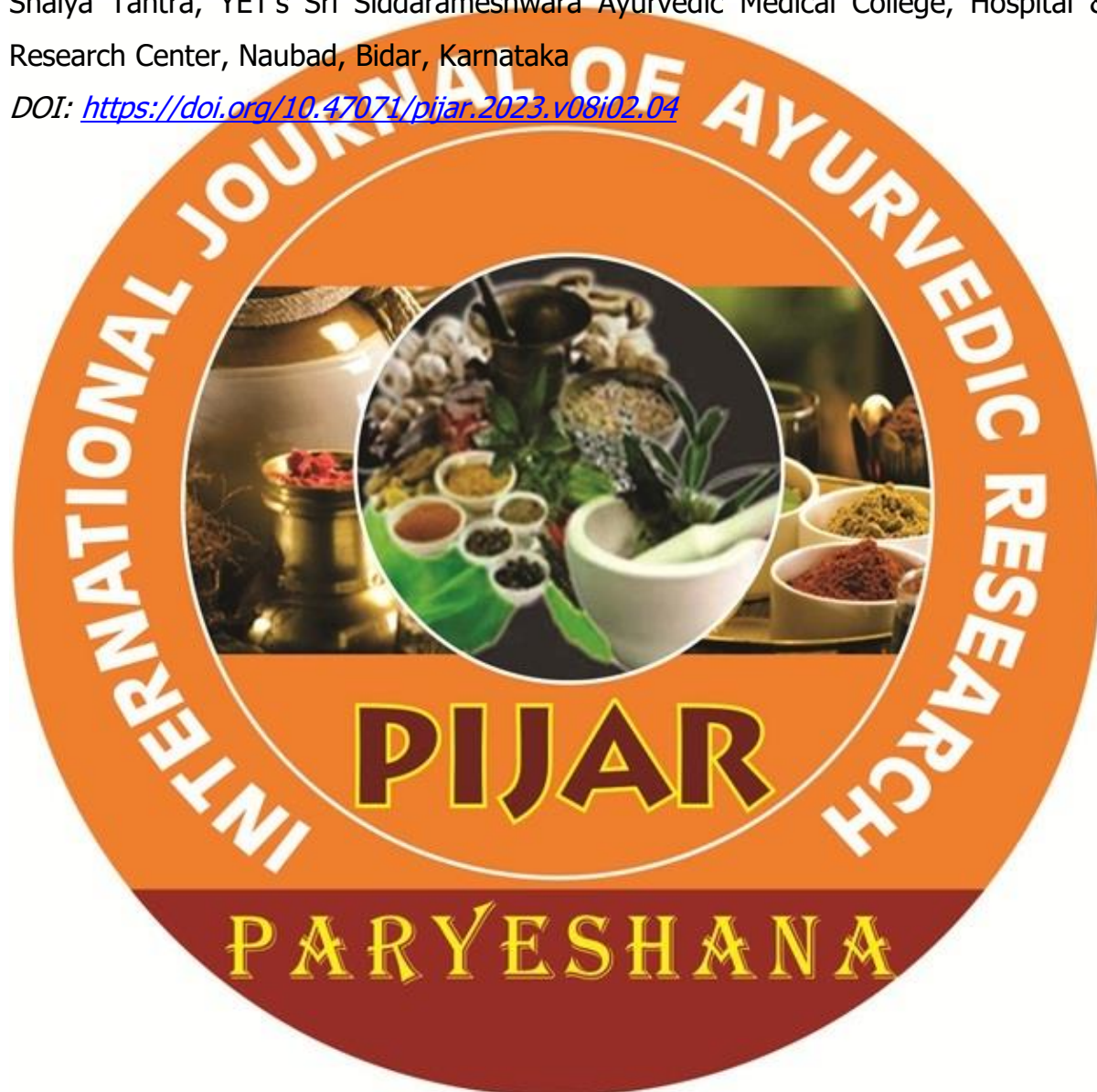


## **Pelvic Inflammatory Diseases-An Ayurvedic Perspective**

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**Abstract :** Pelvic Inflammatory Disease (PID) is responsible for a considerable disease burden and represents an important health care issue in world wide. PID is the clinical syndrome associated with upper genital tract infection and inflammation caused by the spread of micro-organisms from the lower to upper genital tract. Prevention of PID and recurrent PID is also a public health priority in the present scenario. Clinical signs and symptoms are relayed by clinician to diagnose PID, mainly due to the lack of a minimally or non-invasive diagnostic test that reliably identifies women with upper genital tract inflammation.

**Aim and objectives:** The search for an Ayurveda equivalent of PID in Ayurveda classics doesn't yield any one disease entity that entirely matches the clinical picture of this condition .

**Material and Methods:** Diagnosis of PID is based on Centers for Disease Control and Prevention 2015 PID guideline. Considering it as '*Anukta Vyadhi*' (unexplained disorder), this review attempts to understand the disorder by deriving its *Vikaraprakriti* (nature of disease), *Adhishtanantarani* (structures and sites affected), and *Samutthanavishesha* (specific etiological factor) based on a detailed analysis of the clinical features and other findings regarding the disease available in various textbooks and articles in the light of related references in Ayurvedic classics.

**Discussion and conclusion:** PIDs are established in terms of *Nidana Panchaka* (five components of understanding a disease). *Pittala* and *Paripluta* *Yonivyapad* can be implied as pelvic inflammatory diseases.

**Keywords:** *Anukta Vyadhi*, *Adhishtanantarani*, pelvic inflammatory disease.

## PARYESHANA

### Introduction

Pelvic Inflammatory Diseases (PID) are caused by microorganisms colonizing the endocervix and ascending to the endometrium and fallopian tubes. The patient has upper genital tract infection and inflammation which may be present at any point along a continuum that includes endometritis ,

salpingitis ,and peritonitis. PID is commonly caused by sexually transmitted microorganisms i.e., *Neisseria gonorrhoeae* , and *Chlamydia trachomatis*. The incidence is about 85% of spontaneous infection in sexually active females of reproductive age. The remaining 15% follow iatrogenic

Samhita explains systemic methodology to approach such Anukta Vyadhi which are 3 types of methodology i.e., Vikara Prakriti, Adhishthanantarani, and Samutthana vishesha. Vikara prakriti implies Vatadi Dosha (three regulatory functional factors of the body, the state of which determines health and disease) involved in the disease. 'Adhishthanantarani' refers to the Rasadi Dhatu (tissues) and other organs/ structures vitiated in the particular disease.

'Samutthnavishesha' refers to the etiological factors that lead to the specific Dosha- Dhatu Dushti (pathological state). In the Ayurvedic context, Yoni is used to denote the vagina, cervix, uterus and whole female genital tract, hence the diseases afflicting the female genital tract / reproductive organs are covered under the heading of Yonivyapad. The patient inflicted with Yoniroga suffers from respective Vatadi Dosha Lakshana, others are opinion that Dehameans Yonisthana/ pelvic cavity where the localized symptoms occur according to the Dosha involved. All the Yonivyapad cannot occur without the involvement of Vata. Vikara prakriti and Adhishthanantarani (Nature of Disease & Structures and Affected Sites) While dealing with an Anukta Vyadhi, the only clue to arrive at Dosha (Vikaraprakriti) and Dhatu / Ashaya (site Adhishthanantarani) are the Lakshana (clinical features) of the disease. Hence, looking into the clinical presentation of PID, the diagnosis of PID will be done

according to the Clinical Diagnostic Criteria of PID (CDC-2015 guidelines). Minimal Clinical Criteria Cervical motion tenderness, uterine tenderness, adnexal tenderness. Additional Criteria Oral temperature greater than 101°F (38.3°C), abnormal cervical mucopurulent discharge or cervical friability, abundant white blood cells on microscopic evaluation of vaginal fluid, elevated Erythrocyte Sedimentation Rate, elevated C-reactive protein. Specific Criteria

Transvaginal ultrasound showing thickened fluid-filled tubes with or without free pelvic fluid or tubo-ovarian complex, or Doppler studies suggesting pelvic infection, Endometrial biopsy with histopathologic evidence of endometritis (if needed), laparoscopic findings consistent with PID. There are discussing some signs and symptoms of PID from the above CDC criteria.

### Signs

Cervical Motion Tenderness, Uterine Tenderness, Adnexal Tenderness. During per vaginal examination, tenderness suggests the presence of peritoneal inflammation. When peritoneum is stretched by moving the cervix and causing traction of the adnexa on the pelvic peritoneum causes pain.

Vitiated Vata is responsible for pain, vitiated Pitta is responsible for the congestion, tenderness, and burning sensation. Vitiated Vata and Pitta reaches Yoni and spreads ascending vitiation in Trayaavarta Yoni (cervix, uterus, and fallopian tube). Acharya

Ghanekar is of opinion that Artavavaha Srotas can be divided into Artavavaha Srotas (blood vessels and capillaries) and Beejavaha Srotas (fallopian tube). Ama (undigested food) is accumulated in Artavavaha Srotas and creates Srotorodha which causes inflammation, is a reason for tenderness.

### Symptoms

Pelvic pain and lower backache, dyspareunia, dysmenorrhoea, menorrhagia, hypomenorrhoea, burning sensation in the lower genital tract, muco-purulent cervical / vaginal discharge, Fever, Pelvic pain, Lower backache and Dysmenorrhoea.

The pain is thought to be related with inflammation, scarring, and adhesions from the infectious process. Chronic pelvic pain is mostly seen in one-third of women with PID. Developing chronic pelvic pain related to PID is the strongest predictor of recurrent PID. All the diseases of Yoni cannot occur without the involvement of Vayu. Apana Vayu is located in this region. Apana Vayu is moving in the reverse direction caused by Vata kopa due to Vega dharana or Srotorodha (obstruction). Reversed Apana Vayu is causing pelvic pain, lower backache, and sometimes abdominal pain.

### Dyspareunia

Dyspareunia is the most common type of sexual dysfunction seen by gynecologists affects some two-thirds of women during their lifetime. Dyspareunia is genital pain experienced just before, during, or after sexual intercourse. The entire

female genitalia are afflicted with pain, during sexual intercourse should be interpreted as interest in sexual life. Acharya Sushruta has mentioned only dyspareunia as a clinical feature of Paripluta Yonivyapad. Vitiated Vata causes pain and Vitiated Pitta causes tenderness, both leading to cause dyspareunia. Artavavaha Dhamani is two in number and they have roots in Garbhashaya and Artavavaha Dhamani; injury to these causes dyspareunia.

### Menorrhagia

Menorrhagia is as cyclic bleeding at normal intervals but the bleeding is either excessive in amount (>80ml) or duration (>7days). Active or passive congestion in uterus causes hypertrophy of the myometrium and endometrium which enlarges uterus 2-6 times from its normal size. A similar vascular upset which involves the ovaries may make them cystic causing polymenorrhoea. This aspect can be correlated with, when the blood attains a vitiated path, then the diseases of Pradara occurs for women. Burning Sensation in the Lower Genital Tract

Urinary Tract Infections (UTIs) are defined as persistence of an infectious agent in the urogenital system. An organism is present normally in the distal urogenital tract. Bacterial organisms are most commonly involved in UTIs. Pitta being vitiated by its Ushna Guna reaches Yoni and Basti causes burning sensation, suppuration, and fever.

Abnormal Cervical/Vaginal Mucopurulent Discharge

Evaluation of both vaginal and endocervical secretions is a crucial part of the workup of a patient with PID .In women with PID, increased number of polymorphonuclear leucocytes may be detected in a wet mount of the vaginal secretions or mucopurulent discharge .Infection and inflammation are caused by pyogenic bacteria in any part of these productive organs .The discharge per vaginum can be considered mainly due to Kapha. Due to the vitiation of Kapha and according to Ashrayashrayi Siddhant , Rasa Dhatu is also vitiated . Aggravated Apana Vayu with holding Ama (vitiating Kapha and Rasa Dhatu)exhibits symptoms like per-vaginal discharge. Aggravated Vayu (by its Chala and Vishada Guna) with Pitta (by its Visra, Sara, and Drava Guna) is responsible for the mucopurulent discharge. Aggravated Vayu (by its Chala and Vishada Guna) and Kapha (by its Ghana and Pichchila Guna) are

responsible for the unctuous mucoid thick discharge.

Fever

Circulating Ama rasa hampers the function of Agni and causes fever.

Diagnostic Testing

Ultrasound is indicated in the serious cases when the lack of response to initial drug therapy is found. The ultrasonographic findings are depends on the severity of infection. Allowing the use of ultrasonography in the diagnosis of PID is providing an appropriate therapy as early as possible in an attempt to decrease the incidence of irreversible consequences .Chronic PID was found in majority (47%) of the cases evidenced by presence of regularly enlarged uterus with tubo-ovarian masses , hydrosalpinx , tortuous tubes or fluid in pouch of Douglas as well as presence of congested adnexa .

With above explanation, Vikara prakriti and Adhistanantarani are compiled as Table no.1.

Table 1: There are Inferences Regarding the Above Details

Vikaraprakriti	
Primary Dosha	Vata (Apana Vata)
Secondary Dosha	Pitta & Kapha
Adhistanantarani	
Dhatu	Rasa
Upadhatu	Artava
Agnimandya	Jatharagnimandhya, Rasadhatvagni
Srotas	Rasavaha and Artavaha
Srotodushti	Sanga and Vimargagamana

Samutthanavishesha (specific etiological factor)

Once the Dosha and Dhatu are identified, the specific etiological factors (Samutthanavishesha) lead to the disease process is to be identified among the numerous Nidana that can cause the particular Dosha/Dhatu Dushti.

As the disease predominantly involves Vata-Pitta Dosha and Rasa Dhatu, the patient should be evaluated for all kinds of Santarpana Ahara.

In addition, as the probable Samprapti (pathogenesis) of the disease seems to closely resemble that of Pittala Yonivyapada and Paripluta Yonivyapada. Both conditions are representing Udavartajanya Yonishotha (inflammation in pelvic region due to obstructed Vata).

Clinical Evaluation

Nidana Panchaka constitutes the five basic components of Rogapariksha (examination of a disease) namely- Nidana (etiological factors), Purvarupa (prodromal symptoms), Rupa (clinical features), Upashaya (relieving / aggravating factors), and Samprapti (pathogenesis). Hence, a comprehensive description of diseases is generally done concerning these five components in Ayurvedic texts. Based on the above discussion, the probable Nidana Panchaka of PID may be proposed as below.

Nidana (Etiological Factors)

Any factor which has the tendency or capacity to produce disease can be considered as Nidana. The probable factors that can be considered as

Nidana of PID include Mithyachara which means both Mithya Ahara and Vihara (abnormal diet and mode of life), abnormal Artava, Beejadoshha, and Daiva.

Ahara (Food): Ruksha, Sheeta-Ushna, Amla, Lavana, Kshara, Katu Diet, Langhana, Abhojana, Vihara (Lifestyle):

Vegasandharana, Vamanavirechana, Anaasthapanashirovirechana, Atiyoga, Vyayaama, Divaswapna, Abhighata, repeat ed intrauterine procedures i.e. D&E, D&C and use of vaginal wash.

Sexual History: use of Apadravya (made of iron etc.) [17], abnormal posture, excessive use of vaginal gel, oralsex, multiple sex partners, unhygienic sex.

Rajaswala Paricharya (Regimen During Menstruation) [18]: Rajaswala charya is not followed in present days as women have become career-oriented and have stood up to the level of men in all the fields, due to which the life of women has turned hectic and stressful. Women are undergone various infectious diseases due to unhygienic conditions. Ascending infection is spread by use of menstrual tampons and cup. Due to the adaptation of the western style, there. This so-called outdated system has lost its importance in today's generation.

Purvarupa (Prodromal Features)

Purva rupa indicates the forthcoming disease. Such prodromal features may be yellowish vaginal discharge, Kashtartava (painful menses), mild

pelvic pain , and burning in the vaginal region.

Rupa(ClinicalFeatures)

It is the complete manifestation of disease with prominent clinical features . The Rupa of PID includes – Gramyadharme Rujabhrisham (dyspareunia) , Yonigata Strava (abnormal vaginal discharge with pain , burning , and itching ) , Yonishoola (Pelvicpain) ,Jwara (fever),and sometimes Asrigdara (menorrhagia).

Upashaya (Therapeutic trails)

Aushadha (drugs) /Ahara (food) / Vihara (regimen) that gives relief to the patient can be considered Upashaya , and the opposite is Anupashaya .

Upashaya , which has Guna opposite to Hetu and / or Vyadhi .Hence , Vata-Pitta Shamaka Ahara , Vihara , local (pelvic region) Abhyanga (massage) – Swedana (hotwater bag / Pralepa with Ushna Aushadha ) , and local hygiene are the probable Upashaya in the disease.

Samprapti

Samprapti is the entire process of manifestation of disease .

The probable Samprapti of PID that can be inferred base do the literary analysis is as follows-

Samprapti of Yonivyapadis a very controversial topic , authors have a different point of view and differences among various Acharyas leads to further confusion.

A person who is predisposed to Rasadhatudushti due to Mithyaahara and Vihara is developed Rasadhatvagnimandya and Margaavarana.

When such a person excessively resorts to Santarpanjanya AharaandVihara , the Annarasa formed does not undergo proper Paka(digestion) byRasadhatvagni and remains Aamarasa, which vitiates Aartavavahasrotas. The proper functions of Rasa Dhatu and Artava are compromised.

Aamarasa reaches the pelvic cavity by Vyana vayu and Sanga (accumulated) in the pelvic cavity by retrograde direction of Apana Vayu and creates Shotha (inflammation) in the pelvic cavity.

Localized inflammation hampers whole reproductive tract (uterus , fallopiantube , ovary , cervix , vagina , and vulva) and leading to various clinical feature so the disease in a female of reproductive age , such as GramyadharmeRujabhrisham (dyspareunia) , YonigataStrava (abnormal vaginal discharge with pain , burning and itching ) , Jwara (fever) and Ashrigdara (menorrhagia) .

Another Samprapti of the PID depend on sexual history . Unhygienic intercourse and multiple partners are leading to ascending infection through the vagina and create an inflammatory reaction in the reproductive tract.

Samprapti resembles two main diseases suchas PittalaYonivyapadand PariplutaYonivyapad, whichboth are created from UdavartajanyaShotha.

In PittalaYonivyapad, all the clinical featureslike burning sensation, fever, white and yellow vaginal discharge are suggestive of acute infection.Vataprakopa is responsible for pain while Pittaprakopa is

responsible for the congestion , tenderness , and burning sensation.

In PariplutaYonivyapad, the Srotodushti seems Atipravriti according to the description of Charaka but can be considered as Sanga according to the description of Acharya Sushruta, there is inflammation due to Sanga . The clinical description of Paripluta Yonivyapad according to Sushruta is only dyspareunia and according to Acharya Charaka is suggestive of inflammation , fever , tenderness , and painful bluish yellow bleeding per vagina, pain in the pelvic region, groins,and back.

Chikitsa

Vatanulomana , Amapachana , Shothahara ,Yoniprakshalana,Yonipichu,Yonivarti.

CONCLUSION

The etiopathogenesis of Pelvic Inflammatory Diseases can be understood as an acute and chronic infection that manifests in women of reproductive age, leading to menstrual , reproductive , and sexual abnormalities . Pittala Yonivyapad can be implied as acute infection while Paripluta Yonivyapad can be implied as a chronic infection. A common link of the retrograde direction of Apanavayu, Aama-Rasavridhi , and Artavadushti is evident in all clinical features of the diseases.

The primary Dosha involves in the disease is Vata . There can be secondary involvement of Pitta Dosha, Kapha Dosha, and the manifestation of various urogenital diseases in course of time according to the degree of Aamarasa , Rasadhatvagni mandya

and Artvadáshti seems to be the central pathological entities involved in PID . Hence , a general treatment plan consisting of diet , regimen , drugs , and Panchakarma which are Vatanulomana, Amapachana , Shothahara , and Yoniprakshalana with Yonipichu / Yonivarti should be useful in the management of the condition.

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