

A Randomised open-labelled comparative clinical study to evaluate the efficacy of *Jatyadi Taila* with *Durvadyam Taila Yoni Pichu* in the management of cervical erosion

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Abstract

Background: Cervical erosion refers to the replacement of the stratified squamous epithelium of the ectocervix by columnar epithelium, resulting in a reddish area around the external os. It is a common finding among women of reproductive age, with an incidence ranging between 17% to 50%. The condition, though benign, may become a potential predisposing factor for infertility and cervical malignancy if neglected. *Jatyadi Taila* is a classical *Ayurvedic* formulation widely mentioned in authoritative texts such as *Sharangadhara Samhita*. It is renowned for its *Vrana Ropana*, *Shothahara*, *Dahashamaka*, and *Krimighna* actions. *Durvadyam Taila* Promotes formation of healthy granulation tissue and accelerates epithelial repair. Reduces local congestion and swelling by pacifying *Pitta* and *Rakta Dushti*.

Aim: To clinically evaluate and compare the efficacy of *Jatyadi Taila Yonipichu* with *Durvadyam Taila Yonipichu* in Cervical erosion.

Materials and methods: The Present study was a Randomized Open Labelled Comparative Clinical Study where 30 patients diagnosed with Cervical Erosion was taken from the OP and IP of Prasuti Tantra and Stree Roga Department of Sri College of Ayurvedic Science and Research Hospital, Bengaluru.

Result: Within the Group: There was a no statistically significant difference seen with in the groups in Subjective parameters and Objective parameters.

Between the Groups: Statistical No significant difference was seen between the groups.

Interpretation & conclusion: Significant improvement in clinical symptoms was observed in both groups, suggesting the effectiveness of *Jatyadi Taila* and *Durvadyam Taila* in alleviating the severity and preventing the recurrence of cervical erosion.

Keywords: Cervical Erosion; *Jatyadi Taila*; *Durvadyam Taila*; *Yoni Pichu*

1. Introduction

Women constitute an essential segment of the human resource in a developing nation like India, contributing significantly to the social, economic, and cultural growth of the country. Hence, maintaining good reproductive and gynecological health is vital for ensuring the overall well-being and productivity of women. Any gynecological disorder that causes physical discomfort or psychological distress should be given timely medical attention, as it directly impacts a woman's quality of life. Though some conditions are not life-threatening, they may cause persistent irritation,

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discomfort, and disruption in daily activities. Among these, Cervical Erosion is one of the most frequently encountered benign conditions in gynecological practice. Cervical erosion refers to the replacement of the stratified squamous epithelium of the ectocervix by columnar epithelium, resulting in a reddish area around the external os.¹ It is a common finding among women of reproductive age, with an incidence ranging between 17% to 50%.² The condition, though benign, may become a potential predisposing factor for infertility and cervical malignancy if neglected.³ It is more frequently observed among women with poor genital hygiene, early marriages, multiple childbirths, and those belonging to lower socioeconomic and educational status.⁴ Hence, addressing cervical erosion and related precancerous lesions at an early stage can substantially reduce the incidence of cervical cancer and improve women's reproductive health outcomes.⁵ From an *Ayurvedic* perspective, all diseases are believed to originate from an imbalance of the *Tridoshas-Vata, Pitta, and Kapha*. The Acharyas have elaborated on twenty *Yonivyapads*. Although cervical erosion is not directly mentioned in the *Ayurvedic* classics, its clinical features resemble those of *Vrana* localized at the *Garbhashaya Mukha*. Acharya Sushruta describes the features of *Vrana* in terms of *Vedana, Srava, Akriti, Gandha, and Vaivarnya*-all of which closely correlate with the symptoms of cervical erosion. Therefore, the *Chikitsa Siddhanta* explained in *Ayurveda* can be effectively applied for the management of cervical erosion. *Jatyadi Taila* is a classical *Ayurvedic* formulation widely mentioned in authoritative texts such as *Sharangadhara Samhita*.⁷ It is renowned for its *Vrana Ropana, Shothahara, Dahashamaka, and Krimighna* actions. *Durvadyam Taila*, indicated in *Vrana, Yoni Roga* is especially beneficial due to its *Vrana Shodhana, Ropana* and *Rakta-Stambhana Karma*. Since the pathological features of cervical erosion such as *Srava, Vedana, and Vaivarnya* are comparable to those of *Dushta Vrana, Jatyadi Taila* and *Durvadyam Taila* is selected to evaluate its therapeutic efficacy in cervical erosion through *Yoni Pichu* application.

1.1. Aim

To clinically evaluate and compare the efficacy of *Jatyadi Taila Yonipichu* with *Durvadyam Taila Yonipichu* in Cervical erosion.

1.2. Primary objectives

- To clinically evaluate the efficacy of *Jatyadi Taila Yonipichu* with *Durvadyam Taila Yonipichu* in management of Cervical erosion on the basis of disease related subjective and objective parameters in the clinical setting of the institution.
- To compare the efficacy of *Jatyadi Taila Yonipichu* with *Durvadyam Taila Yonipichu* in the management of Cervical erosion.

1.3. Secondary objectives

- Literary review of *Vrana* and Cervical erosion.
- To study the detailed review of drugs, present in *Jatyadi Taila* and *Durvadyam Taila*.

2. Materials and Methods

30 subjects fulfilling the Inclusion Criteria for Cervical Erosion were selected from the OPD and IPD of Sri Sri College of Ayurvedic Science and Research Hospital, Bengaluru, Karnataka, India and with the help of simple randomization technique (Lottery method) divided into two equal groups: Group A (Trial Group) 15 subjects received *Jatyadi Taila Yoni Pichu*, and Group B (Control Group) 15 subjects received *Durvadyam Taila Yoni Pichu*. The raw drug was procured from authentic source properly identified by the Department of Dravya Guna and preparation of *Jatyadi Taila* and *Durvadyam Taila* was done in the department of Rasa Shastra and Bhaishajya Kalpana of Sri Sri College of Ayurvedic Science and Research Hospital, Bengaluru. An Informed and Written Consent along with specially designed detailed Case proforma for the study was prepared. An Ethical clearance for conduction of the clinical trial involving human subjects was taken from the Institutional Ethics Committee (IEC) before the commencement of study (Protocol No: SSIEC/266/2023), dated 16/10/2023, and the trial was registered prospectively with CTRI (Registration No: CTRI/2024/07/089193).

2.1. Inclusion criteria

- Subjects with age group of 21-45 years.
- Subjects who are married.
- Subjects who are with classical symptoms of cervical erosion.
- Subjects having contact bleeding.

- Subjects with Hb more than 10g/dl.
- Subjects willing to sign the consent form.

2.2. Exclusion criteria

- Subjects who are Pregnant.
- Subject having cervical polyps.
- Subject with known case of pre malignant lesion, Carcinoma of cervix.
- Subject with known case STD and HIV.
- Subjects with known case of severe systemic illness.
- Subjects with known case of diabetes mellitus.
- Subjects with known case of congenital malformations of cervix.

Subject who are undergoing hormonal treatment and with intrauterine contraceptive device.

2.3. Diagnostic criteria

- Patient were diagnosed as per diagnosis criteria of Cervical erosion.
- Detection of Cervical erosion by per speculum examination
- Associated with any of following- vaginal discharge, vulval itching, Low back pain, Lower abdominal pain

2.4. Investigations planned

- Hb
- RBS
- Urine-routine and microscopy
- HBsAg
- HIV
- VDRL
- PAP smear

Table 1 The study design of the study.

	Group A	Group B
Medication	<i>Jatyadi taila</i>	<i>Durvadyam taila.</i>
Procedure	<i>Yonipichu.</i>	<i>Yonipichu.</i>
Duration of Insertion of <i>Pichu</i>	5-6 hrs. (Until the urge for micturition)	5-6 hrs. (Until the urge for micturition)
Treatment Period	7 days (After the cessation of menstrual bleeding)	7 days (After the cessation of menstrual bleeding)
Duration of study period	15 days.	15 days.
Route of Administration	Vaginal.	Vaginal.

2.5. Assessment criteria

- Assessment will be done using the following parameters:

2.5.1. Subjective parameters:

- *Srava* (Vaginal discharge).
- *Gandha* (odour of discharge)
- *Kandu* (Itching of vagina)
- *Kati Vedana* (Back ache)
- *Udara Shoola* (lower abdominal pain).
- Contact bleeding

Objective Parameters

- *Srava* (Vaginal discharge)
- *Akruti* (Appearance) Size: According to percentage scale system cervix is divided into four quadrants considering each as 25% (UR,UL,LR,LL)
- *Gandha* (odour of discharge)
- *Varna* (colour of area)

Table 2 Assessment of discharge.

Grading	Odour of discharge
0	No offensive odour
1	Mild (foul smell of observed during micturition)
2	Moderate (Foul smell smelt whole day by the patient)
3	Severe (foul smell smelt by others)
Grading	Vaginal Discharge
0	No abnormal discharge
1	Mild discharge (vaginal moistness)
2	Moderate discharge (slight staining of under garments)
3	Severe quantity (needs pad)

Table 3 Assessment of vaginal itching and backache.

Grading	Vaginal Itching
0	No itching
1	Mild itching (Felling of irritability)
2	Moderate (Disturb daily routine activity, increase after specific time during micturition)
3	Severe (Affects routine activity)
Grading	Backache
0	No pain
1	Mild pain (Discomfort after work, Relieves with rest)
2	Moderate pain (pain continuous in nature disturb routine work, relieves with rest)
3	Severe pain (pain continuous, disturbs routine work and sleep, does not relive with rest)

Table 4 Assessment of Lower abdominal pain.

Grading	Lower abdominal pain
0	No pain
1	Mild Pain
2	Moderate Pain
3	Lower abdominal pain

2.6. Contact bleeding

Absent-0 Present-1

Table 5 Assessment of amount of color of area.

Grading	Color of area
0	Normal tissue
1	Pinkish
2	Red
3	Deep red

2.7. Objective parameters

Table 6 Assessment of amount of discharge and area covered.

Grading	Amount of discharge
0	Absent
1	Scanty (Vulval Moistness)
2	Moderate (hair get matted/Discharge on vulva)
3	Severe
Grading	Area covered
0	0-25%
1	26-50%
2	51-75%
3	76-100%

Table 7 Assessment of odour of discharge.

Grading	Odour of discharge
0	No offensive odour of discharge
1	Mild (foul smell felt only while performing p/s)
2	Moderate (foul smell from a short distance)
3	Severe (observer unable to stand near patient)

2.8. Follow up

- Pre assessment – 0th day
- 1st assessment – On 8th day
- Follow up without treatment – On 15th day.

2.9. Physiochemical study

Table 8 Physiochemical study.

Drug	<i>JATYADI TAILA</i>	<i>DURVADYAM TAILA</i>
Specific Gravity	0.93 g/cm ³	0.92 g/cm ³
PH	5.8	5.9

2.10. Observation

A total number of 30 patients fulfilling the inclusion criteria were registered for the study

- Total number of patients screened – 34
- Number of patients registered for the study – 30.
- Number of Patient completed the study – 30.

2.11. Overall assessment

Table 9 Showing Overall assessment between the group

Parameters	Mann Whitney p-value (BT, AT, FU)	Inference
Vaginal Discharge	0.806 (BT-AT), 0.367 (AT-FU), 0.217 (BT-FU)	Showed statistically non- significant difference with Mann-Whitney U test.
Vaginal Itching	0.744 (BT-AT), 0.775 (AT-FU), 0.775 (BT-FU)	Showed statistically non-significant difference in before, after and during follow-up.
Odour of Discharge	0.935 (BT- AT), 0.775 (AT-FU),1.000 (BT-FU)	Showed statistically non-significant difference in before, After and follow-up.
Backache	0.202 (BT), 0.775 (AT), 1.000 (FU)	Not significant at any time point, showing comparable back pain relief across groups
Contact Bleeding	0.775 (BT), 1.000 (AT), 1.000 (FU)	Not significant at all points, indicating same outcomes for Contact Bleeding
Lower Abdominal Pain	0.126 (BT), 1.000 (AT), 1.000 (FU)	Not significant at all points, indicating same outcomes for Lower Abdominal Pain
AMOUNT OF DISCHARGE	0.775 (BT), 0.126 (AT), 0.126 (FU)	Not significant at any time point, showing comparable back pain relief across groups
COLOUR OF AREA	0.116 (BT), 0.775 (AT), 0.775(FU)	Not significant at all points, indicating same outcomes for Contact Bleeding
ODOUR OF DISCHARGE	0.902 (BT), 1.000 (AT), 1.000 (FU)	Not significant at all points, indicating same outcomes for Contact Bleeding
AREA COVERED	0.595 (BT), 0.775 (AT), 0.775 (FU)	Not significant at all points, indicating same outcomes for Area Covered

Table 10 Showing Overall Assessment in percentage.

Parameter	Group A	Group B
	PERCENTAGE	PERCENTAGE
Vaginal Discharge	88.8 %	88.8 %
Vaginal Itching	100 %	88.8 %
Contact bleeding	100 %	100 %
Odour of discharge	88.8 %	90 %
Backache	85.7 %	91.6 %
Lower abdominal pain	84 %	65 %
Amount of discharge	84 %	65 %

Color of area	82.6 %	70.5 %
Odour of discharge	100 %	100 %
Area covered	86.6 %	76.9 %
Total:	90.05%	83.66 %

2.12. Special observation

- In 1 subject vaginal wound totally healed.
- 5 subjects with history of Dyspareunia, noted significant reduction.
- Also helped reduction of vaginitis in 2 subjects.

3. Discussion

Cervical erosion, also referred to as cervical ectropion, is a physiological or pathological condition in which the columnar epithelium of the endocervical canal becomes exposed on the ectocervix.

Normally, after menarche, the columnar epithelium gradually undergoes squamous metaplasia, forming the transformation zone, the site where most cervical pathologies, including squamous cell carcinoma, may arise. Therefore, cervical erosion represents an interplay between squamous and columnar epithelia.

Clinically, it manifests as vaginal discharge, itching, backache, contact bleeding, and pelvic discomfort. While there is no direct reference to cervical erosion in classical *Ayurveda*, its features correlate well with *Vrana Lakshanas: Srava* (discharge), *Gandha* (odour), *Akriti* (structural changes), and *Vedana* (pain).

Cervical erosion can be congenital or acquired. Congenital cases arise from developmental exposure of columnar epithelium. Acquired forms may occur due to physiological changes (puberty, pregnancy, puerperium), hormonal influences (oral contraceptives), or inflammation/infection. The delicate columnar epithelium is particularly vulnerable to trauma, infection, and irritation, which exacerbate erosion.

Lifestyle factors, such as stress, sedentary habits, irregular diet, and neglect of reproductive health, further contribute to the prevalence of cervical erosion. Women, especially housewives or those with professional commitments, may overlook mild symptoms, allowing the condition to persist or worsen.

Though cervical erosion is rarely life-threatening, it may affect fertility, sexual comfort, and psychological well-being, highlighting its significance in quality of life. From an *Ayurvedic* perspective, vitiation of *Pitta* and *Kapha*, along with *Kleda* accumulation, leads to *Garbhashayagrivagata Vrana*, emphasizing the importance of local care, hygiene, and holistic treatment to restore normal cervical function.

In conclusion, cervical erosion is a common but manageable condition, and its timely recognition and appropriate management through *Ayurvedic* interventions like *Yoni Pichu* can prevent complications, improve reproductive health, and enhance overall well-being.

3.1. Discussion on drug review

3.1.1. *Jatyadi Taila* in Cervical Erosion

- *Dosha*-Pacifying Action
 - Cervical erosion primarily involves *Pitta* and *Kapha* vitiation:
 - *Pitta* vitiation manifests as burning sensation, redness, and inflammation.
 - *Kapha* vitiation leads to excessive discharge (*Kleda*), swelling, and stagnation.
 - *Jatyadi Taila* contains cooling (*Sheeta*) and *Tikta-Kashaya* herbs, which pacify both *Pitta* and *Kapha*, reducing local inflammation, congestion, and discharge.
- *Vrana Ropana (Wound-Healing Effect)*
 - Key herbs like Jati (*Jasminum officinale*), Haridra (*Curcuma longa*), and Lodhra (*Symplocos racemosa*) enhance fibroblast proliferation, collagen synthesis, and epithelial regeneration.
 - The Snigdha (unctuous) nature of oil maintains a moist environment, which accelerates re-epithelialization and prevents desiccation of eroded cervical tissue.

- This localized healing corrects structural changes of the cervix and prevents progression to chronic lesions.
- *Shothahara (Anti-Inflammatory Action)*
 - Haridra, Neem, Lodhra possess anti-inflammatory, antioxidant, and cytoprotective properties.
 - Reduces edema, redness, and tenderness of the cervix, mitigating irritation caused by trauma or infection.
 - Ayurvedic principle: Pacifies aggravated Pitta, reduces local heat (Ushna), and prevents further tissue damage.
- *Krimighna (Antimicrobial Action)*
 - Cervical erosion exposes delicate columnar epithelium, making it prone to bacterial, fungal, or viral infection.
 - Jatyadi Taila contains Krimighna (antimicrobial) herbs, which control superimposed infections.
 - Maintains normal vaginal flora and pH, preventing pathogen overgrowth and recurrent infections.
- *Kledahara (Moisture Regulation)*
 - Excess Kleda (discharge) is common in cervical erosion.
 - Taila absorbs and balances Kleda, reducing foul-smelling discharge while keeping the tissue moist but non-congested, providing an optimal environment for healing.
- *Vata-Pacifying and Analgesic Effects*
 - Chronic inflammation and tissue trauma aggravate Vata Dosha, causing pain, burning, and dyspareunia.
 - Snigdha, Guru, and Sukshma properties of Jatyadi Taila pacify Vata, reducing discomfort and improving local circulation.
 - Restores tonicity and elasticity of cervical tissue.
- *Immunomodulatory and Regenerative Action*
 - Ingredients like Haridra and Neem possess immunomodulatory properties, enhancing local immune defence in the cervical mucosa.
 - This reduces susceptibility to chronic infection and supports natural tissue repair mechanisms.
- *Anti-Fibrotic and Tissue Remodelling Action*
 - Chronic erosion can lead to fibrosis or cervical hypertrophy.
 - Jatyadi Taila promotes softening of fibrotic tissue and stimulates organized collagen deposition, ensuring proper tissue regeneration without scarring.
- *Modern Biomedical Correlation*
 - Anti-inflammatory → reduces cytokines and local edema
 - Antimicrobial → controls bacterial/fungal overgrowth
 - Wound-healing → enhances fibroblast proliferation and epithelialization
 - Moistening effect → maintains tissue hydration for repair
 - Local delivery via Yoni Pichu → improves bioavailability, prolongs contact time
- *Durvadyam Taila in Cervical Erosion*
 - Stambhana property of Durva arrests minor bleeding and oozing commonly seen in cervical erosion where the Sheeta Virya provides a cooling effect and relieves burning, irritation, and local discomfort.
 - Kampillaka because of its Krimighna property reduces the microbial growth and prevents infections. Vrana Shodhana action helps in cleansing the eroded cervical surface by removing unhealthy secretions and slough.
 - The Ushna Virya balances excessive Kapha, thereby reducing mucoid discharge and its kandughna property relieves local itching and irritation, giving comfort to the patient.
 - Daruharidra has Potent antimicrobial and anti-inflammatory action reduces infection and controls purulent or foul-smelling discharge, clears slough and unhealthy tissue, ensuring a clean wound bed for healing.
 - Promotes formation of healthy granulation tissue and accelerates epithelial repair. Reduces local congestion and swelling by pacifying Pitta and Rakta Dushti.
 - Tila Taila acts as a Yogavahi, allowing the active principles of Durva, Kampillaka and Daruharidra to penetrate deep into the cervical tissue.
 - Its Snigdha Guna soothes the inflamed mucosa and provides a protective oily coating that reduces irritation and dryness, Balya and Ropana properties nourish the local tissue and support epithelial regeneration.

3.2. Discussion on *yoni pichu* in cervical erosion

Yoni Pichu is a unique local therapeutic procedure mentioned in *Ayurveda* under *Yoni Vyapad Chikitsa*. It involves placing a sterile cotton pad or tampon soaked in medicated oil (*Taila*) inside the vagina for a specific period. This therapy ensures direct contact of the medicine with the affected cervical and vaginal mucosa, allowing sustained action, localized absorption, and enhanced healing.

In the present context, cervical erosion can be correlated with *Vrana Roga* of the cervix, characterized by discharge (*Srava*), inflammation, and local tissue damage. The application of *Yoni Pichu* provides a direct line of management addressing both *Dosha* vitiation and *Dhatu Dushti* locally.

3.2.1. Pharmacological and Therapeutic Discussion

The medicated oil used for *Yoni Pichu* (such as *Jatyadi Taila* or *Durvadyam Taila*) possesses *Vrana Ropaka* (wound-healing), *Shothahara* (anti-inflammatory), *Kledahara* (moisture-absorbing), and *Krimighna* (antimicrobial) properties.

Continuous local contact of medicated oil maintains a moist, sterile environment, promoting epithelial regeneration and healing of the eroded cervical mucosa.

The *Snigdha* (unctuous) and *Mridu* (softening) properties of *Taila* reduce itching, burning, and discharge.

The *Sukshma* (penetrating) and *Vyavayi* (quick-spreading) nature of oil facilitates deeper tissue absorption, ensuring local as well as partial systemic benefits.

3.2.2. Ayurvedic Pathophysiological Correlation

Cervical erosion is primarily due to vitiation of *Pitta* and *Kapha Doshas*, leading to *Kleda* (excess moisture), *Daha* (burning sensation), and *Vrana* formation.

Yoni Pichu acts by pacifying *Pitta*, absorbing *Kleda*, and promoting *Shodhana* and *Ropana* (cleansing and healing) of the lesion.

The therapy also helps in restoring the normal *Rasa* and *Rakta Dhatu* function in the local tissues, aiding natural regeneration.

Additionally, the *Snigdha Guna* of *Taila* balances *Vata Dosha*, which becomes aggravated due to chronic inflammation and local dryness, thus reducing pain, itching, and irritation.

Mechanism of Action (Mode of Action)

- Local Absorption:
 - The vaginal mucosa is highly vascular and permeable; hence, medicated oil penetrates effectively, delivering its therapeutic constituents directly to the lesion.
- Healing Action:

The wound-healing and antimicrobial properties help in tissue repair, re-epithelialization, and infection control.

- pH Regulation:

The oil film helps restore and maintain normal vaginal pH, inhibiting growth of pathogenic microorganisms.

- Anti-inflammatory and Soothing Effect:

Reduction in inflammation and irritation helps relieve symptoms like white discharge, itching, and burning.

- Strengthening of Cervical Tissue:

Regular use of *Pichu* improves local tissue tone and elasticity, preventing recurrence of erosion.

Comparative and Supportive Discussion

Compared to oral or systemic medication, *Yoni Pichu* ensures direct local drug delivery at the site of pathology, minimizing systemic side effects and enhancing bioavailability.

From a modern standpoint, this procedure resembles local vaginal drug delivery systems that offer controlled release and prolonged tissue contact. Thus, *Yoni Pichu* can be viewed as an *Ayurvedic* counterpart of modern topical therapies, validated through both traditional principles and contemporary pharmacological reasoning.

Yoni Pichu proves to be a safe, simple, and effective local therapy in managing cervical erosion, providing symptomatic relief and promoting tissue healing through:

- Local *Ropana* (healing) and *Shothahara* (anti-inflammatory) action,
- Correction of *Pitta-Kapha Dushti*.
- Restoration of normal vaginal environment.

Hence, it stands as a promising therapeutic modality in both preventive and curative aspects of cervical erosion.

4. Conclusion

- Significant improvement in clinical symptoms was observed in both groups, suggesting the effectiveness of *Jatyadi Taila* and *Durvadyam Taila* in alleviating the severity and preventing the recurrence of cervical erosion.
- Additionally, the treatment was well-tolerated, with no significant adverse effects reported, underscoring its safety and potential as an alternative or complementary therapy in the management of cervical erosion.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to be disclosed.

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