ISSN: 2322 - 0902 (P)
ISSN: 2322 - 0910 (O)

International Journal of Ayurveda and Pharma Research

Review Article

PELVIC INFLAMMATORY DISEASES- AN AYURVEDIC PERSPECTIVE

Matangee Pandya[1]*, Shilpa Donga[2]

*[1]Ph.D. Scholar, [2]Professor, Department of Prasutitantra Evum Streeroga, Institute of Teaching and Research in Ayurveda, Jamnagar, Gujarat, India.

Article info

Article History:
Received: 27-11-2021
Revised: 20-12-2021
Accepted: 07-01-2022

KEYWORDS:
Anukta Vyadhi, *Adhishtanantarani,* pelvic inflammatory disease, *Samutthana-vishesha.*

ABSTRACT

Pelvic Inflammatory Disease (PID) is responsible for a considerable disease burden and represents an important healthcare issue in worldwide. 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.

INTRODUCTION

Pelvic Inflammatory Diseases (PID) are caused by micro-organisms 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 micro-organisms i.e., Neisseria gonorrhoeae, and Chlamydia trachomatis.[1]

The incidence is about 85% of spontaneous infection in sexually active females of reproductive age. The remaining 15% follow iatrogenic procedures which include endometrial biopsy, uterine curettage, insertion of IUD and hysterosalpingography, which favors the organism to ascends.

Access this article online	
Quick Response Code	
	https://doi.org/10.47070/ijapr.v10i1.2187

Two-thirds are restricted to young women of less than 25 years and the remaining one-third are limited among 30 years or older. [2] Traditionally, the diagnosis of PID is based on a triad of symptoms and signs, including pelvic pain, cervical motion and adnexal tenderness, and the presence of fever. Women are present with wide variation in many signs and symptoms, which makes the difficulty in diagnosis of acute PID. If diagnosis and therapy of PID is delayed, inflammatory sequelae in the upper reproductive tract are spread. Genitourinary tract symptoms may indicate PID, therefore the diagnosis of PID is not limited to lower abdominal pain but associated with excessive vaginal discharge, menorrhagia, metrorrhagia, fever, chills, and urinary symptoms.[3] Sexual partners of women with PID should be evaluated and treated for urethral infection with chlamydia or gonorrhoea. Prevention of PID and recurrent PID is also a public health priority in the present scenario. Clinical signs and symptoms are ignored by clinicians to diagnose due to the lack of minimal or non-invasive diagnostic test that reliably

identifies women with upper genital tract inflammation.

PID is a completely known entity even today, with varying degrees of severity and remains the most common but least understood differential diagnosis affecting women of reproductive age.

Ayurveda equivalent of PID in Ayurveda classics doesn't yield any one disease entity that entirely matches the clinical picture of this condition.

Ayurvedic Methodology

Considering PID as a '*Anukta Vyadhi*' (unexplained disorder), this review attempts to understand the disorder by deriving its *Vikaraprakrti* (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.

This conceptual study was conducted by analysing the information available in classical textbooks, research articles, search engine i.e. google scholar, elsevier, Dhara, Ayush portal, PubMed central, Ovid, science direct, etc. The collected details were critically studied, analyzed, discussed and conclude.

Pelvic Inflammatory Diseases as an *Anukta Vyadhi*

Charaka Samhita explains systemic methodology to approach such *Anukta Vyadhi* which are 3 types of methodology i.e., *Vikara Prakriti*, *Adhisthanantarani*, and *Samutthanavishesha*. *Vikaraprakriti* implies *Vatadi Dosha* (three regulatory functional factors of the body, the state of which determines health and disease) involved in the disease. '*Adhishtanantarani'* refers to the *Rasadi Dhatu* (tissues) and other organs/ structures vitiated in the particular disease. '*Samutthanavishesha'* refers to the etiological factors that lead to the specific *Dosha- Dhatu Dushti* (pathological state).[4]

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 *Deha* means *Yonisthana*/ pelvic cavity where the localized symptoms occur according to the *Dosha* involved.[5] All the *Yonivyapad* cannot occur without the involvement of *Vata*.

***Vikaraprakriti* and *Adhisthanantarani* (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). [6]

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).[7] *Aama* (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, hypomenorrhea, 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*.[8] *Apana Vayu* is located in this region. *Apana Vayu* is moving in the reverse

direction caused by *Vatakopa* due to *Vegadharana* 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*.[9] 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.[10]

Menorrhagia

Menorrhagia is as cyclic bleeding at normal intervals but the bleeding is either excessive in amount (>80ml) or duration (>7 days). 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. [11]

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 involves 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 endo-cervical secretions is a crucial part of the workup of a patient with PID.[12] In women with PID, an 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 the reproductive 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* withholding *Aama* (vitiated *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 *Aamarasa* 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, hydro-salpinx, tortuous tubes or fluid in pouch of Douglas as well as presence of congested adnexa.[13]

With above explanation, *Vikaraprikriti* and *Adhisthanantarani* 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*
Adhisthanantarani	
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).[14] 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*.[15] 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*, *Beejadosha,* and *Daiva*.[16]

***Ahara* (Food):** *Ruksha, Sheeta-Ushna, Amla, Lavana, Kshara, Katu Diet*, *Langhana, Abhojana, Vidhivirahita Bhojana, Adhyashana*

***Vihara* (Lifestyle):** *Vegasandharana, Vamanavirechanaasthapanashirovirechana Atiyoga, Vyayaama, Divaswapna, Abhighata,* repeated 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, oral sex, multiple sex partners, unhygienic sex.

***Rajaswala Paricharya* (Regimen During Menstruation)[18]:** *Rajaswalacharya* 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 is aversion or rather ignorance towards our classical science. The so-called outdated system has lost its importance in today's generation.

***Purvarupa* (Prodromal Features)**

Purvarupa indicates the forthcoming disease.[19] Such prodromal features may be yellowish vaginal discharge, *Kashtartava* (painful menses), mild pelvic pain, and burning in the vaginal region.

***Rupa* (Clinical Features)**

It is the complete manifestation of disease with prominent clinical features.[20] The *Rupa* of PID includes- *Gramyadharme Rujabhrisham* (dyspareunia), *Yonigata Strava* (abnormal vaginal discharge with pain, burning, and itching), *Yonishoola* (Pelvic pain), *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*.[21]

Upashaya, which has *Guna* opposite to *Hetu* and/or *Vyadhi.* Hence, *Vata-Pitta Shamaka Ahara, Vihara*, local (pelvic region) *Abhyanga* (massage)-*Swedana* (hot water 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. [22]

The probable *Samprapti* of PID that can be inferred based on the literary analysis is as follows-

Samprapti of *Yonivyapad* is 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 *Santarpanajanya Ahara* and *Vihara*, the *Annarasa* formed does not undergo proper *Paka* (digestion) by *Rasadhatvagni* and remains *Aamarasa*, which vitiates *Aartavavahasrotas*. The proper functions of *Rasa Dhatu* and *Artava* are compromised.

Aamarasa reaches the pelvic cavity by *Vyanavayu* 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, fallopian tube, ovary, cervix, vagina, and vulva) and leading to various clinical features of the disease in a female of reproductive age, such as *Gramyadharme Rujabhrisham* (dyspareunia), *Yonigata Strava* (abnormal vaginal discharge with pain, burning and itching), *Jwara* (fever) and *Ashrigdara* (menorrhagia).

Another *Samprapti* of the PID depends 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 such as *Pittala Yonivyapad* and *Paripluta Yonivyapad,* which both are created from *Udavartajanya Shotha*.

In *Pittala Yonivyapad*, all the clinical features like burning sensation, fever, white and yellow vaginal discharge are suggestive of acute infection.[23] *Vataprakopa* is responsible for pain while *Pittaprakopa* is responsible for the congestion, tenderness, and burning sensation.

In *Paripluta Yonivyapad*, 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[9] 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.[24]

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-Rasavriddhi,* 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*, *Rasadhatvagnimandya* and *Artvadushti* 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*, *Aamapachaka*, *Shothahara,* and *Yoniprakshalana* with *Yoni Pichu*/ *Yonivarti* should be useful in the management of the condition.

REFERENCES

1. Berek & Novalk. Genitourinary infections and Sexually Transmitted Diseases. In: D. Berek editor. chapter 18, Berek & Novalk's gynecology. New Delhi: Wolters Kluwer India Pvt Ltd, 2015. p-564.
2. D.C.Dutta. Pelvic infection, Epidemology. In:Hiralal Konar editor. Text book of Gynaecology including Contraception. Calcutta: New Central Book Agency (p) Ltd. 2005. p-106.
3. Wolner-Hanssen P, Kiviat NB, Holmes KK, atypical pelvic inflammatory disease: subacute, chronic, or subclinical upper genital tract infection in women.In: Holmes KK, March P-A, sparking PF, edds. Sexually transmitted diseases. New York: McGraw-hill, 1990: 614-620.
4. Chakrapanidatta, commentator, Charaka Samhita, Sutrasthana, Trishothiya Adhyay, 18/46, Varanasi: Chaukhambha Orientalia, 2011; 108.
5. Chakrapanidatta, commentator, Charaka Samhita, chikitsa sthana, Yonivyapad chikitsa Adhyay, 30/115, Varanasi: Chaukhambha Orientalia, 2011; 636.
6. Cdc.gov. [Internet]. Centers for disease control and prevention [last reviewed 4th June, 2015]. Available from: Pelvic Inflammatory Disease (PID) - STI Treatment Guidelines (cdc.gov)
7. Bhaskar govind ghanekar. Sushrut Samhita-Sharirasthana. Dhamanivyakaran shariropkram adhyay. 9/12. New Delhi: Meharchand Lachhmandas publications. 2012; 243.
8. Chakrapanidatta, commentator, Charaka Samhita, chikitsa sthana, Yonivyapad chikitsa Adhyay, 30/115, Varanasi: Chaukhambha Orientalia, 2011; 639.
9. Dalhanaacharya, commentator, Sushrut Samhita, Uttaratantra, Yonivyapat pratishedha Adhyay, 38/10, Varanasi: Chaukhambha Orientalia, 2005; 669.
10. Dalhanaacharya, commentator, Sushrut Samhita, Sharirasthana, Dhamanivyakarana Adhyay, 09/12, Varanasi: Chaukhambha Orientalia, 2005; 386.
11. K.H.Krishnamurthy, Commentator. Bhela Samhita,, Sharira sthana, Shariranichayam adhyay, 5/7, Varanasi: Chaukhambha Vishvabharati. reprint 2008. P.220.
12. Westrom L. Diagnosis and Treatment of Salpingitis. J reprod Med 1983; 28:703-708.
13. Rawat R, Seth S, Rawat R, Garg R, Shukla S, Vishwakarma S. Chronic pelvic pain in women: comparative study between ultrasonography and laparoscopy as diagnostic tool. Int J Reprod Contracept Obstet Gynecol 2014; 3: 998- 1001.
14. Madhavakara,Madhavanidanam, edited by Vaidya Jadavji Trikamji Acharya, 1/4, edition reprint, Varanasi: Chaukhambha Orientalia; 2017.p. 3.
15. Vijayarakshita and Srikanthadatta, Commentators, Madhavanidanam, edited by Vaidya Jadavji Trikamji Acharya, 1/2, edition reprint, Varanasi: Chaukhambha Orientalia; 2017.p. 2.
16. Chakrapanidatta, commentator, Charaka Samhita, chikitsasthana, Yonivyapad chikitsa Adhyay, 30/08, Varanasi: Chaukhambha Orientalia. 2011; 634.
17. Arundatta, commentator, Ashtanghridaya, Uttartantra, Guhyaroga pratishedha adhyaya, 33/27, 28, Varanasi: Chaukhambha Orientalia; 2005; 895.
18. Dr.Bhaskar govind Ghanekar, Sushruta Samhita, Sharira Sthana, 2/27, edition Reprint, New Delhi: Meharchand Lachhamandas publications; 2007, p.31.
19. Agnivesha, Charaka, Drdhabala, Charaka Samhita, edited by Vaidya Jadavji Trikamji Acharya

Acharya, Nidana Sthana, 1/8, edition reprint, Varanasi: Chaukhambha Sanskrit Sansthan; 2017. p. 446.
20. Agnivesha, Charaka, Drdhabala, Charaka Samhita, edited by Vaidya Jadavji Trikamji Acharya Acharya, Nidana Sthana, 1/9, edition reprint, Varanasi: Chaukhambha Sanskrit Sansthan; 2017. p. 251.
21. Vagbhata, Ashtangahrdayam, edited by Pt. Hari Sadashiva Shastri Paradakara, Nidana Sthana, 1/6,7, edition reprint, Varanasi: Chaukhambha Sanskrit Sansthan; 2012. p. 442-43.
22. Vagbhata, Ashtangahrdayam, edited by Pt.Hari Sadashiva Shastri Paradakara, Nidana Sthana, 1/8, edition reprint, Varanasi: Chaukhambha Sanskrit Sansthan; 2012. p. 443.
23. A comprehensive treatise on Striroga (gynecology), Dr.Hemlatha Kapoorchand, chapter 5, Yonivyapad, Varanasi: Chaukhambha Vishvabharati, 1st edition, 2018, p.196.
24. Chakrapanidatta, commentator, Charaka Samhita, chikitsa sthana, Yonivyapad chikitsa Adhyay, 30/23-24, Varanasi: Chaukhambha Orientalia, 2011; 635.

Cite this article as:
Matangee Pandya, Shilpa Donga. Pelvic Inflammatory Diseases- An Ayurvedic Perspective. International Journal of Ayurveda and Pharma Research. 2022;10(1):103-108.
https://doi.org/10.47070/ijapr.v10i1.2187
Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**
Dr. Matangee Pandya
Ph.D. Scholar,
Department of Prasutitantra Evum Streeroga,
Institute of Teaching and Research in Ayurveda, Jamnagar.
Email: drmatangee144@gmail.com