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 2nd 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 yonivyapad1, 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.

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

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.

BHAVAPRAKASHA: He also chiefly followed Sushruta, documented Andini in place of Sushruttas Phalini.

KASHYAPA SAMHITA: No detail description of yonivyapad is given only enumerated as 20, while he describing the complication of purperium mentioned yonibramsha.
**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.

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 facia & 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.

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 micturation, incontinence & constipation etc.

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 also. 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 with out 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:

Subjective parameter
- Dragging Pain in pelvis
- P/V discharge (purulent)
- Frequency of micturation
- 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 is kept upto the next urge of micturation. kept once in a day for 10 days cycle.
- Internally shatavari churna 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.

<table>
<thead>
<tr>
<th>Grades of Response</th>
<th>No of Patients</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete remission</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>Maximum improvement</td>
<td>10</td>
<td>33.3</td>
</tr>
<tr>
<td>Mild Improvement</td>
<td>12</td>
<td>40</td>
</tr>
<tr>
<td>Unchanged</td>
<td>08</td>
<td>26.6</td>
</tr>
</tbody>
</table>

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

![Graphical Overall results of efficacy obtained after 3 consecutive cycles according to signs and symptoms as follows](image)

**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 relivies Osha, Chosha, Daha* etc.\(^1\)

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, Tridosahara* 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, Tridosahara*, helps in relieving the symptoms like *Osha, Chosha, Daha, Vedana, Srava*. *Sneha* does Local *Datu Pusthi* 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 micturation, 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:

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