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# Ayurvedic management of *Paripluta Yonivyapad* - A Review

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## ABSTRACT

*Yonivyapad* comprises around 70% of gynaecological problems and commonly encountered in the practice of Gynaecology. Among them some are causing painful coitus, dysmenorrhoea etc., and *Paripluta* is one among them. *Paripluta* is one among the twenty *Yoni Vyapads* mentioned in the classics. In this disease *Pitta* and *Vata Dusti* are considered as primary cause. It can be correlated to pelvic inflammatory disease due its resemblance of clinical features. PID is of public health issue, especially in developing countries because of its high prevalence, economic and social implication. Delayed management of PID may result in higher rates of miscarriage, chronic pelvic pain, STD, progressive organ damage and long term reproductive disability due to its recurrence.

**Key words:** *Paripluta*, *Yoni Vyapads*, *Vata-Pittaja Vyadhi*, *Sodhana*, *Sthanik Chikitsa*

## INTRODUCTION

Women are responsible to create new generation. Under today's circumstances women are bound to undergo ill-health and unhygienic means that ultimately leads to gynaecological problems. Pelvic inflammatory disease is a common reproductive tract infection seen in active reproductive women. Incidence of PID among sexually active women is 1-2% per year. About 85% are spontaneous infection in sexually active females of reproductive age.<sup>[1]</sup> Pelvic inflammatory disease is caused by multiple organisms like *Neisseria*

*gonorrhoeae*, *Chlamydia trachomatis*, *Mycoplasma hominis*, non-haemolytic *Streptococcus* etc. This disease manifests with the irregular, excessive vaginal bleeding, bilateral lower abdomen pain, abnormal vaginal discharge, dyspareunia, nausea, vomiting, fever etc.<sup>[2]</sup> It is commonly managed by systemic antibiotic therapy in modern medicine but the infection doesn't come under control even after giving an adequate course of broad-spectrum antibiotics. Leaving this condition untreated results in hydrosalpinx, pelvic abscess, pelvic adhesions, infertility, dysmenorrhea etc. In Ayurveda this painful condition can be compared to *Paripluta Yonivyapad* based on the clinical manifestations.<sup>[3]</sup>

*Paripluta* is one among the twenty *Yoni Vyapads* mentioned in the classics that is seen in women of reproductive age group. Many women have silent clinical features of *Paripluta* which has effect on her personal, interpersonal relationship between husband and wife. In this disease *Pitta* and *Vatadusti* are considered as primary cause. *Acharya Charaka* and *Vagbhatta* consider it as a *Vata-Pittaja Vyadhi* while *Sushruta* has mentioned it as a *Vataja Vyadhi*.<sup>[4]</sup> It is characterized by *Saarti Neel*, *Peet Asrakasraveta*

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(painful menstruation with yellowish or bluish color of menstrual blood) *Gramyadharmaruja* (Dyspareunia), *Shotha* (inflammation of *Yoni*), *Sparsha-Asahatva* (tenderness), & *Vedana* in *Shroni*, *Vankshan*, *Pristha*, *Kati* (pain in lumbosacral and groin region, backache) *Jwara* (fever).<sup>[5]</sup> *Maharshi Sushruta* says that the condition is characterized with severe dyspareunia, besides other pain and ache. Both the *Vagbhata* have followed *Charaka*, however they have included heaviness in the regions of bladder and lower abdomen, *Atisar* (diarrhoea) and *Arochaka* (anorexia) etc. also in the list of symptoms.<sup>[6]</sup> *Madhava Nidana*, *Bhavprakash* and *Yogaratanakara* etc. have followed *Sushruta*.

### Nidana

#### Samanya Hetu (nonspecific etiology) of Paripluta Yonivyapad

*Mithyachara* (include abnormal diet and abnormal mode of life), *Pradushta Aartva* (hormonal disorders), *Beeja Dosh* (abnormalities of sperm and ova), Excessive indulgence in coitus, *Daiva Prakopa* (idiopathic), *Apadravya Prayoga* (use of iron objects for sexual pleasure) etc.<sup>[7]</sup>

#### Vishesha Hetu

*Maharshi Charaka* and *Vagbhata* has discussed about *Vishesha Nidana* (specific etiology) of *Paripluta*.

*Pittala* - It means women having predominance of *Pitta* due to her *Pitta Prakriti* and consumption of diet which exaggerate *Pitta*.

*Pitta Prakriti* - Women having *Pitta Prakriti* develop *Pittaja Roga* quickly even by less etiological factors (*Alpa Nidana*, *Sevana*) and the *Roga* are *Kasthasadhya*.

The word '*Nrisamvaase*' shows that in causation of this disease coitus (due to excessive coitus, coitus in abnormal position) is very important cause. *Swayathu-Udgara Dharanata*: In *Charaka Sutrasthana* the description of *Adharniya Vega* and its results are mentioned. Suppression of natural urges, lead to *Vata Prakopa* but the urges mentioned in *Paripluta Yonivyapad* have no direct relation in causation of this disease. So, we can conclude that by mentioning the

two *Vega*, other *Adharniya Vega* should be considered and all these lead to *Vata Prakopa*.

Since *Shotha* is very important feature of *Paripluta Yonivyapad* so we should also know about *Shotha Nidana* which is explained by *Acharya Charaka* in *Sutrasthana*, 18 chapter, *Trishothiya Adhyaya*.

#### Samprapti of Paripluta

*Nrisamvaase* (excessive coitus) + *Shwayathu-Udgara* or any *Vega Dharana* + *Mithya Achara*



*Dosha-Vaishmya* (*Apana Vata* & *Pitta Prakopa*)



*Doshas vitiate Dushya* (*Rakta* & *Mamsa*)



Reaches the site of *Kha-Vaigunya* with *Rasvaha*, *Raktvaha*, *Artavavaha Srotas*



*Kshubdha Yoni*



Disturbance of normal defence mechanism of *Yoni* (*Vyadhikshamatva*)



*Paripluta Yonivyapad*

#### Rupa (symptoms) of Paripluta Yonivyapad

In *Paripluta yonivyapad* there is vitiation of *Vata-Pitta*. The symptoms of *Paripluta Yonivyapad* are -

- *Yonishoola/ Yonishotha* - vagina/uterus gets inflamed
- *Yonisparsha Asakshama* - tenderness in vagina/uterus
- *Nila-Peeta Asrak Strava* - painful menstruation having yellowish or bluish discoloration of menstrual blood.
- *Shronimandal Vedana* - severe pain in lumbosacral, pelvis and groin, backache
- *Vankshanapradesh Vedana*

- *Jwara* - Fever

Other symptoms include -

- *Gramya Dharme Ruja Bhrusham* - severe pain during coitus (Sushruta)
- *Vasti Kukshi Gurutwam* - heaviness in urinary bladder and lower abdomen (Vagbhata)
- *Atisara* - diarrhoea (Vagbhata)
- *Arochaka* - anorexia (Vagbhata)

### Treatment protocol

**Shodhana Chikitsa:** *Virechana Karma* and *Basti Karma*

*Basti Karma* should be given as *Yoga Basti* follows - 1 *Anuvasana* with *Sacharadi Taila* then *Niruha Basti* with *Dashmooladi Niruha* next day in morning. It will help to pacifying *Dosha*.

### Shamana Chikitsa

- **Pushyanug Churna** - 10 g twice daily *Tandulodaka* (rice washed water) and honey. It is *Vrana Ropana*, *Krimighna*, *Raktshodhak*, *Pittaghna*, *AartvaJanana*, *Shothaghna*, *Pachana*, *Vednasthapan*, *Rasayana*, *Garbhasaya Shodhaka*, *Pradarahara*, *Balya*, *Deepana*, *Jwarahara*.
- **Chandra Prabha Vati** - 2 tablet bd with lukewarm water. It is *Balya*, *Vrushya*, *Sarwa Rogpranashini*, *Tridosha Nashak*.
- **Kanchnar Guggul** - 2 tablet bd with lukewarm water. It is *Shothhar*, *Vrana Ropana*.
- **Triphala Guggulu** - 2 tablet bd with lukewarm water.
- **Kutaja Ghanavati** - 2 tab/BD

### Sthanika Chikitsa

**Yonidhavan** - Started after the 8<sup>th</sup> day of menses given with *Kwath* of 500 ml for 2 minutes.

- 1) **Dashmoola Kwath** - The main aim of the treatment is *Vata Pitta Shamana*, *Vedana Sthapana*, *Yonishodhana* and *Vrana Ropana*.
- 2) **Panchvalkal Kwath** - It is *Kapha Shamaka*, *Sthambhaka* and having properties like *Kasaya Rasa* (astringent), antiseptic and wound healing.

Because of these properties it helps in increasing local cell immunity and prevents recurrence of symptoms in patients. In *Panchvalkal Kwath* most of the drugs are of *Kasaya Rasa*. *Kasaya Rasa* with the *Shoshana*, *Stambhana*, *Kaphapittahar* and *Kledahara Guna* acts in reducing the *Strava*, also due to *Ropana Guna* it may have helped in healing the cervicitis.

**Yoni Pichu** - Started after the cessation of menses and patients were instructed to retain the *Pichu* for 3 hours or till the urge to micturition. Patients were instructed abstinence for at least 7 days & later compulsorily use of barrier method for period of 1 month.

- 1) **Panchvalkaladi Tail** - Drugs of this formulation possess *Rasa* like *Kashaya Rasa*, *Madhura Rasa*, *Tikta Rasa*, *Ruksha*, *Guru*, *Laghu Guna*, *Sheeta Virya*, *Katu Vipaka*. *Guru Guna* cause *Vata-Shamana*, *Brimhana*, having the predominance of *Prithavi* and *Jala Mahabhuta* and *Sheeta Virya* causes *Pittashamana*, *Stambhana*, *Balya*, *Vishyandana*, having the predominance of *Prithavi* and *Jala Mahabhuta*. It pacifies mainly *Pitta Dosha* dominance.
- 2) **Dashmoola Tail** - It have *Shothaghna*, *Jwaraghna*, *Shula Prashamana*, *Mutrala*, *Vrana Ropana*, *Vatashamaka Guna* acts in reducing the *Strava* and Antibacterial Anti-pyretic, Spasmolytic, Uterine Stimulant properties of the drugs efficiently reduced the tenderness and helped in relieving other symptoms.

### DISCUSSION

Pelvic inflammatory disease is a most common female genital organ disorders which may lead to infertility. Herbal drugs have promising role in the treatment of PID. The review has successfully narrated all detail information regarding treatment of PID and prevention of infertility and any other complications.

### CONCLUSION

*Paripluta Yonivyapad* is a *Vata-Pittaja* disorder, characterized by *Gramyadharmaruja*, *Shotha*, *Sparshakshamatwa*, painful menstruation having

yellowish or bluish color of menstrual blood, *Vedana* in *Sroni*, *Vankhshana*, *Prusta*, *Kati*. Aggravated *Pitta* associated with *Vata* reaches *Yoni* leads to *Paripluta Yonivyapad*. Pelvic Inflammatory Disease presents with bilateral lower abdomen pain associated with tenderness, dyspareunia, vaginal discharge which is mucoid or muco-purulent in nature & menstrual irregularities. Similar clinical presentation can be seen in *Paripluta Yonivyapad*. The management is based on the *Doshic* vitiation i.e., *Vata-Pitta Shamaka* and *Shothaghna* and *Ropana* property. It 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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