



**Case Study**

**A CASE STUDY ON AYURVEDIC MANAGEMENT OF OVARIAN ENDOMETRIOMA**

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**ABSTRACT**

Menstruation is purely a natural process occurring in a woman's body each month. It is the visible manifestation of cyclic uterine bleeding due to shedding of endometrium. Endometriosis is a common health problem for women. It is the occurrence of benign ectopic endometrial tissues outside the uterus. Ovarian endometrioma is the most common form of endometriosis. It increases the risk of ovarian cancer in reproductive age group among woman. Although most of the endometriomas are benign, some of them may undergo malignant changes. This is the case report of a 38 year old lady who presented with increased menstrual bleeding with excessive clots, dysmenorrhoea, burning micturition, and dyspareunia. On USG she was detected to have bilateral hydrosalpinx and ovarian endometrioma. Based on the clinical features presented by the patient *Amapachana*, *Kaphapittasamana* and *Vataanulomana* mode of management was given. After six months of internal medications symptoms reduced considerably and there was no endometrial cysts and features of hydrosalpinx in USG.

**INTRODUCTION**

Menstruation, one of the phases of the menstrual cycles is the periodic shedding of the lining of the uterus. It is purely a natural hormonal process. Endometriosis is a chronic progressive painful disorder which occurs almost exclusively in women of reproductive age group<sup>[1]</sup>. It affects roughly about 10% of reproductive aged women and girls globally. Endometriosis is the occurrence of ectopic endometrial tissues outside the cavity of uterus.<sup>[2]</sup> It is a benign oestrogen dependent gynaecological disease. The prevalence of endometriosis has been increasing during the last couples of decades. The most common sites of endometriosis are ovary, Pouch of Douglas, uterosacral ligaments, rectovaginal septum, sigmoid colon, abdominal scar following hysterectomy.<sup>[3]</sup> Ovarian endometriomas are a common manifestation of pelvic endometriosis. Under the action of ovarian hormones, the endometrium in the ectopic sites may undergo proliferative changes. The periodic shed blood from these implants become encysted and enlarges with cyclic bleeding. Gradually they turn into chocolate cyst.

The symptoms of endometriosis vary upon where the endometrial tissues have been deposited. Most common symptoms include dysmenorrhoea, chronic pelvic pain, dyspareunia, painful defecation and micturition, abdominal bloating, nausea etc. At present there is no known way to prevent endometriosis. The treatment in modern medicine is only aimed at controlling symptoms by either lowering oestrogen or increasing progesterone in order to alter hormonal environment that promote endometriosis. They include combined oral contraceptive pills, progestins and GnRH analogues. These treatment are not definitive, associated with side effects and can sometimes reappear after the discontinuation of the treatment. Moreover the choice of treatment depends upon the effectiveness in the individual, adverse side effects, costs and availability.

In Ayurveda detailed description about the gynaecological disorders has been explained under the heading *Vimsathi yonivyapath*. Endometriosis cannot be explained as a single entity as per Ayurvedic view. The concept of physiology, pathology, and treatment in Ayurveda is based on the doctrine of *Tridosha- Vata, Pitha* and *Kapha*. *Garbhasaya* is situated at the *Visesha sthana* of *Vata*. Each and every step in treatment is to primarily ensure the normal function of *Apana vata* especially in women<sup>[4]</sup>. Intake of excessive *Katu* (pungent), *Tikta* (bitter) and *Kashaya* (astringent) *Rasas*, *Athiviyayama* (strenuous exercise), *Vegadharana*

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(suppression of natural urges), *Athi vyavaya* (excessive sexual intercourse) are the causes of *Vata* vitiation. The *Vata* vitiation causes the *Viloma gati* of the *Raktha dhatu* and causes the deposition in abnormal sites and causes a *Granthi* formation. The symptoms presented in ovarian endometrioma can be viewed with respect to *Tridosha* vitiation. The *Doshas dushti* also results in the formation of *Ama*. So the main treatment principles of *Amapachana*, *Kaphapitha samana* and *Vata Anulomana* can be applied here.

### Case Report

A 38 year old married woman approached the OPD of Govt. Ayurveda College, Thiruvananthapuram, with complaints of increased bleeding associated with excessive clots, severe dysmenorrhoea, dyspareunia since one year and thick curdy white discharge with foul smell, bilateral lower abdominal pain, vulval itching, increased frequency of micturition with burning sensation since two years. On USG, she was detected to have multiple uterine fibroids with bilateral hydrosalpinx and endometriotic cysts.

**Family History:** No relevant history.

**Past History:** Nothing relevant.

### Menstrual History

|                         |          |
|-------------------------|----------|
| Age of menarche         | 13 years |
| Cycle                   | Regular  |
| Interval                | 30 days  |
| No. of days of bleeding | 15 days  |
| No. of pads/day         | 10-12    |
| Pain                    | +++      |
| Clots                   | +++      |

### Sexual history

**Dyspareunia:** present

|                    |  |
|--------------------|--|
| Obstetric history  | P <sub>1</sub> L <sub>1</sub> A <sub>0</sub> |
| Last child birth   | 12 years                                     |
| Nature of delivery | FTNVD  |

### Personal History

|                  |  |
|------------------|--|
| Appetite         | Reduced                                  |
| Diet             | Non vegetarian                           |
| Tastes preferred | Spicy, pungent, hot                      |
| Bowel            | Constipated                              |
| Micturition      | Burning micturition, increased frequency |
| Sleep            | Increased                                |

On Abdominal examination: tenderness on both iliac fossa noted.

**USG finding:** Bulky uterus (10cm) with increased Endometrial Thickness- 13mm,

Both ovaries shows cysts (5.5cm – right ovary and 4cm in left ovary)

Bilateral hydrosalpinx - Right- 30\*10mm.

Left-25\*8mm.

Uterine fibroids

**Blood Investigations:** Hb- 10.2g/dl, CA 125= 94.72IU/ML.

### Ayurveda Management

Internal Medicines

During the first visit

|    |                                 |                              |             |
|----|---------------------------------|------------------------------|-------------|
| 1  | <i>Mahatiktakam kashayam</i>    | 90ml-0-90ml                  | Before food |
| 2. | <i>Pushyanugam tablet</i>       | 2- 0 -2                      | After food  |
| 3. | <i>Saribadyasavam</i>           | 20ml-0-20ml                  | After food  |
| 4. | <i>Triphala Guggulu</i>         | 2-0-2                        | After food  |
| 5. | <i>Brihat Triphala Choornam</i> | 1tsp with hot water          | At bed time |
| 6. | <i>Kantha sindooram</i>         | 2 pinch with <i>Kashayam</i> | Before food |

Follow up after three months: Symptoms of increased bleeding reduced (5 days bleeding), No clots, and vaginal discharge reduced considerably, Bladder symptoms also reduced.

**On USG:** Presence of uterine fibroids with bilateral endometriotic cysts. Endometrial thickness- 8mm. No features of hydrosalpinx was noted.

### II. During the second visit

|    |                                 |                      |             |
|----|---------------------------------|----------------------|-------------|
| 1. | <i>Guggulutiktakam kashayam</i> | 90ml- 0-90ml         | Before food |
| 2. | <i>Triphala choornam</i>        | 1 tsp with hot water | At bed time |
| 3. | <i>Cap. Rasagandhi mezhugu</i>  | 1 -0-1               | After food  |

**Follow up:** After three months- Bilateral lower abdominal pain and bladder symptoms were absent, No dyspareunia, No menstrual complaints- bleeding only upto five days and no clots.

CA 125 was reduced to 37.2 IU/ML.

**On USG:** Multiple fibroids with no residual endometriotic cysts.

### RESULTS AND DISCUSSION

Endometriosis can be viewed as a chronic disease and requires effective pain management. Through diagnosis and treatment at the proper time the condition can be successfully managed by Ayurveda. The treatment principles can be effectively formulated in such a way for the regression of endometriotic implants and restoration of normal physiology.

The condition can be correlated to a *Samaavastha* which occurs as in an inflammatory condition. *Arthava* being the *Upadhatu* of *Rasa*, gets immediately vitiated by *Apathya ahara* and *Vihara*. So *Ama pachana*, *Dosha samana*, *Raktha Sangraha Upayas* are primarily adopted. Considering the symptoms manifested in the patient, initially *Amapachana* and *Rakthasangrahana* method was adopted followed by *Kaphapithasamana*.

*Mahatiktaka kashaya* is especially indicated in diseases of *Vatapitha* vitiation. Initially it was given to reduce the *Amasanchaya*. It has *Tikta rasa*, *Krimihara*, *Vishahara* and *Sophahara* action and thus reduces the *Sopha* in *Garbhasaya pradesha*. *Pushyanugam* tablet indicated in *Raktha pradara* possess *Kashayatiktaka rasa*, *Seeta virya* and *Grahi* property. *Kashaya rasa* has *Stambhaka guna*, retains the *Srava* and has *Kapha nasaka* property also. *Saribadyasava* is *Tridosahara* especially *Pithakapha samana*, *Raktaprasadana*, *Malaanulomana*, and having *Srotosodhana* property. *Triphala Guggulu* is particularly indicated in *Vidradhi*, *Nadivrana*, *Bhagandhara*. It is *Kaphavata samana* with *Srotosodhana*, *Lekahana karma* and *Granthi vilayana* property. *Brihat Triphala choornam* was given for *Mala anulomana*. *Kantha sindooram* was administered to improve the *Rakthadhatu*. Considerable relief in symptoms of bleeding was found. All these medicines administered helped in arresting the bleeding, reduced the endometrial thickness and inflammatory condition. The features of hydrosalpinx were absent and considerable reduction in increased endometrial thickness was seen in USG.

*Guggulu tiktaka kashayam* given during the second follow up was effective in reducing the ovarian

endometrioma. It is *Kaphavatahara*, having more *medohara* and *Granthi vilayana* action. It also possesses *Kledahara*, *Lekhana* and *Chedana* properties. *Triphala choornam* was given for *Vata anulomana*. It is an effective antioxidant also. *Rasagandhi mezhugu* was administered for a period of 30 days. It is a herbomineral preparation which has *Tikta rasa*, *Usna virya*, *Dipana* and *Kapha vatahara* property. *Parada* present in the drug possess *Yogavahi* property. *Tikta rasa* is responsible for the *Sosha* of *Meda*, *Kleda*, *Vasa* and *Majja*. It clears the obstruction of the *Srotas* and pacifies *Kapha*.

## CONCLUSION

The above Ayurvedic management protocol was effective in reducing the features of hydrosalpinx and ovarian endometrioma. Accurate diagnosis at the right time and proper selection of drugs and strict adherence to *Pathya ahara vihara* is the key to success in this field.

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