

## Successful Treatment of Cervical Polyp with Kshara Karma : A Case Report

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### ABSTRACT

A cervical polyp is a small, abnormal growth on the cervix or in the cervical canal. These are benign growths arising from the endocervical mucosa, commonly affecting women of reproductive age. These are soft, pedunculated lesions ranging from a few millimeters to several centimeters and are often asymptomatic but may present with intermenstrual bleeding or post coital spotting.

Etiology includes hormonal changes, chronic inflammation of the cervix, sexually transmitted infections (STIs), Yeast infections, Bacterial infections, Hormonal changes, Pregnancy, Miscarriage & Abortion. Diagnosis is typically achieved through clinical visualization during routine gynaecological examination, with ultrasonography or histopathological analysis employed to exclude malignancy.

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In Ayurveda, cervical polyp is co-related with *yoni arshas*. According to *sushruta* the aggravated doshas reach yoni, producing soft, foul smelling unctuous, bleeding muscular sprouts (umbrella shaped), if ignored it causes destruction of *yoni* and *artava*. Same explained by *Acharaya Vagbhata*.

Modern management generally involves polypectomy or surgical excision but in Ayurveda *sthanik chikitsa* (*kshar karma*) *yoni prakshalan* and *yoni pichu* therapies are involved which targets root *dosha* imbalance for holistic cure.

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**KEYWORDS:** Cervical polyp , yoni arsha, kshara karma ,yoni prakshalan

### INTRODUCTION

Cervical polyps are small, no bigger than a grape little tags that can pop up without warning, often discovered during a routine checkup. They may stay silent or present with a complaint of abnormal vaginal bleeding, leucorrhea or post coital spotting. The World Health Organisation (WHO) lists cervical polyp as a disease of genitourinary system. Cervical polyps occur in approximately 2–5% of women globally. This prevalence is based on medical studies and clinical data, with higher rates in multiparous or peri-menopausal women (ages 40–50). In Ayurveda, *Acharaya Vagbhata* says that the aggravated *doshas* reach genital organs and localize in *mamsa* and *rakta* producing unctuous bleeding muscular sprouts (umbrella –shaped). If ignored or unattended, causes

destruction of *yoni* & *artava*. In this case *kshara karma* which is *sthanik chikitsa* along with *yoni prakshalan* and *yoni pichu* showed 100% result in not only dissolving the polyp but also no recurrence is seen till date.

### CASE STUDY:

A 48year old married female visited our hospital PTSR OPD (Pt. KLS Ayurveda College & Institute, Bhopal) with a history of recurrent cervical polyp (recurrence rate every 3-6 months) since 10 years for which she underwent surgery 3 times i.e. Three Polypectomy in years 2015, 2019 and 2022 respectively.

**PRESENT COMPLAINT:**

P/V -spotting on and off and in between cycles since 1 year.

P/V -white discharge since 4-5 months.

**MENSTRUAL HISTORY:** Regular cycle of 30-32 days with 4-5 days normal flow.

**OBSTETRICS HISTORY:** G1P1A0L1D0 (L1- 24 yrs old male child through LSCS)

**NO H/O:** HTN, DM, Thyroid disorder, asthma or any other systemic disease. The patient had a normal appetite and sound sleep. Her bladder and bowel movements were also regular

**TIMELINE**

DATE	OBSERVATION AND REMARKS
24/02/2015	POLYPECTOMY
12/04/2019	POLYPECTOMY
07/07/2022	USG PELVIS -2*1CM CERVICAL POLYP 09/07/2022 POLYPECTOMY
09/07/2022	POLYPECTOMY
14/07/2022	HISTOPATHOLOGYREPORT-Shows endocervical polyp with ulceration
17/09/2024	USG PELVIS -CERVICALPOLYP MEASURING OF SIZE APPROX. 0.7*0.4 WITH VASCULAR PEDICLE. REST NORMAL FINDINGS.
19/09/2024	PAP SMEAR -NEGATIVE FOR INTRAEPITHELIAL LESION OR MALIGNANCY

**Per Speculum (P/S):**

cx- pink coloured polyp seen which bleeds on touch white curdy discharge  
vaginal wall – Healthy  
No other abnormality.

**Per Vaginal (P/V):**

Uterus AVAF

cx- a soft mobile mass felt protruding from the cervical os.

Bleeding – present

white discharge- present

CMT –absent

Fornices– free & Non tender

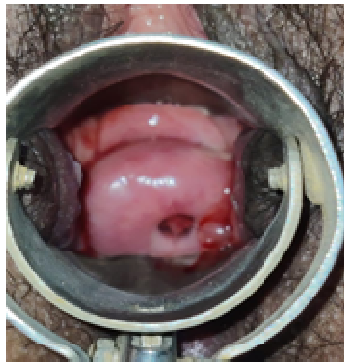
**LINE OF TREATMENT:**

1. Deepan
2. Pachan
3. Raktashodhan
4. Sthanik chikitsa (KSHARA KARMA)
5. Yoni Prakshalan
6. Yoni pichu

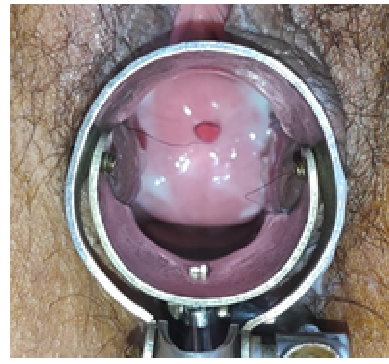
LINE OF TREATMENT	MEDICATIONS (3 month course)
Deepan, Pachan, Raktashodan	1. Chitrakadi vati 2 BD after meal. 2. Avipattikar churna 5gm BD after meal. 3. Mahamanjishthadi kwath 40 ml BD after meal

**Plan of treatment:**

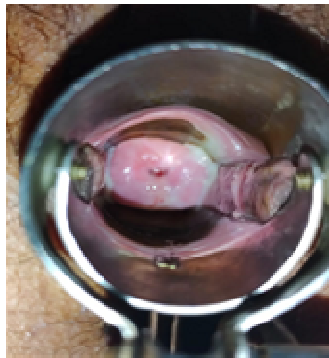
MONTH	NO. OF KSHARA KARMA	KSHARA USED	YONI DHAWAN	YONI PICHU	REMARKS
October	6 (alternate days)	Apamarga kshara	Triphala kwath	Jatyadi oil	No relief
November	6 (alternate days)	Tuttha(CuSO4)	Nimbu kwath (lemon kwath)	Jatyadi oil	Moderate relief & polyp decreased in size.
December	6 (alternate days)	Tuttha(CuSO4)	Nimbu kwath (lemon kwath)	Jatyadi oil	Complete relief from discharge & polyp



SEPTEMBER



OCTOBER

**Progress of case**

NOVEMBER



DECEMBER

**Discussion**

Cervical erosion, often presenting with vaginal discharge or postcoital bleeding, correlates with Yoni Arsha in Ayurveda, attributed to vitiated Rakta (blood) and Mamsa (muscle tissue) due to aggravated Vata and Kapha doshas. Conventional treatments like cauterization or cryotherapy carry a recurrence rate of 6–10% and risks such as bleeding or infection. In this study, an Ayurvedic protocol was initially employed, utilizing Apamarga Kshara (alkaline preparation from *Achyranthes aspera*), Yonidhawan with Triphala Kashaya (decoction of Triphala), and Yonipichu with Jatyadi Tail for a total of 6 sessions. However, no significant improvement was observed, leading to an escalated regimen with Kshara Karma using  $\text{CuSO}_4$  (Tutha), Nimbu Kwath Yoni Prakshalan, and Yonipichu with Jatyadi Tail for a total of 12 sessions on alternate days, excluding menstrual days, which resulted in complete resolution of polyp with no recurrence.

The initial approach with Apamarga Kshara—a milder Kshara agent as per Sushruta Samhita (Chikitsasthana, Chapter 6)—aimed to cauterize and remove eroded tissue. Yonidhawan with Triphala Kashaya, noted for its astringent and antimicrobial properties in Charaka Samhita (Chikitsasthana, 30th Chapter), cleansed the vaginal canal, while Yonipichu with Jatyadi Tail (containing *Jasminum officinale* and *Curcuma longa*) promoted healing. The lack of results after 6 sessions suggests that Apamarga Kshara's

milder action was inadequate to address the severity or chronicity of the erosion, likely due to insufficient penetration or an entrenched Kapha and Pitta imbalance requiring a stronger intervention.

The subsequent use of Kshara Karma with  $\text{CuSO}_4$  (Tutha), a more potent caustic agent, enhanced tissue ablation by denaturing proteins and dehydrating the eroded area, as supported by Bhaishajya Ratnavali (Stree Roga Chikitsa). This stronger Kshara effectively targeted the vitiated Rakta and Mamsa, balancing Vata and Kapha more decisively. The 12 alternate-day sessions, excluding menstrual days to avoid irritation and ensure optimal absorption, allowed for a gradual yet thorough treatment course, typically spanning 24–30 days depending on the menstrual cycle. Nimbu Kwath Yoni Prakshalan, with its acidic and antiseptic properties (pH ~2-3), cleansed residual Kshara debris and prevented infection, as noted in Kashyapa Samhita (Siddhithana, Chapter 9). The continued use of Yonipichu with Jatyadi Tail post-treatment accelerated healing by providing anti-inflammatory and regenerative effects, fostering a moist environment for tissue repair and preventing recurrence. The success after 12 sessions indicates that the escalated potency of  $\text{CuSO}_4$ , combined with the extended and strategically timed application, addressed the underlying doshic imbalance more effectively.

This treatment progression underscores the need to tailor Kshara strength and session frequency to the condition's severity. The initial failure with 6 sessions of Apamarga Kshara highlights its limitation in chronic or resistant cases, where its milder action may not disrupt the tissue matrix sufficiently. The efficacy of CuSO<sub>4</sub> over 12 alternate-day sessions, excluding menstrual days, aligns with its use in Arsha management, offering a robust solution. Unlike polypectomy, which reports a 6–10% recurrence rate and risks like bleeding (1–2%), this Ayurvedic approach provided a non-invasive, cost-effective alternative, reducing patient anxiety and complications. The absence of recurrence suggests a holistic correction of doshic and tissue factors, though larger trials are needed to confirm these findings. Integrating this escalated protocol with modern diagnostics could optimize outcomes, reserving surgical options for atypical cases.

### Reasoning Behind Treatment Progression

**Initial Failure with Apamarga Kshara:** The 6 sessions of Apamarga Kshara, a milder alkaline agent, likely failed due to inadequate penetration into chronic or thickened eroded tissue, where Kapha accumulation and Pitta inflammation predominated. This was insufficient to disrupt the vitiated tissue matrix.

**Shift to CuSO<sub>4</sub> (Tutha) with Extended Sessions:** The stronger caustic action of CuSO<sub>4</sub> enhanced ablation, targeting deeper layers of eroded tissue and reducing Mamsa proliferation. The 12 alternate-day sessions, excluding menstrual days, provided a prolonged yet safe application, allowing tissue healing between treatments and avoiding hormonal interference during menstruation, aligning with Ayurvedic principles of timing therapy.

**Nimbu Kwath's Role:** Post-CuSO<sub>4</sub>, Nimbu Kwath's astringent and antiseptic properties ensured a sterile, inflammation-free environment, counteracting irritation from stronger Kshara and supporting Pitta balance.

**Jatyadi Tail Continuity:** Maintaining Yonipichu with Jatyadi Tail across both phases provided consistent healing support, with its herbal constituents (e.g., curcumin) enhancing tissue regeneration and preventing Vata-induced dryness or recurrence.

This adaptive strategy reflects Ayurveda's tailored approach, adjusting treatment intensity and duration based on patient response, offering a promising alternative to conventional methods.

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