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“A REVIEW OF MAHAYONI, PHALINI AND PRASRANSINI YONIVYAPADA WITH SPECIAL REFERENCE TO GENITAL ORGAN PROLAPSE”

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ABSTRACT:

Uterovaginal prolapse greatly diminish the quality of life. If women do not follow *Paricharya* and neither follow the *Ahar Vidhi* called *Mithyachara* causes *Rasa, Rakta, Mansa* and *Med Dhatu Dushti* and improper form of *Updhatu Artava, Kandra, Sira* and *Snayu* causes loosening of ligament and 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. According to *Ayurveda Mahayoni* is *Treedoshja vikara*. According to morden aspects surgery is the only treatment for uterine prolapse but according to *ayurveda* we can treat this problem by medicines. The article reviews the comparison of *Mahayoni, Prasransinini* and *Phalini yonivyapada* with different degrees of uterine prolapsed.

KEYWORDS – *Ayurveda, Yonivyapad, Mahayoni, Prasransini, Phalin, Mithya Ahara*

INTRODUCTION:

Acharya Sushruta says "*Dosha-Dhatu-Mala Moolam Hi Shariram*" that is root of human body; its balance called *Swastyas* and its imbalance called *Roga* (Disease). Due to *Mithyachara* accumulates *Dosha* place which aggravates by specific cause and develop specific disease.

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; 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 ligaments which leads on later stage uterovaginal prolapse. In *Ayurveda* features of *Prasransini, Phalini* and *Mahayoni* can be correlated to uterovaginal prolapse.¹

AIMS AND OBJECTIVES:

- To review the actual term wise difference between the *Mahayoni, Prasransini* and *Phalini*.
- To review various opinions forwarded by ancient *Acharyas* regarding *Mahayoni, Prasransini* and *Phalini*.
- To compare *Ayurvedic* and modern aspects regarding *Mahayoni, Prasransini* and *Phalini*.

MATERIAL AND METHODS –

It is a conceptual study. Data on *Mahayoni, Prasransini* and *Phalini* is gathered from classical books and organized in a systematic manner.

LITERATURE REVIEW –

According to modern texts the following are the factors which lead to uterovaginal prolapse²

- Over stretching of mackernodts and uterosacral ligaments.
- Premature bear down efforts prior to dilatation of cervix.
- Forceful traction forceps delivery.
- Prolonged second stage of labor
- Overstretching of perineum
- Neuromuscular damage of levator ani
- Repeated childbirths at less interval of time.

Apart from these reasons following systemic illness might also be present-

- Increased abdominal pressure as in chronic lung disease(COPD) and constipation
- Weight lifting occupation.

Many of the women visiting in our hospitals in outdoor patient department (OPD) belong to low socio-economic background where the female has to work in the farm for maximum hours of the day. They have to carry very heavy weights over their head and have to work in valsalva position for many hours. The nutritional gain remains a great question mark in these women.

Many women from such background also provide obstetrical history of home delivery of 3-4 children where each child having less interval of time between. These females show multiparity.

Ill nourished and asthenicity, early resumption of activities which greatly increases the intra abdominal pressure before the tissues regain their tone also creates major issue in these women.

So, gravitational stress due to human bipedal posture, stress of parturition causes maximum damage to the puborectal fibres.

Pelvic floor weakness due to urogenital hiatus and the direction of obstetric axis through hiatus. This might also lead to nerve and muscle damage.

Mahayoni, praransini and phalini according to different *ayurvedic* texts-

1. *Prasramsini 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

1) *Mahayoni*-

Acharya charaka says that, due to *visham dukkhashayya maithunat* (coitus in improper position) the dilatation of uterine and vaginal orifice occurs.³

This leads to muscular protrubence i.e mass like structure coming out of vagina also presence of pain in joints and groin region.

Acharya sushruta says that there is excessive dilatation of the *yoni* and all the three *doshas* are vitiated where each of *dosha* shows its *lakshanas*. *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 (procedentia) uterine prolapse.⁴

Both *Acharya vagbhatas* have mentioned that aggravated *vayu* producing stiffness of vaginal orifice and uterus causes dilatation, displacement and other severe pain. It also shows muscular protrubence.^{5,6}

*Madhav nidana*⁷, *Bhavaprakasha*⁸ and *yogratnakar* have mentioned same as that of *Acharya sushruta*.

Coitus or uneven troublesome bed is the cause suggested by *Acharya*.

It indicates physical pressure due to mechanical stress and discomfort disturbing the structures supporting pelvic viscera (muscular and ligamentary supports) leading to *yoni vishtambha* (perineal distension) and *utsanna mamsata* (prolapse of pelvic organs). This condition is characterised by relaxed vaginal opening associated with prolapse of mass, which can be correlated with procedentia.

Samprapti -

Vishama dukha shayya (mechanical stress)



Vitiation of *doshas*



Yoni-vishtambha



Peshi visamghatana



Utsanna mamsata

Lakshana-⁹

- *Garbhashaya vishthambha*- stiffness of uterus
- *Vivritana*- distension of vagina
- *Yoni-mukha vishthambhana*- stiffness of vaginal orifice
- *Asamvritta mukha*

- *Mamsotanna*- A mass per vagina
- *Arati*- pain
- *Parva- vakshana shoola*- pains in joints and groin

2) *Prasransini*-

Acharya sushruta says that there causes vaginal irritation and vaginal discharge, there is also displacement of the uterus. Hence the labor becomes difficult¹⁰. Mainly *pitta dosha* is present which causes burning sensation.

Madhav nidana, *bhavaprakash* and *yogratnakar* also have followed the *sushruta*.

Madhav nidana has explained very clearly that the *yoni* is displaced from its original place.

Madhukosha comentary explains that if we compress or massage the uterus during procedure of labor the uterus might get prolapsed.

3) *Phalini*-

Sushruta says that when a young woman has coitus with a man having big size penis very frequently then she might suffer from dryness, irritation and itching might also be present.¹¹

Madhav nidana, *bhavaprakash* and *yogratnakar* have mentioned this as *andini yonivyapada*.

Madhukosha commentary has mentioned that there is initial narrowing of *yoni* which *protruberates* like an egg.

With the constant coitus with narrow *yoni* it might cause the laxity of anterior and posterior vaginal wall, which may protruberate outside the introitus in a shape of egg.

Hence the *phalini yonivyapada* appears to be the description of vaginal wall prolapse specially cystocele and rectocele.

Ayurvedic management –

The treatment described in *vatika yonivyapadas* should be employed.

1-*Snehana karma*-

Traivritta sneha is given orally and externally.

Bahya- sarpi phala ghrita, Changeryadi ghrita, bala ghrita

2- *swedana karma*-

tapa sweda

drava sweda

bhashpa sweda

upanaha sweda

3- *Basti*-¹²

The use of *basti* and sudation should be done and hundred or thousand times cooked oil medicated with drugs capable of suppressing *vata* or *sukumara*, *bala* or *sirisa tail* should be used in the form of *anuvāsana* and *uttar basti*

4- *Sthan vichyuta yoni*-¹³

The displaced *yoni* should be replaced after giving oleation and sudation.

DISCUSSION:

In specific feature of *Phalini, Yoni* that is protuberate like a fruit or an egg, clinically this entity seen 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 prolapse with or without first degree uterine prolapse.

Specific feature of *Prasramsini 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 there is no dilatation of cervix as a result labour dystocia. *Acharya* separately mentioned third and fourth degree prolapse in the heading of *Vivrata* and *Mahayoni*, Hence we can understand *Prasramsini Yoni* means second degree uterine prolapse, clinically this condition seen along with vaginal wall descent; so here we can take second degree uterine prolapse with or without vaginal wall 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 prolapsed.

CONCLUSION:

Ancient *Acharya's* concept was very clear, they defined specific causative factor and key feature of particular *Yonivyapada*. 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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