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AYURVEDIC MANAGEMENT OF ENDOMETRIOSIS: A CASE STUDY

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ABSTRACT

Background: Endometriosis is a condition in which endometrial tissue proliferates outside the uterine cavity, most commonly involving the ovaries, fallopian tubes, and pelvic peritoneum. It poses a significant clinical challenge, and surgical intervention has historically been the primary definitive treatment. In this study, Endometriosis is correlated with Udavartini Yoni Vyapada as described by Acharya Sushruta, on account of its characteristic symptom of painful, obstructed menstruation attributable to increased Vata.

Objective: To assess the effect of an Ayurvedic intervention in the management of Endometriosis using objective and subjective criteria, in a patient presenting with dull aching lower abdominal pain and irregular, heavy menses.

Methods: A treatment protocol employing Vatashamaka, Anulomaka, and Lekhagana Chikitsa was followed, comprising Yoga Basti karma with Pippalayadi Anuvasan Basti, Tb. Daruharidra Gana Vati (500 mg), Avipattikar Churna, Tb. Kanchanar Guggulu, and Tb. Chandraprabha Vati, together with diet and lifestyle modification including Suryanamaskar and Pranayama, followed for three consecutive menstrual cycles.

Results: The patient obtained significant relief from pain and irregular menses along with improvement in quality of life. Follow-up ultrasonography showed significant improvement, and clinical symptoms were markedly reduced.

Conclusion: Ayurveda is a holistic science that treats the root cause of disease. Promising results were obtained with this Ayurvedic Siddhanta-based approach, warranting a larger population-based study.

Keywords: Basti, Pippalayadi Anuvasan Basti, Udavartini Yonivyapada, Vatashamaka, Anulomaka, Lekhagana, Daruharidra Gana Vati.

1. INTRODUCTION

Endometriosis is a gynaecological condition characterised by the presence and growth of endometrial glands and stroma outside the uterine cavity. Ectopic endometrial tissue most commonly implants on the ovaries, fallopian tubes, uterosacral ligaments, and peritoneum. These ectopic deposits respond to cyclical hormonal changes, resulting in inflammation, adhesion formation, and fibrosis. Common symptoms include dysmenorrhoea, chronic pelvic pain, dyspareunia, and infertility.

In India, endometriosis remains significantly underdiagnosed; available data suggest a prevalence of approximately 25–30% among women presenting with chronic pelvic pain or infertility. In this study, Endometriosis has been correlated with Udavartini Yoni Vyapada on account of its characteristic symptom of dysmenorrhoea (raja kricchena muchyate) as described by Acharya Sushruta, attributable to increased Vata (Vata pratiloma). Consequently, the primary line of treatment selected is Vata-Kapha Shamaka, Lekhagana, and Vata Anulomaka Raktaprasadana Chikitsa.

2. METHODOLOGY (CASE PRESENTATION)

This is a single case report documenting the Ayurvedic management of a patient with Endometriosis (Udavartini Yoni Vyapada), assessed using both subjective clinical criteria and objective ultrasonographic findings before and after a structured treatment protocol.

2.1 Case Report

A 41-year-old married female presented to the OPD of Prasooti Tantra and Stree Roga at M.A. Podar Hospital with complaints of dull aching pain in the lower abdomen, and irregular, heavy menses since 6 months.

2.2 History of Present Illness

The patient was apparently healthy one year prior. She subsequently developed localised mild pain in the lower abdomen that progressively worsened during menstruation. She developed an irregular menstrual cycle, for which she received Allopathic treatment for 3 months without relief, and was then referred to the PTSR OPD for Ayurvedic management.

2.3 Personal and Menstrual History

Parameter	Details
Past History	Nothing significant
Family History	Nothing significant
Diet	Mixed (spicy, salty; non-veg twice weekly – mainly chicken)
Bowel Habit	Mild constipation; once in two days
Micturition	Normal, clear
Sleep	Sound
Marital Status	Married since 8 years (living with husband)
Menarche	13 years of age
Cycle	Irregular; Interval: 2–18 months

Parameter	Details
Days of Bleeding	2–3 days; 2–3 pads/day
Obstetric History	G2P2L2A0 – G1L1: Male, 20 yrs (FTND); G2L2: Female, 16 yrs (FTND); Tubectomy not done
LMP	02/05/2025	L1MP: 12/03/2025	L2MP: 03/01/2025

2.4 General and Systemic Examination

Parameter	Finding	Parameter	Finding
GC	Moderate	Temp.	98.6°F
Pulse	78/min	Weight	58 kg
BP	110/70 mmHg	BMI	25.5 kg/m^2
RR	20/min	CVS	S1-S2 Normal
CNS	Well oriented, conscious	RS	Normal vesicular breathing
P/A	Soft, no organomegaly; tenderness in hypogastrium	Hb%	12 gm%

2.5 Dashvidha Pariksha

Parameter	Finding	Parameter	Finding
Prakriti	Kapha-Vataj	Satwa	Madhyam
Vikriti	Rasa-Rakta-Mamsa-Meda	Kosta	Madhyam
Agni	Vishama	Aharashakti	Avar
Samhanana	Madhyam	Vyayamashakti	Madhyam
Satmya	Vyamishra	Vaya	Yuvavastha

2.6 Pelvic Examination

Examination	Findings
Per Vaginal	Cervix: soft, mobile, painless movement. Lateral fornices: free, non-tender. Posterior fornix: no tenderness.
Bimanual (Uterus)	Position: Anteverted and Anteflexed | Size: Bulky | Tenderness: Present
Per Speculum	Cervical os erosion present; mucoid white discharge; healthy vaginal wall.
USG Abdomen + Pelvis (25/5/23)	Left ovarian endometrioma 2×3 cm, adhesions in pelvis

All routine investigations including blood sugar level, thyroid profile, and hormonal assay were performed and found within normal limits.

3. CONCEPTUAL FRAMEWORK / THEORETICAL BACKGROUND (SAMPRAPTI)

The Ayurvedic pathogenesis (Samprapti) of the condition is understood as vitiation of Apana Vata together with Rakta Dhatu, which vitiates Rajas, leading to Viloma Gati of Rajas and consequently reduced blood flow (ischaemia) and uterine hypoxia. This culminates in Kricchartava (painful, obstructed menstruation), with pain (Shoola) that is characteristically relieved following frothy menstrual discharge.

Samprapti Ghataka	Details
Dosha	Vata Pradhana
Dushya	Rasa and Rakta
Srotas	Aartava Vaha Srotas
Srotodushthi	Apravatti

4. REVIEW OF LITERATURE

4.1 Classical / Traditional Literature Review

The two principal formulations used in this protocol are grounded in classical Ayurvedic texts, as summarised below.

Attribute	Details
Formulation Name	Pippalayadi Taila (Anuvasan Basti)
Reference	Sahasrayoga Taila Prakarana / Ashtanga Hridayam Chikitsa Sthana
Key Ingredients	Pippali (Piper longum), Pippalimoola, Chavya, Chitraka, Shunthi, Maricha, Yavani, Ajamoda, Saindhava Lavana – processed in Tila Taila base
Rasa / Guna	Katu, Ushna, Tikshna, Sukshma, Vyavayi, Vikasi
Karma / Action	Vatanulomana, Deepana, Pachana, Shoolahara, Srotovishodhana, Brimhana (with Taila base), Garbhashaya Shuddhi
Dose	60–90 mL per Anuvasan Basti administration (post-Niruha Basti on alternating days)
Mode of Administration	Administered post-menstrually on Days 2, 4, 6, 8 of the Yoga Basti schedule (alternating with Niruha Basti on Days 1, 3, 5, 7), for 3 consecutive menstrual cycles

Attribute	Details
Formulation Name	Daruharidra Gana Vati (500 mg tablets)
Reference	Bhavaprakasha, Haritakyadi Varga, pg. 234 (Chaukhamba Publication, 2005)
Key Ingredients	Daruharidra (Berberis aristata), Triphala, Trikatu, Guduchi, Musta, and other Tikta-Katu Dravyas
Rasa / Guna	Tikta, Katu; Laghu, Ruksha; Ushna Virya; Katu Vipaka
Karma / Action	Deepana, Lekhana, Shoolahara, Raktashodhana, Vata Anulomana, Kapha-Meda Nashaka
Dose	2 tablets (500 mg each) BD – Pragbhakta (before food) with Koshna Jala
Duration	Throughout the 3 consecutive menstrual cycles, continued for 40 days of Abhyantara Chikitsa thereafter

4.2 Contemporary Scientific Literature

Modern correlates for several components of the protocol have been described in the literature. Pippalayadi Anuvasan Basti is understood to stimulate the enteric nervous system and modulate the hypothalamo-pituitary-adrenal axis, potentially reducing the elevated prostaglandins implicated in dysmenorrhoea. Berberine, a principal constituent of Daruharidra, has demonstrated anti-inflammatory and anti-proliferative activity in preclinical studies, which is proposed as a plausible mechanism supporting its traditional Lekhana (scraping/reducing) action on ectopic tissue.

4.3 Comparative / Integrative Analysis

Each drug in the protocol was selected based on Ayurvedic pharmacology correlated with the modern pathophysiology of endometriosis, as summarised below.

Drug	Ayurvedic and Pharmacological Rationale
Pippalayadi Anuvasan Basti	Ushna and Tikshna properties of Pippali correct Apana Vata pratiloma and relieve Shoola. The Taila base provides Snehana to pelvic viscera, reduces inflammation, relieves uterine spasm, and clears Srotorodha at Aartava Vaha Srotas. Stimulates the enteric nervous system, modulates the hypothalamo-pituitary-adrenal axis, and may reduce elevated prostaglandins implicated in dysmenorrhoea.
Daruharidra Gana Vati	The Lekhana property removes ectopic endometrial tissue from abnormal sites. Vata Anulomana prevents Urdhvagamana of Raja. Deepana and Raktashodhana correct Rasa-Rakta Dushti. Kapha-Meda Nashaka action reduces the proliferative tendency of ectopic implants. Berberine in Daruharidra has demonstrated anti-inflammatory and anti-proliferative activity in preclinical studies.
Niruha Basti (Dashmoola + Triphala Kwatha)	Vatanulomana, systemic Shodhana, normalises Apana Vata, modulates neurohumoral pathways including serotonin, neurotransmitters, and prostaglandins.
Kanchanar Guggulu	Granthi Vilayana (reduces nodular aggregates); decreases Granthi size and resolves Srotorodha, indicated in endometriotic nodules by virtue of Granthihara action.
Aarogyavardhini Vati	Pitta-Kapha Shamaka and Pittavirechaka. Acts on cervical erosion; Deepana, Pachana, and Anulomana in the initial phase.
Avipattikar Churna	Nitya Virechaka; Pitta-Kapha Virechaka; Rakta Prasadhana; addresses cervical erosion and Rakta Dushti secondary to endometriosis.

Drug	Ayurvedic and Pharmacological Rationale
Chandraprabha Vati	Vatapittahara; genitourinary tonic; normalises Mutraval Srotas and pelvic organ function.
Yonipichu (Jatyadhi Taila)	Vrana Ropana for cervical erosion; Pitta Shamaka; local Snehana and Ropana of the vaginal and cervical mucosa.

5. MECHANISM OF ACTION / TREATMENT PROTOCOL

Treatment was initiated with Amapachana, Agnidipana, and Anulomana for 7 days, followed by Yoga Basti (including Pippalayadi Anuvasan Basti) and oral medications for 3 consecutive menstrual cycles. Pathya Ahara and Vihara (Suryanamaskar, Pranayama) were strictly followed throughout.

5.1 Phase 1: Deepana, Pachana, and Anulomana (7 Days)

Name of Medicine	Dose	Anupana	Reference
Aarogyavardhini Vati	2 tabs (250 mg each) BD – Bhojanottar	Koshna Jala	[1]
Avipattikar Churna	3 gm HS	Koshna Jala	[2]

5.2 Phase 2: Cervical Erosion (Sthanika Chikitsa – 7 Days)

Name of Medicine	Dose	Reference
Yonipichu (Jatyadhi Taila)	For 7 days, 2 hours after menses	[3]

5.3 Phase 3: Main Treatment – 3 Consecutive Menstrual Cycles (4 Months)

Name of Medicine	Dose	Anupana	Reference
Tb. Daruharidra Gana Vati	2 tabs BD – Bhojanottar	Koshna Jala	[4]
Kanchanar Guggulu	2 tabs (250 mg each) BD – Bhojanottar	Koshna Jala	[5]
Tb. Chandraprabha Vati	2 tabs BD – Bhojanuttara	Koshna Jala	[6]
Avipattikar Churna	3 gm HS	Koshna Jala	[2]
Yoga Basti: Niruha – Dashmoola + Triphala Kwatha; Anuvasan – Pippalayadi Taila	Post-menstrually for 3 consecutive cycles; 8 days each cycle	–	[7],[8]

5.4 Follow-up Schedule and Treatment Given

Follow-up	LMP	Treatment Given
1st (04/05/23)	2/5/25–3/5/25	Tb. Aarogyavardhini Vati; Avipattikar Churna
2nd (09/05/23)	2/5/25–3/5/25	Yoga Basti – 1st cycle (Pippalayadi Anuvasan + Dashmoola Niruha); Tb. Chandraprabha Vati; Tb. Daruharidra Gana Vati; Tb. Kanchanar Guggulu; Avipattikar Churna
3rd (02/06/23)	28/5/25–30/5/25	Yoga Basti – 2nd cycle (Pippalayadi Anuvasan + Dashmoola Niruha); Tb. Chandraprabha Vati; Tb. Daruharidra Gana Vati; Tb. Kanchanar Guggulu; Avipattikar Churna
4th (15/06/23)	28/5/25–30/5/25	Tb. Daruharidra Gana Vati; Tb. Kanchanar Guggulu; Avipattikar Churna
5th (02/07/23)	28/6/25–30/6/25	Yoga Basti – 3rd cycle (Pippalayadi Anuvasan + Dashmoola Niruha); Tb. Chandraprabha Vati; Tb. Daruharidra Gana Vati; Tb. Kanchanar Guggulu; Avipattikar Churna
6th (30/07/23)	24/7/25–26/7/25	Tb. Chandraprabha Vati; Tb. Daruharidra Gana Vati; Tb. Kanchanar Guggulu; Avipattikar Churna

6. CLINICAL IMPLICATIONS (OBSERVATIONS AND RESULTS)

6.1 Subjective Criteria

Visit	Date	Pain During Menstruation	Flow (Pads/Day)	Cycle Pattern
1st	04/05/25	Severe pain	3 pads/day for 5 days	Irregular
2nd	09/05/25	Moderate pain	3 pads/day for 5 days	Irregular
3rd	02/06/25	Moderate pain	3 pads/day for 3–4 days	Irregular
4th	15/06/25	Moderate pain	2–3 pads/day for 3–4 days	Regular
5th	02/07/25	Mild pain	2–3 pads/day for 3–4 days	Regular
6th	01/08/25	Mild pain	2–3 pads/day for 3–4 days	Regular

6.2 Objective Criteria – USG Findings

USG (25/05/2025) – Before Treatment	USG (21/08/2025) – After Treatment
Left ovarian endometrioma 2×3 cm, adhesions in pelvis	No evidence of endometrioma / chocolate cyst noted

Across the six follow-up visits, pain during menstruation progressively reduced from severe to mild, menstrual flow normalised, and the cycle pattern shifted from irregular to regular. These subjective improvements were corroborated by the objective ultrasonographic resolution of the ovarian endometrioma, supporting the clinical effectiveness of the protocol in this case.

7. DISCUSSION

The case was diagnosed as Endometriosis (Udavartini Yoni Vyapada). Acharya Sushruta advocates Vata Shamaka and Vata Anulomaka as the specific treatment of Udavartini Yoni Vyapada. As detailed in the comparative analysis above (Section 4.3), each component of the protocol was selected to address both the Ayurvedic Samprapti of the condition and its correlated modern pathophysiology – spanning Vata Anulomana and Srotovishodhana at the Aartava Vaha Srotas, Lekhana and Raktashodhana to address ectopic tissue and Rakta Dushti, and Sthanika Chikitsa for the associated cervical erosion.

The consistent, cycle-by-cycle improvement in pain, flow, and cycle regularity, together with ultrasonographic resolution of the endometrioma, suggests that the combined Basti-and-oral-medication protocol acted synergistically on both the systemic Vata-Rakta vitiation and the local pelvic pathology, rather than through any single mechanism alone.

8. FUTURE PERSPECTIVES

As this is a single case report, the findings, while promising, cannot be generalised. A larger, controlled, population-based study using this Siddhanta-based protocol is recommended to validate its efficacy, establish reproducibility across a broader patient population, and further elucidate the mechanistic correlations proposed between the classical Ayurvedic actions and their contemporary pharmacological correlates.

9. CONCLUSION

In the present study, the combined Ayurvedic treatment protocol including Pippalayadi Anuvasan Basti as the Anuvasan component of Yoga Basti, Daruharidra Gana Vati, Kanchanar Guggulu, Chandraprabha Vati, and Avipattikar Churna was found to be highly effective in the management of Endometriosis (Udavartini Yoni Vyapada). The patient was free from all symptoms and able to perform daily activities without difficulty, and USG findings normalised at the end of treatment. This Ayurvedic approach not only relieves symptomatic distress but also enhances the body's defence mechanism and immunity, treating the disease at its root cause. A larger controlled study using this Siddhanta is recommended for validation.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

ETHICAL APPROVAL

Informed consent was obtained from the patient prior to publication of this case report. [Institutional ethics committee / consent details to be added as required by the journal.]

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