

**AYURVED APPROACH TO ENDOMETRIOSIS – A CASE STUDY**Divya Pawar<sup>1</sup>, Sameer Gholap<sup>2</sup>

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**ABSTRACT**

Endometriosis is the most upcoming disease that affects the quality of life of millions of women and their families worldwide. It is one of the obscure and captivating benign gynaecological disorders defined by implantation of functioning endometrial tissue outside the uterine cavity. Endometriosis is associated with a broad range of symptoms including Dysmenorrhoea, Dyspareunia, Chronic intermenstrual pelvic pain, and Infertility. The prevalence of Endometriosis in women of Reproductive age is 6-10%. It can be compared as a syndrome complex of *Paripluta Yonivyapada* in Ayurveda. Thus, *Vata evum Pitta shaman* treatment along with regimen is given in it.

**Aim and Objectives:** To evaluate the efficacy of *Shodhana Chikitsa* as *Yog Basti*, *Uttarbasti* and *Shamana Aushadhi*, in the management of Endometriosis.

**Materials and Methods:** It is the single arm, open labelled case study of the subject of 36 yrs. age with Endometriosis who has been treated with *Shodhana Chikitsa* as *Yog Basti*, *Uttarbasti* and *Shamana Chikitsa* simultaneously.

**Observation and Result** Chief complaints of Patient i.e. *Adhodarashula* (Lower abdominal pain) and *Kashtartava* (Pain during menstruation) were relieved. USG reports confirms and substantiates the clinical symptom free evidence.

**Conclusion:** The selected treatment protocol i.e. *Shodhana Chikitsa* as *Yog Basti*, *Uttarbasti* and *Shamana Aushadhi*, are found very effective in the management of Endometriosis.

**Keywords:** Endometriosis, Pelvic Congestion Syndrome, *Paripluta Yonivyapada*, *Ayurveda* Etc.

## INTRODUCTION

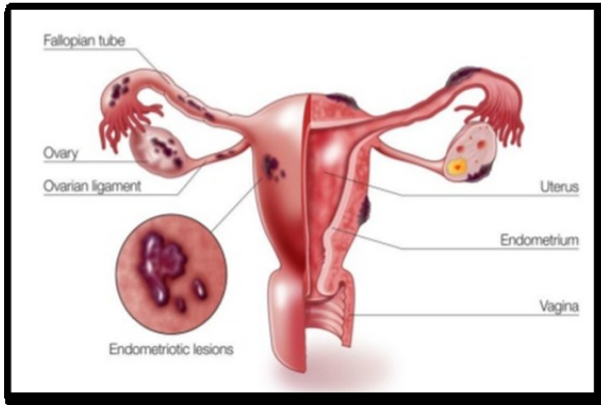
Endometriosis is most one common problem encountered in gynaecology. It affects women in their reproductive years which is associated with pelvic pain, Infertility, Dysmenorrhoea etc. Prevalence of Endometriosis is 10% but highest in infertile women about 30-40%. Its incidence appears to be increase partly due to improvements in diagnostic technique and partly due to changing social pattern like late marriages and limitation of family size. Evidence of 20 % women undergoing laparoscopic investigation for infertility. Also 24 % of women complains about Pelvic pain are subsequently found to have endometriosis [1]. It is the most common benign gynaecological problem which oestrogen dependent thus resolves after menopause or treatment having pseudo menopause. *Paripluta yonivyapada* is one of the twenty *Yoni Vyapada* mentioned in *Ayurvedic* classics. *Pitta* and *Vata dushti* states inflammation of *yonis*, Painful micturition, Tenderness, yellowish or bluish colour of menstrual blood, Lumbosacral and groin pain, Low backache and fever. *Acharya Sushruta* states that condition is said with severe Dyspareunia along with pain etc. caused by *Vata Dushti*. *Acharya Vagbhata* and *Charaka* states Heaviness in the region of Bladder and Lower abdomen, Di-

arrhoea, Anorexia etc. In *Madhukosha* it is the condition of features having *Vata* symptoms like Pain with extreme level in periphery means *Paripluta* in entire internal and external reproductive organs hence termed as “*Paripluta*” [2]. The pelvic congestion syndrome (PCS) is a complex and multifactorial condition associated with inflammatory and hormonal etiopathogenesis similar to the endometriosis. Furthermore, both pathologies share same clinical symptoms as chronic pelvic pain and dyspareunia [3]. The presence of functioning endometrium like glands and mucosa in sites other than uterine mucosa is called as Endometriosis [4]. There are 3 most accepted theories are **Sampson’s Theory**, This theory explains that the flow of menstrual blood gets backed up causing some of the blood to flow in reverse direction. This process causes blood containing endometrial tissue to attach to surfaces outside of the uterus. **Meyer’s Theory**, this theory proposes that specific cells called Metaplastic cells change into endometrial cells and actually present at birth. **Vascular Theory**: This theory suggests that the endometrial tissue travels through the body via blood vessels. It then reaches various tissues, implants and then grows causes pain.

**Table 1: Symptoms of Endometriosis** [5]

Site	Symptoms
Female reproductive tract	Dysmenorrhoea, Non menstrual pelvic pain, Dyspareunia Infertility, Rupture/torsion endometrium, Low back pain
Urinary tract	Cyclical Hematuria, Cyclical Dysuria, Ureteric obstruction
Gastrointestinal tract	Cyclical Dyschezia, Cyclical Rectal bleeding, Obstruction, Cyclical intestinal complaints – Periodic bloating, diarrhoea, constipation.
Surgical scars/Umbilicus	Cyclical pain and bleeding
Lungs	Cyclical haemoptysis, Haemopneumothorax
Others	Fatigue, Cyclical Shoulder pain

### Sites of Endometriosis



Endometriosis is reported in Ovaries, Uterine ligaments, Recto vaginal septum, Pelvic peritoneum, Laparotomy scars, Vagina, Umbilicus, Hernia sacs, Urinary tract, Large and small intestine, Appendix and rarely even in the pleura, diaphragm, arms, legs, kidneys etc. Differential Diagnosis - Endometriosis is differentially diagnosed from PID, Malignant diseases of the ovary, Myomas, malignancy of cervix and vagina etc.

#### **Paripluta Yonivyapada:**

**Pittalaya Nrusavase Kshavathuudgaradharanat | Pittasamurchhito Vayuyonim Dushayari Striyaha || Shuna Sparshakshama Sartinilapitamsruka Sravet | Shronivankshanaprushtartijwarartaya Paripluta || (Cha.Chi.30/23)**

Dosha – Vata, Pitta, Kapha, Dushya – Rasa, Rakta, Srotasa – Artavavaha srotasa, Srotodushti – Vimargagamana. When who having Pitta predominance because of her Pitta Prakruti or consumption of diet which aggravates Pitta withholds her sneezing urge and eructation at the time of coitus then vitiated Pitta along with Vata reaches Yoni thus forming its abnormalities. Yoni becomes inflamed, tender and causes painful menstruation with yellowish or bluish colour of menstrual blood. Also causes Pain in Lumbosacral and groin region, backache and fever [6] **Paripluta Vamini Cha Vatapittatmike Mate | (Cha.Chi.30/39)** Acharya Charaka states that Paripluta, Vamini are caused by Vata and Pitta. [7]

#### **Case Reports –**

**Name –** Xyz

**Age –** 36 Yrs

**Occupation –** Housewife

**Socioeconomic Status –** Rich

#### **Chief complaint –**

**Adhodarashula** (Lower abdominal pain) since 2 – 3 years

**Kashtartava** (Pain during menstruation) since 2 – 3 years

#### **Present Menstrual History (Since 2 – 3 year) –**

LMP – 14/05/2019, 3- 4 days / 28 – 30 days, 1 pad / day, Regular, Moderate flow, Dysmenorrhoea (+), Clots (+)

#### **Past Menstrual History (Before 1 & ½ year) –**

3- 4 days / 28 – 30 days, 1 pad / day, Regular, Moderate flow, No Dysmenorrhoea, No Clots

#### **Obstetric History –**

Married since 14 years

Score = G1 P0 A1 D0

G1 – Female 13 years – FTND (2005)

G2 – 2 Month spontaneous abortion (2010) D & C Done

G3 – 4 Month spontaneous abortion (2013) D & C Done

G4 – 1 ½ Month spontaneous abortion (2014) TBPCR – D & C Done

G5 – Female 3 years – FTND (2015)

#### **Past History –**

No H/O of DM / HTN / BA / Hypothyroidism

No H/O of Any previous Major illness.

H/O Diagnostic Hysteroscopy with Laparoscopy + TBPCR done 3 ½ year back

H/O Appendectomy done 18 years back.

#### **General Examination –**

Pulse – 76/min; Blood pressure – 126/82mmHg; Respiration rate – 20/min; Height – 160 cm; Weight – 62 kg;

BMI – 24.22 (Normal); Temperature – 98.6; Body Build – Average; **Jimha** (Tongue) – **Ishata Sama** (Slightly coated); No Pallor / Oedema / Icterus / Cyanosis / Clubbing / Lymphadenopathy; **Mala** – once a day;

**Mutra** – 10 times a day, once at night if; **Shabda** – **Avishesha**; **Sparsha** – **Anushna Sheera**; **Drika** – **Avishesha**;

**Akriti** – **Madhyama**; **Prakriti** – **Vata Pittaja**; **Sara** – **Madhyama**; **Vikriti** – **Madhyama**; **Bala** – **Madhyama**; **Samhanana** – **Madhyama**; **Satmya** – **Vyamishra**; **Satva**

– Madhyama; Pramana – Madhyama; Ahara Shakti – Madhyama; Jarana Shakti – Madhyama; Vyayama Shakti – Avara; Vaya – Madhyama;

**Systemic Examination –**

RS / CVS / CNS - Normal

**Per Abdomen –** Soft, Nontender, L0 S0 K0

**Per Speculum –**

Cervix – Parous

Normal size

No Nabothian cyst / polyp / erosion / fibroid

Vagina Healthy

No Bleeding / Discharge

**Per Vagina –**

Cervix – at the level of ischial spine

Uterus – Normal size

AVAF

Non mobile

Bilateral fornices – free, non-tender

No palpable adnexal mas / ovaries

Cervical motion - free, non-tender

**Table 2:** Investigation – (23/5/2018)

Hb	11.8gm/dl	T3	91.13 ng/dl
TLC	9,600/cumm	T4	7.34 ng/dl
RBC	4.01 Mill/uL	HIV/VDRL/HBsAg	Non - Reactive
ESR	22 mm in 1 hr	PRL	15.84
PLT	2,77,000/cumm	LA	31.51 (N)
Blood group	A + ve	ACL	4.2 (N)
FBS	98 mg/dl	Urine Pus cells, Epi cells	Nil, 1 – 2 /hpf
Sr TSH	1.28 Ulu/ml	LFT, RFT	N

**USG (TAS) on 17/1/2018 [Before Treatment]**

Right renal 3mm tiny calculus is seen.

Uterus – AV & Bulky measuring 9 x 4.7 x 5.6 cm

Endometrial thickness – 6.7mm echoes are normal

Both ovaries are normal in size, shape and echotexture.

No any adnexal mass or lesion seen.

RO = 3.3 x 2.8 cm

LO = 2.7 x 1.6 cm

**USG (TAS) on 14/04/2018 [Before Treatment]**

Uterus – AV & Bulky measuring 8.8 x 4.4 x 4.2 cm

Endometrial thickness – 7mm echoes are normal

Both ovaries are normal in size, shape and echotexture.

Collapsed post rupture follicle / cyst right.

No adnexal mass or lesion seen.

No lymphadenopathy / free fluid / dilated bowel / pleural effusion.

**USG (TAS) on 07/05/2019 [Before Treatment]**

Uterus is anteverted & bulky with homogenous echotexture is seen; no focal lesion seen. Size-9.6 x 4.8 x

5.9 cm. ET-8 mm, echoes are normal. Multiple small Nabothian cysts are seen at the cervix. Largest 11 x 10 mm in size.

Mild tortuous, dilated uterine vessels are noticed.

Both ovaries are normal in size, shape and echotexture.

Ro size-2.5 x 1.4 cm., Lo size-4.2 x 3.3 cm., (22 x 20 mm follicle is seen in left ovary, another 16 x 17 mm partially ruptured follicle is seen in left ovary.)

Minimal free fluid is seen in pod. No adnexal mass or lesion seen.

**Conclusion:** Bulky uterus with mild tortuous, dilated uterine vessels are seen possibility of Pelvic Congestion Syndrome.

**Treatment**

Counselling of the patient and her husband done

According to *Dosha, Koshtha, Kala* and *Dosha Avastha, Deepana, Pachana* done.

*Shodhana Chikitsa*

*Shaman Shikitsa*

**Table 3: Shodhana Aushadhi –**

Basti	Drug	Quantity
Yog Basti – Sthanik Snehana With Tila Taila and Swedana With Dashamoola Kwatha		
Anuvasana Basti	Tila Taila	120ml
Niruha Basti	Erandamula Kwatha	960ml
Uttarabasti	Shatapushpa Taila	20ml

All 3 Bastis are given on 5<sup>th</sup> day of menstrual cycle for consecutive 3 cycles.

**Table 4: Shamana Aushadhi –**

Drug	Dose	Duration	Anupana
Hingwashtaka churna	1 gm BD	Before meal	Warm Water
Sukumara Kashaya	15 gm BD	Before meal	1 cup of Warm Water
Ashokarishta	15 gm BD	After meal	1 cup of Warm Water
Gandharva Haritaki	2 tabs	Before Bed	Warm water

- Above treatment Shamana given for 4 months.
- Shodhana from 22/05/2019 till 22/08/2019.
- Shamana from 22/05/2019 till 27/09/2019.

**Observation –****USG Report (TAS) on 28/09/2019 [After Treatment]**

- 1) Uterus-Anteverted & normal. No focal lesion seen.
- 2) Size - 8.6 x 4.4 x 4.3 cm.
- 3) Endometrium- 6.4 mm. Sliding sign positive -- normal.
- 4) Ovaries- Both are Normal.
- 5) No adnexal lesion seen.
- 6) No obvious peritoneal or bowel wall lesion of endometriosis seen.
- 7) No Lymphadenopathy noted / free fluid / mass lesion seen / dilated bowel / pleural effusion.

**Result** Chief complaints of Patient i.e. Adhodarashula (Lower abdominal pain) and Kashtartava (Pain during menstruation) were relieved. USG reports confirms and substantiates the clinical symptom free evidence.

**DISCUSSION**

**This case study of 36-year-old lady with chief complaints of Adhodarashula** (Lower abdominal pain) and **Kashtartava** (Pain during menstruation) since from 2 – 3 years. The pain slowly aggravated so she had allopathy medications which later on made Gynaecologist to suspect uterine anomaly thus advised for USG. After USG reports patient had allopathy treatment but didn't

get relief. Then she came with her all reports for Ayurveda treatment. Considering all aspects like Dosha, Vaya etc. Ayurvedic treatment preferred to get treated without surgery. At the end of 3 months treatment the patient has been relieved from all her painful symptoms and has been found disease free which is confirmed in Ultrasonography reports. Aggravated Vata and thus allows the painless flow of Artava. The treatment is effective in Artava Dushti. Pelvic Congestion Syndrome is nothing but the Vata Vikara. It has similar symptoms like in Endometriosis. Thus, treatment protocol consists of Vatahara Chikitsa mainly. The possible mechanism of action of drugs are as follows,

**Hingwashtaka Churna:** It's All ingredient has Deepana, Pachana, Shulahara and Vatanulomaka properties thus works as Vatahara and Shulahara quality of the drug mitigates the Vata Dosha and relieves the pain. It acts like a NSAID's by direct analgesic effect by inhibition of Prostaglandins synthesis mechanism in Pelvic congestion syndrome and Endometriosis.

**Sukumara Kashayam:** The release of lysozymal enzymes from necrotic endometrium foster the formation of prostaglandins from cellular phospholipids via a free radical generating process which contribute to the pathology of endometriosis and pelvic congestion syndrome. It helps in alleviation of Kashtartava.

**Ashokarishta:** Ashokarishta is a magical tonic for the uterus. It treats dysmenorrhea (i.e. painful periods), strengthens the uterus, helps in easier removal of the uterine lining during menstruation, reducing blood

clots during periods, hence preventing painful period cramps. The goodness of strong anti-inflammatory properties in *Ashokarishta* treats pelvic inflammatory disease while the powerful herbal components in *Ashokarishta* aid in preventing damage to the uterus, ovaries and other reproductive organs.

**Basti** <sup>181</sup> – *Vatelvaneshu Dosheshu Vate Va Bastirishyate | Upakramanam Sarvesham Sogranisrividhistu Cha* || (A.Sa.Su.19/1) *Basti* is a prime treatment for *Vata Dosha*. It has action up to *Nabhi Pradesha, Kati, Prasava* and *Kukshi* <sup>191</sup>. It churns the accumulated *Dosha* and *Purisha* spreads the unctuousness all over the body and easily comes out along with the churned *Purisha* and *Dosha*. It works as a *Shodhana* as wells brings *Apana Vayu* in its normal level. *Basti* may stimulate the enteric nervous system and thus it can influence CNS and all bodily organs. *Basti* may act on the neural system of body by stimulating CNS through ENS. It also acts on the inflammatory substances like prostaglandins and vasopressin etc. *Basti* may also help to excrete increased prostaglandins. Visceral afferent stimulation may result in activation of the Hypothalamo - pituitary adrenal axis and Autonomous nervous system, involving the release of neurotransmitters like serotonin and hormones. Thus, it normalizes the neurotransmitters, hormonal and neural pathways and relieves all the symptom complex emerged as a result of neurohormonal imbalances in *Kashtartava*. Spasm caused by vitiated *Apana Vayu* causing obstruction to the flow of menstrual blood is the general underlying pathology. *Taila* enters into the *srotas* and removes the *Sankocha* (spasm) by virtue of its *Sookshma, Vyavayi* and *Vikasi* i.e. fast spreading nature. *Erandamula Kwatha* is *Kapha-Vata Shamaka* and *Ushna Virya*. It acts as *Dipana* and also clears micro channels (*Srotoshodhana*). It is mentioned as best *Vatahara* (*Vata* pacifying). So, by virtue of all these property *Erandamula Kwatha* acts very efficiently in disease of *Vata*. So, considering all the above properties of each drug, preparations used work very effectively as a whole in the *Vata* disease. *Tila Taila* according to *Acharya Sushruta* <sup>110</sup> has considered *Tila Taila* as *Yonishula Prashamana & Garbhashaya Shodhana*. It is *Sara, Vyavayi, Vikasi, Krimighna & Vranaghna*. All

these *Guna* make it a suitable medium, as it may itself act to painful periods. Probably it clears pathogenesis of dysmenorrhoea.

#### **Uttarabasti –**

Intrauterine *Uttarabasti* facilitates the absorption of drug in uterus. It helps in rejuvenation of endometrium. Uterus is the *Mulasthan* of *Artava Vaha Srotasa*. The drug being directly instilled in the uterus gives direct access to the seat of *Strotovaigunya* and *Dosha – Dushya-Sammurchana* and hence acts on the *Vikrut Vayu* thereby disintegrating the *Samprapti*. It may be also possible the drug given by the intra-uterine route may stimulate the certain receptors in the endometrium leading to correlation of all the physiological processes of reproductive system. *Tikta Rasa* of *Shatapushpa* causes *rasraktashodhana, Agnideepana* and *Amapachan*. *Katurasa* of it helps in *Rutupravartan, Yonishukravishodhana*. *Ushna Virya* of *Shatapushpa* works as *Vatashamaka*. *Madhura Rasa* of *Shatapushpa* acts as *Sthanik Balya* and *Pittashamana*. *Shatapushpa* has a phytoestrogen, it exerts both estrogenic and anti-estrogenic activity. It acts in both high oestrogenic and low oestrogenic condition. Thus, it brings the normal endometrial thickness.

## CONCLUSION

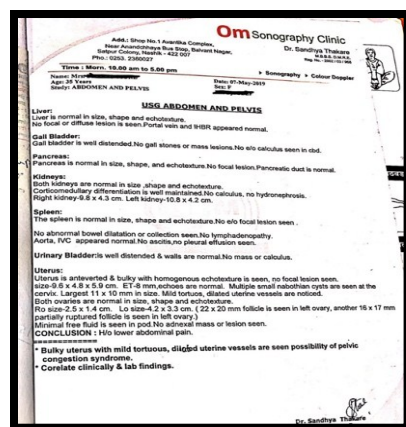
The management of Pelvic Congestion Syndrome and related sub infertility is typically with surgery which has a modest effect and surgical excision of endometriosis improves spontaneous infertility and sometimes associated with normal ovarian tissue removal decreasing the ovarian reserve. The surgical and medical management of chronic pelvic pain associated with endometriosis are effective but with high recurrence rates incurring severe financial burden. Thus, its timely management prevents upcoming Infertility thus bringing favourable outcome. Treatment must be individualized and taken into consideration the impact of the condition on the quality of life. Above *Ayurvedic* treatment gave relief by relieving congested pain in lower abdomen and its pathology.

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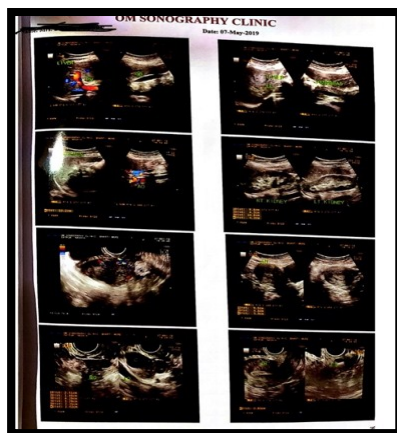
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## Reports –

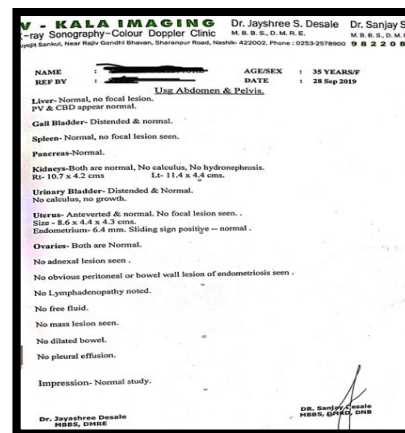
### 1) Before Treatment



(A)



(B)



After Treatment

Source of Support: Nil

Conflict of Interest: None Declared

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