

Successful Ayurveda Management of *Maha Yoni* (Uterine prolapse) - A Case Study

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ABSTRACT:

Aging is the most frequently reported risk factor for POP (Pelvic Organ Prolapse-*Maha Yoni*), followed by parity and obesity. It is reported that the proportion of women aged 70–79 seeking medical consultation due to symptomatic POP is the highest, as high as 18.6/1,000. Modern management of uterine prolapse often involves surgical intervention, but Ayurveda treatments offer a non-invasive alternative aimed at balancing *doshas*, strengthening the vaginal wall and pelvic floor, and improving overall health. The therapies focus on internal and external treatments, including oral medications, local applications, and specific procedures like *Vasti* (medicated enemas) to pacify *Vata* and *Yoni picbu* (Vaginal Tampon), *Yoni purana* (Vaginal Packing) to rejuvenate and increase the tone of local tissues. This case report explores the comprehensive Ayurveda management of a 64-year-old woman with third-degree uterine prolapse. In this case the administration of *Matra Vasti* with *Narayana Taila* and *Ashwagandha Taila*. *Yoni Avagaha* with *Pancavalkala Kashaya* and *Yoni Purana* (Vaginal Packing) with *Nisha*, *Vacha*, *Madanapala*, *Udumbara*, and *Ashwagandha Churna* mixed with *Narayana oil* were used for local therapeutic effects. *Trikatukadi kwatha*, *Vammuthu Suvadabota Kashaya*, *Guduchi Churna*, *Chandrabrabha Vati* and other *Vata Shamana* and *Rasayana drugs* were given orally for 10 to 20 days accordingly. Through tailored treatment protocols, significant improvements were observed, highlighting the potential of Ayurveda therapies in managing severe uterine prolapse without surgical intervention.

KEY WORDS: Pelvic organ prolapse, *Maha yoni*, Uterine Proslapse, *Yoni Purana*.

Received: 22.05.2024 Revised: 21.06.2024 Accepted: 24.06.2024 Published: 26.06.2024



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INTRODUCTION:

In Ayurveda, *Yoni Vyapad* encompasses various disorders of the female reproductive system, and *Maha Yoni Vyapad* is a specific subtype characterized by severe uterine descent. This condition is attributed to the vitiation of *Vata Dosha*, particularly *Apana Vata*, which governs the downward and outward movements in the body, including defecation, urination, and childbirth. Pelvic organs prolapse (POP) is defined as descent of pelvic organs from the normal anatomic position usually to or beyond the hymenal remnants, owing to loss of support from the connective tissue, muscles, or both. This condition is classified into different stages, with third-degree prolapse being the most severe, where the uterus protrudes entirely outside the vaginal opening. It can lead to symptoms of pelvic pressure, vaginal bulge, urinary and bowel dysfunction, and sexual dysfunction in elderly patients.^[1]

However, aging was the most frequently reported risk factor for POP, followed by parity and obesity. It is reported that the proportion of women aged 70–79 seeking medical consultation due to symptomatic POP is the highest, as high as 18.6/1,000.^[2] Another study predicted that the total number of women who will undergo surgery for POP disorders will increase 48.1% by 2050 due to the aging population undoubtedly,^[3] the development of POP disrupts the quality of life (QoL) and damages social and personal activities.

CASE REPORT:

A 64-year-old menopausal woman presented with a third-degree uterine prolapse. She had noticed a mass protruding from her vagina seven months prior to admission, which progressively worsened. Symptoms included

difficulty urinating and defecating. The patient had a medical history of diabetes mellitus, hypertension, dyslipidemia, and chronic constipation. She had undergone laparoscopic tubal ligation and orthopedic surgery.

Examination:

A general examination vaginal examination and abdominal examination were conducted, and her general examination findings were written in Table 1.

Vaginal Examination:

The examination revealed a third-degree prolapse with thick white vaginal discharge and a Nabothian cyst at the 3 o'clock position of the cervix. Also, the cervix appeared atrophic.

Abdominal examination:

Non-tender, no palpable masses, and it can be concluded that no abnormal findings were found in the abdominal examination.

Investigations:

Several routine examinations were done, and the results are presented in Table 2.

Diagnosis:

According to the vaginal examination, it was diagnosed as the *Maha Yoni Vyapad* or third-degree uterine prolapse. *Samprapti Ghataka* of this condition can be written as in Table 3.

TREATMENT PROTOCOL:

Treatments were based on the principles mentioned for *Maha Yoni Vyapad*, particularly focusing on *Ama Pachana* (digestion of *Ama*), *Agni Deepana* (stimulating digestive fire), and *Vata* balancing therapies and *Yoni Purana*-Vaginal Packing prepared with the drugs having cooling properties and capability of acting on tissue tone. The treatment protocol and the timeline were followed, as shown in Table 4.

Table-1: General Examination findings

Pulse:	80/min
BP:	110/70 mmHg
RR:	17/min
Weight:	72 kg
Height:	147 cm
BMI:	33.3 kg/m ²
Mala:	Constipated
Mutra:	Day/Night: 4-5/2
Jihva:	Coated / Ama+
Nidra:	Sound
Agni:	<i>Mandagni</i>
Prakriti:	<i>Kapha Vata</i>

Table-2: Investigation findings:

Serum creatinine:	0.87 mg/dL
GFR:	74 mL/min
VDRL:	Negative
Fasting blood sugar:	87 mg/dL
AST:	16 U/L
ALT:	11 U/L
Hb:	9.8 g/dL

Table-3: Samprapti Ghataka:

<i>Dosha:</i>	<i>Vata</i>
<i>Dushya:</i>	<i>Rasa, Rakta, Mamsa</i>
<i>Agni:</i>	<i>Jataragni, Dhatuagni</i>
<i>Srotas:</i>	<i>Rasavaha, Raktavaha, Mamsavaha</i>
<i>Sroto Dushti:</i>	<i>Vimargagamana</i>
<i>Utbhava Sthana:</i>	<i>Amashaya</i>
<i>Adhishtana:</i>	<i>Garbhashaya</i>

Table-4: Timeline of medications:

Drug	Dose	Time of Administration
First Line Treatment for 10 days		
Oral Drugs:		
<i>Trikatukadi Kwatha:</i>	30 ml twice daily	Before food
<i>Chandraprabha Vati:</i>	2 tablets twice daily	After food
<i>Anipattikara Churna:</i>	5 g twice daily	After food
<i>Triphala Churna:</i>	5 g twice daily	After food
<i>Guduchi Churna:</i>	5 g twice daily	After food
Local Treatment:		

<i>Avagahana</i> with <i>Pancavalkala Kashaya</i> (It is a procedure in which the vagina, vaginal passage, and mouth of uterus is immersed with medicated decoction)
<i>Matra Vasti</i> with <i>Narayana Taila</i> and <i>Ashwagandha Taila</i>

Drug	Dose	Time of Administration
Second Line Treatment for 10 days		
Oral Drugs:		
<i>Vammutu Suwadabota Kashaya:</i>	120 ml twice daily	Before food
<i>Gokshuradi Guggulu:</i>	2 tablets twice daily	After food
<i>Aripattikara Churna:</i>	5 g twice daily	After food
<i>Triphala Churna:</i>	5 g twice daily	After food
<i>Guduchi Churna:</i>	5 g twice daily	After food
Local Treatment:		
<i>Avagahana</i> with <i>Pancavalkala Kashaya</i>		
<i>Yoni Packing</i> with <i>Nisha, Vacha, Madanapala, Udumbara,</i> and <i>Ashwagandha Churna</i> mixed with <i>Narayana oil</i>		
<i>Yoni Dhuma</i> with <i>Ibi katu</i> (Tortoise shell)		

Table-5: Results obtained from Pelvic organs prolapse quantification (POPQ):

	Parameter	Before Treatment	After treatment
Anterior point A	Aa	+3	-2
Anterior point B	Ba	+6	-2
Posterior point A	Ap	+3	-2
Posterior point B	Bp	+8	-2
Cervix	C	+6	-5
Posterior fornix	D	-1	-5
Total Vaginal Length	TVL	>+TVL-2	-TVL-2
Genital Hiatus	GH	3.5	3.5
Perineal Body	PB	4	4
Stage of Uterine Prolapse:		Stage III	Stage I

Table-6: Stages of uterine prolapse

Stage	
0	No prolapse Aa, Ap, Ba, Ba: -3cm C or D: between -TVLcm and -(TVL-2) cm
I	Most distal portion of prolapse >1cm above level of hymen
II	Most distal portion of prolapse is between -1 and +1
III	Most distal portion of prolapse is between +1 and +(TVL-2) cm (2cm less than TVL)
IV	Most distal portion of prolapse is \geq +(TVL-2) cm (complete eversion)



Figure-1: Before Treatment uterine prolapse (III stage)

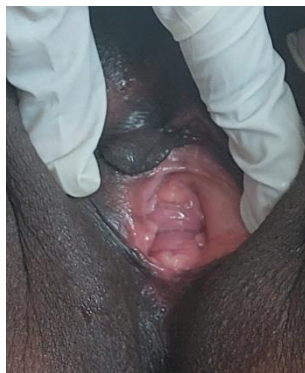


Figure-2: After Treatment- uterine prolapse (I stage)



Figure-3: After Treatment

RESULTS:

Before and after treatment, progress was measured using Pelvic organ prolapse quantification (POP Q).^[4] POP Q is a standardized diagnostic technique for determining and classifying the severity of pelvic organ prolapse. It entails a physical examination of the pelvic organs and their positioning in relation to specified anatomical markers. Results obtained from pelvic organ prolapse quantification were mentioned in Table 5 and the stage of the uterine prolapse was taken as the Table 6.

Before and after the treatment, the external appearance of the vaginal area while the patient is doing Valsalva manure is shown in Figures 1 and 2. Figure 3 shows the external appearance of the vaginal area after treatment while the patient is relaxed.

DISCUSSION:

Charaka *Chikitsa* 30, Verse 116, This verse emphasizes the importance of alleviating *Vata dosha*, which is crucial in treating various gynecological disorders, including those related to the female reproductive system like *Maha Yoni Vyapad*.^[5] Susrutha Acharya mentioned that Vasti therapy is always beneficial in all disorders.^[6] In the context of the given case study, the administration of

Matra Vasti with *Narayana Taila* and *Ashwagandha Taila*. *Yoni Avagaha* with *Pancavalkala Kashaya* and *Yoni Purana* (Vaginal Packing) with *Nisba*, *Vacha*, *Madanapala*, *Udumbara*, and *Ashwagandha Churna* mixed with *Narayana oil* were used for local therapeutic effects.

Use of *Guduchi Churna*^[7] and other *Rasayana herbs* were given by orally to strengthen vaginal ligaments and tissues, further the drugs used for *Avagaha* are antiseptic, with bactericidal action^[8,9], wound healing property and alleviates pain. Bactericidal actions of the drugs prevent bacterial growth and maintain the pH of vagina. Drugs used for packing in *Mahayoni* nourish or help in new tissue growth and strengthen pelvic musculature. *Dhoopana* increases vaginal temperature and blood supply with a drying effect, which enhances absorption of drugs via the vaginal wall mucosa, reduces vaginal discharge, and provides antimicrobial action^[10], thus helping in local *yoni gadhakarana* (enhancing vaginal wall tone).

CONCLUSION:

Sthanik Chikitsa holds great significance in improvement of *Maha Yoni* (third-degree uterine prolapse). This case demonstrates a significant improvement in third-degree

uterine prolapse using the treatment protocol of Ayurveda.

Limitations of this study:

As this is a single case study, it is difficult to generalize the study's validity and impossible to establish a cause-effect relationship. As a result, we recommend conducting large-scale clinical trials.

Patient's consent:

The patient was informed of the treatment and written consent was obtained willfully, prior to the study.

Acknowledgements:

We express our sincere gratitude to the staff of the ward No. 05 National Ayurveda Teaching Hospital, Sri Lanka.

Conflict of interest: Author declares that there is no conflict of interest.

Guarantor: Corresponding author is guarantor of this article and its contents.

Source of support: None

How to cite this article:

Deepthika S.H.K., Wijethunga U.P.P., Sajeewani H.L.M.G. Successful Ayurveda Management of *Maha Yoni* (Uterine prolapse) -A Case Study. Int. J. AYUSH CaRe. 2024;8(2): 163-168.

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