

## Management of Prolapsed Uterus - Grade II with Siddha Internal Medicine and Externally with Aloe Vera and Triphala Choornam Tampon: A Case Study

Mirunaleni P<sup>1\*</sup>, Venilla K<sup>2</sup>, Meenakshi Sundaram M<sup>2</sup>, MeenaKumari R<sup>3</sup>

<sup>1</sup> Dept. of Kuzhanthai Maruthuvam, National Institute of Siddha, Chennai-47

<sup>2</sup> Dept. of Kuzhanthai Maruthuvam, National Institute of Siddha, Chennai-47

<sup>3</sup> Director, National Institute of Siddha, Chennai

### Abstract

Pelvic organ prolapse is considered as one of the most common cause of reproductive health morbidity which influences the women's quality of life. It can occur in women of any age but it often affects postmenopausal women who've had one or more vaginal deliveries. Siddha, a traditional system of medicine found to provide better management for Prolapsed Uterus which helps patients to avoid hysterectomy. **Objective:** To evaluate the benefits of a holistic Siddha treatment in ameliorating Uterus prolapse symptoms, preventing further prolapse, improving quality of life and maintaining social independence. **Study Place:** Department of Kuzhanthai Maruthuvam, Ayothidoss pandithar Siddha Hospital, National Institute of Siddha, Chennai. A 46 year old lady Presented with the feeling a muscle mass coming through vaginal orifice, dribbling of urine, mass descent while coughing, pain in the pelvis, excessive bleeding during menstruation, constipation. **Intervention:** She was treated with Siddha internal Medicine and externally with Aloe Vera and Triphala Choornam tampon, in

combination with pelvic-floor muscle exercises for 60 days. Pelvic floor disability Index score was used to assess the symptoms severity before and after the treatment. **Results:** This case study found out after treatment with Siddha Internal Medicine and externally with Aloe Vera and Triphala Choornam tampon Prolapsed uterus grade II can be managed effectively, symptoms reduced, and quality of life improved. The Monthly follow-up for 5 five months showed no cervical descent or symptoms associated with it.

### Introduction

Pelvic organ prolapse is considered as one of the most common cause of reproductive health morbidity which influences the women quality of life [1]. It occurs due to weakening of musculature and ligaments even though multifactorial, the etiology comprises of large number of predisposing factors which are easily preventable[2]. According to World Health Organization (WHO) estimation, the reproductive ill health accounts for 33% of the total disease burden among the women globally.

**Keywords:** Siddha Medicine; Prolapsed uterus; Aloe Vera; Triphala Choornam; Tampon

---

### \* Address of the Correspondence

Dr. P. Mirunaleni, Dept. of Kuzhanthai Maruthuvam, National Institute of Siddha, Chennai-47

E-mail address: mirunalenibsms@gmail.com

Journal of Siddha: Volume 7 Issue 1

January – June 2023

The global prevalence of uterine prolapse is 2-20%; the hospital admission for uterine prolapse is 20.4%, surgery for prolapse is 16.2% [3]. In conventional system the primary non-surgical method involves placing a pessary in the vagina to support the pelvic organs and the surgical treatment includes hysterectomy. The life-time risk of a woman for Pelvic organ prolapse surgery is estimated to be 19% and the reoperation risk even with an appropriate surgery is about 30% [4]. In Siddha literature uterine prolapse is mentioned as *Pengalukku vuruppu thallal* and *Adithallal*. Siddha external therapy with Aloe vera and *Triphala choornam* were indicated for Prolapses [5] and it has been practiced by many Siddha physicians for prolapsed uterus. Herein we report a 46 year old female patient with grade II uterine prolapse treated with Aloe vera and *triphala* tampon

### Diagnosis assessment

On 16<sup>th</sup> March 2018 she got admitted in the Inpatient Kuzhanthai Maruthuvam Department, Ayothidoss Pandithar Siddha Hospital. Per Speculum examination there was a visual perception of a prolapsed uterus which descended more while coughing. She went through Ultra sonogram pelvis which showed the result as Prolapsed uterus grade II. Her diagnosis was confirmed as Prolapsed uterus grade II based on symptoms, Physical Examination and Ultra sonogram Pelvis.

### Therapeutic Intervention:

Siddha Medicine were selected to balance Samanam and apana Vatham in normal

along with Siddha Internal medicine for 60 days effectively and the symptoms were reduced. The case study was prepared by adopting CARE guidelines.

### Case Report

A 46 year female patient came to OPD, Department of Kuzhanthai Maruthuvam, Ayothidoss pandithar Siddha Hospital, National Institute of Siddha, Chennai. She presented with complaints of feeling a muscle mass coming through vaginal orifice, dribbling of urine, mass descent while coughing, pain in the pelvis, excessive bleeding during menstruation, constipation since 2 years. Her natal history revealed that she had two female and three male children by vaginal delivery. No history of Dilatation and Curettage. Known case of Diabetic. Tubectomy was done after her fifth delivery. She was a tailor by profession using manual sewing machine.

state because the concept of Siddha is that in Karuppai Adithallal (Prolapse of Uterus) is due to vitiated Vali humor. Since She was diabetic, she continued her Siddha and allopathy anti diabetic Medicine. She had Siddha Internal (table-1) and Siddha external medicine (table-2) for 60 days.

### Preparation of Aloe Vera and Triphala tampon

Cut a fresh Aloe Vera leaf from the plant and slice both the edges and peel off the green skin on both the sides as close as possible. Wash it well to remove sticky portion and place it on a strip of gauze piece. Sprinkle 3 gms of triphala choornam over it and roll like a tampon. These are placed intravaginally and retained for 2-4 hours. Then the patient herself discards it.

Sl. No	Siddha Internal Medicine	Duration and Adjuvant
1.	Thriphala choornam 1gram + Padigalingam Chenduram 200 mg	Twice a day after food with honey
2.	Nilavagai Choornam tablets 2 nos were given after food at bed time.	Bed time only after food

**Table 1: Siddha Internal Medicine**

Sl. No	Siddha External Medicine	Duration
1.	Aloe vera and triphala tampon were prepared and inserted intravaginally	Everyday morning
2.	Padigara neer wash externally	Twice a day

**Table 2: Siddha External Medicine**

#### Follow up and Outcome:

After Diagnosis the patient was treated with both Internal and External medicines for 60 days. The patient was admitted Inpatient ward, Kuzhanthai Maruthuvam Department. Clinical Assessment was made on the basis of symptoms by using Pelvic floor disability

#### Discussion:

The Uterus Prolapsed Treatment by Siddha Medicine works to keep *Samanam* and *apana Vatham* in normal state because the concept of Siddha is that in Karuppai Adithallal (Prolapse of Uterus) the Vali humor is always vitiated. Internal Medicine was given to pacify Vali humor and reduce Constipation, regulates Menstruation and Controls Excessive bleeding it also aids the process of digestion and metabolism and helps in releasing the pressure and stress on the pelvic floor muscles in its normal state. Aloe Vera and Triphala Tampon is highly effective due to the easy absorption of medicines owing to the highly

Index Questionnaire before and after the treatment. After 60 days of treatment there is no stress, urinary incontinence and protrusion of uterus through vagina while coughing, Feeling heaviness in the pelvis reduced. Constipation relieved. Pelvic floor disability Index score reduced from 149.75 to 22.75.

vascular vaginal region. Since there were made into tampon it helps in retention of medicines for a long time. All these may have helped in strengthening the connective tissues supporting the uterus and thus reducing the symptoms associated with uterine prolapse. After treatment with both Siddha internal and external medicines, clinical symptoms of Prolapsed uterus (karuppai adithallal) were reduced and the quality of life improved. It is Non-invasive and cost effective treatment for Prolapsed uterus Grade II, Patient was followed by another for 5 consecutive months. She continued OPD Medicine and Pelvic Floor exercise regularly.

**Patient Perspective:**

Patient suffered physically, psychologically and led to occupational and

**Declaration of Patient Consent:**

Written Informed consent was obtained from the patient for publication.

**Conflict of Interest:**

The authors declare that they have no conflict of interest to disclose.

social limitations. She felt shy and did not disclose her problem to family members. After 60 days of treatment she was relieved from symptoms and felt comfortable.

**Acknowledgement:**

Facilities and PG Students of Kuzhanthai Maruthuvam Department

**Funding:**

No funding was obtained for this study.

**References:**

1. Nathan, G., Varghese, L., & Kanmani, J. (2017). Effectiveness of STP on Knowledge Regarding Preventive Measures of Uterine Prolapse among Mothers. *Journal of Clinical and Diagnostic Research*, 11(12), QC05-QC08.
2. Thapa B, Rana G, Gurung S. Contributing factors of utero-vaginal prolapse among women attending in Bharatpur hospital. *Journal of Chitwan Medical College*. 2014;4:38–42
3. Doshani A. Uterine prolapse Clinical review. *BMJ*. 2010;335:819-823.
4. Aytan Hakan, Ertun Devrim, Tok Celalettin, et al. Prevalence of pelvic organ prolapse and related factors in a general female population. *Turkish Journal of Obstetrics and Gynecology* 3 (2014): 176-180.
5. Uththamaraayan KS, Siddhar aruvai maruthuvam, Directorate of Indian Medicine and Homeopathy chennaipublications Chennai India (2005).