

AYURVEDIC MANAGEMENT OF "CYSTOCELE" (PHALINI YONIVYAPAT) A CASE STUDY

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ABSTRACT

At present developing era day to day practice suggested that maximum number of cases is of prolapse of uterus parts. Its prevalence is more than 50% of all the gynecological conditions. About a third of women over the age of 50 i.e. menopausal age are affected to some degree. It is a major problem for gynecologists and effect of cystocele are also life disturbing. Or else it can negatively affect quality of life. If the anatomy of the pelvic outlet is understood, and causative factor, pathophysiology, sign-symptoms all are going to give solution and if the technic of prevention is followed, the results are fully as satisfactory as those obtained in the surgical cure. A certain number of recurrences may be expected, especially in patients with flaccid tissues and general enteroptosis. According to *Ayurvedic* correlation cystocele has been termed *phalini* because the vaginal wall prolapsed part appears like a fruit or egg. Many women develop minor degree of prolapse soon after childbirth, yet if they exercise their pelvic floor muscle and improve their general muscular tone, they can control the prolapse. Initial unrecognized injury during child birth may be considerable important aetiological factor. Hereby presenting a case of elderly women with multiple female factors with k/c/o hypothyroidism, h/o frequent micturation, feeling of mass per vagina and diagnosed as cystocele, an attempt is made to treat *Phalini yoni* by *yonibhyanga* with *phala sarpi*, *yoniswedana* with *ksheera* and *yonipichu* with *veshawara pinda*.

KEYWORDS: Cystocele, pelvic floor muscle exercise, phalini yoni, Yoni abhyanga, yoni swedana, yoni pichu, veshawara pinda, Kegel's exercise.

INTRODUCTION

In 1830, the first dissection of the vagina was performed by Dieffenbach on a living woman. In the 1700s, a Swiss gynaecologist, Peyer published a description of a cystocele. Nowadays a large study found a rate of cystocele is 29% over the lifetime of a woman. Other studies indicate a recurrence rate as low as 3%. Apart from attending natural processes of menstruation and pregnancy, one of the most inconvenient stages in women's life is prolonged and difficult second stage of labour. Vaginal delivery with consequent injury to the supporting structures is the single most important acquired predisposing factor in producing prolapsed while vaginal prolapse can occur independently without uterine descent.

Anterior wall of vaginal prolapse is cystocele. Cystocele is formed by laxity & descent of the upper 2-3rd of the anterior vaginal wall, which not managed properly may lead to descent of uterus. Cystocele is formed among types of descent which complicates with symptoms of frequent micturation and in others by incomplete emptying of the bladder and feeling of mass per vagina.

It can show malignant changes in chronic stage. In advanced cases may protrude outside the vaginal orifice. In mild cases, the portion of the anterior vaginal wall does not prolapse, and the urethra is well supported by posterior urethral ligament.

Initial degrees of vaginal prolapse can be co-related to *Phalini yoni* narrated in Ayurvedic classics. Our *Acharyas* were well aware of pelvic organ prolapse and they have also told the preventive and conservative line of management for the same. The basic treatment principles of both *Ayurveda* and contemporary science remains same, both medical sciences give emphasis on re-positioning of prolapsed part. While contemporary science has given more stress upon surgical management by performing Anterior Colporrhaphy. When the degree of prolapse is mild then the conservative line of treatment which is told in *Ayurvedic* classics seems to be more beneficial, cost effective and more over it gives mental relief to the patient from the fear of surgery.

Hence we have tried here to treat the *Phalini yoni* by using *Ayurvedic* basic treatment principle to show its efficacy.

AIMS AND OBJECTIVE

- To assess the efficacy of *Ayurvedic* medicines in cystocele.
- To understand the degree of uterine prolapse.

CASE REPORT

A 50 year old female muslim patient, housewife by occupation visited to the OPD of dept. of Prasooti Tantra and stree roga of SKAMCH & RC on 27th January 2018 with complaints of mass per vagina while passing urine since 6 months, burning micturition and mild lower pain abdomen during menstruation. Detailed history of present illness revealed that Patient was apparently healthy before 6 months. Gradually she developed feeling of something down in vagina on lifting heavy objects and doing household works and increased frequency of micturition since 3 month but she neglected that and continued her daily activities.

Patient consulted a modern hospital with above complaints and she was prescribed medications, Blood, urine investigations and USG Scan. Patient was also diagnosed with hypothyroidism, hence was put on Tab Eltroxin (12.5µg) OD. As per doctor's advice USG was repeated which revealed bulky retroverted uterus.

Her doctor advised to continue same oral medications. She took the medications for few months, while taking those medications she used to get temporary relief. As there was no complete relief, she again visited her doctor on Jan 2018 where she advised either to continue same treatment or to go for Hysterectomy.

The patient was not willing for the surgery and on relative's advice she came to Bengaluru, than she visited OPD of Prasooti Tantra and stree roga, SKAMCH & RC, Bengaluru.

Past History

Known case of hypothyroidism since 1 year (on medication)

No H/o any other chronic illness.

No H/o DM / HTN/Asthma.

Past Treatment History

1. Tab Ciplox- TZ 1BD (A/F)
2. Tab Rantac 150 mg 1 BD (B/F)
3. Tab Buscopan plus 1 BD (A/F)
4. Tab Eltroxin (12.5µg) OD

Family History

No history of same illness in any of the family members.

Menstrual / obstetric history

- Menarche at - 14 yrs of age

- Menstrual cycle

Nature – Regular

Duration – 23-28 days,

Bleeding phase – 3-4 days

No. of pads/day – 2-3 pads/day

- LMP- 26-01-2018
- ❖ Married life – 28 years (Non Consanguineous marriage)
- ❖ Coital History – 4-5 times in a week. Dyspareunia - present.

O/H – P3 L3 A0 D0

- P1- Male (23 years) FTND, difficult labour with prolonged second stage with episiotomy with 3.6 kg baby weight (Hospital delivery).
- P2 - Male (21 years) FTND, prolonged second stage with around 3.2 kg baby weight (Hospital delivery).
- P3- Female (18 years) FTND, 2.8 kg baby weight (Hospital delivery).
- Contraceptive history- Tubectomised 18 years back.

General Examination

- Built - Moderate
- Nourishment - Well nourished
- Temperature - 98.6 F
- Respiratory rate -20/min
- Pulse rate – 78 bpm
- B.P - 120/80 mm of Hg
- Height – 146 cms
- Weight – 75 Kg
- Pallor/Icterus/Cyanosis/Clubbing/Edema/Lymphadenopathy - Absent
- Tongue – Uncoated

Systemic Examination

- **CVS:** S1 S2 Normal
- **CNS:** Well oriented, conscious.
- **RS:** Normal vesicular breathing, no added sounds
- **P/A:** Soft, no tenderness, no organomegaly. Tubectomy scar present 3cm above pubic symphysis, striae marks present over abdomen.

Gynaecological Examination

Breast Examination - B/L Breasts – NAD

Inspection of Vulva – No evidence of pruritus, ulceration, swelling.

Per Speculum Examination

Vagina- Redness & Local lesion – Absent

Per Vaginal Examination

Uterus: Position –Retroverted, Size -Bulky

STRESS EXAMINATION

Inspection: On coughing

Mild cystocele present, descent of upper 2/3rd of anterior Vaginal wall present.

Dribbling of urine observed on coughing.

Lab Investigation

- Hb- 10.8 gm % (31/12/16)
- RBC- 92 mg/dl

Urine Analysis

- Albumin – Nil
- Sugar – Nil
- WBC – 7-8/ hpf
- Epithelial cells- 4-6/ hpf

USG Abdomen & Pelvis (31/12/16) - IMP: Bulky retroverted uterus.

USG Abdomen & Pelvis (3/3/17) - IMP: Bulky retroverted uterus with cervicitis.

Intervention

- Abhyantra Chikitsa
- Tab Chandra prabaha vati 1BD (A/F) ×15 days
- Phala sarpi 1tsf BD with milk (B/F) × 1 month

➤ Sthanika Chikitsa

- Yoni abhyanga with phala sarpi
- Yoni Swedana with ushna ksheera
- Yoni pichu dharana with veshavara pinda for 2 hours

➤ Kegel’s exercise

Keeping the muscle contracted for 10 seconds at a time, relaxing for 10 seconds between contractions -10 repetitions three times a day.

The same treatment was given after one month and patient was advised for regular follow up.

Table 1: Table showing management protocol of *Phalini Yoni*.

Date	Treatment given	Complaints	Observation
31/1/18 to 6/2/18	<p>Abhyantara chikitsa <i>Phala sarpi</i> 1tsf BD with milk (B/F) × 1 month <i>Tab chandraprabha vati</i> 1BD (A/F) × 15 days</p> <p>Sthanika chikitsa-7days <i>Yoni abhyanga</i> with <i>phala sarpi</i> <i>Yoni Swedana</i> with <i>ushna ksheera</i> <i>Yoni pichu dharana</i> with <i>veshavara pinda</i> for 2 hours</p> <p>Kegel’s exercise Keeping the muscle contracted for 10 seconds at a time, relaxing for 10 seconds between contraction -10 repetitions three times a day</p>	<p>Increased frequency of micturation.</p> <p>Descent of upper 2/3rd of anterior vaginal wall</p>	<p>* Complaints of passing drops of urine on coughing, sneezing or any increased intra-abdominal pressure condition had reduced.</p> <p>* Complete relief from burning micturition. Patient could hold urine for 5 minutes.</p> <p>* Not much change in c/o something coming down in vagina while washing clothes for longer time.</p>
19/1/2018	<p>Investigations Advised</p> <p>HB%</p> <p>RBS</p> <p>Urine- RM</p> <p>CA125</p> <p>Pap’s Smear USG- Abdomen & Pelvis.</p>	<p>PAP Smear examination</p> <p>IMP: Inflammatory smear</p> <p>USG Abdomen & Pelvis</p> <p>IMP: Bulky uterus.</p>	



- *Yoni abhyanga* with *phala sarpi*
- *Yoni swedana* with *ksheera*
- *Yoni pichu* with *veshawara pinda*

- *Veshavara pinda* used for *yoni pichu dharana*

Table 2: Effect of treatment on *Phalini yoni*.

Effect of treatment on <i>Phalini yoni</i>	
Before treatment	Increased frequency of micturation 8-10 times, burning micturation
After treatment	Frequency of micturation has been reduced to 4-5 times, total relief from burning micturation.

DISCUSSION

In *Ayurvedic* classics, all gynaecological disorders come under *yonivyapada*. *Acharya Susruta* has stated that when a young girl indulges in intercourse with a man having big size penis, this leads to *Phalini vonivyapad*. This is a *sannipataja yoni roga* in which vitiation of vata, pitta and kapha occurs. *Vata lakshana* like dryness and pain, *pitta lakshana* like burning sensation, *kapha lakshana* like unctuousness and itching in vagina develops.

The objective of the treatment here is to improve tonicity of abdominal and perineal muscles and to prevent from further descent of genital organs. The given *sneha* with *Phala sarpi*, *bahya* and *abhyantara* both has clinically observed very effective in *phalini yoni*. *Abhyantara* use of *sneha* increases the strength of not only body as well as increase the tone of supports (ligaments and muscles), it also reaches to smallest elements of body. External use of *phala sarpi* by doing *yon abhyanga* it decreases the hardness of displaced organ, firmness of soft tissues to facilitate correction of organ. It also enhances the strength of local muscles and ligaments by mobilization of organ. The aim of *swedana karma* with *ksheera* is to clear of the passages, to increase laxity and relieve pain. *Pichu dharana* with *veshawara pinda* made up of *mamsa*, *shunthi*, *maricha*, *dhanyaka*, *ajaji*, *dadima* and *pippalimoola* is kept inside up to next *mutra vega* atleast for 2 hours. The ingredietns used in *veshawara pinda yoni pichu* helped in prolapsed condition by strengthen the vaginal muscles and *dhaatu*, subsides the vitiated *doshas*, cures the pain & heals the damage occurred to the pelvic tissues and also prevents from further fungal and yeast infections. Tablet *Chandra prabhavati* which was given orally has affect on *tridoshas* and also helped in urinary difficulties.

These disorders do not occur without vitiation of *dosas* so drugs used in these procedures normalizing the vitiated *dosas*.

CONCLUSION

The study showed highly significant result in the management of *Phalini yonivyāpad*, the *yon abhyanga*, *sweda* and *pichu* helped in relieving symptoms related to prolapsed of anterior vaginal wall. Kegel exercise showed benefits on leaking of few drops of urine while sneezing or coughing. It also strengthens the pelvic floor muscle which supports the uterus, bladder, small intestine and rectum. It is one of the ways in which woman can practise for “maintaining wellness and feminine identity”, especially after having given birth.

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