

# Ayurvedic Management of Garbhashayamukha Shotha: A Case Report

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**Abstract**— Reproductive age of women is crucial involving complications of labor, infections during puerperium, hormonal imbalances etc., predisposing to different kinds of pathology, where cervical pathology being common, limits the day to day activities of women. Cervical pathology includes the clinical conditions like cervical hypertrophy, cervical hyperplasia, Cervicitis, cervical erosion wherein a part or whole thickness of squamous epithelium of the ectocervix is replaced by columnar epithelium of the endocervix. Excessive vaginal discharge with itching, burning sensation and dyspareunia are the most common findings. As per Ayurveda, these preclinical conditions can be considered as Garbhashayamukha shotha/vrana. Cervical cancers are usually preceded by a long latent phase which is characterized by events progressing from atypia of cells to different grades of dysplasia or CIN, among which the prevalence of cervical erosion is more than 50%. At the present moment, there is no modern medicine available for infections like HPV and only prevention is possible through vaccines. The treatment methods in Ayurveda aims at reverting the dosa dooshya sammurchana occurring in the yoni as a result of infection, and thereby restore the normal pH, cervical cytology and thus maintain a healthy vagina. The modern surgical treatment options are cryosurgery and diathermy which are used to destruct the columnar epithelium and facilitate the growth of new healthy stratified squamous epithelium. But it has got its own limitations, since chances of recurrence is more. The present case study is of a woman aged 50 years who came to the OPD of Prasutitantra evum Streeroga Department of P.N.N.M Ayurveda Medical College and Hospital, Cheruthuruthy with complaints of white discharge per vagina and itching in the vulval region. She was screened with Pap smear for cervical pathology and was found to have inflammatory smear. Internal medicines, Bhandira kalka lepana and Tankana kshara application on Garbhashayamukha was administered for a period of 7 consecutive days. Marked improvement was observed in relieving the symptoms.

**Keywords**— Cervical erosion; Cervicitis; Bhandira; Garbhashayamukha Shotha.

## I. INTRODUCTION

A famous slogan, “Healthy Women, Healthy World”, embodies the fact that as custodians of family health, women play a critical role in maintaining the health and overall well-being of her communities. However, because of the many roles women play, they often neglect their own health and needs. Reproductive age of women is very crucial involving several complications, among which cervical pathology is the commonest. Certain diseases though not life threatening may be very much irritating to an individual thereby affecting the day to day activities. *Garbhashayamukha Shotha* with symptoms of discharge per vagina, pruritus vulvae, etc. is one among them. It can be compared with cervical erosion or cervical ectopy.

Cervical erosion is a condition in which the squamous epithelium of the ectocervix is replaced by columnar epithelium which is continuous with the endocervix<sup>1</sup>. It is a common finding on routine pelvic examination in the fertile age group. The prevalence is more than 50% of all gynaecological conditions. It is a benign condition, but when left untreated, may lead to infertility and predisposes to cervical malignancy<sup>2</sup>. The disease is a continuum and the persistence of infection, compromised host immune-defence, infection with high-risk HPV, are the important factors in the

genesis of cervical cancer<sup>3</sup>. Role of infection as the primary cause is still not clear. But chronic cervicitis may be an associated cause. Also, the infection may easily supervene on the erosion, since columnar epithelium is more vulnerable to infection than squamous epithelium. It is not a static condition. The demarcation line between the two epithelium moves to and fro from the external os. It is said to be healed when the erosion advances towards the external os. During this process, the obstruction of ducts takes place and produce nabothian cysts. In chronic stage, it can show malignant changes.

Most of the symptoms seen in cervical erosion are described under *Yonivyapad* and *Vrana* in Ayurveda. Cervical erosion can be considered as *Garbhashayamukha Shotha/Vrana* as it resembles the features of *Vrana* as is explained in the classics. In Ayurvedic classics, no direct explanation of *Garbhashayamukha Shotha/Vrana* is available, but *Ashtanga Sangraha* has described it in the reference of *Yonivranekshana yantra*.<sup>4</sup> Taking in to account the features of cervical erosion, it is usually *Nija/Aganthu*, *Kapha-Pittaja*, *Twak-Mamsaja* type of *Vrana* which occurs at *Garbhashayamukha*. *Acharya Susruta* has mentioned a special chapter for management of *Doshaja Vrana* from the initial stage of *Vrana Shotha*.<sup>5</sup> As per modern science, the treatment given is cauterization and cryosurgery, wherein, the overgrown columnar epithelium is destructed. The principle treatment of Ayurveda is to restore the normalcy of cervical cytology. In this present case study,

internal medicines with the properties of *Kapha-Pittahara*, *Sophahara*, *Vranaropana*, *Vranashodhana*, *Prasadana*, *Kushtaghna*, *Kandughna*, *Raktashuddhikara* were given along with external applications having *Kapha-Vishleshaka*, *Vranaropana* and anti-carcinogenic properties in order to alleviate the inflammation, heal the wound and restore the normalcy of cervical cytology.

II. METHODOLOGY

A. Case Report

A 50 year old married woman visited the OPD of *Prasutitantra evum Streeroga*, P.N.N.M. Ayurveda Medical College and Hospital, Cheruthuruthy on 16<sup>th</sup> January 2020 with c/o white discharge per vagina and itching vulvae since 3-4 years associated with dyspareunia and low backache. She took allopathic treatment for these complaints several times, but found no permanent relief. Then she came here for better management.

Past History: No H/O DM/ HTN/ Thyroid dysfunction or any other medical or surgical history.

Family History: No H/O similar problems in any of the family members.

Personal History: nothing abnormal was found

Menstrual History:

Cycle: regular LMP: 21/12/2019

Interval: 25-28 days Duration: 4-5 days

Clots: + Amount: moderate

Pain: +

Obstetric History:

A<sub>0</sub> P<sub>4</sub> L<sub>4</sub>

NVD

LCB: 26 years

B. On examination

On inspection, white discharge was present, pubic hair distribution and vulva appeared to be normal in appearance.

On per speculum examination, white discharge was present per vagina in moderate amount but without any specific odour. Cervix appeared to be unhealthy and edematous. Mild degree of cervicitis was present. Also, multiple small nabothian cysts were present around the external os, more on the posterior lip. Both the lips of cervix were eroded.

On bimanual examination, it was found that uterus was anteverted, normal in size and cervical motion tenderness was positive.

Investigations:

Blood: Hb: 9.2 gm%

Total Leucocyte Count: 8600cells/cumm

ESR: 10mm/hr

DC: N60% L35% E2% M2% B0%

RBS: 90 mg/dl

Urine RE: within normal limits.

Pap smear: Heavy inflammatory smear.

C. Intervention

Phase 1:

Internal medicines: *Sophahara*, *Vranahara* treatment was given for 7 days from 16/01/2020:-

- *Nimbadi kashaya* (15ml *kashaya* with 60ml lukewarm water bd B/F)
- *Vettumaran gutika* (1-0-1 with *arishta*)
- *Punarnavasava* + *Amrutharishta* (20ml bd A/F)

External treatment:

- *Bhandira kalka lepana* on *Garbhashayamukha* for 7 days from 17/01/2020. *Bhandira* was collected as samoola, washed thoroughly and made in to a fine paste which was then applied over the affected area.
- *Tankana kshara* application for 1 minute on *garbhashayamukha* followed by distilled water douche for 1 day on 23/01/2020.

Phase 2: Restoration of normalcy of cervical cytology from 24/01/2020:-

- *Drakshadi kashaya*(15ml *kashaya* with 60ml lukewarm water morning B/F)
- *Guggulupanchapalam churnam* (2 tsp BD B/F with honey)
- *Kalyanaksharam*(1pinch)+ *Aragwadhamahathikthakam ghritham* (1 tsp)-6am
- *Punarnavasavam* (30ml bd A/F)

III. OBSERVATIONS AND RESULT

On the first day of evaluation, multiple nabothian cysts were present around the external os, more of on the posterior lip, with moderate amount of white discharge. Severe degree of cervical erosion was also observed. On the fourth day, marked reduction was noticed in the number of nabothian cysts, amount of white discharge and degree of cervical erosion. On the last day of treatment, all of the signs were almost relieved and cervix looked healthy. Complete relief of all the symptoms was noted.

TABLE I. Day-wise observation and assessment

Signs	Assessment		
	Day 1	Day 4	Day 8
Nabothian cyst	Several	Reduced	Nil
White discharge	Moderate	Mild	Nil
Cervical erosion	Heavy	Moderate	Minimal/ nil



Fig. 1. Day 1: before treatment



Fig. 2. Day 4 assessment



Fig. 3. Day 8: after treatment

#### IV. DISCUSSION

Persisting HPV infection in cervical ectopy leads to CIN, which though revertible may progress to invasive carcinoma if left untreated and thus, Ayurvedic management of *Garbhashayamukha Shotha* aims to maintain the normal vaginal pH, healthy vaginal flora, enhancement of proper metaplasia of cells and restoration of local immunity thereby preventing further recurrence.

During the first phase, medicines were chosen with an intention to produce *Sophahara* and *Vranashodhana-ropana* action. *Kapha-Pittahara* and *Raktaprasadakara* properties of *Nimbadi kashaya*<sup>6</sup>, anti-inflammatory action of *Vettumaran gutika*<sup>7</sup>, *Kaphahara* and *Amapachana* action of *Amritharishta*<sup>8</sup>, *Kaphahara* and *Sophahara* action of *Punarnavasava*<sup>9</sup> helped to reduce the inflammation.

*Bhandira kalka* and *Tankana kshara* used externally, both having *Kapha Vishleshaka*, *Vrana Ropana* and anti-carcinogenic properties helped in alleviating inflammation and in wound healing. The drug *Bhandira*<sup>10</sup> (*Clerodendrum viscosum*) is mentioned in the context of *Kaphaja vrana* in the classics. Cell line studies have shown that the drug *Bhandira* has promising result in treatment of CIN, HPV infection and CA cervix<sup>11</sup>. *Tankana kshara* has got anti-inflammatory, antimicrobial, wound healing and anti-carcinogenic properties<sup>12</sup>.

During the second phase, internal medications having action in hormonal regulation and with the properties like *Pittahara*, *Raktashodhaka* and immuno-stimulant action were chosen. The *Pittahara* action of *Drakshadi kashaya*<sup>13</sup>; *Lekhana*, *Kushtaghna* and *Krimighna* actions of *Guggulupanchapalam churnam*<sup>14</sup>; *Kaphahara* and *Sophahara* actions of *Punarnavasava*<sup>15</sup>; *Krimihara* and *Arshoghna* actions of *Kalyanakshara*<sup>16</sup>; *Kapha-Pittahara* and *Vranashodhana* actions of *Aragwadhamahathiktakam ghritham*<sup>17</sup> helped in the restoration and maintenance of normalcy of cervical cytology.

#### V. CONCLUSION

The combination of internal medications along with the external applications used in this case was found to be highly effective in disintegration of the pathogenesis of the disease in the form of removal of nabothian cysts, re-epithelisation and management of associated cervicitis and in further prevention of the same. No adverse effects or complications were noted

during the treatment.

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