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Research Article

Cervical erosion w.s.r. *Karnini yonivyapad* – A Literature Review

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Abstract

Health of the nation mainly depends upon the health of *stree*. The smaller changes in women's lifestyle affect their reproductive life and lead to diseases. Now a days most of the women frequently complains of white vaginal discharge, itching per vagina and low back pain. While probing for the cause, it is often due to the changes in their lifestyle that leads to hormonal imbalance and sometimes faulty care during pregnancy and delivery, which resembles as described in the *Karnini yonivyapad*. It can be correlated to cervical erosion due to its clinical appearance.

Cervical erosion which is included under *Vata Kaphaja Yonivyapad*, is a common gynecological disorder characterized by symptoms such as vaginal discharge, pain, burning, inflammation and dyspareunia. Ayurvedic medicine offers holistic approaches to manage such conditions, combining both internal and external therapies.

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1. INTRODUCTION

Cervical erosion is a benign condition where the squamous epithelium of the ectocervix is
replaced by columnar epithelium, which is continuous with the endocervix. It is not an ulcer.

Aetiology

- Congenital
- Acquired

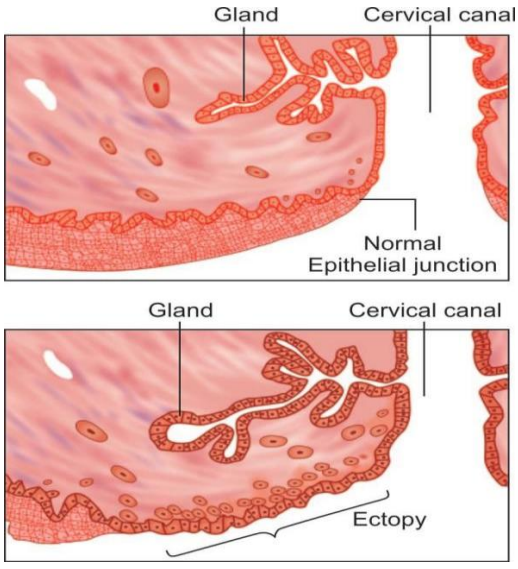
Congenital

At birth, in about one-third of cases, the columnar epithelium of the endocervix extends beyond the external-os. This condition persists only for a few days until the level of oestrogen derived from the mother falls. Thus, the congenital erosion heals spontaneously.

Acquired

Hormonal: The squamocolumnar junction is not static and its movement, either inwards or
outwards is dependent on oestrogen. When the oestrogen level is high, it moves out so that the columnar epithelium extends onto the vaginal portion of the cervix replacing the squamous
epithelium. This state is observed during pregnancy and amongst 'pill users.' The
squamocolumnar junction returns back to its normal position after 3 months following delivery and little earlier following withdrawal of 'pill'.

It may be a congenital condition due to the persistence of the squamocolumnar junction at its original neonatal location. During late fetal development and the first month of life, maternal hormone exposure stimulates hyperactivity of endocervical columnar epithelium and produce cervical erosion. It is uncommon in postmenopausal women. In the postmenopausal phase, the estrogen levels are declining, causing the cervix to shrink and invert, thus drawing the squamous cell epithelium of the ectocervix into the endocervical canal.



Epidemiology

The prevalence of cervical erosion ranges between 17 percent to 50 percent. The prevalence increases with parity but decreases with age 45 and above. Cervical erosion can be found in up to 80% of sexually active adolescents. The prevalence also depends on the type of contraception used. It is seen more commonly in
women taking oral contraceptive pills and less so in women using barrier methods of contraception.

Pathophysiology

The cervix is the lower part of the uterus and is composed of two parts:

- Endocervix. It is the proximal portion of the cervix.
- Ectocervix. It is the distal portion of the cervix that projects into the vagina.

The squamocolumnar junction is the area in the cervix where the columnar and the squamous
epithelium meet. The position of the squamocolumnar junction varies with age and hormone levels. The neonatal position of the squamocolumnar junction changes with hormonal influences in utero, at puberty, during pregnancy, and after menopause. At birth and menarche, it is located just within
the cervical canal. During reproductive age, the columnar epithelium
extends outward onto the ectocervix as the cervix events. This causes the squamocolumnar junction to move outwards as well, thus exposing it to the acidic pH of the vagina.

- Squamous metaplasia. It is a normal and irreversible physiological process in which the columnar epithelium is replaced by squamous epithelium. Low pH, sexual activity, and cervical infections may play a role in this process as well. This process is most pronounced when the progesterone/estrogen ratio is high, like during pregnancy, hormonal contraceptive use, and late fetal life. As the metaplasia progresses, the

transformation zone moves downwards from its original squamocolumnar junction position towards the external-os, thus decreasing the area of the erosion.

- Squamous epithelialization. This is an additional process of cervical remodelling. It is a reactive change due to inflammation or regeneration.

As the above two processes progress, cervical erosion decreases with age. As a result of these processes, a new squamocolumnar junction is formed. The transformation zone is the dynamic area located on the ectocervix. The transformation zone lies between the original
squamocolumnar junction and the current squamocolumnar junction, where the metaplastic squamous epithelium has replaced the columnar epithelium, which is the area of erosion.

Cervical erosion is a common finding in pregnancy. The erosion process begins early but is most marked during the second and third trimesters. Reproductive hormones play the most
significant role, but in the third trimester, venous obstruction might be one factor for cervical erosion development.

Postpartum, the everted columnar epithelium reverts back into the
endocervix due to a decrease in cervical volume.

Symptoms-
The lesion may be asymptomatic.
However, the following symptoms may be present.

- •Vaginal discharge. It is the most common symptom to manifest. The vaginal discharge is mucopurulent and maybe white or yellow. The surface area of the mucus-secreting columnar cells is increased; therefore, women with cervical erosion experience
- excessive vaginal discharge.
- Postcoital bleeding. It is seen in 5 to 25 percent of women with cervical erosion. The fine blood vessels in the epithelium are torn very easily during sexual intercourse,
- leading to postcoital bleeding.
- Cervical erosion is one of the common causes of vaginal bleeding in the third trimester of pregnancy.
- Intermenstrual bleeding
- Dyspareunia
- Pelvic pain
- Recurrent cervicitis
- Backache
- Micturition disturbances

Signs:
Internal examination reveals -
Per speculum—There is a bright red area surrounding and extending beyond the external-os in
the ectocervix. The outer edge is clearly demarcated. The lesion may be smooth or having small papillary folds. It is neither tender nor bleeds to touch. On rubbing with a gauze piece, there may be multiple oozing spots (sharp bleeding in isolated spots in carcinoma). The feel is soft and granular giving rise to a grating sensation.

AYURVEDIC REVIEW:
KARNINI YONIVYAPAD
The word Karnini refers to the seed capsule of the lotus flower. The minute protuberance at the Garbhasaya Dwara due to morbidity of the Pitta and Rakta resembling the Padma Karnika or pericarp of the lotus is known as Karnini Yoni Vyapad. An elevated lesion at the Garbhasaya Greeva characterises the Karnini Yonivyapad. The lesion is said to simulate the pericarp of lotus flower in appearance. Karnini can be compared with cervical erosion. In cervical erosion the cervix becomes somewhat hypertrophied, congested and covered with small red projection resembling sprouts, thus due to presence of small sprouts the cervix assumes the shape of barbed wire or small brush.
Nidana (Etiology) of Karnini -

अकाले वाहमानाया गर्भेण पिहितोऽनिलः|
कर्णिकां जनयेद्योनौ श्लेष्मरक्तेन मूर्च्छितः||२७||
रक्तमार्गावरोधिन्या सा तया कर्णिनी मता|२८|
(Ca.Chi. 30)

Yonivyapad Nidana of Karnini Yonivyapad describe under two headings as –
1. Samanya Nidana 2. Vishista Nidana.

Samanya Nidana
It comprises all the Nidana those are responsible for all Yonivyapad including Karnini Yonivyapad. Vata Dosha is essentially involved in all Yonivyapad. It means all the factors which causes vitiation of Vata are directly or indirectly are resulting factor for Yonivyapad. Samanya Nidana of Yonivyapad as, 1. Mithyachara 2. Pradushta Artava 3. Bijadosha 4. Daiva are the factors leading to various Yonivyapad.
Excessive coitus done by a woman having Sushka body or else a weak woman or at an early age with a man having big sized penis is also responsible for Yonivyapad due to vitiation of Vata. Accepting the abnormalities of Artava and Bija as well as Daiva as causative factors, the abnormal diet, having coitus in abnormal body postures, excessive coitus and use of any foreign body or substance for sexual pleasure are also responsible for the disease of reproductive tract i.e. Yonivyapad.

Vishista Nidana
Acharya Charaka and Vagabhata have mentioned the specific Nidana (aetiology) i.e., Akalavahmanaya or "Akal-pravahana''along with above-described Nidana for Karnini yoniyapad.

Samprapti (Pathogenesis) of *Yonivyapad* does not occur without vitiation of Vata. Vata and Kapha as described in Samprapti of Karnini Yonivyapad (vitiated Kapha along with Rakta) produces Karnika in Yoni. Thus, from the above discussion it is clear that the causative Doshas in Karnini yonivyapada are vitiated Vata and Kapha and Dushya is Rakta dhatu.

Samprapti Ghataka

- Dosha-Vata & Kapha
- Dushya–Rasa, Rakta, Mamsa Adhisthana-Garbhashaya Mukha (CervixUteri)
- Srotas-Artavavaha Srotas.
- Sroto dushti-Sanga
- Vyadhi swabhava-Chirakari
- Sadhyaasadhyata–Krichasadhya

Therapeutic Interventions -
Rx

1. 1.Tab.Pradarantaka louha 2BD after food.
2. 2 Tab. Arogyavardhini vati 2BD after food
3. Tab. Chandraprabha vati 2BD after food
4. Syp.Lodhraashava 15ml +

Syp. Mustakaarishta 15ml with equal amount of water BD In situ-Procedure advised -

1. Yoni Dhavan was done with Triphala Kasaya (with around 1lit.)

- A coarse triphala powder and water typically in ratio 1:16.

- Around 4 litre of water mixed with 200 gm powder, continue boil the mixture under medium flame until liquid quantity reduces to one forth i.e 1 litre.

2. Yoni Pichu was given with Jatyadi taila.

Pichu prepared with sterile gauze piece measuring around 7.5cm× 7.5cm, completely dip into taila (around 10ml), introduced into the vagina.

DISCUSSION

Pradantaka Louha: This herbo-mineral formulation is primarily known for treating various gynaecological issues, including excessive vaginal discharge (leucorrhoea) and heavy or irregular menstrual bleeding. Its ingredients, such as Louha Bhasma, Ashoka, and Lodhra, are traditionally used to support uterine health, balance the Pitta dosha (which is often implicated in inflammatory conditions and bleeding), and improve overall strength and vitality in women. It helps manage symptoms like abnormal discharge and weakness linked to the condition.

Chandraprabha Vati: This herbo-mineral formulation is beneficial due to its anti-inflammatory, antimicrobial, and rejuvenating properties. It possesses kashaya (astringent) and sravaghna (discharge-reducing) properties that help reduce abnormal vaginal discharge. Its vruna ropana (wound healing) and lekhan (scraping of dead tissues) properties help heal the eroded cervical tissues and enhance reparative processes. It is often prescribed as an internal medicine to address systemic imbalances associated with the condition.

Ingredients: Key ingredients include Shilajit and Guggulu, known for their broad-spectrum activity and use in reproductive health ailments.

Arogyavardini Vati: Detoxification (Shodhana) and Metabolism: It helps to clear waste products and improve agni (digestive fire) and metabolism, which is thought to correct the underlying pathology of the disease. Anti-inflammatory Properties: The ingredients help manage inflammation associated with the condition. Blood Purification: It is known for its effects on blood purification, which is beneficial in conditions involving vitiated rakta (blood tissue). Catalytic **Action:** It often acts as a co-prescription (yogavahi) to enhance the effects of other medicines.

Lodhra Asava -Lodhra (Symplocos racemosa) is a key ingredient and is known for its significant therapeutic benefits in women's health. Astringent and Healing Properties: Lodhra Asava contains high amounts of tannins and flavonoids, which contribute to its astringent (kashaya rasa) property. This helps in contracting the exposed columnar epithelium of the cervix (in the case of erosion/ectropion) and promoting the regeneration of healthy squamous epithelium (ropana property). It has Anti-inflammatory Effects. The properties of Lodhra Asava help to manage the white discharge, which tends to cause maceration of the surrounding tissues.

Mustakarista- Mustakarista is a formulation where the main ingredient is Musta (Cyperus rotundus). Antimicrobial and Anti-inflammatory: Musta is known for its potent antimicrobial and anti-inflammatory properties, which help in treating underlying infections that might cause or worsen cervical erosion. Digestion and Toxin Elimination: Mustakarista aids digestion and helps balance the Doshas (especially Kapha and Vata which are implicated in this condition), promoting overall healing from within.

Triphala Kwatha was effective in Vrana and also helpful in combating microbial infection by its Sodhana, Ropana, Sravahara, Vedana Samaka and Rasayan Properties. It is

Tridosa Samaka

as well as Kaphapittahara based on Kasaya Rasa Pradhanya. It also exhibits Sangrahi,

Ropana (healing), and Lekhana (scrapes out unwanted tissues) properties which are most

essential in healing the Vrana. The majority of Jatyadi taila constituents contain Tikta, Kashaya Rasas, and Laghu, Ruksha Gunas.

S. No.	Dravya	Rasa	Guna	Veerya	Vipaka	Karma
1	**Haritaki** (*Terminalia chebula*)	Pancharasa (except Lavana)	Laghu, Ruksha	Ushna	Madhura	Vata-anulomana, Rasayana
2	**Bibhitaki** (*Terminalia bellirica*)	Kashaya	Laghu, Ruksha	Ushna	Madhura	Kapha-hara, Krimighna
3	**Amalaki** (*Emblica officinalis*)	Pancharasa (Lavana varjita, Amla pradhana)	Laghu, Ruksha	Sheeta	Madhura	Pittashamana, Rasayana

Jatyadi Taila *is Tikta and Kashaya Rasa Pradhana,* both of which are *Pitta Kapha hara* and have the properties of *Vrana Shodhana, Ropana, Pootihara, and Vedanasthapana. Jaati* contains salicylic acid, which has antibacterial, anti-inflammatory, and antifungal properties.

Nimba's primary ingredient, nimbine, has anti-inflammatory, analgesic, and anti-bacterial properties. As a result, its *Sukshma, Vyavayi, and Vikashi Gunas may assist in reaching the minute channels and minimizing Vedana. Tutha* is a component of *Jatyadi taila, and it has Lekhana Karma.*

As a result, it may aid in the elimination of slough. Copper sulphate is still used to remove slough from ulcers in modern surgical treatment.

Tutha, for example, could have such an effect. Because *Jatyadi* Taila contains medications with both *Shodhana and Ropana* properties, it aids in the *Dustha Vrana.* Overall, the healing effect is caused by the combined impact of the substances.

S. No.	Dravya	Rasa	Guna	Veerya	Vipaka	Karma
1	**Jati** (*Jasminum officinale*)	Tikta, Kashaya	Laghu, Snigdha	Sheeta	Katu	Vrana-ropana, Shothahara, Pittashamana
2	**Nimba** (*Azadirachta indica*)	Tikta, Kashaya	Laghu, Ruksha	Sheeta	Katu	Krimighna, Kandughna, Vrana-shodhana
3	**Patola** (*Trichosanthes dioica*)	Tikta	Laghu, Ruksha	Ushna	Katu	Pitta-kapha shamaka, Raktashodhaka
4	**Katuka** (*Picrorhiza kurroa*)	Tikta	Laghu, Ruksha	Sheeta	Katu	Raktaprasadana, Kushtaghna
5	**Daruharidra** (*Berberis aristata*)	Tikta, Kashaya	Laghu, Ruksha	Ushna	Katu	Vrana-shodhana, Krimighna
6	**Haridra** (*Curcuma longa*)	Tikta, Katu	Laghu, Ruksha	Ushna	Katu	Shothahara, Vrana-ropana
7	**Lodhra** (*Symplocos racemosa*)	Kashaya	Laghu, Ruksha	Sheeta	Katu	Stambhaka, Raktastambhaka
8	**Padmaka** (*Prunus cerasoides*)	Kashaya, Tikta	Laghu	Sheeta	Katu	Raktaprasadana, Daha-shamana
9	**Manjishtha** (*Rubia cordifolia*)	Tikta, Kashaya, Madhura	Guru, Ruksha	Ushna	Katu	Raktashodhaka, Vrana-ropana
10	**Sariva** (*Hemidesmus indicus*)	Madhura, Tikta	Guru, Snigdha	Sheeta	Madhura	Daha-prashamana, Pittashamana
11	**Tuttha** (Copper sulphate)	Tikta, Kashaya	Ruksha	Ushna	Katu	Lekhana, Krimighna, Vrana-shodhana
12	**Siktha** (Beeswax)	Madhura	Guru, Snigdha	Sheeta	Madhura	Sandhana, Twak-prasadana
13	**Tila Taila** (Sesame oil)	Madhura, Tikta, Kashaya	Guru, Snigdha	Ushna	Madhura	Vata-shamana, Yogavahi, Vrana-ropana
14	**Neelotpala** (*Nymphaea stellata*)	Madhura, Kashaya, Tikta	Laghu, Snigdha, Tikshna	Sheeta	Madhura	Daha-prashamana
15	**Abhaya** (*Terminalia chebula*)	Madhura, Amla, Kashaya, Katu, Tikta	Laghu, Ruksha	Ushna	Madhura	Anulomaka, Rasayana
16	**Naktamala** (*Pongamia pinnata*)	Tikta, Kashaya	Laghu, Ruksha, Tikshna	Ushna	Katu	Shothahara, Kandughna

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