

AYURVEDIC CONCEPT OF CERVICAL EROSION

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ABSTRACT

Cervical erosion is one of the commonest complaints of female attending Gynaecology OPD. It is asymptomatic but later on can cause symptoms like white discharge per vaginam, pruritis vulva, low back, pelvic pain, dyspareunia, etc. These symptoms can adversely disturb the physiological, psychological health even professional life of the women. Cervical erosion a benign lesion is sometimes much troublesome due to its chronic nature and recurrence. When neglected may lead to serious complications or turn into a major life-threatening condition. Cervical erosion is one among them, increasingly prevalent nowadays, demanding great concern over it. When the squamous epithelium of the ectocervix is replaced by the columnar epithelium of endocervical length, is known as Cervical erosion. The drugs and procedures used in the research works have *Vrana Ropana* (ulcer healer), *Shodhana* (ulcer cleansing), *Prasadana*, *Kushtaghna* (anti-dermatosis), *Kandughna* (anti-pruritic) properties.

Keywords: Cervical erosion, Cervical cancer, *Karnini yonivyapad*, *Stree Roga*

INTRODUCTION

Cervical erosion is a benign condition that is regarded as a normal variant found in women of the reproductive age group. Uterine cervical ectopy is the occurrence of a single-layered secreting columnar epitheli-

um (which usually covers the cervical canal, i.e., the endocervix), beyond the external cervical orifice. Thus, the multilayered squamous epithelium typically found in the vagina and exocervix are replaced. This

condition has many names in medical terminology: ectropion, erythroplakia, macula rubra and erosion.^[1] Cervical ectopy is a condition where the ectocervix contains columnar cells. Squamous cells which cover the cervix are multiple layers thick. However, columnar cells are only one layer thick, meaning that the blood vessels underneath columnar cells are closer to the surface. Studies suggest that women with ectopy more often get sexually transmitted infections and HIV because the blood vessels are closer to the surface^[2,3] The prevalence reported for ectopy ranges from 17% to 50% given that its course is usually time-limited, the prevalence estimates in a population will detect only the women with ectopy at that time. In such populations, some women will already have had this condition and others will develop it. It is likely that most women, if not all, will have ectopy at some point during their lifetimes.^[1] Cervical erosion is of two types. Congenital ectopy mostly heals spontaneously. Acquired ectopy occurs mainly due to an elevated level of the estrogen hormone. This condition is often observed during pregnancy and amongst birth control pill users^[4] This common ailment may present with symptoms like discharge per vaginum, itching vulva, post coital bleeding, backache. If not treated properly it may lead to worst manifestations like Infertility etc. There is no direct description found in the reference to cervical erosion. But due to symptoms and signs, it can be correlated with two conditions one is *Karnini Yonivyapad* (Erosion of recent origin)^[5] and the other one is *Deergha Kalanubandha Vrana* (Chronic Erosion). It occurs due to bearing labor in the absence of true labor pains i.e., *Akalavahana*.^[6] In this condition, the vitiated *Vayu* is obstructed by the fetus, withholding *Kapaha Dosh* and getting mixed with *Rakta Dhatu* and producing *Karnika* in *Yoni*.

ETIOLOGY

The occurrence of cervical ectropion is related to increased estrogen levels. The cervix is highly responsive to estrogen, causing the proliferation and differentiation of the cervical epithelium. Therefore, cervical ectropion is usually found in the conditions of high estrogen exposure, which are as follows:

- Adolescents
- Pregnancy
- Women on hormonal contraception
- During the years of menstruation, most commonly seen in the ovulatory phase.

It may be a congenital condition due to the persistence of the squamocolumnar junction at its original neonatal location. During late fetal development and the first month of life, maternal hormone exposure stimulates hyperactivity of endocervical columnar epithelium and produce cervical ectropion.^[7]

Pathophysiology

Squamous metaplasia. It is a normal and irreversible physiological process in which the columnar epithelium is replaced by squamous epithelium. Low pH, sexual activity, and cervical infections may play a role in this process as well. This process is most pronounced when the progesterone/estrogen ratio is high, like during pregnancy, hormonal contraceptive use, and late fetal life.^[8] As the metaplasia progresses, the transformation zone moves downwards from its original squamocolumnar junction position towards the external os, thus decreasing the area of the ectopy (ectropion).

Signs

Per speculum examination reveals a bright red area surrounding and extending beyond the external os in the ectocervix. The outer edge is clearly demarcated. The lesion may be smooth or have small papillary folds. It is neither tender nor bleeds to touch. On rubbing with a gauze piece, there may be multiple oozing spots. The feel is soft and granular giving rise to a grating sensation.

Laboratory investigations

For the purpose of assessing the general condition of patients and exclusion of other pathogenesis the following investigations were performed in patients: -

a. Blood

- Complete Haemogram (Hb gm%, TLC, DLC, ESR)
- Fasting Blood Sugar.
- HIV
- VDRL

b. Urine - Routine & Microscopic

c. Pap smear

d. Wet smear

Treatment

General & specifics

Principle of Treatment- Treatment should be *Agni Deepaka, Aampachana, Vatashamaka, and Kaphashamaka.*

1. *Nidana Parivarjana* (Elimination of Causes): - Complete history taken and eliminate possible causes of the disease, like faulty dietary habits, fast food, *Abhishyandi* like *Dadhi, Ati-amla Aahara*, late-night sleeping, overthinking, *Viruddha Aahara, Vegvidharan* (withholding natural urges like stool, urine). *Nidan parivarjan* is the first treatment mentioned in the first chapter of *Sushruta's Uttaratantra* [9]
2. *Aahar Vyavastha* (Dietary Changes)- Advice use a diet of green leafy vegetables, *Jau* (barley), Bitter gourd, green gram (Mudga), Purana Shali rice, Cow's milk & ghee in the diet and seasonal fruits, plenty of water, because food is great medicine (*Acharya Kashyapa* mentioned that *Aahar* is *Mahabhaishajya*)

Probable mode of action of Sthanika Chikitsa

- The vagina absorbs water, electrolytes and substances of low molecular Weight.
- The vaginal wall and the tissues around are extremely vascular which facilitates the absorption of drugs through the vagina.
- It maintains the friendly flora in the vagina. Friendly bacteria such as acidophilus are normally found in the vagina. When colonies of these organisms are present, it is difficult for unfriendly organisms to become established.

Drug:

- *Kusthadi Varti-Kustha, Pippali, Arka, Saindhava lavana* [10]
- *Darvyadi Yoni Varti* of 3 gm once at bedtime for 21 days. [11]
- *Yonidhavan* with *Triphaladi kwath* (*Triphla Churna + Vidang Churna + Sphatika Bhasma*) to combat infection. [12]
- *Panchvalkaladi Taila Yoni-Pichu* for healing of erosion. [12]

- *Jatyadi Taila Pichu* will be applied per vagina once a day for 7 days. [13]
- *Udumbaradi Taila Pichu* was applied in the vagina and left inside for about 4-6 hours. [14]
- *Dhatakyadi Taila Pichu* with *Snuhi Kshara* application. [15]
- *Agnikarma* with Medicated *Agnikarma Shalaka/varti – Haritaki, Nimba, Yastimadhu, Karanja, Vacha, Shudda Guggulu* [16]
- *Agnikarma* by *Shalaka* prepared from *Haridra, Yastimadhu, Nimba, Karanja & Amalaki* then *Jatyadi Taila Pichu* was applied per vagina once a day for 7 days [17]
- *Panchavalkala Kwatha Prakshalana* [17]
- *Nimba Patra Kwatha Prakshalana* (Douche) [17]

Oral medication-

- *Triphala guggulu – 2-tab BD* [12]
- G-9 (*Shilajita, Bangabhasma, Kasisabhasma, Bibhitaka, Amlaki, Yastimadhu, Kutaja, Amramaj-ja, Madayantika*) 500mg thrice a day with *Koshna Jala* for 1 month. [17]
- *Dashamoolarishta* for 90 days for about 20 ml BD and follow up for every 15 days. [18]
- *Agnil kattai choornam*25 (powder form) in *Siddha* medicine is given 1 gm twice daily with butter after food for about 48 days. [19]

PATHYA- APATHYA:

Dietary regulations to be followed during the *Yonivyapad*.

Meals prepared with *Yava* (*Hordeum vulgare*), *Sidhu, Tail, Abhayarishta* (*Terminalia chebula*) should be used every day. *Pippali* (*Piper longum*), *Lauhabhasma*, and *Haritaki* all in equal amount should be taken with honey. [20] *Lasuna* (*Allium sativum*) should be used in any form of diet in the morning. Diet rich in meat and milk is most beneficial in *Karnini yonivyapad*. [21]

DISCUSSION

Cervical erosion needs the urgent attention of gynecologists as it affects women's day-to-day activity and thereby upsets the patient psychologically. If cervical erosion is symptomless then there is no need for

treatment. But when it is symptomatic and infected then urgent treatment is needed. Modern medical science has 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 Ayurvedic therapy is getting valued, easy to use and easily available. This cervical erosion can be correlated with *Karnini Yonivyapad* and *Acharyas* described that the treatment of *Karnini Yonivyapad* should be *Vatahara*, *Kaphahara*, *Shodhana*, *Lekhana*, *Ropana* and *Vranahara*.

CONCLUSION

We can prevent the incidence of cervical erosion by educating the women for improving their general health and personal hygiene. The *Sthanika Chikitsa* mentioned in *Ayurvedic* texts like *Yoni-Prakshala*, *Yoni- Pichu*, *Yoni-Dhupana*, *Kshara* application play an important role in curing cervical erosion and other infections also. This *Sthanika* treatment has no side effects and is cost-effective also. All the research work mainly targeted for finding a best *Shodhana* and *Ropana* drugs for cervical erosion.

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