



Ayurvedic management of Endometriosis to reduce the Chances of surgery and improvement in the Quality of Life

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ABSTRACT:

The increasing incidence of Endometriosis in today's lifestyle can be attributed to vitiation of vata and further its vimarggamana (circulation in different channels). The vimarggamana of endometrial tissue may happen leading it outside the uterus. This case paper focuses on vimarggaman of endometrial tissue in perianal region. A 28 year old Patient came up with the complaint of severe pain during and after menstruation. She was taking several painkillers in order to perform her routine activities and was advised with hormonal implants, injection like Lectate acetate and surgery. As these treatments are temporary, costly and with severe side-effects. She refused for above said treatments. She had multiple small TIW /TIW -SPIR hypertensive lesions in left lower parametrium and in perianal region on left side in relation to posterior and left lateral wall of anal canal. Yogbasti and Ayurvedic medications like Saptasarakashayam, Chandraprabhavati, Gandharvahastaditailam, DashmoolKwatha, Tab. Turmix etc. were given. After 4 yogbasti and medications, patient was able to perform daily activities during and after menses without having painkillers. After 5th yogbasti, the size of lesions was significantly reduced. The ovarian cyst was cured. After 7th yogbasti the vas scale of pain reduced from 9 to 3 and quality of life improved.

KEYWORDS: Endometriosis, Vataj Yoni vyapad, Udavarta, Yogbasti, Sapta sarakashayam, Dysmenorrhoea, Infertility.

Introduction-

Being a working woman with holding office and household work, one must be aware about the lifestyle disorders affecting woman in an on-going era. The increasing incidence of Endometriosis makes it one of the lifestyle disorders. The reason can be late marriages, delayed pregnancy, stress, changing diet and lifestyle etc. Pain is considered as one of the foremost sign and symptom of the disease forcing the patient to depend on analgesics. Painkillers are effective in some cases but

they are just worsening the health of liver, digestive system and nervous system. The intervention through Ayurveda system of medicine can help in an effective way in this regard as system is based on treating & curing the disease on the basis of 3 pillars i.e. Vata, Pitta and Kapha. Endometriosis can be most likely correlated with *vatajyonivyapad* and with pacifying *vata* patients can be saved from painful processes and surgeries. In endometriosis, *vimarggamana* of endometrial tissues leads to its *sthanasamshraya* outside uterus. With the natural hormonal cycles the endometrial tissue increases in size and the endometrial functional layer sheds off but there's no normal channels for the outgoing of this abnormal site outside uterus. In this case, the size of tissue got enlarged with consecutive cycles and multiple small lesions occurred in perianal region, causing pain during defecation at the menstrual days and pain in hypogastrium region during and after menstrual days. The best treatment in this case for *vata* is *basti* (as it is told in our text that *basti* is the *ardhachikitsa* for curing *vata*). Yog Basti was performed having the combination of anuvasana and niruhabasti. The *anuvasanabasti* pacifies *vata* and the *niruhabasti* acts as *lekhanabasti* which cures the lesions having features of *kaphadosha*.

Patient Information:

A 28 year old *vata* dominant *pitta prakriti* married woman, complains of acute pain in pelvic region during menstruation. Pain is persistent few days after menstruation and in anal region during menstruation and while defecation since 7 years. On 24 / 02/ 2021, MRI pelvis reports revealed multiple small TIW / TIW-SPIR hypertensive lesions in left lower parametrium and in perianal region on left side in relation to posterior & left lateral wall of anal canal measuring. Approx. 16.5 * 12.5mm right ovarian cyst likely functional was there. Patient was under allopathic treatment, laparoscopic peri anal adhesion excision was done but she didn't get any relief. Also, Luprolide acetate injection was given but there was no improvement. She was taking painkillers every day during menstruation.

Darshan- She had a normal physique weighing 60 Kg and height 169cms having BMI 21.005 kg/m²

Sparshana- Per rectal examination revealed tenderness at perianal region during menstrual days

Prashana- Patient is suffering from severe pain during menstruation and after menstruation since 7 years along with pain in anal region during defecation on menstrual days.

Aahara (diet) -Patient takes only vegetarian diet (3 meals daily along with tea in between) and appetite is normal. Digestion is proper but sometimes suffers from constipation. Patient feels severe pain while defecation during menses.

Vihara (daily regime)- Stressful lifestyle, long hours standing job (Teacher) along with managing household task, Sleep is disturbed.

Medical history- Episiotomy was done after her 1st delivery, 7 year ago. Leucorrhea was absent. There is no other significant surgical history or medical history. N/K/C/O HTN, Hyper/Hypo Thyroidism, Diabetes. Her CA125 on 7 Nov 2021 was 106.40/ml. Uterus is Retroverted Retreflexed and measures 6.5 * 3.6 * 5 cm

MENSTRUAL HISTORY:

The patient attained menarche (*Raja Pravrutta Kala*) at the age of 12 years, cycle interval is (*Rituchakra*) of 25 to 35 days with 5 to 6 days of bleeding (*Rajasravakala*). Smell absent. Varna (Colour) is blackish red (*Krishna*) but after treatment it turned back to normal i.e. reddish (*Arunavarna*). The flow is regular with no clots. She is using 2-3 pads/day. LMP (*Purva Rajasrava Dina*) was 9/9/21). Dysmenorrhea with Pain scale 8 to 9 out of 10 i.e. severe pain during menses

OBSTETRICS HISTORY:

The patient delivered a healthy female baby through normal vaginal full term delivery with episiotomy 7 years ago (G1P1A0L1).

Family history-

There was no history of endometriosis in family. There was no H/o ovarian Cancer or any cyst. Her mother had a normal menstrual cycle.

Diagnosis-

The features like *vata* dominant constitution of pt. & intake of *Vatalaahara* & *vihara* (chesta) like stress increases *vata* in patient leading to pain aggravation, so *vataprakopa* is confirmed. There are adhesions which confirmed *kapha* is involved, and as our text says when *vataj* dominant constitution female takes *vata* predominant *ahara vihara*, then there is chance of *vatajayonivyapad*.

Vimarga Gamana: Where there's abnormal flow of any element, it will be because of *vata vimargagamana*, as endometrium should not be present outside uterus & in this case presence of endometrial lesions in peri anal region confirms *vimargagamana*.

Mamsa dusti: MRI Pelvis, reveals the presence of multiple small cystic lesions with hemorrhagic contents in the parametrium of left side as well as in relation to post. wall of rectum & left lateral wall of anal canal, largest measuring approximately 12 * 10 mm in the region of pelvic diaphragm abutting Levator ani post. laterally & post. wall of rectum ant. Thus muscle involved & *mamsa dusti* confirmed. Modern text also confirms episiotomy as a cause of endometriosis (which is also a factor in this case). Endometrial lesion's present outside the uterus, thus diagnosis of *vatakiyonivyapad* (endometriosis) is confirmed.

Prognosis-

According to (AFS) American Fertility association, large endometrioma with severe pain requires surgical treatment. But in Ayurveda, we can do pain management by curing the main element which causing pain i.e. *vata*. By *Yoga basti*, we can cure *vataprakopa* & it also decrease the size of the lesion's.

Therapeutic intervention, follow up & outcomes

Vatakiyonivyapad is an anomaly in the expulsive function of *apanavata*. The treatment plan included *vata* pacifying diet, *snehana* (abhyang), *Swedan* (bhaspasweda), *anuvasana* and *Niruhabasti* with *vata shamaka* medication for *anulomana* of *prakupittavata*. The combination of *anuvasana* & *niruhawa* was administered for 8 days which is known as *yogbasti* (a series of 8 medicated Enemas). From 13 Oct 2021 to 20 July 2023 total 7 *yogbasti* were given. The pain scale decreases from 8-9 (severe grade)/10 to 2-3 (mild)/10 i.e. pain decreases from severe to mild. The ovarian cyst cured after *yogbasti*. The perianal lesion's size decreased from 16.5 * 12.5 mm to 12 * 10 mm. The color of menstrual blood turns from brown (*krishnavarna*) to normal red colour (*arunavarna*). Before treatment, patient cannot perform normal daily activities during menstruation, patient was taking the painkillers frequently during her menstrual cycle. After treatment patient was able to perform her daily activities and rarely painkillers needed. There is no complication of therapeutic procedures happened.

Medication	Dose	Action	Reference
Saptasarakshaya	3tsp Bd 1 week before periods	Cures yonishoola	Sahastrayogkashayaprahan
Hinguvachadigulika	1 BD	Hingu is having vataanulomanaproperties and also an anupana of saptasarakshaya	
Gandaruahastaditaila	5ml with milk		Ashtangsangraha chi.15/21
Dashamoola tail	30 ml used in basti	Pacify vata	
Mahanarayana tail	50ml used in basti		Bhaishajyaratnavali 26/343-354
Chandraprabhavati	2 BD		Bhaishajyaratnavali 37/102-110 SharangdharasamhitaMadhyamak handavatakKalpana 7/40-49
DashmoolKwatha	25 ml BD A/F	Pacify vata	Charaksamhitasutrasthana 4/16 Bhaishajyaratnavali
Punarnavastakkwath	50 ml BD	Relieves pain	Bhaishajyaratnavali 40/33
Haridra khanda	1 tsp BD with milk	Cures dustavrana (cures lesions)	Bhaishajyaratnavali 11/63
Panchgavya grit	1 tsp BD with milk	Reduces stress which was one of the cause of vataaggrevalion in this pt. It also reduces metastasis	Bhaishajyaratnavali 25/36 Ashtanghridyamuttarsthana 7/18-19
Tab. Turmix	1 BD	Contains curcumin and piperine which helps in healing lesion, anti-inflammatory and cures infections	
Abhrakbhasam	1 pinch with ghee BD	Useful in manodaurbalya	
Guggultiktakamkashayam	3 tsp with 1 glass water	Guggulu pacify vata	Ashtanghridyamchikitsa 21/58-61
Kaishoreguggulu	2 BD	Guggulu pacify vata	Bhaishajyaratnavali 27/98-108 Sharangdharasamhitamadhyamkha anda 7/70-81

Draksharista	30 ml BD A/F	Pt. Was feeling weakness so this was for the action of curing daurbalya	Bhaishajyaratnavali 14/73-76 Sharangdharasamhitamadhyamak handa 10/69-72
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Instruction during and after procedures:

- Patient was advised to have pathyaahara like laghu ,ushsna, supachyaaahara , yava etc. Patients was advised to have pathyavihara like vishrama , pranayama during basti procedures.
- Patient was advised to avoid apathy ahara like atisheetal ,ruksha , virudhhaaahara , fermented food , bakery products and daily consumption of curd etc.
- Patient was advised to avoid apathyavihara like vyayaya, Ativyayama (Avoid gym exercises) particularly before and during menses. Administration of matrasthiwas advised from 7th to 13th day of her menstruation when there is excessive pain.

Basti preparation:

Oil basti :- warm Mahanarayana oil 50 ml + Dashamoolataila 30ml

Niruha basti Kwatha

1. Dashamoolakwath 100 gm
2. Palashakwath 50 gm
3. Erandamoolakwath 50 gm
4. Gorakhmundi kwath 50 gm
5. In this 2 LITRE WATER added
6. 500 ML MILK added

THEN 400 ML KSHEERA PAKA was done

Kalka (30 gm)

1. Shatapushpa -10 gm
2. Pippali – 5gm
3. Giloy – 3 gm
4. Triphalachurna – 5gm
5. Chopchinichurna 3 gm
6. Vayavidangachurna 3 gmmanjistha – 3 gm

Then add –

- mahanarayantaila 75 ml
- panchgavya grit 75 ml

- madhu 75 ml
- saindhav 12 gm

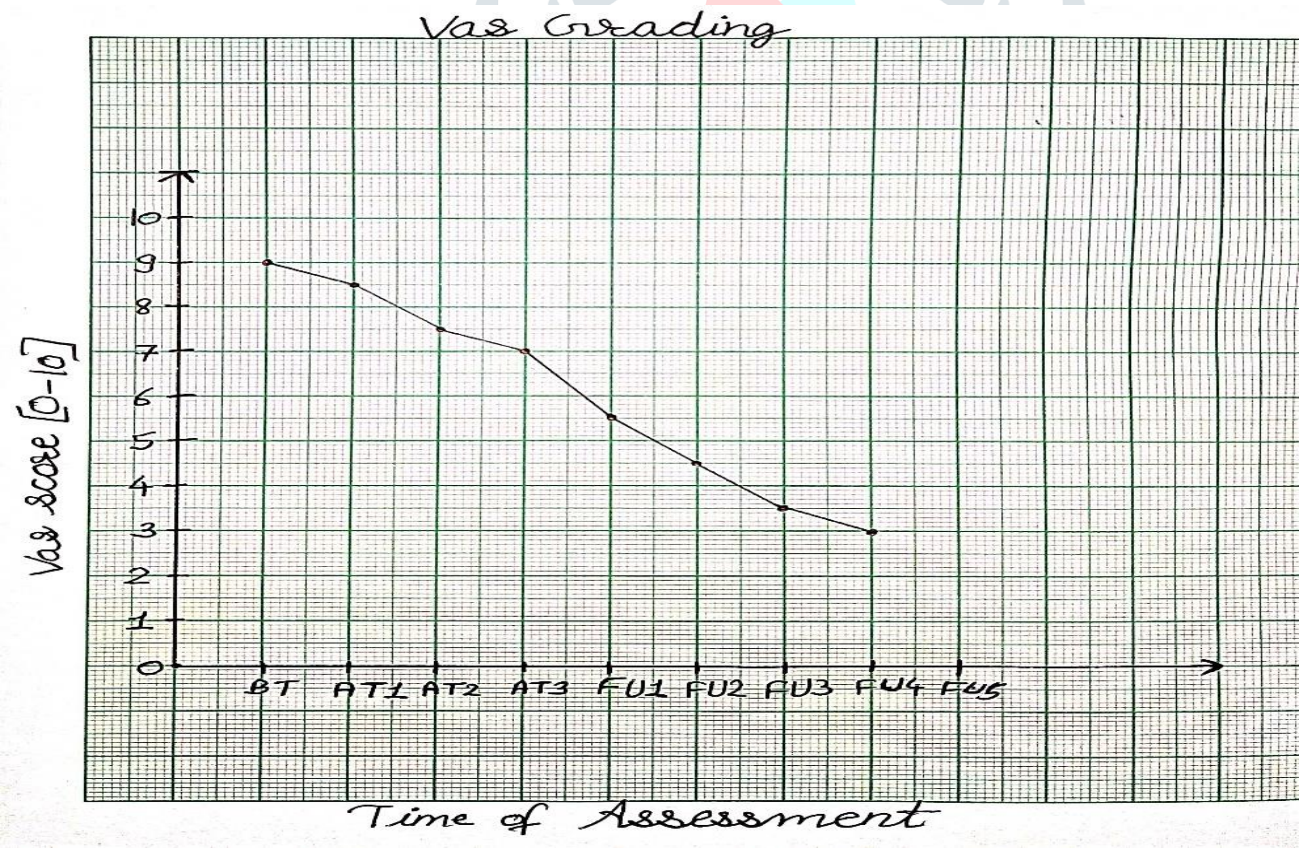
Yog Basti Administration schedule		
Basti	Days	Pratyagamankala(Time of expulsion)
Oil basti	First, second, fourth, sixth & 8 eighth day	Pratyagamankala of first basti was 6:30 h that gradually increases to 11h 50 min
Niruhabasti	Third, fifth, seventh day	P. Kala 1 min to 5min

Differential diagnosis		
Related Disease and srotodushti	Associated Symptoms	Diagnostic features
Udavarta	Retrograde menstruation	Detected
Yonivyapada		
VatalaYonivyapada	VataprakrutiDysmenorrea	Detected
	Irregular menstruation	Not detected
Artavavahasrotodushti	Vimargagaman altered direction	Detected
	Artavadusti (variation of colour, smell	Colour brown with no unusual smell
	quantity	Increased so detected
	Frequency of menstrual cycle	25 to 35 days so detected
Sukravahasrotodushti	Breast pain	Not detected
	Beejadusti (anomaly of gametes)	Not detected

Rasavahasrotodushti	Stanya (Breast discharge)	Not detected
Vyanavruttaapana	Udavarta	Not detected
	Gulma (tumour)	Detected in CA125
Kaphavruttavata	Increased urine frequency	Not detected
	Kafajprameha	Not detected

Date	Treatment	Action	Doses	Duration	Investigated results
13 Oct 2021	1 st yogbasti			8 days	Mild reduction of Pain during menstruation
8 Nov 2021	2 nd yogbasti			8 days	Pain during menstruation reduced from 8-9 to 7-8 of vas scale
31 jan 2022	3 rd yogbasti			8 days	Pain during menstruation reduced from 7-8 to 7
15 July 2022	4 th yogbasti			8 days	CA125 reduced from 182.5 to 147.9 U/ML
27 July 2022	5 th yogbasti			8 days	Size of lessions reduced from 16.5× 12.5 mm to 12×10 mm Ovarian cyst cured

5 Dec 2022	6 th yogbasti			8 days	Pain reduced to 3-4 of Vasa scale
13 June 2023	7 th yogbasti			8 days	Pain reduced to 3 /10 of Vasa scale
					Pt. Don't need painkillers and improvement in lifestyle occured



Discussion

Yogbasti is considered as standard treatment for anomaly of function of ApanaVata.

Saptasarakshaya is mentioned in sahastrayogkashayaprakan , which indicates it’s properties of curing yoni shoola , karkasata (adhesions) etc. Hingu has anulamana properties and also indicated as an anupana given with

saptasarakashayam so hingwachadi tablet was administered. Chandraprabhavati eliminates pain & and anti-inflammatory which cures lesions in perianal region. Thus these medications cures lesions & pacify vata. Yogbasti not only pacify vata, it also regulates its expulsive function by curing apanavayu such as defecation, menstruation. Anulomana (laxatives), like gandaruahastaditaila was administered when needed. According to Ayurveda the common causative actors of endometriosis are diet, lifestyle, genetics and it is mentioned in our text that when vataj predominant female take vataprakopakahara -vihara then their's chance of vatajonyavyapad. In modern text it is also mentioned that Late marriage, delayed pregnancy & episiotomy are common causes of endometriosis. In this pt complication of episiotomy & vatajahara, vihara are the main Causes.

Conclusion-

Ayurvedic treatment can be an affordable, safe option for management of endometrioses with long term benefits. It can decrease chance of surgery & the harmful effects causing painkillers Yoga basti pacify vata & thus cures dysmenorrhea. Thus they enhance the quality of life of pt.

Patient perspective

The patient was satisfied and happy with the ayurvedic treatment because now she don't needs painkillers every month. Her surgery was canceled and can able to enjoy her activities and occasions with good quality of life.

Informed consent : pending

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This paper didn't received any funding for any organization. This is one of the successful cured cases by Dr. Archana.

Conflict ??

Acknowledgment???

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