

Katupila (*Securinega leucopyrus*) and adjuvant Ayurveda Medicines in Karnini Yoni Vyapad (Cervical ectropion with cervicitis)- A Case Study

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ABSTRACT:

Although cervical ectropion resolves itself over time, it creates a vulnerable ground for seeding various sexually transmitted infections and it is diagnosed on routine pelvic examination or pap screening. According to Ayurveda, signs and symptoms of the condition can be correlated with the *Karnini Yoni Vyapad*. Intension was to determine the efficacy of *Securinega leucopyrus* (Katupila) in managing cervical ectropion and cervicitis conditions. *Yoni Purana* and *Yoni Pichu* with *Katupila Swarasa* were administered, for a patient with the above condition following *Pancavalkala Avagaha* continuously for two weeks. After one week of treatment, the appearance of the discharge was significantly changed. The yellowish discharge became transparent while oedematous appearance and lower abdominal pain disappeared; wrinkled appearance and contact bleeding were not present during the examination after treatment. After the second week of treatment, a bright-red region that extended beyond the external cervical OS had further reduced, contact-bleeding and vaginal discharge had also reduced significantly. Therefore, it can be concluded that the *Katupila Swarasa* can be used as *Yoni Purana* and the *Yoni Pichu*, to treat cervical erosion and cervicitis successfully. It is an affordable treatment which has no adverse effects.

KEYWORDS: Cervical ectropion, Cervical erosion, Katupila, *Karnini Yonivyapad*, *Securinega leucopyrus*.

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INTRODUCTION:

Cervical ectropion has a prevalence of 17% to 50%^[1]. It can be considered a major issue because of its high prevalence. Medical professionals believe that cervical erosion is a sign of chronic cervical inflammation or chronic cervicitis. Others believe it is not a disease but a variation of normal physiology^[2]. It is a common finding in adolescents and pregnant women^[3]. Cervical ectropion and cervical erosion are considered synonyms. However, the term "cervical erosion" is not relevant to cervical ectropion. It conveys an entirely wrong impression because there is no actual erosion of the cervix. Cervical ectropion occurs when glandular cells inside the cervical canal grow outside the cervix. Glandular cells are red. Hence, the surrounding area may appear bright red. A significant region of columnar epithelium on the ectocervix may be associated with excessive mucus secretion, resulting in a complaint of vaginal discharge. This discharge can be extensive but it's typically non-purulent.

However, cervical ectropion conditions associated with cervicitis, an inflammation of the cervix, may produce a pus-like discharge. Cervical ectropion may also cause post coital haemorrhage because the delicate blood veins in the columnar epithelium are easily traumatized. This symptom can be very distressing and embarrassing, but because of its association with cervical carcinoma, a direct query should always be asked while taking a gynecological history. As a result, treatment should be determined after receiving average cervical cytology results^[4]. Some women with cervical ectropion may have difficulty conceiving due to pH of the vagina may alter, making it difficult for sperm to proceed to the uterus. Not all of the factors involved in the pathophysiology of cervical ectopy are known. However, there is

a link to oestrogen^[5]. The cervix is highly susceptible to oestrogen, which stimulates the proliferation and differentiation of its epithelium. As a result, cervical ectropion is most common in settings of high oestrogen exposure, such as pregnancy, hormonal contraception, and throughout the menstrual years, particularly during the ovulation phase^[6]. Some researchers were highlighted that there was an association between ectopy and cervical cancer^[7].

In Ayurveda, *Karnini Yoni Vyapad*, which comes under 20 *Yoni Vyapad*, is the condition can be correlated with cervical ectropy. According to Caraka Samhita, straining during labour in the absence of labour pain, the *Vayu* obstructed by the foetus, withholding *Kapha* and getting mixed with *Rakta* produces *Karnika*/ projections in the *Yoni*^[8]. Mucoïd vaginal discharge and blood stain discharge can appear as other symptoms of *Karnika Yoni Vyapad*. In present study, patient with *Karnika yoni* treated with combination of oral and local Ayurveda therapy.

CASE REPORT:

36 year-old patient with secondary sub fertile complained of post-coital bleeding and dyspareunia for two years and irregular menstrual cycles for eight years along with polycystic ovary syndrome. Further, she complained occasionally lower abdominal pain and had regular menstrual cycles till the age of 21 years old. According to her, menstrual volume is normal with normal colour and no complaints of any odour. Previously, she had a primary subfertility condition for two and half years and had allopathic treatments for primary subfertility. But no history of IUI (Intra uterine insemination) or IVF (in-vitro fertilization) and no dyspareunia or post-coital bleeding. At the age of 29 years first pregnancy, she has

a male child through normal vaginal delivery and an intrauterine contraceptive device was inserted and retained device for four years which was removed in May 2019. Since then, they have been trying to conceive but due to deep dyspareunia and post-coital bleeding there was no regular physical relationship. For post-coital bleeding she had allopathic treatments and had no significant improvement. Therefore she moved to Bandaranayake Memorial Ayurveda Research Institute for Ayurveda treatment.

General Examinations

Height is 151cm,

Weight is 66kg,

BMI is 26.8kgm⁻².

BP: 120/80mmHg,

Pulse: 78/min, RR: 18/min.

Local Examination

Speculum examination, the ectocervix is surrounded by a bright red region that extends beyond the external cervical OS and revealed cervical ectropion condition with yellowish, thick discharge and positive for contact-bleeding. Also, the surface of the ectocervix was wrinkled due to its edematous appearance. She had pain while inserting the cuscus speculum. However, cervical tenderness or cervical excitations were not recorded.

Investigations

According to her colposcopy, an abnormal vascular pattern was seen in the 3 o'clock position. No acetowhite areas were seen. (The acetowhite epithelium occurs on the area between columnar epithelium and squamous epithelium, called the squamous-columnar junction (SCJ), and becomes white by applying acetic acid solution)

Pap smear revealed superficial, intermediate and metaplastic squamous cells and endocervical cells. Lactobacilli are seen. Neutrophils are seen with few polyballs. The background shows blood. Not found

dysplastic cells or other organisms. Hence, it was negative for intraepithelial lesions or malignancies, but the smear confirmed an inflammatory condition.

Before starting the intervention a transvaginal scan was done on the 12th day of menstruation which revealed a normal uterus in size, a normal endometrium with a thickness of 7mm. There were no masses in the uterus, and both ovaries appeared normal in size, there were no mature follicles and no adnexal masses or free fluid.

Her VDRL was non-reactive.

Diagnosis

The clinical features, such as post-coital bleeding, speculum examination findings as a bright-red region surrounds the ectocervix, and the investigation findings of Pap smear, such as cervical erosion with an inflammatory condition, confirmed the diagnosis of cervicitis with ectropion.

THERAPEUTIC INTERVENTION:

After the *Shodana Karma*, the following treatment regime was started, local and oral medicines as shown in Table-1.

Observations

After one week of treatments according to the speculum examination, appearance of the discharge had significantly changed. Yellowish discharged changed in to watery color. oedematous appearance had disappeared, wrinkled appearance not seen and also contact-bleeding was not seen during the examination. Further, the patient did not complain of lower abdominal pain after two days of the treatment.

High vaginal swab was taken. Moderate pus cells and epithelium cells were observed. But no clue cells and no significant gram positive bacilli and yeast calls. Hence, it was concluded as normal vaginal grown in culture.

After second weeks from the treatments, bright red region that extends beyond the external cervical OS was further reduced and

no contact bleeding and vaginal discharge were observed (Table-2).

Table -1: Treatment Plan

Week	Oral medicines	Local treatments	External medicines
First two weeks	<i>Punarnawashtaka kwatha</i> 30 ml b/d	<i>Avagahana/ Sitz bath</i>	<i>Pancawalkala kwatha</i> for 20 mints
	<i>Goksuradhi guggulu</i> 2 b/d	<i>Sthanika Abhyanga</i> (Back and lower abdomen)	<i>Sarshapadi</i> oil
	<i>Candraprabha Vati</i> 2 b/d	<i>Sthanika Nadi Sweda</i> (Back and lower abdomen)	<i>Dashamul Panta</i>
		<i>Yoni Purana</i> (Fig:02)	<i>Katupila (Securinega leucopyrus) Swarasa</i> for 15 mints
		<i>Yoni Pichu</i>	<i>Pichu</i> sorked with <i>Katupila Swarasa (Securinega leucopyrus)</i> for 4 hrs
Second two weeks	Same as first two weeks	<i>Avagahana/ Sitz bath</i>	<i>Pancawalkala kwatha</i> for 20 mints
		<i>Sthanika Abhyanga</i> (Back and lower abdomen)	<i>Sarshapadi</i> oil
		<i>Sthanika Nadi Sweda</i> (Back and lower abdomen)	<i>Dashamul Panta</i>
		<i>Yoni Purana</i>	<i>Katupila (Securinega leucopyrus) Oil</i> for 15 min
		<i>Yoni Pichu</i>	<i>Katupila (Securinega leucopyrus) oil</i> for 4 hrs

Table-2: Results

Signs/Symptoms	Before (Fig:01)	After two weeks (Fig:03)	After four weeks (Fig:04)
Vaginal Discharge	Thick yellowish discharged	Whitish discharge	Whitish discharge
Touch bleeding	Present	Absent	Absent
Edematous Appearance	Present	Reduced	Absent
Bright red appearance around external OS and the 3 o'clock position	Present	Reduced	Further reduced
Lower abdominal pain	Present	Absent	Absent

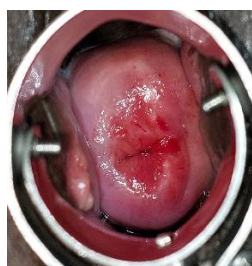


Fig: 01
Before the treatment



Fig: 02
During the treatment



Fig: 03
After two weeks

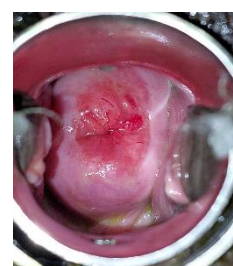


Fig: 04
After four weeks

DISCUSSION

Modern medical methods, such as cryosurgery, diathermy, and laser surgery, can cause obstacles and adverse effects, making them unaffordable for many women. There are several scientifically proven Ayurveda treatments for this condition. Effect of *Yoni Prakshalana* (made from *Pancavalkala kwatha* and *Tripala kwatha*) and *Yoni pichu* (Made with freshly prepared *Durva* and *Nimba patra Kalaka*) has shown good results in cervical ectropion condition^[9]. *Yonidhavan* by *Triphala* and *Daruharidra kwatha*, *Apamarga kshara pratisaran* and *Jatyadi tail Pichu* also the cervical ectropion condition was successfully cured^[10]. Another successful treatment modality is *Yoni prakshalana* with *Panchvalkalkwath* and *Jatyaaditail Pichu*^[11]. Applying *tankana bhasma* and *pichu* with *kasisadi taila* is another successful treatment^[12]. *Yoni Dhavan* with *Triphala Kashaya* and *Yoni Pichu* with *Sallakayadi Taila* also significantly improved the condition^[13]. These Ayurveda remedies were investigated as pilot and case studies, but no large clinical trials have been carried out. Present study, *Katupila (Securinega leucopyrus)* is a scientifically proven herb with antimicrobial potential. It has the potential to treat acute and chronic wounds^[14]. *Katupila* heals the infected diabetic wounds^[15]. A pharmacognostical study of *Katupila* powder shows the presence of calcium oxalate crystals, a large amount of tannin, and oil that help treat cuts and wounds. Extracts of

leaves exhibited broad-spectrum antimicrobial activities in vitro^[16]. Hence, *Katupila (Securinega leucopyrus)* as an intervention herb for cervical ectropion condition, and its *swarasa* (Fresh juice of leaves) was used in two different ways: *yoni pichu* and *yoni purana*. Within two weeks, it showed significant improvement as a thick yellowish discharge changed into a thin white discharge. As mentioned, early yellowish discharge /pus could be formed due to inflammation. Within two weeks, the discharge appeared normal as a thin white discharge. Also, touch bleeding and lower abdominal pain disappeared, and the bright red appearance around the external cervical OS reduced significantly due to the reduction of inflammation.

CONCLUSION:

Katupila (Securinega leucopyrus) is a potential antimicrobial agent, and several studies have scientifically proven its vital role in wound healing. *Katupila swarasa* can be used in different *Sthanik Chikitsa*, such as the *Yoni Purana* and the *Yoni Pichu*, to treat cervical erosion and cervicitis successfully. It has no adverse effects and is also affordable.

Limitation of study:

Most Ayurveda remedies were investigated as pilot and case studies, but large clinical trials have yet to be carried out. Hence, we suggest

clinical trials can be done with large numbers of patients to see further results.

Patients consent: Verbal and written consent was taken before starting the treatments.

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