



Local Therapeutic Measures (*Sthanika Chikitsa*) In The Management Of Cervical Erosion- A Case Study

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ABSTRACT

Cervical erosion represents a prevalent gynecological condition, comprising approximately 60–80% of cases encountered in outpatient gynecological practice. The high prevalence in developing regions is largely attributed to suboptimal hygiene and nutritional deficiencies. Pathologically, it involves the replacement or migration of columnar epithelium from the endocervical canal over the squamous epithelium of the ectocervix adjacent to the external os. This epithelial transformation is primarily regulated by ovarian hormonal hyperactivity, though chronic infections and inflammatory responses may also contribute to its manifestation.

In the context of *Ayurvedic* literature, a direct counterpart of cervical erosion is not described; however, its pathophysiological and clinical presentation align closely with the entity termed *Garbhasaya Greevagata Vrana*, which can be considered its most appropriate analog. A 32-year-old female patient presented to the outpatient department with complaints of excessive white discharge and backache persisting for the past four months. She was treated with *Ayurvedic Sthanik Chikitsa*, which included *Yoni Dhavana* with *Triphala Kashaya*, followed by *Yoni Pichu* with *Durvadyam Taila* for a duration of 7 days. After the course of treatment, the patient exhibited significant symptomatic improvement, and further disease progression was effectively controlled.

Keywords: Cervical erosion, *Garbhasaya Greevagata Vrana*, *Sthanik Chikitsa*, *Yoni Dhavana*, *Yoni Pichu*.

INTRODUCTION

Women form an indispensable component of human resources in a developing country like India and play a significant role in the nation's social, economic, and cultural progress. Hence, preservation of reproductive and gynaecological health is crucial for maintaining women's overall well-being and productivity.

Gynaecological disorders that result in physical discomfort or psychological stress require prompt medical attention, as they negatively influence a woman's quality of life and routine activities.

Many gynaecological conditions, though not immediately life-threatening, can cause persistent discomfort, irritation, and disruption of daily life if left untreated. Cervical erosion is one of the most commonly encountered benign gynaecological conditions. It is characterized by the replacement of the stratified squamous epithelium of the ectocervix with columnar epithelium, producing a reddish area around the external os.¹ It predominantly affects women of reproductive age, with an incidence reported between 17% and 50%.²

Although cervical erosion is a benign entity, neglecting the condition may predispose affected women to infertility and cervical malignancy.³ The condition is more prevalent among women with poor genital hygiene, early marriage, multiparity, and those from lower socioeconomic and educational backgrounds. Therefore, increasing awareness, early diagnosis, and timely management are essential to prevent associated complications.⁴

India accounts for a substantial proportion of global cervical cancer cases, a disease that is largely preventable through early identification and treatment of precursor lesions such as cervical erosion. Effective management of cervical erosion and related precancerous changes at an early stage can significantly reduce cervical cancer incidence and improve reproductive health outcomes.

According to Ayurvedic principles, disease originates from an imbalance of the *Tridoshas-Vata, Pitta, and Kapha*. The classical texts describe twenty *Yonivyapads* that encompass various gynaecological disorders.⁵ Although cervical erosion is not specifically described in *Ayurvedic* literature, its clinical presentation closely resembles *Vrana* localized at the *Garbhashaya Mukha*. *Acharya Sushruta* explains *Vrana* based on features such as *Vedana, Srava, Akriti, Gandha, and Vaivarnya*, which correlate well with the signs and symptoms of cervical erosion.⁶

Hence, *Ayurvedic Chikitsa Siddhanta* can be effectively applied in the management of this condition. As *Garbhashaya Grivagata Vrana* is predominantly of *Pitta-Kapha* origin, the therapeutic approach should focus on *Pitta-Kapha Shamana* along with *Vrana Ropana*. In the present case, *Sthanik Chikitsa* was employed, which included *Yoni Dhavana* with *Triphala Kashaya* followed by *Yoni Pichu* using *Durvadyam Taila*.

Triphala Kashaya possesses *Tridosha-Shamaka, Shothahara, and Ropana* properties, facilitating local cleansing and promoting healing of the cervical mucosa.⁷ *Durvadyam Taila*, prepared with *Durva* and other herbs having *Stambhana, Ropana, and Pitta-Kapha Shamaka* actions, helps in reducing excessive discharge, enhancing tissue repair, and restoring the normal structure and function of the cervix.⁸

Case Report

A 32 year old female patient came to Sri college of ayurvedic science and research Bengaluru. She had complaints of excessive white discharge from vagina since 4 months along with contact bleeding and pain during coitus. She also had lower back pain since 2 months. She had taken Allopathy treatment but got temporary relief from the symptoms.

Past medical history

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

Past surgical history: No h/o past surgical illness

Menstrual history: 4-5 days per 28-30 day cycle, regular, moderate and had pain on the first day of menstrual cycle. There was no contraceptive history.

Obstetric History: Nil

General examination:

On examination, it was found that she was belonging to *Vatapittaja Prakriti* and there was no abnormal finding seen in general and systemic examination.

BP - 110/80 mmHg

Pulse - 72/min

Weight - 60 kg

Height -168 cm.

On Examination

Per speculum examination revealed erosion with a bright red, inflamed cervix and foul-smelling discharge, suggestive of cervical erosion. Bleeding on touch was noted during speculum insertion. A Pap smear was performed, which reported Negative for Intraepithelial Lesion or Malignancy.

On bimanual examination, the uterus was anteverted, antiflexed, and normal in size and mobility, with both fornices normal and non-tender.

Investigations

- Haematology (Hb%, DC, TLC) and urine (R/M) parameters were found within normal limit.
- Blood sugar was also under normal range.
- PAP Smear test – NILM

THERAPEUTIC INTERVENTIONS

Patient was treated on OPD basis

Yoni Dhavan was done with *Triphala Kashaya* and *Yoni Pichu* was given with *Durvadyam Taila*.

Medicines	Form	Properties	Route of administration	Duration
<i>Triphala Kashaya</i>	<i>Kashaya</i>	<i>Tridosahara</i>	Locally	7 days
<i>Durvadyam Taila</i>	<i>Taila</i>	<i>Tridosahara</i>	Locally	7 days

Table 1: Ingredients of *Triphala Kashaya*

SN	Sanskrit name	Rasa	Guna	Virya	Vipaka	Dosha Karma
1.	<i>Haritaki</i>	<i>Pancha Rasa, Lavana Varjita, Kasaya Pradhan</i>	<i>Laghu Ruksha</i>	<i>Ushna</i>	<i>Madhura</i>	<i>Lekhaniya Sothanut, Tridoshaghna</i>
2.	<i>Amalaki</i>	<i>Pancha Rasa, Amla Pradhan</i>	<i>Guru, Sheeta</i>	<i>Sheet</i>	<i>Madhura</i>	<i>Tridosahara</i>
3.	<i>Bibhitaki</i>	<i>Kashaya</i>	<i>Laghu Ruksha</i>	<i>Ushna</i>	<i>Madhura</i>	<i>PittaKapha Samak</i>

Table 2: Ingredients of *Durvadyam Taila*

SN	Sanskrit name	Rasa	Guna	Virya	Vipaka	Dosha Karma
1.	<i>Durvarva</i>	<i>Madhura, Kashaya</i>	<i>Laghu, Snigdha</i>	<i>Sita</i>	<i>Madhura</i>	<i>Kaphapittasamaka, Dahasamaka, Vranaropana</i>
2.	<i>Kampillaka</i>	<i>Katu</i>	<i>Laghu, Ruksa, Tiktsna</i>	<i>Ushna</i>	<i>Katu</i>	<i>Kaphavatasamaka, Raktapittaghna, Krimighna, Vranaropaka</i>
3.	<i>Darvi</i>	<i>Tikta</i>	<i>Laghu Ruksa</i>	<i>Ushna</i>	<i>Katu</i>	<i>Shothahara, Vedanasthapana, Vranasodhana, vrana ropaka, dipana, pachana, kaphapittasamaka</i>
4.	<i>Tila Taila</i>	<i>Madhura</i>	<i>Guru, Snigdha</i>	<i>Ushna</i>	<i>Madhura</i>	<i>GarbhashayaShodhana, Laghutakarak, Sthairya, Brihana, Vrishya, Prinann, yoniShirakaranashula hara</i>

OBSERVATION AND RESULTS

0th Day White discharge++, erosion++,

7th Day White discharge reduced to 50% Cervical erosion color changed from bright red to light red 14th

Day White discharge reduced to 80% Cervical erosion got 70% healed.



DISCUSSION

Cervical erosion, also known as cervical ectropion, is a physiological or pathological condition characterized by the eversion of the columnar epithelium from the endocervical canal onto the ectocervix. Clinically, it presents with symptoms such as vaginal discharge, pruritus, low backache, contact bleeding, and pelvic discomfort. Although cervical erosion is not explicitly described in classical *Ayurvedic* texts, its clinical manifestations closely resemble the *Vrana Lakshanas*, namely *Srava* (discharge), *Gandha* (odor), *Akriti* (structural alteration), and *Vedana* (pain).

Lifestyle-related factors, including mental stress, sedentary habits, improper dietary practices, and neglect of reproductive health, significantly contribute to the increasing prevalence of cervical erosion. Women, particularly homemakers and those engaged in professional commitments, may tend to ignore mild or intermittent symptoms, allowing the condition to persist or progress unnoticed.

While cervical erosion is rarely life-threatening, it can adversely affect fertility, sexual comfort, and psychological well-being, thereby significantly impairing quality of life. From an *Ayurvedic* standpoint, vitiation of *Pitta* and *Kapha Doshas*, along with accumulation of *Kleda*, leads to the manifestation of *Garbhashayagrivagata Vrana*. This underscores the importance of localized therapeutic interventions, maintenance of genital hygiene, and a holistic approach to restore normal cervical structure and function.

Durva possesses *Stambhana* properties that help arrest minor bleeding and serous oozing commonly observed in cervical erosion. Its *Sheeta Virya* provides a cooling effect, alleviating burning sensation, irritation, and local discomfort.⁹ *Kampillaka*, owing to its *Krimighna* action, inhibits microbial growth and reduces the risk of secondary infections. Its *Vrana Shodhana* property facilitates cleansing of the eroded cervical surface by removing unhealthy secretions and slough. The *Ushna Virya* of *Kampillaka* helps balance aggravated *Kapha*, thereby reducing excessive mucoid discharge, while its *Kandughna* action relieves local itching and irritation, offering symptomatic relief.¹⁰

Daruharidra exhibits potent antimicrobial and anti-inflammatory properties, which aid in controlling infection and reducing purulent or foul-smelling discharge. It assists in clearing slough and unhealthy tissue, thereby creating a clean wound bed conducive to healing. Additionally, *Daruharidra* promotes the formation of healthy granulation tissue, accelerates epithelial regeneration, and reduces local congestion and edema by pacifying *Pitta* and *Rakta Dushti*.¹¹

Tila Taila acts as a *Yogavahi*, facilitating deeper penetration of the active principles of *Durva*, *Kampillaka*, and *Daruharidra* into the cervical tissues. Its *Snigdha Guna* soothes the inflamed mucosa and forms a protective oily layer that minimizes irritation and dryness and reduced Dyspareunia. Furthermore, its *Balya* and *Ropana* properties nourish the local tissues and support epithelial repair and regeneration.¹²

CONCLUSION

The findings suggest that *Sthanika Chikitsa* offers a highly effective therapeutic approach for cervical erosion through its ability to act precisely at the site of pathology. Interventions such as *Yoni Pichu*, *Dhavana* ensure optimal local drug delivery, which promotes epithelial regeneration, reduces cervical inflammation, and decreases foul-smelling discharge. By providing sustained contact of medicated formulations with the affected cervix, these therapies accelerate healing while avoiding systemic side effects. Thus, *Sthanika Chikitsa* emerges as a rational, patient-friendly, and evidence-based Ayurvedic modality for the management of cervical erosion.

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