



AYURVEDIC MANAGEMENT OF CERVICAL INTRAEPITHELIAL NEOPLASM GRADE - I: A CASE REPORT

Neetha Surendran¹, Anita K Patel²

¹Professor, Department of Prasuti Tantra And Striroga, VPSV Ayurveda College, Kottakkal, Kerala, India

²Associate Professor, SCSVMV University, Kanchipuram, Tamilnadu, India

Corresponding Author: neethasdr@gmail.com

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ABSTRACT

Cervical intraepithelial neoplasm (CIN) is a pre-cancerous condition which is strongly associated with the infection of human papilloma virus. It is nowadays common among women in the age of 25-35 years. It is done to know whether the Ayurvedic management of CIN- I is possible using the line of treatment of *Sannipathika Vrana*. Initially *vrana Sodhana* was done by using *Yoni Kshalana*, *Yoni Pratisarana* and *Yoni Kalkadharana*. Then *Vrana Ropana Chikitsa* was adopted. To prevent the remission of the disease and to boost the immunity *Rasayana* therapy was also done. The signs and symptoms got relieved completely and the Pap test showed normal smear. CIN-I can be cured using the *Chikitsa* of *Sannipathika Vrana*.

Keywords: CIN grade I, human papilloma virus, *Garbhasayamukhagatha Vrana*, *Sannipathika Vrana*, *Rasagandhi Mezhuku*

INTRODUCTION

Cervical intraepithelial neoplasm (CIN) is a precancerous condition in which cells on the surface of cervix undergo abnormal growth^[1]. In India, cervical

cancer contributes to approximately 6-29% of all cancers in women. It is the second most common cancer among women. CIN can affect at any age,

however prevalence is greater among the age groups of 25-35 years.^[2]

CIN is strongly associated with sexually transmitted human papillomavirus (HPV) infection of cervix. In most cases the immune system eliminates HPV and clears the infection. But in chronic infection especially with high risk HPV 16 or HPV 18 types, it may inactivate tumor suppressor genes (P53 gene and RB gene) and eventually leading to cancer.^[1]

The main risk factors for CIN are long term use of contraceptive, multiple sexual partners, immuno deficiency disorders, smoking etc^[1]

There are no specific symptoms for CIN alone. Generally, women suffering from CIN present with,^[1]

- vaginal bleeding after intercourse, between periods or after menopause.
- watery, blood stained vaginal discharge that may be heavy with foul odour.
- unexplained persistent pelvic pain or back pain
- dyspareunia

Routine Papanicolaou test (Pap test) can detect precancerous conditions of the cervix. Based on pap test CIN can be classified in 3 grades, CIN 1(GRADE I), CIN 2(GRADE II) and CIN (GRADE III).^[1]

Conventional management for higher grade CIN includes removal or destruction of the abnormal cervical cells by cryocautery, electrocautery, laser cautery etc.^[3]

CIN may be correlated with *Sannipathika Vrana* at *Garbhasaya Mukha* with symptoms like *Ruja*, *Dhoomayana*, *Daha*, *Paka*, *Raga* etc at vulval area.^[4]

The general line of treatment includes *Sodhana*^[5] and *Ropana*^[6]. *Sodhana Karma* was done to convert this *Dushta Vrana* to *Sudha Vrana*. Along with that

Sarvadehika Amapachana drugs were also given. For these purposes *Aushadha* with *Amahara*, *Kledahara*, *Lekhana*, *Vranaropana* properties and *Tiktharasa Pradhana* were used. After the inflammation subsided *Pratisarana Kshara*^[7] was applied to remove the unhealthy tissues present in the *Vrana* and to promote the healing process.

Along with above mentioned *Sthanika Chikitsa*, *Sarvadehika Chikitsa* was also done using *Rasagandhi Mezhu* capsule^[8], *Guggulu Tikthakam Kashaya*^[9], *Guggulu Panchapala Churna*^[10], *Guggulu Tikthaka Ghritha* ^[9]etc.

Methods - Case Report

A 32 years old woman came to the Prasoothi OPD of VPSV Ayurveda College Hospital, Kottakkal with complaints of excessive yellowish discharge per vagina, lower abdominal pain and itching in the vulval area since 6 months along with occasional post coital spotting on the same day or on the very next day of coitus and recurrent urinary tract infection (UTI) since 2 months. She had a regular menstrual cycle of 7/28 duration without any associated complaints. But since 2 months she was having irregular menstrual cycle with intermittent spotting. She got married at the age of 18 and had 2 term deliveries at the age of 19 and 22. She remarried at the age of 28 and went through one abortion and a term delivery (G₄ P₃ A₁ L₃).

Personal History

Diet - vegetables and non-vegetables

Appetite - Poor

Bowel habit - 1-2 per day, hard stools

Micturition - 4-5 per day, recurrent UTI

Sleep -Disturbed due to itching at vulval area

Addiction - Nil

Table 1: Dashavidha Pareeksha

Dasavidha Pareeksha	Details	Dasavidha Pareeksha	Details
<i>Dushya</i>	<i>Mamsa, Medas, Raktha</i>	<i>Anala</i>	<i>Avara</i>
<i>Desa</i>	<i>Deha - Garbhasaya mukha Bhumi -Jangalasadharana</i>	<i>Prakruthi</i>	<i>Vatha-Pitha</i>
<i>Bala</i>	<i>Avara</i>	<i>Vaya</i>	<i>Youvana</i>
<i>Kala</i>	<i>Varsha</i>	<i>Satwa</i>	<i>Madhyama</i>
<i>Anala</i>	<i>Avara</i>	<i>Satmya</i>	<i>Madhyama</i>
<i>Pakruthi</i>	<i>Vathapitha</i>	<i>Ahara</i>	<i>Abhyavaharana Sakthi-Avara Jarana Sakthi- Avara</i>

Clinical examination was done. On inspection of external genitalia, yellowish discharge and slight inflammation of vulva was seen which indicated pruritis vulva. Per speculum examination revealed hypertrophied, highly vascular, highly eroded cervix which bled on wiping and profuse yellowish discharge in the vagina. On per vaginal examination, anteverted

uterus, first degree uterine descent and tenderness at left lateral fornix were noticed. The patient was advised to do Pap test to confirm the histopathological condition of the cervix and to exclude cervical malignancy. In order to rule out other diseases, blood, urine and sonological investigations were advised.

Table 2: Investigations

Investigations	Results
Blood Routine	Haemoglobin - 10g/dL ESR - 60mm/hr
Urine Routine	RBC - occasional Pus - 10-12 hpf Bacteria - present
Blood sugar	RBS - 110mg/dL
USG- Abdomen and pelvis	Bulky uterus with 10×6×3cm measurement. No other sonologically detected abnormalities.

The Pap test result showed cervical intraepithelial neoplasm (CIN)-I and the presence of HPV infection and the other investigatory findings revealed inflammatory changes in the urinary tract. Thus, the condition was diagnosed as CIN -I and she was admitted in VPSV Ayurveda College hospital for the IP level management in both *Sarvadehika* and *Sthanika* level.

Sarvadehika Aushadhas (Internal Medicines- for 2 weeks)

- *Patolakaturohinyadi Kashaya*^[11] - 15 ml *Kashaya* with 45 ml luke warm water, twice daily, on empty stomach
- *Vilwadi Gulika*^[12]- with *Surasa Swarasa*, 1-0-1, before food
- *Guggulupanchapala Churna* - 5g, with honey, twice daily, after food
- *Avipathy Churna*^[13] - 5g, with hot water, bed time

***Sthaanika Aushadha* (Localised Medicines)**

Time and Duration	Procedure with Medicines	Time and Duration
1- 14 days Morning hours	Vaginal douche (<i>Yonikshalana</i>) - <i>Guluchyadi Kashaya</i> ^[14]	1- 7 days Evening hours
	<i>Pratisarana</i> - <i>Guggulupanchapala Churna</i> (5 minutes)	
	Vaginal douche - <i>Kashaya</i> made with <i>Harida</i> , <i>Shireesha Twak</i> and <i>Nimba Pathra</i>	
	<i>Kalka Dharana</i> - <i>Guggulupanchapala Churna</i> in <i>Guluchyadi Kashaya</i>	

After the next menstrual cycle, *Kshara Karma* was done using *Apamarga Kshara* on the eroded area of the cervix followed by minimal *yoni Kshalana* with *Guluchyadi Kashaya*. She was then discharged and was advised to take the internal medicines and follow the *Pathya-Apathya*.

Discharge Medicines (8 weeks)

- *Guggulu Tikthaka Kashaya* - 15 ml *Kashaya* with 45 ml lukewarm water, twice daily, on empty stomach
- *Rasagandhi Mezhuku* capsule - with milk, 1-0-1, after food

- *Avipathy Churna* - 10g, for *Virechana*, weekly once, bed time

Pathya-Apathya

- Complete rest for 2 weeks
- Rest with minimal activity for further 6 weeks
- Intake of plenty of water
- Avoid intercourse during the whole course of treatment

Review was done. Assessment of symptoms were done on 2nd, 4th, 6th and 8th week and per-vaginal examination was done on 8th week of *Ksharakarma* to note the condition of the cervix. It was noticed that the erosion was replaced with healthy epithelium.

Following these, *Guggulu Tikthaka Ghritha* - 1 tsp, twice daily, empty stomach, given internally for following 2 months.

The patient was advised to repeat Pap test after the 4th month of *Ksharakarma* to note any changes, and it showed normal smear with no evidence of CIN-I and HPV infection.

Then *Rasayana* therapy was adopted for next 3 months using *ksheerakashaya* of *Vidari*, *Aswagandha* and *Shathavari*, at bed time.

After 6 months she was again advised to repeat Pap test which revealed normal cervical epithelium.

DISCUSSION

According to Sushruta Samhitha (first chapter) *Vran Gathra Vichurnane, Vranayathi Ithi Vranaha*

The term *vrana* indicates a discontinuity in the healthy tissue of body. There are 14 types of *Vrana* based on *dosha* predominance. Among them, the condition CIN-I may be correlated as the *Sannipathika Vrana*.

In CIN -I there may be a vitiation of the *tridosha* with *sthanasamsraya* at *garbhasayamukha* due to the indulgence of *ahitha ahara* and *vihara* and thus resulting in an altered functioning of *Srotas*.

Initially the *amavastha* has to be get rid of by both *Sarvadehika* and *Sthanika* management. For that following medicines were advised for 14 days.

Medicines	Properties
<i>Patolakaturohinyadi kashaya</i>	Balances <i>Pitha-Kapha Dosha</i> Reduces <i>Daha</i> Promotes digestion Rejuvenates epithelium
<i>Vilwadi Gulika</i> with <i>Surasa Swarasa</i>	<i>Amahara</i> <i>Vishahara</i> <i>Krimihara</i>
<i>Guggulupanchapala Churna</i>	<i>Kledahara</i> <i>Medohara</i>
<i>Avipathy Churna</i> (<i>Samana</i> dose)	<i>Pithasamana</i>

In the management of *Vrana*, more importance was given to *Sthanika Chikitsa* than the *Sarvadehika Chikitsa*. According to Acharya Susrutha, in *vran cikitsa*, intially *Sodhana Karma* should be done followed by *ropana* line of management. Proper *Sodhana Karma* makes a *vran sudha* and it aids the

ropana karma. It generally seemed like wound with healthy granulation tissues grows faster than the wounds with unhealthy tissues. In the first 14 days of *Sthanika Chikitsa* (localised treatment) were done for the *Sodhana* of *Vrana* by means of vaginal douche, *Pratisarana* and *Kalkadharana*.

Medicines	Properties
<i>Guluchyadi Kashaya</i>	<i>Pitha-Kaphahara</i> <i>Amahara</i>
<i>Nimba Patra</i> + <i>Shireesha Twak</i> + <i>Haridra</i>	<i>Pitha-Kaphahara</i>

	<i>Krimigna</i> <i>Vranahara</i>
<i>Guggulupanchapala Churna</i>	<i>Kapha-Vathahara</i> <i>Lekhana</i> <i>Kledana</i> <i>Pakahara</i>

Per speculum examination was done on the 14th day of treatment, which showed reduction in hypertrophy, vascularity and inflammation of the cervix. But the erosion remained as the same.

After the 14th day of treatment *Vrana* attained the features of *Sudhavrana* and became *yogya* for *Ropana Karma*. *Ksharakarma* using *Apamarga Kshara* was planned after the commencement next menstrual cycle. *Kshara* is an *Anu-Sasthra* which has the following properties *Tridoshagna*, *Sodhana*, *Ropana* and *Lekhana*. *Apamarga Kshara* was applied at the site of erosion for 3 minutes followed by minimal vaginal douche with *Guluchyadi Kashaya* as *pitha Samana*.

The patient was then discharged and advised to follow *pathya-apathyas* strictly. For the next 8 weeks he was advised to take *Guggulutikthaka Kashaya* and *Rasagandhi Mezhuku* capsule and along with these patient was directed to do *virechana*, once in a week with *Avipathy Churna*. In effect the combination helped to reduce the *Dushitha Medas*, *Kleda* and *Mamsa*. *Rasagandhi Mezhuku* is a *Herbomineral Sidha* preparation from the reference of *Pulipani Vaidyam 500* by *Pulipani Sidhar*. *Arbudhagna* property of *Rasagandhi Mezhuku* capsule was used to check the unconditional growth of cancerous epithelial cells.

On the 8th week, per speculum examination was again done and it is observed that cervical erosion was healed and replaced with normal epithelium.

Then for the next 2 months, *Guggulutikthaka Ghritha* given internally as *Samana Snehapana* to purify the blood, clear the deep seated toxins from the metaplastic epithelium and to accelerate the removal remnants if present.

After the 4th month of *Ksharakarma* Pap test was repeated and it showed normal smear with no evidence of CIN-I or HPV infection.

To improve the immunity and to maintain the healthy tissues in cervix *Rasayana* therapy was done, for that intake of *Ksheerakashaya* made using *vidari*, *Aswagandha* and *Shathavari* was prescribed for 3 months.

Pap test repeated after 6 months showed negative result for genital malignancy.

RESULT

Assessment of the signs and symptoms in the present case was done after the 4th month of treatment and there was no evidence of the previous complaints. From this it can be inferred that complete cure of CIN-I is possible via this Ayurvedic protocol.

CONCLUSION

From this study we can infer that *Sannipathika Vrana Chikitsa* is effective in CIN -I. Here both *Sarvadehika* and *Sthanika Chikitsa* were used and it include *Kshara karma*, *Rasagandhi Mezhuku* etc which prompted the cleaning and healing of *vrana*. In the follow up period *Rasayana* therapy improved the immunity, thereby remission can be avoided.

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