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Distinct Perspective of Uterine Prolapse with special reference to its Etiological Factor and Treatment

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ABSTRACT:

Uterine prolapse (UP), also known as pelvic organ prolapse (POP) and genital prolapse, describes the descent of the uterus from its normal anatomical confines to positions within or outside the vaginal introitus. Etiological factors for prolapse vary from study to study but those reported consistently are increasing age, parity and obesity. Other possible causes include smoking, chronic increase in intra-abdominal pressure, estrogen deficiency; connective tissue disorders, low socioeconomic status, ethnicity and family history.

This article is a case study which represents, raised internal abdominal pressure due to *YOG* activities like *Kapalbhati* as a causative factor of uterine prolapse and accordingly the treatment plan. At present people are practicing *Yog*, *Pranayam* & *Asana*. But it is important to remember that the activities appropriate for some women may not be suited to others depending on individual risk factors for pelvic floor injury. In Ayurved, treatment plan changes from person to person depending upon *NIDAN PANCHAK* (Diagnostics) that is 1. Etiological factors 2. Premonitory Symptoms 3. Signs & Symptoms 4. Pacifying & Aggravating factors 5. Individualized pathogenesis of disease. Thus, it is not sufficient to treat such cases with disease specific treatment, but investigating etiological factor and planning of treatment accordingly is worthwhile.

Keywords: - Uterine prolapse (UP), pelvic organ prolapse (POP), *Yog*, *Kapalbhati*

INTRODUCTION

Menopause is a crucial phase of female physiology. Uterine prolapsed is one of the presenting symptoms of this phase. Pelvic organ prolapse (POP) is a common condition with prevalence rates of 25–65%. Eleven percent of women undergo surgery for Pelvic Organ Prolapse by the age of 80.[1]Vaginal hysterectomy and Manchester repair are the frequent surgical approaches to treat uterine prolapse. However, both are associated with a relatively high subsequent vaginal vault recurrence.[2] Vaginal vault recurrences are often the site of recurrent female genital tract malignancies. Also, non-removal of

the uterus may retain functional (e.g., bowel, bladder and sexual) benefits. Therefore, the concept of uterine preservation for pelvic-organ prolapse has been of greater interest. [2]

Pathophysiology of Uterine Prolapse: -

Pelvic organ support is provided by the vagina. The vagina, in turn, is supported by the physiologically complex interactions between the levator ani muscles (pubococcygeus, puborectalis, coccygeus, iliococcygeus), their fascial coverings, the vagina and its connective tissue attachments to the bony pelvis, including the uterosacral ligaments, the arcus tendinous fascia pelvis, the perineal body, and perineal membrane. The levator ani, providing a shelf-like structure at the inferior most portion of the pelvis, separate to allow passage of the urethra, vagina, and rectum. At rest, tonic contraction of the levator ani muscles provides support to pelvic organs. In the presence of normal support, the supportive connective tissues of the vagina pulled the vagina superiorly and back toward the sacrum placing the upper vagina at a nearly horizontal orientation over the levator ani muscles and pelvic organ support is maintained. Damage to any component of vaginal connective tissue support, changes the vaginal axis to a vertical position directly over the genital hiatus. Thus, with increases in intra-abdominal pressure, the vagina is no longer compressed against the levator muscles but is directed downward toward the genital hiatus, thereby predisposing to repetitive stretch and the development of Pelvic Organ Prolapse.[3] Uterine Prolapse occurs secondary to weakened pelvic muscles and ligaments that can no longer support the appropriate positioning of the pelvic organs.

MATERIALS & METHODS

Women of age 65 years presented with the complaint of incomplete evacuation of bladder. Patient first visited Urologist and further referred to Gynecologist. Gynecologist after per vaginal examination revealed 1st degree Uterine Prolapse and thus advised for Hysterectomy. The patient was not willing for surgery and was in search of some other option.

Past History: - No history of DM/HTN/ Hypo-hyperthyroidism or any major medical or surgical history.

Family History: - No history of same illness in any of the family members.

Occupation: - Retired accountant

Menstrual History: -

Menarche at the age of 12 years

Menopause at the age of 47 years

Menstrual Cycle of 28-36 days with menstrual phase of 4-5 days

Obstetrical History: - Gravida 1, Para 1 (G1P1), Full Term Normal Delivery (FTND), no history of prolonged labor or straining during delivery.

Contraceptive History: - Tubal ligation done

General Examination: -

Nadi (Pulse) – *Pitta Vataj*

Weight – 57 kg

Mootra (Urine) – *Kruteapi Akruta* (Incomplete evacuation of bladder)

Mala (Stool) – Normal, twice a day

Jivha (Tongue) – *Niram* (Uncoated)

Shabda (Auscultation) – Normal

Sparsha (Touch) – Per vaginal Examination- Bulky Uterus was palpated with bulge after coughing.

Druka (Examination by perception)– On examination in the lithotomic position, there is no visible significant vaginal bulge even after coughing reflex.

P/S Examination: - Cervix mild congested.

Akruti (Built) – Medium

Plan of treatment: -

Acharyas have explained Local and Internal treatment for uterine prolapse. *Prasramini* is a *yoni* (womb) *roga* (disease) explained in *Ayurvedic* classics which is characterized by the downward displacement of *Yoni* (uterus & vagina). It can be correlated with the initial stages of prolapse.

1. *Nidan Parivarjan*: - The first line of treatment here is to prevent the causative factor.
2. *Mayaphala Siddha Tail*: -

   Cotton plug immersed in *Mayaphala (Quercus incana) siddha tail* (Processed oil by decoction of drugs) was asked to insert in vagina as a localized treatment and retain it for 2-6 hours twice daily. It contracts the lax tissues.

   As per the *Panchabhautik siddhanta*, *Kashaya rasa* (Astringent taste) is with presiding *Pruthivi* (earth) & *Vayu* (air) *mahabhuta* (element).[5] *Upachaya* (metabolism), *Gourava* (density), *Sanghaata* (hardness and compactness), *sthairya* (stability) are important functions of *Pruthivi Mahabhuta* (Earth element) [6] which are essential to hold an organ in its place and provide stability. *Vayu Mahabhuta* (Air element) of *Mayaphala* play its role in becoming target specific. *Katu* (Pungent) *Vipak* (conversion of taste after digestion) & *ushna* (hot) *virya* (driving force behind the therapeutic activity of the

drug) [4] alleviate *vata*. Sesame oil was a base medium of formulation to counterbalance the *vata* vitiating properties *(laghu, ruksha)* of the drug.

3. *Sukumar Ghrita:* -

5ml of *Sukumar Ghrita* was advised to take orally in *Vyanodan Kaal* (before food and after food) twice daily. *Vagbhat* mentioned the *Sukumar Ghritha* in *Vruddhi* (hernaition) *Chiktisa* (treatment).[7]

One of the main contents of *Sukumar Ghrita* is *Purnarnava (Boerhavia diffusa)*. The name itself indicates rejuvenation. *Punarnava* is known for its Anti-inflammatory property which will help to reduce the swelling of the uterine lining and cervix. *Punarnava* has diuretic functions & thus proper movement of *apan vayu* will help to reduce the symptom of bladder evacuation.[8] Considering other contents: - *Dashamula* has known for its *Vatahara* (alleviates *vata dosha*) and anti-inflammatory properties.[9] *Paya (Cow milk)* is *Vrushya* (Aphrodisiac).[10] *Ashwagandha (Withania somnifera)* & *Shatavari (Asparagus racemosus)* is also *vrusha* (Aphrodisiac) with *mamsa bruhana* (provides strength to muscle).[11] *Eranda (Ricinus communis)* is eminent in *Vrusha-vataharanam*.[12] *Darbha (Desmostachya bipinnata), Shara (Lomandra fluviatilis), Kasha (Fagopyrum esculentum), Ikshumula (*Root of *Saccharum officinarum)* all these four are diuretic[13] & with dominance of *Pruthivi mahabhuta. Pippalimula (Piper longum)* is eminent in alleviation of *anaha* (Flatulence). *Saindhava* (Rock salt) balances vata & can alleviate *anaha* (Flatulence). [14] *Yashti (Glycyrrhiza glabra)* is *madhura* (sweet) *rasavipaki vrusha* (Aphrodisiac) drug.[15] *Mrudvika (Vitis vinifera)* is *bruhana* (provides nourishment), *jivaniya* (prolonging life), *vatanulomak* (regularize normal drive of *vata*) drug.[16] *Yavani (Trachyspermum ammi)* is alleviation of *anaha* (Flatulence).[17] *Nagara (Zingiber officinale)* is *dipan* (ignites digestive fire) and *vatanulomak* (regularize normal drive of vata).[18] When all these properties are considered in a single *Sukumar Ghrita* it will thoroughly help not only in breaking pathogenesis but also as *Rasayana* (rejuvenation) and *Apunarbhava* (prevention of recurrence) *chikitsa* (treatment) for Uterine Prolapse.

OBSERVATIONS & RESULTS

After 3 months of this treatment, the symptoms were reduced and per-vaginal examination shows no relapsing of the uterine lining in the vagina. Urinary incontinence was improved.

Mootra (Urine) – Normal, Complete evacuation of bladder

Mala (Stool) – Normal, twice a day

Sparsha (Touch) – Per vaginal Examination- Normal Uterus was palpated with no bulge after coughing.

Druka (Examination by perception)– On examination in the lithotomic position, there is no visible significant vaginal bulge even after coughing reflex.

P/S Examination: - Normal Cervix with no congestion or inflammation.

DISCUSSION

Now a day's people are getting aware about practicing *Yog* and *Pranayama*. It is stated in *Ayurved* that an individual can practice the exercise which is equal to his/her half strength and capacity. When it comes to *Yog* and *Pranayam*, it should be practice under the observation of an expert, who is aware of its benefits & detriments. In this case study it was essential to avoid the etiological factor which left unnoticed resulting into recurrence of the symptoms. Disease specific symptomatic treatment can be rewarding, but if we want to rectify the individual and not only the disease then *NIDAN PARIVARJAN* (evasion of disease etiological factor) is the first element in treatment plan.

During evaluation of *Nidan Panchak*, no any probable common etiological factor was noticed. Detailed history revealed that the patient was practising *Yogasana (Bhujangasan, Tadasan, shavasan, trikonasan, vrikshasana)*, Twelve *Suryanamaskar and Pranayam (Anulomvilom, Omkar uccharan, Kapalbhati, Bhasrika)* daily since last 15 years. *Kapalbhati* and *Bhasrika* seem to be the reason in this case for Uterine prolapse. She was practicing *KAPALBHATI* (3 rounds with 50 strokes of each round in an interval of five deep breathings in between each round) from last 15 years and continued the same after probable diagnosis of Uterine Prolapse. Patient mentioned that whenever she was unable to practice *Kapalbhati* due to some or the other reason the feeling of incomplete evacuation of bladder subsides at some extent.

Kapalbhati: -

In *Kapalbhati*, the subjects were supposing to sit in *Vajrasana* and to forcefully expel all of the air from the lungs while pushing the abdominal diaphragm upwards. [19] The expulsion is active but the inhalation is passive. Subjects rapidly breathed out actively and inhaled passively through both nostrils. The book named LIGHT ON PRANAYAM by B.K.S IYENGAR mentioned that

Kapalbhati & Bhastrika should not be performed by WOMEN; since the vigorous blasts may cause prolapse of the abdominal organs and of the uterus while the breasts may sag. [20]

Pathophysiology as per basic principles of Ayurveda: -

As referred in the in *HATAYOG, Kapalbhati* results in the desiccation of *Kapha dosha*. The vigorous blasts of *Kapalbhati* initially aggravate *vayu* by its *chala* (property of mobility) guna. As stated in *Hemadri* commentary, *chala* guna has property of *PRERAN* (to drive).[21] If we correlate this with cellular respiration, in *Kapalbhati* exhalation is active and inhalation is passive that means catabolic reactions are active and anabolic reactions are passive. Thus, the rate of catabolism (destruction) will be greater than anabolism (constructive). When this activity is carried for longer period of time the aggravated vayu may aggravate the rate of destruction by decreasing the rate of construction which is function of *Kapha dosh* by its *Sthira guna* (Stabillity) *(Sthira x Chala)*. *Sthira guna* has property of *DHARANA* (to hold).

From all the five types of vayu in this case, *APAN Vayu* (Type of *Vata dosha*) is vitiated because of active exhalation. In this activity the *Apan vayu* is supposed to push the abdominal diaphragm upward opposing its normal *anulomak* (downward) *gati* (drift). *Apan Vayu* governs the eliminative functions and the downward & outward flow of energies within our body. The main site of aggravation of *APAN Vayu* is *Kukshi* (Pelvis).[22] The pelvic muscles and ligaments which hold the uterus are situated in the *Kukshi* (Pelvis) itself. Thus this aggravated *vata* will impede these pelvic muscular cells and ligaments along with the uterus leading to muscular injury and descent of the uterus over the time. It should also be noted that *Vata dosh* or *Vata prakruti* (dominance of elemental constituent of a person) becomes predominant with increasing age which is a confounding factor in this pathogenesis.

CONCLUSION

In current era, Yog & Pranayam are circulating worldwide as a preventive life style management technique. But it should be considered that it should be practice under keen observer and in most proper manner. Any medicine has positive actions but also few adverse events if used in higher dose. In this case, excessive practice of *Kapalbhati* resulted into prolapse of uterine lining. To treat the patient effectively without recurrence of disease termination of maleficent practice of the etiological factor was the beneficial first line of treatment. *Mayaphala siddha Tail* & *Sukumar Ghrita* has significant results in resolving the pathophysiology of First Degree Uterine Prolapse.

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