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PRASRAMSINI YONIVYAPADA: A CRITICAL REVIEW

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ABSTRACT

Prasramsini is one of the 20 Yonivyapada mentioned in Ayurveda classics. It was first explained as a Yonivyapada by Acharya Sushruta in Sushruta Samhita Uttartantra 38th chapter "Yonivyapada Pratishedha Adhyaya". It is a condition in which there is displacement of Yoni from its place, excessive vaginal discharges, and difficult labor due to abnormality of passage along with features of Pitta vitiation. On the basis of its description, it can be corelated with 1st and 2nd degree utero-vaginal prolapse. Historical aspect, Nidana, Purvaroopa, Roopa, Saapeksha Nidana (with Mahayoni, Andini, Anatarmukhi, Vatiki yonivyapada) and Chikitsha (Shamana & Shodhana) of Prasramsini Yonivyapada is explained in detail in this article along with its possible contemporary correlation.

Keywords: Prasramsini; Yonivyapada; Yoni Bhransa, Mahayoni; Andini; Utero-Vaginal Prolapse

INTRODUCTION

Prasramsini Yonivyapada is one of the 20 Yonivyapada and placed under Pittaja Yonivyapada but as no Yonivyapada can occur without the in-

volvement of *Vata* so it can be considered as *Vata Pradhana Pittaja Yonivyapada*.

According to *Acharya Sushruta Prasramsini Yonivyapada* is one in which there is displacement of *Yoni* from its place with excessive vaginal discharges because of any irritative conditions due to which labor is also difficult ¹.

According to *Madhukosha* commentary it is a condition in which after compression or massage the *Yoni* is prolapsed. On the basis of its description it can be corelated with 1st and 2nd degree utero-vaginal prolapse.

Etymology

Prasramsini is derived from word "*Sransi*" literal meaning of which is to fall down from its place Meaning of *Sransi* given in different dictionaries is as follows² -

Shabdakalpadruma	Vachaspatya	Shabdasagara	
1-Adhah Patansheele	1- Adhah Patansheele	1. Falling or hanging down	
		2. Pendulous, depending	
		3. Being loosened	

Historical Aspect

Following is the short description of past literature on *Prasramsini Yonivyapada* to explain its historical aspect.

Ayurveda classics like Charaka Samhita, Ashtanga Sangraha, Ashtanga Hridya have not mentioned Prasramsini as separate disease entity but as a symptom like Yonishula, Yonikarkashta, Yonistabhdata etc. which can be found either as a separate symptom or as a symptom or sign under other Yonivyapada.

They have used the term Sransta³/ Prasrasta⁴/ Duhasthita Yoni/Nisrata Yoni/Vivrita Yoni/ Sthanapvrita Yoni⁵ etc., for the same condition. Acharya Charaka and Vagbhatta have given treatment for Prasransta /Sransta or Sransa, condition of Yoni randomly in chapters where they have explained other Yonivyapada. Acharya Vagbhatta has given Sransta also as a sign of *Mahayoni* but not as a separate disease entity.⁶ First of all, it was explained as a Yonivyapada by Acharya Sushruta in Sushruta Samhita Uttartantra 38th chapter "Yonivyapada Pratishedha Adhyaya." It was placed under Pittaja Yonivyapada by Acharya Sushruta.⁷ Later on Madhava Nidana⁸, Bhavaprakasha9 and Yogaratnakara10 have followed Sushruta and described Prasramsini Yonivyapada as separate disease and placed it under Pittaja Yonivyapada.

Synonyms

Sanskrita – Sransta, Prasransta, Duhasthita Yoni, Nisrata Yoni, Vivrita Yoni, Sthanapavrita Yoni

Hindi – Yoni Bhransa

English – Utero-Vaginal Prolapse

Nidana

Hetu or Nidana are the causative factors which are responsible for vitiation of Doshas further on leading to the disease-causing pathologies. Though there are no detailed etiological factors explained by Acharyas specifically for Prasramsini Yonivyapada, there is a common detailed description of Nidana of all Yonivyapada including Prasramsini Yonivyapada. So we can divide Nidana or causative factors of Prasramsini Yonivyapada as follows –

Samanya Nidana

- These are common for all *Yonivyapada*
- 1. *Mithya Achara* (Abnormal diet and habits) which includes

Mithya Ahara like - Inadequate diet, unhygienic food etc.

Mithya Vihara like

- Coitus in abnormal position
- Use of *Apadravya* or abnormal substances for sexual pleasures
- Excessive exercises

Mithya Vihara followed by women at the time of Prasava (for example bearing down efforts without presence of contraction)

Improper diet may result in weakness in body and a weak body is more liable to any disease including deficiency and infectious disorders. Improper diet results in deficiency of various essential nutrients in body like minerals and vitamins which are essential for collagen tissue repair and for maintaining natural tone of ligaments and muscles supporting genital organs at

place. Thus, their deficiency is an important factor for Utero-vaginal Prolapse. *Mithya Vihara* as mentioned above may cause direct injury to the genital organs further resulting in weakness of genital organs and their supporting structures.

2. Pradusta Artava

This may include prolapse due to Estrogen deficient state of body as in post-menopausal women.

With advancement of age, when menopause sets in, estradiol level comes down to basal 20pg/ml. As estradiol is main hormone for maintaining the elasticity and tone of ligaments and muscles of genital organs, deficiency of estrogen results in atrophic changes to these organs .This post - menopausal atrophy and poor collagen tissue repair with age act as an aggravating factor for prolapse. Decrease vascularity of genital organs, atrophic epithelial changes in lining of genital organs make the organs prone to repeated vaginal infections and UTI which further worsen the condition.

4. *Beeja Dosha* (Congenital abnormality)

Whenever a woman does *Mithya Ahara Vihara*, *Vatadi Dosha* in her body gets vitiated. These vitiated *Dosha* move on to *Rakta* and *Garbhashaya* as a result, when this woman conceives, the *Matraja Pitraja Bhava* of developing fetus get *Dushita* leading to *Vikriti* in *Beeja* and *Beeja Bhaga Avayava* which may lead to defective formation of particular organ (*Garbhashaya*) and its supporting system along with nerve supply.

Any abnormality of development may cause congenital weakness or absence of ligaments and muscles supporting genital organs. Defective nerve innervation is also a major cause of congenitally weakened support of genital system.

4. *Daiva* (Due to curses from God)

This may include Utero-vaginal Prolapse of unknown etiology.

Vishesha Nidana

- These are specific for *Prasramsini Yonivyapada*.
- 1. Yoni Kshobhana / Yoni Vimardana

Acharya Sushruta while describing symptoms of Prasramsini Yonivyapada has described "Kshobhana" as single Nidana for Prasramsini Yonivyapada. According to him in this condition any Kshobhana of Yoni can causes Yoni Sransana.

Madhukosha commentary has taken meaning of Kshobhana as "Vimardana" considering it as etiological factor for Prasramsini Yonivyapada.

Madhava Nidana¹¹ and Bhavaprakasha¹² and Yogaratnakara¹³ have followed Sushruta.

On detailed study following reasons are found responsible for the condition of *yoni sransa* -

Vyavaayam Ati Triptaaya

When a woman indulges in coitus in abnormal positioning after excessive intake of food her *Vayu* gets vitiated and causes *Antaramukhi Yonivyapada* which is a condition of abnormal positions of *Yonimukha*.

Vishama Dukha Saiyyaa Maithunata

Coitus in troublesome bed also leads to vitiation of *Vata* which further leads to *Mahayoni* which is condition of procidentia

Atikaaya grahitaayas tarunyaa

➤ When a woman of very young age indulges in coitus it leads *to Andini Yonivyapada* in which prolapsed yoni resembles an egg shape.

Purvarupa

Purvarupa is one which originates before the onset of a proper disease.¹⁴ As there is a very small description given about Prasramsini Yonivyapada in the Ayurveda classics, so there is no description of the Purvarupa for the disease in the classics. However, symptoms mentioned in Antaramukhi Yonivyapada can be taken as Purvarupa of Prasramsini Yonivyapada. Antaramukhi Yonivyapada can be considered as abnormal position of Garbhasaya which is most commonly found in retroverted position of uterus. Due to loosening of its support, uterus almost always undergoes some sort of retroversion before descending into vagina so Antaramukhi denotes previous stage of *Prasramsini Yonivyapada*. On this basis *Purvarupa* of Prasramsini Yonivyapada can be summarized as follows-

- 1. Yoni Shula
- 2. Maithuna Asahinshnuta (dyspareunia)

Rupa

When prodromal symptoms show their proper effect or symptoms, it is considered as *Rupa*.

Following are the *Lakshana* or *Rupa* of *Prasramsini Yonivyapada*

1. *Yoni Sransana/Syandana* – Prolapse or displacement of *Yoni* /excessive discharges

According to *Acharyas* in this condition any irritation causes displacement of youi along with excessive vaginal discharges.

Acharya Sushruta has mentioned Yoni Syandana while Madhava Nidana, Yogaratnakara and Bhavaprakasha have mentioned Sransana in place of Syandana. As Yonivyapada name is Prasramsini so Yoni Sransana seems more acceptable. Commentator Madhukosha have mentioned the 'Svasthanachyavate' term for this condition.

2. Duhaprasushcha – difficult labor

As *Prasramsini Yonivyapada* denotes descended position of *Yoni* so due to abnormality of passage labor is always difficult in *Prasramsini Yonivyapada*.

3. Features of *Pitta* vitiation

As *Prasramsini* is placed under *Pittaja Yonivyapada* so features of *Pitta* vitiation are found in this like *osha chosa* etc.

Differential Diagnosis

On detailed study of *Yonivyapada* it was found that there are also other *Yonivyapada* in Ayurveda where *Yoni Sransa* is a *Lakshana* including *Prasramsini*¹⁵. So, it's necessary to differentiate *Prasramsini Yonivyapada* from these other *Yonivyapada* as management of all these *Yonivyapada* is different. On the basis of *Pradhana Dosha* involved, *Nidana* and *Lakshana* we can differentiate *Prasramsini* from these other *Yonivyapada*.

Yonivyapada	Pradhana Dosha	Nidana	Lakshana	Probable co-relation
Prasramsini	Vata Pitta	Yoni Kshobhana	1. Yoni Sransana/Syandana	Utero-vaginal prolapse of
			2.Duhaprasushcha	1 st & 2 nd degree
			3. features of <i>Pitta</i> vitiation	
Antaramukhi	Vata	coitus in abnormal posi-	1.Vakra Yoni	Retroversion of uterus (can
		tioning after excessive	2.Maithuna Asahinsnuta	be taken as Purva Awastha
		intake of food	3. features of <i>Vata</i> vitiation	of <i>Prasramsini</i>)
Mahayoni	Tridosha	Coitus in troublesome	1.Vivrita Yoni	Procidentia
		bed	2.Parva Vakshana Shula	
			3.Painful menstruation	
			5.Mix features of all three	
			Dosha	
Andini	Tridosha	vaginal tear due to coital	1.Anda samana Yoni	Cystocele/rectocele
		activity at a very young	2.Mix features of all three	
		age	Dosha	
Vatiki	Vata	Vata Prakopaka Ahara	1. Yoni Bhransa	Prolapse in menopausal
		Vihara Sevana	2.Features of <i>Vata</i> vitiation	women due to estrogen
				deficiency

Management

Treatment given can be broadly classified as-

- 1. General
- 2. Specific

- **1. General** which is common for all *Yonivyapada*
- *Ayurvedic* oral preparations mentioned for general management of *Yonivyapada* ¹⁶

Churna	✓ Pushyanuga Churna	
Sneha	✓ Brihata Shatavari Ghrita, Phalaghrita, Laghuphalaghrita	
Kwatha	✓ Nyagrodhadi Kwatha, Maharasnadi Kwatha	
Modaka	✓ Jeerakadi Modaka	

Specific:_Treatment given specifically for *Prasramsini Yonivyapada*

It can be further classified into

1. Shamana Chikitsa

2. Shodhana Chikitsa

1. Shamana Chikitsa.

Oral-

- To consume meat soup of *Gramya*, *Anupa* and *Audaka animals*.
- Use of milk medicated with Dashamula Kwatha.
- Use of *Laghuphalaghrita*. ¹⁷
- *Sneha* medicated with decoction and paste of *Dashamula* and *Trivrita*¹⁸.

Local – (for local application in yoni)

- Paste of Bitter gourd and Water. 19
- Paste of *Indragopa* (a type of insect) with Water.²⁰
- Paste of Mango seed mix with equal amount of Camphor and Honey²¹
- Oleation (with *Trivrita Sneha*)
- Sudation (with Milk)
- Replacement of displaced *Yoni* After oleation and sudation, prolapsed mass should be gently inserted inside vaginal canal with hand, a ball of *Vesawara* should be inserted in the canal and finally a bandage should be applied. ²²The bandage should be removed when patient has desire or feeling of micturition.

The oleation and sudation can be used alone or along with replacement of *Yoni*. It depends upon degree and condition of prolapse whether there is need of replacement or bandaging of *Yoni* or not.

Sodhana Chikitsa

Sodhana Chikitsa mentioned by Acharyas in Prasramsini Yonivyapada are-

- 1. Uttara Basti
- 2. Anuvasana Basti

Following are the drugs mentioned for *Uttara Basti & Anuvasana Basti* in *Prasramsini Yonivyapada*.

- ➤ Trivrita Sneha²³
- Sneha medicated with decoction and paste of Dashamula and Trivrita Sneha²⁴
- ➤ Shatapaka or Sahastrapaka Vatahara Taila, Sukumara Taila, Bala Taila or Shirisha Taila

Contemporary View of Prasramsini Yonivyapada

Considering all above facts *Prasramsini Yonivyapada* appears to be description of 1st and 2nd degree Uterovaginal Prolapse. However, as the word *Yoni* refers to vaginal canal and uterus, thus prolapse of vaginal wall and uterus both can be considered. Utero-vaginal prolapse can be defined as descent of the anterior vaginal wall, posterior vaginal wall, uterus (cervix), the vaginal apex, alone or in combination.

Main etiological factors involved are trauma of vaginal delivery, congenital weakness and postmenopausal atrophy.

Pathophysiology: Pelvic organ support is maintained by complex interactions among the pelvic floor muscles, pelvic floor connective tissue, and vaginal wall. These work in concert to provide support and also maintain normal physiologic function of the vagina, urethra, bladder, and rectum. Following factors are implicated in failure of this support as a whole, but none fully explain its pathogenesis. These includegenetic predisposition, loss of pelvic floor striated muscle support, vaginal wall weakness, and loss of connective attachments between the vaginal wall and the pelvic floor muscles and pelvic viscera.

Clinical features of utero-vaginal prolapse consists - Feeling of something coming down per vaginum, Backache or dragging pain in pelvis, Dyspareunia, Urinary symptoms (in presence of cystocoele-difficulty in passing urine, urgency and frequency), Bowel symptoms (in presence of rectocele-difficulty in passing stool), excessive white or blood stained discharge per vaginum is due to associated vaginitis or decubitus ulcer.

Treatment option available is oestrogen replacement therapy, pessary application and surgical repairs.

CONCLUSION

Prasramsini is Vata Pradhana Pittaja Yonivyapada first of all explained by Acharya Sushrut. General etiological factor consists of Mithya Ahara Vihar, Pradusta Artava, Beeja Dosha and Daiva Prakopa. Main etiological factor involved is Yoni Kshobhan due to any reason, resulting in Yoni Srans (utero-vaginal displacement) and Duhprasooshcha (difficult labour). Differential diagnosis can be made with Antarmukhi, Mahayoni, Andini and Vatiki Yonivyapada due to different way of management given for each one. Treatment options described in Ayurveda are many from systemic to local in form of shamana and shodhana chikitsha. On reviewing its description Prasramsini Yonivyapada seems a description of utero-vaginal prolapse of 1st and 2nd degree.

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