

Comparative Study of Perineal Laxity and Yoni-Vyapads

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ABSTRACT

Perineal laxity is a common condition in which there is weakness of the supporting structure of the female pelvis, thereby allowing descent of one or more of the pelvic organs through the potential space of vagina. These organs include the following- urethra, urinary bladder, rectum, small intestine, uterus and the vagina itself. Perineal laxity is a common complaint of elderly women in gynecological practice. This happens mostly in multiparous and postmenopausal women. Nulliparous prolapse is seen in 2% and vault prolapse in 0.5% cases following hysterectomy

Yoni Vyapads are set of Vaginal disorders (broader meaning) occurring in female, 20 in number. *YoniVyapads* are different conditions occurring in women, under whom diseases related to female reproductive system including vagina, uterus, fallopian tubes and ovaries are studied. Certain conditions explained in *YoniVyapad* resemble the signs and symptoms of perineal laxity. The causative factors given for the same also resemble with the causes of perineal laxity. It is essential to have a thorough knowledge of these conditions while treating perineal laxity in Ayurvedic way. Here highlights the signs and symptoms and treatment strategies of those conditions of *Yoni Vyapad* which closely resemble perineal laxity.

Keyword- *Yoni*, *Yonivyapad*, Perianal Laxity.

INTRODUCTION

Yoni is a word which is equated to Vagina. But the term should be seen in a broader dimension. The term *Yoni* grossly comprises of female genital system including vagina, uterus, fallopian tubes and ovaries. All these structures are in closer proximity to the *Yoni* and shall be considered as a single unit. All *YoniVyapads* (20 in number) too starts with *Yoni* i.e. Vagina and are said to involve all the members of the female genital system and pelvis. Some diseases or conditions explained in *YoniVyapad* closely resemble the clinical picture of Perineal laxity. Perineal ^[1] laxity is a common condition in which there is weakness of the supporting structure of the female pelvis, thereby

allowing descent of one or more of the pelvic organs through the potential space of vagina. This happens mostly in multiparous and postmenopausal women. Nulliparous prolapse is seen in 2% and vault prolapse in 0.5% cases following hysterectomy. ^[2]

It is a very common gynecological problem found in day to day OPDs especially amongst the parous women of reproductive age group globally. It is essential to have a thorough knowledge of these conditions while treating perineal laxity in Ayurvedic way.

Yoni Vyapads and Perineal laxity -

After analyzing every *Yonivyapad* related to displacement or prolapsed of genital organs categorized as follow-

- *VatalaYonivyapad*
- *Phalini/AndiniYonivyapad*
- *PrasramsiniYonivyapad*
- *MahayoniYonivyapad*

VATALA YONIVYAPAD-

Woman of *VataPrakrati* consumes the diet and indulges those activities which aggravated & vitiated the *Vayu*, suffers from the *Vatalayonivyapad*.^[3] While *AcharyaVagbhata*^[4] has mentioned that excessive coitus, improper posture during coitus, vitiated menstruation, defective seed (ovum) & use of bad material are responsible for *Vatalayonivyapad*.

Clinical Feature-

An aggravated *Vata* causes pricking, stretching pain in vagina, loss of tactile sensation, stiffness, roughness and feeling of crawling ants are the clinical feature of *VatalaYonivyapad* and the frothy, reddish black, thin scanty discharges are found.^[5,4] As per *AcharyaVagbhata*,^[6] displacement of vagina and lax perineum are found in *VatalaYonivyapad*. *Vatalayonivyapad* can be correlated with Endometriosis, Estrogen Deficiency, Perineal Laxity.

Principle of Treatment-

The treatment prescribed for suppression of *Vata* in general is beneficial Oleation, sudation, *basti* with the drugs capable of suppressing *Vata* should be done.^[7] The oil prepared with the drugs possessing *Ushna* and *Snigdha* properties should be used as local irrigation, massage and tampons.^[8]

Sudation^[9] *Kumbhi* or *Nadi* type of sudation

Basti- Enema of recipes containing oil and sour juice is useful.^[10,11]

Tampon- *Guduchayaditail*^[12]
SaindhavadiTaila^[13] *Rasnaditaila*^[14]

Application of paste- Thepaste of himsrha should be applied locally.^[15]

Ghritapan –*Kasmaryadighrita*,^[16]
Balaghrita,^[17] *Satawaryadighrita*^[18]

Churna- *Vrsakadichurna*^[19]

Other – *RasnadiDugdhapaka*,^[20]
Guduchayadiparishek^[21]

PHALINI YONIVYAPAD

Young woman has coitus with a man having big size penis.^[22] Women of narrow vaginal canal have the constant coitus by a man of big size penis causes excessive laxity of anterior vaginal and posterior vaginal wall which may protruberate outside the introitus in a shape of fruit or egg.

Rupa (Clinical feature)- Dryness and pricking pain due to vitiated *Vata* and other features of vitiated pitta & *kaphai*.e, Burning sensation and heat, Unctuousness and itching also observed in *phaliniyonivyapad*.^[23-26] It can be correlated with cystocele and rectocele

Chikitsa (Treatment)- According to *AcharyaSushruta*,^[27] *Phalini* is *tridoshaj* disease that is incurable.

PRASRAMSINI YONIVYAPAD

Prasramsini yonivyapad arises due to vitiated pitta. No specific etiological factor has been given by either of the authors The name of the disease itself indicates pathogenesis. The word yoni refers to vaginal canal and uterus and *Prasramsini* means displacement of vaginal canal from its original place may be caused by some external stimulus or itself without any external stimulus.

Normally displacement of anterior or posterior vaginal wall is seen only when women causes strains or having irritation, however this generally does not cause obstruction or difficulty in labour. But if not treated properly, in later age it causes obstruction or difficulty in labour which is a characteristic feature of *PrasramsiniYoniRoga*.

Rupa (Clinical feature): Any irritation causes excessive vaginal discharges or its displacement and labour is also difficult due to abnormality of passage due to displacement of vaginal canal from its original place.^[28-31] Other features of *pitta* vitiation i.e. burning sensation, suppuration, fever etc.it can be correlated with Ist and IInd degree uterine prolapse.

TREATMENT OF PRASRAMSINIYONI ROGA

Principles of treatment: Local douching, irrigation, anointment, massage

and tampons prepared with the drugs either having cooling properties or capable of suppressing pitta should be done. For oleation either only *ghrita* or *elseghrita* medicated with the drugs capable of suppressing *pitta* should be used. [32] The cooling drugs or methods prescribed for *raktapitta* should be used.

Basti: *Basti* (Vaginal and/or uterine instillation) with the milk treated with either *madhura* [33] group of drugs or *madhuka*. [34]

Application of paste: Local application of paste of *panchawalkala*. [35]

Ghrita for oral administration: The juice expressed from four *tulas* of *Jivaniya* group of drugs should be mixed equal quality of *ghrita* extracted directly from milk & cooked. Oral use of thus prepared *ghrita* cures all types of *pittajayoni*-rogas. [36] *Phalaghrita* (*Laghuphalaghrita*) described by *Sharangdhar* may be used orally. [37]

MAHAYONI

Sleep in an irregular posture or on an uncomfortable bed during sexual intercourse. [38]

Rupa (Clinical feature)- According to *AcharyaCharak*, [38] *AcharyaSushruta* [39] and *AcharyaVagbhata* [40] due to etiological factor *Vata* get aggravated and cause dilatation of the opening of her uterus and vagina, pain, discharge of frothy blood and unctuous blood from genital tract, protuberance of muscle, pricking pain in joint and groin. It can be correlated with IIIrd degree uterine prolapse.

Principle of Treatment- [41] All the measures capable of suppressing the *Vata* should be done. According to *AcharyaVagbhata* [42] the displaced vagina should be placed in its correct place after it lubrication and sudation. the vagina placed upward should be pulled down by the hand, the constricted one dilated, the protruding one pushed inside, that which is bent backward turned forward and misplaced vagina is by itself a foreign body in women.

General treatment of Mahayoni- *AnnuvasanaBasti* and *Uttarvasti* with *trivritasneha*. [43]

Use of meat soup of aquatic animals, sudation with milk, oral use or use in the form of *anuvrasna* and *uttarvasti* of *sneha* medicated with decoction and paste of *dashmula* and *trivrita* is beneficial. [44]

The yoni should be filled with fat of bear, crab or cock and hog medicated with *madhura* group of drugs and then bandage of cloth should be done. [44]

Perineal laxity

Perineal laxity means weakness or relaxation of perineal muscle. These perineal muscle loss their tone and not controlled easily. This weakness resulting descent of cervix and the vaginal canal from their normal position.

Etiology of Perineal Laxity [45,46]

A. Congenital type

- Spina Bifida Occulta and Split Pelvis
- Congenital weakness of the pelvic floor muscles-
- Congenital prolapse in the newborn

B. Acquired : Commonest type

- Squatting position
- Peripheral nerve injury
- Home Delivery
- Prolonged Second Stage of Labour
- Ventouse extraction-
- Prolonged bearing down in the second stage
- Lacerations of the perineal body.
- Delivery of a big baby-
- Precipitate labour and fundal pressure
- Rapid succession of Pregnancies
- Raised intra-abdominal pressure
- Smoking, chronic cough and constipation
- Abdomino-perineal excision of the rectum and radical vulvectomy
- Operations for stress incontinence
- Atrophy
- Menopausal age

Detail description [47]

Urethrocele -There is laxity of the lower third of the anterior vaginal wall, the urethra herniates through it. This may

appear independently or usually along with cystocele and is called cystourethrocele.

Cystocele -The cystocele is formed by laxity and descent of the upper two-thirds of the anterior Vaginal wall. As the bladder base is closely related to this area, there is herniation of the bladder through the lax anterior wall.

Rectocele -There is laxity of the middle third of the posterior vaginal wall and the adjacent rectovaginal septum. As a result, there is herniation of the rectum through the lax area.

Perineal Floor Relaxation-Torn perineal body produces gaping introitus with bulge of the lower part of the posterior vaginal wall.

Enterocoele - laxity of the upper-third of the posterior vaginal wall results in herniation of the pouch of Douglas. It may contain omentum or even loop of small bowel and hence, call enterocoele. traction enterocoele is secondary to uterovaginal prolapse. Pulsation enterocoele is secondary to chronically raised intraabdominal pressure.

Vaginal Vault Prolapse-The most advanced stage of pelvic relaxation occurs when the support structures of the vagina (cardinal and uterosacral ligaments) are damaged by hysterectomy or other pelvic surgery such that the vaginal vault everts.

Uterine Prolapse-Descent of the uterus and cervix because of weakness of their supporting structures (utero-sacral and cardinal ligaments) results in uterine prolapse. Normally the cervix is located in the deepest third of the vagina. As uterine prolapse progresses, the amount of descent into the vaginal canal will increase. Uterine prolapse is graded as follows:

GRADE 1= mild descent of the cervix towards the vaginal opening with strain.

GRADE 2= cervix to vaginal opening with strain.

GRADE 3= cervix outside vaginal opening with strain.

GRADE 4= "procidentia," complete prolapse in which the cervix and uterus are outside the vaginal opening at all times.

Common Symptom of perineal laxity ^[46]

- Something coming out per vagina
- Dragging pelvic discomfort and low backache
- Purulent or blood stained discharge.
- Micturition-
- Difficulty in emptying the lower bowel (dyschezia)
- Dyspareunia and loss of libido.

❖ **Management of perineal laxity- Prophylaxis-** ^[48]

- Careful attention during childbirth can do much to prevent prolapse.
- Antenatal physiotherapy, relaxation exercises and due attention to weight gain and anaemia are important.
- The proper supervision and management of the second stage of labour.
- A generous episiotomy in most primigravidae and in all complicated labours, e.g. breech delivery. Recently, however, the usefulness and the role of episiotomy in prolapse have been questioned, and complications of episiotomy are listed.
- Low forceps delivery should be readily resorted to if there is delay in the second stage.
- A perineal tear must be immediately and accurately sutured after delivery.
- Postnatal exercises and physiotherapy are beneficial.
- Early postnatal ambulation.
- Provision of adequate rest for the first 6 months after delivery and the availability of home help for heavy domestic duties.
- A reasonable interval between pregnancies so that too many births at too short intervals are avoided. this allows recovery of muscle tone in between pregnancies.
- Avoiding multiparity by using a family planning method so that strain on the ligamentary supports is reduced.
- Provision of adequate rest for the first 6 months after delivery and the availability of home help for heavy domestic duties.

- A reasonable interval between pregnancies so that too many births at too short intervals are avoided. This allows recovery of muscle tone in between pregnancies.

Definitive treatment [46]

Non-surgical treatment:- [47]

Physiotherapy:-When there is only a minor degree of prolapse, and especially during the six months following delivery, pelvic floor exercises carried out regularly are of some value. Their effect is limited.

Hormone replacement therapy:-In assessing a patient with utero-vaginal prolapse, it is frequently noted that considerable atrophic change is present in the vaginal and cervical epithelium. Mild degrees of prolapse may be helped by HRT, provided there is no contraindication for oestrogen therapy. However, HRT is not helpful in relieving major degree of

prolapse. HRT is used for a few weeks preoperatively to improve the condition of the vagina.

Pessary treatment- A pessary provides palliative Treatment. The uterus and vaginal wall are controlled with a supporting pessary, of which there are many types: ring pessaries, shelf pessarie, tampons, pads and other supporting devices all have a place in the management of prolapse. When the perineum is too weak to hold a ring in position, some form of stem or shelf pessary is used. A pessary does not cure prolapse. It merely holds and supports the uterus and vagina up in the pelvis.

Surgical treatment- This procedure is indicated when there is third degree prolapse and when prolapse is complicated by menstrual problems or uterine pathology, such as premalignant conditions in the uterine body or cervix.

Surgical Approaches to Utero-Vaginal Relaxation:- [48] **Source Burnett (1988)**

Specific lesions	Vaginal approach	Abdominal approach
Urethrocele	Anterior Colporrhaphy Bladder Neck Placation Plication of Pubourethral Ligaments	Marshall MarchettiKrantz Procedure Burch Culposuspension Paravaginal Fascia Repair
Cystocele	Anterior Colporrhaphy Bladder Neck Placation And Placation Of Pubourethral Ligaments	Paravaginal Fascia Repair Marshall MarchettiKrantzColposuspension
Uterovaginal prolapsed	Vaginal Hysterectomy Colporrhaphy Uterosacral Ligament Placation Sacrospinous Ligament Suspension	Abdominal Hysterectomy Uterosacral Ligament Suspension Vaginal Apex Sacropexy
Vaginal vault prolapse	Colporrhaphy Uterosacral Ligament Suspension Sacrospinous Ligament Suspension	Vaginal Vault Sacropexy Mc Call Culdoplasty
Enterocoele	Ligation of Enterocoele Sac Mc Call Culdoplasty	Moskowitz Procedure
Rectocele	Posterior Colporrhaphy	
Relaxed vaginal vault	Perineorrhaphy Levator Placation	

CONCLUSION

Etiology, type, symptoms, complications and treatment is being dealt in details. After analyzing every *Yonivyapad* related to Perineal laxity are concluded-*Vatalayonivyapad* can be correlated with Endometriosis, Estrogen Deficiency, Perineal Laxity. *Phalini/ Andini* can be correlated with cystocele and rectocele. *Prasramsini Yonivyapad* can be correlated with Ist&IInd degree uterine prolapse.

Mahayonivyapad can be correlated with III degree uterine prolapse

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