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Clinical Efficacy of Agnikarma in Karnini Yoni Vyapada Associated With Infertility – A Case Report

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Abstract:
Introduction: Infertility is a multifactorial condition in which cervical factors, including chronic inflammation and abnormal tissue changes, play a significant role. Among various treatment modalities, *Agnikarma*, a parasurgical thermal cauterization procedure, is known for its ability to remove unhealthy tissue and alleviate chronic inflammation.
Case Description: A 25-year-old female presented to the OPD of Prasuti Tantra and Stri-Roga at ITRA, Jamnagar, with complaints of per vaginal white discharge and itching in the vulval region, along with a history of primary infertility for one year. Clinical examination revealed significant cervical erosion with unhealthy mucosa, which was identified as a potential barrier to sperm transport. All other clinical and laboratory parameters were within normal limits. The condition was diagnosed as *Karnini Yoni Vyapada*.
Intervention: The patient was initially managed with *Yoni Prakshalana* and during the first sitting to reduce local inflammation and improve the cervical environment. In the second sitting, following serological investigations, *Agnikarma* was performed on the cervix after 15 days under strict aseptic precautions. The procedure aimed to remove unhealthy cervical tissue and promote the regeneration of healthy mucosa. This was further supported by appropriate Ayurvedic management to optimize reproductive health and restore local balance.
Outcome: On per speculum examination after three months of follow-up, complete healing of the cervical erosion was observed, along with restoration of normal cervical mucosa. Subsequently, after two months of *Shamana Aushadhi*, patient experienced a missed menstrual cycle. Pregnancy was confirmed through a urine pregnancy test and further ultrasonography revealed a viable single intrauterine pregnancy.
Conclusion: This case demonstrates that *Agnikarma* is a highly effective, minimally invasive, and cost-efficient parasurgical intervention for managing cervical factors in infertility. It offers a viable alternative to conventional treatments for *Karnini Yoni Vyapada*, leading to successful conception.

Keywords: *Agnikarma*, Cervical erosion, Infertility, *Karnini Yoni Vyapada.*

INTRODUCTION:

Infertility has emerged as a significant reproductive health concern worldwide, affecting nearly 10–15% of couples,[1] Among various causes, cervical factors such as chronic inflammation, erosion, and abnormal

mucus play a significant role by creating a hostile environment for sperm survival and transport.[2] Acharya Sushruta describes it as *Kaphaja* and *Raktaja Yoni Vyapad* and presence of *Kartika* or papilla, with *Paichilya* or unctousness and itching due to vitiated *Kapha*.[3] Cervix is the lower part of the uterus, sometimes called the neck of the uterus". Two main types of cells line the cervix those are Glandular cells (these cells line the endocervical canal, the innermost part of the cervix) and Squamous cells (these cells over the ectocervix, the outermost part of the cervix and vagina). These different cell types meet at the transformation zone, where cells change frequently and lead to erosion.[4] Cervical erosion is a condition where squamous epithelium of the ectocervix is replaced by columnar epithelium, which is continous with endocervix.[5] *Agnikarma* is one of the *Anushastra,* or parasurgical, techniques, according to Acharya Sushruta. According to Sushruta, disorder that cannot be treated by *Bheshaj, Shastra, or Kshara Karma* can be healed with *Agnikarma,* and it is said that diseases that are treated with *Agnikarma* never reoccur.[6]

- तद्दग्धानां रोगाणामपुनर्भवा भेषजशस्त्रक्षारैरसाध्यानां तत्साध्यत्वाच्च ॥ (Su.Sutra 12/3)

Aims and objective:

- To evaluate the efficacy of *Agnikarma* in the management of *Karnini Yoni Vyapada* (cervical erosion).
- To restore cervical integrity and promote natural conception in infertility cases.

MATERIALS & METHOD

A 25 years old women with a complaint of Per vaginal white discharge for one year, Itching in the vulval region for one year and failure to conceive since one year, came to the OPD of Prasuti Tantra Evam Stree Roga, ITRA.

History of Past illness

There was no significant history of illness or prolonged hospitalization.

Past Treatment History

The patient had previously undergone conventional allopathic treatment for Per vaginal white discharge, She experienced mild relief, however, the symptoms recurred**.**

Family History

No any significant family history of Diabetes, Hypertension, Asthma, Heart Disease, Tuberculosis or similar menstrual problems.

Personal History

Diet – Vegetarian
Appetite – Average
Sleep – Adequate, 7 hours during night
Urine – 3 to 4 times / day, no pain or burning sensation
Stool – 1 time / day, hard consistency
Day sleep – 1.5 hours
Exercise – Nil
Addiction – Not significant

Menstrual History

Menstrual history revealed menarche at 14 years of age. Her last menstrual period was on 27/10/2025. She is having menstrual flow lasting for 4–5 days with regular cycles occurring at intervals of 28–30 days. The menstrual flow was moderate in amount, requiring approximately 2-3 pads per day which are fully soaked. There was no associated pain, passage of clots, or foul smell, and the menstrual blood was red in colour.

She has been married for 3 years with an active married life of 1 year. Obstetric history was P0 A0 L0 D0, with no previous pregnancy or abortion. There was no history of contraceptive use. Coital frequency was reported as 2–3 times per week with no associated dyspareunia, burning sensation, or post-coital bleeding.

EXAMINATION

General Examination

Built – Medium, Height – 161 cm, Weight –63 kg, BMI –24.5

Vitals: Pulse – 80/min, regular, Respiration – 18/min, BP – 110/74 mmHg, Temp - Afebrile

Systemic examination

CVS – S1S2 heard, no murmur

Respiratory – B/L lungs clear, no added sound

CNS – Grossly intact

Table 1: Investigation

Investigation	Date	Findings
Haemoglobin	01/10/2025	12.6 gm%
FBS	01/10/2025	98 mg/dl
HIV, VDRL, HBsAg, HCV	01/10/2025	Non-reactive
LFT, RFT, Lipid Profile	01/10/2025	WNL
Serum TSH	01/10/2025	2.16 µIU/mL
Serum Prolactin	02/12/2025	6.5 ng/ml
Urine Routine & Micro	02/12/2025	WNL

USG (6^{th} day of menses - 02/10/2025)

Uterus Anteverted normal.

ET – 3.6 mm

B/L Ovaries – Normal

Husband Semen Analysis (19/06/2025) - WNL

General Examination :

- **Systemic Examination:**
- RS No obvious deformity, AEBE clear
- CVS S1 S2 audible, no murmur
- CNS Well-oriented to person, place, and time
- P/A Soft

Per Speculum Examination:

Cervix-

1. Mucopurulent discharge ++
2. Erosion: A bright-red, granular cervical lesion was observed circumferentially around the external os, involving approximately 30% of the anterior lip and 70% of the posterior lip.
3. Discharge: Mucopurulent discharge present (++), non-foul smelling.
   Vaginal Wall: Mucosa congested (+), no evidence of ulceration, cyst, or growth.

- **Per Vaginal Examination:**

1. Uterus- Anteverted anteflexed (AVAF), normal size, freely mobile and non-tender.
2. Cervix- Firm, no cervical motion tenderness (CMT absent).
3. Fornices- Bilateral fornices free and non-tender.

Table 2: *Rogi Pariksha*

Ashtavidh Pariksha	***Dashvidh Pariksha***
Naadi – Samyaka	*Prakriti – Kapha-Pitta*
Mala – Saama	*Vikriti – Kapha-pitta*
Mutra - Prakrit	*Saara- Mamsa Sara*
Jihwa – Saama	*Samhanana - Susangathita*
Shabda – Prakruta	*Pramana - Sama*
Sparsha - Snigdha	*Satmya - Sarvarasa Satmya*
Dik – Prakruta	*Sattva - Madhyam*
Aakriti – Madhyama	*Aharashakti - Madhyam*
	Vyayamashakti - Madhyam
	Vaya – Madhyamawastha

Samprapti Ghataka

Dosha – Kapha - Pitta
Dushya – Rasa, Rakta, Mamsa
Srotasa – Rasavaha, Raktavaha, Mamsavaha
Srotodushti Prakara – Sanga
Agni - Mandagni
Sadhya/asadhyata – Kashtasadhya

Diagnosis:

The patient was diagnosed with *Karnini Yoni Vyapada* (cervical erosion) based on the presence of per vaginal white discharge, vulval itching, and cervical erosion on per-speculum examination. The cervix showed a bright-red, granular erosive lesion with mucopurulent discharge. Other investigations, including hormonal profile, routine blood investigations, USG and husband's semen analysis, were within normal limits.

From an Ayurvedic perspective, the condition was correlated with *Karnini Yoni Vyapada*, involving predominantly *Kapha-Pitta Dosha*, with involvement of *Rasa, Rakta* and *Mamsa Dhatu* and *Sanga* type of *Strotodushti.*

Thus, the final diagnosis was made as *Karnini Yoni Vyapada* (cervical erosion) associated with infertility.

Table 3: Treatment Plan

Yoniprakshalana with *Triphala Kwatha*	For 14 days (1st Sitting)
Agnikarma with *Tamra Shalaka*	on day 15 (2nd Sitting)
Yonipichu with *Jatyadi Taila*	For 7 days

Agnikarma procedure divided into 3 parts:

Purva Karma

Pradhana Karma
Pashchata Karma

1. *Purva Karma:*

Prerequisites: Written informed Consent to be taken, Linen: Sterile gloves, draping sheet, Cut sheet, Sterile gauze pieces, Sterile *Picchu.*

Instruments- *Agnikarma Shalaka* (*Tamra Shalaka*), sponge holder, Cusco's speculum, uterine sound, vulsellum, spirit lamp.

2. *Pradhana Karma:*

The approximation of Cusco's was done properly for proper visualization of cervix. Then *Agnikarma* by red heated *Tamra Shalaka* was perform in clockwise direction in *Binduvat Agnikarma* manner on ectocervical eroded region. *Agnikarma* will be considered complete after the appearance of sign of *Samyaka Dagdha* that is *Kapota Varnata* and bluish brown color marked.

3. *Pashchata Karma:*

After completion of *Agnikarma* uterine sounding will be done than *Jatyadi Tail Pichu* will be insert high in vaginal canal till *Amutra kaal*. Patient will be advised for *Jatyadi Tail Pichu* high in vaginal canal at bedtime till *Amutra kaal* continue for 7 days.

Post procedure precautions:

1. Marital relationship should be avoided during treatment period.
2. Patient will make aware about the fact that there will excess mucinous discharge p/v after *Agnikarma* till 15 days due to shed of the necrosed epithelium.

Shamana Chikitsa – for the duration of 2 months

1. *Chandraprabha Vati*- 2 Tab. BD A/F
2. *Rasayana Choorna*- 3 gm

Chopachini Choorna- 1 gm
Lodhra Choorna- 1 gm BD A/F, With *Pathya Aahara & Vihara*

Table 4: Preconception plan

Preconception- After Complete healing of Cervical erosion

No	Medicine	Dose	*Anupana*	Duration
1	*Ashwagandha Choorna*- 1gm *Bala Choorna*- 1gm *Bramhi* Choorna- 1gm *Guduchi Choorna* – 1 gm	4 gm* 2 time daily* Before food	*Godugdha*	1 Month

Table 5: RESULT

Days	Findings
0^{th} day	White discharge, Itching, Cervical erosion.
7^{th} day	Itching – Nil White discharge reduced to 60% Cervical erosion as it is

14th day	Itching – Nil White discharge reduced to 85% Cervical erosion color changed from dark red to light red.
22nd day	Itching- Nil, White discharge reduced to 100%, Cervical erosion got healed 85%

Follow up - After 2 months**,** P/S: Cervix healthy
Complete healing of cervical erosion with resolution of white discharge and itching.

Figure 1: Before Treatment
Cervical erosion with discharge

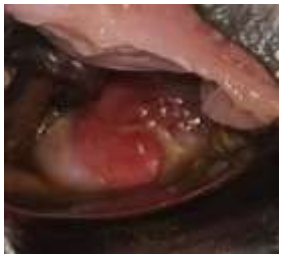


Figure 2: After Treatment
Healthy Cervix



Fertility Outcome & Confirmation
The patient subsequently conceived during the follow-up period after completion of the treatment protocol and preconception care.
USG (24/02/2026): Confirmed viable single intrauterine pregnancy.

DISCUSSION
Karnini Yonivyapada is characterized by the abnormal proliferation of cervical epithelium (comparable to cervical erosion), involving *Kapha* and *Rakta* vitiation. This leads to the formation of a *Karnika* (papilla), altered vaginal pH, and excessive discharge *(Paichilya).*
Triphala Kwatha was effective in *Vrana* by its *Shodhana, Ropana, Stravahara, Vedana Shamaka,* and *Rasayana* properties. It is *Tridosha Shamaka* as well as *Kaphapittahara* based on *Kashaya Rasa Pradhanya* and it exhibits *Sangrahi, Ropana, Sharira Kleda Shoshaka* (Absorbs the fluid) and *Lekhana* (Scrapes out unwanted tissues) which are most essential in healing the *Vrana (Karnini Yonivyapada).*[7]
According to Acharya Sushruta, all *Vrana* occurring in *Prajanan Indriya* are considered *Sukharopanīya* (easily healing).[8] *Agnikarma* with *Tamra Shalaka*, due to its *Shodhana* (purificatory) and *Lekhana* (scraping) properties, helps in removing the abnormal columnar epithelium over the eroded area. The *Ropana* property of *Tamra* promotes healthy regeneration of squamous epithelial cells.[9] Additionally, From a modern perspective, the thermal effect may increase local tissue temperature and blood flow, thereby improving tissue perfusion and oxygenation and supporting tissue repair and regeneration. [10]

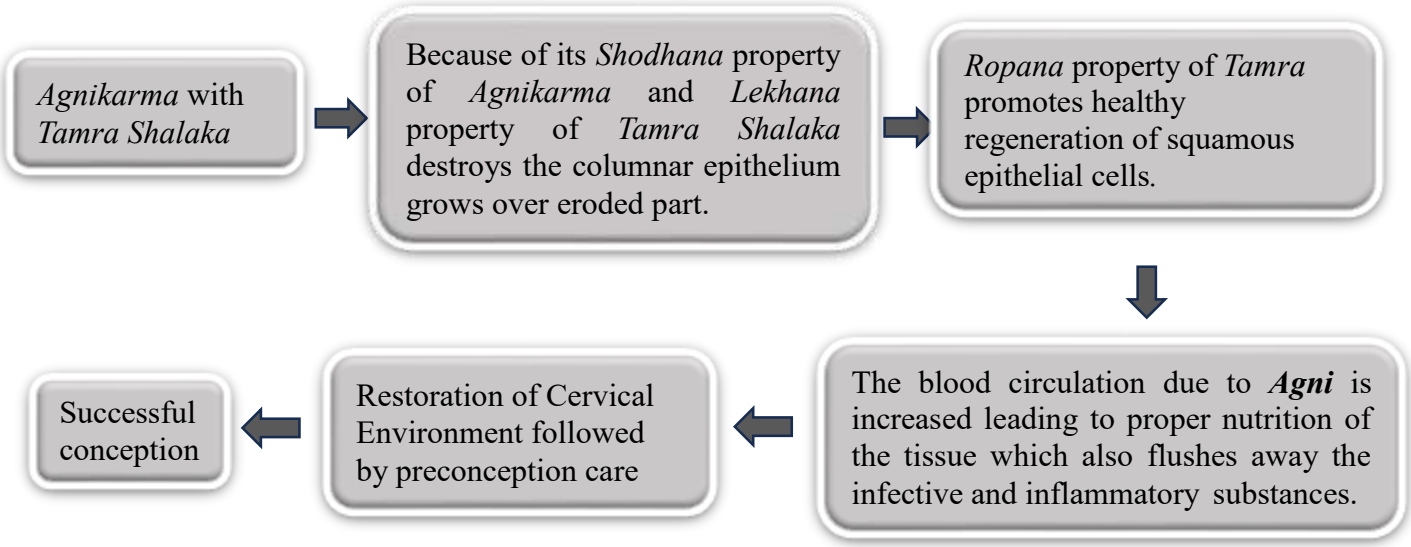


Figure 3 – Mode of Action

Yoni Pichu with *Jatyadi Taila* Promotes lubrication and softens the vaginal musculature. By maintaining the vaginal flora and reducing friction, it supports the sustained healing of the cervical mucosa [11] and improves patient comfort.

Chandraprabha Vati is *Sarvarogapranashini, Rasayana, Balya, Tridosha Shamaka* and *Yogavahi* disease pacifying nature, it is indicated in urinary tract disorders. It is having effect against bacterial and fungal infections, help to control abnormal discharges from the vagina, cervix, and help in *Vrana Shodhna* and *Ropana.* It improves the immunity and general health of body. The rejuvanatory formulation *Chandraprabha Vati* looks after the care of Urogenital system.[12]

The combined administration of *Rasayana, Chopachini, and Lodhra Choorna* exerts a therapeutic effect in addressing the root of cervical erosion through *Shothahara* (anti-inflammatory) and *Stambhana* (haemostatic/secretion-controlling) actions. It effectively balances *Kapha* while promoting the restoration of healthy cervical epithelium.

The combination *of Bala Choorna, Ashwagandha Choorna, Brahmi Choorna and Guduchi Choorna* improves fertility, uterine receptivity and ensures a conductive environment for conception.

CONCLUSION

This case study demonstrates that a comprehensive Ayurvedic management protocol, including *Yoniprakshalana* with *Triphala Kwatha, Agnikarma* with *Tamra Shalaka, Yoni Pichu* with *Jatyadi Taila*, followed by *Shamana Chikitsa* and preconception care, was effective in the management of *Karnini Yoni Vyapada* associated with infertility. The treatment resulted in progressive reduction of white discharge and itching, complete healing of cervical erosion, and restoration of healthy cervical mucosa. Following the treatment and preconception care, successful conception was achieved with ultrasonography confirming a viable single intrauterine pregnancy. Thus, this case highlights the potential role of *Agnikarma* as a minimally invasive Ayurvedic parasurgical approach for cervical factors contributing to infertility and suggests a promising new line of management for achieving natural conception. However, further clinical studies with larger sample sizes are required to establish its efficacy and safety.

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