



**Case Study**

**EFFECT OF INTRAVAGINAL APPLICATION OF PALASHA UDUMBARADI OINTMENT IN PELVIC ORGAN PROLAPSE**

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**ABSTRACT**

Prolapse is a downward descent of the female pelvic organs as a result of weakness of the structures that normally retain them in position. The main symptoms of pelvic organ prolapse include micturition disturbances like stress incontinence, imperfect control of micturition, a feeling of lump coming down, postural low back ache, constipation and leucorrhoea. The management of pelvic organ prolapse includes preventive conservative and surgical measures. Surgery is indicated when conservative management fails. The three different conditions like *Phalini, Prasramsini* and *Mahayoni vyapath* mentioned by different *Acharyas* explain the prolapsed condition according to the stage and part prolapsed out. *Palasha udumbaradi* yoga mentioned in *Bhaishajya Ratnavali* containing ingredients such as *Palasha beeja, Udumbara phala, Thilathaila* and *Madhu* was taken for this study. The *Lepa* was applied in the modified form of an ointment. The study is an attempt to assess the effect of *Palasha udumbaradi* ointment on uterine prolapse. The ointment was applied intra vaginally. The presence of dense blood vasculature makes the vagina a potential site for local and systemic drug administration. The key advantages of vaginal drug delivery over oral administration is that this is able to circumvent the harsh gastric environment and also bypass hepatic first-pass metabolism.

A 38 year woman with complaints of increased frequency of micturition, stress incontinence, burning micturition, low back ache and dyspareunia consulted the OPD of Govt. Ayurveda Medical College, Tripunithura. *Palasha udumbaradi* ointment was self-applied intra-vaginally. Administration of ointment was advised for 60 consecutive days excluding the days of menstruation with follow up on 90<sup>th</sup> day. Assessment was done on 0<sup>th</sup>, 30<sup>th</sup> and 60<sup>th</sup> day and follow up was done on 90<sup>th</sup> day using POP-Q Scale, urinary incontinence scale, and visual analogue scale.

**INTRODUCTION**

Pelvic organ prolapse (POP) refers to protrusion of the pelvic organs into or out of the vaginal canal<sup>[1]</sup>. Although pelvic organ prolapse can affect women of all ages, it more commonly occurs in older women. The prevalence of pelvic organ prolapse increases with age until a peak of 5% in 60 to 69 year old women. Some degree of prolapse is present in 41% to 50% of women on physical examination, but only 3% of patients report symptoms<sup>[2]</sup>.

Prolapse is seen in peri-menopausal and post-menopausal period although this can be seen in young age group. Postmenopausal women who have had one or more vaginal deliveries, repeated heavy lifting, overweight, difficult labour, family history are pre disposing factors of prolapse. Feeling of something coming down per vaginum, especially while she is moving out, backache, urinary symptoms like stress incontinence, increased urgency and frequency of micturition, bowel symptoms like constipation, excessive discharge per vaginum are usually associated with prolapse<sup>[3]</sup>. The primary goal of any treatment is to improve symptoms and, for conservative management, to minimize prolapse progression. Improvement of general health oestrogen replacement therapy, pelvic floor exercises (kegel

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exercises), pessary treatment therapy etc. may improve minor degree prolapse in postmenopausal woman. In these cases conservative measures described in Ayurveda may prove to be more beneficial and cost effective. Moreover it gives relief from associated symptoms and fear of surgery.

In Ayurveda, *Phalini*, *Prasramsini* and *Mahayoni yonivyapath*, all discuss how the status of the prolapsed organ is defined in terms of the stage and part prolapsed out. *Andini/Phalini* may be interpreted as vaginal wall prolapse, including urethrocele, cystocele, a lax perineum, and rectocele. *Prasramsini* has signs of first- and second-degree uterine prolapse. *Mahayoni* may be considered as third-degree uterine prolapse or procidentia. *Mithya achara*, *Pradushta artava*, *Bijadushti*, and *Daiva* are considered as *Samanya nidana* for all *Yonivyapath*<sup>[4]</sup>. *Yoni* disorders cannot exist without the participation of *Vatha dosha*, hence *Vathasamana* or *Vatha* pacifying management is necessary. After *Purvakarma* like *Snehana* and *Swedana*, *Panchakarma* should be performed<sup>[5]</sup> for complete elimination of vitiated *Doshas*. Thereafter *Shhanika chikitsa* is done<sup>[6]</sup> to strengthen and tone the pelvic muscles.

Here we have used a more convenient method of applying *Lepa*<sup>[7]</sup>. As ointment can easily be applied with efficient drug release and is stable over long periods of time and has increasing consumer acceptance, it was taken for the study. Handling of ointments is easier than *Lepa* so ointment is suitable for patients who find it difficult to attend the OPD for daily procedures. Vaginal wall facilitates absorption of drug through it, as it is extremely vascular. So as part of a preliminary study we have used *Palasha udumbaradi* ointment in this case.

## Case Report

### Patient Information

A 38 year old female patient came to Prasutitantra & Streeroga OPD of Govt. Ayurveda College, on 03/11/22 with chief complaints of increased frequency of micturition with burning sensation, inability to hold urine while coughing and sneezing since 2 years and associated complaints like low back ache and dyspareunia since 1 year.

### Menstrual History

- LMP: 23.10.22
- PMP: 26.09.22
- Duration: 4 days

### Obstetric History

- P<sub>2</sub> L<sub>2</sub> A<sub>0</sub>
- P1&2 -FTND (with 2 years interval)

- LCB: 15 years

### Personal History

- Bowel: Occasionally constipated
- Appetite: Reduced
- Micturition: Stress incontinence & increased frequency
- Sleep: Sound

**Family History** – Nothing relevant

**Past History** – Nothing relevant

### Clinical Findings

#### Speculum examination

#### O/E

- Discharge + (Mild mucoid discharge)
- Urethrocele + (1<sup>st</sup> degree)
- Cystocele + (1<sup>st</sup> degree)
- Uterine descend -1<sup>st</sup> degree

#### P/S

- Cervix – Mild erosion around the lips
- Discharge + (Mild mucoid discharge)

#### P/V

- Uterine descend -1<sup>st</sup> degree
- Uterus - Anteverted
- CMT – Absent
- Fornices – Free

### POP-Q Scale

-2	-2	-5
2	3	10
-3	-3	-6

### Diagnostic Assessment

Pap smear & USG (abdomen & pelvis) were taken – Normal study.

Urine routine & blood routine examination done- Normal study.

### Therapeutic Intervention

*Palasha udumbaradi* ointment was given to the participant in 100 gram tubes along with applicator and method of administration was explained along with written instructions in her local language.

**Dose:** 5gms intra vaginally (self application), once daily (at bed time) after emptying bladder.

**Treatment period:** including follow up period- 60 days of treatment, with 1 month follow up. the participant was advised to report in OPD for the assessment of degree of prolapse and associated symptoms on 0<sup>th</sup>, 30<sup>th</sup> and 60<sup>th</sup> day and follow up was done on 90<sup>th</sup> day.

**Follow-Up and Outcomes****Grading of symptoms**

Symptoms	B/T	A/T	A/F
Stress incontinence	Grade 1	Grade 0	Grade 0
Low back ache	VAS 3	VAS 2	VAS 2
Dyspareunia	VAS 2	VAS 0	VAS 0

**DISCUSSION**

In the Ayurveda classics, *Yoni vyapath's*, *Phalini*, *Prasamsini* and *Mahayoni* all discuss how the status of the prolapsed organ is defined in terms of the stage and part prolapsed out. In various contexts, *Srastha yoni*, *Yoni Bhramsa*, *Udvrutha* and *Aapavrutha Phalayoni* are also mentioned. Common etiology of *yonivyapath* which leads to pelvic organ prolapse according to Charaka Samhita is *Mithyachara*, *Pradushta artava*, *Beeja dosha* and *Daiva*. *Mithyahara* results in *Agnimandhya*, which disrupts normal *Dhatu* development, producing *Sosha* and *Vatha prakopa*. Uterine prolapse is mostly caused by weak pelvic tissues that support it. *Mithyavihara*, which includes suppression of natural urges, excessive weight lifting, abnormal coitus postures, prolonged labour, inadequate postnatal care or early resumption of activities in the puerperium etc. are the potential causes of pelvic organ prolapse. The *Pradushta arthava* can be understood as ovarian hormones. Oestrogen is essential for maintaining the strength of the connective tissues in the pelvis. *Beeja dushti* may result in congenital weakening of the pelvic supporting tissues. *Duprasava* may also be considered as a cause of uterine prolapse. The primary *Dosha* at play is *Vatha* because the *Yoni* is *Vatha sthana (Apanavatha)*. *Sramsas* and *Bhramsa* are caused by *Vatha prakopa*. The *Dharana shakthi* of *Dhatu*s that are already in *Kshayavastha* is hampered by *Vatha prakopa*, which can cause *Sosha* and *Kapha kshaya*.

*Palasha udumbaradi lepa* is mentioned in *Bhaishajya Ratnavali Yonivyapath chikitsadhyaya*, and its effect is mentioned as *Yonimalipya gadeekaranamuthamam*. The *Yoga* contains ingredients such as *Palasha beeja*, *Udumbara phala*, *Thilathaila* and *Madhu*. The *Lepa* was given in the modified form of an ointment. Ointments are easily applicable with efficient drug release, stable over long periods of time and has increasing consumer acceptance. Presence of dense blood vasculature makes the vagina a potential site for local and systemic drug administration. Moreover this ointment is easy to administer without irritation or discomfort, spreads evenly and has a long retention time.

In the bulk of the medications in *Palasha udumbaradi ointment*, *Kashaya* and *Madhura rasa* was predominant. The *Visoshana* and *Sthambhana guna* of *Kashaya rasa* brings about *Yoni Sankeernatha* and

cause exposed tissues to shrink while *Ropana* action imparts wound healing action. *Madhura rasa*, promotes "*Dhathunam prabalam balam*", *Brimhana* and *sandhana kara*, which may be able to repair the lax vaginal walls. The majority of medications contain *Snigdha guna* which have *Dhathu poshana*, *Balya*, *srishta vit moothra*, *Kapha vardhana*, and *Vatha samaka* property which helps in easy spreading along with reducing the dryness of the vagina. The *Mamsasya vridhikara* property of *Udumbara* and *Balya* property of *Thila thaila* are useful in nourishing the atonic supports of the pelvic organs and assisting in restoring lost strength. Pelvic organs are held in place and kept from falling downward owing to the actions of *Udumbara*, the *Bhagna sandhanaka* and *Vatha hara* action of *Palasha*, *Thilathaila* and *Madhu* may be beneficial as *Vatha kopa* is the cause for displacement of pelvic organs.

Low back ache associated with uterine prolapse is due to traction on the uterosacral and cardinal ligaments. It is caused by the loss of strength of connective tissues supporting uterus. Pain is caused by *Vatha kopa*. *Vatha prakopa* results in *Sramsas* or pelvic organ displacement. *Vatha hara* properties of *Palash*, *Thilathaila* and *Madhu* may be responsible for the effect of *Palasha udumbaradi ointment* on low back pain. *Udumbara* has *Bhagna sandhanaka* action, helps to hold pelvic organs in position and prevents them from further descent. *Madhura rasa* present in *Udumbara*, *Thilathaila* and *Madhu*, have *Dhatu brimhana*, *Bala* and *Kapha vardhana* effects. These could be useful in providing sustenance for the pelvic organs' atonic supports and aiding in the recovery of lost strength. *Grahi* and *Sthambhana* qualities of drugs work against the *Chala guna*, assisting in maintaining the position of the pelvic organs and preventing further decline.

Mechanical blockage and pelvic congestion are the major causes of dyspareunia associated with prolapse. Alleviation of dyspareunia may be linked to the *Vatha hara* action found in *Palasha* and *Thilathaila*. The *Pitha hara* property exhibited by *Madhura rasa* may have aided to lessen cervicitis and prolapsed part congestion and there by dyspareunia.

## CONCLUSION

In the bulk of the medications in *Palasha udumbaradi* ointment, *Kashaya madhura rasa* and *Snigdha guna* was present. This may have contributed to reducing vaginal laxity and dryness. *Vatha hara* action found in *Palasha* and *Thilathaila* as well as the *Pitha hara* property exhibited by the *Madhura rasa* included in these medications may have reduced dyspareunia and back ache. It may be concluded that *Palasha udumbaradi* ointment may be effective in reducing the symptoms. Being an ointment it had an even distribution compared to *Lepa* and long retention time which increased patient compliance.

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