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# EFFECT OF KSHARA KARMA WITH APAMARGA KSHARA PRATISARAN FOLLOWED BY PANCHAWALKAL KWATH YONIDHAVAN IN CERVICAL EROSION WITH COLPOSCOPIC EXAMINATION- A CASE REPORT

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#### **ABSTRACT**

Ectropion is defined as erosion, eversion of cervical mucosa and is usually associated with leucorrhea due to chronic endocervicitis. It is seen as red circular, granular surface surrounding the cervical Os bathed in discharge. Cervical erosion happens when cells that line the inside of cervix grow on the outside of cervix. That means the squamous epithelium of the cervix is replaced by columnar epithelium. The women with cervical erosion complaints of vaginal discharge, vulval itching, dyspareunia, low backache etc. This condition can be with Garbhashayamukhagata correlated Vrana Yonivyapada. In the parallel medical field, it is managed by electrocautery, cryotherapy, CO2 laser vaporization, etc. In Ayurveda, it can be treated by Ksharakarma and Yonidhavan. On study of etiological factors and sign and symptoms of the disease it is found to be caused by Kapha Pitta Dosha Prakopa affecting Yoni and

Garbahshayamukha leading to Samprapti which further manifests as cervical erosion. Based on the effecting Doshas and etiological factors the therapy selected is Apamarga Kshara Pratisaran and Panchvalkal kwath Yonidhavana. So, in the study, a 30-year-old woman was suffering from foul smell-white discharge with backache and weakness since 2-3 years. Now her problems aggravated since 4 months with left side abdominal pain and vulval itching. On P/S examination cervical erosion was present over both cervical lips with thick white discharge. Colposcopy was done before & after treatment to locate exact margins and areas

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covered by erosion and also to exclude CIN. She was treated with *Apamarga Kshara Pratisaran* followed by *Panchawalkal Kwath Yonidhavan* for 7 days for two cycles, starting from 8<sup>th</sup> day of the menstruation. After this combined Ayurvedic therapy of *Sthanik Chikitsa* cervical erosion as well as associated symptoms have been completely cured.

**KEYWORDS:** Cervical Erosion, *Apamarga Kshara*, *Panchawalkal Kwath*, Colposcopy.

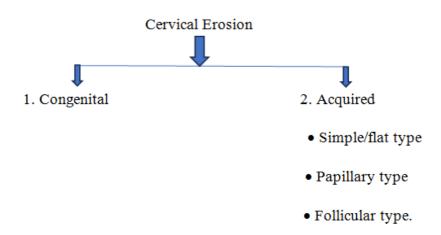
#### INTRODUCTION

Cervical erosion is a common finding on routine pelvic examination during the fertile years. The medical term for cervical erosion is 'cervical ectopy'. The term erosion is misleading, since there is no loss of surface tissue from the cervix.<sup>[1]</sup> Erosion may be congenital and acquired. Congenital erosion persists only for a few days until the level of oestrogen derived from the mother falls and heals spontaneously.

The prevalence of cervical erosion ranges between 17-50%. Prevalence increases with parity but decreases with age 35 and above and it is uncommon in post-menopausal women. Cervical erosion can be found in up to 80% of sexually active adolescents.<sup>[2]</sup> Infection can also play an important role in erosion because the delicate columnar epithelium is more vulnerable to trauma and infection.

The lesion of cervical erosion may be asymptomatic in the early stage. But later on, many symptoms can be noted like vaginal discharges which may be excessively mucoid, mucopurulent, offensive, and maybe even blood stained due to premenstrual congestion. Bleeding during contact especially occurs during pregnancy and pill users, back pain, pelvic pain, and sometimes infertility may be produced. [3]

Types<sup>[4]</sup>



In modern science persistent ectopy with troublesome discharge should be treated surgically by thermal cauterization, cryosurgery and laser vaporization. All the methods employed are based on the principle of destruction of the columnar epithelium to be followed by its healing by the squamous epithelium.<sup>[5]</sup> but these will have side effects like heavy bleeding, damage to healthy tissue of cervix, abdominal pain after surgery, abnormal vaginal discharge etc.

Diagnosis - It is mandatory to exclude the chances of malignancy in all such cases through proper examination, so colposcopy examination is done before treatment.

Also, colposcopy reveals,

- Affected area will be bright red in color with clearly defined edge.
- Hyperemia due to acute cervicitis.
- Surface infection -multiple lesions lacking continuity with the endocervix.
- Bleeds from multiple pinpoints on rubbing.

So before and after treatment colposcopy examination is done in the study.

This disease condition can be correlated with *Karnini Yonivyapad* in Ayurveda. As per Acharya *Charaka*, *Karnini Yonivyapad* is caused by *Dushita Vata*, *Kapha* and *Rakta Dosha* <sup>6</sup> whereas, as per *Sushruta* it is caused by *Kapha & Rakta*.<sup>[7]</sup>

The line of treatment followed in this case is to treat the provoked *Kaphadosha* and vitiated *Raktadhatu*. In this present case study Ayurvedic *Sthanik Chikitsa - Apamarga Kshara Pratisarana* and *Yonidhavan* by *Panchavalkal Kwath* was done.

Ksharakarma is a parasurgical procedure having Chedya (excision), Bhedya (Incision) and Lekhya (Scarification) properties. It does both Shodhana (Cleansing/ Debridement) as well as Ropana (wound healing) Karma. Thus, Kshara Karma works like cauterization and is minimal invasive in nature and without much complications.

*Panchvalkal Kwath* has *Kaphapittashamaka*, antiseptic, anti-inflammatory, antibacterial, antimicrobial, astringent, wound purifying and healing properties.

# CASE STUDY AIMS AND OBJECTIVE

To study the effectiveness of, *Apamarga Kshara*. [8] *Pratisaran* followed by *Yonidhavan* with *Panchawalkal*. [9] *Kwath*, in the management of cervical erosion.

Table 1: Showing case report of subject.

Name	XYZ
Age	30yrs
Sex	Female
OPD registration no.	19158
Address	Murarji peth,Solapur
Occupation	House wife
Marital status	Married
Economic status	Middle class

#### **CASE REPORT**

A 30-year-old female patient, who is housewife with marital life of 6 years, reported to Prasuti Tantra & Stri Roga OPD with the complaints of Foul-smelling excessive white discharge per vagina with vulval itching since 3-4 years. Symptoms aggravated in the last 4 months, associated with backache, weakness and lower side abdomen pain.

**History of Past illness**: Nothing significant.

**Surgical History**: No any Major Surgical History.

Family History: No any relevant History.

**Menstrual history**: LMP on 20<sup>nd</sup> July 2024. Has regular menstruation with duration of 4 days with the interval of 28 -30 days.

**Obstetrical history**: P1L1A0

She is having one live child with full term normal vaginal delivery, 2 years back.

# **Personal history**

Diet- Vegetarian,

Appetite- Good,

Bowel habit- Normal,

Micturition- Normal.

Table 2: Ashtavidh Priksha.

1.	Nadi	76/min
2.	Mala	Prakrit
3.	Mutra	Prakrit
4.	Jivha	Niram
5.	Shabdha	Prakrit
6.	Sparsha	Ruksha
7.	Druk	Shwetabh
8.	Aakriti	Madhyam

# **ON EXAMINATION**

# **Table 4: Physical Examination.**

Blood pressure	140/80mmhg
Pulse	76/min
Respiratory rate	18/min
SPO2	98%

# Per speculum examination

- a) Vaginal discharge: Amount -Moderate, Colour-white, Consistency-thick, Foul smell present
- b) Vaginal mucosa: Normal
- c) Cervix: Size Normal, shape Parous, extent of erosion Upper lip 30% and Lower lip 70-80% area covered with erosion.

# Per vaginal examination

- a) Vaginal wall: Tenderness Non-tender
- b) Cervix: Position: Downward, Consistency: firm, Mobility: freely mobile, Tenderness: Non-tender
- c) Uterus: Size: Normal, Shape: Regular, Position: Anteverted and anteflexed, Mobility: freely mobile, Tenderness: Non-tender
- d) Fornices: All fornices: Non-tender.

# INVESTIGATION

CBC-

Hb- 12.2gm%

WBC-4900

Platelet- 253000

BSL(random)- 105 mg/dl

HIV- Non reactive

VDRL - Non reactive

#### FINAL DIAGNOSIS

Cervical erosion (Karnini Yonivyapad)

# TREATMENT GIVEN

Apamarga Kshara Pratisaran followed by Panchawalkal Kwath Yonidhavan stating from 8th

day of menstruation for 7 days, for 2 consecutive menstrual cycle. These two *Karmas* were done as a combined therapy in patient.

# MATERIALS AND METHODS

It is a single case study and the informed consent of the patient is taken in her own language.

# METHOD OF APPLICATION

A single layer of *Apamarga Kshara* will be applied by sterile cotton bud on eroded part of cervix for 100 *Matra Kaal* i.e. approx. 60 seconds.<sup>[10]</sup>

Yonidhavan will be done with Panchavalkal Kwath in sufficient quantity. (800ml)

# **OBSERVATION AND RESULTS**

**Table 5: Colposcopy findings.** 

Parametric Data	Before treatment (7th day of	After treatment (15th day of
Tarametric Data	1st menstrual cycle)	2nd menstrual cycle)
Size covered by erosion, by colposcopy.	Upper lip 30% and Lower lip 70-80% area covered with erosion.	Cervix healthy





BEFORE TEATMENT

AFTER TEATMENT

Table 6: Symptoms before and after treatment.

Nonparametric Data	Before treatment	After treatment
Yonigata strava	+++	+
Katishool	+++	-
Adhoudarshool	+	-
Yoni Paka	++	-

#### **DISCUSSION**

Modern medical science having treatment for cervical erosion is cauterization & cryosurgery which have their own side effects like bleeding per vaginum, secondary infertility, stenosis, infection, etc. Cauterization is a more costly and invasive procedure that is not affordable for all patients. That is why the Ayurvedic therapy *Ksharakarma* is getting valued and used.

Cervical erosion has correlated with *Karnini Yonivyapada*. Common etiologies of *Yonivyapad* are *Mithya Aharvihar* (abonormal dietics and faulty life style), *Pradusht Artava* (hormonal imbalance causing disturbance in regular cycle), *Beejdosha* (genetic causes) and *Devkrit* (unexplained etiology). Specific etiology of *Karnini Yonivyapad* defined by Acharyas is *Akala Pravahan* or propulsion force applied by pregnant woman without labor pain. The etiology of *Karnini Yonivyapad* and cervical erosion is almost the same in which papillary growth takes place with discharges.

Apamarga kshara works as Kapha-Vathahara, Dushitha Mamsaharanam, Krimigna, Sodhana and Soshana (Kapha-Pitta Doshas). It played the most important role in the process of the destruction of superficial tissues of eroded cervix followed by sloughing off of unhealthy tissues (Ksharana, Lekhana) and healing by its (Ropana) properties.

Panchavalkal i.e, the bark of Nyagrodha (Ficus bengaenesis Linn.), Udumbara (Ficus glomerata Roxb.), Ashvatha (Ficus religiosa Linn.), Parisha (Thespesia populanea Soland ex correa) and Plaksha (Ficus lacor Buch-Ham.). The contents of Panchavalkal are Kaphapittanashak, Dahanashak, Stambhan, Yonidoshahar, Yonishodhak, Shothhar, Rakpittanashak. It decreases amount of vaginal discharge (by Kashya Rasa which is having Stambhana properties), foul smell and itching per vaginum (Kaphapittanashak). The effect on local inflammatory symptoms may have occurred due to Shothar and Pitta Doshahar properties. It may have reduced hyperaemia of cervix by its Rakta Pittanashak Gunas. Hence these constituents in the Panchavalkal might have reduced pain, discharge, redness, swelling of the cervix.

Thus, *Apamarga Kshara* followed by *Panchavalkal Kwath Yonidhawan* helped in regression of erosion and other related symptoms.

# **CONCLUSION**

Cervical erosions are more prevalent in women during menstrual years, who is having

cervical and vaginal infections. Erosions itself is insignificant, occasionally it may precede to cervical cancer.

The *Sthanik Chikitsa* mentioned in Ayurvedic texts like *Yoniprakshalan*, *Yonipichu*, *Yonidhupana*, *Yonidhavan*, *Kshara* application, etc play an important role in curing cervical erosion and other infections also.

This shows that if the plan of treatment is selected according to principles of Ayurveda along with proper selection of drug, its dose, duration, *Anupana*, etc there is assurance of success as seen. In this case, *Apamarga Kshara Pratisaran* followed by *Panchavalkal Kwath Yonidhavan* stating from 8<sup>th</sup> day of menstruation for 7 days, for 2 consecutive menstrual cycle with colposcopy examination was done.

Properties of all the above-mentioned *Dravyas*, the patient got complete relief from the erosion of the cervix also got the normal appearance of the cervix and the symptoms like white discharge per vaginum, low backache, vulval itching, etc. also got cured.

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