

## **Efficacy Of Ayurvedic Modalities In Chronic Pelvic Inflammation - A Case Study**

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### **ABSTRACT**

**In present era the women walk shoulder to shoulder with men, but since time immemorial women have always been a step ahead of men when it comes to tolerating pain. Chronic pelvic inflammation is a common complaint in gynecology patients. It is a spectrum of infection and inflammation of the upper genital tract organs typically involving the uterus (endometrium), fallopian tubes, ovaries, pelvic peritoneum and surrounding structures. A patient's signs and symptoms suggestive of KaphaVatajyonidushti presented in the PrasutiTantraevumStreeRoga (OBG)OPD of Parul Ayurveda Hospital, Vadodara, Gujarat. She was treated with oral medication and Sthanika(local) Karma i.e. Yoni prakshalan and Yonidhoopana. Yonidhoopana is practical procedure in which fumigation of vagina is performed by using herbal medicines in smoke form. Yonidhoopana is a part of regular SutikaParicharya in Indian culture but it is not so widely used in gynecology patients. The encouraging results of this case of Yonidhoopana will help us to select this therapy for patients with similar complaints in the future.**

*Keywords: Chronic pelvic inflammation, Sthanika karma, Yonidhoopana*

### **INTRODUCTION:**

Nature has provided women with defence mechanisms for the genito-urinary tract. These are in the form of anatomical structures like apposed vaginal walls, acidic PH of the vagina which is aided by naturally occurring Doderlein's bacteria. Cervical mucous plug and periodic shedding of the endometrium also contribute to local immunity. In spite of these defence mechanisms, a large percentage of women are known to suffer from recurrent vaginal infections. These infections if left untreated or undertreated can lead to ascending infections of the genital tract culminating in Pelvic inflammatory diseases. One of the main reasons of these recurrent infections is the sexual transmission from the male partner during unprotected intercourse. Yoni vyapadas described by Acharya Charaka and Acharya Sushruta encompass a wide range of gynaecological complaints. Yonidushti is the result of doshik imbalance caused by mithyachara. The prakriti and lifestyle of the of the patient also contribute to the causative factors.

### **Aims and Objectives:**

To assess the efficacy of Yoni prakshalana and Yoni Dhupana in Chronic pelvic pain.

### **Case Report**

A 38 years female Hindu patient, housewife by occupation, approached Prasutitantra and Streeroga department OPD of Parul Ayurveda hospital Parul university Vadodra on 27/2/2020 with :

**Chief complaints:**

- Vague discomfort in lower abdomen on and off since 1-2 years
- Sticky white discharge P/V since 2-3 years.
- Painful menstruation since 2-3 years

**Associated complaints:**

- Lower back pain since 8-9 months
- Discomfort during intercourse

**History of present illness**

The patient aged 36 years was apparently well before 2-3 years. She then started having sticky mucoid discharge per vaginum and had pain in lower abdomen during menses. She also experienced pain in lower back region on and off since 8-9 months. All her symptoms had been steadily increasing over the past 2 years. The pain in her lower abdomen began to extend to her intermenstrual period as well. She got transient relief on taking oral anti-biotics and vaginal tablets. Therefore she came to Parul Ayurved hospital for Ayurvedic management.

**Past Treatment history:**

- Vaginal tablets and creams
- Oral antibiotics

**History of past illness:** No history of any major illness.

**History of surgery:** No history of any surgery

**Family history:** Not significant

**Menstrual history:**

- Menarche: at 13 years of age
- LMP- 13/2/2020
- Menstrual cycle:
  - Regularity: Regular
  - Duration: 3 days
  - Interval: 28-30 days
  - Association of pain: Present for 1<sup>st</sup> 2 days.
  - Quantity : 2-3 pads/day (Moderate flow)
  - Not associated with clots or foul smell.

**Marital History:**

Married since 17 years.

No history of any type of contraception.

**Obstetrics history:**

P1 : 15 years old healthy male child (LSCS-for CPD)

**Personal History:**

Diet-Vegetarian ,

Appetite-Moderate

Bowel- occasionally constipated (once/week)

Micturition- 4-5 times/day

Sleep- Disturbed at night and sleeps for 2-3 hours during day time.

Habits- Tea- thrice a day.

Coitus: Discomfort during coitus, frequency- twice/week

**General Examination:**

Height: 158 cm

Weight: 65kg

BMI:26kg/m<sup>2</sup>

Pulse: 78/min

BP: 120/80 mm of Hg

R.R: 18/min

Temp: 98.6<sup>0</sup>F

Tongue: Slightly coated

Pallor/Icterus/Cyanosis/Clubbing/Oedema/Lymphadenopathy: Absent

**Systemic examination:**

RS, CVS,CNS,and GIT-NAD

**Gynaecological Examination:**

**Per speculum examination:**

-Cervix oedematous

-Slimy white discharge present

-Slight erosion on lower lip of cervix.

**Per vaginal examination:**

Uterus - Retroverted, Retroflexed

Pelvic tenderness was present.

**RogiPariksha**

Prakrutitaha:KaphapradhanVatanubandhi

Vikrutitaha:Kapha-Vataprakopa

Dushya- Rasa, Rakta, Mamsa

Desha- JangalaDesha

Bala- Madhyam

Agni- Vishamagni

Vayas:Madhyam

Satva: Madhyam

Kostha: Madhyam

**Per abdomen examination:**

-Abdomen was soft with mild adhmaana(distension) .

-No tenderness present.

**Investigations:**

27/02/2020:

Blood :

HB:11.2gm%, TC: 4700/cmm, RBC: 3.33 mill/cmm, Platelet count: 2,78,000/mcL

Urine R.& M.:

Pale yellow in colour, Clear, PH: 6.0 Sp. G: 1.015, Protein: Nil, Glucose: Nil, Blood:Nil, Pus cells: 6-7, Epithelial cells: 1-2, RBCs: Nil.

**USG:** (27/02/2020)

Uterus: Retroverted and normal in size (7×3×4.7cm) and echotexture.ET- 6MM

Ovaries normal in size and echotexture, No fibromyoma seen.

**SampraptiGhataka:**

Dosha: Vata ,Kapha

Dushya: Rasa, Rakta, Mamsa,

Strotasa: Rasavaha, Raktavaha and Artavavaha

Udbhavasthana: Pakwashayottha

Vyaktasthana: Tryavarta yoni

### Samprapti:

The Prakriti of the patient being Kapha-VataPradhan, she was predisposed to Kapha-Vataprakopa. Hetusevana like RukshaAnnapana(Dry foods), AniyamitaAharaSevana Kala (irregular food habits), Paryushita AnnaSevana(stale) resulted in Vata aggravation. Along with this, unhygienic sexual practices lead to Khavaigunya(proneness to disease) in Tryavarta Yoni (Female reproductive system). The Kapha and Vatadoshas vitiated as a result of these Hetus(causative factors) culminated in the Yoni Dushti in the form of inflammation presenting as pelvic pain and sticky vaginal discharge. Dushita Rasa further aggravated the local Doshas on a repeated basis causing the disease to get chronic.

### INTERVENTION

#### Sthanikchikitsa

- YoniPrakshalana with TriphalaKwatha (1000ml )
- Yonidhoopana with Kushtha, Aguru, Guggulu, Nimba, Vidanga, Haridra, Shatavha, 5 gm each and Gaughrita(2 tsf)

#### AbhyantaraChikitsa:

| Table No 1. |                   |      |             |            |
|-------------|-------------------|------|-------------|------------|
| Sr.No.      | Intervention      | Dose | Time        | Anupana    |
| 1.          | ChandraprabhaVati | 2tds | Before food | Warm water |
| 2.          | GokshuradiGuggulu | 2tds | Before food | Warm water |
| 3.          | ShankhaVati       | 2bd  | Before food | Warm water |
| 4.          | DhatriLauha       | 2bd  | After food  | Warm water |

The patient was advised to observe abstinence during the period of treatment.

#### Method of Yoni dhoopana:

#### Poorvakarma:

- Counselling was done
- Written consent was taken
- Shaving and part preparation.
- Patient was advised to empty the bladder
- Yoni prakshalana was done.



### Pradhana Karma:

- A specially designed stool with a fenestram in the centre was used for the purpose of Dhupana.
- A clay Dhupana dish filled with cowdung cakes on which ghee had been sprinkled was used for this procedure. After lighting fire, the flames were doused by covering with a pot so that embers were left behind. Dhupanadravyas mixed with ghee were then put over the embers. The Dravyas gave out medicated fumes or Dhuma/Dhupa. This clay dish was then placed below the fenestrated part of the stool.
- The patient was asked to sit on the stool after voiding urine. She was instructed to sit in such a way so as to expose the external genital organs to the fumes emanating from the dhupanayantra placed below the stool.
- The stool was covered from all sides with sterile linen so as to prevent the fumes from escaping.
- The Dhupana procedure was performed for about 10-15 minutes..

### Pashchat Karma:

- Patient was monitored for 30 minutes after the procedure.

### Safety precautions:

- Periodic inspection was done to ensure uniform exposure of the genitalia to the fumes.
- Care was taken to prevent accidental burn which could be induced due to over exposure to fumes or accidental burn from dhoopan karma

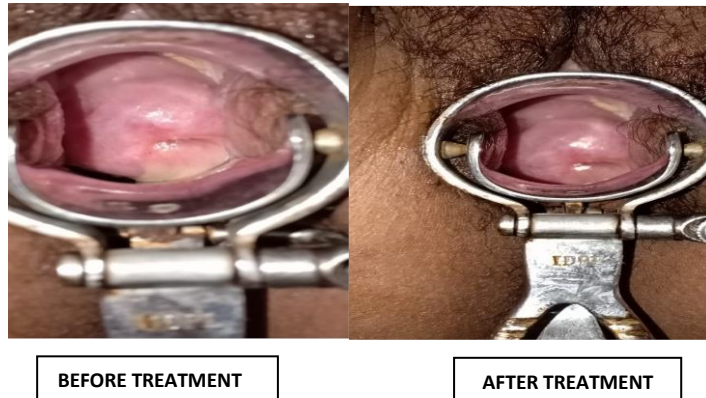
### Observations:

| Day | Date      | Treatment given   | Observation   |
|-----|-----------|---|---|
| 1   | 27/2/2020 | ChandraprabhaVati- 2tds<br>Gokshuradi<br>Guggulu-2tds<br>ShankhaVati-2bd<br>Dhatri Lauha-2bd<br>Yoni prakshalana –<br>Triphalaquatha<br>Yoni Dhupana-<br>DhupanaDravyas as<br>mentioned above | Pain in lower abdomen in intermenstrual period(7on VAS Scale)<br>Dysmenorrhoea (9 on VAS Scale)<br>Sticky, mucoid discharge per vagina<br>Discomfort during intercourse |

|        |           |  |   |
|--------|-----------|--|---|
| Day 4  | 2/3/2020  | Same as above  | Reduction in intermenstrual pain in the lower abdomen (5 on VAS Scale)<br>Per vaginal discharge- reduced              |
| Day 7  | 5/3/2020  | Same as above  | Relieved of the discomfort in the abdomen (2 on the VAS Scale)<br>Discharge stopped completely                        |
| Day 27 | 24/3/2020 | Chandraprabha Vati 2bd before food with warm water<br>Shatavari Ksheerapaka- 125ml | Intermenstrual pain in lower abdomen-<br>No abnormal vaginal discharge<br>Dysmenorrhoea- reduced (4 on the VAS Scale) |

The patient was administered the above treatment for a period of 7 days. After 3 days of treatment, the patient experienced a reduction in pain in the lower abdomen and per vaginal discharge. After 7 days of treatment, her discharge stopped completely and she was relieved of the discomfort in the abdomen. Per speculum examination on the 7<sup>th</sup> day of treatment showed a significant reduction in the oedema of the cervix and the sticky mucoid discharge.

Per vaginal examination revealed absence of tenderness in the pelvis and lower abdomen. The effect of the treatment can be noticed in the photographs below.



**Discussion:**

Chronic pelvic pain is a very common ailment in women. It generally occurs as a result of Vata and Kaphadushti, which in itself may be a result of lack personal and of sexual hygiene of both partners. Lifestyle habits like Diwaswapa (day sleep) and eating habits like Atyashana, Adhyashana also contribute to Kapha aggravation. Vatadosha aggravation and Agni Mandya occur as a result of excessive and waste thoughts which cause Rasavahasrotodushti through the Manas. Very often, the patient undergoes local and oral antibiotic and antifungal treatment but does not get lasting relief.

The main causes of chronic pelvic pain are Endometriosis, Musculoskeletal problems, chronic pelvic inflammatory disease, ovarian remnant, Fibroids, Irritable bowel syndrome, Painful bladder syndrome (interstitial cystitis), Pelvic congestion syndrome.

In the present case, the clinical features and pelvic examination findings suggested the presence of chronic pelvic inflammatory disease. Vitiating of Vata is a fundamental factor in the pathology of any disorder related to the Tryavarta yoni.<sup>1</sup>

- Chandraprabhavati exerts a Balya and Rasayana action on genito-urinary tract thereby improving the local immunity. It also reduces inflammation due to its Vata-pittaghna properties which are mentioned as 'Nihanti Strinam Artavajaam Rujam' (All menstrual disorders) in Bhaishajya Ratnawali.<sup>2</sup>
  - Chandraprabhavati (CPV) is a classical polyherbal formulation, which consists of 37 ingredients of plant and mineral origin and is being widely used for various disorders such as anemia, pain, indigestion and renal calculi.<sup>3</sup>
  - CPV and MYG showed dose-dependent anti-inflammatory activity with a maximum of 45% and 49% in paw edema, respectively, at a dose of 500 mg/kg.<sup>4</sup>
- Gokshuradi Guggulu contains Guggulu as chief ingredient. Guggulu, having Katu Tikta Rasa and Ushna Veerya, pacifies Vata dosha. Due to Tikshnaguna, it causes Srotasashuddhi. It also contains Trikatu, which due to its Tikshanaguna and ushnaveerya, pacifies Vata and Kapha dosha and hence reduces the pain.<sup>5</sup>
- Dhooanadravyas have Srotoshodhana, Kaphaghna, Kledaghna and Rakshoghna actions. Because of its property of Sookshma Strotogamitva (ability to act at microscopic levels) the Dhooanadravyas are capable of acting at deep seated locations of pathology. This was evinced by the fact that patient got relief from her complaints of vaginal discharge and pelvic tenderness as a result of this therapy.
  - Dhooanadravyas mostly act by virtue of the volatile oils present in them. They are by nature, Aagneya in their composition. The vehicle of Agni used to transport these oils to the diseased areas, further increases the Aagneya property. Gaughrita (cow ghee) is used to mix these Dravyas in order to reduce the Tikshna and Ruksha properties of the medicated fumes. As a result, there is effective reduction in the Kleda and Srava which are Jala and Prithvi Mahabhoota predominant in nature.
  - Probably, the Ushnaguna of the therapy also helps to produce local vasodilatation and improves tissue perfusion thereby improving the local immunity.
- The entire therapy, therefore, produces Kapha-vatahara, Kledaghna and Rakshoghna effect thereby providing relief from inflammation and the associated pain, abnormal discharges and itching.
- In Ayurveda, the term Krimi has been used in broader sense. It includes all pathogenic and non-pathogenic organisms covering wide range of infection and infestation. They are considered under the title of Oupasargikarogas (contagious diseases), which spread through different routes. Rakshoghnavidhi is indicated in our classics for their management<sup>6,7</sup>.
- Various references of Dhooanadravyas are found in Ayurvedic classics in the management of gynaecological disorders like Yoni srava.
- "Rakshoghnanagana" is described as group of plants possessing Krimighna properties.<sup>8</sup>
  - Krimighana Mahakasaya is mentioned in Charak Samhita focusing on the antimicrobial action of many drugs.<sup>9</sup>
  - The anti-bacterial and anti-fungal effects of the dhooana karma have been studied and can be seen from the studies cited below.
  - The antimicrobial activity of herbal fumigation on Staphylococcus was demonstrated by Rabi Tripathi et al.<sup>10</sup>
  - The anti-microbial activity of dhooanadravyas studied by L. Sumitha et al showed that the effect of Dhooana was significant in comparison to control both during study period and follow up period up to 6 days against bacteria and fungus.<sup>11</sup>



- A study conducted by Ahlawat et al at NIA Jaipur showed a significant reduction in the mean bacterial count of staphylococcus aureus when exposed to dhupana.<sup>12</sup>
- **Yoni prakshalana** basically brings about local and deep cleansing effect and also imparts the desired actions like VranaShodhana, Ropana, Shothahara, VedanaSthapaka, Kandughna, Krimighna, KledaShoshana. The main action of Prakshalana is bacteriocidal, and anti-inflammatory. It removes the debris and unhealthy tissue and promotes new tissue growth. It heals unhealthy vaginal mucosa, maintains normal vaginal flora, removes harmful bacterial growth and maintains normal vaginal pH.
- The drug used for Kwatha preparation in present case was triphala. Triphala is shown to reduce the inflammation of cervix and restore vaginal pH.<sup>13</sup>
- It is known that phytochemicals in *Triphala* such as quercetin and gallic acid promote the growth of *Bifidobacteria* and *Lactobacillus* species while inhibiting the growth of undesirable gut residents such as *E. coli*.<sup>14</sup> It is quite possible that a similar effect on vaginal flora may be exerted by Triphala wherein Doderleins bacilli are restored.

### Conclusion

Chronic pelvic pain is a commonly occurring presentation in gynaecological OPDs. If left untreated it may culminate into a wide spectrum of conditions like infertility and possible preterm labour. In the present case, combination of modalities viz. Yoni Prakshalana, Yonidhupana along with oral medications have shown encouraging results in providing relief in chronic pelvic pain.

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