



ORIGINAL RESEARCH PAPER

Ayurveda

AYURVEDIC MANAGEMENT OF PID (PARIPLUTA YONIVAYAPAD) - A CASE STUDY.

KEY WORDS: Pelvic inflammatory disease, Paripluta Yonivyapad, Yoni roga.

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ABSTRACT

In our classics, acharya's have mentioned twenty *Yonivyapad* which attribute as a major cause in affecting the normalcy of the female reproductive tract. In which *Paripluta Yonivyapad* can be correlated with the pelvic inflammatory disease. The Pelvic inflammatory disease is the disease of upper genital tract. Today's era pelvic inflammatory disease is rising in an alarming way and its recurrence decreases the fertility rate. If it goes untreated it causes infertility, chronic pain, fallopian tube blockage which leads to ectopic pregnancy likely. Aim: Evaluation of proper management of disease not only to cure but to reduce recurrence rate through *Ayurvedic* management. Materials and Methods: In this article, a case report of patient age 33 years married since 6 years, nulligravida with c/o lower abdominal pain which aggregates before and during menses since one and half years along with vaginal discharge. Treatment planned was *Shodhana Chikitsa* through *Virechana* and *Basti*, while *shamana chikitsa* through *Pushyanug Churna*, *Kanchnar Guggul* and *Chandraprabha Vati* and *sthanik chikitsa Yonidhavana* through *Dashmula Kwath*. Result: Patient symptoms were reduce, hence it can be stated that pelvic inflammatory diseases can be treated through proper *Ayurvedic* management.

INTRODUCTION:

Pelvic inflammatory diseases also known as pelvic inflammatory disorder (PID) is an infection of the upper part of the female reproductive system, namely the uterus, fallopian tubes, and ovaries, and surrounding structures ⁽¹⁾. PID is caused by bacteria that spread from the vagina and cervix, mostly *Neisseria gonorrhoea* or *Chlamydia trachomatis* ⁽²⁾ or by changes in the cervical mucus during ovulation, menstrual cycle ⁽³⁾. PID presents with lower abdominal pain, vaginal discharge, fever, burning with urination, dyspareunia, or irregular menstruation ⁽¹⁾. Untreated PID can result in long-term complications including Infertility, ectopic pregnancy, chronic pelvic pain ⁽⁴⁾. In modern medicine treatment for pelvic inflammatory diseases are antibiotics, NSAIDs, antimicrobials. They cause dizziness, drowsiness, headache as well as gastrointestinal upset ⁽⁴⁾. It is estimated to affect about 1.5 percent of young women yearly and estimated admissions are 3% to 10% in India ⁽⁵⁾.

According to Ayurveda, inflammatory pathologies take place with the involvement of *Pitta*, as inflammation or *Paaka* is the inherent karma of *Pitta*. So PID can be correlated to the *Pittapradhana Yonivyapad*. Symptoms of various *Yonivyapad* like *Vatja*, *Pittaja*, *Kaphaja*, *Sanipataja*, *Udavarta* and *Paripluta Yonivyapad* resemble with PID with main symptom of pelvic pain and mucopurulent discharge but *Paripluta Yonivyapad* show most convergence with PID. Different symptoms like *Shroni Vamkshana Prushta Vedana* (lower backache ache), *Vasthi* and *Kukshi Gurutwam* (heaviness of lower abdomen) *Gramyadharme Ruja* (dyspareunia), *Yonisrava* (copious vaginal/ cervical discharges due to inflammation and infection of lower genital tract), *Daaha*, *Shoona* (inflammatory signs such as redness, local rise in temperature and congestive changes of cervix or vaginal canal) mentioned in the context of *Paripluta Yonivyapad*⁶ can be related to the symptoms of PID. *Sparshakshamatwa* can be correlated to the lower abdominal tenderness, cervical motion tenderness, adnexal/forneceal tenderness or the uterine tenderness which can be elicited in PID. According to Ayurveda, *Samanya Chikitsa* of *Yonivyapad* is said to be *Shodhana Chikitsa*, *Sthanika Chikitsa* like *Uttara Basti*, *Abhyanga*, *Parisheka*, *Pichu* etc. Owing to the deep rooted nature of the disease and high recurrence rate, a combination of oral and local treatments are considered in this study. The main aim of the treatment is *Vata Pitta Shamana*, *Vedana Sthapana*, *Yonishodhana* and *Vranaropana*. Since PID is a major issue in the field of

gynaecology, this study has been carried out to find out an effective Ayurvedic treatment protocol.

MATERIAL AND METHODS:

A 33 years subject married since 6 years was having primary infertility.

Occupation- Software Engineer
Menarche – 15 years, spontaneous.
MH- Regular,
28-30days, 2-3days, scanty flow, ½ pad /day
Coitus history - Dyspareunia
No h/o any major illness and surgery

C/O- Lower abdominal Pain aggregates during menses and before menses since 1½ years.

O/E-
BP- 110/60 mm of hg
PR- 88/min.
Axillary & pubic hair growth normal.

Breast development normal
No hirsutism
P/A- Lower Abdomen Tenderness & Pelvic Pain
P/S- Vagina- watery discharge
Oedematous cervix
P/V – Anteverted uterus
Size- Normal
Cervix movements elicit tenderness.
Fornixes- Tenderness.

Samprapti of Paripluta Yonivyapad:

Excessive coitus, or *Adharniya Vega Dharana*, *Mitya Achara*

↓
Apana Vata & Pitta Prakopa

↓
Reaches the site of *Khavaigunya* with *dushti of Rasavaha, Rakhtavaha and Artava Srotas*

↓
Disturbance in normal defence mechanism of *Yoni*

↓
Paripluta Yonivyapad / Pelvic inflammatory diseases.

Treatment Protocol:

Shodhana Chikitsa: Virechana Karma ⁽⁷⁾ and *Basti Karma Shamana Chikitsa: Kanchnar Guggul, Pushyanug choorna,*

Chandraprabha Vati.

Sthannika Chikitsa: Yonidhavan through Dashmula Kwath The main aim of the treatment is Vata Pitta Shamana, Vedana Sthapana, Yonishodhana and Vranaropana.

Shodhana Chikitsa:

Sr no	Karma	Drug	Matra	Anupan	Kala
1	Aampachana (2 nd -5 th day of menses)	Aampachak yog (ativisha, musta, haritaki, shunthi)	Each 250mg=1gm, 2 times	Koshna jala	Paschat bhakta
2	Snehapana	Panchatikta gruta	Day 6- 30ml Day 7- 60ml Day 8- 90ml Day 9-120 ml Day 10-150ml	Koshna Jala, if Kshudha Prachiti (mudga yush)	Abhakta
3	Sarvanga Abhyanga & Basha peti Sweda	Til taila	For 2 days		Vishramkal
4	Virechana	Trivritta-awaleha	30gm	Koshna jala	At 9am (kaphajee rna kali)

Virechana given with Trivritta awaleha results madhyamshuddhi (10-12vegas), so 3days of sansarjana krama had given. Then next cycle yog basti was given.

Days	6 th	7 th	8 th	9 th	10 th	11 th	12 th	13 th
	AB	NB	AB	NB	AB	NB	AB	AB

Basti karma was given as follows, 1st anuvasana with Sacharadi taila (6) then niruha basti with dashmuladi niruha next day in morning in these way Yoga basti was given

AB:- Anuvashan Basti, NB:- Niruha Basti.

After completion of basti, internal medicine was started as follows-

Shamana Chikitsa Drug Review: Given for 45 days

Drug	Form	Dosage	Anupana
Kanchnar Guggulu (9)	Tablet	2 tablet bd	Lukewarm water.
Chandraprabha Vati (10)	Tablet	2 Tablet bd	Lukewarm water
Pushyanug hoorna (11)	Choorna	10 g twice daily	Tandulodaka (rice washed water) and honey

Sthannika chikitsa

Started after the 8th day of menses given with Dashmula Kwath of 500 ml for 2 minutes.

Drugs gain entry into the systemic circulation through the blood vessels of lamina propria. Vaginal canal is richly supplied by arterial and venous plexus and this property makes it an ideal route of drug administration. Moreover, it bypasses portal circulation, increasing the bio availability of the drug. The existence of direct local transport from the vagina to the uterus, termed the „first uterine pass effect also support the absorption of drugs (12). Yonidhavan with lukewarm Kwath of Dashmula does Vata Shamana, Vedana Sthapana and promote circulation, which helps in the reduction of congestion which in turn reduces the overall pain and tenderness in the pelvis. The cleansing effect created by Yonidhavan and the antiseptic properties of the drugs are responsible for the reduction in the quantity of vaginal discharges.

DISCUSSION:

Pain:

Lower abdominal pain and back ache have shown significant relief. These effects can be attributed to the Vata Shamana achieved by the Vatahara property of majority of the drugs.

Vaginal Discharges:

Vaginal discharges are the result of accumulation of fluid in the extra vascular space, as a result of tissue response to microbes. The combined effect of local and systemic drugs has decreased the inflammation.

Tenderness:

Cervical motion tenderness, adnexal tenderness and uterine tenderness showed significant improvement. Tenderness or Sparshaakshamatwa can be attributed to the Pitta and Vata Dosha. Vatapittahara, Shothahara, Vranaropana, Vedanahara (anti inflammatory, analgesic) properties of the drugs efficiently reduced the tenderness.

	Action (13,14)	
Kanchnar Guggulu	Shothahara, vranaropana, galganda, apache, arbuda, granthi, gulma, kushta, bhagandhara.	Anti-inflammatory, Antioxidant, Muscle relaxant, Antibacterial, Anticancer, Anti-tumour, Thyroid stimulant, Analgesic, Anti-mutagenic.
Pushyanug Churna	Vrana Ropana, Krimighna, Rakta Shodhaka, Pittaghna, Artava Janana, Shothaghna Pachana, Vedanastapana, Rasayana, Garbhashaya Shodhaka, Pradarahara, Balya, Deepana, Jwarahara	Immune stimulant, Amoebicidal Diuretic, Anti inflammatory, Antibacterial, Antispasmodic, Uterine stimulant, Anti oxidant, Anti pyretic, Analgesic, Anti-ulcer genic, Antiseptic, Anti helminthic
Chandraprabha Vati	Balya, Vrushya, Sarwa Rogpranashini, tridosha nashak.	Antacid, Anti-inflammatory, Anti arthritic, Digestive Stimulant, Haematinic, Fat burner, anti-gout, Analgesic, Muscle relaxant, Anti-helminthic, mild anti-hypertensive.
Dashmula kwath	Shothaghna, Jwaraghna, Shula Prashamana, Mutrala, Vrana Ropana, Vatashamana	Anti inflammatory, Antibacterial Anti-pyretic, Spasmolytic, Uterine Stimulant

RESULT:

Patient symptoms i.e. lower abdominal pain got reduce, no vaginal discharge, there were changes in the p/s examination i.e. no more tenderness in fornixes, cervix healthy no oedematous structures.

CONCLUSION:

The study has shown fruitful results over the pain related signs and symptoms, vaginal discharges, congestive changes of cervix. PID can be managed in Ayurveda by following an extensive treatment protocol by oral and local therapy, thereby its complications and recurrence can be curbed effectively.

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