Research Article

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A CLINICAL STUDY TO EVALUATE THE EFFICACY OF YOGA BASTI (ERANDA) ALONG WITH PIPPALYADI YOGA ORALLY IN PARIPLUTA YONI VYAPAD WITH SPECIAL REFERENCE TO PELVIC INFLAMMATORY DISEASE (PID)

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ABSTRACT

Introduction: Pelvic Inflammatory Disease (PID) is a common gynaecological disorder characterised by infection and inflammation of the upper female genital tract, often resulting in chronic pelvic pain, dysmenorrhoea, dyspareunia, and reproductive complications. In Ayurveda, the clinical features of PID closely resemble Paripluta Yoni Vyapad, a Vata-Pitta predominant disorder described under Yoni Vyapad. Aim: To evaluate the efficacy of Yoga Basti (Eranda) alone and in combination with oral Pippalyadi Yoga in the management of Paripluta Yoni Vyapad (Pelvic Inflammatory Disease). Materials and Methods: A randomised open-label comparative clinical study was conducted on 30 clinically diagnosed patients with Paripluta Yoni Vyapad (PID). Patients were randomly allocated into two groups of 15 each. Group I received Yoga Basti. Group II received the same Yoga Basti regimen along with oral Pippalyadi Yoga. Subjective parameters included dysmenorrhoea, pelvic pain, lower abdominal pain, etc while objective parameters included abdominal tenderness, per speculum and per vaginal findings, etc. Discussion: Both treatment groups showed statistically highly significant improvement in major subjective symptoms, including dysmenorrhoea, pelvic pain, lower abdominal pain and backache. Significant improvement was also observed in dyspareunia and several objective parameters. Result: Intergroup comparison revealed no statistically significant difference between the two groups ($p>0.05$), indicating comparable therapeutic efficacy. No major adverse effects were observed during the study. Conclusion: Yoga Basti (Eranda), administered alone or with oral Pippalyadi Yoga, was safe and clinically effective in managing Paripluta Yoni Vyapad (PID). Both treatment protocols produced significant symptomatic relief and improvement in clinical findings.

Keywords: Paripluta Yoni Vyapad, Pelvic Inflammatory Disease, Yoga Basti, Eranda Mooladi Niruha Basti, Eranda Taila, Pippalyadi Yoga, Ayurveda.

INTRODUCTION

In the Ayurvedic classics, disorders of the female genital tract are described under the broad heading of Yoni Vyapad. The term Yoni encompasses the entire reproductive system, including internal and external genital organs,[1] while Vyapad denotes pathological conditions arising due to vitiation of Dosha. Acharya Charaka has mentioned 20 types of Yoni Vyapad.[2] Similarly, all other classics in Ayurveda have unanimously agreed on the number of Yoni Vyapad as twenty.[3] Among the twenty Yoni Vyapad (Vimsati Yoni Vyapad), Paripluta Yoni Vyapad occupies a significant place due to its classical description of severe dyspareunia associated with inflammatory features of the reproductive tract.

The term Paripluta is derived from the root words:
"Pari" – all around
"Pluta" – flooded, afflicted, or intensely involved.[4,5]

Thus, Paripluta refers to a condition in which pain and inflammatory features pervade the entire internal and external reproductive organs.

When a woman having predominance of Pitta (either due to her Pitta Prakriti or consumption of diet which aggravates Pitta) withholds her natural urge of sneezing and eructation at the time of coitus, then the vitiated Pitta, mixed with Vayu reaches Yoni (reproductive system) and produces its abnormalities. The Yoni becomes inflamed and tender, and she gets painful menstruation with yellowish or bluish-coloured menstrual blood. She also suffers from pain in lumbosacral and groin region, backache and fever.[6-8]

Sushruta mentioned that in Paripluta Yoni Vyapad, female experiences severe pain during coitus. [8-10] Both Vagbhata have followed Charaka, but they have included heaviness in Basti (urinary bladder) and Kukshi (lower abdomen). Fever, diarrhoea, and anorexia may also be present.[8,10,11]

Pelvic inflammatory disease (PID) 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. It is attributed to the ascending spread of microorganisms from the cervicovaginal canal to the contiguous pelvic structures.

The infection may involve any or all of the following anatomic sites and is described as endometritis, salpingitis, pelvic peritonitis, tubo-ovarian abscess, or parametritis. Cervicitis is not included in the list.[8] The primary organisms are sexually transmitted and limited approximately to N. gonorrhoeae in 30%, Chlamydia trachomatis in 30% and Mycoplasma hominis in 10%.[12]

PID is caused by microorganisms colonising the endocervix and ascending to the endometrium and fallopian tubes. It is a clinical diagnosis implying that the patient has upper genital tract infection and inflammation. The inflammation may be present at any point along a continuum that includes endometritis, salpingitis and peritonitis.[13]

Traditionally, the diagnosis of PID has been based on a triad of symptoms and signs, including pelvic pain, cervical motion and adnexal tenderness and the presence of fever.[14]

Erandamooladi Niruha Basti has Deepaniya and Lekhaniya Guna, and has the ability to kindle digestive and tissue metabolism, remove pathological accumulations, and clear obstructed channels.[15]

Eranda Taila is regarded as one of the most important Sneha Dravya for managing Vata Vyadhi. Sushruta describes Eranda Taila as Madhura, Ushna, Tikshna, Sukshma, Srotovishodhana, Vata-Kaphahara, Yonishukra Vishodhana and Vaya Sthapana, indicating its ability to normalise Vata, cleanse the reproductive system and promote tissue rejuvenation.[16]

Pippalyadi Yoga contains Pippali, Kunchika (Methika), Ajaji, Vrishaka, Vacha, Ajamoda, Chitraka, Yava Kshara, Saindhava Lavana and Sharkara, which collectively possess Deepana, Pachana, Vata-Kapha Shamana, Shoolahara and Srotoshodhana properties.[17] These actions make the formulation particularly suitable for the management of Paripluta Yoni Vyapad, where Ama, Vata-Pitta vitiation, Shotha and Srotorodha are the principal pathogenic factors.

Aims: Clinical evaluation of effect of Yoga Basti (Eranda) along with Pippalyadi Yoga orally in the management of Paripluta Yoni Vyapad (PID).

Objectives

1. To evaluate the therapeutic efficacy of Yoga Basti in Paripluta Yoni Vyapad (PID).
2. To evaluate the therapeutic efficacy of Yoga Basti along with Pippalyadi Yoga orally in Paripluta Yoni Vyapad (PID).
3. To compare the therapeutic efficacy of both groups.
4. To know the adverse effects of both drugs, if any.

Inclusion Criteria

- Patients who gave consent and are able to participate in the trial.
- Patients aged 20-40 years.
- Clinically diagnosed patients who meet the symptomatic criteria of Paripluta Yoni Vyapad (PID).
- Married patients.

Exclusion Criteria

- Pregnancy
- Age - Less than 20 years & more than 40 years.
- Genital malignancies.
- Diabetic and severely anaemic patients
- HIV Infection, Gonorrhoea, Syphilis, Genital Herpes, Genital warts.
- Unmarried

Study Design: Randomised open-label comparative clinical study

Place of study: O.P.D & I.P.D of PG Department of Stree Roga Evum Prasuti Tantra, Rajiv Gandhi Govt. Postgraduate Ayurvedic College and Hospital, Paprola, Kangra, Himachal Pradesh, India.

Sample size (Number of patients): 30

Number of groups: 2
Group I: Yoga Basti with Eranda Mooladi Niruha Basti followed by Eranda Taila Anuvasana Basti.
Group II: Yoga Basti with Eranda Mooladi Niruha Basti, followed by Eranda Taila Anuvasana Basti, along with Pippalyadi Yoga in oral administration of the drug.

A total of 36 patients with PID were included in the clinical study, and 30 successfully completed the trial; the remaining 6 were considered dropouts. The 36 patients were randomly divided into 2 groups, Group I and Group II, with 18 patients in each group.

Criteria of Assessment
Overall score of each symptom was recorded as follows:
1. Absence of symptoms 0
2. Presence in mild degree 1
3. Presence in moderate degree 2
4. Presence in severe degree 3
5. Presence in very severe degree/worst 4

All the subjects registered for the trial were assessed on the basis of subjective parameters and objective parameters.

Level of pain was measured using the VAS score and Numeric Rating Scale for pain
Pain intensity levels were assessed at the time of initiation of the trial and periodically thereafter.

Subjective Parameters

Specific Symptoms
Assessment Based on Pain
1. Vedana Yukta Rakta Srava (Dysmenorrhoea)
2. Shroni Vedana (Pelvic Pain)
3. Bankshyan Vedana (Pain in lower abdomen)
4. Prishtha Vedana (Pain in lower back)
5. Gramya Dharma Ruja (Dyspareunia)
6. Artavasrava (Menorrhagia) (Assessed on the basis of PBAC Score)

Objective Parameters

Per Abdomen

On palpation (Lower Abdomen)

a. On superficial palpation	
1. Sparsha Asahya on Hypogastric region (Tenderness)	Absent/Present
2. Sparsha Asahya on bilateral iliac region	Absent/Present
b. On deep palpation	
1. Sparsha Asahya on Hypogastric region (Tenderness)	Absent/Present
2. Sparsha Asahya on bilateral iliac region	Absent/Present
3. Tender Pelvic Mass	Absent/Present

Per Speculum

1. Volume of discharge	Normal (1-4 ml)
	Abnormal (more than 4 ml)
2. Colour of discharge	White or clear
	Grey White
	Yellowish
	Greenish
3. Type of discharge	Mucoid
	Floccular
	Curdy White
	Mucopurulent
	Homogenous
4. Congestion of cervix and vaginal wall	Absent/ Present

Per Vaginum Examination

1. Garbha Mukha Sparsha Asahya (Cervical Motion Tenderness)	Absent/Present
2. Garbhashaya Sparsha Asahya (Uterine Tenderness)	Absent/Present
3. Upangiye Sparsha Asahya (Adnexal Tenderness)	Absent/Present

Lab Investigations

1. Blood Tests: CBC, ESR, LFT, FBS, CRP
2. VDRL, HIV, HBsAg, HCV
3. Urine: Routine and Microscopic examination.
4. Pap smear
5. Wet mount test
6. Ultrasound Scan (Pelvis)
7. CBNAAT of vaginal discharges
8. Triple swab test (High vagina, endocervix, urethra), EB (if required)

Statistical Analysis

The data obtained during the clinical study were compiled, tabulated, and statistically analysed to evaluate the efficacy of the therapeutic interventions. Quantitative data are expressed as Mean, Standard Deviation (SD) and Standard Error (SE). The statistical significance of the changes observed within each treatment group (before treatment and after treatment) was assessed using the "paired Student's t-test".

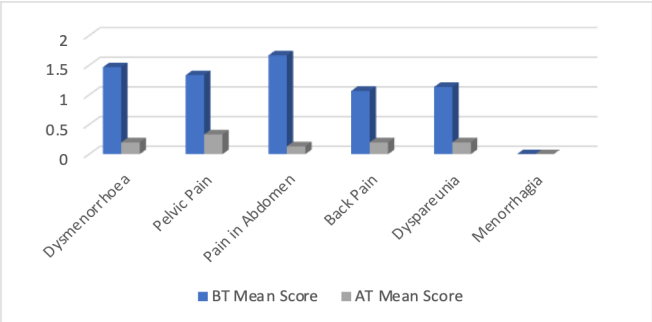
OBSERVATIONS AND RESULTS

Of 36 patients, 30 completed the clinical trial, and 6 were dropouts. Clinical data of the patients who completed the study are presented below:

Effect of Therapy on Subjective Parameters: Group I

Statistical Analysis of Subjective Parameters (BT vs AT)

Criteria	Mean Score		Mean diff.	%	S.D.	S.E.	t- value	p- value	Result
	Before	After							
Vedana Yukta Rakta Srava (Dysmenorrhoea)	1.467	0.267	1.200	81.80%	0.676	0.175	6.874	<0.001	H.S.
Shroni Vedana (Pelvic Pain)	1.333	0.333	1.000	75.02%	0.655	0.169	5.916	<0.001	H.S.
Bankshyan Vedana (Pain in Abdomen)	1.667	0.200	1.467	88.00%	0.743	0.192	7.643	<0.001	H.S.
Prishtha Vedana (Back Pain)	1.067	0.267	0.800	75.98%	0.676	0.175	4.583	<0.001	H.S.
Gramya Dharma Ruja (Dyspareunia)	1.133	0.267	0.867	76.43%	0.834	0.215	4.026	<0.001	H.S.
Artavasrava (Menorrhagia)	0.000	0.000	0.000	0.000%	0.000	0.000	0.000	0.000	N/A



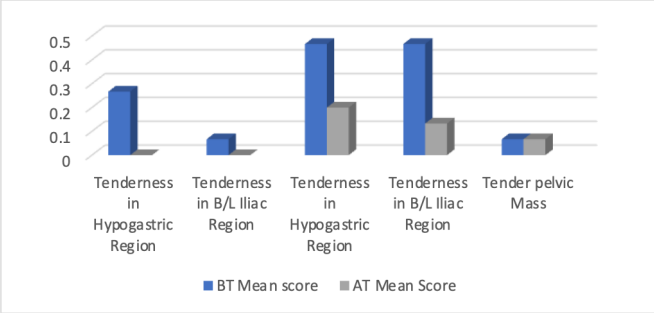
Bar Diagram: The mean scores of the assessed subjective parameters before treatment and after treatment, highlighting the changes observed following therapy.

Effect of Therapy on Objective Parameters: Group I

Statistical Analysis of Objective Parameters (BT vs AT)

Per Abdomen Examination

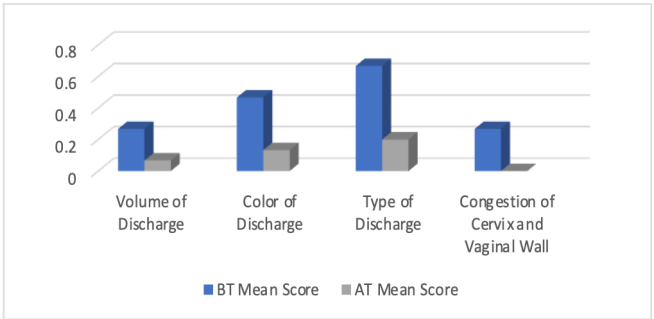
Criteria	Mean Score		Mean diff.	%	S.D.	S.E.	t- value	p- value	Result
	Before	After							
Tenderness in Hypogastric Region (On Superficial Palpation)	0.267	0.000	0.267	100%	0.458	0.118	2.256	<0.05	S
Tenderness in B/L Iliac Region	0.067	0.000	0.067	100%	0.258	0.067	1.000	>0.05	N.S.
Tenderness in Hypogastric Region (On Deep Palpation)	0.467	0.200	0.267	57.17%	0.458	0.118	2.256	<0.05	S
Tenderness in B/L Iliac Region	0.467	0.133	0.333	71.52%	0.488	0.126	2.646	<0.05	S
Tender Pelvic Mass	0.067	0.067	0.000	0.00%	0.000	0.000	0.000	-	N.S.



Bar Diagram: The mean scores of the assessed objective parameters before treatment and after treatment, highlighting the changes observed following therapy.

Per Speculum Examination

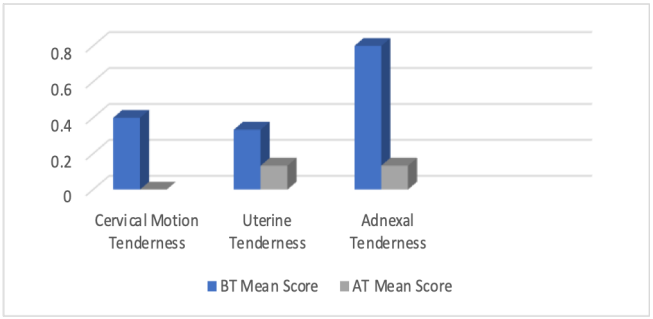
Criteria	Mean Score		Mean diff.	%	S.D.	S.E.	t- value	p- value	Result
	Before	After							
Volume of Discharge	0.267	0.133	0.133	50.19%	0.516	0.133	1.000	>0.05	N.S.
Color of Discharge	0.467	0.267	0.200	42.83%	0.561	0.145	1.382	>0.05	N.S.
Type of Discharge	0.667	0.200	0.467	70.01%	0.516	0.133	3.500	<0.05	S
Congestion of Cervix and Vaginal Wall	0.267	0.067	0.200	74.91%	0.414	0.107	1.871	>0.05	N.S.



Bar Diagram: The mean scores of the per speculum examination assessed before treatment and after treatment, highlighting the changes observed following therapy.

Per Vaginal Examination

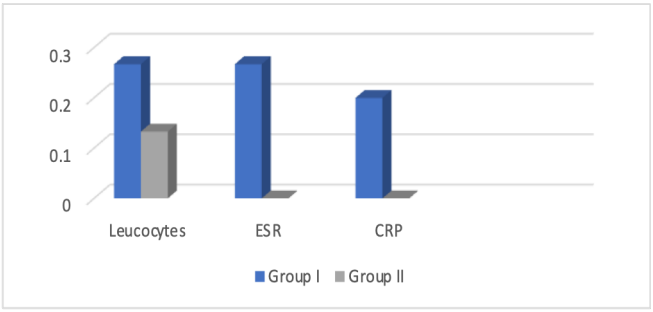
Criteria	Mean Score		Mean diff.	%	S.D.	S.E.	t- value	p- value	Result
	Before	After							
Cervical Motion Tenderness	0.400	0.067	0.333	83.25%	0.488	0.126	2.646	<0.05	S
Uterine Tenderness	0.333	0.133	0.200	60.06%	0.414	0.107	1.871	>0.05	N.S.
Adnexal Tenderness	0.800	0.200	0.600	75.00%	0.507	0.131	4.583	<0.001	H.S.



Bar Diagram: The mean scores of the per vaginal examination before treatment and after treatment, highlighting the changes observed following therapy.

Lab Investigations

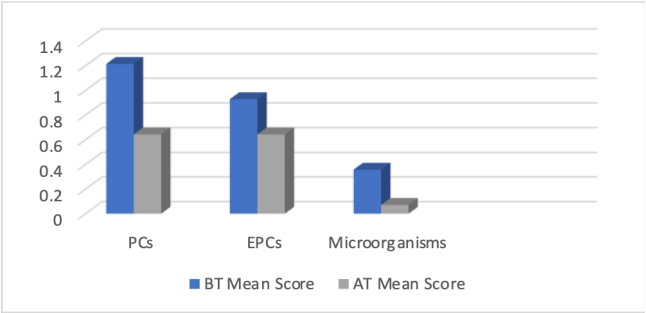
Criteria	Mean Score		Mean diff.	%	S.D.	S.E.	t- value	p- value	Result
	Before	After							
Leucocytes	0.267	0.133	0.133	50.19%	0.352	0.091	1.468	>0.05	N.S.
ESR	0.267	0.000	0.267	100%	0.458	0.118	2.256	<0.05	S
CRP	0.200	0.000	0.200	100%	0.414	0.107	1.871	>0.05	N.S.



Bar Diagram: The mean scores of the lab investigations before treatment and after treatment, highlighting the changes observed following therapy.

Wet Mount

Wet Mount	Mean Score		Mean diff.	%	S.D.	S.E.	t- value	p- value	Result
	Before	After							
PCs	0.467	0.267	0.200	42.83%	0.414	0.107	1.871	>0.05	N.S.
EPCs	0.667	0.467	0.200	30.00%	0.414	0.107	1.871	>0.05	N.S.
Microorganisms	0.333	0.200	0.133	40.00%	0.352	0.091	1.468	>0.05	N.S.

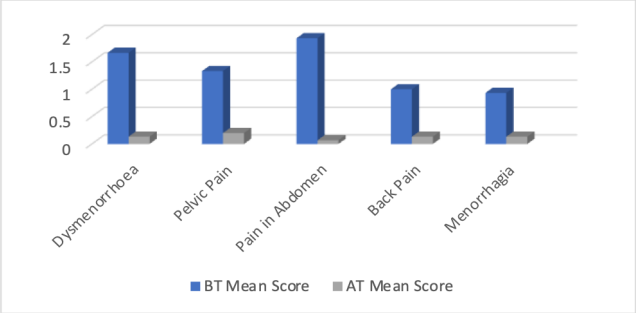


Bar Diagram: The mean scores of the wet mount test before treatment and after treatment, highlighting the changes observed following therapy.

Effect of Therapy on Subjective Parameters: Group II

Statistical Analysis of Subjective Parameters (BT vs AT)

Criteria	Mean Score		Mean diff.	%	S.D.	S.E.	t- value	p- value	Result
	Before	After							
Vedana Yukta Rakta Srava (Dysmenorrhoea)	1.667	0.200	1.467	88.00%	0.743	0.192	7.643	<0.001	H.S.
Shroni Vedana (Pelvic Pain)	1.333	0.200	1.133	85.00%	0.516	0.133	8.500	<0.001	H.S.
Bankshyan Vedana (Pain in Abdomen)	1.933	0.133	1.800	93.12%	0.676	0.175	10.311	<0.001	H.S..
Prishtha Vedana (Back Pain)	1.000	0.200	0.800	80.00%	0.676	0.175	4.583	<0.001	H.S.
Gramya Dharma Ruja (Dyspareunia)	0.933	0.200	0.733	78.56%	0.961	0.248	2.955	<0.05	S
Artavasrava (Menorrhagia)	0.000	0.000	0.000	0.000%	0.000	0.000	0.000	0.000	N/A



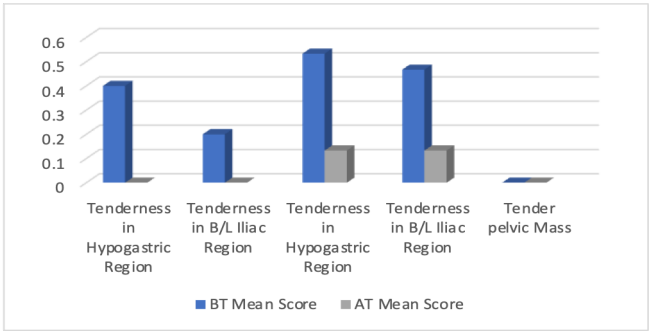
Bar Diagram: The mean scores of the assessed subjective parameters before treatment and after treatment, highlighting the changes observed following therapy.

Effect of Therapy on Objective Parameters: Group II

Statistical Analysis of Objective Parameters (BT vs AT)

Per Abdomen Examination

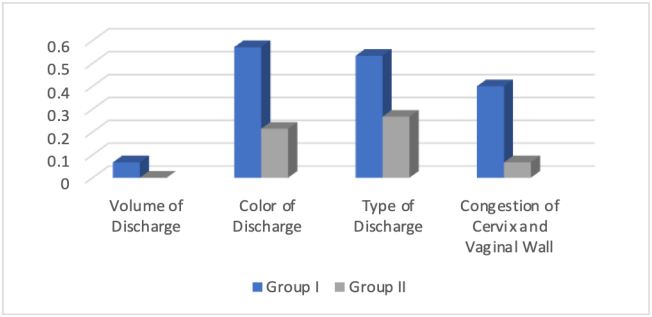
Criteria	Mean Score		Mean diff.	%	S.D.	S.E.	t- value	p- value	Result
	Before	After							
Tenderness in Hypogastric Region (On Superficial Palpation)	0.400	0.000	0.400	100%	0.507	0.131	3.055	<0.05	S
Tenderness in B/L Iliac Region (On Superficial Palpation)	0.200	0.000	0.200	100%	0.414	0.107	1.871	>0.05	N.S.
Tenderness in Hypogastric Region (On Deep Palpation)	0.533	0.200	0.333	62.48%	0.488	0.126	2.646	<0.05	S
Tenderness in B/L Iliac Region (On Deep Palpation)	0.467	0.133	0.333	71.52%	0.488	0.126	2.646	<0.05	S
Tender Pelvic Mass	0.000	0.000	0.000	0.00%	0.000	0.000	0.000	-	-



Bar Diagram: The mean scores of the assessed objective parameters before treatment and after treatment, highlighting the changes observed following therapy.

Per Speculum Examination

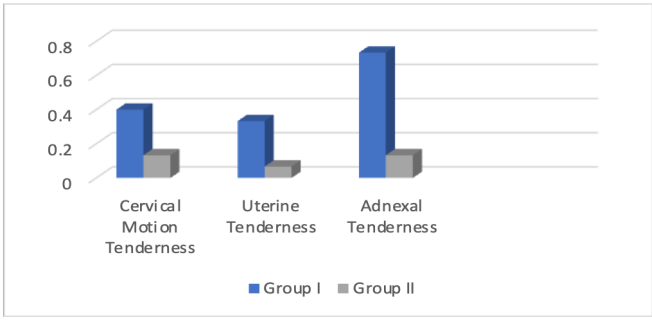
Criteria	Mean Score		Mean diff.	%	S.D.	S.E.	t- value	p- value	Result
	Before	After							
Volume of Discharge	0.400	0.200	0.200	50.00%	0.414	0.107	1.871	>0.05	N.S.
Color of Discharge	0.467	0.267	0.200	42.83%	0.414	0.107	1.871	>0.05	N.S.
Type of Discharge	0.533	0.333	0.200	37.52%	0.561	0.145	1.382	>0.05	N.S.
Congestion of Cervix and Vaginal Wall	0.400	0.200	0.200	50.00%	0.414	0.107	1.871	>0.05	N.S.



Bar Diagram: The mean scores of the per speculum examination assessed before treatment and after treatment, highlighting the changes observed following therapy.

Per Vaginal Examination

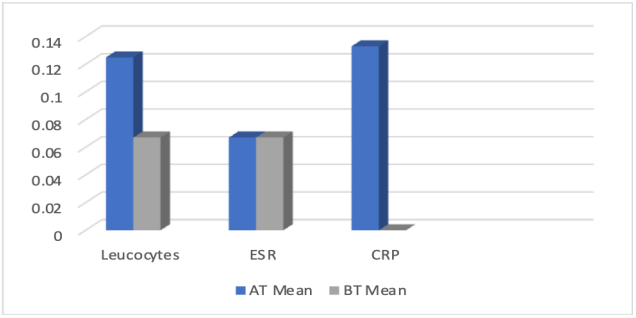
Criteria	Mean Score		Mean diff.	%	S.D.	S.E.	t- value	p- value	Result
	Before	After							
Cervical Motion Tenderness	0.467	0.133	0.333	71.52%	0.488	0.126	2.646	<0.05	S
Uterine Tenderness	0.333	0.133	0.200	60.06%	0.414	0.107	1.871	>0.05	N.S.
Adnexal Tenderness	0.733	0.133	0.600	81.86%	0.507	0.131	4.583	<0.001	H.S.



Bar Diagram: The mean scores of the per vaginal examination before treatment and after treatment, highlighting the changes observed following therapy.

Lab Investigations

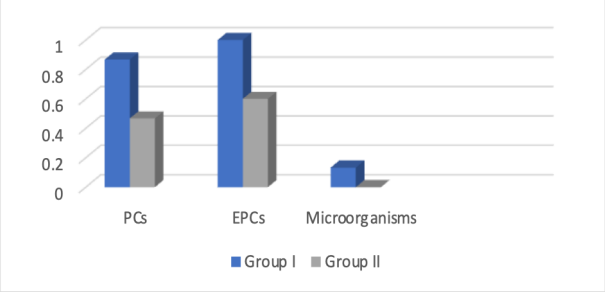
Criteria	Mean Score		Mean diff.	%	S.D.	S.E.	t- value	p- value	Result
	Before	After							
Leucocytes	0.133	0.067	0.067	49.62%	0.258	0.067	1.000	>0.05	N.S.
ESR	0.133	0.067	0.067	49.62%	0.258	0.067	1.000	>0.05	N.S.
CRP	0.133	0.000	0.133	100%	0.352	0.091	1.468	>0.05	N.S.



Bar Diagram: The mean scores of the lab investigations before treatment and after treatment, highlighting the changes observed following therapy.

Wet Mount

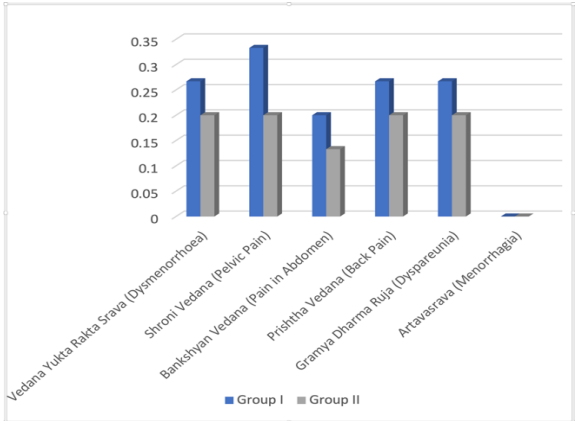
Wet Mount	Mean Score		Mean diff.	%	S.D.	S.E.	t- value	p- value	Result
	Before	After							
PCs	0.467	0.267	0.200	42.83%	0.414	0.107	1.871	>0.05	N.S.
EPCs	0.400	0.200	0.200	50.00%	0.561	0.145	1.382	>0.05	N.S.
Microorganisms	0.200	0.067	0.133	66.50%	0.352	0.091	1.468	>0.05	N.S.



Bar Diagram: The mean scores of the wet mount test before treatment and after treatment, highlighting the changes observed following therapy.

Intergroup Comparison of Subjective Criteria in 15 Patients of Group I And 15 Patients of Group II

Criteria	Mean Score		Mean diff.	S.D Group I	S.D Group II	S.E Group I	S.E Group II	t- value	p- value	Result
	Group I	Group II								
Vedana Yukta Rakta Srava (Dysmenorrhoea)	1.200	1.467	-0.267	0.676	0.743	0.175	0.192	-1.028	>0.05	N.S
Shroni Vedana (Pelvic Pain)	1.000	1.133	-0.133	0.655	0.516	0.169	0.133	-0.619	>0.05	N.S.
Bankshyan Vedana (Pain in Abdomen)	1.467	1.800	-0.333	0.743	0.676	0.192	0.175	-1.285	>0.05	N.S
Prishtha Vedana (Back Pain)	0.800	0.800	0.000	0.676	0.676	0.175	0.175	0.000	>0.05	N.S
Gramya Dharma Ruja (Dyspareunia)	0.867	0.733	0.133	0.834	0.961	0.215	0.248	0.406	>0.05	N.S
Artavasrava (Menorrhagia)	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	N/A

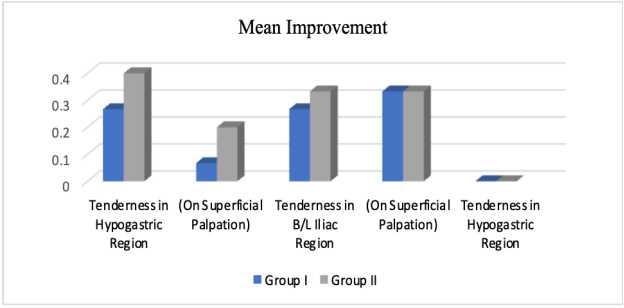


Bar Diagram: The mean AT scores of subjective parameters of both groups, indicating the non-significant results, showing both groups had comparable clinical efficacy.

Per Abdomen Examination

Intergroup Comparison of Objective Criteria in 15 Patients of Group I and 15 Patients of Group II

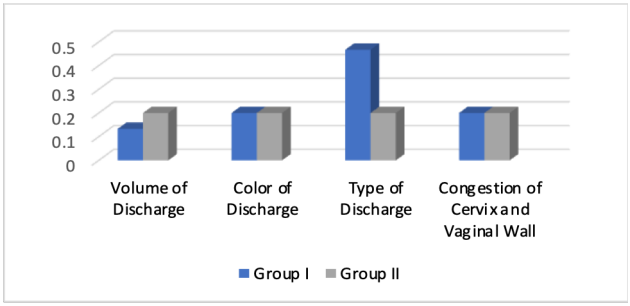
Criteria	Mean Improvement Group I	Mean Improvement Group II	p- value	Result
Tenderness in Hypogastric Region (On Superficial Palpation)	0.267	0.400	>0.05	N.S.
Tenderness in B/L Iliac Region (On Superficial Palpation)	0.067	0.200	>0.05	N.S.
Tenderness in Hypogastric Region (On Deep Palpation)	0.267	0.333	>0.05	N.S.
Tenderness in B/L Iliac Region (On Deep Palpation)	0.333	0.333	>0.05	N.S.
Tender Pelvic Mass	0.000	0.000	0.000	N.A.



Bar Diagram: The mean AT scores of objective parameters of both groups, indicating non-significant results and showing that both groups had comparable clinical efficacy.

Per Speculum examination

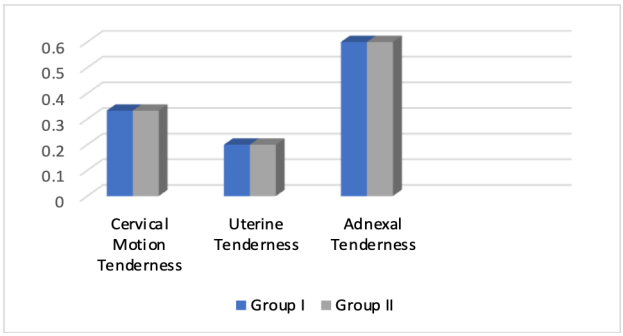
Criteria	Mean Improvement Group I	Mean Improvement Group II	p- value	Result
Volume of Discharge	0.133	0.200	>0.05	N.S.
Colour of Discharge	0.200	0.200	>0.05	N.S.
Type of Discharge	0.467	0.200	>0.05	N.S.
Congestion of Cervix and Vaginal Wall	0.200	0.200	>0.05	N.S.



Bar Diagram: The bar diagram shows the mean AT scores for the per speculum examination in both groups, indicating non-significant results and comparable clinical efficacy.

Per Vaginal Examination

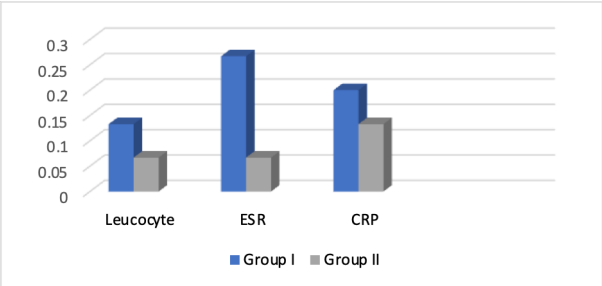
Criteria	Mean Improvement Group I	Mean Improvement Group II	p- value	Result
Cervical Motion Tenderness	0.333	0.333	>0.05	N.S.
Uterine Tenderness	0.200	0.200	>0.05	N.S.
Adnexal Tenderness	0.600	0.600	>0.05	N.S.



Bar Diagram: The bar diagram shows the mean AT scores for per vaginal examination in both groups, indicating non-significant results and comparable clinical efficacy.

Lab Investigations

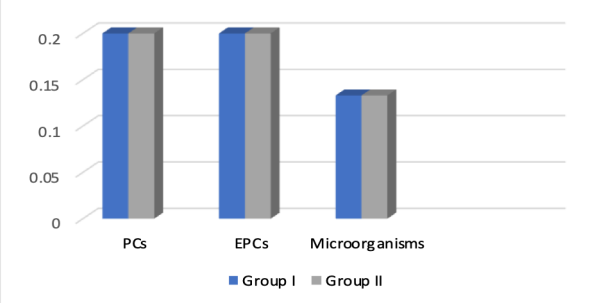
Criteria	Mean Improvement Group I	Mean Improvement Group II	p- value	Result
Leucocyte	0.133	0.067	>0.05	N.S.
ESR	0.267	0.067	>0.05	N.S.
CRP	0.200	0.133	>0.05	N.S.



Bar Diagram: The mean AT scores of lab investigations of both groups, indicating non-significant results and showing that both groups had comparable clinical efficacy.

Wet Mount

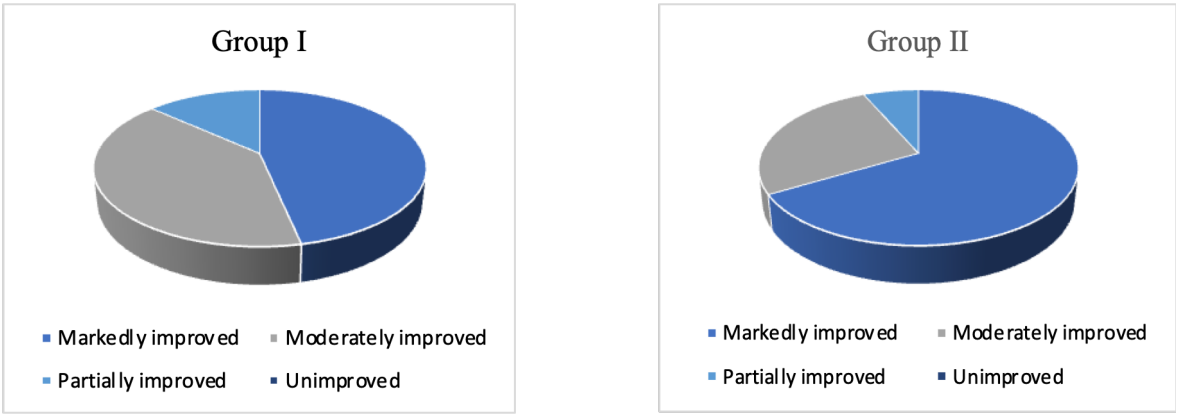
Wet Mount	Mean Improvement Group I	Mean Improvement Group II	p- value	Result
PCs	0.200	0.200	>0.05	N.S.
EPCs	0.200	0.200	>0.05	N.S.
Microorganisms	0.133	0.133	>0.05	N.S.



Bar Diagram: The mean AT scores of wet mount test of both the groups, indicating the non-significant results, showing both the groups had comparable clinical efficacy.

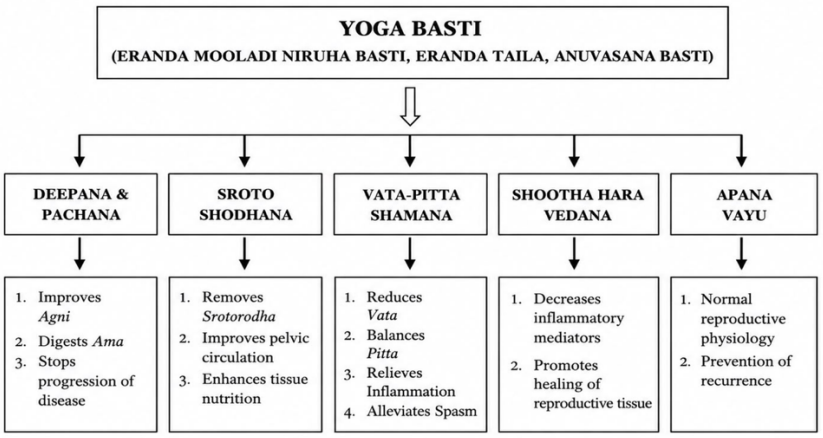
Overall Improvement of both the Groups

Improvement	No. of patient (Group I)	Percentage (Group I)	No. of patient (Group II)	Percentage (Group II)	Total patients	Total %
Markedly improved	07	46.67%	10	66.67%	17	56.67%
Moderately improved	06	40.00%	04	26.67%	10	33.33%
Partially improved	02	13.33%	01	6.67%	03	10.00%
Unimproved	00	00%	00	00%	00	00.00%



Pie Chart: The total % of patients who are markedly improved, moderately improved, partially improved and who remained unimproved.

Mechanism of action of *Yoga Basti*



DISCUSSION

Charaka describes Erandamooladi Niruha Basti as a Deepaniya and Lekhaniya Basti, indicating its ability to kindle digestive and tissue metabolism, remove pathological accumulations, and clear obstructed channels.

Modern pharmacological studies demonstrate that many constituents of Erandamooladi Basti possess potent:
Anti-inflammatory activity, Analgesic activity, Antibacterial action, Antifungal action, Antioxidant property, Immunomodulatory activity, Smooth muscle relaxant effect, etc.[18]

Collectively, these reduce pelvic inflammation, inhibit microbial proliferation, decrease inflammatory mediator release, relieve uterine spasm, and accelerate repair of infected pelvic tissues.

Eranda Taila is regarded as one of the most important Sneha Dravya for managing Vata Vyadhi. Sushruta describes Eranda Taila as Madhura, Ushna, Tikshna, Sukshma, Srotovishodhana, Vata-Kaphahara, Yonishukra Vishodhana and Vaya Sthapana, indicating its ability to normalize Vata, cleanse the reproductive system and promote tissue rejuvenation.[19]

Pippalyadi Yoga is a classical formulation described by Charaka for disorders associated with Yoni Shoola, Gulma, Hridroga and Vata-Kapha predominance. The formulation contains Pippali, Kunchika (Methika), Ajaji, Vrishaka, Vacha, Ajamoda, Chitraka, Yava Kshara, Saindhava Lavana, and Sharkara, which collectively have Deepana, Pachana, Vata-Kapha Shamana, Shoolahara, and Srotoshodhana properties.[20]

Modern pharmacological studies demonstrate that the ingredients of Pippalyadi Yoga possess:
Anti-inflammatory, Antibacterial, Antifungal, Antioxidant activity, Immunomodulatory effects, Analgesic action, Antispasmodic activity.[18]

RESULT

Highly Significant Results were seen in Vedana Yukta Rakta Srava, Shroni Vedana, Bankshyan Vedana, Prishtha Vedana and adnexal tenderness in both groups. The result was highly significant in Gramya Dharma Ruja in Group I patients.

Significant results were seen in Gramya Dharma Ruja in patients of Group II. Along with this, tenderness in the hypogastric region on superficial and deep palpation, tenderness in the b/l iliac region on deep palpation, and cervical motion tenderness were significant in both groups. Additionally, Group I showed significant differences in discharge type and ESR.

No significant difference was seen in tenderness in b/l iliac region on superficial palpation, tender pelvic mass, volume of discharge, colour of discharge, congestion of cervix and vaginal wall, uterine tenderness, leucocyte count, CRP, PCs, EPCs, and microorganisms in wet mount smear in Group I patients.

In Group II, tenderness in the b/l iliac region on superficial palpation, discharge volume, discharge colour, discharge type, congestion of the cervix and vaginal wall, uterine tenderness, leucocyte count, ESR, CRP, PCs, EPCs, and microorganisms in the wet mount smear were non-significant.

Also, the intergroup comparison was non-significant, indicating that both treatment modalities were equally effective in reducing disease symptoms.

No major adverse effects were reported by patients of any group.

CONCLUSION

As the study nears completion, the final conclusion is that Paripluta Yoni Vyapad closely resembles Pelvic Inflammatory Disease (PID) in terms of its clinical features, pathogenesis, and disease progression, based on a detailed review of Ayurvedic and modern literature. Both conditions are characterised by pelvic pain, tenderness, dyspareunia, and inflammatory changes involving the female reproductive organs.

Both treatment groups showed statistically significant improvement in the major subjective symptoms, including Vedana Yukta Rakta Srava (dysmenorrhoea), Shroni Vedana (pelvic pain), Bankshyan Vedana (lower abdominal pain), Prishtha Vedana (low backache), and Gramya Dharma Ruja (dyspareunia), indicating that both treatment protocols were clinically effective. In Group I, 46.67% of patients showed marked improvement, whereas in Group II. 66.67% of patients showed marked improvement. In Group I, 40% of patients improved moderately and 13.33% improved partially; in Group II, 26.67% improved moderately and 6.67% improved partially. The intergroup comparison showed that although Group II achieved better overall % relief, the difference between the two groups was not statistically significant for most assessment parameters. Therefore, both treatment protocols can be

considered clinically effective for managing Paripluta Yoni Vyapad/PID.

In reference to symptoms, 81.80% patient relieved in Vedana Yukta Rakta Srava, 75.02% in Shroni Vedana, 88% in Bankshyan Vedana, 75.98% in Prishtha Vedana, and 76.34% in Gramya Dharma Ruja in Group I. Similarly in Group II, 88% patient relieved in Vedana Yukta Rakta Srava, 85% in Shroni Vedana, 93.12% in Bankshyan Vedana, 80% in Prishtha Vedana, and 78.56% in Gramya Dharma Ruja.

Yoga Basti (Eranda Mooladi Niruha Basti followed by Eranda Taila Anuvasana Basti) proved an effective treatment modality for reducing pain, tenderness, and other clinical manifestations of Paripluta Yoni Vyapad. The therapeutic effect may be attributed to its Deepana, Pachana, Vata-Pitta Shamana, Shothahara, Vedanasthapana, and Srotoshodhana properties, as described in Ayurvedic classics. Adding Pippalyadi Yoga to Yoga Basti produced better overall clinical improvement than Yoga Basti alone. This suggests that the combined therapy may enhance the therapeutic response through its Deepana, Pachana, anti-inflammatory, and Vata-Kapha pacifying actions.

No serious adverse effects or complications were observed during the course of treatment, indicating that both treatment protocols were safe, well tolerated, and acceptable under proper clinical supervision.

The findings of the present study support the role of Ayurvedic management in improving the clinical condition of patients suffering from Paripluta Yoni Vyapad (Pelvic Inflammatory Disease). The combination of Yoga Basti and Pippalyadi Yoga may be considered a useful therapeutic option for reducing pain, inflammation, and associated symptoms while improving the overall quality of life.

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