



## Case Study

### KARNINI YONIVYAPAD W.S.R TO CERVICAL EROSION- A CASE STUDY

Tiwari Richa<sup>1\*</sup>, Pushpalatha Buduru<sup>2,3</sup>, Bharathi K<sup>4</sup>

<sup>1</sup>Medical Officer, Department of Ayurveda, Govt. of Rajasthan, Rajasthan, India.

<sup>2</sup>Associate Professor, <sup>4</sup>Professor & Head, P.G. Dept. of Prasuti Tantra and Striroga, National Institute of Ayurveda, Madhav Vilas Palace, Amer Road, Jaipur, India.

<sup>3</sup>Ph.D Scholar, Tilak Maharashtra Vidyapeeth, Pune, Maharashtra, India.

**KEYWORDS:** Cervical Erosion, *Karnini Yonivyapada*, *Virechana*.

#### ABSTRACT

*Karnini Yonivyapad* is described with its own pathogenesis and treatment in classical text. It can be compared with cervical erosion due to its clinical appearance. Among all *Yonivyapad*, only this *Yonivyapad* is related with cell pathology. In present circumstances when cervical intraepithelial neoplasia, cervical cancer are the burning issues in front of whole world, it is necessary to understand physiology and pathology of cervix in benign stages so that an appropriate prevention or treatment can be done at this stage. An ideal and complete treatment of pathological erosion should be that which destroy the ectopic columnar epithelium and make healthy cell environment so that regression of erosion will take place properly. *Virechana karma* is the radical purification that eliminates waste products, toxins and aggravated *Doshas* from the body. As aggravated *Doshas* are the primary cause of disease, this method is the most direct for curative purposes. In present study, patient with *Karnini yonivyapada* is treated with combination of *Shodhan*, *shaman* and local therapy. *Trivrit Lehya* has been selected for *Virechana karma* because in all the herbs easy and safe among purgative is *Trivrit*. *Apamarga* (*Achyranthes aspera* L.) *Kshar Tail* used for *Yoni pichu* and *Triphala Guggul* is selected for *Shaman chikitsa*, which is seen to be very much effective.

#### \*Address for correspondence

**Dr. Richa Tiwari**

Medical Officer,  
Department of Ayurveda,  
Govt. of Rajasthan, Rajasthan,  
India.

Email:

[richa.ayurved@gmail.com](mailto:richa.ayurved@gmail.com)

#### INTRODUCTION

In modern science it is the most prevalent gynaecological disorder and the most common cause of vaginal discharges and chronic ill health in the reproductive age group that does not respond effectively to standard treatments of diathermy cautery, cryosurgery etc. Its prevalence is between 50-85% of all the gynecological conditions<sup>[1]</sup>. Females are one of the important pillars of family and society and take most important part for the fulfilment of biological cycle, that's why *Nari* is said as *Apatyamula*.<sup>[2]</sup> Any deviation of healthy state may adversely affects the family, hence disease which causes physical or psychological concern to a woman should be immediately taken care and treated properly. In our classics twenty *Yonivyapad* have been described<sup>[3]</sup> which cover almost all gynaecological disorders. *Karnini Yonivyapad* is one among them, the description of which seems to be

near to cervical erosion. 50-85% of female population is suffering from cervical erosion which has become major problem in this present era. Among all *Yonivyapad* only this *Yonivyapad* is related with cell pathology. In present circumstances when cervical intraepithelial neoplasia, cervical cancer are the burning issues in front of whole world, it is necessary to treat the pathology of cervix in benign stages appropriately. These benign conditions may precipitate cervical cancer in later period if not properly treated and eradicated. *Virechana karma* is the radical purification that eliminates waste products, toxins and aggravated *Doshas* from the body and work at cellular level. It not only cures the pathology in reproductive organs but with holistic approach, treats the woman as a whole, thereby improving the general health also. In present study, patient with

*Karnini yonivyapada* is treated with combination of *Shodhan*, *Shaman* and local therapy. *Trivrit Lehya* has been selected for *Virechana karma* because in all the herbs easy and safe among purgative is *Trivrit*. *Apamarga* (*Achyranthes aspera* L.) *kshar tail* used for *Yoni pichu* and *Triphala Guggul* is selected for *Shaman chikitsa*, which is seen to be very much effective.

### Etiology

Due to straining during parturition in the absence of labour pains, the *Vayu* obstructed by fetus, getting mix with *Shleshma* and *Rakta* produce *Karnika* (pericarp of lotus) in *Yoni*, which obstructs the passage of *raja*. Due to presence of *Karnika* this condition is termed as *Karnini yonivyapad*.<sup>[4]</sup>

Acharya Sushruta explains the pathogenesis of this disease in a different manner. He describes that vitiated *Kapha* long with *Rakta* produces *Karnika* in *yonis*. Other feature of vitiation of *Kapha* i.e. unctuousness and itching etc are also present<sup>[5]</sup>.

Both the *Vagbhata* have followed *Charaka* but they use the term *Akalevahana* in place of *Akalevahanam*.

Acharya Indu, commentator of *Ashtanga sangraha* while clarifying the description about *Akalevahana* says that premature ejaculation of fluid brought about by untimely straining refers to either normal secretion of reproductive system of woman causing at the end of orgasm or else deliberate discharge of urine by woman to deceive her husband leads to vitiation of *Vata*, aggravated *Vata* withholding *Kapha* and *Rakta* produces '*Karnika*' on '*Garbhashaya dwara mukha*' which obstructs the passage of *raja*.

### Complications

Ectopy may render the cervix more susceptible to infection with *N. Gonorrhoeae*, *C. Trachomatis*, or HIV<sup>[6]</sup>. Spread of infection to cause bladder and urinary tract infection, arthritis. May lead to cervical intra-epithelial neoplasia, cervical cancer, Infertility etc.

### AIM AND OBJECTIVES

To assess the Ayurvedic management in cervical erosion (*Karnini yonivyapada*) through *Shodhan chikitsa* (*virechan*).

### MATERIAL AND METHODS

Informed written consent was taken from the patient in her own language and case was recorded as per performa.

### Case Report

A 30 year old female patient, who is housewife with marital life of 6 years came in OPD of Prasuti Tantra Evam Stree Roga of NIA Jaipur, on

01 August 2019 with the complaints of white discharge per vagina with foul smell since 1 year associated with backache.

**History of present illness:** Patient has taken treatment at different modern government hospitals, got mild relief but reoccurrence occur. So for further treatment she approached our OPD.

**History of past illness:** Not significant.

### Personal history

Diet- non vegetarian, Appetite-Good, Bowel- clear, Micturation - 4-5times/day,

Sleep- Sound sleep

**Menstrual history:** LMP on 14 July 2019. Has regular menstruation with duration of 5 days with the interval of 30 days with mild lower abdominal pain.

**Obstetrical history:** Had 2 children with FTND, age of last child being 1year.

### Ashtavidha pareeksha

*Nadi*- 76bpm, *Mala*- twice in a day, *Mootra*- 4-5 times/day & 1-2 times in night,

*Jiwha-Saam*, *Shabda-Spashta*, *Sparsha -Anushna*, *Drika-Alpashwetab*,

*Akriti-Madhyama*

### Dashavidha pareeksha

*Prakriti-Vatakaphaja*, *Vikriti-Kapha*, *Sara-Madhyama*, *Samhanana -Madhyama*,

*Pramana-Madhyama*, *Satmya-Madhyama*, *Satva-Madhyama*, *Ahara Shakti -Madhyama*

*Vyayama Shakti -Madhyam*, *Vaya- Yuvana*

### General Examination

Built- moderate, Nourishment- moderate, Temperature- 98.4F, Respiratory rate- 16 /min, Pulse rate- 76 /min, BP- 110/70 mm of Hg, Weight- 54kg, Tongue- coated

### Systemic Examination

CVS- S<sub>1</sub> S<sub>2</sub> heard, RS- normal breathing, CNS- conscious, well oriented, P/A-soft

### Local Examination

**Per Speculum:** Cervix- hypertrophied with erosion around cervical OS and anterior lip covering 50% of lesion, posterior lip with 25%. Thick curdy white discharge+++ , vaginal congestion+.

**Per Vagina:** Anteverted, not so bulky, no tenderness on deep touch, no cervical motion tenderness, fornices free.

### Investigations: 02/08/2019

- Complete Blood Count- Hb- 12.6g/dl
- Erythrocyte Sedimentation Rate-18 mm
- Liver Function Test  
Serum Bilirubin-0.6 mg/dl  
Serum Alkaline Phosphatase-197.1 U/L  
SGOT-25.2 U/L  
SGPT-29.4 U/L

- Renal Function Test  
Serum creatinine - 0.7mg/dl  
Blood Urea-22.1 mg/dl
- Random Blood Sugar – 123.8 mg/dl
- Blood Group & Rh factor- “B” positive
- HIV Test- HIV – I : Nonreactive  
HIV – II: Non reactive
- HBs Ag Test: Negative
- VDRL Test : Negative
- Urine examination:  
Urine sugar/albumin/bile salts/bile pigment-  
Absent

**Microscopic examination:** pus cell: 1-2/HPF,  
epithelial cells: 2-3/HPF

**Red Blood Cells / cast cells/ crystals/ others –  
Nil.**

**Papsmear – Inflammatory smear**

Smear from the cervix was taken and was sent to the pathologist, to rule out any dysplasia or carcinoma. Patients were advised not to douche or intercourse one day before taking of smear. All the precautions mentioned in the texts for preparation of pap smear were followed strictly.

**Vaginal swab culture-**Normal vaginal commensal flora grown, No pathogen grown.

**pH of Vagina- 6**

It was noted down with the help of pH indicator strips and was recorded before and after trial.

**Management**

*Virechana karma* with *Trivrit Lehya* along with *Apamarga kshar tail yoni Pichu*. Administration for twice per week for one month after the bleeding phase of menstrual cycle and *Triphala Guggulu* 500mg BD after *Virechana karma*.

**Procedure of Virechana Karma**

**Purva Karma**

*Deepana, Pachna* with *Panchkola churna*  
*Sneha Pana* with *Go-Ghrita* till *Samyakas nigdha lakshna* were seen

*Sarvang Abhyanga sweda-* for 3 days.

**Pradhan karma**

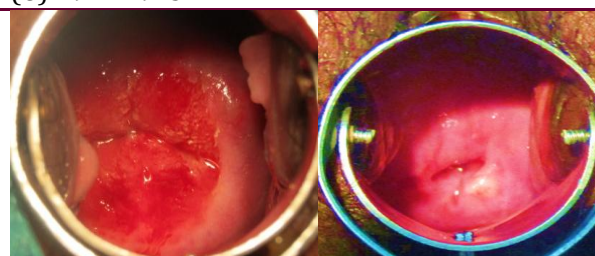
*Virechana* with *Trivrit Lehya*

**Pashchat karma**

*Sansarjana karma*

**Follow up study**

After completion of course patients was advised to report every 6 days for follow up study, which was carried out for 1 month. During the follow up study, changes in the signs and symptoms were recorded and required investigations were repeated. After one month cervical erosion was completely eradicated.



**Before Treatment      After Treatment**

**Discussion**

*Srava* is due to property of *Kapha*. *Virechana* eliminates excessive accumulation of *Kapha* and reduce the *Srava* (discharges). After *Samyak virechan vatanuloman* was done and analgesic and anti-inflammatory activity of *Trivrit* is also helped to relieve backache *Virechan* worked on all *Samprappti ghatak* of this disease and *Samprappti vightan* was done.

**At Dosha level:** It pacifies the vitiated *Kapha* and *Vatadosha* and removes vitiated *Pitta* and thus do *Raktashodhan*.

**At Dushya level:** *Acharya Kashyapa* mentioned that *Shuddhi of Saptadhatus* take place with *Virechana karma*. In *Karnini dusya* is *Rasa, Rakta, Mamsa* Here *Virechana* worked on all *Dusya*.

**At Ama and Agni level:** In Ayurveda, all the diseases get manifested as a result of *Mandagni*<sup>[7]</sup>. The Modern life style of the women leads to *Ama* and *Mandagni*. By *Deepen-pachanaa ampachan* was done and after *Samyak Virechana agni* was increased. *Virechana Karma* has direct effect on *Agnisthana* (hampered *Agni* is one of the initiating factors of vitiation of *Artava*).

**At Srotas level:** *Virechana* have the quality of *Strotovishodhana*, it is useful therapy in treating the diseases of *Rasavaha, Raktavaha, Mamsavaha, Asthivaha, Majjavaha, Shukravaha* and *Pranavaha Srotasa*. *Karnini* is the disease of *Artavavaha* and *Rasa-rakta-mamsavaha Srotas*. By breaking pathology at *Srotas* level it pacified the disease.

**At hormonal level:** Hormones plays an important role in cervical erosion. *Virechana* worked at root level and bring back deviations of hormonal system back to normalcy. So it was help in destroying the disease from its root.

**At the time of healing of erosion:** Here proper transformation of columnar cells into squamous cells is very important event at the time of healing of erosion. According to *Ayurveda* any type of transformation in the body depends upon *Agni*. The *Agni* that is present at microcellular level is *Bhutagni*. If this *Bhutagni* is proper only then the process of transformation will be proper otherwise it leads to improper transformation i.e. formation of *Ama* at cellular level and may be one of the cause of

cervical intraepithelial neoplasia and cervical cancer. Process of *Virechana* corrects the *Agnimandhya* at cellular level by *Pachana*, *Deepen*, *Snahan* and *Swedan* followed by *Virechana*.

#### Probable mode of action of *Apamarga Kshara Taila*

*Apamarg* having Anti-bacterial activity, Wound healing Activity, Anti-inflammatory Activity, Cancer chemopreventive activity, Anti-viral activity, Anti-oxidant Activity, Anti-microbial Activity, Anti-allergic Activity, Anti-parasitic Activity, Hepatoprotective Activity and *Kshara* is a best *Shodhana dravya*. *Tila tail* having *Vishada*, *Sukshma*, *Sara*, *Vyavayi*, *Vikasi Guna*, *Ushna Virya*, *Vatakapha nashaka*, *Yonivi shodhana*, *Yonishoola nashaka*, *Vrananashaka (Vranashodhana & Vranaropana)*, *Lekhana*, *Vatavikara nashaka karma* so it was useful in scraping of columnar epithelium and prevent from infections and promotes healing.

#### Probable mode of action of *Triphala guggulu*

*Triphala guggulu* having *Dahasamana*, *Vedanahara*, *Vrana Sodhana vranasodhan* and *Ropana* properties so it was useful in proper healing of erosion. *Triphala guggulu* is also found to have anti-inflammatory and wound healing properties<sup>[8]</sup>.

#### CONCLUSION

*Karnini yonivyapad* is a disease having its impact on body as well as on mind. Ayurvedic line of management, aims to gives significant relief by removing the vitiated *Dosha* and prevent further complications. This study provided important information regarding the effectiveness of *Virechana* by *Trivrit avaleha* and *Yonipichu* by *Apamarga kshara taila* along with oral *Triphala guggulu* proved to be effective in the management of *Karnini Yonivyapad*.

#### REFERENCES

1. V.N.K. Usha, Streeroga- Vijnan (A Textbook of Gynaecology) Reprint 2016, Chaukhambha Sanskrit Pratishthan Delhi, India. pp 292.
2. Vaidya Yadavji Trikamji Acharya, Charaka Samhita of Agnivesha, Charaka & Drdhabala, with the Ayurvedadipika Commentary by Shri Chakarapanidutta, Edition 2019, Published by Chaukhambha Surbharti Prakashan, Varanasi (C.S.Ci.30/5-6) pp 634.
3. Vaidya Yadavji Trikamji Acharya, Charaka Samhita of Agnivesha, Charaka & Drdhabala, with the Ayurvedadipika Commentary by Shri Chakarapanidutta, Edition 2019, Published by Chaukhambha Surbharti Prakashan, Varanasi (Ch.Chi.30/7) pp 634.
4. Vaidya Yadavji Trikamji Acharya, Charaka Samhita of Agnivesha, Charaka & Drdhabala, with the Ayurvedadipika Commentary by Shri Chakarapanidutta, Edition 2019, Published by Chaukhambha Surbharti Prakashan, Varanasi (Ch.Chi.30/7) pp. 636.
5. Vaidya Yadavji Trikamji Acharya, Sushruta Samhitha of Sushruta with the Nibandh sangraha commentary of Dalhanacharya, Edition 2018, Published by Chaukhambha Surbharti Prakashan, Varanasi (Su.S.U.38/15-17 Dalhan Tika) pp. 669.
6. Harrison's Principles Of Internal Medicine, 20<sup>th</sup> Edition 2018, pp. 984.
7. Acharya Vagbhata, AshtangaHrudaya with commentaries Sarvaangasundari of Arunadatta and Ayurveda Rasaayana of Hemadri, edited by Bhishakacharya, Harishastri Paradakara, 10<sup>th</sup> edition, 2017, Published by Chaukhambha Orientalia, Varanasi (A.H.Ni.12/1)
8. Mhaskar BD, Bari PP, Chouragade B. Management of non-healing infected wound by external application of Hinsradaya Taila and Triphala gugullu, Joinsysmed 2017,vol 5(2),pp-130-134.

#### Cite this article as:

Tiwari Richa, Pushpalatha Buduru, Bharathi K. Karnini Yonivyapad w.s.r to Cervical Erosion – A Case Study. AYUSHDHARA, 2020;7(6):2972-2975.

**Source of support: Nil, Conflict of interest: None Declared**

Disclaimer: AYUSHDHARA is solely owned by Mahadev Publications - A non-profit publications, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. AYUSHDHARA cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of AYUSHDHARA editor or editorial board members.