i>Dukh Prasava</i>	Obstructed or prolonged labor
Multi parity	<i>Atikaya Grahitaya Phalini</i>)	Overstretching or tearing of vaginal mucosa due to multiparity

Table 3: Dosha involved in Prasramsini/Phalini Yoni Vyapada according to different Acharyas

Yoni Vyapada	Charaka ^[13]	Sushruta ^[14]	B.P ^[15]	M.N ^[16]	Y.R ^[17]
Prasramsini	-	Pitta	Pitta	Pitta	Pitta
Phalini	-	Tridosha	Tridosha	Tridosha	Tridosha

Table 4: Vibhedak Nidana

Yoni Vyapada	Dosha	Nidana	Lakshana	Probable Co-relation
Prasramsini	Vat- Pitta	Yoni Kshobhan (any kind of irritation)	Yoni Sransana difficult labor features of Pitta vitiation	First and second degree utero vaginal prolapse
Phalini/Andini	Tridosha	When a young adolescent girl, engages in sexual activity with a man who has a large penis	Descend of vaginal walls in shape of egg. Features of all three Doshas are present.	Cystocele, Rectocele
Mahayoni	Tridosha	Coitus in troublesome bed	Parva vankshan shool Vivrit yoni features of all three Doshas	Procidentia (Third degree uterovaginal prolapse)
Vatiki ^[18]	Vata	Due to intake Vata Prakopaka Ahara Vihar	Srans (displacement of Yoni from its normal position) features of Vata vitiation are present.	In older age and menopausal women, with estrogen deficiency
Antarmukhi ^[19]	Vata	Coitus in an unusual posture following overindulgence in food	Yoni Vakrata excessive pain during coitus features of Vata vitiation	Can be co-related to retroverted uterus

Table 5: Similarities in symptoms of Utero vaginal prolapse from Ayurvedic and Modern view

Symptoms	In Yoni Bhransha	In Uterovaginal prolapse
Vaginal laxity, descend of uterus (Yoni Shaithiliya/ Garbhashaya bhransha)	+	+
Discharges (Yoni Shrava)	+	+
Vankshana Shoola (Dragging pain in pelvis)	+	+
Yoni Vakrata (Retroversion)	+	+
Maha Ruja	+	+

Table 6: Clinical type of Vaginal prolapsed^[20]

Anterior wall	Posterior wall	Vault prolapse
Cystocele- Upper two thirds of the anterior vaginal wall descend and become lax.	Relaxed perineum: Torn perineal body causes a bulging posterior vaginal wall and gaping introitus.	Enterocoele: A herniation of the pouch of douglas is caused by Laxity in the top portion of the posterior vaginal wall.
Urethrocele: Laxity in the lowest part of the anterior vaginal wall, through which the urethra protrudes	Rectocele: Laxity of the neighboring recto vaginal septum and the middle part of the posterior vaginal wall	Secondary vault prolapse: This can happen after an abdominal or vaginal hysterectomy.

Table 7: Ayurvedic Management ^[21]

- The Prasrasta Yoni should be manually placed into the vaginal canal after being anointed with Ghrita and sudated with milk.
- Bandage is applied and removed when patient has urge of micturition
- Oleation with Trivrita sneha, Taila, and Vasa.

• Sudation
• The consumption of meat soup made from <i>Gramya</i> , <i>Anupa</i> , and <i>Audaka</i> animals
• Milk that has been <i>Dashamoola</i> medicated
• <i>Anuvasana</i> and <i>Uttarbasti</i> infused with <i>Traivritasneha</i> .
• Medication after two or three <i>Asthapan basti</i> is helpful in cases of uterovaginal prolapse
• <i>Yoni Pooran</i> with <i>Veshwara</i>
• <i>Yoni Prakshalan</i> with <i>Kapikacchu Mool Kwatha</i>
• After performing <i>Snehana</i> and <i>Swedana</i> , the prolapsed mass inside the
• Vaginal canal should be gently pulled back into position using the hand.
• <i>Laghu Phal Ghrita</i> is usually indicated for <i>Chalita Nisrata</i> , <i>Vivrata Yoni</i>

Modern management^[22]

Preventive	Conservative	Surgical	
Adequate care during antenatal, intranatal, and postnatal period.	Kegel exercises	<ul style="list-style-type: none"> • Cystocele • Rectocele • Enterocele 	<ul style="list-style-type: none"> • Anterior colporrhaphy • Colpoperineorrhaphy • Mc call culdoplasty Moscowitch procedure
To avoid lifting of heavy weight	Oestrogen replacement therapy can be helpful in postmenopausal women	Uterovaginal prolapse	<ul style="list-style-type: none"> • Vaginal hysterectomy with PFR • Fothergills operation
Avoiding too many pregnancies by use of contraceptive measures.	Pessary treatment	Vault Prolapse	<ul style="list-style-type: none"> • Vaginal- Repair of vaginal vault along with PFR • Sacrospinous colpopexy • Abdominal- Sacral Colpopexy
		Congenital/nulliparous prolapse	Cervicopexy or sling operation

Table 9: Correlation of Classical procedures with Modern^[23]

Classical Procedure	Modern Procedure
Replacement of <i>Dusthita Yoni</i>	Replacement of an inverted uterus after childbirth or of an extremely congested Procidentia.
Crooked/tortuous <i>Yoni</i> curving upward	Employing a pessary or manually straightening the retroverted or retroflexed Uterus
Crooked/tortuous <i>Yoni</i> curving downwards	Rectification of a markedly anteverted or anteflexed uterus
Dilatation of <i>Samvrata Yoni</i>	Dilation of the pinhole cervix or narrow vagina
Placement of a <i>Yoni</i> that is shifted downward	Replacement of uterine prolapse (Fother gills or other such operations)
Constriction of <i>Vivrita Yoni</i>	Anteroposterior colpoperineorrhaphy
Displacement downward similar to a foreign object (Procidentia)	Hysterectomy

DISCUSSION

Prolapse of the reproductive organs is one of the various gynecological illnesses that affect women throughout their lives; this condition is particularly common in parous women.

Prasramsini/Phalini Yoni Vyapada affects general health and quality of life and is a prevalent gynecological condition. *Mithya Ahara Sevan*, lack of protein rich diet and diet deficient in essential nutrients when *Mithya Ahara* is consumed, *Agni*

becomes vitiated and there is *s Agni Mandhya*. When *Dhatu*s and *Updhatu*s are not properly nourished, the pelvic organs become weaker and eventually descend from introitus. *Ahara Vidhi Vidhan* and *Astavidhi Aahar Ayatan* must be followed in order to prevent *Agni Vaishmya* and incorrect *Dhatu* creation. There by making all *Dhatu*s and *Updhatu*s weak. And *Mithya Vihara*, which includes aggravating factors such as inadequate straining during bowel movements, early bearing down during vaginal deliveries prior to full dilatation of cervix, multiple vaginal deliveries, heavy weight lifting and not following proper *Sootika Paricharya*.

Artava performs similar duties like *Bala*, *Varna*, *Shukra Pushti*, and *Vridhhi* of *Stana*, *Shukra*, and *Garbhashaya*, preserving fertility and pregnancy it has been compared to ovarian hormones. Atrophy and the weakening of supporting structures can result from an insufficiency of ovarian hormones.

Prolapse results from congenitally weak pelvic organ supporting tissues that are further compromised by *Mithya Ahara* and *Vihara*. Among the known risk factors for congenital uterovaginal prolapse include prolonged breech deliveries, congenital cutix laxa, and myelomeningocele, a form of spina bifida.

Kshobhana as coughing, straining, heavy weight lifting or any exertion due to which there is an increased abdominal pressure which further cause pressure on pelvic organs can lead to prolapse. In Ayurveda, various stages of labour has been described, early bearing down efforts before cervical dilation, leads to Vitiating of *Apana Vayu* which further leads to *Yoni Sanvarana* and asynchronized uterine contraction leading to obstructed labour. Inappropriately done delivery, mismanaged second stage of labour can lead to muscle and ligamental injury which produce prolapse.

Atikaya Grahitaya mentioned for etiological factor of *Phalini Yoni Vyapada* can be understood as the multiple full term vaginal birth which ultimately results in overstretching of the vaginal mucosa and become an aggravating factor for pelvic organ prolapse. Another text explained the cause due to coitus between a man with incompatible size of genitalia and a girl with immature genitalia leading to tearing and protrusion of vaginal walls. All factors together leads to the *Rasa*, *Rakta*, *Mansa*, and *Meda Dhatu Dushti*; causes improper nourishment of *Updhatu*, *Artava*, *Kandara*, *Sira*, and *Snayu*, which is weakening of connective tissue like Muscle and ligaments which leads on later stage utero vaginal prolapse. *Prasramsini* can be distinguished from other *Yoni Vyapada* e.g *Mahayoni*, *Vatiki*, *Antarmukhi* on the basis of the *Pradhana Dosh*a involved, *Nidana* and *Lakshana*.

Available treatment options in modern are- Pessary application, surgical repairs, and oestrogen replacement therapy. Many treatment options, ranging from systemic to local in the form of *Shodhana Chikitsa* and *Shamana*, are outlined in Ayurveda which mainly aims to pacify the *Vata* as no *Yoni Vyapada* can occur without vitiation of *Vata Dosha*. After looking over the description, *Prasramsini* and *Phalini Yoni Vyapada* can be correlated to first and second stage Uterovaginal prolapse.

CONCLUSION

With proper Ayurvedic treatment, good diet, kegel exercises uterovaginal prolapse can be easily managed as the efficacious treatment of gynecological problems has been demonstrated beyond reasonable doubt by Ayurveda. After looking over the description, *Prasramsini Yoni Vyapada* can be related to second degree uterine prolapse with or without vaginal wall descent and *Phalini Yoni Vyapada* can be correlated to second degree vaginal wall descent with or without cervical descent.

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