



ROLE OF AGNIKARMA IN MANAGING MILD CERVICAL DYSPLASIA: A CASE REPORT

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ABSTRACT

Background: Dysplasia is a broad term that refers to the abnormal development of cells within tissues or organs. It is used to denote atypical cytological progressive changes in the layers of squamous epithelium. It may resolve without any treatment or may transform into malignancy on continuous exposure of the causative factors. As cervical cancer is the leading cause of cancer-related death so awareness & proper steps should be taken to resolve dysplasia. If it progress to cervical cancer then the symptoms may include abnormal vaginal bleeding, pelvic pain, or pain during sexual intercourse, inter menstrual bleeding, post coital bleeding etc. **Material & methods:** In the present study a 47 yrs old pt. came with the symptoms like white discharge p/v, burning micturition, weakness, inter menstrual bleeding, backache & pain in lower abdomen. The pap smear report showed CIN 1. Then *Agnikarma* on cervix by *Swarna Shalaka* was done in 1 sitting only. **Result:** The symptoms were resolved and the pap smear report showed mild persistent cervicitis without dysplasia, done after 1 month of treatment. **Discussion:** *Agnikarma* destroys the columnar epithelium which moves out from its normal place, hence squamous epithelium (pinkish tissue) grows on the eroded part and cervix looks healthy. *Swarna* has anti inflammatory and anti cancer properties. **Conclusion:** Ayurveda can help to prevent progression of dysplasia to cervical cancer. Its a need of time to put forward some steps and *Agnikarma*, had shown promising results in this.

KEY WORDS: *Agnikarma*, cervical dysplasia, CIN 1, *Swarna Shalaka*.

INTRODUCTION

Dysplasia, CIN, carcinoma in situ & squamous intraepithelial lesion (SIL) are often used synonymously.^[1] HPV is the primary cause for cervical dysplasia. It has been proven that 100% of squamous cervical cancer contains HPV. The term dysplasia means bad moulding. Depending upon the involvement of squamous epithelium thickness by atypical cells, dysplasia is graded as mild, moderate, severe. Mild dysplasia represents less than one third involvement of the thickness of epithelium of cervix.^[2] Bethesda system (1988) classified cytologic abnormalities of premalignant lesions into three categories: (a) atypical squamous cells (ASC), (b) low grade squamous intraepithelial lesions (LSIL) and (c) high grade squamous intraepithelial lesion (HSIL). LSILs include CIN I and the changes of HPV (Koilocytic atypia).^[3] The process of carcinogenesis starts at the 'transformation zone' (TZ). Transformation zone is an area between physiological squamocolumnar junction & new formed squamocolumnar junction. Metaplastic changes in the cervical cells causes atypical transformation of cells by trauma or infection. The

prolonged effect of carcinogens can produce continuous changes in the immature cells which may lead to malignancy. HPV, early age sexual activity (<16 years), multiple sexual partners, STD, oral pill users, smoking habits are the risk factors of developing carcinoma. In ayurveda, no direct reference of cervical cancer is there & a general term *Arbuda* is used to denote tumours & cancers. The word *Arbuda* means to harm, injure or to kill. It is a disease that grows very fast causing destruction of local tissues, body parts or even death.^[4] In this case study *Agnikarma* procedure was done as *Acharya Susuruta* has given more importance to *Agnikarma* than other procedures like *Ksharkarma* as the disease will not relapse again after treating by *Agnikarma*.^[5] The reference of *Agnikarma* by *Swarna Shalaka* is available in *Yogaratanakara* in *Apana Margagata Pitika*.^[6]

CASE REPORT

Material & method: In the present study, a 47 yrs old (she didn't attain menopause yet) pt. came to the OPD of Prasuti tantra & Stree roga IPGT & RA hospital,

Jamnagar on 24/4/2019, OPD No- 19031213, with the symptoms like foul smelling white discharge mixed with blood spots (on & off) per vagina, weakness, backache, pain in lower abdomen & inter menstrual bleeding since 3 months, burning micturition since 7 days. General examination was done & the details are mentioned in table no(1).Gynecological examination shown the signs of inflammation & cervical erosion. The details are mentioned in table no (2). The pap smear report showed CIN 1. Routine investigations were carried out both before and after the treatment. The values are listed in Table no. (4).Then the procedure *Agnikarma* by *Swarna Shalaka* was done on cervix & *Jatyadi taila pichu* was applied after the procedure once only & the details are mentioned in Table no. (3 & 5). Do's & don'ts were advised to the patient like avoid extra spicy food, maintain reproductive hygiene, avoid intercourse, drink plenty of fluids. After 1 month of the treatment, all the symptoms were resolved & the pap smear report was mild inflammatory i.e. no dysplasia (no CIN 1).The details are mentioned in table no. (6 & 7). Follow up was taken after 1 month of the treatment & there was no recurrence of the symptoms found. The details are mentioned in table no. (6)

Personal history

1. *Ahara* –Vegetarian diet with predominance of *Amla, Lavana, Katu rasa*.
2. *Vihara*- Sound sleep of 6-7hrs at night with habit of day sleeping.
3. *Malapravriti* (Bowel habit) –Irregular, hard stools, constipation, 1t/ 2-3day
4. *Mutrpravriti* (Micturition)- 5- 6 times in day & 1 times in night, burning micturition.

Menstrual history

1. Menarche- 14 yrs
2. LMP- 20/4/2019
3. Duration 1-2 days
4. Interval 22-28 days, Spotting in the intermenstrual period
5. Scanty bleeding with foul smell, Painless.

Obstetric history

1. Married life- 28 yrs.
2. G₂P₂ A₀ L₂ D₀ (FTND at home)

Contraceptive History: Condom

Coital history: 1-2 times/month, without any complaints.

Table no. 1: General examination.

B.P.	P/R	R/R	Temp.	Built	Height	Weight	BMI
110/70 mm of Hg	68/min	14/m	98.6 ⁰ F	Average	1.535cm	54kg	22.91kg/m ²

Table no. 2: P/S-P/V findings before treatment.

	P/S examination	P/V examination	
	BT	BT	
Vulva (inspection)	Normal	Uterus Size-	Bulky
Vaginal Discharge	White thick	Position –	Anteverted
Vaginitis	Yes	Fornix-	Normal
Cervix Size-	Hypertrophied	Cervix Consistency-	Firm
Erosion (% scale method)	Present around os - 50%, simple flat type	Movement	Non Tender
Os-	Parous		
Cervicitis	Present		

Table no. 3: Treatment protocol followed in the patient.

Sr. No.	Drug /procedure	Dose	Duration	Time	Route
1.	<i>Agnikarma</i>	1 sitting	10 min.	After stoppage of menses	On cervix

Table no. 4: Investigations carried out

Investigations	BT	AT
Hb	10 gm/dl	10.8 gm/dl
TLC	5300/ cumm	6700 /cumm
DLC	N,L,E,M- 53%,37%,08%,02%	N,L,E,M- 65%,29%,05%,01%
ESR	18mm/hr	16mm/hr
Platelet count	319000/ cumm	370000/ cumm
HIV/VDRL/HBsAg/HCV	Negative	Not done
Pap Smear	CIN 1 cervical intraepithelial neoplasia)	Mild persistent cervicitis

Table no. 5: Agnikarma procedure.

Time	On 7 th day of menstrual cycle, in 1 sitting only.
Drug / Instruments	<i>Swarna Shalaka</i> (<i>Agnikarma Shalaka</i> of gold with copper handle).
<i>Purva-Karma</i>	Counseling of the patient, <i>Prakshalana</i> done with <i>Ushnajala</i> .
<i>Pradhana-Karma</i>	With all aseptic precautions, the tip of <i>Swarna Shalaka</i> was heated by spirit lamp, then <i>Bindu</i> type of <i>Agnikarma</i> was done over the affected part.
<i>Pashchat-Karma</i>	After performing <i>Agnikarma</i> , <i>Jatyadi Taila Pichu</i> was applied by soaking it in a sterile gauze piece in 5 ml of <i>Jatyadi Taila</i> only 1 time and was kept upto <i>Amutra Kala</i> (till the urge of urination).

RESULT

The assessment was done in every 15 days till AT & there was improvement in sign & symptoms. White discharge, *Dourbalaya*, *Kati shoola*, *Udara Shoola*, were reduced up to 50 % while *Yonidorgandhya* & *Mutradaha*

were completely resolved. P/S examination showed the grown squamous epithelium in between the eroded area. AT was taken after 1 month & follow up was taken after 1 month of AT, the results are shown in Table no 6&7.

Table no.6: Effect of therapy on chief & associated complaints.

Sr. No	Parameters	BT	AT(after 1 month)	FU
1.	<i>Yonivrava</i> (Vaginal discharge)	White thick (++)	Absent	Absent
2.	<i>Yonidourgandhaya</i>	Present (+)	Absent	Absent
3.	<i>Mutradaha</i>	Present (++)	Absent	Absent
4.	Intermenstrual bleeding	Present (+)	Absent	Absent
5.	<i>Dourbalaya</i>	Present (++)	Absent	Absent
6.	<i>Udara shoola</i>	Present (+)	Absent	Absent
7.	Pap smear	CIN I cervical intraepithelial neoplasia)	Mild persistent cervicitis	-

Table no.7: P/S-P/V findings After treatment.

P/S examination	AT	P/V examination	AT
Vulva (inspection)	Normal	Uterus size	Bulky
Vaginal Discharge	No Discharge	Position	Anteverted
Vaginitis	No	Fornix	Normal
Cervix - Size	Hypertrophied		
Discharge	No	Cervix –Consistency	Firm
Erosion(% scale method)	Erosion present around os -25%		
Cervicitis	Present	Movement	Freely mobile, Non Tender

DISCUSSION

The cases of mild or moderate dysplasia may revert back to normal and these are most often related to infection but some, however, either remain static or progress to CIN III. CIN III, however, is more susceptible to progress into invasive carcinoma. The treatment modalities in modern science are Cryotherapy, Cold coagulation, electro diathermy, laser vaporization, Large loop (electrosurgical) excision of transformation zone. This treatment costs a lot & causes side effects also like cervical stenosis, infertility, destruction of the healthy tissues.^[7] etc. Ayurvedic treatment modalities can be helpful in preventing or reverting back the progress of mild or moderate dysplasia to the advance stages. *Agnikarma* destroys the columnar epithelium & the squamous epithelium (pinkish tissue) grows on the eroded part, hence cervix looks healthy. *Agnikarma* can be done by *Shalakas* which are made up of different metals like *Panchadhatu* etc but in this report *Swarna*

Shalakas is used as *Swarana* has *Tridosahara*, *Vishapaham*, *Bruhaniya*, *Vranaghna*, *Lekhana* and *Vishnashana* properties. Gold compounds have a great potential for cancer treatment. During the last two decades, gold compounds are reported to possess relevant anti proliferative properties in vitro against selected human tumour cell.

CONCLUSION

Cervical cancer is a largely preventable disease; pre-invasive lesions can be early detected by screening and cured with complete excision. High-quality screening with cytology (Pap smear test) has been very successful in reducing the mortality from cervical cancer. In ayurveda *Agnikarma* is a procedure which can prevent or stop the progress of this cancer and is better than normal cauterization as *Agnikarma* is done by using gold instrument i.e. *Swarna Shalaka*. In this case report

Agnikarma is found to be very effective in managing mild cervical dysplasia.

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