



## Case Study

### AYURVEDIC MANAGEMENT OF ATROPHIC VAGINITIS WITH CERVICAL INTRAEPITHELIAL NEOPLASIA- A CASE REPORT

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#### ABSTRACT

Vaginitis in postmenopausal women is termed as atrophic vaginitis, characterised by vaginal bleeding or spotting, vaginal discharge and discomfort or dryness in vulva. As the symptoms are not usually disclosed by women it may become chronic and can adversely affect the quality of life. In cervical intraepithelial neoplasia the squamous epithelium of cervix is replaced by the cells of varying degree of atypia. Even though CIN1 and CIN2 regress spontaneously, untreated CIN1 and CIN2 lesions may progress to invasive carcinoma. Ayurvedic management for the above conditions focuses on symptomatic relief and improvement of general health and immunity. Oral medication and *Sthanika Chikitsa* like *Kshara Karma* and *Varthi* play vital role in this. A 70 year old lady presented with complaints of burning sensation and itching over genital area. On examination haemorrhagic spots were observed on vaginal walls. She was sent to Early Cancer Detection Centre for cytological screening. The reports showed low grade squamous intraepithelial lesion. She was managed with oral medications and *Sthanika chikitsa*. During follow up she was relieved from the symptoms like burning sensation and itching over genital area and vaginal discharge. Bleeding spots on vaginal walls were absent and cytology revealed a negative smear for intraepithelial lesion or malignancy. From this case report it is evidenced that Ayurvedic treatment modality is effective and successful for the management of Atrophic vaginitis with CIN.

**KEYWORDS:** Atrophic vaginitis, Cervical intraepithelial neoplasia, *Sushka Yonivyapath*, *Karnini Yonivyapath*, *Sthanika Chikitsa*.

#### INTRODUCTION

Atrophic vaginitis also referred to as senile vaginitis can be defined as the vaginal infection occurring in the post menopausal women.<sup>[1]</sup> Oestrogen deprivation causes atrophy of vulvovaginal structures like vulva and vagina which ultimately end up with the loss of vaginal defense mechanism and appearance of symptoms. International Society for the Study of Women's Sexual Health (ISSWSH) and North American Menopause Society include the genitourinary symptoms and yellowish or blood stained vaginal discharge, discomfort, dryness and soreness of vagina as the main symptoms.<sup>[2]</sup> In the early stage these symptoms are usually ignored and turn to be a chronic problem. In cervical intraepithelial neoplasia the cervical squamous epithelium is replaced by varying degrees of atypical cells. The degree of neoplasia is identified by the extent of mitotic activity, immature cellular proliferation and nuclear atypia. In CIN1 the presence of mitosis is limited to lower 3<sup>rd</sup> of epithelium whereas in CIN2 and CIN3 there is involvement of middle and upper 3<sup>rd</sup> of epithelium.<sup>[3]</sup> In modern medicine management of

CIN includes preventive and definitive treatments.<sup>[4]</sup> Maintenance of personal hygiene and improvement of general health comes under preventive modality whereas definitive management includes cryosurgery, thermal cauterization, laser vapourisation etc. Ayurveda stresses that *Streerogas* should not be left untreated as it can cause complications later in life and offer effective modalities for the management of the same. Prime importance should be given for *Sthanika chikitsa* also. *Sushka Yonivyapath* explained by *Acharya Vagbhata* is a condition where dryness of vagina (*Yoni*) and severe pain over genital area is felt.<sup>[5]</sup> This has resemblance with atrophic vaginitis and can be correlated with it. *Sarangadhara Samhita* mentions *Nashtarhava* (absence of menstruation) as a clinical feature of *Sushka Yonivyapath*.<sup>[6]</sup> *Karnini Yonivyapath* is explained as a *Sleshma Raktha* vitiated condition presenting with excessive vaginal discharge and formation of *Karnika* for which *Varthi Prayoga* is indicated.<sup>[7]</sup> *Kshara* can perform *Chedana* and *Lekhana karma*. It helps to cleanse or wash off excessive discharge and to destroy unhealthy tissues

of CIN. Hence *Karnini Yoni-roga Chikitsa*, *Sushka Yoni-roga Chikitsa* and *Sthanika Chikitsa* can be incorporated for management of Atrophic vaginitis with CIN.

### Case Report

A 70 year old lady approached our OPD with complaints of burning sensation, and itching over genital area and low back ache. She was examined on 24/04/17 and haemorrhagic spots were observed on the vaginal walls with moderate yellowish discharge. She was referred to Early Cancer Detection centre (ECDC) for further cytological examinations and was diagnosed with low grade squamous intraepithelial lesion (LSIL) on 9/5/17. Following this she was managed with OPD treatment for one week for getting symptomatic relief which included vaginal washing with *Nalpamaradi Kashaya*, internal medication of *Punarnavadi Kashayam* 96ml bd along with *Chandraprabha Gulika* 2 bd with *Kashaya*. Then she was admitted in Government Ayurveda College Hospital, Tripunithura on 18/5/17. During this period, *Gandharvahasthadi Kashaya* (96ml twice daily before food) was given for 3 days. After that she was given *Vaiswanara Choorna*, 1 tsp with warm water before food in the morning and *Dasamoolarishtam* 30ml twice after food, both for 3 days. She was given *Achasnehapana* with *Indukantham Ghrita* for 7 days (starting dose 20gm and final 100gm). Following *Snehapana*, *Abhyanga* and *Ooshma Sweda* was done with *Bala Thaila* for 3 days. *Virechana* with *Avipathy Churna* 25gm with honey was given in the next morning. For the management of age related problems like low backache, *Adhakaya Seka* was done with *Dhanwantaram Thaila*, *Matravasthi* with *Pippalyadi Anuvasana Thaila*, both for 7 days. After that vaginal douche (*Kshalana*) was done with *Nalpamaradi Kashaya* for 7 days followed by application of *Tankana Kshara* on cervix for 3 days. After *Kshara* application the area was adequately washed with *Nalpamaradi Kashayam*. On discharge she was advised with *Indukantham Kashaya* 96ml bd for 1 month and *Kadaleemadhusnuhi Rasayana* 20gm daily

### Management

Date	Medicines/procedures	Dose	Duration
18/05/17 to 13/07/17	<i>Gandharvahasthadi Kashayam</i>	96ml bd	3 days
	<i>Chandraprabha Gulika</i>	2-0-2	3 days
	<i>Vaiswanara Choornam</i>	1 tsp with warm water	3 days
	<i>Dasamoolarishtam</i>	30 ml bd	3 days
	<i>Snehapana</i> with <i>Indukantham Ghrita</i>	20gm-100gm	7 days
	<i>Abhyanga</i> and <i>Ooshmasweda (Balathaila)</i>		3 days
	<i>Virechana- Avipathy Choorna</i> with honey	25gm	1 day
	<i>Adhakaayaseka</i> with <i>Dhanwnataram Thaila</i>		7 days

for 3 months. After 3 months, symptoms like burning sensation and discomfort in genital area got reduced whereas itching and discharge per vagina persisted. She was again admitted for IP management on 25/10/17. During this period, vaginal douche was done with *Triphala Kashaya* for 7 days, followed by *Varthi Dharana* per vaginally for 7 days. Following strict aseptic precautions, *Kushtapippalyadi Varthi* was introduced. It was retained for a period of 20 minutes. She was discharged on 14/11/2017. On follow-up she was relieved from symptoms like burning sensation and itching over genital area and excessive vaginal discharge. Punctuating haemorrhagic spots on vagina were absent. She was again referred to Early Cancer Detection centre (ECDC) for follow-up cytology screening on 8/01/18, and the results revealed a smear negative for intraepithelial lesion or malignancy.

### Personal History

Diet	Mixed
Bowel	Constipated
Appetite	Good
Micturition	Normal
Sleep	Disturbed due to burning and itching in the genital area.
Allergy	Nil
Addiction	Nil

### Menstrual History

Attained menopause at the age of 50 years.

### Obstetric History

P<sub>2</sub>A<sub>0</sub>L<sub>2</sub>, LSCS (both)

LCB- 47 years

### Per Speculum Examination

Date: 24/04/2017	Inspection: haemorrhagic spots on the introitus Moderate yellowish discharge Punctuating bleeding spots on the vaginal walls
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	<i>Matravasthy with Pippalyadi Anuvasana Thaila</i>	60 ml	7 days
	Vaginal Douche with <i>Nalpamaradi Kashaya</i>		7 days
	<i>Kshara</i> application ( <i>Tankana kshara</i> )	1 pinch each day	3 days
25/10/17 to 14/11/17	Vaginal Douche with <i>Triphala Kashaya</i>		7 days
	<i>Varthidharana</i> with <i>Kushtapippalyadi Varthi</i>	Single <i>Varti</i> each day	7 days

**Follow up on 20/12/17**

Burning sensation and itching-Absent, Per vaginal discharge – minimal

Inspection	Discharge minimal
P/S	Bleeding spots on introitus and vaginal wall absent

**Cytological Reports- Early cancer detection centre (ECDC)**

<b>Before treatment (9/5/17)</b>	<b>After treatment (8/01/18)</b>
Low grade squamous intraepithelial lesion (LSIL)	Negative for intraepithelial lesion/ malignancy

**DISCUSSION**

While considering the Ayurvedic perspective, symptoms of certain *Yonirogas* have resemblance with atrophic vaginitis. *Sushka Yonivyapat* explained by *Acharya Vagbhata* is a clinical condition caused due to *Vata Dushti* and manifests as *Yonisosha* (vaginal dryness and atrophy) and *Ativedana* (severe pain over genital area). *Arunadatta* explains it to be a condition resulting from the lack of *Drava* (*Drava Abhavaat*) in the *Yoni*. In *Karnini Yonivyapath* formation of *Karnika* occurs due to the vitiation of *Kapha* and *Raktha* leading to an inflammatory condition. The treatment modalities of *Karnini Yonivyapath* which includes *Sleshmahara* and *Dushtarakthahara Upacharas* and *Varthi Prayoga* can be applied in case of CIN. Hence for the management of atrophic vaginitis with CIN, *Sushka Yoniroga Chikitsa* and *Karnini Yoniroga Chikitsa*, can be incorporated. *Sthanika Chikitsa* mentioned in the context of *Streeroga chikitsa* like douche, *Kshara Karma* and *Varthi Prayoga* can be effectively tried for the above condition. The line of management includes *Sodhana*, *Samana Chikitsa* and *Sthanika Chikitsa*. The *Vatapittahara* properties of drugs included in *Nalpamaradi Kashaya* like *Vata*, *Udumbara*, *Aswatha* and *Plaksa* helped to reduce the severe burning sensation per vagina.<sup>[8]</sup> *Achasnehapana* was done with *Indukantha Ghrita*. *Snehapana* is generally done before *Sodhana karma* as it helps to dislodge the *Doshas* accumulated in the body and makes its removal easy. The formulation which is mentioned in *Ghrityayoga Prakarana of Sahasrayoga* includes drugs like *Poothika*, *Dasamoola*, *Daru* etc, which provide *Srothosodhana*, immunomodulatory and anti inflammatory property and the formulation as a whole is indicated as *Balavardhana*.<sup>[9]</sup> *Ghrita* being specially indicated for *Vridha* provided a beneficial effect by improving the general health. *Kshara* is considered as the best

*SastraPrayoga*.<sup>[10]</sup> It performs *Chedana*, *Bhedana* and *Lekhana* properties and is *Tridoshahara*.<sup>[11]</sup> *Ksharana* property helps to cleanse and wash off excessive discharge and *Kshanana* or *Himsana* property helps to destroy unhealthy tissue.<sup>[12]</sup> *Tankana* which is described as *Pratisarneeeya kshara* (which is externally applied) is explained in *Rasa Tarangini* as *Kapha Vishleshaka*.<sup>[13]</sup> *Kadaleemadhusnuhi Rasayana* mentioned in *Lehya Prakarana of Sahasrayoga* includes drugs like *Guduchi*, *Punarnava*, *Triphala*, *Trijathaka* etc.<sup>[14]</sup> Majority of the drugs provide *Rasayana*, *Balavardhana*, *Krimihara* and *Sophahara* property. These drugs help to correct *Srothodushti* and *Dhatodushti* by promoting *Agnideepthi*. They have immunomodulatory, anti-inflammatory and anti oxidant action. After the treatment period of 3 months there was considerable reduction in the burning sensation and discomfort in genital area where as excessive discharge per vagina and itching persisted. In the 2<sup>nd</sup> phase of treatment, *Triphala Kashaya* was used for vaginal douche which provided relief from the itching due to its *Rooksha* and *Kaphahara* property. *Kushta pippalyadi Varthi* explained by *Acharya Vagbhata* in *Ashtanga Sangraha* contains *Kushta*, *Pippali*, *Arka* and *Saindhava* pestled in *Ajamootra* acts as *Srothosodhana*.<sup>[15]</sup> Its *Rookshana* and *Kaphahara* property caused reduction in the amount of vaginal discharge and itching. With the above management she was relieved from the symptoms like burning sensation and itching in genital area and excessive discharge per vagina and the cytology screening showed negative smear for intraepithelial lesion / malignancy

**CONCLUSION**

The treatment methodology of Atrophic vaginitis and CIN include management of symptoms along with preventive and definitive measures.

*Sthanika Chikitsa* which is of prime importance in the management of *Streeroga* facilitates absorption of drugs through the vagina as the walls and adjacent tissues are highly vascular. Vagina absorbs water, electrolytes and substances of low molecular weight mainly in the lateral recesses of lower vagina.<sup>[16]</sup> The application of *Sthanika chikitsa* along with improvement of general health promoted the formation of normal epithelial cells of cervix and reduction of symptoms. *Sushka Yoniroga* and *Karnini Yoniroga Chikitsa* can be incorporated for its management and is found effective for the same. The effect of other *Ksharas* like *Apamarga Kshara* can also be studied further in such cases of premalignant lesions.

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