

## PELVIC INFLAMMATORY DISEASES- AN AYURVEDIC APPROACH

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## ABSTRACT

The condition affecting the upper genital tract is pelvic inflammatory disease (PID). Most frequently observed in reproductive age, it consists of the uterus, fallopian tube, ovaries, pelvic peritoneum, and surrounding structures. It mostly affects women who are sexually active. The primary clinical symptoms are lower abdominal pain, unpleasant vaginal discharge, painful urination, hemato-salpinx bleeding irregularities, and Tubo-ovarian mass, which are late consequences of PID. PID is a problem for public health. Higher risks of miscarriage, persistent pelvic pain, sexually transmitted diseases, gradual organ damage, and long-term reproductive impairment owing to recurrence are all possible outcomes of postponing treatment of PID. Evaluation of appropriate disease management using Ayurvedic treatment that has no negative side effects in order to both cure and lower the rate of recurrence. There isn't a single illness entity that perfectly captures the clinical manifestation of PID among the

Ayurvedic texts that have been searched for an equivalent. we can co-relate with different types of yoni vyapad. Such as Paripluta yoni vyapada. According to Acharya Charka, the primary Doshas in Paripluta yoni vyapada are Vata and Pitta.

**KEYWORDS:** *PID, Yoni vyapad, Paripluta yonivyapad, Garbhasaya Mukha Sopha.*

## INTRODUCTION

An infection and inflammation of the organs of the upper genital tract, pelvic inflammatory disease usually affects the uterus (endometrium), fallopian tubes, ovaries, pelvic peritoneum, and surrounding structures.<sup>[1]</sup> PID is still a significant public health issue and is one of the most common and significant illnesses that affect women of reproductive age who are not

pregnant.<sup>[2]</sup> The main organisms are sexually transmitted and are roughly restricted to 31% *N. gonorrhoea*, 32% *Chlamydia trachomatis*, and 12% *Mycoplasma hominis*.<sup>[3]</sup> It typically spreads in an upward fashion through the cervico-vaginal canal. The most typical symptoms include dull lower stomach or pelvic pain, fever, atypical vaginal discharge that becomes purulent and copious, dyspareunia, nausea, vomiting, and so on. Long-term complications such as hydrosalpinx or pyosalpinx, tubo-ovarian tumor or abscess, infertility, and an increased risk of ectopic pregnancy can arise from untreated PID. In females of reproductive age who are sexually active, the frequency of spontaneous infection is approximately 85%. The remaining 15% undergo iatrogenic procedures that favor the organism's ascent, such as hysterosalpingography, uterine curettage, endometrial biopsy, and IUD implantation. View this article online. PID continues to be the most prevalent but least understood differential diagnosis affecting women of reproductive age, and it is a fully recognized entity with variable degrees of severity. There isn't a single illness category that perfectly captures the clinical manifestation of PID in the Ayurvedic classics. Clinical evaluation is the primary basis for diagnosis, and empirical antibiotic therapy is recommended for treatment. Essential therapy processes include public education, screening, locating, and treating the partner or partners, as well as follow-up, reassessment, and effective counseling. To understand PID in the context of Ayurveda, to investigate various treatment modalities of both domains, and to identify the Kriyakala (stage of the disease) in which Ayurveda can have effective interventions, a variety of sources were examined, including Ayurvedic classical and text books, textbooks on modern gynecology, online websites, and published research papers.

Ayurveda states that certain Yonivyapada, such as Pittaj Yonivyapada, Paripluta yonivyapad, and Sannipataja yonivyapad, have the same Lakshana, which resembles both acute and chronic PID, such as Daha, Paka (inflammation), Jawar (fever), Ruka (pain), Sparsha-asahatva (tenderness), Sorivankshanaprishtarti (pain in the pelvis, back, and inguinal regions), Atisara (Diarrhea), and Arochaka (Anorexia), among others. However, Paripluta Yonivyapad exhibits the greatest convergence with PID.<sup>[3]</sup>

## AIMS AND OBJECTIVE

To investigate the idea of PID in light of Ayurvedic classics' Paripluta Yonivyapada.

To explore the therapeutic plans described by Ayurvedic and contemporary science.

## MATERIALS AND METHODS

This article was created using data gathered from published publications, research papers, online resources on the subject, and traditional and textbook texts on Ayurveda and contemporary gynecology. Internet databases (Google Scholar, Ayush Research Portal, and PubMed) were thoroughly searched for relevant literature. Classical Book like: Samhita: Charaka Samhita, Shusruta Samhita, Astang Hridaya.

### Minimal Clinical Criteria for Diagnosis

- Cervical motion tenderness,
- Lower abdomen pain,
- Uterine tenderness,
- Fever,
- Adnexal tenderness

### Additional Criteria for Diagnosis

Higher than 101°F Oral temperature, aberrant cervical mucopurulent discharge or friability, high levels of white blood cells in the vaginal fluid when examined under a microscope, elevated erythrocyte sedimentation rate, and elevated C-reactive protein. Transvaginal ultrasonography reveals thicker tubes filled with fluid, either with or without tubo-ovarian complex or free pelvic fluid.

Tenderness during a vaginal examination indicates peritoneal inflammation. Pain occurs when the peritoneum is stretched by shifting the cervix and pulling the adnexa on the pelvic peritoneum. Pain is caused by vitiated Vata, while congestion, soreness, and a burning feeling are caused by vitiated Pitta. In Tri-avarta Yoni, vitiated pitta and vata spread ascending vitiation. Tenderness during a vaginal examination indicates peritoneal inflammation. Pain occurs when the peritoneum is stretched by shifting the cervix and pulling the adnexa on the pelvic peritoneum.

### Clinical Characteristics

Bilateral, dull, and continuous lower abdomen and pelvic pain, dyspareunia, fever, headache, lassitude, nausea, vomiting, and right hypochondriac pain are among the general symptoms of concurrent perihepatitis. Occasionally, a clogged urethral meatus or opening of the Bartholian ducts is discovered, allowing pus to escape under pressure. During bimanual examination, fornices can be used to feel thickening or bulk.<sup>[4]</sup> Commonly seen symptoms

include abnormal uterine bleeding (in one-third of the population), post-coital vaginal bleeding (in 40% of cases), and abnormal vaginal discharge (75% of cases).<sup>[5]</sup>

### Diagnostic Methods

When there is a lack of response to first medication therapy in extreme situations, ultrasound is recommended. The degree of infection determines the ultrasonographic results. In order to reduce the likelihood of irreparable outcomes, it is important to provide an appropriate therapy as soon as possible by permitting the use of ultrasonography in the diagnosis of PID. The majority of cases (47%) had chronic PID, which was indicated by the presence of congested adnexa, hydro-salpinx, convoluted tubes, or fluid in the pouch of Douglas, as well as a regularly enlarged uterus with tubo-ovarian masses.<sup>[6]</sup>

### Definition of Paripluta Yonivyapad

पित्ताया नृसंवासे क्षवथूद ्रगारधारणात् । पित्तसंमूढितो वायुर्योपनं दूषयपत पियाः ॥

शूना स्िशािक्षमा सापतिनीलीतमसूक िवेत । श्रोणवक्षणिष्टापतिज्वराताियाः ॥

Cha. Chi. 30/2,24

It is characterized by Shun (inflammation or swelling), Sparsha Akshama (tenderness), Arti (intense pain), Shroni Vankshana Vedna (lower abdominal pain), Prishta Vedna (low back pain), Jwar (fever), and Neel Peeta Asruk Sravat (yellow or blue blood flowing out), according to Acharya Charaka.

### Ayurvedic Approach<sup>[7]</sup>

Since paripluta appears to be the most similar illness to pelvic inflammatory disease (PID), it can be linked to the disorder as it is currently described in the literature. PID is an infection and inflammation of the female reproductive system's upper region. A condition known as pelvic inflammatory disease begins in the vagina and progresses to the uterus, fallopian tubes, ovaries, and pelvic cavity. PID is frighteningly on the rise in the modern period and seriously harms young women's reproductive health. Over a million women are at risk for pelvic infections each year. Sexually transmitted diseases (STDs) including gonorrhea, Chlamydia trachomatis, or Mycoplasma genitalium are the main cause of PID. Usually, these bacteria are picked up through unprotected intercourse.

Ayurveda states that certain Yonivyapada, such as Pittaja Yoni vyapada, Paripluta yonivyapad, and Sannipataja yonivyapad, have the same Lakshana, which resembles both

acute and chronic PID, such as Daha (burning sensation), Paka (inflammation or swelling), Jawara (fever), Ruka (pain), Sparsha-asahatva (tenderness or pain during examination or intercourse), Sori vankshana prishtarti (pain in the pelvis, back, and inguinal regions), Atisara (diarrhea), and Arochaka (anorexia), among others. However, PariplutaYonivayapad exhibits the greatest convergence with PID. Certain unique symptoms, such as Vasthi and Kukshi Gurutwam (heaviness of the lower abdomen), and Shroni Vamkshana PrushtaVedana (lower backache soreness), Gramyadharme In the context of Paripluta Yonivyapad<sup>5</sup>, the following conditions may be linked to PID symptoms: Ruja (dyspareunia), Yonisrava (many vaginal/cervical discharges due to inflammation and infection of lower genital tract), Daaha, and Shoonā (inflammatory signs such as redness, local rise in temperature, and congestive changes of cervix or vaginal canal). The three minimal requirements for a clinical diagnosis of PID—adnexal, cervical mobility, and lower abdominal tenderness—can be associated with sparsh-asahatva. Since Yoni problem cannot arise without Vata vitiation, Vata should be pacified through an alleviation technique. Acharyas also provide Shodhanachikitsa, Shamanachikitsa, and Sathikchikitsa such as Yonidhavana, Yonipichu, Uttarbasti, etc. In this instance, the Doshas are balanced using Sthanikchikitsa and Saman Chikitsa.

## MANAGEMENT

According to the Samhita (classical scriptures), Yonivyapada is not quite free from Vata involvement.<sup>[8]</sup> In order to treat the case, Vata and Pitta, which are also implicated in Paripluta Yonivyapada, should essentially be adjusted. The first steps should be Sarwangik (whole body) or Sathanik (local), followed by Snehana (oleation), Swedana (sudation), and Mridu (mild) Panchakarma.<sup>[9]</sup> Other local practices that should be carried out in line with the sickness situation include Abhyanga (massage), Parisheka (medicated shower), Tarpana (satiation), Pichu (gauge soaked in ghee/oil), Pralepa (anointment), Uttarbasti, etc.<sup>[10]</sup> The most commonly advised basti (medicated enema) regimens include Palash Niruh Basti, Guduchyadi Rasayan Basti, Shatavaryadi Anuvasan Basti, etc. Abhyantara Ausadhi, or medication for internal use, can be made from Pushyanug Churna, Dashmool Churna, Pippali Churna, Loha Bhasma, and Pathya Churna and honey. It is also possible to prescribe Sneha Kalpa (fat-based preparations) such as Phala Sarpi, Laghu pahala Sarpi, Vrihata Shatavari Ghrita, Bala Taila, and Mishraka Sneha. The disease's treatment principles also define various formulations, such as Nyagrodhadi Kwatha, Maharani Kwatha, Abhayarista, etc.<sup>[11]</sup> Next to each other In cases of acute illness, Pitta Samaka Chikitsa (Pitta pacifying remedies) such as Uttar basti with Madhuka Siddha Ksheera (medicated cow's milk), Panchavalkal

Kalka Dharana, and internal administration of Jeevanyadi Gana Ksheer sarpi and Phala Ghrita might be employed.<sup>[12]</sup> For Paripluta Yonivyapada, Pichu Dharana (medicated vaginal tamponing) with Panchavalkal Sneha is especially recommended.<sup>[13]</sup> Classics address symptomatic treatment regimens in a number of parts in addition to the therapy modalities.

### **Pathya / Apathya**

Vata-Pitta Samak Ahar-Vihar is the pathya for Yonivyapada in general. Yonivyapadas are said to benefit from Ksheer-Sarpi (milk with ghee), Mamsa ras (meat soup), Lashun kalpa (garlic paste), and Yawanna bhojana. Fermented herbal drinks called Sura-Asav-Arista-Sidhu are also advised based on dosha participation.<sup>[14]</sup>

### **DISCUSSION**

One way to describe Paripluta Yoni vyapad is as an infection and inflammation of the pelvic area. PID may damage the entire pelvic environment and alter the pH of the vagina. In the end, it disrupts a couple's sexual life. The likelihood of a woman getting pelvic infections again is high. Recurrent infections can be avoided with Ayurvedic treatment. For local illnesses, the vaginal route of administration is utilized in order to provide greater local concentrations. Additionally, the vaginal route has been investigated as a systemic and local medication. Taila has lipophilic properties and is introduced through the vagina. Because the sub-epithelial layer is vascular and extends to the circulatory system, it absorbs through the vaginal epithelium and lessens inflammatory response. Infertility, persistent pelvic discomfort, and menstruation disorders—complications of Yoni vyapad—that are mentioned in both Vagbhat also apply to PID. All things considered, it appears that the views of several classics correspond to various phases of the same illness, namely PID, which bears a believable likeness to Paripluta Yoni vyapada.

### **CONCLUSION**

An acute and persistent infection that affects women of reproductive age and causes irregular menstruation, reproduction, and sexuality is the etiopathogenesis of pelvic inflammatory diseases. While Paripluta Yonivyapad may be inferred to be a chronic infection, Pittala Yoni vyapad may be inferred to be an acute infection. All of the disorders' clinical characteristics show a consistent connection between the retrograde directions of Apana vayu, Aama rasa vridhhi, and Artava dushti. Vata is the main Dosha involved in the illness. Aamarasa, Rasadhatvagnimandya, and Artvadushti appear to be the main pathogenic entities implicated in PID, while there may be secondary involvement of Pitta Dosha and Kapha Dosha as well

as the development of different urogenital disorders over time depending on the degree of Aamarasa. In contemporary medicine, PID and its consequences continue to present significant challenges. It is less beneficial to fight it completely with a single strategy. Modern medical procedures can be combined with the treatment methods suggested by Ayurvedic texts to provide positive outcomes in a variety of illness presentations. To successfully manage PID and associated complications, a rewarding integrated approach combining current science and Ayurvedic wisdom still requires much research.

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