

“An Ayurvedic Perspective on Cervical Erosion: Clinical Correlation with *Dushta Vrana* at Cervical Os (*Garbhashaya Griva Mukha*)”

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Abstract

Introduction : Cervical erosion is a frequently encountered gynecological condition, characterized by the degeneration of squamous epithelium at the ectocervix with subsequent exposure of columnar epithelium to the vaginal milieu. Although a direct description of this entity is not available in *Ayurveda* classics, *Ashtang Sangrah* mentioned *Yoni Vranayekshana Yantra*ⁱ to examine *Vrana* in *Yoni* which may be correlated with *Garbhashaya Griva Mukhagata Dushta Vrana*. It is interpreted as *Nija/Agantuja*, *Kapha-Pittaja*, *Twaka-Mamsaja Vrana*, with clinical features such as *Yonistrava* (discharge), *Daha* (burning), *Shula* (pain), *Vivarnata* (discoloration), and *Kandu* (itching).ⁱⁱ

Methods: A comprehensive review of classical *Ayurvedic* literature and contemporary gynecological references was undertaken. The definition of *Vrana*, derived from “*Vrangatravichurnane*” (tissue destruction), along with the characteristics of *Dushta Vrana*—non-healing, chronicity, foul discharge, and persistent pain—was critically analyzed in relation to cervical erosion.

Results: The comparative analysis revealed a strong correlation between cervical erosion and *Dushta Vrana*. Both share common hallmarks, including chronic tissue damage, foul discharge, pain, discoloration, and delayed healing. These similarities substantiate the alignment of modern pathology with *Ayurvedic* concepts.

Discussion: Recognizing cervical erosion as *Dushta Vrana* at *Garbhashaya Grivamukha* provides an integrative framework for understanding the condition. This correlation enhances diagnostic clarity and supports the development of holistic management strategies that combine *Ayurvedic* and modern therapeutic approaches.

Keywords: Cervical erosion, *Dushta Vrana*, *Ayurveda*, *Garbhashaya Grivamukhagata Vrana*, integrative gynaecology.

Introduction

Background: Cervical erosion is a prevalent gynecological disorder, characterized by the replacement of stratified squamous epithelium of the ectocervix with columnar epithelium. a more complex pathological process is triggered. The ulcer occurs at the junction of two types of epitheliums - a flat multilayered and cylindrical. The first lining the vaginal part of the cervix, and the second is located in the cervical canal. Very often, namely - in 90% of cases, the zone where these two layers meet has shifted toward the neck.

Microorganisms that create the microflora of the vagina, and the typical acidic environment, negatively affect the cylindrical cells, which provokes the development of local inflammation. At the same time this layer has no protective properties, therefore it is not an obstacle for pathogenic viruses and bacteria that penetrate the cervical canal, and then directly into the uterine cavity.ⁱⁱⁱ Clinically, it manifests with symptoms such as vaginal discharge, burning sensation, itching, and pelvic pain, which significantly affect women's quality of life. Conventional treatments include cauterization, cryotherapy, and topical medications, yet recurrence and complications remain common.

Ayurvedic literature provides a parallel description under *Garbhashaya Grivamukhagata Vrana*, classified within the broader concept of *Dushta Vrana*. The term ***Vrana*** denotes tissue destruction, and ***Dushta Vrana*** refers to chronic, non-healing lesions marked by discharge, pain, and foul odor. This similarity suggests a possible integrative understanding of cervical erosion.

Rationale : Although both *Ayurveda* and modern medicine describe the condition in detail, a systematic synthesis of evidence exploring their correlations is lacking. Such an integrative perspective could broaden diagnostic clarity and therapeutic choices.

Objectives : This systematic review aims to :

1. Examine the parallels between Cervical Erosion and *Dushta Vrana* as described in *Ayurvedic* literature.
2. Identify clinical evidence on *Ayurvedic* interventions for cervical erosion.
3. Provide a synthesized framework to support integrative gynecological management.

Aetiology of Cervical Erosion

Cervical erosion—also termed cervical ectopy or eversion—is commonly initiated by genital tract infections involving intracellular pathogens, bacteria, or viruses. These infections often coincide with microtraumas to the cervical epithelium, typically resulting from childbirth, abortion, or inflammatory conditions. If untreated, inflammation leads to persistent discharge, delayed epithelial repair, and progressive erosion. True erosion may resolve spontaneously within one to two weeks or evolve into ectopic transformation.

Predisposing Factors - A wide array of biological, behavioural, and environmental factors contribute to cervical erosion. These are - Inadequate genital hygiene, Immunosuppression, Early pregnancy or childbirth, Vaginal infections (e.g., colpitis, endometritis, cervicitis), Hormonal imbalance, Genitourinary disorders, sexually transmitted infections (HPV, Trichomoniasis, Chlamydia, Gonorrhoea, Herpes simplex, Candidiasis) Early sexual debut and multiple partners.

Mechanical Triggers - True erosion is often trauma-induced. Common mechanical causes include:

Difficult labor and cervical tears, Improper tampon use, Traumatic abortion or intrauterine procedures, Incorrect vaginal douching, Aggressive sexual activity, Misuse of intravaginal contraceptives, Congenital ectopy due to delayed epithelial migration in infancy^{iv}

Genetic and Autoimmune Influences

Although cervical ectropion is not conventionally categorized as a genetic or autoimmune disorder, certain individuals may possess a hereditary predisposition to cervical epithelial alterations. Autoimmune conditions that compromise mucosal integrity—such as systemic lupus erythematosus and **Sjögren's syndrome**—may

indirectly affect cervical tissue health. However, direct etiological associations between these disorders and ectropion remain inconclusive and warrant further investigation.

Lifestyle and Nutritional Determinants

Behavioural and dietary patterns play a pivotal role in maintaining cervical integrity. Tobacco use has been implicated in the pathogenesis of various cervical abnormalities, including ectropion, due to its immunosuppressive and cytotoxic effects. Nutritional deficiencies—particularly in essential micronutrients such as vitamins A, C, E, and folate—can impair epithelial repair and immune defense mechanisms. A nutrient-rich, balanced diet supports optimal reproductive tract function and may mitigate the risk of cervical epithelial disruption.

Epidemiological Risk Factors

Several demographic and physiological variables are associated with increased susceptibility to cervical ectropion:

- **Reproductive Age:** Women between 20 and 30 years of age are most frequently affected, likely due to heightened hormonal activity and cervical remodelling during this period.
- **Hormonal Fluctuations:** Elevated oestrogen levels during pregnancy or exogenous hormonal exposure from contraceptive use can promote eversion of the endocervical epithelium.
- **Geographic Distribution:** Regions with elevated prevalence of sexually transmitted infections (STIs) may exhibit higher rates of cervical inflammation, contributing to ectropion development.
- **Medical History:** Individuals with recurrent cervical infections or immunocompromised states are at increased risk due to impaired mucosal defense and healing capacity. ^v

Histopathology: - Normal Cervical Histology

- **Endocervix:** Lined by a single layer of mucus-secreting columnar epithelium, comprising ciliated and non-ciliated cells. These cells are arranged in longitudinal folds that form crypts. Non-ciliated cells release mucin via exocytosis, while ciliated cells facilitate its movement. The thin epithelial layer allows underlying vascularity to show through, giving the endocervix a reddish appearance. Reserve cells beneath the columnar layer serve as progenitors for epithelial regeneration.
- **Ectocervix:** Covered by a robust, non-keratinized stratified squamous epithelium composed of basal, parabasal, intermediate, and superficial cells, providing mechanical protection and resistance to friction.
- **Transformation Zone:** This dynamic region marks the interface between the endocervical and ectocervical epithelium. Here, reserve cells differentiate into squamous cells. These immature cells resemble parabasal cells but have dense nuclei and minimal cytoplasm. Mild inflammatory infiltrates—lymphocytes, plasma cells, and neutrophils—are frequently observed and are not necessarily indicative of infection.

Histological Changes in Cervical Ectropion

- Cervical ectropion occurs when glandular columnar cells from the endocervix extend onto the ectocervix, exposing fragile mucosa to the vaginal environment. This results in a reddish appearance around the cervical os and increased susceptibility to trauma, especially during intercourse.
- Over time, reserve cells proliferate and initiate squamous metaplasia. Initially, this appears as a single layer of small, round cells with hyperchromatic nuclei—termed **immature squamous**

metaplastic epithelium. With continued differentiation, this layer matures into **stratified squamous metaplastic epithelium**, restoring epithelial integrity and resilience.^{vi}

Signs - Gynaecological Findings

On speculum examination, the cervix may appear erythematous, inflamed, and granular. This is due to the presence of columnar epithelium on the ectocervix, which is atypically exposed to the vaginal environment. These cells are more fragile and prone to colonization by pathogenic microorganisms, leading to persistent inflammation.

Symptoms

Cervical erosion often follows a silent course, remaining asymptomatic in many individuals. As a result, it is frequently identified incidentally during routine gynaecological examinations. In symptomatic cases, the condition may mimic or accompany signs of sexually transmitted infections. **Common Symptoms** - Patients with cervical erosion may present with: Infertility or difficulty conceiving, Dysuria (painful or difficult urination), Serous or bloody vaginal discharge, spontaneous or post-coital, Menstrual irregularities, Genital warts in the vulvovaginal region, Dyspareunia (pain during sexual intercourse).

Pathophysiological Implications

The displaced columnar epithelium becomes a nidus for chronic infection, facilitating ascending spread to the uterus, fallopian tubes, and ovaries. If left untreated, chronic erosion may induce cellular atypia, uncontrolled proliferation, and irreversible epithelial changes—potentially increasing the risk of cervical neoplasia.

Preventive Recommendation

Regular gynaecological screening every six months is strongly advised to detect early changes and initiate timely intervention, thereby reducing the risk of malignant transformation.^{vii}

PATHOGENESIS

Cervical erosion arises from ulceration of the cervical epithelium, often visible as bright red or pink patches around the external os. In its early phase, the mucosal lining sheds in localized areas, exposing the underlying stroma and initiating a cascade of healing responses. The primary lesion presents as a mucosa-deficient ulcer with a granular surface, frequently infiltrated by white blood cells and colonized by bacteria. Following ulceration, the body initiates epithelial regeneration to re-cover the exposed area. Healing may be complete or partial, though recurrence is not uncommon, especially in the presence of persistent infection or discharge. In some cases, erosions may extend to adjacent vaginal walls. As healing progresses, new epithelial islands—pinkish-tan in appearance—emerge over the lesion. These islands gradually coalesce, creating an uneven surface. If mucous glands within the cervical tissue become obstructed during this process, fluid retention may occur, leading to the formation of small retention cysts. Erosions with irregular or papillated surfaces are more prone to bleeding and are considered clinically significant due to their fragility and potential for chronic inflammation. Conversely, smooth, rounded erosions often resolve spontaneously when the underlying cause is appropriately addressed.^{viii}

DIAGNOSIS

Diagnostic Evaluation

Several investigations are employed to confirm cervical ectropion and exclude other pathologies:

- **Pap Smear:** Screens for cervical dysplasia and malignancy by detecting abnormal epithelial cells.
- **Colposcopy:** A magnified visual examination of the cervix, often accompanied by targeted biopsy for histopathological analysis.
- **STI Screening:** Conducted when infection is suspected as a contributing factor to cervical changes.

Differential Diagnosis

Cervical ectropion must be distinguished from other conditions with overlapping clinical features:

- **Cervical Infections:** May cause inflammation, discharge, and bleeding, mimicking ectropion.
- **Cervical Polyps:** Benign lesions that can present with abnormal bleeding.
- **Cervical Cancer:** Though uncommon, must be ruled out—especially in patients with abnormal cytology or persistent symptoms.
- **Biopsy:** Performed when malignancy is suspected or during colposcopy to confirm diagnosis. Early cervical cancer can resemble ectropion macroscopically.

Clinical Considerations

- Asymptomatic patients with normal Pap results typically require no further intervention.
- Symptomatic individuals—especially those with post-coital bleeding, dyspareunia, or profuse discharge—may warrant further evaluation to exclude underlying pathology.^{ix x}

PROGNOSIS

The prognosis for cervical ectropion is generally positive, especially with early diagnosis and appropriate management. Most women experience resolution of symptoms with treatment, and the condition does not typically lead to serious complications. Factors influencing the overall prognosis include:

- **Early Diagnosis:** Identifying and treating cervical ectropion early can prevent complications.
- **Treatment Adherence:** Following medical advice and treatment plans can improve outcomes.

Treatment and Prevention of Cervical Erosion

Therapeutic Approaches

Management of cervical erosion is tailored to the underlying cause and symptom severity. Options range from conservative observation to targeted interventions:

- **Watchful Monitoring:** In hormonally driven or asymptomatic cases, no immediate treatment may be necessary. Regular follow-ups ensure the condition remains stable.

- **Pharmacologic Therapy:** Antimicrobial agents—antibiotics or antifungals—are prescribed when infection is present, helping resolve inflammation and restore epithelial integrity.
- **Hormonal Regulation:** For erosion linked to hormonal imbalance, modifying contraceptive methods or initiating hormone therapy can alleviate symptoms and promote healing.
- **Cryotherapy:** This minimally invasive technique uses controlled freezing to eliminate abnormal cells. Quick and effective, it's often performed in-office.
- **Electrocautery:** A precise method that uses electric current to cauterize and remove affected tissue. Local anaesthesia may be used for comfort.
- **Laser Ablation:** A focused beam of light vaporizes abnormal cells with high precision, minimizing damage to surrounding healthy tissue.

Preventive Strategies

Though cervical erosion cannot always be avoided, proactive care can significantly reduce risk:

- **Safe Sexual Practices:** Consistent use of barrier protection helps prevent STIs that may trigger cervical inflammation.
- **Routine Gynaecological Screening:** Biannual check-ups facilitate early detection and timely management.
- **Hormonal Balance:** Discuss contraceptive options with your healthcare provider to ensure hormonal stability and minimize cervical stress.^{xi}

Dushta Vrana In Concept Of Ayurveda

Vrana - "*Vrana* Gatravichurnane, *Vranayateti Vranah*" (*Su.Chi.* 1/6)

"*Gatra*" means tissue (body tissue or part of body) "*Vichurnane*" means destruction, break, rupture and discontinuity (of the body or tissue)^{xii}. The destruction / break / rupture / discontinuity of body tissue /part of body, is called *Vrana*.

Definition of *Dushta vrana* is according to *Acharya Sushruta*

The word ***Dushta*** means a putrefied ulcer - the wound that has got vitiated^{xiii}. "***Dushta Vrana*** is one which is invaded by *Doshas* and difficult to heal. All the *Vranas* if not treated properly get affected by the *Tridoshas* and converted into *Dushta Vrana*^{xiv}. According to ***Madhava***, *Vrana* which is chronic in nature, elevated from the surface, discharges pus and impure blood with foul smell and having opposite characters of *Shudha Vrana*^{xv} According to *Acharya Charaka*, *Vrana* which produces foul smell, has lost its normal color and produces excessive discharge with pain is *Dushta Vrana*^{xvi}.

Concept of Garbhashaya Griva Mukhgata Vrana in Ayurveda Classics

In *Ayurvedic* prespect, there is no direct description of *Garbhashya Griva Mukhgata vrana*, but but reference of *yonivrana* is available in *Asthang Sangrah Sutra Sthhan 34/11* in the context of *yonivrana darshan yantra, yoniksha* (*Hanraja Nidan Streerog Lakshana*), *SPrajanan vrana* in *Sushruta Sanhita*, In context of *susadhya vrana* but directly *yonivrana* has not been mentioned as a disease or *lakshana*.so as a summary we can say that ***Yoni Vrana*** is might be included in ***Vrana Shothha***

Dosh Dhatu Evam Updhau of Garbhashya Grivamukh (Cervix)-

- A. **Dosha** – Vata (Apan Vyau)
- B. **Dhatu** – Mansa with Ras Rakta Dhatu
- C. **Updhatu** - Aartav

Pathological Correlation Of Cervical Erosion With Dushta Vrana At Garbhashya Grivamukh

" Gatravivarnana ", explained earlier, is ultimately responsible for the *Dushta Vrana* at *Garbhashaya Grivamukh Gata vrana*. i.e change in the normal color of the part of the body affected. This condition is similar to red eroded area of Cervix, which is further confirmed by PAP Smear. Hence called as the **Prajanan Vrana**^{xvii} or specifically coined as *Garbhashaya Griva Mukhagata Vrana (GGM)*. Further the specific type of *Vrana* is considered w.r.t the signs and symptoms^{xviii}.

Description Of Nidan Panchak In Prospect Of Dushta Vrana At Garbhashya Grivaamukh Gat Vrana

HETU is also called "Nidan" are directly responsible for vitiated dosha.

A. Samanaya Hetu

1. **Samanaya Doshaj Hetu** of *Dushtavrana* at *Garbhashaya Griva Mukhagata vrana* are-

TABLE 1.

Hetu	Vata Prakopak Hetu	Pitta Prakopak Hetu	Kaph Prakopak Hetu
Aahar	Guna – Laghu, Ruksha, Sheeta, Shushka Ras – Katu, Tikta, Kashaya	Guna – Ushna, Tikshna Ras – Amla, Lavan, Katu	Guna – Guru, Snigdha, Sheeta, Abhishyandi Ras – Madhur, Amla, Lavan
Vihar	Ratrijagran, Vegadharan, Atimaithhun	Divaswapan, Apyayam, Vishram	Diwaswapan, Aasyasukh Apyaya

2. Samanaya Vrana hetu –

- a. **Nija** - Tridosh Prakopak Hetu
- b. **Aagantuj vrana** – caused by agni, kshar, visha Tikshna aushadhi, patan, hinsak jeev, pakshi etc.

3. Samanaya Nidan of yoni vyapad

4. **Samanya Nidan of vitiated dosha:** tridosh prakopak nidan described above.

B. Vishishhtha hetu of Dushtavrana at Garbhashaya Griva Mukha

Hetu of *Vrana* and *Yonivyapad* from *Pitta*, *Kapha* and *Rakta Prakopa* can be included in *Vishishhtha Hetu*.

1. **Samanaya Lakshana** –*Srav* (discharge), *Shula* (pain), *Dah* (burning), *Kandu* (itching)

2. **Adhishthhan Gat Lakshana**^{xx}–

a. Twak Adhishthhan Gata - *Salilaprakasho* (watery), *Peet Avbhasta* (yellowish)

b. Maans Adhishthhan Gata - *Sarpi Prakashbutter* (golden yellowish), *Sandra* (condensed), *sweta*(whitish), *Pichchhila* (*Quality of sliminess*)

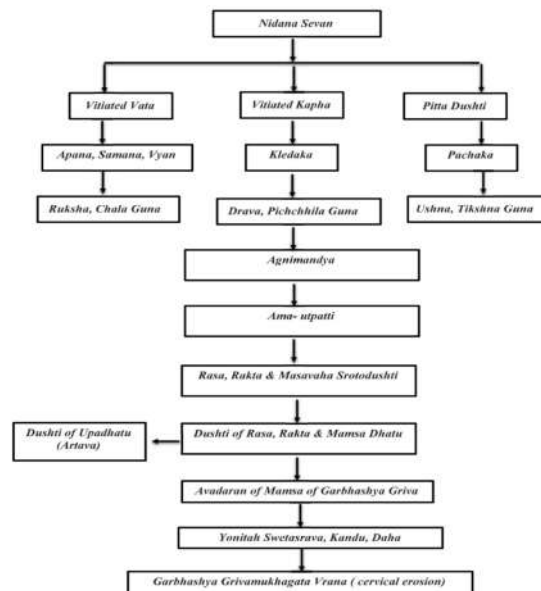
3. **Vishishthha Lakshan**^{xxi} according to dominance of dosha in ggm.

TABLE NO. 4

<i>Adhishthhan</i>	<i>P Vrana</i>	<i>K Vrana</i>
<i>Twak</i>	<i>Gomeda</i>	<i>Navneet</i>
<i>Maans</i>	<i>Gaomutra</i>	<i>Kasis</i>

Samprapati^{xxii}

A complete understanding of any disease is achieved only when its *Samprapti* (pathogenesis) is explained. *Samprapti* refers to the sequential process by which the vitiated *Doshas* spread within the body, localize in specific sites, and manifest as clinical features. In the case of *Garbhashaya Grivamukhagata Vrana* (cervical erosion), indulgence in causative factors (*Nidana Sevana*) leads to the disturbance of *Tridoṣa*, with predominant involvement of *Apana Vata*, *Samana Vata*, *Vyana Vata*, *Kledaka Kapha*, and *Pachaka Pitta*. The imbalance of *Vata* and *Kapha* contributes to *Agnimandhya* (impaired digestion/metabolism), while vitiated *Pitta* produces *Rasa*, *Rakta*, and *Mamsa Dusti*. This pathological sequence disrupts the normalcy of the cervical region (*Garbhashaya Grivamukha*). The *Ruksha* and *Chala Guna* of *Vata* result in degeneration (*Patana*) of *Mamsa*. The *Usna* and *Tikṣṇa Guna* of *Pitta* cause swelling (*Swinṇata*) of *Mamsa*, along with fluidity (*Drava*) and tissue destruction. The *Picchhila Guna* of *Kapha* aggravates excessive secretions (*Kleda*). Collectively, these factors lead to *Avadarana*, *Darana*, and *Vinasa* of *Mamsa* at the cervical site, giving rise to clinical features such as *Yonitah svetasrava* (vaginal discharge), *Kandu* (itching), and *Daha* (burning sensation). Ultimately, this chain of events culminates in *Garbhashaya Grivamukhagata Vrana*, which correlates with cervical erosion in modern gynecology.



TREATMENT

1. Nidan Parivarjan^{xxiii} :- Avoid the causing factor and improve the life style in dietary and psychological.

2. Antarparimarjan :- **Systemic drug therapy** involves **treatment** that affects the body as a whole or that acts specifically on systems that involve the entire body.^{xxiv} some medicines described in classics are -

1. *Triphhala Guggulu* – (mentioned in *Sharangdhar Sanhita Madhya Khand chapter 7/82*)

2. *Panchtikta Ghirta gugulu* -mentioned in *Ashtang Hridya chikitsa sthan chapter 21/58*

3. *Guggulu Panchphala Choorna* - mentioned in *Sahasyog (2nd edition)*

4. *Sapta Vinshati Guggulu Chakradata* - mentioned in *Bhaishajya.Ratnavali chapter 51/28*

5. *Panchtikta Ghrita Gugullu*-mentioned in *Bhaishajya.Ratnavali chapter 54/228- 231*

6. *Patolyadi Kwathh* - mentioned in *Bhaishajya.Ratnavali chapter 47/27*

3. Bahir parimarjan (external applications) are used for physical complaints as well as for psychosomatic or psychiatric illnesses. They work through the skin, the largest sensory organ of the human being, and are mostly associated with vivid sensations of warmth, scent and touch. They thus stimulate the organism to respond with a variety of physiological and psychological reactions. It is in this response of the body that the actual effect of the external application lies.^{xxv} *Vrana Shodhan* and *Vrana Ropan* are main and basic work of these drugs. this includes- **Yoni Dhawan-** *Triphala Kwath, Panchvalkala Kwath, Yoni pichu-* *Jatyadi Taila, or a mixture of powdered herbs (Gairik Churna) blended with Jatyadi oil, Yoni dhoopan-* *Guggulu, Dhatura Patra, Kushta, Agar, Haridra (turmeric), and Shatapushpa (fennel seeds), Varti-* *Ashwagandhadi, Jatyadi, Smuyadi, Taila -Hanspadi Taila, Kumbhikadya Taila, Swajikadhya Taila, Lepa – Aswagandhadi Lepa, Shodhanadi Lepa.*

4. Shashtra parimarjan - Acharya *Sushruta* has mentioned *Agni karma* (thermal cautery), *Kshar karma* (alkali), *Rakta Mokshan* blood (bloodletting) are the main interventions that are used in the management of *Dushta Vrana* at *Garbhashaya Griva Mukha*. *Kshar karma* is categorized the *Pradhantam* of *Shashtra Anushashtra Karma* (superior in surgical and Parasurgical Procedures^{xxvi}).

Sadhyaata Asadhyta :- Acharya *Sushruta* and *Vagbhata* had mentioned this *Dushtsvrana* (*Prajanaan vrana /GGMV*) is *Sukhsadhyta* but also varies on *Avastha* and chronicity of *Vrana*.

TABLE 5. Cervical Erosion & Dushta Vrana At Garbhashaya Griva Mukha.

Aspect	Cervical Ersosion (Modern Gynecology)	Dushta Vrana At Ggm (Ayurveda)
Terminology	Cervical erosion / cervical ectropion	<i>Dushta Vrana / Garbhashaya Grivamukhagata Vrana</i>
Core Definition	Loss of squamous epithelium with exposure of columnar epithelium	Chronic, non-healing ulcer with discharge, pain, discoloration
Etiology	Infections, trauma, hormonal imbalance, STIs, poor hygiene	<i>Tridosha</i> imbalance (<i>Vata, Pitta, Kapha</i>), <i>Rakta & Mamsa Dushti, Agantuja</i> factors
Pathogenesis	Inflammation, epithelial damage, chronic infection	<i>Dosha</i> vitiation leading to tissue destruction (<i>Patana, Darana, Vinasha</i>)

Symptoms	pain, burning, itching, bleeding after intercourse, infertility	Discharge, <i>Yonistrava, Daha, Shula, Kandū, Vivarnata</i>
Diagnosis	Pap smear, colposcopy, biopsy, STI testing	<i>Yoni Vranayekshana Yantra</i> clinical features
Treatment	Cauterization, cryotherapy, antibiotics, topical agents	<i>Nidana parivarjana, Shodhana, Vrana Shodhana, Vrana Ropana, Kshara karma, Agnikarma</i> , herbal formulations
Prognosis	Generally good with treatment but recurrence possible	Sukha Sadhya (easily treatable) in early stages, but variable in chronicity

Discussion

The present synthesis reveals a compelling parallel between cervical erosion in modern gynecology and *Dushta Vrana* described in *Ayurveda*. Both are marked by chronic tissue damage, foul discharge, pain, and delayed healing. This striking similarity supports interpreting *Garbhashaya Griva Mukhagata Vrana* as the traditional equivalent of cervical erosion. While conventional medicine provides effective symptomatic relief through cauterization, cryotherapy, or antibiotics, recurrence and complications remain frequent. *Ayurveda* offers a complementary outlook, emphasizing *Nidana Parivarjana* (removal of causes), *Shodhana* (purification), and *Vrana Ropana* (healing), alongside formulations such as *Triphala Guggulu*, *Patoladi Kwatha*, and *Jatyadi Taila*. Procedures like *Kshara karma* and *Agnikarma* further strengthen the therapeutic arsenal. Importantly, the *Ayurvedic* concept of *Samprapti*—rooted in *Vata*, *Pitta*, and *Kapha* imbalance with *Rakta* and *Mamsa* involvement—mirrors modern explanations of inflammation and degeneration. Such convergence illustrates that ancient and contemporary sciences, though differing in language, converge on shared disease mechanisms. However, current *Ayurvedic* evidence is largely textual or observational, highlighting the urgent need for clinical validation and standardized protocols.

Conclusion

Cervical erosion can be meaningfully understood as *Dushta Vrana*, bridging modern pathology and *Ayurvedic* wisdom. This integrative perspective enriches diagnosis and widens treatment opportunities, combining rapid biomedical interventions with *Ayurveda's* preventive and restorative strategies. Future directions should prioritize clinical trials, pharmacological validation, and interdisciplinary frameworks that harmonize traditional insights with modern standards. By uniting these systems, healthcare can evolve toward more holistic, patient-centered care for women suffering from cervical erosion.

REFERENCES

ⁱ Vagbhata. *Astanga Sangraha Sutra Sthana 34/9 with Sashilekha Sanskrit Commentary by Indu. Sharma S*, editor. 2nd ed. Varanasi: Chaukhamba Sanskrit Series Publication; 2008.

- ii Critical Review on Sthanik Chikitsa in Garbhashaya Grivamukhagata Vrana (Cervical Erosion). *Int J Emerg Technol Innov Res*. 2023 Aug;10(8):d57–d65. Available from: <http://www.jetir.org/papers/JETIR2308307.pdf>
- iii Okey Doctors. Cervical erosion overview [Internet]. Available from: <https://okeydoctors.com>
- iv Okey Doctors. Cervical erosion overview [Internet]. Available from: <https://okeydoctors.com>
- v Apollo Hospitals. Cervical ectropion – causes, symptoms, diagnosis, and treatment. Available from: <https://www.apollohospitals.com/diseases-and-conditions/cervical-ectropion>
- vi Aggarwal P, Ben Amor A. Cervical ectropion. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 May 31. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK560709>
- vii Okey Doctors. Cervical erosion overview [Internet]. Available from: <https://okeydoctors.com>
- viii Encyclopaedia Britannica Editors, Gupta K, Lotha G. Cervical erosion pathology. Encyclopaedia Britannica. Updated 2019 Oct 18. Available from: <https://www.britannica.com/science/cervical-erosion>
- ix Apollo Hospitals. Cervical ectropion – causes, symptoms, diagnosis, and treatment. Available from: <https://www.apollohospitals.com/diseases-and-conditions/cervical-ectropion>
- x Healthline. Cervical erosion: causes, symptoms, diagnosis and treatment. Available from: <https://www.healthline.com>
- xi Mediclover Hospital. Cervical erosion: causes, symptoms, diagnosis and treatment. Available from: <http://www.medicloverhospital.in>
- xii Sushruta. *Sushruta Samhita Chikitsa Sthana*. Shastri KA, editor. Varanasi: Chaukhamba Sanskrit Sansthan; 2014. p.6–4.
- xiii Lochan K, Byadgi PS, editors. *Encyclopaedic Dictionary of Ayurveda*. Delhi: Chaukhamba Publication; 2015. p.246.
- xiv Sushruta. *Sushruta Samhita Sutra Sthana 22/6–7*. Shastri KA, editor. Varanasi: Chaukhamba Sanskrit Sansthan; 2018.
- xv Shastri S, editor. *Madhava Nidana of Sri Madhavakara with Madhukosh Sanskrit Commentary*. Varanasi: Chaukhamba Sanskrit Sansthan; 2005. p.42–7.
- xvi Agnivesha. *Charaka Samhita Chikitsa Sthana 25/83–84*. Pandey KN, Chaturvedi GN, editors. Varanasi: Chaukhamba Bharati Academy; 2017. p.710.
- xvii Sushruta. *Sushruta Samhita Sutra Sthana 23/5*. Shastri KA, editor. Varanasi: Chaukhamba Sanskrit Sansthan; 2018.
- xviii Review article – cervical erosion correlation and interpretation in Ayurveda. Available from: <http://hdl.handle.net/10603/641541>
- xix Review article – cervical erosion correlation and interpretation in Ayurveda. Available from: <http://hdl.handle.net/10603/641541>
- xx Sushruta. *Sushruta Samhita Sutra Sthana 22/8*. Shastri KA, editor. Varanasi: Chaukhamba Sanskrit Sansthan; 2018.
- xxi Sushruta. *Sushruta Samhita Sutra Sthana 22/9*. Shastri KA, editor. Varanasi: Chaukhamba Sanskrit Sansthan; 2018.
- xxii Review article – cervical erosion correlation and interpretation in Ayurveda. Available from: <http://hdl.handle.net/10603/641541>
- xxiii Agnivesha. *Charaka Samhita Vimana Sthana 7/30*. Pandey KN, Chaturvedi GN, editors. Varanasi: Chaukhamba Bharati Academy; 2017. p.734.

^{xxiv} Encyclopaedia Britannica Editors, Gupta K, Lotha G. Cervical erosion pathology. Encyclopaedia Britannica. Updated 2019 Oct 18. Available from: <https://www.britannica.com/science/cervical-erosion>

^{xxv} AnthroMedics. Cervical erosion overview. Available from: <https://www.anthromedics.org>

^{xxvi} Sushruta. *Sushruta Samhita Sutra Sthana 11/3*. Shastri KA, editor. Varanasi: Chaukhamba Sanskrit Sansthan; 2018.