

REVIEW ON PRASRAMSINI, PHALINI AND MAHAYONI (UTEROVAGINAL PROLAPSE)

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ABSTRACT

Uterovaginal prolapse greatly diminish the quality of life. *Ayurveda* focussed the human living habit and possess on daily routine like *Dincharya*, *Ritucharya*, *Rajasvalacharya*, *Garbhini Paricharya* and *Sutika Paricharya*. If women do not follow above *Paricharya* and neither follow the *Ahar Vidhi* called *Mithyachara* causes *Rasa*, *Rakta*, *Mansa* and *Med Dhatu Dushti* and improper form *Updhatu Artava*, *Kandra*, *Sira* and *Snayu* causes loosening of ligament, muscle leads to descent of pelvic organ from its place that is *Prasramsini*, *Phalini* and *Mahayoni*. *Phalini Yoni* can be correlated to second degree vaginal wall descent with or without first degree cervical descent and *Prasramsini Yoni* can be correlated to second degree uterine descent with or without vaginal wall descent. *Mahayoni* can be correlated to third or fourth degree uterovaginal prolapse.

Keywords: *Prasramsini*, *Phalini*, *Mahayoni*, uterovaginal prolapse.

INTRODUCTION

Acharya Sushruta says "*Dosha-Dhatu-Mala Moolam Hi Shariram*"¹ that is root of human body; its balance called *Swasty* and its imbalance called *Roga* (Disease). Due to *Mithyachara* accumulates *Dosha* place which aggravates by specific cause and develop specific disease. In Uterovaginal prolapse due to *Mithya Ahara* include lack of protein rich diet and *Mithya Vihara* which include aggravating factor like improper bearing down effort during vaginal delivery, multiple vaginal delivery, straining during defecation, heavy weight lifting in valsalva manoeuvre, systemic illness like chronic cough;^{2,3} as a result *Rasa*, *Rakta*, *Mansa*, *Meda Dhatu Dushti*; causes improper nourishment of *Updhatu Artava*, *Kandara*, *Sira* and *Snayu* that is weakening of connective tissue like muscle and liga-

ments which leads on later stage uterovaginal prolapse. In *Ayurveda* features of *Prasramsini*, *Phalini* and *Mahayoni* can be correlated to uterovaginal prolapse.

***Prasramsini*, *Phalini* And *Mahayoni* In Different *Ayurvedic* Texts-**

Acharya Charaka Described all gynecological disorder in *Yonivyapada Chikitsa* and in the reference of *Mahayoni* coitus in uneven bed and position causes *Vishtambhit Yoni-Mukha* and *Asamvratta Mukha* (dilatation of vaginal orifice/ uncovered cervix), *Mansotsanna* (mass coming out from vagina) that means cervix descend outside the vaginal orifice and there is presence of decubitus ulcer.

Charaka did not describe *Prasamsini* and *Phalini Yoni* separately but in the reference of *Chikitsa*, used word *Srasta* and *Sarpi-Ksheer Sweda* which is specific treatment for *Prasamsini Yoni* that is *Pitta Shamaka*. *Charaka* also described *Swasthana Sthapana Chikitsa* (replacement of displaced pelvic organ).⁵ *Acharya Sushruta* described *Yoni Roga* in *Uttar-tantra* and divide twenty *Yoni Roga* according to *Dosha*, and have separately described *Prasamsini* and explained the specific cause that is *Kshobhana* and difficult labour, the main feature is vaginal discharge and cervical descend clinically this type of feature appear in first and second degree uterine prolapse but difficult labour can be possible in second degree uterovaginal prolapse. *Sushruta* said one word "*Ativivrata*" for *Mahayoni* that means excessive dilatation of vaginal orifice causes large uterovaginal part is prolapsed which can be correlate to third or fourth degree (procentia) degree uterine prolapse, *Acharya* also described separately for vaginal wall prolapse that is *Phalini* because it looks like a fruit. *Sushruta* explained the common cause for all *Yoniroga* that is incompatible male female sex organ and excessive coitus is a specific cause for vaginal wall prolapse.⁶ Both *Vagabhatta* described *Yonivyapada* in the chapter of *Uttar-tantra Guhyarog Vigyaniya*. They described separately *Mahayoni* also used word *Vivrata* and *Srasta* in *Mahayoni* reference and did not describe separately *Prasamsini Yoni* but in the reference of *Chikitsa* also described in *Astanga Sangraha Sransa*, *Srasta* and *Nisrata* word used for prolapse and *Ghrata Snehana*, *Ksheera Swedana* and *Vesvara Bandhana Chikitsa* for *Prasrasta Yoni* which was described by *Acharya Susruta* for *Prasamsini Yoni* that means *Vridha Vagbhatta* described *Prasamsini* as term of *Sransa* and *Prasarsta*. In *Astanga Hridaya Srasta*, *Nisrata* word used for displaced *Yoni* also described *Swasthana Sthapana Chikitsa* for *Dusthapita Yoni* (replacement of displaced pelvic organ) also for *Nisrata*, *Vivrata* and *Sthana Apavritta Yoni*⁷. Both *Vagbhatta* did not describe *Phalini Yoni* separately. *Arunadatta* explained meaning of *Dusthita* that means displacement of pelvic organ, *Nisrata* that is descent

from its place and descent outside the introitus and *Vivrata* means dilatation of vaginal orifice.⁸

Madhav-Nidana, *Bhava Prakasha* and *Yoga-Ratnakara* follow as *Sushruta*. *Andini* term used in place of *Phalini*.

Acharya Sharangdhara described the name of twenty *Yoniroga* in *Purvakhanda* seventh chapter, did not give any detail description about them.⁹

Acharya Kashyapa did not give any description of these *Yoni Roga*, except the number of twenty. In *Sutra Sthana* chapter 28 (*Lakshanadhyaya*) different shape of *Yoni* and their effect in future life. *Lamba Yoni* and *Vivrata* can be correlate to Prolapse.¹⁰

Clinical correlation of *Yonivyapada* related to uterovaginal prolapse:

Clinical correlation of *Prasamsini Yoni*-

In this condition any irritation causes excessive vaginal discharges and its displacement and labour is also difficult. Another feature is *Pitta Vitiation*. *Acharya Dalhana* explained *Sransana* is excessive vaginal discharge, *Kshobhana* is excessive irritation, *Dukha Prasava* is difficulty in labour or abnormal passage or birth canal and *Pitta* symptoms are *Osha* (burning in particular area) *Chosha* (throbbing pain).¹²

The condition is characterised with prolapse of reproductive organs. The word *Yoni* refers to vagina and uterus, thus prolapse of vaginal wall and uterus both can be considered in *Prasamsini Yoni*. Normally prolapse of anterior and posterior vaginal wall before delivery is commonly seen in which have a history of excessive straining during defecation or in which have congenitally weak supports. Initial degree of prolapse cannot create obstruction in labour and generally correct in late pregnancy, in second degree uterine prolapse causes non dilatation of cervix due to excessive congestion caused by compression of presenting part over the cervix due to its displacement is one of the important complication of labour. Considering above facts *Prasamsini Yoni Vyapada* had description of second degree uterovaginal prolapse.^{13,14,15}

Clinical correlation of *Phalini Yoni*-

Acharya Susruta says that when a young woman has coitus with a man having big size of penis, then she suffers from *Phalini*. *Dalhana* giving another name as

Aphalini or *Apraja*. Appear features of all the *Doshas* that is dryness and pricking pain due to *Vata*, burning sensation and heat due to *Pitta*, moistness and itching due to *Kapha* are also present.¹⁶

Usually above mentioned coital abnormality may cause initial degree of prolapse but does not cause second or third degree uterine prolapse, because in second and third degree prolapse cervix descent outside the introitus and it will not look like a fruit or egg due to presence of cervix with its Os. If we take the specific cause a man having big size of penis coitus with a *Taruni* (young woman) having narrow vagina. Here *Taruni* means an adolescent girl which more cleared by *Bhava Prakasha* they used term *Bala* and their age match with adolescent girl which have due to deficiency of oestrogen, incomplete development of reproductive organ and have lack of glandular secretion and also have lack of collagen tissue and has less elastic capacity of supporting muscle and fascia. If a man having coitus forcefully and inappropriate position with this adolescent girl and at this time if the girl constrict the vagina due to fear or shame (vaginism) can lead to tearing of perineal or vaginal musculature, if constant practice this can lead to permanent damage or loosening of vaginal musculature as a result later on vaginal wall descent.¹⁷

Clinical correlation of Mahayoni:

Acharya Charaka says that *Vayu*, vitiated due to coitus in an uneven place and position, causes *Vishtambhana* of *Yoni*. In this condition dry, frothy bloody discharge there is pain also. This condition having muscular protuberance in *Yoni* associated with pain in joints and groin region is known as *Mahayoni*. *Acharya Susruta* says that in this *Yoni* is excessively dilated. and appear features of all three *Doshas* that is dryness and pricking pain due to *Vata*, heat and burning sensation due to *Pitta*, moistness and itching due to *Kapha* are also present.¹⁸

All features of *Vivrata* or *Maha Yoni* like third or fourth degree uterine prolapse or procedentia.^{19,20}

So uterovaginal prolapse can be co-related to¹¹ -

1. *Prasamsini Yoni Vyapad* - II-uterine prolapse with or without vaginal wall descent

2. *Phalini/Andini* - II-degree vaginal wall descent with or without I degree cervical descent.
3. *Mahayoni*. - III degree uterovaginal prolapse

DISCUSSION

In specific feature of *Phalini Yoni* that is protuberate like a fruit or an egg, clinically this entity seen in when the vaginal wall descent at least at the level of introitus that is second degree vaginal wall prolapse but on observation in many patients which have second degree vaginal wall descent also have minor degree cervical descent; so *Phalini Yoni* exactly correlates to second degree vaginal wall (anterior/posterior compartment) prolapse with or without first degree uterine (middle compartment) prolapse. Specific feature of *Prasamsini Yoni* is their cause that is h/o of *Dukha Prasava* or previous prolapsed condition which causes difficulty in labour, first degree uterine prolapse generally does not cause difficulty in labour, this condition is seen in second or third degree prolapse where due to excessive congestion causes non dilatation of cervix as result labour dystocia. *Acharya* separately mentioned third and fourth degree prolapse in the heading of *Vivrata* and *Mahayoni*, Hence we can understand *Prasamsini Yoni* means second degree uterine prolapse, in clinically this condition seen along with vaginal wall descent; so here we can take second degree uterine (middle compartment) prolapse with or without vaginal wall (anterior/ posterior compartment) prolapse. In *Mahayoni*, having muscular protuberance in *Yoni* associated with pain in joints and groin region is known as *Mahayoni*. *Acharya Susruta* says that in this *Yoni* is excessively dilated so their clinical correlation is third or fourth degree uterovaginal (anterior/ posterior/ middle compartment) prolapse.

Conclusion: Ancient *Acharya's* concept was very clear, they defined specific causative factor and key feature of particular *Yoni vyapada*. We can be correlated to modern theory in some extent but not completely because the people of that time had different habit and lifestyle and body strength. To apply *Ayurvedic* treatment protocol and to explain *Ayurvedic*

principles in modern era, we need to correlate it to the modern science.

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