Case Study

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ROLE OF AYURVEDIC INTERVENTIONS IN TREATING ENDOMETRIOSIS- A CASE STUDY

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ABSTRACT

Endometriosis is a benign disease of female reproductive system which induces chronic inflammatory reaction. Endometriosis is defined as the presence of functioning uterine glands and stroma in any site outside the uterus. The condition is one of unusual interest and, although it gives rise to tumor formation (that is, a swelling), it is not a neoplasm. The disease occurs in two forms: (1) in extrauterine organs and tissues and (2) in the uterine wall. Endometriosis is a disease of adolescents and reproductive-aged women commonly associated with chronic pelvic pain, menorrhagia, metrorrhagia, dysmenorrhoea, Dyspareunia etc. Dysmenorrhea occurs during menstruation by prostaglandin secretion which is produced by normal endometrial tissue. In *Ayurveda* there are certain treatment principles which are proved in relieving symptoms and stopping the progression of disease. In this case the treatment comprises of *Pichha Basti karma*^[1] in the form of *Yogabasti* and oral medications of *vatahara and raktastambhaka dravyas* have been selected for successful treatment of endometriosis symptomatically.

KEYWORDS: Endometriosis, *Pichha Basti*, Dysmenorrhoea, Dyspareunia, menorrhagia, *raktastambhaka dravyas*.

INTRODUCTION

Women are blessed with the fact that they can provide progeny that is the basis of future human resource. Menstruation is an essential physiological function of women during their reproductive age. Any pathology in the female reproductive system affects her health and requires attention. The endometrium is the source of most abnormal reproductive tract bleeding. When the lining of endometrium is present elsewhere instead of presenting inside the inner layer of uterus it causes various clinical presentation. This condition is termed as endometriosis. Endometriomas present outside the uterus shows inflammatory changes and cause severe pain before, during, and after menstruation. The menstrual cycle also gets affected causing menorrhagia or metrorrhagia. These conditions of bleeding per vaginum can be considered as abnormal uterine bleeding (AUB). Abnormal uterine bleeding which affects 14-25% of women which has significantly affects her physically and mentally which can drastically influence her day to day activities. In India the prevalence of AUB is 17.9%. This can generally be seen in adolescence and perimenopausal women and this can also occur due to hormonal

imbalance in reproductive age and can be associated with uterine pathologies like endometriosis.

Abnormal uterine bleeding where there is menorrhagia or metrorrhagia as a clinical presentation can be considered as *Asrigdara* or *raktapradara* that is characterized by excessive and /prolonged bleeding either during menstruation or intermenstrual period. *Asrigdara* explained in *Ayurvedic* texts explains symptoms based on *dosha vitiation*. Here is a case study on *Asrigdara* having abnormal uterine bleeding associated with endometriosis. The *Ayurvedic* management of the symptoms like chronic pelvic pain with severe cramps over the abdomen, thighs and legs have been explained in detail.

CASE STUDY

A female patient aged 40 years came to opd with complaints of severe pain before, during and after menstruation since after her first delivery. After 1 year of delivery, she started noticing changes in her menstrual cycle pattern where she started experiencing excessive bleeding during menstruation and pain abdomen. Along with the above symptoms she also had burning sensation in the lower limbs, lower back and abdomen. Her leg cramps was so severe that she was unable to perform her day to day activities and gradually the intensity of pain increased to such an extent that she could not get up from the bed. The pain and cramps used to continue even after her menstrual cycle was over and it used to remain upto 10 days and sometimes more than that. For the same complaints she consulted many gynaecologists and was prescribed with some of the hormonal pills and hormonal injections. With the effect of those pills and injections she had long duration of amenorrhoea.

On March 2022, she again approached her gynaecologist and on advice she stopped all the medicines to get back her normal menstrual flow. On 23 April 2022, she got spotting p/v but again started with severe cramps over her abdomen and thighs and legs. She took some analgesics.Even after taking these medicines the patient did not find any relief hence she consulted to prasooti tantra and streeroga OPD of SKAMCH.

Poorva Vyadhi Vruttanta

- Not a known case of DM, Thyroid dysfunction and other systemic illness.
- k\c\o of hypertension since 2 years and she is taking Ayurvedic medicines since 2 years

Occupational History:- school teacher

Vaiyaktika Vruttanta:

- Diet Mixed Micturition 5-6 times/day
- Sleep Disturbed Appetite Reduced
- Habits Tea– once a day Bowel Once a day

Rajo Vruttanta

- Age of menarche –13 years
- Menstrual history:
- Nature Regular (before 25 years of age)
- -Irregular after delivery (due to hormonal pills)
- Number of days bleeding 5- 6 days
- Length of cycle 26 days
- Number of pads used per day –
- D1- D2: 6 to 7 pads /day, full soaked
- D3-D5: 5 to 6 pads /day, full soaked
- D6- spotting
- clots- ++ dysmenorrhea- ++

Prasava vrittanta

 $P_1 L_1 A_0 D_0$ > L1 - 14 years male LSCS

Vaivahika vruttanta

Married life – 15 years (non-consanguineous marriage)

Genral examination

Built – Moderate Nourishment – Moderate Height – 155 Cm Weight – 55 Kg BMI – 22. 9 Kg/M² Temperature – 98°F Tongue – Coated

Ashta sthana pareeksha

• Nadi – 80/Min

- Mala– Once A Day
- Jihwa Lipta
- Shabdha- Prakurta
 Sparsha Prakurta
- Sparsha PrakurtaDrik– Prakurta
- Akruthi Madhyama

Dashavidha Pareeksha

- Prakruti– Vata Pitta
- Vikruti: Dosha –Vata Pitta
- Dushya Rasa, Rakta
- Desha Sadharana
- Bala Madyama
- Sara Madyama
- Samhanana Madhyama
- Pramana Madhyama
- Satmya Vyamishra
- Satva Madhyama
- Ahara Shakti Madhyama
- Abhyavarana Shakti : Madhyama
- o Jarana Shakti: Madhyama
- Vyayama Shakti Madhyama
- Vaya– Madhyama

Systemic Examination

- CVS: S1 S2 Normal.
- CNS: Well oriented, conscious.
- RS: Normal vesicular breathing, no added sounds.

Gynaecological Examination

External genitalia: NAD Palpation: No Palpable Mass Observed B. P/S Examination: NAD Anterior & Posterior Fornix – Tenderness + C. Uterus (Bimanual Examination): NAD

Invstigations

USG Abdomen pelvis on (24/03/2022)

Anteverted retroflexed normal appearing uterus with homogenous myometrial echos.Uterus measures $8.7 \times 3.9 \times 5.0$ cms. Endometrium thickness -4.5mm. Right ovary endometriotic cyst. Well defined echogenic focus is noted in right adnexa more in POD- Sugestive of deep infiltrating Endometriosis

Roga pareeksha

Nidana panchaka

- Nidana^[2]
- Ahara- katu, ushna vidahi and other vata prakopaka ahara sevana
- Viharaja Diwaswapna, ati chintan, vega dharana
- Roopa Excessive bleeding per vaginum,
- Angamarda, Vedana in kati prushta and shroni
- Upashaya– Ahara, vihara and aushadha

SAMPRAPTI



Samprapti Ghataka

- Dosha Vata Pitta
- Dushya Rasa, Rakta, Artava
- Agni Dushti- Jataragni Mandya, Dhatwagni Mandya
- Srotas Rasavaha, Raktavaha, Artavavaha
- Srotodushti Ati Pravritti
- Udbhava Sthana & Adhisthana –Garbhashaya
- Sanchara Sthana Garbhashaya , Yoni Pradesha
- Vyadhimarga Abhyantara
- Sadyasadhyata- Sadhya

Vyadhi Nirnaya

- Dwandwaja asrigdara (Vata-pittaja)^[3]
- Abnormal uterine bleeding associated with endometriosis

Treatme	- 4
Treatme	n I

Date	Complaints	Treatment Given
27/04/2022 LMP 23/04/2022	Spotting P/V, Low Back Ache, Lower Abdominal Pain	A) Guggulu Panchapalam Choorna 1 Tsp Bd With 4 Tsp Water B) Maharasnadi Kashaya 2 Tsp Tid With Water C) Kanchanara Guggulu 2 Tid D) Ksheerabala Awarti 101 1 Bd E) Dhanwantaram Tailam E\A During Cramps 1. Cap. Himcospaz 1tid 2. Cap. Coligo 1 Tid * 1 Week
04/05/2022	Same complaints and was admitted for procedures	a)Sarvanga abhyanga with KB taila + dhanwantaram taila F\B washpa sweda b)Yoga basti for 8days in the form of 1. Anuvasana basti with Doorwadi taila 50 ml and Nalpamaradi taila 40 ml 2. Pichha basti c) Tab. Amlant 1 TID d) Tab. Bipasil 1TID e) Yoni pichu with varunadi ghrita along with above said treatment

OBSERVATION AND RESULT

As the patient was having severe lower abdomen pain and leg cramps with that she was unable to perform her day to day activities and gradually the intensity of pain increased to such an extent that she could not get up from the bed.

But after the treatment her pain ,cramps reduced to 50%, she is able to sit, stand and walk without any discomfort and her cycle became regular compare to previous cycles i.e her previous LMP's were on 1/06/2022, 25/06/2022 and present LMP is on 19/07/2022.

DISCUSSION

Vatapittaja asrigdhara presents with symptoms of painful menstruation with profuse bleeding. The causative factors could be many out of those endometriosis could be one of the cause. The prevalence rate is 5-15% in women with reproductive age. Prevalence is difficult to determine because symptoms are diverse and nonspecific and some women are asymptomatic. 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 symptomatic relief and regression of the endometriotic tissues.

In this case primarily symptomatic treatment was given to reduce the pain. Here main treatment given was *Pichha Basti* in the form of *yoga basti* for 8days i.e *Anuvasana and Niruha basti* alternatively. *Pichha Basti* ingrediants are *Madhu*, *Saindhava*, *Dadima ghritha*, *Yastimadhu churna*+ *Lodra churna*, *Pichha basti kwatha*, *Takra*. The drugs used in *Basti Karma* are having combined effect like *Vata pitta shamana*, *Raktasthambhana*, *Vedana sthapana* and it also improves the action of *apanavata*.

According to *Charakacharya the pichha basti* is mainly indicated in *raktapradara, raktatisara and raktarsha*^[4]. Hence a judicious use of *pichha basti* has proven beneficial in *vatapittaja asrigdhara*.

CONCLUSION

The above *Ayurvedic* management protocol was effective in reducing the symptoms of *vatapittaja asrigdara*. Proper selection of procedures, drugs and strict adherence to pathya ahara vihara is the key to success in this field.

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