

AN AYURVEDIC APPROACH TO ENDOMETRIOSIS: A CASE REPORT

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ABSTRACT

Presence of functioning endometrium (glands and stroma) in sites other than uterine mucosa is called endometriosis. Prevalence- During the last couple of decades, the prevalence of endometriosis has been increasing both in terms of real and apparent. The prevalence is about 10%. However, prevalence is high amongst the infertile women (30–40%) as based on diagnostic laparoscopy and laparotomy. The one of the symptom of this condition is Dysmenorrhea (70). The pain starts a few days prior to menstruation; gets worsened during menstruation and takes time, even after cessation of period, to get relief of pain. Pain usually begins after few years pain-free menses. This case report presents the Ayurvedic management of endometriosis in a 21-year-old woman. The therapeutic intervention included Erandamoola niruha basti with palasha kshara along with anuvasana basti with sahacharadi taila. Post-treatment shows significant reduction in pain during the menstruation which was her chief complaint, suggesting the potential role of Ayurvedic therapies in managing endometriosis. This case highlights the integrative approach of Ayurveda in addressing endometriosis specially the severe dysmenorrhea experienced by the patient, warranting further investigation through controlled clinical studies.

KEYWORDS: Endometriosis, dysmenorrhea, basti.

INTRODUCTION

Presence of functioning endometrium (glands and stroma) in sites other than uterine mucosa is called endometriosis. It is not a neoplastic condition, although malignant transformation is possible. These ectopic endometrial tissues may be found in the myometrium when it is called endometriosis interna or adenomyosis. Most commonly, however, these tissues are found at sites other than uterus and are called endometriosis externa or generally referred to as endometriosis. Endometriosis is a disease of contrast. It is a benign but it is locally invasive, disseminates widely. Cyclic hormones stimulate growth but continuous hormones suppress it.

SITES - Abdominal, Extra-abdominal, Remote.

Abdominal - It can occur at any site but is usually confined to the abdominal structures below the level of umbilicus.

Extra-abdominal - The common sites are abdominal scar of hysterotomy, cesarean section, tubectomy and myomectomy, umbilicus, episiotomy scar, vagina and cervix.

Common sites – Ovaries, Pelvic peritoneum, Pouch of Douglas, Uterosacral ligaments, Rectovaginal septum, Sigmoid colon, Appendix, Pelvic lymph nodes, Fallopian tubes.

Rare and remote sites – Umbilicus, Abdominal scar, Episiotomy scar, Lungs, Pleura, Ureter, Kidney, Arms, Legs, Nasal mucosa.

PATHOLOGY

The endometrium (glands and stroma) in the ectopic sites has got the potentiality to undergo changes under the action of ovarian hormones. The periodically shed blood may remain encysted or else, the cyst becomes tense and ruptures. Blood is irritant and it causes dense tissue reaction surrounding the lesion with ultimate fibrosis. If it happens to occur on the pelvic peritoneum, it produces adhesions and puckering of the peritoneum. When encysted, the cyst enlarges with cyclic bleeding. The serum gets absorbed in between the periods and the content inside becomes chocolate colored. Hence, the cyst is called chocolate cyst which is commonly located in the ovary.

SYMPTOMS

Dysmenorrhea (70%), Abnormal menstruation (20%), Infertility (40–60%), Dyspareunia (20–40%), Chronic pelvic pain, Abdominal pain:

CASE STUDY

A female patient aged about 21 years, belongs to hindu religion and middle class family, unmarried, visited OPD of PTSR dept, SKAMC&HRC with a complaint of severe pain as she was on her 1st day of cycle as lower abdominal pain characterized by cramping, stabbing in lower abdomen and lowback ache. She has been experiencing the above said complaints since 2 years.

- Diet: Mixed
- Appetite: Normal
- Bladder: Normal frequency
- Bowel: Regular
- Sleep: Disturbed
- Habits- Tea twice a day
- Built – moderate
- Nourishment – good
- Pallor – absent
- Edema – absent
- Clubbing – absent
- Cyanosis – absent
- Icterus – absent
- Lymphadenopathy – absent
- Height – 154cm
- Weight -56 kg
- BMI- 23.6
- Pulse rate – 78/min
- BP- 110/70 mmhg
- Respiratory rate – 18 / min
- Heart rate – 80/min
- Temperature- 98.2 F
- Tongue – uncoated

ASHTA STHANA PARIKSHA

Nadi – 78/ min
Mala – once per day

Mutra – 4-5 times per day

Jihwa – alipta

Shabda - prakruta

Sparsha – prakruta

Drika - prakruta

Aakriti – madhyama

DASHAVIDHA PARIKSHA

Prakriti – VP

Hetu

Aharaja – Katu,tikta,kashaya rasa pradhana, Ruksha

Ahara

Viharaja – Ratri jagarana, Vega Dharana, Ruksha vihara

Manasika – Chinta

Dosha – vata

Dushya- Rasa, Rakta, Artava, Mamsa

Desha – sadharana

Kaala – varsha ritu

Bala – madhyama

Sara – madhyama

Samhana – madhyama

Pramana – sama

Satmya - vyamishra

Satva - madhyama

Ahara shakti – madhyama

Vyayama shakti – madhyama

Abhyavarana shakti – madhyama

Jarana shakti- madhyama

Vaya – yuvana

ATURABHUMI DESHA PRIKSHA

Samruddhataha – sadharana

Vyaditaha - sadharana

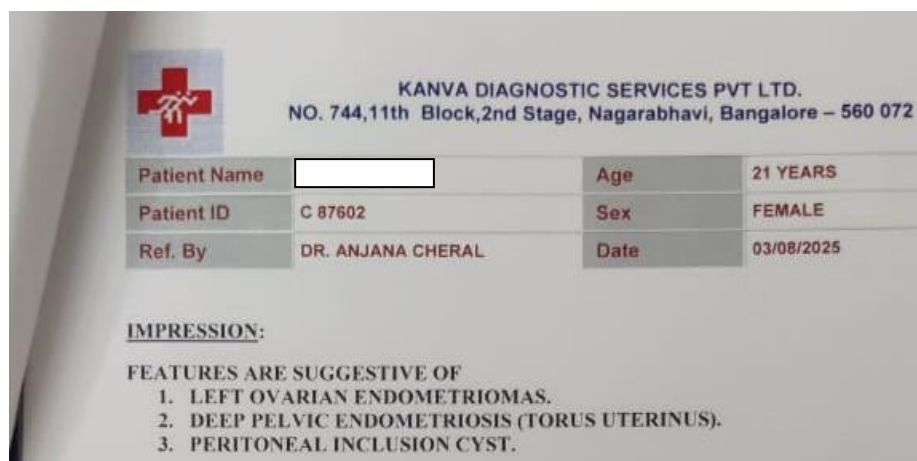
Jataha – sadharana

MENSTRUAL (RAJO) VRITTANTA

- Menarche: 14 years
- Cycle: Irregular
- Interval: 28 days
- Duration: 3 days
- Flow: Scanty
- Pain: Severe (+++)
- LMP-22/7/2025

INVESTIGATION

MRI done on 3/8/25 suggestive of Endometriosis and Left Ovarian Endometrioma.



KANVA DIAGNOSTIC SERVICES PVT LTD.
NO. 744, 11th Block, 2nd Stage, Nagarabhavi, Bangalore – 560 072

Patient Name		Age	21 YEARS
Patient ID	C 87602	Sex	FEMALE
Ref. By	DR. ANJANA CHERAL	Date	03/08/2025

IMPRESSION:

FEATURES ARE SUGGESTIVE OF

1. LEFT OVARIAN ENDOMETRIOMAS.
2. DEEP PELVIC ENDOMETRIOSIS (TORUS UTERINUS).
3. PERITONEAL INCLUSION CYST.

DIAGNOSIS

Endometriosis and Left Ovarian Endometrioma

COURSE OF THE TREATMENT

5/8/25 to 10/8/2025	Matra basti with 30 ml dhanwantaram taila + 30 ml maharanyana taila	Pain subsided instantly But again at night c/o severe pain for which again matra basti intervention was given, after which pain subsided and patient had a proper sleep
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Oral medication

Gugulu panchapala churnam – 1 tsp BD A/F

Maharasnadi Kashaya – 2 Tsp TID B/F

M2 TONE tab – 1 TID A/F

Date	Treatment	Observation
18/8/25 -	Matra basti with 30 ml dhanwantaram taila + 30 ml maharanyana taila 1. Dhanwantaram vati 1 tid A/F 2. Guggulu panchaka churnam 1tsp bd with warm water A/F 3. Maharasnadi Kashaya 2tsp tid half an hour B/F 4. Cap coligo 1 tid A/F	Pain subsided
9/9/25 -	Matra basti with sahacharadi taila 75 ml for 9 days 1. Shatapushpa churna 3gms bd with ghrita b/f 2. Maharasnadi Kashaya 2tsp tid half an hour B/F 3. Shankha vati 1 TID A/F	Patient also had c/o scanty bleeding after which pain in next cycle was comparatively reduced, and bleeding on first day was increased.
3 rd to 11 th - Oct	Yoga Basti NIRUHA- Erandamula Niruha Basti with palasha kshara (1 pinch) ANUVASANA- Sahacharadi Taila 75 ml Guggulu panchaka churnam 1tsp bd with warm water A/F Varunadi Kashayam 2tsp tid B/F	Improved Flow during Cycles Pain relieved by 40%
28 th oct to 4 th Nov	Yoga Basti NIRUHA- Erandamula Niruha Basti with palasha Kshara (1 pinch) ANUVASANA- Sahacharadi Taila 75 mL Guggulu panchaka churnam 1tsp bd with warm water A/F Drakshadi Kashayam 2tsp tid B/F Sukumara Ghrita 1tsp Bd	Improved Flow during Cycles Pain relieved by 50%

22 nd Nov-29 th Nov	Yoga Basti NIRUHA- Erandamula Niruha Basti with palasha Kshara (1 pinch) ANUVASANA- Sahacharadi Taila 75 ml Guggulu panchaka churnam 1tsp bd with warm water A/F Varunadi Kashayam 2tsp tid B/F	Improved Flow during Cycles Pain relieved by 70%
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OBSERVATION

After the course of the treatment there was significant relief in the pain during her menstrual, Improvement in Menstrual flow, Good general wellbeing and Psychological improvement.

DISCUSSION

Endometriosis is estrogen dependent inflammatory and often progressive, it is one of the leading cause of chronic pelvic pain, dysmenorrhea, dyspareunia and infertility in women of reproductive. Endometriosis can be linked to vataja yonivyapada where toda is a symptom. Also due to endometriosis condition there will be congestion as basti helps in strotoshodhana relieves the congestion there. By doing so, it effectively aids in the management and treatment of Vata-related disorders. Basti treatment was adopted here which showed instant pain relief to the patient. From a pharmacokinetic perspective, medicines administered via the rectal route are absorbed quickly and offer higher bioavailability, making this route highly effective. mode of administration of a medicine determine its absorption. Drugs can traverse cell membranes in the rectum through enhanced passive diffusion, active transport. Various globular proteins contained in the matrix can act as receptors, allowing chemicals to pass through the membrane. According to Acharya Charaka's "Bastih Vataharanam," basti is the greatest treatment for Vata. The Basti drug travels to Pakvashaya initially (large intestine). Vatadosha's main location is Pakvashaya. As a result of its activity on the primary site, Basti gains control over Vata throughout the body.

This case study highlights the therapeutic efficacy of three cycles of Eranda Mula Niruha Basti administered in the Yoga Basti pattern in managing Udavartini Yonivyapat, resulting in 70% symptomatic relief. Eranda Mula Niruha Basti: Eranda Mula is recognized for its potent Vata-shamana and Srotoshodhana properties, specifically targeting Apana Vata, which governs menstruation. Palasha kshara adding to the basti does the lekhana action, it also has agnijanana property. Niruha Basti, facilitates expulsion of doshas and srotoshodhana providing relief in menstrual pain. Yoga Basti Pattern Snehana and Shidhana effect and regulation and Vata Dosha pacification. Guggulu Pancha Pala Churna: Guggulu, with its anti-inflammatory and Vata-Hara properties, supports systemic detoxification and alleviation of pain and inflammation associated with dysmenorrhea. Maharasnadi Kashaya: Traditionally indicated in Vata disorders, this decoction possesses analgesic and anti-spasmodic qualities, likely

contributing to reduction of uterine spasms. Sukumara Ghrita: Orally administered ghrita acts as Rasayana and Vata-Vinashaka, nourishing reproductive tissues and modulating hormonal and neurogenic pathways involved in dysmenorrhea. The patient experienced approximately 70% relief in dysmenorrhea, indicating significant symptomatic improvement. This suggests that the combined regimen corrected the underlying Vata Dosha imbalance, improved local circulation, and modulated pain pathways. Improvement in quality of life and reduction in analgesic dependency further supports efficacy of the treatment.

CONCLUSION

This integrative Ayurvedic intervention combining Eranda Mula Niruha Basti (Yoga Basti pattern) with classical oral formulations demonstrated promising results in alleviating dysmenorrhea. It supports the traditional approach of Vata Shamana through basti therapy complemented by systemic oral treatments for holistic management of menstrual disorders such as Udavartini Yonivyapat. Basti holds a particular place among all the Basti and is highly regarded for its ability to be administered at any moment. According to modern medical knowledge, the rectum has a rich blood and lymph supply, and drugs can cross the rectal mucosa like any other lipid membrane in the trans-rectal route. As a result of entering general circulation, the Basti medicines have an effect on the entire body.

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