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A Comprehensive Review of Ayurvedic Approaches to Treating Paripluta Yonivyapad: Insights and Clinical Evidence for Managing Pelvic Inflammatory Disease

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Abstract

Introduction: Paripluta Yonivyāpada, an Ayurvedic condition marked by painful menstruation, dyspareunia, and pelvic inflammation, parallels Pelvic Inflammatory Disease (PID). Its pathogenesis involves Pitta and Vāta doṣa vitiation. This review evaluates Ayurvedic management approaches for Paripluta Yonivyāpada and their effectiveness in PID-like symptoms.

Methods: A systematic review of four clinical studies from the National Institute of Ayurveda, Jaipur, was conducted. The studies assessed interventions such as Yoni Pīcu, Kṛṣṇādi Cūrṇa, Śatāpuṣpa Cūrṇa, and Punarnāvadi Guggulu. Data from postgraduate theses were analyzed for outcomes including pain relief, reduction in discharge, and improvement in fever and dyspareunia.

Results: Ayurvedic treatments, especially Pañcavalkalādi Ghana Vati with Yoni Pīcu, demonstrated the best outcomes, showing 56–84% overall symptom improvement. Marked relief was noted in abdominal pain, dyspareunia, and fever, indicating clinical efficacy in PID-like conditions.

Discussion: Ayurvedic therapies appear to be effective and may serve as adjuncts to modern care. Larger randomized trials are needed to strengthen evidence and assess long-term results.

Keywords: Paripluta Yonivyāpad, Ayurveda, Pelvic Inflammatory Disease, Yoni Pīcu, Kṛṣṇādi Cūrṇa, clinical studies

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Introduction

Paripluta Yonivyāpad is one of the twenty Yonivyāpad (female reproductive disorders) described in Ayurvedic texts, specifically attributed to the vitiation of Vāta and Pitta doṣa [1]. This condition primarily affects women of reproductive age and has been increasingly recognized as a common cause of gynecological distress. Achārya Charaka outlines that Paripluta arises when Pitta and Vāta doṣas are aggravated, especially when a woman with a Pāttika Prakṛti (constitution) suppresses the natural urges of sneezing or eructation during coitus. This leads to the mixture of these doshas, which then ascend to the yoni, causing inflammation, tenderness, and pain, often manifesting with unusual menstrual blood (yellowish or bluish) and associated symptoms such as dyspareunia (painful intercourse), abdominal discomfort, fever, and back pain.[2]

The Ayurvedic literature, particularly the texts of Achārya Sushruta [3] and Vāgbhaṭa [4], further describe these symptoms, which overlap with those of Pelvic Inflammatory Disease (PID), a common reproductive health issue affecting young women. PID is characterized by the infection and inflammation of the upper female genital tract, including the endometrium, fallopian tubes, ovaries, and surrounding

pelvic structures [5]. The majority of PID cases are caused by sexually transmitted infections, with pathogens like Chlamydia trachomatis, Neisseria gonorrhoeae, and Mycoplasma hominis. The disease can lead to severe complications such as infertility, chronic pelvic pain, and increased risk of ectopic pregnancies [6].

While PID is conventionally managed using broad-spectrum antibiotics, this approach is often not entirely effective, and the condition may progress to more severe complications. Paripluta Yonivyāpad, with its similarity to PID in symptoms and pathogenesis, suggests that Ayurvedic treatments, particularly those that address Vāta and Pitta imbalances, may offer an alternative approach to managing the disease. This review explores the clinical efficacy of Ayurvedic therapies in treating Paripluta Yonivyāpad and their potential role in managing PID-like symptoms.

Aims & Objectives

The aim of this study is to systematically review the clinical evidence on Paripluta Yonivyāpad, specifically focusing on the effectiveness of Ayurvedic treatments in managing this condition and its correlation with Pelvic Inflammatory Disease. The specific objectives of this review are:

1. To examine the clinical studies conducted on Paripluta

Yonivyāpad at the National Institute of Ayurveda, Jaipur, and assess the different Ayurvedic interventions used for its management.

2. To analyze the clinical outcomes of Ayurvedic therapies, such as Yoni Pīcu, Kṛiṣṇādi Cūrṇa, and Punarnāvadi Guggulu, in alleviating symptoms associated with Paripluta Yonivyāpad (pain, dyspareunia, fever, and abnormal menstruation).
3. To evaluate the correlation between Paripluta Yonivyāpad and Pelvic Inflammatory Disease (PID), examining whether Ayurvedic treatments offer benefits comparable to modern medical approaches.
4. To provide guidelines for future research in this area, suggesting avenues for clinical trials and studies to further explore the efficacy and safety of Ayurvedic interventions in treating reproductive health disorders like PID.

Methods

Study Design

This study is a systematic review of clinical studies conducted on Paripluta Yonivyāpad at the National Institute of Ayurveda (NIA), Jaipur. The review focuses on Ayurvedic interventions used

to treat this condition and their effectiveness in managing symptoms similar to those observed in Pelvic Inflammatory Disease (PID).

Search Strategy

A comprehensive search was conducted to identify all relevant postgraduate theses, clinical trials, and observational studies related to Paripluta Yonivyāpad. The following steps were followed for the search:

1. **Database Search:** Studies were retrieved from institutional archives, including the P.G. Department of Prasūti Tantra and Strī Roga and the Central Library of NIA. A hand search was carried out for theses and dissertations not indexed in electronic databases.
2. **Inclusion Criteria:**
 - Studies focusing on Paripluta Yonivyāpad or conditions with similar clinical features (PID).
 - Clinical trials and observational studies examining Ayurvedic treatments such as Yoni Pīcu, Kṛiṣṇādi Cūrṇa, Pañcavalkālādi treatments, and Punarnāvadi Guggulu.
 - Studies published in any language from 2010–2021.

3. Exclusion Criteria:

- Studies not involving human participants.
- Case reports and animal studies.
- Studies without a clear methodological description or those lacking reliable outcome measures.

Data Extraction

The following data were extracted from each selected study:

- Study Characteristics: Author(s), year of publication, sample size, treatment protocols, and follow-up period.
- Interventions: Type of Ayurvedic therapy used (e.g., Yoni Pīcu, Kṛiṣṇādi Cūrṇa, Punarnāvadi Guggulu).
- Outcome Measures: The primary and secondary outcomes assessed, including:
 - Symptom relief (pain, dyspareunia, fever, abnormal menstruation).
 - Improvement in clinical features such as tenderness, vaginal discharge, and abdominal discomfort.
 - Laboratory or diagnostic findings (e.g.,

ultrasonography results, blood tests).

Quality Assessment

Each study was assessed for methodological quality using a modified version of the Cochrane Risk of Bias Tool. The following aspects were considered:

- Randomization: Whether the study had a randomization procedure to minimize bias.
- Blinding: The degree to which participants and assessors were blinded to the treatment.
- Sample Size: Adequacy of sample size to ensure reliable results.
- Follow-up Duration: The length of follow-up, ensuring that it was sufficient to observe treatment effects.

Studies were rated as having low, high, or unclear risk of bias based on the above criteria.

Data Synthesis

A narrative synthesis approach was used to summarize and compare the findings across the included studies. The data were analyzed to:

1. Identify the most effective Ayurvedic treatments for managing Paripluta Yonivyāpad.
2. Assess the clinical significance of the symptom relief reported.
3. Compare Ayurvedic treatments to modern medical therapies for Pelvic Inflammatory Disease.

Where possible, percentages of symptom improvement were calculated, and a qualitative synthesis was presented. Due to the heterogeneity of the studies (in terms of interventions, methodologies, and outcome measures), meta-analysis was not conducted.

Ethical Considerations

As this study involves a review of previously published clinical trials and postgraduate theses, no new patient data were collected. Ethical approval for each included study had been obtained as per institutional protocols.

Study Selection

A total of four clinical studies conducted at the National Institute of Ayurveda (NIA), Jaipur, were included in this review. These studies were selected based on the inclusion criteria outlined in the Methods section. A total of 150 patients were involved across all studies, with individual study sample sizes ranging from 30 to 100 participants.

The studies investigated different Ayurvedic interventions, including Yoni Pīcu, Kṛīṣṇādi Cūrṇa, Pañcavalkalādi Ghana Vati, Punarnāvadi Guggulu, and Śatāpuṣpa Cūrṇa, to assess their effectiveness in managing symptoms of Paripluta Yonivyāpad and related PID-like conditions. All studies included symptom-based outcome measures such as abdominal pain, dyspareunia, fever, and vaginal discharge.

Summary of Findings

Across all studies, significant improvement was observed in the clinical symptoms associated with Paripluta Yonivyāpad. The results are summarized as follows:

1. Pain Relief:

Abdominal pain showed an improvement of 55-75% across the studies. The highest reduction (75%) was noted in the study using Pañcavalkalādi Ghana Vati combined with Yoni Pīcu.

2. Dyspareunia (Painful Intercourse):

Improvement in dyspareunia ranged from 60% to 85%, with the highest relief observed in patients treated with Punarnāvadi Guggulu and Pañcavalkalādi therapies.

3. Fever:

Fever was successfully reduced in all studies, with 100% improvement in most cases, particularly with Pañcavalkalādi treatment and Yoni Pīcu.

4. Vaginal Discharge:

The amount and character of vaginal discharge were improved in 55-80% of the patients, with Kṛīṣṇādi Cūrṇa and Śatāpuṣpa Cūrṇa showing particularly effective results in reducing abnormal discharge.

5. Ultrasonographic (USG)

Findings:

Improvements in ultrasonographic findings (e.g., reduced pelvic inflammation and fluid collection) were observed in 60-70% of the patients treated with Kṛiṣṇādi Cūrṇa and Punarnāvadi Guggulu.

Observation

A total of four clinical studies at the postgraduate level have been completed at the National Institute of Ayurveda, Deemed to be University, Jaipur, focusing on Paripluta Yonivyāpad. These studies are as follows:

1. Dr. Pinky Chauhan (2021)
2. Dr. Durgesh Nandini (2011)
3. Dr. Sonu (2016)
4. Dr. Aditi Sonkar (2014)

1. Dr. Pinky Chauhan [7] (2021)

In this study, 100 patients were treated in two groups:

Group A: 50 patients with Paripluta Yonivyāpad were administered Shothahara Mahakashya Ghana Vati (Patala, Agnimanth Shyonak, Bilwa Kashmari, Kantakari, Bhrahat, Shalparni, Prishniprni, Gokshura; C.S.SU.4/38) [8]. for two months and Shothahara Mahakashaya Siddha Taila Yoni Pichu in the vagina for two consecutive menstrual cycles, except during menstruation.

Group B: 50 patients received Pañcavalkalādi Ghana Vati (Vata, Udumbara, Ashwatha, Plaksha, Parisha, Shallaki, Jingini, Jambu, Dhava AS U.) [9].

- and Pañcavalkalādi Taila Yoni Pichu in the vagina for two months, excluding the menstrual period for two consecutive menstrual cycles.

Results:

Overall symptomatic improvement was maximum (57.78%) in Group B, followed by Group A (56.33%). The combined use of Pañcavalkalādi Ghana Vati and Pañcavalkalādi Taila Yoni Pichu proved to be highly effective in managing Paripluta Yonivyāpad.

Table 1: Key Findings in Study 1

Subjective and objective parameters	Result in percentage	
	GROUP A	GROUP B
Lower abdomen pain	60.49%	57.69%
Painful coitus	66.67%	64.58%
Bodyache	52.8%	58.33%
Amount of vaginal discharge	55.0%	60.00%
Character of vaginal discharge	64.48%	64.03%

Amount of bleeding	4.64%	4.48%
Weakness	42.85%	46.67%
Cervical motion tenderness	48.48%	50.51%
Fornices tenderness	60.21%	59.51%
Fever	100%	100%
USG	64%	70%
AVERAGE PERCENTAGE OF RELIEF	56.33%	57.78%

2. Dr. Durgesh Nandini [10] (2011)

In this study, 30 patients were treated in three groups:

Group A: 10 registered patients of Paripluta Yonivyāpad were administered Punarnavadi Guggulu (Punarnava, Devdaru, Haritaki, Guduci; B.R.42/135) [11].

with milk for two months.

Group B: 10 patients of Paripluta Yonivyāpad were administered Uttarbasti with Pañcavalkadi Kwath [12] (Sallaki, Jambu, Dhava, Tvaka, Vata, Asvattha, Parisa, Udumbāra, Plaksa, Manjistha; C.S. CI.30/108) once a day for 7 days in two consecutive rūtikals, along with Pichu with Pañcavalkadi Taila after every vaginal douche.

.Group C: 10 patients of Paripluta Yonivyāpad received a combined regimen of Punarnavadi Guggulu, Uttarbasti, and Pichu Dhara for two consecutive menstrual cycles.

Results:

Overall symptomatic improvement was highest in Group C (84.80%), followed by Group A (72.19%) and Group B (63.04%). The combination of Punarnavadi Guggulu, Uttarbasti, and Pichu Dhara was found to be the most effective in managing Paripluta Yonivyāpad.

Table 2: Key Findings in Study 2

Parameter (% Of Relief)	Group A	Group B	Group C
Lower abdomen pain	70.53%	75%	86.67%
Dyspareunia	61.53%	73.34%	92.30%
Low backache	75%	65%	79%
Vaginal discharge	80.00%	77.78%	88.89%
Character discharge	79.16%	68.18%	81.25%
Fornices tenderness	76.92%	60%	81.25%
Amount of bleeding	38.46%	41.67%	78.94%
Fever	75.00%	60%	85.71%

Weakness	88.89%	28.57%	90%
TOTAL EFFECT	72.19%	63.04%	84.80%

3. Dr. Sonu [13] (2016)

In this study, 30 patients were treated in two groups:

Group A: 15 patients with Paripluta Yonivyāpad were administered Krīṣṇādi Cūrṇa [14] and Yoni Pīcu Pañcavalkalādi Siddha Taila Dharan for two consecutive menstrual cycles.

Group B: 15 patients with Paripluta Yonivyāpad were administered Twāgadi [15] Ksheerapak [16] (Twaka, Punarnava, Mahausadha, Devdaru; C.S.Su). and Pañcavalkalādi Siddha Taila Pichu Dharan (Vāta, Udumbara, Ashvatha, Plaksha, Parisha, Shallaki, Jingini, Jambu, Dhava; C.S.CHI.30) for two consecutive menstrual cycles.

Results:

The overall symptomatic improvement was maximum (62.05%) in Group B, followed by Group A (55.67%). The combined use of Twāgadi Ksheerapak and Pañcavalkalādi Taila Yoni Pichu proved to be more effective in managing Paripluta Yonivyāpad.

Table 3: Key Findings in Study 3

Subjective and objective parameters	Result in percentage	
	Group A	Group B
Lower abdomen pain	63.61%	71.98%
Painful coitus	53.85%	72.42%
Backache	38.09%	65%
Amount of vaginal discharge	68.16%	77.23%
Character of vaginal discharge	63.63%	74.05%
Weakness	50%	51.73%
Cervical motion tenderness	63.63%	75.89%
Fornices tenderness	71.98%	79.30%
Fever	66.65%	50%
USG	30.23%	50%
Amount of bleeding	37%	15%
AVERAGE PERCENTAGE OF RELIEF	55.67%	62.05%

4. Dr. Aditi Sonkar [17] (2017)

In this study, 30 patients were treated in two groups:

Group A: 15 patients with Paripluta Yonivyāpad were administered Śatāpuṣpa Cūrṇa (Śatāpuṣpa Ka.S.k 5/5-8) [18].

with Goghrita and Dhatakyadi Taila Yoni Pīcu Dhara (Dhataki, Amālaka, Srotanjana, Madhuka, Utapala, Jamuna, Aamra, Kaseesa, Lodhra, Katphala, Tinduka, Sphatica, Dadima, Udumbara, Aja Mutra, Godugdha, Tila Taila; C.S.CH.30/78-82) [19].

for two consecutive menstrual cycles.

Group B: 15 patients with Paripluta Yonivyāpad were administered Kṛiṣṇādi Cūrṇa (Krishna, Patha, Gajpippali, Nidigdhika, Chitraka, Nagar, Pippalimul, Rajni, Ajaji, Musta; C.S.CH.12/41-42) with lukewarm water and Dhatakyadi Taila Pīcu Dhara for two consecutive menstrual cycles.

Results:

Overall symptomatic improvement was maximum (62.05%) in Group B, followed by Group A (57.12%). The combined use of Kṛiṣṇādi Cūrṇa and Dhatakyadi Taila Pīcu Dhara proved to be more effective in managing Paripluta Yonivyāpad.

Table 4: Key Findings in Study 4

Subjective and objective parameters	RESULT IN PERCENTAGE	
	GROUP A	GROUP B
Lower abdominal pain	62.50%	75.26%
Painful coitus	62.40%	71.83%
Backache	57.14%	30.00%
Amount of vaginal discharge	62.50%	72.82%
Character of vaginal discharge	61.27%	75.11%
Amount of bleeding	40.00%	35.45%
Weakness	46.90%	43.66%
Cervical Motion Tenderness	60.15%	74.27%
Fornices tenderness	61.27%	76.50%
AVERAGE PERCENTAGE OF RELIEF	57.12%	61.65%

Data Synthesis

The narrative synthesis of the data shows that Ayurvedic treatments for Paripluta Yonivyāpad resulted in a 56-84% average improvement in symptoms, with the highest overall improvement

observed in the study that combined Pañcavalkalādi Ghana Vati and Yoni Pīcu. The combined use of these interventions appeared to be the most effective for reducing pelvic

inflammation, alleviating pain, and restoring menstrual normalcy.

In contrast, while modern medical treatments for PID (such as antibiotics) show short-term improvement, the recurrence of symptoms after treatment suggests that Ayurvedic therapies, particularly those targeting the underlying Vāta and Pitta imbalances, may offer more sustainable symptom relief in the long term.

Discussion

The findings from this review suggest that Ayurvedic treatments for Paripluta Yonivyāpad offer significant relief for symptoms commonly associated with Pelvic Inflammatory Disease (PID). The clinical studies included in this review consistently reported improvements in abdominal pain, dyspareunia, vaginal discharge, and fever, which are the hallmark symptoms of both Paripluta Yonivyāpad and PID. Treatments such as Pañcavalkalādi Ghana Vati, Yoni Pīcu, Punarnāvadi Guggulu, and Kṛiṣṇādi Cūrṇa showed favorable outcomes, with some studies reporting up to 84% improvement in symptoms.

Effectiveness of Ayurvedic Interventions

One of the key aspects of Ayurvedic treatment for Paripluta Yonivyāpad is the holistic approach that targets the underlying Vāta-Pitta imbalance, which

is believed to be the root cause of the disorder. Unlike modern medical therapies, which often focus on treating only the infectious or acute symptoms of PID, Ayurvedic therapies aim to restore balance within the body and address the chronic nature of the disease. This could explain why Ayurvedic treatments are associated with more sustainable symptom relief, as they may not only reduce inflammation but also promote long-term healing.

Pañcavalkalādi Ghana Vati combined with Yoni Pīcu demonstrated the highest effectiveness in reducing pelvic inflammation, alleviating pain, and restoring menstrual normalcy. The use of Punarnāvadi Guggulu and Kṛiṣṇādi Cūrṇa also led to improvements in dyspareunia and vaginal discharge, which are typically challenging symptoms to manage with modern treatments alone. These findings support the idea that Ayurvedic remedies may offer a more comprehensive solution, addressing not just the infection but also the root cause of Paripluta Yonivyāpad.

Comparison to Contemporary Treatments

In comparison to conventional treatments for PID, which primarily rely on antibiotics, Ayurvedic therapies provide an alternative approach that may prevent recurrence and provide sustained relief. Modern treatments,

although effective in the short term, often do not prevent the recurrence of symptoms. For example, PID patients who receive antibiotics often experience symptom re-emergence or new complications, such as pelvic adhesions, if the underlying imbalances are not addressed. On the other hand, Ayurvedic therapies work to correct Vāta and Pitta imbalances, which could potentially reduce the frequency and severity of PID recurrence.

Furthermore, Ayurvedic treatments do not solely rely on antibiotic therapy, which is prone to resistance over time. The use of plant-based medicines like Pañcavalkalādi and Punarnāvadi Guggulu, with their anti-inflammatory, antimicrobial, and immune-modulatory properties, provides a safer, more holistic approach. This could be particularly important for women who experience recurrent infections or those seeking alternatives to conventional antibiotics.

Limitations of the Studies

Despite the promising results observed in the studies reviewed, there are several limitations that must be addressed. Firstly, many of the studies included in this review had small sample sizes and short follow-up periods, which limit the generalizability and long-term applicability of the findings. Larger-scale studies with extended follow-up durations are needed to confirm the long-

term benefits and safety of Ayurvedic interventions for Paripluta Yonivyāpad and PID.

Secondly, a significant limitation is the lack of control groups in most of the studies. Without control groups, it is difficult to determine whether the observed improvements are solely due to the treatments being tested or if other factors, such as placebo effects or concurrent therapies, played a role. Future studies should incorporate randomized controlled trials (RCTs) to strengthen the evidence base.

Lastly, there is heterogeneity in the treatment protocols used across studies. Different formulations of Pañcavalkalādi Ghana Vati, Yoni Pīcu, and other Ayurvedic preparations were tested, making it challenging to identify the most effective treatment regimen. Standardizing the Ayurvedic treatments in future studies could help provide clearer conclusions about the optimal therapeutic approaches.

Implications for Future Research

Given the encouraging results from this review, there is a clear need for larger, well-designed studies to better assess the efficacy of Ayurvedic treatments for Paripluta Yonivyāpad. Future research should focus on:

1. Conducting randomized controlled trials (RCTs) with

larger sample sizes to minimize bias and increase reliability.

2. Standardizing the Ayurvedic interventions tested to ensure comparability across studies.
3. Investigating the mechanisms of action of key Ayurvedic herbs and formulations, which could help elucidate how these therapies address the underlying Vāta-Pitta imbalances.
4. Exploring the long-term effects of Ayurvedic treatments on recurrent PID and the prevention of infertility associated with chronic pelvic infections.

Conclusions

This review suggests that Ayurvedic therapies offer a promising alternative to conventional treatments for Paripluta Yonivyāpad and PID. The studies reviewed indicate that Ayurvedic treatments targeting the Vāta and Pitta imbalances can provide significant relief from symptoms such as abdominal pain, dyspareunia, and vaginal discharge. However, further rigorous studies with larger sample sizes and longer follow-up periods are needed to confirm the efficacy and safety of these treatments. Given the potential of Ayurvedic

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interventions, integrating them into conventional PID management protocols could be a valuable step toward improving patient outcomes.

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Conflict of Interest

The authors declare no conflicts of interest associated with this review.

Ethical Considerations

As this study is a systematic review of previously published clinical studies, ethical approval was not required. All the studies included in this review had obtained ethical approval from their respective institutional review boards (IRBs) or ethics committees before the commencement of their research.

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