

## ROLE OF KSHARA KARMA AND PICHU IN THE MANAGEMENT OF CERVICAL EROSION- A CASE REPORT

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### ABSTRACT

‘Cervical Erosion’ may not be life threatening but troublesome and irritating to an individual in day to day routine activity. Bang *et al* in their study reported cervical erosion to be 45.70% presently 80-85% of women have been computed with cervical erosion. The aim of this Case Study is to highlight the potential of *Kshara Karma* by the drug *Palasha* and Potential of Application of *pichu* by the drug *Dhatakyadi tail* in the management of the cervical erosion. In *Ayurveda* for destruction of any such lesion *Kshara Karma* is described. With this background present case study was undertaken in OPD of SRPT Dept. of NIA Jaipur. Results were assessed on the basis of re-epithelization of erosion and improvement in symptoms. The study reveals that

*Palashakshara* and *Dhatakyadi Taila Pichu* is highly effective in disintegration of the pathogenesis of the disease.

**KEYWORDS:** Cervical Erosion, *Palasha Kshara*, *Dhatakyadi Taila Pichu*.

### INTRODUCTION

Cervical erosion is a condition in which the multilayered squamous covering of the vaginal aspect of the cervix is replaced by the single-layered secreting columnar epithelium which is continuous with that lining the endocervix. It is not an area denuded of epithelium as the name implies. Small areas of ulceration sometimes seen microscopically are the result of

secondary infection and local trauma, or are artefacts. Erosion has a bright red appearance with a clearly defined edge, the colour being explained by the underlying vascular tissue showing through a thin epithelium.<sup>[1]</sup>

Erosion is not a static condition and the line of demarcation between the two types of epithelium moves to and from the external os. The junctional zone is referred to as the 'transformation zone' of the squamocolumnar junction. When it is advancing towards the os the erosion is to be 'healing'. In this process the proliferative squamous epithelium can obstruct the ducts and produce nabothian cysts.<sup>[2]</sup>

The prevalence of cervical erosion in women of reproductive age is variable and has been quoted as being between 14 to 37 percent in women attending outpatient clinics.<sup>[3]</sup> Goldacre *et al*<sup>[4]</sup> studied 1498 women attending a family planning clinic to determine the clinical and social characteristics associated with cervical erosion. They discovered that the prevalence was increased with parity and use of the combined oral contraceptive pills. The prevalence of erosion was reduced in women aged over 35 years. The presence of erosion is influenced by oestrogens; hence it is often found in women after the menarche, during pregnancy or with use of the combined oral contraceptive pill.<sup>[5-6]</sup> Erosion is rare in postmenopausal women, as a result of declining oestrogen levels, the cervix shrinks and inverts, drawing the squamous epithelium covering the ectocervix into the endocervical canal.<sup>[7-8]</sup>

So, with this background we can conclude that Cervical Erosion is chiefly the disease of reproductive age group, and is commonly seen in sexually active females.

Ectopy consists of secreting epithelium, and it is thus associated with increased mucus production, which may cause discomfort to women. Other symptoms are also sometimes attributed to ectopy, like pelvic pain and postcoital bleeding.

Some sexually transmitted microorganisms such as *Chlamydia trachomatis* and *Neisseria gonorrhoeae* preferentially infect glandular epithelium. Ectopy would, by exposing this epithelium, favor infection.

Precancerous lesions often develop at the squamous-columnar junction, i.e. the area of transition between glandular and stratified epithelium, which is the location where metaplasia is most intense. Thus, theoretically, if this process could be made to occur over a shorter time

span and if, by reducing ectopy, metaplasia would be less extensive, there would be a lower risk of cancer.

The treatments currently available are electrocoagulation, cryocauterization, laser cauterization and drug treatment. The treatment modalities described in modern science have their own disadvantages and side effects. So, it is the need of time to develop a dependable and easily available therapeutic intervention which is cost effective, safe and devoid of complications or side effects. As per Ayurvedic classics for destruction of any such lesion *Kshara*<sup>[9]</sup> is described. After the destruction of the columnar epithelium the normal squamous epithelium from the basal cell grows and heals the erosion. To enhance this process of epithelization *Ropaka Yoga* is used which helps in the healing and regeneration of the tissue. With this background present case study was undertaken in OPD of SRPT Dept. of NIA Jaipur

### AIMS AND OBJECTIVE

The aim of this Case Study is to highlight the potential of *Kshara Karma* by the drug *Palasha* and Potential of Application of *pichu* by the drug *Dhatakyadi tail* in the management of the cervical erosion.

### CASE REPORT

A 26-year-old married women came in November 2013 in the OPD of SRPT Dept. of NIA Rajasthan with chief complaint of Profuse vaginal discharge since 6 months. She also had mild irritation over vulva. Her menstrual history was regular and most recent began 4 days before. For this, patient took allopathic treatment but disease recurrence was seen and she was very disturbed in her daily routine activity that's why she came to OPD of *Stri Roga* Department of NIA for better treatment.

**History of present illness:** Her general health was good. There was no past history of sexually transmitted infection and OCPs. Presence of normal appetite. *Swedadhikya* (excessive sweating) occurred at working in hot or doing hard work. No *Tamodarshana* or faint was present.

**History of past illness:** Not significant.

### Personal history

- Diet – Vegetarian

- Appetite - Good
- Bowel - No constipation
- Micturation - 5-6 times/day
- Sleep - Sound sleep

**Menstrual history:** LMP on 13 august 2013. Has regular menstruation with duration of 3 days with the interval of 28 days.

**Obstetrical history:** Had 2 children with FTND, age of last child being 2 years.

#### **Ashtavidha pareeksha**

- Nadi - 80 bpm
- Mala - once in a day
- Mootra - 5-6 times/day
- Jiwha - saam
- Shabda - spashta
- Sparsha - anushna
- Drika - alpa shwetabh
- Akriti - madhyama

#### **Dashavidha pareeksha:**

- Prakriti - Pitta kaphaja
- Vikriti - kapha
- Sara - madhyama
- Samhanana – madhyama
- Pramana - madhyama
- Satmya - madhyama
- Satva - madhyama
- Ahara Shakti – madhyama
- Vyayama Shakti – madhyam
- Vaya - yuvana

#### **General examination**

- Built - moderate

- Nourishment – moderate
- Temperature - 98. 6 F
- Respiratory rate – 16 / min
- Pulse rate - 80 / min
- BP - 110/70 mm of HG
- Weight - 62 kg
- Tongue - coated

#### **Systemic examination**

- CVS - S1, S2 heard
- RS - normal breathing
- CNS - conscious, well oriented

**Per Abdomen:** soft, liver and spleen not palpable.

**Per Speculum Examination:** Per speculum Examination revealed thick white discharge and erosion was present both the lips of cervix. Vaginal wall was normal and oozing of blood on rubbing with gauze piece was present.

**Per Vaginal Examination:** Per Vaginal Examination revealed that uterus was anteverted-anteflexed, normal in size and non-tender in mobility. Cervix was downward direction, normal in size and shape, gritty on touch and both the fornices were free.

As per examination the case was confirmed of cervical erosion some investigations was carried out.

#### **INVESTIGATION**

**Complete Blood picture** – Hb 11.5 gm%, TLC- 4.05 million/ uL, WBC count- 3.6 thousand / uL ESR- 8mm/hr, Neutrophil-60%, Lymphocytes-30%, Eosinophil-2%, Monocytes-8%, Basophills-0%, Fasting Blood Sugar- 80.0mg/dl Post Prand Blood Sugar- 105.0 mg/dl

**HIV, HBsAg, VDRL-** Negative.

**Urine for Routine and microscopy-** Normal

**Ultra Sonography for Uterus and adnexae-** Normal study

**Pap's smear-** Mild inflammatory

**Informed Consent:** The purpose of the study, nature of the study drugs, the procedures to be carried out and the potential risks and benefits were explained to the patients in details in nontechnical terms and trilingual. Thereafter their written consent was taken before starting the procedure.

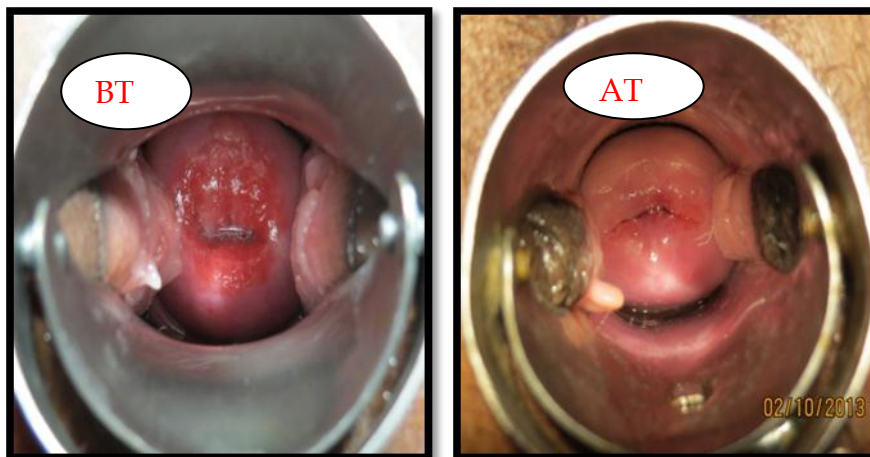
**Duration of Trial:** *PalashaKshara* was applied for 7 sitting on alternate day and '*DhatakyadiTaila Pichu*' for 14 days daily two times in a day after the bleeding phase of menstrual cycle for maximum two consecutive menstrual cycles. The treatment was started 2<sup>nd</sup> day after bleeding phase of menstrual cycle is over. Abstinence from sex was advised during the period of treatment.

**Formulation of the drug:** *PalashaKshara*(S.S.Su.-11/12) and *DhatakyadiTaila Pichu*(Ch.Chi. 30/78-81) was prepared in the pharmacy of National Institute of Ayurveda (GMP certified) at Jaipur (Rajasthan).

**Administration of Drug:** Patient was called on 2<sup>nd</sup> day after the Bleeding phase of the menstrual cycle. After urination patient kept in lithotomic position and Vaginal cleaning was done with savlon solution. Cervix was exposed with Cusco's speculum and cervix was cleaned properly. *Palasha Kshara* was moisturized by 2-3 drops of sterile water, then applied over the eroded area with gauze piece and kept in contact for a minute and same procedure is done in three times until the area was cauterized and became dark violet in colour then washed with sterile water. After Application of *kshara* a *pichu* (a piece of cotton wrapped gauze and tied with thread)) soaked with *Dhatakyadi Taila* was kept deep inside the vagina for 4 - 6 hours. It was kept close to the cervix in such a way that some length of thread remained outside of the vagina. Patient was explained well to remove the *pichu* by holding this thread. *Palasha Kshara* was applied for 7 sitting on alternate day and '*DhatakyadiTaila Pichu*' for 14 days daily two times in a day for two consecutive menstrual cycles.

**Don't's-** Abstinence from sex was advised during the period of treatment.

**Follow up:** The patient was followed daily during application of the drugs and weekly, then final assessment was done after completion of 2 months.



## RESULT

It was found that the Kshara Karma and pichu was very much effective in the symptomatic improvement mainly in vaginal discharge and Pruritus vulvae after the completion of first half of the cycle. Area of erosion and blood from eroded area after rubbing with gauze piece was gradually minimized.

## DISCUSSION

Cervical Erosion is chiefly the disease of reproductive age group, and is commonly seen in sexually active females. Due to trauma in the cervix in previous deliveries and hyperplasia of cervical glands erosion occurs. *Kshara*<sup>[10]</sup> (S.S.Su.-11/12) itself is *chedana*, *bhedan*, *shodhana*, *lekhnaya karma* by its *tiksna*, *usna*, *laghu guna*. Due to its *chhedan*, *lekhan*, *shodhana karma* it was able to destruct the columnar epithelium without developing any complication like profuse vaginal discharge. Due to its *stambhana*, *shoshan* property it was able to decrease the amount of vaginal discharge. Due to *ropana*, *shoshana*, *sankochaka* property it was able to do re-epithelization of squamous epithelium in place of columnar epithelium. Due to *tikshan guna*, *krimihara*, *vishara*, property it was able to minimize entry or development of any infection. Due to *pachana*, *vilayan*, *kapha-vata shamaka doshakarma* of *Palasha Kshara* were responsible for *samprapti vighatana* of *Karnini Yonivyapad* as vitiation of *vata kapha dosha* are responsible for this disease. The classical drug '*Dhatakyadi Taila*' is one of the best drugs of Ayurveda, advised for local application in the management of *kaphajayonivyapada*. *Acharya Charaka* has described (Ch.Chi. 30/78-81) that use of this oil cures the *yoni* associated with excessive unctuousness or discharges, full of *sphota* (blisters) and pain.<sup>[11]</sup> Describing the effectiveness of this oil *Acharya* mentions that with the

use of this oil area of erosion is necrosed and dead tissue (*Dushta mamsa*) is removed than finally wound is healed by virtue of its *shodhana* and *ropana* properties.

The property of the each drugs in *Dhatakyadi taila*<sup>[12]</sup> are *yonistravahara*, *raktashodhaka* & *raktastambhana*, *kandughna*, *krimighna*, *dahaprashamana*, *vedanasthapana*, *shulaprashaman*, *vranashodhana*, *vranaropana* and *vatakapha shamaka*. By virtue of *sukshma*, *vyavayi* and *vikasi guna* of *tila taila*(S.S.Su.-/12), the drug is easily absorbed through the mucosa. *Lekhna* property helps in scrapping of columnar epithelium and *shodhana* and *vatakaphashamaka* properties help in breakdown of the *dosha dushya sammurchana*. *Snigdha*guna of *Tila taila*, *dhataki*, *madhuka*, *utpala*, *srotanjana*, *sphatica*, *dadima*, *udumbar* and *godugdha* helps in correction of *Kha-vaigunya* of *artavavaha srotas*.

Various clinical and experimental studies reveal that anti-inflammatory, Anticytotoxic and anti-microbial activities were present in almost 80-90% of drugs of *Dhatakyadi Taila*. Anti-inflammatory, Anticytotoxic effect of most of the ingredients in the drugs helps in proper healing and decrease the swelling and the redness of the cervix. Antibacterial, Antifungal, Antiseptic properties of the ingredients may help in preventing the foreign organisms which prevent the regeneration of the squamous epithelium.

The goal of any therapy should be to reduce symptoms, improving quality of life, prevent complication and side effects of that particular therapy. Hence the *Ayurvedic* management seems to be more practical, effective, non-surgical and have negligible side effects.

## CONCLUSION

Hence in this case we can concluded that *Bahirparimarjana chikitsa* in the form of *Palasha kshara* and *Dhatakyadi Taila Pichu* is highly effective (71.40%) in disintegration of the pathogenesis of the disease. Re-epithelisation occurs earlier and no side effect or complications was found with the use of this treatment., it became more effective in removing of nobothian folliclesand managing the associated chronic cervicitis. Comparing the symptomatic improvement, it was found that overall relief in vaginal Discharge, Pruritus vulvae was seen well. The treatment wass safe economic, non-surgical, very effective and can be used for the treatment of cervical erosion.



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