



## ORIGINAL RESEARCH PAPER

### YONIVYAPAD ROGA- A CASE STUDY

#### Ayurveda

**KEY WORDS:** Paripluta, Pelvic inflammatory disease, Yonisrava

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#### ABSTRACT

Twenty types of Yonivyapad mentioned in the classics are a major cause in hampering the normalcy of the female reproductive tract. Paripluta is one among them which can be correlated with pelvic inflammatory disease. In Ayurvedic classics, all gynaecological disorders including yonisrava/abnormal vaginal discharge come under Yonivyapada and Artava Dushti. Therefore, Yonivyapada which are caused by Kapha or Vatakaphaja dosha are main causative factors of abnormal vaginal discharge. Treatment of Yonisrava is mainly based on the use of drugs which are having predominance of Kashaya rasa and Kapha-shamaka property. In the present period, Pelvic inflammatory disease is a burning problem whose incidences are increasing rapidly. Pelvic inflammatory disease is a disease of the upper genital tract. If it goes untreated; it causes scarring around the inflamed organs, which leads to infertility, chronic pelvic pain and blocked fallopian tubes which make an ectopic pregnancy more likely. In modern system of medicine, antimicrobials, analgesics, NSAIDs are often prescribed in the treatment of Pelvic inflammatory disease. Gastrointestinal upsets which are increased by analgesics and anti inflammatory drugs which also produce headache, dizziness, drowsiness.

#### INTRODUCTION

Health is an important factor that contributes to human well-being and economic growth. Wisdom art, strength and wealth, are of no use if health is lacking. Nidation of seed will grow only in satisfactory environment; likewise creation of good offspring highly depends on the woman's reproductive health. Yoni Shuddhata (purification) is one among the major essentials for a healthy offspring<sup>1</sup>. Twenty types of Yonivyapad mentioned in the classics are a major cause in hampering the normalcy of the female reproductive tract. Charaka says that Yoni(vagina)

of woman afflicted with Doshas or diseases, does not retain Shukra (semen) or the female becomes infertile<sup>2</sup>. Paripluta yonivyapad<sup>3</sup> is disease seen in women of reproductive age group. Many women have silent clinical features of Paripluta which has effect on her personal, interpersonal relation-ship between husband and wife. It is characterized by gramyadharma, shotha, sparshaakshamatwa, painful menstruation & vedana in sroni, vankhshana, prusta, kati. Aggravated pitta associated with vata reaches yoni and causes sopha in yoni & there is similar 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 age<sup>1</sup>. Recurrent chances of Pelvic Inflammatory Disease in the duration of 84 months is 21.3%<sup>2</sup>. Pelvic Inflammatory Disease is defined as ascending, often recurring infections of female genital tract, which involves uterus & adnexae<sup>3</sup>. In the normal conditions the vagina has a pH of 3.8-4.4 & is colonized by bacteria which may have a role in defense 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 defense 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 Paripluta yonivyapad there is vitiation of vata-pitta, hence on the basis of doshahara & ve-danastapaka, sothahara, dahaprashtamna property of the drug.

#### CASE STUDY -

A female patient of 37 years age, came with the complaints of pain left side of the abdomen with white discharge per vaginum, Low backache, heaviness in lower abdomen on long standing, dyspareunia , since 2 months and present menstrual cycle got late by 5 days. She told that her last period continued for 15 days and made to stop by Allopathic medicines. H/O constipation was present. On examination vitals were normal, on P/A palpation, tenderness was present at left iliac region, on P/V examination fornices were tender, Grade 1 uretherocele and rectocele were present.

Patient was of vata-pittaj prakriti, madhyama satva, madhyama sara, madhyama sahanan, sampraman, vyamishra satmaya, madhyama aharashakti evam jaranshakti, madhyama vyayamshakti evam and madhyama vaya.

USG revealed Bulky uterus? Small intramural fibroids and ?Adenomyosis, Endometriosis with chronic cervicitis, B/L PCOD to be ruled out, Pelvic congestion.

Patient was kept on following treatment for six months with the follow up every 15 days-

S no.	Name of Medicine	Dose
1.	Cap. Ferte-X(Hemadri Pharma)	2 BD with warm water after meals
2.	Kanchnaar Guggulu <sup>4</sup>	2TDS with warm water before meals
3.	Kanchnar Kashay <sup>5</sup>	3tsf in " cup of water after meals
4.	Varunadi Kashay <sup>6</sup>	3tsf in " cup of water after meals
5.	Yonidhavan	Triphala kwath <sup>7</sup> (three cycles of 15 days were given 3 months apart)
6.	Pichhu Dharan	Dhatkyadi Tail <sup>8</sup> (three cycles of 15 days were given 3 months apart)

#### DISCUSSION

The woman is considered as one of the most essential factor responsible for producing offspring and for the proper growth and development of the fetus. Woman's health is receiving more attention these days. The derivation of the word Stree itself denotes that the family begins from her. The set of disorders that affect her in reproductive life are considered under the heading Yonivyapada and Artavadushti in Ayurveda.

In above case study Kanchnaar guggulu was selected for the treatment after seeing the findings of intramural fibroids,

adenomyosis, endometriosis and possibility of PCOD, in USG report. As Kanchnaar guggulu contains kanchnaar , shunthi, maricha, pipalli, haritaki, vibhitak, amalaki, varun, ela, twak, patra and guggulu. It is indicated in galganda (cervical lymphade nitis), apachi (fibroid, cyst) , granthi( tumour, fibroids), vrana(Ulcers, wounds), gulma(abdominal distension), kushta(skin disease)and bhagandar(fistula in Ano).

Kanchnar Kashay and Varunadi Kashay both are described to be beneficial in benign growths.

In Charak Samhita under Yonivayapada Chikitsa Triphala kwatha is mentioned as one of the yonidhavan dravyas . Yonidhavana (douche),is the procedure in which Yoni or vaginal canal is washed with decoctions or oils. Most of the drugs used for Yoni Dhavana have stypic, healing, pain alleviating and bactericidal actions. They prevent the growth of bacterial organisms and restore the altered pH of vagina. As patient's USG showed the findings of chronic Cervicitis and she was complaining of dyspareunia also, yonidhavan was followed by Dhatkyadi taila Pichu insertion.

In Charak Samhita Chikitsasthana,chapter 30, Dhatkyadi Taila has been explained to have shoolhar and sphotahar properties. Substance which is made up of cotton is known as Pichu(Tampon).Taila is the most preferred medium for Pichu because of retention ability.Sterile Pichu soaked in specific Taila is kept in vagina. No any specific duration has been mentioned for the retention of Pichu. Practically 3-4 hours of Pichudharana is seen to produce desired results. Three cycles, 15 days each , of yonidhavan and pichu dharan were given at the interval of three months.

Cap FerteX was started as uterine tonic as patient had given the history of menorrhagia during last menstrual cycle. At first follow up i.e after 15 days patient was 50% symptomatically better. Menstruation also started 5 days after the initiation of medicines.

Gradually patient improved and serial USGs were also done, in the interval of 6 months, in support of the study. (Figure 1,2and3) All oral medicines stopped after 6 months as patient was clinically symptomfree.

Figure 3 Opined Mild Bulky Uterus with Tiny Cystic area in lower uterine segment. As patient was completely alright, finding of tiny cyst was kept for further observation.

**Figure 1**

**sdmh** the hospital that cares  
Santokha Durlobhji Memorial Hospital  
cum Medical Research Institute  
BHAWANI SINGH MARG, JAIPUR-302 015  
DEPARTMENT OF RADIODIAGNOSIS  
Ultrasound Report

NAME :	MRS. BABITA DHAYAL	AGE:	36 YRS	SEX.: F
DATE :	20.05.2016	O.P.D. NO.:	6266539	
REF. BY :	DR.	SONO NO.:	10440/5	

**ULTRASONOGRAPHY SCAN OF LOWER ABDOMEN [ITAS & TVS]**

**URINARY BLADDER** : PARTIALLY FILLED

**UTERUS** : ANTEVERTED, BULKY IN SIZE AND MEASURES ABOUT 105 X 67 X 52 MM, SHOWING INHOMOGENEOUS ECHOCOHERCYTICITY WITH FEW, SMALL, INDISTINCT HYPOECHOIC AREAS WITHIN.

**ENDOMETRIUM** : APPEARS NORMAL [MEASURES : 12.5 MM]

**CERVIX** : SLIGHTLY HYPERTROPHIED WITH FEW, SMALL CYSTS.

**RIGHT OVARY** : NORMAL IN SIZE & SHAPE WITH MULTIPLE [8-10] FOLLICLES. RIGHT OVARY MEASURES : 36 X 28 X 15 MM [7.6 ML IN VOL.]

**LEFT OVARY** : ENLARGED WITH MULTIPLE FOLLICLES [8-10] WITHIN LEFT OVARY MEASURES : 44 X 28 X 25 MM [16 ML IN VOL.] DOMINANT FOLLICLE NOT SEEN IN EITHER OVARY.

**OTHERS** : MINIMAL FREE FLUID SEEN IN CUL DE SAC. INCREASE IN VASCULARITY IS SEEN IN THE REGION OF UTERUS & ADENEXA.

**IMPRESSION: FINDINGS ARE SUGGESTIVE OF :-**

- ❖ BULKY UTERUS WITH SMALL INTRAMURAL FIBROIDS & ? ADENOMYOSIS.
- ❖ CHRONIC CERVICITIS
- ❖ PELVIC INFLAMMATORY DISEASE WITH PELVIC CONGESTION.
- ❖ BILATERAL POLYCYSTIC OVARIAN DISEASE TO BE RULED OUT

*[Signature]*  
DR. SUNITA PUROHIT, MD  
(RADIOLOGIST)

Life is precious. Be a life-saver. Give blood !

**Figure 2**

**sdmh** the hospital that cares  
Santokha Durlobhji Memorial Hospital  
cum Medical Research Institute  
BHAWANI SINGH MARG, JAIPUR-302 015  
DEPARTMENT OF RADIODIAGNOSIS  
Ultrasound Report

NAME :	MRS. BABITA DHAYAL	AGE:	37 YRS	SEX.: F
DATE :	13.12.2016	O.P.D. NO.:	6312548	
REF. BY :	DR.	SONO NO.:	19505/13	

**ULTRASONOGRAPHY SCAN OF LOWER ABDOMEN [ITAS & TVS]**

**URINARY BLADDER** : PARTIALLY FILLED, HOWEVER SHOWS NORMAL SONOLUCENCY & WALL THICKNESS.

**UTERUS** : ANTEVERTED, BULKY IN SIZE AND MEASURES ABOUT 110 X 60 X 49 MM, SHOWING INHOMOGENEOUS ECHOTEXTURE WITH FEW, SMALL INDISTINCT HYPOECHOIC AREAS WITHIN.

**ENDOMETRIUM** : APPEARS NORMAL [MEASURES : 11.2 MM]

**CERVIX** : APPEARS SLIGHTLY HYPERTROPHIED WITH FEW, SMALL CYSTS.

**BOTH OVARIES** : MILDED ENLARGED WITH MULTIPLE FOLLICLES [8-10] WITHIN RIGHT OVARY MEASURES : 37 X 30 X 20 MM [11.5 ML IN VOL.] LEFT OVARY MEASURES : 42 X 28 X 17 MM [10.6 ML IN VOL.]

**OTHERS** : TRACE FREE FLUID SEEN IN CUL DE SAC. SLIGHT INCREASE IN VASCULARITY IS SEEN IN THE REGION OF UTERUS & ADENEXA.

**IMPRESSION: FINDINGS ARE SUGGESTIVE OF :-**

- BULKY UTERUS WITH ? FEW, SMALL INTRAMURAL FIBROIDS / ADENOMYOSIS.
- CHRONIC CERVICITIS
- BILATERAL POLYCYSTIC OVARIAN DISEASE TO BE RULED OUT.

*[Signature]*  
DR. SUNITA PUROHIT, MD  
(RADIOLOGIST)

*[Signature]*  
DR. VIKAS [RESIDENT]

**Figure 3**

**Okay Diagnostic Research Centre (P) Ltd.**  
78, Gilmor Colony, Gandhi Path, Vaishali Nagar, Jaipur -302021  
Toll Free No. 1800-180-0043 • Mobile No. 9512111166

NAME OF THE PATIENT :	BABITA
ID NO. :	VAL-716
AGE/SEX :	: 37YRS / F
DATE :	: 24-Apr-17
REF. BY :	: DR. SUMAN AHUJA

**TRANSABDOMINAL AND TRANSEVAGINAL SONOGRAPHY**

**UTERUS AND ADENEXAE:**  
Uterus is mildly bulky.  
It measures about 8.5cm x 4.9cm x 5.7cm in size.  
The endometrium is centrally placed & approx 9.0mm in thickness.  
The myometrium has mildly inhomogeneous echotexture. Small cystic area of about 10.0mm is seen in lower uterine segment.  
No free fluid is present in pouch of Douglas.

Both ovaries are normal in echotexture. Dominant follicle of about 16mm is seen in left ovary.  
Right ovary measures 3.2cm x 1.9cm x 2.2cm (volume 7.3cc).  
Left ovary measures 3.2cm x 1.8cm x 2.8cm (volume 9.0cc).  
Note is made of prominent venous channels in left adnexa.

**OPINION:**

**MILDLY BULKY UTERUS WITH TINY CYSTIC AREA IN LOWER UTERINE SEGMENT.**

V: CORRELATION WITH CLINICAL FINDINGS AND :RELEVANT FURTHER INVESTIGATIONS MAY BE MORE INFORMATIVE.

*[Signature]*  
MEENAKSHI SHARMA, MD (RADIOLOGY)  
*[Signature]*  
DR. PARUL GUPTA, DM RD (RADIOLOGY)  
*[Signature]*  
DR. VIVEK BHARGAVA, MD (MEDICINE)  
DR. VIVEK BHARGAVA, MD (RADIOLOGY)

This is radiological / Pathological Impression & not the final Diagnosis. It should be Correlated with relevant clinical data. --  
Not Valid for Medical-Legal Purpose • Subject to Jaipur Jurisdiction

### CONCLUSION

In above discussed case study patient was complaining of the symptoms which can be correlated with many yonivayapad rogas. USG also showed many important findings in support of the symptoms.

To conclude, the drugs employed here were tridosha shamaka, act as rasayana, uterine tonic, srotoshodhaka. Thus the dusti present

in the reproductive tract is completely removed thereby facilitating the proper functioning of the genital tract & thus helps in giving strength and nourishment to the garbasaya.

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