



Review Article

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AYURVEDIC PERSPECTIVE AND MANAGEMENT OF SCAR ENDOMETRIOSIS: A REVIEW

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ABSTRACT

Endometriosis is a common benign disorder associated with chronic pelvic pain, infertility, and other symptoms which affect women of reproductive age. Nowadays, the increase in cases of caesarean section increases the cases of abdominal wall scar endometriosis. The curative treatment in modern medical science excises the mass, showing a high recurrence rate. Ayurveda gives knowledge of various gynaecological disorders and various approaches to treating them. Causative factors and symptoms of scar endometriosis give identical signs and symptoms of vataja vrana and various types of yonivyapad. This review aims to understand scar endometriosis from an Ayurveda perspective better, decrease the reoccurrence rate and surgical intervention, and improve the quality of life.

Keywords: Scar endometriosis, Vrana, Yonivyapad.

INTRODUCTION

Endometriosis is a chronic gynaecological condition defined as the 'Presence of functioning endometrium (gland and stroma) in sites other than uterine mucosa'.¹ Endometriosis occurs most often in the pelvic region, on the surface lining of the pelvic cavity, peritoneum, ovaries, posterior cul-de-sac, and uterosacral ligaments. Rarely implants of endometriosis can occur outside the pelvis, and these forms are termed extra pelvic endometriosis.²

Scar endometriosis is a relatively uncommon condition that usually develops in the skin, subcutaneous, and abdominal and pelvic wall musculature at the site of surgical scar that occurs after various obstetrical or gynaecological surgeries and particularly after caesarean section.³ Because estrogen dependency occurs exclusively in the women of reproductive age group. Peak diagnosis incidents occur at 25-29 years of age and are lowest among women over 44.⁴

The origin and pathogenesis of endometriosis are yet to be known, although it has been sustained by several theories long back. Theories about the underlying pathophysiology of endometriosis can be divided into two general areas- mechanisms whereby endometrial cells are transported to or develop at ectopic sites and characteristics of the immune system or endometrial cells that allow these cells to attach and invade tissue.⁴ The most accepted theory about abdominal wall endometriosis is mechanical iatrogenic implantation.

The eutopic endometrium and ectopic endometrium of women with endometriosis differ from normal endometrium in at least three distinct and important ways exhibiting:

(1) High local estrogen production, (2) High local prostaglandin production, and (3) Resistance to the actions of progesterone.⁵

Excessive estrogen Production: Estrogen plays a significant causative role in endometriosis. It causes the proliferation of endometrial stroma and the development of endometrial glands.⁵

Progesterone resistance: Excessive production of estrogen creates an estrogenic environment.

This environment causes the natural resistance of progesterone. Progesterone antagonizes the Estrogen effects in normal endometrium during the luteal phase. Progesterone-resistant state prevents this antagonism in its implants.

Prostaglandin production - Prostaglandins are locally produced hormones involved in inflammation and pain. PGE2 and prostaglandin F2 α (PGF2 α) are overproduced in the uterine and endometriotic tissues of women with endometriosis. PGF2 α stimulates both vasoconstriction and myometrial contractions, resulting in pain and dysmenorrhea.⁵

SYMPTOMS

The patient complains of painful nodular swelling adjacent to the scar, which increases and often bleeds during periods. The size is variable, nodular, tender, and with restricted mobility.⁶

RISK FACTORS

- Age
- Increased menstrual flow
- Alcohol consumption

- Lower BMI
- Genetic factors
- Early Hysterotomy in pregnancy, especially before the 22nd week of gestation.^{2,4}

DIAGNOSIS

Physical examination: Scar endometriosis is usually developed in superficial layers of the connective tissue, and nodules are usually found by palpation.²

Clinical: Abdominal wall Sonography, Computed tomography (CT), MR imaging, Fine-needle aspiration, TVS is typically guided by whether CPP symptoms coexist.⁷

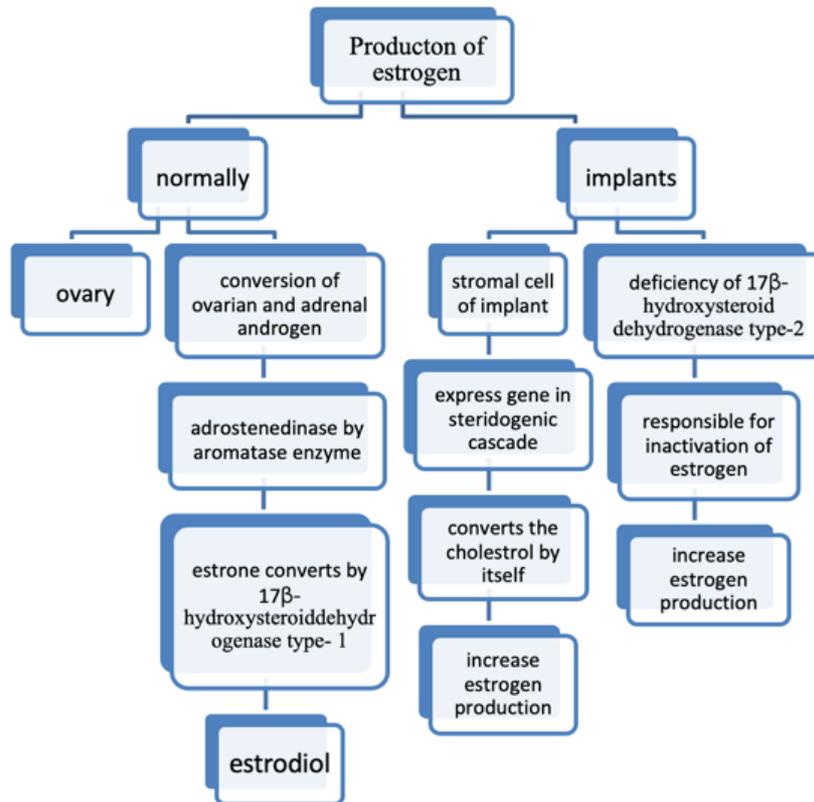


Figure 1: Role of Estrogen in Endometriosis

MANAGEMENT

Medical Management: NSAIDs, combined oral contraceptives, progestin-only pills, and GnRH antagonists are used for medical management.

Unfortunately, reoccurrence risk and pain after local excision or ablation of endometriosis are common with medical treatment.⁵

Surgical Management: The treatment of choice is wide excision. Surgical treatment is overly recommended.²

AYURVEDA PERSPECTIVE

Trisutras are the basic concept of Ayurveda to study and understand the disease. These trisutras are hetu, linga, and ausadha.⁸

In Ayurveda, endometriosis is not mentioned by name. Charaka Samhita mentioned that it is impossible to name all the diseases. Treatment should be done according to kupit dosha, lakshan, vikar, prakriti, adhishtan, or by nidana panchak.

Scar endometriosis cannot be correlated with a single disease in Ayurveda. Based on trisutras,

Hetu of scar endometriosis, agantuj vrana is similar by prahar. With time, agantuj vrana can be treated as nij vrana.

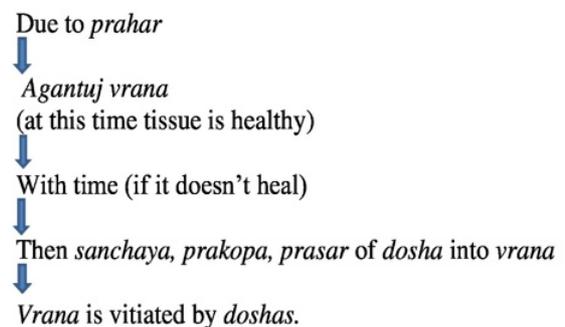


Figure 2: Samprapti

Table 1: Similarity between linga of Scar Endometriosis and Vataja Vrana

Scar endometriosis	Vataja vrana
Scar colour – Dark	Vrana
Cyclic bleeding	Raktsarava
Stiffness	Tanav
Pain	Toda, bheda, vedna bahul
After a cyclic bleeding decrease in nodule size.	Nirmasa (According to Acharya Sushruta)

The nature of pain in scar endometriosis is cyclical and related to menstruation. The pain is sharp and described as stinging / burning / knife-like⁹. The pain typically increases during menstruation. The rajasrav kala is dominated by vata dosha. Hence at this stage, pacifying vata causes severe pain.

The various types of menstrual disorders in Ayurveda have similar types of pain as scar endometriosis. These are:

Vataj Yonivyapad – Toda (Pricking pain), Stambhana (stiffness), Pipplikasripta (tingling sensation), Karkashta (roughness), Suptata (numbness).¹⁰

Pitaj Yonivyapad – Daha (burning sensation)¹¹

Paripluta Yonivyapad – Ruja (pain) in Shroni (lumbosacral region), Vankshana (groin region), Prishtha (backache).¹²

Udavartini Yonivyapad – ‘Artave sa vimukte tu tat kshanam labhte sukham’ (feels relief immediately following discharge of menstrual blood).¹³

Vipluta Yonivyapad – Nitya Vedana (continuous pain).¹⁴

COMPLICATIONS

If it is not diagnosed and treated at the time, then it causes:

- Infertility
- Gulma
- Arsa (piles)
- Pradara
- Other Vata disorders.¹⁵

AYURVEDA MANAGEMENT

The primary aetiology of pain and yoni roga is vata. Hence the treatment should be focused on pacifying vata. The samanya vatahara chikitsa is snehana, swedana, basti, mridu virechana. Drugs with the property to pacify vata are used in these procedures, e.g., dashmoola, atibala, devdaaru, etc.

Since the condition is characterized by the association of pain with the menstrual cycle, we can understand that the yonivyapad chikitsa will be helpful.

According to Ayurveda, shodhana or bio-purification therapies are administered to eliminate the increased doshas, followed by shamana to pacify the aggravated doshas. As such, in yoni vyapad, shodhana procedures like snehana, swedana, vama, virechana and different kinds of basti. Only after adequately eliminating doshas through an upper and lower passage other shamana aushadies should be advised. Different types of medication can be given according to the predominance of dosha. For example, snehana- Maha Narayana tailam and Dhanwantara tailam (Sahasra yoga) can be used. For swedanam, nadi sweda or bashpa sweda etc can be done. For basti- Dashmoola eranda basti or other vata pacifying basti can be advice.

Sthanika chikitsa has been enumerated as an essential part of yonivyapad chikitsa. After undergoing shodhana chikitsa, the woman with yonivyapad should be subjected to local treatment, which includes basti, abhyanga, parisheka, pralepa and pichudharan.¹⁶

To decrease the reoccurrence rate, lekhana karma can be used as advised by Sushruta Samhita in shashti upkarma. After shodhana, shamana and sthanik chikitsa, the vrana shows the lakshana of shuddha vrana, and then vrana ropana chikitsa should be done. For vrana ropana, jatyadi gritha, durva taila etc., can be used as mentioned in Ashtanga Hridaya Uttara Sthana and Charaka Samhita Chikitsa Sthana.

CONCLUSION

Scar endometriosis is a complicated condition which has no direct reference in Ayurveda. It is a benign disease, but symptoms like chronic pelvic pain and reoccurrence increase the urgency to receive proper treatment. Hence treatment protocols to eliminate the doshas, like snehana, swedana, basti etc., should be judiciously administered, followed by shamana chikitsa with vatahara drugs and lekhana karma. The wise administration of Ayurveda treatment decreases the rate of reoccurrence and pain. Further research can be done in this field also.

REFERENCES

1. Hiralal Konar. DC Dutta's Textbook of Gynaecology including contraception 6th edition- Jaypee brothers' medical publishers (p) ltd P 304.
2. Uçar, M.G., Şanlıkan, F. & Göçmen, A. Surgical Treatment of Scar Endometriosis Following Cesarean Section, a Series of 12 Cases. Indian J Surg 77, 682–686 (2015). <https://doi.org/10.1007/s12262-013-0978-1>
3. Banu Karapolat, Hatice Kucuk, A Rare Cause of Abdominal Pain: Scar Endometriosis, Emergency Medicine International, 2019, Article ID 2584652, 5 pages, 2019. <https://doi.org/10.1155/2019/2584652>
4. Eric J. Bieber, Joseph S. Sanfilippo, Ira R. Horowitz, Mahmood I. Sha, Clinical Gynaecology 2nd Edition Cambridge University Press 2015 P 204.
5. Hugh S. Taylor, Lubna Pal, Emre Seli. Speroff's clinical gynaecologic endocrinology and infertility 9th edition, Lippincott Williams & Wilkins, a Wolters Kluwer business, chapter 32, Endometriosis.
6. Hiralal Konar. DC Dutta's Textbook of Gynaecology including contraception 6th edition- Jaypee brothers' medical publishers (p) ltd P 314.
7. Hoffman, Schorge, Bradshaw, Halvorson, Schaffer, Corton Williams Gynaecology 3rd P 235.
8. PK Usha Kumari, GN agabhusanam. Endometriosis, Arya Vaidya sala, Kottakkala; Jan 2005. p 7
9. Eric J. Bieber, Joseph S. Sanfilippo, Ira R. Horowitz, Mahmood I. Sha Clinical Gynaecology 2nd Edition Cambridge University Press 2015, P 206.
10. Premvati Tiwari. Ayurvediya Prauti Tantra Evam Stri Roga, volume 2, Chaukhamba Orientalia 2016, P 15
11. Premvati Tiwari. Ayurvediya Prauti Tantra Evam Stri Roga, volume 2, Chaukhamba Orientalia 2016, P 17
12. Premvati Tiwari. Ayurvediya Prauti Tantra Evam Stri Roga, volume 2, Chaukhamba Orientalia 2016, P 32
13. Premvati Tiwari. Ayurvediya Prauti Tantra Evam Stri Roga, volume 2, Chaukhamba Orientalia 2016, P 34
14. Premvati Tiwari. Ayurvediya Prauti Tantra Evam Stri Roga, volume 2, Chaukhamba Orientalia 2016, P 41

15. Premvati Tiwari. Ayurvediya Prauti Tantra Evam Stri Roga, volume 2, Chaukhamba Orientalia 2016, P 56
16. V.N.K. Usha. A Textbook of Gynaecology, Streeroga-Vijnan, Chapter 13, P 585
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