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## Review Article

### YONIVYAPAD RELATED TO PELVIC ORGAN PROLAPSE

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#### ABSTRACT

Quality of life of women is very much important. Prolapse is a common complaint of elderly women in gynecological practice. The pelvic organ prolapse refers to protrusions of the pelvic organs into or out of the vaginal canal. The uterus normally has a limited range of movement. So its position in the pelvis is affected by its neighboring structures. Most women who develop prolapse are of menopausal age and are multiparae. When pelvic floor muscles and the ligaments that support the female genital tract become slack and atonic they herniate outside. Ayurveda too explains the condition of pelvic organ prolapse, 'Yonivyapad' the gynecology of Ayurveda has a reference for all variety of prolapsed condition. The approach of Ayurveda towards life is very unique, it concentrates on the regimens to be followed to stay healthy. Here also detail explanations found regarding causative factors which lead to prolapse. An attempt is made for the conceptual study of yonivyapad related to pelvic organ prolapse. All the classical references were collected and analyzed. Study of the causative factors, pathophysiology, signs and symptoms are going to give solutions for the condition. The preventive measures and curative aspects are very well concluded.

**Key words:** Ayurveda, Pelvic organ prolapse, Yoni vyapad, Yoni gata bramsha.

#### INTRODUCTION

Pelvic organ prolapse is a significant health concern for women. It is affecting millions of women worldwide. The prevalence of the condition is increasing with the age of the women. Researchers with the opinion that prolapse of the pelvic organs originates from multiple causes and develops gradually over a span of years. In fact, it is the third most common cited indication for hysterectomy. Pelvic organ prolapse involves multiple anatomic and functional systems and is commonly associated with genitourinary, gastrointestinal and musculoskeletal symptoms. Prolapse rarely results in severe morbidity and mortality, however, it can greatly diminish quality of life. The awareness regarding the disease, inconvenience faced because of the prolapsed condition, its preventive measures, consequences after surgical intervention is very much needed.

Major part of gynecology is being covered in Ayurveda under the heading of Yonivyapath. Every variety of prolapse or Yonigata bramsha is being described by our acharyas. All possible causes, clinical features and treatment modality is being mentioned in Yonivyapad. Here is an attempt for conceptual study and to recapitulate the same.

All the references were collected from the Ayurvedic scriptures, and from allied science.

#### DISCUSSION

Our acharyas have explained in detail regarding Yoni gata bramsha, under the heading of different Yoni vyapad. After analyzing every Yoni vyapad related to displacement or prolapse of genital organs they categorized as follows -

1. Phalini / Andini – Cystocele / Rectocele.
2. Antharmukhi – Retroverted & Retroflexed Uterus.

3. Vaatiki Yoni vyapad – I<sup>o</sup> Uterine prolapse / Relaxed Perineum.
4. Prasramsini Yoni vyapad – II<sup>o</sup> Uterine prolapse.
5. Maha yoni / Mahati Yoni vyapad – III<sup>o</sup> Uterine prolapsed / Procentia.

**Causes:** The causative factor is the key for symptoms and treatment of every pathological condition. The Nidana or causes mentioned in the literature, which are supposed to cause bhamsha are highlighted here

1. Faulty dietary and lifestyle habits – Intake of excessive quantity of food and later indulging in coital act, intake of unhealthy food stuffs, intake of less quantity of food items.<sup>1</sup>
2. Improper coital practice – Sexual intercourse after taking full meals, in uneven place, in abnormal postures, coitus with young girl or women who is weak or with poor general condition, incompatible in size of the male and female genital organs.<sup>1</sup>
3. With history of prolonged and difficult labour.<sup>2</sup>

**Signs and Symptoms:** The laxana or various signs and symptoms mentioned for yoni gata bhamsha are

**Table 1: Signs and symptoms in yonigata bramsha**

Sl.No.	Signs and symptoms in yonigata bramsha
1.	Yonimukha vakrata <sup>1</sup> or vishtambhana of yonimukha
2.	Phalavath yoni <sup>1</sup> or andavallabha mana yoni <sup>2</sup>
3.	Yoni bhamsha <sup>3</sup> or syandana of garbhashaya <sup>2</sup>
4.	Mamsotsanna in yoni <sup>1</sup>
5.	Vivruthatva of yoni <sup>1</sup>
6.	Artava srava is ruksha and phena yukta <sup>1</sup>
7.	Shula in parva and vankshana bhaga <sup>1</sup>
8.	Arti in mamsa and asthi bhaga of shroni or severe pain in entire pelvic region <sup>1</sup>
9.	Maithuna ashaktata or dysparunia <sup>1</sup>

## Description of Pelvic organ prolapse as in allied science

### Causative factors for Pelvic organ prolapse

In day to day gynecological practice, Pelvic organ prolapse is the commonest clinical condition specially found in the parous women. Pelvic organ prolapse includes descent of the vaginal wall and /or the uterus. The descent of these structures occurs due to weakness of the supporting structures of these organs which maintains them in its normal position.

1. The congenital weakness of the supporting structures is responsible for prolapse in nulliparous women.

2. Mismanaged vaginal delivery is the single most common cause for the Pelvic organ prolapse. -Premature bearing down efforts prior to full dilatation of the cervix, delivery with forceps or ventouse with forceful traction, prolonged second stage of labour, precipitate labour, downward pressure on the uterine fundus for placental delivery. All these drawbacks while handling of a case of labour causes overstretching of the ligaments and tissues supporting the uterus.

3. Conditions which increases intraabdominal pressure like chronic asthma, constipation etc, early resumption of activities after abdominal and vaginal surgeries, repeated childbirths at frequent intervals.

All the predisposed conditions causes overstretching and breaking in the supports of the pelvic organs, Overstretching of the perineum, poor and imperfect repair of the perineal injuries, poor repair of collagen tissues. Neuromuscular damage to the levator ani muscles leads to the loss of functioning and loss of tonicity of the muscles.<sup>7,8,9</sup>

### Clinical classification of Pelvic organ prolapse

The classification of genital prolapse is in terms of

#### 1.Prolapse of Vagina

#### 2.Prolapse of Uterus

##### 1.Prolapse of Vagina

**a) Cystocele** - It is the laxity and descent of the upper two-thirds of the anterior vaginal wall. Here there is herniation of bladder.

**b) Urethrocele** – It is the laxity of the lower third of the anterior vaginal wall. Here there is herniation of urethra.

**c) Cystourethrocele** – It is the laxity and herniation of complete anterior vaginal wall.

**d)Relaxed perineum** –It is the gaping introitus with bulge of the lower part of the posterior vaginal wall due to torn perineal body.

**e)Rectocele** – It is the laxity of the middle-third of the posterior vaginal wall and there is herniation of rectum through the lax area.

**f)Enterocoele** – It is the laxity of the upper-third of the posterior vaginal wall causing herniation of the pouch of Douglas.

##### 2.Prolapse of Uterus

**a) First degree** – It is the descent of the uterus from its normal anatomical position.

**b) Second degree** – It is the descent of the uterus where cervical opening is seen outside the vaginal introitus, the uterine body still remains inside the vagina.

**c) Third degree (Procidentia)**– It is the descent of the entire cervix and body of the uterus outside the vaginal introitus. It is the prolapsed of the uterus with eversion of the entire vagina.<sup>7,9</sup>

### Management of Pelvic organ prolapse

**Preventive measures** – Adequate antenatal, intranatal and postnatal care.

### a) Conservative management –

1. Improving the general condition and Oestrogen replacement therapy.

2. Pelvic floor exercises like Kegel's exercises to strengthen the musculature.

3. Pessary treatment for patients who are unfit for surgery.

### b) Surgical management –

1. Anterior colporrhaphy for cystocele.

2. Abdominal and Vaginal Hysterectomy for uterine prolapse.

3. Enterocoele repair for Enterocoele.

4. Perineorrhaphy for relaxed perineum.<sup>7,9</sup>

### Ayurvedic treatment modality for Prolapse

#### 1.Yoni vyapad chikitsa sutra<sup>1</sup>-

Snehana, swedana, shodhana (vamana, virechana, nasya, asthapana and anuvasana basti)

Sthanika chikitsa including utara basti

Vata dosha chikitsa

Vata vyadhi chikitsa

Guhya roga chikitsa

Pumsavana chikitsa, Garbhini chikitsa, Garbhasrava chikitsa

#### 2.Vaataja Yoni vyapad chikitsa<sup>1,2</sup>

Ghritha pana

Snehana, swedana and basti

Sthanika chikitsa (abhyanga, parisheka, pichu, nadi, kumbhi sweda)

Udavarta chikitsa

Rasna taila, saindavadi taila, guduchyadi taila yoni pichu

Himsra kalka yoni dharana

#### 3.Udavarta chikitsa<sup>1,2</sup>

Mamsa rasa sevana

Snehana (Trivruth gritha, taila, vasa)

Swedana

Anuvasana basti (Trivruth sneha)

Uttara basti (Trivruth sneha)

#### 4.Antarmukhi chikitsa<sup>1</sup>

Grita pana (laghu phala grita)

Utkarika (yava, godhuma, kinva, kusta, shatapushpa etc kalka)

#### 5.Prasramsini chikitsa<sup>2</sup>

Abhyanga (Gritha)

Swedana (Ksheera)

Vesavaara pinda bandhana (yoni poorana for aamutrakala)

#### 6.Mahayoni chikitsa<sup>1</sup>

Yonipurna with vasa of different animals like bear,cock, crab etc

#### 7.Vivrutha yoni chikitsa<sup>4,5</sup>

Yoni pichu (Udumbara taila)

Yoni purana (Khadira, pathya, jaatiphala, nimba, puga with mudga yusha)

Yoni prakshalana (Kapikachu mula)

Yoni pichu (Sura manda)

Yoni lepana by yoni gaadhikarana dravya (Palasha, Udumbara phala, tila taila and madhu)

#### 8.Sannipataja Yoni vyapad chikitsa<sup>1</sup>

The displaced (prolapsed) yoni should be replaced after doing snehana and swedana.

The yoni (tortuous or bent) should be straightened or bent down words or up words (by per vaginal fingers)

Samvrta yoni (constricted orifice due to cystocele or rectocele) should be dilated with the help of fingers.

The yoni protuberant outside should be inserted by gently pressing with hand.

Vivrtatva or dilated yoni should be constricted from all around.

The yoni which is displaced down words from its original place and position, is just like a foreign body should be removed out by doing surgery. The surgical procedure would be definitely Colporrhaphy and Hysterectomy.

## CONCLUSION

Pelvic organ prolapse is explained in Ayurvedic literature. Etiology, types, symptoms, complication and treatment is being dealt in detail.

1. Yoni vyapad related to Pelvic organ prolapse are concluded as below

Phalini / Andini is Cystocele/ Rectocele.

Antharmukhi is Retroverted & Retroflexed Uterus.

Vaatiki Yoni vyapad is I<sup>o</sup> Uterine prolapsed / Relaxed Perineum.

Prasramsini Yoni vyapad is II<sup>o</sup> Uterine prolapse.

Maha yoni / Mahati Yoni vyapad is III<sup>o</sup> Uterine prolapse / Procidentia.

2. Preventive measures for Pelvic organ prolapsed as per ayurveda –

Follow Swasthavrittha and Sadvrittha. –

Maintain good Nutritional status, Proper life style management.

Follow Prasava paricharya and Suthika paricharya.

Avoid improper sexual habits.

3. Treatment modalities of Prolapse

Sneha pana, Mamsa rasa Sevana internally.

Abhyanga, Swedana for sarvadaihika and sthanika shareera.

Anuvasana Basti and Uttara Basti.

Yoni Pinda dharana, Yoni gaadhikarana dravya lepana.

Shastra karma i e, Colporrhaphy and Hysterectomy.

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