Case Study

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AYURVEDIC CONSERVATIVE MANAGEMENT OF PELVIC ORGAN PROLAPSE: A CASE STUDY

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ABSTRACT

Pelvic organ prolapse (POP) is a bulge or protrusion of pelvic organs and their associated vaginal segments into or through the vagina. The causes are multifactorial and result in the weakening of the pelvic support connective tissue and muscles as well as nerve damage. Patients may be asymptomatic or have significant symptoms, such as those relating to the lower urinary tract, pelvic pain, defecatory problems, faecal incontinence, back pain, and dyspareunia. The conventional treatment options for POP are preventive, conservative, and surgical. Available surgical options are reconstructive pelvic surgery with or without mesh augmentation and obliterate surgery. POP is a condition which impairs the quality of life of many women. Many women are reluctant to undergo surgical management, and they opt for conservative management like pessary and Kegel exercises. These may not bring significant reduction in their symptoms and may lead to psychological issues. A 37-year-old woman came to the Outpatient Department (OPD) of PNNM Ayurveda Medical College, Thrissur, Kerala, India, with complaints of dribbling of urine while coughing and sneezing. She was diagnosed as having cystourethrocele on examination. In this condition, we have considered prasramsini yonivyapath, as mentioned by Acharya Sushruta. Several yonidrteekarana dravyas have been mentioned in Ayurveda texts, which can be used in POP to improve the strength of supporting structures. Ayurvedic conservative management was done for one week at the OP level. The patient's condition was very much improved with the management, and the quality of her life was restored.

Keywords: Pelvic organ prolapse, Cystourethrocele, Urinary incontinence, Prasramsini, Kokilakshabeeja churna Yonipoorana, Kuchimara tantra.

INTRODUCTION

Prolapse refers to the falling or slipping out of place of a part or viscus.[1] Pelvic organ prolapse is a bulge or protrusion of the pelvic organs and their associated vaginal segments into or through the vagina.[2] Descent of the anterior compartment results in cystocele and urethrocele, which of the middle compartment in descent of the uterine vault and enterocele, and that of the posterior compartment in rectocele.[3] Prevalence increases with age. POP, when defined by symptoms, has a prevalence of 3-6 % and up to 50% when based on vaginal examination.[4] Virtually all parous women and many active nulliparous women can be demonstrated to have less than perfect pelvic support on careful examination, although most have no symptoms related to this, and fewer than 10-15% will require treatment in their lifetime. Conversely, many women with vague symptoms often attributed to prolapse, such as pelvic or lower abdominal pain, pressure, or heaviness, have no or minor deficits of pelvic support.[5]

In mild to moderate prolapse cases, conservative management plays an important role in preventing worsening prolapse, decreasing the severity of symptoms, increasing the strength, endurance, and support of the pelvic floor musculature and avoiding or delaying surgical intervention.

Pelvic organ prolapse cannot be considered as a single clinical entity in Ayurveda. Yonivyapaths (disorders related to female genitalia) mentioned in Ayurvedic classics, which show resemblances with POP, are prasramsini, andini, phalini, and mahayoni. Srastha, prasrastha, dustitha yoni, nisrita yoni, vivrita yoni and sthanapavritta yoni are the terms used by acharyas to denote the descent of pelvic organs. We have considered this case as the yonivyapath prasramsini.

Sramsini or prasramsini is mentioned by Acharya Susruta.[6] It is one of the five Pittaja yonivyapaths (diseases of the genital tract due to the vitiation of Pitta), as per Acharya.

The ancient Ayurvedic texts mention many yonidrteekarana yogas (measures to tighten and strengthen yoni). Kuchimaratantra is an ancient text dealing mainly with the protection and beautification of male and female genitalia, along with other therapies and methods like vasikaranam (seduction) etc. Kokilakshaka beeja yonilepana is mentioned in this text for yoni drteekarana.[7] Kokilaksha, or *Hygrophila auriculata,* is a

medicinal plant in the Acanthacea family. Kokilakshaka beeja choorna has hygroscopic properties. Tiktaka ghrita was chosen for internal administration.[8] The ingredients of Tiktaka ghrita are mostly tikta rasa and are Pittasamana in action.

Yonipoorana with Kokilakshabeeja choorna was done for one week, followed by yonipichu dharana with Tila taila for one day. Tiktaka ghrita 1 teaspoon bis in die (bid) and Dhanwantaram gulika 1 bid were given internally for one month. The follow-up was done after 3 months in the OPD. The assessment was done using the Modified Oxford scale, Pelvic Organ Prolapse Quantification (POP Q) system and Pelvic Floor Impact Questionnaire – short form 7 (PFIQ -7).

MATERIALS AND METHODS

Case History and Patient Information

The patient was a 37-year-old woman with complaints of dribbling of urine while coughing and sneezing. She was a working woman, so this dribbling, wetness and urine odour affected her quality of life. She noticed this dribbling of urine during an episode of chronic cough one year back. She had two normal vaginal deliveries in a gap of 2 years, with her Last Childbirth (LCB) 8 years back. The birth weights of her babies were 3.725 kg and 3.9 kg, respectively. Postpartum sterilization was done after the second delivery. She was not able to take proper postnatal care after her deliveries. She was asthmatic and had episodes of prolonged cough from childhood. She used to take antacids for acidic belching and epigastric pain. She was also having recurrent episodes of Urinary Tract Infection (UTI). But at the time of the OP visit, she did not have any symptoms suggestive of UTI, and her urine routine examination was normal. She has been doing Kegel exercises for the last year, as a modern medicine physician suggested.

Menstrual History

Cycles: regular, Duration: 5-7 days, Amount: moderate to heavy, Pain: minimal on 1st day

Obstetric History

Abortion, Parity, Labour - A_0 P_2 L_2, LCB– 8 years; both were normal vaginal deliveries.
Birth weight: 1st baby – 3.725 kg, 2nd baby – 3.9 kg

Past Medical History

She used to take antacids for gastritis. She had recurrent episodes of UTI.

Past Surgical History

Postpartum sterilization was done.

Personal History

Bowel: regular; Appetite: normal; Sleep: adequate.

General Examination

Height: 162 cm; Weight: 49 kg; BMI: 18.6 kg/m^2; BP: 110/70 mmHg; Pallor – present.

Pelvic Examination and Initial Assessment

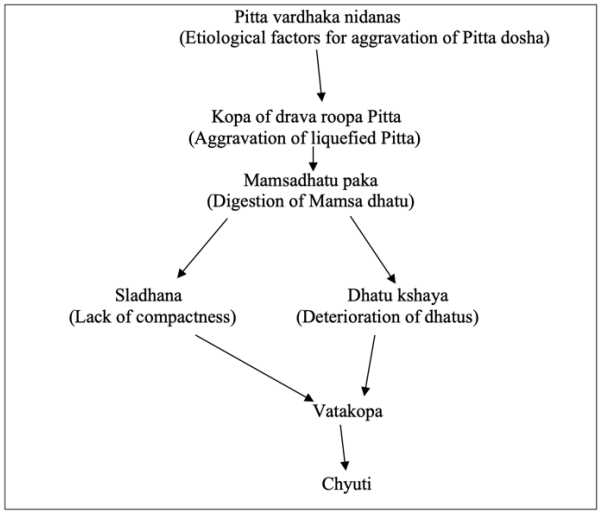
On examination with full bladder, incontinence of urine while coughing was established.
Cystourethrocele – 2nd stage; uterine descent – 1st stage on speculum examination.
Pelvic floor muscle strength was assessed using the Modified Oxford scale.
The measurement was taken using the Pelvic Organ Prolapse Quantification (POP-Q) system.
PFIQ -7 was used to assess the patient's quality of life.

Investigation (10-08-2023)

Urine routine – Normal; USG Pelvis – Normal study

Diagnosis

Prasramsini. The samprapti (diagnosis) of Prasramsini yonivyapat is given as a schematic diagram.



Samprapti of Prasaramsini yonivyapath

Ethical Consideration

The case study was conducted as per ICMR National Ethical Guidelines for Biomedical and Health Research Involving Human Participants.

Informed Consent

Informed consent was obtained from the patient.

Therapeutic Intervention

Details are given in Table 1.

Table 1: List of medicines prescribed

Day	Name of the medicine and dose
Day 1	Tiktaka ghrita 1 teaspoon bid Dhanwantaram gulika 1 bid Yonipoorana with Kokilakshabeeja churna
Day 8	Yonipoorana with Kokilakshabeeja churna was stopped Yonipichu dharana with Tila taila for one day
Day 31	All internal medicines were stopped

Timeline

Procedure: Day 1 to Day 7
Kokilakshabeejachoorna yonipoorana was done for seven consecutive days.
Day 8
Tila taila yonipichu dharana
Internal medicines: Day 1 to Day 30
Tiktaka ghrita 1 teaspoon twice daily
Dhanwantaram gulika 1-0-1 with hot water

Procedure

The subject was asked to empty the bladder and made to lie down in a dorsal position. The vulval area was swabbed with Dettol solution under aseptic conditions. Vaginal walls were cleaned with saline water using sponge-holding forceps and cotton. After that, the vaginal cavity was filled with powdered Kokilaksha beeja using the fingers of the gloved right hand. After one hour, the vaginal walls were cleaned with sterile water using sponge holding forceps and cotton. The same procedure was repeated for

seven days continuously. Kokilaksha beeja choorna was changed into a sticky paste after absorbing moisture and secretions. After 1 hour, it was removed and cleaned with sponge-holding forceps using cotton and gauze. Tila taila was kept as yonipichu (tampon) on the 8th day to relieve the possible dryness after yonipoorana. The patient was comfortable during the procedures.

The patient was instructed to continue Kegel exercises, avoiding the days of menstruation for 3 months. Tiktaka ghrita 1 teaspoon daily and Dhanwantaram gulika 1 tablet bid was given for 1 month. The patient could not come to OP physically, so she was instructed to consult online if needed. Next, follow-up and assessment were done after 3 months of procedure in the OP.

Assessment Tools
Modified Oxford scale
POPQ system measurement
PFIQ -7

RESULTS

The patient had improvement in withholding capacity. As per the Modified Oxford scale, the rate of pelvic floor muscle contractility was improved from 3 to 4. Even though there was no significant change as per POP-Q measurement, no dribbling of urine was seen even on straining with full bladder after the treatment. The assessment is given in Table 2.

Table 2: Assessment

Tools	1st assessment			2nd assessment			3rd assessment		
Modified Oxford scale	3			4			4		
POP-Q	Aa - 2.4	Ba -2.7	C -6	Aa -2.6	Ba -2.9	C -6	Aa -2.6	Ba -2.8	C -6
	GH 4	PB 2.7	TVL 10	GH 4	PB 2.8	TVL 10	GH 4	PB 2.8	TVL 10
	Ap -3	Bp -3	D -10	Ap -3	Bp -3	D -10	Ap -3	Bp -3	D -10
PFIQ - 7	61.4			---------			22.2		

DISCUSSION

Pelvic organ prolapse can be compared to different yonivyapaths vatiki, prasramsini, andini, phalini and mahayoni, based on the stage of prolapse, symptoms and dosha involved. Vatiki is Vataja yonivyapath, prasramsini is Pittaja yonivyapat and all others are sannipatika yonivyapath. The prevalence of POP is higher in post-menopausal women. Estrogen deficiency, increased abdominal pressure, repeated vaginal deliveries, and obesity all may lead to a lack of compactness of muscles and other supporting structures and descent of pelvic organs. Chronic constipation and prolonged cough all can contribute to the development of POP. Prasramsini is a Pittaja yonivyapath in which pelvic organs are displaced from their normal anatomical position due to lack of mamsa (musculature) compactness due to Pitta vitiation.

The patient was having recurrent episodes of acidic belching and vomiting, for which she used to take antacids. She had recurrent urinary tract infections also. All these suggest Pitta vaigunya (vitiation of Pitta) in her body.

According to Ayurveda, kopa (aggravation) of Pitta, especially drava roopa (in liquid state) Pitta, causes Mamsa dhatu paka and gradual sladhana (lack of compactness) of Mamsa. Lax muscles tend to sag along with the supported structures.

Excessive sladhana gradually leads to dhatukshaya (weakness) and Vatavriddhi (vitiation of Vata), and Vata pushes the organs to the exterior by its chala guna (moving property).

Even though many methods and formulations are mentioned in the same text, we have taken Kokilaksha choorna due to its Vatapittahara action. The ingredients of Tiktaka ghrita are mostly tikta rasa (bitterness) and Pittasamana (pacifying Pitta) in action.

The Modified Oxford Grading Scale[9] is used to evaluate pelvic floor muscle strength by vaginal palpation. This scale quantifies pelvic floor muscle strength as 0, no contraction; 1, flicker; 2, weak; 3, moderate; 4, good; and 5, strong.

POP-Q system is an objective site-specific system for describing, quantifying and staging women's pelvic support.[10] The POPQ system uses the hymen as its fixed point of reference. The POPQ system has six designated points for measurement: landmarks GH, TVL, and PB, in addition to Aa, Ba, C, D, Ap, and Bp. The hymen plane is specified as zero (0). Each measurement is cm above or proximal to the hymen (negative number) or cm below or distal to the hymen (positive number). Because it is easier to identify, the hymen was used as the reference point instead of the introitus.

Points and landmarks for Pop–Q System Examination
Aa, point A anterior; Ap, point A posterior; Ba, point B anterior; Bp, point B posterior; C, cervix, or vaginal cuff; D, posterior fornix (if cervix is present); gh, genital hiatus; pb, perineal body; TVL, total vaginal length. The details are given in Figure 1.

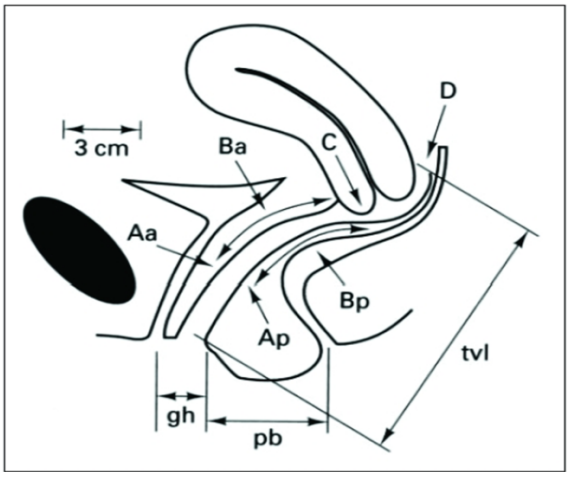


Figure 1: POPQ[10]

The real organ(s) above the prolapse is often not detectable by physical inspection. Therefore, it avoids giving the prolapsing portion of the vagina a specific designation, such as rectocele or cystocele. Anteriorly, there are three reference points (Aa, Ba, and C) and three posteriorly (Ap, Bp, and D).

Aa and Ap -3 cm proximal to or above the hymenal ring anteriorly and posteriorly, respectively.

Ba and Bp - lowest points of the prolapse between Aa anteriorly or Ap posteriorly and the vaginal apex. Point C (cervix) is anteriorly apex, and point D is posteriorly (Pouch of Douglas). In women after hysterectomy, point C is the vaginal cuff and point D is omitted. The other three measurements are Total vaginal length at rest (tvl), genital hiatus (gh) from the middle of urethral meatus to the posterior hymenal ring and the perineal body (pb), a point from the posterior aspect of the genital hiatus to the mid-anal opening[10].

PFIQ -7 includes scales from the Urinary Impact Questionnaire (UIQ-7), Pelvic Organ Prolapse Impact Questionnaire (POPIQ-7), and the Colorectal-Anal Impact Questionnaire-7 (CRAIQ-7), which are short forms of their longer versions. It is useful to determine changes in symptom severity over time and before and after treatments[12].

The PFIQ-7 consists of 7 questions that need to be answered 3 times each (corresponds to the scales previously mentioned) considering symptoms related to the bladder or urine, vagina or pelvis, and bowel or rectum and their effect on function, social health, and mental health in the past 3 months. The responses for each question range from "not at all" (0) to "quite a bit" (3). To get scale scores, the mean of each of the 3 scales is individually calculated, which ranges from 0-3; this number is then multiplied by 100 and then divided by 3. The scale scores are then added to get the total PFIQ-7 score, ranging from 0-300. A lower score means there is a lesser effect on quality of life[11].

Probable mode of action of Kokilaksha Beeja

Kokilaksha is a well-known drug for Vatarakta. It has sita veerya (cold potency), pichilasnigdha guna (unctuous), and Vatapittahara in action. Kokilakshaka beeja has hygroscopic properties. It absorbs moisture and heat. It may have helped in absorbing Pitta in liquid form. Prasramsini is a Pittajavikara, and here, the lack of compactness of muscles and supporting structure is thought to be the reason for the descent of pelvic organs. As Kokilaksha beeja is effective in vitiated Rakta, Pitta and Vata conditions, it helps restore the muscles' compactness and cure the symptoms. These properties may have helped the patient in relieving the symptoms.

CONCLUSION

Most of the external procedures mentioned in Ayurveda are cost-effective and appealing to the patients. Even though the reduction in the degree of descent is not completely possible in pelvic organ prolapse with medical or conservative management, success lies more in patient satisfaction and quality of life improvement. Ayurvedic conservative management seems more beneficial in mild to moderate degrees of prolapse. Here, in this case, the patient's quality of life was very much improved with Ayurvedic management. Her symptoms, like dribbling urine and psychological distress, were almost relieved.

Patient Perspective: The patient was happy with the Ayurvedic intervention and its outcome.

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REFERENCES

1. Stuart L Standton, Ash K Monga, Clinical urogynecology, Second edition, London, Churchill Livingstone, Harcourt Publishers Ltd., 2008, p. 357-371.
2. Jonath S Berek, Berek & Novak's Gynaecology, 14th edition, New Delhi, chapter 27, Wolters Kluwer (India) Pvt. Ltd, 2008, p. 897
3. Pratap Kumar, Narendra Malhotra, Jeffcoate's Principles of Gynaecology, seventh international edition, New Delhi, Jitendar P Viji Jaypee Brothers Medical Publishers (P) Ltd., 2008, p 275-292.
4. Barber MD, Maher C. Epidemiology and outcome assessment of pelvic organ prolapse. Int Urogynecol J. 2013 Nov;24(11):1783-90. DOI: 10.1007/s00192-013-2169-9. PMID: 24142054.
5. Stuart L Standton, Ash K Monga, Clinical urogynecology, Second edition, London, Churchill Livingstone, Harcourt Publishers Ltd., 2008, p. 357-372.
6. PV Sharma, "Sushruta Samhita Kalpasthana and Uttarasthana" Yonivyapatpratishedha adhyaya, Chapter 38, Cauchemar Visvabharati, Varanasi, 2010, p. 308
7. Swami Sreeyut Balakrishnanath, Kuchimaratantrabhashyam of Kuchimara Maharshi (Commentary on Kuchimaratantra), Kanyakaranamanubandham, Dalam 7, Special edition, Thrissur, Samrat Publishers, 2007, p. 227.
8. Anna Moreswara Kunte, Krsna Ramachandra Sastri Navre, Ashtanga Hridaya of Vagbhata Chikitsasthana; Kushta chikitsa adhyaya: Chapter 19, Verse 7. Reprint Ninth edition., Chaukhamba Krishnadas Academy, Varanasi: 2006. p. 711.
9. Elicíssimo MF, Carneiro MM, Saleme CS, Pinto RZ, daFonseca AMRM, da Silva-Filho AL. Intensive supervised versus unsupervised pelvic floor muscle training for the treatment of stress urinary incontinence: A randomised comparative trial. Int Urogynecol J. 2010;21(7):835–840; DOI: 10.1007/s00192-010-1125-1.
10. Persu C, Chapple CR, Cauni V, Gutue S, Geavlete P. Pelvic Organ Prolapse Quantification System (POP-Q) - A new era in pelvic prolapse staging. J Med Life. 2011 Jan-Mar;4(1):75-81. Epub 2011 Feb 25. PMID: 21505577; PMCID: PMC3056425.
11. Barber MD, Walters MD, Bump RC. Short forms of two condition-specific quality-of-life questionnaires for women with pelvic floor disorders (PFDI-20 and PFIQ-7). American journal of obstetrics and gynecology. 2005 Jul 1;193(1):103-13.

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