



CONSERVATIVE MANAGEMENT IN UTERINE PROLAPSE WITH RECURRENT UTI - A CASE STUDY

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ABSTRACT

The descent of a pelvic organ which is still in the 1st stage is considered as *prasramsini*. *Acharya Sushruta* has mentioned symptoms like *syandana* means *srava*, *kshobana* means *sanchalana* of *yonis* due to difficult labor, *mithya vihara* like abnormal postures during coitus, *vegadharana*. *Garbhashaya greeva mukhagata vrana* can be considered as *doshaja vrana* in *yonis* that is cervix, which is also one among the contributing factor for *yonis srava*. Pelvic organ prolapse occurs due to weakened pelvic floor muscles and ligaments which holds the cervix and vagina in position. Due to this varying degree of vaginal and uterine prolapse noted with symptoms like mass per vagina, backache, dyspareunia, urinary symptoms like difficulty, painful and burning micturition.^[1] *Acharyas* have mentioned various *sthanika* procedures like *yonis Abhyanga*, *yonis swedana*, *yonis poorana*, *yonis pichu*, *yonis prakshalana*. Here in this patient *panchavalkala yonis prakshalana*, *changeryadi yonis abhyanga*, *Yonis Pichu* with *Udumbara kalka*, *Yonis Kshara* with *Apamarga Kshara* was followed for 7 days and patient found satisfactory results after the treatment.

KEYWORDS:- *Prasramsini*, *garbhashaya greevagata mukha vrana*, Pelvic organ prolapse, *Stahnika chikitsa*.

INTRODUCTION

Acharyas explained the cause of *yonis vyapad* as *Mithya ahara vihara* causing *dhooshana* of *vata pitadi dosha* which causes *stree roga*. *Prasramsini* is one among 20 *yonis vyapad*^[2] explained by *Acharya Sushruta*. *Yoga Ratnakara*, *Madhava nidana Madukosha*, *Vangasena* also explained about *Prasramsini*. Symptoms are *Syandana* means *sravati* (discharge), *Kshobhana* means *sanchalita* of *yonis* along with *pitta* related symptoms like *osha*, *chosha*, *Vedana* in *yonis pradasha*^[3] due to constant friction and pressure over vagina wall. Here in this patient due to constant *moorta vegadharana*, improper *sootika paricharya* like *adwa*, *bhara* in second pregnancy and *aharas* like *rooksha*, *katu tikta kashaya rasa pradhana ahara* has led to *apaana vayu dusthi* leading to displacement of uterus and anterior vaginal wall prolapse because of which she complaints of frequent, burning and painful micturition, low back pain on and off in the past 1 year.

Pelvic organ prolapse is one of the common clinical conditions met in day-to-day gynaecological practice especially among the parous women.^[4] The entity

includes descent of the vaginal wall and/or the uterus. The uterus is held in this position and at this level by supports conveniently grouped under three tier systems. The objective is to maintain the position and to prevent descent of the uterus through the natural urogenital hiatus in the pelvic floor.

The genital prolapse occurs due to weakness of the structures supporting the organs in position. These factors may be anatomical or clinical. Cystocele is formed by laxity and descent of the upper two-thirds of the anterior vaginal wall. As the bladder base is closely related to this area, there is herniation of the bladder through the lax anterior wall.^[5] On examination, the mucosa over the bulge has got transverse rugosities. The bulge has got impulse on coughing, with diffuse margins and is reducible.

Uterovaginal prolapse is the prolapse of the uterus, cervix and upper vagina. This is the commonest type. Cystocele occurs first followed by traction effect on the cervix causing retroversion of the uterus. Intra-

abdominal pressure has got piston like action on the uterus there by pushing it down into the vagina.

On an average, about 30 to 50% of women develop pelvic organ prolapse in their lifetime.^[1] Pelvic floor dysfunction affects 300,000 to 400,000 persons annually worldwide. It is a common condition which can cause significant impact on the quality of life. The prevalence appears to increase with increasing life expectancy. Many of these people require surgery and almost 30% of them require repeat surgery.^[6] This indicates that the current diagnostic modalities and surgical management is far from satisfactory. Hence there is need for complete evaluation and treatment of this condition.

CASE STUDY

A female patient aged about 44 years, belongs to Hindu religion and middle-class family with married life of 26 years visited the OPD of PTSR dept, SKAMC&HRC with history of painful and burning micturition associated with p/v white discharge, low back pain, lower abdominal pain since 15days. Patient had this repeated history in the past one year. She is not a k/c/o HTN, DM or thyroid dysfunction/ systemic dysfunction.

Past medical history

Antibiotics for the same complaint.

Personal history

Diet – Non-vegetarian
Appetite – Moderate
Bowel – Once a day, Regular
Micturition – 9-10times/day
Sleep – Normal
Habits – Nil

Menstrual history

Menarche – 13 years
Menstrual Cycle - Regular
Duration of bleeding – 5 pads
Interval B/W cycles – 28-30 days
Clots – Absent
Pain – Present

Obstetric history

P2L2A0D0
P1L1- 26 years FTND
P2L2- 23years FTND

General examination

Built – Moderate
Nourishment – Good
Pallor – Absent
Edema – Absent
Clubbing – Absent
Cyanosis – Absent
Icterus – Absent
Lymphadenopathy – Absent
Height – 156 cm

Weight – 74 kg
BMI – 30.4 kg/m²
Pulse Rate – 74 beats/minute
BP – 120/80 mm Hg
Respiratory Rate – 18 cycles/minute
Heart Rate – 74/minute
Temperature – 97.2°F
Tongue – Uncoated

Ashta sthanapareeksha

Nadi- 78/min
Mala- 1 time/day
Mutra- 9-1times/day
Jihwa- Alipta
Shabda- Prakrita
Sparsha- Prakrita
Drik- Prakrita
Akriti- madyama

Dashavidha pareeksha

Prakriti: *Kapha pitta*
Hetu: *Mootravegadharana, bhara, matsya sevana, katu madhura rasa ahara sevana.*
Dosha: *Kapha pitta*
Dushaya: *Rasa, rakta, mams*
Desha: *Sadharana*
Kaala: *Sadharana*
Bala: *Pravara*
Sara: *Madhyama*
Samhanana: *Madhyama*
Pramana: *Madhyama*
Satmya: *Vyamishra*
Satwa: *Madhyama*
Ahara shakti: *madhyama*
Abhyavarana *Madhyama*
Jarana Shakti: *Madhyama*
Vyayama Shakti: *Madhyama*
Vaya: *Madhyama*

Aturabhumi deshapareeksha

Samruddhatah: *sadharana*
Vyadhitah: *sadharana*
Jatah: *sadharana*

Per abdomen examination

Inspection – Tubectomy scar +
Palpation – Tender + at Lower Quadrants
Auscultation – Normal peristaltic movements heard

✱ PV Examination

► Examination of vulva

► Inspection –
Pubic Hairs- Normal
Clitoris – Normal
Labia – Normal
Redness – Absent
Swelling- Absent
Palpation -
No Palpable mass noted

▶ **Per speculum examination**

▶ Vagina redness - Absent

Local lesions - Absent

Discharge – Present

▶ Cervix Healthy

Size -Normal.

External Os – Multiparous

Nebothian follicles – present

Erosion – Present (Mild)

Discharge – Present

Bleed on touch - Absent

▶ **Per vaginal examination**

Cough reflex – Positive at anterior vaginal wall (Cystocele)

▶ Cervix

Texture – soft

Mobility – Mobile

Cervical motion tenderness - Absent

Bleed on touch - Absent

Fornices – Lateral – Free and tenderness present

Posterior - Free and Nontender

Investigation

Urine Routine – Normal

USG – Normal

Samprapti* **Samprapti ghataka**▶ *Dosha – Pitta pradhana tridosha*▶ *Dushya – Rasa, Rakta, Mamsa*▶ *Agni – Jataragni, Dhatwagni dusti*▶ *Srotas – Rasavahi, Raktavahi, Mamsavahi*▶ *Srothodushti – Atipravritti*▶ *Udbhava sthana – Yoni*▶ *Sanchara sthana – Yoni and Basti*▶ *Vyaktasthana- Yoni and Basti*▶ *Rogamarga – Abyanatarata*▶ *Sadyasadyata- Yanya***Diagnosis:** *Prasramsini yoni vyapat / Garbhashaya greeva mukagata vrana vis a vis Cystocele with Cervical Erosion***Intervention****Abyantara chikitsa**

1. Neeri Syrup 15ml BD with 30 ml of water Before food

2. *Chandraprabha vati* 2-2-2 Before food

For 15 days

Sthanika chikitsa1. *Yoni prakshalana with Panchavalkala Kashaya*2. *Yoni Abhyanga with Changeryadi Gritha*3. *Yoni Kshara With Apamarga Kshara*4. *Yoni Pichu with Udumbara kalka* for 3 hours

For 7 days

Kegels exercise

Contract the pelvic muscles for 10 sec at a time and relax for 10 sec - Repeat the same as many times possible in a day.

Diet*Pathya* - Tender coconut, *yava*, *shastika shali*, *dhanya* water, *tandulodaka**Apathya* – spicy food, fermented food Dr. S. R. Shahi, Dr. O. P. Sharma and Dr. Pratibha Shahi, sweets, *mootra vegadharana*.**Observation table**

Days	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Pain abdomen	+	Reduced	On and off	On and off	-	-	-
Low back pain	+	Reduced	Reduced	-	-	-	-
White discharge	++	+	+	mild	-	-	-
Painful micturition	+++	++	+	+	-	-	-
Burning micturition	+++	+	+	+	+	-	-
Frequent micturition	10-12times/day	8-10 times/day	6-7 times/day	5-6 times/day	4-5 times/day	4-5 time/day	4-5 times/day

DISCUSSION

In this patient with the detailed history, it was noticed she has been treated diagnosing this condition as UTI, considering her symptoms even with urine routine and microscopy being normal. After complete P/S and P/V examination it was revealed, patient had cystocele and cervical erosion which is the main reason for her repeated symptoms like burning, painful micturition and

white discharge, where most of the doctor's neglect to diagnose it.

Sthanika chikitsa plays a very important role in this patient because the *dushti* lies in *yoni pradesha*, an anatomical defect due constant *mootra vegadharana* and over exertion and a history of normal delivery due to which there is laxity in the pelvic floor and anterior vaginal wall because of which cystocele is noted. Due to

the prolapsed bladder over anterior vaginal wall, there is collection of urine which is not completely evacuated and urinary symptoms are seen over a long period of time. *Apana dushti* is seen both in *yoni* and *basti pradesha* for which *vata hara* treatment should be mainly included and drug selection is based on dosha vitiation so in these case *pitta kaphahara* drugs are used.

Yoni Prakshalana with panchavalkala Kashaya helps in reducing white discharge as well as reduces *shithilata* of *yoni* because of its *sheeta veerya*, *kashaya rasa pradhana* and also helps in reducing *ushnatva*, any inflammatory changes in the *yoni* which inturn relieves burning micturition since bladder is an adjacent organ.

Yoni abhyanga with changeryadi gritha. It acts in dual way one the procedure and the drug used that is *chanegeryadi gritha*. *Yoni abhyanga*, a passive massage to the *yoni pradesha* gives a stability to the muscles and ligaments supporting the uterus by subsiding *vata*. *Abhyanga* does *vata shamana* and gives *sthiratva* to *yoni pradesha*. *Changeryadi gritha* is indicated in *mutrakricchra*, *gudabhramsha* It pacifies *kapha* and *vata*. *Changeri* which is the core drug of formulation has properties like *kashaya rasa*, *laghu rooksha guna*, *ushna virya*, *Deepana* and *grahi* in nature which helps in reducing the symptoms.

Yoni kshara was adopted here because of the cervical erosion which is a potent cause for white discharge which in turn leads to vaginal infections and UTI. In Cervical erosion considered as *garbhashaya greevagata vrana*, *kshara karma* has an upper hand because *kshara* has both *vrana shodhana* and *vrana ropana* property *Kshara* does *lekhana* of the eroded tissue. *Apamarga*⁸ was choosen because of its *katu tikta rasa*, *Tikshna laghu guna*, *ushna virya* and pacifies *kapha* and *vata*.

Pichu is a procedure where cotton ball dipped in medicated ghee, oil or *Kashaya* and inserted to vagina. It has two actions

- Mechanical support for vaginal structures to hold in position.
- Absorption and retention of drug medicated drug can be achieved.

Orally

Neeri syrup 15ml BD before food

Chandraprabha vati 1-1-1 before food for 15 days

CONCLUSION

A complete Gynecological examination along with history and investigation helps in correct diagnosis of the disease, which makes the treatment outcome successful. Combined approach of *sthanika* treatment modalities like *Yoni Prakshalana*, *yoni abhyanga*, *yoni kshara karma* and *yoni pichu* with target specific drugs along with oral medicine *Chandraprabha vati* and neeri syrup helped in complete symptom free for this patient.

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