



Endometriosis in Ayurvedic Perspective

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Abstract

Aim: To make an equivalent correlation of endometriosis with gynecological disorders from an ayurvedic perspective.

Objective: Women are the original source of progeny. Any pathology in the female reproductive system definitely affects this progeny. Endometriosis is a disease in which abnormal growth of a tissue, histologically resembling the endometrium, is present in the location other than the uterine lining. The exact cause of endometriosis is unknown to modern medicine. Infertility is one of the clinical features of endometriosis along with pelvic pain, menorrhagia, dysmenorrhea, retroversion of uterus etc.

The subject endometriosis mentioned in modern science is not directly available in Ayurvedic texts; however Ayurveda has its own principles of classifying and diagnosing diseases. In Charak Sutras 18/44 it is said that even if a physician is unable to name a particular disease, a full knowledge of therapeutic properties of doshas, site of its manifestation, etiological factors, and due regard given to scriptural instructions would never fail his attempt to cure a disease.

Coordination of four factors; rutu (season and/or regular menstruation), kshetra (uterus), ambu (nutritious fluids) and beej (sperm and ovum) for conception are necessary. In Charak Chikitsasthana 30/5 it is indicated that healthy yoni (vagina) is needed for receiving the sperm and for conception to occur. Here the word yonivyapat may be understood as the functional and structural abnormalities of female reproductive organs.

For this purpose, diseases having comparable features with endometriosis in accordance with Ayurveda will be discussed.

Keywords: Endometriosis; Menorrhagia; Gynecological disorders; Menstruation; Dysmenorrhea

Introduction

What is endometriosis?

Endometriosis is the deposition of endometrial tissue at abnormal sites in the body (usually in the pelvic area) instead of its normal position, as the lining of the womb.

As a result hormonally active tissue, which continues to bleed on a monthly basis, may end up depositing around the pelvis, fallopian tubes, ovaries, rectum and intestinal area. Consequently, every month this abnormally situated menstrual tissue builds up, bleeds and sheds blood and cells. Problems arise because the tissue may be in the pelvis or abdomen rather than in uterus.

With endometriosis there is no route for escape and so old blood and cells that deposit in the pelvis may cause congestion and pelvic, intestinal and rectal pain, painful periods, fertility problems etc.

Symptoms commonly found are pelvic pain, sacral backache, menorrhagia, dysmenorrhea, dyspareunia, bloody urine or stools, infertility, acute abdominal symptoms, and pain upon defecation, urination or intercourse.

The signs are masses on palpation, retroversion of the uterus, tenderness and visible bluish nodules.

The classics have described 20 types of yonivyapat; below are mentioned some related to the present paper.

Vatala yonivyapat: Charaka says that a woman of vataprakriti, when consuming improper diet and indulges in other activities capable of aggravating vayu; thus provoked vayu reaches the reproductive system and produces pricking and other pains, stiffness, sensation as if creeping of ants, roughness and numbness, local symptoms and fatigue or lethargy etc. Due to vata, menstruation appears with irregularity and

is painful, frothy, thin, and dry (absence of mucous). Chakrapani has explained that this type of bleeding from the vagina may occur even during the intermenstrual cycle.

Sushruta has described roughness, stiffness, pricking pain, etc.; local symptoms only.

Both Vagbhata have included local symptoms of feeling stretching, vaginal flatus displacement and scanty, blackish pinkish menstruation. This disorder produces severe pain in the groin region and flanks, and disorders of gulma (abnormal growths/tumors) etc.; vatika disorders.

Madhavnidana, Bhavaprakash and Yogratnakar have followed Sushruta. In this condition pain is more in comparison with other gynecological disorders of vatadosha.

All the classics have described stiffness roughness, hyperesthesia etc. as the symptoms seen in estrogen deficiency; and pain etc. as the clinical features of vaginal neuralgia. Vagbhata has included displacement and vaginal flatus in symptoms, often seen with lax perineum especially associated with estrogen deficiency.

Considering the description of all the classics together, vatiki yonivyapat may be considered similar to endometriosis associated with laxity of perineum [1].

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Paripluta yonivyapat: Charaka says, woman with pitta constitution that suppress the natural urge of sneezing or eructation while engaged in coitus, aggravate vatadosha along with pitta, and thus reaches yoni (uterus) vitiating it. In this condition yoni becomes swollen along with tenderness and pain. The menstrual discharge will be in the color of blue and yellow. Other symptoms are lower backache and fever.

Sushruta says there will be dyspareunia. Dyspareunia is the symptom of an inflammatory state of the female reproductive system. Vagbhata having views identical to Charaka adds atisara (diarrhea) and arochaka (anorexia) [2].

Udavarta yonivyapat: Charaka says if a woman suppresses natural urges, vayu takes the upward course in the genital tract leading to difficult and painful discharge upon menstruation. Only after completion of the menstrual flow, relief is felt.

This is a condition where the female presents with dysmenorrhoeal [3].

Antarmukhi yonivyapat: A woman, after having a stomach full of food i.e. just having consumed food, engages in coitus or sleeps in an abnormal posture, then vayu situates in the yoni srotas i.e. reproductive organs get pressed by food, produces different types of pain in bones and muscle and also distorts the opening of the yoni. There is severe pain in the yoni and dyspareunia. This is known as antarmukhi.

The clinical features described in the above condition are distorted condition of orifice of yoni, which refers to cervix uteri and includes ante-version, ante-flexion, retroversion, retro-flexion; dyspareunia and lower backache etc [4].

Putraghni yonivyapat: A woman whose shonita (ovum or egg) is vitiated together with vayu, result in recurrent miscarriages. This condition is called putraghni.

Sushruta and Vagbhata also provide same explanations.

Raktayoni: Due to the excessive intake of food, this vitiates and increases raktadathu (blood), which in turn flows excessively through the yonimarga. This persists even after conception.

Raktayoni may be correlated with menorrhagia, metrorrhagia and polymenorrhoea.

Vataja pradara: Due to the excessive intake of dry food and vata vitiating factors along with rakta vitiation, vata becomes aggravated. Vitiation reaches the menses carrying vessels in the uterus and increases the quantity and flow of menstrual blood. The description of menstrual blood is described as phenil (frothy), tanu (thin), ruksha (dry), styana (heavy flow), aruna (rustic red), or color of decoction of kimshuka flower. Excessive flow is accompanied with or without pain. There will be severe pain in lumber region, chest or epigastrium, groin, pelvis and abdomen etc.

Vataja artava dushti: In this case artava (menstrual blood/channel) has typical color and pain associated with that of vatadosha i.e. aruna (deep rustic red), krsna (dark) bheda (breaking through) etc.

Vataja granthi: In endometriosis the chocolate colored cysts can be considered as vatajagranthi as they are black in appearance, small in size and many in number. If this endometrial tissue is deposited in the limbs, the inflamed endometrial tissue, in response to the clinical changes of hormones, correlates to vatajagranthi.

All yonivyapat diseases can result in infertility but some conditions are specifically responsible, these are as follows:

Charakoktayonivyapat: Arajaskayoni (amenorrhoea); Udavartayoni (dysmenorrhoea); Putraghni (bad obstetric history); Sucimukhi (atrophy of uterus- congenital anomaly); Vamini (small uterus; expelling sperm and ovum along with menstrual waste); Shandi (sterility); Mahayoni (prolapse of vaginal walls or uterus).

Sushrutoktayonivyapat: Udavartini (dysmenorrhoea); Putraghni; Vamini; Shandhi; Vivrta (wide or abnormal vaginal tract); Sannipataja (predisposing factors of infertility i.e. unable to receive or hold semen); Vandhya (inherent infertility); Paripluta (sexually transmitted diseases with severe pain during intercourse); Aticharana (excessive sexual indulgence)

Pradara (abnormal bleeding) can also result in infertility.

Conclusion

Modern medicine says that the diagnosis of endometriosis can only be made by laparoscopy or laparotomy, i.e. by direct observation.

Ayurvedic methods of diagnosis are not based on histological examinations rather on the clinical presentations. From the above descriptions we can deduce that endometriosis is not a single entity from an Ayurvedic point of view. It can be compared with the following:

1. If a patient presents signs of pelvic pain or lower sacral backache it can be vatikayonivyapat
2. If a patient presents with features of menorrhoea, it can be rakta yoni, asrgdhara (dysfunctional uterine bleeding) or vatajapradara.
3. If a patient presents with the features of dysmenorrhoea, it can be compared with vatikiyonivyapat or udavartayonivyapat.
4. If a patient presents with features of sexually transmitted diseases or dyspareunia then it can be compared with paripluta yonivyapat.
5. If a patient presents with features of bloody urine or stools and bleeding with defecation, urination or intercourse then it can be compared with raktapitta; a complication of yonivyapat.
6. If a patient presents with the features of infertility it can be a complication of vandhya yonivyapat, according to the Siddhant of conception only in healthy yoni.
7. If a patient presents with the features of acute abdominal symptoms, nodular masses upon palpation, tenderness, visible bluish nodules, it can be compared with vatajagranthi.
8. If a patient presents with the features of adhesions and retroversion of uterus then it can be compared with antarmukhi yonivyapat.

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