



Case Report

Ayurvedic Management of Pelvic Inflammatory Disease (*Paripluta Yonivyapad.*) - A Case Report

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Abstract

Background: *Paripluta Yoni Vyapad* is one among the twenty *yoni vyapads* mentioned in the Ayurvedic classics. *Yonivyapadas* are resulted due to vitiation of the *doshas*, mainly manifested by *vata dosha*. In the *Paripluta yoni vyapad* both *Vata* and *Pitta Doshas* attribute in the manifestation. Pelvic inflammatory disease (PID) is defined as an inflammation of the upper genital tract due to an infection, commonly seen in active reproductive women. It affects around 4% of women in India. Characteristics of PID, includes lower pelvic pain, white discharge, dysmenorrhoea and genital tract tenderness. If PID left untreated leads to many complications. Objectives: To Assess the efficacy of *Sthanik chikitsa - yoniprakshalana, yoni pichu* and *Shaman chikitsa* in *Paripluta Yoni Vyapad*. Methods: It is a single clinical case study of -thirtyfour years married female having white discharge per vagina, dysmenorrhoea, lower abdominal pain which was dull in nature along with dyspareunia. The condition was diagnosed as *Paripluta yoni vyapad* and treated with *Sthanik Chikitsa, yoni prakshalana* and *yoni pichu* along with *Shaman Chikitsa*. Result: After treatment patient had shown relief from white discharge, dysmenorrhoea, abdominal pain, and dyspareunia. Patient conceived within 2 months of treatment. Conclusion: PID, is one of the commonly seen gynaecological infection in outpatient department (OPD). If left untreated it may lead to complications like infertility, chronic pelvic pain, fallopian tubal block and ectopic pregnancy. In the present case, combination of modalities viz. *Yoni Prakshalana, Yoni Pichu* along with oral medications have shown encouraging results in providing relief in *Paripluta yoni vyapad*.

Keywords: *Pariplutayonivyapad, Vaginal discharge, Dyspareunia, Sthanika* and *shaman chikitsa*

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Introduction

Pelvic inflammatory disease (PID) is a poly microbial infection, comprises a spectrum of inflammatory disorders of the upper female genital tract, including the endometrium, fallopian tubes, ovaries, and peritoneum, that primarily affects young sexually active women (1). It affects around 4% of women and recurrent chances of Pelvic Inflammatory Disease in the duration of 84 months is 21.3% (2). 85% are spontaneous infection in sexually active females of reproductive age group (3). The remaining 15%

follow the procedure, which favours the organisms to ascend up. Characteristics of PID includes lower pelvic pain, white discharge, dysmenorrhoea and genital tract tenderness. If PID left untreated leads to many complications like infertility, chronic pelvic pain, tubal block and ectopic pregnancy. Contemporary medical treatment of pelvic inflammatory disease includes administration of antibiotics therapy and pain management.

In *Ayurveda*, based on clinical features like dyspareunia, pain in abdomen, vaginal discharge etc are correlated to *Paripluta Yoni vyapad*. *Paripluta yonivyapad* is one of the 20 *yonivyapad*. There will be vitiation of *Vata* and *Pitta dosha* characterized by *Gramyadharmaruja* (4), *Shotha, Sparsha Asahatva, Vedana* in *Shroni, Vankshan, Pristha, Kati & Jwara* (5). The significance of this study lies in its demonstration of a holistic, non-invasive management strategy that addresses both local pathology and systemic imbalance. Present case is single clinical case study,

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diagnosed as *Paripluta Yoni Vyapad*. Combination of treatment modalities viz. *Yoni Prakshalana*, *Yoni Pichu* along with oral medications have shown encouraging results in providing relief in *Paripluta yoni vyapad*.

Patient Information

A 34 years old married female patient, presented to the OPD of *Prasuti tantra and stree roga* with complaints of Persistent white vaginal discharge since 6months, Patient started to feel Dyspareunia since 4 months. Dysmenorrhea and Lower abdominal pain since 3 months. The patient has one living child aged 4 years. Due to persistent dyspareunia, she expressed reluctance to plan for a second conception. Her menstrual cycles were regular and they were associated with dysmenorrhea characterized by pain beginning approximately two days prior to menstruation and subsiding within two days of menstrual flow. The Lower abdominal pain was dull in nature and not related to menstruation.

Past History

Patient was apparently healthy 6 months ago. She then developed intermittent white vaginal discharge. She sought consultation from allopathic doctors and received treatment with oral and topical antifungals agents, including Flucanazole and tinidazole. Additionally, intravaginal clindamycin therapy was administered. The patient reported only minimal symptomatic relief following the above interventions. Again after one month vaginal discharge recurred intermittently with dyspareunia, dysmenorrhea and lower abdominal pain, because of this persistent dyspareunia, she expressed reluctance to plan for a second conception. For the above complaints she visited to our hospital for a holistic *Ayurvedic* approach.

Family History

No significant history

Personal History

Patient consumes a mixed diet and reports normal appetite. Bowel habits were regular, with once a daily, satisfactory evacuation and bladder habits were normal with a frequency of 4-5 times per days. Sleep was adequate and sound. There was no history of any significant habits. The patient was moderately built and married. Her sexual history reveals infrequent cohabitation (once in 20-30days), primarily due to fear and discomfort associated with dyspareunia, which adversely affected her sexual life.

Menstrual History

The Patient attained menarche at the age 15 years. Patient had regular 30 days of menstrual cycle with duration of bleeding for 5-6days. Dysmenorrhea characterized by pain beginning approximately two days prior to menstruation and subsiding within two days of menstrual flow. Pain was tolerable in nature. There were no complaints of clots or foul smell. Last menstrual period was on 1/04/2023.

Obstetric History

Patient had male child by full term normal delivery four and half years back at Jollygrant hospital, Dehradun. She had spontaneous abortion at one and half months 3years ago. There is no history of

medical termination of pregnancy. After last abortion patient did not conceive.

General Examination (*Darshan Pareeksha*)

Patient had moderate built, non-febrile, weight 54kg with body mass index 21.6kg/m².

Systemic Examination

C.V.S.: S1 S2 Normal

C.N.S.: Conscious, Oriented with TPR

R.S.: Air entry bilaterally clear, No added sounds

Per Abdominal Examination

Soft, Tenderness at hypogastric region was present due to chronic pelvic inflammation and congestion of pelvic organs.

Per vaginal Examination-

No abnormality found in vulva, vagina and cervix. Cervix was healthy and normal size. White discharge per vagina was seen. Cervical motion tenderness and uterine tenderness present. Uterus was normal size and retroverted. No adnexal mass on palpation

Lab Investigations: on 17/4/2023

Hemoglobin was 10gm%, WBC- 9200Mg/dl, T.S.H.- 2.71microIU/ml, T4-7.94micro/dl, T3-0.84ng/dl, Prolactin-9.56 ng/dl, R.B.S.-95.3mg/dl

U.S.G. - on 17/4/2023 -Uterus shows components of adenomyosis.

Benign left ovarian hemorrhagic cyst

Pelvic inflammatory disease

Clinical diagnostic criteria of PID (CDC-2006)- Minimum Criteria

- Lower abdominal tenderness.
- Adnexal tenderness.
- Cervical motion tenderness.
- Ultrasonography showing evidence of PID

Assessment Criteria

Assessment criteria based on improvement in cardinal symptoms before and after treatment by using categorical grading and VAS-based (Visual Analog Scale) Table 1.

Intervention

Patient was advised *Yoni Prakshalana* with *Panchavulka Kwath* followed by *Yoni Pichu* with *Ksheerabala taila*, once daily for seven days. After menstruation, *Yoniprakshalana* and *Yoni Pichu* were repeated again for a duration of seven days. The patient was instructed to lie on her back with her knees flexed. Following proper aseptic precautions, *Yoni prakshalana* done with *panchavulka kwath* and insertion of a sterile tampon (*Pichu*) soaked in 10 ml of lukewarm *ksheerabala taila* into the vaginal canal, ensuring that the thread remains outside the vagina. Advised to retain the tampon for up to 2 hours or until patient experiences an urge to urinate. The patient was prescribed simultaneously *Hingwastak Churna* (3grams) twice a day for 5days. *Paathadi Kwath churna* (3grams) twice a day. *Kanchanar guggulu* (500mg each) thrice a day, *Dashamula kwath*-(30ml) twice a day. Duration of treatment is for 4months.

Table 1: Assessment Criteria Scoring System with Interpretation

S. No	Symptoms	Grade 0 (Absent)	Grade 1 (mild)	Grade 2 (Moderate)	Grade 3 (severe)
1	White discharge per vagina	No Discharge	Occasional No discomfort	Moderate, Mild discomfort	Profuse, continuous Marked irritation
2	Dysmenorrhoea (VAS)	0 (No Pain)	1-3 (Mild pain No medication)	4-6 (Moderate Needs medication)	7-10 (Severe Affects routine activity)
3	Dyspareunia	No pain	Mild, discomfort during intercourse	Moderate pain. tolerable	Severe pain Avoids intercourse
4	Lower abdominal pain (VAS)	0 (No Pain)	1-3 (Mild) No limiting activity	4-6 (Moderate) Partial limitation of activity	7-10 (Severe- limiting activity)

Table 2: Timeline of *Sthanik chikitsa* with *Shamana chikitsa*

Date	<i>Sthanik Chikitsa (Local Procedure)</i>	Drugs	Days
18/4/2023 to 24/4/2023	<i>YoniPrakshalana</i>	<i>Panchavulka Kwatha</i>	7 Days
	<i>YoniPichu</i>	<i>Ksheerabala Taila</i>	7 Days
Date	<i>Shamana chikitsa (Oral medications):</i>	Dose	Days
18/4/2023	<ul style="list-style-type: none"> <i>Hingwastak Churna</i> <i>Paathadi Kwath Churna</i> <i>Kanchanar Guggulu</i> <i>Dashamula Kwath</i> 	<ul style="list-style-type: none"> 3gm twice a day 3gm twice a day 1tablet thrice a day 30ml twice a day 	5days 30 days 30days 30 days
Date	<i>Sthanik Chikitsa (Local Procedure)</i>	Drugs	Days
08/5/2023 to 14/5/2023	<ul style="list-style-type: none"> <i>YoniPrakshalana</i> 	<ul style="list-style-type: none"> <i>Panchavulka Kwatha</i> 	7 days
	<ul style="list-style-type: none"> <i>YoniPichu</i> 	<ul style="list-style-type: none"> <i>Ksheerabala Taila</i> 	7 days
Date	<i>Shamana chikitsa (Oral medications):</i>	Dose	Days
08/5/2023	<ul style="list-style-type: none"> <i>Paathadi Kwath Churna</i> <i>Kanchanar Guggulu</i> <i>Dashamula Kwath</i> 	<ul style="list-style-type: none"> 3gm twice a day 1 tablet thrice a day 30ml twice a day for 	30 Days
Date	<i>Shamana chikitsa (Oral medications):</i>	Dose	Days
09/6/2023	<ul style="list-style-type: none"> <i>Paathadi Kwath Churna</i> <i>Kanchanar Guggulu</i> <i>Dashamula Kwath</i> for 	<ul style="list-style-type: none"> 3gm twice a day 1tablet Thrice a day 30ml twice a day 	30 Days
Date	<i>Shamana chikitsa (Oral medications):</i>	Dose	Days
10/7/2023	<ul style="list-style-type: none"> <i>Paathadi Kwath Churna</i> <i>Kanchanar Guggulu</i> <i>Dashamula Kwath</i> for 	<ul style="list-style-type: none"> 3gm twice a day 1Thrice a day 30ml twice a day 	30 Days

Results

After detailed history taking and clinical examination, the patient's symptoms were assessed and managed with a combination of *Sthanik Chikitsa* (local therapy) and *Shamana Chikitsa* (oral medication). *Sthanik Chikitsa* was administered for 7 days, comprising *Yoni Prakshalana* with *Panchavalkal Kwatha* and *Yoni Pichu* with *Ksheerabala Taila*. The patient was followed up on the 7th, 20th, 50th days during the course of treatment. White discharge per vagina showed a marked reduction from severe (grade 3) to mild (grade 2) at AT1, followed by complete

resolution (Grade 0) at AT2 and AT3 indicating early and sustained therapeutic response. Dyspareunia followed a similar trend, decreasing from severe (grade 3) to mild (grade 2) at AT1 and resolving completely by AT2 reflecting significant improvement in patient comfort and quality of life. The same local treatment was repeated for 7days after a 15 days interval. Simultaneously, oral medications were continued for a duration of four months. Significant clinical improvement was observed in white vaginal discharge, dyspareunia, and lower abdominal pain, while dysmenorrhea showed gradual reduction over time from mild (grade 1) to Absent of symptoms. Post-treatment

ultrasonography of the abdomen (dated 23/08/2023) revealed a reduction in pelvic inflammatory disease (PID), hemorrhagic cyst, and uterine congestion; however, features of adenomyosis persisted. Within two months of completion of treatment, the patient presented with a history of amenorrhea, and her urine pregnancy test (UPT) was found to be positive confirming natural conception.

Table 3: Showing improvement in symptoms before treatment and after treatment

Symptoms	BT	AT1	AT2	AT3
White discharge per vagina	3	2	0	0
Dysmenorrhoea	1	1	1	0
Dyspareunia	3	2	0	0
Lower abdominal pain	1	1	0	0

(BT- Before treatment, AT-After treatment AT1 (after 7days), AT2(20th day), AT3(50th day)

Discussion

This case highlights the potential effectiveness of an integrative Ayurvedic approach in the management of gynecological disorders involving both local pathology and systemic imbalance. The treatment protocol combined *Sthanik Chikitsa* (local therapy) and *Shamana chikitsa* (oral medications), resulting in notable clinical improvement.

Yoni Prakshalana with *Panchavalkal Kwatha* played a key role in local symptom management. Owing to its *Katu*, *Tikta*, and *Kashaya Rasa*, along with *Laghu* and *Ruksha Guna*, it exhibits *Kapha-Pittaghna* (6) properties. Its antiseptic, anti-inflammatory, and antimicrobial actions likely contributed to the reduction of vaginal discharge (*srava*), itching (*kandu*), and foul odor (*dourgandhya*), while also promoting local tissue healing (7) and maintaining vaginal hygiene.

The use of *Ksheerabala Taila* through *Yoni Pichu* provided sustained local therapeutic action. Its *Madhura Rasa* and *Vipaka* help in pacifying *Vata* and *Pitta Dosha*, and its analgesic and anti-inflammatory properties contributed to relief from pain, inflammation and discomfort (8). The prolonged retention of the medicated oil may have enhanced local absorption and therapeutic efficacy, leading to significant symptomatic relief.

Systemic administration of *Paathadi Kwatha Churna* supported metabolic correction through its *Deepana*, *Pachana*, *Amapachana*, and *Srotoshodhana* properties, thereby aiding in the removal of metabolic toxins and improving physiological function. *Kanchanar Guggulu* (9), with its *Lekhana*, *Medohara*, *Shothahara*, and *Raktashodhaka* actions, have contributed to the reduction of pelvic congestion and ovarian cyst size, through its anti-inflammatory and scraping effects. *Dashamoola Kwatha*, known for its *Tridoshashamaka*, *Vatanulomaka*, and *Shothahara* properties, demonstrated analgesic(10) and anti-inflammatory effects, which helped in alleviating lower abdominal pain, dysmenorrhea, and dyspareunia.

Overall case demonstrates the effectiveness of combined *Sthanik* and *Shamana Chikitsa* in managing PID. Local therapies provided immediate symptomatic relief, while systemic medications contributed to sustained improvement. Unlike conventional

treatment focusing on antibiotics, Ayurvedic management addressed both symptoms and underlying pathophysiology, resulting in restoration of reproductive function.

Conclusion

Pelvic inflammatory disease (PID) is a commonly encountered gynecological condition in clinical practice and, if left untreated, may lead to complications such as infertility, chronic pelvic pain, tubal blockage, and ectopic pregnancy. In the present case, an integrative *Ayurvedic* management approach comprising *Sthanik Chikitsa* (including *Yoni Prakshalana* and *Yoni Pichu*) along with *Shamana Chikitsa* (oral medications) administered over a period of four months demonstrated significant clinical improvement. A marked reduction in vaginal discharge and dyspareunia was observed following local therapy, while continued oral medication contributed to the resolution of chronic pelvic pain and dysmenorrhea. Furthermore, the patient achieved natural conception within two months of completion treatment initiation, suggesting improvement in reproductive function.

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