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An ayurvedic op-based intervention in Prasramsini Yonivyapad (uterine prolapse): A case report

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ABSTRACT

Uterine prolapse is a common pelvic organ support disorder affecting women in middle to older age, typically associated with multiparity, increased intra-abdominal pressure, and weakened pelvic musculature. In Ayurveda, pelvic organ prolapse may be correlated with conditions such as *phalini, andini, prasramsini*, and *mahayoni,* depending on the clinical features and severity. In this case, the presentation is most consistent with *prasramsini yonivyapad.* This case highlights the effective Ayurvedic treatment of a 49-year-old female patient presenting with second-degree uterine prolapse and associated vaginal discharge. A comprehensive internal and local treatment plan was implemented based on the principles of *pitha vatha pradana thridosha shamanam, balya,* and *swasthanasthapana.*Clinical improvements were observed within two weeks, suggesting that a well-planned Ayurvedic regimen may offer an effective non-surgical alternative for managing early-stage uterine prolapse.

Keywords: *Prasramsini*, Uterine prolapse, *Yoni pichu, Yoni kshalanam.*

INTRODUCTION

Uterine prolapse, defined as the downward displacement of the uterus into or through the vaginal canal, affects approximately 14% of women based on physical examination findings and is more common in multiparous women above 40 years of age[(1).] Risk factors include vaginal childbirth, advancing age, chronic cough, constipation, and activities involving heavy lifting[(2)]. In conventional medicine, treatment ranges from pelvic floor exercises and pessaries to surgical options, which may not be feasible or desirable for all patients due to age, comorbidities, or personal preference.

Ayurvedic classics describe a similar condition under *prasramsini yonivyapad,* characterized by *yoni srava* (vaginal discharge) and *yoni bhramsha* (descent of vaginal/uterine structures), largely due to aggravated *pitha dosha* and depletion of

yonibala (pelvic strength)(3). Even though acharya Sushruta described *prasramsini yonivyapad* as *pitta-pradhana*[3], the role of *vata dosha* as the *sthanika dosha* cannot be overlooked, especially due to its association with *apana vayu* and its role in uterine descent. This case report aims to highlight the clinical utility of Ayurvedic diagnosis and treatment protocol for managing second-degree uterine prolapse.

CASE PRESENTATION

- **Patient Information**

Age/Sex: 49-year-old female
Occupation: Advocate
Marital Status: Married

- **Chief Complaints**

Mass per vagina for 2.5 years
Occasional white mucoid discharge per vagina for 6 months, sometimes associated with itching

- **History of presenting complaints**

She was diagnosed with second-degree uterine prolapse following an episode of heavy menstrual bleeding and was advised pelvic floor exercises two and a half years ago, but the condition gradually progressed. Contributing factors included multiparity, lifting heavy weights, occasional constipation, and a history of asthma.

- **Personal history**

Diet: Mixed; high intake of pungent, fried, and processed foods
Addictions: None
Lifestyle Factors: Sedentary; history of lifting her bedridden mother.

- **Medical History**

Known case of bronchial asthma since childhood; on inhaler (Seroflo 250)
Diagnosed with hypothyroidism one month ago (TSH 9.34 mIU/ml); on Thyroflex 1 BD
No family history of similar complaints

- **Obstetric and Gynecological History**

L2P2A1; both deliveries were full-term normal vaginal deliveries. Gap between 2 deliveries is 1 ½ years.
One abortion at 6 weeks (D&C done) due to reduced fetal heart sound
Menstrual irregularities for the past two months (peri menopausal) ; mild lower abdominal pain, no clots
LMP: 20-02-2025

- **Examination Findings**

General: Moderately built and nourished.
BP:120/72 mm Hg
Ht:158cm
Wt: 50.4 Kg
BMI:20.2 Kg/m^2
Pelvic Examination (12/3/25):
Second-degree uterine prolapse
Mucoid white discharge
Cervix showed mild erosion
Per Vaginal (PV): Cervical motion tenderness absent

- **Systemic Examination**:

Cardiovascular system
Inspection –Normal precordial area
Auscultation – normal ,S1 S2 heard
Respiratory system
RR- 16 / min
Auscultation – normal vesicular breathing

- **Investigations**

USG Pelvis (6/3/25):
Uterus:
Anteverted.
9.5 x 4.3 x 4 cm.
ET 5.3 mm.
Multiple tiny fibroids; largest 0.7 x 0.5 cm in anterior wall
Left ovary: clear cyst (3.6 x 2.8 cm)
Blood Reports:
Hb:12 gm/dl
ESR: 22 mm/hr
T.Cholesterol: 220 mg%
LDL: 62 mg%
TSH: 9.34 mIU/ml

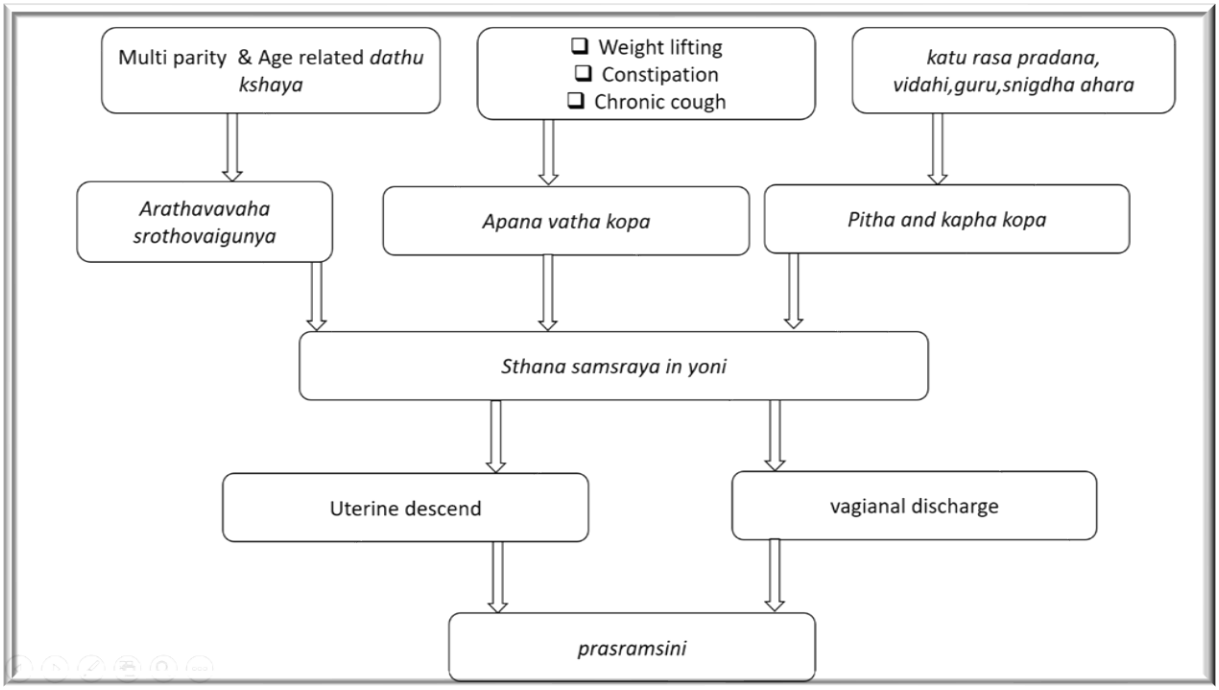
- **Ayurvedic Assessment**

Ashtasthana Pareeksha
Nadi: Sadharana
Mala: Baddha (occasional constipation)
Mutra: Anavila
Jihwa: Anupalipta
Sparsha: Anushnaseeta
Akruti: Madhyama
Doshic Assessment

Prakriti: Kaphapitta
Vikriti: Pitha vatha pradana thridosha.
Dhatu Dushti: Rasa, Rakta, Mamsa.
*Srotodusti: Sangha (prana, purisha and rasa vaha srothas)*and *Vimargagamanam(arthava vaha srothas).*
Srothas affected: *Rasa, Purisha, Prana and Arthavavaha srothas*
Rogamarga: Abhyantara
Samprapti: mentioned in flow chart

➢ **Diagnosis (*Nidana Panchaka*):**

Nidana: multiple pregnancy, age related *dathu kshaya, vega dharana* (sleep suppression), weight lifting,constipation, chronic cough(asthma), *ahita ahara* (*katu rasa pradana,vidahi,snigdha,guru*).
Poorvarupa: *avyakta*
Roopa: Kshobha in yoni, srava.



Sadhyasadhyata: Krichrasadhya
Ayurvedic Diagnosis: *Prasramsini Yonivyapad*

➢ **Intervention**

Treatment Principles

Pithavatakapha hara, Srotoshodhana.
Internal *rasayana* and *sthanika snehana* to enhance pelvic tone

Medications Used

1. **Internal Medications**

Medicine	**Dose**	**Properties**
Musalikhadiradi Kashaya + Guluchyadi Kashaya	90 ml, twice daily before food	*srotoshodhana, Pitha kapha hara*[4,5]
Dashamoola Haritaki lehya	10 g at bedtime with warm water	*vatahara, anulomana, rasayana*[6]

2. **Local Treatments**

Procedure	**Medicine**	**Duration**	**Properties**
Yoni Kshalanam	*Triphala Kashaya*	alternate days for 7 sessions	*shodhana, vrana ropana*[7]
Yonipichu	*Shashtika Taila*	alternate days for 7 sessions	*balya*[8], *yonibala vriddhi*

Duration of Treatment: 14 days (12/03/2025 to 26/03/2025)

Pathya-apathya followed

Pathya	***Apathya***
Fibre rich diet	*Katu rasa pradana,vidahi, guru,snigdha ahara*
Proper sleep pattern	Weight lifting
Regular mild excercise	Cold water
Yogasanas - vipareetha karani, Pranayama	Excess diary products

- **Results**

By the end of two weeks of treatment:

Symptomatic Relief:

Sensation of pelvic pressure/mass significantly reduced

White discharge ceased

No itching or discomfort

Functional Improvement:

Better bowel regularity

Reduced frequency of asthma attacks

Improved sleep and general well-being

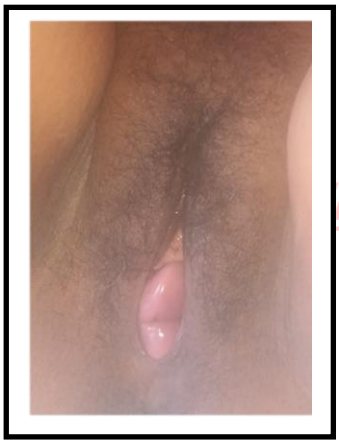
Pelvic Tone: Clinically improved on follow-up PV examination

Pereniometry before and after treatment

Date	**Resting pressure**	**Contracted pressure**
12/3/25	4 mm Hg	8 mm Hg
29/3/25	8 mm Hg	20 mm Hg

No adverse reactions to medications or local therapies

Before treatment 12/3/25



On 20/3/25

After treatment 26/3/25

DISCUSSION

In this case, age-related *dhatu kshaya* and multiparity, along with *sannikrishta nidanas* such as weight lifting, chronic constipation, and persistent cough, contributed to *apana vata* aggravation. Additionally, excessive intake of *katu rasa, vidahi, guru,* and *snigdha aharas* led to *pitta* and *kapha vitiation.*

This case reflects a mixed *pitta-vata* pathology. *Pitta dushti* led to inflammation and discharge (*yoni srava*), while *vata* involvement caused uterine descent. The use of *musalikhadiradi* and *guluchyadi kashaya* targeted *pitta-kapha shamana* involved in the *samprapthi*, while *Dashamoola Haritaki* acted as a mild *vatanulomaka* and *rasayana*. *Triphala Kashaya* helped to cleanse inflamed mucosa, and *shashtika taila yonipichu* provided mucosal nourishment and muscular toning. Continuous avoidance of sannikrishta nidanas is essential to prevent further aggravation of the condition, for which strict adherence to pathya-apathya is necessary.

The Ayurvedic strategy showed noticeable benefits in 2 weeks, supporting its potential role in non-surgical outpatient management

of second-degree uterine prolapse, especially in *krichrasadhya* and early-stage conditions.

CONCLUSION

The case demonstrates how a well-planned Ayurvedic protocol focusing on *pitta-vata* balance, local and systemic nourishment, and *srotoshodhana* can effectively manage early-stage uterine prolapse. Outpatient treatment using internal and local therapies provided symptomatic relief and structural improvement. Future studies can further validate this approach in larger populations.

Patient consent: Obtained.

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