

## A CASE OF CERVICAL INTRAEPITHELIAL NEOPLASIA - MANAGEMENT THROUGH AYURVEDA

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## ABSTRACT

**Introduction** – Cervical cancer is the 2<sup>nd</sup> most leading prevalent cancer in India. There are an estimated 123,000 new cases of cervical cancer in India every year with 67,000 deaths in women alone. Cervical cancer in Recent studies shows that screening of cervical cancer reduces the disease incidence and disease mortality by 50%. Low-grade squamous intraepithelial lesion (LSIL) is a common abnormal result on a Pap smear cervical test. It's also known as mild dysplasia. **Methodology** – Here is a case report of a patient aged 26yrs with complaints of white discharge per vagina with severe itching, on routine cervical screening investigations found to have Low grade squamous intraepithelial neoplasms. She was treated with *Ayurvedic sthanika chikitsa (Local therapies)* such as *Yoni prakshalana* (Vaginal douching), and *Yoni pichu* (Vaginal tamponing) for 7 days along with shaman chikitsa. Later PAP smear was repeated after 1 month of follow up and found to have negative for intraepithelial neoplasia. And there was relief in the symptoms following treatment. **Results**- In this case, there was a relief of symptoms and on follow up when Pap smear was repeated, there was negative for intraepithelial neoplasia. *Ayurvedic* treatment modalities such as *Sthanika chikitsa* which includes *Yoni prakshalana* and *Yoni Pichu* are the line of treatment for various gynecological problems and help in reducing mortality and morbidity caused due to cervical cancer in India.

**Discussion-** Here Low-grade squamous Intraepithelial neoplasia can be considered as the *Sanchaya avastha* and hence diagnosing the disease in its *Sanchaya avastha* i.e mild dysplasia, is important. During *Sanchaya avastha* there is localized neoplastic changes of cervical cells and there is Manifestation of Low-grade Intraepithelial Neoplasia. In the later stages of *Kriyakala (Stages of disease manifestation)* the neoplasia turns into metastasis and further differentiation occurs which Manifests all the symptoms of Cervical Cancer. Hence treatment modalities such as *Yoni prakshalana* and *yonipichu* helps in preventing later conditions such as cervical cancer.

**Keywords:** Cervical Cancer, LSIL, Ayurveda, Sanchaya

## INTRODUCTION

The case of a 26-year-old married, nonalcoholic, non-smoking housewife. She complained of white discharge per vagina for 8 months. She was anxious to conceive for 7yrs with a history of irregular menses since 5yrs and is under medications. She was admitted for *Basti chikitsa* (medicated enema treatment) and as a part of routine investigation for cervical screening was done. She was found to have low-grade intraepithelial neoplasm hence further management was planned in the In-patient department of *Prasuti tantra streeroga*, SDM hospital Hassan

**PRADHANA VEDANA/MAIN COMPLAINT:** - Pt anxious to conceive since 7yrs

**ANUBANDHI VEDANA/ASSOCIATED COMPLAINT:** -Pt c/o white discharge per vagina for 8 months.

**HISTORY OF PRESENT ILLNESS:** - Pt anxious to conceive since 7yrs with a history of irregular menses since 5yrs and is under medications. Pt was admitted for *Basti chikitsa* and as a part of routine investigation for cervical screening was done and pt. was found to have low-grade intraepithelial neoplasm hence further management was planned

**H/O PAST ILLNESS:** K/C/O PCOD since 5yrs

**FAMILY HISTORY:** -No history of cervical abnormal lesions in the mother and siblings

**PERSONAL HISTORY/VAYYAKTIKA VRUTTANTA:** -

- *AHARA(Diet):* -mixed
- *AGNI(Digestion):* - *Jataragni janya*
- *KOSTA(Bowels):* - *madhyama*
- *NIDRA(Sleep):* - *vikruta* (disturbed)
- *VYASANA/ADDICTION:* - nothing specific

- *MALA PRAVRUTHI(Defecation):* - *prakrutha (Normal)*

- *MUTRA PRAVRUTHI(Micturation):* - *prakrutha*

- *NATURE OF WORK:* - Housewife

**GYNECOLOGICAL HISTORY:** -

- *AGE OF MENARCHE:* - 14 years

- *LMP-* 2/11/020

- *MENSTRUAL HISTORY:* - 2-3days /75-80days (2pads/day)

- *PAIN-* absent

- *CLOTS-* absent

- *FOUL SMELL-* absent

- *ASSOCIATED COMPLAINTS-* nothing specific

**OBSTETRICAL HISTORY:** -Anxious to conceive

**GENERAL EXAMINATION:** -

- *BUILT-* obese (BMI – 33.1)

- *NOURISHMENT-* malnourished (due to *Agni mandhya*)

- *PALLOR-* Absent

- *ICTRUS-* Absent

- *EDEMA-* Absent

- *LYMPHADENOPATHY-* Absent

- *CLUBBING-* Absent

- *WEIGHT-* 79.4KG, height – 155cms

- *BP-* 120/80 mm of hg *PR-*80 bpm

**DASHAVIDHA PAREKSHA:** -

- *Prakruthi:* - *Kapha pitta prakriti*

- *Vikriti:* -*Kapha pradhana tridosha*

- *Sara:* -*Meda Sara purusha*

- *Samhanana:* - *Avara*

- *Pramana:* - *Sthula deha*

- *Sathmya:* - *Sarva rasa Sathmya*

- *Sattva:* - *Madhyama*

- *Ahara shakti:* - *Madhyama*

- Vyayama shakti: - Madhyama (walking 1hr a day)
- Vaya: - Yuva

**ASTA STHANA PAREEKSHA: -**

- NADI: - 72 bpm
- MALA: -prakrutha
- MUTRA: - Prakrutha
- JIHWA: - Alipta
- SHABDA: - Prakrutha
- SPARSHA: - Ruksha
- DRUK: - prakrutha
- AKRUTHI: - sthula

**CLINICAL EXAMINATIONS-**

- P/A EXAMINATION: -soft, nonnon-tender
- P/s- Cx congestion in the upperlip, erosion+ WDPV+
- P/v- NS/AV/FF



**Figure 1:** Per Specu-Lum Findings

**ROUTINE INVESTIGATIONS** – Blood and Urine routine under normal limits.

Cervical Screening-PAP Smear- Reports indicating the presence of Low-Grade Squamous intraepithelial neoplasia.

**Table 1:** Samprapti Ghataka

<i>Samprapthi Gataka: -</i>	
<i>Dosha: -</i>	<i>Kapha, Vata</i>
<i>Dushya: -</i>	<i>Rasa Raktaadi</i>
<i>Agni: -</i>	<i>Jataragni Janya</i>
<i>Ama: -</i>	<i>Jataragni Janya Ama</i>
<i>Srotas: -</i>	<i>Arthavavaha Srotas</i>
<i>Srotodusti: -</i>	<i>Granti, Vimarga Gamana</i>
<i>Udbhava Sthana: -</i>	<i>Garbhashaya</i>
<i>Vyakta Sthana: -</i>	<i>Yoni Mukha (Cervix)</i>
<i>Roga Marga: -</i>	<i>Abhyantara</i>
<i>Sadyasadyata: -</i>	<i>Kruchra Sadya</i>

**Table 2:** Differential Diagnosis

DISEASE	INCLUSION CRITERIA	EXCLUSION CRITERIA
1) <i>Kaphaja yoni vyapat</i>	White discharge per vagina Pain in the vagina	Pap smear reports – Mild dysplasia
2) <i>Arbuda</i>	Purvarupa avastha of Arbuda can be included Mild dysplasia on Pap smear reports	

FINAL DIAGNOSIS- *Purva rupa avastha of Arbuda*

THERAPEUTICAL INTERVENTION

CHIKITSA- *STHANIKA CHIKITSA* –

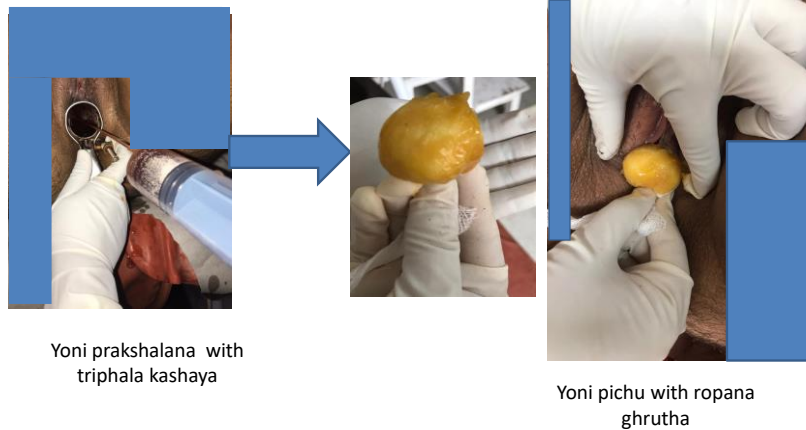
– *Yoni abhyanga with Triphala kwatha -7days*

– *Yoni Pichu with ropana ghrita -7days*

– Obesity diet

– Yoga and pranayama

## STHANIKA CHIKITSA FOR CERVICAL NEOPLASIA



**Figure 3:** Demonstration of *Sthanika Chikitsa* (A) *Yoni Prakshalana* (B) *Yoni Pichu*

### RESULTS-

#### Follow-ups and outcomes-

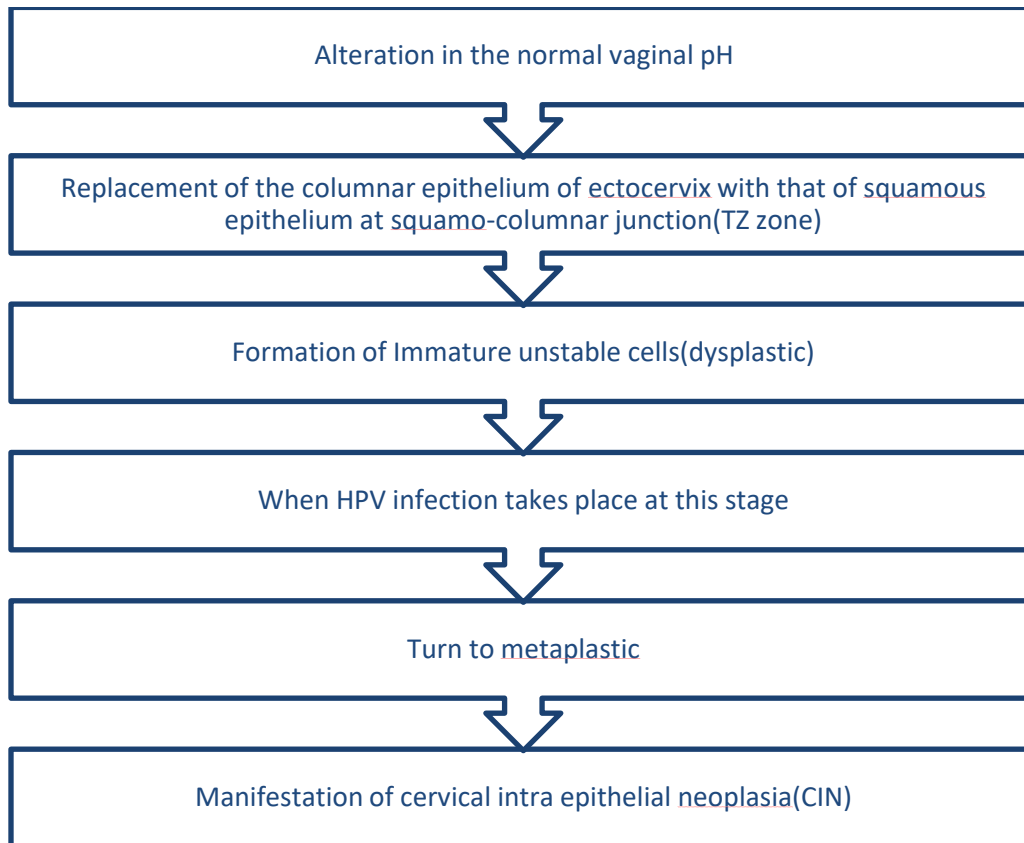
After 7 days of sthanika chikitsa, follow up was done after 1 month of the treatment Pt had relief in the symptoms, Vaginal Itching and white discharge were reduced. On repeating The PAP smear- it was negative for intraepithelial neoplasia.

According to Sushruta, When the doshas are scummed in the premonitory stage(sanchaya avastha) itself, the disease doesn't progress to further stages and the bala of the disease reduces<sup>3</sup>. Here Low grade squamous intraepithelial neoplasia can be considered as the sanchaya avastha and Hence diagnosing the disease in its Sanchaya avastha i.e mild dysplasia, is important and it helps in preventing later conditions such as cervical cancer.

### DISCUSSION

**DISCUSSION ON THE DISEASE** - Low-grade squamous intraepithelial lesion (LSIL) is a common abnormal result on a Pap test. It's also known as mild

dysplasia. It's a type of cervical cancer that is 2<sup>nd</sup> most leading prevalent cancer in India. There are an estimated 123,000 new cases of cervical cancer in India every year with 67,000 deaths in women in India alone.<sup>4</sup>Cervical cancer is Recent studies shows that screening of cervical cancer reduces the disease incidence and disease mortality by 50%<sup>5</sup>. cervical Cancers can be prevented at the earliest by detecting the presence of HPV. Regular population-based Screening is done using Pap smear cytology and it is accepted as the international screening Programmed. PAP smear screening helps in detecting the pre-cancerous stages such as Low-grade intraepithelial neoplasia, High-grade Squamous intra-epithelial neoplasia prevents Cervical Cancer. HPV (Human Papilloma Virus) is one of the most common causes of intra-epithelial neoplasms. HPV reduces the embryo's ability to implant in the uterus. HPV infections also damage the embryo and hence also one of the causes for Primary infertility in the female of reproductive age group<sup>6</sup>

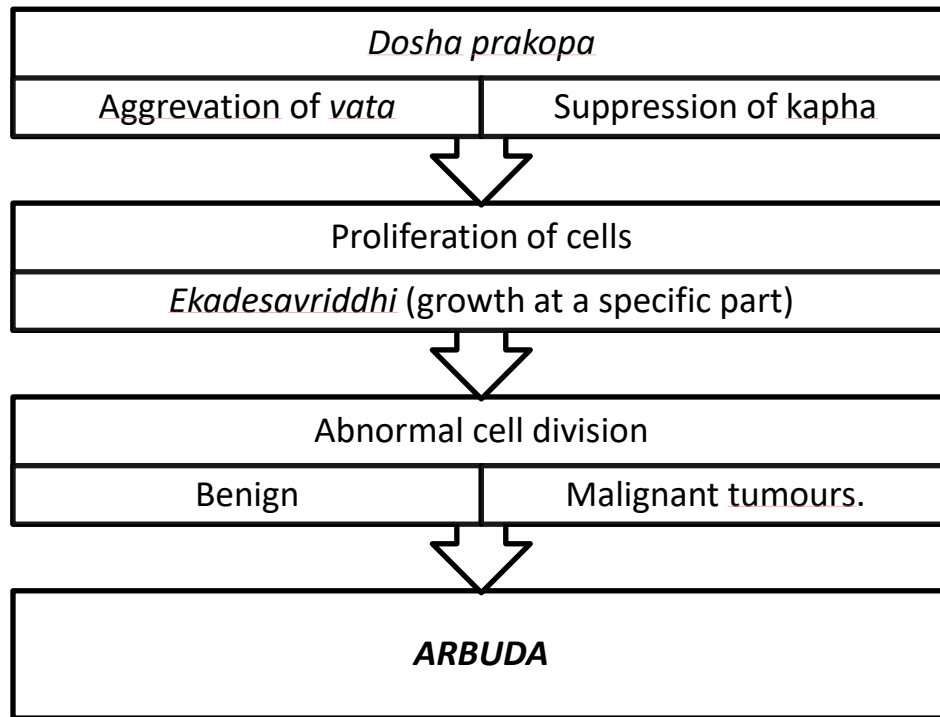


**Table 3:** Manifestation of CIN

**AYURVEDIC UNDERSTANDING OF LSIL (LOW GRADE SQUAMOUS INTRAEPITHELIAL NEOPLASMS-**

The cervical intraepithelial neoplasm can be taken as *Arbuda*, *Granti* or *Dustavrana*. Cancer originates due to metabolic changes. *Vata dosha* is responsible for cell division. Due to *Dosha prakopa*, there is

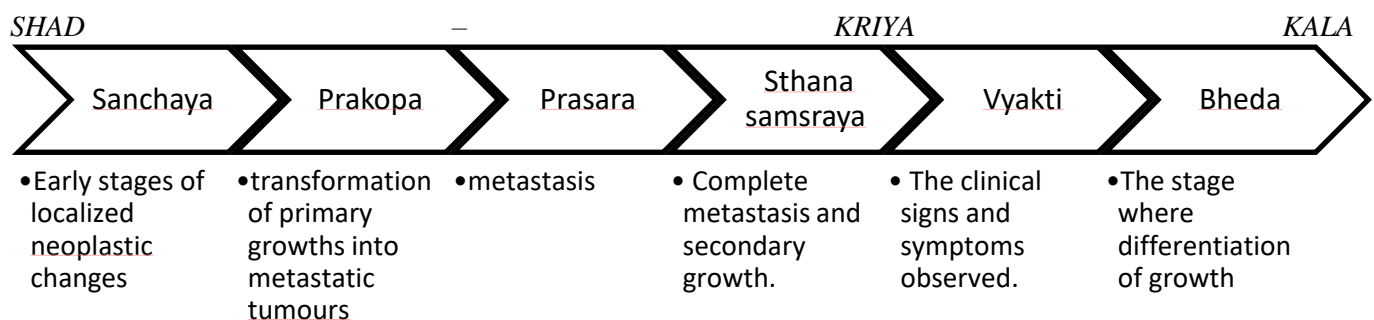
Aggravation of *vata* and Suppression of *Kapha* which is the major reason for the proliferation of the cells. At this stage, there is Growth of the Proliferated cells at a specific part i.e., *Ekadeshabhivrudhi*. Here we can consider the proliferation of abnormal cells at the cervix and further turns into Low-grade intra-epithelial neoplasm.



**Table 4:** Manifestation of Arbuda

*Shad kriya Kala* is disease progression acc to *Ayurveda* and Manifestation of *Arbuda* can be understood as follows-  
During *Sanchaya avastha* there is localized neoplastic changes of cervical cells and there is Manifestation of

Low-grade Intraepithelial Neoplasia. In the later stages of *kriyakala*, the neoplasia turns into metastasis and further differentiation occurs which Manifests all the symptoms of Cervical Cancer.



**Figure 6:** Shad Kriya Kala of Arbuda

**DISCUSSION ON MODE OF ACTION OF CHIKITSA (TREATMENT GIVEN)** – The treatment given was *Yoni Prakshalana* with *Triphaladi Kwatha* followed by *Yoni Pichu* with *Ropana Ghrita* for 7 days. Here *Sthanika Chikitsa* with *Yoni Prakshalana* is employed, which is indicated in the

case of *Yoni Srava*, *Yoni Paichhilyata*, *Yoni Daur-gandhya*. *Triphala Kashaya* is used for *Yoni Prakshalana*. *Triphaladi Kashaya* is *Tiktakashaya rasa pradhana*, *Laghu Ruksha guna* and hence their action is *Kaphahara*, *Lekhana*, *Kandugna*, *Kleda-sho-shaka*, *vrana shodhana* and *ropana*, *srava kleda hara*,

*Šothahara, vedana sthapaka*. From this, it is clear that *Yoni Prakshalana* with *Triphaladi Kwatha* is Bacteri-  
ocidal, anti-Inflammatory and it removes the debris  
of unhealthy tissues and dysplastic tissues. It helps in  
the regeneration of new tissue growth in the vaginal

flora and maintains normal vaginal mucosa by main-  
taining the normal vaginal pH.<sup>7</sup>

Followed by *Yoni pichu* with *Ropana Ghrutha* was  
done. *Ropana Ghrutha*<sup>8</sup> has the following ingredients

–

**TABLE 5:** Ingredients of *Ropana Ghrutha*

DRUGS	PROPORTION
<i>Madhuka</i>	1 part
<i>Lodra</i>	1 part
<i>Sarjarasa</i>	1 part
<i>Manjista</i>	1 part
<i>Chandana</i>	1part
<i>Moorva</i>	1 part
<i>Ghrutha</i>	28parts
<i>Madhuchista</i>	1 Part

*Ropana Ghrutha* –All the ingredients are *Laghu, ruksha guna pradhana* and absorb the excessive mois-  
ture, smoothens the tissue; due to *Tikta Madhura Rasa Pradhana, Katu Vipaka, Sheeta Veerya* they are anti-  
inflammatory, bactericidal and remove the dead cells  
and replaces the dysplastic tissues. By promoting the  
new healthy tissue formation. It acts as *Pittashamaka, Shophahara, Vrana ropaka, Drusta vrana hara*. Ingre-  
dients of *Roopana Ghrutha* demonstrates anti-cancer-  
ous, anti-tumour, anti-scavenging, cytotoxic, activity  
such as -

- 1) *Londra*- Acc. to niyati et all *Symplocos race-  
mose* bark showed potent antioxidant and anticancer  
activity. It may be due to the presence of phytochemi-  
cals that are responsible for the anticancer activity.<sup>9</sup>
- 2) *Madhuka* – Acc to asima et all. The *in vitro*  
cytotoxicity was performed against five human cancer  
cell lines namely of the lung (A-549), liver (Hep-2)  
colon (502713 HT-29) and neuroblastoma (IMR-32).  
Against lung (A-549) cell line plant extract showed  
83% growth of inhibition. plant extracts showed selec-  
tive *in vitro* cytotoxicity, active against some human  
cancer cell lines and others, not show activity.
- 3) *Manjista* - Methanol fraction of *Rubia cordifolia*  
extract exhibited potent inhibition of Human cervical  
cancer cell line and Human larynx carcinoma cell line  
while was found to be less cytotoxic against normal

human kidney cells displaying safety for normal cells.  
<sup>10</sup>

4) *Chandana*- Enhanced GST activity and acid-  
soluble SH levels were suggestive of possible chemo-  
preventive action of sandalwood oil on carcinogenesis  
through a blocking mechanism. topical application of  
 $\alpha$ -santalol demonstrated chemopreventive effects as  
observed from reduced ornithine decarboxylase activ-  
ity, tumour incidence, and multiplicity<sup>11,12</sup>

*Yoni Pichu* helps in penetration of these drugs into the  
tissue and helps in absorption of these drugs due to its  
*Sukshma, Vyavaayi guna* and lipophilic property, thus  
helping in nourishing the pelvic tissues. here *Yoni  
Pichu* is removed into amutra Kala (until the next urge  
of micturition). Hence these drugs retain in the vagina  
for a longer period and help in better action. It helps in  
normalizing the *Apana Vata* and maintains a healthy  
vaginal symbiosis.

These two treatment modalities which are the vaginal  
therapies act through the vaginal drug delivery system.  
The vaginal epithelium is made up of 40 distinct layers  
and the range of the epithelium creates an involuted  
surface that covers a large surface area, approximately  
360cms. And the vaginal administration of drug deliv-  
ery surpasses the first-pass metabolism and ease the  
administration of the drugs and have high permeability  
for low molecular weight drugs which are lipophilic  
such as ghrutha. Hence the trans-epithelial absorption



via the vaginal route helps in easy and quick absorption of the medications.

Overall *Sthanika Chikitsa* (Treatment modalities which include *Yoni Prakshalana* and *Yoni Pichu*) helps in -

- Imparts dryness and denatures the microorganisms (HPV)
- Helps in the maintenance of the pH and by regaining normal vaginal pH,
- Healthy layer on the cervix
- Regeneration of healthy cervical epithelia
- Healing of CIN - 1 lesion (LSIL)

## CONCLUSION

LSIL (Low grade squamous intraepithelial lesions) can be considered as the *Purvarupa avastha of Arbuda* which left untreated will cause cervical cancer. *Doshasya apahruta dosha Labate a Uttara Gati* hence during its *Sanchaya avastha* only if proper treatment is given, it doesn't progress to other *Kriyakala* stages. Hence Integrative management of precancerous stages should be adopted.

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