Ayurvedic management of *Udavartini Yonivypad* (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 Yonivypad* 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 prolong 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
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 sever 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 3.72 cm x 1.84 cm 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**

<table>
<thead>
<tr>
<th>Date and Year</th>
<th>Clinical events and Intervention</th>
</tr>
</thead>
</table>
| 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  
                       | Panchamuli Lagu Drakshadi Kwatha 30ml / two times a day  
                       | Chirabilvadi Kwatha 30 ml / two times a day  
                       | Krimigathani pills 2 two times a day  
                       | Manibadra Choorana 5g / two times a day were administrated.                                      |
| 12th January 2020   | Trans abdominal USG was done. USG findings showed- right ovary Chocolate cyst measuring 3.72 X 1.84 cm and 3.09 cm x 2.22 cm size in Left ovary.  
                       | Bulky uterus with adenomyosis                                                                     |
| 20 January 2020     | Patient was admitted to IPD unit of Stree Roga & Prasuti Tantra.  
                       | On the basis on USG finding  
                       | Main Therapy drug and procedures were advised to continue as below  
<pre><code>                   | Panchakarma procedures &amp; oral drugs                                                                |
</code></pre>
<table>
<thead>
<tr>
<th>Date</th>
<th>1. Virechana karma</th>
<th>2. Marta Basti for 14 days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Snehapana</td>
<td>Poorva Karma – Abayanga with Sarsapa Taila in lower abdomen and lower back</td>
</tr>
<tr>
<td>Date</td>
<td>Gritha</td>
<td>Pradana Karma – Thripala Taila 30ml + Dasamula Taila 30ml Matra Basti</td>
</tr>
<tr>
<td></td>
<td>Taila</td>
<td>Paschat Karma – left lateral position</td>
</tr>
<tr>
<td>Date 21/Jan 20</td>
<td>10ml</td>
<td>Oral medication (Started simultaneously with the Marta Basti)</td>
</tr>
<tr>
<td>Date 22/Jan 20</td>
<td>15ml</td>
<td>Diyamithadi Kashaya Patha ½ M/E for 21 days</td>
</tr>
<tr>
<td>Date 23/Jan 20</td>
<td>20ml</td>
<td>Chandrapraba Vati 2 Pills / two times a day</td>
</tr>
<tr>
<td>Date 24/Jan 20</td>
<td>25ml</td>
<td>Krimigathaki Vati 2 Pills / two times a day Sarkardi Kalka</td>
</tr>
<tr>
<td>Date 25/Jan 20</td>
<td>30ml</td>
<td>2.5g / two times a day Manibadra Choorna 5g two times a day</td>
</tr>
<tr>
<td>Date 26/Jan 20</td>
<td>5ml</td>
<td>Oral medication continued</td>
</tr>
<tr>
<td>Date 27/Jan 20</td>
<td>5ml</td>
<td>From 25th Feb to 18th March 2020</td>
</tr>
<tr>
<td>Date 28/Jan 20</td>
<td>5ml</td>
<td>Lumuvaranadi Kashaya Patha ½ two times a day for 21 days</td>
</tr>
<tr>
<td>Date 29/Jan 20</td>
<td>5ml</td>
<td>Sarkardi Kalkaya 2.5g / two times a day</td>
</tr>
<tr>
<td>Date 30/Jan 20</td>
<td>5ml</td>
<td>Kanchanara Gugulu 2tab / two times a day</td>
</tr>
<tr>
<td>Date 31/Jan 20</td>
<td>5ml</td>
<td>Arogayavardani 2tab / two times a day</td>
</tr>
<tr>
<td>Date 01/Feb 20</td>
<td>5ml</td>
<td>Along with oral medication</td>
</tr>
<tr>
<td>Date 02/Feb 20</td>
<td>5ml</td>
<td>Udara Pattu</td>
</tr>
<tr>
<td>Date 03/Feb 20</td>
<td>5ml</td>
<td>Dasangalepa with Sarsapadi Taila for apply lower abdomen for treatment time.</td>
</tr>
</tbody>
</table>

**Notes:**
- **21 January 2020:**
  - **Virechana karma Snehapana**
  - **Date:** 21/Jan 20, 22/Jan 23/Jan 24/Jan 25/Jan
  - **Gritha:** 10ml, 15ml, 20ml, 25ml, 30ml
  - **Taila:** 5ml, 5ml, 5ml, 5ml, 5ml

- **26 January 2020:**
  - **Sarvanga Abayanga & Swedana for 3 days**
  - **Sarvanga Abayanga – with Sarsapa Taila in whole body for 20 min**
  - **Swedana with Dasamula Kwatha in Steam box for 20 min**
  - **Pradana Karma - Virechana Virechana Dravya**
  - **Aralu ( Haritaki) + Bulu ( Vibithaki) Kashaya = 240ml with 10 ml Eranda Taila**
  - **Sansarjana Karma for 3 days**

- **29 January 2020:**
  - **Sarvanga Abayanga**
  - **– with Sarsapa Taila in whole body for 20 min**
  - **Pradana Karma - Virechana Virechana Dravya**
  - **Aralu ( Haritaki) + Bulu ( Vibithaki) Kashaya = 240ml with 10 ml Eranda Taila**
  - **Sansarjana Karma for 3 days**

- **3 February 2020:**
  - **Marta Basti for 14 days**
  - **Poorva Karma – Abayanga with Sarsapa Taila in lower abdomen and lower back**
  - **Pradana Karma – Thripala Taila 30ml + Dasamula Taila 30ml Matra Basti**
  - **Paschat Karma – left lateral position**

- **From 2nd Feb up to 17th Feb 2020 oral medicine was taken IPD level**
- **Patient was discharged on 17/2/2020 OPD level**
- **From 17th Feb to 24th Feb 2020**
- **From 25th Feb to 18th March 2020**
- **Along with oral medication**
- **Udara Pattu**
- **Dasangalepa with Sarsapadi Taila for apply lower abdomen for treatment time.**
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 x 1.68cm. 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 x 2.22 cm to 1.45 cm x 1.65 cm

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.

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References:

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