



Case Study

**AYURVEDIC MANAGEMENT OF OVARIAN ENDOMETRIOMA: A DETAILED CASE ANALYSIS**

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**ABSTRACT**

Women play an integral role in the society, their health and well-being are vital in such journey, certain health conditions like endometriomas often affect the quality of life of many women. These endometriomas are cystic lesions that stem from endometriosis. And are most commonly found in the ovaries. Ovarian endometrioma is the most common form of endometriosis, with its prevalence ranging between 17% and 44%. The clinical challenges include persistent pain, dysmenorrhea, and infertility, all of which adversely affect women's quality of life and their ability to reproduce. In Ayurveda, this condition is comparable to *Udavartini Yonivyapad*, a known gynecological disorder. It has a significant prevalence among women, reflecting its widespread impact on female reproductive health. **Methods:** Case study of a 30-year-old married woman came with severe pain during menstruation along with prolonged bleeding during cycles in the last 4 years and the patient was initially diagnosed with an ovarian endometrioma through sonography before she approached us. Based on the *Lakshanas* and *Nidana Panchaka* it was diagnosed as *Udavartini Yonivyapad*. This case was effectively managed using *Shodhana* therapy combined with internal medications. **Results:** Following *Shodhana* her condition exhibited signs of improvement, and there was noticeable reduction in the size of endometrioma. **Conclusion:** This case is an example to explain the Ayurveda's role in managing such disease conditions by demonstrating the improvement in the pain and size of the endometrioma which was confirmed by a sonography before and after the treatment.

**INTRODUCTION**

Endometriomas are the most common manifestation of endometriosis on the ovary. Ovarian endometrioma is a common disease lesion among women with endometriosis, it is characterized by the presence of endometrial tissue (the lining of the uterus) outside the uterine cavity, particularly on the ovaries. This tissue can form cysts filled with old, dark blood, giving them their characteristic name 'chocolate cyst' due to their appearance resembling chocolate syrup. Endometriosis is a common benign disorder defined as the presence of endometrial glands and stroma outside the normal sites.

Implants of endometriosis are most often found on the pelvic peritoneum, but other frequent sites include the ovaries and uterosacral ligaments<sup>[3]</sup>. Ectopic endometrium also resembles the uterine mucosa, in that it is subservient to ovarian hormones<sup>[4]</sup>. It starts with a superficial endometriotic implant over the ovarian surface. The endometriotic tissue gradually invades the ovarian stroma. Cyst formation is due to periodic shedding and bleeding from the implant<sup>[5]</sup>. These endometriomas may affect women's fertility by decreasing ovarian reserve.

According to Ayurveda "*Na hi Vaatadrite Shoolam*" signifies an imbalance in *Vata* causes pain, with the *Apana Vata* being particularly implicated. Ayurveda does not associate endometriosis with any single specific disease. Clinical presentations serve as the basis for Ayurvedic diagnosis procedures instead of histological studies. According to *Acharya Charaka*, there are numerous varieties of *Rogas*, and while it is impossible to identify every illness with certainty, the diseases that are described can provide a hint to those

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unidentified entities in the texts. Most of them are categorized under twenty *Yonivyapad* by our *Acharyas*. From the Ayurvedic perspective, endometriosis can be categorized under *Udavartini Yonivyapad* based on the *Nidana* and *Lakshanas* hence *Acharya Charaka* explains how the improper functioning and retrograde movement of *Vata* result pain in *Yoni*. In this instance, a thorough *Nidana Panchaka* was comprehended, and the treatment was planned accordingly. In twenty *Yonivyapad* there are few that contribute to the pathophysiology of endometriosis in which *Udavartini Yonivyapad* is one of it. An attempt was made to treat this patient with the line of treatment of *Udavartini Yonivyapad* mentioned in our *Samhitas*. The treatment regimen emphasizes *Shodhana*, aiming specifically to pacify the *Vata Dosha*.

### AIMS AND OBJECTIVES

1. To explore the clinical aspects of *Udavartini Yonivyapad*.
2. To assess the impact of *Shodhana Karma* and internal medications in the management of *Udavartini Yonivyapad*.

### MATERIALS AND METHODS

A female aged 34 years, visited to the OPD of dept. of Prasuti Tantra and Stree Roga of SSCASRH on 15 October 2022 with complaint of severe pain and excessive bleeding during her menstruation for the past 4 years while these symptoms have been persistent, their intensity was markedly increased over the past 2 years.

### Case History

The patient was apparently normal until four years ago, when she gradually began experiencing excessive bleeding and pain during menstruation. Over the past two years, the pain intensified and only subsided with analgesics. In 2019, during a routine checkup, a USG scan revealed bilateral endometriotic cysts. The patient took oral contraceptive pills for treatment but found no relief from the pain and excessive bleeding, leading to a laparoscopic bilateral ovarian cystectomy along with hysteroscopy and dilation and curettage (D&C) in September 2021. She experienced symptomatic relief for few months following the surgery, but the symptoms returned. A subsequent USG scan in 2023 showed a recurrence of the endometriotic cysts in both the ovaries. The patient then sought further management at our hospital.

### Rajo Vrittanta

Age of menarche: 15 years of age  
 LMP 1: 06/10/2023  
 LMP 2: 10/09/2023  
 Menstrual cycle: 5-8days/ 25-28day  
 Foul smell: Nil  
 Colour: Blackish red

Clot: (+) (2-3 cm)

**Obstetric History:** Nil

### Asta Sthana Pareeksha

*Nadi:* 74 bpm, *Pitta Pradhana*  
*Mala:* *Prakruta* (once a day)  
*Mutra:* *Prakruta* 5-6 times a day  
*Jiwa:* *Ishat lipta*  
*Shabda:* *Prakruta*  
*Sparsha:* *Anushna sheeta*  
*Drik:* *Prakruta*  
*Akruti:* *Madhyama*

### General Examination

Temperature: 97.1°F  
 Pulse: 74 bpm  
 BP: 110/80 mmHg  
 Weight: 62.5 kg  
 Height: 158cm  
 BMI: 25kg/m<sup>2</sup>

### Samsthanika Pareeksha

**CNS:** Patient is conscious and well oriented to time, place and person.

**CVS:** S1, S2 heard, no murmurs.

**R/S:** No vesicle breath sounds heard, no added sound.

### Local Examination:

**Breast Examination:** Bilaterally symmetrical, no tenderness, no palpable mass, no discharge from the nipple.

**P/A Examination:** Soft, non-tender. No organomegaly, Bowel sound – present.

**P/S Examination:** Mild hypertrophy of cervix.

**P/V Examination:** Normal size/ Anteverted/ Free fornices/ Cervical motion tenderness (+)

### Nidana Panchaka

#### Nidana

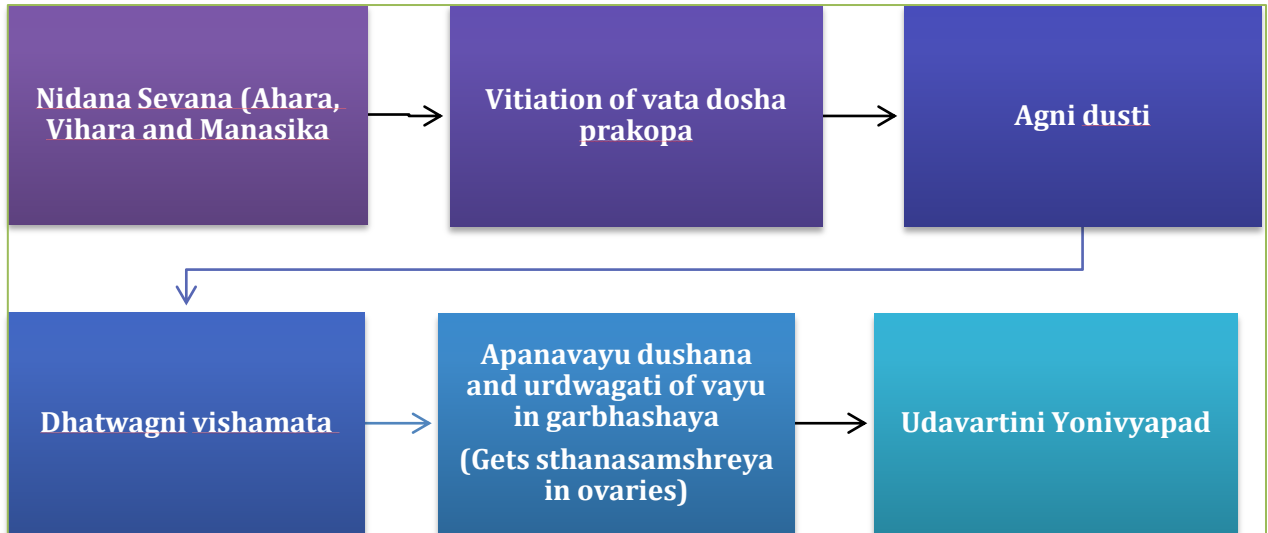
**Aharaja:** *Ati Ruksha, Katu Rasa Sevana* - The daily diet includes fast food, mostly fried items, regular consumption of millet for breakfast, a high intake of puffed rice, food cooked in sesame oil, and a daily afternoon consumption of very sour curd, all contributing to an excessively dry (*Ati Ruksha*) dietary pattern.

**Viharaj:** *Ratri Jagarana, Vegadarana*, Sedentary life

**Manasika:** *Chinta, Shoka*

**Roopa:** *Ati Pravrutti of Artava, Shula* (pain during menstruation), *Apraja Vandyatwa*

**Samprapti**



**Samprapti Ghataka**

Dosha: Vata Pitta

Dushya: Artava (Rasa upadathu)

Agni: Ddhatwagni Vishamata

Srotas: Artavaha, Raktavaha

Sroto Dushti: Vimargagamana

Udhabhava Sthana: Pakwashaya

Adhithana: Garbhashaya (ovaries)

Rogamarga: Abhyantara

**Treatment**

Planned For Classical Virechana (Oct 2022)

Deepana Pachana with Chitrakadi vati 2TID for 2 days

Snehapana with Guggulu Tiktaka Ghrita for 3 days (40ml, 80ml, 120ml)

Sarvanga Abhyanga Bashpa Sweda with Sahacharadi Taila for 2 days

Virechana with 60gm Trivrit Lehya and 100 ml Triphala Kashaya

Total no of Vegas – 17 Vegas

Patient attained Madhyama Shuddhi

**Discharge Medication (For 15 Days)**

Medicine	Dosage	Action
Dashamoola Ksheera paka	40ml Before food	Vatahara, Deepana, Pachana
Dhanwantaram vati	1BD Before food	Vatanulomana
Hingu Vachadi churna	½ tsp BD (with 1 <sup>st</sup> of food)	Yonishoola, Gulmahara
Tab. Avipattikara	2HS (Bedtime)	Vibandhahara, Agnideepaka

1) Yoga Basti (Dec 2022)

- Niruha Basti – Dashamoola Kashaya Basti
  - Anuvasana Basti – Danwantharam Taila (60ml)
- 2) Shirodhara – Brahmi Taila

**Discharge Medication (For 3 Months)**

Medicine	Dosage	Action
Dashamoola ksheera paka	10ml Before food	Vatahara, Deepana, Pachana
Saptasarakashaya	10ml After food	Yonidosha, Gulmahara
Dhanvantaram Vati	1 BD Before food	Vatanulomana
Tab. Kanchanara Guggulu	1 BD After food	Granthigna, Gulmagna
Tab. Nityam	1HS (Bed time)	Mriduvirechaka

**Follow-Up**

- 1<sup>st</sup> follow up (after Virechana)– In November patient had her cycles with 6 days of interval and there was 20% improvement in her pain.
- 2<sup>nd</sup> follow up (after Basti) – The reduction of pain during menstrual cycles was notably improved, with pain levels decreasing from severe to

moderate according to the Visual Analog Scale (VAS) assessment.

- A follow-up USG scan indicated a substantial reduction in the size of the endometriotic cyst in both the ovaries.

**OBSERVATION AND RESULTS**

	<b>Before Treatment</b>	<b>After Treatment</b>
<b>Pain Assessment -VAS Scale</b>	VAS Scale - 8	VAS Scale - 4
<b>USG</b>	<b>Right Ovary</b> -Right Ovarian Endometriotic Cyst measures 1.8*1.5cms <b>Left Ovary</b> - Left Ovarian Endometriotic Cyst Measuring – 3.7*1.8cms	<b>Right Ovary</b> - Right Ovarian Endometriotic Cyst measures 1.0*0.7cms <b>Left Ovary</b> - Left Ovarian Endometriotic Cyst Measuring- 2.0*1.4cms

**DISCUSSION**

In Ayurveda, endometriosis does not correspond to a single entity and should be diagnosed based on *Nidana Panchaka* and *Lakshanas*. In this case study, *Nidana* is identified as a primary cause leading to *Vata* and *Pitta* imbalance, which takes *Sthanasamshreya* in *Garbhashaya* and ovaries, resulting in symptoms such as menstrual pain and prolonged bleeding.

**Disease Discussion**

The pathogenesis of endometriosis and the *Nidana of Udavartini Yonivyapad* are quite comparable to some extent. The pathogenesis of endometriosis is explained by various theories, one of which is retrograde menstruation, where menstrual blood flows backward through the uterine tubes during menstruation. This leads to the implantation of endometrial fragments on the peritoneal surfaces of pelvic organs such as the ovaries<sup>[6]</sup>. *Acharya Charaka* has mentioned comparable factors and aetiologies.

*Udavartini Yonivyapad* – The word *Udavarta* means the upward movement of *Rajas*.

रजसो गमनादुद्ध्र दयोदवर्तिनि बुधैः ॥<sup>[7]</sup> च.चि.३०/२५,२६,३

*Acharya Charaka* mentions that due to the upward movement of natural urges (i.e., in reverse direction) likewise the vitiated *Vayu* moving in reverse direction fills the *Yoni* causing pain and upward movement/ displacement of *Rajas* which is expelled with great difficulty. The pain is relieved at once the *Rajas* is expelled. It is due to the upward movement of *Rajas* that this *Vyapad* is termed as *Udavarta*. These findings further establish and validate that vitiated *Vata* is the foremost responsible and major factor in the pathogenesis, though other *Doshas* are only being present as associated factors to it. Hence the involvement of the three *Doshas (Tridosha)* in the formation of endometriosis is significant.

**Vata** - The displacement of endometrial cells from the uterus to external sites is driven by *Vata*.

**Pitta** – The inflammatory nature of disease may be due to involvement of *Pitta*.

**Kapha** – The buildup of endometrial cells is may be due to involvement of *Kapha*.

Hence this case was treated as *Udavartini Yonivyapad* based on the *Nidana* and *Lakshanas*.

**Manasika Nidana**

In Ayurveda, stress is considered a significant factor that can lead to imbalance of *Doshas*, particularly *Vata dosha*. Stress has a pervasive impact on multiple aspects of an individual’s health like –

**Impact on Agni:** Stress can negatively affect *Agni*, resulting in *Mandagni*, which disrupts the balance of *Dhatwagni*, causing *Dhatwagni Vishamata*. This imbalance further vitiates *Vata*, particularly *Apana Vayu*, leading to a cascade of physiological disruptions and various health conditions. The disturbance in *Apana Vayu* can manifest related ailments, highlighting the interconnectedness of mental stress and physical health in Ayurvedic principles.

**Hormonal Imbalance:** Stress can disrupt the hypothalamic-pituitary-adrenal (HPA) axis, leading to imbalance in cortisol and other stress hormones, such as oestrogen and progesterone levels which are in the development and maintenance of endometrium.

**Treatment Discussion**

**Role of Snehana**

यस्य दोषस्य यः प्रत्यनीकः स्नेहस्तेन स्नेहेन संस्नेहा संस्वेद्य. ॥<sup>[8]</sup>

(Su. Sa. U. 38/21, 31-32)

*Acharya Sushruta* mentions that in all the *Yonirogas* first *Snehadi Karma* should be done and drugs used should be in the accordance to the *Doshas* involved.

Here *Guggulu Tiktaka Gritha* was chosen as it is one of the best *Vata Pittahara* the ingredients of *Guggulu Tiaktaka Gritha* like *Patola, Guduchi, Vasa, Nimba* help to pacify *Vata* thereby acting on pain reduction. Moreover, it also contains *Guggulu, Chitraka, Kantakari, Nagara, Nimbaha* anti-inflammatory properties which also help in relieving pain.

**Role of Virechana**

The procedure by which the vitiated *Doshas* are eliminated from the body's *Adhobhaga*.

Action of *Virechna Dravyas* like: *Triphala Kashaya* and *Trivrit* which are *Tikshna, Ushna, Chedaniya* in *Guna* acts on *Artava Doshas*. Therefore, *Virechana* aids in the elimination of *Pitta* and *Kapha doshas*, which may be contributing to the obstruction of *Apana Vata*.

**Role of Basti**

*Vata* having *Chala Guna* is responsible for the displacement of endometrial tissue from their original location uterus to outside organs hence *Vata* should be stabilized. *Vata* is also responsible for dislodgement of *Pitta* and *Kapha*<sup>[9]</sup>. *Acharya Charaka* has considered *Basti* as the chief treatment regimen for various disorders<sup>[10]</sup>. In this case study *Niruha* was administered with *Dashamoola Kashaya* which mainly pacify *Vata* Aggravation and works as an anti-inflammatory and analgesic. *Anuvasana* with *Dhanwantharam Taila* is used as it is *Vatanulomaka*, *Shoolaara*, *Snigdha Karaka*.

**Pathya (Aharaja)**

- *Snigdha Ahara Sevana*
- *Madhura/Amla/Lavana rasa* food
- *Ushna Ahara* (warm and freshly prepared food)
- Usage of *Shukha Danya Ahara* for example – *Godhuma* (wheat), *Shali* (rice)
- *Shami Dhanya* for example – *Kulattha* (horsegram), *Mudga* (green gram), *Masha* (black gram)

The above can be incorporated in the daily diet.

**Viharaja****Apathya (Aharaja)**

- Avoid *Ati Ruksha/Laghu/Shita/Alpa Ahara*
- Avoid *Koradusha* (kodo millet), *Shyamaka* (Barnyard Millet)
- *Mudga* (green gram) – *Shimbhi Dhanya*
- In legumes – *Masura* (lentils), *Chanaka* (chickpea)
- *Adhaki* (Tur Dal), *Nishpava* (flat beans), *Tumba* (Bottle gourd)
- In *Phalavarga* – *Jambhava*, *Tinduka*
- In meat – Dry and preserved meat

**Viharaja**

- *Ati Plavana* and *Prapatana* (swimming and fall)
- *Vega dharana* and *Vega Udeerana*
- *Ati Vyayama*, *Ati Vyavaya*
- *Ratrijagarana* (awakening at night)

**Manasika**

*Bhaya*, *Chinta*, *Shoka*, *Krodha*, *Udhvega*

**CONCLUSION**

*Udavartini Yonivyapad*, while challenging, can be effectively managed through the principles of

Ayurveda. The management of *Udavartini Yonivyapad* through *Shodhana* Therapy exemplifies the comprehensive and integrative approach of Ayurveda. This holistic methodology not only addresses the symptoms but also aims to correct the underlying imbalance of *Doshas*, particularly *Vata*. As per this case is concerned a comprehensive case analysis was performed for this patient, and the treatment was carefully tailored according to the specific *Doshas* and *Dushyas* are involved. This approach successfully reduced the ovarian endometrioma size and alleviated other symptoms effectively.

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