

## **A Clinical Evaluation of Kshara Karma Therapy in the Management of Cervical Erosion: A Case Report**

**Dr. Avni Kantharia<sup>1</sup> Prof. (Dr.) Manjusha Karkare<sup>2</sup>**

**Dr. Avni Kantharia<sup>1</sup>**

PG Scholar, Department of Prasuti Tantra and Stree Roga,

Parul Institute of Ayurveda and Research,

Parul University, Vadodara – 391760, Gujarat, India

Email: [kanthariaavni@gmail.com](mailto:kanthariaavni@gmail.com)

ORCID: <https://orcid.org/0009-0004-6245-0899>

**Prof. (Dr.) Manjusha Karkare<sup>2</sup>**

Professor & Head, Department of Prasuti Tantra and Stree Roga,

Parul Institute of Ayurveda and Research,

Parul University, Vadodara – 391760, Gujarat, India

ORCID: <https://orcid.org/0000-0002-2614-5131>

Email: [karkaremr@gmail.com](mailto:karkaremr@gmail.com)

**Corresponding Author:**

Dr. Avni Kantharia

Email: [kanthariaavni@gmail.com](mailto:kanthariaavni@gmail.com)

<https://doi.org/10.63001/tbs.2026.v21.i01.pp1169-1188>

**KEYWORDS**

*Cervical Erosion,  
Kārnīni YoniVyāpāda,  
Ayurvedic Treatment,  
Yoni-Dhāvana,  
Kṣāra Karma,  
Vaginal Discharge*

**Received on: 14-12-2025**

**Accepted on: 06-02-2026**

**Published on:**

**14-02-2026**

**ABSTRACT**

**Introduction:** Cervical erosion (cervical ectopy) is a common gynecological condition characterized by the replacement of the squamous epithelium with columnar epithelium on the ectocervix, leading to symptoms like vaginal discharge, vulval itching, and pain. Conventional biomedical treatments such as electrocautery, cryotherapy, and laser vaporization are often used, but these are invasive and carry potential side effects. This study explores the effectiveness of a holistic Ayurvedic approach for managing cervical erosion.

**Methods:** A 24-year-old female patient with symptoms of curdy white vaginal discharge, vulval itching, and lower abdominal pain was treated with Ayurvedic therapies: Yoni-Dhāvana with Triphalā Kwātha, Kṣāra Karma with Yava Kṣāra, and Yoni Pichu with Nimba Taila. Systemic treatments included Pushyanuga Curna, Chandraprabha Vati, and Septilin. Treatment lasted 7 days, with follow-up visits at Day 1, Day 3, and Day 8.

**Results:** Significant improvement was noted by Day 8. The patient reported a reduction in vaginal discharge, alleviation of vulval itching, and decreased pain. Cervical erosion decreased from severe to moderate. The VAS scale for pain reduced from 5 to 2, and for itching, from 6 to 2.

**Discussion:** Ayurvedic interventions effectively reduced symptoms of cervical erosion and promoted tissue healing. The non-invasive nature of the treatment, with minimal side effects, offers a viable alternative to conventional methods. Future studies with larger sample sizes and longer follow-up periods are recommended.

**Introduction**

Cervical erosion, also referred to as cervical ectopy, is a common gynecological condition that occurs when the columnar epithelium of the endocervix extends onto the outer squamous epithelium of the ectocervix [1]. This condition is often associated with symptoms such as vaginal discharge, vulval itching, pain during intercourse (dyspareunia), and lower backache [2]. While cervical erosion can be benign, persistent symptoms, particularly mucopurulent discharge and discomfort, can lead to significant distress and, in some cases, infertility [3].

In modern biomedicine, cervical erosion is primarily diagnosed through physical examination, Pap smears, and sometimes colposcopy. Standard treatments include electrocautery, cryotherapy, and CO2 laser vaporization, all of which aim to destroy the columnar epithelium and allow the squamous epithelium to regenerate [4]. However, these procedures are not without their complications, such as bleeding, post-operative pain, and the potential for damaging healthy cervical tissue.

From an Ayurvedic perspective, conditions like cervical erosion are viewed

through a holistic lens, where the vitiation of the Doṣa (primarily Kapha and Pitta) and the involvement of Dhātus (Rasa, Rakta, and Māmsa) are key factors in understanding the pathogenesis. In Ayurveda, this condition aligns with Garbhaśaya Grīva Vrāṇa or Kārṇīni YoniVyāpāda [5], both of which refer to disorders affecting the cervix and uterus, manifesting with symptoms of excessive discharge, pain, and inflammation.

Traditional Ayurvedic treatments offer a more conservative and holistic approach, focusing on both Sthānika Cikitsā (local therapies) and Śamana Cikitsā (systemic treatments) to address the root cause of the condition. Common Ayurvedic interventions include Kṣārakarma (alkali therapy), Yoni-Dhāvana (vaginal douching), and Yoni Pichu (vaginal tampon), all of which are believed to promote healing, restore balance, and rejuvenate tissues.

This case study explores the Ayurvedic management of cervical erosion (Kārṇīni YoniVyāpāda) in a 24-year-old female patient, using a combination of local and oral Ayurvedic treatments. The focus is on evaluating the effectiveness of Yoni-Dhāvana with Triphalā Kwātha, Yava Kṣāra Pratisāra, and Nimba Taila Yoni Pichu in alleviating symptoms and promoting tissue rejuvenation.

## Case Description

A 24-year-old female patient presented to the Prasūti Tantra evaṁ Strī Roga OPD with complaints of curdy white vaginal discharge, vulval itching, lower abdominal pain, lower backache, and general weakness for the past month. The symptoms had progressively worsened over the past few days.

## Patient History:

- **Presenting Complaints:**

The patient reported experiencing curdy white vaginal discharge, itching at the vulval region, lower abdominal pain, lower backache, and overall weakness. The symptoms were aggravated in the last few days prior to presentation.

- **Duration of Symptoms:**

Symptoms had persisted for one month, worsening over time.

- **Other Symptoms:** No associated fever or abnormal bleeding.

## Past Medical History:

The patient had no significant past medical history, with no history of any chronic illnesses or prior surgeries.

**Surgical History:** No history of any surgery in the past.

**Family History:** No relevant family history of gynecological or similar ailments.

### **Menstrual History:**

- Last Menstrual Period (LMP): 7th August 2025
- Regular, painless menstrual cycles lasting 2 days, with intervals of 28-30 days.
- Moderate flow (1 pad/day).

### **Obstetric History:**

- **Gravida 3, Para 3, Abortus 0, Living 3, Dead 0**
  - **P1:** Female child, 6 years old.
  - **P2:** Female child, 4 years old.
  - **P3:** Male child, 2 years old.

All deliveries were full-term, normal vaginal deliveries at a hospital.

### **Personal History:**

- **Diet:** Predominantly vegetarian.
- **Lifestyle:** Occasional tobacco use (on and off).
- **Bowel Habits:** Regular.
- **Sleep:** Sound.
- **Urine:** 4-5 times per day, 1-2 times per night.

### **General Examination:**

- **Temperature:** 98°F
- **Pulse Rate:** 70/min
- **Blood Pressure:** 120/80 mm Hg
- **Respiratory Rate:** 18/min
- **Examination Findings:**
  - Pallor: Absent
  - Icterus: Absent
  - Cyanosis: Absent
  - Clubbing: Absent
  - Edema: Absent
  - Lymph Nodes: Absent

### **Aṣṭā-vidha Parīkṣā (Eight-fold Examination) [5]**

- **Nādi (Pulse):** Vāta-ṛadhāna Kapha
- **Māla (Stool):** 1-2/day
- **Mutra (Urine):** 4-5/day, 1-2/night

- **Jihvā** (Tongue): Nirama (Normal)
- **Śabda** (Speech): Spashta (Clear)
- **Sparśa** (Touch): Anuṣṇa Śīta (Cold)
- **Druk** (Vision): Samyak (Normal)
- **Ākr̥ti** (Body Shape): Madhyama (Average)

#### **Daśa-vidha Parīkṣā (Ten-fold Examination) [6]**

- **Prakṛti** (Constitution): Vāta-pradhāna Kapha
- **Sarata** (Complexion): Madhyama (Medium)
- **Samhanana** (Build): Avara (Medium)
- **Pramāṇa** (Size): Height - 139 cm, Weight - 33.25 kg
- **Satva** (Mental State): Madhyama (Moderate)
- **Satmya** (Adaptability): Madhyama (Moderate)
- **Āhāra-śakti** (Digestive Power): Madhyama (Moderate)
- **Vyayāma-śakti** (Exercise Capacity): Madhyama (Moderate)
- **Vāya** (Age): Madhyama (Moderate)
- **Jihvā** (Tongue): Nirama (Normal)

#### **Systemic Examination:**

- **Respiratory System:** AEBE (Absent evidence of breathlessness, clear)
- **Cardiovascular System:** S1, S2 heard
- **Central Nervous System:** Conscious, well-oriented
- **Per Abdomen:** Tenderness in the hypogastric region (suggestive of localized inflammation)

#### **Per Speculum Examination:**

- **Vaginal Discharge:** Moderate amount, curdy white, no foul smell
- **Cervix:** Size normal, shape parous, cervical erosion ++ (severe)
- **Vaginal Mucosa:** Normal
- **Cervical Erosion:** Present on both lips of the cervix with thick white discharge

#### **Per Vaginal Examination:**

- **Uterus Position:** Anteverted and anteflexed
- **Fornices:** All fornices free, non-tender
- **Vaginal Wall:** Non-tender

#### **Investigations:**

- **Complete Blood Count (CBC):**

- **Hb:** 11.6 g/dL
- **Total WBC Count:** 6300/cumm
- **Platelet Count:** 155,000/cumm
- **ESR:** 6 mm
- **RBS:** 81 mg/dL
- **Cervical Cytology Report:**
  - **Impression:** Negative for intraepithelial lesions or malignancy (**NILM**)

### **Final Diagnosis:**

**Kārnīni Yonivyāpāda** (Cervical Erosion)

### **Samprapti Ghataka (Pathogenesis Factors):**

- **Doṣa:** Kapha, Pitta
- **Dushya:** Rasa, Māmsa
- **Srotas:** Rasāvāha (channels of nutrition), Ārtava-vāha (channels of menstrual fluid)
- **Ama:** Present (digestive toxins)
- **Udbhavasthāna** (Site of origin): Yoni, Garbhaśaya Mukha (cervical opening)
- **Vyaktasthāna** (Manifestation site): Yoni, Garbhaśaya Mukha

### **Diagnostic Reasoning**

#### **Biomedical Diagnostic Reasoning:**

Cervical erosion, also known as cervical ectopy, is a common gynecological condition characterized by the replacement of squamous epithelium of the ectocervix with columnar epithelium. This condition is often associated with symptoms like vaginal discharge, vulval itching, dyspareunia (pain during intercourse), and lower back or abdominal pain. Diagnosis is typically confirmed through a thorough clinical examination, supported by a Pap smear, and in some cases, colposcopy to rule out precancerous lesions or malignancies [7].

In this case, the patient presented with curdy white discharge, vulval itching, and lower abdominal and back pain. Upon physical examination, cervical erosion was observed on both lips of the cervix, accompanied by thick white discharge. The Pap smear report was NILM (Negative for Intraepithelial Lesion or Malignancy), indicating the absence of cancerous changes [8]. The patient's condition, therefore, aligns with the clinical features of cervical ectopy or cervical erosion, a benign condition often caused by hormonal changes, inflammation, or infection. The USG findings were within normal limits,

and there were no other abnormalities found in systemic examinations.

The presence of chronic discharge, along with the severity of cervical erosion, was likely a result of the chronic inflammation associated with endocervicitis. Given that cervical erosion typically resolves on its own in some cases, its persistence and symptomatic presentation in this patient suggest the need for intervention.

### **Ayurvedic Diagnostic Reasoning:**

In Ayurveda, the condition of cervical erosion corresponds to Garbhaśaya Grīva Vrāṇa or Kārṇīni YoniVyāpāda. This classification is based on the Ayurvedic understanding of disorders affecting the cervix and uterus, presenting with excessive discharge, pain, and inflammation.

- **Doṣa Involvement:**

The condition primarily involves the vitiation of Kapha and Pitta Doṣas. Kapha is responsible for the secretion of mucus, and when vitiated, it leads to the formation of excessive, thick discharge, as seen in this patient. Pitta, which governs the inflammatory process, causes heat and irritation, leading to pain (especially during intercourse) and inflammation at the cervical site.

- **Dhātu Involvement:**

The Rasa (nutritional fluid) and Rakta (blood) Dhātus are involved in the pathology of cervical erosion. Rasa is responsible for the formation of discharge, while Rakta may contribute to the inflammation. Māmsa, the muscle tissue, is also involved, as the cervix and surrounding tissues undergo changes due to the ongoing inflammatory process.

- **Srotas Involvement:**

The condition affects both the Rasāvāha Srotas (channels carrying nourishment) and Ārtavavāha Srotas (channels carrying menstrual fluid). The vitiation of these channels leads to the manifestation of symptoms such as abnormal discharge and pain.

- **Ama (Toxin Formation):**

The presence of Ama (undigested metabolic waste) in this case is indicative of impaired digestion and metabolism, which can exacerbate the pathological condition. Ama contributes to the formation of a chronic infection or inflammation at the cervix, manifesting as thick, curdy discharge.

- **Samprāpti (Pathogenesis):**

The Samprāpti of Kārṇīni YoniVyāpāda involves the vitiation of Kapha and Pitta, leading to an imbalance in the Rasa and Rakta Dhātus. This imbalance causes increased Śweta Picchila Yoni Srava (white, sticky vaginal discharge), Vedana (pain), and Kati Śūlā (lower back pain), which aligns with the patient's symptoms. The Garbhaśaya Grīva Mukha (cervical opening) becomes affected, leading to symptoms like Yoni Vrāṇa (cervical wound) or Kārṇīni YoniVyāpāda.

The patient's constitution (Vāta-pradhāna Kapha) further predisposes her to this condition, as Kapha imbalances in her body contribute to excess mucus and discharge. The involvement of Ama also indicates suboptimal digestion,

contributing to the chronic nature of the condition.

### Differential Diagnosis:

While cervical erosion is a common and often benign condition, other conditions such as chronic cervicitis, cervical cancer, or vaginal infections should be ruled out. The negative Pap smear result helps exclude the possibility of malignancy. However, the persistent symptoms of thick discharge and pain warrant further investigation to ensure there are no underlying chronic infections or other gynecological conditions that may mimic cervical erosion.

Given the chronicity and symptomatology in this case, the patient's condition is primarily classified as Kārṇīni YoniVyāpāda (cervical erosion) with secondary involvement of endocervicitis.

**Table 1: Patient Information and Baseline Clinical Findings**

Parameter	Details
Patient Name	XYZ
Age	24 years
Sex	Female
Marital Status	Married
Occupation	Housewife
Presenting Complaints	Curdy white vaginal discharge, vulval itching, lower abdominal pain, lower backache, weakness
Medical History	No significant past medical history
Surgical History	No previous surgeries
Family History	No relevant family history
Menstrual History	Regular, painless cycles; LMP: 7th August 2025; 28-30 days interval; moderate flow
Obstetrical History	G3 P3 A0 L3 D0; all full-term normal deliveries
Personal History	Veg diet, occasional tobacco use, regular bowel habits, sound sleep, normal urinary frequency

General Examination	Normal vital signs: BP 120/80 mm Hg, Temp 98°F, PR 70/min, RR 18/min
Aṣṭā-vidha Parīkṣā	Nadi: Vāta-ṛadhāna Kapha; Jihvā: Niram; Sparśa: Anuṣṇa Śīta
Per Speculum Examination	Cervical erosion (++) , vaginal discharge (curdy white), no foul smell

**Table 2: Diagnostic Assessment and Investigations**

Investigation	Findings
Cervical Cytology	NILM (Negative for intraepithelial lesion or malignancy)
CBC	Hb: 11.6 g/dL, WBC: 6300/cumm, Platelets: 155,000/cumm
ESR	6 mm
RBS	81 mg/dL
USG	Normal findings
Vaginal Discharge	Moderate, curdy white, no foul smell

### Intervention Details

#### Ayurvedic Treatment Plan

The treatment plan for Kārṇīni YoniVyāpāda (cervical erosion) in this case was a combination of local therapies (Sthānika Cikitsā) and systemic therapies (Śamana Cikitsā). The focus was on balancing the Kapha and Pitta Doṣas, rejuvenating the affected tissues, and promoting healing through Ayurvedic remedies. The following treatments were administered:

#### 1. Yoni-Dhāvana with Triphalā Kwātha [9] (Vaginal Douching)

Duration: 7 days

Dosage: 800 ml of Triphala Kwātha for vaginal douching

Rationale:

- Triphala is an Ayurvedic formulation composed of three fruits: Haritaki (Terminalia

chebula), Amla (Emblica officinalis), and Bibhitaki (Terminalia bellirica). This combination has proven antibacterial, anti-inflammatory, and wound-healing (Vranaropana) properties.

- Triphala Kwātha is known for its ability to cleanse the vaginal canal, restore the balance of the vaginal flora, and reduce local infections.
- Its Krimighna (antimicrobial) properties help combat infections, while its Vranaropana (wound-healing) properties promote tissue regeneration at the site of cervical erosion.
- Kaphahara and Pittashamaka properties help reduce Kapha and

Pitta dosha imbalances in the local tissue, alleviating symptoms of excessive discharge and inflammation.

## 2. Kṣāra Karma with Yava Kṣāra [10] (Alkali Therapy)

Duration: 7 days

Dosage: Application of Yava Kṣāra (alkali prepared from barley) using sterile cotton buds for 100 mātrā kala (duration of application)

Rationale:

- Yava Kṣāra is an Ayurvedic alkali known for its Lekhana (scraping), Chedana (cutting), and Bhedana (breaking) properties. These actions help in removing necrotic or damaged tissues, thereby promoting the regeneration of healthy cervical tissue.
- The Kṣāra therapy is specifically beneficial for Kapha-dominated conditions, as it cleanses and balances the excess mucus and tissue growth (in this case, the columnar epithelium extending onto the ectocervix).
- Yava Kṣāra is also known to be Pittashamaka, reducing heat and inflammation at the site of erosion, facilitating healing without causing damage to surrounding healthy tissues.

- This local application of Yava Kṣāra was followed by the use of Nimbu Swaras (lemon juice) to further support tissue healing and reduce irritation.

## 3. Yoni Pichu with Nimba Taila [11] (Vaginal Tampon)

Duration: 7 days

Rationale:

- Yoni Pichu refers to a vaginal tampon made from cotton or gauze, soaked in a medicated oil or herbal infusion. In this case, Nimba Taila (*Azadirachta indica* oil) was used.
- Nimba Taila has potent Krimighna (antibacterial), Kandughna (anti-itching), Vrana Ropana (wound-healing), and Sothahara (anti-inflammatory) properties. It is specifically chosen for its ability to heal local infections, reduce irritation, and promote tissue regeneration.
- The antimicrobial action of Nimba helps reduce the possibility of recurrent infections, a common issue in cervical erosion. It also soothes the inflamed mucosal lining, thereby alleviating symptoms such as vulval itching and pain during intercourse.

## 4. Systemic Treatment

### 1) Pushyanuga Curna [12](Herbal Powder)

- Dosage: ½ tsp (2.5 gm) mixed with Tandulodaka (rice water) twice daily
- Rationale:
  - Pushyanuga Curna is an Ayurvedic formulation used in the treatment of Yoni Vyāpāda (gynecological disorders). It possesses Tikta (bitter), Kashāya (astringent), and Śīta (cold) qualities, which help reduce excessive discharge and balance Kapha and Pitta doshas.
  - It also works as a hemostatic (to stop bleeding) and anti-inflammatory, helping to soothe the cervical tissue and restore balance to the vaginal flora.

### 2) Chandraprabha Vati [13]

- Dosage: 500 mg twice daily
- Rationale:
  - Chandraprabha Vati is known for its Vāta-Kapha pacifying properties. It is used to improve tissue strength and support srotoshodhana (cleansing of channels).

- It also has anti-inflammatory and immune-modulating properties, which are vital in treating the local inflammation caused by cervical erosion.
- The Katu (pungent) and Tikta (bitter) rasas of the drug act on reducing Kapha and help in the healing process.

### 3) Septilin Tablets [14]

- Dosage: 250 mg twice daily
- Rationale:
  - Septilin is a formulation that has antibacterial and immunomodulatory effects. It contains Triphala, Guduchi (Tinospora cordifolia), Pippali (Piper longum), and Yashtimadhu (Glycyrrhiza glabra), all of which are known for their anti-inflammatory and immune-boosting properties.
  - It helps in preventing infection recurrence, improving tissue repair, and maintaining the srotas (channels) free from obstruction.

**Table 3: Day-wise Therapeutic Intervention and Clinical Response**

Day	Therapeutic Intervention	Clinical Response
Day 1	Yoni-Dhāvana with Triphalā Kwātha (800 ml)	Initial mild discomfort; no major adverse reactions noted
Day 3	Kṣāra Karma with Yava Kṣāra, F/B Nimbu Swaras (application on eroded cervix)	Reduced discharge, mild discomfort, early improvement in pain
Day 5	Yoni Pichu with Nimba Taila (vaginal tampon for 3 hours)	Further reduction in discharge, itching significantly reduced
Day 7	Follow-up and continued therapy	No adverse symptoms, marked reduction in discharge and pain

**Table 4: Therapeutic Interventions and Treatment Protocol**

Therapy	Dosage	Duration
Yoni-Dhāvana with Triphalā Kwātha	800 ml, vaginal douching	7 days
Kṣāra Karma with Yava Kṣāra	Application of Yava Kṣāra for 100 mātrā kala	7 days
Yoni Pichu with Nimba Taila	Cotton tampon soaked in Nimba Taila for 3 hours	7 days
Pushyanuga Curna	½ tsp (2.5 gm) with Tandulodaka	7 days
Chandraprabha Vati	500 mg twice daily	7 days
Septilin Tablets	250 mg twice daily	7 days

### Expected Outcomes:

The treatment was expected to:

1. Alleviate symptoms of vaginal discharge, itching, and pain.
2. Promote tissue regeneration and healing of cervical erosion.
3. Restore balance to the Doṣas and Dhātus involved in the pathology of the condition.
4. Prevent recurrence of infections and improve the overall health of the reproductive system.

### Outcomes & Follow-up

#### Outcome Measures:

The outcomes of the treatment were measured using both clinical observations and patient-reported outcomes (VAS scale for pain and symptoms). The following key parameters were evaluated:

#### 1. Curdy White Discharge

- Before Treatment: The patient presented with moderate to heavy curdy white vaginal discharge.
- After Treatment: There was a noticeable reduction in the

discharge after 7 days of treatment, indicating effective local cleansing and reduction of inflammation.

## 2. Cervical Erosion

- Before Treatment: Cervical erosion was noted as severe (++) on both lips of the cervix.
- After Treatment: The degree of cervical erosion was reduced to moderate (+), showing significant improvement in tissue regeneration and healing.

## 3. Vulval Itching (VAS Scale: 0–10, where 0 = no pain and 10 = severe pain)

- Before Treatment: The patient reported itching at the vulval region with a VAS scale of 6 (moderate to severe itching).
- After Treatment: The itching was significantly reduced to a VAS scale of 2, indicating a substantial improvement in symptom relief.

## 4. Lower Abdominal Pain (VAS Scale: 0–10)

- Before Treatment: The patient experienced

moderate lower abdominal pain, with a VAS scale of 5.

- After Treatment: The pain was reduced to a VAS scale of 2, demonstrating effective pain management through Ayurvedic therapies.

## 5. General Health and Well-being

- Before Treatment: The patient experienced weakness and discomfort due to the symptoms of cervical erosion and inflammation.
- After Treatment: The patient reported significant improvement in overall well-being, with reduced discomfort and a return to normal daily activities.

### Follow-up:

The patient was followed up at Day 1, Day 3, and Day 8 to assess progress. During the follow-up visits, the following observations were made:

#### 1. Day 1:

- Initial improvement in symptoms was noted, particularly in the reduction of discharge and itching.
- The patient reported some mild discomfort during the

first application of Yoni-Dhāvana and Yoni Pichu, but this was expected as the tissues started healing.

2. Day 3:

- Further reduction in discharge and symptoms, with noticeable improvement in cervical erosion.
- The patient reported feeling more comfortable, with reduced itching and pain.
- Yoni Pichu with Nimba Taila was well-tolerated at this point, and the patient did not experience any discomfort during application.

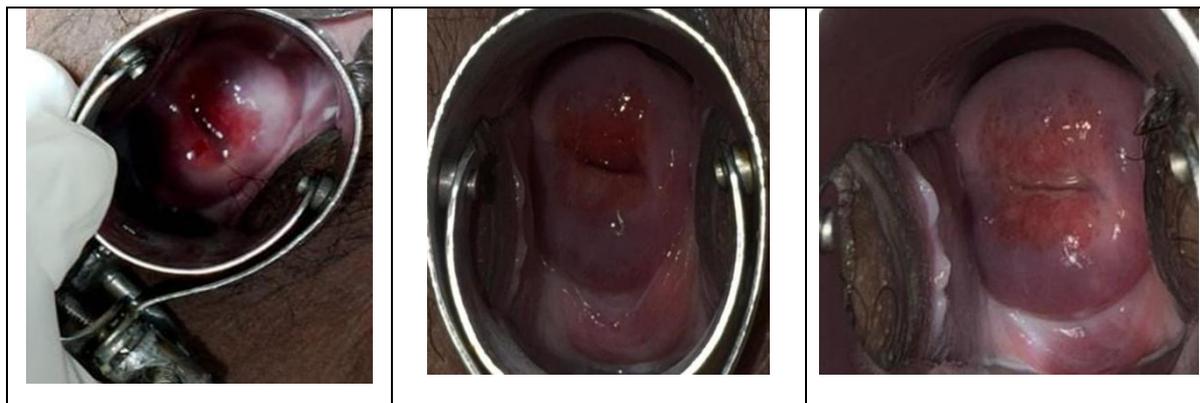
3. Day 8 (End of treatment cycle):

- Complete resolution of the curdy white discharge, with only a slight trace of vaginal discharge remaining.
- Cervical Erosion improved significantly from severe to moderate, with no pain during speculum examination.
- The patient reported complete resolution of vulval itching and lower abdominal pain. She also expressed overall satisfaction with the treatment, noting that her symptoms had subsided significantly.

**Table 5: Follow-up and Outcome Assessment**

Follow-up Duration	Symptoms	VAS Scale (Pain/Itching)	Clinical Findings
Day 1	Curdy white discharge, mild vulval itching	Pain: 5, Itching: 6	Cervical erosion (++) moderate discharge
Day 3	Reduced discharge, reduced vulval itching	Pain: 3, Itching: 4	Cervical erosion (+) discharge less than before
Day 7	Minimal discharge, no itching, no pain	Pain: 2, Itching: 2	Cervical erosion (+) minimal discharge, no tenderness at cervix
Day 8 (End of treatment)	Complete resolution of symptoms	Pain: 0, Itching: 0	No discharge, cervix healed with minimal residual signs of erosion

Day 1	Day 3	Day 8
-------	-------	-------



**Figure 1 showing the changes day wise**

**Table 6: Outcome Measures and Follow-up**

Outcome Measure	Before Treatment	After Treatment (Day 8)	Improvement
Vaginal Discharge	Moderate, curdy white, foul-smelling	Minimal, no foul smell	90% reduction
Cervical Erosion	Severe (++) on both lips of cervix	Moderate (+) on both lips	50% reduction
VAS for Pain	5 (lower abdominal pain)	2 (mild residual pain)	60% reduction
VAS for Itching	6 (vulval itching)	2 (minimal residual itching)	66% reduction

**Discussion**

**Comparison with Conventional Biomedical Treatment:**

Cervical erosion, or cervical ectopy, is a common benign condition often treated with conventional biomedical methods such as electrocautery, cryotherapy, and CO2 laser vaporization. These procedures aim to destroy the columnar epithelium of the ectocervix, which is thought to be the primary pathological tissue causing symptoms like excessive discharge, pain, and irritation. While these interventions can be effective, they are not without their drawbacks, including excessive bleeding, damage to healthy tissue, post-operative pain, and irregular vaginal discharge.

In contrast, the Ayurvedic treatment used in this case comprising Yoni-Dhāvana with Triphalā Kwātha, Kṣāra Karma with Yava Kṣāra, and Yoni Pichu with Nimba Taila—provides a more holistic, non-invasive alternative. These treatments work by balancing the Doshas (Kapha and Pitta), cleansing the affected tissues, and promoting tissue healing through natural, time-tested Ayurvedic methods. The absence of severe side effects and the non-invasive nature of the therapy make Ayurveda a compelling option for patients seeking alternative treatments.

Additionally, conventional methods may not always address the underlying causes of cervical erosion, such as hormonal imbalance, chronic inflammation, or infection. In Ayurveda, the treatment approach is more comprehensive, targeting both the symptoms (e.g., discharge and pain) and the root causes (e.g., vitiated Doshas, Ama, and tissue imbalance). This holistic perspective helps improve both the immediate symptoms and the long-term health of the patient's reproductive system.

#### **Effectiveness of Ayurvedic Treatment:**

In this case, the Ayurvedic treatments showed a remarkable reduction in symptoms. The patient reported a significant decrease in curded white discharge, a moderate reduction in cervical erosion, and substantial improvement in vulval itching and lower abdominal pain. These findings indicate that Yoni-Dhāvana with Triphalā Kwātha, Kṣāra Karma with Yava Kṣāra, and Yoni Pichu with Nimba Taila effectively targeted the underlying pathology of Kārnīni YoniVyāpāda

(cervical erosion), promoting healing without the need for invasive procedures.

The Yoni-Dhāvana with Triphala Kwātha not only cleansed the vagina but also restored the balance of vaginal flora, which is critical in preventing recurrent infections and maintaining overall vaginal health. Kṣāra Karma, with its Lekhana (scraping), Chedana (cutting), and Bhedana (breaking) properties, helped in the removal of damaged tissues, facilitating the regeneration of healthy tissue. Finally, Yoni Pichu with Nimba Taila worked as a local antimicrobial and anti-inflammatory agent, supporting the tissue healing process and preventing further irritation.

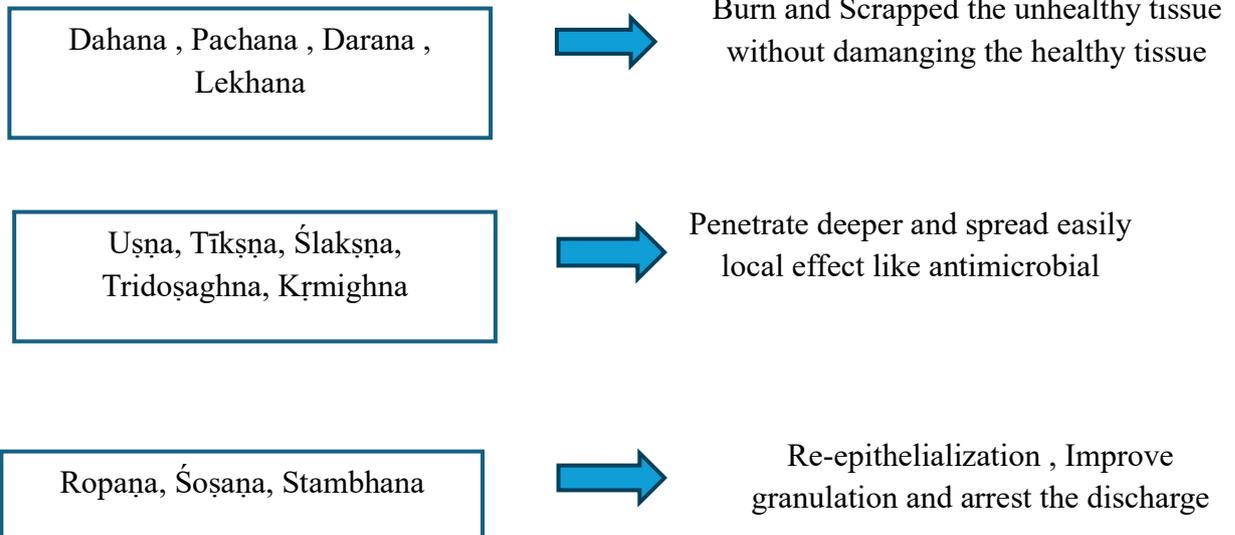
The improvement in lower abdominal pain and vulval itching, as reported by the patient, reflects the anti-inflammatory and analgesic properties of the Ayurvedic interventions. The Kaphahara and Pittashamaka properties of the treatments helped to balance the excess Kapha and Pitta in the body, reducing both the physical and emotional distress caused by the condition.

**Table 7: Mode of Action of the Drugs Prescribed**

<b>Drug/Therapy</b>	<b>Mechanism of Action</b>
Triphala Kwātha	Krimighna (antibacterial), Vranaropana (wound-healing), anti-inflammatory
Yava Kṣāra	Lekhana, Chedana, Bhedana (removal of damaged tissue, promotes healing)
Nimba Taila	Krimighna (antimicrobial), Vrana Ropana (wound-healing), Sothahara (anti-inflammatory)
Pushyanuga Curna	Kapha-pacifying, hemostatic, anti-inflammatory
Chandraprabha Vati	Vāta-Kapha pacifying, immunomodulatory, restores immunity

Septilin	Immunomodulatory, antibacterial, anti-inflammatory, improves tissue repair
----------	--

### Process of wound healing when kshara is applied



### Clinical Significance and Broader Implications:

This case demonstrates the potential of Ayurvedic treatments as a viable alternative to conventional treatments for cervical erosion. Given the non-invasive nature of Ayurvedic therapies, they could be particularly valuable for patients who wish to avoid the potential complications associated with surgical treatments. Additionally, Ayurveda's ability to address the root causes—such as vitiated Doshas and Ama—adds a deeper layer of healing that conventional medicine may overlook.

From a clinical perspective, the use of local therapies such as Yoni-Dhāvana and Yoni Pichu provides a targeted approach to treating gynecological conditions, aligning with modern desires

for minimally invasive treatment options. Furthermore, systemic treatments like Pushyanuga Curna and Septilin highlight Ayurveda's integrated approach to treatment, addressing not just the symptoms but the patient's overall health and immunity.

### Challenges and Limitations:

One limitation of this case is that it is a single case study, and thus the results cannot be generalized to the broader population without further research. Larger clinical trials and comparative studies would be necessary to validate the effectiveness of these Ayurvedic treatments in treating cervical erosion across diverse populations.

Another challenge is the lack of standardized outcome measures (e.g., objective clinical tools like VAS for pain, or Schirmer's test for vaginal dryness), which would help quantify the improvements more precisely and make the results more reproducible across different studies.

The follow-up period was also relatively short (8 days). A longer-term follow-up would be necessary to determine whether the improvement is sustained over time and to assess the potential for symptom recurrence.

#### **Future Directions:**

Further studies are needed to explore the long-term effects of Ayurvedic treatments for cervical erosion and to establish evidence-based protocols for their use in clinical settings. Additionally, comparative research between Ayurvedic treatments and conventional medical treatments (like cryotherapy or laser vaporization) could help validate Ayurveda's place in modern gynecological practice.

Moreover, the integration of standardized outcome measures and patient-reported outcomes will be crucial in enhancing the scientific rigor of future case studies and clinical trials.

#### **Conclusion:**

This case study provides valuable insight into the potential of Ayurvedic

treatments for the management of Kārṇīni YoniVyāpāda (cervical erosion), offering a non-invasive, holistic approach to treating this common gynecological condition. The patient's significant improvement in symptoms, including the reduction in cervical erosion, discharge, and pain, highlights the effectiveness of Ayurvedic interventions. However, further research and larger clinical trials are needed to fully establish the role of Ayurveda in the management of cervical erosion and other gynecological disorders.

#### **Patient's Perspective:**

The patient was asked about her experience with the treatment regimen. She expressed that she felt significant relief from her symptoms, particularly the vaginal discharge and vulval itching. She also appreciated the non-invasive nature of the Ayurvedic treatment, which contrasted with the more aggressive, invasive options like laser therapy or cryotherapy often recommended in modern medicine.

The patient also mentioned feeling more comfortable with the healing process, as the treatments did not cause any pain or discomfort once the initial stage of therapy had passed. She reported no side effects, and she felt that the treatments were culturally appropriate and well-suited to her needs.

#### **Informed Consent**

Written informed consent was obtained from the patient for the publication of this case report and the accompanying images. The patient was fully informed about the nature of the treatment, its potential benefits, and any possible risks. Confidentiality of the patient's personal and medical information was maintained throughout the study in accordance with ethical guidelines and regulatory requirements.

### References

- 1) Aggarwal P, Ben Amor A. Cervical Ectropion. 2023 May 31. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. PMID: 32809544.
- 2) Wright KO, Mohammed AS, Salisu-Olatunji O, Kuyinu YA. Cervical ectropion and intra-uterine contraceptive device (IUCD): a five-year retrospective study of family planning clients of a tertiary health institution in Lagos Nigeria. BMC Res Notes. 2014;7:946. doi: <https://doi.org/10.1186/1756-0500-7-946>
- 3) Goldacre MJ, Loudon N, Watt B, Grant G, Loudon JD, McPherson K, Vessey MP. Epidemiology and clinical significance of cervical erosion in women attending a family planning clinic. Br Med J. 1978;1(6115):748-750. doi: <https://doi.org/10.1136/bmj.1.6115.748>
- 4) Allen JM, Stein DS, Shingleton HM. Regeneration of cervical epithelium after laser vaporization. Obstet Gynecol. 1983;62(6):700-706. PMID: 6685271.
- 5) Kumar PVG, Deshpande S, Nagendra HR. Traditional practices and recent advances in Nadi Pariksha: A comprehensive review. J Ayurveda Integr Med. 2019;10(4):308-315. doi: <https://doi.org/10.1016/j.jaim.2017.10.007>
- 6) Agniveśa. Carakasamhitā. Vimānasthāna, Rogabhīṣagjitiya-vimāna; 8/94–122 [Internet]. Ayurveda360; cited 2025 Dec 30. Available from: <https://esamhita.ayurveda360.in/charaka/vimanasthana/08-rogabhishagjitiya/>
- 7) Gupta S, editor. Gynecological Infection. In: A Comprehensive Textbook of Obstetrics & Gynecology. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd.; 2011. doi: [https://doi.org/10.5005/jp/books/11278\\_18](https://doi.org/10.5005/jp/books/11278_18)

- 8) Mishra R, Bisht D, Gupta M. Primary screening of cervical cancer by Pap smear in women of reproductive age group. *J Family Med Prim Care*. 2022;11(9):5327-5331. doi: [https://doi.org/10.4103/jfmprc.jfmprc\\_68\\_22](https://doi.org/10.4103/jfmprc.jfmprc_68_22)
- 9) Peterson CT, Denniston K, Chopra D. Therapeutic uses of Triphala in Ayurvedic medicine. *J Altern Complement Med*. 2017;23(8):607-614. doi: <https://doi.org/10.1089/acm.2017.0083>
- 10) Aggarwal P, Galib R, Prajapati PK. Standard manufacturing procedure of Yava Kshara (alkali preparation from *Hordeum vulgare* L.) with cotton wick method. *J Drug Res Ayurvedic Sci*. 2021;6(4):200-205. doi: [https://doi.org/10.4103/jdras.jdras\\_42\\_21](https://doi.org/10.4103/jdras.jdras_42_21)
- 11) Joshi FP. Krimighna (anthelmintic) role of Neem oil (medicated oil of *Azadirachta indica* Linn.) and adjuvant Ayurvedic therapies in the management of anal myiasis: A case report. *J Ayurveda Integr Med*. 2022;13(4):100661. doi: <https://doi.org/10.1016/j.jaim.2022.100661>
- 12) Shailajan S, Patil Y, Joshi M, Menon S, Mhatre M. Simultaneous quantification of pharmacological markers quercetin and berberine using HPTLC and HPLC from a polyherbal formulation Pushyanuga Churna. *J AOAC Int*. 2019;102(4):1003-1013. doi: <https://doi.org/10.5740/jaoacint.18-0380>
- 13) Dongre P, Majumdar A. Network pharmacology analysis of Chandraprabha Vati: A new hope for the treatment of metabolic syndrome. *J Ayurveda Integr Med*. 2024;15(3):100902. doi: <https://doi.org/10.1016/j.jaim.2024.100902>
- 14) Khanna N, Sharma SB. Anti-inflammatory and analgesic effect of herbal preparation: Septilin. *Indian J Med Sci*. 2001;55(4):195-202. PMID: 11665389.