



ISSN 2456-3110

Vol 2 · Issue 3

May - June 2017

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS



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Publications

Indexed

Endometriosis and its Ayurvedic perspective

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ABSTRACT

Endometriosis defined as the presence of functioning endometrium, in sights other than uterus. It can be either the endometriosis externa or interna. Externa refers to endometriosis of any part of the body except the myometrium. In interna, the endometriosis is found in the muscle wall of the uterus. All though endometriosis is not considered as a life threatening disease, is a life altering disease that requires timely diagnosis and treatment. This paper intends to review on endometriosis and its Ayurvedic perspective in detail.

Key words: Endometriosis, Nidana Panchaka, Paripluta, Vataja Pradara, Vatikiyonivyapat.

INTRODUCTION

Endometriosis is a gynecological condition that affects 1 out of every 10 women of reproductive age. This condition is traditionally defined as the development of endometrial glands and stroma outside of the uterine cavity, but this definition has broadened to include the development of any endometrial cell type (glands or stroma) outside of the uterine cavity. Laparoscopic evaluation followed by histological confirmation is the gold standard for diagnosis of endometriosis, but the accuracy of the diagnosis is highly dependent upon surgical and pathological expertise.^[1] Several reports have debated the effectiveness of either medical or surgical therapy for the treatment of infertility and chronic pain. Currently, there is no universally acceptable, standard treatment protocol for endometriosis. Although evidence has been presented that subtle

endometriotic lesions are a normal physiologic condition occurring intermittently in all women, other data suggest that endometriosis is a progressive disease in about 50% of symptomatic women and non-human primates with a variable and unpredictable rate of progression.

Defining endometriosis into a 'disease', 'illness' and or a 'physiological phenomenon' with a known cause has thus far eluded many scientists. Consequently, endometriosis remains a considerable challenge for those who attempt to understand the symptoms and signs of endometriosis that vary according to the location and severity of the disease/illness, as well as the impact on the general physical, mental and social well-being of a woman. The challenge of endometriosis accentuates the need to look at it as a persistent or chronic disease, at least in a subset of highly symptomatic women, as their symptoms may continue despite seemingly adequate medical or surgical treatment. This may affect their quality of life because of debilitating pain, the emotional impact of sub-fertility, anger and frustration about disease recurrence, and uncertainty about the future regarding repeated surgeries or long-term hit-and-miss medical therapies and their associated side-effects which emphasized the complexity of the management and the necessity to offer all available treatments in a multi-disciplinary context.^[2] Hence in this background, it becomes important to study this phenomenon in detail. Ayurveda does not name

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Submission Date : 06/05/2017

Accepted Date: 22/05/2017

Access this article online

Quick Response Code



Website: www.jaims.in

DOI: [10.21760/jaims.v2i3.8240](https://doi.org/10.21760/jaims.v2i3.8240)

endometriosis as a separate disease entity. This paper is an attempt to identify the disease endometriosis from an Ayurvedic perspective.

Etiology of Endometriosis

The exact cause is still not clear; however, several theories are explained like the implantation theory, metaplasia theory, lymphatic theory, blood born spread theory, immune deficiency theory, genetic theory and so on.

Pathology

The endometrium stroma and glands in the ectopic site has got the potentiality to under go cyclical change. Proliferative changes are constantly evidenced, secretive changes are absent in ectopic endometrium. The periodical shed blood may remain encysted, the cyst becomes tense and ruptures. As the blood is irritant, there is dense tissue reaction surrounding the lesion with fibrosis. It produces adhesions and puckering of the peritoneum. There may be the formation of Chocolate Cyst. In spite of dense adhesion amongst the pelvic structure, fallopian tubes remain patent.^[3]

Sites of endometriosis

Endometriosis is reported in the ovaries, uterine ligaments, recto vaginal septum, pelvic peritoneum, laparotomy scars, vagina, umbilicus, hernia sacs, urinary tract, large and small intestine, appendix, umbilicus and rarely even in the pleura, diaphragm, arms, legs, kidneys etc.

Clinical symptoms

- Dysmenorrhoea - The pain starts 5 - 7 days prior to menstruation and becomes maximum at the height of bleeding which persists during mensus and there after.
- Pelvic pain - Most patient complain of constant pelvic pain about 2 - 3 days prior to menstruation and remaining for 3 - 4 days after its occurrence.
- Dyspareunia, Back ache, Rectal Pain and Bleeding during menstruation, Dysurea, haemeturia, pyrexia, menstrual abnormalities like menorrhagea, epimenorrhoea, infertility etc.

Differential diagnosis

Endometriosis has to be differentially diagnosed from PID, Myomas, malignant diseases of the ovary, malignancy of cervix and vagina etc.

Prognosis

Endometriosis yet has no proper complete cure and all the therapies offer only relief in symptomatology. Any how surgical interventions seems to have lower recurrence rate than the available medical treatment.

Management of Endometriosis

The treatment may be of the following varieties;

- **Medical** - In mild pelvic endometriosis diagnosed by laparoscopy in young women and in treatment residual and recurrent disease following conservative surgery.
- **Surgical** - Preferred in women with chronic severe pelvic pain or in moderate to severe endometriosis associated with infertility.
- **Combined** - Combined medical and surgical approach would be suitable to women who are not desirous of pregnancy.

Medical management

Expectant treatment

In patients who have minimal symptoms, this is appropriate. The patient is encouraged to concieve under due observation of the lesion. If the size of the lesion increases, it is given up and hormonal or surgical treatment is initiated.

Analgesic therapy

In patients with minimal symptoms and having no desire for immediate fertility, NSAID or prostaglandin synthase inhibitory drugs are the choice.

Hormonal methods

Hormonal drugs to supress the cyclical ovarian function and menstruation is preferred. Since the lesions of endometriosis regress during pregnancy or menopause, pseudo pregnancy or pseudo menopause hormonal regimens are tried in patients.

The surgical approach

- The surgical approach would either be conservative or radical.
- Conservative approach includes excision of a localized nodule, removal of the chocolate cyst or excision of the adhesions.
- The radical surgery involves removal of the uterus and the ovaries.^[4]

The Ayurvedic perspective

Ayurveda explains that it is not always possible to name a disease in a definite term. Endometriosis is not an exception for the same. Hence this disease has to be analyzed according to the *Nidana Panchaka* theory of Ayurveda based on the concepts of *Dosha*, *Dusya*, *Srotas*, *Samprapti* and its management.

Nidana

A woman of *Vataja Prakruti* consuming *Vatakara Ahara Vihara* is more prone to have this disease. The *Nidana* can be classified as *Aharaja*, *Viharaja* and *Manasika*.

Aharaja Nidana

Katu and *Laghu Ahara* like dry leafy vegetable, *Tikta* and *Ruksha Ahara* like roasted meat and *Kashaya Pradhana Dravya*, pulses like *Uddalaka* and *Mudga*, overeating and irregular eating, fasting etc. form the *Aharaja* cause.

Viharaja Nidana

Excessive coitus, carrying heavy load, excessive journey, day sleep, suppression of natural urges, other causes which directly produce *Dhatu Kshaya* form the *Viharaja* causes.

Apart from this *Mityaacara*, *Pradushta Artava*, *Bijadosa* and *Daiva* also contribute to the *Nidana*.^[5]

Samprapti

When *Vatalaprakruti* woman indulges in *Vatakaraaharaviharas*, it results in aggravation of *Vayu*. This *Prakupita Vayu* in turn vitiates the *Artava* and carries the vitiating *Artava* situated in the *Garbhashaya* by *Pratilomagati* to sites other than

Garbhashaya along with vitiating *Vata* by *Ashayaapakarsha*. Further the vitiating *Vata* causes vitiation in *Rakta*, *Mamsa*, *Medha* etc. *Dhatu*s and implants the endometrial tissues in them. In due course of time, the dominant *Vata Dosa* involves the other two *Dosas* also producing various symptoms of the respective *Dosas*.

Samprapti Ghatakas

- **Dosha:** *Vatavrudhi*, *Pittasama*, *Kaphakshaya*
- **Dushya:** *Rasa*, *Rakta*.
- **Srotas:** *Artavavaha Srotas*.
- **Srotodusti:** *Vimargagamana*

In a nut shell, the *Samprapti* can be explained as follows;

1. *Vata* dominant stage - implantation and cyst formation.
2. *Vatakapha* dominant stage - cystic and adhesion formation.
3. *Kapha* dominant stage - extensive adhesion.
4. *Tridosha* dominant stage- malignant changes.^[6]

Roopa

Symptoms like pricking pain in the *Yoni*, stiffness, sensation of creeping of ants, roughness, numbness, fatigue, lethargy and other generalised symptoms associated with painful menstruation along with sound, froathiness or vaginal flatus, thin and dry or scanty bleeding which have been explained for *Vatala* or *Vatikiyoni Vyapat* can be equated with endometriosis associated with laxity of perineum.^[7]

To explain dyspareunia in endometriosis, one has to consider *Paripluta Yonivyapat* along with *Vatala*. According to the classics, *Paripluta* is the condition where *Yoni* gets swollen with pain, tenderness associated with bluish or yellowish menstrual discharge, severe pain during coitus etc.^[8]

If menorrhagia is the presenting symptom, one has to consider *Vataja Pradara* to explain the same.^[9]

Ayurvedic management

Endometriosis cannot be correlated to any single disease in Ayurveda. As discussed earlier the diagnosis, hence has to be based on the *Nidana Panchaka* theory. The treatment therefore should be opposite to the causative factors. As the *Dosa* involved is *Vatapradhana*, *Kaphaanubandha*, the treatment should be both *Vata* and *Kaphahara*. The modalities mainly involved include;

Shodhana - After proper *Poorvakarma*, one should go for *Vamana*, *Virechana*, *Asthapana*, *Anuvasana* or *Uttaravasti* as per the condition required.

Shamana - Internally any of the following may be used as per the condition.

Raktasravarodhaka drugs - like *Chandrakala Rasa*, *Pradarantaka Rasa*, *Bolabaddha Rasa*, *Pradarari Rasa*, *Pushyanuga Choorna*, *Puskaraleha*, *Asokarishta*, *Lodhrasava*, *Patrangasava* etc.

Raktavardhaka drugs - like *Svarnavasantamalati Rasa*, *Pravalapisti*, *Godantibhasma*, *Vangabhasma* etc.

Other combinations like *Phalaghrita*, *Phalakalyanaka Ghrita*, etc. as and when required.

Grantihara combinations also may be prescribed as per requirement like *Punarnava Mandura*, *Shilajatu*, *Arogyavardini*, *Gandhaka Rasayana*, *Dasamularishta*, *Abhayarishta* etc.

CONCLUSION

Endometriosis is a condition which has no complete cure in any system of medicine. It usually affects the progeny in younger female and in elderly causes lots of discomfort and pain requiring chronic medical attention. The number of cases of endometriosis being reported is increasing day by day. Hence, understanding this disease from Ayurvedic point of view and planning out a complete treatment modality is the need of the hour.

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How to cite this article: Vishwesh B.N. Endometriosis and its Ayurvedic perspective. *J Ayurveda Integr Med Sci* 2017;3:259-262.

<http://dx.doi.org/10.21760/jaims.v2i3.8240>

Source of Support: Nil, **Conflict of Interest:** None declared.
