



**EVALUATE THE EFFICACY OF *PUNARNAVADI GUGGULU*
ORALY,TRIPHALA NIMBA KWATH YONI PRAKSHALANA AND
JATYADI TAIL PICHU IN THE MANAGEMENT OF *PARIPLUTA*
*YONIVYAPAD*W.S.R. TO PID- A PILOT STUDY**

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ABSTRACT

Pariplutayonivyapad is common disorder seen in women of reproductive age group. It is one among the twenty ‘*Yoni Vyapadas*’ mentioned in the Ayurveda classics. *Pariplutayonivyapad* is due to *vata- pitta dosha* vitiation and is characterized by the complaint of excessive pain during coitus, abnormal vaginal discharge, generalized pain and feverish conditions. All the symptoms mimic the inflammatory conditions so it can be correlated to pelvic inflammatory diseases. In the National Health and Nutrition Examination Survey 2013–2014 cycle, the prevalence of a self-reported lifetime Pelvic Inflammatory diseases diagnosis was 4.4% among sexually experienced reproductive-aged women, equating to 2.5 million prevalent pelvic inflammatory disease cases in women aged 18–44 years nationwide. Prevalence of a self-reported lifetime pelvic inflammatory disease diagnosis varied by sexual behaviours and sexual health history and differed by race/ethnicity in women without a prior Sexually Transmitted Infection diagnosis. Pelvic inflammatory disease implies inflammation of the upper genital tract. A number of serious complications have been linked with delayed management of pelvic inflammatory diseases like miscarriage, chronic pelvic pain, Sexually Transmitted Diseases, progressive organ damage and infertility. The present pilot study was designed to evaluate the role of ‘*Punarnavadi Guggulu*’ orally, ‘*Triphla Nimba kwath*’ yoni prakshalan and ‘*Jatyadi Tail pichu*’ in *paripluta yoni vyapad*. Total 12 patients were enrolled and as study shows extremely significant results were found in treating almost all the major symptoms. The overall result shows maximum improvement in all the assessment parameters.

Key Words: *Pariplutayonivyapad*, Pelvic inflammatory diseases, miscarriage, yoni prakshalan, pichu.

INTRODUCTION: *Pariplutayonivyapad* is characterized by excessive external and internal pain during intercourse¹.

- Acharya Charaka has written that a woman having predominance of *Pitta* (either due to her *Pitta prakriti* or consumption of diet which aggravates

Pitta) withholds her natural urge of sneezing and eructation at the time of coitus, then the vitiated *Pitta*, getting mixed with *Vayu* reaches *Yoni* (reproductive system) and produces its abnormalities. The *Yoni* become inflamed and tender and she gets painful menstruation having yellowish or bluish colour of menstrual blood. She also suffers from pain in lumbosacral and groin region, backache and feverⁱⁱ.

- Acharya Sushruta says that the condition is characterized with severe dyspareunia, besides other pain and ache etc. caused by vitiated *Vayu* are also presentⁱⁱⁱ.

- Both the Vagbhatas have followed Acharya Charaka, however they have included heaviness in the regions of bladder and lower abdomen, diarrhoea and anorexia etc. also in the list of symptoms^{iv}.

- Madhava Nidana, Bhavprakash and Yogaratnakara etc. have followed Acharya Sushruta^v.

The similar manifestation is seen in pelvic inflammatory disease so it can be correlated with pelvic inflammatory diseases. PID is one of the most serious infections that women are facing today. PID is the major health issue of women, especially in developing countries. Its prevalence is almost 4.4% among sexually active reproductive age women equating to 2.5 million prevalent PID cases in women aged 18-44 years nationwide^{vi}. About 85% are spontaneous infection in sexually active females of reproductive age^{vii}. Recurrent chances of Pelvic Inflammatory Disease in the duration of 84 months are 21.3%^{viii}. Untreated or unsuccessful treated women may develop life threatening consequences leading to Tubo-Ovarian mass, ectopic pregnancy,

infertility^{ix} etc. even adequately treated may have chances of recurrence. As the condition affects the deeper cellular and glandular structures of the reproductive tract, it requires more extensive external and internal medications.

In modern system of medicine, antimicrobials, analgesics, Non Steroidal Anti Inflammatory Drugs are often prescribed in the treatment of Pelvic inflammatory disease. NSAIDs are associated with a significant risk of serious gastrointestinal adverse events with chronic use^x and antimicrobial drugs may destroy normal vaginal flora and hence disturb the normal physiology of vagina^{xi}. Sometimes surgical intervention may be needed which can be a financial burden to the patient. The aim of the study is to find out a safe, potent, cost effective nonsurgical management for PID.

OBJECTIVES OF THE STUDY:

- To study the effect of '*Punarnavadi Guggulu*' orally, '*Triphla-Nimbakwath yoni prakshalan*' and '*Jatyadi Tail pichu*' on *pariplutayonivyapad*..

- To study any side effects related to drugs.

- To establish the need for an *Ayurvedic* treatment for PID.

MATERIAL & METHOD:

- **Selection of cases**

- Total 12 clinically diagnosed and confirmed cases of PID were selected from OPD of *Prasuti-Tantra & Stri-roga* Department of M.M.M. Govt. *Ayurveda* College, Udaipur after taking informed consent.

INCLUSION CRITERIA:

1. Married females.
2. Patients aged between 18 years to before menopause who are sexually or reproductively active.

3. Patients presenting with symptoms:-
- *Yonishunatva, vedana in shroni, vankshanaprushtha* (pain in pelvic, inguinal and lower back region with lower abdominal pain.
 - *Sparsh-asahatva* (adenaxal tenderness, abdominal tenderness, cervical motion tenderness.)
 - *Jwara* (fever)
 - *Gramyadharmavedna* (dyspareunia, post coital pain or discomfort.)
4. Abnormal cervical or vaginal discharge.
5. P.I.D. with irregular menstruation and spotting.
6. Diagnosed cases of PID.
7. Patients willing to go through trial.

EXCLUSION CRITERIA:

1. Pregnant women

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

INVESTIGATIONS:

- **Blood** – Complete blood count with ESR, R.B.S, HIV, VDRL, HBsAg.
- **Urine** – Routine & microscopic examination.
- **Abdomino-Pelvic Ultrasound-** to know Presence of free fluid in POD.
- **Pap's smear** for cervical cytology.

ASSESSMENT CRITERIA: Assessment is based on scoring method.

Table no. 1- Assessment Criteria

SUBJECTIVE PARAMETER	OBJECTIVE PARAMETERS
• Pain in lower abdomen (<i>Vedana</i>)	• Cervical congestion
• Dyspareunia (<i>Maithuna-asahisnuta</i>)	• Cervical motion tenderness (<i>sparash-asahatava</i>)
• Backache (<i>Katishoola</i>)	• Fornices tenderness (<i>sparashasahatava</i>)
• Amount of vaginal discharge (<i>Yoni strav</i>)	• Fever (<i>jwara</i>)
• Character of vaginal discharge	
• Weakness (<i>Daurbalya</i>)	
• Burning micturition (<i>Mutra daha</i>)	

Table no.2-Scoring Pattern of Subjective Parameters:

Criteria	Observations	Finding	Grading
1. Pain in lower abdomen	No pain	Normal	0
	Mild intermittent pain not interfering physical activity	Mild	1
	Moderate pain interfering physical activity and relieved by rest	Moderate	2
	Severe pain interfering physical activity and relieved by taking analgesics	Severe	3
2. Dyspareunia: <i>Maithunaasahisnutha</i>	No pain	Normal	0
	Pain during forceful coitus	Mild	1
	Pain during coitus	Moderate	2

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	Patient tries to avoid marital relation due to pain during coitus	Severe	3
3. Backache: <i>Katishoola</i>	No pain	Normal	0
	Mild intermittent pain not interfering physical activity	Mild	1
	Moderate pain interfering physical activity but relieved by rest	Moderate	2
	Severe pain interfering physical activity and relieved by analgesics	Severe	3
4. Amount of Vaginal discharge: <i>Yoni srava</i>	No C/O discharge	Normal	0
	Slight discharge, only vulval moistness	Mild	1
	Moderate discharge, Staining of undergarments	Moderate	2
	Need to take vulval pads	Severe	3
5. Character of vaginal discharge:	Normal without any itching and foul smell	Normal	0
	Watery discharge, occasional itching, without foul smell	Mild	1
	Profuse watery or mucoid discharge, with itching, with or without foul smell	Moderate	2
	Thick white discharge, with itching, with foul smell	Severe	3
6. Weakness	No feeling of weakness	Normal	0
	After doing extra work	Mild	1
	After doing routine work	Moderate	2
	Even without doing any work-	Severe	3
7. Burning Micturation <i>Mutradaha</i>	No Symptoms	Normal	0
	bearable Burning	Mild	1
	troublesome Burning	Moderate	2
	Burning not tolerable Patient wants to avoid micturation	Severe	3

Table no. 3-Scoring Pattern of Objective Parameters:

Criteria	Observations	Finding	Grading
1. Cervical congestion	Normal color	Normal	0
	Pink to red color	Mild	1
	Red color	Moderate	2
	Deep red color	Severe	3
2. Cervical motion tenderness: <i>Sparsha-asahatva</i>	No tenderness	Normal	0
	Pain during deep palpation	Mild	1
	pain during palpation but co-operative patient	Moderate	2
	Patient become non-cooperative during P/V examination	Severe	3

3. Fornices tenderness: <i>Sparsha-asahatva</i>	No tenderness	Normal	0
	Pain during deep palpation	Mild	1
	Pain during palpation but co-operative patient	Moderate	2
	Patient become non-cooperative during P/V examination	Severe	3
4. Fever:	Up to 98.9 F0	Normal	0
	99-100 F0	Mild	1
	100-101 F0	Moderate	2
	>101 F0	Severe	3

PLAN OF STUDY:

- Patients fulfilling criteria were selected from O.P.D.
- Duration of the study: 2 months.
- Follow up – After 15 days.

PROCEDURE:

- **Purva Karma:**
 - Patient was asked to empty her bladder.
 - Patient was kept in Lithotomy position.
 - Before procedure parts preparation was done with complete antiseptic and aseptic precautions.
- **Procedure/Pradhana Karma:**
 - Internal cleaning was done with sterilized gauze piece with gloved hand.
 - Patients were called for *Triphala-nimb kwathyoni prakshalana* and local application of *JatyadiTaila Yoni Pichu* after seven days of completion of menstrual flow.
 - 1 litre of *Triphala- Nimb Kwathis* instilled in to the vagina with the help of sterile rubber catheter/ nozzle and a douche pot. Nozzle was moved first in clockwise and then in anti- clockwise direction so as to achieve appropriate cleaning.
 - After complete evacuation of *kwath* from vagina a *Pichu* soaked with 10 ml of *JatyadiTaila* kept deep in vagina daily except during menses.

- Patients were advised to avoid sexual activity during trial period.

Paschata Karma:

- Patient was asked to be in supine position for 15-20 minutes.
- Patient was asked to remove *Pichu* by pulling out with the help of thread, which were tied to *Pichu* after 2 hours or if there is urge of urination.
- Patient was instructed not to re-insert the *Pichu*.

Note- Patients were advised to take *Punarnavadi Guggulu* for 2 months.

Dose- 2 tab twice a day

Time- After food

Anupana- Lukewarm water

OBSERVATION:

The observation made on 12 patients of *Paripluta Yonivyapad* showed maximum number of women in between the age group of 23-33yrs and were house-wives, 75% patients were hindu, 50% of patients were having *vata-pitta prakruti*, 50% patients had constipation, 50% had severe complaint of pain in lower abdomen, 83% had severe dyspaerunia, 92% had severe backache 66% had moderate amount of vaginal discharge and 83% had burning micturation, 80% had moderate lower abdominal tenderness, 83% had severe cervical motion tenderness, 83% had severe cervical motion tenderness, 50%

had cervical congestion and 75% had feverish feeling.

RESULTS:

Statistical analysis suggests that use of *Punarnavadi Guggulu* orally, *Yoni Prakshalan* with *Triphala-Nimba Kwath*

and administration of *Jatyadi tail pichu* is found to have Extremely significant results in treating almost all the major symptoms. The overall result shows maximum improvement in all the assessment parameters.

Table no. 4- Results of SUBJECTIVE PARAMETERS:

S no.	Signs	Mean		Diff	% of change	SD	SE	W	P	Results
		BT	AT							
1.	Pain in lower abdomen	2.5	1.25	1.25	50%	0.62	0.17	66	<0.001	ES
2.	Dyspareunia:	2.8	1.16	1.64	58.57%	0.77	0.22	66	<0.001	ES
3.	Backache:	2.8	1.16	1.64	58.57%	0.88	0.25	55	<0.01	VS
4.	Amount of Vaginal discharge	1.91	1.08	0.83	43.45%	0.93	0.27	56	<0.05	S
5.	Character of vaginal discharge	2.08	1	1.08	51.92%	0.90	0.25	58	<0.01	VS
6.	Weakness	2.08	0.83	1.25	60.09%	0.45	0.13	78	<0.001	ES
7.	Burning Micturation	2.83	0.84	1.99	70.31%	0.51	0.14	78	<0.001	ES

Graph no.1 Results of SUBJECTIVE PARAMETERS

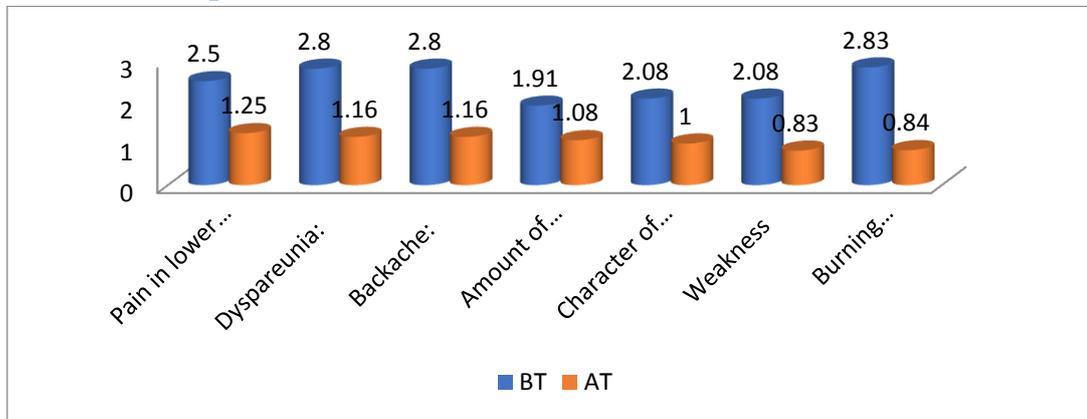
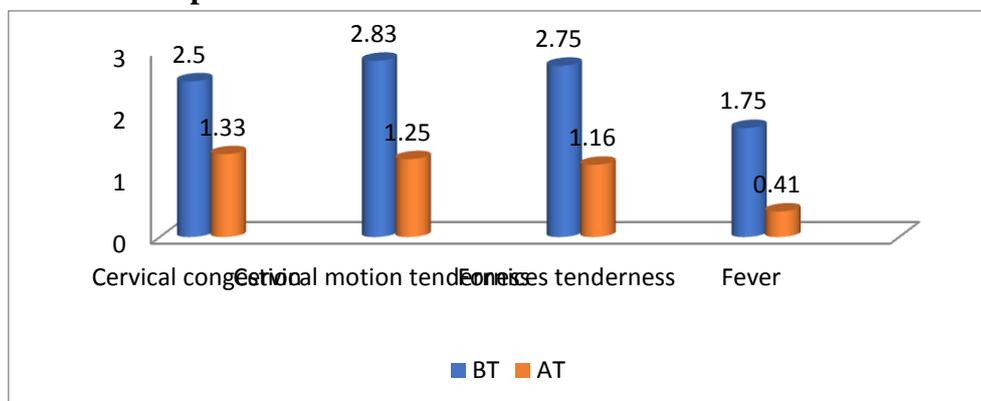


Table no. 5- Results of OBJECTIVE PARAMETERS:-

S no.	Signs	Mean		Diff	% of change	SD	SE	W	P	Results
		BT	AT							
1.	Cervical congestion	2.5	1.33	1.17	46.8%	0.57	0.16	66	<0.001	ES
2.	Cervical motion tenderness	2.83	1.25	1.58	55.83%	0.79	0.22	66	<0.001	ES
3.	Fornices	2.75	1.16	1.59	57.81%	0.90	0.25	55	<0.01	VS

	tenderness									
4.	Fever	1.75	0.41	1.34	76.57%	0.65	0.18	66	<0.001	ES

Graph no. 2 Results of OBJECTIVE PARAMETERS



DETAIL OF THE DRUG:

1. PUNARNAVADI GUGGULU:

PunarnavadiGuggulu^{xii} is a polyherbal Ayurvedic medicine traditionally used to remove toxins, balance the *doshas* and treat urinary tract infections. It is popularly known for its efficacy in maintaining a healthy fluid level in the body thereby eliminating any issue caused by water retention. It has always been revered for its diuretic and demulcent properties that work wondrously in reducing swelling and soothing painful tissues. Combined effect of all its ingredients shows anti-inflammatory^{xiii}, Antibacterial^{xiv}, Antifungal^{xv}, Hepatoprotective activity it prevented the fibrous changes & promoted regeneration by parenchymal tissue^{xvi} and Immunomodulatory effect^{xvii}. *Suddhaguggulu* is found to be effective in *katishoola* (low back pain) proving the analgesic & anti-inflammatory effect^{xviii}

2. TRIPHALA NIMBA KWATH:

The fruit of following three together is called Triphala.

Amalki^{xix} (*Embalica officinalis*) shows antifungal, antibacterial and anti-

inflammation, anticarcinogenic, anti oxidant activities.

Haritki^{xx} (*Terminalia chebula*) shows anti bacterial, antifungal, antiviral, antioxidant, anti ulcer and wound healing properties.

Vibhitak^{xxi} (*Terminalia bellerica*) shows strong anti-microbial, antioxidant, anti-spasmodic, anti-cancer, hepato-protective, anti-pyretic properties.

Nimba^{xxii} (*Azadirachta indica*) shows antioxidant activity, inhibition of bacterial growth, and modulation of genetic pathways.

3. JATYADI TAIL:

Most of the ingredients of *Jatyaditaila*^{xxiii} are *Shothahara*, *Vedanasthapana* and *Ropaka*. The ingredients of *JatyadiTaila* like *Haridra* (*Curcuma longa* Linn.), *Karanja* (*Pongamia pinnata* L. Pierre.) are *Kushthagha* and *Krimighna*, hence it can be attributed to check wound infection. The *Neem* (*Azadirachta indica*) and *Daruharidra* (*Berberis aristata*) of *Jatyaditaila* are proven drugs to check bacterial growth and promotes wound healing^{xxiv}.

DISCUSSION:

Paripluta yonivyapad is vata-pitta predominant disease, hence *doṣha-karma*

of drugs should be *vata-pitta* pacifying or *tridoṣahara*. Drugs chosen for the present study were having *Sothahara, Kṛmighna, Kandughna, Jv araghna, Vatanuloman, Rasayana, Vraṇaro paṇa, Putihara, Mutrala, Stambhana, Yonidoṣahara* and *Tridoṣahara* mainly *vata-pitta shamaka* properties.

Along with that *Punarnavadiuggulu* is also having *medhya* and *rasayana* properties which support the mental status of women too. Since in *Ayurveda*, for the treatment of any disease psycho-somatic approach is followed but in modern medicine this approach is not followed. Drugs used in the form of *vati, yoni prakshalana* and *pichu* form were having anti-inflammatory, analgesic, bacteriocidal or bacteriostatic, astringent and antipyretic effects.

Both the *kwatha* (for douching) and oil (for *pichu*) used in the present study were having pH compatible to vaginal pH, hence it helps to normalize the normal vaginal physiology by maintaining its flora. The above procedure was done under full aseptic precautions to avoid any iatrogenic infections. The antibacterial, anti-inflammatory effect of *kwatha*, when given, it washes out all the infections and discharges out as far as possible in the form of gush of vaginal pool (through its

hydrostatic pressure). Warm irrigation of vagina cleans the local area of genital tract and prevents the ascending infections further, relieves pain and stimulates blood circulation which supports the healing process.

CONCLUSION: From these observations, we can conclude that *Ayurvedic* drugs are very effective to relieve the symptoms of *Paripluta yonivyapada*. These drugs are *vata-pitta shamaka*, have bacteriostatic, bacteriocidal, anti-inflammatory action and in spite they cure the generalized weakness by their *rasayana* property. They not only provide significant relief in symptoms but they are also capable to increase the immunity of particular patient against the disease.

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