



## Effect of Agnikarma on Nebothian Cyst of Cervix

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### ABSTRACT

Agnikarma is one of the prompt and promising treatments in Nebothian cyst. In Sushruta Samhita different vyadhis like Granthi are indicated for Agnikarma.

Garbhashayamukha granthi WSR {nebothian cyst} is a distressful diseases for lady. It presents initial symptoms like profuse PV white discharge, pain ,menorrhagia etc.

Changes in lifestyle, dietetic modification, hygienic failure, misuse of contraceptive are basic causes for it. It is occlusion cyst when mouth of the cervical tissue gets blocked and cystic swellings occur. Chronic cervicitis and erosion of cervical tissue are basic steps of pathology.

Ayurvedokta Agnikarma proved promising cure in Nebithian cyst Author will discuss a single case study on effect of Agnikarma in Nebothian cyst.

**Keywords:** Nebothian cyst, Agnikarma with shalaka, local treatment, yonidhavan.

### INTRODUCTION

In Gynecological Practice profuse PV bleeding, itching and burning sensation, pain at genitalis etc are commonest set of symptoms. These symptoms represents different Gynecological diseases like cervicitis , SOLs like cyst, fibroids, or even malignancy.

Change in socio-economical upliftment, use and misuse of medications, busy in carrier graphs, unsatisfied sexual life/married problems are adding a list of causative factors. Major area of concern is either negligence or improper knowledge about it. It boosts chronicity of disease and ends with major problems.

Nebothian cyst of cervix is local tissue swelling. It is occlusion cyst<sup>1</sup>. Due to recurrent cervical infections, injuries, unhygienic genital care leads to inflammation of cervix-cervicitis.

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If it reoccurs it goes to chronic phase. There is positive role of hormonal influence in reproductive aged female.

There is development of thin, denudation of cervical tissue, condition is marked by cervical erosion. Either during healing of that erosion or during metaphasic phase of tissue; occlusion of cervical tissue results in cystic swelling. It is mucous filled cyst on the surface of cervix. They are most often caused when stratified squamous epithelium of ectocervix grows over simple columnar epithelium of endocervix.<sup>2</sup>

It may represent as pelvic pain, heavy bleeding, mucopurulent foul smelling per vaginal discharge, burning or itching genitalis, post coital bleeding provided they are large.

Cystic swelling of garbhashay mukh is nothing but ekdeshiy garbhashaymukhsopha. It is present in kapha vata pradhan samprapti, kapha pradhan yoni like kaphaja yoni. Grathan of dushta kapha and vata at garbhashay mukhasch mamsa does avrodhata and turns to granthi of that pradesh. As chronicity advances size of granthi increases. Obviously symptoms like atistrava, kandu, daha or vedana also increases.

## CASE REPORT

- A 42 years female case no. 19-8763 presented with following symptoms at SRPT OPD of KAD Shiroda Goa.
- Symptoms: Episode of extended PV bleeding for 10 days.
- PV profuse white discharge off and on for many years increased from 2/3 months.
- Pain in vaginal region.

HISTORY OF PRESENT ILLNESS revealed patient had an episode of extended per vaginal bleeding for 10 days in last year. It was cyclic bleeding and painless, normal consistency but days were extended for 10 days. Of 10 days for 8 days was heavy flow followed by spotting for 2 days. Colour was dark brown and without foul smell. It was neglected by patient.

Chief complaint of the patient was recurrent excessive white discharge per vagina. Discharge was thick, white, mucoid, casty, without smell, without burning and itching staining cloth or undergarments. She required pads to put or require changing undergarments. It almost used to start on the cesation of menstrual flow and continues whole month. Discharge was for many years gradually increased since 2/3 months.

Past history was not relevant including no major illness. No relevant drug or allergic history found.

Obstetric history: She had underwent 2 FTNDs and 1 missed abortion of 8 weeks 9 years back where curettage was done.

On examination: She found anaemic and her Prakruti was vatapaittik. Tikshnagni was found along with madhyam koshta.

Per vaginal examination showed non tender normal sized uterus fornix and cervix.

Per speculum examination showed Big nebothian cyst of 3x3 cm sized at 11 o'clock position.

## PLAN OF TREATMENT

Patient posted for yonidhavan followed by agnikarma.

Routine examination like blood sugar level, haemogram and urine was advised.

For Yonidhavan sukhoshna' panchavalkal along with haridra kwath 'was used with standard preparation.

Agnikarma with loha shalaka was done. Hot shalaka was applied on cyst in 2 sittings through Bindu and resha rupena. Number one thin cervical dialator was used and it was heated for 3 minutes on simple candle. Dahana done without anesthesia. Pattern was followed at mouth of cyst bindu rupena and periphery resharupena. Dahan continued till samyak dagdha lakshan (3)like dhvani, gandha observed. It was followed by jatyadi taila yoni pichu dharan till aamutra kala.

Instructions were given. Routine diet along with the abstinence was advised to the patient.

Orally pushyanug churna 250mg apan kale with water was continued till follow up.

Patient followed next month after menstruation ceased.

## RESULT

After agnikarma patient didn't show any complications like burning or discharge. At first follow up after next menstruation total lakshanopshay observed. On per speculum examination nebothian cyst was totally absent. Patient tracked for 6 months and showed no recurrence of symptoms or cyst.

## DISSCUSSION

Nebothian cyst of uterine cervix is occlusion cyst. Inside cyst there is dushit rasa rakta. It presents with pain, leucorrhoea, burning and/or itching etc.

It is kaphapradhan vyadhi, grathan of vikrut kapha along with kleda rakta lodges at garbhashaymukha and develops to kaphaj Shopha /granthi.(4)

1. Yonidhavan with panchvalkal and haridra helped for yonishodhan ,stravashophahara leading to kandu and dahahara. Panchavalkal or panchkshiri/kashay(5) vruksha bears pradhantaha shita kashay pittashamak properties. It did shodhan of yonimukha. Having ushna property Haridra did shodhan and shophaharan. Some total it helped for yonishuddhi.

2. Garbhashay mukha is made up of mamsadhatu. Loha shalaka is suitable aid for agnidware dahan karma of mamsa dhatu(6).  
Sukumarta and artavsthan(yoni) are specialities of female; so bindu and rekha swarupa dahan mode was used for dahan karma.  
Agni itself is shodhak, dahak. It destroys shopha via burning of vikrut tissues (like cyst). It helps for elimition of grathit dushta dhatu as well as infective foci.
3. Jatyadi taila is ropaka – vranaropaka. Vrana shodhan achieved with jatyadi tailakta pichu dharan for aamutrakala(7).
4. Ayurvedokta Agnikarma found painless and uncomplicatory procedure. It reduced burden like hospital stay and anesthesia. It found cheap.
5. Upto follow up of 06 months, patient didn't redevelop symptoms as well as evidence of cyst at cervix.

## CONCLUSION

Nebothian cyst requires excision or electrocautery by modern ways. It creates other symptoms like per vaginal bleeding, leucorrhoea, pain etc.

Agnikarma with shalaka reduced hospitalization, expenses, anesthesia and other complications which proves promising results.

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