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Corresponding author*Dr. Khushboo Jha,**

Parttime Faculty, Department of Prasuti
tantra and Stri Roga,
Ayurveda Campus, Institute of Medicine,
Tribhuvan University, Kirtipur
Email: drkhushboojha926@gmail.com

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Role of Ayurveda in the Management of Endometriotic Cyst: A Case Report

Khushboo Jha^{1*}

¹Parttime Faculty, Department of Prasuti tantra and Stri Roga, Ayurveda Campus, Institute of Medicine, Tribhuvan University, Kirtipur

ABSTRACT

Background: Endometriosis is a chronic gynecological disorder characterized by ectopic growth of endometrial tissue. Endometriotic cysts contribute to infertility and chronic pelvic pain. Ayurvedic principles attribute this to *vata-kapha* imbalance and *rakta dhatu dushti*.

Materials and Methods: A 39-year-old female with chronic pelvic pain, irregular scanty menstruation, and backache was diagnosed with a right adnexal endometriotic cyst (5.5 × 4.6 cm) on ultrasonography. The patient declined hormonal and surgical management and was treated with Ayurvedic protocols. The regimen included *Shodhana* therapies—*Basti*, *Nasya*, and *Shirodhara*—followed by *Shamana* therapy using *Kumaryasava*, *Kanchanara Guggulu*, *Varunadi Kashaya*, and *Ashokarista*, along with local applications (*Yoni Prakshalana* and *Yoni Pichu*). The treatment duration was eight months, and progress was monitored clinically and radiologically.

Results and Discussion: After completion of therapy, ultrasonography revealed complete resolution of the cyst. The patient reported significant relief from pelvic pain and backache, regularized menstruation (increased flow from 1–2 to 4 days), and improved overall well-being. No recurrence was observed during the follow-up period.

Conclusions: Ayurvedic management involving *Shodhana* and *Shamana* therapies demonstrated promising results in treating endometriotic cysts non-surgically. These findings suggest that individualized Ayurvedic protocols may offer a safe and effective alternative for managing endometriosis-related pathology. Larger clinical studies are recommended to substantiate these results and clarify underlying mechanisms.

Keywords: Endometriotic cyst, Endometriosis, *Shodhana*, *Shamana*, Ayurveda

INTRODUCTION

Endometriotic cysts, also known as ovarian endometriomas, are a subtype of endometriosis affecting approximately 17–44% of women with the condition.¹ Commonly referred to as “chocolate cysts,” they contain thick, old hemorrhagic fluid that appears brown in color.² The diagnosis of endometriosis is typically established through clinical examination, CA-125 testing, transvaginal sonography (TVS), MRI, and laparoscopy.³ Conventional treatments, including hormonal therapy and surgery, may relieve symptoms but are frequently associated with recurrence, leading many patients to seek Ayurvedic alternatives.⁴

In Ayurveda, *endometriosis* and its manifestations such as *endometriotic cysts* are understood in terms of *Vata-Kapha* imbalance and *Rakta Dhatu Dushti*.⁵ *Vata dosha* contributes to the displacement of *Artava* (endometrial tissue) from the uterine cavity to ectopic sites, whereas the stagnant and cystic nature of the lesion reflects *Kapha* aggravation.⁶ Ayurvedic management aims to pacify the aggravated *Vata* and *Kapha* through Panchakarma (*Shodhana*) therapies that detoxify the body and purify *Rakta Dhatu*, thereby restoring physiological harmony.⁷

Case Report:

The patient, a 39-year-old female, visited on 15-01-2080 BS (28 April 2023) with chief complaints of lower abdominal pain, irregular menstrual cycles, and backache. She presented with an ultrasonography report dated 13-01-2080 BS, which showed evidence of an adnexal cyst.

She reported feeling anxious and depressed due to the long-term use of hormonal medications, which had not provided satisfactory relief. Although surgical management had been advised, she declined the procedure and opted for Ayurvedic treatment. The patient had previously taken *Tab. Loette*, which she discontinued on her own three months earlier without medical consultation.

Her past medical history revealed hypothyroidism, for which she was on regular medication, and a previous history of antidepressant use. No significant past surgical or family history was noted.

In terms of personal history, she followed a mixed diet, had regular bowel movements, and clear micturition. Her appetite was reduced, and she experienced disturbed sleep. She had no known allergies or addictions.

Menstrual History:

- Duration of flow: 1–2 days, occurring every 35–40 days
- Associated symptoms: Passage of clots (+), severe dysmenorrhea (++)
- Last menstrual period (LMP): 14th Baisakh 2080 (27 April 2023)
- Pelvic pain: Predominantly in the right lower quadrant, VAS score 8/10

Clinical Findings:

Gynecological Examination:

- Per speculum: Mild white vaginal discharge observed. Cervix appeared mildly hypertrophied; no visible ulceration, erosion, or growth. Vaginal walls healthy.
- Per vaginum (bimanual examination): Uterus was anteverted and anteflexed, normal in size and consistency, non-tender. Fornices were free and non-tender. No adnexal masses palpated at the time of examination.

General physical examination

- Build: Normal
- Nutritional status: Moderate
- Height: 155 cm
- Weight: 61.6 kg
- Blood pressure: 110/70 mmHg
- Pulse rate: 72 beats/min

- Temperature: 98.6 °F

Laboratory Findings:

- CBC: Within normal limits
- Hemoglobin: 12.3 g/dL
- TSH: 4.15 μ IU/mL
- Urine R/M/E: Squamous cells 12–14/hpf; pus cells 2–4/hpf

Ultrasonography (13-01-2080):

- Findings: Well-defined nodular mass lesion in the right adnexa, with clear cystic area measuring 2.2×2.0 cm and homogeneous echogenic content. Vascular flow noted at the periphery. Overall size of the right adnexal mass: 5.5×4.6 cm.
- Impression: Endometriotic cyst in the right adnexa.

Primary diagnosis: Endometriotic cyst (ovarian endometrioma).

Therapeutic Intervention and Outcomes:

The patient was managed according to Ayurvedic principles. *Nidana parivarjana* (elimination of causative factors) and *prakriti vighata* (correction of constitutional imbalance) were undertaken. She was counseled to follow *Rajahswala Charya* (menstrual regimen) during each cycle.

Therapies included:

- Shodhana (purification): Panchakarma procedures such as *Shirodhara*, *Nasya*, and *Matra Basti* were administered to pacify aggravated *vata* and *kapha* doshas.
- Shamana (palliative care): Oral medications including *Kumaryasava*, *Hingwastak Churna*, *Kanchanara Guggulu*, *Chandraprabha Vati*, *Varunadi Kashaya*, and *Ashokarista* were prescribed to regulate menstruation, reduce pain, and improve uterine health.
- Local therapies: *Yoni Prakshalana* with herbal decoctions and *Yoni Pichu* with medicated oils were used to relieve vaginal discharge and restore normal flora.
- Lifestyle modifications: Diet and behavioral guidance were given to support hormonal balance and improve overall well-being.

Treatment Timeline, Therapies, Imaging, and Medications:

- 15-01-2080 (28 April 2023):
 - ◊ Therapies: Psycho-counseling, *Shirodhara*, *Nasya* karma planned.
 - ◊ Ultrasonography: Well-defined nodular mass lesion in the right adnexa with a clear cystic area measuring 2.2×2.0 cm and homogeneous echogenic content. Peripheral vascular flow noted. Overall size of the right adnexal mass: 5.5×4.6 cm. Impression: Endometriotic cyst in

the right adnexa.

- ◇ Medications: Syp. Kumaryasava 20 ml BD, *Hingwastak Churna* 1 tsp BD, fresh Aloe vera with 1 pinch of *Hingu* on an empty stomach with lukewarm water.
- **08-02-2080 (15–21 May 2023):**
 - ◇ Therapies: Psycho-counseling, *Shirodhara*, *Nasya karma* completed.
 - ◇ Ultrasonography: Not repeated.
 - ◇ Medications: Continued as above, plus Syp. Amyron 2 tsp BD.
- **12-02-2080 (26 May 2023):**
 - ◇ Therapies: *Shirodhara* and *Nasya* continued. *Yoga Basti* planned after next menses. *Yoni Prakshalana* with *Triphala Churna* and *Nimba Churna* planned. *Yoni Pichu* with *Jatyadi Taila* planned.
 - ◇ Ultrasonography (11-02-2080): Left adnexal thick-walled oval cystic lesion, 4.4 × 4.3 × 3.1 cm, with central septa and internal debris. Thin-walled cyst in right adnexa, 2.7 cm in diameter. Impression: Left adnexal endometriotic cyst and simple right ovarian cyst.
 - ◇ Medications: Syp. *Kumaryasava* 2 tsp BD, *Hingwastak Churna* 1 tsp BD, *Kanchanara Guggulu* 2 tabs BD, *Chandraprabha Vati* 2 tabs BD, *Maharasnadi Kwatha* 20 ml BD, *Varunadi Kashaya* 20 ml BD, *Dashmool Churna* + *Punarnavastak Kwatha* 20 ml BD.
- **19 Asar 2080 (4 June 2023):**
 - ◇ Therapies: Post-menses, 7th day of cycle. Patient declined *Niruha Basti*; hence *Matra Basti* performed after counseling. *Yoni Prakshalana* and *Yoni Pichu* done for 7 days.
 - ◇ Ultrasonography (16-03-080): Benign right adnexal cyst, 4.2 × 3.6 × 3.4 cm, with regular outline and no internal echoes. Left ovary normal.
 - ◇ Medications: Oral medicines continued.
- **Shrawan–Bhadra 2080:** Patient was on a business trip.
 - ◇ Therapies: Not performed.
 - ◇ Medications: Continued as advised via WhatsApp.
- **Asoj 2080 (October):**
 - ◇ Therapies: One session of *Matra Basti* and *Yoni Pichu* performed.
 - ◇ Medications: Oral medicines continued.
- **Kartik 2080:**
 - ◇ Therapies: Not performed due to festivals.
- ◇ Medications: Continued.
- **10 Mangsir 2080 (19 November 2023):**
 - ◇ Therapies: *Matra Basti*, *Yoni Pichu* performed. *Shirodhara* and *Nasya* planned.
 - ◇ Outcome: Symptomatic improvement noted; menstrual flow increased from 1–2 days to 4 days, with marked reduction in pain.
 - ◇ Medications: Continued.
- **Poush 2080 (December 2023) – Chaitra 2080 (April 2024):**
 - ◇ Therapies: *Matra Basti* administered in each cycle for 7 days. *Yoni Prakshalana* and *Yoni Pichu* performed.
 - ◇ Ultrasonography (11-02-2080): Left adnexal endometriotic cyst; simple right ovarian cyst.
 - ◇ Medications: Continued; *Kumaryasava* discontinued; Syp. *Ashokarista* 20 ml BD started.
 - ◇ Note: Therapy not performed in Baisakh.
- **Jestha 2081:**
 - ◇ Therapies: *Matra Basti* with *Dashmool Taila*, *Yoni Pichu* with *Jatyadi Taila*, *Shirodhara*.
 - ◇ Medications: Continued.
- **Asar 2081:**
 - ◇ Plan: Advised for ultrasonography.
- **08-04-2081 (23 July 2024):**
 - ◇ Ultrasonography: Both ovaries visualized; dominant follicle on the right side (2.2 × 2.0 cm). No cysts or masses detected. Impression: Normal scan.
 - ◇ Medications: Stopped.
- **Diagnostic Assessment:**

Ultrasonography confirmed an adnexal cyst consistent with endometrioma. Clinical correlation with pain, menstrual irregularities, and imaging confirmed diagnosis. No further invasive diagnostic measures were performed as the patient refused surgical/laparoscopic intervention.

RESULTS AND DISCUSSION

After 8 months of therapy, ultrasonography revealed complete resolution of the endometriotic cyst. Menstrual flow improved from 1–2 days to 4 days with minimal pain. The patient also reported improved sleep, reduced anxiety, and overall better quality of life. A follow-up scan after 4 months confirmed no recurrence.

In Ayurveda, *Vata dosha* is considered responsible for the displacement of endometrial tissue and plays a central role in the pathogenesis of endometriotic cysts.⁸ *Dashmool Churna* helps pacify aggravated *Vata* and reduces inflammation. It also acts as a uterine tonic, supports hormonal balance, regularizes the menstrual cycle, and alleviates dysmenorrhea commonly experienced by patients with endometriotic cysts. In this case, *Dashmool Churna* was administered along with *Punarnavastak Kwatha* in decoction form, which enhanced *Vata* pacification and reduced *Sotha* (inflammation and swelling).⁹

Kanchanara Guggulu was prescribed to reduce cystic swelling and promote cyst shrinkage. Its components possess anti-inflammatory, anti-tumor, diuretic, and decongestant properties, promoting healthy tissue metabolism and reducing *Kapha* stagnation.¹⁰ *Varunadi Kashaya* was added for its *Bhedana* (resolvent) and *Shoolhara* (analgesic) actions and its ability to correct *Kaphaja imbalance*.¹¹

Kumaryasava contains herbs with *Kapha-hara*, *Vata-hara*, and *Medohara* properties, beneficial in *Artava* (menstrual disorders) and *Nashtartava* (amenorrhea). Due to the *Tikta rasa* (bitter taste) of *Kumari*, it stimulates the liver (*Yakrut uttejana*), acts as a uterine cleanser (*Garbhashaya shodhaka*), and improves menstrual flow (*Rajapravrutti*). Its hepatoprotective and hepatostimulant properties support the metabolism of steroid hormones, helping restore hormonal balance and fertility.¹² The *Ushna guna* (hot potency) of its ingredients helps relieve dysmenorrhea, increase blood flow, and regulate the menstrual cycle.

Ashokarishta was used for its ability to reduce clot formation during menstruation and relieve painful cramps. It acts as a uterine tonic that strengthens the uterus and enhances reproductive health.¹³

Shirodhara was included due to the patient's history of antidepressant use and anxiety symptoms. Its calming and soothing effects have been demonstrated to significantly decrease anxiety and promote hormonal balance.¹⁴ The patient reported better sleep within five days of *Shirodhara*, along with improved emotional stability and well-being.

Local therapies (*Sthanika Chikitsa*), including *Yoni Prakshalana* (vaginal cleansing with herbal decoctions) and *Yoni Pichu* (placement of medicated, oil-soaked cotton swabs), were performed to manage mild white discharge and itching. These therapies helped restore vaginal flora through their antimicrobial and anti-inflammatory actions, reduced local inflammation, and promoted mucosal healing.¹⁵

Basti (medicated enema) is considered the prime therapy for *Vata dosha*. It serves both as *Shodhana* (purification) and as a regulator of *Apana Vayu*. *Basti* is believed to stimulate the enteric nervous system, influencing the central nervous and endocrine systems. By normalizing neurotransmitter and hormonal pathways, it helps resolve neurohormonal imbalances.¹⁶ The medicated

oils (*Taila*) used in *Matra Basti* penetrate the body channels (*Srotas*), relieve spasms (*Sankocha*), and regulate menstruation, thereby improving the symptoms of endometriotic cysts.

Nasya (nasal therapy) was also performed, as the nose is considered the gateway to the head (*Shiras*). Medicines administered through this route are believed to reach the brain and help eliminate morbid *Doshas* responsible for systemic and gynecological disorders.¹⁷

CONCLUSION

This case demonstrates that the combined use of *shodhana* (purification) and *shamana* (palliative) therapies can effectively resolve endometriotic cysts. Ayurvedic management addresses the root cause of the disease by correcting *vata* imbalance, which plays a central role in the pathogenesis. Among the therapies, *Matra Basti* and *Nasya* proved particularly beneficial in restoring balance and alleviating symptoms. The patient achieved complete resolution of the cyst, improved menstrual regularity, and significant relief from pain. These findings suggest that Ayurvedic interventions may serve as a safe and effective alternative to conventional management. However, larger studies with longer follow-up periods are required to validate these results and establish their broader clinical applicability.

DECLARATION OF PATIENT CONSENT

The authors certify that they have obtained the appropriate patient consent form. In the form, the patient has given her consent for her clinical information and relevant images to be published in this journal. The patient understands that her name and initials will not be disclosed, and that every effort will be made to ensure anonymity. However, complete confidentiality cannot be guaranteed.

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