

A METICULOUS ASSESSMENT OF AN AYURVEDIC CASE STUDY ON ENDOMETRIOSIS MANAGEMENT

Dr. Payal Sahuji^{*1}, Dr. Varsha Jadhao², Dr. Priyanka Hajare³, Dr. Ekta Singh Parihar⁴

PG Scholar¹, Professor², Assis. Professor³, Assis. Professor⁴

Department of Prasuti Tantra Evum Stree Roga, Mansarovar Ayurvedic Medical College,
Bhopal.

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*Corresponding Author

Dr. Payal Sahuji

PG Scholar, Department of Prasuti
Tantra Evum Stree Roga, Mansarovar
Ayurvedic Medical College, Bhopal



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ABSTRACT

Endometriosis is a chronic and progressive gynaecological condition that affects millions of women worldwide. Endometriosis affects roughly 10% of reproductive age women and girls globally.^[7] Endometriosis is characterised by presence of functioning endometrium in sites other than uterine mucosa, in which 25% patient were asymptomatic; whereas the symptoms of endometriosis were related to site of lesion and also on the response of hormones. As cyclic hormones both stimulates and supresses the growth. In Ayurveda, endometriosis is associated with *Vataja Yonivyapada*, a condition arising from an imbalance of *Vata dosha* that impacts the reproductive system. The aggravation of *Vata dosha* disrupts the normal positioning of body tissues, leading to the displacement of endometrial tissue beyond the uterus. Modern conventional treatments involve hormonal therapies and

surgical interventions, which may not always provide lasting relief and can have significant side effects. As a result, there is growing interest in alternative approaches, which is Ayurvedic medicine, for managing endometriosis. A review of *Ayurvedic Samhita*, modern text books, web sources and previous researches were used to collect data. References to Endometriosis in classical Ayurveda texts are limited, as there is no direct description of it. This study aims to compile research and conceptual evidence to correlate Endometriosis with similar diseases described in Ayurveda, along with their respective treatments. By identifying these parallels, we can establish an effective treatment approach and enhance the success of

Ayurvedic management for Endometriosis. This article explores the efficacy of Ayurvedic interventions for Endometriosis and compares various therapeutic approaches.

KEYWORDS: Endometriosis, *Vataj yonivyapad*, *Shodhan chikitsa*, *AamPachana*, *Vata shaman*.

INTRODUCTION

Endometriosis is a chronic and progressive gynaecological condition that affects millions of women worldwide. Endometriosis affects roughly 10% of reproductive age women and girls globally.^[1] Endometriosis is characterised by presence of functioning endometrium in sites other than uterine mucosa,^[2] in which 25% patient were asymptomatic and the symptoms of endometriosis were related to site of lesion and also on the response of hormones.^[3] Common sites are ovaries, fallopian tubes, pelvic peritoneum, abdominal scar, etc. As cyclic hormones both stimulates and supresses the growth.^[4] Endometriosis is a public health disorder affecting 247 million women globally and 42 million women in India.^[5] Endometriosis characterised by dysmenorrhea, abnormal menstruation, infertility, chronic pelvic pain, etc.^[6] The degree of pain is not related to the severity of endometriosis.^[7]

Conventional treatments involve hormonal therapies and surgical interventions, which may not always provide lasting relief and can have significant side effects. Even after medical suppression or surgery, residual endometriotic lesions may regenerate once ovarian function reestablished; whereas the surgical management is only indicated when endometriomas are of more than 1 cm.^[8] Overall, the recurrence rate of is about 40% by 5 years time.^[9]

The prevalence of endometriosis in reproductive women is around 10–20% and it is cause of infertility in 30–70% of the patient. It occurs in 6–22% of women undergoing tubal ligation.^[8]

In Ayurveda, endometriosis can correlate with *Vataja Yonivyapada*, a condition arising from an imbalance of *Vata dosha* that impacts the reproductive system. The aggravation of *Vata dosha* disrupts the normal positioning of body tissues, leading to the displacement of endometrial tissue beyond the uterus, causes pain and menstrual disturbances. As a result, there is growing interest in alternative approaches, which is Ayurvedic medicine, for managing endometriosis. This perspective serves the treatment strategies focused on rebalancing the doshas and relieving symptoms.

The Ayurvedic approach to manage endometriosis is by restoring imbalance of dosha and focusing on the root cause rather than merely suppressing symptoms. Treatment involves a combination of *Shodhana*, *Shamana*, *Deepana*, *Rasayana*, etc. and drugs like *Ashoka*, *Shatavari*, *Guggulu*, *Haridra* play a crucial role in reducing inflammation, regulating hormones, and promoting healthy endometrial function.

By integrating Ayurvedic principles with modern scientific understanding, a comprehensive approach to endometriosis management can be developed, offering women a natural, effective, and sustainable alternative to conventional therapies. This study aims to compile research and conceptual evidence to correlate Endometriosis with similar diseases described in Ayurveda, along with their respective treatments. By identifying these parallels, we can establish an effective treatment approach and enhance the success of Ayurvedic management for Endometriosis. This article explores the efficacy of Ayurvedic interventions for Endometriosis and compares various therapeutic approaches.

AIM AND OBJECTIVE

AIM

To systemic review and meta- analysis of ayurvedic case studies in the management of Endometriosis w.s.r. to *Vataj yonivyapad*.

OBJECTIVES

1. To review all the previous researches done on Ayurvedic treatment for Endometriosis.
2. To compile all the previous research under one title.
3. To get various evidence-based Ayurvedic line of treatment for Endometriosis and *Vataj yonivyapad*.

DATA SOURCES

We conducted a comprehensive search of PubMed, Google Scholar, various peer-reviewed journals, and literary reviews from Ayurvedic Samhitas and textbooks, from inception to the present day.

STUDY DESIGN INCLUSION

We included randomized and non-randomized studies that assessed endometriosis in patients who were advised for surgical interventions.

CASE STUDIES

1. Ayurvedic Treatment Protocol for Chronic Pelvic Pain in Endometriosis^[10]

Authors: Anjaly muraleedharan, Parvathy Unnikrishnan, Priyadarshana Narayan, Hemavathi Shivapura, Krishnaraja Bhatt

Place of study: Amrita School of Ayurveda, Amrita Vishwa Vidyapeetham, Amritapuri, Kerala, India.

Journal: Journal of Clinical and Diagnostic Research, 2018.

Patient profile: A 44-yrs/ F patient came with chronic pelvic pain before and during menses from past 20 years diagnosed as endometriosis. She had taken OC pills for 1 year then she shifted on NSAIDs for pain management. Her MRI scan showed an ovarian cyst (endometriotic cyst/haemorrhagic cyst).

Treatment

<i>Dipana, Pachana</i>	<i>Vaishvanara churna</i> 10gm BD BF
<i>Snehapana</i>	<i>Mahanarayana taila</i>
<i>Snehana</i>	<i>Dhanvantara taila</i>
<i>Swedana</i>	<i>Nadi swed</i>
<i>Mridu virechana</i>	<i>Trivritta leha</i> 25mg
<i>Yogbasti</i>	<i>Niruh basti</i> with <i>Dashmula kshara basti</i> of 750ml & <i>Anuvasana basti</i> with <i>Dhanvantara taila</i> 75ml and <i>Sahacharadi taila</i> 75ml
<i>Uttarbasti</i>	<i>Shatpushpa taila</i> 3ml

Result: Patient gets relieved from all the complaints.

2. Ayurvedic Management of Endometriosis to Reduce the Chances of Surgery And Improvement the Quality Of Life^[11]

Authors: Dr. kajal, Dr. Komal, Dr. Khushbu, Dr. Archana

Place of study: SDACH, Chandigarh.

Journal: Journal of Emerging Technologies and Innovative Research

Patient profile: A 28yrs/ F female, complains of acute pelvic region pain during menses associated with endometriosis. The patient was taking a painkiller every day during menstruation. USG shows 16.5 x 12.5mm right ovarian cyst.

Treatment: Given *Shaman chikitsa*,

1. *Saptasarakshaya* 3tsp Bd 1 week before periods
2. *Hinguvachadigulika* 1 BD
3. *Gandharvahastaditaila* 5ml with milk
4. *Dashamoola taila* 30 ml used in *basti*
5. *Mahanarayana taila* 50ml used in *basti*
6. *Chandraprabhavati* 2 BD
7. *Dashmool Kwatha* 25 ml BD A/F
8. *Punarnavastak kwath* 50 ml BD
9. *Haridra khanda* 1 tsp BD with milk
10. *Panchgavya ghris* 1 tsp BD with milk
11. *Guggultiktakam kashayam* 3 tsp with 1 glass water
12. *Kaishor guggulu* 2 BD
13. *Draksharishta* 30ml BD A/F
14. Given *Yogbasti* with *Anuvasana basti* of *Mahanarayana taila* 50ml & *Dashmoola taila* 30ml and *Niruh basti*. Total 7 *Yogbasti* were given to patient.

Result: Patient gets relief from all the complaints. Now she doesn't need to take painkillers during menses. *Yogbasti* is standard treatment for *apana vata* & cures dysmenorrhea.

3. Effect Of Sri Lankan Traditional Medicine and Ayurveda Management in Endometriosis & Adenomyosis: A Case Study^[12]

Authors: Kaumadi Karunagoda, S.H.K. Deepthika, PK Perera, YAUD Karunarathne

Place of study: Faculty of Indigenous Medicine, University of Colombo, Sri Lanka.

Journal: International Journal of Ayush Case Reports

Patient profile: A 42-year-old married, nulliparous woman presented with dysmenorrhea, dyspareunia, and pelvic pain for 3 years. She had a history of subfertility and was diagnosed with bilateral ovarian endometrioma, for which surgical removal was done. On follow-up, TVS revealed recurrent multiple chocolate cysts—right ovarian endometrioma 2 × 1.5 cm and left 1.8 × 1 cm—with both ovaries adherent to the posterior uterine wall.

Treatment: They given treatment for 2 months on both OPD & IPD bases.

Treatment protocol for the first month.

Duration	Oral medicines	Local treatments	Pancakarma
1st -2nd weeks (OPD)	- <i>Panchamuli lagudraksha kashaya</i> ½ cup bd - <i>Tripala kwatha</i> 2 tps Bd - <i>Chandraprabha Vati</i> 2 bd - <i>Tripala churna</i> 5g	<i>Stanika Snehana with Sarshapadi oil Abhyanga</i>	Nil
3rd – 4th weeks (IPD)	- <i>Tripalguggul Kashaya</i> ½ cup bd - <i>Yogaraja guggulu</i> 2bd - <i>Nishadi churna</i> 5g bd - <i>Avipattikara churna</i> 5g bd	<i>Stanika Snehana with Sarshapadi oil Abhyanga - Nadi Swedana Udara pattu- Dashanga lepa+ Sarshapadi oil Udvartana with Lekhanadi churna</i>	<i>Yoga Vasti (8 days) Nirgundyadi oil And Lekhanadi Kashaya</i>

Treatment protocol for the second month.

Duration	Oral medicine	Local treatment	Panchakarma
5th -8th weeks (OPD Treatments)	- <i>Tripala kwatha</i> 2 tps Bd - <i>Kanchanara guggulu</i> 2 bd - <i>Nishadi churna</i> 5g bd - <i>Krishnajeeraka churna</i> 5g bd - <i>Tripala churna</i> 5g	-	-
9th -10th week (IPD, 2nd round)	- <i>Punarnawashtaka Kashaya</i> ½ cup bd - <i>Kanchanara guggulu</i> 2 bd - <i>Arogyavardani vati</i> 2 - <i>Nishadi churna</i> 5g bd - <i>Krishnajeeraka churna</i> 5g bd - <i>Tripala churna</i> 5g	<i>Sarvanga Swedana with sarshapadi oil + Nigrodha Eranda Vasa sweda Udara pattu- Krishnajeeraka churna + Sarshapadi oil Stanika Swedana with Sarshapadi oil Abhyanga + Nadi swedana</i>	<i>Matra basti with Nirgundyadi oil 60 ml OD</i>
11th – 12th weeks (OPD Treatments)	- <i>Maduyashti nishayugma Kashaya</i> 1/2cup bd - <i>Kanchanara guggulu</i> 2bd - <i>Arogyavardhani vati</i> 2bd - <i>Nishadi churna</i> 5g bd - <i>Tripala churna</i> 5g	<i>Sarshapadi oil Abhyanga</i>	-

Result: After treatment, patient get relief from all the complaints and her USG findings shows No pelvic or ovarian masses. No Endometriosis or Adenomyosis Dominant follicle in right ovary (16.4mmx11.4mm), this report shows that ayurvedic treatment has no limitations of adhesions or any combined pathologies.

4. Effective Management of *Vatala Yonivyapda* W.S.R. Endometriosis by Ayurveda: A Case Report^[13]

Authors: Poonam kumari, Poonam Choudhary, Hetal H. Dave, Sonu

Place of study: National Institute of Ayurveda, deemed to be University Jaipur, Rajasthan, India.

Journal: International Ayurvedic Medical Journal, 2021

Patient profile: 44 years female patient having a complaint of severe and unbearable pain before and during menstruation for the past 12-13 years. She has taken treatment for the same. Her USG was suggestive of endometriosis.

Treatment

Drug name	Dose	Form	Frequency	Time of administration
<i>Rasna Moola + Eranda Moola + Devadaru Twaka</i>	3gm each powder	<i>Kwatha</i>	40ml BD	BF
<i>Haritki Churna + Arjuna Churna + Amalaki Churna</i>	3gm+2gm+2gm	<i>Churna</i>	BD	BF
<i>Saraswatarishta</i>	20 ml	<i>Arishta</i>	BD	AF
<i>Panchtikta Ghrita Guggulu</i>	2 tab	Tablet	BD	AF
<i>Tarunikusumakara Churna</i>	4gm	<i>Churna</i>	HS	AF

Result: The patient got complete relief from severe pain during menstruation. So, from this study, we can conclude that the above-mentioned Ayurvedic medicines are effective in treating secondary dysmenorrhea due to endometriosis.

5. Ayurvedic Management of Endometriosis: A Case Study^[14]

Authors: M.K.Sandhya, S B Donga

Place of study: ITRA, Jamnagar

Journal: International Journal for Multidisciplinary Research, 2024

Patient profile: A 26yrs/ F, unmarried, presented with severe dysmenorrhea and heavy menstrual bleeding in the last 3 years. A chocolate cyst of size 18X21X13mm in right ovary and a haemorrhagic cyst of size 42X36X41mm in left ovary was detected by USG.

Treatment

Karma	Medicine name	Dose	Duration
<i>Deepana, Pachana</i>	<i>Trikatu choorna</i>	1gm, BD	4days
<i>Snehapana</i>	<i>Goghrita</i>	30ml – 180ml	7days
<i>Abhyanga, swedana</i>	<i>Abhyanga with Bala taila</i> <i>Nadi Swedana with Dashamoola</i>	-	4 days
<i>Virechana</i>	<i>Trivruta avleha (65gm) + Draksha jala</i>	-	1 day

Result: After the treatment, the patient reported significant relief from pain, reduced menstrual bleeding. After treatment, her USG showed complete resolution of the chocolate cyst. The follow-up was done for 1 month, which showed no recurrence of the cyst.

6. Ayurveda Management of Large Endometrioma– A Case Report^[15]

Author: Sangeeta Sanjay Jadhav

Place of study: Sector 8-A, Airoli, Navi Mumbai

Journal: Journal of Ayurveda and integrative medicine

Patient profile: A 23-year-old female presented with acute abdominal pain for 4 months, along with a 6-month history of painful defecation, dysmenorrhea, and breast tenderness. USG showed a right ovarian endometrioma measuring 6.9×5 cm; the left ovary was normal. After 3 months of hormonal therapy, surgery was advised but later cancelled, and medications were stopped. On repeat USG after 3 months, the endometrioma increased to 10.3×5.5 cm. As the parents were unwilling for surgery, the patient opted for Ayurvedic management.

Treatment: Yog *basti* given of *anuvasana basti* with *Sahachara taila* and *niruha basti* with *dashmoola kwatha* for two months along with *kuberaksha vati*, *asthimajjapachak yog* and *laghu sutshekar*.

Result: After the course of *yoga basti*, her lower abdomen acute pain was significantly reduced. The patient never complained of dyspareunia and conceived within four months after the marriage. The size of the cyst was 7.6×5.2 cm. The patient gave birth to a healthy baby after a full-term normal delivery.

7. Efficacy Of Sodhana Chikitsa in The Management of Endometriosis – A Case Study^[16]

Authors: Deepa Achuthan, Shabeer Nellikode

Place of study: Rajah Beach Ayurveda Hospital, Akalad, Thrissur, Kerala.

Journal: International Journal of Preclinical And Clinical Research, 2022

Patient profile: The 37yrs/F came for the management of 7 years of complaints of severe lower abdominal and pelvic pain and heavy bleeding during menstruation. She had taken OC pills for 8 years. Furtherly, she gets her USG scan suggestive of endometriosis, cyst in left ovary.

Treatment: Pretherapy medication

1. *Deepana, Pachana – Sapthasaram kwatha* 15ml BD and *Hinguvachadi churna* 5gm with warm water
2. *Sukumaram kashayam* 15ml BD
3. *Thrayanthyadi kashayam* 15ml BD
4. *Krimighna vati* 2 tab daily
5. *Ashokarishta* 30ml After lunch
6. *Manibhadra gula* at bedtime.

Therapy

1. *Snehapana* with *Dadimadi ghritam*
 2. *Bahya snehana* with *Dhanvantara taila* and *Nadi swedana* with *Dashamoola kwatha*
 3. *Virechana – Trivrit churna* 5gm + *Avipathi churna* 15gm
 4. *Yoga basti - Anuvasana basti Dhanwantharam Mezhupakam thailam*-90ml and *Niruh basti* 320ml.
- Yogasana– Ushtrasana, Bhadrasana, Gomukhasana and Vajrasana.*

Result: The patient recovered from pain in lower abdomen; bleeding was normal. The menstrual cycle was regular and at normal intervals without any complications. After six months of follow-up, there have been no further episodes of pelvic pain.

8. A Case Study on Ayurvedic Management of Ovarian Endometrioma^[17]

Authors: Asha Sreedhar, Kavitha.K.S.

Place of study: Govt. ayurveda college, Thiruvananthapuram, kerala

Journal: International Journal of Ayurveda and Pharma Research

Patient profile: A 38-year-old married woman presented with menorrhagia with clots, severe dysmenorrhoea and dyspareunia for 1 year, along with thick curdy foul-smelling vaginal discharge, vulval itching, bilateral lower abdominal pain, and increased frequency and burning micturition for 2 years. USG revealed a bulky uterus with increased endometrial thickness, bilateral ovarian cysts (5.5 cm right, 4 cm left) and bilateral hydrosalpinx (right 30 × 10 mm, left 25 × 8 mm).

Treatment: Internal Medicines - During the first visit.

<i>Mahatikta kashayam</i>	90 ml BD	BF
<i>Pushyanugam tablet</i>	2tab BD	AF
<i>Saribadyasavam</i>	20ml BD	AF

<i>Triphala guggulu</i>	2tab BD	AF
<i>Brihat triphala churnam</i>	1tsp with hot water	HS
<i>Kantha sindooram</i>	2pinch	BF

During the second visit.

<i>Guggulutiktakam kashayam</i>	90 ml BD	BF
<i>Triphala choornam</i>	1tsp with hot water	HS
<i>Cap. Rasagandhi mezhugu</i>	1 cap BD	AF

Result: After first visit, USG scan shows presence of bilateral endometriotic cysts. Endometrial thickness 8mm. Then after second visit, Bilateral lower abdominal pain and bladder symptoms were absent, no dyspareunia, No menstrual complaints- bleeding only up to five days and on USG shows no residual endometriotic cysts. The above Ayurvedic management protocol was effective in reducing the features of hydrosalpinx and ovarian endometrioma.

DISCUSSION

Endometriosis is characterized by the presence of endometrial tissue outside the uterine cavity and is described as a "disease of theories." The vitiation of *Vata Dosha*, particularly *Apana* and *Vyana Vata*, is believed to contribute to the retrograde flow of menstruation and the dissemination of endometrial tissue through the vasculature. Over successive menstrual cycles, these ectopic endometrial implants may enlarge, exacerbating symptoms.

The Ayurvedic approach to treatment focuses on *Deepana-Pachana*, *Vatanulomana*, *Mridu Virechana*, *Yoga Basti*, *Raktasravarodhaka*, *Granthihara*, and *Lekhana Chikitsa*. When combined with strict adherence to *Pathya*, these interventions can effectively manage endometriosis.

Notably, most patients experienced significant relief in pelvic pain, reduction in dysmenorrhea, and improvement in menstrual regularity within 2–3 cycles.

CONCLUSION

These case studies suggest that Ayurvedic management, through personalized treatment protocols that address individual dosha imbalances, can provide significant relief for patients with endometriosis. The integration of Ayurvedic principles with modern diagnostic methods may provide a more comprehensive and sustainable management protocol for endometriosis.

Further research and larger clinical trials are necessary to establish their efficacy and safety on a broader scale as a global management approach for endometriosis.

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