

Clinical Study on Menopausal Women in case of *Phalini Yoni Vyapad* w.s.r. to Cystocele

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Abstract

Quality of life of women is very much important, especially when she is in her Menopausal age. Prolapse is a common complaint of elderly women in gynecological practice. The pelvic organ prolapse refers to protrusions of the pelvic organs into or out of the vaginal canal. The uterus normally has a limited range of movement. So its position in the pelvis is affected by its neighboring structures. Most women who develop prolapse are of menopausal age. When pelvic floor muscles and the ligaments that support the female genital tract become slack and atonic, they herniate outside.

When women attain Menopause, there occurs atrophy of the body tissues, Genitourinary organs, especially in the organs which have estrogen receptors. In case of weakness of the pelvic floor, atrophy of the muscles and ligaments, there will be drooping down of the corresponding structure; may be prolapse of urinary bladder, even complete uterine prolapse. Proctentia becomes an irreversible condition; surgery or removing the part which is fallen out is the only option left. Complication due to surgical intervention is another major hazard. So early detection and treatment is one of the preventive methods to avoid future complication. Here there is a clinical trial on Menopausal women with Cystocele with a beneficial result.

Keywords: Cystocele, Menopause, Pelvic organ prolapse, *Phalini yonivyapad*.

Introduction

Ayurveda too explains the condition of pelvic organ prolapse, '*Yonivyapad*' the gynecology of *Ayurveda* has a reference of all varieties of prolapsed condition. The approach of *Ayurveda* towards life is very unique. It concentrates on the regimens to be followed to stay healthy. Detailed explanations are provided here regarding causative factors which lead to prolapse.

Pelvic organ prolapse is a significant health concern for menopausal women. It is affecting millions of women worldwide in their geriatric age. The prevalence of the condition is increasing with the age of women. Researchers are of the opinion that prolapse of the pelvic organs originates from multiple causes and develops gradually over a span of years. In fact it is the third most common cited indication for hysterectomy. Cystocele, one of the pelvic organ prolapse involves multiple anatomic and functional systems and is commonly associated with genitourinary and musculoskeletal symptoms. Prolapse of bladder and

urethra rarely results in severe morbidity and mortality, however, it can greatly diminish the quality of life. The symptom, if left untreated, is going to progress, and there will be huge Proctentia with decubitus ulcer. Here, an attempt is made in the form of a Clinical Trial in these cystocele patients based on our *Ayurvedic* concepts.

Materials and Methods

All the references pertaining to pelvic organ prolapse especially regarding cystocele has been collected from the *Ayurvedic* scriptures, and from allied science. The pelvic organ prolapse is explained in our classics under *Yoni Vyapad*. The *Phalini yoni vyapad*, *Andini yoni vyapad*, *Prasramsini yoni vyapad*, and *Mahayoni*-all these explain the prolapsed condition according to the stage and part prolapsed out. Among these, *Phalini* and *Andini yoni vyapad* well explain the condition of cystocele.

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अतिकायगृहीतायास्तरुण्याः फलिनी भवेत् । चतसृष्वपि चाद्यासु सर्वलिङ्गोच्छ्रितिर्भवेत् ॥

(सु.सं.उ. 38 / 18-20)

अतिकायो बृहतसाधनो नरस्तेन गृहीताया फलिनीति संज्ञा, अफलिनि अप्रजा इति व्याख्या ।

॥ 18-20 ॥ (डल्हण टीका)

महामेढगृहीताया बालायास्त्वण्डिनी भवेत् । चतसृष्वपि चाद्यासु सर्वलिङ्गनिदर्शनम् ।

(भा.प्र.चि. 70 / 14,16)

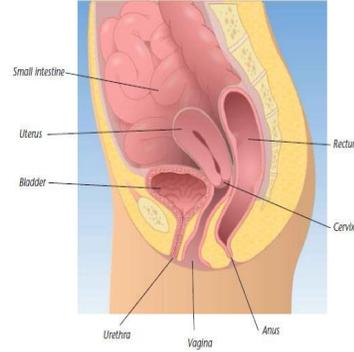
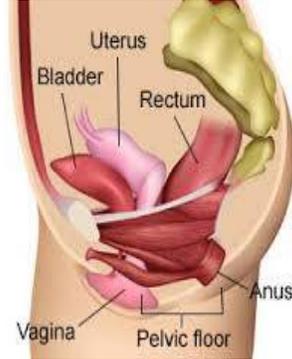


Figure 1. Normal anatomical picture of pelvic organs and supporting musculature



Figure 2. Presentation of patients with Cystocele

Line of Treatment in Ayurveda

सन्निपातं विमिश्रं तु विमिश्रं संसृष्टासु च कारयेत् ।
स्निग्धस्विन्नां तथा योनिं दुःस्थिता स्थापयेत्पुनः ॥ 43 ॥

पाणिना नमयेज्जिह्वां संवृतां वर्धयेत् पुनः । प्रवेशयेन्निःसृतां
च विवृतां परिवर्तयेत् ॥ 44 ॥

(च.चि.30 / 43-44)

त्रैवृतं स्नेहनं स्वेदो ग्राम्यानूपौदका रसाः ।
दशमूलोपयोबस्तिश्चौदावर्तानिलार्तिषु ॥

त्रैवृतेनानुवास्या च बस्तिश्चोत्तरसंज्ञितः । ऐतदेव
महायोन्त्यां स्त्रस्तायां च विधीयते ॥

वसाऋक्षवराहाणां घृतं च मधुरैः शृतम । पुरयित्वा
महायोनिं बध्नीयात् क्षौमलक्तकैः ।

प्रस्त्रस्तां सर्पिषऽभ्यज्य प्रवेश्य च । बध्नीयाद् देशवारस्य
पिण्डेनामुर्तकालता ॥

(च.चि. 30 / 110-112)

योनि गाढीकरण विधि

(भा.प्र.चि.70 / 110-112)

पलाशोदुम्बर फल तिल तैल समान्वितम् ।

Palasha Udumbara Yoni Pinda Dharana

योनौ विलिप्तं मधुनाम् गाढीकरणमुत्तमम् ॥



Medicated tampons prepared



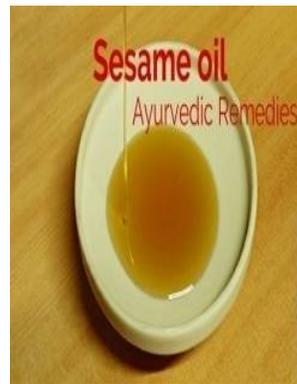
Palasha



Udumbar



Madhu



Tila taila

Figure 3. Medicated Tampon prepared from the above mentioned drugs

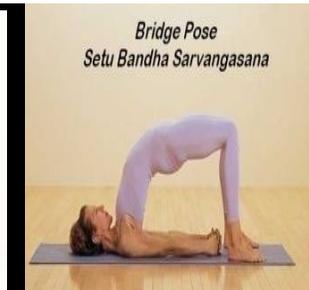
Yogasana

Among Yogasana, Sarvangasana, Halasana,

Shalabhasana, Uttana padasana, Setubanda asana, Baddakonasana, and Marjarasana were considered.



Baddakonasana



Setubanda Asana



Uttanapadasana



Shalabhasana



Marjarasana



Sarvangasana



Halasana



Mooladhara Bandha

Figure 4. Advised Yogasanas

Aims & Objectives

1. To treat patients of cystocele by our Ayurvedic concepts.
2. To prevent patients from undergoing vaginal surgeries and facing its complications.
3. To improve the quality of life in menopausal women.

Source of Data

20 patients diagnosed as cystocele were selected for the study from OPD Section of Stree Roga Department of NIA, Jaipur. It is a single blind clinical study with pre-test and post-test design, where 20 patients diagnosed with cystocele were analyzed accordingly.

Inclusion Criteria

1. Patients aged between 45 and 60 yrs.
2. Patients with complaints of difficulty in micturition, incomplete emptying of bladder, repeated urine infection etc.
3. Patients with signs and symptoms of cystocele on examination.

Exclusion Criteria

1. Patients with vaginal infection.
2. Patients with cystocele associated with procedentia.
3. Patients with complaints of irregular menstrual bleeding.

Intervention

The selected 20 patients were administered the following:

1. *Shatavari Ghrita* 2tsf Bd orally.
2. *Sarvanga and Yoni Abhynga* with *Tila taila*, *Sarvanga and Yoni Sweda* using *Dashamoola kwatha* *Yoni pinda dharana* using *palasaha udumbara kalka* for *amuthrakala*.
3. *Yogasana*

Duration of Treatment

Abhynga, Sweda and *Yoni Pinda dharana* is done for a period of 7 days, for six months. Oral medication and *yogasanas* were advised for a period of six months.

Investigations

Urine Routine, Culture and Sensitivity.

Assessment Criteria

The strength of the vaginal wall is measured using self prepared Modified Kegel's Perienometer. The readings were measured before, during and after treatment.

Improvement in signs and symptoms like reduction in mass per vagina and alleviation of urinary symptoms etc and Modified Kegel Perineometer score were analyzed.



Figure 5. Modified Kegel's Perieonometer

Results

S. No.	Signs & Symptoms	No. of patients before treatment
1	Mass per vagina, Bulging of anterior vaginal wall	20
2	Increased frequency for micturition	16
3	Difficulty in voiding of urine, incomplete evacuation of urine.	16
4	Backache	09
5	History of repeated urine infections	05

Table 1. Signs and symptoms of patients

	Mean	Diff.	Std. dev.	T	P
BT	1.700 ± 0.179	0.737 to 1.263	0.801	7.958	≤ 0.001
AT	1.081 ± 0.242		1.081		

Table 2. Comparison of BT & AT by using paired t-test

The change that occurred with the treatment is greater than that would be expected by chance; there is a

statistically significant change (P = <0.001).

S. No.	Effect of treatment	No. of patients after treatment
1	Reduction in size of Mass per vagina	05
2	Reduction in Frequency for micturition	10
3	Relief in difficulty in voiding of urine, incomplete evacuation of urine relieved	10
4	Reduction in Backache	20
5	Reduction in History of repeated urine infections reduced	20

Table 3.Effect of treatment

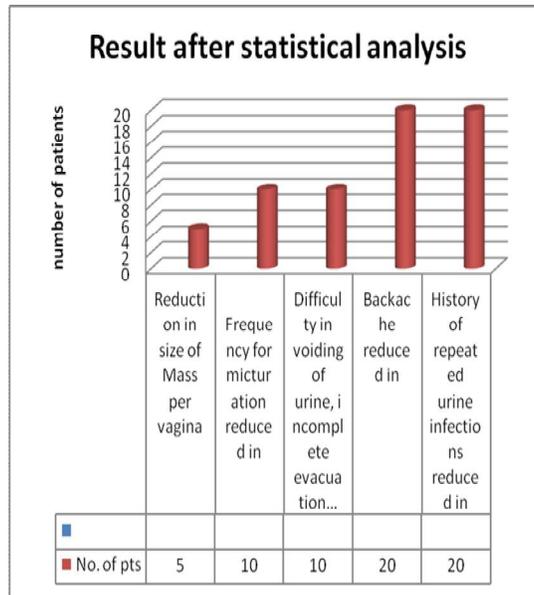


Figure 6.Results of the Clinical trial

Discussion

With increasing longevity, the postmenopausal life span of a woman is remarkably extended and has more than doubled. Menopausal women generally exhibit symptoms such as vasomotor, urogenital, end organ atrophy, prolapse, cardiac and osteoporosis. Some of these changes are self limiting where as some are progressive and are going to affect the quality of life of women in this geriatric age.

Cystocele affecting a menopausal lady is one such progressive condition. Here considering the geriatric age and post menopausal atrophy of body tissues, the present treatment plan was selected.

The combination of treatment with internal *Gritha pana*, *Panchakarma chikitsa*, *Yoni pinda dharana* and *Yogasana* advised to the patients worked well. The medicated *Gritha* brought about the phytoestrogenic action along with *Vayasthapana* and *Rasayana* action over the body. Most of the drugs used in *Yoni Pinda*

dharana are of *Katu tikta* and *kashaya rasa*, *guru snigdha guna*, having *Sthambhana*, *Sandhanakara*, *Balya* and *Yoni sankochaka* properties. *Yogasana* and *Mooladhara bandha* advised, helped in regaining, and restrengthening muscular tone.

Basic approach to treat menopausal women suffering from cystocele is been fulfilled by *Ayurvedic* concepts.

- Strengthening of the pelvic floor musculature, ligaments and tissues.
- Regaining of the tone and spincter action.
- Promotion of regeneration of healthy tissue (*Rasayana*).

To fulfill the above needs, three treatment modalities have been explained in our science- *Bheshaja*, *panchakarma* and *Shatra karma chikitsa*. Among these 3 treatment modalities, *Bheshaja* and *Panchakarma chikitsa* were considered here to cure the ailments. They were proved to be effective and helped in avoiding the final step of treatment of surgery.

Conclusion

1. Pelvic organ prolapse is explained in *Ayurvedic* literature. Etiology, types, symptoms, complication and treatment has been dealt in detail. *Phalini/Andini Yoni vyapad* explains the condition of cystocele among all the stages of pelvic organ prolapse.
2. Treatment Protocol followed successfully in the present trial is as follows:
 - a) *Sneha pana* advised internally.
 - b) *Abhynga, Swedana* for *sarvadaihika* and *sthanika shareera*.
 - c) *Yoni Pinda dharana* by *Yoni gaadhikarana dravya*.
 - d) *Yogasana* and *Mooladhara Bandha*.
3. The present clinical trial shows the encouraging result in treating a geriatric patient. Unavoidable consequence of surgery has been prevented here. Prolapse of the bladder and urethra through the vaginal outlet is a disabling and a progressive condition. Here for such cystocele patients non-surgical, *Panchkarma sthanika chikitsa* is tried. The treatment is effective in relieving the symptoms and satisfactory in regaining the strength of pelvic floor.
4. Further study is needed in the same direction. Longer duration of treatment in larger number of patients will show tremendous results.

5. The clinical trial has succeeded in improving the quality of life in menopausal women suffering with cystocele.

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