



## Research Article

**CLINICAL EVALUATION OF BRIHAT SHATAVARI GHRITA LOCALLY AND ORALLY IN PITTAJ YONIVYAPAD WITH SPECIAL REFERENCE TO PELVIC INFLAMMATORY DISEASES****Mulla Iram Bano<sup>1\*</sup>, Dongre Rupali<sup>1</sup>, Prasad Lomate<sup>3</sup>**<sup>1</sup>P.G Final year, <sup>2</sup>Guide & HOD, Dept. of Prasuti Tantra Avum Striroga, LRP Ayurvedic Medical College & Research Centre, Islampur, India.**KEYWORDS:** *Pittaja Yoni Vyapad, Brihat Shatavari ghrita, Intra vaginal drugs.***ABSTRACT**

*Yoni Vyapad* is a compilation of various disorders of the genital tract ranging from vulva till the uterus. Local infectious conditions like vulvo vaginitis, pelvic inflammatory diseases have also been described. Among the various treatment modalities described for *Yoni Vyapad*, the emphasis given to *Sthanika Chikitsa* is noteworthy. The mode of approach through local route (with or without oral treatment) is with the aim to give instantaneous relief to the suffering woman. *Pichu Prayoga* is one such intervention among which "*Shatavari ghrita pichu*" has been specifically mentioned in the context of *Pittaja Yoni Vyapad*. The symptoms which are seen in the stubborn vulvo vaginitis conditions need effective treatment procedures. The use of a topical medicine like *Pichu* will act directly on the vaginal mucosa and enable easier and target specific action. Therefore it helps to combat the local disease causing agent and simultaneously strengthen the vagina as well as prevent recurrence. Simultaneous oral ingestion of the drug alongside, takes care of the complete eradication and relief of the disease symptoms. Since *Ghrita* is the best *Pitta Shamaka*, *Shatavari Ghrita* is chosen for our study in *Pittaj Yonivyapad* which is a *Pitta pradhan vyadhi* seen frequently these days. A Clinical Trial was carried out on 60 patients detected with *Pittaj Yonivyapad* with a trial group of 30 patients undergoing oral treatment of *Shatavari Ghrita* orally and *Shatavari Ghrita Pichu* vaginally for 7 days in comparison with same number of patients taking oral tablets of Clindamycin with Clindamycin pessaries kept vaginally for equal number of days. The drugs were prepared in the College Pharmacy and the Research conducted in the PTSR OPD of Loknete Rajaram Babu Ayurvedic College, Hospital and PG Institute, of which we got satisfactory results of 50 – 75% in comparison with the allopathic drugs for Pelvic Inflammatory Disease.

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A healthy woman is a promise of a healthy family and a woman's health status is a complex arrangement controlled by a wide range of factors headed by her reproductive system. The significance of a healthy *Yoni* has been asserted in various phases of a woman's life from puberty to marriage to child birth and thereafter.<sup>[1]</sup> The word *Yoni* has been mentioned with reference to female reproductive system at various levels especially with reference to the vagina, uterus and sometimes the reproductive tract as a whole.<sup>[2]</sup>

*Pittaj Yonivyapad* is one of the frequently seen gynecological disorder remains one among those which cause considerable morbidity affecting both physical as well as psychology of the women. It is observed that physiological state of body changes throughout the life span. As per *Ayurveda*, *Tridoshas* should be at *Prakrut avastha*. With the technological development social life has undergone huge changes. With change in lifestyle people adapted new habits like

*Mithya aahara vihara* like eating spicy food, fast food, travelling in hot polluted atmosphere, for spacing the family usage of various types of contraceptives like OC pills and Cu-T insertion etc., which are harmful to women's health. A detailed description of the disease of female genital tract is described in *Ayurveda*<sup>[3]</sup> under the chapter on *Yonivyapads*. Charak has described 20 different types of disease of the genital tract and *Pittaj Yonivyapad* is one of the common and important *Yonivyapads*.

In *Rajaswala* stage i.e. (Reproductive age 20-40 years) *Pitta dosha pradhanyata* is seen and if woman indulges in *Pittakara aahar vihar* in this stage it causes *Pitta dushti* and can cause *Pitta pradhan vyadhis*. *Pittaj Yonivyapad* is one among this due to excessive intake of *Katu*, *Amla*, *Lavana*, *Kshara aahara*, *Pitta* gets vitiated and reaches *Tryavarta yoni* and leads to *Daha*, *Paka*, *Ushna*, *Raja adhikya*, *Neel peeta rajasrava*, and many times *Jwara* is seen as *Sarvadehik lakshan*.

Based on the characteristics of *Pittaj Yonivyapad* it has been observed that features mimic Pelvic inflammatory disease. Throughout the world there is increasing rate of pelvic infection due to rise in STDs.

According to CDC (Centers for Disease Control) incidence of Pelvic Inflammatory Disease 24-32% women in India in 2013-14. From 1995-2001, 769,859 cases of Pelvic Inflammatory Disease were reported in The United States annually. The Center For Disease Control And Prevention has estimated that more than 1 million women experience an episode of Pelvic Inflammatory Disease every year. The disease leads to approximately 2.5 million OPD visits and 125,000-150,000 hospitalization yearly. Some are identified and treated whereas most are overlooked.<sup>[4]</sup>

Increased incidence of STDs and correspondingly PID is due to.

- Increased permissive sexual attitude together with the ready availability of contraception.
- The incidence varies from 1% -2% per year among sexually active women. About 85% are spontaneous infection in sexually active females of reproductive age.
- The remaining 15% follow procedures which favors the organisms to ascend up. Such iatrogenic procedures include -Endometrial biopsy,
- Uterine curettage
- Insertion of Intra uterine device & Hysterosalpingogram.

Keeping in view all these factors, a woman who is afflicted with *Pittaj Yonivyapad*<sup>[5,6,7,8]</sup>, if not properly intervened in right time, in long run she may come out with various complications in the form of infertility etc.

In modern system of medicine antimicrobials, analgesic, NSAID's are often prescribed in the treatment of Pelvic Inflammatory Disease. Gastrointestinal upset which are increased by analgesics and anti-inflammatory drugs, which also produce headache, dizziness, drowsiness. The aim of this study is to find out a safe, potent, nonsurgical management for Pelvic Inflammatory Disease.

Management of *Pittaj Yonivyapad* in classics has been described as being treated by using *Raktapittahara Chikitsa Sheetaveerya Dravyas*, therapies like *Seka*, *Abhyanga* and *Pichudharana* etc.

#### AIMS

To evaluate clinical efficacy of *Brihat Shatavari Ghrita* orally and locally (In the form of *Pichu*) in *Pittaj Yonivyapad*

#### OBJECTIVES

To study the *Pittaj Yonivyapad* in detail.

- Conceptual study of Pelvic Inflammatory Disease in detail
- To study the properties and actions of *Shatavari Ghrita* in detail.
- Comparative study of *Pittaj Yonivyapad* & PID.

#### NIDANA FOR PITTAJ YONIVYAPAD

*Vishesha nidanas* for *Pittaj Yonivyapad* are as follows :

These are mainly *Pitta prakopaka* factors. *Katu*,

*Amla*, *Lavana*, *Kshara padartha atisevana*. Along with this other factors are: *Teekshna*, *Vidahi* and *Ushna padartha Atisevana*, other articles of food include :

- *Kulatha*
- *Sarshapa*
- *Takra*
- *Amla phala*
- *Sura vikara*
- *Shukta sevana*
- *Dhanyamla sevana*
- *Tila anna sevana* etc.
- *Vihara* include: *upavasa*, *bhaya*, *ayasa*, *irsha* and *shoka*.

#### SAMPRAPTI OF PITTAJ YONIVYAPAD

*Pittaprakopaka ahara* and *vihara*



Vitiates *pitta dosha*



Enters *yoni*



Produces *Pittaj Yonivyapad*

#### SAMPRAPTI GHATAKAS

- Dosha* - *Pitta, Vata*.
- Dushya* - *Rasa, Rakta*
- Srotas* - *Artavavaha*
- Udabhava sthana* - *Amashaya*
- Roga marga* - *abhyantara*
- Adhithana* - *Yoni, Garbhashaya*
- Srotodushti prakara* - *Sanga*
- Vyakta sthana* - *Yoni, Garbhashaya*

#### LAKSHANAS:

According to Charaka

- *Daha*
- *Paka*
- *Jwara*
- *Ushna kamita*
- *Artava* is *Neela, Peeta* and *Asita*.
- *Srava* - which is *Bhrusha, Ushna* and *Kunapa*.

According to Sushruta

- *Daha*
- *Paka*
- *Jwara*
- Acharya Dalhana mentions there may be manifestations of *Lakshanas* like *Osha*,<sup>[7]</sup> *Chosha*, *Paridaha*, *Dhoomayana* etc.

According to Vagbhata

- *Daha*
- *Paka*
- *Jwara*

#### VYAVACHEDAKA NIDANA:

The conditions from which *Pittaj Yonivyapad* can be differentiated are:

1. *Pittaja artava dushti*
2. *Raktaja artava dushti*
3. *Pittaja rakta pradara*

#### PITTAJ YONIVYAPAD CHIKITSA

1. In all *Yonivyapad*<sup>[8]</sup> caused due to *Pitta dosha*, *Sheetala Chikitsa* should be done or *Raktapittahara* measures should be adopted.

2. Therapies like *Seka*, *Abhyanga* and *Pichu kriya* must be performed with the drugs having *Sheetala* properties.

3. *Uttarabasti* should be given with *Ksheera* prepared from *Madhura* drugs or *Madhuka*. (*Charak samhita chikitsa 30/85*)

4. *Kalkadharana*

*Panchavalkala kalkadharana* should be done in *Pittaj Yonivyapad*. (*Charak Samhita Chikitsa 30/62*)

#### Preparation of *ghrita kalpana*

*Sneha kalpana* [9,10,11,12] is prepared by taking *Sneha* in one *Matra*, drug *Kalka* in 1/4<sup>th</sup> of *Sneha* and adding *Drava* (liquid) four times of *Sneha*. Heating the given combination till following characters are observed gives the *Sneha kalpana*.

1. The drug *Kalka* could be melted in *Varti* with two fingers.
2. If the *Kalka* is exposed to fire no sound is observed.
3. "*Phen shanti*"<sup>[13]</sup>, that means no further bubbles are observed over *Ghrita* while heating it.
4. *Ghrita* gets all the characters of crude drug by which it was medicated, such as smell, taste, color and its medicinal properties.

Thus when this *Sneha* gets prepared finally, it could be used for massaging the body, taking it orally, for the purpose of *Nasya*, *Gandush*, *Basti*, oiling the eyes, *Vrana chikita*, *Pichu dharan* etc.

#### Indication for *Ghrita sevan*

Intake of *Ghrita* is prescribed for those whose bodily constitution is dominated by *Vata* and *Pitta*, who is suffering from disease due to vitiation of *Vata* and *Pitta*, those desirous of strength, good complexion, voice, nourishment, progeny, tenderness, luster, *Ojas*, memory, intelligence, power of digestion, wisdom, proper functioning of sense organs and those afflicted with injuries due to burns, by weapons, poison and fire.

**Absorption of drug through vagina-** Vagina is preferred as a route for drug delivery because of its anatomical position which favors secure retention of vaginal formulation. The vaginal defense (i.e. epithelium, flora, immune cells and pH), microbiology and vascularity make it ideal for absorbing drugs. Now, potential for systemic delivery through vagina was explored due to its large surface area, high vascularity and permeability to a wide range of compounds including peptides and proteins.

#### MATERIALS AND METHODS

##### Source of data

1. 60 patients diagnosed as *Pittaj Yonivyapad* (PID) attending O.P.D. of our institution and fulfilling criteria was taken for the study.
2. A special Performa was prepared with all points of history taking, physical sign and symptoms and lab investigations. The parameters were scored on the basis of standard methods of statistical Analysis.
3. Selected patients were divided into two groups of 30 patients each.

##### Inclusive Criteria

- Married females

- Patients within the age group of 20-40 years.
- Diagnosed cases of *Pittaj Yonivyapad* (PID)
- Written informed consent and voluntary willing patients were taken for this study.

##### Exclusive Criteria

- Pregnant females
- H/o DM, HTN, Asthma.
- Patients who require surgical interventions in cases like pelvic Abscess, Tubo ovarian mass etc.
- Patients with PID when seen associated with prolapsed uterus.
- PID associated with tubercular infections.
- Patients with exclusively vulvitis and Bartholinitis.
- PID when complicated with Diabetes.
- HIV, HBsAg, VDRL Positive
- Patients with benign and malignant tumors of the uterus.
- STD, IUCD disease.

##### Investigations

- CBC
- HIV, VDRL, HBsAg
- Urine Routine and Microscopic
- Pap smear
- USG (if required)

#### PARAMETERS FOR ASSESSMENT

##### Subjective Parameter

###### 1) *Daha*

Absent	:	0
Mild	:	1
Moderate (Subsides on its own)	:	2
Severe (Needs medicines to subside)	:	3

###### 2) *Srava - praman*

No discharge	:	0
Occasional discharge	:	1
Discharge sufficient to wet the undergarment	:	2
Heavy discharge	:	3

###### 3) *Mutradaha*

Absent	:	0
Occasional	:	1
Moderate relief by cold water wash	:	2
Severe	:	3

###### 4) *Backache*

No pain	:	0
Pain during menses, intercourse,	:	1
No interference with routine work	:	2
continuous pain interferes with routine	:	2
subsides after medication	:	3
Continuous pain interferes with routine	:	3
work no relief with medication	:	3

###### 5) *Ruja (Adhodar Shoola)*

No pain	:	0
Mild	:	1
Moderate	:	2
Severe	:	3

##### Objective parameters

###### 1) *Paka* of Vulva

Normal (Pink color)	:	0
Mild (Slight deviation towards red)	:	1
Moderate (red)	:	2
Severe (Bright red)	:	3

2) Tenderness			- After evacuation of the bladder patient was made to lie in lithotomy position
No Adnexal tenderness	:	0	- Vulva and surrounding area was cleaned with antiseptic lotion.
Adnexal tenderness	:	1	- <i>Pichu</i> was prepared with <i>Shatavari Ghrita</i> and inserted deep into the vagina touching the cervix
Cervical motion tenderness	:	2	- Patient was asked to retain it for 4 hours.
Mass felt through fornices	:	3	- Same Procedure was continued for 7 days.
3) Fever			
Absent	:	0	
Mild (97.6 <sup>0</sup> -99 <sup>0</sup> f)	:	1	
Moderate (99 <sup>0</sup> -100 <sup>0</sup> f)	:	2	
Severe(100 <sup>0</sup> -101 <sup>0</sup> f)	:	3	

**Level of Percentage of Relief**

Difference between pre and post treatment symptom score

Cured	:	All symptoms Disappeared-100%
Remarkable improvement	:	Relief in between 50-75%
Improved	:	Relief in between 25-50%
Unchanged	:	Relief < 25%

**STUDY DESIGN**

**Group A (Trial Group)**

30 diagnosed patients of *Pittaj Yonivyapad* were administered *Shatavari Ghrita* orally for 7 days and *Shatavari Ghrita Pichu Dharan* (Vaginally) for 7 days.

✓ **Shatavari Ghrita (orally)**

**Dose:** - 12gm once a day (approximately 3 tsf.)

**Anupana:-**Go *dugdha*

**Kala:-**Pratah kala on empty stomach (between 6 to 8 am.)

**Duration:-**7 days.

**Follow up:-**daily for 7 days.

**Next follow up:-**on 14<sup>th</sup> day

✓ **Method of Pichu Dharan**

**Brihat Shatavari Ghrita Pichu Dharan (vaginally)**

**Procedure**

- Patient was advised to come after her menstruation.

**OBSERVATIONS**

**Kala :-** Day time (for 4 hours) once in a day

**Duration :-** 7 days

**Follow up:-** daily for 7 days.

**Next follow up:-** on 14<sup>th</sup> day

**Group B (control group)**

30 diagnosed patients of *Pittaj Yonivyapad* (PID) were administered.

Tab. Clindamycin 450 mg qid ( 4 times in a day ) for 7 days. Followed by Clindamycin 100 mg vaginal pessary HS for 7 days.

Follow up :- daily for 7 days.

Next follow up :-on 14<sup>th</sup> day

**METHOD OF PREPARATION OF DRUG:**

- Raw drugs required were authentically identified and preparation was done in College Pharmacy.

- *Ghrita* was prepared according to *Sharangdhara samhita*.<sup>[14]</sup>

**Method of Preparation of Brihat Shatavari Ghrita**

*Brihat Shatavari Ghrita* was prepared according to *Sarangdhara Samhita*. *Jeevak, Rishbhak, Meda, Mahameda, Kakoli, Kshirkakoli* drugs are not available therefore their *Pratinidhi* drugs i.e. *Vidari, Ashwagandha & Shatavari* were taken in double quantity. Rests of the ingredients of the compound were taken in one-one part. The quantity of *Ghrita* was taken twice the whole drugs. The quantity of milk was taken four times to *Ghrita*.

**Table 1: According to Change in Daha**

Daha	Day-0		Day-14		% Relief	Wilcoxon Signed Ranks Test Z	P
	Mean score	Sd	Mean score	Sd			
Group-A	1.97	1.066	.67	.711	66.1	4.594	<0.001 HS
Group-B	1.83	.874	.40	.675	78.2	4.651	<0.001 HS

**In trial group-A:** The mean score for B.T. was 1.97 & had changed to. 711 after treatment, by Wilcoxon Signed Rank test it was found that change from B.T. to A.T. was highly significant as P value <0.001.

**In Control group-B:** The mean score for B.T. was 1.83 & had changed to. 40 after treatment, by Wilcoxon Signed Rank test it was found that change from B.T. to A.T. was highly significant as P value <0.001.

**Table 2: According to Change in Srava**

Srava praman	Day-0		Day-14		% Relief	Wilcoxon Signed Ranks Test Z	P
	Mean score	Sd	Mean score	Sd			
Group-A	2.03	.809	.77	.626	62.3	4.597	<0.001 HS
Group-B	1.83	.747	.40	.621	78.2	4.667	<0.001 HS

In trial group-A the mean score for B.T. was 2.03 & had changed to. 77 after treatment, by Wilcoxon Signed Rank test it was found that change from B.T. to A.T. was highly significant as P value <0.001.

In Control group-B the mean score for B.T. was 1.83 & had changed to. 40 after treatment, by Wilcoxon Signed Rank test it was found that change from B.T. to A.T. was highly significant as P value <0.001.

**Table 3: According to Change in Mutradaha**

Mutradaha	Day-0		Day-14		% Relief	Wilcoxon Signed Ranks Test Z	P
	Mean score	Sd	Mean score	Sd			
Group-A	2.00	.947	2.00	.699	58.3	4.419	<0.001 HS
Group-B	1.63	.890	1.63	.606	79.6	4.481	<0.001 HS

In trial group-A the mean score for B.T. was 2.00 & had changed to .69 after treatment, by Wilcoxon Signed Rank test it was found that change from B.T. to A.T. was highly significant as P value <0.001.

In Control group-B the mean score for B.T. was 1.63 & had changed to .60 after treatment, by Wilcoxon Signed Rank test it was found that change from B.T. to A.T. was highly significant as P value <0.001.

**Table 4: According to Change in Backache**

Backache	Day-0		Day-14		% Relief	Wilcoxon Signed Ranks Test Z	P
	Mean score	Sd	Mean score	Sd			
Group-A	2.03	.765	.80	.761	60.7	4.604	<0.001 HS
Group-B	1.40	.675	.73	.583	47.6	4.472	<0.001 HS

In trial group-A the mean score for B.T. was 2.03 & had changed to .80 after treatment, by Wilcoxon Signed Rank test it was found that change from B.T. to A.T. was highly significant as P value <0.001.

In Control group-B the mean score for B.T. was 1.40 & had changed to .73 after treatment, by Wilcoxon Signed Rank test it was found that change from B.T. to A.T. was highly significant as P value <0.001.

**Table 5: According to Change in Ruja**

Ruja	Day-0		Day-14		% Relief	Wilcoxon Signed Ranks Test Z	P
	Mean score	Sd	Mean score	Sd			
Group-A	2.23	.817	.73	.521	67.2	4.755	<0.001 HS
Group-B	1.80	.847	.40	.498	77.8	4.584	<0.001 HS

In trial group-A the mean score for B.T. was 2.23 & had changed to .73 after treatment, by Wilcoxon Signed Rank test it was found that change from B.T. to A.T. was highly significant as P value <0.001.

In Control group-B the mean score for B.T. was 1.80 & had changed to .40 after treatment, by Wilcoxon Signed Rank test it was found that change from B.T. to A.T. was highly significant as P value <0.001.

**Table 6: According to Change in Paka of Vulva**

Paka of vulva	Day-0		Day-14		% Relief	Wilcoxon Signed Ranks Test Z	P
	Mean score	Sd	Mean score	Sd			
Group-A	2.00	.587	.60	.621	70.0	4.752	<0.001 HS
Group-B	1.53	.819	.33	.547	78.3	4.512	<0.001 HS

In trial group-A the mean score for B.T. was 2.00 & had changed to .60 after treatment, by Wilcoxon Signed Rank test it was found that change from B.T. to A.T. was highly significant as P value <0.001.

In Control group-B the mean score for B.T. was 1.53 & had changed to .33 after treatment, by Wilcoxon Signed Rank test it was found that change from B.T. to A.T. was highly significant as P value <0.001

**Table 7: According to Change in Tenderness**

Tenderness	Day-0		Day-14		% Relief	Wilcoxon Signed Ranks Test Z	P
	Mean score	Sd	Mean score	Sd			
Group-A	1.93	.583	.77	.626	60.3	4.882	<0.001 HS
Group-B	1.60	.814	.57	.774	64.6	4.625	<0.001 HS

In trial group-A the mean score for B.T. was 1.93 & had changed to .77 after treatment, by Wilcoxon Signed Rank test it was found that change from B.T. to A.T. was highly significant as P value <0.001.

In Control group-B the mean score for B.T. was 1.60 & had changed to .57 after treatment, by Wilcoxon Signed Rank test it was found that change from B.T. to A.T. was highly significant as P value <0.001.

**Table 8: According to Change in Fever**

Fever	Day-0		Day-14		% Relief	Wilcoxon Signed Ranks Test Z	P
	Mean score	Sd	Mean score	Sd			
Group-A	.80	.551	.13	.346	83.3	4.264	<0.001 HS
Group-B	.50	.509	.03	.183	93.3	3.742	<0.001 HS

In trial group-A the mean score for B.T. was .80 & had changed to .13 after treatment, by Wilcoxon Signed Rank test it was found that change from B.T. to A.T. was highly significant as P value <0.001.

In Control group-B the mean score for B.T. was .50 & had changed to .03 after treatment, by Wilcoxon Signed Rank test it was found that change from B.T. to A.T. was highly significant as P value <0.001.

**Table 9: Percentage Relief**

Symptoms	Group-A (Trial Group)	Group-B (Control Group)
<i>Daha</i>	66.1	78.2
<i>Srava-Praman</i>	62.3	78.2
<i>Mutradaha</i>	58.3	79.6
<i>Backache</i>	60.7	47.6
<i>Ruja</i>	67.2	77.8
<i>Paka Of Vulva</i>	70.0	78.3
<i>Tenderness</i>	60.3	64.6
<i>Fever</i>	83.3	93.3

Table 10: Percentage Relief

Overall Effect	No. of symptoms	
	Group-A	Group-B
No change (<25%)	0	0
Mild change (25% - 49.9%)	-	1
Moderate change (50% -74.9%)	8	3
Good change (75% +)	2	6

Above distribution shows that there is <25 to no change, improved in zero symptom, where as there is 25 to 49.9% cured in 1 symptom i.e. backache, 50 to 74.9% cured in 8 symptoms i.e. *Daha*, *Sravapraman*, *Mutradaha*, *Ruja*, *Paka* of vulva and tenderness. 75% cured in 2 symptoms i.e. *Srava* and Fever.

#### DISCUSSION

The etiologies given for *Pittaj Yonivyapad* are mainly the dietetic factors like *Kshara*, *Amla*, *Lavana*, *katu* etc which are mainly the *Pitta* vitiating factors.

#### CONCLUSION

The conclusions that have been drawn from the study are

- Features of *Pittaj Yonivyapad* have close resemblance with Pelvic Inflammatory Disease.
- The treatment which includes *Brihat Shatavari Ghrita* locally (*Pichu Dharan* vaginally) and orally has been used based on their properties like *Sheeta veerya*, *Madhura rasa*, *Daha prashamana*, *Srava hara* and *Vedana shamaka* - all these objectives are fulfilled to a greater extent.
- Among the available treatment for *Pittaj Yonivyapad*, *Brihat Shatavari Ghrita pichu* and taken orally is beneficial in curing the vitiating *Pitta dosha*.
- Total effect of the combined therapy on *Daha* contributes about 66.1% after treatment and 70.0% for *Paka*.
- So it can be concluded that *Brihat Shatavari Ghrita* is preparable, effective, potent, easily administrable type of treatment.
- It is also noted that, *Brihat Shatavari Ghrita* orally and locally (*Pichu Dharan*) i.e.-A (trial drug) has shown mild better results in some symptom of *Pittaj Yonivyapad* i.e. *Srava* and Backache.
- Since the clinical study was conducted on a limited number of patients it may not be claimed as final. More detailed study may be needed in this regard to establish the efficacy of *Brihat Shatavari Ghrita* orally and locally (*Pichu*).

#### REFERENCES

1. Tiwari P. *Ayurveda Prasuti tantra evam Stri roga*. 1st ed. Varanasi. Chaukamba Orientalia; 2007. vol2. p 83.

2. RajaRadhakanthadeva. *Shabdakalpadruma*. 3rd ed. Varanasi. Vidhyavilas Press; 1967. Vol 4 p 63-6.
3. Usha VNK. *Stree roga vijanan*. 1st ed. Delhi. Chaukambha Sanskrit Prakashan; 2010. P 222-4.
4. Amphoy S, Traykhouane P, Stålsby L C, Khanthanouvieng S, Lamphone S, Rolf W. Reproductive Tract Infections Among Women Attending a Gynecology Outpatient Department in Vientiane, Lao PDR. Sexually Transmitted Diseases; October 2007; Vol 34. p 791-5.
5. Sharma PV. Charaka Samhita- Agnivesha's treatise refined and annotated by Charaka and redacted by Drdhabala. 8th ed. Varanasi. Chaukambha orientalia; 2007. Vol2. P 502.
6. Murthy S K R. *Sushruta Samhita*. 2nd ed. Varanasi. Chaukambha orientalia; 2005. Vol 3. P 171.
7. Murthy SKR. Ashtanga Sangraha of Vagbhatta. 1st ed. Varanasi. Chaukambha Orientalia; 1997. vol 3.p 332.
8. Murthy SKR. Vagbhatta's *Ashtanga Hridayam*. 1st ed. Varanasi. Krishnadas Academy; 995. Vol 3. P 311.
9. Brahmanand Tripathi, *Sharangdhar Samhita* with "Dipika Hindi Commentary", Madhyam Khanda, 9/11, Reprint 2008. Varanasi, Chaukhamba Subharti Prakashan, p.74.
10. Chunekar, *Bhavaprakash Nighantu*, Pratham Khanda, Edition 2004. Varanasi, Chaukhamba Bharti Academy. 3/10-17.
11. Tripathi Brahmanand, *Charak Samhita*- Charak Chandriak, Hindi Commentary, Reprinted, Varanasi, Chaukhamba Subharti Prakashan, Vol 1 and 2. Charak Kalpasthan 12/100.
12. Tripathi Brahmanand, *Charak Samhita*- Charak Chandriak, Hindi Commentary, Reprinted, Varanasi, Chaukhamba Subharti Prakashan, Vol 1 and 2. Charaka Sutrasthana 13/9.
13. Raja Radhakanthadeva. *Shabdakalpadruma*. 3rd ed. Varanasi. Vidhyavilas Press; 1967. Vol 5 p 174.
14. Brahmanand Tripathi, *Sharangdhar Samhita* with "Dipika Hindi Commentary", Madhyam Khanda, 9/6,7, Reprint 2008. Varanasi, Chaukhamba Subharti Prakashan, p.79.

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