

CLINICAL STUDY OF PARIPLUTA YONIVYAPAD WITH YASHTIMADHU GHRITA YONI PICHU w.s.r TO PELVIC INFLAMMATORY DISEASE

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ABSTRACT

Paripluta is one among the twenty *Yoni Vyapads* mentioned in the classics. In this disease *pitta* and *vata* 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. The present clinical trial was designed to evaluate the role of *yastimadhughrita yoni pichu* in *Pariplutayonivyapad* giving due consideration to its *doshic vitiation* and *chikithsasiddhanta*.

Keywords: *Paripluta*, Pelvic Inflammatory Disease, *Yastimadhughrita*, *yoni pichu*

INTRODUCTION

Pariplutayonivyapad is disease 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. It is characterized by *gramyadharmaruja*, *shotha*, *sparshaakshamatwa*, painful menstruation & *vedana in sroni*, *vankhshana*, *prusta*, *kati*. Aggravated *pitta* associated with *vata* reaches *yoni* and causes *sopha* in *yoni* & there is simi-

lar manifestation seen in pelvic inflammatory disease so it can be correlated with PID.

In the developing countries Pelvic Inflammatory Disease is clinical presentation frequently encountered in women of reproductive age. Every year more than 1 million women are exposed to pelvic infection. Many women have clinically silent spread of infection to the upper genital tract which results in subclinical Pelvic Inflammatory Disease affecting her

health & productivity resulting in economic burden over family and thereby on the nation. The incidence varies from 1-2 % per year among sexually active women. About 85% are spontaneous infection in sexually active females of reproductive age¹. Recurrent chances of Pelvic Inflammatory Disease in the duration of 84 months is 21.3%².

Pelvic Inflammatory Disease is defined as ascending, often recurring infections of female genital tract, which involves uterus & adnexae³. In the normal conditions the vagina has a pH of 3.8-4.4 & is colonized by bacteria which may have a role in defence against infection. Any factor which upsets the vaginal pH including feminine hygiene products, repeated douching, IUCD, & frequent change of sexual partners which altered the vaginal defence mechanism & leading to over growth of pathogens causing upper genital tract infection. Delayed care of PID has a risk factor for impaired fertility, ectopic pregnancy, repeated abortions, chronic pelvic pain, STD and there are chances of recurrence. In *Pariplutayonivyapad* there is vitiation of *vata-pitta*, hence on the basis of *doshahara* & *vedanastapaka*, *sothahara*, *dahaprashamna* property of the drug *Yastimadhughrita* has been selected for this study. This attempt is to evaluate the role of *Yastimadhughrita yoni pichu* in *Pariplutayonivyapad* w.s.r to Pelvic Inflammatory Disease

OBJECTIVES OF THE STUDY

- To study the detailed aetiopathogenesis of disease.
- To study the prevalence of the disease in specific age group.
- To study the effect of *Yastimadhughrita Yoni Pichu* on *Pariplutayonivyapad*.

- To develop a standardized proforma.

DETAILS OF THE DRUG

Yastimadhu

Rasa – Madhura

Guna – Guru, snigdha

Virya – Sita

Vipaka – Madhura

Karma – Vata pitta hara, Raktaprasadana, Balya, Varnya, Vrsya, Caksusya

Actions: Anti-Inflammatory, Anti-Biotic, Anti-Viral, Anti-Ulcer, Estrogenic, Anti-Oxidant.

Ghrita

Rasa – Madhura

Guna – Guru, snigdha

Veera- Sheeta

Vipaka – Madhura

Doshagnta – Vata, pitta, kaphahara

Karma: Medhakaram, smritikaram, chashushyam, Agnikaram

Sopha haram, Vata pitta hara, vishaunmada, jwara, vrana

ACTIVE PRINCIPLE OF CHEMICAL CONSTITUENTS

Glabridin, Glycyhrritinic Acid, Sterols

GLABRIDIN: Glabridin has effect in melanogenesis and inflammation by inhibiting the tyrosinase activity of melanocytes. Glycyhrritinic acid exhibits anti-inflammatory and antibacterial activity by inhibiting glucocorticoid metabolism.

STEROLS: Sterols also known as steroid alcohol, they are sub group of steroids & an important classic of organic molecules. Steroid hormones are glucocorticoids, mineral ocorticoids, androgens, oestrogen, prostaglandins. Steroids hormones help to control the metabolism, inflammation & also immune function.

This drug possesses *karma* like *shothahara* (anti-inflammatory) & *ropana* (healing). Its having *sheetaveerya*, *vata-pitta hara* property which helps to reduce *Shoona*, *Sparsha-asahatwa*, *mutradaha* & *gramyadharmaruja*, *vedana in shroni*, *vamkshana*, *prushta*, *kati*.

METHOD OF PREPARATION

Here classical method of preparation followed for preparing *yastimadhughrita*

- a. *Go ghrita* - 1 part ,
 - b. *yashtimadhukalka*- 1/6th,
 - c. *Yastimadhukwatha* 1/8th part
1. *Yastimadhukashaya* & *kalka* prepared as mentioned in *Sharangadharasamhita* . *Go ghrita* was collected in specified amount and was heated in copper vessel and then it was allowed to cool. After cooling, *kalka* was added & thoroughly mixed. Then *kashaya* was added.
 2. Heating was done on *mandagni* till all the *snehasiddhilakshanas* are obtained. It was then filtered & stored in air tight container.
 3. *Kalka* & *kasaya* has taken together to increase the potency of the trial drug.

MATERIALS AND METHODS

Minimum 20 patients attending OPD & IPD sections of department of Prasootitantra and Streeroga, SDM Ayurveda Hospital, Udupi, fulfilling the **Inclusion** and **Exclusion** criteria of disease were selected for study.

INCLUSION CRITERIA:

- Married women in between the age group of 18-45 yrs
- Patients presenting with symptom *shunatva of yoni*, *vedana in sroni*, *vankshana*,

prushta (pain in pelvic, inguinal & lower back region, bilateral lower abdomen)

- *Sparsha-asahatva* (Adnexal tenderness, abdominal tenderness, cervical motion tenderness).
- *Gramyadharmavedana* (deep seated dyspareunia, post coital pain or discomfort)
- Abnormal cervical or vaginal discharges
- Pelvic Inflammatory Disease with diarrhea, nausea, anorexia.
- Irregular menstruation and spotting due to Pelvic Inflammatory Disease.

EXCLUSION CRITERIA:

- Pregnant women
- Acute Pelvic Inflammatory Disease and peritonitis, Tubo-ovarian abscess, reproductive malignancies
- P.I.D associated with prolapsed uterus
- P.I.D associated with infections like actinomycosis, tubercular, HIV etc.
- Endometriosis/chocolate cyst, pelvic abscess
- Severe or chronic ill health conditions

ASSESESSMENT CRITERIA:

Assessment is based on scoring method

Subjective parameters

- *Gramyadharmavedana/ Maithunaasahisnutha*
- *Sparsha-asahatva*/Fornices and cervical motion tenderness
- *Vedana in sroni*, *vankshana* ,*prushta*, *Kati*
- *Yoni srava*
- *Mutradaha*

Objective parameters

- Inflammatory changes of vagina
- Inflammatory changes of cervix

- Vaginal discharge

INTERVENTION

Patient fulfilling above criteria are selected and assigned in a group for administration of *Yastimadhughrita yoni pichu*.

Duration of the Study: 7 days & Follow up – after 15 days.

PROCEDURE

On day 1st, all the investigations needed for the diagnosis were carried out and repeated on the 8th day after completion of the procedure. Changes were noted before & after treatment.

- *Purva karma*
 - a) Using pH paper , vaginal pH noted with help of pH paper before and after treatment
 - b) Patient was made to empty the bladder
 - c) Patient was made to lie down in lithotomy position & both the legs covered with leg-gings
 - d) Vulva region was cleaned with antiseptic solutions
- *Pradhana karma*
 - a) With gloved hands, vagina exposed and *pichu* dipped in *yastimadhughrita* and inserted in to vaginal canal
- *Paschat karma*
 - a) Patients were instructed to retain the *pichu* for 3 hours or till the urge to micturition.
 - b) Patients were instructed abstinence for at least 7 days & later compulsorily use of barrier method for period of 1 month

INVESTIGATIONS

- pH of vagina, High vaginal swab for culture sensitivity
- Haemoglobin , TC, DC, ESR, RBS
- Urine examination- Routine and Microscopic
- Abdomino –pelvic USG, Pap smear, Cervical punch biopsy, Laparoscopy, if required

OBSERVATION

The observation made on 20 patients of *Paripluthayonivyapad* showed maximum number of women in between the age group of 26-30years, 85% patients were hindus,45% of werevata-pittaprakruti,45%had complaint of dysmenorrhoea, 95% had *Maithunaasahishnuta*, *Sparshaasahatwa*, absence of *katishoola* in 70%, 100% had complain of *yonisrava*, 60% had *mutradaha*, 80% had moderate lower abdominal tenderness, 35% severe cervical motion tenderness, 55% mild uterine motion tenderness, 30% vaginal congestion & 70% cervical congestion were noticed.

RESULTS

Statistical analysis suggests that the administration of *Yastimadhughrita* is highly significant in treating almost all the major symptoms of *gramyadharmaruja*, *shotha*, *sparshakshamatwa*, *vedana in sroni*, *vankhshana*, *prusta*, *kati*. The overall result shows maximum improvement in all assessment parameters.

Table 1:

| Assessment criteria | Before treatment | After treatment | Follow up period | Significance |
|-----------------------------|------------------|-----------------|------------------|-----------------------|
| <i>Maithunaasahishnutha</i> | 2.50 | 0.45 | 0.05 | Extremely significant |
| <i>Sparsha-asahatva</i> | 2.10 | 0.30 | 0.10 | Extremely significant |
| <i>Katishoola</i> | 2.90 | 1.25 | 0.50 | Extremely significant |

| | | | | |
|---------------------|------|------|------|------------------------|
| Mutradaha | 0.60 | 0.05 | 0.00 | Extremely significant |
| Yoni srava | 2.0 | 1.7 | 1.7 | Statically significant |
| Vaginal congestion | 0.45 | 0.00 | 0.00 | Extremely significant |
| Cervical congestion | 2.75 | 0.90 | 0.15 | Extremely significant |
| Vaginal discharge | 2.30 | 2.00 | 1.95 | Statically significant |
| Vaginal pH | 7.20 | 5.85 | - | Extremely significant |

EFFECT OF TRIAL DRUG

- Effect on *Maithunaasahishnutha*: In this study effect of treatment over *Maithunaasahishnutha* is a statistically extremely-significant (P<0.0001). This is due to *vata-pitta hara, shothahara & ropana* property of the trial drug. Hence *vata-pitta shaman* was the primary aim in this study.
- Effect on *Sparsha-asahatva*: There is inflammation in the *yonis* which leads to severe tenderness. The trial drug is statistically extremely-significant (P<0.0001) due to its anti-inflammatory, anti-bacterial, anti-fungal activity. There is effect on pathology as well as symptomatic relief. The *Rasayana* and *balya* property of the drugs has also contributed to the better and faster healing of the tissues
- *Katishoola*: The effect of treatment is statistically extremely significant (P<0.0001). Here *vitiating vata* is main factor for *katishoola* and the trial drug is *vatahamaka, shothahara* property hence there is symptomatic relief. Most of the time low backache is seen in chronic pelvic infection condition. The pain experienced was explained as of a dull aching & it is continues type, by most of the patients. Pain may be because of the involvement of upper genital tract.
- *Yoni srava*: Data shows a considerable decrease in the *yonigatasrava*. The observed decrease was found to be statistically significant (P< 0.001)
- *Mutradaha*: Statistically extremely significant (P<0.0001) decrease was observed in *mutradaha*. This is due to *sheetavirya & snigdha guna, pitta hara* property of the trial drug.
- Vaginal congestion & cervical congestion: Vaginal congestion is statistically extremely significant (P<0.0001) & cervical congestion is statistically extremely significant (P<0.0001). All these symptoms have shown significant changes at these p values. This can be result of trial drug which is having *sheet virya, shothahara, ropana properties of yastimadhughrita & the chemical constituents and mechanism of action of drugs* possess activities like anti-inflammatory action which has healing as well as soothing effect on the tissues & helps to treat the inflammation.
- Vaginal discharge: Per vaginal examination revealed a considerable decrease in the muco-purulent vaginal discharge after the treatment with *Yastimadhughritapichu* which was statistically significant (P<0.001)
- Vaginal pH: The alkaline vaginal pH before treatment was restored to normalcy after the treatment. Which was statistically extremely significant (P<0.0001).
- Vaginal swab: Out of 20 patients of study group, the vaginal swab culture of one patient showed the presence of *Escherichia coli* bacteria & swab culture of 4 patients showed the presence of *pseudomonas ae-*

ruginosa gram negative bacteria. After the treatment, swab culture showed that there was no growth of *E.coli* & persistence of *pseudomonas aeruginosa*, clinically there was substantial statistical significant result.

- Haematological parameters and USG: Haematological parameters like Hb%, TC, DC ESR, urine routine, RBS and USG were normal during pre-therapy session.

DISCUSSION

Prevention and cure is main goal of medical science. A woman undergoes various physical & physiological changes during her life such as puberty, pregnancy, labour, puerperium and ultimately menopause having deleterious effect on the reproductive tract. During these stages the women's reproductive tract organs become a target of multitudes of pathological process like infections, immunological and histopathological entities. Out of this PID is common in clinical practice, presenting with pelvic pain, vaginal discharge, dyspareunia, menstrual irregularities and lassitude along with pyrexia.

Pariplutayonivyapadis predominant in *vata-pitta dosha*. All the *Nidana, laxana, samprapti* and *chikithsa* mentioned by *acharyas* while discussing about *vimshantiyonivyapad*. A female with *pitta* predominance on consuming *pitta vardhakaahara* like *atiushna-teekshna, katu, amla, lavana* causes vitiation of *pitta* along with expose *viharas* like *vegadharana of kshawathu-udgara* during coitus, *upavasa* leading to vitiation of *vata*. This *doshadusti of vata-pitta* reaching the *yonis* produces *laxans* as like *shoona, sparshakshamata, and gramyadharmaruja, vedana in bahaya & abhyantara yoni*.

The drugs used in this study are *yashtimadhu* and *Go ghrita*. *Yashtimadhu* is one of the essential drugs mentioned in *samhitas* & *go-ghrita* is best drug for *pitta shamaka and tri-doshagna*. This test drug possesses *karma* like *shothahara* (anti-inflammatory) & *ropana* action. Its having *sheetaveerya & vata-pittahara* property which helps to reduce *shoona, sparsha-asahatwa, mutradaha & gramyadharmaruja, vedana in shronivamkshana, prushta, kati*. Hence the trial drug has been taken for the study.

Pelvic inflammatory disease is characterized by inflammation as well as congestion of the vagina & cervix. The chemical constituents and mechanism of action of drugs possess activities like anti-inflammatory, anti-bacterial, & anti-fungal. Therefore *GLYCYRRHIZA GLABRA* may have mode of action on signs & symptoms of this disease.

CONCLUSION

Paripultayonivyapad 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 *Pariplutayonivyapad*. 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 *Pariplutayonivyapat*. The management is based on the *doshic vitiation i.e vata- pitta shamaka and shothghna and ropana* property. Based on this prelude the drug *Yashtimadhughrita* has been selected for study. In this study trial drug has shown re-

markable results over the assessment criteria of the *Pariplutayonivyapad* w.s.r to Pelvic Inflammatory Disease. From this study it can be concluded that *Yastimadhughritayonipichu* is an effective local treatment in the management of the *ParipluthaYonivyapad*.

REFERENCES

1. D.C. Dutta. Text book of Gynaecology. 6th edition. Kolkata: New Central Book Agency; 2013. p.124.
2. Maria trent, Debra Bass, Catherine Haggerty. Recurrent PID, Subsequent STI, and reproductive health outcomes: findings from the PID evaluation and clinical health (PEACH) study. Sex Transm Dis. 2015; 38(9):879-81.
3. J Stanley, J Robboy, C Malcolm. Pathology of Female Reproductive Tract. N Engl J Med 2003; 348:2267-8.
4. Acharya Sushrutha. Sushrutha Samhitha with the Nibandasangraha commentary of Sri Dalhana Acharya edited by Vaidya Yadavji Trikamji Acharya and Narayan Ram Acharya Kavyatirtha. Varanasi: Chaukhambha Sanskrit Sansthan.; 2010. p.668.
5. Agnivesha. Charaka Samhitha with ayurvedadipika commentary. Chikitsasthana. Reprint edition. Varanasi: Chaukhambha Prakashan; 2013. p.634.
6. Acharya Vagbhata. Ashtangasangraha with Sasilekha commentary by Acharya Indu, edited by Sivaprasad Sharma. 2nd edition. Varanasi: Chaukhambha Sanskrit Adhishthan; 2008. p.830.
7. Premavati Tewari. Ayurveda prasooti tantra evam striroga. 2nd edition. Part 1. Varanasi. Chaukhambha Orientalia; 2009. p.7.
8. S Jonathan, Berek Berek & Novak's gynecology. 5th edition. India: Wolters Kluwer; 2012. p.62, 90.
9. Sri Madhavakara. Madhavanidanam edited by Vaidyadavajitricumji Acharya. 6th edition. Varanasi: Chaukhambha Sanskrit Sansthan; 2001. p.382.
10. L Barbara, Hoffman. Williams Gynaecology. 2nd edition. USA: McGraw Hill Companies Inc; 2012. p.97, 55.
11. KM Premavati Tewari. Vrindamadhava or Siddha yoga. Uttar Pradesh: Chaukhamba Visvabharati; 2007. p.442.
12. J.L.N Sastry. Dravyagunavijnana. 3rd edition. Vol 2. Varanasi: Chaukhamba Visvabharati; 2008. p.152.
13. The Ayurvedic Pharmacopoeia of India. 1st edition. Vol. I. New Delhi: Government of India; 2001. p.127-8.

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