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An observational study of *sthanik chikitsa* in *prasramsini yoni vyapad*

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Abstract

Laxity of vaginal canal & uterine descent is one of the conditions commonly seen in post menopausal age with more of vata predominance and mamsa shaithilya. But sometimes is also seen as a complication of prolong labour. Prasramsini yoni vyapad is a condition where there is increased yoni srava along with descent, which is more of pittanubandha & shopha yukta. Sthanik chikitsa works beautifully in these conditions.

This same was observed in a 39year old patient who reported with 2nd degree uterine prolapsed and with associated complication of garbhashaya mukha shopha and irritable discharge. Working in the line of treatment of yoni vyapad she was treated by carefully selecting the easily available and affordable drugs for the yoni dhavan and lajjalu pichu dharan was done. Miraculous results were observed where the prolapsed was completely reverted back.

The author will discuss this in detail.

Key words – *prasramsini yoni vyapad, sthanik chikitsa, lajjalu pichu dharan.*

Introduction

Uterine prolapse is a very common condition with which the patient usually reports to the gynecologist. Surgery plays a important role in the treatment aspect of prolapse. Many patient are reluctant to go for surgery and are advised ring pessary which is only temporary measure. Can Ayurvedic line of treatment help such patient? Hereby putting forth an observational study of a patient with 2nd

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degree uterine prolapse. She was not willing for surgery and was treated with *sthanic chikitsa* with good results.

Case report

A 39 year old patient came with complain of mass protruding out of vagina and p/v white discharge since 5 months. She was $G_4P_2A_2L_2$ patient with 1st LSCS at 8th month gestation due to twin pregnancy with PROM and 2nd was a full term vaginal delivery which was a prolong labour. Her general condition was fair with no other general illness.

Examination

Her vitals were within normal limits. p/a was non tender. On local genital examination it was observed that the cervix was at the level of introitus- protruding out with coughing. Vaginal wall was lax. Cervicitis was observed with a large nabothian cyst at 12 o clock position. Also there was profuse amount of white discharge.

Treatment

Her gynecologist had advised hysterectomy, but not wanting to be operated she had approached Ayurvedic hospital. Considering her symptoms she was treated orally with *pushyanug churna* and *chandraprabha vati*.

Sthanic chikitsa is important modality of treatment in all *yonivyapad*; hence *yonidhavan* and *yoni pichu* with easily available and cost effective drugs was adopted.

Yonidhavan with *triphala panchavalkal* and *haridra kwath* was done and later *pichu* with *lajjalu* and *puga kalka* was inserted in *yoni* for *aamutrakaal*. This was done for 7 days and the same treatment was repeated after 3 months.

Result

On the 3rd day of treatment it was observed that there was considerable amount of reduction in the discharge and patient felt relief to certain extent. By the end of 7 days white discharge was completely reduced but

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the cervix was still at the introitus. Cervicitis was reduced.

In the followup visit after the 2nd setting of *sthanic chikitsa* on local examination it was seen that the tonicity of vaginal wall had increased and cervix was not visualized externally even on coughing. p/v examination revealed cervix almost 2-3 cm from introitus.

Discussion

Cardinal ligament, uterosacral and the pubocervical ligament hold the uterus in position [(1)]. In post-menopausal age with estrogen deficiency and atrophic changes there is increased laxity of vaginal canal and laxity in the ligaments causing uterine descent. This post menopausal age is considered as *vata predominent* age associated with *mamasa shaithilya* with increased chances of *garbhashaya bhramsha* specially in multipara. Complication of labour like prolong labour and multiple pregnancy is also a cause for uterine prolapse[(2)]. As there is overstretching of the ligaments holding the uterus. Thus this uterine descent may also be seen in a young patient. This patient had a similar history of twin pregnancy which might have caused overstretching of ligaments; followed by prolong labour in the 2nd pregnancy which might have aggrevated the condition leading into uterine descent.

Prasramsini yoni vyapad is *pitta dosha* predominant *yoni vyapad* mentioned by Acharya Sushrut; and having features of *syandate, kshobita* and *dusprasuscha. Syandate* is considered as *sravati* by Dalhan i.e. having excessive amount of *srava* with *kshoba* or *sanchalita*[(3)]. *Yoni shopha* or *garbhashaya mukha shopha* also leads to increased vaginal discharge. Madhava Nidan has considered *sramsate* instead of *syandate*. Commenting on it *madhukosha tika* says *sramsati as swasthanatccavate nissarati iti* i.e. the yoni has decended from its actual position[(4)], considering this condition as the 1st or more preferable the 2nd degree uterine prolapse with excessive amount of irritable vaginal discharge. This is again associated with difficult labour.

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In normalcy vaginal canal prevents any ascending infection due to its acidic pH and presence of Dordilian bacilli. In 2nd degree uterine prolapse with cervix lying at the introitus chances of cervicitis is high leading to increased discharge and discomfort.

Considering the treatment oral medication like *pushyanug churna* and *chandraprabha vati* was given which is useful to reduce the *srava* and inflammation. But there is no comparison to the effect of *sthanic chikitsa* in these conditions. Hence this modality of treatment was adopted in the patient.

The drugs selected for the treatment are cost effective and *lajjalu* like drugs are freely available. *Panchvalkal churna* for *yoni puran* is mentioned by Acharya Sushrut for

increased *kleda* and *stambana karma* is needed. Similarly puga also has the property to bring about constriction in the tissue.

The *guna karma* of the drugs used for *sthanic chikitsa* is enlisted in the table below [8].

the treatment of *durgandhita* and *picchila srava* in case of *pitta pradhan yoni vyapad*[5]. *Panchavalkal* has anti inflammatory property. Haridra is a well known drug having anti inflammatory and wound healing property.

Lajjalu (mimosa pudica) the term pudica in latin means shy or shrinking; the ability of the leaves to shrink on touch, maybe the same action on tissue is seen by using this drug. Lajjalu has *shothahara vranaropak* and *daha shamak* property. It also does *rakta stambana* and is useful in *rakta pitta vyadhi*, *raktapradar* and *atyartav*[6]. In Ashtanga Sangraha *samanga* or *lajjalu* is mentioned as one of the drug in the treatment of *durgandhita* and *picchila srava*[7] where there is

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Drug	*Rasa*	*Guna*	*Virya*	*Dosha karma*
Haritaki	*ks*	*lg, ru*	*ushna*	*VPK* ↓
Bibhitaki	*ks*	*lg, ru*	*ushna*	*VPK* ↓
Amalaki	*a*	*gu,ru*	*sheeta*	*VPK*
Vata	*ks*	*gu,ru*	*sheeta*	*KP* ↓
Udumbara	*ks*	*gu,ru*	*sheeta*	*KP* ↓
Ashwatha	*ks,m*	*gu,ru*	*sheeta*	*KP* ↓
Plaksha	*ks*	*gu,ru*	*sheeta*	*KP* ↓
Parisha	*ks*	*lg,ru*	*sheeta*	*KP* ↓
Haridra	*ti, kt*	*ru,lg*	*ushna*	*VPK* ↓
Ljjalu	*ks,ti,kt*	*lg,ru*	*sheeta*	*PK* ↓
Puga	*ks,m*	*gu,ru*	*sheeta*	*KP* ↓

Table 1: properties of drugs used for *sthanic chikitsa*

(Note – *ks-kashaya rasa, a-amla, m-madhura, ti-tikta, kt-katu, lg-laghu, ru-ruksha, gu-guru*)

Though *Haritaki* and *amalaki* both have *lavana varjita pancha rasa*, but *haritaki* has *kashaya rasa pradhan* and *amalaki* has *amlarasa pradhanata* hence that is mentioned in the table.

It can be noted from the table above that most of the drugs are of *kashaya rasa*. *Kashaya rasa* has *vayu* and *prithvi* predominance. It has *kapha* and *pitta shamaka* property. Acharya Charak has mentioned its action as –

Kashayo rasah samshamana sangrahi sandhanakara pidano ropana shoshana stambhana shleshmaraktapitta prashamana sharira kledasyopayokta[9]

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Thus *kashaya rasa* with the *shoshana, stambhana, kapha pittahara* and *kledahara guna* acts in *prasramsini yoni vyapad* to reduce the *srava*, also due to *ropana guna* it may have helped in healing the cervicites. Tannin is a active chemical composition in most of the kashaya rasa drugs and it does

Eight drugs are of *sheeta virya. Sheeta virya* has *vishyandan* and *stambana* action by which the *srava* is reduced. It also has *pittahara* action [(11)]. Hence these drugs are useful in *prasramsini yoni vyapad*.

Local procedures have faster effect. *Yoni dhavan* or douching primarily helps in washing off the discharge accumulated in the vaginal canal. *Kashaya rasa dravya* used for douching gives an immediate dry and a constricted feel in the vagina which may be due to the *kledahara* and *stambak* property. Vagina is a mucous tissue and readily absorbs the water soluble component of the drug in *kwath* form. Especially in *pichu dharan*, where *pichu* is kept for *aamutrakaal* or for 3 hours so the action of the drug is for a longer duration where it remains in contact with the vaginal wall. Thus with the constriction and thus it is helpful in the case of laxity of the vaginal canal.

All the drugs have *ruksha guna* which may have helped in doing the *shoshana* of *srava* as per the shloka[(10)] –

Yasya shoshane shakti sa ruksha.

douching the *kleda* and the discharge is removed and by *lajjalu* and *puga pichu* tonicity of vaginal muscle and further the pelvic floor is increased and repositioning of the pelvic organ to certain extent is observed. With the *vrana ropak* property of *haridra* and *lajjalu* healing of cervical inflammation is seen.

If we consider the overall action, due to the *kashaya rasa, ruksha guna* and *sheeta virya* these drugs have *kapha pittahara* action and hence helpful in *prasramsini yoni vyapad* by reducing the *kshoba, shopha* and *srava* along with reducing the laxity of the pelvic tissue by which the *nissarana* or the decent of the *garbhashaya/ yoni* is reverted back.

Conclusion

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Ayurvedic line of treatment acts differently may be step ahead of the modern concept. Aiming not just to reposition the uterus but also help in regaining the tonicity of the muscle and treating the associated condition of cervicitis.

Further research of these drugs on more number of patients will clarify the effectiveness of these medicine and *sthanic chikitsa* on uterine prolapse cases.

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