



Case Study

KSHARA KARMA AS A MINIMALLY INVASIVE AYURVEDIC APPROACH TO CERVICAL EROSION (KARNINI YONIVYAPADA)

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ABSTRACT


Cervical erosion, clinically presenting with mucoid or mucopurulent discharge, contact bleeding and local discomfort, is closely correlated with *Karnini Yonivyapada* in Ayurveda, a *Kapha-Pitta-pradhana Yonivyapad* involving abnormal epithelial proliferation at *Garbhasaya-mukha*. **Case presentation:** A 45-year-old married woman (G2P2L2) presented to the Stree Roga and Prasuti Tantra OPD with complaints of profuse yellowish-white, curdy thick discharge per vagina for 1–2 weeks, intermittent vaginal itching for 6 months, and lower abdominal pain for 2 months. She was a known case of type 2 diabetes mellitus on Metformin, with regular but reduced menstrual flow for the last 6 months and disturbed sleep due to stress. The diagnosis of cervical erosion (*Karnini Yonivyapada*) with *Kapha-Pitta* predominance and associated *Madhumeha* was made. **Intervention:** The patient underwent *Pratisaraneeya Kshara Karma* using *Apamarga Kshara* applied locally over the eroded cervical area for approximately 50 *Matra-Kala* in two sittings on consecutive days, preceded and followed by *Yoni Prakshalana* and followed each day by *Yoni Pichu*. **Outcomes:** The procedure was well tolerated with stable vital signs and no procedural complications such as excessive bleeding or severe pain. Subjectively, the patient reported relief from yellowish-white discharge, itching and lower abdominal pain during follow-up; objectively, reduction in congestion and extent of erosion was observed, aligning with findings from previous *Apamarga Kshara* clinical studies. **Conclusion:** This case supports the clinical utility of *Apamarga Kshara*-based *Kshara Karma*, followed by *Yoni Pichu* and internal *Kapha-Pitta-hara* therapy, as a safe and economical option for managing *Karnini Yonivyapada* (cervical erosion), and highlights the need for larger controlled trials using standardized Ayurvedic diagnostic frameworks.

INTRODUCTION

Cervical erosion is characterized by replacement of squamous epithelium of the ectocervix by columnar epithelium continuous with the endocervix, presenting clinically as a red, velvety area surrounding the external os with symptoms of white discharge, contact bleeding and pelvic discomfort.

In Ayurveda, based on symptomatology, site and chronicity, this condition is correlated with *Karnini Yonivyapada*, described as *Kapha-Rakta-dushti* producing *Karnika* (fleshy growth) at *Yoni* or *Garbhasaya-mukha* with cardinal features of *Yoni Srava*, *Kandu* and local discomfort. [6,7,8]

Modern gynecological management includes observation, topical agents, antiseptics, electrocautery, cryotherapy and laser ablation, yet these approaches may be associated with discomfort, risk of cervical scarring, recurrence and cost burden, particularly in low-resource settings.[9,2] Ayurveda offers *Kshara Karma*, a para-surgical procedure described as “*Anushastra*

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Vishesh" in Sushruta Samhita, employing alkaline preparations to achieve *Chedana*, *Bhedana*, *Lekhana*, *Shodhana* and *Ropana*, with application to *Garbhasayamukhagata Vrana* and *Karnini* conditions described in classical and contemporary literature. [7,8,9,10] Sushruta's *Sutra Sthana* mentions these approaches for *Vrana* treatment.^[13]

Apamarga (*Achyranthes aspera*)- derived *Kshara* is strongly alkaline (pH around 10.4), hygroscopic and endowed with *Kshara*, *Tikshna*, *Ushna*, *Lekhana*, *Shodhana* and *Ropana* properties, making it suitable for local application in chronic, *Kapha-Pitta*-dominant lesions such as cervical erosion. [1,9,10]

The mechanism of action of *Apamarga Kshara* in the treatment of cervical erosion. The process is categorized into four primary Ayurvedic properties and their corresponding clinical effects:

Tissue Destruction: The properties of *Tikshna* (sharpness), *Ushna* (hotness), and *Laghu* (lightness), along with the actions of *Chedana* (excision), *Shodana* (purification), and *Lekhaniya karma* (scraping), work together to destruct the columnar epithelium.

Healing and Regeneration: Through *Ropana* (healing), *Shoshan* (drying), and *Sankocha* (contraction), the treatment facilitates the re-epithelization of squamous epithelium in place of the damaged columnar epithelium.

Antimicrobial Action: The *Tikshna guna* combined with *Krimihara* (anti-parasitic/antimicrobial) and *Vishahara* (anti-toxic) properties serves to minimize the entry or development of any infection at the site.

Secretory Control: Finally, the *Stambhana* (astringent/stopping) and *Shoshana* (drying) actions effectively decrease the amount of vaginal discharge, aiding in the overall resolution of the condition.

Thus, *Kshara karma* works like cauterization and is minimal invasive in nature and without much complications.

Case report

The patient, 45-year-old female, married for 26 years, from Chennai, presented to the OPD of Sri Jayendra Saraswathi Ayurveda College & Hospital with gynaecological complaints.

Chief complaints

- Profuse, curdy thick yellowish-white discharge per vagina for 1–2 weeks.
- Vaginal itching on and off for approximately 6 months.
- Lower abdominal pain for about 2 months.

History of Present illness

The patient, a 45-year-old female, presented with a 1–2 weeks history of profuse, curdy, thick yellowish-white vaginal discharge. This was accompanied by chronic intermittent vaginal itching for 6 months and lower abdominal pain for the past 2 months. She had a 5-year history of Type 2 Diabetes. Her menstrual history reveals regular cycles; however, she reported a significant reduction in flow over the last 6 months, associated with mild dysmenorrhea and occasional spotting. Seeking relief, she initially visited several allopathic healthcare's for treatment. Although these interventions provided mild temporary relief, the symptoms were characterized by frequent recurrence. Due to the persistent nature of her condition and the lack of a permanent cure, she approached the Prasuti Tantra and Stri Roga OPD for specialized Ayurvedic management.

Past Medical history

- Known case of Type 2 Diabetes Mellitus for approximately 5 years, on Metformin dose twice daily.
- No history of major surgery or known drug allergies reported.
- Family history: Maternal diabetes; paternal history of unspecified cardiac illness

Personal history

Diet– Vegetarian, Appetite– Good, Bowel habit– Constipated (on & off),
Micturition: Normal

Gynaecological history

- Menarche at the age of 13 and married at 26 years.
- Cycles: Regular, with 3–4 days of flow; flow reduced for last 6 months, associated with mild dysmenorrhea and occasional spotting.
- LMP: 28/11/2025; probable previous LMP 11/10/2025.

Obstetrical history: She is G2P2L2A0 with full-term normal deliveries in 2000 and 2005, reporting no history of abortions or high-risk obstetric events.

Ashtavidha Pariksha: *Nadi:* 74/min, *Mutra, Mala, Jihwa, Shabda, Sparsha, Drik, Akriti* were normal.

Dashavidha pariksha

Prakriti - Vata pitta, Vikriti - Kapha pitta, Sara - Twak, samhanan-Madhyama, Pramana- Madhyama, Satmya- Sarvarasa, Satva - Madhyama, Ahara Shakti-Madhyama, Vyayama shakti - Madhyama, Vaya-Madhyama.

From an Ayurvedic perspective, the clinical picture suggests *Kapha-Pitta-pradhana Tridosha* involvement at *Yoni* and *Garbhasaya-mukha* with *Alpata* of *Rakta* during menstruation, along with *Medo- Mamsa-Mala dushti* and *Madhumeha* background, predisposing to chronic, moist, *Kapha*-dominant lesions. [6,7,8]

Clinical findings

General examination

Built -Average, Nutrition- Average, Stature -Normal, Pallor- Absent, Icterus - Absent, Teeth, Gums and Tonsils - Normal, Neck - Normal, Oedema of legs - Absent, Weight-62kg, Height-156cm, Temperature - Afebrile

On general examination, the patient was conscious, oriented, hemodynamically stable with blood pressure around 130/90 mmHg before the procedure and 120/80-130/90 mmHg post-procedure, and no acute systemic complaints. systemic examination was within normal limits.

Systemic examination: No abnormality detected

Gynaecological examination

A) Breast examination: No abnormality detected

B) Abdominal examination: No abnormality detected

C) Pelvic examination

Inspection of external genitalia: No abnormality detected

- Inspection: Vulva normal

Per speculum

- Vaginal walls congested
- Yellowish - Whitish discharge present in the vaginal canal.
- Cervix congested and erythematous with cervical erosion visible; external os multiparous; no active bleeding.
- Bimanual (per vaginum) examination:
- Uterus bulky, mobile, non-tender.
- Fornices free, no adnexal mass, no tenderness.

These findings support the diagnosis of cervical erosion/*Karnini Yonivyapada* with prominent *Yoni Srava* and *Kandu* but without signs of pelvic inflammatory disease or malignancy on clinical grounds. [6,7,8]

Diagnostic assessment

The primary diagnosis was cervical erosion based on per speculum visualization of a congested, erythematous, eroded area around the external os, with supporting symptoms of persistent white

discharge, itching and lower abdominal discomfort.^[6] In Ayurveda, the condition was interpreted as *Karnini Yonivyapada* due to *Kapha-Rakta-dushti* at *Garbhasaya -mukha* with *Yoni Srava* and *Kandu*, superimposed on a *Madhumeha* background which can aggravate *Kleda* and susceptibility to chronic genital tract infections. [6,7,8]

Differential diagnoses considered include chronic cervicitis, cervical ectopy, cervical polyp, early cervical intraepithelial neoplasia and STIs; however, absence of contact bleeding, mass lesion and systemic signs, along with classical appearance of erosion and discharge pattern, favoured benign cervical erosion/*Karnini*.^[6,9]

Laboratory investigations

USG of pelvis: Dated on 04/05/2025 UTERUS measures 10.8 x 3.9 x 5.3cm, normal in size. The endometrium measures 2.7mm in thickness. The endometrium and myometrium echoes are normal. The cervix appears normal. Ovaries normal in size and echotexture. No free fluid in the peritoneal cavity.

Final diagnosis: Cervical erosion (*Karnini Yonivyapad*)

Treatment Given: *Kshara karma* with *Apamarga pratisaraniya kshara*.

Therapeutic intervention

Management was planned according to principles of **Kshara Karma** for *Garbhasayamukhagata Vrana/Karnini* with associated *Kapha-Pitta-pradhana Yoni Srava*, along with internal *Kapha-Pitta-hara* therapy.^[9,10,11]

Pre-procedural therapy

- *Yoni Prakshalana* with *Triphala Kashaya* and *Nimba* leaves decoction for 7 days, aimed to reduce *Kleda*, *Kapha* and local infection, cleanse the vaginal canal and prepare the cervix.
- Internal medications: *Nishakathakadi Kashaya* (15ml with warm water, twice daily), *Chandraprabha- Vati*, *Cap Grab* and other supportive formulations to address *Madhumeha*, *Kleda* and *Kapha-Pitta* vitiation.

Method of application of *Kshara*

Preparation

Voluntary Informed written consent of the patient was obtained. Part preparation was done.

- Procedure performed under aseptic conditions in dorsal lithotomy position after voiding urine.
- Painting and draping of perineal region; sterile Cusco's speculum introduced to visualize cervix.

- *Kshara* application (*Pratisaraneeya Apamarga Kshara*) with help of sponge-holding forceps, *Apamarga Kshara* was applied directly to the all-over eroded area of cervix using a cotton ball, maintained for approximately 50 *Matra-Kala* on each sitting.
- The contact time is comparable to 30–60 seconds used in other *Kshara Karma* protocols, ensuring controlled superficial cauterization.^[1,10]
- Neutralization (*Kshara Kshalana*)
- After the desired contact period, the area was irrigated with lemon juice (*Nimbu Swarasa*),

providing acidic neutralization to prevent deeper tissue damage and arrest the *Kshara* action.^[1,9]

Post-procedural local care

- *Yoni Pichu* with *Jatyadi Taila* placed for about 1&1/2 hour after each sitting, to provide *Ropana*, *Vrana-shodhana* and *Shotha-hara* support and soothe the chemically cauterized area.^[1,10]
- Vitals monitored; patient remained stable without adverse events. Two sittings of *Kshara Karma* were performed on alternate days. (First *Kshara karma* was completed on 24/12/2025 and second *Kshara karma* completed on 26/12/2025)

Table 1: Clinical Timeline (Day 1–Day 7)

Day	Procedures	Interventions Details
Day 1	<i>Yoni Prakshalana</i>	Cleansing with <i>Triphala Kashaya</i> + <i>Nimba</i> leaves, to reduce <i>Kleda</i> and infection
Day 2	<i>Yoni Prakshalana</i> + <i>Kshara Karma</i> + <i>Yoni Pichu</i>	<i>Apamarga Kshara</i> applied to cervical erosion (~50 <i>Matra-Kala</i>), neutralized with lemon juice (<i>Kshara Kshalana</i>), followed by <i>Jatyadi Taila Yoni Pichu</i> for 1 hour.
Day 3	<i>Yoni Prakshalana</i> + <i>Yoni Pichu</i>	Local cleansing and medicated tampon (<i>Jatyadi Taila</i>) for soothing and healing.
Day 4	<i>Yoni Prakshalana</i> + <i>Kshara Karma</i> + <i>Yoni Pichu</i>	Repeat <i>Apamarga Kshara</i> application (~50 <i>Matra-Kala</i>), neutralization with lemon juice, followed by <i>Jatyadi Yoni Pichu</i> .
Day 5	<i>Yoni Prakshalana</i> + <i>Yoni Pichu</i>	Continued local cleansing and medicated tampon therapy.
Day 6	<i>Yoni Prakshalana</i> + <i>Yoni Pichu</i>	Same regimen maintained for sustained healing.
Day 7	<i>Yoni Prakshalana</i> + <i>Yoni Pichu</i>	Local cleansing plus medicated tampon therapy; emphasis on tissue repair and symptom relief.

This format shows a progressive therapeutic plan where *Kshara Karma* is applied intermittently (day 2 and day 4), while *Prakshalana* and *Yoni Pichu* are used consistently for cleansing, healing, and symptom management.

Post-procedural internal and local therapy

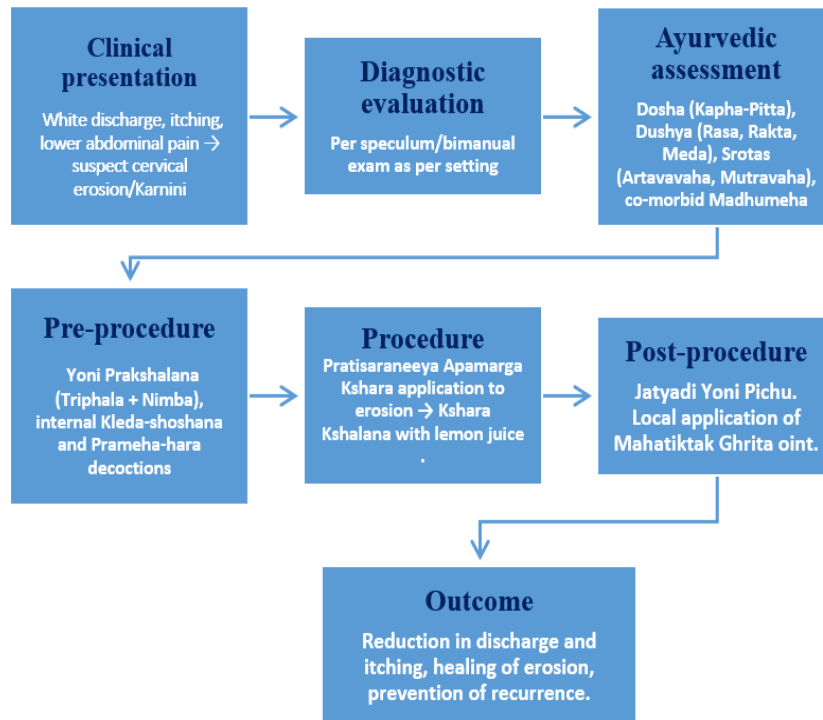
- *Dashamoola Kashaya*: 15ml twice daily with equal water, prescribed for 15 days for its *Vata-Kapha-hara*, *Shotha-hara* and analgesic effects in pelvic tissues.
- *Chandraprabha vati*: To address *Madhumeha*, *Kleda* and *Kapha-Pitta* vitiation and *Streeroga hara*.
- *Vrana Ropana Churna* (prepared from Shankara pharmacy): This *Churna* includes– *Triphala*, *Haridra*, *Vata*, *Nimba*, *Patha*, *Udumbara* for local sitz bath to promote granulation, reduce discharge and maintain hygiene.
- Cap.Grab: Thrice daily for proper healing of lesion, and to cure infection.

- *Nishakathakadi Kashaya* (continued): To manage *Madhumeha*, reduce blood glucose, *Kleda* and systemic *Kapha-Pitta* burden.
- *Mahatikta Ghrita* Ointment: Local application as per advice to enhance *Ropana* and reduce inflammation and itching at the external vulval area.

Follow-up and outcomes

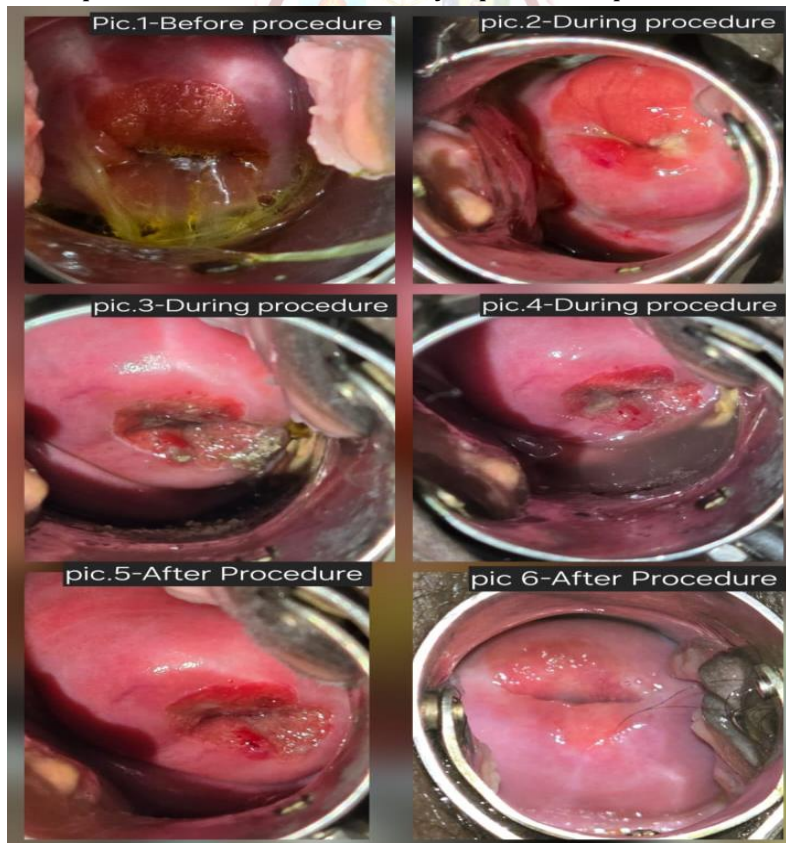
Immediate post-procedure, the patient reported only mild urinary sensation, with no severe pain, No bleeding or syncopal episodes, and vital signs remained stable. There were no recorded adverse events such as excessive discharge, offensive smell, fever or pelvic tenderness, suggesting good tolerability. During follow-up there was clinical improvement in the chief complaint significant symptom relief and reduction in erosion grade were noted, with reduction of white discharge, No itching and lower abdominal pain.^[1,10,13]

Flowchart: Ayurvedic management pathway



Management of *Karnini Yonivyapada* (Cervical erosion) with *Apamarga Kshara*

Although the below provided photographic documentation, extrapolation from case report shows that the erosion likely showed re-epithelialization with healthy squamous epithelium and decreased congestion.



1st picture - Before treatment this first picture shows cervix and discharge at day 1.

2nd picture- During treatment shows cervix after *Prakshalan* on day 2.

3rd picture- During treatment, *Kshar* application at eroded area of cervix on day 2.

4th picture- During treatment, *Kshar kshalan* with lemon juice, day 2.

5th picture- During treatment, *Pakva jambu varna* of cervix which indicates *Samyaka kshar dagdha* on *Lakshan* on day 2.

6th picture- After treatment, healthy cervix after *Kshar karma* on day 7th.

DISCUSSION

Ayurvedic texts describe *Karnini Yonivyapada* as a *Tridoshaja* condition, predominantly *Kapha* and *Rakta*, where *Kaphaja snigdha* and *Picchila* qualities along with *Rakta-dushti* lead to *Karnika*-like growths at the *Yoni* and *Garbhasaya-mukha*, resulting in *Yoni Srava*, *Kandu*, *Gaurava* and pelvic discomfort.^[6,7,8] Contemporary Ayurvedic authors consistently correlate cervical erosion with *Karnini* based on site, chronicity, mucoid discharge and visual appearance.^[6,7,8,11]

In the present case, features of profuse white-yellowish turbid discharge, itching and localized pain, along with visible erosion around the external os, *Kapha-Pitta-pradhana samprapti* and coexisting *Madhumeha*, align well with this nosological correlation.^[12] (ICD-11 under Chapter 26 (Traditional Medicine Conditions), Female reproductive system disorders module, with biomedical correlation to GA20.0 - Erosion and ectropion of cervix uteri.) This linkage allows application of classical *Karnini*-oriented modalities- *Kshara Karma*, *Yoni Prakshalana*, *Yoni Pichu* and systemic *Kapha-Pitta-hara* formulations- within a modern clinical framework.^[9,10,11]

Mechanism of action of *Apamarga Kshara* in cervical erosion

1. Local chemical cauterization and debridement

Apamarga Kshara is strongly alkaline (pH \approx 10.44), hygroscopic and enriched with carbonate, sulphate and chloride radicals, attributing potent *Ksharana* (corrosive), *Lekhana* (scraping), *Shodhana* (cleansing) and *Ropana* (healing) effects.^[9] When applied to the eroded ectocervical area, the *Kshara* causes controlled coagulative necrosis of superficial columnar epithelium, facilitating removal of unhealthy tissue and promoting re-epithelialization with stratified squamous epithelium. ^[1,9,10] Experimental and clinical reports show that *Apamarga Kshara* reduces erosion size and improves appearance within 1–2 cycles, with minimal scarring when contact time and neutralization are properly controlled.^[1,9,10]

2. *Dosha* and *Kleda* modulation

From an Ayurvedic standpoint, *Apamarga Kshara's Ushna*, *Tikshna* and *Katu-Kshara* properties counteract *Kapha* (*Picchila*, *Snigdha*) and *Kleda* at the local site, thereby reducing excessive *Yoni Srava* and providing a drier, more *Vata-Pitta*-balanced environment favorable for healing.^[9,10,11] The *Lekhana* and *Bhedana* actions help break down granulation and chronic inflammatory tissue, while *Shodhana* flushes out local *Aama* and microbial load, indirectly lowering infection risk.^[9,10,11]

3. Prevention of infection and dysplasia

Clinical case reports suggest that *Apamarga Kshara* not only reduces discharge and erosion but may help minimize progression toward cervical intraepithelial lesions when used early and cautiously, although robust data are limited.^[1,2,11] The mechanism is postulated to involve destruction of superficial dysplastic cells, restoration of normal epithelium and reduction of chronic inflammation which otherwise predisposes to neoplastic changes.^[1,10,11]

4. Synergism with *Jatyadi* preparations and internal drugs

Post-*Kshara* application, *Yoni Pichu* with *Jatyadi Taila* provides cooling, *Ropana* and *Vrana-shodhana* effects through ingredients such as *Jati*, *Nimba*, *Haridra* and *Tila Taila*, which possess documented antimicrobial and wound-healing actions.^[1,10,14] Internal *Chandraprabha vati*, *Cap. Grab*, *Nishakathakadi* and *Dashamoola Kashaya* improve systemic metabolic milieu, reduce *Kleda* and inflammation and address the underlying *Madhumeha*, thereby lowering recurrence risk, as also highlighted in other *Karnini* and *Prameha*-related cervical erosion studies.^[6,7,10]

CONCLUSION

Cervical erosion is a condition that requires timely management, as neglect may lead to secondary infections such as HPV and can progress to cervical intraepithelial neoplasia. In the presented case report, *Apamarga Pratisaraniya Kshara* demonstrated effectiveness in resolving cervical erosion and alleviating related symptoms. This suggests that *Kshara Karma* could serve as an alternative to conventional interventions like electrocautery, offering a more cost-effective approach, symptomatic relief and local healing without major complications and no adverse effects.

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