



Conservative management of genital prolapsed in geriatric age – case report

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Abstract

Pelvic organ prolapse is highly prevalent condition in the female population, which impaires to quality of life of affected individuals. **Aim-** To see whether manual reduction of prolapsed atrophic uterus followed by sthanik chikitsa reccur with prolapsed or not. **Objectives-** 1)To prevent prolapsed of atrophic uterus with manual reduction with sthanik chikitsa & kegal's exercise. 2) By treating constipation & reduction the intra abdominal pressure. **Methodology-** A 75yrs old female patient is taken for this study treated with Matrabasti and Yonipichu with balashwagandha tail for 9 days.T bandage applied to the pelvic area after yonipichu. **Result** - Patient got relief from above treatment. **Conclusion-** Conservative management with ayurvedic sthanik chikitsa in geriatric case approach in the management of genital prolapse 1 particularly with atrophic uterus can be helpful to good there normal life.

Keywords - Pelvic Organ prolapse, Kegal's exercise, Matrabasti, Yonipichu, Mahayoni, Genital prolapse.

Introduction

The uterus is a hollow pyriform muscular organ situated in the pelvis between the bladder in front and the rectus behind. The uterus is normally supported by pelvic connective tissue and the pubococcygeus muscle and held in position by special ligaments¹¹

Weekening of tissues allows the uterus descend into vaginal canal. Tissue trauma sustained during childbirth, especially with largebabies or difficult labour and women who have one or more vaginal births.

The loss of muscle tone and the relaxation of muscles, which are both associated with normal aging and a reduction in the female hormone estrogen, are also thought to play an important role in the development of uterine prolapsed.

Prolapse or procidentia or downward descent of vagina and uterus is a common and disabling condition. Vaginal prolapsed can occur without uterine prolase but the uterus cant descent without carrying the upper vagina with it.

According to modern science, the genital prolapsed is grouped into

- 1) Vaginal prolapse
- 2) Uterine prolapsed¹¹
- 1) Vagina lprolapse-
 - a) Anterior wall- cystocele- formed by laxity and descent of the upper two third of ant wall.
 - Urethrocele- laxity of lower third of ant vaginal wall.
 - b) Posterior wall- Rectocele- laxity of the middle third of post vaginal wall.
- Enterocèle- laxity of upper third of posterior vaginal wall in herniation of pouch of douglas.
- c) Secondary wall prolapse- occurs following either vaginal or abdominal hysterectomy.¹¹

2)Uterine prolapse-

Degrees of uterine prolapse-

- Normal- external os lies at the level of ischeal spines.
- 1st- uterus descends down from its normal anatomical position but the external os still remains above the introitus.
- 2nd- external os protrude outside the vaginal wall introitus but the uterine body still remain inside the vagina.
- 3rd- uterine cervix and body and the fundus descends to lie outside the inheritance.
- Procidentia- prolapsed of uterus with erosion of entire uterus.¹¹

According to ayurveda genital prolapse mentioned as Mahayoni. In Ayurveda, Mahayoni is mentioned that aggravated vayu producing stiffness of vaginal orifice and uterus causes their dilatation, displacement and other severe pain,etc. This entity having muscular

protuberance and pain is termed as Mahayoni.¹

Pelvic organ prolapse is a disease in which one or more of the female pelvic organs such as the bladder, uterus, vaginal cuff, rectum, intestine descend through vagina. Pelvic organ prolapse is related with various symptoms such as urinary incontinence, voiding dysfunction, frequency of urination, dyschezia, pelvic heaviness, prolapse sensation, vaginal pain and back pain.¹⁵

The prevalence of pelvic organ prolapsed in previous studies was 2.9-41.4%. However it is difficult to obtain a consistent prevalence because defining POP diagnosis (symptoms, physical and surgery) differs according to study.¹⁶

Modern health care system are becoming gradually more community focused with the emphasis being on prevention rather than cure. While there are well established modes in other fields of medicine, the attempts at prevention of pelvic floor dysfunction remain in the early stages. The demand of conservative management increases in an ageing population, especially with women giving birth in older age. We shall briefly discuss the evidence regarding prevention measures and conservative management options for pelvic organ prolapsed.

Case report-

A 75 yrs old female patient having complaints of something coming out per vaginum since 1 year, pain in abdomen since 15 days, retention of urine since 15 days, white discharge per vaginum since 8 days, acidity since 1 yr, not having any medical or surgical illness.

Menstrual history- Menopause since 30yrs back. TL not done

Obstetric history- P1 L1 A0 D0, P1 L1 – Female – 40yrs- FTND Uneventful.

O/E- G.C.- fair

P- 76/min

BP- 130/80 mm of Hg

Stool- free

Urine- frequent micturition

S/E- RS- AEBE clear

CVS- S1 S2 Normal

CNS- Conscious, well oriented

P/A- Soft, NT

Perineal Examination- Cystocele++ with erythematous cervix.

No bleed on touch.

Atrophic uterus.

No white discharge / no stress incontinence.

Investigation-

USG- small atrophic (65*20mm)

Prolapse with cystocele.

Urine R and M- Pus- 5-6

Epi- 3-4

Management-

1. Manual reduction of mass.
2. Matrabasti with balashwagandha tail 60ml OD after food for 9 days for 3 cycles.
3. Yonipichu with balashwagandha tail 30ml OD after food for 9 days for 3 cycles.
4. Haritaki Churna 3gm with Koshna Jala BID after food.
5. Kegal's exercise.

Counselling -

As patient was psychologically upset , hence proper counselling was done. She has made aware of the signs and symptoms clearly. Patient was made confident that her condition is remarkable.

Discussion

1. With increasing longevity, the postmenopausal life span of a

women is remarkably extended and has more than doubled. Postmenopausal women generally exhibit symptoms such as vasomotor, urogenital, end organ atrophy, prolapsed, cardio and osteroporosis. Some of these progressive and are going to affect the quality of life women in this geriatric age.

2. The modern treatment for genital prolapse is hysterectomy which is alone fail to correct the loss of integrity of the cardinal uterosacral ligament complex and weakening of pelvic diaphragm.
3. Here considering the geriatric age and postmenopausal atrophic prolapsed uterus, the present treatment was planned.
4. The combination of treatment with matrabasti and yonipichu with balashwagandha tail 9 days after manual reduction of mass advised with kegal's exercise to the patient worked well for 3 cycles.
5. Patient was complaining of constipation. Due to constipation, the intra abdominal pressure was increased. It can lead to uterine prolapsed. Haritaki churna was given to patient for constipation. Haritaki is dipan pachan and rasayan.
6. Weekening of tone of pelvic floor muscle due to old age which lead to pelvic organ prolapse. Matrabasti and yonipichu with balashwagandha taila and kegal's exercise helps to increase the tone of pelvic floor muscle.
7. The treatment given to patient were proved to be effective and

helped in avoiding the final step of treatment of surgery.

Conclusion

The present case report, medically unfit for surgery due to old, history of MI, got completely relieved of the symptom something coming out per vaginum after reduction of mass with matrabasti and yonipichu with balashwagandha taila & kegal's exercise.

This conservative treatment can be adopted in geriatric patients with atrophic prolapsed uterus when surgical intervention is not possible.

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