



**“AYURVEDIC MANAGEMENT OF PARIPLUTA YONIVYAPAD ASSOCIATED WITH
APRAJA VANDHYATVA – A CASE STUDY”**

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ABSTRACT

It is the woman who procreates and propagates the human species. If woman is healthy the family feels secure and future generation will born and brought up with boosted energies. Now a days woman is suffering from so many problems and among them dyspareunia is the most common problem in married woman. According to *Ayurveda* dyspareunia can be correlated with *Paripluta yonivyapad* where there is involvement of *vata and pitta dosha also*. Our *Acharyas* have described *gulma* and *vandhayatva* as complications of *yonivyapad*. This article will explain how to understand and manage *paripluta* associated with *apraja vandhyatva* based on *Ayurvedic* perspective.

KEYWORDS: *Dyspareunia, paripluta, apraja vandhyatva.*

INTRODUCTION

Dyspareunia is painful sexual intercourse due to medical or psychological causes. The pain can primarily be on the external surface of the genitalia or deeper in the pelvis upon deep pressure against the cervix. It can affect a small portion of the vulva or vagina or be felt all over the surface. Understanding the duration, location and nature of the pain is important in identifying the causes of the pain. The pain can be acquired or congenital. Diagnosis is typically by physical examination and medical history.^[1]

It has been clinically observed that *Ayurveda* helps in case of dyspareunia associated with primary infertility. It seems to help by not only treating the symptoms but also by strengthening the reproductive system and improving the local cellular immunity. In *Ayurveda* different treatment modalities are mentioned for *yonivyapad*. In this case study *phalasarpi*, *Musali khadiradi kashaya*, *Cap. Torchnil* have been used and proved to be effective.

CASE REPORT

A 33 years female hindu patient, housewife by occupation visited the OPD of SKAMCH & RC, dept of *prasooti tantra* and *stree roga* on 23rd Aug 2016 with

complaints of white discharge and backache since 2 year and pain during and after coitus since 1 year. Backache was intermittent in nature. Hence patient consulted an Allopathic hospital and took treatment around 6 months but didn't get any relief in the symptoms. The patient was not satisfied with Allopathic treatment and didn't get any improvement So she approached SKAMCH and RC for further management.

Past history: No H/O DM/HTN/hypo-hyperthyroidism or any other major medical or surgical history.

Family history: No history of same illness in any of the family members.

Menstrual / Obstetric history

Menarche-13 yrs.

M/C- 3-4 / 28-30 days/bleeding- bright red in colour, without foul smell, with/without clots/ Dysmenorrhoea- Absent

Married life -5 years.

O/H – G0 P0 A0 L0

Contraceptive history- No contraceptive history.

General examination

□ Built: Moderate

- Nourishment: Moderate
 - Pulse: 76 b / min
 - BP: 130/80 mm of Hg
 - Temperature: 98.4 F
 - Respiratory Rate: 18 cycles / minute
 - Height: 145 cm
 - Weight: 45 kg
 - Tongue: Uncoated
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- Pallor/Icterus/Cyanosis/Clubbing/Edema/Lymphadenopathy: Absent

Systemic examination

- CVS: S1 S2 Normal
- CNS: Well oriented, conscious.
- RS: normal vesicular breathing, no added sounds
- P/A- Soft, tenderness
- Bimanual examination- uterus retroverted, fornices tenderness present.
- Per speculum examination- vagina normal, cervix healthy and normal size, white discharge present

Ashta Vidha Pariksha

- 1) Nadi - 82 b / min
- 2) Mala - Once / day
- 3) Mutra - 5 - 6times/day
- 4) Jivha - Alipta
- 5) Shabda - Madhyama

RESULTS

THERE WAS A CONSIDERABLY CHANGE IN VARIOUS SYMPTOMS AS NOTED BELOW

Sr. No.	Date	Dyspareunia	Backache	White discharge
1.	23/01/15 To 30/01/15	+++	+++	+++
2.	30/01/15 To 19/04/15	++	++	++
3.	19/04/15 To 05/06/2015	+	+	+
4.	05/06/2015 To 31/7/2015	---	---	--
5.	31/7/2015	---	---	--

Patient is free from all the symptoms and got conceived also. And delivered healthy child.

DISCUSSION

Paripluta yonivyapad can be compared with dyspareunia. It is a disease which occurs due to vitiation of *vata as well as pitta*. Any *yonivyapad* can lead to *gulma, arsha, asrigdara, vandhyatwa* and other *vata* disorders i.e. *stambha* and *shoola* as complications if timely not being treated^[5]. Here in this case, dyspareunia is one of the cause for primary infertility where *Phalasarpi, musali khadiradi kashaya* and *Cap.Torchnil* were used.

Phalasarpi have qualities such as *madhura, laghu, sheeta guna, tridosha shamaka, yoni dosha hara, balya* and *rasayana* properties.

Musali khadiradi kasaya acts as *Deepana, Pachana, agnivardhaka* leading to proper *rasadhatu* formation and *Artva* formation. It is *tridosha shamaka*. So maintains the equilibrium of *doshas*. *Krimighna, yoni shoolahara*, used in *yonivyapadhs*. And it is *artava shodaka*. Due to its

6) *Sparsha - Madhyama*.

7) *Druk - Madhyama*

8) *Akriti - Madhyama*.

Dasha vidha pariksha

Prakruti - Vata pittaja

Vikruti - Madhyama

Bala - Madhyama

Sara - Madhyama

Samhanana - Madhyama

Satmya - Madhyama

Satva - Mishra rasa satmya

Pramana - Madhyama

Ahara shakti - Abhyavarana shakti - Madhyama Jarana

shakti - Madhyama

Vyayama shakti - Avara

Vaya - Madhyama

LAB INVESTIGATIONS

- ❖ Haemoglobin - 11.7 gm/dl (31/07/15)

INTERVENTION

- *Phalasarpi*^[2] 2tsf BD with milk B/F
- *Musali khadiradi kashaya*^[3] 2tsf BD with water B/F.
- *Cap. Torchnil*^[4] 1BD A/F

sheetavirya and *madhura, kashaya rasa* acts as *stambhana*.

Cap. Torchnil is a herbal *rasayana* and works by possessing the anti-inflammatory activity; suppressing the cyclooxygenase activity and prostaglandin formation; retarding the platelet aggregation; possessing the antioxidant activity; suppressing the activity of the tryrosinase enzyme; possessing the saponin triterpenes, flavonoids and other constituents such as coumarins, sugars choline, phytosterols. Preventing oxidative stress; promoting insulin secretion; inhibiting gluconeogenesis; inhibiting glycogenolysis; regulating blood glucose concentrations. Reducing the lipid peroxidation in the liver tissue. Possessing the activities due to the presence of piperine, piperlongumine, sylvatin, sesamin, diaudesmin piperlonguminine, pipermonaline and piperundecalidine constituents. Enhancing athletic performance. Possessing antioxidant, anticarcinogenic

and anti-inflammatory properties. Blocking the protein required by virus to replicate.

CONCLUSION

In the present case study *Phalasarpi*, *musali khadiradi kasaya* and *Cap.Torchnil* have been used for the treatment of dyspareunia associated with primary infertility which is found to be very effective. There is drastic improvement in signs and symptoms. Patient is free from all the symptoms and conceived also. Hence *Ayurveda* gives the complete cure by not only relieving the symptoms of illness but also by increasing the defence mechanism and immunity of patient. This in turn prevents the recurrence of disease. But to prove this with greater confidence further studies are to be conducted on this as the present paper is a single case study.

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