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INTERNATIONAL JOURNAL OF ADVANCED RESEARCH (IJAR)

Article DOI:10.21474/IJAR01/16467
DOI URL: <http://dx.doi.org/10.21474/IJAR01/16467>



RESEARCH ARTICLE

A CASE REPORT- AYURVEDIC MANAGEMENT OF PARIPLUTAYONIVYAPADA W.S.R TO PELVIC INFLAMMATORY DISEASE

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Manuscript Info

Manuscript History

Received: 19 January 2023

Final Accepted: 24 February 2023

Published: March 2023

Key words:-

Pelvic Inflammatory Disease (PID),
Pyosalpinx, Haematosalpinx, Tubo-
Ovarian Mass, PariplutaYonivyapada

Abstract

Background: Pelvic inflammatory disease (PID) is an upper genital tract disease. It includes the uterus, fallopian tube, ovaries, pelvic peritoneum, and surrounding structures, most commonly seen in reproductive age. It occurs most commonly in sexually active females. Main clinical symptoms are pain in the lower abdomen, foul-smelling vaginal discharge, painful sex, painful urination, irregular bleeding hemato-salpinx, tubo -ovarian mass are late complications of PID. According to Ayurveda PID can be correlated with Pariplutayonivyapada. Vata and Pitta are main Dosha in Pariplutayonivyapada according to Acharya Charka.

Case: This article presents a case report of a patient aged 30 years married female for 11 years, she had normal delivery, age of child is 7year, h/o one abortion POG was 16 weeks, and cause was unknown before 2 years. Complain with pain in lower abdomen and white discharge.

Treatment: Planned was Sthanikchikitsa Yonidhavan through Triphalakwatha and Yonipichu with Jatyadi Tail, while Shamanachikitsa with TriphalaGuggulu, Pushyanugchurna and Ashwagandha Churna.

Result: Patient feel good and no any sign and symptoms of PID, His last USG report showed normal scan (no fluid seen, noPyosalipinx, hemato-salpinx seen) after 2 months Ayurvedictreatmentof chronic PID.

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Introduction:-

Pelvic inflammatory disease is a disease of the upper genital tract, it is a spectrum of infection and inflammation of upper genital tract organs typically involving the uterus(endometrium), fallopian tubes, ovaries, pelvic peritoneum, and surrounding structures¹. PID is one of the most frequent and important infections that occur among non-pregnant women of reproductive age and remains a major public health problem.² The primary organism are sexually transmitted and limited approximately to N.gonorrhoea in 30%, chlamydia trachomatis in 30% and Mycoplasma hominis in 10per cent³. It is commonly spread through the cervicovaginal canal in an ascending manner. The most common symptoms are lower abdominal pain or pelvic pain which is dull in nature, fever, abnormal vaginal

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discharge which becomes purulent and copious in nature, dyspareunia, nausea, and vomiting, etc. untreated PID can result in long-term complication like hydrosalpinx or pyosalpinx, tubo-ovarian mass or abscess, infertility and increase risk of ectopic pregnancy. Modern medical treatments for pelvic inflammatory diseases are antibiotics, NSAIDs, and sometimes the patient does not respond to antimicrobial therapy so she needs surgery³. Long term use of antibiotics can cause dizziness, drowsiness, headache as well as gastrointestinal upset. It is estimated to affect about 1.5 percent of young women yearly and estimated admissions are 3% to 10% in India⁴.

According to Ayurveda, some Yonivyapada like PittajaYonivyapada, Pariplutayonivyapad, Sannipatajayonivyapad, have the same Lakshanawhich resemble acute and chronic PID like Daha(Burning sensation), Paka(Inflammation or Suppuration), Jawara(Fever), Ruka(Pain), Sparsha-asahatva(Tenderness or Pain during examination or intercourse), Sronivankshanaprishtarti(Pain in pelvis, back and inguinal regions), Atisara(Diarrhea) and Arochaka(Anorexia), etc; but PariplutaYonivyapad show most convergence with PID. Some special symptoms like ShroniVamkshanaPrushtaVedana (lower backache ache), Vasthi and KukshiGurutwam (heaviness of lower abdomen) GramyadharmeRuja (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 Yonivyapad⁵ can be related to the symptoms of PID. Sparsh-asahatva can be correlated with the minimum criteria for clinical diagnosis criteria of PID: lower abdominal tenderness, cervical motion tenderness, and adnexal tenderness.

According to Ayurveda, the disorder of Yoni does not occur without vitiation of Vata, hence pacification of Vata should be done by alleviation procedure of Vata. Shodhanachikitsa, Shamanachikitsa andSthanikchikitsa like Yonidhavana, Yonipichu, Uttarbastietc. also given by Acharyas. In this case, Sthanikchikitsa and Saman Chikitsa are used for balancing the Doshas.

Case Study

A 30 years subject married for 11 years had secondary infertility with lower abdomen pain (Continues and Dull in nature).

History of present Illness-

Patient was alright 2 years. Gradually she experienced lower abdomen pain and white discharge. She consulted with an allopathic doctor, advice for antibiotic treatment. She took treatment for 1 year in spite of this she felt no relief in any symptoms and she felt weakness, low mood, and digestion problem like reduced appetite. So, she discontinued treatment by herself, and undergoes Ayurveda treatment.

Occupation-

Homemaker.

Menarche –

13 years, spontaneous.

MH-

Regular, 28-30 days cycle, 3-4 days, Normal flow.

OH-

FTNVD before 7 yearsh/o one abortion POG was 16 weeks, the cause was unknown before 2 years.

Coitus history-

Dyspareunia

No h/o any major illness and surgery

O/E –

RR-18/minute,Weight-58kg,BP- 110/70 mm of Hg, PR- 90/min., auxiliary& pubic hair growth normal, breast development normal & no hirsutism found. Pallor, icterus and cyanosis absent.

P/A-

Lower abdomen tenderness & pelvic pain

P/S-

Vagina- White discharge present with foul smell, Cervix-nabothian cyst seen on the upper lip of cervix, edematous cervix.

P/V –

Retro-verted uterus Size- Normal, Cervix movements elicit tenderness, fornixes- tenderness, small overgrowth felt in left side of adnexa.

Material And Methods:-**Treatment protocol-****Sthanikchikitsa–**

Yonidhavan through Triphala Kwath and Yonipichu by Jatyaditaila. The main aim of the Thanikchikitsa is Tridosha Shamana, Yonishodhana Vedana Sthapana, and Vranaropana.

Sthanikachikitsa in the first month of treatment-

1. Yoni Prakshalan with Triphalakwath once a day for 7 days.
2. Yonipichu with Jatyaditailam once a day for 7 days after Yoniprakshalan.

It started after the 8 days of menses given with Triphalakwath of 500 ml for 2 minutes. Vagina has a large surface area and rich blood circulation so this is one of the most effective drug administration routes. Moreover, it bypasses portal circulation, increasing the bioavailability of the drug. Direct local transport from the vagina to the uterus is termed the first uterine pass effect and supports the absorption of drugs.⁶

Shaman Chikitsa-

Triphalaguggulu, Ashwagandha Churna, Jeerkarishtam, Pushyanug Churnadrugs were used after 7 days

Treatment-

Sr. N	Name of Drug	Dose	Kala	Frequency and Anupana	Duration
1	Triphalaguggulu	2tab	After food	Twice a day with Lukewarm water	For 1 month
2	Ashwagandha churna	1tbs	After meal	Twice a day with milk	
3.	Jeerkarishtam	10ml	After meal	Twice a day with an equal amount of water	For 1 month

After 1-month treatment-Shamana Chikitsa

Sr. N	Name of Drug	Dose	Kala	Frequency and Anupana	Duration
1	Triphalaguggulu	2tab	After food	Twice a day with Lukewarm water	For 2 months
2	Pushyanugchurna	1 tsp	After meal	Twice a day with Tandulodaka	For 2 months

Result:-**Showing symptomatically relief before treatment and after treatment**

Sr. N	Symptoms	BT	After 1 month	After 2 months
1.	Lower abdomen pain	+++	++	-
2.	White discharge	+++	++	-
3.	Low mood	+++	+	-
4.	Reduce appetite	+++	+	-
5.	Weakness	+++	+	-

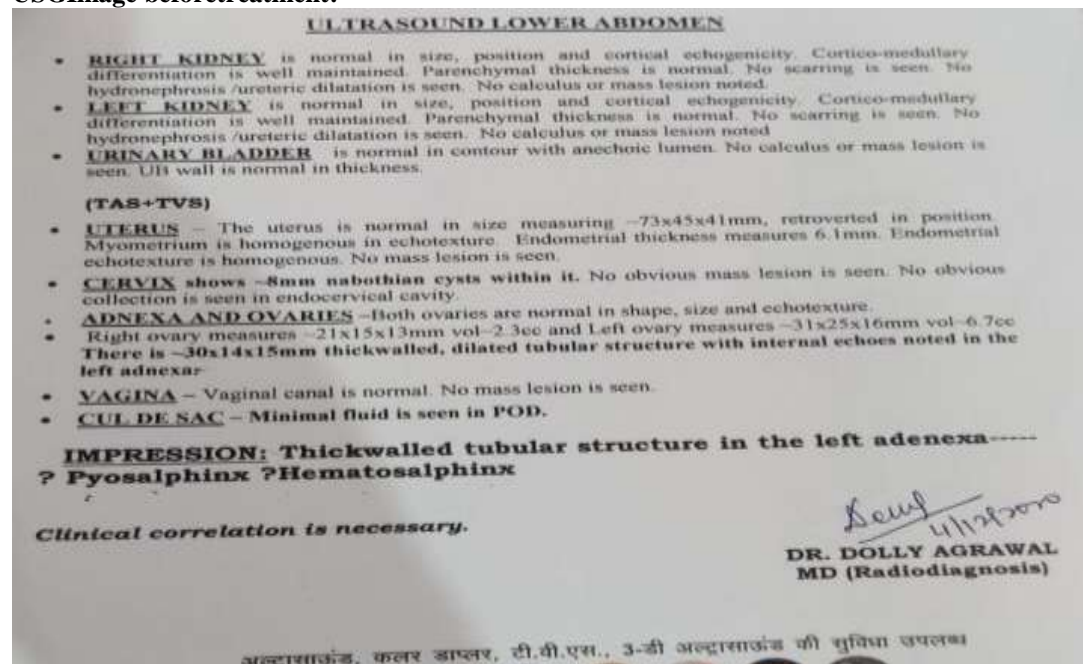
Showing result of investigation: -

U.S.G Final impression

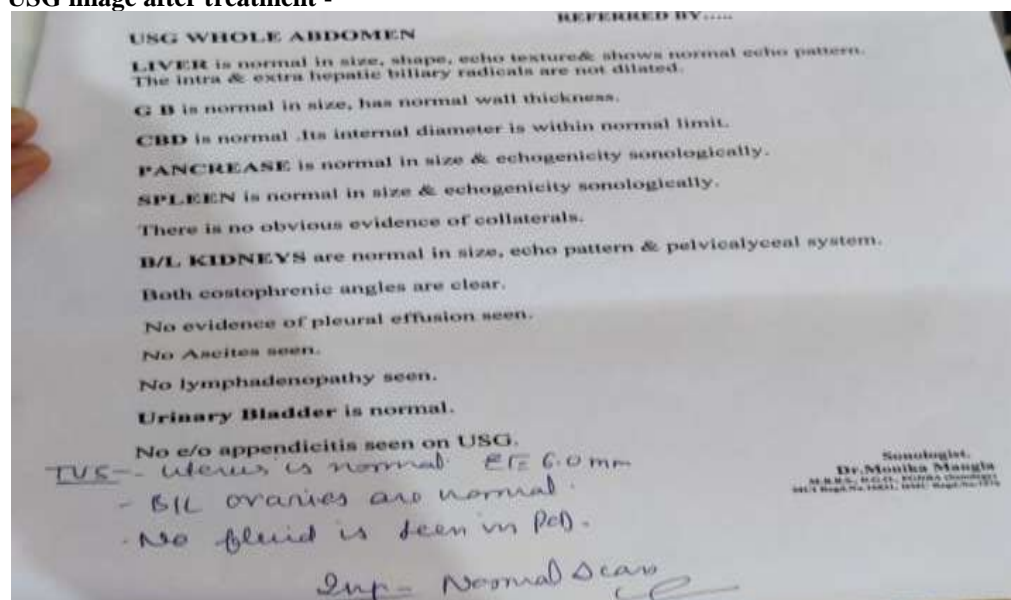
Investigation	Before treatment	After treatment
USG(TAS+TVS)	Adnexa and ovary-30x14x15 mm thick	Adnexa and ovary - Normal

	<p>walled, dilated tubular structure with internal echoes noted in the left adnexa. Cul De Sac- minimal fluid seen in POD.</p> <p>Impression- thick-walled tubular structure in if adnexa, Pyosalpinx? Hematosalpinx?</p>	<p>Cul de sac- No fluid seen</p> <p>Uterus - Normal</p> <p>Impression - Normal scan</p>
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USG Image before treatment: -



USG image after treatment -



Discussion:-

Lower abdomen Pain:

Lower abdominal pain has shown significant relief because maximum drugs have Vatahara properties.

White discharge:

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

Low mood –

Long-term use of antibiotics may be the cause of low mood; results of an imbalance of the brain-gut-microbiota axis and hypothalamus-pituitary-adrenal axis⁷. Other may be due to the unfruitful result of treatment and continued dull pain felt in the lower abdomen. Ashwagandha's stress-relieving effects may occur via its moderating effect on the hypothalamus-pituitary-adrenal axis⁸.

Reduce appetite-

long use of antibiotics reduces the gut flora so may be patient suffer with reduces appetite, Jeerkarishta is very effective in reducing appetite due to his Deepana, and Pachakaproperties.

Weakness-

Some drugs have Deepana, and Pachaka properties and Ashwagandha increases muscle and strength.

These effects can be attributed to the Tridosha balance achieved by the mainly Vata-Pittahara or Tridoshashamaka properties of most of the drugs.

Triphalaguggulu-

Triphala and its individual fruit components have a potent antibacterial action against a wide spectrum of bacterial isolates like *seudomonas aeruginosa*, *klebsiella pneumonia*, *shigella sonnei*, *staphylococcus aureus*, and *vibrio cholera*, etc.⁹Triphala is found to have wound healing property¹⁰.Guggulu is having properties like Tikta and KatuRasa, Laghu, Ruksha, Tikshna, Vishada, Sara, Sukshma and Sugandhiguna, UshnaVeerya, KatuVipaka. It has Tridosahara, Rasayana and Vatakaphashamaaka properties. Shothahara, Vrana-shodhana,Vrana-Ropana and Krimighna properties it is used in Krimi, Vrana, Vatavyadhi, Kashtartava, Yonivyapad etc.

Ashwaganthachurna-

Modern preclinical research has confirmed anti-inflammatory, antimicrobial, antioxidant, anti-stress, antidiabetic, anti-tumor, anti-ageing and neuroprotective properties¹¹

PushyanugChurna-

This Churna is a mixture of multiple drugs. it is an Immune stimulant, Amoebicidal Diuretic, Anti-inflammatory, Anti-bacterial, Antispasmodic, Uterine stimulant, Antioxidant, Antipyretic, Analgesic, Anti-ulcer genic, Antiseptic, Anti helminthic, ShothaghnaPachana, Vedanastapana, Rasayana, GarbhashayaShodhaka, Pradarahara, Balya, Deepana, Jwarahara¹²

Jeerkarishtam-

JeerakarishtamhaveJiraka (ShvetaJiraka, Cuminum cyminum), Guda(Jaggery), Dhataki(Woodfordiafruticosa), Shunthi (Zingiber officinali), Jatiphala (Myristic fragrans), Mustaka (Musta) (Cyperus rotundus), Tvaka (Cinnamomum zeylanicum), Ela (Sukshmaila) etc. drug combination. It is Deepana, Pachana in action. It balances the Apanvayu. It has carminative, digestive properties.

Conclusion:-

The study has shown fruitful results regarding chronic PID symptoms like pains, per vaginum white discharge, tubo-ovarian mass, pyosalpinx, and congestive changes of the cervix.Patient feel very good physically and mentally, and there were changes in the P/S examination i.e., no more tenderness in fornix, and cervix healthy no oedematous structures.

PID can be managed in Ayurveda by following an extensive treatment protocol through oral and local therapy; thereby its complications and recurrence can be controlled effectively. This treatment should be recommended for chronic pelvic inflammatory disease.

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