

SUCCESSFUL MANAGEMENT OF ENDOMETRIOMA THROUGH AYURVEDA- A
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ABSTRACT

Endometriosis is a benign gynecological disorder defined by presence of glands and stroma outside the lining of uterine cavity. This ectopic endometrial tissue behaves as normal endometrial tissue and bleeds every month. This blood may become encysted and form endometrioma. The exact prevalence is not known but estimates range from 10-15% within the woman reproductive age group. **Materials and methods:** 26 year old female patient with endometrioma is administered with virechana. **Result:** after the treatment patient showed significant relief from sign and symptoms. **Discussion:** principle of management of udavartini yonivyapat is adopted. **Result:** significant results obtained.

KEYWORDS: Chocolate cyst, Endometriosis, *Virechana*, *Yonivyapat*.

INTRODUCTION

Presence of functioning endometrium in the sites other than uterine mucosa is called endometriosis.^[1] endometriosis can occur at any site. The most common sites are the ovaries, cul-de-sac including the utero sacral ligaments, peritoneum overlying the bladder, sigmoid colon, back of the uterus, intestinal coils and appendix.^[2] This ectopic endometrial tissue behaves as normal endometrial tissue and bleeds every month. This blood may become encysted and form endometrioma. endometrioma are cystic lesions that stem from endometriosis. Nearly 10-15% of women of reproductive age suffer from endometriosis.^[3] approximately 17-44% of women with endometriosis will experience endometrioma. These lesions are commonly referred to as chocolate cyst due to thick dark brown appearance of the fluid that is contained within them.^[4]

Symptoms of endometriosis can be correlated to many of the yoni vyapads described in our classics. All of the symptoms of endometriosis can not be brought under any single yoni vyapad. In this condition emphasis on nidana panchaka has to be given to formulate a treatment plan.

CASE STUDY

A 26-year-old female n/k/c/o DM and Hypertension approached government Ayurveda hospital on 03/02/21 with the complaint of severe abdominal pain since a day. history revealed that patient had similar mild grade pain during her menstrual cycle for 3 years, which used to

reduce by taking *jeeraka kashaya*. So, patient did not take any medical support.

Currently pain is so severe that patient could not able to stand straight. So for this complaint patient got admitted in government Ayurveda hospital. Through examinations were done

Past history: No history of comorbidities.**Personal history**

Diet- mixed
Appetite-Reduced
Bowel and bladder- regular
Sleep-Sound

Menstrual history

Menarche-at the age of 13 years.
LMP-
5days /28 days cycle, Regular.
Dysmenorrhea present
Clots-present
Foul smell, itching, white discharge- absent
Obstetric history- -(unmarried)

Occupational history: student, athlete.**Family history:** All the members of the family are said to be healthy.**Examination of patient****Inspection**

VA scale for pain -8

Full ness of the abdomen seen
 Normal position of umbilicus
 Scar, discolored skin, visible pulsation visible vein-
 absent

Tenderness- grade 3 present in hypogastric region and
 left suprapubic region.
 Guarding- present.
 Percussion- bloating.

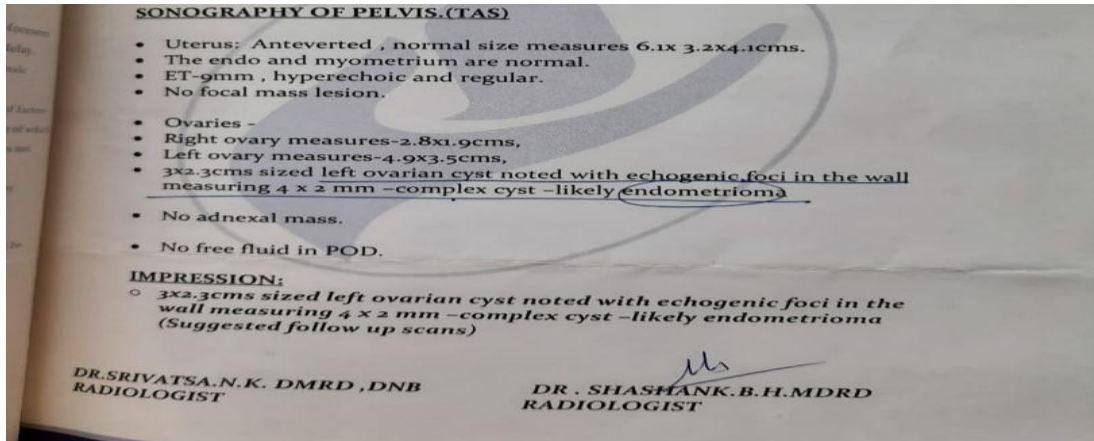
Auscultation: normal bowel sounds heard.

Palpation

Temperature- Raised

USG abdomen

Done on 4/02/2021



Astasthan pareeksha

Nadi-78/min
 Mala- regular
 Mutra- regular
 Jihva- slightly coated
 Shabda- prakriti
 Sparsha- ushna sparsha
 Drik- prakriti
 Akriti- prakriti

Samprapti ghataka

Dosha- vata
 Dushya-Rasa, Rakta, Artava
 Srotas- Artava vaha
 Srotodusti- Vimargagamana
 Rogamarga- madhyama
 Udbhava sthana- Pakvashaya
 Vyakta sthana- Yoni

Adhistana- Yoni

Diagnosis- Endometrioma, vataja yoni vyapad or udavrtini yoni vyapad.

Assessment criteria: assessment was done at the time of admission, after treatment and after menstrual cycle.

Subjective

Visual analogue scale for pain
 Tenderness
 Dysmenorrhea- graded according to WaLIDD score

Objective criteria

USG

Treatment

Dhanvantaram gutika 1tid for acute management.

Purva krma

Dipana pachana with agnitundi vati

Snehapana with kalyanaka ghrita until samyak snigdha lakshanas (4days)

Maximum dose-180ml

Vishrama kala for three days where abhyanga and drava sweda was done.

Virechana with trivrit leya.18 vegas after virechana karma. Shuddi is determined as madhyaama and samsarjana krama is followed.

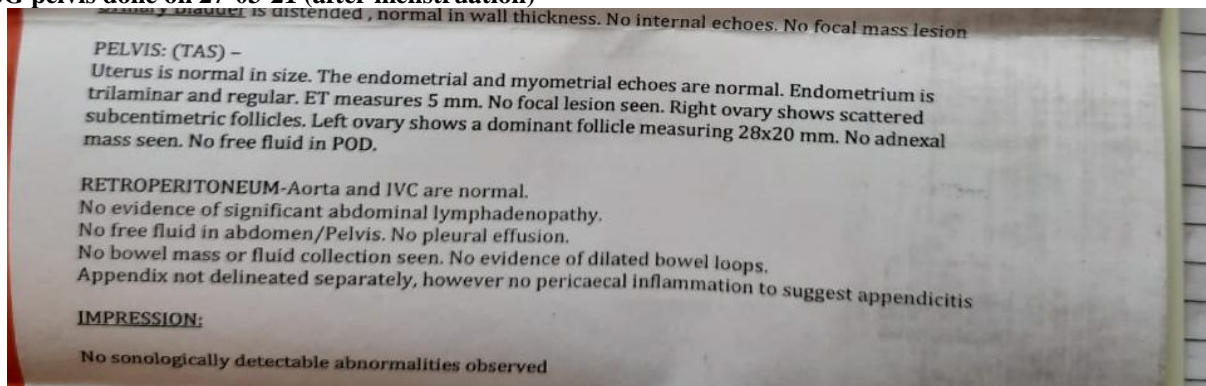
OBSERVATION AND RESULT

After the completion of the therapy patient found significant relief from the bloating lower abdominal pain. Assessment was carried out by specific subjective and objective criteria.

Subjective criteria	Before treatment	After treatment	during menstruation
VA scale for pain	8	0	1
Tenderness	3	1	1
Dysmenorrhea	6	-	3

Objective criteria

USG pelvis done on 27-03-21 (after menstruation)

**DISCUSSION**

Endometrioma are cystic lesions that stem from endometriosis. On analyzing the symptoms, we can interpret this case as *udavartini yoni vyapat*, where vata gets aggravated and moves in upward direction along with raja (*udavartini*).^[5] management was mainly focused on bringing vata to normalcy. *Dhanvantaram gutika* is prescribed for the purpose of *vatanulomana* as immediate measure. Virechana served the purpose of artava shuddi along with *vatanulomana*.

CONCLUSION

Present study showed significant effects on the disease condition within very short span of time but endometriomas have very high recurring rate so the long-term clinical studies to be carried out to understand the *apunarudbhava* property of *samshodhana*.

REFERENCES

1. DC Dutta's text book of Gynecology including contraception edited by Hiralal Konar published by

- Jaypee Brothers Medical Publishers (P) Ltd, Seventh edition, 2016; 22nd: 248.
2. Howkins and Bourne Shaw's text book of Gynaecology edited by V.Padubidri and Shirish N. Daftary, Published by B.I. Churchill Livingstone Pvt Ltd, Eleventh edition, 1994; 32: 526.
 3. Counsellor VS. Endometriosis. A clinical and surgical review. Am J Obstet Gynecol, 1938; 36: 877.
 4. Exacoustos C, De Felice G, Pizzo A, Morosetti G, Lazzeri L, Centini G, Piccione E, Zupi E. Isolated Ovarian Endometrioma: A History Between Myth and Reality. J Minim Invasive Gynecol, 2018 Jul - Aug; 25(5): 884-891.
 5. Tripathy B. editor Charaka Samhita, Chikitsa sthana Yoni Vyapat Chikitsa Adhyaya. 30/25-26 Vol- II, Reprint Chaukhambha Surabharati Prakashan, Varanasi, 2005; 1014.