ABSTRACT

Prolapse of pelvic organs is one among common clinical conditions met in day-to-day gynaecological practise especially among the parous women. Laxity and descent of the upper 2/3rd of the anterior vaginal wall is called cystocele. The incidence of cystocele is around 9 per 100 women per year. In which the highest incidence of symptoms occurs between age 70-79 years. As per classics of Ayurveda different forms of pelvic organ prolapse can be considered under Prasramsini yonivyapad, Phalini yonivyapad and Mahayoni. Among them cystocele can be closely compared with Phalini yonivyapad in which prolapsed vaginal wall looks like a fruit or an egg. As per the western medical system treatments like vaginal pessaries are prescribed in stage 1 and 2 on the other hand for later stages 3 and 4 surgical management is indicated which include their own complications. So, considering the cost effectiveness, more safety and minimal chances of complication, ayurvedic management can be adopted for this condition in the form of special local therapies. In this case Panchavalkala Kashaya yoni prakshalan, Jatyadi Taila yoni pichu were used along with oral medications.

KEYWORDS: Pelvic organ prolapse, Cystocele, Phalini Yonivyapad.

INTRODUCTION

Urogenital prolapse also called as pelvic organ prolapse is herniation of the pelvic organs through or beyond the vaginal wall. This entity includes cystocele, urethrocele, rectocele, enterocele and uterine descent due to weakening of the supports of the uterus and vagina. Prolapse of the anterior vaginal wall accompanied by herniation of the urinary bladder is
termed as cystocele. Estimated prevalence of this condition is 34.3% for woman with uterus and 32.9% for women who have undergone hysterectomy.\(^1\) Defective wear and tear phenomenon, poor collagen repair with advancing age, repeated child birth, increased intra-abdominal pressure are the factors which may initiate or aggravate the condition.

Cystocele is formed by laxity and descent of upper 2/3\(^{rd}\) of anterior vaginal wall.\(^2\) This condition may get complicated with urinary symptoms such as urine retention, dysuria, polyuria, burning micturition due to impending cystitis, vaginal pressure, sexual dysfunction and feeling of mass per vaginum.

In Ayurveda different gynaecological diseases are explained under the heading of Yoni vyapad. Features of pelvic organ prolapse can be seen in Phalini yonivyapad, Prasrmsini yoni vyapad, Mahayoni and Vatiki yonivyapad. In Phalini yonivyapad the prolapsed vaginal walls resemble a fruit or an egg.\(^3\) This condition is closely related with cystocele.

Nature of condition is progressive which may affect physical, mental, sexual health and daily functioning of the female. The progression may lead to huge procidentia with decubitus ulcer.

As per the contemporary medical system, pessaries and further surgical management is advised but these come out with their own complications. So early detection and treatment through Ayurveda can be helpful to cure the condition and to avoid future complications. Hereby putting forth a clinical study on menopausal woman with cystocele.

**CASE REPORT**

A 56-year-old married female patient came to OPD of Dept of Prasuti Tantra and Stri Roga of AAMC on 2/3/22 with complaints of mass coming down per vaginum during walking for last 3 months associated with itching in vulval region. While doing household works and at the time of urination, she was able to feel something protruding out through vagina. No features of urinary tract infection were present. She had two normal vaginal deliveries without any complication. Normal menstrual pattern was continued till menopause which she attends at 51 years of age. With the above-mentioned complaint, she came to AAMC for better management.

**PAST HISTORY**

No h/o any other chronic illness
No h/o HTN/DM/ Asthma / Thyroid dysfunction/Epilepsy or any other medical or surgical
history.

**PAST TREATMENT HISTORY**
Nothing significant.

**FAMILY HISTORY**
Nothing significant.

**MENSTRUAL/OBSTETRIC HISTORY**
Menarche – at 15 years of age
Menopause – 51 years

**PAST MENSTRUAL HISTORY**
Nature - Regular
Duration – 27 - 28 days
Bleeding phase- 3 days
No of pads - 2 pads/ day
Married life – 27 years

**OBSTETRIC HISTORY**
P2 L2 A0
- P1 – Female (25 years) FTND
- P2 – Male (22 years) FTND

**CONTRACEPTIVE HISTORY**
Method used- IUCD (Cu T)- Removed 15 years back.

**GENERAL EXAMINATION**
- Built – Average
- Nourishment – Moderate
- Height – 157 cm
- Weight - 50 kg
- Temperature- 98.6°F
- Pulse rate- 86 bpm
- Respiratory rate- 20/ min
- B.P-130 / 80 mm of Hg
- Pallor/Icterus/Clubbing/Cyanosis/Lymphadenopathy/Oedema- Absent
- Tongue- Uncoated

**SYSTEMIC EXAMINATION**

- CNS – Well conscious and oriented with time, place and person
- RS – B/L equal air entry, no added sound
- CVS – S1 and S2 audible and normal
- P/A –
  Inspection – No abnormal skin, lesion, scar, mass was detected
  Palpation- Soft, no tenderness, no organomegaly

**GYNECOLOGICAL EXAMINATION**

Breast Examination- B/L breasts small and atrophied

**Inspection of vulva**

- Pubic hair – scanty
- Vulva – normal
- Clitoris- normal
- Labia – normal
- Discharge – abnormal
- Swelling absent
- Prolapse of uterus absent
- No evidence of pruritis

**Per Speculum Examination**– With Cusco’s speculum, cervix healthy, thick curdy white discharge present.

**Per Vaginal Examination**- Uterus anteverted, Normal in size
  Cystocele present (3rd degree) with decubitus ulcer

**LAB INVESTIGATIONS**

Not done.
INTERVENTION

Table no I: Table showing management protocol of phalini yonivyapad.

<table>
<thead>
<tr>
<th>Date</th>
<th>Treatment given</th>
<th>Duration</th>
<th>Complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td>23/2/22 to 1/3/22</td>
<td>Abhyantar chikitsa</td>
<td>7 days</td>
<td>• Day 1-Itching in vulval region (+++)</td>
</tr>
<tr>
<td></td>
<td>Tab Chandraprabha Vati 1BD (A/F)</td>
<td></td>
<td>• Friction during walking</td>
</tr>
<tr>
<td></td>
<td>Aaragvadadh Kashaya 15ml + 45 ml lukewarm water BD (B/F)</td>
<td>1 month</td>
<td>• Day 4- Itching (+)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Day 6- Mild itching (+)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Day 9- Mild itching completely reduced</td>
</tr>
<tr>
<td>2/3/22 to 8/3/22</td>
<td>Sthanik chikitsa</td>
<td></td>
<td>• Day 12- Friction got reduced while walking</td>
</tr>
<tr>
<td></td>
<td>Yoni Prakshalan with Panchv alkal Kashaya</td>
<td>7 days</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yoni Pichu with Jatyadi Taila</td>
<td>7 days</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Kegel’s exercise 10 sets, repeat 3 times a day</td>
<td>7 days</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 month</td>
<td></td>
</tr>
</tbody>
</table>

Procedure – Under aseptic precautions Yoni prakshalan was done with Panchv alkala Kashaya for 7 days.

After that Yoni pichu was inserted in the vagina and was asked to remove the pichu when patient feels urge of micturition.

Follow up medicines

Advised for 1 month
- Aaragvadadh Kashaya :15 ml Kashaya + 45 ml lukewarm water BD (B/F)
- Triphala guggulu :1 BD (A/F)
- Jatyadi taila L/A

Table no II: Showing changes in sign and symptoms before and after treatment.

<table>
<thead>
<tr>
<th>Sign and symptom</th>
<th>Before treatment</th>
<th>After treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feeling of mass coming down</td>
<td>Present</td>
<td>Present</td>
</tr>
<tr>
<td>2. Vulval itching</td>
<td>Present (+++)</td>
<td>Absent</td>
</tr>
<tr>
<td>3. Friction during walking</td>
<td>Present (+)</td>
<td>Present (+)</td>
</tr>
<tr>
<td>4. Cystocele</td>
<td>Present (3 degree)</td>
<td>Present (2nd degree)</td>
</tr>
<tr>
<td>5. Decubitus ulcer</td>
<td>Present</td>
<td>Absent</td>
</tr>
<tr>
<td>6. Curdy white discharges</td>
<td>Present (+++)</td>
<td>Absent</td>
</tr>
</tbody>
</table>

DISCUSSION

All the gynaecological disorders are included under the heading of Yonivyapad. Among them Phalini yonivyapad is described by Acharya Sushruta in which the prolapsed part of the
vaginal wall looks like an egg or fruit. This condition resembles cystocele. *Phalini yonivyapad* is caused by vitiation of all the three doshas.

### Table III: features of different doshas.

<table>
<thead>
<tr>
<th>DOSHA</th>
<th>LAKSHANA</th>
<th>CLINICAL PRESENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>VATA</td>
<td>1. Roukshya</td>
<td>Dryness and further formation of decubitus ulcers.</td>
</tr>
<tr>
<td></td>
<td>2. Toda</td>
<td>Pain during micturition, dyspareunia</td>
</tr>
<tr>
<td>PITTA</td>
<td>1. Osha</td>
<td>Burning sensation</td>
</tr>
<tr>
<td></td>
<td>2. Chosha</td>
<td>Local heat due to congestion</td>
</tr>
<tr>
<td>KAPHA</td>
<td>1. Kandu</td>
<td>Itching in vulval region</td>
</tr>
<tr>
<td></td>
<td>2. Srava</td>
<td>Abnormal vaginal discharges</td>
</tr>
</tbody>
</table>

Along with *tridosha* the laxity in perineal area caused due to the advancing age caused by poor collagen repair accounts for the disease progression. So, aim of the treatment is to improve the tonicity of muscles and resolve the secondary infections. For present case study both abhyantara and bahya chikitsa was done. *Chandraprabha vati*\(^4\) acts well on the region *Apana vayu*. It pacifies *tridosha* and also called as *balya* and *rasayana*. So, it is beneficial in disorders caused by the aging process. *Aragvadhadi Kashaya*\(^5\) is *dushta vranavishodhana* and *kaphahara*. So, it is helpful in eliminating abnormal vaginal discharges and also facilitate the healing of decubitus ulcer. *Panchavalkala Kashaya*\(^6\) was used for yoni prakshalana. It is *kashaya rasa pradhana*, having *shoshana, stambhana* and *kledahara* properties hence reduces the excessive *srava*. It is *Ropana* (having wound healing properties) also. *Prakshalana* was followed by application of *yoni pichu* with *Jatyadi taila*\(^7\) which is also good for healing of non-healing ulcers (*vrane duste prasasyate*). Along with the medications daily practice of Kegel’s exercises also helped in improving the tone of the muscles of pelvic floor.

**CONCLUSION**

The present study showed highly significant results in the management of *Phalini yonivyapad*. *yonivyapad, yoni prakshalan and pichu* helped in relieving symptoms related to prolapse of anterior vaginal wall and discharges caused by secondary infections. Kegel’s exercise showed benefit in strengthening the pelvic floor muscle which supports the uterus, bladder, small intestine and rectum. This treatment protocol may be beneficial in milder degree of pelvic organ prolapse. By adopting the ayurvedic treatment chances of hysterectomy for this benign cause can be reduced and quality of life can be improved.
REFERENCES


