



Case Study

ROLE OF YONI DHADHYAKARA LEPA IN FIRST DEGREE UTERINE PROLAPSE

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ABSTRACT

According to WHO estimation the global occurrence of uterine prolapse is increasing and is assumed to be two to twenty percent. In Ayurveda Doshas involved in Prasamsini Yonivyapa is Pitta Pradhan Vata Dosha. So, for the Samprapti Vighatana of Prasamsini Yonivyapada treatment should emphasize mainly on Pitta and Vata Shamana. Acharaya Sushruta has described Prasamsini Yonivyapada in Pittaja Yonivyapada which can be correlated with and first and second degree uterine prolapse. This condition is usually encountered in perimenopausal or postmenopausal period although young age group with distress during labor is not an exemption. A 42 years old female presented with first degree uterine prolapse was treated with Yoni Dhadhyakara Lepa (Madanphala, Madhuyasti, Karpura) followed by Yoniprakshalana with Triphala Kwatha. This treatment was continued for seven days twice daily for three consecutive months with positive outcome and good symptomatic relief in the patient.

INTRODUCTION

Prolapse of genital organs is a very common condition with which the patient usually reports to the gynecologist. There are multiple causes of prolapse which includes weakening of supporting muscles, connective tissue and ligaments of pelvic floor<sup>[1]</sup>. prolonged second stage of labor is also a major cause of uterine prolapse as found in young patients. In Ayurveda Phalini Yonivyapada, Andini Yonivyapada, Prasamsini Yonivyapada and Mahayoni includes pelvic organ prolapse according to the stage. First and second degree uterine prolapse may be related to Prasamsini Yonivyapad<sup>[2]</sup>. The line of management mentioned aims to pacifies Vata and Pitta and strengthening of pelvic floor musculature. The word Yoni basically means vaginal canal and uterus and Prasamsana means displacement of vaginal canals and uterus from its original position. It may be caused by some external stimulus or without any external stimulus<sup>[3]</sup>. Madaphala possesses Madhura and Tikta Rasa which has Pitta Shamaka properties. Madhuyasti possesses Madhura Rasa and Madhura Vipaka by virtue of which

it pacifies Vata and Pitta Doshas and Karpura possesses Tikta, Katu, Madhura Rasa and Katu Vipaka and aids in balancing Pitta Dosha. Yoni Dhadhyakara Lepa as a whole consists of Dravyas consisting properties like Pittashamaka, Kashaya, Vatashamaka. Yoni Dhavana Dravya i.e. Triphala (Haritaki, Vibhitaki, Aamlaki) possesses Kshaya Rasa which is an excellent Stambhaka agent and aids on shaman of Pitta Dosha as well. So, this yoga as a whole proved to be beneficial for the patient.

Modern Aspect

Prolapse of pelvic organs includes descent of the vaginal wall and or the uterus from their normal anatomical positions. The cause of descent of these structures is either due to weakness of the supporting structures, prolonged or mismanaged second stage of labor, increased intrabdominal pressure.<sup>[4]</sup>

1. There may occur the congenital weakness of the supporting structure which is responsible for prolapse in nulliparous women. Pelvic organ prolapse in early age may lead to primary infertility.
2. Mismanaged vaginal delivery is the single most common cause for the Pelvic organ prolapse as found in young females. Premature bearing down efforts prior to full dilatation of the cervix aids in the process. Instrumental delivery with forceful traction, fundal

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pressure for the delivery of the placenta all these factors directly or indirectly predispose to uterine prolapse.

3. Chronic cough, chronic asthma, repeated childbirths and constipation like Conditions which increases intra-abdominal pressure also contributes to this condition.

### Degrees of Uterine Prolapse

**First degree**-The uterus descends down from its normal anatomical position but the external os still remains above the introitus.

**Second degree**-The external os protrudes outside the vaginal introitus but the uterine body still remains inside the vagina.

**Third degree**-The uterine cervix and body and the fundus descends to lie outside the introitus.

**Procidentia**-Involves prolapse of the uterus with eversion of the entire vagina.<sup>[5]</sup>

### MATERIAL AND METHOD

Description of the patient- A female patient aged 42 years presented to OPD with complaints of feeling of dragging sensation in lower abdomen and feeling of some mass in vagina and descent of this mass while coughing. On further enquiry patient complained of heaviness in her lower abdomen since the last two years. Patient also complained of increased frequency of urination since last one year and complained of leakage of urine while coughing. on further enquiry patient gave her natal history which revealed normal spontaneous vaginal delivery of three children at home few years ago. Patient also gave history of lifting heavy objects on daily basis. With all these complaints patient came to seek advice in Prasuti Tantra Evum Stree Roga Dept. of RGGPG Ayu. College and Hospital, Paprola, Kangra, and got admitted in PTSR department.

### Menstrual History

Age of menarche-14 years

Menstrual history revealed normal cycles with

Duration	3-4days
Interval	28-30 days
Amount	3-4 pads/day
Pain	Not present
Clot	Not present
Smell	Not present

LMP was found to be on 28-06-2022

O/H- G3P3L3A0

LCB- Female child born 16 years back by normal spontaneous vaginal delivery at home

Past History - No any H/O DM, HTN, chronic asthma, chronic constipation, Blood transfusion

Contraceptive History- Nil

Family History- No family history of DM, HTN, TB, Thyroid dysfunction. No history of surgical intervention, blood transfusion, drug allergy.

### Personal History

Diet	Mixed diet
Appetite	Good
Addiction	Tea
Urine	Increased frequency passes urine 7-8 times a day and 2-3 times during night
Bowel habits	Constipation on and off

### Examination of the Patient

General physical examination & P/S-P/V findings

Patient is moderately built	
Height	158cm
Weight	55kg
BMI	18.24
BP	112/68 mm of hg
PR	78/min
RR	18/min
Temperature	98.4°F
Breast examination	NAD

Pallor, Icterus, Cyanosis, Clubbing, Edema, Lymphadenopathy: Absent

P/A - Soft, non-tender, no organomegaly, no visible herniation

Local examination

Pubic hair present

No bleeding observed

No abnormal vaginal discharge

Urinary incontinence not evident

Decubitus ulcers not present

P/S- Cervix normal size, regular, no abnormal discharge present

P/V- Levator ani muscle tone reduced

External os felt 2cm below the level of ischial spines on coughing- External os felt 4cm below the level of ischial spines but still remained inside the vagina.

Descent of upper 2/3<sup>rd</sup> of anterior vaginal wall present  
Dribbling of urine was observed as the patient was asked to cough.

Uterus retroverted, normal size, mobile, non-tender, no adnexal mass felt, bilateral fornices non-tender.

**Ashtavidha Pariksha**

Parameters results	
Nadi	78/min
Mala	once in a day consistency hard
Mutra	7-8 times/day, Peetabha Shweta Varna
Jivha	Anavritta
Shabda	Spastha
Sparsha	Samsheetoushana
Druk	Nirmal
Akriti	Madhyama

**Investigation Done**

Hb	11.2 gm%
Urine	6-7 epithelial cells/hpf
Pus cells	2-3/hpf
RBS	108 mg/dl
T3	2.8 nmol/L
T4	7.8ug/dl
TSH	3.6 UiU/L

**Management Protocol**

Patient was planned for *Yoni Lepana* twice a day with *Yoni Dhadhyakara Lepa* consisting of *Madanphala*, *Muhlethi*, *Karpura*, and *Madhu* followed by *Prakshalana* by *Triphala Kwatha* for eight consecutive days. The procedure was carried out along for three consecutive cycles with great symptomatic relief in patient. Kegel's exercises were advised to the patient.

**Intervention Done****Abhyantra Chikitsa**

*Chandraprabhavati*- 2 Tabs BD after meal with lukewarm water for 1month.

**Sthaanik Chikitsa**

*Yoni Lepana* with *Yoni Dhadhyakara Lepa* (*Madanphala*, *Muhlethi*, *Karpura*, *Madhu*) for 7 days twice daily for three consecutive cycles.

*Triphala Kwatha Prakshalana* for 7 days for twice daily for three consecutive cycles.

**Procedure**

**Purva Karma**- *Yoni Prakshalana* with *Triphala Kwatha*

**Pradhan Karma**- Patient was kept in lithotomy position after evacuation of bladder. *Lepana Aushadha* (*Madanphala*, *Muhlethi*, *Karpura* and *Madhu*) were applied gently covering whole of the prolapsed part and retained for at least 1-2 hours.

**Pashchat Karma**- After waiting for about 2 hours *Yoni Prakshalana* with *Triphala Kwatha* was done. Procedure was done twice a day and advice was given to patient regarding non-lifting of heavy objects, avoiding constipation, cough, straining etc.

**Preparation of Triphala Kwatha**

*Triphala Kwatha* is prepared by *Kwatha Kalpana* by virtue of which Coarse powder of *Triphala* is mixed with sixteen times water and boiled until  $\frac{1}{4}$  left. *Prakshalana* was done with *Koushna Triphala Kwatha*.<sup>[6]</sup>

**Observation after three cycles****Examination**

P/A- Soft, non-tender, no organomegaly

P/S- Vagina normal, cervix normal size healthy, no abnormal discharge

**P/V examination**

External os felt 1.5cm below to the level of ischial spine

**On coughing -**

External os felt 2cm below to the level of ischial spine. Descent of upper  $\frac{2}{3}$ <sup>rd</sup> of anterior vaginal wall reduced. Dribbling of urine on coughing absent.

**DISCUSSION**

In our classics vitiation of *Vata dosha* is mainly involved in arousal of every *Yonivyapada* and *Prasramsini yonivyapada* is mainly caused by vitiation of *Vata* and *Pitta dosha*. So for the *Samprapti vighatana* of *Prasramsini yonivyapada* *Pitta* and *Vata shamak*, *Brimhana*, *Sandhana*, *Balya* and *Agneedepana Chikitsa* along with strengthening of pelvic floor musculature is prescribed. 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<sup>[7]</sup>. Prolapse of female genital organs is taken under the name of *Sthana Chyuta Yoni* which literally means displacement of uterus from its normal position. *Sramsana* includes the initial stages of prolapse and includes 1<sup>st</sup> and 2<sup>nd</sup> degree uterine prolapse along with mild degree of cystocoele. The objective of the treatment here is to improve tonicity of perineal muscles and to prevent from further descent of genital organs. *Yoni Dhadhyakara Lepa* consists of drugs like *Madanphaala*, *Muhlethi* and *Karpura* and their powder is mixed with honey and applied on the prolapsed part. *Madanphala* has rasa like *Madhura*, *Katu* and *Tikta* and hence aids in *Shamana* of *Pitta dosha* and possesses properties like *Laghu Ruksha Guna* and *Ushna Veerya* by virtue of which It balances *Vata Dosha*. *Laghu Guna* of *Madanphala* is found to be *Agnideepana*. *Muhlethi* is *Madhura* (sweet) which makes it beneficial for the *Shamana* of *Vata* and *Pitta Dosha*. *Karpura* possesses *Rasa* like *Tikta*, *Katu* and *Madhura* and *Laghu* and *Ruksha Guna* and due to such properties, it helps to balance *Tridoshas*. *Madhu* on the other hand is known to possess properties like *Shodhana*, *Ropana*, *Sandhankar* and *Tridoshghana* and aids in pacifying all three *Doshas*. In combination all these drugs possess properties like *Pitta* and *Vata Shamak*, *Brimhana*, *Sandhana*, *Balya* and *Agneedepana* by virtue of which these are helpful in condition like *Prasramsini*

*Yonivyapada*. *Triphala* on the other hand is *Kashaya Rasa Pradhaana*, *Laghu*, *Ruksha* and *Tridosahara* and is best *Agnideepan* and has its anti-inflammatory properties. All these properties help in toning up of pelvic floor musculature and hence *Samprapti Vighatana* of *Prasramsini Yonivyapad* was excellently achieved. *Shamana Aushadha* given to the patient had properties like *Balya*, *Anulomana*, *Agnideepana*, *Rasayana*. It aided in providing great symptomatic relief. *Chandraprabha Vati* may work with its *Tridoshaghna* (pacify vitiated *Doshas*), *Rasayana*, and *Balya* properties.<sup>[8]</sup>

#### CONCLUSION

In Ayurveda *Yoni Dhadhyakara Lepa* has been described by *Yogratnakar* and it has been found that it has better results in 1<sup>st</sup> degree uterine prolapse or *Prasramsini Yonivyapad*. It has properties of toning up the pelvic musculature due to its special properties. *Samprapati Vighatana* was done and patient got excellent symptomatic relief and it was evident clinically as well.

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