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### Endometriosis through the lens of *ayurveda*: a comprehensive review

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**ABSTRACT** The woman is the fundamental origin of human reproduction, and any disorder affecting the female reproductive system inevitably impacts the potential for healthy progeny. Endometriosis is a chronic, estrogen-dependent gynecological disorder characterized by the presence of functioning *endometrium* in sites other than the uterine *mucosa*. The prevalence is approximately 10-15%. Women with endometriosis are usually confronted with symptoms such as pain, *abnormal uterine bleeding* (AUB), and infertility. Pain includes *dysmenorrhea*, *dyspareunia*, and chronic pelvic pain.

In *Ayurveda*, this condition can be correlated with various types of *Yonivyapada* on the basis of accompanying symptoms. *Ayurvedic* management can be performed on the basis of *Tridoshic* theory, where *Vata* is responsible for the displacement of endometrial cells from their original location in the uterus to places outside the uterine cavity. *Pitta* governs blood circulation, hormonal activity, and menstruation, and contributes to the

inflammatory nature of the disease. *Kapha* is involved in abnormal growth and the increasing buildup of cells, which can resemble a tumor-like development. Therefore, the treatment approach can include *Amapachana* and the correction of *Agni*, *Vaatanulomana*, *Mridu virechana*, *Vatashamaka*, *Raktasravarodhaka*, *Granthihar*, and *Lekhana Chikitsa*, etc. Additionally, dietary and lifestyle modifications play a crucial role in managing and preventing the progression of the disease. *Ayurveda* offers a holistic approach to managing endometriosis by addressing root causes, balancing hormones, and relieving pain. Further clinical trials are needed to validate and standardize these treatments.

**KEYWORDS** *Endometriosis*, *Yonivyapada*, *Tridosha*, *Vaatanulomana*

**INTRODUCTION** Endometriosis is one of the most mysterious and fascinating benign gynecological disorders, defined by the presence of functioning endometrial tissue

outside the uterine *mucosa*. The prevalence is about 10-15%; however, the prevalence is high among subfertile women (30-45%) as based on diagnostic laparoscopy and laparotomy (1). Stages of endometriosis according to *ASRM* guidelines are stage I, II, III, and IV, determined based on point scores and corresponding to minimal, mild, moderate, and severe endometriosis (2).

Currently, there is no definitive cure for endometriosis. Management primarily focuses on alleviating symptoms and enhancing the overall quality of life. Treatment strategies are tailored based on the severity of the condition, the intensity of pain, and the patient's reproductive goals. Commonly used interventions include non-steroidal anti-inflammatory drugs (NSAIDs) and analgesics to manage pain. Hormonal therapies, such as *gonadotropin*-releasing hormone (*GnRH*) analogues, oral contraceptives, and progestins, are employed to suppress menstruation and reduce lesion activity (3). However, these treatments are not curative and are often associated with significant side effects such as mood changes, weight gain, bone density loss, and irregular bleeding. Additionally, many patients experience a recurrence of symptoms after the discontinuation of therapy. Surgical interventions like laparoscopy offer temporary relief but are also associated with recurrence rates and risks of complications (3). Thus, there is a growing need for holistic, long-term, and patient-centered approaches in areas where traditional systems like *Ayurveda* may offer valuable contributions.

**Modern Aspect** The presence of functioning *endometrium* (glands and *stroma*) in sites

other than the uterine *mucosa* is called endometriosis. Endometriosis is an aggressive, progressive (31%), and invasive disease. It is not a neoplastic condition, although malignant transformation is possible. These ectopic endometrial tissues may be found in the *myometrium*, when it is called endometriosis *interna* or *adenomyosis*. Most commonly, however, these tissues are found at sites other than the uterus and are called endometriosis *externa* or generally referred to as endometriosis (1).

**Pathogenesis** The exact cause of endometriosis remains unclear, but several theories have been proposed to explain its development and progression (4). These include:

- Implantation Theory (Retrograde Menstruation)
- *Coelomic Metaplasia* Theory
- Lymphatic and Vascular Spread Theory
- Immune Deficiency Theory
- Genetic Theory
- Stem Cell Theory (recent).

**Pathology** Ectopic endometrial tissue comprising both glands and *stroma* retains the capacity to undergo cyclical changes similar to the normal *endometrium*. However, in these ectopic sites, proliferative changes are commonly observed, but secretory changes are typically absent. During menstruation, the ectopic endometrial tissue bleeds, but without an outlet, the shed blood becomes trapped. This leads to the formation of encysted blood, and over time, the cyst

becomes tense and may rupture. The hemorrhagic content, being chemically irritant, triggers a strong inflammatory reaction and subsequent *fibrosis* around the lesion. This results in the formation of adhesions, peritoneal puckering, and dense scarring in the pelvic cavity. A characteristic pathological feature is the development of “chocolate cysts” (*endometriomas*), especially on the ovaries. Despite extensive pelvic adhesions, the fallopian tubes often remain patent (5).

### Sites of Endometriosis (1)

Common Sites	Rare and Remote Sites
Ovaries (80%), bilateral (50%)	Fallopian tubes
Pelvic <i>peritoneum</i>	Umbilicus
Pouch of Douglas	Abdominal scar
<i>Uterosacral</i> ligaments	Episiotomy scar
<i>Rectovaginal septum</i>	Lungs
Sigmoid colon	<i>Pleura</i>
Appendix	<i>Ureter</i>
Pelvic lymph nodes	Kidney
	Arms
	Legs
	Nasal <i>mucosa</i>

### Symptoms of Endometriosis (6)

- Chronic pelvic pain
- *Dyspareunia*
- *Dyschezia*

- *Dysuria*
- Abnormal Uterine Bleeding
- Infertility
- Fatigue
- Gastrointestinal symptoms: Bloating, nausea, diarrhea, or constipation, especially if the bowel is involved.

**AIM AND OBJECTIVES Aim:** To explore the *Ayurvedic* perspective and therapeutic strategies for endometriosis through a review of classical texts and contemporary research.

### Objectives:

1. To review *Ayurvedic* concepts related to the etiology and pathogenesis of endometriosis.
2. To analyze *Ayurvedic* therapeutic approaches including *Shamana*, *Shodhana*, and supportive measures.
3. To evaluate available research evidence on *Ayurvedic* interventions for endometriosis.

**METHODOLOGY** This review analyzes *Ayurvedic* texts, contemporary literature, and research from various databases, including clinical and experimental studies of *Ayurvedic* treatments for endometriosis.

**DISCUSSION Ayurvedic Perspective of Endometriosis** In *Ayurveda*, it can be correlated with *Vataja Yonivyapada* on the basis of two symptoms: *dysmenorrhea* and chronic pelvic pain. It can be correlated with different *Yonivyapada* on the basis of other symptoms (8). Unlike modern medical systems, *Ayurvedic* methods of diagnosis are

not based on histological examinations, but rather on clinical signs and symptoms. We can deduce that endometriosis is not a single entity from an *Ayurvedic* point of view. It can be compared with the following:

**Table: Ayurvedic Correlation of Endometriosis Symptoms**

Endometriosis symptoms	Ayurvedic correlation
Chronic Pelvic pain	<i>Vatala Yonivyapada</i>
Menorrhagia	<i>Rakta Yoni</i>
<i>Dysmenorrhea</i>	<i>Vatala Yonivyapada</i> or <i>Udavarta Yonivyapada</i>
<i>Dyspareunia</i>	<i>Paripluta Yonivyapada</i>
Infertility	<i>Vandhya Yonivyapada</i> (9)
Adhesions and Retroversion of uterus	<i>Antarmukhi Yonivyapada</i>

**Ayurvedic Pathogenesis** According to *Ayurvedic* physiology, *Artava*—which includes the female reproductive system, menstrual blood, and *ovum*—is formed from *Rasa Dhatu*, the first tissue produced after digestion and metabolism. When dietary habits are poor—such as the frequent consumption of heavy, fried, oily, or incompatible foods (e.g., fruit with milk), excessive junk food, a diet dominated by nonvegetarian or dairy items, or overeating—

this leads to the formation of *Ama* (toxic, undigested metabolic waste) in the *Rasa Dhatu*.

Other contributing factors include a sedentary lifestyle, habitual constipation, the suppression of natural urges (like urination and defecation), excessive stress, environmental pollution, and drug abuse. These factors collectively impair the quality of *Rasa Dhatu*, disrupting both nourishment and the immune function of the reproductive system. This can lead to excessive endometrial growth. The *Ama* causes *Shrotorodha* (blockage of bodily channels) in the *Artavaha Srotas* (channels responsible for reproductive functions), triggering an aggravation of *Vata Dosha*, especially *Apana Vata*. When *Vata Dosha* is imbalanced and begins to move in the wrong direction (*Vimarggaman*), it leads to retrograde menstrual flow—a backward movement of menstrual blood. This reversed flow allows endometrial tissues to implant in areas outside the uterus, leading to abnormal endometrial growth.

**Table: Role of Doshas in Endometriosis Pathogenesis**

Dosha	Role in Endometriosis Pathogenesis
<i>Vata</i>	Causes displacement of endometrial cells from the uterus to locations outside, leading to ectopic implantation.
<i>Pitta</i>	Involved due to its role in blood, hormones, and menstruation; contributes to the inflammatory aspect of the disease.

<i>Kapha</i>	Promotes excessive buildup and overgrowth of endometrial tissue, similar to tumor-like formations.
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**Ayurvedic Management** *Ayurveda* is a medical science that emphasizes *Nidana*, *Doshas*, *Dushyas*, and *Udbhavastana* in clinical disease care. As a result, *Ayurveda Acharyas* plainly indicate that even if a physician is unable to diagnose an illness, he can successfully manage it by taking into account all of the elements listed above. Based on *Ayurvedic* pathogenesis, the treatment of endometriosis focuses on balancing the *Tridoshas* and addressing associated symptoms. The therapeutic approach includes: *Amapachana*, *Agni Deepana*, *Vatanulomana*, *Mridu Virechana*, *Vata Shamana*, *Raktasrava Rodhaka*, *Granthihara*, and *Lekhana Chikitsa*.

**Table: Ayurvedic Modes of Treatment and Formulations**

Mode of Treatment	Description	Examples of Formulations
<i>Amapachana</i> & Correction of <i>Agni</i>	Aims to improve <i>Agni</i> (digestive fire) and eliminate <i>Ama</i> (toxins) from the <i>Artavaha Srotas</i> , removing blockages	<i>Panchkol Churna</i> , <i>Amapachak Vati</i> , <i>Chitrakadi Vati</i> , <i>Agnitundi Vati</i> , <i>Shankh Vati</i> , <i>Vaishwanar Churna</i> ,

	in the channels.	<i>Jirakadyarish ta</i>
<i>Vatanulomana</i>	Helps regulate the <i>Apana Vata</i> by reducing its <i>Pratiloma Gati</i> (reversed movement), thus supporting the proper flow of menstrual blood.	<i>Hingwastaka Vati</i> , <i>Hingwadi Churna</i> , <i>Avipattikar Churna</i> , <i>Abhayarishtha</i> , <i>Triphala Churna</i> , <i>Haritaki Churna</i> , <i>Trivrit Churna</i>
<i>Mridu Virechana</i>	Gentle purgation to correct <i>Vata Dosha Vimarggaman</i> and balance <i>Pitta Dosha</i> , especially if liver pathology is suspected.	<i>Trivrit Leha</i> , <i>Haritaki Churna</i> (administered as per condition and strength of patient)
<i>Vatashamakana</i>	External application and therapies to pacify	External massage with <i>Bala Taila</i> , <i>Dhanwantaram Tailam</i> ,

	aggravated <i>Vata</i> <i>Dosha</i> and alleviate pain.	Sesame Oil; <i>Basti</i> therapy - <i>Niruha Basti</i> : <i>Dashmool Kwatha</i> , <i>Erandmooladi Kwatha</i> ; <i>Anuvasana Basti</i> : <i>Sahachar Taila</i> , <i>Dashmool Taila</i>
<i>Raktasrava Rodhaka</i>	Controls excessive menstrual bleeding and prevents further cyst or mass formation.	<i>Pradarantaka Rasa</i> , <i>Bolabaddha Rasa</i> , <i>Pradarari Rasa</i> , <i>Pushyanuga Churna</i> , <i>Pushkar Leha</i> , <i>Ashokarishta</i> , <i>Lodhrasava</i> , <i>Patrangasava</i>
<i>Granthihar &amp; Lekhana Chikitsa</i>	Aimed at reducing abnormal tissue growth and breaking down cystic or tumor-like formations.	<i>Kanchanara Guggulu</i> (antitumor), <i>Varunadi Kashaya</i> ( <i>Kaphabheda na</i> ), <i>Shigru Leaf Powder</i> , <i>Kumari</i> (acts on liver, <i>Kaphashamaka</i> ), <i>Manjishtha</i> ( <i>Pitta</i> &

		antitumor), <i>Gokshuradi Guggulu</i> (if <i>Kanchanara</i> is ineffective), <i>Sariva</i> , <i>Methika</i>
<i>Vednasthapanana</i>	Used for symptomatic pain relief through balancing <i>Doshas</i> and reducing inflammation.	<i>Dashmoolarishta</i> , <i>Dashmool Kwatha</i> , <i>Ashokarishta</i> , <i>Maharasnadi Kashaya</i> , <i>Kumariasava</i>

**Table: Pathya-Apathya (Recommended and To Avoid)**

Category	Recommended ( <i>Pathya</i> )	To Avoid ( <i>Apathya</i> )
<b>Diet</b>	Warm, light, slightly oily, and fresh home-cooked meals; easily digestible, nourishing foods.	Dry, cold, stale, fermented, and excessively heating foods; alcohol, caffeine (especially coffee), carbonated drinks; red meat,

		refined sugar, and flour.
<b>Specific Foods</b>	Mild spices in moderation; <i>Ghee</i> and warm herbal teas.	Red wine, chili, spicy and pungent foods; coffee, tea with high caffeine; processed foods and junk food.
<b>Lifestyle</b>	Moderate exercise throughout the month; adequate rest during menstruation.	Strenuous physical activity, especially during menstruation.
<b>Menstrual Care</b>	Rest and gentle self-care practices during periods.	Avoid heavy workouts and exertion during menstruation.

### Yoga (10)

- *Supta Matsyendrasana*
- *Ananda Balasana*
- *Balasana*
- *Supta Baddha Konasana*
- *Malasana*
- *Shavasana*

**CONCLUSION** Endometriosis, a complex gynecological disorder characterized by the growth of endometrial tissue outside the uterus, presents significant challenges in conventional medicine due to its chronic nature and multifactorial pathogenesis. Through the lens of *Ayurveda*, the condition can be understood as a manifestation of *Tridosha* imbalance, primarily involving the vitiation of *Vata*, *Pitta*, and *Kapha doshas*, along with the accumulation of *Ama* (toxic metabolites) leading to obstruction and impaired function of the *Artavaha Srotas* (reproductive channels).

*Ayurvedic* principles emphasize the restoration of digestive fire (*Agni*), the elimination of *Ama*, and the re-establishment of proper *Vata* movement to prevent retrograde flow and ectopic implantation of endometrial tissue. The holistic approach integrates dietary regulation (*Pathya-Apathya*), lifestyle modifications, herbal formulations targeting specific *doshik* imbalances, and supportive therapies like *Virechana*, *Basti*, and *Yoga* to address both the root causes and symptoms. This comprehensive understanding and tailored therapeutic strategy offered by *Ayurveda* not only aim to alleviate symptoms such as pain and bleeding but also strive to restore reproductive health and improve overall quality of life. Further clinical research and integrative approaches can enhance the evidence base, promoting *Ayurveda* as a valuable complementary option in the management of endometriosis.

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