Conservative Management of Young Age Onset Pelvic Organ Prolapse through Ayurvedic Management: A Case Report

Emy S Surendran, Akash Lal, Pratap Sankar, Deep VC

ABSTRACT
Pelvic organ prolapse (POP) is a condition characterized by the descent or herniation of pelvic organs from their normal site of attachment. It is common in postmenopausal women. Rarely does it develop in the younger age group as a complication of pregnancy. Prolapse may be persisting or relapsing after labor. If left untreated, it will progress into procidentia and ulcer formation. Hysterectomy and pelvic floor repair are the conventional methods for the management of this condition. Prasramsini is a paathika yoniroga characterized by the displacement of uterus and excessive vaginal discharges. Ladies having a history of duprasava or difficult labor are more prone to develop Prasramsini. Acharyas have explained abhyanthara and sthanika chikitsas aiming at the conservative management of this condition. A 26-year-old married lady came to the outpatient department (OPD) with complaints of mass per vagina along with increased per vaginal discharge and difficulty in urination. She had been diagnosed with the second degree uterine prolapse, grade II cystocele and grade II rectocele, and was suggested for hysterectomy by a gynecologist. An attempt was made to manage the case conservatively by the treatment principles of Prasramsini yoniyapath. Sthanika chikitsas like yoni kshalana, yoni pichu dharana, along with internal administration of medicines were tried. These were found to be effective in managing the symptoms and reducing the protrusion of mass per vagina. Ayurvedic treatment principles can be utilized as a conservative method of management in uncomplicated and early stages of POP. Hysterectomy and associated morbidities can be avoided, especially in patients of a younger age group.

Keywords: Ayurveda, Pelvic organ prolapse, Prasramsini, Yoni pichu, Yoni prakshalana.


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BACKGROUND
Pelvic organ prolapse (POP) is the downward descent of female pelvic organs including the bladder, uterus, or bowel resulting in the protrusion of vagina, uterus, or both. POP has significant negative effects on a woman’s quality of life, ranging from physical discomfort and psychological and sexual complaints to occupational and social limitations. It is a common health problem affecting up to 40% of parous women over 50 years old. In young women of the reproductive age group, the incidence is very low. During pregnancy, the hormonal changes, that is, increased levels of cortisol, progesterone; relaxin can cause relaxation of pelvic floor muscles. Increased intra-abdominal pressure, constipation, stretching and tearing of endopelvic fascia, levator ani muscles, and perineal body created as a result of childbirth, etc., can cause pelvic floor defects and weakness. If left untreated, it can result in organ prolapse, edema, and ulceration. Vaginal hysterectomy is currently the leading treatment method for patients with symptomatic uterine prolapse. The life-time risk for women to undergo surgery for the management of POP is about 11% and 30% of these women will need additional surgery because of prolapse recurrence. Although the literature is inconclusive, it has been suggested that hysterectomy may cause nerve supply damage and disrupt supportive structures of the pelvic floor. Therefore, women may be at increased risk for bladder dysfunction and new-onset stress incontinence after vaginal hysterectomy.1

Prasramsini is a yoniroga explained in Ayurvedic classics which is characterized by the downward displacement of yoni (uterus and vagina).2 It can be correlated with the initial stages of prolapse. Acharyas have given more importance to a conservative line of management by Snehana (oleation), Swedana (fomentation), Yoni pichu dharana, etc.,2 while contemporary science gives more stress on the surgical correction for the prolapse.

PRESENTING COMPLAINTS AND MEDICAL HISTORY
A 26-year-old married female came to the OPD of National Ayurveda Research Institute for Panchakarma, Cheruthuruthy, Kerala, with the complaints of feeling of mass coming down through the vagina for the last 6 months. At the time of urination, she could see something bulging out from the
vagina. The symptoms were getting aggravated after pro-
longed physical exertion such as lifting weight or standing.
She was feeling difficulty in emptying bladder and needed
to reduce the bulging with her fingers to empty the bladder.
She had two full-term normal vaginal deliveries. During the
second pregnancy, she had severe constipation throughout
the antenatal period and repeated urinary tract infection
(UTI). From the 8th week of second pregnancy, slight uterine
prolapse was there for which she was suggested bed rest.
Prolapse persisted after the labor for which no particular
care was given. But gradually, the complaint aggravated
along with increased per vaginal discharge. She consulted
gynecologist and hysterectomy was advised further.

CLINICAL FINDINGS

The patient was lean in built and moderately nourished,
pulse rate 72 per min, BP—110/80 mm Hg, tempera-
ture—98.4 F, and respiratory rate 17 per min at the time
of examination. The height was 153 cm and was having
a weight of 48 kg. The tongue was clear and there were
no signs of pallor/icterus/cyanosis/clubbing/edema/
lymphadenopathy.

DIAGNOSTIC FOCUS AND ASSESSMENT

To assess the status of the pelvic organs and to make
a diagnosis, pelvic examination was done with the
patient at the dorsal position. Inspection of the vulva and
perineum was done first. A profuse amount of purulent
discharge was seen coming from the interoitus. On
separating the labia, prolapse of anterior and posterior
vaginal walls was visible which was diagnosed as grade
II cystocele and grade II rectocele, respectively (Fig. 1).

Per speculum examination was done to assess the
status of the uterus and vaginal walls. Prolapse was
graded using the POP quantification (POP Q) system.
The patient was found to have a third-degree uterine pro-
lapse with the distal part of cervix at the level of hymen.
Cervix was hypertrophied with signs of cervical tear with
improper healing. Both the lips of cervix were eroded
with excessive purulent discharge of grade III (Fig. 2).

Necessary lab investigations were carried out which
were found to be normal. In the Pap smear examination,
inflammatory smear without any changes of dysplasia/
malignancy was seen (Table 1).

THERAPEUTIC FOCUS AND ASSESSMENT

1st Month: Management of per Vaginal Discharge

All the medicines and kriyakramas were selected with the
aim of management of per vaginal discharge and healing
of cervical erosion. Yoni prakshalana (vaginal douche with
medicated kashaya) and yoni pichu (medicated tampon)
with kledahara (removing excessive discharge) and vrana
ropana (wound healing) properties were used based on
the presentation of symptoms (Table 1).

2nd and 3rd Month: Management of Prolapse
(Strengthening of Pelvic Floor)

At this stage, the selection of medicines and procedures
was done to reduce the associated signs and symptoms of
POP and to prevent further descend of the pelvic organs
by strengthening the pelvic floor muscles (Table 1).

Followup and Outcomes

Followup was done regularly. At the end of the 1st month,
the per vaginal discharge got considerable relief along
with the healing of cervical erosion (Fig. 3). At the end of
the 3rd month, got complete relief from the complaint of
mass coming down through the vagina (Fig. 4).

DISCUSSION

POP is a condition which affects the quality of life of a
woman. It results from the weakness of the pelvic floor
muscles and the consequent downward displacement
of the pelvic organs. Young women suffer from this condition as a result of pregnancy, difficult labor, and associated pelvic floor weakness. The management by hysterectomy for this group is very pathetic. The main lakshanas of Prasramsini yonivyapath are sramsana/swasthana chyuti (displacement), syandana (discharges), etc.³ This could be the early stages of uterine prolapse and mild to moderate cystocele and rectocele. Duhprasuta/Duhpra - jayani (delivered with difficulty) is prone for Prasramsini in later life. Madhukosha explains vimardana (compression

<table>
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<tr>
<th>S. No.</th>
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<tr>
<td>1</td>
<td>12/7/2017</td>
<td>The complaints of feeling of mass coming down through the vagina, difficulty in emptying bladder since last 6 months History of two full-term normal vaginal deliveries and from the 8th week of second pregnancy slight uterine prolapse, gradually increased complaint with per vaginal discharge Patient admitted for 15 days for Kriyakarmas</td>
<td>Hemoglobin (Hb)—11.4 g% Total leukocyte count (TLC)—8,400/mm³ Erythrocyte sedimentation rate (ESR)—7 mm/h Red blood cells (RBC)—3.9 million/mm³ Venereal Disease Research Laboratory (VDRL) test—nonreactive Pap smear test— inflammatory smear, negative for dysplasia/ malignancy USG (abdomen–pelvis)—normal study (15.06.2017)</td>
<td>Internal medicines: 1. Chandraprabha gulika with warm water, one tablet twice a day after food 2. Triphala guggulu, with warm water, one tablet twice a day after food 3. Sukumara ghrita, 5 mL twice a day before food for 1 month Kriyakarmas: 1. Yoniprakshalana with Triphala kashaya once a day for first 7 days 2. Yoniprakshalana with Nalapamaradi kashaya once a day for next 7 days 3. Yoni pichu with Jatyadi Ghrita once a day for 15 days</td>
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<td>2</td>
<td>10/8/2017</td>
<td>Reduction in per vaginal discharge, area of cervical erosion, cystocele and rectocele Mild relief in uterine descent Patient admitted for 7 days for Kriyakarmas</td>
<td>–</td>
<td>Internal medicines: 1. Sukumara ghrita, 5 mL twice a day before food for 2 months Kriyakarmas: 1. Yoniprakshalana with Nalapamaradi kashaya, once a day 2. Avagaha Sweda with Dashamoola kashaya after doing kati-udara abhyanga with Balataila once a day 3. Yoni pichu with Sukumara ghrita once a day 4. Goshphana bandha once a day for 7 days</td>
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<td>3</td>
<td>20/10/2017</td>
<td>Complete relief in vaginal discharge 75% reduction in cervical erosion No difficulty while urination and uterine descent Feels mass per vagina occasionally</td>
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of genital organs) as a causative factor for Prasramsini.\textsuperscript{4} Duprasava is the nidana for apana vata kopa.\textsuperscript{5} Pitta vridhi results in the increased mardava of the supporting mamasa dhatu and snayu which causes the sramsana of yoni. The management of Prasramsini yoniyapath is aimed at improving the tonicity of perineal muscles, control of infection by healing of cervical erosion, and prevention of further descent of genital organs. Nalpamaradi kashaya is having vranaropana and sravahara properties.\textsuperscript{6} It is kapha pitta hara in nature. Prakshalana with Nalpamaradi kashaya, thus, reduced the erosion by fastening the healing process. These could be considered as the dosha pratyanika chikitsa. Avarga in Dasamoola kashaya\textsuperscript{7} gives a local sudation effect which makes the prolapsed part softer and helps in easy repositioning. Yoni pichu with Sukumara ghrita\textsuperscript{8} improved the tonicity of perineal muscles. These could be considered as vyadhi pratyanika chikitsa.

CONCLUSION

The report shows the role of Ayurvedic treatment in the conservative management of initial stages of POP. Principles of the management of Prasramsini yoniyapath—snehana, swedana, prakshalana, and yoni pichu helped in relieving per vaginal discharge and the symptoms related to the urinary system. The current protocol helped in relieving prolapse by satisfactorily regaining the tone of pelvic floor muscles.

CLINICAL SIGNIFICANCE

Based on the Ayurvedic treatment principles, the patient was saved from undergoing hysterectomy and associated adverse effects related to it. The quality of life of the patient was able to be improved.

CONSENT

The present study was carried out in accordance with ethical principles by following the ICH-GCP Guidelines. For publishing the treatment details, an informed written consent was obtained from the patient and ethical clearance was taken from the institute.

REFERENCES

हिंदी सारांश

आयुर्विदिक चिकित्सा द्वारा युवावस्था की शुरुआत में पेल्विक और्गन प्रोलाप्स का केन्द्रीय विषय: एक केस रिपोर्ट

इमी एस सुरेंद्रन, एम आकाश लाल, के एम प्ताप शंकर, री सी दीप

पेल्विक और्गन का अपने नियंत्र स्थान से चुक गया, जाना पेल्विक और्गन प्रोलाप्स कहलाता है। यह स्थिति सामान्यतः रजोनिकुल युवाओं में पाई जाती है। लघुत्र वर्गीय प्रोक्सिडेनिया तथा अनुपस्थित हिस्टरेक्टैमी अथवा रेतीलोक फ्लोर संबंधित है। आयुर्विद मतानुसार प्रसंसनिति एक पैदलिक दृष्टिकोण है जिसमें प्रधान रूप से पांडवश चुक्कती एवं अत्यधिक योनिमान की उत्पादन नियंत्रण होता है। जिन रुग्णों में दुई-पसव का इत्ताहास अवस्थित होता है उनमें यह स्थिति उत्पादन होने की संभावना अधिक होती है। आयुर्विद मतानुसार इसकी चिकित्सा हेतु अभिन्न एवं स्थानीय चिकित्सा का उलेख किया गया है। एक 26-वर्षीय विवाहित युवा लक्षणों में पांडवश चुक्कती एवं मूर्तकृतिकल की समस्या के निवारण हेतु बाह्य रोगी विभाग में उपस्थित हुई। आयुर्विद मतानुसार उसका उपचार 2° योनिश्चल प्रोलाप्स, बंद 2 सिस्टोसिल तथा बंद 2 रेतीलोक किया गया था तथा हिस्टरेक्टैमी का परामर्श दिया गया था। प्रसंसनिति योनिमान के चिकित्सा सिद्धांतों के अनुसार उपरोक्त अवस्था में योनिक्षण, योनिपिक्ष आदि स्थानीय चिकित्सा के साथ आयुर्विद के औषध दी गयी। परिणामस्वरूप, सभी लक्षणों में कमी पाई गई तथा योनिपिक्ष के बहि-कोस्त में भी सुधार पाया गया। पेल्विक और्गन प्रोलाप्स की प्रारम्भिक अवस्था में आयुर्विदीय चिकित्सा सिद्धांतों का प्रयोग प्रभावी रूप से करते हुए हिस्टरेक्टैमी तथा उससे जुड़ी जटिलताओं को होने से बचा जा सकता है।