

A case study on successful ayurvedic management of a chocolate/ endometriotic cyst.

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ABSTRACT:

It's a woman who procreates & propagates the human species, the menstrual cycle is hormonal process a women's body goes through every month to prepare possible pregnancy.

In the management of endometriotic cyst three major clinical disruptions need to be addressed adequately- Pain, Infertility, Malignant transfer.

Chocolate cysts of the ovaries represent the most important manifestation of endometriosis. They are readily diagnosed on the ultrasound with most demonstrating classical radiographic features. The symptoms vary according to site, depth of the lesion, patients age and her life stage. Classic symptom includes dysmenorrhoea, dyspareunia, menorrhagia and infertility.

Dysmenorrhoea is the most common symptom. depending upon most common symptom it can be compared as a syndrome complex of *udavartini yonivyapad*, *vataj yonivyapad* in *Ayurveda*. Here an effort was made to treat endometriotic cysts. at the end of 11 months of treatment *Panchakarma* procedure along with internal medication resulted in 80-90 % in overall effect of therapy.

KEY WORDS: Pain, infertility, dysmenorrhoea, dyspareunia, *udavartini yonivyapad*

INTRODUCTION: Ovary is most common site for endometriosis. Endometriosis in adolescents can be described as Mona Lisa face, where

mysterious smile covers hidden disease that tragically threatens to destroy perspective of healthy reproductive life. Endometriomas is type of cyst formed when endometrial tissue the mucous membrane that makes up the inner layer of uterine wall grows in the ovaries. Deep ovarian endometriosis forms dark fluid filled cavities that can vary in size known as CHOCOLATE CYST. Chocolate cyst are non-cancerous, fluid filled cysts typically form deep within ovaries, they get name from their brown tar like appearance looking something like melted chocolate, colour comes from old menstrual blood and tissue that fills cavity of cyst. Cyst formation due to periodic shedding and bleeding from the implants. Leakage of this altered blood along with inflammation, leads to adhesion formation with the adjacent structures, fallopian tubes may be affected. Treatment option for Endometrioma includes expectant management, hormonal therapy, surgery, combined therapy i.e. medical and surgery. Small endometriomas (< 3 cm) is aspirated laproscopically, & large Endometrioma (> 4 cm) ovarian cystectomy done if hormonal therapy fails. here in Ayurveda we can be correlate it with udavartini yonivyapad as a most common symptom is painful menses, Acharya charak state that,

वेगोदावर्तद्वोनिमुदावर्तयतेऽनिलः।

सा रुगार्ता रजः कृच्छेणोदावृत्तं विमुच्यति ॥

आर्तवे सा विमुक्ते तु तत्क्षणं लभते सुखम् ।

रजसो गमनादूर्ध्वं ज्ञेयोदावर्तिनी बुधैः ॥

(चरक संहिता चिकीत्सास्थान ३०/२५,२६)

The main clinical feature of *udavartini yonivyapad* is *Rajkruchata* means painful menses described by the *Charak & Shushrut Acharya*, according to the classical text *Charak Acharya* has described aggravated apan vayu enters the yoni leading to pain. This pain is released when the female menstruates.

This paper intends to elucidated the clinical & pathological features of adolescents endometriomas & discuss new perspective on diagnosis and management with aim to offer a vision of this diseases with formulated an ayurvedic therapy protocol to improve the condition of patient suffering from endometriomas.

CASE STUDY: A 34 years old female patient came into the OPD of Prasutitantra & streerog OPD in YMT ayurvedic medical college & hospital on dated 18/07/2018 with the complaints of painful menses, since 2014, pain at left iliac region, generalised weakness & giddiness during menses, irregular menses before starting of hormonal pills.

Patient took allopathic, homeopathic treatment for same, on enquiry she told that she has took TAB. OVARAL-L (0-0-1) for 12 months during this period after few months she was having

complaints of nausea, vomiting, mastalgia, leucorrhoea, depression. With this complaints patient came PTSR-OPD for proper consultation & ayurvedic treatment.

Table 1 (GENERAL DATA)

AGE	MARITAL STATUS	OCCUPATION	SOCIAL CLASS	ADDRESS	REGISTRATION DATE
34YRS	Married since 15yrs	Service	Upper middle	Lalbaug	18/7/2018

Table 2 (PERSONAL HISTORY)

DIET	MIX
APPETITE	NORMAL
MITURITION	NORMAL
BOWEL HABIT	REGULAR
ADDICTION	NONE

FAMILY HISTORY – No relevant family history

MENSTRUAL HISTORY- Menarche at age of 13yrs LMP- 12/07/2019 (taken oc pills)

Present/M/H - Since taking hormonal pills from 6/8/2017- 4-5days/28-30days, amount 3-4 fully soaked pad with associated symptoms like painful menses, nausea, giddiness, generalised weakness.

Past/M/H- 4-5days/40-60days, amount of 3-4 fully soaked pad with associated symptoms like above.

OBSTETRICAL HISTORY- G4 P1 A3 L1 D0

G1- Female child 14years FTND at hospital

G2- Spontaneous Abortion (D & E Done)

G3- ?

G4-Chronic missed abortion? infection D& E done GA- 8weeks in 2014

COITAL HISTORY- Once in forth night (Dyspareunia)

DRUG/H – Taking TAB OVARAL L since 6/8/2017

PHYSICAL EXAMINATION- General Examination: Build- average, Nutritional

status- satisfactory Pallor –absent. No evidence of thyroid enlargement, BP- 124/80mmHg, Pulse- 78/min Height: 160 cm, Weight: 66kg, Temperature: Afeb, Respiration rate: 20/min. Romberg's Test- Positive.

SYSTEMIC EXAMINATION: CVS: Heart sounds (S1S2): Normal, RS: Chest - B/L clear, air entry adequate, no added sounds. Per abdomen – pain & mild tenderness at left iliac region.

GENITOURINARY EXAMINATION: Inspection – Vulva- normal, healthy Per Speculum- Cervix- healthy, Altered blood seen? menstrual blood Palpation (per vagina) - Uterus- Anteverted, size -6-7weeks, Rt fornices

tenderness, left fornices free, non-tenderness.

INVESTIGATIONS- Ultrasound pelvis (TVS) 11/3/17- few blood products in endometrial canal, Right ovary normal size multiple small peripheral follicles, left ovarian endometriomas of size 3.8 x 2.0cms and 2.4 x 2.2cms. MRI Pelvis with screening of abdomen 29/6/17- multiseptated cyst in left ovary with areas of shading, represents a endometriotic cyst of size- 3.4 X 3.3 X 2.3cm. Serum creatine-1.11 mg/dl

MATERIAL AND METHOD- Prior to Panchakarma dietary and digestive issues solved.

VISIT	COMPLAINTS	DIATERY REGIMEN	TREATMENT	INVESTIGATION
18/7/18	Pain at left iliac region, painful menses, giddiness, generalised weakness. LMP- 12/7/18	Plenty of fruits, vegetables, whole grains	Hold TAB OVARAL- L <i>Panchakarma - Sarvang snehan, swedan Yogbasti – Anuwasan- sahachar tail Niruha-Dashamool kwath.</i> <i>CAP OVACID 1BD</i> <i>RASPACHAK VATI 2BD</i> <i>SUTSHEKAR RAS 2TDS</i> <i>PANCHATIKTA</i> <i>GHRUTA 10ml BD</i>	USG-Pelvis
26/7/18	Panchakarma procedure done. Complaints same as above.	Avocado, ginger, garlic, cumin, Salmon	Same as above oral medication <i>KANCHANAR</i> <i>GUGGUL 2TDS</i>	Usg- bulky left ovary with endometriotic cyst 3.6 X 2.7 cms & 2.5 X 2.0 cms
14/8/18	Mild	<i>Yoga- Supta</i>	<i>Yogbasti – (patient was</i>	-

	abdominal pain during menses, backache LMP- 12/08/18	<i>baddha konasana</i> , <i>Bhujangasan</i> , <i>Salbhasan</i>	not willing for <i>Panchakarma</i>) Oral medicines same as above <i>CAP ENDOTONE BD</i>	
18/9/18	Came for follow-up No any complaints LMP- 14/9/18	<i>Yoga</i> and diet same as above	Same as above	-
2/11/18	Delayed menses LMP-14/9/18	<i>Suryanamskar</i> , rest same as above	Same as above TAB PRIMOLUT N 5mg BD x 5days	-
13/11/18	Painful menses, Backache, weakness LMP- 10/11/18	Same as above	Same as above	-
29/01/19	Pain at lumbar region LMP- 19/1/19	Same as above	<i>TAB ENDOTONE 2BD</i> <i>KANCHANAR</i> <i>GUGGUL 2TDS</i>	-
01/03/19	Mild pain in Lumbar region LMP- 26/2/19	Same as above	Same as above	-
16/04/19	Scanty Menses, pain during menses decreases Pain at lumbar region LMP-14/4/19 LLMP- 23/3/19	Same as above	<i>Panchakarma- Yogbasti kram Baladi yapan basti X 8 days</i> <i>TAB ENDOTONE 2BD</i> <i>KANCHANAR</i> <i>GUGGUL 2TDS</i> <i>PANCHATIKA GHRUT</i> <i>10ml BD with Milk</i>	-
24/5/19	Pv watery white discharge LMP- 20/05/19	Same as above	<i>TAB ENDOTONE 2BD</i> <i>KANCHANAR</i> <i>GUGGUL 2TDS</i> <i>PANCHATIKA GHRUT</i> <i>10ml BD with Milk</i> PS- Cx – yellowish thin discharge + Congestion around ant lip No erosion PV- uterus – Anteverted normal size Fornices clear , tenderness +	-
25/6/19	Painful	Same as above	<i>TAB ENDOTONE 2BD</i>	USG- PELVIS

	Menstruation LMP- 14/6/19		KANCHANAR GUGGUL 2TDS KUKUTNAKHI GUGUL 2TDS MANZISHTADI GHANWATI 2TDS	(Polycystic changes seen in right ovary)
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RESULT: Within 11 months of treatment menstrual cycle become regular, normal and mild subside of pain during menses, USG after course of treatment on 25/6/19 suggestive of polycystic changes in right ovary and no endometriomas of size 3.6 X 2.7cms. & 2.5 X 2.0cms. Hence, understanding the disease from *ayurvedic* point of view and planning out complete treatment modality is the need of the hour. The present case as a stepping stone for future research works more on *ayurvedic* pain management in gynaecological cases.

DISCUSSION: Since endometriosis is a condition of *ama* accumulation, treatment focused on detoxification / reduction shudha therapy in order to remove the *ama* and get the *doshas* back into original locations. Therefore, *Panchakarma* treatment was useful along with *Agni* therapy, most importantly the liver should be cleansed as it has a role in menstruation and hormonal production.

Probable mode of action- The process begins with the *ayurvedic* oil massage

and body treatment to loosen up the *ama*, collect it from different part of the body and bring it back to the digestive system for elimination. These treatments also help pacify the mind and emotions as the patient undergoes cleansing. According to several sources combination of *abhyanga*, *swedan*, *basti* given daily for eight days. At the end of this period, the *ama* has returned to the digestive system and needs to be eliminated.

Probable mode of action- *Basti* procedure eliminates the *doshas* from rectum. It balances the *vata doshas*. *Apana vayu* is the type of *vata dosha* which controls on ovum in female, reproductive system.

For the present study only Endometriomas consider under *udavartini yonivyapad*,

SAHACHAR TAIL ANUWASAN BASTI- *Sahachar* oil usually used for obstructive pathology.

DASHMOOL KWATH NIRUHA BASTI- *Madhura*, *tikta*, *Kashaya ras*, *guru*, *snighdha guna*, *ushna veerya*, *Madhura katu vipaka* and *Tridoshanashak karma* of *dashmool* acts

on *udavartini yonivyapad* by its *dravya, guna, prabhav*. it has been proven that *Dashmool* has anti-inflammatory, analgesic and antipyretic actions.

THUS THE BASTI REGULATE THE HYPOTHALAMIC –PITUITARY OVARIAN AXIS Which helps in normalised ovarian and menstrual cycle.

1. **RASPACHAK VATI** – Contains *patol, indrayava, kutki* use as *Malanulomak, Dipan- pachan*, normalised vitiated *kapha-pitta doshas*, reduces *ras dhatu vikruti* and nourishes *rasa dhatu*, reduces *strotorodha*.
2. **SUTSHEKHAR RAS**- It's given when *Pitta* associated with *AMA*, condition called as *saampitta*, it also act on *vata dosha* and helps as anti-inflammatory, antioxidant, anti-spasmodic, Neuroprotective, anticonvulsant, carminative, *Sutshekhhar ras* is anti-spasmodic action also regulated the muscle function and balance the *vata* and *pitta* disturbances in the abdomen including pelvic region. It reduces sharp cramp in abdomen.
3. **CAP ENDOTONE**- Contains *musta, haridra, lodhra, ashwagandha, twak, shunthi*. Is an herbal formulation that effectively delays and stops growth of endometrium cells

outside the uterus It reduces pain during menses and during sexual intercourse? Beneficial in control of mood swings, nausea & helps to restore the fertility. *Lodhra* improves the hormonal balance.

4. **KANCHANAR GUGUUL**- Is a classical *ayurvedic* formulation used to *kapha* accumulation in tissues. As a *kapha* moves deeper within the system. It may manifest as swollen lymph nodes, cysts, growth. *Kanchanar* is very useful in extra growth or tumours and helps in reducing bleeding. It supports a proper function of the lymphatic system, balance *kapha dosha*, promotes elimination of inflammatory toxins; it is alternative anti-inflammatory.
5. **KUKKUTNAKHI GUGUUL**- Mention in *Bhavprakash rasa-katuanditikta, virya- sheeta, vipak- katu, guna-granthishothagna, shoolahna, kaphapitta and raktashamak*. It is use in *mamsavruddhi, arbuda, Granthi, varicosity, pcod*. According to *ayurvedic* concept anti-oxidant activity probably be correlated with *rasayan* karma. *Kukkutnakhi* produce anti-inflammatory, anti-oxidant,

cytotoxic and free radical scavenging.

6. **CAP OVACID-** Contains, *kuberaksha, shatavha, fenugreek, sharpunkha, haridra, trikatu, shudha tankan*. Which helps to regulate the menstrual cycle.

CONCLUSION: Endometriosis is defined as the presence of endometrial like tissues outside the uterine cavity. It is a disease of theories. As per *ayurvedic* view, the genetic theory can be understood by *beeja dosha* and *daivya*. *Viated vata* in *garbhavastha* and *mithya aahar viharas* of the present life results in retrograde flow of menstruation, lymphatic and vascular spread of endometrial tissues. Interpretation and diagnosis can be made in *ayurvedic* view based on the clinical presentation.

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