

**AYURVEDIC THERAPEUTIC APPROACH TO PRASRAMSINI
YONIVYAPAD WITH SPECIAL REFERENCE TO PELVIC ORGAN
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ABSTRACT

The integrity of female reproductive organs is fundamental to overall well-being. Pelvic organ prolapse (POP) refers to the protrusion of one or more pelvic structures into or through the vaginal canal. Relaxation of the vaginal walls and descent of the uterus frequently arise as sequelae of prolonged labor or in women with a prior history of first-degree uterine prolapse. According to World Health Organization data, the global prevalence of uterine prolapse ranges from 2 to 20 percent. Prasramsini is one of the twenty yonivyapad first described by Acharya Sushrut and classified under Pittaja yonivyapad. It manifests as dislodgment of the yoni from its normal anatomical position, accompanied by vaginal discharge and difficulty in parturition owing to derangement of the birth canal.¹² The downward displacement of an organ is termed sramsana, and the resultant clinical entity is designated prasramsini, which closely parallels first- and second-degree uterine prolapse. Since no yonivyapad can manifest without vata dosha involvement, prasramsini is regarded as vataanubandhi pittaja yonivyapad. Accordingly, the therapeutic agents selected in this study possess vatapittahara and balya properties. An attempt was thus made to manage Prasramsini through Changeryadi Ghrita for abhyanga, yoniswedana with ksheera, and yonipichu with Mushika taila.³⁴ .

KEYWORDS: Pelvic organ prolapse, prasramsini, abhyanga, yoniswedana, yonipichu.

1. INTRODUCTION

Pelvic Organ Prolapse (POP) is defined as the descent of one or more pelvic structures — including the uterus, urinary bladder, rectum, or vaginal vault — through the vaginal canal as a consequence of weakening or insufficiency of the pelvic floor musculature, fascia, and supporting ligaments. According to the International Continence Society (ICS), POP is characterized by downward displacement of the vaginal walls, uterus, or vaginal apex beyond their normal anatomical boundaries.⁵

In Ayurvedic nosology, this condition corresponds closely to *Prasramsini Yonivyapad*, wherein *Yoni Sransana* — displacement of the vaginal canal and uterus — arises due to concurrent vitiation of *Vata* and *Pitta*, culminating in structural and functional derangement.⁶

Pelvic organ prolapse ranks among the most prevalent gynecological disorders, especially in multiparous and postmenopausal women. Globally, its estimated prevalence spans 30–50% in women above 40 years of age, while symptomatic prolapse is reported in approximately 6–12% of cases.⁷

2. STAGING OF PELVIC ORGAN PROLAPSE

The internationally accepted staging system for POP is as follows:

Stage	Description
0	No descent of pelvic organs
I	Leading edge of the prolapse remains 1 cm or more above the hymenal ring (≤ 1 cm)
II	Leading edge extends from 1 cm above to 1 cm below the hymenal ring
III	Extends more than 1 cm beyond the hymenal ring without complete vaginal eversion
IV	Essentially complete eversion of the vagina

3. AIM AND OBJECTIVES

To evaluate the clinical efficacy of Ayurvedic pharmacological agents in the therapeutic management of *Prasramsini yonivyapad*.

4. MATERIALS AND METHODS

The present study was conducted at the Department of Stree Roga and Prasuti Tantra, Dr. BRKR Government Ayurvedic Hospital, Hyderabad. The complete treatment protocol was explained to the patient and informed consent was obtained prior to initiation of therapy.

5. CASE DISCUSSION

Chief Complaints

A 48-year-old Hindu married female, engaged as a homemaker, presented to the outpatient department of Prasuti Tantra and Stree Roga on 07/08/2023 with a chief complaint of a sensation of prolapse of a structure through the vagina for the preceding 8 months, increased urinary frequency for 4 months, burning micturition, urinary urgency incontinence, and constipation.

History of Present Illness

The patient remained apparently healthy until 8 months prior to presentation, after which she gradually began to notice a dragging sensation in the vagina upon straining at stool, which she initially disregarded. Over the subsequent 4 months, she additionally developed an inability to defer micturition for more than 2–3 minutes, with terminal dribbling upon coughing or sneezing. Daytime urinary frequency escalated from 4–5 to 6–7 voids, accompanied by mild burning that resolved within 5–10 minutes of voiding. These symptoms progressively interfered with her daily routine, prompting her to seek consultation at the Prasuti Stree Roga OPD.

Past History

No history of diabetes mellitus, hypertension, thyroid dysfunction, or any other significant medical or surgical condition was elicited.

Family History

No similar illness was reported in any member of the patient's family.

Menstrual History

Menarche at 13 years of age; regular cycles; duration of bleeding 4–5 days; use of 2–3 pads per day; clots present; married life of 27 years.

Obstetric History

P2 L2 A0. First pregnancy — male child, 24 years, full-term normal delivery (FTND). Second pregnancy — female child, 21 years, FTND. Tubal ligation performed 21 years ago.

General Examination

Build: Moderate; Nourishment: Moderate; Pulse: 82/min; Blood Pressure: 128/80 mmHg; Respiratory Rate: 18/min; Height: 153 cm; Weight: 59 kg; Tongue: mildly coated. No pallor, icterus, cyanosis, clubbing, edema, or lymphadenopathy detected.

Systemic Examination

Respiratory System: Normal vesicular breath sounds, no adventitious sounds. Cardiovascular System: S1 S2 normal. Central Nervous System: Conscious and well-oriented.

Gynaecological Examination

Bilateral breast examination: No abnormality detected. Vulvar inspection: No evidence of pruritus, ulceration, or swelling. Per abdomen: Soft, non-tender, no organomegaly. Per speculum examination: Vagina normal; cervix healthy and of normal dimensions; no abnormal discharge. Per vaginum: External os palpable 2.5 cm below the level of the ischial spines but within the vaginal canal. On Valsalva maneuver, the external os descended to 4 cm below the ischial spines, remaining within the vagina. Descent of the upper two-thirds of the anterior vaginal wall was noted. Stress urinary incontinence demonstrated on coughing.

6. INVESTIGATIONS (07/08/2025)

Hemoglobin: 12.8 g%; Random Blood Sugar: 122 mg/dL. Urine Routine and Microscopy: Epithelial cells 2–3/hpf; Pus cells 3–4/hpf; Albumin: nil; Sugar: nil. Ultrasonography (Abdomen and Pelvis, 07/08/2025): No significant abnormality detected.

7. ASHTAVIDHA PARIKSHA

Nadi (pulse): 72/min; *Mutrapravritti* (micturition): 8–9 times/day and 2–3 times/night; *Malapravritti* (bowel): once in 2–3 days, stool passed on straining; *Jihwa* (tongue): sama; *Shabda* (voice): samanya (normal); *Sparsha*: samushnasheeta (afebrile); *Drik* (vision): prakriti (normal); *Akriti* (constitution): madhyam (medium).

8. DASHVIDHA PARIKSHA

Prakriti: Vatapittaja; *Vikriti*: Vatapittaja; *Sara*: Madhyama; *Samhana*: Madhyama; *Pramana*: Madhyama; *Satmya*: Madhura rasa; *Satva*: Madhyama; *Ahara shakti*: Madhyama; *Vyayama shakti*: Madhyama; *Vayas*: Madhyama.

9. TREATMENT PROTOCOL

Internal Medication (Abhyantara Chikitsa)

Chandraprabha Vati — 2 tablets twice daily, orally, after meals with lukewarm water, administered for two consecutive months.

Local Treatment (Sthanika Chikitsa)

- Yoni Abhyanga with Changeryadi Ghrta — applied for 7 days over 2 consecutive menstrual cycles.
- Yoni Sweda with Ksheera (fresh cow milk) — performed for 15 minutes per session, for 7 consecutive days.
- Yoni Pichu Dharana with Mushika Taila — retained intravaginally for 2 hours per session, for 7 consecutive days.

10. RESULTS

Visit / Date	Treatment Administered	Clinical Observations
1st Visit 07/08/2025	Chandraprabha Vati 2 tablets BD after meals with lukewarm water for 2 months. Yoni Abhyanga with Changeryadi Ghrta × 7 days × 2 cycles. Yoni Sweda with cow milk × 15 min × 7 days. Yoni Pichu Dharana with Mushika Taila × 2 hr × 7 days.	<ul style="list-style-type: none"> • Urinary frequency reduced to 6–7 times/day. • Stress incontinence substantially decreased. • Complete resolution of burning micturition. • Ability to defer micturition for 5 minutes. • Defecation facilitated; constipation relieved. • No perceptible change in prolapse symptom.
2nd Visit 04/09/2025	Treatment regimen continued as above.	<ul style="list-style-type: none"> • Urinary frequency normalized to 4–5 times/day. • Complete resolution of stress incontinence. • Burning micturition fully resolved. • Urge deferral improved to 10–15 minutes. • Regular, effortless defecation achieved. • 60–70% improvement in prolapse sensation.

11. DISCUSSION

Sramsana literally connotes falling, dropping, slipping, or hanging down.¹ Accordingly, *sramsana* of the *yoni* encompasses prolapse of the female genital tract along with the surrounding pelvic structures through the vagina. This subsumes the early stages of prolapse; hence, first- and second-degree uterine prolapse accompanied by mild-to-moderate cystocele were included in this study.¹¹

Based on *nidana* and *samprapti*, the treatment approach encompasses both *dosha pratyanyika* and *vyadhi pratyanyika chikitsa*. Under *vyadhi pratyanyika chikitsa*, the protocol involves application of medicated Ghrta and Taila to the prolapsed part followed by local fomentation with medicated ksheera, repositioning of the descended organ, and vesavara bandha.⁴⁵

For *pitta dosha pradhana yonivyapad*, the classical texts recommend seka (irrigation), abhyanga (medicated oil massage), and pichu (intravaginal tampon).⁶⁷

Chandraprabha Vati: Classically indicated in *mutraghata vikara*, this formulation possesses *sarvarogapranashini* and *rasayana* properties and exerts a tridosha-balancing action. Its rejuvenating effect counters muscular laxity of the pelvic floor and enhances tissue tonicity.⁸⁹

Yoni Abhyanga with Changeryadi Ghrta: *Sthanika chikitsa* in the form of yoni abhyanga exerts *vatahara* and *dhatupushti janakatva* (tissue-nourishing) actions, rejuvenating the vaginal wall and associated musculature. Changeryadi Ghrta specifically addresses the condition via its *vatashamaka* property.²³

Yoni Sweda with Ksheera: The primary objectives of fomentation therapy with milk are clearance of obstructed channels, enhancement of local tissue pliability, and analgesic relief.⁵⁶

Yoni Pichu Dharana with Mushika Taila: Intravaginal pichu with Mushika Taila reinforces the tonicity of vaginal musculature and connective tissue, pacifies vitiated doshas, alleviates pain, promotes repair of damaged pelvic structures, and provides antimicrobial protection against secondary infections. Ksheera sweda and pichu dharana with medicated oil are directly indicated in *Prasramsini yonivyapad* and were therefore selected as core therapeutic modalities. The overarching aim of the combined regimen is to restore tonicity of the abdominal and perineal musculature and to arrest further descent of the pelvic organs.¹⁰¹¹

12. CONCLUSION

The present case report demonstrated highly significant clinical improvement in the management of *Prasramsini yonivyapad*. Yoni Sweda with ksheera effectively cleared obstructed channels, augmented local tissue flexibility, and provided symptomatic pain relief. Changeryadi Ghrta, with its potent *vatahara* attribute, addressed the primary dosha involved in all *yonivyapad*. Yoni Pichu Dharana with Mushika Taila strengthened the vaginal musculature and *dhaatu*, while subsiding the vitiated doshas. Oral administration of Chandraprabha Vati exerted tridoshic homeostasis and provided notable relief from urinary dysfunctions. The combined protocol thus represents a holistic, evidence-informed Ayurvedic strategy for the conservative management of pelvic organ prolapse.¹⁴¹⁵¹⁶

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