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Ayurvedic management of Paripluta Yonivayapad: A review

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Abstract

About 70% of gynecological issues are Yonivyapad, which is frequently seen in gynecological practice. Paripluta is one of those that might cause painful coitus, dysmenorrhea, and other symptoms. The classics list twenty Yoni Vyapads, including Paripluta. Pitta and Vata Dusti are thought to be the main causes of this illness. Because of the clinical similarities, it can be linked to pelvic inflammatory disease. Due to its high frequency, economic impact, and social implications, PID is a public health concern, particularly in developing nations. Higher risks of miscarriage, persistent pelvic pain, sexually transmitted diseases, gradual organ damage, and long-term reproductive impairment owing to recurrence are all possible outcomes of delayed PID treatment.

Keywords: Paripluta, Yoni Vyapads, Vata-Pittaja Vyadhi, Sodhana, Sthanik Chikitsa

Introduction

Women are in charge of creating the next generation. Women will inevitably suffer from poor health and unsanitary behaviors due to the current circumstances, which will ultimately lead to gynecological problems. Pelvic inflammatory disease is a frequent reproductive tract condition that affects women who are sexually active. Between 1% and 2% of sexually active women have PID annually ^[1]. In women of reproductive age who are sexually active, spontaneous infection accounts for about 85% of occurrences. Numerous species, such as non-haemolytic Streptococcus, Neisseria gonorrhoeae, Chlamydia trachomatis, and Mycoplasma hominis, are responsible for pelvic inflammatory illness. Unusual vaginal discharge, bilateral lower abdominal pain, dyspareunia, nausea, vomiting, fever, and irregular, profuse vaginal bleeding are some of the signs of this condition.

The most common treatment in modern medicine is systemic antibiotics, but the infection does not respond even after a full course of broad-spectrum antibiotics ^[2,3,4]. If left untreated, this condition might result in hydrosalpinx, pelvic abscess, pelvic adhesions, infertility, dysmenorrhea, and other complications. This agonizing illness can be compared to Paripluta Yonivyapad in Ayurveda, based on the clinical symptoms. One of the 20 Yoni Vyapad listed in the literature, Paripluta is more common among women during their reproductive years. Many women have silent clinical symptoms of Pariplutawhich affects their relationship with their husband. Pitt and Vata dust are believed to be the primary causes of this condition. Although Sushruta has classified it as a Vataja Vyadhi, Acharya Charaka and Vagbhatta see it as a Vata-Pittaja Vyadhi. According to Maharshi Sushruta, the condition is distinguished by Saarti Neel, Peet Asrakasraveta (painful menstruation with yellow or bluish color of menstrual blood), Gramyadharmeruja (Dyspareunia), Shotha (inflammation of Yoni), Sparsha-Asahatva (tenderness), and Vedana in Shroni, Vankshan, Pristha, Kati (pain in lumbosacral and groin region, backache), and Jwara (fever) ^[5]. Maharshi Sushruta also mentions severe dyspareunia as one of the pain and ache that characterize the disease. Both Vagbhatta have followed Charaka, but they have also included in the list of symptoms heaviness in the areas of the bladder and lower abdomen, Atisar (diarrhea), and Arochaka (anorexia), among other things. ^[6] Yogaratnakara, Bhavprakash, and Madhava Nidana have all followed Sushruta ^[6].

Aim And Objective: To study about the literary review of Yoni Vyapad.

Nidana Samanya

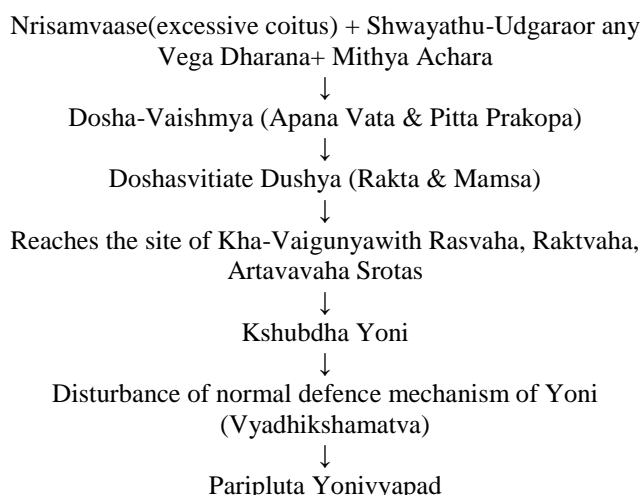
Excessive indulgence in coitus, Daiva Prakopa (idiopathic), Pradushta Aartva (hormonal disorders), Beeja Dosha (abnormalities of sperm and ova), Hetu (nonspecific etiology) of

Paripluta Yonivyapad Mithyachara (this includes abnormal diet and abnormal lifestyle), Apadravya Prayoga (using iron objects for sexual pleasure), etc.

Vishesha Hetu

Vishesha Nidana (specific etiology) of Paripluta has been discussed by Maharshi Charaka and Vagbhata. Pittala - It refers to women who have a Pitta Prakriti and eat foods that exacerbate Pitta, resulting in a predominance of Pitta. Pitta Prakriti - Women with Pitta Prakriti are more likely to develop Pittaja Roga even if the etiological factors are less severe (Alpa Nidana, Sevana), and the Roga is difficult to treat. The word "Nrisamvaase" highlights the significance of coitus (due to excessive coitus, coitus in abnormal position) in the origin of this disease. Swayathu-Udgara Dharanata: In Charaka Sutrasthana the description of Adharniya Vega and its results are mentioned. The urge mentioned in Paripluta Yonivyapad is not immediately caused by the suppression of one's natural instincts. Therefore, we can draw the conclusion that mentioning the two Vega in the other Adharniya Vega should be taken into consideration, and all of this contributes to Vata Prakopa. Since Shotha is a very important feature of Paripluta Yonivyapad, we should also be aware of Shotha Nidana, which Acharya Charaka discusses in Sutrasthana, chapter 18, Trishothiya Adhyaya.

Samprapti of Paripluta



Treatment protocol

Paripluta Yonivyapad is caused by the vitiation of Vata - Pitta. Both Doshas together, a mixed treatment prescribed by Yoniroga as caused by individual Doshas should be done.

Shodhana Chikitsa: Basti Karma and Virechana Karma. The proper way to administer Basti Karma is as follows: Anuvasana Basti with Sacharadi Taila, followed the following morning by Niruha Basti with Dashmooladi Niruha. Dosha will be calmed by it. Chikitsa Shaman: Pushyanug Churna: 10 g twice a day with honey and Tandulodaka (rice-washed water). Vednasthapan, Rasayana, Garbhasaya Shodhaka, Pradarahara, Balya, Deepana, Jwarahara, Aartva Janana, Shothaghna, Pachana, Krimighna, Raktshodhak, Pittaghna, and Vrana Ropana.

- Chandra Prabha Vati - 2 tablets bd with lukewarm water. It is Balya, Vrushya, Sarwa Rogpranashini, Tridosha Nashak.
- Kanchnar Guggul - 2 tablets BD with lukewarm water. It is Shothhar, Vrana Ropana. Sthanika Chikitsa

Yoniprakshalan - Started after the cessation of menses given with a Kwath of 500 ml for 2 -3 minutes.

1. **Dashmoola Kwath:** The main aim of the treatment is Vata Pitta Shamana, Vedana Sthapana, Yonishodhana and Vrana Ropana.
2. **Panchvalkal Kwath:** It is Kapha Shamaka, Sthambhaka and has properties like Kashaya Rasa (astringent), antiseptic and wound healing. Because of these properties, it helps increase local cell immunity and prevents the recurrence of symptoms in patients. In Panchvalkal Kwath, most of the drugs are of Kasaya Rasa. Kashaya Rasa with the Shoshana, Stambhana, Kaphapittahar and Kledahara Guna acts to reduce the Strava.
3. **Yoni Pichu:** This started after the cessation of menses, and patients were instructed to retain the Pichu for 3 hours or until the urge to micturition. Patients were instructed to abstain for at least seven days and later compulsorily use the barrier method for 1 month.
4. **Panchvalkaladi Tail:** Drugs of this formulation possess Rasa like Kashaya Rasa, Madhura Rasa, Tikta Rasa, Ruksha, Guru, Laghu Guna, Sheeta Virya, Katu Vipaka. Guru Guna causes Vata-Shamana, Brimhana, having the predominance of Prithavi and Jala Mahabhuta, and Sheeta Virya causes Pittashamana, Stambhana, Balya having the predominance of Prithavi and Jala Mahabhuta. It pacifies mainly Pitta Dosha's dominance.
5. **Dashmoola Tail:** It has Shothaghna, Jwaraghna, Shula Prashamana, Mutrala, Vrana Ropana, and Vata Shamaka Guna acts in reducing the Strava and Antibacterial Anti-pyretic, Spasmolytic, Uterine Stimulant properties of the drugs efficiently reduced the tenderness and helped in relieving other symptoms.

Discussion

Pelvic inflammatory disease, the most common condition affecting the female reproductive system, can lead to infertility. Herbal remedies have great promise for the treatment of PID. Every facet of PID treatment, preventing infertility, and other possible outcomes has been expertly covered in the review.

Conclusion

Gramyadharmaraja, Shotha, Sparshakshamatwa, painful menstruation with yellowish or bluish menstrual blood, and Vedana in the Sroni, Vankhshana, Prusta, and Kati are the characteristics that set apart Paripluta Yonivyapad, a Vata-Pittaja disease. When Vata and exacerbated Pitta reach the Yoni, the result is Paripluta Yonivyapad. Bilateral lower abdomen pain, tenderness, dyspareunia, mucoid or mucopurulent vaginal discharge, and irregular menstruation are all signs of pelvic inflammatory disease. Paripluta Yonivyapad's symptoms are similar to those of other illnesses. The Doshic vitiation, which consists of the Vata-Pitta Shamaka, Shothaghna, and Ropana attributes, is the foundation of the management. Ayurveda may effectively manage its effects and recurrence by following a thorough treatment plan that incorporates topical and oral medicines.

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