'website : www.ijacare.in e-ISSN No.: 2457-0443
INTERNATIONAL JOURNAL OF AYUSH CASE REPORTS (IJA-CARE)

Successful Ayurveda Management of Vatala Yoni Vyapad w.s.r. Endometriosis: A Single Case Study

P.D.P. Deepanie Jayasumana,[1*] H.L.M.G. Sajeewani [2]

[1] MD (Prasutitantra Streeroga) Scholar, Postgraduate Institute of Indigenous Medicine, University of Colombo, Sri Lanka.
[2] Consultant and Head of the Unit of Streeroga and Prasutitantra, Bandaranaike Memorials Ayurveda Research Institute, Navinna, Sri Lanka.

ABSTRACT:
Endometriosis, a painful benign gynecological condition characterized by the ectopic growth of endometrial tissue, is often associated with dysmenorrhea, chronic pelvic pain, dysperunia, fatigue, and infertility. The prevalence of Endometriosis in women of reproductive age is 6-10%.In Ayurveda, this condition closely aligns with *Vatala Yoni Vyapad*, where an aggravated *Vata dosha* disrupts the normal functioning of the reproductive system. This case report presents a 34-year-old married nalliparous woman diagnosed with Grade IV endometriosis, confirmed by laparotomy. She presented with severe pelvic pain, irregular menstruation, and chronic fatigue. The aim and objectives of this single case study was evaluate the effect and efficacy of Ama pachana,Agni Deepana Chikitsa,Shodhana Chikitsa , including *Virechana* and *Basti* (*Matra* and *Yoga Basti*) and Shamana chikitsa in the management of Endometriosis. An Ayurveda treatment protocol was initiated, focusing on pacifying *Vata* promoting *Agni Deepana* (digestive fire stimulation), and eliminating *Ama* (toxins). Additionally, *Udara Pattu* (abdominal poultice) was applied to relieve local discomfort. End of the treatment the patient showed marked improvement with reduced pain, normalized cycles, and enhanced overall well-being. This case highlights the potential of individualized Ayurveda management in alleviating endometriosis symptoms and improving reproductive health.

KEY WORDS: *Ama Pachana, Agni Deepana, Vatala Yoni Vyapad,* Endometriosis, *Panchakarma.*

Received: 23.06.2025 Revised: 15.08.2025 Accepted: 02.09.2025 Published: 16.09.2025

QR Code
DOI 10.70805/ija-care.v9i3.746

***Corresponding Author:**
Dr. P.D.P. Deepanie Jayasumana
MD (Prasutitantra Streeroga) Scholar,
Postgraduate Institute of Indigenous Medicine (PGIIM),
University of Colombo, Sri Lanka
Email: prabhadeepanie@gmail.com

INTRODUCTION:

Endometriosis is a chronic gynecological disorder affecting approximately 10% of women of reproductive age.[1] It is characterized by the presence of endometrial-like tissue outside the uterine cavity, leading to symptoms such as chronic pelvic pain, dysmenorrhea, and infertility conditions that significantly impair the quality of life.[2] Conventional management primarily involves hormonal therapies and surgical interventions, which often offer only temporary relief and may be associated with adverse effects or reocurrence.[3]

In Ayurveda medicine, disorders of the female reproductive system are broadly categorized under *Yoni Vyapad*. Endometriosis corresponds closely to *Vatala Yoni Vyapad,* a condition attributed to the vitiation of *Vata dosha*.[4] Ayurveda adopts a holistic and individualized approach to treatment, addressing the root cause of disease through herbal formulations, dietary regulation, lifestyle modifications, and specialized *Panchakarma* therapies.[5]

This case study illustrates the effective Ayurveda management of a patient presenting with *Vatala Yoni Vyapad*, clinically diagnosed as Grade IV Endometriosis. The therapeutic strategy integrated internal medications for *Ama pachana,* and *Agni deepana* along with external therapies such as *Virechana* and *Basti*, tailored to pacify *Vata* and restore reproductive balance.[6]

The outcome demonstrated significant improvement in pain, menstrual regularity, and overall quality of life. With increasing global interest in complementary and alternative medicine for chronic conditions, this case underscores the potential of Ayurveda as a viable and integrative approach to managing endometriosis.[7] It also highlights the pressing need for more clinical research to validate Ayurveda interventions in the field of female reproductive health.

CASE HISTORY:

A 34-year-old married nalliparous female presented with a longstanding history of chronic pelvic pain, severe dysmenorrhea, and irregular menstrual cycles, persisting for over 11 years. Approximately ten and a half years ago, she was admitted to a hospital due to acute pelvic pain and was subsequently diagnosed with a ruptured chocolate cyst and Grade IV endometriosis via laparoscopy.

Following the diagnosis, she underwent multiple courses of hormonal therapy, including combined oral contraceptives and GnRH analogs. However, these treatments provided only limited and temporary relief. Four years ago, she got married and has since experienced dysperunia and primary infertility. Her current complaints included cyclical pelvic pain starting two days prior to menstruation, continuing throughout the period, and persisting for 2–3 days afterward. Associated symptoms included constipation, chronic fatigue, mood disturbances, and occasional lower back pain.

Recent pelvic ultrasonography revealed bilateral ovarian cystic lesions, approximately 4x4 cm in size, suggestive of endometriomas. Laboratory investigations showed elevated serum CA-125 levels, an inflammatory marker commonly associated with advanced endometriosis.

Due to the chronicity of symptoms and limited relief from conventional treatment, the patient sought Ayurveda care and was admitted for inpatient treatment at the Bandaranaike Memorial Ayurveda Research Institute (BMARI), Maharagama, ri Lanka.

A holistic treatment protocol was initiated, aiming to pacify *Vata dosha*, eliminate *Ama,* and rejuvenate the reproductive system through customized Ayurveda medicines and *Panchakarma* therapies.

General Examination:

On general examination, the patient measured 154 cm in height and weighed 54 kg, with a calculated Body Mass Index (BMI) of 22.76 kg/m², indicating a healthy weight range. Her vital signs were stable, with a blood pressure of 110/70 mmHg, pulse rate of 70 beats per minute, and respiratory rate of 16 breaths per minute. She reported constipation and a urinary frequency of four to five times during the day and once at night. The tongue was coated, indicating the presence of *Ama*. Her digestive strength (*Agni*) was assessed as *Samagni* (balanced), and she reported having sound sleep (*Nidra*). Her constitution (*Prakriti*) was evaluated as *Vata-Kapha* predominant(Table 1). Prakriti assessment was carried out using the validated and standardised Prakriti Assessment Scale developed by the Central Council for Research in Ayurvedic Sciences (CCRAS)).) On local abdominal examination, non-tender palpable masses were noted in the lower abdomen. The patient had undergone exploratory laparotomy on 2nd September 2011, which revealed a ruptured chocolate cyst and a diagnosis of moderate to severe endometriosis. Later, on 6th November 2019, a laparoscopic dye test was performed, which showed bilateral tubal adhesions to the lateral pelvic wall, endometriotic involvement of both ovaries, adhesion of the greater omentum to the anterior abdominal wall around the umbilicus, and obliteration of the pouch of Douglas (POD) with bowel adhesions. A repeat laparoscopic evaluation in 2022 revealed a simple ovarian cyst measuring 3×3 cm and adherence of the left ovary to the peritoneum. Histopathological analysis confirmed the presence of an endometriotic cyst along with an organizing hemorrhagic corpus luteal cyst. A transvaginal ultrasound scan conducted on 12th July 2023 reported bilateral large cysts (4×4 cm) and "kissing ovaries," a sign commonly associated with extensive pelvic adhesions. Other routine investigations were within normal limits, and her husband's seminal fluid analysis (SFA) showed normal findings.

Treatment Plan for Endometriosis (Vatala Yoni Vyapad)

Nidana Parivarjanaya.

1. *Ama Pachana and Agni Deepana*
2. *Shodhana*
3. *Shamana Chikitsa*
   Chandraprabha Vati, Kanchanara Guggulu – for *Lekhana* (scraping) and *Granthi hara* (cyst resolution).
   Avipattikara Churna, Triphala Churna – for bowel regulation and detox.
   Chandrakalka – for *Rakta shodhana* and hormonal balance.
   These medicines work synergistically to reduce pelvic congestion, inflammation, and recurrence of symptoms.
4. *Tarpana Chikitsa* (Rejuvenate and restorative therapies)
   Once the disease is brought under control, *Tarpana* or *Rasayana* therapy is initiated to nourish and revitalize the reproductive system. This phase focuses on improving *Shukra dhatu* quality, strengthening *Artava vaha srotas*, and enhancing fertility potential.[8] Medications such as *Ashwagandha, Shatavari, Jeevaniya Gana dravyas,* and medicated ghee preparations (e.g., *Phala Ghrita*) are introduced. (Table 2) Dietary support includes nourishing, warm, and unctuous foods to rebuild tissue strength and hormonal equilibrium.

Treatment protocol:

The detail is mentioned in table-2.

Table- 1: Vital observations

Parameter	**Observation**
Height	154 cm
Weight	54 kg
BMI	22.76 kg/m²
Blood Pressure (BP)	110/70 mmHg
Pulse	70/min
Respiratory Rate (RR)	16/min
Mala (Bowel)	Constipated
Mutra (Urine)	Day/Night = 4–5 / 1
Jivha (Tongue)	*Ama* positive
Agni (Digestive Fire)	*Mandagni*
Nidra (Sleep)	Sound
Prakriti	*Vata-Kapha*

Table-2: Treatment Plan:

Weeks	**Oral medicines**	**External treatments**
First 3 weeks (in O.P.D. Lvel)	*Chirabilwadi kwatha* -30ml b.d before meal *Panchamooli lagu draksha kwata*-30 ml before meal *Chandraprabha vati* -2 b.d after meal *Avipattikara choornaya* 5g b.d before meal *Thriphala choornaya* -5g b.d after meal.	

Second 2 weeks	*(*After *Ama pachana* and *Agni deepana* completed .) *Chirabiwadi Kashaya-240 ml* b.d. *Chandra kalkaya* 2.5g b.d after meal *Chandraprabha vati* -2 b.d after meal *Kanchanara guggulu* -2 b.d after meal *Manibadra choornaya*-5g nocte after meal	***Virechana Karma.*** (A) Purva karma- ***Sneha pana***- (5 days) D1 D2 D3 D4 D5 *Thriphala Gtitha*(ml) 20 50 80 110 140 Thila *Thaila*(ml) 10 10 10 10 10 (After *samyak snigdha lakshana*) ***Sarvanga sweda* (3 days)** *Abyanga-Sarshapadi* oil 60 ml for whole body. *Sweda-Dashamoola kashaya vashpa.* (B)*Pradhana karma-* *Aralu+Bulu kashaya*-240 ml with *Suranvidura vireka panguwa guli* -2 (on *vireka* day not used any medicines) After *Samyak Vireka, samsarjana karma* started for 7 days under special diet chart.
Third 3 weeks	After *samsarjana karma,*patient kept one day for resting *Lashuna Eranda kashaya*-240 ml b.d *Chandra kalkaya* 2.5 g b.d after meal. *Chandra prabha vati* -2 b.d after meal *Kanchanara guggulu* -2 b.d after meal *Avipaththikara choornaya* 5g b.d before meal *Manibadra choornaya* 5g nocte after meal	*Mathra basti* for 7 days *Kubjaprasarani thailaya*- 60 ml *Yoga basti* for 8 days. ***Anuvasana*-(A)** K*ubjaprasaranithailaya* -60 ml ***Niruha*-(N)** *Eranda moola kashaya*-240 ml Bee honey-48 ml *Thila thaila*-48 ml *Sahinda* sait-5 g *Dashamoola choorna*-20 g Day - D1 D2 D3 D4 D5 D6 D7 D8 Basti - A A N A N A N A *Udara Pattu* for *basti* days *Dashanga lepa choornaya* warm water + *Sarshapadi thailaya*

RESULT AND DISCUSSION:

Prior to the initiation of Ayurveda treatment, the patient presented with severe and distressing symptoms including chronic pelvic pain, irregular and prolonged menstrual cycles lasting 7–10 days, and dysperunia with primary infertility. The intensity of dysmenorrhea was such that it significantly interfered with her daily functioning and quality of life.[9] Diagnostic evaluations, including ultrasonography and previous laparoscopic findings, confirmed the presence of bilateral endometriotic cysts and extensive pelvic adhesions, consistent with Grade IV endometriosis.[10]

In the **first month**, Ayurveda interventions focused on *Ama pachana*, *Agni deepana*, and initial *Vata pacification*. The patient reported early symptomatic relief, particularly in terms of reduced pelvic pain from 8 to 3 at VAS scale intensity. There was also a notable shift in menstrual regularity, with cycles beginning to shorten to 35–40 days.

By the **third month**, the patient experienced further improvement. Dysmenorrhea had significantly reduced fro at VAS scale m 3 to 1 in severity, with no debilitating pain reported during menstruation. Menstrual bleeding normalized to a 5–6-day duration with moderate flow. Additionally, there was a marked improvement in energy levels, reduced fatigue, and emotional well-being, indicating enhanced systemic balance and vitality.

At the end of the **sixth month**, the patient had achieved approximately a 70% reduction in menstrual pain and a 50% improvement in the regularity of her menstrual cycles. Follow-up ultrasonography revealed a decrease in the size of the endometrial cysts. Clinical markers suggestive of reproductive health and fertility had also improved, further strengthening the therapeutic success.

After six months of comprehensive Ayurveda management—including internal herbal formulations, Panchakarma procedures such as *Virechana* and *Basti*, and supportive *Rasayana* therapy—the patient demonstrated significant clinical improvement.[11] Menstrual cycles had regularized to a 30–35-day interval with minimal pain, and the quality of life was markedly enhanced. The reduction in cyst size (approximately 30–40%) observed on imaging corroborated the symptomatic relief and supported the efficacy of the intervention. The patient expressed a renewed sense of hope regarding fertility and continued follow-up is underway to monitor reproductive outcomes.

This case highlights the potential of integrative, individualized Ayurveda therapy in managing advanced-stage endometriosis, with notable improvements in symptom control, menstrual regularity, and reproductive health.

Endometriosis is typically managed with medications like NSAIDs for pain relief, hormonal therapies (e.g., contraceptives, GnRH agonists), or surgical interventions. However, these treatments often have side effects and do not address the root cause of the disease. In contrast, Ayurveda management focuses on the holistic balance of the body, specifically targeting *doshic* imbalances.

In this case, the ***Vata*-pacifying approach** worked effectively by addressing the root cause of the condition, rather than just alleviating symptoms. The herbs chosen were specifically selected for their uterine tonic, anti-inflammatory, and pain-relieving properties, which correlate with modern pharmacological findings.

Challenges and Limitations:

- The study is limited by its single-patient design and short duration.
- The long-term effects of Ayurveda management in endometriosis need further exploration through controlled clinical trials.

CONCLUSION:

This case study highlights the therapeutic potential of Ayurvedic management in the treatment of endometriosis, particularly within the framework of *Vatala Yoni Vyapad*. The integrative application of *Vata*-pacifying herbal formulations, personalized dietary interventions, and classical detoxification procedures such as *Virechana* and *Basti* contributed to significant clinical improvement.[12] The patient experienced notable reductions in pelvic pain, normalization of menstrual cycles, and an overall enhancement in quality of life-demonstrating the efficacy of a holistic, individualized Ayurvedic approach.

Limitation of study:

Despite the promising outcome, the present study is limited by its single-case design and relatively short treatment duration.[13] Nonetheless, it provides important preliminary evidence supporting the role of Ayurveda in the management of chronic gynecological conditions like endometriosis. To substantiate these findings, larger-scale, multi-center clinical studies are warranted. Such investigations could help establish Ayurveda treatment protocols as effective complementary or integrative options in the broader management of endometriosis.

Informed written consent of patients:

The patient was fully informed about the treatment, and written informed consent was voluntarily obtained prior to the initiation of the study.

Acknowledgements:

I express my sincere gratitude to Consultant Dr, A. S. Ajmeer and the staff of ward No. 04 Bandaranaike Memorial Ayurveda Research Institute Hospital, Navinna,Maharagama, Sri Lanka.

Conflict of interest: The author declares that there is no conflict of interest.

Guarantor*:* The corresponding author is the guarantor of this article and its contents.

Source of support: None

How to cite this article:

P.D.P.Deepanie Jayasumana**,** H.L.M.G. Sajeewani. Successful Ayurveda Management of Vatala Yoni Vyapad w.s.r. Endometriosis: A Single Case Study. Int. J. AYUSH CaRe. 2025;9(3): 439-446. DOI 10.70805/ija-care.v9i3.746.

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