



RESEARCH ARTICLE

UNDERSTANDING OF ENDOMETRIOSIS THROUGH AYURVEDA

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ABSTRACT

Introduction: Endometriosis is one of the most common benign gynecological diseases characterized by the implantation and growth of viable endometrial tissue outside the uterine cavity. The exact prevalence of endometriosis is not known but estimates range from 10-15% within the women of reproductive age group. Women with endometriosis are usually confronted with one or both of the two major problems-Endometriosis associated pain and infertility. Pain includes dysmenorrhea, Dyspareunia, Dyschezia and non menstrual pelvic pain with a significant effect on various aspects of women's life including their social and sexual relationships, work and study.

Objectives: The present work is an attempt to understand endometriosis through Ayurvedic concepts.

Material and Methods: Ayurveda classics, text books of gynecology, and internet publications were consulted and reviewed for carrying out the present work.

Conclusion: Endometriosis cannot be correlated to any single disease of Ayurveda. It can be considered as a syndrome complex of Vataja yonivyapaths based on the clinical presentation. The treatment can be formulated by following the treatment principles of Yonivyapath, Gulma, Granthi, Arthava dushti, Pradara etc. This type of interpretation may help to formulate an effective ayurvedic treatment modality that can efficiently reduce the lesions with limited side effects and no interference with the patient's menstrual physiology and fertility.

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INTRODUCTION

Endometriosis is a relatively common and potentially debilitating condition affecting upto 10-15% of reproductive age group women. It is seen in 25-35% of women with infertility. This disease is not directly explained in ayurvedic *Samhithas*. Certain guidelines given in *Samhithas* can be utilised for understanding such diseases. In the current article, an attempt is made to analyze Endometriosis, by these guidelines.

MATERIALS AND METHODS

Ayurveda classics, text books of gynecology, and internet publications were consulted and reviewed for carrying out the present work.

RESULTS AND DISCUSSION

Definition, Signs and symptoms of endometriosis:

Endometriosis is defined as the presence of endometrial type of mucosa outside the uterine cavity.

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Endometriosis is oestrogen dependant and manifests during the reproductive years. It is associated with pain and infertility. Dysmenorrhoea, deep Dyspareunia, Pelvic pain, Dyschezia in patients with bowel involvement and Dysuria in those with bladder involvement are the most commonly reported symptoms. Dysmenorrhoea is the pain during or before menstruation. Dyspareunia is the pain during intercourse. Chronic pelvic pain is the non menstrual or non cyclical pelvic pain lasting at least six months, strong enough to interfere with daily activities and requiring medical or surgical treatment. Pain with defecation and urination are dyschezia and Dysuria respectively. As the disease and pain are chronic conditions, there is significant interference in the quality of life of women, in their professional performance and significant costs to the health services. Endometrium is a part of Uterus or *garbhasaya* which again is considered as a part of *trayavartha yoni*. Majority of the diseases related with female reproductive system are explained under the heading of *Yoni vyapath* in Ayurvedic *Samhithas*. On analyzing the symptoms, we can interpret endometriosis as a *Yonivyapath* with involvement of *Vata dosha* with different types of *vedana viseshas* as *pratyatma linga*.

Pathogenesis of Endometriosis: In endometriosis, either the proper placement of endometrium is affected or improper movement of endometrium is resulted. The precise

pathogenesis of endometriosis is unclear; however the disease may occur because of dissemination of endometrium to ectopic sites and the subsequent establishment of these ectopic endometrial deposits. Of the proposed pathogenic theories-coelomic metaplasia, retrograde menstruation, and mullarian remnants-none can explain all the different types of endometriosis. According to the most convincing model of retrograde menstruation hypothesis, endometrial fragments reaching the pelvis via transtubal retrograde menstrual flow, implant onto the peritoneum and other abdomino-pelvic organs, proliferate and cause chronic inflammation with formation of adhesions. The number and amount of retrograde menstrual flows along with genetic and environmental factors and the cellular immunity determines the degree of phenotypic expression of the disease. *Arthava* is the *upadhatu* of *Rasa*. *Rasa samvahana* (the proper distribution of *rasa*) is the function of *Vyana vayu*. Thus the formation of *arthava* from *rasa dhatu* is controlled by *vyana vayu*. Its vitiation results in *sarva dehagarogas* (Diseases affecting the whole body). *Arthava* formation takes place in *arthava vaha srothas* (Channels carrying menstrual blood). After formation; it should be evacuated from body at proper time. This evacuation is the function of *Apana vayu*. But in endometriosis, a partial *vimarga gamana* of *arthava* in *arthavavaha srothas* results in its ectopic placement. *Vata* is the main *dosha* in the pathogenesis of all *Yonivyapaths*. During the stage of embryonic development, the cellular division and differentiation is controlled by the *vata dosha*; and thus the *garbhakrithi* is determined. Proper placement and movement of structures or organs (*Sarva sareera dhatu vyuhana*) are the functions of *vata dosha*. These are related with the genetic material, and if any anomaly develops at this stage, that lady remains susceptible for any type of *Yonivyapath* after birth. Or in other words, this *beeja dosha/genetic* factor is the *viprakrishta nidana* of *Yonivyapath*.

General Nidanas for Yonivyapaths can be summarised as:

- *Mithyahara* (unwholesome diet): especially the use of *vata prakopaka aharas*.
- *Mithya viharas* (Abnormal mode of life): doing coitus in abnormal positions, coitus with multiple partners, coitus by a man of big sized penis with a weak woman, use of foreign bodies for sex etc comes under this category. These can produce infections or affect the psychology of the patient and results in *Yonivyapath*.
- *Vegavarodha* (withholding urges): especially of *adhovayu* (flatus), *mootra* (urine), *mala* (fecus) results in the vitiation of *apana vata*.
- *Pradushta arthava* can be the ectopic endometrium or the abnormal hormone changes and the resultant menstrual abnormalities
- *Daiva* /Idiopathic factors

These can be considered as *sannikrishta nidana* for *Yonivyapath*. All these *nidanas* result in the vitiation of *vata dosha*. The vitiated *vata* vitiates *arthava* and affects the proper formation of *dhatu*s. The vitiated *arthava* get implanted at various anatomical sites by the *pratiloma gathi* of the vitiated *vata* (Retrograde menstruation). Immunodeficiency resulted from the impaired *dhatu* formation helps in the survival and growth of the ectopic implants. These implants respond to the hormonal changes during menstrual cycle; and get enlarged. With subsequent menstrual cycles, the progression of disease occurs, new lesions will be formed and adhesions may

develop. In Ovary, the implants result in the formation of chocolate cyst. Here the *kapha dosha* get associated with *vata*. With extensive adhesions, the anatomy of pelvic organs gets distorted. This distorted anatomy along with defective *arthava* (Hormonal imbalance and ovulation problems) results in infertility. In short the *kshetra dushti* and *bija dushti* impairs fertility. The stage of menstruation is dominated by *vata dosha*. Hence during this stage, there is increased pain. The most common sites of ectopic implants are located in the pelvis- ovaries, Fallopian tubes, vagina, cervix, utero sacral ligaments or the recto-vaginal septum. More unusual implantation sites are laparoscopy scar, pleura, lung, diaphragm, kidney, spleen, gall bladder etc. The vitiated *vata* undergo *sthanasamsaraya* at the sites of *khavaigunya* effected from the *beeja dushti* and produce symptoms based on this *sthana visesha*.

Complications/upadrava

Infertility/subfertility, Chronic pelvic pain, Anatomic disruption of involved organs (Adhesions, cysts, ruptured cysts), Menstrual disorders such as menorrhagia are the commonly seen complications of endometriosis. Infertility is the main complication of endometriosis. *Acharyas* explained that the woman affected with *yoniroga* cannot retain *sukla*, and this makes her infertile. She will be suffering from *gulma*, *arsas*, *pradara* and other disorders of *vatakopa*. *Vagbhatas* have added *sthambha* (stiffness) and *soola* (Pain) to the list of complications.

Differential diagnosis

The pain, infertility and adhesions associated with endometriosis should be differentiated from similar symptoms accompanying appendicitis, Urinary tract infection, Ectopic pregnancy, ovarian tumour, Pelvic inflammatory disease etc. Conditions like *Rakta Gulma* and *Arbuda* mentioned in *Ayurvedic Samhithas* have similar symptoms or pathogenesis as *vataja Yonivyapath*. Symptoms of *arbuda* are not exclusively related with menstruation/*arthava*.

Diagnosis

Diagnosis of endometriosis is made with the confirmation of presence of endometrial tissue outside the uterine cavity with the direct or indirect evidence of cyclical bleeding.

Three clinical entities of endometriosis can be distinguished.

- The peritoneal implant
- The endometrial cyst /Endometrioma
- The deep nodular lesion.

Superficial lesions of endometriosis are located typically on pelvic organs or peritoneum. Endometriomas contain dense brown, chocolate like fluid and are formed within the ovarian cortex. Adhesions are usually associated with these pseudo cysts and attach them to nearby pelvic structures. Deep infiltrating endometriosis lesions are usually found in the utero sacral ligaments, cul-de-sac, or recto vaginal septum. These patients may present with deep Dyspareunia and various bowel symptoms from diarrhoea to dyschezia during menstruation depending on the location of deep lesions. The extra pelvic locations of endometriosis are rare but can include the upper abdomen, diaphragm, abdominal wall or abdominal scar tissue. The diagnosis at various sites can be made with MRI,

Cystoscopy (for bladder endometriosis), sigmoidoscopy or colonoscopy (for bowel lesions). Laparoscopy and biopsy remain the gold standards for diagnosis. The appearance or exacerbation of pain symptoms during menstruation suggests endometriosis. No serum markers are available which confirms the diagnosis. Ayurvedic way of diagnosis can be made, based on the clinical presentations. Endometriosis cannot be considered as a single entity as per Ayurvedic view.

Rather it can be diagnosed as following:

Table 1. Ayurvedic diagnosis of endometriosis based on Clinical presentation

Clinical presentation	Ayurvedic diagnosis
Dysmenorrhoea	<i>Vatala</i> or <i>Udavartha yoni vyapath</i>
Chronic pelvic pain	<i>Vatala Yonivyapath</i>
Dyspareunia	<i>Pariplutha</i>
Menorrhagia	<i>Pradara</i> ¹⁴ or <i>Raktha yoni</i>
Infertility/Ovulation disorders	Complication of <i>Yonivyapath/Vandhya</i>
Acute abdominal symptoms, palpable nodular masses	<i>Vataja Granthi</i>
Adhesions, Distorted uterine anatomy	<i>Antarmukhi yoni vyapath</i>

This method of diagnosis helps to plan the principles of treatment.

Management

Endometriosis is viewed as a chronic disease that requires effective pain management. Hormonal or surgical treatment is suggested for patients with painful endometriosis. Medical management for pain includes oestrogen-progesterone combinations (OCPs), isolated progestin, GnRH analogues, danazole and gestrinone and aromatase inhibitors. Studies have revealed significant side effects of these medicines. Hormonal therapies act by creating a state of pseudo pregnancy or pseudo menopause. Preservation of fertility is a challenge for adolescents undergoing this treatment. NSAIDs are also used to reduce inflammation. Surgery is indicated for patients who do not respond to medical management. It involves the laparoscopic excision of endometriotic lesions – coagulation/laser vaporisation/ cystectomy. Surgery is an invasive procedure with risk of recurrence and complications. Ayurvedic principles could be utilised to formulate a treatment protocol which can induce the regression of endometriotic lesions and its symptoms without affecting the normal physiology of the lady. Conservation of ovarian function is desired in young patients to preserve the reproductive potential. In case of peri menopausal patients with endometriosis, a palliative management of pain only is needed. The treatment principles of *Yoniroga*, *Gulma*, *Granthi*, *Arthava dushti*, *Pradara*, can be adopted after assessing the symptoms. Diseases of *yoni* do not occur without the vitiation of *vata*; hence the treatment should aim at *vata samana*. *Sneha*, *sweda* and *mridu panchakarma* therapy should be done properly. After the *sodhana chikitsa*, *samana chikitsa* can be done considering the *anubandha dosha*. Local treatments like *Utharavasthi*, *Vasthi*, *Abhyanga*, *Pichudharana* are also effective. In chronic cases of endometriosis with cystic changes and extensive adhesions, *vatanulomana*, *lekhana*, *srotosodhana*, *sulahara* treatment should be given. Drugs with the same properties can be selected for *rasayana chikitsa* in endometriosis. Drugs like *satapushpa*, *sathavari*, *lasuna* will be effective in this aspect.

Preventive aspects

As per *Ayurveda*, to remain healthy, the *charyas* should be started from the stage of *garbha* itself. *Acharyas* have elaborated *ritumathi charya*, *garbhincharya* etc which may aid in avoiding the *beeja dushti*/genetic causes.

Conclusion

Endometriosis is defined as the presence of endometrial like tissue outside the uterine cavity. It is a disease of theories. As per ayurvedic view, the genetic theory can be understood by *Beeja dosha* and *Daiva*. Vitiated *vata* in the *garbhavastha* and *Mithya ahara viharas* of the present life results in the stage of immune deficiency. Vitiation of *vata dosha* especially the *apana* and *vyana vata* results in retrograde flow of menstruation, lymphatic and vascular spread of endometrial tissues. The ectopic implants of endometrium may get enlarged with subsequent menstrual cycles. Adhesions develop with association of *kapha dosha*. Interpretation and diagnosis can be made in ayurvedic view based on the clinical presentation. Treatment should aim at *vatasamana* with due consideration to associated *kapha dosha*.

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