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CASE STUDY

Excelling Role of Agnikarma with Panchdhatu Shalaka in Karnini Yonivyapad W.S.R to Cervical Ectopy (Erosion) – A Case Report.

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ABSTRACT
Cervical ectopy, also known as cervical erosion, is a prevalent gynecological condition characterized by the replacement of squamous epithelium of the ectocervix with columnar epithelium. The condition affects 17% to 50% of women, with higher prevalence in sexually active adolescents (up to 80%) and those using oral contraceptives. In Ayurveda, cervical ectopy is correlated with Karnini Yonivyapad, a disorder described in classical texts. To evaluate the efficacy of Ayurvedic management, including Agnikarma, shaman aushadhi, Yoni prakshalan, and Yoni pichu, in treating cervical ectopy. A 42-year-old female patient presented with symptoms of thick vaginal discharge, lower abdominal pain, and weakness. Following Pap smear screening, the patient underwent. Triphala Guggulu 2-2-2, Chandrakala Rasa 2-0-2, and Ashok Vati 2-2-2. Performed using Panchdhatu Shalaka under aseptic conditions. Application of Ropan Taila in the morning for 1 week. Washing with Panchawalkal Kwath (150 ml) twice daily for 1 week. The patient was treated from 7th July 2024 to 7th August 2024. The combination of therapies resulted in: Resolution of vaginal discharge and lower abdominal pain. Complete healing of the post-operative wound without any complications. The integration of Agnikarma using Panchdhatu Shalaka, along with Ayurvedic oral medications, Yoni Prakshalan, and Yoni Pichu, demonstrated excellent outcomes in managing cervical ectopy (Karnini Yonivyapad). This approach highlights the efficacy of Ayurvedic interventions in treating cervical erosion and promoting comprehensive healing.
KEYWORDS*-Karnini yonivyapad, Agnikarma, Apunarbhava, Cervical ectopy.*

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INTRODUCTION

Cervical ectopy, commonly referred to as cervical erosion, is one of the most prevalent gynecological conditions encountered in clinical practice. It is characterized by the replacement of the squamous epithelium of the ectocervix with columnar epithelium, which is continuous with the endocervix. This condition is frequently observed in sexually active women, with a prevalence ranging from 17% to 50%. The prevalence is notably higher in sexually active adolescents, affecting up to 80%, and is more common among women using oral contraceptive pills compared to those employing barrier methods of contraception. In Ayurveda, cervical ectopy can be correlated with Karnini Yonivyapad, one of the twenty Yoni Vyapads (gynecological disorders) described in classical Ayurvedic texts. Acharya Sushruta describes Karnini Yonivyapad as having a Kaphaja origin, while Acharya Charaka and Vagbhatta attribute it to a Vata-Kaphaja imbalance. The term "Karnini" is derived from its resemblance to structures with finger-like projections or knots, comparable to a lotus pericarp or the tip of an elephant's trunk, highlighting its distinct morphological features [1-5]. Clinically, cervical ectopy presents with symptoms such as thick vaginal discharge, lower abdominal pain, and general weakness, significantly affecting the patient's quality of life. The management of cervical ectopy involves addressing the underlying pathology and alleviating symptoms. This article explores the Ayurvedic approach to managing cervical ectopy, particularly through the integration of Agnikarma, a traditional cauterization technique, along with oral

medications and local therapeutic procedures. By combining these methods, a holistic treatment plan is designed to ensure symptomatic relief, promote healing, and prevent recurrence [6-9]. This paper presents a case study demonstrating the effectiveness of this integrative approach in treating cervical ectopy.

Case Report

This is a case of a 42-year-old female with a six-month history of gynecological and systemic symptoms, including vaginal discharge, dysmenorrhea, pruritus vulvae, lower abdominal pain, fatigue, joint pain, and lower backache. On general examination, the patient appeared stable, with normal vital signs: pulse of 78 beats per minute, blood pressure of 130/80 mmHg, respiratory rate of 18 breaths per minute, and an afebrile temperature. Abdominal examination revealed mild tenderness in the suprapubic region, with no palpable masses, while cardiovascular, respiratory, and central nervous system examinations were within normal limits. Investigations showed a negative Pap smear with no evidence of malignancy or infection, a normal hemogram, erythrocyte sedimentation rate, biochemical tests, and random blood sugar levels. Serological tests were negative for HIV, HBsAg, and VDRL, ruling out sexually transmitted infections. Gynecological examination revealed cervical erosion, consistent with cervical ectopy, a condition characterized by the replacement of squamous epithelium by columnar epithelium in the cervix. This condition likely accounts for the vaginal discharge and may have contributed to symptoms such as dysmenorrhea, pruritus vulvae, and lower abdominal pain. The absence of systemic or infectious causes, along with the mild suprapubic tenderness, supports cervical erosion as the primary diagnosis. In this case study, the treatment plan is based on a comprehensive Ayurvedic approach to address a condition that is difficult to treat, referred to as "asadhya." The patient will undergo the procedure of Agnikarma, a traditional Ayurvedic therapy involving the application of heat to the affected area, which has the ability to provide Apunarbhava or non-recurrence. This means that Agnikarma helps eliminate the root cause of chronic ailments, making them less likely to reoccur after treatment.

Treatment Plan Breakdown: Oral Medications: Chandrakala Rasa (2 BD): A potent Ayurvedic formulation that helps in balancing the doshas and rejuvenating the body's systems.

Pushyanug Churna (3 gm thrice daily): A herbal powder that aids in digestion and addresses any imbalances in the body's internal systems.

Dashamularishta (15 ml thrice before meals): An herbal tonic known for its strength-building and rejuvenating properties, especially beneficial for women's health.

Erandbhrista Haritaki (3 HS): A digestive and detoxifying herb used to cleanse the system and promote overall health.

Procedure: Agnikarma: The application of heat using a **Panchadhatu Agnikarma Shalaka** in a sterile OT with aseptic precautions. This technique uses heat to treat chronic and difficult-to-manage conditions by stimulating healing through thermal energy.

Post-operative Care: Daily Vaginal Wash with Panchavalkal Kwath: An herbal wash that supports cleansing and prevents infection.

Application of Vranropan Taila Pichu: A medicated oil application that aids in the healing of the tissues and prevents recurrence of the condition.

Agnikarma Overview and Its Effectiveness: The Ayurvedic concept of Agnikarma revolves around applying heat to treat conditions that are asadhya (difficult to treat) and may not respond to conventional treatments. As stated in the Ayurvedic texts:

तद्दग्धानां रोगाणामपुनर्भावाद्भेषजशस्त्रक्षारैरसाध्यानां तत्साध्यत्वाच्च ||३||

This verse emphasizes that Agnikarma is particularly effective in addressing diseases that are difficult to treat, helping in their resolution and preventing them from recurring. By applying heat to the affected area, the procedure stimulates blood circulation, reduces inflammation, and accelerates healing, making it ideal for long-standing or stubborn ailments. The integration of this procedure with the prescribed oral medications and post-operative care ensures a holistic approach that not only targets the symptoms but also works to restore balance within the body, facilitating long-term healing and reducing the risk of recurrence. Overall, this treatment plan is designed to address both the immediate symptoms and the underlying cause of the condition, leading to effective, lasting relief [10].

DISCUSSION

Pre-Operative Measures (Purvakarma)

Diet: The patient is advised to follow a light **Snigdha** (unctuous) diet, which helps in preparing the body by promoting lubrication and ease of digestion, ensuring that the system is in an optimal state for the upcoming procedure.

Laxatives: A mild laxative, such as Eranda Bhrista Haritaki (2-4 gm with hot water), is recommended to be taken nightly. This helps in gently cleansing the bowels, promoting smooth elimination, and ensuring that the digestive system is clear before the treatment.
Panchavalkala Kwatha: The patient will be administered Panchavalkala Kwatha for three days prior to the **Agnikarma** procedure. This herbal decoction helps in purifying the body and enhancing the effectiveness of the treatment by preparing the tissues and internal systems for the therapy.
Psychological Preparation: Psychotherapy is an integral part of the pre-operative measures, where the patient is counseled to alleviate any anxiety or fear related to the procedure. This ensures the patient is mentally calm and ready for the treatment, which can positively impact the healing process.
Procedure Setup:
Positioning: The patient will be positioned in the **lithotomy position**, which is ideal for performing the Agnikarma procedure, ensuring both access to the treatment area and patient comfort.
Anesthesia: The procedure is conducted without the use of local or general anesthesia, relying instead on the natural healing response of the body stimulated by the Agnikarma heat therapy.
Pradhana Karma: Agnikarma Procedure
Pre-Procedure Preparations:
Bladder Emptying: Before the procedure begins, the patient is instructed to empty her bladder to ensure comfort during the treatment and reduce the risk of any involuntary movement.
Antiseptic Application: The vaginal area, including the vulva and vagina, is carefully painted with an antiseptic agent to prevent any infection during the procedure. This step is essential to maintain a sterile environment.
Sterile Lines: To maintain asepsis and avoid any contamination, sterile drapes are placed around the area of the treatment. This helps to create a clean field for the procedure.
Speculum Insertion:
Introduction of Speculum: A posterior vaginal speculum is introduced to allow clear visibility of the cervix. This helps in proper positioning and access to the targeted area.
Lubrication: The blade of the speculum is lubricated with oil to ensure smooth and comfortable insertion, minimizing any discomfort for the patient.
Separation of Labia: One hand is used to gently separate the labia minora, allowing proper access to the vaginal canal and making it easier to insert the speculum.
Speculum Positioning:
Rotation: The speculum is rotated at a right angle while gently depressing the posterior vaginal wall and perineum. This maneuver helps to fully expose the cervix and facilitates a clear view of the area to be treated.
1. **Cervical Exposure:**
Grasping the Cervix: The anterior lip of the cervix is grasped with a multiple-toothed vulsellum, which is a specialized instrument, and is carefully pulled downward towards the vaginal introitus to provide better access to the area of cervical erosion.
2. **Assessment for Agnikarma:**
Cleaning the Cervix: The area of cervical erosion selected for Agnikarma is thoroughly cleaned with gauze to remove any debris, mucus, or other impurities. This ensures that the procedure targets only the affected tissue and that the heat application is as effective as possible.
Tamra Shalaka Preparation: The **Tamra (copper) Shalaka** is prepared for use in Agnikarma. This tool is specifically chosen for its ability to conduct heat and is integral in the application of the therapeutic heat.
3. **Application of Agnikarma:**
Heating the Vranaropaka Salaka: The **Vranaropaka Salaka**, or the Agnikarma instrument, is heated to a red-hot temperature by holding it over fire. This ensures that the heat is intense enough to be effective in treating the affected area.
Application Method:
The **Bindu variety Agnikarma** is applied starting from the right side of the cervical erosion and moved in a downward direction. The application follows a precise technique to ensure that the heat is evenly distributed and targets the right area.

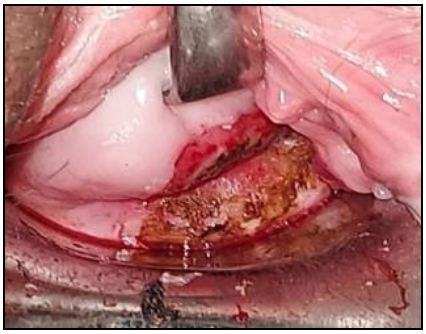


Figure – 1: Samyak Dagdha

Observing Samyak Dagdha (Proper Burning):

Signs of Proper Application:

The procedure is considered successful if **Samyak Dagdha(fig.1.0)** (proper burning) is observed. This is indicated by the affected tissue turning a **bluish-brown color**, which resembles the appearance of Pakwajambuphalavata (ripe jamun fruit). This color change signifies that the therapeutic heat has been effectively applied, causing the desired level of tissue damage for healing and regeneration [11].

This step is critical in ensuring that the Agnikarma has been performed correctly, targeting the condition without causing excessive harm to the surrounding tissues.

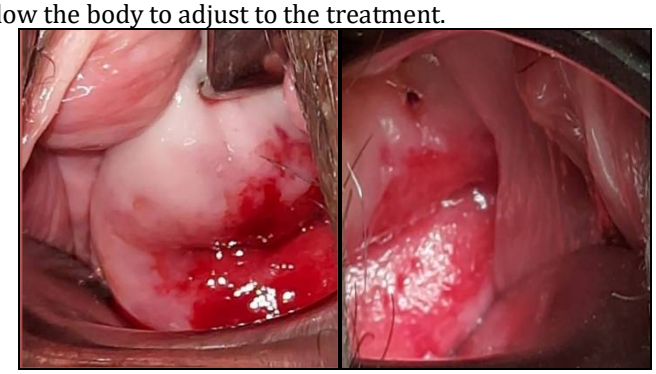
The Pradhana Karma phase of Agnikarma is a detailed and precise procedure that requires careful planning, preparation, and execution to ensure optimal results. The application of heat, when done correctly, can provide significant relief and healing for chronic conditions that are otherwise difficult to treat [12].

Post-Operative Care After Agnikarma (Paschat Karma)

1. **Application of Vranaropan Taila:** After completing the **Agnikarma** procedure, **Vranaropan Taila** (a healing oil) is applied to the treated area. This oil aids in the healing process, promoting tissue repair and reducing inflammation, ensuring that the area recovers smoothly and efficiently.
2. **Covering the Treated Area:** The treated part is covered with a **sterile gauze** to protect it from contamination and environmental factors. This ensures that the area remains clean and helps to facilitate a faster, more effective healing process.
3. **Patient Monitoring:**

Rest in IPD: The patient is allowed to rest in the **In-Patient Department (IPD)** for observation following the procedure. Rest is critical for recovery and to monitor the patient's response to the treatment.

Rest Duration: A recommended rest period of **2-4 hours** post-procedure is advised to minimize the risk of complications and allow the body to adjust to the treatment.



A B

Fig 2A: Before and B: After Treatment

4. **Care and Observation:**

Pain Management: Mild pain and a slight burning sensation may occur after the Agnikarma procedure. These are common and usually temporary effects. The discomfort can be managed with local applications of soothing agents, such as cooling herbal oils or compresses.

Treatment of Symptoms: Any discomfort should be observed carefully. If the pain becomes severe or prolonged, further assessment and treatment may be required.

5. **Post-Procedure Instructions:**

Monitoring for Complications: Continuous monitoring of the treated area is essential to detect any early signs of complications. These may include excessive redness, swelling, or signs of infection.

Patient Guidance: The patient should be educated on the signs to watch for that could indicate complications. These may include:

- Increased pain or discomfort.
- Unusual discharge or foul odor.
- Excessive swelling or redness.
- Any signs of infection.

Patients should also be instructed to follow the prescribed care routine, including regular dressing changes and hygiene maintenance, to ensure proper recovery. Regular follow-ups may be required to assess healing progress and make any adjustments to the treatment plan if necessary.

This comprehensive post-operative care plan ensures that the patient heals effectively after Agnikarma, with minimal risk of complications and optimal recovery.

CONCLUSION

This case study demonstrates the effectiveness of a holistic Ayurvedic treatment plan for a 42-year-old female with cervical erosion and associated gynecological and systemic symptoms. By combining traditional therapies like Agnikarma, Chandrakala Rasa, and Pushyanug Churna with strategic pre- and post-operative care, the treatment addresses both the symptoms and the underlying cause of the condition. The Agnikarma procedure plays a central role in stimulating healing, reducing inflammation, and promoting tissue regeneration. Through careful monitoring and the application of Vranaropan Taila post-procedure, the treatment ensures a smooth recovery while minimizing complications. The Ayurvedic approach, emphasizing dosha balance, cleansing, and mental preparation, ensures that the patient is supported throughout the treatment journey. This comprehensive plan promotes long-term healing and prevents recurrence, offering a holistic path to recovery. Overall, this case illustrates the potential of Ayurveda to manage chronic conditions deemed difficult to treat by conventional methods, combining ancient wisdom with modern practices to achieve lasting wellness and improved quality of life.

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