



Systematic Review

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An evaluation of case-study to examine the effects of ayurvedic treatment on endometriosis

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ABSTRACT

Contrary to its benign nature, endometriosis is a contrast disease that is both locally invasive and spreads widely. Cyclic hormones promote growth, but continuous hormones counteract it. Both in terms of actual and apparent cases, the prevalence of endometriosis has increased over the past few decades. The actual reason is that marriage was delayed, conception was delayed, and small family norms were adopted. The disease complex is becoming more apparent due to the increased use of diagnostic laparoscopy and proper awareness among gynaecologists [1]. This paper comprises of a systematic review of endometriosis concerning the efficacy of the ayurvedic regimen used in the case study. The search resulted in 52 research papers related to the disease out of which seven papers were considered because they fulfilled the criteria which we set for carrying out this research synthesis. Altogether the analysis of all the reports for the case study portrays that the inclination towards the herbal treatment can also provide a better relief in the management of endometriosis.

Keywords: Basti, Deepana-Pachana, Endometriosis, Shamana Chikitsa, Shodhana Chikitsa.

INTRODUCTION

God gave women the ability to bear new generations in this world. Henceforth, the wellbeing of women is of utmost concern since ages. The day-to-day modernization has not only altered the lifestyle and diet of our coming generation but in turn has also led their life suffering from many disorders [3]. Endometriosis is a gynaecological syndrome that affects one out of every 10 women of reproductive age [4] that distresses roughly 10% (190 million) of reproductive age women and girls globally. It is a chronic disease related to severe and life-impacting pain during periods, sexual intercourse, bowel movements and/or urination, chronic pelvic pain, abdominal bloating, nausea, fatigue, and even occasionally leading to depression, anxiety, and infertility (Figure 1) [5]. Therefore, endometriosis still is a significant challenge for those who do not realise the symptoms and signs of endometriosis that differs from place to place and its severity, as well as the impact on the general, physical, mental, and social welfare of a women. Endometriosis is a condition which can be defined as the growth of endometrial glands and stroma outside of the uterine cavity [4]. It can adversely disturb a life of a woman because of inability to have children and having chronic pelvic pain which severely disturb her daily life and happiness [6]. Endometriosis can occur at any site out of which the common place are the ovaries, the cul-de-sac including the uterosacral ligaments, peritoneum, covering the bladder, sigmoid colon, back of the uterus intestinal coils and appendix [7]. Though the laparoscopic evaluation following of histological approval is the gold standard of diagnosis of this disease, on the other hand the accuracy of its diagnosis is mainly depending on the surgical and pathological knowledge [8,4].

If the symptoms are present then endometriosis should be considered for diagnosis. Differential diagnosis should also be considered by the clinicians. Diagnosing endometriosis can be challenging and some studies have indicated that a delay in diagnosis can lead to a decrease in quality of life and disease progression. The diagnosis may be delayed due to contraceptive that suppress hormones, non-discriminatory examination, mis-diagnosis and woman's perception of mensuration and normalizing pain [9].

Characteristics of Endometriosis [2]

- The ectopic endometrium is responsive to ovarian hormones.
- Proliferative endometrium is always present, but secretory endometrium is only present when progesterone receptors are present in the tissue.

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- The formation of local adhesions in the pelvis is caused by blood oozing from an ectopic endometrium during menstruation.
- Endometrial tissue has a high proliferative rate although malignancies are rare.

The issues related with the growth of endometriosis (Figure 2) includes the family history, menstrual and reproductive cycle, low body mass index (BMI), diet, alcohol uses, smoking, environmental factors, immune system, genetic factors, and intrinsic abnormalities in the endometrium [10]. If the patient has a family history of Endometriosis, they are at higher risk of getting the disease. If the patient had early menarche i.e., their periods start at early age and have a short monthly cycle (less than 27 days), have a heavy menstrual period (that last for more than seven days), these all characteristics leads to higher risk of having endometriosis.

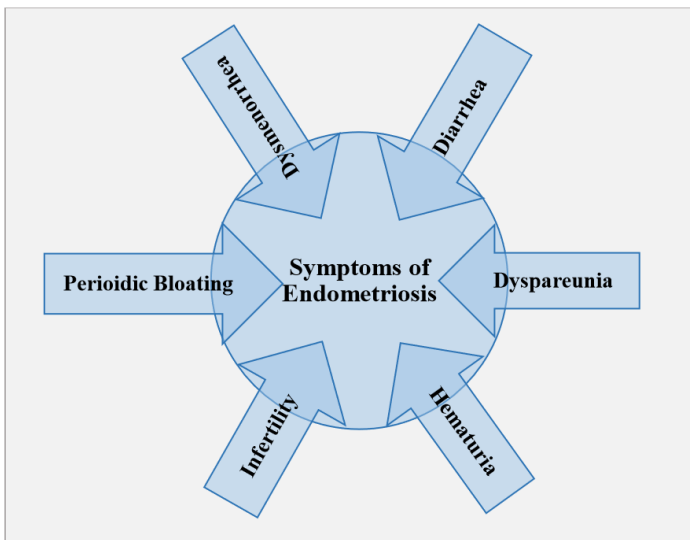


Figure 1: Symptoms of Endometriosis

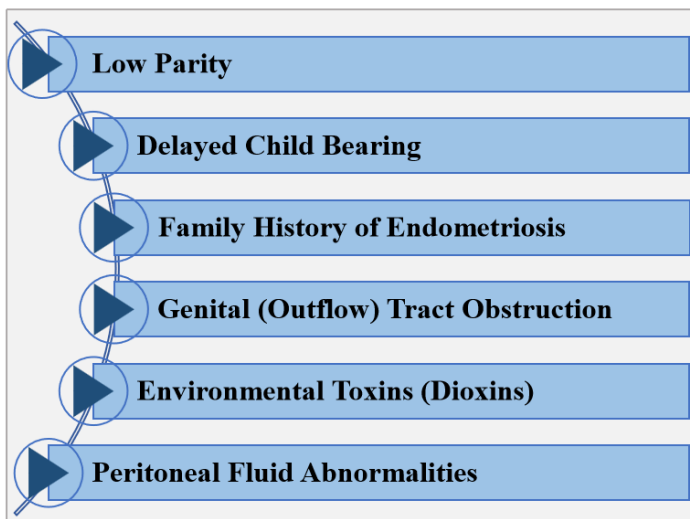


Figure 2: Risks Factors associated with Endometriosis [1]

METHODOLOGY

Literature Review

For carrying out the research on Endometriosis, the research papers related to it was searched manually in the database (i.e., Google Scholar) using the keyword, “endometriosis.” Though the search not only resulted to the articles linked with endometriosis but listed all the studies that was in some way related to infertility (since, the condition consider here for the evaluation also is the cause for infertility in mainly women).

Studies included in Screening and Finally Selected

The total number of articles identified pertaining to endometriosis was 52. After deleting the identical records and completing the screening process, 49 articles were left for checking the eligibility criteria. After going through the full text and evaluating the articles whether they are suitable for considering or not, it was found that only 20 articles were appropriate for the study purpose as only they were following the proper ayurvedic regimen for endometriosis. In the concluding task, seven met our acceptance criteria for the case study review of the disease. The figure 3, displays all the phases executed for carrying out the systematic review on endometriosis.

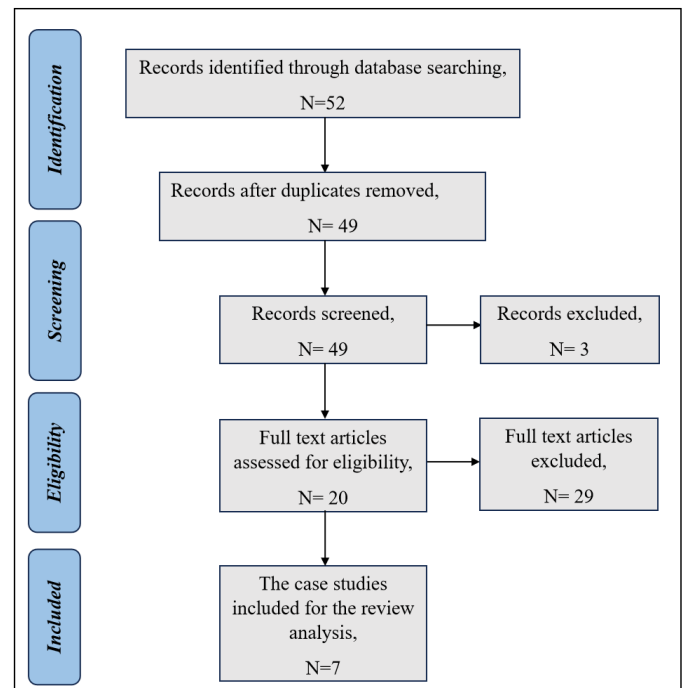


Figure 3: PRISMA flow diagram for the systematic review

DISCUSSION

All the case study considered here have underwent different ayurvedic treatment. The case study done on 44-year women (Muraleedharan, 2018) was given *Deepana*, *Pachana* with *Vaishwanara Churna* for two days, twice daily. The therapeutic plan was to execute *Shodhana Karma* (purification therapies) after correcting her *Agni* (i.e., digestive fire). Then after two days patient was advised to take *Mahanarayana Taila* orally. Then *Mridu Virechana* with *Trivrit Leha* was performed. After purgation therapy, she was subjected to *Yogabasti* (i.e., medicated enema) and *Uttarabasti* (i.e., intrauterine installation of

Table 1: Summary of the Case-studies included in the analysis

Author with Year	Case Study Age/ Days of Treatment	Line of Treatment	Result
MURALEEDHARAN, A. et al. (2018) ^[11]	44-year-old women, undertook treatment for 21 days	<i>Shamana Chikitsa</i> And <i>Shodhana Chikitsa</i>	Her intensity of pain was assessed by using Visual Analogue Scale (VAS) and after the treatment it was found she was having a good relief in chronic pelvic pain.
BHIVGADE, H.S. (2018a) ^[12]	35-year-old women, underwent treatment for 30 days	<i>Shamana Chikitsa</i>	The patient got 90% relief in pelvic low abdominal pain and dysmenorrhea. 60% improvement was seen in dyspareunia and 50% in dysuria.
PAWAR, D. and GHOLAP, S. (2020) ^[13]	36-year-old women, was given treatment for 3-4 months	<i>Shodhana Chikitsa</i> And <i>Shamana Chikitsa</i>	The <i>Ayurvedic</i> treatment provided her good relief by relieving the congested pain in lower abdomen and its pathology.
NARAM, S. et al. (2021) ^[14]	29-year-old women, took treatment for approx. six months	<i>Shodhana Chikitsa</i>	She took Infertox treatment in addition with some herbal remedies, diet, and lifestyle management and became pregnant, which implies the successful result of her treatment course.
ACHUTHAN, D. and NELLIKODE, S. (2022) ^[15]	37-year-old women, with 42 days of treatment.	<i>Shamana Chikitsa</i> And <i>Shodhana Chikitsa</i>	This case study presented that if proper treatment is given according to principles of Ayurveda and with proper drug, dose, duration, <i>Anupana</i> , <i>Pathya</i> , and <i>Apathya</i> there is always a good progress in management of the endometriosis.
NAYAK, S. and JANA, P (2022a) ^[16]	40-year-old women, took 15 days of treatment	<i>Shamana Chikitsa</i> And <i>Shodhana Chikitsa</i>	The relief she got in her symptoms of the disease showed that appropriate selection of procedures, drugs, and strict follow to <i>pathya ahara vihara</i> is the key to success.
ASMABI, M.A. et al. (2024) ^[17]	32-year-old-women, with 5 months of treatment	<i>Shamana Chikitsa</i> And <i>Shodhana Chikitsa</i>	The severity of pain in dysmenorrhoea, dyspareunia, was measured using the Visual Analogue Scale, supported by Periodic sonographic monitoring. The regimen provided her good relief followed by her pregnancy and delivering a healthy baby.

medicated formulation). After cleansing therapy, she was discharged and was advised to take *Shatapushpa Taila* orally twice daily for two months. The ayurvedic preparation used by Bhivgade (2018), was *Chopchinyadi Churna*, *Godanti Bhasma* and *Sukshma Triphala* twice daily with different specifications for thirty days of time. The treatment protocol followed by Pawar and Gholap (2020) was *Vatahara Chikitsa*. *Deepana*, *Pachana* was done using *Hingwashtaka churna*, *Sukumaram Kshayam* and *Ashokarishta* twice daily. The tablet of *Gandharva Haritaki* was advised to take before bed. After this, *Shodhana Chikitsa* was performed i.e., *Yogabasti*, *Anuvasanabasti*, *Niruha Basti* and *Uttarabasti*. Detoxification (i.e., *Virechana*) was done and some oral medication was prescribed by Naram et al. (2021) on their case study using tablets like, *Chandrika Ras*, *Gulkacid*, *Stree Sanjeevani*, *Stree Sathi*, etc. The curative plan carried out by Achutan and Nellikode (2022) was *Deepana*, *Pachana* with *Hinguvachadi churna*. The patient was advised to take *Ghrītapana* orally followed by *Sarvang Abhyanga* and *Nadi Sweda* (which was repeated before every *Panchakarma* therapy). After this *Virechana Karma* was performed and

recommended to take *Samsarjana Karma* for three days. Nayak and Jana (2022) firstly gave the medicinal treatment to the patient orally and in the second visit the treatment given was the *Pichhabasti* in the form of *Yogabasti* for eight days i.e., *Anuvasana* and *Niruha basti* alternatively. *Shodhana* therapy in the form of *Snehapana* followed by *Abhyanga* and *Svedana* with *pinda taila* was provided by Asambi et al. (2024) on their patient. After *Poorva Karma*, *Virechana* was done and *Ksheer Basti* and *Uttarabasti* repeated for two cycles after mensuration.

CONCLUSION

Chronic inflammation occurs as a symptom of endometriosis that could lead to the formation of scar tissues (adhesions, fibrosis) in the pelvis and other body parts ^[5]. This review study considers the case study of women suffering from endometriosis of different age group. The line of therapy recommended to all the case study included for the review purpose comprised of the *Shodhana Chikitsa* and *Shamana Chikitsa*. Though the medication involved varied types of ayurvedic preparations

along with the *Basti* but it was seen that this herbal approach provided a good relief in not only suppressing the chronic pain which they were suffering from but also aided the patient in curing endometriosis. Indeed, few of them were able to conceive easily after the ayurvedic medication later giving birth to a healthy baby. Thus, this systematic study implies that Ayurvedic approach can act as a medical assistance in the management of endometriosis.

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Conflict of interest

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