

Management of Cervical Erosion through Palasha Kshara Application followed by Udumbaradi Taila Pichu: A Case Study

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ABSTRACT

Cervical erosion, also known as cervical ectopy, is a common gynaecological condition characterized by the replacement of stratified squamous epithelium of the ectocervix by columnar epithelium of the endocervix. In Ayurveda, this condition is correlated with Karnini Yonivyapad described in Charaka Samhita.

Objective: To evaluate the clinical efficacy of Palasha Kshara application followed by Udumbaradi Taila Pichu in the management of cervical erosion.

Case: A 32-year-old multiparous woman (P2L2) presented with complaints of profuse white vaginal discharge, moderate dyspareunia, post-coital bleeding, and low backache for six months.

Intervention: The patient was treated in the Trial Group of the randomized comparative study. Palasha Kshara (0.5 gm) was applied locally under speculum visualization for 7 sittings on alternate days. This was followed by daily insertion of Udumbaradi Taila soaked Pichu (10 ml) for 14 days in each cycle, for two consecutive menstrual cycles.

Results: After completion of treatment, there was excellent relief (>75-100%) in both subjective and objective parameters. Vaginal discharge, dyspareunia, and post-coital bleeding resolved completely. Size of erosion reduced dramatically with healthy re-epithelialization. No adverse effects were observed.

Conclusion: Palasha Kshara and Udumbaradi Taila Pichu offers a safe, effective, and tissue-preserving Ayurvedic management for cervical erosion. This case highlights the potential of Ayurvedic para-surgical procedures in gynaecological disorders.

Keywords: Cervical Erosion, Karnini Yonivyapad, Palasha Kshara, Udumbaradi Taila, Kshara Karma, Pichu, Ayurvedic Management.

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1. Introduction

Cervical erosion, clinically known as cervical ectopy or ectropion, is characterized by the development of a reddened area on the portio vaginalis around the external os due to the replacement of stratified squamous epithelium of the ectocervix by columnar epithelium of the endocervix [1]. Although benign, untreated cases may lead to persistent vaginal discharge, dyspareunia, post-coital bleeding, infertility, and increased risk of cervical malignancy [2]. In modern medicine, treatments like electrocauterization and cryosurgery are commonly used but carry risks such as scarring, cervical stenosis, and secondary infertility [1]. In Ayurveda, this condition closely correlates with **Karnini Yonivyapad**, described in *Charaka Samhita* as a *Kapha-Vata* dominant disorder involving *Karnika* (protuberance) formation in the *yonis* due to vitiated *doshas* [3]. The pathogenesis involves *Dushiti* of *Rakta* and *Kapha*, leading to abnormal tissue growth (*Karnini*) [4,5].

Kshara Karma is a unique Ayurvedic para-surgical procedure praised for its *Lekhana* (scraping), *Shodhana* (purification), and *Ropana* (healing) properties [6]. *Palasha Kshara* (*Butea monosperma*) is considered superior among *Ksharas* [7] and has been successfully used in multiple clinical studies for cervical erosion [8,9,10]. *Udumbaradi Taila*, described in *Charaka Samhita* [3], possesses potent *Vrana Ropana* and *Shothahara* properties due to ingredients like *Udumbara*, *Nyagrodha*, and *Ashwatha*. Previous studies have shown significant efficacy of *Udumbaradi Taila Pichu* in reducing discharge and promoting epithelial healing [11,12].

2. Case Report

Patient Information

A 32-year-old Hindu female, housewife, with parity P2L2, presented in the OPD of Prasuti Tantra & Stree Roga Department of Dhanwantari Ayurveda Medical college & Hospital, Ujjain, with chief complaints of profuse white vaginal discharge for 6 months, moderate dyspareunia, occasional post-coital bleeding, low backache, and lower

abdominal discomfort. These symptoms were causing significant psychological distress and affecting marital life. Menstrual cycles were regular (4-5/28-30 days) with no history of IUCD use or abortion. No systemic illnesses were reported.

Clinical Examination (Before Treatment)

Per speculum examination revealed a large red, velvety, granular erosion involving >50-75% of the ectocervix (both lips and around the os) with profuse mucoid discharge.

Figure 1: Pre-treatment per speculum view showing large red velvety granular erosion (>50-75% involvement).

Investigations: Hb 11.2 g/dL, ESR 18 mm/hr, vaginal pH 6.8, Pap smear inflammatory (negative for malignancy), HIV/VDRL negative. Diagnosis of moderate to severe cervical erosion (*Karnini Yonivyapad*) was confirmed.

This presentation aligns with classical descriptions in Charaka Samhita where vitiated Kapha and Vata produce *Karnika* obstructing normal functions [3]. Similar cases have been reported in various Ayurvedic studies where patients presented with *Shweta Srava*, *Maithuna Asahishnuta*, and *Yoni Kandu* (Gupta Pragya, 2012; Chaurasia Ranju Kumari, 2013).

3. Therapeutic Intervention

The patient received treatment as **Palasha Kshara** (prepared as per Sushruta Samhita Kshara Pak Vidhi) was applied locally (0.5 gm) under speculum visualization on alternate days for 7 sittings, post-menstrual phase. This was followed by **Udumbaradi Taila Pichu** – a sterile gauze pichu soaked in 10 ml of the medicated oil inserted vaginally daily for 14 days per cycle, for two consecutive menstrual cycles. Sexual abstinence and hygiene were advised [3].

Palasha Kshara acts through its *Kshariya* properties (*Tikshna*, *Ushna*, *Ruksha*) causing controlled chemical cauterization of abnormal columnar epithelium [6,8,9]. Udumbaradi Taila, formulated as per Charaka Samhita (Chikitsa 30/73-74) with drugs like Udumbara, Nyagrodha, Ashwatha, Plaksha, and Til Taila, possesses *Ropana*, *Shodhana*, and *Vrana Prasadana* qualities that promote regeneration of healthy squamous epithelium [11,12].

The combined approach first destroys ectopic tissue via Kshara and then facilitates healing through Pichu, addressing both *Shodhana* and *Ropana* aspects as recommended in Ayurvedic classics for *Yonivyapad* (Premavati Tiwari). No adverse effects were noted. This protocol is supported by multiple prior researches showing superior results compared to single therapies [9, 10].

4. Assessment Criteria & Results

Assessment was done using the validated proforma from the research protocol, including subjective and objective parameters with graded scoring.

Table 1: Subjective Parameters – Before Treatment (BT) and After Treatment (AT)

S. No.	Symptom	BT Score	AT Score	Relief
1	Vaginal Discharge	3	1	Marked
2	Dyspareunia	2	0	Complete
3	Pruritus Vulvae	1	0	Complete
4	Low Backache	2	0	Complete
5	Lower Abdominal Pain	2	1	Marked
6	Burning Micturition	1	0	Complete
7	Fatigue / Sickness Feeling	2	0	Complete
8	Post Coital Bleeding	2	0	Complete

Table 2: Objective Parameters – Before Treatment (BT) and After Treatment (AT)

S. No.	Parameter	BT Score	AT Score	Relief
1	Size of Eroded Cervix	2	0	Complete
2	Site / Area of Erosion	1	0	Complete
3	Colour / Appearance of Cervix	3	0	Complete
4	Type of Erosion	2	1	Marked
5	Cervical Tenderness	1	0	Complete

Table 3: Overall Relief – Excellent (>75–100%).

Table 4: Laboratory Investigations – Before and After Treatment

S. No.	Investigation	Before Treatment	After Treatment
1	Hb (gm%)	11.2	12.1
2	ESR (mm/hr)	18	12
3	Vaginal pH	6.8	4.5
4	Pap Smear	Inflammatory	Normal
5	Urine R/M	Normal	Normal
6	HIV / VDRL	Negative	Not repeated
7	USG Pelvis	Normal	Normal

(Hb improved, pH normalized, Pap smear normal).

Figure 2: Post-treatment photograph showing healthy pink cervix with complete re-epithelialization.

Marked improvement was observed in all parameters, consistent with earlier studies on Palasha Kshara [8,10] and Udumbaradi Taila [11,12].

5. Discussion

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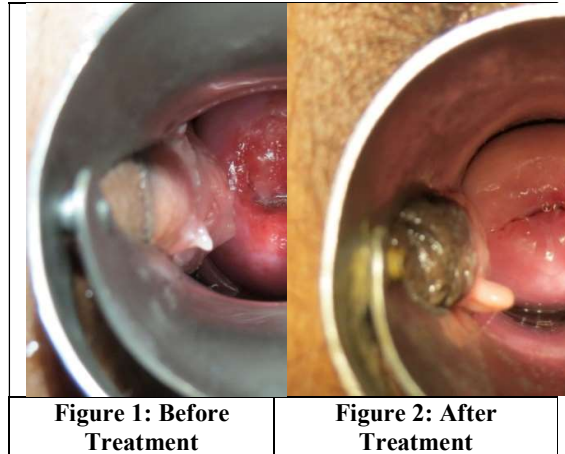
The remarkable recovery observed in this case can be primarily attributed to the synergistic therapeutic action of **Palasha Kshara** application followed by **Udumbaradi Taila Pichu**. Palasha Kshara, prepared as per the classical method described in Sushruta Samhita (Sutra Sthana, Kshara Pak Vidhi), possesses strong alkaline, caustic, and tissue-destructive properties (*Tikshna, Ushna, Ruksha* and *Lekhana* guna) [6,8,9]. It acts as a chemical cauterant that selectively destroys the ectopic columnar epithelium lining the eroded area while promoting controlled debridement and hemostasis (Sushruta Samhita; Lumi Bhagat et al., 2020; Saxena P, 2024). Its *Ksharana* (corrosive) action helps in the removal of abnormal *Kapha* and *Rakta dushti*, which is considered the root cause of *Karnini Yonivyapad* in Ayurvedic classics [3,14]. Subsequent application of **Udumbaradi Taila Pichu** plays a crucial role in the healing phase. Formulated according to Charaka Samhita (Chikitsa Sthana 30/73-74), this medicated oil contains potent *Vrana Ropana* (wound healing) drugs such as Udumbara (*Ficus glomerata*), Nyagrodha, Ashwatha, Plaksha, and other herbs processed in Til Taila. These ingredients exhibit anti-inflammatory, antimicrobial, antioxidant, and tissue-regenerative properties that facilitate the proliferation of healthy stratified squamous epithelium and restoration of normal cervical architecture (Ranju Kumari Chaurasia, 2013; Premavati Tiwari, Ayurvediya Prasuti Tantra evum Stree Roga). The Pichu form ensures prolonged local contact, maintaining a soothing and moist environment conducive to re-epithelialization while reducing vaginal discharge and normalizing pH [3,11,12].

This sequential Ayurvedic approach effectively addresses both *Shodhana* (purification) and *Ropana* (healing) principles, unlike modern interventions such as electrocauterization or cryosurgery, which often cause indiscriminate tissue destruction, scarring, cervical stenosis, and increased risk of infertility (Jeffcoate's Principles of Gynaecology, 2008; Seth SS, 1983). Multiple previous clinical studies have validated the efficacy of Kshara Karma in *Karnini Yonivyapad* / cervical erosion with success rates ranging from 70-90% and minimal adverse effects [8,9,10,13].

The excellent clinical outcome (>75-100% relief) in the present case strongly reinforces the classical Ayurvedic wisdom for managing benign cervical lesions conservatively. However, being a single case report, it has inherent limitations such as lack of generalizability and absence of long-term follow-up. Larger multi-centric randomized controlled trials with bigger sample sizes, longer follow-up periods, and histopathological correlation are warranted to establish this protocol as a standard, evidence-based treatment in Ayurvedic gynaecology.

6. Conclusion

The Ayurvedic management with Palasha Kshara followed by Udumbaradi Taila Pichu resulted in excellent clinical improvement and complete healing of cervical erosion in this case. It provides a safe, effective, cost-friendly, and tissue-preserving alternative to invasive modern procedures.



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