Ayurvedic Management of Endometriosis: A Case Study

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ABSTRACT
Introduction: Endometriosis is a benign gynaecological disorder defined by presence of endometrial glands and stroma outside the lining of uterine cavity. This ectopic endometrial tissue behaves as normal endometrial tissue and bleeds every month. This blood may become encysted and form endometrioma. The exact prevalence is not known but estimates range from 10-15% within the woman reproductive age group.

Materials and methods: A 26-year-old married patient came to the OPD of Prasutitantra evam Streeroga on 10 September 2023 with the complains of failure to conceive since four and half years along with early and scanty menses since 3 years. A chocolate cyst of size 18*21*13mm in right ovary and a haemorrhagic cyst of size 42*36*41mm in left ovary was detected by USG. She was given Virechana Karma in first cycle, followed by Matra Basti with Dashamoola Trivruta Taila for 7 days in next consecutive cycle and orally Saptasara Kashayam along with Purana Guggulu Choorna as Prakshepa and Goghruta as Anupana.

Result: After treatment her USG on 31/11/2023 relieved complete resolution of the chocolate cyst. The follow-up was done for 1 month which showed no recurrence of the cyst.

Discussion: Virechana eliminates the Doshas and normalizes the ovarian functions. Dashamoola Trivruta Taila Matra Basti helps in Vaatanulomana and does Tridosha Shamana, in Saptasara Kashayam most of the ingredients are having digestive, carminative, analgesic, anti-inflammatory, Strotoshodhana, Vatakaphashamana, laxative, and blood purifier properties. Guggulu when given with Saptasar Kashayam will increase the efficiency of the formulation by its Yogavahi property thus helping in breaking the pathogenesis.

Keywords: Endometriosis, Virechana Karma, Dashamoola Trivruta Taila, Saptasara Kashayam, Purana Guggulu.

INTRODUCTION
Presence of functioning endometrium in the sites other than uterine mucosa is called endometriosis. Endometriosis can occur at any site. The most common sites are the ovaries, cul-de-sac including the uterine sacral ligaments, peritoneum overlying the bladder, sigmoid colon, back of the uterus, intestinal coils and appendix. This ectopic endometrial tissue behaves as normal endometrial tissue and bleeds every month. This blood may become encysted and form endometrioma. Endometrioma are cystic lesions that stem from endometriosis. Nearly 10-15% of women of reproductive age suffer from endometriosis. These
lesions are commonly referred to as chocolate cyst due to thick dark brown appearance of the fluid that is contained within them. Ayurveda explains that it is not always possible to name a disease in a definite term. Endometriosis is not an exception for the same. Hence this disease has to be analysed according to the Nidana Panchaka theory of Ayurveda based on the concepts of Dosha, Dushya, Srotas, Samprapti and its management. All the ailments of female reproductive system (gynaecological disorders) which are considered in Ayurveda, can be classified under Artava Dushti and Yonivyapada. After thoroughly analyzing the modern perspective of endometriosis & different Samhitas in Ayurveda, we can relate it with Beejakosha Granthi, Vatika Yonivyapath, Udavarta Yonivyapath, Granthi. Due to various causes, Vata gets vitiated. This vitiated Vata in turn vitiates the Artava (endometrium) and carries the vitiated Artava from the Garbhashaya by Pratilomagati to sites other than Garbhashaya along with vitiated Vata by Ashayapakarsha. Further the vitiated Vata Dosha vitiates Rakta, Mamsa and Medo Dhatu. By time, the dominant Vata Dosha involves the other two Doshas and produces various symptoms. The general treatment principles can be laid down by going through the treatment principles of Artavadushti, Pradara, Yonivyapad, Raktapitta, Gulma and Granthi.

CASE REPORT

Presenting Concerns
A 26-year-old Vata Pradhana Pitta Prakruti married patient with a married life of five and half years visited the OPD on 10/09/2023, with the complains of failure to conceive since four and half years along with early and scanty menses in the past 3 years.

Clinical findings
The patient attained menarche at 14 years of age and had severe dysmenorrhea with a score of 6 in visual analogue scale. Since childhood patient was habituated to taking Katu, Amla Rasa Pradhana Ahara along with physical work. Patient did not take any medication and after marriage her condition improved. She is married for five and half years. Since the past 3 years she is having early and scanty menses, and is unable to conceive. Her current menstrual history showed a cycle of 20-23 days interval and a duration of 1-2 days with partially soaked one pad and pain in abdomen during menses with a score of 3 in the visual analogue scale. She has never conceived and had no history of dyspareunia. She had no history of any systemic disorder, DM, HTN, thyroid dysfunction, leukorrhea or any significant illness. There was no family history of any ovarian cyst or tumour.

CLINICAL FINDINGS

Physical Examination
Patient’s general condition was good with Pulse rate of 88/min, respiratory rate was 16/min and blood pressure 110/70mmHg. She had a BMI of 18.72 kg/m². No abnormality was noted after a detailed systemic examination. Appetite, sleep, micturition and bowel were normal. The patient was of lean body built and had Vata- Pitta Prakruti.

Local Examination
On per speculum examination, the vulva was healthy with no any local lesion or growth. The vaginal canal was healthy with no secretions. The cervix was of normal size, with no discharge and or lesions. On per vaginal examination, the cervix was found to be smooth, firm, with no cervical motion tenderness. The
uterus was found to be retroverted with normal size, freely mobile with no associated tenderness. Bilateral adnexa was clear with no tenderness.

INVESTIAGTIONS – as in table 1 to 2.

Therapeutic intervention
After thoroughly examining the patient, Nidana were found in patient related to diet and lifestyle are morning breakfast was chai –paratha’s, bhakri, roti made of bajra , Viruddhashana (also like milk and salty or pungent things ), Katu, Amla Rasa Pradhana Ahara. Dinner time was around 9 pm or 9:30 pm, Mala -Mutra Vega Dharana, according to which treatment protocol was planned. She was advised to follow Nidana Parivarjan as well as Pathya Palana. In the first cycle, after stoppage of menses, she was given Virechana Karma\(^\text{ix}\) as shown in Table 03. After that orally Saptasara Kashayam\(^\text{vi}\) and Purana Guggulu Choorna\(^\text{vii}\) was given for 2 months as shown in Table 04. The next two consecutive cycles after Vrechana, she was administered Matra Basti with Dashamoola Trivruta Taila for 7 days as shown in Table 05.

Follow-up and Outcome
Within 2 months of treatment, her menstrual interval was of 25-26 days and pain in abdomen reduced to a Score of 2 in the visual analogue scale. Her sonography on 21/11/23 showed complete resolution of cyst in both ovaries.

DISCUSSION

Virechana: Indriya get clarified, Dhatu also gets cleaned and seed becomes efficacious by Virechana.\(^\text{ix}\) Ashtanga Sangraha clearly mentioned the role of Virechana Karma\(^\text{a}\) in Granthi Chikitsa. Doshas eliminated through Samshodhana Chikitsa are eradicated entirely (Apunarbhava)\(^\text{xi}\). Virechana also has Raktaprasadana Karma (blood purifying action)\(^\text{xii}\). It normalizes the ovarian functions by its purifying action (Bio cleansing property).

Basti Karma: Yoni (female reproductive tract) is clarified by Basti, it provides fortune and child even to infertile women. Yoni Rogas are inevitable without Vata and Basti is the main treatment for Vata Dosha.\(^\text{xiii}\)

Dashamoola Trivruta Taila: In endometriosis, due to Vata Kopa, there is change in normal Anuloma Gati (normal movement) of Artava (menstrual blood). For treatment of Vata Dosha, Taila Kalpana is considered the best treatment.\(^\text{xiv}\) Here Dashamool Trivruta Taila Matra Basti\(^\text{xv}\) has Madhura, Tiktha, Kashaya Rasa; Snigdha Guna, Ushna Virya, Madhura Katu Vipaka and Tridosha Shamana Guna thus helping in Vatamulomana.

Saptasara Kashayam: Saptasara Kashayam\(^\text{vii}\) is indicated in Vidbandha (severe constipation), Mandagni (diminution of Agni), Atimahati Raja (excessive pain) and pain in Yoni (pelvis), Hrudaya (cardiac region), Kukshi (abdomen), Prushta (back), Shroni Pradesha along with Jatara, Ashteela (Benign Prostatic Hyperplasia), Pleha(splenic diseases) and Gulma Roga (cyst).

Most of the ingredients are having digestive, carminative, analgesic, anti-inflammatory, channel cleansing, Vatakaphasamana (alleviation of Vata and Kapha), laxative, and blood purifier properties. Thus, the formulation helps in breaking the pathogenesis by normalizing the functions of Apana Vayu, cleansing the channels as well as removing the obstacles related to menses.

Guggulu is called Yogavahi (carrier/catalyst), as it can penetrate the minute parts of the body, thereby removing the deep-rooted toxins from the bodily tissues. Guggulu when given with Saptasara Kashayam will increase the efficiency of the formulation by its Yogavahi property.
**Purana Guggulu** is having properties of *Apakarshana* (removal of cause of disease), *Tridosha Shamaka*, *Anala Deepana* (increasing the digestive fire) and is indicated in *Gulma, Antar Vidradhi*.

**CONCLUSION**
Ayurveda has a great scope in this area of concern as a wide range of Ayurvedic Drugs are having the potential to treat the symptoms associated with endometriosis. So, from this study, we can conclude that above mentioned Ayurvedic medicines are effective in treating secondary dysmenorrhea due to endometriosis.

**PATIENT PERSPECTIVE**
The patient was satisfied with the treatment.

**PATIENT CONSENT**
The patient provided written consent for publication of this case report.

### Table 01: Lab Investigations: 10/10/23

<table>
<thead>
<tr>
<th>Hematological</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hb</td>
<td>11.0gms%</td>
</tr>
<tr>
<td>BGRH</td>
<td>B positive</td>
</tr>
<tr>
<td>HIV, HCV, HbsAg, VDRL</td>
<td>Negative</td>
</tr>
<tr>
<td>BT</td>
<td>1min 35 sec</td>
</tr>
<tr>
<td>CT</td>
<td>3 min 30 sec</td>
</tr>
<tr>
<td>CA-125</td>
<td>4.3U/mL</td>
</tr>
<tr>
<td>Urine routine and micro</td>
<td>Normal study</td>
</tr>
</tbody>
</table>

### Table 02: USG-TVS:

<table>
<thead>
<tr>
<th>BT (20/09/23)</th>
<th>AT (21/11/23)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right ovary</td>
<td>Left ovary</td>
</tr>
<tr>
<td>Size of cyst</td>
<td>Size of cyst</td>
</tr>
<tr>
<td>18<em>21</em>13mm</td>
<td>42<em>36</em>41mm</td>
</tr>
<tr>
<td>chocolate cyst</td>
<td>hemorrhagic cyst</td>
</tr>
<tr>
<td>Volume of cyst</td>
<td></td>
</tr>
<tr>
<td>Ovarian volume</td>
<td></td>
</tr>
</tbody>
</table>

### Table 03 Schedule of *Virechana Karma*

<table>
<thead>
<tr>
<th>Date</th>
<th>Karma</th>
<th>Medicine name</th>
<th>Posology</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>23/09/23</td>
<td>Deepeana</td>
<td><em>Trikatu</em></td>
<td>1gm, twice a day, with lukewarm water</td>
<td>4 days</td>
</tr>
<tr>
<td>26/09/23</td>
<td>Pachana</td>
<td><em>Choorna</em></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27/09/23</td>
<td>Snehapana</td>
<td><em>Gogrita</em></td>
<td>1st day – 30ml, 2nd day – 60ml</td>
<td>6 days</td>
</tr>
<tr>
<td>02/10/23</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Condition</td>
<td>Treatment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>----------------------------------</td>
<td>---------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>03/10/23   to 04/10/23</td>
<td>Intermenstrual bleeding</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>06/10/23</td>
<td>Snehapana</td>
<td>Gogrita</td>
<td></td>
<td></td>
</tr>
<tr>
<td>07/10/23   to 10/10/23</td>
<td>Sarvanga Abhyanga Abhyanga Swedana</td>
<td>Abhyanga with Bala taila Swedana with Dashamoola Nadi Swedana</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/10/23</td>
<td>Virechana Vega - 14</td>
<td>Trivruta Avaleha (65gm)+ Draksha Jala (Q.S)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/10/23   to 14/10/23</td>
<td>Samsarjana Krama</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Table 04 Shamana Aushadhi**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dose</th>
<th>Anupana</th>
<th>Prakshepa</th>
<th>Route</th>
<th>Time</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saptasara Kashayam</td>
<td>50 ml twice a day</td>
<td>Go-Ghrita (5ml)</td>
<td>Purana Guggulu Choorna (1gm)</td>
<td>Oral</td>
<td>Morning and evening, empty stomach</td>
<td>For 2 months</td>
</tr>
</tbody>
</table>

**Table 05 Schedule of Dashamoola Trivruta Taila Matra Basti**

<table>
<thead>
<tr>
<th>Date</th>
<th>Drug</th>
<th>Dose</th>
<th>Route</th>
<th>Time</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/11/23   to 09/11/23</td>
<td>Dashamoola Trivruta Taila</td>
<td>60ml</td>
<td>Rectal</td>
<td>At morning 8:30am to 10:00am; after light diet</td>
<td>7 days</td>
</tr>
</tbody>
</table>

**Figure 1** USG Report before and after treatment
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