



CASE STUDY

Ayurvedic Management of *Paripluta vis-à-vis* Pelvic Inflammatory Disease: A Case Study

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ABSTRACT

Yonivyapad comprises around 70% of gynecological problems and commonly encountered in the practice of Gynecology. Among them some are causing painful coitus, dysmenorrhoea etc., and *Paripluta* is one among them. Thirty six years old married women visited the OPD- of *Prasutitantra* and *Stiroga* of NIA Jaipur on January 2019. She had complaints of white discharge per vaginam. She also complained of pain in lower abdomen which is dull in nature and fever. Per speculum examination showed thick white discharge with congestion of cervix. Her USG showed free fluid in POD so suggestive of PID. Treatment given: *Triphalaguguulu* 2 tab/BD, *Kutajaghanavati* 2 tab/BD. After 3 cycle of menses patient had shown relief from all the symptoms and USG (15/5/19) was Normal (No free fluid) after treatment.

Key Words: *PID, Triphala Guggulu, Kutajaghanvati*

INTRODUCTION

Pelvic inflammatory disease is a common reproductive tract infection seen in active reproductive women. Pelvic inflammatory disease is caused by multiple organisms like *Nisseria gonorrhoeae*, *Chlamydia trachomatis*, *Mycoplasma hominis*, non-hemolytic *Streptococcus* etc. It is commonly managed by systemic antibiotic therapy in modern medicine but the infection doesn't come under control even after giving an adequate course of broad spectrum antibiotics. Leaving this condition untreated results in hydrosalpinx, pelvic abscess, pelvic

adhesions, infertility, dysmenorrhea etc. This disease manifests with the irregular, excessive vaginal bleeding, bilateral lower abdomen pain, abnormal vaginal discharge, dyspareunia, nausea, vomiting, fever etc.

In *Ayurveda* this painful condition can be compared to *Paripluta yonivyapad* based on the clinical manifestations i.e. pain abdomen, tenderness, dyspareunia, abnormal vaginal discharge, fever etc. In *Paripluta Yonivyapad* involved *Dosha* are mainly *Vata* and associated with *Pitta Dosha*.

In this patient, on palpation of abdomen, tenderness was present on both the quadrants of

lower abdomen. Per speculum examination revealed abnormal vaginal discharge which was purulent, congestion of cervix, tenderness in fornices especially on movement of the cervix. These are the classical clinical features of *Paripluta Yonivyapad*. This was further confirmed on the Ultra- sonography.

CASE REPORT

A 36 years aged married woman visited OPD of Prasuti Tantra and Stri roga of NIA Jaipur on January 2019. She had complaints of white discharge per vagina. She had also complained of pain in lower abdomen of dull nature and fever.

Past History: There is no any medical and surgical history.

Menstrual History: LMP: 31/12/2018

Interval: 30 days

Duration: 5 days

Character: regular with mild pain.

Examination: BP: 130/80 mm of Hg

PR: 70 / min

Temp: 99.4F

Per speculum: Thick white discharge present with congestion of cervix

Per vaginum: Cervical motion tenderness absent with all fornices clear

Investigation: Complete Blood Count: WNL

Pap smear (25/1/19): Cyto-smear show desquamated cells from different layers and numerous RBCs. No evidence of malignancy was seen.

USG before treatment (18/1/19): Free fluid in POD present so suggestive of PID

Treatment given: *Triphalaguggulu* 2 tab/BD
Kutajaghanavati 2 tab/BD.

RESULTS

After 3 cycle of menses patient had shown relief from all the presenting symptoms.

USG after treatment (15/05/19) : No free fluid was seen in POD suggestive Normal USG.

DISCUSSION

In *Ayurveda* PID can be compared with the *Paripluta* due to the presence of cardinal feature of PID i.e. pain in lower abdomen, tenderness, dyspareunia etc. Since it is *Pitta* predominant, *Vatajavyadhi* treatment should be formulated with the drugs having *Pitta-Vatahara* property hence in the present study *Kutajaghanavati* and *Triphalaguggulu* has selected for the management of PID with special reference to *Paripluta*.

Kutajaghanavati:

In *Kutajaghanavati*, main ingredient is *Kutaja*¹ (*Holarrhena antidysentrica*). Alkaloids conessine and holacetine (root bark), conessine, holarrhenine, and holarrhimines are present in *Kutaja*. It has got pharmacological activity like antituberculosis, hypotension, antiprotozoal, hypoglycemic, antispasmodic, anti-giardiac, antifungal, anti-amoebicidal, anti-diarrheal, anticancer and anti-spirochetal etc.

Kutaja is having properties like *Tikta* and *Kashaya Rasa*, *Sheeta Vipaka* and *Kaphapitta Shamaka* properties. It is indicated in *Kaphapitta Vikara*, *Vrana*, *Agnimandya*, *Atisara*, *Jwaratisara*, *Udarashoola*, *Krimi*, *Jwara* etc.

Triphala Guggulu:

Triphala having phytochemical constituents like phenolic acid, flavonoids and tannins are the most commonly found polyphenolic compounds in the plant extracts. HPLC analysis and folin-ciocalteau and folin-Denis method showed that *triphala* contains 38±3% tannin.

Triphala is effective in inhibiting γ -radiation induced damage in microsomal lipids and plasmid pBR 322 DNA. *Triphala* is rich in polyphenols (38±3%) and tannins (35±3%). Polyphenolic contents in *triphala* are responsible for the antioxidant and radioprotecting ability, reduce the oxidative stress by converting reactive oxygen free radicals to non-reactive products¹.

It inhibits dose-dependent growth of gram positive and gram negative bacteria⁵. *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.² *Triphala* is found to have wound healing property³.

Guggulu (*Commiphora wightii*)⁴ have chemical constitute quercetin ellagic acid, pelargonidin 3, β -sitosterol, α -spinasterol, myrcene, guggulsterols^{1,2} and 3 etc. has got pharmacological activities like antibacterial, anthelmintic, antiviral, anti-inflammatory action.

Guggulu is having properties like *Tikta* and *katu rasa*, *laghu*, *ruksha*, *tikshna*, *vishada*, *sara*, *sukshma* and *sugandhiguna*, *ushna veerya*, *katu vipaka*. It has *Tridoshahara*, *Rasayana* and *Vatakapha shamaaka* properties. It is said to have

shothahara, *vranshodhana*, *vrana-ropana* and *andkrimighna* properties so it is used in *Krimi*, *vrana*, *vatavyadhi*, *kashtartava*, *yonivyapad* etc.

In the present case study before treatment patient was having clinical features of *Paripluta* like pain in abdomen, white discharge per vagina etc., and diagnosis was confirmed on USG. After treatment patient got relief from all the symptoms and on USG also normal findings were there.

CONCLUSION

According to *Ayurveda* PID is *pitta* and *vataDosh* predominant. *Kutajaghanavati* effectively controls *pitta* through its *Tikta* and *Kashaya rasa*. It also acts on emebial infection through its antispasmodic action it release pain in lower abdomen. Fever is also one of the complaints in pelvic inflammatory disease. *Triphalaguggulu* is predominant *vatasamaka* it has got anti-inflammatory activity and antibacterial activity.

Triphala have efficacy on many bacteria like *seudomonasaeruginosa*, *klebsiella pneumonia*, *shigellasonnei*, *staphylococcus aureus* and *vibrio cholera* etc. is proved beyond out, hence by the present study it can be conducted that pelvic inflammatory disease can be effectively managed by the combination of *kutajaghanavati* and *Triphalaguggulu*.

REFERENCES

1. P. C. Sharma, M.B. yelne, T.j. Dennis - Database of medicinal plants used in Ayurveda, volume -2, 348-349.
2. Naik G H, Priyadarsini K I, Mohan H. Evaluation of Antioxidant activity and

phytochemical analysis of Triphala, Bhaba Atomic Research Centre, Founder's Day Special Issue, 2005.

3. Yogesh, Biradar S, Jagatap S, Khandelwal KR, Singhania SS. Exploring of Antimicrobial activity of Triphala Mashi-an Ayurvedic formulation. Advance Access Publication e CAM, 5(1), 2008, 107-113.

4. Srikumar R, Parthesarathy NY, Shankar EM, Manikandan S, Vijaykumar R, Thagaraj R, et al. Evaluation of the growth inhibitory activities of Triphala against common Bacterial Isolates from HIV Infected patients. Phytotherapy Research, 21, 2007, 476-480.

5. Kumar MS, Kirulanandan S, Sripriya R, Sehgal PK. Triphalaincorporated collagen sponge – A smart Biomaterial for Infected dermal wound healing. Journal of Surgical Research, 158, 2010, 162-170.

6. P. C. Sharma, M.B. yelne, T.j. Dennis - Database of medicinal plants used in Ayurveda, volume -2, 223-229.