

Ayurvedic management of *Udavartini Yonivyapad* (Ovarian Endometrioma)- A Case Report

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Abstract:

Endometriosis presents in three different entities, which are frequently found together: peritoneal lesions, deep endometriosis and ovarian endometriotic cysts (endometriomas). Endometriosis can be discussed as a syndrome complex of *Udavartini Yonivyapad* in Ayurveda. A 32-year-old unmarried woman consulted the BMARI hospital with a chief complaint of severe lower abdominal pain, severe menstrual pain and prolonged bleeding for 5 years' duration. Patient reported surgical history of laparoscopic cystectomy in right side endometrioma (chocolate cyst) on 2017. Laboratory tests were unremarkable except that the Tumor marker. CA -125 value- 41.1U/ML. Ultrasound revealed (TAS) bulky uterus with adenomyosis. The endometrioma were seen which were thin walled with diffuse homogeneous ground-glass echoes contents measuring around of 3.72cm x 1.84cm in size in the right ovary and 3.09 cm x 2.22 cm in left ovary; in addition, highly echogenic peritoneal fluid in the cul-de-sac and a pre-ovulatory follicle in the left ovary were observed. After 10 weeks' treatment proceeds patient was recovered completely from pain lower abdomen, Menstrual cycle was regular and at normal intervals without any complications. After treatment CA-125 tumour marker value – 16 U/ML & USG revealed normal findings with right ovary and left ovary cyst reduced and size to be 1.45cm x1.68cm. Hence it is concluded that above treatment protocol is effective in the management of *Udavartini Yoni Vyapad* with *Kaphajagranthi* (Endometriosis with Ovarian Endometrioma).

Key words: Endometriosis, *Vyadhisankara*, *Udavartani Yonivyapad*

Received: 03.10.2020

Revised: 15.12.2020

Accepted: 22.12.2020

Quick Response code



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Introduction:

Endometriosis presents in three different entities, which are frequently found together: peritoneal lesions, deep endometriosis and ovarian endometriotic cysts (endometriomas).^[1] Ovarian endometrioma is a benign estrogen dependent cystic mass arising from ectopic endometrial tissue within the ovary. It contains thick, brown, tar like fluid, which may be referred to as a chocolate cyst. The pathogenesis of endometriomas remains contentious, with a variety of theories proffered, including invagination and subsequent collection of menstrual debris from endometriotic implants, which are located on the ovarian surface and adherent peritoneum.^[2]

There are nine different types of *Granthi* have been mentioned in Ayurveda classics depending upon the pathological factor and the body tissue involved^{[3][4]} *Granthi* is explained as when *Rakta* (blood), *Mamsa* (fleshy/muscles), and *Meda* (fat/adipose tissue) are vitiated by Tridosha that are admixed with Kapha produce rounded glandular, protuberant, knotty and firm swelling.^[5] Endometrioma can be discussed as a syndrome complex of *Udavartini Yonivyapad* in Ayurveda. Hence *Acharya Charaka* explains that *Vata* gets aggravated due to *Vega dharana* and moves in reverse direction, then settles in yoni and produces the pain, initially pushes raja in upward direction, then discharges it with difficulty. The woman feels relief immediately after the discharge of menstrual blood. Since in this condition the raja moves upward direction, it is termed as *Udavartini*^[6] thus *Vyadhisankara* can be helpful in

prognosis and planning treatment protocol for endometriosis (*Udavarthini Yonivyapad*). *Vyadhisankara* can happen due to *Nidanarthakaratwa* or as a result of *Upadrava* differentiating these two concepts gives clarity in planning right treatment strategies.^[7]

Here an effort was made to treat endometriotic cysts. This case is an ideal example of ovarian endometrioma, and is successfully treated with Ayurveda protocol under the auspices of *Vyadhisankara* concept.

Case report:

A 32-year-old unmarried woman consulted the BMARI hospital with a chief complaint of severe lower abdominal pain, severe menstrual pain and prolong bleeding since 5 years duration. Her bowel and bladder habit were normal and surgical history of laparoscopic cystectomy in right side endometrioma (chocolate cyst) on 2017. No other significant surgical history was obtained. On general examination, she was found to be average built and weighing 62 kg. On bimanual pelvic examination, severe tenderness was detected around the right ovarian side. Laboratory tests were unremarkable except that the Tumor marker. CA -125 value- 41.1U/ML

Radiological ultrasound revealed (Abdominal Ultrasonography) bulky uterus with adenomyosis. The right endometriotic cysts/endometrioma were seen which were thin walled with diffuse homogeneous ground-glass echoes contents measuring around of 3.72cm x 1.84cm in size in the right ovary and 3.09 cm x 2.22 cm in left ovary; in

addition, highly echogenic peritoneal fluid in the cul-de-sac and a pre-ovulatory follicle in the left ovary were observed. The treatment was *Amapachana* (digestion of undigested food), *Agnideepana* (increase digestive fire), *Srotosodhaka* (clear channel) and *Vata Anulomana* (downward movement of *Vata*). The sequence of treatment was as follows:

Preparatory therapy: The initial treatment with:

1. *Panchamuli Lagu Drakshadi Kwatha* 30ml /two times a day

2. *Chirabilvadi Kwatha* 30 ml / two times a day
3. *Krimigathani pills* 2/ two times a day
4. *Manibadra Choorana* 5g / two times a day for 15 days were administrated to regularize the appetite and bowel movement. *Agni Vishamya* (*Aama*) is main root cause of all disease. Hence the medication should focus on *Agni Deepana Aama Pachana Vata Anulomana*.

The treatment schedule given to the patient was as per given below Table 1

Table-1: Timeline of case study

Date and Year	Clinical events and Intervention
08 January 2020	Patient came to OPD with complains of - Pain in lower abdomen, sever menstrual pain, and prolong bleeding. LMP was - /09/01/2020 Day 12 Trans abdominal USG was advised. Initial treatment with <i>Panchamuli Lagu Drakshadi Kwatha</i> 30ml / two times a day <i>Chirabilvadi Kwatha</i> 30 ml / two times a day <i>Krimigathani pills</i> 2 two times a day <i>Manibadra Choorana</i> 5g / two times a day were administered.
12 th January 2020	Trans abdominal USG was done. USG findings showed- right ovary Chocolate cyst measuring 3.72 X 1.84 cm and 3.09cm x 2.22 cm size in Left ovary. Bulky uterus with adenomyosis
20 January 2020	Patient was admitted to IPD unit of <i>Stree Roga & Prasuti Tantra</i> . On the basis on USG finding Main Therapy drug and procedures were advised to continue as below <i>Panchakarma</i> procedures & oral drugs

21 January 2020	1. <i>Virechana karma</i> <i>Snehapana</i>						
	Date	21/Jan 20	22/Jan	23/Jan	24/Jan	25/Jan	
	<i>Gritha</i>	10ml	15ml	20ml	25ml	30ml	
	<i>Taila</i>	5ml	5ml	5ml	5ml	5ml	
26 January 2020 29 January 2020	<i>Sarvanga Abayanga & Swedana</i> for 3 days <i>Sarvanga Abayanga</i> – with <i>Sarsapa Taila</i> in whole body for 20 min <i>Swedana</i> with <i>Dasamula Kwatha</i> in Steam box for 20 min <i>Pradana Karma -Virechana</i> <i>Virechana Dravya</i> <i>Aralu (Haritaki) + Bulu (Vibithaki) Kashaya</i> = 240ml with 10 ml <i>Eranda Taila</i> <i>Sansarjana Karma</i> for 3 days						
3 February 2020	2. <i>Marta Basti</i> for 14 days <i>Poorva Karma</i> – <i>Abayanga</i> with <i>Sarsapa Taila</i> in lower abdomen and lower back <i>Pradana Karma</i> – <i>Thripala Taila</i> 30ml + <i>Dasamula Taila</i> 30ml <i>Matra Basti</i> <i>Paschat Karma</i> – left lateral position Oral medication (Started simultaneously with the <i>Marta Basti</i>) <i>Diyamithadi Kashaya Patha</i> ½ M/E for 21 days <i>Chandrapraba Vati</i> 2 Pills / two times a day <i>Krimigathaki Vati</i> 2 Pills/ two times a day <i>Sarkardi Kalka</i> 2.5g/ two times a day <i>Manibadra Choorna</i> /5g two times a day Oral medication continued						
From 2 nd Feb up to 17 th Feb 2020 oral medicine was taken IPD level Patient was discharged on 17/2 /2020 OPD level From 17 th Feb to 24 th Feb 2020							
From 25 th Feb to 18 th March 2020	<i>Lunuvaranadi Kashaya Patha</i> ½ two times a day for 21 days <i>Sarkardi Kalkaya</i> 2.5g/ two times a day <i>Kanchanara Gugulu</i> 2tab/ two times a day <i>Arogayavardani</i> 2tab / two times a day						
Along with oral medication	<i>Udara Pattu</i> <i>Dasangalepa</i> with <i>Sarsapadi Taila</i> for apply lower abdomen for treatment time.						



Fig-1: Before Treatment
Right Ovarian cyst



Left Ovarian cyst



Fig-2: After Treatment

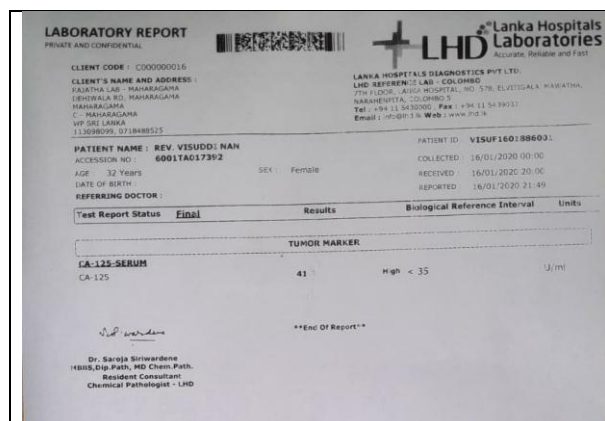


Fig-3 Before Treatment -CA-125

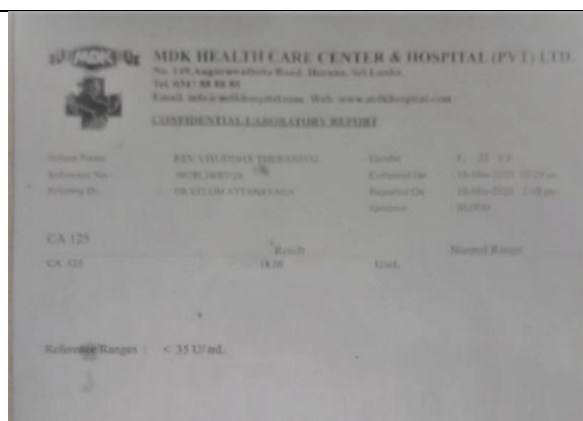


Fig-4: After Treatment – CA -125

Duration of Treatment: The total treatment duration was 10 weeks. Diet & Behavioural Changes advised. The patient had follow-up for one year after the cessation of Ayurveda medicine.

Result:

Patient recovered completely from pain lower abdomen, Menstrual cycle was regular and at normal intervals without any complications.

After treatment CA-125 tumour marker value – 16 U/ML (Copy Attached) & USG revealed normal study.

The preparatory therapy began 08-01.2020 and the patient was advised to have Ultrasonography after 70 days of treatment. The USG study dated 08-01-2020 found the endometrioma in right ovary to be 3.72cm x1.84cm and 3.09 cm x2.22 cm on left ovary. After treatment and follow up period another

revealed normal findings with right ovary and left ovary cyst reduced and size to be 1.45cm x1.68cm. This patient has no relapse/recurrence of the ovarian cyst after Ayurveda treatment. Before and after USG images are given in Figure 1 and 2. Completely disappear on right ovarian cyst and Left ovarian cyst size reduced from 3.09 cm x2.22 cm to 1.45cm x 1.65cm

Discussion:

The case was treated on the line of management of *Udavartani Yonivyapad* with special concentration to *Vyadhisankara*. Primary disease exists with secondary disease subsequently condition is known as *Vyadhisankara*. Hence *Udavartani* is primary disease therefore mainly *Vata Anulomana* drugs were prescribed due to *Prathilomagathi* of *Vata* (upward movement of *Vata*) while separate line of treatment for *kapha* pacifying properties were planned for the condition of *kaphaja Granthi* (endometrioma) as secondary disease. *Udavartani* (Endometriosis) is a condition Vitiation of 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*. Therefore, treatment focused on *Agni Deepana Aama Pachana* with *Shodhana* in order to remove the *Aama* and get the *Doshas* back into original locations and *Vatasamana* with due consideration to associated *Kapha Dosha* by *Lekhaniya Dravyas*. This shows that if plan of treatment is selected according to

principles of Ayurveda along with proper drug, dose, duration, *Anupana*, *Pathya* and *Apathya* there is assertion of progress in treatment.

Conclusion:

Hence it is concluded that above treatment protocol is effective in the management of *Udavartini Yoni Vyapad with Kaphajagranthi* (Endometriosis with Ovarian Endometrioma).

Consent of patient:

The written consent has been taken from patient before the procedure as well as to publish the case report without exploring identity of the patient.

Limitation of study:

Difficulty in summarizing case study into general studies therefore most useful in the first phase of research process.

Acknowledgements:

Dr (Mrs) Wasantha Weerapana in charge and staff of ward no 04 Dr (Mrs) Swarna Kaluthota Director of Bandaranayake Memorial Ayurved Research Institute, Navinna, Maharagama, Sri Lanka, Commissioner of Ayurveda, Department of Ayurveda, Navinna, Maharagama, Sri Lanka.

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Conflict of interest: Author declares that there is no conflict of interest.

Guarantor: Corresponding author is guarantor of this article and its contents.

Source of support: None

How to cite this article:

Sajeewani H.L.M. G, Sajeewane Perera M.S. Ayurvedic management of *Udavartini Yonivyapad* (Ovarian Endometrioma)- A Case Report *Int. J. AYUSH CaRe*. 2020; 4(4):226-232.