

## ENDOMETRIOSIS – A CONCEPTUAL STUDY

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### ABSTRACT

**Introduction:** Endometriosis is one of the most mysterious and fascinating benign gynaecological disorders defined by implantation of functioning endometrial tissue outside the uterine cavity. The incidence is about 10%, but awareness of more cases is increasing on account of diagnostic laparoscopy. Amongst infertile women, incidence is 20% and is 15% in women with chronic pelvic pain (CPP). Endometriosis is usually associated with infertility, dysmenorrhoea, dyspareunia, dyschezia and non menstrual pelvic pain. It can be compared as a syndrome complex of *vataja yonivyapad* in *ayurveda*. **Objectives:** The present work aims at understanding endometriosis in both allopathic and *ayurvedic* perspective. **Materials and Methods:** *Ayurvedic* classics, text book of gynaecology and internet publications were consulted and reviewed for the present work. **Conclusion:** In today's world, endometriosis is emerging as a burning issue which leads to 30-40% infertile women. So, there is a need to collaborate modern medicine as well as *ayurveda* to solve this problem. This article is a step to understand the problem in the present scenario.

**Keywords:** endometriosis, *vataja yonivyapad*, *ayurveda*, dysmenorrhoea, infertility.

### INTRODUCTION

The condition was first described by Carl von Rokitansky in 1860. Endometriosis is one of the most mysterious and fascinating benign gynaecological disorders. By definition, endometriosis is occurrence of benign ectopic endometrial tissues outside the cavity of the uterus. These islands of endometriosis are composed of endometrial glands surrounded by endometrial

stroma and are capable of responding to a variable degree to cyclic hormonal stimulation. The disease owns a unique pathology of a benign proliferative growth process yet having the propensity to invade the normal surrounding tissues.<sup>[1]</sup>

Endometriosis is the deposition of endometrial tissue at abnormal sites in the body (usually in the pelvic area) instead of its normal position, as the lining of

the womb. As a result hormonally active tissue, which continues to bleed on a monthly basis, may end up depositing around the pelvis, fallopian tubes, ovaries, rectum and intestinal area. Consequently, every month this abnormally situated menstrual tissue builds up, bleeds and sheds blood and cells. Problems arise because the tissue may be in the pelvis or abdomen rather than in uterus. With endometriosis there is no route for escape and so old blood and cells that deposit in the pelvis may cause congestion and pelvic, intestinal and rectal pain, painful periods, fertility problems etc. Symptoms commonly found are pelvic pain, sacral backache, menorrhagia, dysmenorrhea, dyspareunia, bloody urine or stools, infertility, acute abdominal symptoms, and pain upon defecation, urination or intercourse. The signs are masses on palpation, retroversion of the uterus, tenderness and visible bluish nodules.

The classics have described 20 types of *yonivyapada*. Endometriosis can be correlated to *vataja yonivyapada*.

*Charaka* says that a woman of *vata prakriti*, when consuming improper diet and indulges in other activities capable of aggravating *vayu*; thus provoked *vayu* reaches the reproductive system and produces pricking and other pains, stiffness, sensation as if creeping of ants, roughness and numbness, local symptoms and fatigue or lethargy etc. Due to *vata*, menstruation appears with irregularity and is painful, frothy, thin, and dry (absence of mucous).

*Chakrapani* has explained that this type of bleeding from the vagina may occur even during the intermenstrual cycle.

*Sushruta* has described roughness, stiffness, pricking pain, etc.; local symptoms only.

Both *Vagbhata*s have included local symptoms of feeling stretching, vaginal flatulence and scanty, blackish pinkish menstruation. This disorder produces severe pain in the groin region and flanks, and disorders of *gulma* (abnormal growths/tumors) etc.; *vatika* disorders.

*Madhavnidana*, *Bhavaprakash* and *Yogratnakar* have followed *Sushruta*. In this condition pain is more in comparison with other gynecological disorders of *vata dosha*. All the classics have described stiffness roughness, hyperesthesia etc. as the symptoms seen in estrogen deficiency; and pain etc. as the clinical features of vaginal neuralgia.

*Vagbhata* has included displacement and vaginal flatus in symptoms, often seen with lax perineum especially associated with estrogen deficiency. Considering the description of all the classics together, *vatika yonivyapada* may be considered similar to endometriosis associated with laxity of perineum<sup>[2]</sup>.

Endometriosis is a relatively common and potentially debilitating condition affecting upto 10-15% of reproductive age group women. It is seen in 30-40% of women with infertility. This disease is not directly explained in *ayurvedic Samhitas*. Certain guidelines given in *Samhitas* utilised for understanding such diseases. In the current article, an attempt is made to analyze Endometriosis, by these guidelines.

## MATERIALS AND METHODS

*Ayurveda* classics, text books of gynaecology, and internet publications were consulted and reviewed for carrying out the present work.

## RESULTS AND DISCUSSION

Definition, Signs and symptoms of endometriosis w.s.r. to *vataja yonivyapada*:

Endometriosis is defined as the presence of endometrial type of mucosa outside the uterine cavity.

Endometriosis is oestrogen dependant and manifests during the reproductive years. It is associated with pain and infertility. Dysmenorrhoea, deep Dyspareunia, Pelvic pain, Dyschezia in patients with bowel involvement and Dysuria in those with bladder involvement are the most commonly reported symptoms. Dysmenorrhoea is the pain during or before menstruation. Dyspareunia is the

pain during intercourse Chronic pelvic pain is the non menstrual or non cyclical pain lasting at least six months, strong enough to interfere with daily activities and requiring medical or surgical treatment. Pain with defecation and urination are dyschezia and Dysuria respectively. As the disease and pain are chronic condition there is significant interference in the quality of life of women, in their professional performance and significant costs to the health services. Endometrium is a part of Uterus or which again is considered as a part of majority of the diseases related with female reproductive system are explained under the heading of *Ayurvedic Samhitas*. On analyzing the symptoms, we can interpret endometriosis as a *Yonivyapada*, *Vata dosha* with different *pratyatma linga*.<sup>[3]</sup>

Pathogenesis of Endometriosis:

Proper placement of endometrium is affected or improper movement of endometrium is resulted. The precise pathogenesis of endometriosis is unclear; however the disease may occur because of dissemination of endometrium to ectopic sites and the subsequent establishment of these ectopic endometrial deposits. Of the proposed pathogenic theories - coelomic metaplasia, retrograde menstruation, and mullerian remnants-none can explain all the different types of endometriosis. According to the most convincing model of retrograde menstruation hypothesis, endometrial fragments reaching the pelvis via transtubal retrograde menstrual flow, implant onto the peritoneum and other abdomino-pelvic organs, proliferate and cause chronic inflammation with formation of adhesions. The number and amount of retrograde menstrual flows along with genetic and environmental factors and the cellular immunity determines the degree of phenotypic expression of the disease.

*Artava* is the *upadhatu* of *Rasa*. *Rasa samvahana* (the proper distribution of *rasa*) is the function of *Vyana vayu*. Thus the formation of *artava* from *rasa dhatu* is controlled by *vyana vayu*. Its vitiation results in *sarva dehaagarogas* (Diseases affecting the

whole body). *Artava* formation takes place in *artava vaha srotas* (Channels carrying menstrual blood). After formation; it should be evacuated from body at proper time. This evacuation is the function of *Apana vayu*. But in endometriosis, a partial *vimarga gamana* of *artava* in *artavavaha srotas* results in its ectopic placement. *Vata* is the main dosha in the pathogenesis of all *Yonivyapadas*. During the stage of embryonic development, the cellular division and differentiation is controlled by the *vata dosha*; and thus the *garbhakriti* is determined. Proper placement and movement of structures or organs (*Sarva sareera dhatu vyuhana*) are the functions of *vata dosha*. These are related with the genetic material, and if any anomaly develops at this stage, that lady remains susceptible for any type of *Yonivyapada* after birth. Or in other words, this *beeja dosha/genetic factor* is the *viprakrishta nidana* of *Yonivyapada*.<sup>[4]</sup>

General *Nidanas* for *Yonivyapadas* can be summarised as:

*Mithyahara* (unwholesome diet): especially the use of *vata prakopaka aharas*.

*Mithya viharas* (Abnormal mode of life):doing coitus in abnormal positions, coitus with multiple partners, coitus by a man of big sized penis with a weak woman, use of foreign bodies for sex etc comes under this category. These can produce infections or affect the psychology of the patient and results in *Yonivyapada*. *Vegavarodha* (withholding urges): especially of *adhovayu* (flatus), *mootra* (urine), *mala* (fecus) results in the vitiation of *apana vata*. *Pradushta artava* can be the ectopic endometrium or the abnormal hormone changes and the resultant menstrual abnormalities.<sup>[5]</sup>

**Daiva /Idiopathic factors:**

These can be considered as *sannikrishta nidana* for *Yonivyapada*. All these *nidanas* result in the vitiation of *vata dosha*. The vitiated *vata* vitiates *artava* and affects the proper formation of *dhatu*s. The vitiated *artava* get implanted at various anatomical sites by the *pratiloma gati* of the vitiated *vata* (Retrograde menstruation). Immunodeficiency resulted from the

impaired *dhatu* formation helps in the survival and growth of the ectopic implants. These implants respond to the hormonal changes during menstrual cycle; and get enlarged. With subsequent menstrual cycles, the progression of disease occurs, new lesions will be formed and adhesions may develop. In Ovary, the implants result in the formation of chocolate cyst. Here the *kapha dosha* get associated with *vata*. With extensive adhesions, the anatomy of pelvic organs gets distorted. This distorted anatomy along with defective *artava* (Hormonal imbalance and ovulation problems) results in infertility. In short the *kshetra dushti* and *bija dushti* impairs fertility. The stage of menstruation is dominated by *vata dosha*. Hence during this stage, there is increased pain. The most common sites of ectopic implants are located in the pelvis- ovaries, Fallopian tubes, vagina, cervix, uterosacral ligaments or the recto-vaginal septum. More unusual implantation sites are laparoscopy scar, pleura, lung, diaphragm, kidney, spleen, gall bladder etc. The vitiated *vata* undergo *sthanasamsaraya* at the sites of *khavaigunya* effected from the *beeja dushti* and produce symptoms based on this *sthana visesha*.<sup>[6]</sup>

#### Complications/*upadrava*

Infertility/subfertility, Chronic pelvic pain, Anatomic disruption of involved organs (Adhesions, cysts, ruptured cysts), Menstrual disorders such as menorrhagia are the commonly seen complications of endometriosis. Infertility is the main complication of endometriosis. *Acharyas* explained that the woman affected with *yoniroga* cannot retain *sukla*, and this makes her infertile. She will be suffering from *gulma*, *arsas*, *pradara* and other disorders of *vatakopa*. *Vagbhatas* have added *sthambha* (stiffness) and *soola* (Pain) to the list of complications.<sup>[7]</sup>

#### Differential diagnosis

The pain, infertility and adhesions associated with endometriosis should be differentiated from similar symptoms accompanying appendicitis, Urinary tract infection, Ectopic pregnancy, ovarian tumor, Pelvic inflammatory disease etc. Conditions like *Rakta*

*Gulma* and *Arbuda* mentioned in *Ayurvedic Samhitas* have similar symptoms or pathogenesis as *vataja Yonivyapada*. Symptoms of *arbuda* are not exclusively related with menstruation/*artava*.

#### Diagnosis

Diagnosis of endometriosis is made with the confirmation of presence of endometrial tissue outside the uterine cavity with the direct or indirect evidence of cyclical bleeding.

Three clinical entities of endometriosis can be distinguished.

1. The peritoneal implant
2. The endometrial cyst /Endometrioma
3. The deep nodular lesion.

Superficial lesions of endometriosis are located typically on pelvic organs or peritoneum. Endometriomas contain dense brown, chocolate like fluid and are formed within the ovarian cortex. Adhesions are usually associated with these pseudo cysts and attach them to nearby pelvic structures. Deep infiltrating endometriosis lesions are usually found in the utero sacral ligaments, cul-de-sac, or recto vaginal septum. These patients may present with deep Dyspareunia and various bowel symptoms from diarrhoea to dyschezia during menstruation depending on the location of deep lesions. The extra pelvic locations of endometriosis are rare but can include the upper abdomen, diaphragm, abdominal wall or abdominal scar tissue. The diagnosis at various sites can be made with MRI, Cystoscopy (for bladder endometriosis), sigmoidoscopy or colonoscopy (for bowel lesions). Laparoscopy and biopsy remain the gold standards for diagnosis.<sup>[8]</sup> The appearance or exacerbation of pain symptoms during menstruation suggests endometriosis. No serum markers are available which confirms the diagnosis. *Ayurvedic* way of diagnosis can be made, based on the clinical presentations. Endometriosis cannot be considered as a single entity as per *Ayurvedic* view.

Rather it can be diagnosed as following:

Clinical presentation for *ayurvedic* diagnosis are Dysmenorrhoea (*Vatala* or *Udavarta yonivyapada*) Chronic pelvic pain (*Vatala Yonivyapada*),

Dyspareunia (*Paripluta*), Menorrhagia (*Raktha yoni*), Infertility/Ovulation disorders (Complication of *Yonivyapada/ Vandhya*), Acute abdominal symptoms, palpable nodular masses *Vataja Granthi* Adhesions, Distorted uterine anatomy (*Antarmukhi yoni vyapada*).

This method of diagnosis helps to plan the principles of treatment.

#### Management:

Endometriosis is viewed as a chronic disease that requires effective pain management. Hormonal or surgical treatment is suggested for patients with painful endometriosis. Medical management for pain includes oestrogen-progesterone combinations (OCPs), isolated progestin, GnRH analogues, danazole and gestrinone and aromatase inhibitors. Studies have revealed significant side effects of these medicines. Hormonal therapies act by creating a state of pseudo pregnancy or pseudo menopause. Preservation of fertility is a challenge for adolescents undergoing this treatment. NSAIDs are also used to reduce inflammation. Surgery is indicated for patients who do not respond to medical management. It involves the laparoscopic excision of endometriotic lesions – coagulation/laser vaporisation/ cystectomy. Surgery is an invasive procedure with risk of recurrence and complications. *Ayurvedic* principles could be utilised to formulate a treatment protocol which can induce the regression of endometriotic lesions and its symptoms without affecting the normal physiology of the lady. Conservation of ovarian function is desired in young patients to preserve the reproductive potential. In case of perimenopausal patients with endometriosis, a palliative management of pain only is needed. The treatment principles of *Yoniroga, Gulma, Granthi, Arthava dushti, Pradara* can be adopted after assessing the symptoms. Diseases of *yoni* do not occur without the vitiation of *vata*; hence the treatment should aim at *vata samana*. *Sneha, sweda* and *mridu panchakarma* therapy should be done properly. After the *sodhana chikitsa, samana chikitsa* can be done considering the *anubandha*

*dosha*. Local treatments like *Uttaravbasti, basti, Abhyanga, Pichudharana* are also effective. In chronic cases of endometriosis with cystic changes and extensive adhesions, *vatanulomana, lekhana, srotosodhana, sulahara* treatment should be given. Drugs with the same properties can be selected for *rasayana chikitsa* in endometriosis. Drugs like *satapushpa, shatavari, lasuna* will be effective in this aspect.<sup>[9]</sup>

#### Preventive aspects:

As per *Ayurveda*, to remain healthy, the *charyas* should be started from the stage of *garbha* itself. *Acharyas* have elaborated *ritumati charya, garbhinicharya* etc which may aid in avoiding the *beeja dushti/genetic* causes.<sup>[10]</sup>

## CONCLUSION

Endometriosis is defined as the presence of endometrial like tissue outside the uterine cavity. It is a disease of theories. As per *ayurvedic* view, the genetic theory can be understood by *Beeja dosha* and *Daiva*. Vitiated *vata* in the *garbhavasta* and *Mithya ahara viharas* of the present life results in the stage of immune deficiency. Vitiating of *vata dosha* especially the *apana* and *vyana vata* results in retrograde flow of menstruation, lymphatic and vascular spread of endometrial tissues. The ectopic implants of endometrium may get enlarged with subsequent menstrual cycles. Adhesions develop with association of *kapha dosha*. Interpretation and diagnosis can be made in *ayurvedic* view based on the clinical presentation. Treatment should aim at *vatasamana* with due consideration to associated *kapha dosha* by *lekhaniya dravyas*.

## REFERENCES

1. V G Padubidri, S N Daftary, Howkins & Bourne, Shaw's textbook of Gynaecology, 16<sup>th</sup> edition, revised ed., pg. 409.
2. Tiwari Premvati, ayurvediya prasuti tantra evam streeroga, dwitiya bhaga, striroga, chaukhamba orientalia prakashan, Varanasi (2012), pg. 15, 16.
3. Agnivesha, Charaka Samhita, Ayurveda-Dipika commentary by Chakrapanidutta, revised ed., Sutra

- Sthana (26:43), pg. 145, Chaukhambha Surbharati Prakashan, Varanasi (2005)
4. Sushruta, Sushruta Samhita, Nibandha samgraha commentary by Yadavji Trikamji Acharya, Narayan Ram Acharya, 8th ed., Sootra Sthana (5:43), pg. 369, Chaukhambha Sanskrit Sansthan, Varanasi, (2013)
  5. Sushruta, Sushruta Samhita, Nibandha samgraha commentary by Yadavji Trikamji Acharya, Narayan Ram Acharya, 8th ed., Uthara Sthana (38:9), pg. 669, Chaukhambha Sanskrit Sansthan, Varanasi, (2013)
  6. Ushakumari, P K., G Nagabhushanam, Endometriosis, 1st ed., Dept of Publications, The Aryavaidya Sala, Kottakkal, (2005)
  7. Vagbhatta, Ashtang Hridya, Sarvangasundara & Ayurvedarasayana commentary of Hemadre, Haridasasivashastri Paradakara Vaidya, 9th ed., Sootra Sthana (12:194), pg. 504, Chaukhambha Surbharati Prakashan, Varanasi (2005)
  8. Hiralal Konar, D C Dutta, Text book of Gynaecology, pg. 248-257, 7th ed., Jaypee, (2016)
  9. Vagbhatta, Ashtang Hridya, Sarvangasundara & Ayurvedarasayana commentary, 9th ed., Uthara Sthana (33:52,53), pg. 896; Chaukhambha Surbharati Prakashan, Varanasi, (2005)
  10. Vagbhatta, Ashtang Hridya, Sarvangasundara & Ayurvedarasayana commentary, 9th ed., Uthara Sthana (33:43), pg. 896; Chaukhambha Surbharati Prakashan, Varanasi, (2005)
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