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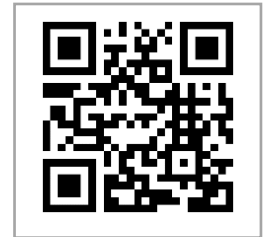


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EFFECT OF YONIDHAVAN AND KSHARAKARM ON ASCUS - A CASE REPORT

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ABSTRACT:

In today's population incidences of gynecological problems are increasing. In India, it is reported that the prevalence of genital infection is 50.07%. Conditions like leucorrhoea, itching, and burning in the genitals are embarrassing and uncomfortable too. Leucorrhoea stands for excessive vaginal white discharge. It may lead to itching and burning in a later phase. Underlying causes may vary from vaginitis, cervicitis, and vaginosis of different origins. Vaginal shopha due to ASCUS means atypical squamous cells of undetermined significance; a sort of threatful and annoying condition. It is claimed due to sexual infections, may turn into malignancies. In Ayurveda, it is correlated with kapha dominating dushti at yoni. Local treatments like yonidhavana (yonishodhana) and ksharkarma along with pathyaahara show very good results. Procedures are non-invasive, cheaper, acceptable, and promising treatment. A female patient of 43 years old, with complaints of yonigatasrava, kandu along with PAP report with ASCUS reported to Streeroga OPD. After evaluation, she was diagnosed as kaphajpittajyoni. Along with routine treatment she was treated with Yonidhavan and ksharkarm. The patient was followed for successive 4 years with PAP smear reports after every six months. The treatment proved promising for symptomatic as well as for histological parameters.

KEYWORDS: Genital Infections, ASCUS, Local Treatments - yonidhavan, ksharkarma

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INTRODUCTION:

Profuse vaginal discharge, itching and burning genitals are quite common sets of patients for SRPT OPD. Incidence is increasing day by day. It may be alarming for many hidden underlying diseases like malignancy and tubal blockage. Faulty dietetics, liberal sex practices, contraceptive aids, unhygienic conditions, and overuse of genital hygienic chemicals may be the basic culprits for this. Ayurveda highlights these types of presentations under Yonivyapada (1). It is described as a set of 20 diseases. Especially kaphakara, abhishyandiahara vihara, katu usnahara, constitutional non-congenial diet, pregnancy, and postpartum mismanagement lead kaphapittakara disease.

ASCUS: Atypical squamous cell of undetermined significance is a tissue picture of a cervix - TZ. In this condition, the patient may be symptomatic (8.8%) and asymptomatic (7.4%) (2). The incidence of ASCUS is 2.5% in the Japanese study 7.4% in Bosnia 19.1% in another Japanese study in different corners of the world (3) General presentations of the patient are like per vaginal white discharge, itching, and burning. It may be a sign of infections mostly HPV, fungus/yeast infection etc. Histologically, atypical cells are located in squamous tissues. It is an inflammatory reactive change occurring at the tissue level which is atypical but insufficient to be classified as a cervical intraepithelial lesion (CIN). It is not an actual cancerous stage but could be an early warning of pre-cancerous changes. It is reported that 0.25% with ASCUS may turn into cervical cancer within 2 years (4). As

cervical cancer has the 1st rank in the cancer list in women; It is time for prompt treatment and close monitoring. With the same diagnosis, the patient was treated with Ayurvedic treatment.

METHOD - Methodical way the patient was analyzed through history taking, examination, investigations, and treatment plan. Samhitas and available modern literature were used as material for study.

Case description - A 43 years old married female patient visited with complaints of profuse vaginal discharge and vaginal itching. Discharge was found thick with a foul smell along with occasional mild abdominal pain. Complaints presented for the last 6 to 8 months with diagnosis of ASCUS on PAP smear report. No relevant family history or surgical or past medical illness was found. Her obstetrical as well as marital history was uneventful. The patient had an active married life for 20 years with two parities. Her menstrual cycles were regular 25 days with mild pain and she used to get bleeding for 6 days.

Clinical findings- Patient found pitta pradhanakaphaprakruti, madhyamkosta, rasasarata and madhyamsamhanana. On P/S Examination-cervical inflammation (cervicitis) was evident. Routine blood investigations, BSL, and urine reports were found normal. Her USG (Dated 14/08/18) report revealed a bulky uterus with multiple focal myometrial mass lesions. Diagnostic assessment Based on symptoms, examination, and HP report patient was diagnosed as kaphapradhanapittajayonivyapad.

Considering the patient's condition patient was planned for following treatment:

Table No. 1 TIMELINE

Date	Medication	Dose	Kaal/ Time
<u>1st sitting</u> <u>For the first month/cycle</u>	<u>Yonidhavan for 7 days with panchavalkal</u> <u>Haridra and kustha</u> <u>Decoction</u> <u>Internal Medication</u> 1) <u>Yasthi</u> <u>Shunthi</u> 2) <u>Chandraprabha</u> <u>Vanga</u> <u>Rasapachak</u> <u>Amalaki</u> 3) <u>Sukhasarak churna</u>	<u>15gms</u> <u>2gms each</u> <u>250mg</u> <u>100m</u> <u>200mg</u> <u>60mg</u> <u>150mg</u> <u>200mg</u> <u>2gms</u>	 <u>Once in the morning after breakfast</u> <u>Before lunch and before dinner</u> <u>Once at bedtime</u>
<u>2nd sitting</u> <u>Second month</u>	<u>Yonidhavan with Panchavalkal decoction</u> <u>Ksharkarma with yavakshar at cervix</u> <u>Kshar taila pratisaran</u> <u>Jatyadi taila varti (for 3 days).</u> <u>Internal medication</u> <u>Continued same</u>	 <u>Continued same</u>	 <u>Continued same</u>

Pathyapathya and sexual abstinence were advised to the patient.

Follow-ups- The patient followed for 4 years with regular PAP reports at the interval of 6 months.

Outcome - After the first cycle, the patient got 100% symptomatic relief in per vaginal discharge, itching, Histological changes were seen in the very next PAP report which showed no evidence of abnormal cells and consistently it proved promising (reports are attached here). It showed significant results in the HP study.

DISCUSSION:

The conventional treatment for the ASCUS is hysterectomy. Ayurvedic line of treatment for

the same is Kaphabhishyandhara and lekhan. Kaphapittajayonivyapada(5) is the yonivyapada where due to abhishyandi kaphautkleshkaahara as well as pitta vrudhikarahetu presents with profused vaginal discharge with itching. The patient was treated orally with kaphanghna, lekhan, and pachanaaushadhi like chandraprabha(6), rasapachaka(7),shunthi(8), and amalaki(9). These drugs worked as shophahara (antiinflammatory) and ropana (tissue repair). Yasthi (10) along with Amalaki helped for sravashoshana (absorption of secretion) and pittahara. For anulomana sukhasarakachurna was given. It helped for dipanapachana too. Local treatment in the 1st sitting yonidhavana was done with panchvalkala, haridra, and

kustha.Panchvalkala(11) Being kashaya rasapradhana,pittaghna, ruksha helped for sravshoshana and shophahara. It is antifungal and astringent. Haridra (12) being ushna, raktaprasadakaguna helped for vranashophaharana (reduction of tissue oedema). Haridra is antiseptic and anti-inflammatory drug. This process was augmented by the use of sravakledhara, ushnakustha. Kustha (13) is kaphapittamedahara – lekhanahara. Yonidhavana washed out the secretions and discharge of the vagina and cervix. It helped as shodhana,vranropana,vedanahara (cleanser). Vaginal walls are extremely vascular; thus, it absorbs water, electrolytes, and medicines. Yavakshara(14) is Mrudukshara helped with ksharana of tissue of the cervix. The patient got relief, as well as HP reports observed normal, which indicated the plan of treatment found promising.

CONCLUSION:

The patient of ASCUS positive was treated with yonidhavana and kshara karma proved promising. This is the Ayurvedic solution for the pre-cancerous condition of the cervix. Modality is safe, cheap, noninvasive, and easily acceptable by patients as well as proved encouraging for Ayurveda gynecologists. It is a single case study that may help as a “research guide” for the enthusiastic population. Further large-scale research is required.

Funding Ni

Conflict No

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