

## THERAPEUTIC APPROACH TO ENDOMETRIOSIS IN AYURVEDA- SINGLE CASE STUDY

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Article Received on  
15 July 2024,

Revised on 05 August 2024,  
Accepted on 26 August 2024

DOI: 10.20959/wjpr202417-33727



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### ABSTRACT

Endometriosis is one of the most mysterious and fascinating benign gynaecological disorders defined by implantation of functioning endometrial tissue outside the uterine cavity. Endometrioma, or chocolate cyst, is a severe form of endometriosis observed in around 2–10% of all women of reproductive age. It is oestrogen dependent condition hence increases due to high oestrogen level in the body and regression occurs during pregnancy & after menopause. Women with endometriosis are usually confronted with one or both of the two major problems- pain and infertility. Pain includes dysmenorrhea, dyspareunia, and chronic pelvic pain. In Ayurveda it can be understood in terms of *Vataja Yonivyapad* on the basis of two symptoms dysmenorrhea and chronic pelvic pain. It can be correlate with different *Yonivyapad* on the basis of other symptoms, more closely to *udavarta yonivyapath*. Ayurvedic management can be done on the

basis of *Tridoshic* theory in which *Vata* is responsible for displacement of endometrial cells from their original location in the uterus to places outside the uterine cavity. *Pitta* responsible for involvement of blood, hormones, and menstruation as well as the inflammatory nature of the disease. *Kapha* responsible for increasing buildup of cells and overgrowing much like a tumor. So, treatment approach can be *Ampachana* & correction of *Agni*, *Vaatanulomana*, *Granthihar* and *Lekhan Chikitsa*. Life style and diet modifications are also to be advocated as their role in the establishment of any disease cannot be ignored. Here a single case of 16-year-old patient diagnosed with endometriotic cyst was taken and plan was to give *yoga basti* along with oral medication.

**KEYWORDS:** Endometriosis, Tridosha, *yoga basti*, Vataja Yonivyapada, Lekhan.

## INTRODUCTION

Endometriosis is a complex and intriguing benign gynaecological disorder characterized by the presence of functioning endometrial tissue outside the uterine cavity. It affects approximately 10 percent of women, with a notably higher prevalence of 30-40 percent among those with infertility, as determined through diagnostic laparoscopy and laparotomy.<sup>[1]</sup> This condition can manifest at various locations within the body.

Endometriomas are the most frequent form of endometriosis affecting the ovary. However, endometriosis can also appear in other abdominal locations, including the bowel, within previous surgical sites, and, in rare instances, even in distant areas like the cerebellum. About 17 to 44% of women with endometriosis will develop endometriomas, which are often called chocolate cysts because of the thick, dark brown fluid inside them. The presence of endometriomas generally indicates a more severe stage of the disease and can lead to complications such as reduced ovarian reserve.<sup>[2]</sup>

The primary clinical feature of *Udavartini Yonivyapad* is *Rajakruchrata* (painful menstruation) as described by the *Charaka* and *Shushruta Acharyas* in classical texts. According to *Charak Acharya*, aggravated *Apan Vayu* affects the *yonis* (female reproductive system), leading to dysmenorrhea but relieved soon after passing of menstrual blood.<sup>[3]</sup>

This paper is a successful case study of 16 years adolescent suffering from severe dysmenorrhea since menarche. The goal is to provide a comprehensive view of the condition and develop an Ayurvedic therapy protocol to improve the condition of patients suffering from endometriomas.

## CASE STUDY

A female adolescent aged 16 years who is a PU student was admitted on 18/5/24 in S.D.M ayurveda hospital Udupi. The patient's history was as follows- Patient complains of irregular menstruation for 2 years. she attained her menarche at her 13 years of age since then she has dysmenorrhea. From menarche, for one year she had regular cycle, then she developed irregular menstruation along with on and off H/O *malabaddhata*, reduced appetite and *amlodgara* (sour belching). The patient is not a known case of any systemic or endocrinological disorder both clinically and on laboratory findings.

## CLINICAL FINDINGS & DIAGNOSTIC FOCUS

The general condition of the patient was good and without any alteration in vital signs. History revealed long term consumption of spicy (*katu rasa pradhana*) & untimely food (*vishamashana*) with reduced appetite and regular sleeping pattern. Her *Prakriti* (biological constitution) was *kapha- vataja* dominant and *satva* (mental strength) was assessed as *avara* (poor). Previously done USG of abdomen revealed-right ovarian cyst (4.4\*4.3 cm) with internal echoes - endometriotic cyst.

## MENSTRUAL HISTORY

Lmp-10/4/24

Previous LMP-20/2/24

3-4days/2-3months (irregular cycle)Dysmenorrhea (+ + +)

Flatulence (+)

Low back pain (+ +)

*Arthava dushti-vataja*

*Yonivyapath -udavartha (vataja)*

## INVESTIGATION BEFORE TREATMENT

Previously done USG on 18/5/24 of abdomen and pelvis revealed-right ovariancyst (4.4\*4.3 cm) with internal echoes - endometriotic cyst.



Lab on 18/5/25-

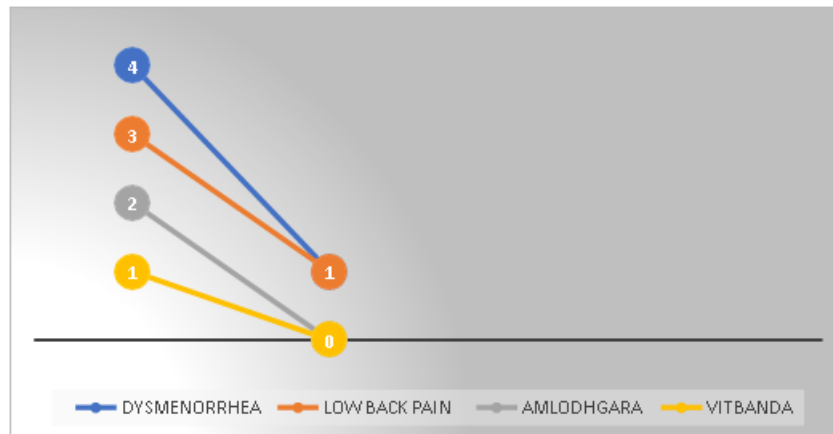
Hb-11.5 grm%

## DIFFERENTIAL DIAGNOSIS

*Vataja yonivyapath, udavartha, amlapitta*

## ASSESSMENT

Intensity of pain-dysmenorrhea, low back pain, *amlodhgara*, *vitbandha* are assessed before treatment on (18/5/24), and after treatment on (13/6/24) by using visual assessment scale.



## TREATMENT GIVEN

1<sup>st</sup> line of treatment – (from 18/5/24 to 24/5/24)

*Udhwarthana* with *Triphala* and *Yava churna* once in a day for 7 days,

*Agnitundi vati* 1tablet with luke warm water three times in a day before food and *triphala churna* 5grms with luke warm water at night after food for 7 days.

2<sup>nd</sup> line of treatment – (from 25/5/24 to 1/6/24)

*Madhutailika basthi* in *Yoga basti prakara* for next 8 days *Anuvasana basti* (oil enema) with *mahanarayana taila* 80 ml- on 1st, 3rd, 5th, 7th and 8th day.

*Madhutailika basthi* with the following *dravya* - on 2nd, 4th and 6th day

**Table 1: Ingredients of Madhutailika Basti.**

INGREDIENTS	DOSAGE
Makshika	200ml
Lavana	12 grms
Sneha	200ml
Kalka (shatapushpa)	25grms
Ushna jala	400ml

3<sup>rd</sup> line of treatment- (from 2/6/24 to 13/6/24)

*Sapthasara kashaya* 3tsp bd along with *dhanvanthara vati* 1-0-1 for 15 days

## DISCUSSION

The *nidanas* are primarily *vata-pittakara*. *Katu rasa* aggravates both *vata* and *pitta*. *Vishamashana* directly leads to *agni vaishamyata*. *Katu ahara sevana* is also mentioned in the *nidana* of *udavarta vyadhi*.

This case was diagnosed as *udavarta yonivyapath* based on the *Nidana panchaka*, *lakshana* along with USG findings. The symptoms seen in this case have been analysed with that of *Charaka samhitha* and it can be very well correlated with *Charaka's* version of *Udavarta yonivyapath*.

Due to the continuous exposure to causative factors (*nidana sevana*), the patient initially developed an imbalance in *Apana Vata*. Persistent *nidana sevana* aggravates *Apana Vata*, changes the *gati* of *apanavata* leading to irregular menstruation and *urdhva gati* of *rajas*, leading to painful menstruation i.e. *kricchrartava*/ dysmenorrhea, and also painful defecation i.e. *vibandha* (constipation)

In cases of *Udavarta yonivyapath*, the *vikriti* is not limited to *Apana Vata* alone; but it is affected by other *doshas* also causing a range of symptoms.

Specifically, the imbalance in *Apana Vata* interrupted *Agni* and *Pitta dosha*, resulting in *mandagni*, (improper digestion) *udara shoola* (abdomen pain), and *amlodgara* (sour eructations). These are the general symptoms seen in case of *udavarta* due to *vegadharana*, but in *udavarta yonivyapath* as it is also caused due to *apana vata dushti* and with similar *nidana*, these *samanya lakshanas* may or may not be present in all cases but main symptoms involve *kricchrartava*.

The main treatment to be followed in *udavarta* is to bring back the *gati* of *vata*. Once the *gathi* of *vata* is restored the *udavartaja samprapti* is tackled, *vayu* starts carrying out its *prakruta karma* and the proper *chikitsa* will be achieved. patient had *agnimandya* to correct her *agni*, *agnitundi vati* 1-1-1 given B/F for 7 days along with this *triphala churna* 5gm HS after food for *vatanulomana* *Udhwarthana* with *triphala* and *yava* given for 7 days. This is *medo-kapha hara*, thus removing the obstruction in the *strotas* and helping in the *vilayana* and *dravikarana* of *dosha's* accumulated. after proper *dosha pravilana*, *basthi* line of treatment selected.

*Acharya charaka* mentioned the qualities of *madhutailika basti* as *Udavarthahara*, *Deepana*, *Brhmana*, *bala varnakara*, *rasayana*, *vrishya*, *nirupadrava*<sup>4</sup>. The patient was an adolescent girl of 16 years age, considered as *sukumara* hence *madhutailika basti* was administered. For *madhutailika basthi*, *shathapushpa kalka* was used which does *vata anulomana*, here *ushna jala* is used instead of *Kashaya* which also helps in *vata upakrama*.

Purpose of selecting *mahanarayana taila* for *matrabasthi* is as it possesses *Brhmana*, *vata anulomana soola hara* properties.

Yoga Basti pattern followed here, for *Asthapana madutailika basti* and *Mahanarayana taila* for *Anuvasana*, which has both local and systemic effects. It promotes *Vatanulomana*, thereby normalizing *Apana Vata*. The gut, a sensory organ with neural, immune, and sensory detectors, provides direct input to local regulatory systems and relays information to the central nervous system (CNS) and other organs. Basti may stimulate the enteric nervous system (ENS), influencing the CNS and all other organs.

Basti may impact the neuro-humoral system by stimulating the CNS through the ENS, thereby restoring physiological balance at the molecular level. It can also affect inflammatory substances such as prostaglandins and vasopressin, potentially aiding in their excretion. Visceral afferent stimulation might activate the hypothalamo-pituitary-adrenal axis and the autonomic nervous system, leading to the release of neurotransmitters like serotonin and various hormones. This process helps normalize neurotransmitter levels, hormonal balance, and neural pathways; alleviating symptoms associated with neuro-hormonal imbalances in dysmenorrhea patients.<sup>[5]</sup>

3<sup>rd</sup> line of treatment is *sapthasarakashaya* 3tsp bd which is *udavartahara*, *agnideepaka*, *vitvibandanuth* is given for 15 days along with *dhanvanthari vati* 500mg for *vatanulomana*. The general pathology involves spasm caused by vitiated *Apana Vayu*, leading to obstruction of menstrual blood flow. The *Veerya* (potency) of *madutailika Basti* is transported through *Dhamanis*, *Sira*, and *Srothas* to the entire body. *Makshika* and *Lavana* assist in *Kapha Chedana* (removal of *Kapha*) and *Vilayana* (dissolution). *Saindhava*, with its fine, sharp, and penetrating qualities, reaches the minute channels of the body. *Taila* (oil) penetrates the *Srotas* (channels) and relieves spasm through its fine, penetrating, and expansive qualities.

## CONCLUSION

Treating *Udavarta* yonivyapath is not an issue, but accurate diagnosis is crucial. Special attention should be given to *Samprapti* of *Udavarta* yonivyapath where the gati of vata is altered resulting into severe pain during menstruation. The primary goal of treatment is to reestablish *Vata* to its normal direction (*prakrutagati*). In this patient there was major change in the intensity of pain measured by using visual analogue scale. Patient given *Shodhana therapy* followed by *shamanoushadhis* gave good outcome. She got her periods on 14/7/24 within a short span. In this cycle the intensity of pain assessed which showed reduction in severity.

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