Effect of Ayurvedic management in Cervical erosion w.s.r. *Karnini yonivyapad* – A case study

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Abstract
Health of the nation mainly depends upon the health of *stree*. The smaller changes in women's lifestyle affect their reproductive life and lead to diseases. Now a days most of the women frequently complains of white vaginal discharge, itching per vagina and low back pain. While probing for the cause, it is often due to the changes in their lifestyle that leads to hormonal
imbalance and sometimes faulty care during pregnancy and delivery, which resembles as
described in the *Karnini yonivyapad*. It can be correlated to cervical erosion due to its clinical appearance.
Cervical erosion which is included under *Vata Kaphaja Yonivyapad*, is a common
gynecological disorder characterized by symptoms such as vaginal discharge, pain, burning,
inflammation and dyspareunia. Ayurvedic medicine offers holistic approaches to manage such conditions, combining both internal and external therapies.
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Case Report
A 39-year-old female patient with registration number 32630/5317 (OPD/IPD) came to
Government Ashtang Ayurveda College and Hospital, Indore. She had complaints of
excessive white discharge from vagina along with contact bleeding and pain during coitus since last 5 years. She also had lower back pain for 4 years. She had taken Allopathy treatment many times but got temporary relief from the symptoms which reappeared every time.
Past medical history

- Patient had recurrent vaginal discharge with itching p/v.
- No h/o DM/HTN/Bronchial asthma/ hypothyroidism.

Past surgical history: No h/o past surgical illness
Menstrual history: 3-5 days / 30–32-day cycle, regular, moderate and had pain on the first day of menstrual cycle.
Use of oral contraceptive pills for 2 years after last delivery.
Obstetric History: G3/P3/L3/A0
Last Delivery - Full term FTNVD at hospital 6 years back.
Prolonged 1st stage of labour with application of external fundal pressure during last delivery. (***Akalavahmanaya or 'Akal-pravahana')***
General examination: On examination, it was found that she was belonging to *Vatapittaja Prakriti (AYUR PRAKRITI* WEB PORTAL- CCRAS) and there was no abnormal finding seen in general and systemic examination.

BP - 110/70 mmHg
Pulse - 72/min
Respiratory rate - 16/min
Temperature- Afebrile.
Weight - 59 kg Height - 166 cm. Pallor- Absent
Icterus - Absent
Cardiovascular System (CVS)
First and second heart sound heard normally.
No added sound or murmurs.
CVS: Clinically normal Respiratory System (RS)
Chest symmetrical with equal bilateral movements. Tracheal central.
Percussion notes resonant bilaterally. Normal
vesicular breath sound heard. No added sound.
RS: Clinically normal

Gastrointestinal System (GIT / Per abdomen)
Abdomen soft, non-tender. No distension.
No palpable mass or organomegaly. Bowel sound present and normal.
No guarding or rigidity.
Per abdomen: No abnormality detected. On P/S & P/V examination
On per speculum examination, it was found that anterior lip of the cervix was eroded with bright red colour and oedematous cervix was seen along with foul smelling discharge. The case was confirmed with provisional diagnosis as cervical erosion.

On Bimanual examination, Ut found little bulky, no abnormal mass felt, cervix bulky, fornices free.

Lab. Investigations -

- Haematology (Hb%, DC, TLC) and urine (R/M) parameters were found within normal limit.
- Blood sugar was also under normal range.
- HIV negative
- LBC PAP SMEAR: Negative for intraepithelial lesion or malignancy.

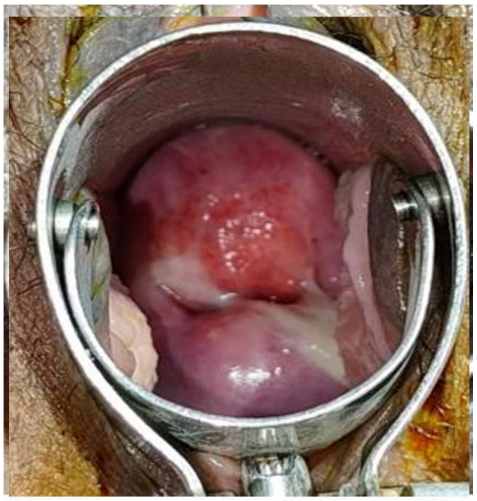
Final Diagnosis- Cervical erosion (*karnini yonivyapad*)
Therapeutic Interventions -
Patient was treated on IPD basis with oral medications and in situ procedures for 10days starting from 6th day of menses.
Rx
1.Tab.*Pradarantaka louha* 2BD after food.
2 Tab. *Arogyavardhini vati* 2BD after food
3. Tab. *Chandraprabha vati* 2BD after food
4. Syp.*Lodhraashava* 15ml
+
Syp. *Mustakaarishta* 15ml with equal amount of water BD In situ-Procedure advised -

1. *Yoni Dhavan* was done with *Triphala Kasaya* (with around 1lit.)
•A coarse *triphala* powder and water typically in ratio 1:16.
•Around 4 litre of water mixed with 200 gm powder, continue boil the mixture under medium flame until liquid quantity reduces to one forth i.e 1 litre.
2. *Yoni Pichu* was given with *Jatyadi taila.*
Pichu prepared with sterile gauze piece measuring around 7.5cm× 7.5cm, completely dip into *taila (around 10ml),* introduced into the vagina.

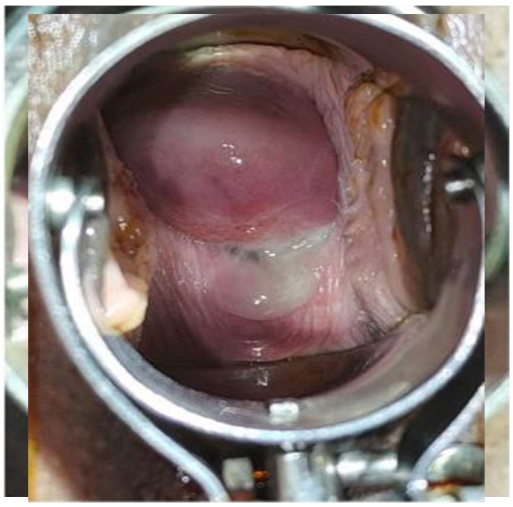
Observation and Results

Day	Cervical Appearance	Erosion Area	White Discharge	Cervical Colour	Surface Characteristics
Day-0	Congested, inflamed cervix	Marked erosion around external os	Profuse, sticky	Bright red, raw	Erythematous, unhealthy epithelium
Day-4	Reduced congestion	Mild reduction in erosion size	Moderate	Red with pink areas	Less raw surface, early healing
Day-7	Healthier appearance	Significant reduction in erosion	Mild	Pinkish-red	Smooth surface, epithelial regeneration
Day-10	Near normal cervix	Minimal / no visible erosion	Scanty / absent	Healthy pink	Smooth, healed epithelium

Day-1 **Day -4**



Day-7 **Day -10**



Conclusion

Cervical Erosion: The Silent Burden on Women's Health

It is a condition that 'erodes' a woman's daily comfort and confidence. Irrespective of recent advances in diagnosis and treatment facilities, symptoms of cervical erosion form major complaint of patients attending gynaecological outpatient department. We can prevent the incidence of this disease by educating the women for improving their general health and personal hygiene. The *Sthanik Chikitsa* (in-situ procedures) mentioned in *Ayurvedic* texts like *Yoni Prakshalana*, *Yoni Pichu* play an important role in curing cervical erosion and other infections also. This *Sthanik Chikitsa* (in situ procedures) has no side effect and is cost effective also.

Oral Medicines (*Shamana Chikitsa*) address the root causes of the condition, often linked to imbalances in *Kapha* and *Vata Doshas*, and provide holistic health benefits, such as improving immunity and general strength.

The case study demonstrated that a 10-day regimen of internal medication paired with in-situ procedure resulted in near-total healing of cervical erosion and a significant reduction in symptoms like profuse white discharge and pelvic pain.

Ayurvedic literature and clinical case studies suggest that *Sthanik Chikitsa* (in - situ procedures) combined with internal medicines is an effective approach for managing cervical erosion.

FUTURE SCOPE:

Building upon the successful clinical outcomes of this case study, the future scope for research into *Karnini Yonivyapad* (Cervical Erosion) can be expanded into several specialized areas:

Longitudinal Recurrence Studies: Future research should monitor patients over 12–24 months to compare the long-term recurrence rates of Ayurvedic management.

Obstetric Care Protocols: Since *Akalavahmanaya* (premature straining during labor) is a specific aetiology for this condition, research could focus on whether improved intrapartum care and pelvic floor training reduce the incidence of postpartum erosion.

Preventive Education: Research into the impact of lifestyle modification and personal hygiene modifications and personal hygiene education, could help qualify how much smaller changes in daily habits can prevent the onset of *Yonivyapad.*

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