YONISHAITHILIYA (PERINEAL LAXITY) A COMPREHENSIVE REVIEW

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ABSTRACT
Yonishtaithilya is a common gynecological problem of women of contemporary era which has very important impact on female’s sexual function. This must not be taken lightly as it can adversely affect the quality of woman’s life. As per Brihatrayi, Yonishtaithilya represents as a symptom of Mahayoni Yonivyapada, Vatala Yonivyapada, Phalini Yonivyapada and Karnini Yonivyapada, not as a separate disease. Etiology, sign, symptoms and treatment of Yonishtaithilya resembles with perineal laxity. Perineal laxity is the condition where there is loosening of supporting structure of female pelvis, thereby allowing the descent of one or more pelvic organ through the lax vaginal introitus. This review article summarizes details of Yonishtaithilya, current scientific researches and elaborates the various therapeutic procedure and drug formulations suggested in Ayurveda for the treatment of Yonishtaithilya. Ayurveda gives various Panchakarma and Shthanik chikitsa like local application of Pichu, Snehana Swedana which are economical, easy and nonsurgical; many single plants; herbal formulations used traditionally which gives an eminent result in Yonishtaithilya. Untreated Yonishtaithilya may produces complications like pelvic organ prolapse, urinary incontinence and may convert into 2nd or 3rd-degree prolapse where conservative treatment is not beneficial. In some cases, a patient has been advised for a hysterectomy but the patient is reluctant to undergo surgery. So, it is preferred to try Ayurvedic medicine which may be the step to avoid hysterectomy. So, it is necessary to treat it as early as possible.

KEYWORD: Yonishtaithilya, uterine prolapse, Vatala yonivyapad, Phalini yonivyapada, Prasransini yonivyapada, Maha yonivyapada.

INTRODUCTION
Every woman suffers from some gynecological disorder at some point in her life. Complaints related with reproductive system create both physical, psychological stress and anxiety in women. Because of these complaints women experience fear, guilt, discomfort, shame, anxiety etc., which hesitate them from seeking health care facility. For women, ayurveda traverse detailed landmark changes associated with the three stages of life childhood, adulthood and old age, and provides practical advice on exercise, sleep, diet, beauty care, meditation, massage, sex relationships, childcare, menopause and other issues central to women's lives.

Ayurvedic classics described the word yoni as tryavarta yoni, a whole genital tract which includes uterus, cervix, vagina and the word vyapada means disorder. All Acharya’s have mentioned yonivyapada which are 20 in numbers, evolving due to vitiation of vata, pitta and kapha. But yonisaidaithiya is not described as a disease in our samhitas.

The word Shaithilya means laxity, state of being lax. We can correlate Yonishtaithilya with perineal laxity as the clinical features of Yonishtaithilya and perineal laxity are same. Perineal laxity is the condition in which the muscles of the perineum become loose. This lessens strength of levator muscles, causes the changes like expansion of vaginal introitus, vaginal and anal opening become too close. So, the sexually active women having perineal laxity complain of very lax vagina and unpleasurable coital activity. This happens mostly in multiparous and postmenopausal women. Vaginal laxity is very prevalent conditions which affect women’s sexual wellness. 38% of women have self-reported for vaginal laxity.

MATERIALS AND METHODS
Materials
Literature related to the title is explored from all Brihatrayees and Laghutrayees also from all contemporary textbooks, relevant journals, and Websites.
Methodology: Review Article.

Literary Survey
In Ayurveda classics, Yonishaitiliya is described as a symptom of following Yonivyapadas:
- Vatala Yonivyapada
- Mahayoni Yonivyapada
- Phalini Yonivyapada
- Prasransini Yonivyapada

1. Vatala Yonivyapada

Hetu and samprapti (Etiology and pathology)
Women with Vata constituency if indulges in Vatala Cheshtha– The Vata provoking activities like excess coitus, sitting in squatting position, upholding natural urges (Mala mutra vega vidharana), forcible micturition or defecation may lead to Vatala yonivyapada.

Acharya Vagbhata has mentioned that excessive coitus, improper posture during coitus, vitiated menstruation, defective seed (ovum) and use of bad material are responsible for Vatala yonivyapada. Here Vata provoking factors are considered and majority are of Apanavata. Because the Shroni chakra (pelvic girdle) is the main seat of Apanavata.

When excessive dry food substances are taken or deficient diet or food which is not really nutritious leads to vitiation of Vata. When Vata peculiarly Apanavata afflicting the Yoni garbhhasaya, is already weak and having susceptibility, results in Vatala yonivyapada.

Rupa(clinical features)
Due to this causes, aggravated vata causes a prickling type of pain, stiffness, feeling of crawling of ants, hardness and numbness of vagina, exhaustion and other vatak conditions. Due to vata, her menstrual discharge appears thin, frothy, rough sound and painful.

According Acharya Vagbhata provoked vata causes piercing, stretching pain in the vagina, loss of crawling of ants, frothy, rough, reddish black, thin, scanty discharges and displacement of yoni.

Table 1: Clinical features of Vatala Yonivyapada according to different Acharyas.

<table>
<thead>
<tr>
<th>Charaka</th>
<th>Yoni Toda Savedana stambha Pipalikasr iptimivaKarkasata Supti Ayasa Sashabada ruk phena tanu rukshartava</th>
<th>Pricking pain Pain along with stiffness Feeling of creeping of antsRoughness NumbnessLethargy Menstruation with bubbling sound, painful frothy and scanty discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sushruta</td>
<td>Swamam</td>
<td>Menstruation with sound</td>
</tr>
<tr>
<td>Vagbhata</td>
<td>Aruna karshnya varna artavasrava Bhramsana Vakshana parshwadau shola Gulnam</td>
<td>Menstrual bleeding with pink black coloured.</td>
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<td>Displacement of uterus Pain in groin, flakes etc. A lump</td>
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Yoni bhramsa may be present, this is due to increased Vata, laxity of perineum. Perineal support becomes poor and uterine ligaments will lose their tonicity and Yoni Bhramsa (uterine prolapse) occurs. Vatala Yonivyapada can be related with modern gynecology as follows:
- Stambha, karkasata – endometriosis, estrogen deficiency
- Shola, Toda – vaginal neuralgia
- Bhramsa – prolapse of genital organ (due to lax perineum)
- Swamam – garuitus vulvae.

Chikitsa (Treatment)
Principle of treatment
In Vatala Yonivyapada, Vata alleviating measures (Vatayadhihara karma) such as Oleation, Fomentation, Enema etc. should be prescribed. Sprinkling (Seka), massaging (Abhyanga) and tamponing (Pichu) should be done in Vataja type of Yonivyapada.

Swedana (Fomentation)
She should be subjected to pitcher (Kumbhisweda) or tube (Nadisweda) hot moist with the meat of aquatic and marshy animals, milk, sesame seeds, and Vata relieving drugs. The women should be first massaged with Lavantaila (i.e., oil processed with salt) and then fomented by stone (Ashmahagna sweda), bed (Prastara sweda) and bolus (Sankara sweda) method of fomentation.

Thereafter she should be sprinkled with warmwater and fed on Vata relieving meat soup.

Yonilepana (Vaginal Painting)
Warm paste of Himsra (Himsrakalka) should be apply per vaginum after massage.

Yonipichu dharana (Vaginal Tamponing)
This is one of the simplest Shhanik Karma that gives the continuous drug delivery to the target organ. Another advantage is that there is no need of sophisticated instruments and trained expert rather than patient can do itself after little instruction.
Guduchi taila yoni pichu and Lavanataila yoni pichu should be applied per vaginum to relieve pain and Udumber tail yonipichu should be used in Yonishaithilya (perineal laxity).

Basti (Enema)
Enema of recipes containing oil and sour (Amla rasa) juice is useful.

Ghritapan
Kasmaryadighrita, Balaghrita, Shatwaryadighrita.

2. Mahayoniyavadapada
Hetu (Etiology): Female who takes abnormal posture during coitus on uncomfortable bed, it causes vitiation of Vata in genital tract.

Samprapti (Pathology)
Due to vitiated Vata, pressure exerted on organs in the act of intercourse, then the vaginal wall gets prolapsed along with or without cervix and this prolapsed vaginal wall along with cervix appears like prominent mass (Mamsonnata). Acharya Vagbhata has clearly stated that Srasta—displacement of yoni or descent down from its place is the main phenomenon occurring in Samprapti.

Rupa (Clinical Features)
According to Acharya Charak, the vitiated Vata dilates the opening of uterus and genital tract. Due to this, genital tract becomes painful with unclosed opening and rough, frothy discharges. It also causes the pain in joints and groin. This is known as Mahayoni.

Acharya Sushruta has described Mahayoni Yoniyapada in which vagina is too dilate due to involvement of all three Doshas. Other symptoms of Vata like dryness and pricking pain. Heat, burning sensation because of Pitta, unctuousness and itching due to Kapha will be produced.

Acharya Vagbhata emphasized that provoked Vata, creates stiffness and displacement of Yoni and Garbhkosha, vaginal orifice and os of cervix becomes dilated (relatively). In this condition, pain like Vatala yoniyapada is present Srasta—displacement of yoni is important sign of Mahayoni.

According to the concept of Sushruta in this Yoniyapada, Yoni becomes Ativivritta - widely opened. This may be the condition like vaginal tear. According to Acharya Charaka and Vagbhata, Srasta - prolapse and prominence of mass- Mamsonnata, this is appeared to be as procidentia.

Chikitsa
(Treatment)
Principle of treatment
Whatever remedy is said for Vatika disorder, it should be applied in all disorder of female genital tract particularly in Mahayoni.

Manual procedure
According to Acharya Vagbhata, the displaced vagina should be placed in its correct place after it lubrication and sudation.

The vagina displaced upward should be pulled down by the hand, the constricted one should be dilated, the protruding one should be pushed inside, that which is bent backward should be turned forward and misplaced vagina is by itself a foreign body in women.

Yoni Purana (Vaginal Packing)
Fat of bear, hog and Ghrita boiled with Madhur rasa dravya; make it in Kalka form and then plugged into vagina and bandaged with a flaxed piece.

Basti (enema)
Anuvasana and Uttar-Basti therapy must be done with trivritta sneha (i.e. Ghrita + Taila + Vasa).

Snehapana
Snehapana should be given with the same Trivritta Sneha.

Yonipichu Dharana
(Tamponing)
Pichu with Mushika tailam.

3. Phalini Yonivyapadapada
Hetu and Samprapti (Etiology and pathology)
Young woman has coitus with a man having big size penis. This is Sanmipataya yonivyapada.

Rupa (Clinical Feature)
Dryness and pricking pain due to vitiated Vata and other features of vitiated Pitta and kapha i.e., burning sensation and heat, unctuousness and itching also observed in Phalini yonivyapad.

Vaginal orifice becomes widely opened and prolapse of vaginal wall occurs. The prolapsed part appears like a fruit or egg. Hence it is called as Phalini.

Phalini is a state of uterovaginal prolapse where the laxity of the vaginal wall is marked. Prolapse is a state of displacement of uterus and that leads to infertile condition in female.

It can be correlated with prolapse of vaginal wall, specially cystocele and rectocele.

Chikiita (Treatment)
According to Acharya Sushruta, Phalini is Tridoshaja disease that is incurable.
4. Prasrainsi Yoniyapada 

Hetu and Samprapti (Etiology and pathology) 

According to Acharya Sushruta, excessive coital activity causes Prasrainsi yoniyapada. The disease name itself indicates pathogenesis. The word yoni refers to uterus and vagina and Prasrainsian means displacement of the vaginal canal from its home place may be caused by some external stimulus or itself without any external stimulus.

Rupa (Clinical feature) 

It occurs due to vitiation of Pitta. Excessive vaginal discharge or its displacement during straining and labor occurs due to abnormality of passage due to displacement of the vaginal canal from its home position. Other features of Pitta vitiation are burning sensation, suppuration, fever etc.

It can be correlated with 1st and 2nd degree uterine prolapse.

Table 2: Clinical features of Prasrainsi Yoniyapada according to Acharya Sushruta.

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<tbody>
<tr>
<td>Since the word Yoni is applicable to vaginal canal and uterus thus it can be presumed as prolapse of the vagina and uterus.</td>
<td>Undue vaginal discharge and descent of the genital organ. Displacement of the vagina and uterus.</td>
<td>Burning sensation and heat may present.</td>
<td>Due to prolapse patient will have difficult labor. Non-dilatation of the cervix due to excessive congestion caused by compression of presenting part over the upper part of cervix due to its prolapse is one of the important complications during labour.</td>
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</tbody>
</table>

Chikitsa (Treatment) 

Principles of treatment: Local washing, irrigation, an ointment, massage, use of Bandha (Veshwara bandha) and tampons prepared with the drugs either having cooling properties or capable of suppressing pitta should be done.

Application of Veshawara Bandh 

Yoni protruberung or prolapsed out of the vagina should be anointed with Ghrita and sudation with warm milk should be done. The prolapsed organ should be pushed inside the vagina then Veshwara must be inserted and kept till the period of getting sensation of the bladder. The Veshwara is prepared with Sunthi, Maricha, Krishna, Dhanayaka, Ajaji, Dadima and Pippalimula.

Ghrita for Oral Administration 

The juice expressed from Jeevaniya group of drugs should be mixed equal quality of Ghrita extracted directly from milk and cooked. Oral use of thus prepared Ghrita cures all types of Pittajayonirogas. Phalaghrita (Laghuphalagrita) described by Acharya Sharangdhar may be used orally.

DISCUSSION 

Yonishaithilya is the condition in which Vata provoking activities and food habits causes vitiation of Vata which may lead to various complications like Yoni bhransh etc. In western medicines, there is no permanent therapy with gels creams, or pessaries. Moreover, when used in long term, they are deleterious to health. Hence, the management of this disease is merely insufficient in other systems of medicine and patients are constantly looking with a hope towards Ayurveda to overcome this challenge.

To prevent laxity of perineal muscles, it is important to follow Swastvrittda and Sadvrittda, maintain good nutritional status, proper lifestyle management, to follow Prasava paricharya and Sutika paricharya and to avoid improper habits. In India, women are too shy to speak up about their genital problems, there has been a veil of silence around women’s pelvic health issues and women have suffered in silence for far too long. So, proper counseling to the women should be done about the disease and its consequences.

Aim of treatment is to treat Yonishaithilya (Vivritta yoni) by constricting vaginal orifice or os of cervix with the use of different single drugs or formulation that are given by Ayurveda, to improve tonicity of perineal muscles and to prevent further descent of genital organs. To meet this aim, Ayurveda has offers excellent remedies which are naturally available, rejuvenating and finally improve the women’s health and quality of life.
Also, Ayurveda tells about Yoga for muscle strengthening is observed that, the regular practice of contraction and relaxation of the perineal muscles, i.e., Mula bandha causes increase in blood supply to the pelvic regions; hence, it results in normal stretching and healing of the tear and of pelvic floor muscles. According to the study conducted in BHU in 2017, Palashadi Taila Yoni Pichu gives excellent result in Yonishaithilya.

CONCLUSION
Yonishaithilya is a very common gynecological morbidities amongst women who compromise the quality of their lives. Yonishaithilya is not the problem for old ladies only. In fact it is estimated that fifty percent of women of childbearing age will experiences some level of Yonishaithilya. Untreated Yonishaithilya may lead to many complications like difficulty in labour, micturition disturbances and genital organ prolapse. It may result in second or third-degree prolapse where there is no scope for conservative treatment. Also, in some cases, the patient has been advised for a hysterectomy but the patient is reluctant to undergo surgery. So that it is preferred to try Ayurvedic medicine which may be the step to avoid hysterectomy in such cases. So, it is very essential to treat Yonishaithilya as early as possible.

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