

CLINICAL MANAGEMENT OF PRASRAMSINI YONI WITH MISHRAKA SNEHA PICHU DHARANA & SHATAVARI CHURNA

¹Noorandevarmath Kavitha ,

²Swamy Sridevi

¹Assistant Professor, Department of Prasuti tantra & Stree Roga, Government Ayurveda Medical College & Hospital, Mysuru. Karnataka.

²Professor & HOD, Department of Prasuti tantra & Stree Roga, N.K.J. Ayurveda Medical College & Hospital, Bidar, Karnataka.

ABSTRACT

Pelvic organ prolapse means to protrusions or prolapse of the pelvic organs into or out of the vaginal introitus. According to *Acharya Sushruta*, *Prasramsini yoni* is referred with the 2 nd degree prolapse of uterus. It is a clinical condition in day – to – day gynaecological practise especially seen in the parous women. This condition is caused due to injury to pelvic floor muscles during labour, malnourishment, frequent childbirths & precipitate labour. In Nulliparous woman, the condition may be due to congenital weakness of supporting structures. So With the increasing side effects of existing treatment it needs an appropriate safe and non – surgical approach. Herbal drug preparations are effective with little adverse effects. Hence the present drug is selected for the study on the basis of its utility in this condition i.e *Yoni abhyanga*, *Nadi swedana* & *Pichu dharana* with *Mishraka Sneha* & *Shatavari Churna* Orally. Considering the overall response of the patients to the therapy with *Mishraka Sneha* showed that they got mild to maximum improvement.

Keywords *Prasramsini yoni*; *Mishraka sneha*; *Shatavari Churna*; *Prolapse Mass*.

INTRODUCTION: *Prasramsini yoni* , which is one among the 20 *yonivyapad*¹ , is mentioned by *Sushruta* The word *Prasramsini* is derived from the word “*Sramsana*” i.e. the condition where the uterus is displaced from its place & comes outside . It is characterized by displacement , discharge on irritation , cause difficulty during labour due to abnormality of passage with other *pittaja* symptoms like burning sensation & heat etc.¹

- *Prasramsini yoni* described in *Sushruta Samhita* *Uttaratanttra* 38th chapter, can be co-related with 1st & 2nd degree uterine prolapse with its treatment.²
- Description of *Prasramsini yoni* with its treatment is seen in *Astanga Hrudaya* 34th chap” *Guhya roga adhyaya*”.³

Both **VAGBHATAS** mentioned that aggravated *vayu* produces stiffness of

vaginal orifice & uterus causes their dilatation, displacement & severe pain. This entity is having muscular protuberance & pain termed as *Mahayoni*.³ **Acharya CHARAKA** has explained that coitus in an uneven & troublesome bed causes vitiation of *vata* leading to firmness & dilatation of orifice of uterus & vagina both. In this condition menstrual blood is dry & frothy pain during menses . This condition is presented with muscular protuberance in *yoni* associated with pain in joints & groin region.⁴

BHAVAPRAKASHA: He also chiefly followed *Sushruta* , documented *Andini* in place of *Sushrutas Phalini*^{5,6}

KASHYAPA SAMHITA: No detail description of *yonivyapad* is given only enumerated as 20⁷ , while he describing the complication of purperium mentioned *yonibramsha*.⁷

Prasramsini yoni is correlated with the 1st & 2nd degree uterine prolapse. It is a clinical condition commonly seen in gynaecological practice in parous women. This condition is mainly due to injury to pelvic floor muscles during labour, malnourishment, frequent childbirths & precipitate labour. In nulliparous women, this condition may be due to congenital weakness of supporting structures.⁸

Pelvic organ prolapse (POP) is an anatomic support defect of pelvic viscera. It may result from a series of long term failure of the supporting & suspension mechanism of uterus & vaginal wall.

The etiologies of POP are combination of denervation in the pelvic floor musculature, direct injury to the pelvic floor musculature or defects in endopelvic fascia & supporting ligaments. These pre-existing muscles & nerve damage or fascia breaks of the pelvic floor from trauma, childbirth may be exacerbated by menopausal estrogen deficiency, ageing, chronic constipation, chronic cough, heavy lifting, obesity etc. Put together, these kinds of mechanical trauma may result in pelvic floor dysfunction & prolapse consequently.⁹

The women with pelvic organ prolapse may present independent or in combination with symptoms like protruding mass through vagina, backache, white discharge, urinary symptoms like increased frequency of micturition, incontinence & constipation etc.⁸

In the developing countries like India, the home deliveries are common, causing uterine prolapse in women in their reproductive period as well in Peri & Post menopausal period also⁹. So, in present era it is observed that, the treatment for pelvic organ prolapse is Hysterectomy, the

classic surgical intervention in which the cost of these methods, and the inevitable pain and risks involved are more present, so to prevent this, an attempt is to make the possibility of a purely herbal alternative method, which is highly desirable, both for the patient and the healthcare system, According to *Sushruta*, as the uterine body is not seen outside the perineum, this condition is considered as 1st & 2nd degree uterine prolapse. Different acharyas had advocated various procedures in the management of *Prasramsini yoni* such as *snehana*, *swedana* etc.

Here one attempt has been made to present the Clinical Management of *Prasramsini Yoni* with *Mishraka Sneha Pichu Dharana* & orally *Shatavari churna*.

MATERIALS AND METHODS:

INTRODUCTION :

This is the condition of genital prolapse with or without the involvement of vaginal prolapse which is explained by name *Prasramsini*.

The drug for the treatment of above condition is *Mishraka Sneha* used in form of *pichu* and *Shatavari choorna* orally.

Selection of patients

Patients were selected among those attended the OPD of Prasuti and Stree roga department of Shri Siddharoodha Charitable Hospital, Bidar in Random sample fashion.

Methods of Collection of Data

30 patients are selected by Simple Randomized Sampling method as per the inclusion criteria after thorough physical and laboratory investigations and patients were assigned in single group and Statistical Analysis done by using student's 't' test.

Treatment group: 30 patients were treated with *Mishraka sneha pichu* & orally by *shatavari churna* with milk twice a day for 3 cycles up to 10 days after cessation of menses.

Yoni Pichu:

Dose: 10 – 15ml

Duration: 10 days.

Dharana kala: *Mutrakalaparyantha*(until the urge of urination)

Shatavari Choorna :

Dose : 5 gms BD

Anupana: Milk.

FOLLOW UP: 3 cycles up to 10 days after cessation of menses.

Assessment and recording the degree of prolapse mass is done.

Selection criteria:

INCLUSIVE CRITERIA :

- Patients aged from 25-50 years
- 1st & 2nd degree prolapse .
- Excessive vaginal discharge
- Backache or dragging pain in pelvis
- Mass felt per vagina during increased intra-abdominal pressure

EXCLUSION CRITERIA:

- 3rd degree prolapse
- Patient with congenital defects.
- Patients suffering from diseases like malignancy
- Fibroids, polyps etc
- Veneral diseases

ASSESSMENT CRITERIA

Table No-1. Overall Assessment of the Effect of the Therapy

Grades of Response	No of Patients	Percentage (%)
Complete remission	00	00
Maximum improvement	10	33.3
Mild Improvement	12	40
Unchanged	08	26.6

Considering the overall response of the patients to the therapy with *Mishraka Sneha* showed that in this series no

• Subjective parameter

- Dragging Pain in pelvis
- P/V discharge (purulent)
- Frequency of micturition
- Difficulty in defecation

Objective parameters

- Assessment of degree of prolapsed mass.

Mode of Administration:

- First patient is asked to evacuate the urine & to lie on the dorsal position with legs flexed(Lithotomy position). By taking all aseptic measures clean the parts. With the *Mishraka Sneha yoni abhyanga* i.e firstly *abhyanga* of internal genitalia followed by external genitalia is done for about 20 mins, then *Nadi swedana* of *Kwatha* of *vatahara dravyas* & *pichu* of *Mishraka sneha*¹⁰ is kept upto the next urge of micturition. kept once in a day for 10 days cycle.

- Internally *shatavari churna*¹¹ is given orally twice a day about 5gms with *anupana* as milk.

Result :

Overall Assessment of the Effect of the Therapy:

The overall effect of the therapy was assessed in terms of

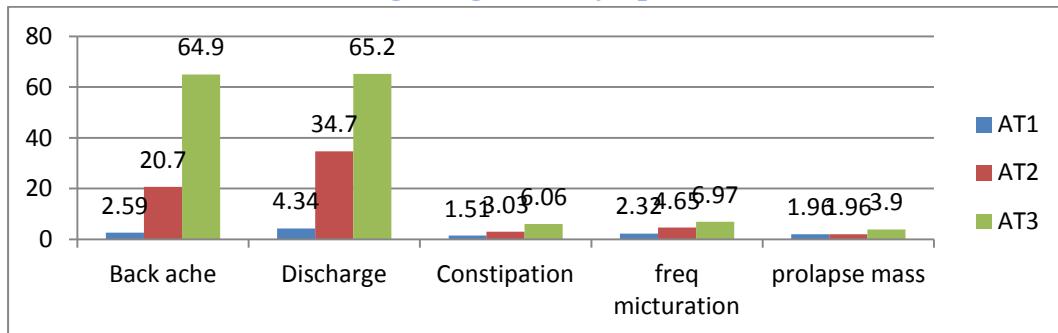
Complete Remission, Marked Improvement, Improvement, and Unchanged.

patients had complete remission, 33.3% of patients got maximum improvement and 40% patients showed mild improvement.

26.6 % of the patients of this series

remained unchanged.

Graph No: 1 Graphical Overall results of efficacy obtained after 3 consecutive cycles according to signs and symptoms as follows



DISCUSSION

Mode of Action of Drugs:

1. In the present study the drug *Mishraka Sneha* having combination of seven drugs. The drugs presents with the properties like *Tikta Rasa*, *Laghu Guna* and *Ushna Veerya* does *Lekhana Karma*, hence reduces discharge, and properties like *Vatapittahara*, *Shita veerya relieves Osha, Chosha, Daha* etc.¹²
2. However the procedure *Yoniabhyanga* i.e. Massage in specific direction improves blood circulation facilitates removal of the toxins from the tissues, relieves physical fatigue, betters the functioning of the musculo-skeletal system, clears stiffness & heaviness in the body, and recovers the body tissues by this improves the tonicity of pelvic ligaments.¹³
3. *Yoni Swedana* reduces pain, stiffness and heaviness.
4. Whereas *Pichu* helps the medicine to remain at the site for longer period for its better action it also diminishes the chances of infection in Genital Tract as *Taila* is *Yoni Vishodana*, it softens the vaginal canal however *Sneha* is *Vataghna*.
5. *Shatavari churna* as internal medicine acts as *Vata shamaka*, *Balya*, and relieves general debility it also used as general tonic as an Adaptogen.¹²

6. The overall *Mishraka Sneha* and *Shatavari Churna* having properties of *Rasayana*, *Balya*, *Tridoshahara* and also they possess Anti-microbial, Anti-inflammatory and Anti-oxidant effect which shows significant relief in the symptoms.

CONCLUSION: By the virtue of the drugs having *Balya*, *Rasayana*, *Tridoshahara*, helps in relieving the symptoms like *Osha*, *Chosha*, *Daha*, *Vedana*, *Srava*. *Sneha* does Local *Datu Pushti* i.e. strengthening the pelvic ligaments along with timely management with *Yoni abhyanga*, *Swedana*, and *Pichu dharana* helps to reduce genital infection as *Taila* is *Yoni Vishodana*.

In few patients due to pichu karma the prolapse mass will be in situ for some duration of time, and this may be the reason in relieving signs and symptoms, but not able to achieve complete cure of the disease. Its more effective in relieving the symptoms like Backache as *taila* is *vataghna*, White discharge as it is having anti-microbial activity, also relieved Frequency of micturition, constipation & Prolapse mass up to some extent.

Shatavari churna as internal medicine acts as *Vata shamaka*, *Balya*, and relieves general debility, it also used as general tonic as an Adaptogen. It is more beneficial

in relieving the 1st degree prolapse comparative to 2nd degree prolapse mass. Hence it may be a good choice, as it is easily available, bacteriostatic agent. Anti-oxidant, more economical and cost effective in some symptomatic relief. Hence, recommended for the better conservative management in *Prasramsini Yoni*.

REFERENCES :

1. Tewari P.V.. Ayurvediya Prasutitantra evam Strioga. Part 2 Prasutitantra, II edition, Varanasi, Chaukhamba orientalia, 1999.
2. Kaviraj Dr.Ambikadutta Shastri – Sushruta Samhita of Sushrut, Uttaratantra Pg.No 158, (38/13,14). Chaukhamba Sanskrit Bhavan. Varanasi, 3rd edition.
3. Pt Hari Sadasiva Sastri Navare – Astangahrdaya uttar tantra Pg.No 898 (34/24) with commentaries Sarvangasundara of Arunadutta & Ayurvedasarayana of Hemadri. Chaukhamba Surbharati Prakashan Varanasi. Reprint 2007.
4. Tripathi Brahmanand .Charaka Samhita of Agnevish with Hindi Commetry Charak Chandrika. Vol I and II. I edition, Varanasi, Chaukhamba Surbharati Prakashan, 2004.
5. Pandit Brahmashankar Mishra – Bhavaprakash Chikitsa Sthana Pg.No 765,773, (70/8 & 40) , 9th edition 2005
6. Vaidya shri laxmipathy shastri- Yoga Rantnakara Vidyotini Tika Yoni Roga Adhyaya chikista uttarardagatha Pg.No 404/ 3rd shloka Pg.No 410/9th shloka, Chaukhamba Sanskrit Bhavan. Varanasi edition 2004.
7. Tewari P.V.. Kashyapa Samhita with English translation & commentary. I edi-
- tion, Varanasi, Chaukhamba Vishvabharathi, 2002.
8. D.C. DUTTA- Text Book Of Gynaecology, 4th edition pgno 190, published by New central book agency. Calcutta.
9. Jeffcoates Principles Of Gynaecology, International 6th Edition , Revised & Updated by Neerja bhatla.
10. Prof .K.R.Shrikantha murthy,Vagbhatas Asthanga Hrdayam (14/89-90) PgNo 416 vol 2, Choukambha Krishnadas Acadamy,Varanasi.Reprint 2006
11. Prof P.V.Sharma, Dravya guna vol 2, PgNo 275,678,133,419. Chaukhamba Bharathi Acadamy, Varanasi. Reprint 2005.
12. Vaidya V.M. Gogte. Ayurvedic Pharmacology & Therapeutic uses of Medicinal plants.Ist edition,Mumbai,Bharatiya Vidya Bhavan, 2000.
13. Vd. Mukund Sabnis. Chemistry and Pharmacology of Ayurvedic Medicinal Plants.vol 12- I edition, Varanasi, Chaukhamba Sanskrit Bhavan, Uttar Pradesh; 2006.

Corresponding Author:

Dr.Kavitha Noorandevarmath , Assistant Professor, Department of Prasutitantra & Stree Roga, Government Ayurveda Medical College & Hospital, Mysuru. Karnataka.

Email: kavithadr2010@gmail.com

Source of support: Nil Conflict of interest: None Declared

Cite this Article as : [Noorandevarmath Kavitha et al : Clinical Management of Prasramsini Yoni with Mishraka Sneha Pichu Dharana & Shatavari Churna] www.ijaar.in : IJAAR VOLUME IV ISSUE IX JUL - AUG 2020 Page No: 985-989