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INTERNATIONAL JOURNAL OF ADVANCED RESEARCH (IJAR)

Article DOI: 10.21474/IJAR01/17323

DOI URL: <http://dx.doi.org/10.21474/IJAR01/17323>



RESEARCH ARTICLE

A CASE REPORT OF AYURVEDA MANAGEMENT OF CERVICAL CELL DYSPLASIA (CIN 1)

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Manuscript Info

Manuscript History

Received: 29 May 2023

Final Accepted: 30 June 2023

Published: July 2023

Key words:-

Cervical Cancer, Cervical Dysplasia, Pap Test, Kanchanara Guggulu, Rasayana Churna, Jatyadi Taila Yonipichu

Abstract

Cervical dysplasia, also called as cervical intraepithelial neoplasia (CIN), is a precancerous condition strongly associated with human papillomavirus (HPV) infection in which healthy cells on the cervix undergo some abnormal changes. In cervical dysplasia, the abnormal cells are not cancerous, but have the potential to develop further and progress into cancer, if not diagnosed and treated early. Screening through the Pap smear test (Papanikolau test) has reduced the deaths related to cervical cancer by three-quarters. A 50-year-old female with complain of profuse vaginal discharge and burning urination since 3 months approached to outpatient department of Prasutitantra and Streeroga, JS Ayurveda Mahavidhyalaya, nadiad. She had history of irregular foul smelling menses with inter menstrual and post coital bleeding. On per speculum examination vaginitis and cervical erosion around the external os with profuse white discharge were found. Her Pap smear test revealed Low grade Squamous Intraepithelial Lesion (LSIL/CIN 1). She was successfully treated with oral medicaments of *kanchanara guggulu*, combination of *rasayana churna* and *haridra churna* along with local application of *jatyadi taila yonipichu* for 3 months. She had got significant relief in white discharge per vaginal, post coital bleeding, burning urination and cervical erosion. After completion of treatment, Pap test was done which turned negative and remained negative till 1 year follow up with no recurrence of symptoms. This case report demonstrates that cervical cell dysplasia (CIN1 /LSIL) can be effectively managed with Ayurveda Management.

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Introduction:-

Every year in India, 122,844 women are diagnosed with cervical cancer and 67,477 die from the disease¹. CIN is strongly associated with human papillomavirus (HPV) infection. HPV infection is most prevalent among women 20 to 24 years of age, with a gradual decline in prevalence through 59 years of age². Screening for cancer is known to reduce mortality by early detection and treatment. The Pap smear tests (Papanikolau test) at regular interval have reduced the deaths related to cervical cancer by three-quarters. Pap test results according to Bethesda reporting system³ are reported into three categories; (1) ASCUS- Atypical squamous cells of undetermined significance (2) LSIL-Low grade squamous intraepithelial lesion and (3) HSIL- High grade squamous intraepithelial lesion. Other reporting system refers to cervical intraepithelial neoplasia (CIN). CIN is graded as 1, 2 or 3. Low grade squamous intraepithelial lesion (LSIL) is comparable to CIN 1, which indicates mild cervical dysplasia. High grade squamous

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intraepithelial lesion (HSIL) is comparable to CIN 2 and CIN 3, which indicates moderate to severe dysplasia also known as carcinoma in situ.

Case Report:

A 50-year-old female belonged to lower middle class with complain of profuse vaginal discharge and burning urination since 3 months approached to outpatient department of Prasutitantra and Streeroga, JS Ayurveda Mahavidhyalaya, nadiad in year 2016. She had history of irregular foul smelling menses with inter menstrual and post coital bleeding since 6 months. She had history of two full term normal deliveries. Patient was not using any contraceptive measures. No significance findings were observed during general examination. On per speculum examination vaginitis and cervical erosion around the external os (51-75%) with profuse white discharge were found. On examination, her *Prakṛiti* (body constitution) was *Vata-pittaja*. Her *Agni bala* (Digestive power) and *Sharira bala* (physique) was *Madhyama* (Average). The laboratory studies showed the following (before treatment): hemoglobin 12.2 g/dl, leukocytes 12000/cumm, neutrophils 77%, lymphocytes 18%, Eosinophils 03%, Monocytes 02%, ESR 13 mm/h. The urine analysis showed no albumin, pus cells, epithelial cells or RBCs. Her Pap smear test revealed Low grade Squamous Intraepithelial Lesion (LSIL/CIN 1) (**Image 1**).

Considering the history, clinical examination and investigations, following treatment was given (**Table 1**).

Table 1:- Treatment Protocol.

Sr.No.	Treatment plan	Route	Dose	Duration
1.	<i>Rasayana churna</i> (2g) <i>Haridra churna</i> (1g)	Oral	3gram with Luke warm water thrice a day after meal	3 months
2.	<i>Kanchanara guggulu</i>	Oral	2 tablets thrice a day with Luke warm water after meal	3 months
3.	<i>Jatyaditaila yonipichu</i> (Vaginal tampon)	Local	3 ml (twice – once in the afternoon and once at bed time)	3 months

There was gradual improvement in per vaginal white discharge and burning micturition. After 1 month patient found relief in post coital bleeding and intermenstrual bleeding. After completion of 3 months 100% relief were observed in p/v white discharge, burning micturition and post coital bleeding. On per speculum examination vaginitis was not observed. In cervical erosion granulation of tissue completed and size was reduced up to (0-25%) with slight discharge. The laboratory studies showed the following(after treatment): hemoglobin 12.0 g/dl, leukocytes 7700/cumm, neutrophils 66%, lymphocytes 28%, Eosinophils 03%, Monocytes 03%, ESR 12 mm/h. The urine analysis showed no albumin, pus cells, epithelial cells or RBCs. Her Pap smear test revealed no dysplasia, no malignancy (**Image 2**). After 1 year again Pap smear test was done which remained negative.

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ISO 9001 : 2000 CERTIFIED
LABORATORY REPORT

Name: [REDACTED] Lab No: 89382/90 Date: 21/11/16
Ref By: [REDACTED] Age: 50 YEAR
Case Type: O Sex: FEMALE Ward: [REDACTED]

PAP SMEAR

Reported On: 24/11/16
Hpro: 22:16

Gross Examination:
TWO UNSTAINED SLIDES ARE RECEIVED

Microscopic Examination:
SMears SHOW LARGE SHEETS OF METAPLASTIC SQUAMOUS EPITHELIAL CELLS WITH MILD NUCLEOMORPHIC AND SHEETS OF ENDOCERVICAL CELLS ON BACKGROUND OF MUCUS AND NEUTROPHILS.

Impression:
LSIL

Mr. Atul Shah
BIOCHEMIST
24/11/16 17:28:53

Dr. Dhruvi Shukla
M.B.D.C. Pathologist

Image 1:- (Before treatment).

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ISO 9001 : 2000 CERTIFIED
LABORATORY REPORT

Name: [REDACTED] Lab No: 90307/16 Date: 22/03/17
Ref By: [REDACTED] Age: 50 YEAR
Case Type: O Sex: FEMALE Ward: [REDACTED]

PAP SMEAR

Reported On: 24/03/17
Hpro: 11:17

Gross Examination:
TWO UNSTAINED SLIDES ARE RECEIVED

Microscopic Examination:
SMears SHOW DECREASED CELLULARITY WITH PREDOMINANTLY PARABASAL AND INTERMEDIATE CELLS ON THE BACKGROUND OF HAEMORRHAGE AND INFLAMMATION

Impression:
NO DYSPLASIA
NO MUCINOPHY
MODERATE INFLAMMATION

Mr. Atul Shah
BIOCHEMIST
24/03/17 17:27:39

DR. BACHIN SHUKLA
M.D.D.C. Pathologist

Image 2:- (After treatment).

Discussion:-

Rubin (1910) introduced the term CIS as a forerunner of invasive carcinoma. Walters and Regan (1956) introduced the concept of dysplasia. World Health Organization (WHO) in 1975 classified the CIN into three categories CIN 1, 2, or 3⁴. Bethesda system (1988) classified cytologic abnormalities of premalignant lesions into three categories: (1) ASCUS- Atypical squamous cells of undetermined significance (2) LSIL-Low grade squamous intraepithelial lesion (3) HSIL- High grade squamous intraepithelial lesion. CIN is predominantly a disease of younger women. The mean age for CIS is about 30 years. The risk factors of CIS are HPV infection, early sexual intercourse, sexual transmitted disease, early age of first pregnancy, high parity, low socioeconomic status, multiple sexual partners, oral pill users and dietary deficiency (vitamin A, C, folic acid)⁵. In this case age of patient was 50 years and she belonged from lower middle class, people from this class usually cannot get proper diet and hygienic environment. So the chances of dietary deficiency are higher in lower class. It produces anemia, low immunity etc. which provides good environment to grow the infection.

In this case report, effects of oral medicaments of *kanchanara guggulu*⁶, combination of *rasayana churna*⁷ and *haridra churna* along with local application of *jatyadi taila*⁸ *yonipichu* were assessed. *Jatyadi taila* has vrana ropana

(healing) property and may help in eradicating the HPV like infection from lower genital tract. *Rasayana churna* is a poly herbal formulation composed of fine powders of *Amalaki (Embllica officinalis Linn.)*, *Guduchi (Tinospora cordifolia Linn.)* and *Gokshura (Tribulus terrestris Linn.)* in equal quantities. *Rasayana churna* may help in process of epithelisation (from columnar to squamous) and maintain the normal squamous epithelisation of cervix. This combination may also help to relieve the symptoms like vaginal discharge, post coital bleeding, intermenstrual bleeding, backache, erosion of cervix etc. This case study also supports this statement. The regression of LSIL/CIN 1 in majority of the cases also may be due to rejuvenation property of *rasayana churna*. In modern medicine, treatments of CIN as preventive and definitive aspects are available⁹. HPV vaccine has been developed to prevent the CIN. Vaccines are given ideally to girls aged 9-13 years, but vaccines are effective for at least 7.5¹⁰ years and screening with Pap test is needed as the vaccines are type-specific and do not protect against the other types of HPV. Definitive treatment depends on the age of patient, desire for reproduction, risk factors present, degree of dysplasia, etc. In reproductive age when patient desires for reproduction, Ayurvedic modalities are best choices as these do not involve local invasive procedures like cauterization, ablation or hysterectomy. Also these drugs have no adverse effects on reproductive system of the young women as well as no fear of teratogenic effects after the women conceive after completion of the treatment. Another important factor is the cost-effectiveness of this treatment and easy applicability of the local drug, which does not require the patient to daily visit the hospital.

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