



Case Series

CASE SERIES ON THE EFFECT OF *GUDUCHYADI GHRITA* WITH *PANCHAVALKALA KWATHA* *YONI PRAKSHALANA* IN *PARIPLUTA YONIVYAPAD* (PELVIC INFLAMMATORY DISEASE)

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ABSTRACT

Pelvic Inflammatory Disease (PID) is a common condition affecting women, where an infection spreads to the upper reproductive organs. If not treated properly, it can lead to serious problems like infertility and long-term pelvic pain. In Ayurveda, PID is similar to a condition called *Paripluta Yonivyapad*, which is believed to occur due to an imbalance of the *Vata* and *Pitta doshas*. This case series looked at how effective an Ayurvedic treatment approach could be for managing PID. Six patients were treated using *Guduchyadi Ghrita* taken orally for 30 days, along with a local therapy called *Panchavalkala Kwatha Yoni Prakshalana* for 7 days. The results were encouraging. Patients experienced noticeable relief from symptoms such as lower abdominal pain, vaginal discharge, fornices tenderness, backache, and fever. Ultrasound findings also showed improvement after treatment. Importantly, no side effects were reported during the study. Overall, this suggests that this Ayurvedic treatment combination may be helpful in managing PID. However, larger studies are needed to confirm these findings and better understand its effectiveness.


INTRODUCTION

Pelvic Inflammatory Disease (PID) is a common gynecological disorder affecting women of reproductive age and is characterized by inflammation of the upper female genital tract, including the uterus, fallopian tubes, ovaries, and surrounding pelvic structures. It commonly presents with lower abdominal pain, abnormal vaginal discharge, dyspareunia, fever, menstrual irregularities, and pelvic tenderness. [1] PID is a significant public health concern because of its association with serious reproductive complications such as chronic pelvic pain, infertility, ectopic pregnancy, and recurrent pelvic infections.[2]

Globally, PID remains one of the most frequent causes of gynecological morbidity among sexually active women. The burden of PID is especially high in developing countries due to poor genital hygiene,

recurrent lower genital tract infections, delayed diagnosis, and inadequate treatment.[3] Conventional treatment mainly relies on broad-spectrum antibiotics; however, recurrence, persistent pelvic inflammation, adverse effects, and increasing antimicrobial resistance have created a need for safer and more holistic therapeutic alternatives.[4]

In Ayurveda, conditions presenting with pain, inflammation, discharge, and discomfort in the female genital tract are described under *Yonivyapad*, among which *Paripluta Yonivyapad* bears close resemblance to PID based on symptomatology and pathogenesis.[5] *Paripluta Yonivyapad* is mainly caused by the vitiation of *Vāta* and *Pitta Doṣa*. According to *Acharya Charka* when a *Pitta prakriti* woman take *Pittaj aahar vihara* withholds natural urge for sneezing and eructation during coitus, the *Pitta* gets vitiated. The vitiated *Pitta* gets mixed with *Vayu*. *Pitta* admixed with *Vata* reaches the reproductive system of the woman, contaminate the organs and produce many abnormalities. The *Yoni* becomes inflamed and tender and she gets painful menstruations having yellowish or bluish color of menstrual blood.[6] The *Samprapti* involves derangement of *Doshas* leading to *Srotoduṣṭi* in the

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Yoni and *Garbhashaya pradeśa*, thereby producing symptoms comparable to PID.

From an Ayurvedic perspective, the management of *Paripluta Yonivyapad* should aim at *Vata-Pitta shamana*, *Shothahara*, *Vedanasthapana*, *Yoni shodhana*, and *Ropana*.^[7] In *Vangsen Strirogadhikar Guduchyadi ghrita* is described for *Vataja yoniroga 'Yonivatavikaraghno garbhadaḥ paramo bhavet'*.^[8] Similarly, *Panchavalkala Kwatha*, widely used for *Yoni Prakshalana*, possesses *Kashaya rasa*, *Shodhana*, *Ropana*, *Stambhana*,^[9] *Panchavalkala* is described in *Paripluta yonivyapada* according to *Aacharya Charak*. According to *Ashtangasangrah Panchavalkalaiḥ, kashayaih sadhitat snehat paryupaplutatayoḥ*.^[10]

Hence, the present case series of six patients was undertaken to evaluate the clinical effect of *Guduchyadi Ghrita* with *Panchavalkala Kwatha Yoni Prakshalana* in the management of *Paripluta Yonivyapad* (Pelvic Inflammatory Disease). The therapeutic outcome was assessed based on symptomatic relief, clinical examination findings, and ultrasonographic changes before and after treatment.

Patient Information

A total of six female patients diagnosed clinically and ultrasonographically with Pelvic Inflammatory Disease (PID), correlated with *Paripluta Yonivyapad* in Ayurveda, were included in this case series. All patients attended the OPD with varying complaints of lower abdominal pain, vaginal discharge, backache, dyspareunia, weakness, and associated pelvic tenderness. Most of the patients had a chronic or recurrent history of symptoms, indicating long-standing pelvic inflammatory pathology.

All patients were in the reproductive age group (27–36 years) and had no major reported systemic illness interfering with treatment. Detailed clinical history, pelvic examination, and ultrasonographic findings were recorded before initiation of therapy and reassessed after completion of treatment.

Case 1

A 27-year-old female attended the OPD with complaints of Severe lower abdominal pain, backache, white discharge, dyspareunia, fever. On pelvic examination, cervical motion tenderness (CMT) and adnexal tenderness were found to be positive. Ultrasonography was suggestive of PID.

She was treated with *Guduchyadi Ghrita* 5ml twice daily with milk along with *Panchavalkala Kwatha Yoni Prakshalana* for 7 days. After one month of treatment, the patient reported relief in abdominal pain and backache, and vaginal discharge was absent. On follow-up examination, CMT and adnexal tenderness became negative. Follow-up USG showed no abnormality.

Case 2

A 32-year-old female presented with complaints of chronic white vaginal discharge for one year along with lower abdominal pain, backache, dyspareunia, fever. Ultrasonography revealed minimal free fluid in pouch of Douglas (POD) suggestive of PID.

She was managed with *Guduchyadi Ghrita* orally and *Panchavalkala Kwatha Yoni Prakshalana*. After completion of 30 days of treatment, she experienced symptomatic relief. The vaginal discharge subsided completely, and there was no abdominal pain. On examination, CMT and adnexal tenderness were absent. Repeat USG showed normal pelvic findings with no free fluid in POD.

Case 3

A 36-year-old female attended the OPD with complaints of white vaginal discharge, burning micturition, fever and lower abdominal discomfort for 1 month. Her ultrasonography showed minimal free fluid in POD, suggestive of PID. Her baseline hemoglobin was 9.5g/dl.

She was advised *Guduchyadi Ghrita* 5ml twice daily with milk and *Panchavalkala Kwatha Yoni Prakshalana*. After one month, the patient reported resolution of pain and discharge. Burning micturition was relieved, and pelvic examination showed CMT negative, adnexal tenderness became negative. Follow-up USG revealed a normal uterus and no free fluid in POD. Her hemoglobin improved from 9.5 g/dl to 10.7g/dl.

Case 4

A 29-year-old female attended the OPD with complaints of chronic vaginal discharge for 3–4 years, associated with lower abdominal pain, backache, dyspareunia and fever. On pelvic examination, CMT and adnexal tenderness were positive, indicating active pelvic inflammation.

She was treated with *Guduchyadi Ghrita* internally and *Panchavalkala Kwatha Yoni Prakshalana* locally. After one month of treatment, the patient experienced complete symptomatic relief. She reported absence of fever, abdominal pain, and discharge. On follow-up examination, CMT and adnexal tenderness became negative.

Case 5

A 34-year-old female presented with complaints of long-standing lower abdominal pain for five years, associated with vaginal discharge, backache, fever. On examination, cervical inflammation was noted. Ultrasonography showed mild free fluid in POD, suggestive of PID.

She underwent treatment with *Guduchyadi Ghrita* and *Panchavalkala Kwatha Yoni Prakshalana*.

Following 30 days of treatment, the patient reported complete relief from pain and discharge. Clinical examination was within normal limits. Follow-up USG showed no significant abnormality, and Pap smear findings were NILM (Negative for Intraepithelial Lesion or Malignancy).

Case 6

A 33-year-old female attended the OPD with complaints of lower abdominal pain for seven months and mucopurulent vaginal discharge, dyspareunia,

fever, backache. Ultrasonography showed free fluid in POD, suggestive of PID. On examination, CMT and adnexal tenderness were positive.

She was treated with *Guduchyadi Ghrita* 5 ml twice daily with milk along with *Panchavalkala Kwatha Yoni Prakshalana*. After one month, she reported marked relief in pain and absence of vaginal discharge. Follow-up pelvic examination revealed CMT and adnexal tenderness negative, and repeat USG showed no fluid in POD.

Table 1: Baseline Patient Characteristics

Case No.	Age / Sex	Chief Complaints	Duration	Clinical Findings	USG Findings
Case 1	27/F	Severe lower abdominal pain, backache, white discharge, dyspareunia, fever	2 months	CMT (+), Adnexal tenderness (+)	Suggestive of PID (13/08/2025)
Case 2	32/F	Chronic white discharge, abdominal pain, backache, dyspareunia, fever	1 year	CMT (+), Adnexal tenderness (+)	Minimal free fluid in POD. PID? (27-10-2025)
Case 3	36/F	White discharge, backache, burning micturition, abdominal discomfort, fever	1 month	CMT (+), Adnexal tenderness (+)	Minimal free fluid in POD (02/08/2025)
Case 4	29/F	Chronic discharge, fever, abdominal pain, backache, dyspareunia	3-4 years	CMT (+), Adnexal tenderness (+)	Suggestive of PID (03/11/25)
Case 5	34/F	Long-standing abdominal pain, discharge, backache	5 years	CMT (+), Adnexal tenderness (+)	Mild free fluid in POD (19/09/25)
Case 6	33/F	Lower abdominal pain, mucopurulent discharge, dyspareunia, fever, backache	7 months	CMT (+), Adnexal tenderness (+)	Free fluid in POD (20/07/25)

Table 2: Treatment Administered

Intervention	Dose / Method	Duration
<i>Guduchyadi Ghrita</i>	5 ml twice daily with milk before food	30 days
<i>Panchavalkala Kwatha Yoni Prakshalana</i>	Local vaginal irrigation / <i>Prakshalana</i>	7 days

Table 3: Clinical Outcome After Treatment

Case No.	Symptomatic Relief	Pelvic Examination After Treatment	USG Follow-up
Case 1	Pain and discharge absent	CMT (-), Adnexal tenderness (-)	No abnormality (16/09/2025)
Case 2	Chronic white discharge, abdominal pain, dyspareunia, fever absent	CMT (-), Adnexal tenderness (-)	No free fluid in POD (3/12/2026)
Case 3	Pain, discharge, backache, and burning micturition relieved	CMT (-), Adnexal tenderness (-)	Normal uterus, no free fluid in POD (19/09/2025)
Case 4	No fever, no pain, no discharge no backache, no dyspareunia.	CMT (-), Adnexal tenderness (-)	No free fluid in POD (10-12-2025)
Case 5	No lower abdomen pain, no discharge, no backache, fever	CMT (-), Adnexal tenderness (-)	No significant abnormality (24/10/25)
Case 6	Pain relieved, no discharge, no dyspareunia, fever, backache	CMT (-), Adnexal tenderness (-)	No fluid in POD (28/08/25)

Diagnosis

According to modern gynecological evaluation, all the six cases were diagnosed with Pelvic Inflammatory Disease (PID) on the basis of presenting complaints, per vaginal examination findings, and ultrasonographic evidence such as cervical motion tenderness, adnexal tenderness, mucopurulent discharge, and free fluid in the pouch of Douglas (POD).

Based on the *Lakshanas* of *Paripluta Yonivyapad* described in Ayurvedic classics, all six cases were correlated with *Paripluta Yonivyapad*, predominantly involving *Vata-Pitta Dushti*, with associated *Kapha* involvement in cases presenting with chronic white discharge, mucopurulent discharge, and heaviness.

Therapeutic Interventions

The treatment was initiated immediately after clinical diagnosis and ultrasonographic confirmation of *Paripluta Yonivyapad* (Pelvic Inflammatory Disease). The intervention was planned to address both the systemic pathology and the local pelvic inflammatory process.

The treatment protocol consisted of:

- Internal medication for systemic correction of *Vata-Pitta dushti*.
- Local therapy (*Yoni Prakshalana*) for reducing discharge, inflammation, and local tenderness.
- Dietary and hygienic advice to support healing and prevent recurrence.

Guduchyadi Ghrita was administered orally 5ml twice daily with milk before food for 30 days as the principal internal medicine because of its *Yoni vatavikaraghno* properties. *Panchavalkala Kwatha Yoni Prakshalana* was advised as local therapy for 7 days because of its *Kashaya rasa*, *Shothahara*, *Vrana shodhana* actions.

The treatment was continued for 30 days, and patients were assessed clinically before and after therapy.

Supportive Advice Given

All patients were advised the following supportive measures during the treatment period:

- Maintenance of local genital hygiene.
- Avoidance of sexual intercourse during active symptoms.
- Avoidance of spicy, excessively sour, oily, and fermented foods.
- Consumption of light, easily digestible diet.
- Adequate rest and hydration.
- Avoidance of day sleep and suppression of natural urges.

Therapeutic Rationale

The line of treatment was planned on the basis of *Vata-Pitta* predominant *Yonivyapad*, *Guduchyadi Ghrita* was selected for its probable actions as:

- *Vata-Pitta shamaka*
- *Yonivatavikaraghno garbhadaḥ paramo bhavet*
- It helps in reducing pelvic pain, inflammation, and improving tissue healing.

Panchavalkala Kwatha was used locally because of its:

- *Kashaya rasa* dominant action
- *Stambhana*
- *Shodhana*
- *Ropana*
- *Krimighna*

It was helpful in reducing:

- Vaginal discharge
- Local inflammation
- Cervical congestion
- Tenderness and irritation

Follow-up and Outcome

Follow-up was conducted two times during the treatment period and at the end of therapy after assessing improvement in the classical signs and symptoms of *Paripluta Yonivyapad* (Pelvic Inflammatory Disease). Evaluation was done on the basis of both subjective and objective parameters. Subjective assessment included lower abdominal pain, vaginal discharge, backache, dyspareunia, weakness, and associated complaints. Objective assessment included cervical motion tenderness (CMT), adnexal tenderness, and ultrasonographic (USG) findings.

A marked reduction in the severity of symptoms was observed in all six patients following treatment with *Guduchyadi Ghrita* and *Panchavalkala Kwatha Yoni Prakshalana*. Clinical examination revealed significant improvement, with CMT and adnexal tenderness becoming negative in all cases after completion of therapy. Follow-up USG findings showed resolution of free fluid in the pouch of Douglas (POD) and absence of PID-related abnormalities.

DISCUSSION

In Ayurvedic classics, conditions presenting with *Yoni srava*, *Shoola*, *Daha*, *Vedana* during coitus, and pelvic discomfort are discussed under the context of *Yonivyapad*. Among them, *Paripluta Yonivyapad* shows close resemblance with Pelvic Inflammatory Disease (PID) based on symptomatology and clinical presentation.

It is mainly caused by vitiation of *Vata* and *Pitta dosha*, producing pain, inflammation, tenderness, and abnormal discharge. In chronic and recurrent

conditions, *Kapha* association may also be seen due to persistent *Srava* and *Sthanik dushti*. Therefore, the disease can be understood as a *Tridoshaja* condition with predominance of *Vata* and *Pitta*.

Clinically, PID manifests with lower abdominal pain, vaginal discharge, dyspareunia, backache, fever, cervical motion tenderness, adnexal tenderness, and inflammatory changes in ultrasonography. If not treated properly, it may lead to chronic pelvic pain, recurrent infections, and infertility. In Ayurveda, treatment should be planned according to *Dosha* predominance, chronicity, and site of involvement, while addressing both systemic and local pathology.

In the present case series, all the six patients were diagnosed as *Paripluta Yonivyapad* based on the presenting symptoms like *Shuna*, *Sparsha-akshama*, *Shroni arti*, *Vankshana arti*, *Prshtha arti*, *Jvara* [6] and gynecological findings. Most of the cases showed features suggestive of *Vata-Pitta dushti*, while some chronic presentations also indicated *Kapha* involvement in the form of persistent discharge and long-standing inflammation.

For all the cases, *Guduchyadi Ghrita* was selected as the internal medicine. It was chosen because it is beneficial in conditions associated with inflammation, pain, discharge, tissue irritation, and pelvic pathology. Being a *Ghrita kalpana*, it helps in *Vata pitta dosha shamana*, *Srotoshodhana*, *Dhatu poshana*, and tissue healing. In Vangsen, *Strirogadhikar guduchyadi ghrita* is described for *Vataja yoniroga 'Yonivatavikaraghno garbhadaḥ paramo bhavet'*, thereby helping in chronic and recurrent pelvic inflammatory conditions.

For local therapy, *Panchavalkala Kwatha Yoni Prakshalana* was administered. *Panchavalkala* is well known for its *Kashaya rasa*, *Stambhana*, *Vrana shodhana*, *Ropana*, *Shothahara*, and *Krimighna* properties. Hence, it is effective in reducing vaginal discharge, local inflammation, burning sensation, and tenderness.

The combined use of internal *Shamana* therapy and local *Yoni prakshalana* was found useful in controlling both the systemic and local manifestations of the disease.

In all the six cases, treatment was continued for 30 days, and clinical improvement was assessed based on:

- Lower abdominal pain
- Vaginal discharge
- Backache
- Dyspareunia
- Weakness
- Fever
- Cervical motion tenderness

- Adnexal tenderness
- Ultrasonographic findings

After completion of treatment, symptoms were reduced in each case. Clinical examination showed marked improvement, and follow-up USG also demonstrated resolution of inflammatory changes and free fluid in pouch of Douglas in the affected patients. Throughout the treatment period, the patients maintained good compliance and tolerated the therapy well. No adverse effects were observed. The improvement seen after therapy suggests that this Ayurvedic treatment protocol is beneficial in the management of *Paripluta Yonivyapad*/Pelvic Inflammatory Disease.

CONCLUSION

Paripluta Yonivyapad can be effectively managed by adopting an Ayurvedic line of treatment according to the *Dosha* involvement and clinical presentation. The primary objectives of management are to reduce pelvic inflammation, relieve pain and vaginal discharge, improve local tissue health, and prevent recurrence. The treatment plan is mainly directed towards the vitiation of *Vata* and *Pitta Dosha*, which are predominantly involved in this condition.

In the present case series, it was observed that the treatment protocol comprising *Guduchyadi Ghrita* and *Panchavalkala Kwatha Yoni Prakshalana* was safe, effective, and well tolerated. The therapeutic approach works by providing both systemic and local action, thereby offering symptomatic relief as well as correction of the underlying pathology. The management focuses on restoring the balance of *Vata* and *Pitta*, reducing *Shotha* (inflammation), *Srava* (discharge), and *Vedana* (pain), while promoting healing of the reproductive tract.

Ayurvedic treatment not only aims at the *Shamana* of aggravated *Doshas* but also supports the maintenance of a healthy reproductive environment and proper tissue metabolism. The clinical improvement observed in subjective symptoms such as lower abdominal pain, vaginal discharge, backache, and dyspareunia, along with objective findings such as Cervical Motion Tenderness (CMT), adnexal tenderness, and ultrasonographic changes, suggests the beneficial role of this treatment protocol in the management of PID.

The use of clinical examination and ultrasonographic findings as modern assessment parameters further supports the therapeutic outcome and indicates that Ayurvedic interventions can produce encouraging results in PID management. However, in order to validate and generalize these findings, it is imperative that larger sample-based

studies, randomized controlled trials, and long-term follow-up studies be conducted in the future.

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10. Shivprasad sharma (Edited By) Commentary shashilekha by Indu on ashtang sangrah samhita, uttarsthanam, chapter-39 verse no. 49 Varanasi, chawkhamba publishers

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