

Ayurvedic Management of Endometriosis: A Case Study

M.K. Sandhya¹, Prof. S B Donga²

¹PG scholar, Department of PTSR, ITRA, Jamnagar.

²I/C HOD, Department of PTSR, ITRA, Jamnagar.

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 *Goghrita* 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, *Stroto Shodhana*, *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.ⁱ Endometriosis can occur at any site. The most common sites are the ovaries, cul-de-sac including the utero sacral ligaments, peritoneum overlying the bladder, sigmoid colon, back of the uterus, intestinal coils and appendix.ⁱⁱ 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.ⁱⁱⁱ These

lesions are commonly referred to as chocolate cyst due to thick dark brown appearance of the fluid that is contained within them.^{iv}

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*, *Strotas*, *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's*^v. 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*, *Yonivyapada*, *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 –parataha'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*^{vi} as shown in Table 03. After that orally *Saptasara Kashayam*^{vii} and *Purana Guggulu Choorna*^{viii} 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*.^{ix} *Ashtanga Sangraha* clearly mentioned the role of *Virechana Karma*^x in *Granthi Chikitsa*. *Doshas* eliminated through *Samshodhana Chikitsa* are eradicated entirely (*Apunarbhava*)^{xi}. *Virechana* also has *Raktaprasadana Karma (blood purifying action)*^{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*.^{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.^{xiv} Here *Dashamoola Trivruta Taila Matra Basti*^{xv} has *Madhura*, *Tiktha*, *Kashaya Rasa*; *Snigdha Guna*, *Ushna Virya*, *Madhura Katu Vipaka* and *Tridosha Shamana Guna* thus helping in *Vatanulomana*.

Saptasara Kashayam: *Saptasara Kashayam*^{xvi} is indicated in *Vidbandha* (severe constipation), *Mandagni* (diminution of *Agni*), *Atimahati Ruja* (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 PERCEPTIVE

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

Hematological :	
Hb	11.0gms%
BGRH	B positive
HIV, HCV, HbsAg, VDRL	Negative
BT	1min 35 sec
CT	3 min 30 sec
CA-125	4.3U/mL
Urine routine and micro	Normal study

Table 02: USG-TVS:

	BT (20/09/23)		AT (21/11/23)	
	Right ovary	Left ovary	Right ovary	Left ovary
Size of cyst	18*21*13mm chocolate cyst	42*36*41mm hemorrhagic cyst	Complete resolution of cyst	
Volume of cyst	19cc	34cc		
Ovarian volume	24cc	38cc		

Table 03 Schedule of Virechana Karma

Date	Karma	Medicine name	Posology	Duration
23/09/23 to 26/09/23	<i>Deepeana</i> <i>Pachana</i>	<i>Trikatu</i> <i>Choorna</i>	1gm, twice a day, with lukewarm water	4 days
27/09/23 to 02/10/23	<i>Snehapana</i>	<i>Gogrita</i>	1 st day – 30ml 2 nd day – 60ml	6 days

			3 rd day – 90ml 4 th day – 120ml 5 th day – 150ml 6 th day – 180ml	
03/10/23 to 04/10/23	Intermenstrual bleeding			
06/10/23	<i>Snehapana</i>	<i>Gogrita</i>	7 th day – 210ml	1 day
07/10/23 to 10/10/23	<i>Sarvanga</i> <i>Abhyanga</i> <i>Swedana</i>	<i>Abhyanga with</i> <i>Bala taila</i> <i>Swedana with</i> <i>Dashamoola</i> <i>Nadi Swedana</i>	-	4 days
10/10/23	<i>Virechana</i> <i>Vega - 14</i>	<i>Trivruta</i> <i>Avaleha</i> <i>(65gm)+</i> <i>Draksha Jala</i> <i>(Q.S)</i>	-	1 day
10/10/23 to 14/10/23	<i>Samsarjana</i> <i>Krama</i>	-	-	5 days

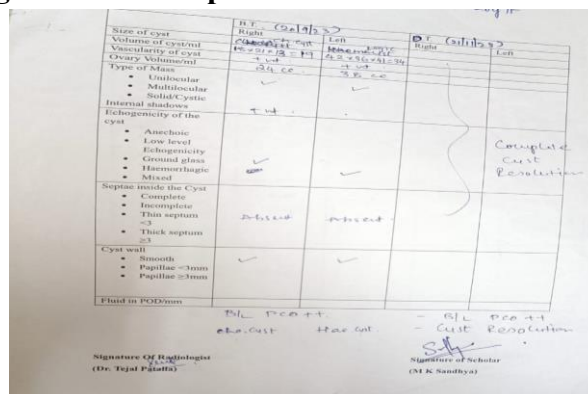
Table 04 *Shamana Aushadhi*

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

Table 05 Schedule of *Dashamoola Trivruta Taila Matra Basti*

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

Figure 1 USG Report before and after treatment



REFERENCES

1. DC Dutta's text book of Gynecology including contraception edited by Hiralal Konar published by Jaypee Brothers Medical Publishers (P) Ltd, Seventh edition, 2016; 22nd: 248.
2. Howkins and Bourne Shaw's text book of Gynaecology edited by V.Padubidri and Shirish N. Daftary, Published by B.I. Churchill Livingstone Pvt Ltd, Eleventh edition, 1994; 32: 526.
3. Counsellor VS. Endometriosis. A clinical and surgical review. Am J Obstet Gynecol, 1938; 36: 877
4. Exacoustos C, De Felice G, Pizzo A, Morosetti G, Lazzeri L, Centini G, Piccione E, Zupi E. Isolated Ovarian Endometrioma: A History Between Myth and Reality. J Minim Invasive Gynecol, 2018 Jul - Aug; 25(5): 884-891.
5. P.K, Jyothi. (2022). Endometriosis an Ayurvedic View. International Research Journal of Ayurveda & Yoga. 05. 117-123. 10.47223/IRJAY.2022.5921
6. Nepal Rajguru Pan. Hemraj Sharma, Kashyap Samhita of Vruddhajivaka, Chaukhambha Sankrita Samsthan, Varanasi, Siddhi Sthan, TRilakshana Siddhiadhyay/6 Page no. 225
7. Sahasrayogam , Kendriya Ayurved Evam Anusandan Parishad, new Delhi, page no. 112
8. Sushruta, SushrutaSamhita.Kaviraj Ambika Dutta Shastri, Editor.; Chikitsa sthana, 05/40-45, Chaukhambha Sanskrit Sansthan, Varanasi, Reprint 2012.
9. Nepal Rajguru Pan. Hemraj Sharma, Kashyap Samhita of Vruddhajivaka, Chaukhambha Sankrita Samsthan, Varanasi, Siddhi Sthan, TRilakshana Siddhiadhyay, Page no. 225
10. Shree nandkishorsharma, Astangsamgraha of vagbhatta, uttartastra, granthichikitsaadhyay. Cha 34, ver 26. Reprint edition, varanasiChaukhambhaorientalia, 2015. page no 412
11. R.K. Sharma and Bhagavan Das editors, Agnivesha's Caraka Samhita based on Chakrapani Datta's Ayurveda deepika, volume 1, Published by Choukhamba Sanskrit Series office, Varanasi, Sutrasthan, vidhishonitiyaadhyay Shloka no.18, page no;406
12. R.K. Sharma and Bhagavan Das editors, Agnivesha's Caraka Samhita based on Chakrapani Datta's Ayurveda deepika, volume 1, Published by Choukhamba Sanskrit Series office, Varanasi, Sutrasthan, Chikitsaprabhruteeya, Shloka no.20-21.
13. R.K. Sharma and Bhagavan Das editors, Agnivesha's Caraka Samhita based on Chakrapani Datta's Ayurveda deepika, volume 1, Published by Choukhamba Sanskrit Series office, Varanasi, Sutrasthan, Yajjah purushiyaadhyaya, Shloka no.40, page no;425.
14. Dr. T. Sreekumar, Ashtanga Hridaya, English translation & commentary, Harisree hospital publication department, June 2005, Sutrasthana-1, Ayushkamiyam, shloka no. 25, page no. 54.