

Successful Management of *Mahayoni* with *Sthanik Chikitsa* W.S.R to Procidentia: A Case Report

{Management of *Mahayoni* with *Sthanik Chikitsa* in Procidentia: A Case Report}

Varsha¹, Asokan V.²

^{1,2} PG Scholar, Department of *Prasuti Tantra and Stree Roga*, Parul Institute of Ayurved, Vadodara, Gujarat.

ABSTRACT

INTRODUCTION: Vata Dosha plays a critical role in disorders related to female reproductive system. If the woman sleeps in a Vishama posture or on an uncomfortable bed during sexual intercourse, then the Vayu gets aggravated to cause dilatation of the openings of her uterus and vagina. Since the dilated openings do not get closed, she suffers from Vedana and Ruksha, Phenamixed Srava of blood from the Yoni is produced. There will be protuberance of the Masah, and she suffers from Shoola in the joints and Vakshana Pradesha.¹

DIAGNOSIS INTERVENTION AND OUTCOME: On the basis of symptoms and genitourinary examination the diagnosis of Mahayoni Vyapada was made and Sthanik Chikitsa Yoni Prakshalan, Yoni Abhyanga, Yoni Parishek and Yoni Pichu was done for 10 days twice daily. Assessment was done using pelvic organ prolapse distress inventory questionnaire, urinary distress inventory, colorectal anal distress inventory And pelvic organ prolapse quantification. Patient got remarkable relief in the span of 10 days which was notable in primary complaints and assessment criteria.

CONCLUSION: Ayurveda explains many methodologies for treating gynaecological disorders Sthanik Chikitsa holds great significance in Prasuti Tantra and Stree Roga. Sthanik Chikitsa possess very promising results in the management of various gynaecological disorders. Thus, it can be concluded that Sthanik Chikitsa can be used combined with oral drugs to provide symptomatic relief in patients who may not be fit for surgical correction or do not opt for surgery.

KEYWORDS: Ayurveda, Mahayoni, procidentia, Sthanik Chikitsa

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INTRODUCTION-

A 63-year-old female came to the Outpatient department of Parul Ayurved Hospital, Vadodara with the complaints of some mass coming out per vaginum for the last 1 year, and burning micturition and dribbling of urine for 1 year.

Associated complaint of backache and heaviness in abdomen for 1 year.

Patient was feeling rise in body temperature and headache associated with generalised weakness on the very next day of admission for which Sudarshan ghan vati and Shirahshooladi Vajra Ras was prescribed.

MENSTRUAL HISTORY- menopause attained 12 years back

Previous menstrual history-

1. Regularity- Regular
2. Interval- 30-31 days
3. Duration- 4-5 days
4. No. of cloths used- 2-3/day (fully soaked)
5. Consistency- thin
6. Colour- red
7. Odour- no foul smell

OBSTETRIC HISTORY -P₄A₀L₄

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All four deliveries were vaginal deliveries at home at full term.

GENERAL EXAMINATION

1. Blood pressure-100/60 mm of hg
2. Pulse rate-74 beats per minute
3. Temperature- afebrile (97.6° F)
4. Respiratory rate- 20/minute
5. Weight- 51 kg
6. Height- 154 cm
7. Faces- normal
8. Pallor- absent
9. Icterus- absent
10. Oedema- absent
11. Cyanosis- absent
12. Clubbing- absent
13. No lymphadenopathies

PERSONAL HISTORY

1. Diet- vegetarian
2. Appetite-Good
3. Sleep- Disturbed
4. Bowel- Clear (1time/day), straining present
5. Urine- 4-5/ 0-1, burning micturition present, dribbling of urine, not satisfactory
6. Addiction- None

No H/O – HTN/CAD/DM-II/Thyroid disorders/Anaemia/or any other chronic illness

No Family history of – DM-II/ HTN/CAD

Surgical history – No history of any surgical procedures

LOCAL EXAMINATION

1. Per abdomen

Inspection-

- no discoloration was observed.

Palpation-

- soft, tenderness present in bilateral iliac region and hypogastrum
- no organomegaly

Auscultation-

- bowel sounds present 1 in every 3-4 minutes
 - peristaltic sounds heard
2. **Genitourinary examination** (on inspection)- mass coming out per vaginum, Complete prolapse of pelvic organs present, complete eversion of vaginal walls, no decubitus ulcer seen, no discoloration, foul smell present mass protrudes out on coughing

3. **Per Speculum-** No discharge present, no erosion or congestion

INVESTIGATIONS-

1. **Hb-** 11.6 gm%

2. **Urine analysis (04/07/2022)**

Blood- absent

Appearance – clear

Pus cells- 2-3/H.P. F

Epithelial cells- 1-2/H.P. F

DIAGNOSIS – Mahayoni yonivyapad

CHIKITSA /TREATMENT ADOPTED

1. ORAL MEDICATIONS-

Table 1: Timeline of medication

S. NO.	DRUG	DOSE	TIME OF ADMINISTRATION
	Rasna + Gokshur + Arjun + Dashmoola Kwath	200 ml BD	Before food
	Kaishore Guggulu	2 tablets BD	After food with warm water
	Sudarshan Ghan Vati	2 tablets TID	After food for two days only
	Shirahshooladi Vajra Rasa	1 tablet TID	After food with warm water for 2 days only

1. Local treatment –Yoni Prakshalan with Dashmoola Kashaya – OD
Yoni Abhyanga with Palashadi Taila-OD
Yoni Parishek with Ushna Jala- OD
Yoni Pichu with Palashadi Taila-OD

RESULTS-

Table 2: Subjective Parameters

Sr. no.	Subjective parameter	Before treatment	After treatment
	Bulge symptom (POPDI)*	Grade 3	Grade 1
	Urinary symptom (UDI)**	Grade 3	Grade 1
	Backache	Grade 2	Grade 0
	Bowel symptom (CRADI)***	Grade 3	Grade 1

* POPDI- pelvic organ prolapse distress inventory questionnaire, ** UDI- urinary distress inventory,

*** CRADI- colorectal anal distress inventory

Table 3: Pelvic organ prolapse quantification

Sr. no.	Parameter	Before treatment	After treatment
	Aa	+3	-1
	Ba	+8	-1
	Ap	+3	-2

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	Bp	+7	-2
	C	+7	-4
	D	-	-5.5
	TVL	-	-5
	GH	6	4.5
	PB	1.5	2
Staging of prolapse		Stage 4 prolapse	Stage 2 prolapse



Figure 1 Before treatment

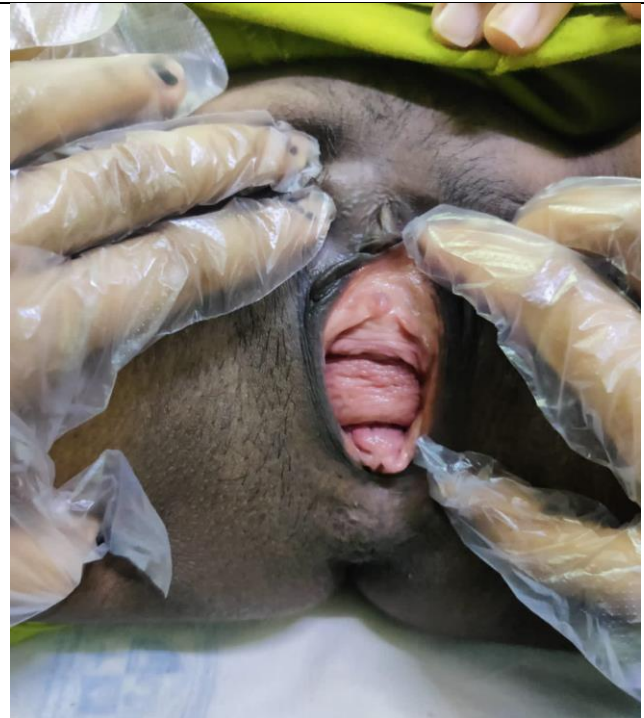


Figure 2 Before treatment after reducing

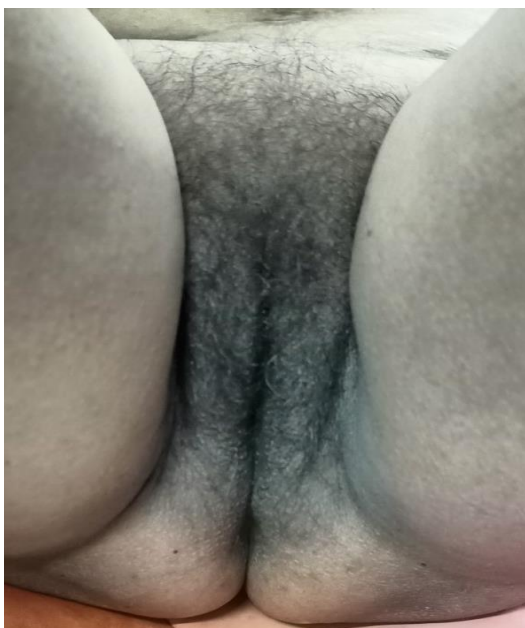


Figure 3 After treatment on inspection



Figure 4 After treatment without reducing

Diagram 1: before and after treatment pictures of the prolapsed pelvic organs

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DISCUSSION-

Genital prolapse constitutes 1.5-2% of nulliparous prolapse, whereas incidence is even higher in parous women reaching up to 5-8% making it one of the highest in the world.

Overstretching of Mackenrodt's and uterosacral ligament (premature bearing down efforts prior to full dilatation of cervix, prolonged second stage of labour etc.) is one of the most common causes of pelvic organ prolapse which can be true for this case because of unsupervised deliveries at home. Palashadi tail is mentioned in bhaishajya ratnavali for yoni gadhikaran.² It contains palash (*Butea monosperma*), udumbar (*Ficus glomerata*) and tila taila (*Sesamum indicum*). The studies have shown that Gokshur has antibacterial activity against the organisms responsible for lower urinary tract infections as it is a mild diuretic it also reduces oedema through its constituent saponin which act as an osmotic diuretic causing loss of sodium. Through its sheet Virya it soothes the urinary tract mucosa and reduces burning,

inflammation and pain by causing pitta shaman, in addition it also has Balya effect on urinary bladder.³

Prakshalan mean cleaning of wound with water or any other medicated preparations. Yoni Dhawana is a procedure of cleaning vagina and vaginal passage with Kwath or any other liquid. The drugs used for Prakshalan are antiseptic, have bactericidal action, wound healing property, alleviates pain. Drugs are absorbed through mucosa and blood circulation of vagina. Bactericidal actions of the drugs prevent bacterial growth and maintain the pH of vagina.⁴

Pichu or tampon is made up of cotton swab of size 2×3 cm (1 inch), wrapped with gauze piece and tied with long thread. In Yoni pichu mostly medicated Kwatha, Ghrita and Taila are used. These preparations have two main functions Shodhana (purification) and Ropana (healing). Pichu helps in Lekhana karma and thus removes slough. Oil used for Pichu strengthens the musculature of vaginal canal along with healing of wound.⁵

Table 4: Rasapanchak of drugs in Palashadi oil

Sr. no.	Drug	Rasa	Guna	Virya	Vipaka	Doshaghnta
	Palash (<i>Butea monosperma</i>)	Tikta, Kashaya, Katu	Laghu, Snigdha	Ushna	Katu	Vata-Kapha Shamaka
	Udumbar (<i>Ficus glomerata</i>)	Kashaya	Guru, Ruksha	Sheeta	Katu	Pitta-Kapha Shamaka
	Tila taila (<i>Sesamum indicum</i>)	Tikta, Kashaya, Katu, Madhur	Guru, Snigdha	Ushna	Katu	Vata Shamaka

CONCLUSION-

Ayurveda explains many methodologies for treating gynaecological disorders Sthanik Chikitsa holds great significance in Prasuti Tantra and Stree Roga. Sthanik Chikitsa possess very promising results in the management of various gynaecological disorders. Thus, it can be concluded that Sthanik Chikitsa can be used combined with oral drugs to provide symptomatic relief in patients who may not be fit for surgical correction or do not opt for surgery.

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