



Case Study

AYURVEDIC MANAGEMENT OF ENDOMETRIOSIS W.S.R. TO VATIKI YONI VYAPADA

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ABSTRACT

Endometriosis is a chronic, often painful condition in which tissue similar to the lining of the uterus grows outside the uterine cavity. Affecting approximately 10% of women of reproductive age, endometriosis can lead to severe pelvic pain, infertility, and other systemic symptoms. Despite its prevalence, the condition remains under-diagnosed and poorly understood, largely due to the complexity of its symptoms and variability in individual presentations. The treatment involves hormonal therapy and surgical interventions, but these may not always solve the underlying issue or may have significant side effects. This article explores Ayurvedic management of endometriosis by adopting the treatment principles of *Vataja yonivyapada* due to similarities of symptoms. A holistic approach is used by focusing on *Vatanulomana* by *Shamana chikitsa* and *Shodhana* and *Shanika chikitsa* in the form of *Nabhi purana* with *Eranda taila* and *Mruttika alepa*. This is a case report of a 34 year old unmarried female patient suffering from endometriosis and having complaint of severe pain during menses. She was totally dependent on analgesics injections and oral painkiller during her menses since 2 years. The objective of present treatment included management of the symptoms by Ayurvedic intervention by formation of *Shudha artava dhatu* and balancing the *Gati* of *Vata dosha* and also improvement of the quality of life which was hampered during menses. After the treatment her dependency on the painkillers was gradually reduced.

INTRODUCTION

Endometriosis is a condition where functioning endometrium (glands and stroma) is found in sites other than uterine mucosa. The prevalence is about 10-15% and it is high amongst the infertile women about 30-45%.^[1] The main symptom is progressively increasing secondary dysmenorrhoea. The characteristics of pain is that it starts a few days prior to menstruation, gets worsened during menstruation and takes time even after cessation of periods^[2]. Based on the clinical presentation it can be correlated with *Vatik yonivyapada*. According to Acharya Charaka one of the causes for all the *Yonivyapa* is *Mithyaachara*^[3]. In present era most of the females are consuming unhealthy and spicy food items which come under *Mithyaahara*.

Acharya Charaka has mentioned that the *Artava pravritti* is with pain in *Vatik yonivyapada*. Acharya Sushruta has also said that there is *Todavata* pain in *Vatik yonivyapada*. Also Acharya Vagbhata has mentioned that in *Vatik yonivyapada* there is severe pain in groin region and flanks^[4]. As *Vata* is the main factor for any type of *Cheshta* or *Gati* in *Sharira*^[5], the endometrium is also placed at wrong place in endometriosis due to *Prakupita vata dosha*. There are many symptoms in endometriosis like dysmenorrhoea, abnormal uterine bleeding, infertility, dyspareunia and chronic pelvic pain but dysmenorrhoea is the main symptom (present in 70% of all the symptoms). In modern medicine the treatment for pain in such cases are non-steroidal anti inflammatory drugs (NSAID) or combined oral contraceptive pills which have many side effects also and if the symptoms are not relieved hysterectomy is the last option. According to Ayurveda the main treatment principle in this disease is *Vatanulomana* so that the flow of menstrual blood remains in its *Prakruta avastha* without adopting implantation of endometrium at other sites.

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Patient Information

A female unmarried patient of 34 years old visited to NIA, Prasuti Tantra evam Stree roga OPD with complaints of severe pain during menses since 2 years and heavy menstrual bleeding since 2 consecutive menstrual cycles. The patient had associated complaint of pain at groin region, generalized weakness and anxiety.

Past Menstrual history

She attained her menarche at the age of 16 years. Her menstrual cycle was of 7 days in duration with passing of big clots which stopped only after taking Tab. Tranexamic acid. The interval of her menses was 15-60 days and was irregular. The colour of the flow was blackish red for 3 days and normal red on rest of the days. The flow was painful on day 1st, 2nd and 3rd for which she had to take analgesic injection on 2nd day and oral painkiller on 1st and 3rd day. The site of the pain was lower abdomen and back which increased gradually. The amount of flow was as follows-

- Day I- 3-4 pads (fully soaked)
- Day II- 5-6 pads (fully soaked)
- Day III- 3-4 pads (fully soaked)
- Day IV- 2 pads (half soaked)
- Day V, VI, VII- 1 pad fully soaked

Medical History: The patient was a known case of endometriosis with uterine fibroid since 2 years. She was under allopathic treatment specifically on analgesics during every menstrual cycle since 2 years. Her USG report on date 22nd May, 2023 showed enlarged uterus (102X73x70mm) with fibroid of approx 40X51mm in posterior wall of uterus,

endocervical polyp of size 16X12mm with cervicitis. Her past medical reports of thyroid profile, Serum LH, FSH, Testosterone, Progesterone, Estradiol were within normal limits. She had undergone laproscopic adenomyomectomy under general anaesthesia on 28/07/2023. The histopathological report of myomectomy specimen showed no significant atypia/necrosis/ increased mitosis seen. There she was advised to undergo hysterectomy but she was not willing for the surgery. Menstrual pain gradually increased in intensity and duration for which she was fully dependent on painkillers. Her history revealed normal appetite, satisfactory bowel clearance and disturbed sleep.

OBSERVATIONS

Physical Findings

- General condition- Fair
- Blood pressure- 120/80 mm of Hg
- Pulse rate- 74/minutes
- Temperature- 97.2°F
- Height- 5 feet 1 inch
- Weight- 65 kg

Past history

Past medical history: Patient took allopathic medicine for 2 years for painful menses.

Past surgical history: She had undergone laproscopic adenomyomectomy under general anaesthesia on 28/07/2023. The histopathological report of myomectomy specimen showed no significant atypia/necrosis/ increased mitosis seen.

Table.1 Treatment advocated

	Shamana chikitsa	Shodhana and sthanika chikitsa
First cycle (In July, 2023)	<ol style="list-style-type: none"> 1. <i>Dhatri lauha</i> 2 tab BD after food with water. 2. <i>Kutaki churna</i> 1gm with honey after food with water. 3. <i>Kanchanara gugglu</i> 500mg BD after food with water. 	<p><i>Matra basti</i> with <i>Sahachar taila</i> given OD just after eating food for 7 days.</p> <p><i>Nabhi purana</i> with <i>Eranda taila</i> BD before food.</p> <p><i>Pratimarsha nasya</i> with <i>Ksheerabala taila</i>.</p> <p><i>Sadhya virechana</i> once in a week with <i>eranda taila</i> 5ml with one cup of milk at night.</p>
Second Cycle (In August, 2023)	<ol style="list-style-type: none"> 1. <i>Dhatri lauha</i> 2 tab BD after food with water. 2. <i>Kutaki churna</i> 1 gm with <i>Munakka</i> and <i>mishri</i>. 3. <i>Kanchanara gugglu</i> 500mg BD with water. 4. <i>Hingvashtaka churna</i> 3 gm with <i>Shankha bhasma</i> 500 mg BD BF with water. 	<p><i>Matra basti</i> with <i>Sahachar taila</i> given OD just after eating food for 7 days.</p> <p><i>Nabhi purana</i> with <i>Eranda taila</i> BD before food.</p> <p><i>Pratimarsha nasya</i> with <i>Ksheerabala taila</i>.</p> <p><i>Sadhya virechana</i> once in a week with <i>Eranda taila</i> 5ml with one cup of milk at night.</p> <p><i>Krishna mrittika lepa</i> on <i>Adho nabhi</i> OD before food.</p>
Third cycle (In September, 2023)	Same as above	Same as above

Table 2: Observations

Day	Before Treatment	After Treatment
First cycle	Severe pain during menses since 2 years and heavy menstrual bleeding since 2 consecutive menstrual cycles. History of taking analgesics for first three days of menses since 2 years.	Pain persisted on day 1 st and 2 nd . Took analgesic injection on first day and oral painkiller on 2 nd day OD. Flow was normal.
Second cycle	Relief in previous complaint of heavy menstrual bleeding. Pain persisted on first day of menses.	Took analgesic (oral) on first day of menses.
Third cycle	Relief in previous complaint of irregular menses.	Pain was present half hour before onset of menses which was relieved by local massage and <i>Mridu swedana</i> with hot water bag application locally.

Pathya- Apathya

1. Less oily, less spicy, *Laghu supachya aahara*.
2. Absolute restrictions for deep fried food items, junk food.
3. Regular yoga and *Pranayama* for a period of 30 minutes.

RESULT

After one cycle of treatment pain was reduced from 3 days to 2 days. After second cycle pain was present on day first of her menses which was relieved by oral analgesic only and interval of menstrual cycle was also improved from 20 days to 26 days. After third cycle pain was reduced upto only half hour before onset of menses and her dependency on the analgesics was absent.

DISCUSSION

The patient was a known case of endometriosis and her main complaint was severe pain during menses which persist even after cessation of menses. She had taken analgesic injections but got temporary relief. The diagnosis was confirmed as *Vatiki yonivyapada* based on clinical presentation of the patient. There is severe pain in *Vatika yonivyapda* described by all the Acharyas. Acharya Chakrapani has commented that *Vataja pradara* resembles *Vatajayonivyapada*^[6]. Also colour of menstrual blood was blackish red which also resembles *Vataja varna*. The patient had history of irregular food habits and also consuming spicy food items. So the treatment principle here adopted is to do *Vata anulomana* and formation of good *Rasa dhatu* so that there will be formation of *Shudha artava*. By doing *Vata anulomana* there will be *Gati* of menstrual blood in its normal passage and cessation of pain. *Samprapti ghatakas* in this case can be laid as follows:

Hetu- Junk food, *Katu, vidahi, Ushna ahara sevana*

Dosha: *Vata, Pitta*

Dushya: *Rasa, Rakta, Artava*

Strotas: *Rasavaha, Raktavaha, Artavavaha*

Strotodushti: *Vimargagamana*

Aashaya: *Garbhashaya*

Nidana parivarjana was done where she was allowed to take healthy diet and to avoid spicy food items and junk food and to add some amount of *Sneha* in her diet for *Vata shaman*. *Basti* is the prime treatment for *Vata dosha* so *Matra basti* was adopted. *Sahacharadi taila* is indicated in *Daruna vata vyadhi*^[7] so it was chosen. *Nabhi purana* with *Eranda taila* was given because *Nabhi* is the *Sthana* of *Samana* and *Apana vata* and *Vishesh sthana* for *Pitta dosha* so *Nabhi* was taken as a site for drug delivery. The timing for *Nabhi purana* was adopted in *Apana kala* that is before food because *Nishkramana* of *Artava* is the *Prakruta karma* of *Apana vata*. *Eranda taila* was used due to its *Yoni shukra vishodhana* and *Adhobhaga doshahara gunakarma*^[8]. *Sadhya virechana* was given for *Vata anulomana* and *Pitta shaman*. *Krishna mruttika* is used for *Pitta shamana* and to stop the burning sensation felt by the patient. *Pratimarsha nasya* was given for regulation of Hypothalamus- pituitary-ovarian axis to regulate the menstrual cycle as it is mentioned as "*Nasa hi shiraso dvaram*"^[9] and *Ksheera bala taila* was used in *Pratimarsha nasya* because of *Vata shaman* property. *Kutaki churna* was used because of its *Bhedana* and *Lekhana* property^[10]. *Kanchanara gugglu* is mentioned in *Bhaishajya Ratnavali* in *Galagandaadi roga chikitsa* so it was used for associated uterine fibroid. *Dhatri lauha* was used to improve the general health and haemoglobin level of the patient.

CONCLUSION

In this case report Ayurvedic treatment principle is adopted to treat endometriosis. The principle treatment adopted is *Vatanulomana* and *Pitta shaman chikitsa* also with improvement of quality of life of the patient which was badly affected due to severe pain. Endometriosis will further cause more complications like endometrial or ovarian carcinoma, adenomyosis which ultimately leads to increase incidence of hysterectomy. So by early detection of the disease and adopting Ayurveda treatment principle dependency of the patient on analgesics can be stopped and can improve the quality of life of the patient. The result obtained in this single case study is helpful in large sample also.

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