



Case Study

EFFECT OF YONIDHAWAN AND YONI PICHU IN KARNINI YONIVYAPAD W.S.R TO CERVICAL EROSION

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ABSTRACT

A cervical erosion is a condition in which the squamous covering of the vaginal aspect of the cervix is replaced by columnar epithelium which is continuous with that lining the endocervix. It is not an ulcer. Cervical erosion is typically manifested by heavy vaginal discharge (watery or whitish), contact bleeding and sometimes it may be associated with cervicitis. Its treatment is based on the principle of destruction of the columnar epithelium to be followed by its healing by the squamous epithelium. In Ayurvedic classics almost all the gynecological disorders come under the term *Yonivyapad*. It is best correlated with *Karnini yonivyapad* due to similarities in etiopathogenesis, clinical features and complications. This lesion is non-cancerous, but if not managed appropriately, it can contribute to infertility and may occasionally progress towards malignancy. In Ayurveda, *Karnini yonivyapad* can be treated with different treatment modalities like *Yoni dhawana*, *Yoni pichu*, *Yoni varti*, *Ksharakarma*, *Agnikarma* and the oral administration of the Ayurvedic drugs. In this case study, patient with *Karnini yonivyapad* is treated with *Panchavalka kwatha yoni prakshalna* followed by *Jatyadi tailam yoni pichu* one time daily for 10 days for consecutive two cycle and oral administration of ayurvedic medicine. The *Yoni prakshalana* and *Yoni pichu* in this case has showed the good results in improvement of *Karnini yonivyapad*.

INTRODUCTION

Cervical erosion represents one of the most frequently encountered disorders in gynecological practice. It becomes more common with higher parity but less frequent beyond 35 years of age. Up to 80% of sexually active adolescents may present with cervical erosion. It is not an area denuded of epithelium as the name implies. Small areas of ulceration sometimes seen microscopically are the results of secondary infection and local trauma, or are artefacts. An erosion has a bright-red appearance with a clearly defined edge, the colour being explained by the underlying vascular tissue showing through a thin epithelium^[2].

The occurrence of cervical erosion is related to increased estrogen levels. The cervix is highly responsive to estrogen, causing the proliferation and

differentiation of the cervical epithelium. Therefore, cervical erosion is usually found in the conditions of high estrogen exposure, which are adolescent, pregnancy, women on hormonal contraception, during the years of menstruation, most commonly seen in the ovulatory phase. In certain cases, the condition is congenital and arises when the squamo-columnar junction remains fixed at its original neonatal site. During late fetal development and the first month of life, maternal hormone exposure stimulates hyperactivity of endocervical columnar epithelium and produce cervical erosion.

The word *Yoni* in Ayurvedic literature refers broadly to the female genital system, including the vagina, cervix, and uterus, and conditions involving these structures are described under the category of *Yonivyapad* and *Karnini yonivyapad* is one of them. On the basis of etiopathogenesis, clinical features, complications and principles of treatment *Karnini Yonivyapad* is similar to cervical erosion mentioned in the text of modern science.

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Acharya Charaka mention that when a women strains (*Akaale vahyamanaya*) in the absence of labor pain/uterine contractions the *Vayu* obstructed by foetus withholds *Kapha* and *Rakta* produce *Karnika* in *Yoni* which causes itching and discharges^[4].

Acharya Sushrut mentions that the vitiated *Kapha* dosa along with *Rakta* produces *Karnika* in *Yoni* and other *Kaphaja* features like unctuousness, itching, discharges etc^[5].

Both the Vagbhatas^[6,7] have followed Charaka and Madhavnidana^[8], Bhavaprakash^[9] and Yogratnakar^[10] etc. have followed Sushrut.

So, in the present study, 31 years old women diagnosed with cervical erosion (*Karnini yonivyapad*) was treated with *Panchavalkala kwath yoni prakshalana* and *Jatyadi tailam yoni pichu* for 10 days for consecutive two cycles starting from Day-10 of her menstrual cycle. Following the intervention, the cervical lesion showed notable healing, and the patient experienced relief from the accompanying discomforts.

AIM and OBJECTIVES

To study the efficacy of *Yoni dhawan* with *Panchavalkal kwath* and *Yoni pichu* with *Jatyadi tailam* in *Karnini Yonivyapad* (cervical erosion)

Case Report

A 31-year-old female patient, who is house wife with marital life of 12 years, reported to Prasuti tantra and Stri Roga OPD of Dr. BRKR Govt. Ayurvedic Medical college on 15/2/2024. She had complaints of foul smell whitish discharge per vagina since 2 years on/off pattern along with itching over the vulva. She also had lower abdominal pain. She took allopathic treatment but she only got the temporary relief from the symptoms.

History of Present illness

Patient was apparently well 2 years back then she developed the symptoms like whitish discharge with itching over the vulvar region. She also developed foul smelly discharge associated with lower abdominal pain. Then she took treatment from the allopathic hospitals for 6 months but she got only mild relief. After that she came to this hospital for her better treatment.

History of Past illness

No h/o DM/HTN/thyroid disorder.

k/c/o PCOD since 3 years.

h/o recurrent UTI

Past Medical history: She took allopathic medications for the present illness.

Past Surgical history: No h/o past surgical illness.

Menstrual history: LMP on 5th February 2024. Has irregular menstruation with duration of 4 days with

the interval of 23-45 days. There was no contraceptive history.

Obstetric history: P₁L₁A₆

Last child birth - ♀- Full term NVD 12 years back.

A₁-A₆ Induced abortion (3 months).

Personal history:

Diet: Non-vegetarian

Bowel habit: Constipated (on/off)

Appetite: Good

Sleep: Disturbed

Micturition: Normal

General examination

Pallor: Absent

Icterus: Absent

Lymphadenopathy: Absent

Clubbing: Absent

Cyanosis: Absent

Oedema: Absent

Dehydration: Absent

Weight: 80kg

Temperature: Afebrile

Pulse: 80/min

Blood Pressure: 110/80

Systemic examination: No abnormality detected

Gynaecological examination:

A. Breast examination: No abnormality detected

B. Abdominal examination: No abnormality detected

C. Pelvic examination:

a. Inspection of external genitalia: No abnormality detected

b. Per speculum examination

Vaginal discharge: Amount- Moderate, Color- White, Consistency- Thick, Foul smell- Present

Vaginal mucosa: Normal

Cervix: Normal size, both the lips of the cervix were eroded and a bright red inflamed cervix was seen along with discharge which confirmed it as a cervical erosion.

c. Per vaginal examination

Uterus: Normal size, anteverted and anti-flexed, freely mobile, non-tender.

Cervix: Freely mobile, non-tender, firm consistency.

Fornices: All fornices are free and non-tender.

Investigations

Complete blood counts: WNL

TLC/DLC: WNL

FBS: 82mg/dl, PPBS: 109mg/dl

Pap smear test: NILM

USG (pelvis): Bulky B/L ovaries with polycystic morphology. No free fluid seen in cul-de-sac.

Final diagnosis: Cervical erosion (*Karnini Yonivyapad*)

Treatment Given: *Yoni prakshalana* with *Panchavalkal kwath*, *Yoni pichu* with *Jatyadi tailam*.

Intervention

Patient was treated on IPD basis.

Abhyantar Chikitsa

1. *Pushyanuga churna*^[11] 3gm BD with *Tandulodaka*
2. *Pradarantak Vati*^[12] 2-tab BD
3. *Shankha vati*^[13] 2-tab BD
4. *Chandraprabha vati*^[14] 1 tab BD

Sthanik Chikitsa

1. *Yoni prakshalana* with *Panchavalkal kwath*
2. *Yoni pichu dharana* with *Jatyadi tailam*

Date	Treatment given	Complaints	Observation
1st Cycle			
15/2/2024 To 24/2/2024	Abhyantar chikitsa- 10 days <i>Pushyanuga churna</i> 3gm BD with <i>Tandulodaka</i> <i>Pradarantak Vati</i> 2-tab BD with <i>Madhu</i> <i>Shankha vati</i> 2-tab BD <i>Chandraprabha vati</i> 1 tab BD (Patient was discharged and medicine was continued for 15 more days)	Excessive white discharge per vagina. Itching over the vulva. Low abdominal pain. Low back pain.	Decrease in white discharge. Itching over the vulval area reduced. Reduction in abdominal pain. Reduction in low back pain.
15/2/2024 To 24/2/2024	<i>Sthanik chikitsa</i> for 10 for consecutive two cycles days once in a day. <i>Yoni prakshalana</i> with <i>Panchavalkal kwath</i> <i>Yoni pichu dharana</i> with <i>Jatyadi tailam</i> (These two <i>Karmas</i> were done as combined therapy in patient)		
2nd Cycle			
25/3/2024 To 2/4/2024 (LMP: 17/3/2024)	Abhyantar chikitsa- 10 days <i>Pushyanuga churna</i> 3gm BD with <i>Tandulodaka</i> <i>Pradarantak Vati</i> 2-tab BD with <i>Madhu</i> <i>Shankha vati</i> 2-tab BD (Patient was discharged and medicine was continued for 15 more days)	white discharge per vagina - on/off. Itching over the vulva - on/off. No low abdominal pain. No low back pain.	Significant decrease in white discharge. Itching over the vulval area reduced significantly.
25/3/2024 To 2/4/2024	<i>Sthanik chikitsa</i> - 10 days <i>Yoni prakshalana</i> with <i>Panchavalkal kwath</i> <i>Yoni pichu dharana</i> with <i>Jatyadi tailam</i> (These two <i>Karmas</i> were done as combined therapy in patient)		

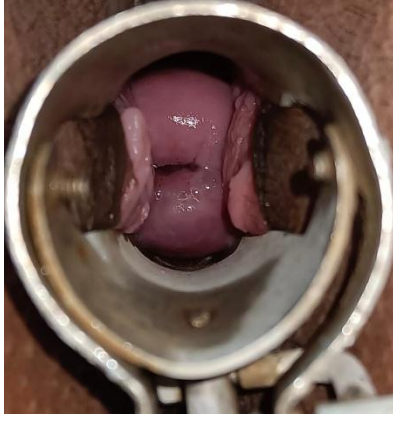
Sthanik chikitsa for 10 for consecutive two cycles days once in a day.

Voluntary informed written consent of the patient was obtained. After voiding of urine, *Yoni prakshalana* with freshly prepared *Panchavalkal kwath* (500ml) by *Panchavalkal kwath churna* was done after keeping the patient in a lithotomy position by using cusco's speculum after following all aseptic precaution this was followed by the *Jatyadi tailam yoni pichu dharana*.

Pathya

Patient was instructed to avoid extra oily food items, outside snacks, salty food etc. And also advised to maintain her personal hygiene and avoid common toilets.

RESULT

	Before treatment	During the treatment	After treatment
P/S		at the end of 1 st cycle 	at the end of 2 nd cycle 

DISCUSSION

Ayurveda outlines various types of treatment modalities and offers a unique explanation of the mode of action of drugs. The action of drugs occurs in the body through their pharmacodynamics properties such as *Rasa*, *Guna*, *Veerya*, *Vipaka*, *Karma* and *Prabhav*. In Ayurveda, the therapeutic approach focuses on breaking the chain of pathogenesis (*Samprapti Vighatana*) by eliminating the interaction between vitiated *Dosha* and susceptible *Dushya*. According to Acharya Charaka, *Karnini yonivyapad* is due to the vitiation of *Vata* and *Kapha dosha*, while Sushruta explains that *Rakta* is also affected in this disease. *Rakta* is only affected when there is the involvement of the *Pitta dosa*. Thus, *Karnini yonivyapad* can be considered as a *Kapha-pitta pradhana tridoshaj vyadhi*. In *Panchavalkal*, all the ingredients have *Kashaya ras*, *Sheeta veerya* and *Katu Vipaka* and are *Kapha pitta shamak* and it is *Sothahar*, *Vranaropak*, *Grahi* and *Lekhana* drug^[15]. The *Kashaya rasa* of *Panchavalkal kwath* has *Ropana*, *Shoshana* properties which help to reduce *Srava*, oozing spot-on erosion, redness etc. *Ruksha guna* also reduce *Srava* by its *Stambhana* action. *Sheeta Veerya* pacifies *Pitta dosha* and *Rakta dosha* and it help to reduce *Daha*, inflammation, redness. *Katu Vipaka* are *Kaphashamaka* which is the most important *Dosha* responsible in *Yoni srava* and *Yoni kandu*.

Panchavalkal kwath has the *Lekhana* property. This *Kwath* with its *Lekhana* property does the *Lekhana karma* of the columnar epithelial cell of the ectocervix and pacify the *Kapha* and *Pitta dosha*. The *Vrana ropana* property of this *Kwath* helps to heal the eroded part of the cervix. During the healing process there will be the growth of the healthy cell i.e. squamous epithelial cell. The *Grahi* i.e., *Dravashoshana* property of this *Kwath* helps to reduce the whitish

discharge. Because of the *Sothahara* property this *Kwath* helps to reduce the inflammation and the related symptoms also.

There is the outward movement of the squamo-columnar junction in the cervical erosion. This movement is due to the *Vata dosha*. According to the *Bhavaprakash*, *Panchavalkal kwath* is the *Kaphavata shamak*. Therefore, this *Kwath* also balances the *Vata dosha* and prevents the outward movement of the squamo-columnar junction.

Jatyadi Taila was advised for *Yoni pichu* after *Panchavalkal kwath yoniprakshalana*. Acharya Bhavmishra has described this oil for the management of all kinds of *Vrana* in *Bhavprakash Madhyama Khanda* in '*Vranashothaadhikaar*' *adhyaya*^[16]. Acharya has mentioned in describing the *Jatyadi taila* effectiveness on healing on wound, removal of slough of necrosed area by virtue of its *Shodhana* and *Ropana* properties.

CONCLUSION

Panchavalkal kwath is *Kapha shamaka*, *Stambhaka* and having the properties like antiseptic (*Kashaya rasa*) and wound healing (*Vrana ropana*). Because of these properties it helps in increasing local cell immunity and prevents recurrence of white discharge symptoms and *Karnini yonivyapad* in patient. *Jatyadi taila* which have property of *Vatashamak*, *Shlesmhara*, *Shodhana* and *Ropana* and its base is *Tilataila* so it has property of *Yonivishodhana*. In this case report, *Panchavalkal kwath yoniprakshalana* and *Jatyadi tailam yonipichu dharana* were found to be effective in cervical erosion and in treating the associated complaints. So, *Panchavalkal kwath yoniprakshalana* and *Jatyadi tailam yonipichu dharana* can replace the conventional treatment like electrocautery, cryosurgery, and is more economical,

with less complication and without any adverse reactions.

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