



Case Study

ADD ON EFFECT OF *STHANIKA CHIKITSA* IN SECOND DEGREE UTERINE PROLAPSE ALONG WITH STANDARD CONSERVATIVE MANAGEMENT, PELVIC FLOOR EXERCISE

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ABSTRACT

Uterine prolapse is a type of pelvic organ prolapse where the supporting pelvic structures of the uterus weakens and result in the descent of the uterus from its normal position. This condition may arise from the gradual failure of the supporting and suspensory structures of the uterus and vaginal wall over time. Most important conservative management involves pelvic floor exercises. When conservative management fails, surgery is the only treatment option. *Yoni rogas* which show features of pelvic organ prolapse are *Prasramsini*, *Andini*, *Phalini*, *Mahayoni* and *Vatiki*. Among them, *Prasramsini* can be most suitably correlated with 1st and 2nd degree uterine prolapse. The management principle of pelvic organ prolapse includes *Vathika yoni roga chikitsa* along with *Sthanika chikitsa*. Treatment mainly aims at *Vathasamana*, *Brimhana*, *Sandhana*, *Balya* and strengthening of pelvic floor musculature. This case report explores the add-on effect of *Sthanika chikitsa* particularly *Yoni abhyanga*, *Yoni pichu dharana* and *Matra vasti* with *Dhanwantharam thailam* and *Avagaha* with *Dasamoola kwatha* in second degree uterine prolapse with standard conservative management, pelvic floor exercise. Symptomatic relief and functional improvements were observed after 3 months of combined therapy, suggesting the additive benefits of integrating *Sthanika chikitsa* into standard conservative management.

INTRODUCTION

In Ayurveda, *Yoni Vyapat* encompasses various disorders of the female reproductive system, and *Prasramsini* is a specific subtype which can be correlated to 1st and 2nd degree uterine prolapse.^[1] This condition is attributed to the vitiation of *Vata Dosh*, particularly *Apana Vata*, which governs the downward and outward movements in the body, including defecation, urination, and childbirth. Pelvic organs prolapse (POP) is defined as descent of pelvic organs from the normal anatomic position usually to or beyond the hymenal remnants, owing to loss of support from the connective tissue, muscles, or both^[2]. Uterine prolapse is classified into different stages based on the severity. In 2nd degree uterine prolapse, cervix protrudes through the vaginal opening, but the fundus remains in the pelvis^[3].


It can lead to symptoms of pelvic pressure, vaginal bulge, urinary and bowel dysfunction, and sexual dysfunction in elderly patients⁴. Among the risk factors, advancing age, parity and obesity are the major ones. Development of POP disrupts the quality of life (QoL) and damages social and personal activities.

Case Report

A 62-year-old menopausal woman presented with a second-degree uterine prolapse. She had noticed a mass protruding from her vagina six months prior to admission, which progressively worsened. Other symptoms included stress urinary incontinence, low back ache and dyspareunia. The patient had a history of chronic constipation and sneezing.

Examination

A general examination vaginal examination and abdominal examination were conducted, and her general examination findings were written in Table 1. Vaginal Examination: The examination revealed a second-degree uterine prolapse with thick white vaginal discharge and a nabothian cyst at the 2 o'clock position of the cervix. Also, the cervix appeared atrophic.

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Abdominal examination

No palpable masses, and it can be concluded that no abnormal findings were found in the abdominal examination.

Investigations

Several routine examinations were done, and the results are presented in Table 2.

Diagnosis

According to the vaginal examination, it was diagnosed as the *Prasramsini Yoni Vyapat* or second degree uterine prolapse. *Samprapti Ghataka* of this condition can be written as in Table 3.

Table 1: General Examination findings

Pulse	78/min
BP	120/80mmHg
RR	20/min
Weight	70 kg
Height	150 cm
BMI	31.1 kg/m ²
Mala	Constipated
Mutra	Day/Night: 4-5/2
Jihva	Coated / Ama+
Nidra	Sound
Agni	Mandagni
Prakriti	Vata Kapha

USG was taken to exclude any pelvic space occupying lesions, which was normal.

Table 2: Investigation findings

Serum creatinine	0.87 mg/dL
GFR	74 mL/min
VDRL	Negative
Fasting blood sugar	90 mg/dL
AST	18 U/L
ALT	12 U/L
Hb	12.6 g/dL

Table 3: Samprapti Ghataka

Dosha	Vata
Dushya	Rasa, Rakta, Mamsa
Agni	Jataragni, Dhatuagni
Srotas	Rasavaha, Raktavaha, Mamsavaha
Sroto Dushti	Vimargagamana
Utbhava Sthana	Amashaya
Adhishtana	Garbhashaya

Treatment Protocol

Phase 1

Duration: 3 months

Intervention: Pelvic floor exercises (Kegel exercises). Instructed to contract perineal muscles as if trying to stop the urge to defecate. Each contraction was to be held for 5 seconds, repeated 15-20 times in one stretch, and performed 3-6 times a day for 3 consecutive months^[5].

Phase 2

Duration: 3 months

Intervention: *Sthanika Chikitsa* along with standard conservative management

Table 4: Treatment protocol

Medicine/Procedure	Dose of medicine per day	No. of Days	Time of Procedure	Route of Administration
Dhanwantharam Thailam ^[6] – Abhyanga	50 ml	7	Forenoon	External application on lower abdomen, pelvic region, and thighs
Dasamoola ^[7] Kwatham – Avagaha	10-15 L	7	Forenoon	External procedure on lower abdomen and pelvic region
Dhanwantharam Thailam – Yoni Pichu	10 ml	7	Forenoon	Intra-vaginal
Dhanwantharam Thailam – Matra Vasthi	75 ml	7	2 PM after Lunch	Pelvic floor exercises continued as in phase 1.

RESULTS

Table 5.1

Symptoms	Before Treatment	After Treatment	
		Phase 1	Phase 2
Stress urinary incontinence	Grade 3	Grade 2	Grade 0
Low back ache	Grade 3	Grade 2	Grade 0
Dyspareunia	Grade 3	Grade 2	Grade 0

Table 5.2: Measurement according to POP-Q Scale

Measurement	Before Treatment	After Treatment	
		Phase 1	Phase 2
Aa	0	0	-2
Ba	0	0	-2
C	0	0	-4
GH	3.5	3.5	3.5
PB	2.5	2.5	2.5
TVL	10	10	10
AP	-2	-2	-3
BP	-2	-2	-3
D	-1	-1	-5

Table 6: Stages of uterine prolapse

Stage	
0	No prolapse Aa, Ap, Ba, Bp: 3cm C or D: between -TVL cm and -(TVL-2) cm
I	Most distal portion of prolapse > 1cm above level of hymen
II	Most distal portion of prolapse is between -1 and +1
III	Most distal portion of prolapse is between +1 and +(TVL-2) cm (2 cm less than TVL)
IV	Most distal portion of prolapse is \geq +(TVL-2)cm (complete eversion)

RESULTS

Before and after the 1st and 2nd phases of treatment, progress was measured using visual analogue scale for low back ache dyspareunia, urinary incontinence scale for stress urinary incontinence, and the measurements of the 9 compartments by POP-Q scale. POP Q is a standardized diagnostic technique for determining and classifying the severity of pelvic organ prolapse. It entails a physical examination of the pelvic organs and their positioning

Outcome variables included changes in stress urinary incontinence, low backache, and dyspareunia, assessed using the urinary incontinence scale and visual analogue scales respectively. Measurements of the anterior, middle and posterior compartments of pelvic organ prolapse were assessed by the POP-Q scale. Results obtained were mentioned in Table 5.1 and table 5.2 which shows significant changes in

urinary incontinence, low back ache and dyspareunia from grade 3 before treatment to grade 0 after 2nd phase of treatment which is mentioned in table 5.1, There is also significant changes in measurements of anterior, middle and posterior compartments after 2nd phase of treatment, assessed by POP-Q scale which is mentioned in table 5.2. Stages of the uterine prolapse was taken as mentioned in Table 6.

DISCUSSION

In *Sthanikachikitsa*^[8], medicines are applied locally. Due to the high vascularity of the vagina, medicines are absorbed easily. For this study, various *Sthanikachikitsas* were employed, including local *Abhyanga* with *Dhanwantharam thailam*, *Avagaha* with *Dasamoola kwatha*, *Yoni pichu* with *Dhanwantharam thailam* and *Matra vasti* with *Dhanwantharam thailam*. Local treatments play a crucial role in managing *Yoni*

rogas and offer significant therapeutic benefits. Ayurvedic treatment modalities offer significant therapeutic benefits in *Yoni rogas*. *Abhyanga* (vaginal massage) helps correct vitiated *Apana vata* and possesses *Brihmana* (nourishing) and *Balya* (strengthening) properties. It enhances tissue tone and support, increases circulation, and facilitates proper lymphatic drainage^[9]. *Avagaha* (sitz bath) also has *Vata-samana* (*Vata*-balancing) effects, help to dilate blood vessels and ensure the effective assimilation of medicinal principles^[10]. *Yoni pichu dharana* (vaginal tampon therapy) and *Matra vasti* (medicated enema) are beneficial for correcting locally vitiated *Apana vata* and improving the tonicity of the perineal muscles. Collectively, these modalities can enhance pelvic floor stability and support. Treatment modalities may contribute to *Dhatu vardhana* (nourishing tissues), *Brimhana* (strengthening), *Bala vardhana* (enhancing strength), and *Kapha vardhana* (increasing *Kapha*), which could nourish the atonic supports of pelvic organs. These treatments may aid in correcting deranged collagen synthesis, which weakens pelvic supporting structures, thereby significantly reducing low backache, dyspareunia and urinary incontinence. Also there was significant relief from the symptom of feeling a mass per vagina and notable changes in the measurements of 9 compartments after 3 months of combined therapy. This may be attributed to the strengthening of the pelvic floor, which could result from the *Dhatu vardhana* (nourishing tissues), *Brimhana* (strengthening), *Bala vardhana* (enhancing strength), and *Kapha vardhana* (increasing *Kapha*) actions of *Dhanwantharam thailam* and *Dasamoola kwatha*. Collectively, these Ayurvedic treatment modalities may be effective in maintaining the pelvic structures in proper alignment, which could be responsible for the observed relief of the symptom.

CONCLUSION

The results showed that the selected Ayurvedic treatment modalities used as *Sthanika chikitsa* had a notable add on effect in reducing stress urinary incontinence, low back ache dyspareunia and measurements of the 9 compartments according to the POP-Q scale. This case report demonstrate a significant improvement in 2nd degree uterine prolapse using the Ayurvedic treatment protocol as *Sthanika chikitsa*.

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