INTRODUCTION

A female’s multifaceted life undergoes series of physiological changes in each and every phase. Her active reproductive phase is bestowed with highest orientation of physical and psychological balance for maintenance of harmony in her life. “yonishu shuddhasu evam garbha vindanthi yositham, adhyaste prakruthe beejee jeevopakramane sathi”1 this verse indicates the importance of uterus and female genital system of women being the focus of family, maintenance of her reproductive health is family expanding years and overall health in later period is of prime importance. Majority of the women are facing this problem of karnini yoni vyapat mainly in the reproductive phase of their life.

The word ‘karnini’ is derived from karnin which refers to ‘having ears’, ‘relating to ears’, ‘barbed’, ‘furnished with knots’ etc. In this condition, the main characteristic feature is development of karnika, which means ‘round protuberance’, associated with excessive mucoid discharge, itching, sometimes even blood stained discharge. Charaka2 says that karnini yoni vyapat is caused due vitiation of kapha and vata, while Sushruta3 said it is due to vitiation of kapha. This condition can be correlated with cervical erosion. In cervical erosion though small sprouts like structures do grow, but there is no round protuberance, if it is accepted that cervix itself becomes rounded, protuberant due to congestion, hypertrophy and nabothian cysts and assumes the shape of pericarp of lotus or karnika, then congruence with classical description can be established. Cervical erosion, a benign lesion is sometimes much troublesome due to its chronicity and recurrence. It is one of the commonest gynaecological conditions seen in day to day practice. About 85% of women suffers from cervical erosion and...
can also show malignant changes in chronic stage.

**Etiology**

Abnormal dietetics and mode of life, abnormalities of artava (hormones), abnormalities of beeja and curses or anger of god are causative factors of all the twenty disorders of yoni, is the opinion of Charaka. Abnormal mode of life includes excessive coitus leading to hyperaemia, ulceration and infection; over straining during labour in the absence of labour pains. Artava dosha can be considered as hormonal imbalance. Hyper oestrogenism plays a major role. Beeja dosha acts as a congenital cause.

**Concept of disease**

“akaale vaahamaanaayaa garbhena pitho anilaha
karnika janayedhyonau sleshmarathena moorchithaha
raktha maargaavarodhinyaa saa thaya
karnini matha” (cha.sam.chi30/27-28)

Due to straining during labour in the absence of labour pains, the vayu obstructed by fetus, withholding kapha and getting mixed with raktha produces karnika in yoni, which obstructs the passage of raja. Due to presence of karnika, this condition is termed as karnini yoni vyapat.

“karninyaam karnika yonau sleshmasrgbhya prajaayathecathusrushvapi chadyasu sleshma
lingochhrithirbhaveth” (su.sam.ut-38/15,17)

Sushruta says that vitiated kapha along with raktha produces karnika (a small muscular ball) in yoni. Other features of vitiation of kapha i.e, unctuousness and itching etc are present.

Both the Vagbhataś have followed Charaka. Madhava nidana, Bhavaprakaśha and Yoga ratnakara etc have followed Sushruta.

Indu while clarifying the description says that due to premature ejaculation of fluid brought about by untimely straining, the aggravated vayu withholding kapha and raktha produces karnika in yoni which obstructs the passage of raja. Here premature ejaculation of fluid refers to either normal excretion of reproductive system of woman coming at the end of orgasm or else deliberate discharge of urine by woman to deceive her husband. In a woman undesirous for coitus, above both the discharges i.e, secretion from reproductive system and urine are seen. Vitiated kapha solidifies raktha, giving it a shape of abnormal structures, which is propelled by vayu. This structure obstructs or constricts the orifice of uterus, thus the deposited sukra (sperm) does not ascent upwards resulting into absence of fertilization.

**Cervical erosion**

Cervical ectopy is a condition where the squamous epithelium of the ectocervix is replaced by columnar epithelium which is continuous with the endocervix. The squamocolumnar junction is not static and its movement, either and inwards or outwards is dependent on oestrogen. When oestrogen level is high, it moves, out so that the columnar epithelium extends onto the vaginal portion of cervix replacing the squamous epithelium. This state is observed during pregnancy and amongst pill users. The squamocolumnar junction returns back to its normal position after 3 months following delivery and little earlier following withdrawal of pill. This condition is characterised by 1) vaginal discharge which may be excessively mucoid from the overgrowth or overactive cervical crypts. It may be mucopurulent, offensive and irritant in the presence of infection may be blood stained due pre menstrual congestion. 2) Contact bleeding
specially during pregnancy and pill use either following coitus or defaecation may be associated. 3) Associated cervicitis may produce backache, pelvic pain and at times infertility.

**Signs** – per speculum examination reveals a bright red area surrounding and extending beyond the external os in the ectocervix. The outer edge is clearly demarcated. The lesion may be smooth or having small papillary folds. It is neither tender nor bleeds to touch. On rubbing with a gauze piece, there may be multiple oozing spots. The feel is soft and granular giving rise to a grating sensation.

**Investigations:** All the cases should be subjected to cytological examination from the cervical smear to exclude dysplasia or malignancy. In doubtful smear, colposcopy and or cervical biopsy should be done.

**Management:** *sleshmajaasu cha rookshoshnam karma kuryadhvichkshana nu*

In *sleshmja yoni rogas*, charaka has advised *prakshalana*, *poorana* and *dhoopana* with *rooksha* and *ushna prakruthi dravyas*. *Uttaravasti* with the oil treated with *jeeva-neeya* group of drugs should be given. A pessary prepared with *kusta*, *pippali*, tender leaves or tip of twig of *arka* and *saindhava lavana* pestled with urine of goat should be applied locally. **“varti pradhadhyaat hariniyam sodhana-dravya sambhruthaam”**

Pessary prepared with *sodhana dravyas* should be used. **“brhathi phala kalkasya dwiwaridraa yuktshya cha kandu mathi malpasparsaah poorayedh dhoopayeth tadha”**

Kalka of *brhathi phala*, *haridra* and *daru haridra* are used as *dhoopana* and *dharana*, it helps in relieving the pain and itching sensation. All the measures capable of suppressing the *kapha* should be used. The pessary prepared with the following drugs should be placed in the vaginal canal for the treatment of *yoni rogas* caused by vitiation of *slesma*: A pessary prepared with a piece of cloth soaked several times in bile of hog. A pessary prepared with powdered *yava or masha* mixed with *saindhava lavana* and pestle with latex of *arka* should be placed either repeatedly or for a short time and should follow the irrigation of vaginal canal with luke warm water. A pessary, of thickness of an index finger is prepared with *pippali*, *maricha*, *masha*, *satahwa*, *kustha* and *saindhava lavanam* is beneficial.

A research work was done on cervical erosion by the use of *snuhi kshara*, which has showed better results than electro cautery. Post operative use of *udumbara* ointment is also noted in this study, which has have good healing action.

**Congenial diet:** The woman afflicted with *yoni rogas* should use according to predominance of dosha 1) the *sura* (wine), *asava* and *arisata*. 2) *swarasa of lasuna* in the morning and 3) the diet having abundance of milk and meat soup. She should take diet made with barley and use *abhaya rista*, *sidhu*, oil, powdered *pippali*, *pathya* and *loha bhasma* with honey, *bala taila*, *misrakasneha* and *sukumara sneha*.

**Non-congenial diet:** *Manda* (scum of boiled rice) is contraindicated to the women suffering from *yoni rogas*.

**CONCLUSION**

*karnini yoni vyapat* (cervical erosion) was found more commonly in active reproductive life of women. It is a common and incapacitating lesion and its clinical manifestations are not sufficiently recognised. This lack of appreciation of the symptoms leads to the failure to look for, find and treat the cause of many gynaecological complaints, thus in many instances condemning the patient to
chronic ill health as a result of such symptoms as leucorrhoea, backache, abdominal pain and dysuria. Hence, proper counseling to the women should be done about the disease and its consequences. In this perspective, Ayurveda offers excellent remedies which are safe, naturally available, rejuvenating and finally improves the whole health. Hence Ayurvedic management should be encouraged, so that it can serve the grieving narishakthi and finally the humanity.

REFERENCES

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Source of support: Nil
Conflict of interest: None Declared