

AYURVEDIC MANAGEMENT OF ENDOMETRIOSIS: A SINGLE CASE STUDY

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Article Received on 15 March 2026,
Article Revised on 05 April 2026,
Article Published on 16 April 2026,

<https://doi.org/10.5281/zenodo.19593028>

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How to cite this Article: Dr. Mamatha K. V.,
Dr. Preethi Hegde. (2026). Ayurvedic
Management of Endometriosis: A Single Case
Study. World Journal of Pharmaceutical
Research, 15(8), 662-669.

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ABSTRACT

Pelvic endometriosis is a chronic estrogen-dependent inflammatory condition affecting pelvic tissues, including the ovaries, due to retrograde endometrial tissue. It is a leading cause of chronic pelvic pain and menstrual irregularities, affecting 5-10% of reproductive-age women.^[1,2] Treatment options are limited to hormonal therapies and analgesics, which often have adverse effects and provide temporary relief, leading to surgical interventions with potential complications.^[3] Ayurveda understands the concept of endometriosis under the umbrella of *yonivyapad*.^[4] This study presents a 23-year-old patient with severe dysmenorrhea, irregular menstrual cycles. According to *Astanga Hridaya*, all *yonivyapads* do not occur without vitiation of *vata dosha*, thus first of all *vata* should be pacified, only then treatment of other doshas should be done.^[5] There is no other remedy than *basti* for pacification of *vata*

dosha. Results showed marked improvements in menstrual cycles, pain and complete resolution of the endometriotic cyst highlighting the efficacy of Ayurvedic therapies as cost-effective and long-term solutions for managing endometriosis and associated complications.

KEYWORDS: Endometriosis, *Yonivyapad*, *Basti*, Dysmenorrhea.

INTRODUCTION

Endometriosis can be explained by Sampson's Theory of Retrograde Menstruation, which is based on ectopic endometrial cells. According to this theory, endometrial cells move in the

opposite direction after the shedding of the uterine lining during menstruation, passing through the fallopian tubes and into the peritoneal cavity.^[6] Depending on where the lesions are located, endometriosis can present with a wide range of clinical symptoms. Dysmenorrhea, deep dyspareunia, and chronic pelvic pain are the main symptoms of this disease. Other symptoms include intestinal symptoms like abdominal pain, bloating, nausea, constipation, vomiting, painful bowel movements, and diarrhea, and bladder symptoms like hematuria and dysuria.^[1,2] Non-steroidal analgesics, hormonal contraceptives, gonadotropin-releasing hormone analogs (GnRH), and aromatase inhibitors are the available medical therapy.^[3,7] Further if the medical intervention fails hysterectomy is advised.

According to *Astanga Hridaya*, all *yonivyapads* do not occur without vitiation of *vata dosha*.^[5] The vitiated *vata dosha* reaches *garbhashaya* and *dosha dushya samurcchana* is carried out leading to *yonivyapads*.^[45] *Vataja yonivyapad* can be implied to this condition where in *Artava* is shed with pain.

MATERIALS AND METHODS

A 23 year old unmarried girl not a known case of hypertension diabetes mellitus thyroid dysfunction and other systemic diseases consulted *Prasooti tantra* and *Stree Roga* OPD of Shri Dharmasthala Manjunatheshwara College of Ayurveda Hospital and Research Centre with complaints of severe pain in abdomen during and after menstruation associated with vomiting. Pain was so severe that it hampered her day to day activities. Pain starts 2-3 days prior to menses and lasts upto 15-16th day of the cycle. Aggravating factors are spicy and junk food whereas relieving factors is hot water bag.

Family history- nothing specific

Personal history

Bowel-regular

Appetite-reduced

Micturition-regular

Sleep-sound

Habits-nil

Menstrual history

Patient had menstrual cycle of 8-10 days with frequency of once in 45-60 days. Flow was heavy using 4-5 pads daily for first 4-5 days of the cycle. Colour of menstrual blood was dark

red with watery consistency, clots were present with size 3-4cm. Associated complaints include severe dysmenorrhea, low back ache, leg cramps, *ushnata*, bloating and generalized weakness.

Ashta Vidha Pariksha

Nadi- Manduka gati

Mala- Abaddha

Mutra-Prakrita

Jihva- Aliptha

Shabda- Prakrita

Sparsha- Anushna sheeta

Druk- Prakrita

Akruti- Prakrita

Dashavidha Pariksha

Prakriti: Vatapitta

Vikriti: Vata

Sara: Madhyama

Samhanana: Madhyama

Satmya: Katu rasa satmya

Pramana: Height-160cm

Weight-54kg

BMI-21.1kg/m²

Satva: Madhyama

Ahara Shakti: Avara

Vyayama Shakti: Madhyama

Vaya: Madhyama

Nidana Panchaka

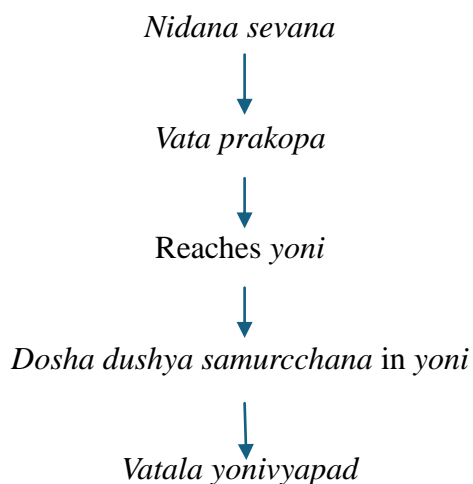
Nidana: Mithyahara vihara

Poorvaroopa: Avyaktha

Roopa: shoola in yoni, yathochita kala adarshana, kashtartava

Upashaya: hot water bag

Anupashaya- katu lavana aahara.

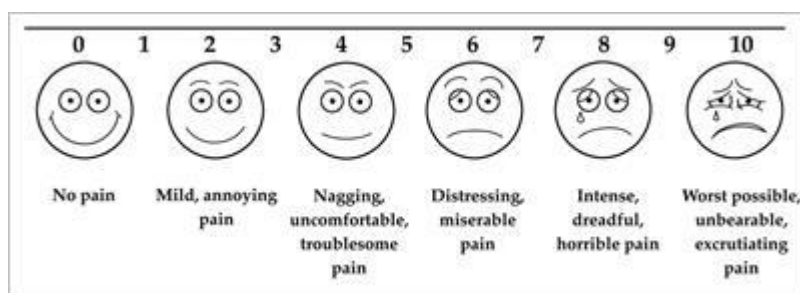
Samprapthi**Samprapthi Gataka***Dosha-Apana vata**Dushya: Dhatu-rasa, rakta**Upadhatu: artava**Agni-Jataragni manda**Srotas- Artavavaha**Srotodusti- Sanga**Udhubava sthana-Aamapakvashaya**Sancharasthana-Adho shareera**Vyaktha sthana-Yoni**Adhithana-Garbhashaya**Sadhyaasadhyatha- Aushadhi saadhya***Assessment criteria**

FIGO criteria

Criteria	Gradings	BT	AT
Duration of menstrual bleeding	0- 4-5 days- regular 1->8 days- prolonged	1	0
Intervals between 2 menstrual cycles	0->35 days 1-21-35 days 2-<21days	0	1
Regularity	0-Regular 1-Irregular	1	0
Intermenstrual bleeding	0-Absent 1-Present	0	0

WALIDD score for dysmenorrhea

Criteria	Gradings	BT	AT
Working Ability	0: None 1: Almost never 2: Almost always 3: Always	3	1
Location	0: None 1: 1 site 2: 2-3 sites 3: 4 sites	2	1
Intensity	0: Does not hurt 1: Hurts a little bit 2: Hurts a little more 3: Hurts a whole lot hurts worst	3	1
Days of pain	0:0 1:1-2 2:3-4 3:>4	3	0

VAS scale

Interpretation- VAS score Before treatment -8

After treatment -2

INVESTIGATIONS

14/08/23 Before treatment	<p>UTERUS: Normal in size and echotexture. No obvious focal lesions.ET-8.6 mm</p> <p>OVARIES: Left ovary is normal in size and echotexture.</p> <p>A well-defined cystic lesion measuring-6.8 x 4.4 cm is seen in right adnexa showing nodular solid components with no evident vascularity.</p> <p>No evidence of abnormally raised pedicle vascularity.</p> <p>IMPRESSION</p> <p>A well-defined cystic lesion in right adnexa showing nodular solid components with no evident vascularity. To consider possibility of Endometriotic cyst.</p>
30/1/24 After treatment	<p>UTERUS: Normal in size and echotexture. No obvious focal lesions.ET-8.6 mm</p> <p>OVARIES: Bilateral ovaries are normal in size and echotexture.</p> <p>No evidence of adnexal cystic lesions in the present study.</p> <p>IMPRESSION</p> <p>Near complete interval resolution of adnexal cysts as compared to previous study dated 14/08/2023.</p>

TREATMENT

Phase 1 First visit	<i>Dhanwantari taila abhyanga</i> to lower abdomen <i>Vatahara shamaushadhis</i>
Phase 2 2 nd visit in intermenstrual period	<i>Dashamoola kshara niruha basti</i> <i>Matrabasti with Hingutriguna taila</i> <i>Vatahara shamanaushadhis</i>

DISCUSSION

Acharya Charaka quotes *Basti* as *Ardha chikitsa* highlighting the effective role of *basti* in pacification of *vata dosha*.^[4] First, the constituents of *basti* medications are absorbed by the intestine's capillaries and lymphatics, then they travel to the systemic circulation and affect every organ in the body.^[4] This hypothesis, like the one offered by *Acharya Sushruta*, states that the active ingredients in water poured at the root of a plant reach the entire plant, and similarly, the *Virya* of *Basti* provided through the rectum reaches the entire body through the channels. Thus, after spreading throughout the body, *Basti dravya* restores *Vata's* proper function.

Basti affects the body's neuro-humoral system by stimulating the central nervous system (ENS), restoring molecular physiology, and acting on inflammatory compounds like prostaglandins and vasopressin.^[8] It also has anti-inflammatory properties due to the drugs used in its formulation. Medicinal property of oil penetrates through ENS and normalizes the functioning of hypothalamo-pituitary-ovarian axis, & normalizes hormonal levels *Basti* also strengthens the body's overall nutritional status, enhances intestinal health and absorption, nourishes the system, boosts immunity through systemic detoxification, and breaks pathologies through the action of the drug's active principle. Following the initial *yoga basti*, pain relief was obtained, preventing the endometrioma to be surgically removed.

While *Acharya Sushruta* identified the *Dashamoola* as *Kaphapitta-anila-hara*, *Aampachaka*, *Acharya Charaka* explained it as *Shothahara*. Also *Dashamoola* is *tridoshagna* and used in most of the *vata* vitiated conditions. *Acharya Vagbhata* explains *Taila* ideal for *Vata dosha*. *Taila* enters the *srotas*, removes *sroto avarodha*, and permits the regular downward passage of *apana vata* through its *teekshna*, *Ushna*, *sukshma*, *sara*, and *vyavayi guna*. It functions primarily as *udavarta nashaka*, *vataghna*, *yonishoolahara*, *rasayana*, and *balya*. The phytoconstituents solasodine relax myometrial smooth muscle. Phenolics reduce the oxidative stress during menstruation. Baicalein and chysin inhibit COX enzymes and reduce

uterine spasm. Whereas saponins and flavonoids in the drug decrease TNF-alpha and IL-6 which in turn decreases pelvic inflammation.^[9]

Hingutriguna taila is mentioned by *Acharya Vagbhata* in *Gulma chikitsa*. It is the best *amapachaka*, *shoolahara*, helps in improving digestion and balances *Vata*. This *taila* includes *Hingu*, *Eranda taila*, *Saidhava lavana* and *Rasona*. *Hingu* is *Katu-tikta rasa* and possess *Laghu*, *Tikshna* and *Snigdha gunas*. It is *Kapha-Vatahara*, *Hridhya*, etc. It is indicated in various disease conditions like *Agnimandya*, *Swasa*, *Kasa*, *Gulma*, *Udara*, etc. Gingerols and piperine constituents in the *taila* suppress the COX pathway and decrease uterine spasm. *Hingu* volatile oils induces smooth muscle relaxation and relieves colic pain. Ferulic acid and sesamin decreases inflammatory mediators.^[10] Whereas piperine causes vasodilation and reduces ischemic pain.

The outcome suggests that *Ayurvedic* intervention may help in reducing inflammation and improving pelvic circulation thereby preventing disease progression without significant adverse effects and need for surgery.^[11] As this is a single case report, further larger controlled clinical trials are required to validate efficacy and establish standard treatment protocols. This case study provides preliminary evidence supporting the potential of *Ayurvedic* management of endometriosis.

CONCLUSION

Since every system in the body is connected at the molecular level, modifications made to one will have an impact on the others as well. This hypothesis is identical to the *Tridosha* theory found in *Ayurveda*. *Dosha* affects every organ at once, and any disruption in one organ's functioning affects every other organ's functioning. The available costly short-term treatments can be replaced by *Ayurvedic* treatment which is both cost-effective and permanent solution for managing endometriosis pain.

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